

## Consent to SARS-CoV-2 Testing

**Background:** Your educational institution has hired the Broad Institute’s laboratory, the Clinical Research Sequencing Platform (CRSP), to provide SARS-CoV-2 testing to its students. This form explains the SARS-CoV-2 test and who will get your results. The test that you will receive is designed to detect if you have SARS-CoV-2, also known as the “coronavirus.” SARS-CoV-2 is the virus that causes the disease known as COVID-19. The results of this test will **not** tell you if you had the virus in the past or if you have immunity to getting the virus in the future. **It only tests for the presence of the virus in your specimen at the time of the test.** More details about the SARS-CoV-2 test, including the Fact Sheet for Patients and how results can be accessed, are attached hereto. Your specimen will be collected through a process that involves swabbing your nose.

**Records to be Released From Your Educational Institution:** By signing the below, you authorize your educational institution to release to CRSP your name, phone number, mailing address, and email address, and student identification number. You are not required to consent to the release of these records. However, if you do not consent, CRSP will be unable to perform SARS-CoV-2 testing on you.

**Duration of Release:** Your educational institution will release your information to CRSP as needed to perform the testing.

**Purpose of Release:** Your information is being released to CRSP for the purpose of performing SARS-CoV-2 testing and reporting such results back to you, the health care provider that ordered your test, your educational institution, and where required by law, certain federal, state, or local government agencies.

**Revocability:** You have the right to revoke this consent at any time by delivering a written revocation to Polly McCabe ANP-BC, Interim Director of Health Services.

**Right to Record Disclosed:** Under the Family Educational Rights and Privacy Act, you have the right to request from your educational institution the records disclosed to CRSP pursuant to this written consent.

**Information to be Released by CRSP:** By signing below, you authorize CRSP to release the results of your test to you (where permitted by state law) and your educational institution through a web portal or mobile software application. Your results will also be shared with the health care provider who ordered your test. By signing below, you also authorize CRSP to release your test results to the Massachusetts Department of Public Health and certain federal, state, or local government agencies as required by law.

**What to Do After Testing:** If your results are positive, please contact a doctor immediately. Only a doctor can diagnose you with COVID-19 and give you information about what you should do next. As further outlined in the Fact Sheet for Patients, negative results mean that the virus was not detected in your specimen. It is possible for the test to produce an incorrect negative result (called a “false negative”) in some people who have SARS-CoV-2. If you test negative but have symptoms of COVID-19 or concerns about exposure to SARS-CoV-2, contact a doctor to determine if you should be retested or take other actions.

**Acknowledgment Concerning CRSP:** CRSP is a clinical laboratory. CRSP does not give medical advice or provide medical care. You should talk to a doctor about any health care needs you may have, including any related to receiving this test. CRSP is not responsible for any medical care you receive. CRSP is providing this testing as a service to your educational institution and CRSP is not responsible for the ways in which your educational institution may use the results of your test. If you have questions about why you are taking this test or how your educational institution may use the results of your test, please talk to your educational institution. If there is leftover specimen after your test is performed, CRSP may remove information that identifies you from the specimen and use it for quality assurance, validation and laboratory testing development.

By signing below you agree: (i) that you have read and understand the information in this consent form and related documents such as the Fact Sheet for Patients; (ii) to provide a nasal swab specimen for testing; (iii) to have your specimen tested by CRSP for SARS-CoV-2; (iv) that CRSP and the Broad Institute may disclose your test results

as outlined in this form; and (v) that your leftover specimen and/or information about you may be used without information that identifies you after the testing is over for analysis in collaboration with a public health authority. You voluntarily agree to this testing for SARS-CoV-2.

Student Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MUST BE SIGNED BY PARENT/GUARDIAN IF STUDENT IS UNDER 18 YEARS OF AGE, AND IS VALID UNTIL AGE 18**

By signing below you agree on behalf of the above-named student: (i) that you have read and understand the information in this consent form and related documents such as the Fact Sheet for Patients; (ii) such student shall provide a nasal swab specimen for each testing; (iii) to have each of such student's specimens tested by CRSP for SARS-CoV-2; (iv) that CRSP and the Broad Institute may disclose each of such student's test results as outlined in this form; and (v) that any leftover specimens and/or information about such student may be used without information that identifies such student after the applicable testing is over for analysis in collaboration with a public health authority. You voluntarily agree on behalf of the above-named student to this testing and for all subsequent testings for SARS-CoV-2

Name of Parent/Guardian (print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_