

## COVID-19 Testing Consent Form

**Background:** In the wake of the COVID-19 pandemic, Connecticut College has been actively preparing to bring our community back to campus safely. There are still many unknowns about COVID-19, and nothing can completely eliminate the risk of individuals on campus becoming infected with the virus. One very important precaution we are taking to help reduce the spread of the virus and to minimize outbreaks is regular testing for the virus and contact tracing of all students, faculty and staff. To that end, the College will require all students to participate in its testing and contact tracing programs as a condition to being present on-campus for classes or other activities.

**Purpose:** The purpose of this Consent Form is to describe the type of testing to be conducted and to obtain your consent to the use and disclosure of certain of your personal information and test results, both of which are necessary to facilitate testing and mitigation efforts to curtail spread of the virus.

**Testing:** Connecticut College has engaged the Broad Institute's laboratory, the Clinical Research Sequencing Platform (CRSP), to provide regular testing of the College's students, faculty and staff. The test, which will be administered on campus on a schedule to be determined by the College, is designed to detect if you have the virus. Your specimen will be collected on campus through a process that involves swabbing your nose and then delivering the specimen to CRSP for analysis.

**Results:** 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.

**If your results are positive, please contact Student Health Services immediately and you may also choose to contact your own medical provider (if you have one).** Only a medical provider can diagnose you with COVID-19 and give you information about what you should do next.

**If your results are negative, the virus was not detected in your specimen.** It is, however, possible for the test to produce an incorrect negative result (called a "false negative") in some people who have the virus. If you test negative but have symptoms of COVID-19 or concerns about exposure to it, contact Student Health Services to determine if you should be retested or take other actions.

**Release of Personal Information to CRSP:** In order for the CRSP to perform the tests, it requires certain information about you. By signing below, you authorize Connecticut College to release to CRSP your first name, last name, date of birth, gender, race, ethnicity, phone number, mailing address, Connecticut College allocated email address and student identification number. ***While you are not required to consent to the release of these records, if you do not consent, CRSP will be unable to perform SARS-CoV-2 testing on you and you will not be permitted on campus.***

**Release of Test Results to Connecticut College and Public Health Officials:** Once your results are obtained, they will be an important part of the College's efforts to protect the health and safety of you and others on campus and an important part of the data that government health officials are collecting to better understand and respond to the virus. It is very important, therefore, that the College and public health officials receive the test results of students, faculty and staff. As such, by signing this consent:

- You authorize CRSP to release the results of your test as follows:

- o To you
- o To Connecticut College through a web portal or mobile software application.
- o To the health care provider who ordered your test.
- o To the Connecticut Department of Public Health and certain federal, state or local government agencies as required by law.
- You authorize the College to disclose positive test results to Student Health Services and to designated Connecticut College employees for use in connection with the provision of medical care, contact tracing and other efforts to mitigate the spread of the virus.
- If you are a minor, your parent's or guardian's signature below authorizes CSRP to disclose all test results to you and the College to provide any positive test result to your parent or guardian.

**Duration of Authorization and Revocability:** Your authorization to release your personal information to CRSP and for CRSP and the College to release your test results as set forth in this Consent Form is valid for the 2020-21 academic year. *You have the right to revoke your authorization at any time by delivering a written revocation to: Sarah Cardwell ([scardwel@conncoll.edu](mailto:scardwel@conncoll.edu)), but if you do so, you will not be able to participate in the testing program and will not be permitted to remain on campus.*

**Right to Review Records Disclosed:** Under the Family Educational Rights and Privacy Act, you have the right to request to review any of your records Connecticut College has disclosed pursuant to this Consent Form. Requests for records should be submitted in writing to Registrar Beth Labriola at [elabriol@conncoll.edu](mailto:elabriol@conncoll.edu).

**Acknowledgment Concerning CRSP:** CRSP is a clinical laboratory. CRSP does not give medical advice or provide medical care. You should talk to a medical provider about any health care questions or needs you may have, including any related to this test. CRSP is not responsible for any medical care you receive. CRSP is providing this testing as a service to Connecticut College and is not responsible for the ways in which Connecticut College may use the results of your test. 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.

**Additional Information:** More details about the SARS-CoV-2 test, including how to access test results, is included in the Fact Sheet for Patients prepared by the Broad Institute. If you have questions about why you are taking this test or how Connecticut College may use the results of your test, please contact Sarah Cardwell ([scardwel@conncoll.edu](mailto:scardwel@conncoll.edu)).

**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 the College's release to CRSP of your personally identifying information described above for use in the College's testing program; (iii) to provide a nasal swab specimen for testing; (iv) to have your specimen tested by CRSP for SARS-CoV-2; (v) that your information and test results may be disclosed to you (and disclosed by the College to your parent or guardian if you are a minor), your health care provider (if you have one), the College and public health officials to be used by the College to mitigate spread of the virus, all as described in this Consent Form; (vi) that any leftover specimen may be used by CRSP, after removing any information that identifies you, for quality assurance, validation and laboratory testing development; and (vii) that you are competent and of the specified legal age in my state of residence to bind myself to this Consent Form and that you have executed this Consent Form on behalf of yourself and your family, heirs and assigns.

If you are a minor, your parent's or guardian's signature below indicates their consent to all of the provisions in in this agreement.

Signature of student: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

For students under the age of majority:

I am the parent or legal guardian of the above student and have read the foregoing Consent Form. I am and will be legally responsible for the obligations and acts of the student as described in this Consent Form and agree, for myself and the student, to be bound by its terms.

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

Print name of Parent/Guardian: \_\_\_\_\_

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