



COVID-19 Pooled Testing Consent

Surveillance testing for COVID-19 is being provided by Northwest Laboratory (NWL) using a “batch testing” protocol (“The Program”). The Program will involve collecting a shallow nasal swab (self-collected in most cases) from each participant on-site at your school or on the organization’s premises. Each swab will be placed in a common tube for that classroom or group and sent to NWL for testing. This test detects whether the virus that causes COVID-19 is present in that batch sample. Individuals from any positive batch may subsequently be tested with an individual diagnostic test depending on the school/organization’s protocol, but individual diagnostic testing is a separate process and not covered by this consent. The purpose of this Program is to help school administrators make informed decisions about school/organization safety and operations. This test is intended to investigate the presence of COVID-19 within groups and should not be used for diagnostic purposes. Each participant must read and sign this form before taking part in the Program. If the participant is a minor (under the age of 18), a parent or legal guardian must read and sign this form before the student or minor’s participation in the Program. If you are a parent or guardian, as used in this consent, “Minor” means the child or minor for which you are giving this consent.

Please carefully read and sign the following Consent:

- a) I authorize the collection of my Minor’s swab sample for purposes of this Program.
- b) I understand that the Program is testing students, staff, and/or employees as a group for COVID-19 for surveillance purposes, and that this is not a diagnostic test. Surveillance tests of this type are not required to be approved or authorized by the U.S. Food & Drug Administration (FDA), and I understand the test is not an FDA approved or authorized test nor a medical diagnostic test.
- c) I understand the purpose of the Program is to support school/organization administrators in their decision making about safety and operations at their school/facility and not for purposes of making individual clinical decisions.
- d) I understand that a sample will be collected by inserting a nasal swab shallowly into each participant’s nose (including by self-collection) and that potential risks if performed as instructed include discomfort from the insertion of the swabs. Any irritation is expected to be brief. More information on the technique can be found at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/COVID-19-anterior-self-swab-testing-center.pdf>.
- e) I understand that the school will have access to test results from the Program.
- f) I understand that, as with any COVID-19 test, there is the potential for a false positive or false negative test result and that the potential for a false negative COVID-19 test result may be higher with batch testing than individual testing.
- g) I authorize NWL or its affiliates including the WA state Dept. of Health or University of Washington to sequence viruses in the samples for epidemiological, public health, or research purposes.

I, the undersigned, have read the above information about the Program, the description of the test samples to be collected, and possible risks of the Program and I understand that this information may also be provided to me by NWL upon written request to the school/organization. I voluntarily agree to participate (or allow Minor to participate) in the Program.

School Name: _____

If this consent is for a Minor:

If this consent is for an adult or school staff member:

Minor’s Name (print): _____	Name (print): _____
Parent/Legal Guardian Name (print): _____	Signature: _____
Parent/Legal Guardian Signature: _____	Date: _____
Date: _____	