

## Consent Form - Virufy

### Purpose of the study

- Whether or not you have been tested for COVID 19 you are invited to participate in this research study on COVID-19.
- The data to be collected will be used for the development of an Artificial Intelligence (AI) based COVID-19 risk assessment application.
- You will be asked to record yourself coughing. These recordings will be used to train machine learning models.
- You give consent for your audio recordings to be used for training machine models. Additionally, your recordings may be used for future presentations and publications.
- We do not ask for any identifying information and thus it will not be stored, and will not be available to the research team and thus any identifying information will NOT be available to the researchers or the public at any point.

### Content and duration of the study

- We request you to use your smartphone to navigate to the study's webpage, where your data will be collected and should take you around 5 minutes to complete.
- We request you to fill in the form with your medical history and demographic data including your race, ethnicity, gender, and age.
- We request you to share the result of your COVID-19 diagnostic test, if not present at the time of filling the form. If you have been tested for COVID 19 we request you to go back and update us on the result. The app won't be tracking you and only collects this data when you actively interact with it.
- If you have not been tested for COVID we request you to share the information when you receive it. The study web page will not be tracking you.
- The study webpage will walk you through a series of instructions asking you to cough according to study guidelines. Your audio data will be recorded automatically on the webpage.

### Information collected by this study

- Virufy research team collects information from voluntary anonymous users of the webpage for the purpose of the study.
- The webpage will be used to collect some basic demographics and medical history data, through a questionnaire and a short recording of coughing through the phone microphone.
- The webpage will not give a report or any medical advice, symptoms reported will not be responded to by medical assistance.

#### Confidentiality of information collected

- Data is collected anonymously from volunteers.
- Your anonymous data is kept using encrypted database and with restricted access. Your data being anonymous will not be linked to your medical records. Because your data will be anonymous, it is not subject to withdrawal from this study or future research studies.
- Your anonymous data will not be linked or shared with any outside parties including your medical records, insurance companies or employer.
- This consent form will be kept by the research team. The study results will be kept in the research records and be used by the research team indefinitely.
- Data from this study may be used in medical publications or presentations.

#### Potential risks of the study

- This study involves collecting a cough sample recording through your phone and thus has a risk of spreading COVID and other germs.
- To reduce this risk we ask you to record the cough from at least 6 feet distance from other persons and subsequently disinfect the recording device and nearby surfaces when the submission of the data is complete.
- To reduce the risk of spread of germs we advise to use your own phone to record the cough sample and not share your phone for this purpose.

#### Benefit/Incentive of the study

- There are no study benefits or incentives for participating in this study.
- There is no monetary compensation for participating in this study.
- We hope the information learned from this study will benefit other individuals with COVID-19 in the future.

#### Cost of the study

- There will be no costs to you resulting from your participation in this research study.

#### Your rights

- You may choose not to participate in this study.
- Your decision to participate or not will not impact your care at any health care facility.

#### Inquiries about the Study

- Please address all queries to contact details provided below:
- Office Email:
- ? Phone number?

## **CONSENT DECLARATION**

I confirm that I understand the information which has been provided to me. I also understand that my participation is voluntary, and that my data cannot be withdrawn from this study at any time once I agree to this consent form and volunteer my information anonymously. I understand that my medical care will not be affected by my participation or lack thereof in this study.

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