

## COVID-19 Testing Consent Form

### **General Description and Purpose of Test:**

SARS-CoV-2 is a respiratory virus that often leads to the infectious disease, COVID-19, which starts with mild flu-like symptoms, but in a minority of cases may cause pneumonia, hospitalization, and possible death. Unlike most other coronaviruses, it seems to be spread efficiently from infected individuals who either are not yet sick or will not get sick. Georgia Institute of Technology (“Georgia Tech”) has been authorized to provide a test to detect the presence of the SARS-CoV-2 virus in an effort to help slow or prevent new surges of infection on campus.

The test is based on the CDC approved polymerase chain reaction (PCR) diagnostic assay and is certified as a clinical diagnostic test. The results will be used to inform individuals who have the virus but may not know that they are carriers capable of transmitting it to others and to seek health care for yourself. Your participation is greatly valued as a contribution to maintaining a safe yet active campus.

### **Key Information for You to Consider:**

**Voluntary Consent.** Participation is completely voluntary. You have the right to discontinue participation at any time without giving any reason, and without penalty, before the test is complete. If you discontinue participation, your information will be deleted from the system. However, you should be aware that not being tested in the case of likely exposure to the virus may result in your requirement to quarantine or the implementation of other regulations, policies, or procedures that the University System of Georgia and Georgia Tech have decided are necessary for the protection of the campus community.

**Risks or Discomforts.** The test uses a saliva sample, so there are minimal risks to participation and no physical discomfort is expected. Positive results may cause some anxiety and potentially lead to follow-up procedures according to policies that will be determined by the University System of Georgia and Georgia Tech governance.

**Costs.** There are no monetary costs to you for your voluntary participation in the test. It is only a time commitment.

**Compensation.** You will not be compensated for participation.

**Confidentiality.** Georgia Tech will disclose test results to the county, state, or to any other governmental entity as may be required by law. The information disclosed may include, but is not limited to, your name, age, race, ethnicity, sex, address, zip code, and county. Georgia Tech will comply with all applicable laws and regulations regarding the storage and transmission of your confidential information.

**Storing Information.** Your saliva sample will be destroyed as soon as the RNA is extracted. The RNA will be stored for up to one (1) month after first generating the PCR test in case the test needs to be re-run. The RNA sample will then also be destroyed. Your survey data will be stored on a secure server maintained by Georgia Tech under security protocols put in place by the Office of Information Technology.

**Sharing Information.** Positive and negative test results will be shared with the applicable government entity as required by law and the team of researchers performing contact tracing on campus so that individuals that may have been exposed can be informed to take precautions. Any information shared with these individuals will be maintained under confidentiality and security protocols put in place. Any information shared with any additional researchers for contact tracing will be de-identified. That is, no one can identify you as a participant from the data reported for contact tracing purposes.

## Procedures:

1. Prior to testing, you will be asked to sign this consent form in one of the following ways:
  - (i) Online, by signing with secure DocuSign prior to arriving at the collection site, while also completing a brief Qualtrics survey regarding potential exposures. You will register as a participant in the study and receive a unique “Barcode Key”. You will show your assigned Barcode Key to the staff at the collection site who will scan it and link it to the alphanumeric key on a saliva sampling tube they will provide to you.
  - (ii) Directly at the collection site by signing the consent and entering your data and survey answers onto a dedicated secured laptop computer at the site.
2. After the consent form has been signed and the survey has been completed, you will then self-collect the saliva sample into a cup and transfer it to a small plastic tube pre-loaded with a lysis solution that inactivates the virus. The collection site, in most cases, will be located near the entrances of the EBB1 Building adjacent to green space where you can find the space to safely spit into the vessel. You will dispose of the cup in a Biohazard bag. The sample will be temporarily stored at the collection site before being transferred inside EBB where RNA will be extracted and PCR testing for the virus will take place.
3. After the test is complete, usually within twenty-four (24) hours, the results will be uploaded to the website, GT COVID on Campus (<https://covid19.biosci.gatech.edu/>), where you may log in securely with your GTID to access your results. In the event of a positive result, students should immediately go to Stamps Health Services for medical advice and faculty and staff should see a medical professional such as their primary care physician. You will be required to follow Institutional instructions on whether and when you may return to class and/or work activities.

## Contact Information:

For any questions or concerns, you may contact Greg Gibson, Ph.D. by telephone at 404-385-2343 or by email at [Greg.Gibson@biology.gatech.edu](mailto:Greg.Gibson@biology.gatech.edu).

## Consent:

I acknowledge and agree that I have read, understood, and agreed to the statements contained within this form. I have been informed about the purpose of the test, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to ask questions before proceeding with a test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services.

I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

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Participant Name (printed)

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Date

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Participant Signature

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Date