

## Informed Consent to Northwestern University COVID-19 Testing Program

Northwestern University (“NU”) has arranged or will arrange for itself and/or various testing companies, laboratories and other vendors and companies (potentially including Northwestern Memorial, Color Genomics, Tempus Labs, Fulgent Genetics, Abbott/BinaxNOW, and/or others) and potentially their clinical affiliates, physicians, employees, designees and/or independent laboratories acting on their behalf (each, a “Tester”) to make available to you a SARS-CoV-2 coronavirus (“coronavirus”) testing program (collectively, the “Program”).

You are being asked to participate in this Program. **As part of the Program, you knowingly acknowledge, confirm, certify and agree and consent to all of the following:**

- I consent to testing of coronavirus and/or diagnosis of its related disease COVID-19 by NU and/or Tester.
- No guarantees have been made as to the outcomes, accuracy or efficacy of the Program, the tests or results.
- I knowingly assume all risk with respect to the Program and hereby waive, and release NU and its trustees, employees, agents and contractors (collectively the “Releasees”) from, all claims, actions, damages and other liabilities arising from acts or omissions of the Releasees with respect to the Program.
- Tests may be self-administered, which could present a greater risk of injury, inaccurate administration and less reliable results. I consent to being observed by employees or agents of NU and/or Tester during any self-testing, and understand that such observers are not providing medical advice and may be observing multiple individuals at the same time.
- I am not hereby creating a treatment relationship with any ordering physician, NU or Tester. Testing does not replace medical diagnosis, advice and treatment from a medical provider, and I will seek the foregoing if I test positive or if I otherwise desire, and I am responsible for forwarding results and initiating follow-up with such medical provider.
- I understand and agree that: NU may disclose certain of my personally identifiable and identifiable health information related to the Program, including my name, contact information and results (collectively, “My Program Info”), to Tester and medical providers as necessary. I further understand that NU and/or Tester may engage independent laboratories to provide services, and that Tester and such independent laboratories shall disclose My Program Info to NU.
- I understand that the Family Educational Rights and Privacy Act (“FERPA”) and other privacy laws may apply to the storage, use, and disclosure of my personal information by NU.
- NU may use My Program Info for health, safety and other purposes, including campus health monitoring, contact tracing and other related matters, and may disclose anonymous positive results by building/location.
- If I test positive, I will abide by NU’s guidelines and policies and the laws and regulations regarding coronavirus and COVID-19, including quarantining, self-isolating, contact tracing, clearance, and other related matters.
- I acknowledge that NU, and possibly Tester, may be required by law to disclose My Program Info to federal, state and/or local authorities, and they may use such information for public health and other legal purposes.
- I consent to receive communications (autodialed calls, text messages and emails) to facilitate the Program (participation, test results, etc), campus health monitoring, contact tracing and other matters. I understand I can opt-out of calls and texts.
- This Informed Consent shall be valid for each test through January 31, 2023, unless earlier revoked.

With respect to each Tester, I acknowledge that I have previously been provided and agreed to its consent, authorization to release/disclose information, notice of privacy practices, privacy policy, terms of use/service and other related documents (collectively, as applicable, “Tester Documents”). I understand and agree that this Informed Consent and the Tester Documents (collectively, the “Program Documents”) together explain to me how My Program Info will be used and disclosed, including disclosed by Tester and NU.

I acknowledge that all Program Documents have been previously made available to me for my prior review and full consideration. I understand that if I do not agree to all of the Program Documents, then I will not be able to receive the Program’s tests and other services. Such non-participation in the Program may have other consequences.

I acknowledge that I have read, understand and agree to this Informed Consent, and hereby consent to participate in the Program as described herein. I acknowledge that I have been given an opportunity to ask questions and have none remaining at this time.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ NetID: \_\_\_\_\_

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