

Consent for COVID-19 Testing

- I authorize Eurofins Genomics LLC to perform testing COVID-19 testing on the individual listed below.
- I understand that processing a test result may take between 1 to 3 days for PCR tests, or 30 min for rapid antigen.
- The test involves a swab (like a Q-Tip, but smaller) slid into the anterior nostrils (< ¼ inch into lower nostril) to obtain a sample. No long-lasting side effects from testing are expected. I understand that there is minimal risk with the collection method and acknowledge that the nature of the collection might cause slight discomfort.
- I acknowledge that the test results is not a substitute for medical advice or treatment from my personal health care provider. I will consult with and obtain care from a health care provider if I have tested positive for COVID-19, am experiencing symptoms, or have any other questions or concerns.
- I understand that Eurofins Genomics LLC has infectious disease reporting responsibilities under applicable governmental regulations and will report my testing information in accordance with these regulations.
- I understand that individuals who test positive may be required to stay home and will abide by the requirements for isolation.
- I authorize Eurofins Genomics LLC to use and/or disclose my protected health information ("PHI"), including the test result, with the school that contracted the testing, and relevant subcontractors. I declare that the information provided is true and correct.
- I understand that the individuals or entities receiving my PHI may not be subject to the same federal or state privacy laws applicable to Eurofins and that further use and/or disclosure of my PHI by those individuals or entities is possible.
- I have the right to refuse testing.
- I understand that I have the right to later revoke this authorization in writing.
- By signing below, I acknowledge that I have read, understand, agree, certify, and/or authorize the information above and further agree that I and my heirs, executors and assigns hereby release Eurofins Genomics LLC, and the school which contracted the testing, including its employees, agents, and contractors from any and all liability and claims.

Individual Being Tested

School District: _____ School Name: _____ Grade level: _____
 First name: _____ Last Name: _____ Middle Initial: _____
 Date of Birth: _____ Race: _____ Ethnicity: _____
 (Hispanic, Non-Hispanic, unknown, do not answer)

 Street Address City State Zip

Parent / Guardian (only required if the individual above is under 18 years old)

Name: _____
 Last name First name Middle Initial

Authorization to Test

☐ I authorize SARS-CoV-2 testing for the individual listed above.

Patient / Authorized Signature: _____ Date: _____

*EMAIL / MAIL / SEND THIS FORM BACK TO Clinical@eurofins.com

All correspondence to Eurofins Genomics may submitted by mail [or electronically] to this address:
 Beth McNally
 Director of Laboratory Operations
 Eurofins Genomics, LLC Clinical Laboratory 12701 Plantside Dr. Louisville, KY 40299
Clinical@eurofins.com