

Updated 7/14/2021

LDH K12 COVID-19 Testing Consent

Please review this important information about COVID-19 testing.

The purpose of this program is to assist efforts to monitor the spread of COVID-19 in school-aged children within the community. There are different types of testing strategies that may be used for school-aged children in participating schools, and staff within those participating schools. These strategies include, but are not limited to:

- With pooled tests, samples from several people are combined. A test is performed on the combined pool of samples. Pooled testing can detect if someone in the group was infected with SARS-CoV-2 at the time of the testing. However, it cannot detect which individual was infected at the time of testing.
- With individual testing, also known as diagnostic testing or screening, samples from individuals are tested individually. Individual testing can detect whether an individual was infected with SARS-CoV-2 at the time of testing.
- Neither of these tests will test for immunity or if the individual tested had the virus in the past. In the event that the pooled test results in a positive sample, each person within that pooled group will need to be tested individually. If an individual's testing result is positive, it means that the person tested likely has COVID19.
- Even if there no symptoms present with an individual who tests positive, it is recommended that the party be isolated and immediately contact their healthcare provider. In the event that the pooled test results in a negative sample, or the individual's testing result is negative, the virus that causes COVID-19 was not detected.
- There have been limited incidents where testing results in a false negative. False negatives occur because the tests are not 100% accurate.
- If an individual has symptoms or develop symptoms, it is recommended they isolate and immediately contact their healthcare provider.

Color Health, Inc. ("Color") does not give medical advice or provide medical care. Follow up with your doctor about your results. Your test results will be shared with the testing partner sponsoring the program and certain federal, state, or local agencies for public health purposes as required by law.

Provide Your Consent

By completing and submitting this form, I confirm that I have the legal authority to provide consent for the patient identified during registration (who is myself if I am of the age of majority or my minor child) who is seeking COVID-19 testing (referred to below as "the patient") and that:

A. Program Administrator: I understand that the patient's school administers the testing program that the patient has been asked to participate in, and that I may ask the patient's school for additional information about the testing program.

B. Collection and Testing of Samples: I authorize the collection of one or more samples from the patient and administration of COVID-19 tests on the patient's samples, which shall include pooled testing and may include individual diagnostic testing through molecular or antigen tests, as further explained below. When the patient arrives at the testing location at the designated time, the patient will receive the materials they should use to collect their samples and instructions on how to use these materials. These instructions will include a request to swirl the cotton tip of a swab in both nostrils to collect the sample, and additional details will be provided before the collection process begins. I understand that any personnel assisting in the administration of tests will have received training on safe and proper test administration.

C. Pooled Tests: I understand the patient may be asked to provide one or more samples for a "pooled test." In this type of test, the patient's sample will be collected and deposited with those of one or more other individuals in a test tube. The tube will be identified by a randomly generated barcode. Color operates an information system and related software (the "Platform") which associates the barcode with the individuals who provided samples. The patient's school will send the test tubes containing multiple samples to an independent laboratory with authority to conduct COVID-19 tests. The laboratory will not have access to names or other identifiers relating to the individuals who provided samples except as required or permitted by law. The laboratory will conduct testing and will enter the pooled test results in the Platform. I understand that these results will generally either be (1) negative, indicating that none of the samples in the pool tested positive, or (2) positive, indicating that one or more samples in the pool tested positive. I understand that it is not possible to determine from positive pooled test results alone which member or members of the pool tested positive without additional individual testing. In case of a positive pooled test result or suspected exposure to a positive individual, if the school's protocol requires additional individual diagnostic testing (which will be separately communicated to you by the school), I understand and agree that the patient may be asked to undergo an additional individual diagnostic test to determine whether the patient tests positive for COVID-19.

D. Individual Tests: I understand that the patient may be asked to provide one or more samples for an "individual diagnostic test". This may occur if the patient is a member of a pool for which the pooled test result was positive, or in other circumstances when a diagnostic test may be deemed necessary. In this type of test, the patient's sample will be collected and deposited in a test tube without any other individuals' samples. The tube will be identified by a randomly generated barcode. The Platform associates the barcode with the individual who provided the sample. The patient's school will send the test tube containing the sample to an independent laboratory with authority to conduct COVID-19 tests. The test may be either a molecular or an antigen test. The laboratory will conduct testing and will enter the individual diagnostic test



results in the Platform. I understand that these results will generally be (1) positive, (2) negative or (3) inconclusive, in which case further testing may be recommended.

E. Possibility of Error: I understand that there is the potential for a false positive or false negative COVID-19 test result for pooled or diagnostic tests, and that individual antigen tests have a higher chance of a false negative than individual molecular tests.

F. Safety Guidance and Protocols: I understand that the patient should continue to follow all applicable COVID-19 safety guidance, including mask-wearing and social distancing as appropriate, and follow the protocols that the patient's school has implemented for isolating and testing in the event of a positive result or if the patient develops symptoms of COVID-19.

G. Collection, Use and Disclosure of Personal Information: I understand that Color may collect and use the personal information that I enter into the Platform about myself and the patient, if different, and the patient's COVID-19 test results for the purposes of administering the COVID19 tests and facilitating the communication of test results to me, the patient (if different), and the patient's school. I understand that Color collects, uses and discloses my personal information in accordance with its Privacy Policy and Terms of Service. I understand that the patient's samples, information and COVID-19 testing results items may also be shared, when required by law, with certain federal, state, or local agencies for public health purposes. I understand that diagnostic test results will be shared with the ordering provider (if applicable) in compliance with applicable regulations. I will be required to sign a separate HIPAA Authorization regarding sharing of patient information and results with their school to enable the patient to participate in the school's testing program.

H. No Cost: I understand that testing through this program will be at no cost to the patient.

I. Application: I understand that this consent applies each time the patient takes a COVID19 test through the testing program from August 23, 2021 through July 30, 2022, unless I revoke my consent for subsequent testing. To revoke my consent, I need to contact support@color.com. Cancellation will apply to future activity only and will not affect tests the patient has already taken or information I already permitted to be collected or released.

By checking the box, I am signing this consent electronically and agree that my electronic signature is the legal equivalent of my manual signature.

I agree that I have been informed about the test purpose, procedures, possible benefits and risks. I understand that I will have the opportunity to ask questions before the patient provides a specimen for testing, and that I can ask additional questions of the program administrator at any time. I voluntarily agree to and consent to COVID -19 testing for the patient.

HIPAA Authorization

I confirm that I have the legal authority to, and hereby authorize that the registered patient (either myself if I am of the age of majority or my minor child)'s information and results may be



shared with the patient's organization to guide decisions on health, safety, and/or returning to work/school (read full HIPAA authorization).

I understand that this authorization applies to each time the patient is tested through this program. Under HIPAA and under the Louisiana Student Privacy Law, I provide consent for a School employee to enter the patient's information to be passed to the Louisiana Department of Health via this web-based patient portal provided by Color.

The designated school employee is fully authorized to disclose this information to LDH.