Informed Consent to Northwestern University COVID-19 Testing Program

To help start the new academic year as safely as possible, Northwestern University (“NU”) has arranged for Northwestern Memorial HealthCare and its clinical affiliates and their physicians, employees, designees and/or independent laboratories acting on their behalf (collectively, “NMHC”) to make available a SARS-CoV-2 coronavirus (“coronavirus”) testing program to provide you with self-administered tests (collectively, the “Program”).

You are being asked to participate in this Program as part of NU’s return to campus. **As part of the Program, you acknowledge, agree, confirm and certify all of the following:**

- I consent to testing of coronavirus and/or diagnosis of its related disease COVID-19 by NU and/or NMHC.
- 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.
- The tests are self-administered by me, which may 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 NMHC during the self-testing, and understand that such observers are not providing medical advice and will be observing multiple individuals at the same time.
- I am not hereby creating a treatment relationship with the ordering physician. 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 and/or NMHC may engage independent laboratories to provide services, and that NMHC and such independent laboratories shall disclose my personally identifiable and identifiable health information related to the Program, including my name and results (collectively, “My Program Info”), to NU.
- NU may disclose My Program Info to NMHC and medical providers as necessary. NU and NMHC may use My Program Info for health, safety and other purposes, including campus health monitoring, contact tracing and other related matters.
- 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.
- NU and NMHC are required by law to disclose my positive test results (and name, contact and other information) 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.
- NU will require periodic re-testing and this Informed Consent shall be valid for each test under the Program through December 31, 2020, unless earlier revoked.

I acknowledge that I have previously: agreed to Northwestern Memorial HealthCare’s separate consent and authorization to release information (the “NM Consent”); and been made available at the testing site copies of the Northwestern Memorial HealthCare Notice of Privacy Practices (which I may also review at nm.org) and NMHC’s independent laboratory’s Privacy Policy and Notice of Privacy Practices (which I may also review at https://tempus.com/privacy/ and https://www.tempus.com/notice-of-privacy-practices/) (collectively, the “Privacy Policies”). I understand and agree that this Informed Consent, the NM Consent and the Privacy Policies (collectively, the “Program Documents”) together explain to me how My Program Info will be used and disclosed, including disclosed by NMHC to NU (who has arranged to make this coronavirus testing Program available to me).

I acknowledge that all Program Documents have been previously made available to me for my prior review and full consideration at https://www.northwestern.edu/coronavirus-covid-19-updates/health/testing/on-campus-testing.html. 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 (the information of which has been made available to me by NU).

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: __________________________