

INFORMATION AND CONSENT FORM

Consent to Participate in MVPS COVID-19 Surveillance Pool Testing Program (the “program”)

What you should know about this program:

- This consent form gives you information about the program and enables you to participate in the program. It also tells you about the purposes and benefits of this surveillance program, and if there are any risks.
- Specimens are barcoded and not connected to your personal information. The lab does not receive your name or other identifying information.
- While your consent is required for testing, you will not be tested every week. Read below for more details.
- Please read this consent form carefully.

Note: Agreement to participate in the program is required for access to school property.

1) *Why is this testing method being done?*

The speed at which COVID-19 has spread across the country makes reopening our schools a big challenge. This speed is most likely due to how easily the virus spreads and that people with the virus may not know they are spreading it. There is currently a shortage of reliable and cost-effective testing that can give fast results. Due to these limitations, it is not financially feasible to test every person, for instance, every day.

Scientists have known that one potential method of slowing a disease that spreads easily from people without symptoms is to test a large group of people using one test – a pooled sample. Then, if the pooled sample is positive, one can go back and find the person who is infected.

MVPS, in partnership with Mirimus Clinical Labs, will conduct pool tests by which our schools can test groups of 24 individuals at a time in a single test that can be processed within a few hours. If a pool is identified as positive, Mirimus will then be able to isolate the individual (or individuals) who test positive within the pool without further student or staff testing—providing the fastest way to simultaneously test a large number of people and identify individual COVID cases. By isolating the pool of individuals with exposure to the infected person(s), we may be able to continue to operate without risking further spread. Each individual is anonymous, but the pool from which the samples were collected is known.

2) *How will the testing be conducted?*

Participation in the program involves giving consent and supplying a small sample of saliva—1 milliliter—which will be self-collected from the designated student or staff member. Since we’re testing 900 participants per week from a school population of over 2700—some random and some recurring-- you may or may not be part of the test pools in any given week. **MVPS will provide you with a test kit and directions.**

I agree to participate.

Yes No Initials _____

I agree to allow my saliva sample to be used for COVID-19 testing.

Yes No Initials _____

Please see instructions for sample collection for more details.

3) What are the possible risks of being in the program, and how will I find out if I (or my child) tests positive or negative?

There are no health risks associated with the program. Because this is a surveillance testing program, you will know that you have not tested positive if you are not contacted directly. If you do test positive, you will be contacted and informed of next steps.

4) What are the possible benefits of being in the program?

Success with the program will aid in the following:

- Adding a measure of safety through frequent and rapid testing of students and staff
- Less intrusive testing and more rapid results than other methods through saliva-based pool-testing with the ability to identify individual positives within the pool

Maintaining employee privacy rights with assignment of barcode

Your sample will be identified by barcode only. The Laboratory will not be receiving any personal or identifying information from you. You will not receive the results of your test. If you think you may have symptoms or COVID-19 or have been exposed to COVID-19, you should talk to your doctor who may decide to test you directly. The program will also not provide your doctor with the test results.

5) If you have any questions or problems, whom can you call?

If you have any questions about this program, please contact Matthew D'Andrea, Superintendent of Schools at mdandrea@mvyps.org or Molly Houghton at houghtonmolly@outlook.com.

6) What information do we keep private?

Your information is not transmitted in connection with a sample. Your saliva samples are barcoded and only you and your employer or health care professional know your barcode information. Your

Exhibit C

saliva samples will be used for COVID-19 testing only and pooled results are reported to your employer only.

If an individual diagnostic test comes back as positive, how will MVPS respond?

We will:

- Contact the individual / family
- Provide direction / support / education
- Notify the Board of Health and assist with contact tracing
- Protect the privacy of everyone involved

<p>_____</p> <p>Print the Name of the Adult Participant (18 years of age or older)</p>	<p>_____</p> <p>Signature of the <u>Adult</u> Participant I have read this form and I will participate in this surveillance program.</p>	<p>_____</p> <p>Date</p>
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<p>_____</p> <p>Print the Name of the Child Participant for whom you are providing permission to be in the program (<18 years of age or older)</p>	<p>_____</p> <p>Signature of the <u>Adult</u> Participant I agree to have my child participate in this surveillance program</p>	<p>_____</p> <p>Date</p>
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