

**COVID-19 TESTING: PCR/NAAT CONSENT FORM
LIFELABS LP**

COVID-19 Testing in schools can help protect students and their families, teachers, staff, and the broader community and slow the spread of the virus. The molecular COVID-19 swab test uses polymerase chain reaction (PCR)/nucleic acid amplification test (NAAT) technology to detect genetic information from the virus. If present, it indicates an active infection. LifeLabs is offering PCT/NAAT swab testing in schools in order to screen for and slow the spread of COVID-19.

Privacy Notice

We are collecting your test sample and other personal information and personal health information to determine if you have COVID-19 and to provide you with information on your results. Your personal information and personal health information will be collected for the purpose of identification, booking an appointment, matching the sample to the individual, and for use of specimen for quality assurance. We may also use population-level, aggregate information to evaluate our performance, contribute to health system improvement, and support research. You are not legally required to provide this data, but if you do not provide this information, we cannot test you. The only people who will have access to private information, such as your name and medical information, will be yourself, LifeLabs and if applicable, the local public health unit, or their contractors to conduct disease investigations or other public health activities, or other persons authorized by law. In addition, aggregate information will be shared with the Ministry of Education. For additional information on our personal information handling policies and practices, your rights, and point of contact for any further inquiries, please visit our privacy policy at <https://www.lifelabs.com/privacy-policy/>.

Please carefully read and sign the following Informed Consent:

By your signature below, you certify that you have had the opportunity to ask questions about the test. You have also been informed of the risks and benefits associated with the test, including the possibility of slight discomfort or an incorrect result. If you undergo testing, you acknowledge that you did so voluntarily. If you decline testing, you understand that you may carry or transmit COVID-19, even if you do not have symptoms.

- a) _____ (initial) I authorize LifeLabs to conduct collection and testing for COVID-19 for PCR/NAAT swab testing, as ordered by an authorized medical provider, public health official, or employer.
- b) _____ (initial) I authorize my test results to be disclosed to the local public health unit, or to any other governmental entity as may be required by law.
- c) _____ (initial) I acknowledge that a positive test result is an indication that I must self-isolate and follow any other directions as prescribed by local health officials in an effort to avoid infecting others.
- d) _____(initial) I understand the testing unit is not acting as my medical provider, this testing does not replace treatment by my medical provider, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree that I will seek medical advice, care, and treatment from my medical provider if I have questions or concerns, or if my condition worsens.
- e) _____(initial) I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. Negative results of the test indicate the lack of current infection, but does not mean that I cannot be infected in the future.
- f) _____(initial) I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks. I have been given an opportunity to ask questions before I sign. I voluntarily agree to this COVID-19 testing.
- g) _____(initial) I understand that LifeLabs is not liable for the results of my COVID-19 test.
- h) _____(initial) I understand that test results will be provided within 24-48 hours on LifeLabs WorkClear Thrive website if I chose to register and create an account. I understand that test results will also be available if I provided a health card number at the time of collection on the Ontario Ministry of Health's COVID-19 test results website.
- i) _____(initial) I agree to the terms set out above regarding the collection, use, and disclosure of my personal information and personal health information. I understand that I can refuse to sign this consent form or later withdraw my consent. I also understand that refusal to sign or the withdrawal of consent could affect the ability of LifeLabs to provide services to me.

j) Acknowledgment:

Test results do not provide me with the right to disobey any orders and/or recommendations of the government, municipal officials, Public Health or any other authorities. I have read and understand the above statement.

Initials: _____

I am 18 years of age and up

I am registering for a student under 18 years of age:

Please print the full name of student under the age of 18

I acknowledge that I am parent/legal guardian of the child. I am authorized to receive my child result.

School Staff, Student, Parent or Legal Guardian providing consent:

My First Name: _____

My Last Name: _____

Signature: _____

Date: _____ (DD/MM/YY)