



COVID-19 Testing Consent

Concentric by Ginkgo, a service provided by Ginkgo Bioworks, Inc. ("Concentric"), is providing COVID-19 testing programs in the form of "diagnostic tests" to schools and organizations (a "Program"). The diagnostic tests offered through a program are FDA-authorized and include rapid antigen tests and PCR/molecular tests.

Each participant must read and sign this form before taking part in a Program. If the participant is a under the age of 18 ("Minor"), a parent or legal guardian must read and sign this form on behalf of the Minor before the Minor's participation in a Program.

Key highlights of the consent are:

- Like most COVID-19 tests, the diagnostic tests used in this program are FDA-approved. (Note: The word "approved" means a very specific thing in the eyes of the FDA. As of early 2021, no COVID-19 tests have been approved by the FDA.)
- Individual diagnostic tests may be used for symptomatic students. They may be used on their own. The school or organization providing the test under the program will determine when and how diagnostic testing will be used.
- Since diagnostic tests do provide individual results, each person will be notified of each result from every diagnostic test he/she/they perform.
- You can revoke your consent at any time.
- Potential risks from collecting a sample include slight discomfort.

Please carefully read and sign the following Consent

Throughout the consent, "you" and "your" refer to the person whose information and sample(s) is/are being provided for testing and who will receive the services as may be provided under a Program ("Test Taker"). **By signing this consent, you confirm that you are the Test Taker or the appropriate parent, guardian, or legally authorized individual to provide consent for the below named Minor Test Taker and:**

- A. You authorize the collection and testing of individual diagnostic tests as requested by Test Taker's organization or school on the Test Taker (including rapid antigen tests and PCR/molecular tests). You understand that all sample types will be non-invasive, short nasal swabs or saliva. Potential risks from sample collection include discomfort from the insertion of the swabs. The irritation is expected to be brief.
- B. You understand that you will be notified about the results of any individual diagnostic PCR or molecular test for COVID-19.
- C. You understand that, as with any COVID-19 test, there is the potential for a false positive or false negative COVID-19 test result and that the potential for an errant COVID-19 test result may be higher with pooled testing than individual testing.
- D. You understand that neither Concentric nor the Test Taker's school or Organization is acting as the Test Taker's medical provider, this testing does not replace treatment by the Test Taker's medical provider, and you assume complete and full responsibility to take appropriate action with regards to the Test Taker's test results. You will not make medical decisions without consulting a healthcare provider or disregard medical advice from your healthcare provider or delay seeking such advice based on the test results you receive from individual testing.



- E. You understand that you can change your mind and cancel this permission at any time, but such cancellation is forward-looking only, and will not affect information you already permitted to be released. To cancel this permission for COVID-19 testing, contact The Test Taker’s School or Organization.
- F. You understand that Concentric is researching aspects of the COVID-19 virus, such as tracking viral mutations and you further authorize Concentric to sequence viruses and other microbes present in the samples for epidemiological and public health purposes.

You, the undersigned, confirm you have read the above information about the Program, the description of the test samples to be collected, and possible risks of the Program and you understand that this information may also be provided by Concentric upon written request to the Test Taker’s school or organization. Additional terms and conditions, Concentric’s privacy policy, and release authorizations for Concentric testing can be found here: <https://www.concentricbyginkgo.com/consent>. You voluntarily agree to participate (or allow Minor to participate) in the Program.

School/Organization Name: _____

<p>If this consent is for you as the Test Taker</p> <p>Name (print): _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>If this consent is for a Minor:</p> <p>Minor’s Name (print): _____</p> <p>Parent/Legal Guardian Name (print): _____</p> <p>Parent/Legal Guardian Signature: _____</p> <p>Date: _____</p>
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Test Taker / Minor Name: _____
First Last

Test Taker / Minor Information:

Date of Birth (Month Day Year) Phone Number (1-###-###-####)

If you have questions about Covid-19 testing in schools, please contact Jamie Little, Director of Student Services at Ashe County Board of Education (336) 246-7175.