



NORTH
YARMOUTH
ACADEMY

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 pooled COVID-19 tests and /or individual diagnostic tests as requested by NYA 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. Potential risks from sample collection include discomfort from the insertion of the swabs. The irritation is expected to be brief.
- B. You understand that pooled tests of this type are not required to be approved or authorized by the U.S. Food & Drug Administration (FDA), and You understand pooled tests are not an FDA approved or authorized test nor a medical diagnostic test. You understand that individual diagnostic tests provided by Concentric are FDA authorized under an emergency use authorization.
- C. You understand that pooled testing does not yield individual results for each member of a pool, and that the results of the Test Taker's *individual* results within a pooled test cannot be shared with you. You understand NYA may receive the results of any test.
- D. You understand that you will be notified about the results of any individual diagnostic PCR or molecular test for COVID-19.
- E. 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.
- F. You understand that neither Concentric nor NYA 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 pooled or individual testing.
- G. 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 North Yarmouth Academy. 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: North Yarmouth Academy/Ashley Moody • 148 Main Street • Yarmouth • ME • 04096

If this consent is for you as the Test Taker:	If this consent is for a Minor:
Name (print): _____	Minor's Name (print): _____
Signature: _____	Parent/Legal Guardian Name (print): _____
Date: _____	Parent/Legal Guardian Signature: _____
	Date: _____