



Last updated September 1st 2021

Welcome back to an exciting and promising school year!

As part of the district’s efforts to ensure the safety of our students, we are partnering with Thermo Fisher Scientific and Color Health to provide all students with COVID-19 testing beginning September 1, 2021 for the school year through the ReadyCheckGo™ testing program.

Please review the information below and complete this form for your child to participate in COVID-19 testing. A parent or guardian must register any minor under 18 years of age. Parents/guardians will be given a one-time consent and Health Insurance Portability and Accountability Act (“HIPAA”) authorization to share your child’s results with the school and district.

Testing is optional for students, but required for **students wishing to participate in CPS sports who are unvaccinated or partially vaccinated**. Testing will take place during regular school hours and results will be available in 24 to 48 hours. Color Health will follow up with you directly with either a positive or negative result. Your students’ results will be emailed and texted to the information provided below.

If you consent testing will take place onsite at your child’s school on a weekly basis. Please reach out to your principal or covidtestingcps@cps.edu to receive your school’s unique link for registration if you would prefer to register online.

Please provide the following registration information required by the CDC and Thermo Fisher and Color.

You must complete each field and sign BOTH on PAGE 3 and PAGE 4

Student Participant Information

School Name _____

Student ID _____

Student First Name _____

Student Last Name _____

Student Date of Birth _____

Student Address _____

Gender Identity Female Male Trans Female Trans Male
 Genderqueer/Gender Non-Binary Not Listed Prefer not to

say

Sex Female Male

Race and Ethnicity American Indian/Alaska Native Asian Cambodian Chinese
 Filipino Indian Japanese
Korean Laotian Vietnamese Black/African American
 Hispanic or Latino Middle Eastern North African
 Native Hawaiian/Other Pacific Islander Guamanian Hawaiian
 Samoan White Other Unknown

Parent/Guardian Information

Parent/Guardian First Name _____

Parent/Guardian Last Name _____

Parent/Guardian Phone Number _____

Parent/Guardian Email Address _____

For more information on testing with Thermo Fisher and Color, including testing and receiving results, head to <https://www.color.com/readycheckgo-support> or call 888-603-1028.

You may also email the CPS COVID-19 Testing Team at covidtestingcps@cps.edu.

ATTENTION CPS SCHOOL: Please return any completed forms (4 pages total) to the Office of Student Health and Wellness to be entered into the system either by fax to 773-553-1883 or email COVIDtestingCPS@cps.edu
Consent must have every section completed and BOTH pages signed in order to be entered.



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COVID-19 Multiple Modality testing: Benefits & Limitations and Consent

Please review this important information about COVID-19 testing. **The purpose of this program is to assist in efforts to monitor the spread of COVID-19 in the community.**

- There are different types of testing for COVID-19.
- One type is a **pooled test**, which can detect if someone in a group likely has SARS-CoV-2 at the time of the test. **It doesn't give individual results.**
- The other is an individual **diagnostic test**, which means that it can tell if you likely have SARS-CoV-2 (the virus that causes COVID-19) at the time of the test.
- Neither of these tests will test for immunity or if you had the virus in the past.

If your pooled test results are positive, it's likely that at least one person in the pool is infected with SARS-CoV-2.

- Each of the people in the pool should be tested with an individual diagnostic test in order to determine if they are infected.

If your diagnostic test results are positive, it is recommended that you isolate away from others or follow current guidance from the Center for Disease Controls (CDC).

If your pooled test results or your individual test results are negative, the virus was not detected.

- It is possible that your test may have been a false negative. False negatives occur because the tests are not perfectly accurate.
- If you're feeling symptoms, contact a doctor or follow current CDC guidance.

Color Health, Inc. ("**Color**") does not give medical advice or provide medical care. Follow up with your doctor about your results. Your test results will be shared with the school sponsoring the testing program and certain federal, state, or local agencies for public health purposes when required by law.

By completing and signing this form, I confirm that I have the legal authority to provide consent for the patient identified during registration (who is myself if I am of the age of majority or my minor child) who is seeking COVID-19 testing (referred to below as "the patient") and that:

A. **Program Administrator:** I understand that the patient's school administers the testing program that the patient has been asked to participate in, and that I may ask the patient's school for additional information about the testing program.

B. **Collection and Testing of Samples:** I authorize the collection of one or more samples from the patient and administration of COVID-19 tests on the patient's samples, which shall include pooled testing and may also include individual diagnostic testing through molecular or antigen tests, as further explained below. When the patient arrives at the testing location at the designated time, the patient will receive the materials they should use to collect their samples and instructions on how to use these materials. These instructions will include a request to swirl the cotton tip of a swab in both nostrils to collect the sample, and additional details will be provided before the collection process begins. I understand that any personnel assisting in the administration of tests will have received training on safe and proper test administration.

C. **Pooled Tests:** I understand the patient may be asked to provide one or more samples for a "pooled test". In this type of test, the patient's sample will be collected and deposited with those of one or more other individuals in a test tube. The tube will be identified by a randomly generated barcode. Color operates an information system and related software (the "**Platform**") which associates the barcode with the individuals who provided samples. The patient's school will send the test tubes containing multiple samples to an independent laboratory with authority to conduct COVID-19 molecular tests manufactured by Thermo Fisher Scientific. The laboratory will not have access to names or other identifiers relating to the individuals who provided samples except as required or permitted by law. The laboratory will conduct testing and will enter the pooled test results in the Platform. I understand that these results will generally either be (1) negative, indicating that none of the samples in the pool tested positive, or (2) positive, indicating that one or more samples in the pool tested positive. I understand that it is not possible to determine from positive pooled test results alone which member or members of the pool tested positive without additional individual testing. In case of a positive pooled test result or suspected exposure to a positive individual, if the school's protocol requires additional individual diagnostic testing (which I understand will be separately communicated to the patient by the school), I understand and agree that the patient may be asked to undergo an additional individual diagnostic test to determine whether the patient tests positive for COVID-19.

D. **Individual Tests:** I understand that the patient may be asked to provide one or more samples for an "individual diagnostic test". This may occur if the patient is a member of a pool for which the pooled test result was positive, or in other circumstances when a diagnostic test may be deemed necessary. In this type of test, the patient's sample will be collected and deposited in a test tube or other collection device without any other individuals' samples. In some cases, this additional diagnostic test will be performed on individual samples obtained at the same time as the "pooled sample" and so will not require additional collection from the patient. There are several types of individual

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tests that may be available to the patient. The patient's school will describe which method will be utilized, but they may include:

Lab-processed molecular tests:

Molecular tests detect the COVID-19 virus using a method called PCR (polymerase chain reaction). Samples for molecular tests may be obtained by the patient's school or, in some cases, rely on a sample collected by the patient at home. In this type of test, the tube for the sample will be identified by a randomly generated barcode. When activated according to instructions, the Platform associates the barcode with the individual who provided the sample. The sample will be sent to an independent laboratory with authority to conduct COVID-19 tests. The laboratory will conduct testing and will enter the individual diagnostic test results in the Platform. I understand that these results will generally be (1) positive, (2) negative or (3) inconclusive, in which case further testing may be recommended.

Rapid test:

Rapid tests often rely on the presence of antigens to detect COVID-19, although the patient's school may offer a rapid molecular test utilizing PCR. The patient's school will describe which type of rapid test is being offered to the patient. Rapid tests may be administered by the patient's school or rely on a sample collected by the patient at home. Rapid tests do not require that samples be sent to a laboratory in order to provide a result. If a patient is requested to collect a sample at home, the patient's school will provide the patient with the materials needed to collect samples and instructions on how to use these materials. In this type of test, the school or the patient will report the results of the test using the Platform. I agree that if the rapid test is administered at home, the patient will have reviewed test kit materials (e.g., test type and manufacturer, test performance, result types, test reliability and limitations, and potential risks of harm, discomforts, and benefits of the test) and will follow the instructions for use when conducting a rapid COVID-19 test, and that they will accurately report the results of the patient's test using the Platform.

In case of a positive rapid test result, if the school requires additional individual diagnostic testing (which the school will separately communicate to the patient), the patient understands and agrees that they may be asked to undergo an additional individual diagnostic test to confirm whether they test positive for COVID-19.

E. **Possibility of Error:** I understand that there is the potential for a false positive or false negative COVID-19 test result for pooled or diagnostic tests, and that individual diagnostic antigen tests have a higher chance of a false negative than individual molecular tests.

F. **Safety Guidance and Protocols:** I understand that the patient should continue to follow all applicable COVID-19 safety guidance, including mask-wearing and social distancing as appropriate, and follow the protocols that the patient's school has implemented for isolating and testing in the event of a positive result or if the patient develops symptoms of COVID-19.

G. **Collection, Use and Disclosure of Personal Information:** I understand that Color may collect and use the personal information that I enter into the Platform about myself and the patient, if different, and the patient's COVID-19 test results for the purposes of administering the COVID-19 tests and facilitating the communication of test results to me, the patient (if different), and the patient's school. I understand that Color collects, uses and discloses my personal information in accordance with its [Privacy Policy](#) and [Terms of Service](#). I understand that the patient's samples, information and COVID-19 testing results items may also be shared, when required by law, with certain federal, state, or local agencies for public health purposes. I understand that diagnostic test results will be shared with the ordering provider (if applicable) in compliance with applicable regulations. I will be required to sign a separate HIPAA Authorization regarding sharing of patient information and results with their school to enable the patient to participate in the school's testing program.

H. **No Cost:** I understand that testing through this program will be at no cost to the patient.

I. **Application:** I understand that this consent applies each time the patient takes a COVID-19 test through the testing program over the next six (6) months, unless I revoke my consent for subsequent testing. To revoke my consent, I need to contact support@color.com. Such cancellation will apply to future activity only and will not affect tests the patient has already taken or information I already permitted to be collected or released.

By completing and submitting this form, I confirm that I have the legal authority to consent on behalf of the patient identified during registration seeking COVID-19 testing (referred to as the "patient"), who is either myself if I am a participant and of the age of majority or my minor child.

I agree that I have been informed about the test purpose, procedures, possible benefits and risks. I understand that I will have the opportunity to ask questions before the patient provides a specimen for testing, and that I can ask additional questions of the program administrator at any time. I voluntarily agree to this testing for COVID-19 for the patient.

Parent signature: _____

Date _____

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HIPAA Authorization

Background

Color Genomics, Inc. (“Color”) is providing Covid-19 testing and related services (the “Covid-19 Services”) at the request of the institution that is paying for or otherwise making the Covid-19 Services available to you (e.g., the employer, school, or entity for which you perform or will perform services, or will enter their facilities) (the “C19 Program Sponsor”) to help guide the C19 Program Sponsor’s determination about the safety of admitting individuals to their facility/facilities during the Covid-19 pandemic (the “Authorized Use”). In connection with the Covid-19 Services, you will share certain personal and health information (“Protected Health Information” or “PHI”) with Color. For purposes of this authorization, your PHI also includes the information that Color generates about you in performing the Covid-19 Services, including your Covid-19 test results.

Purpose of this Authorization

To facilitate and execute the Covid-19 Services, and as required or permitted by applicable law, rule, or order, by signing this authorization form, you authorize Color to share your PHI with the C19 Program Sponsor in connection with the Authorized Use, each time the Covid-19 Services are performed.

Expiration of Authorization

This authorization will expire after five (5) years from the date of your authorization.

Your Rights:

By signing this authorization form, you understand and acknowledge the following:

- I understand that I am not required to sign this authorization form, but that my refusal will make me ineligible to receive the Covid-19 Services through the C19 Program Sponsor’s program.
- I may revoke my authorization at any time, but to do so, I must request my revocation by filling out the form on [color.com/hipaa-revoke](https://www.color.com/hipaa-revoke). My revocation will take effect upon Color’s receipt, except to the extent that Color has taken action in reliance upon this authorization prior to my revocation. except to the extent that Color has taken action in reliance upon this authorization prior to my revocation.
- I have received a copy, or have the right to receive a copy, of this authorization or to inspect the information contained therein by contacting support@color.com.
- I understand that Color is receiving payment from the C19 Program Sponsor or its affiliate in connection with the Covid-19 Services.
- I understand that this authorization shall apply for each instance that Color performs the Covid-19 Services for me, including, but not limited to, sharing my PHI with the C19 Program Sponsor each time I take a Covid-19 test if I repeat testing through the C19 Program Sponsor’s program.
- I understand that the information disclosed pursuant to this authorization may no longer be protected by federal or state medical confidentiality laws if the recipient of my PHI is not subject to such laws and may be re-disclosed by the recipient.

By signing below, I confirm that I have the legal authority to provide consent for the patient identified on page 1, who is myself if I am the age of majority or a my minor child, who is seeking COVID-19 testing (referred to below as the patient) and that:

- I authorize my information and results to be shared with my organization to guide decisions on health, safety, and/or returning to work/school. I understand that this authorization applies to each time I get tested through this program.

I can revoke my consent at any time by emailing readycheckgo@color.com with the subject line “Testing Opt Out” and my child’s information.

Parent signature:

Date

For more information on testing with Thermo Fisher and Color, including testing and receiving results, head to their <https://www.color.com/readycheckgo-support> or call 888-603-1028.

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