

COVID-19 Testing: Informed Consent

Please carefully read and, if you are prepared to provide your consent for the collection and disclosure of personal information as set forth below, sign the following Informed Consent. The purpose of the collection of personal information is to perform COVID-19 testing for employment purposes and that the information provided can be shared with all appropriate regulatory agencies for communication with you directly if you are found positive for COVID-19 and for contact tracing related to those with whom you may have come into contact.

1. I authorize Avalon Laboratories Inc. ("**Avalon**") to receive, store and test my swab for COVID-19 **and other respiratory pathogens** through a nasopharyngeal or other alternative swab as requested by my employer and/or health care provider.
2. I authorize Avalon to collect my personal information and to securely store that information for the purposes of patient identification and contact tracing.
3. I authorize and consent to my test results and other personal information including my name, age, date of birth, address and Provincial Healthcare Number to be disclosed to, and retained by, as applicable, the Government of Canada, the Provincial Government in my jurisdiction, the Regional Health Authority, and any other governmental entity as may be required by law (including the Centre for Communicable Disease Control), and to my employer.
4. I acknowledge that a positive test result is an indication that I must self-isolate and comply with the directives provided by Public Health Authorities. I also acknowledge that I will self-isolate until my test results are made known to me, which is estimated to be within 48 hours from the time the swab reaches the laboratory.
5. I understand Avalon is not acting as my medical service provider or medical practitioner, this testing does not replace treatment by my medical service provider or medical practitioner, and I assume complete and full responsibility to take appropriate action with regards to my test results. I agree I will seek medical advice, care and treatment from my Regional Health Authority if I have questions or concerns, or if my condition worsens.
6. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result. I hereby release Avalon from, and waive, any and all claims, damages, costs, loses and expenses whatsoever that I, my heirs, executors, administrators or estate may have as against Avalon with respect to the specimen collection, storage and testing for COVID-19, and the results thereof.
7. Avalon will comply (as applicable) with the *Personal Health Information Act* (NL), *PIPA* (BC), and the *Personal Information Protection and Electronic Documents Act (Canada)*, and has a privacy policy located on its website: www.avalonlaboratories.ca which contains further information on Avalon's privacy policies and security.

I, the undersigned, hereby confirm I am eighteen years of age or older or that I am the legal parent/guardian of a minor and, have been informed about the test purpose, procedures, possible benefits and risks, and the collection and disclosure of personal information associated therewith. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask additional questions at any time. I voluntarily agree to this testing for COVID-19 and the collection and disclosure of personal information associated therewith. **My consent is considered valid for repeated COVID-19, if required. I understand that my consent may be withdrawn at any time.**

Date: _____ Date of Birth: _____

Print Name: _____ PHN # / Province: _____

Signature (parent/guardian, if applicable): _____