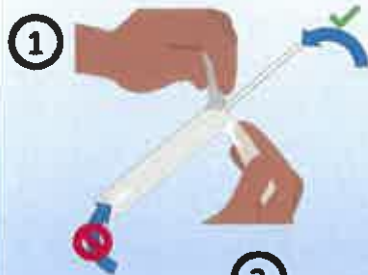


Q: How do I get tested? What should I expect on the day of the event?

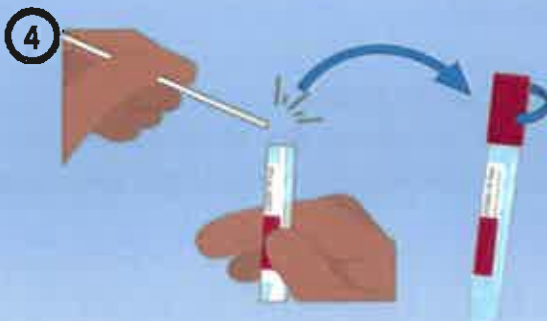
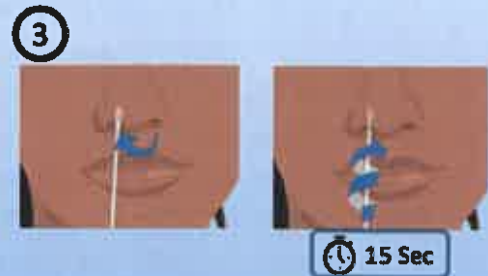
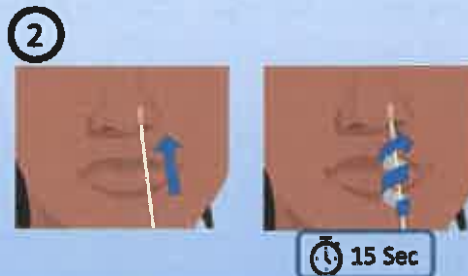
A: The sample collection team will visit the building on the scheduled test date. Trained Zepto team members will be there throughout the registration and sample collection process to assist you.

Q: Self administered nasal swab, how does it work?

A: Our Swab Team member will be with you throughout the sample collection process to assist you!

 **Nasal Swab Directions**

1. Open the swab on the stick end.
2. Insert swab into one nostril (about 1 in.) and swab for 15 sec.
3. Repeat step 2 in the other nostril.
4. Snap the swab at the break line in the supplied tube and cap.
5. Put the sample tube into the specimen bag held by laboratory staff.



Q: What happens in scenarios with positive Nasal Swab test results?

A: A POSITIVE result for COVID 19 indicates that RNA from SARS-CoV-2 was detected in the sample and the subject is infected with the virus and presumed to be contagious. Positive results do not rule out bacterial infections or co-infection with other viruses.

The Centers of Disease Control has outlined the following recommended steps to take if sick with COVID-19.

- Stay home except to get medical care
- Separate yourself from other people
- Monitor your symptoms
 - ◆ Seek emergency medical attention if you have:
 - Trouble breathing
 - Persistent pain or pressure in the chest
 - New confusion
 - Inability to wake or stay awake
 - Bluish lips or face
 - Please call your medical provider for any other symptoms that are severe or concerning to you.
- Call ahead before visiting your doctor
- Wear a mask, two if possible
- Cover your coughs and sneezes with a tissue
- Clean your hands often with soap and water
- Avoid sharing personal and household items with others

For more information, visit: <https://www.cdc.gov/coronavirus/>

Q: If I received a positive Nasal Swab test, when should I get re-tested?

A: If a patient has COVID-19 symptoms or has been exposed to someone who tested positive for COVID-19, the patient should not travel or be in contact with others until they have been tested again and the results are confirmed negative for COVID-19.

Q: If I received a positive Nasal Swab test result, how long do I need to self-isolate for?

- At least 10 days since symptoms first appeared and
 - At least 24 hours with no fever without fever-reducing medication and
 - Until other symptoms of COVID-19 are improving
- **Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

**Test Requested** **SARS-CoV-2 Nucleic Acid Test**

Rapid molecular test for the detection of the nucleic acids that are present in the SARS-CoV-2 virus. This test indicates an active infection of the virus.

 IgG & IgM Antibody Test Against SARS-CoV-2

Rapid lateral flow chromatographic immunoassay intended for the qualitative detection and differentiation of IgM and IgG antibodies to SARS-CoV-2 in fingerstick whole blood.

Sample Type: Nasal Swab and/or Finger Prick Antibody Test

Sample Date: MM/DD/YYYY

Sample Time:

Demographic Information

First Name:

Last Name:

Date of Birth: (MM/DD/YYYY)

Gender: Female _____ Male _____ Other _____

Contact Information

Street Address:

City:

State:

Zip Code:

County:

Phone Number: () - -

Email:

Insurance Information – (Required If Insured)

Insurance Company:

Policy Number / ID:
(Medicaid ID if Applicable)

Group Number:

Subscriber First Name:
(NAME ON CARD)

**Subscriber
Last Name:**

Subscriber Date of Birth:
(MM/DD/YYYY)

**If You Do Not Have Insurance – (Only Required If No Health Insurance)****Social Security Number:****If you are completing this form for a student, please check one of the boxes below:**

- I, as guardian of this student, acknowledge that the test results will also be submitted to PiM Arts High School for contact tracing and safety purposes.

OR

- I do not wish for the test results to be released to PiM Arts High School and would like a secured file to be delivered to myself only.

I acknowledge that I am participating in this testing voluntarily and that Zepto Life Technology must obtain an individual's written authorization for any use or disclosure of protected health information that is not for treatment, payment, health care operations, or otherwise permitted or required by the HIPAA Privacy Rule.

Requester's Signature: _____ Date: _____

****Parents/Guardians****

Please fill out this form for each student in your household that attends
PiM Arts High School

Student Participant Information

Student's Full Name: _____ Grade: _____

Parent/Guardian Information

Parent/Guardian Full Name: _____

Relationship to Student: _____

Home Phone: _____ Cell Phone: _____

Purpose: COVID-19 is a dangerous infectious disease that is spread primarily from person-to-person through respiratory droplets. Close proximity to others presents a risk of infection and disease spread. It is recommended that persons maintain six feet of distance between one another at all times; however, infection may still occur when this distance is maintained, and this distance is not always maintained. To prevent the spread of COVID-19, testing, contact tracing, and isolation of infected people supports the health and safety of the community. The purpose of this "Child COVID-19 Testing Consent Form" is for parents or legal guardians to consent to regular COVID-19 testing for their children.

Please choose one of the below options:

- Yes, I agree:** I give my consent for my child to be tested at PiM Arts High School for COVID-19 through a nasal swab—less than one inch into the nostril—to screen for COVID-19 on a routine basis.
- No, I do not agree:** I DO NOT give my consent for my child to be tested for COVID-19.

IF YOU CHECKED "YES" ABOVE, PLEASE SIGN BELOW:

I attest that:

I have signed this form freely and voluntarily, and I am legally authorized to make decisions for the child named above.

I consent for my child to be tested for COVID-19 infection.

I understand that my child may be tested multiple times through the end of the academic school year, and that testing may occur on days scheduled in accordance with State mandates.

I understand that this consent form will be valid through June 30, 2022, unless I notify the designated contact person from my child's school in writing that I revoke my consent.

I understand that my child's test results and other information may be disclosed as permitted by law.

Signature of Parent/Guardian: _____ Date: _____