✓ SARS-CoV-2 (COVID-19) Qualitative PCR

Specimen Type:
✓ Nasal

ICD-10 Codes:
☐ Z20.828 COVID-19 Screening
☐ Other: _____________________________
WSU SPOKANE EMPLOYEE COVID-19 MANDATORY ASYMPTOMATIC TESTING
CONSENT AND RELEASE OF INFORMATION

In an effort to combat and manage the spread of COVID-19 in our region and within the Washington State University (WSU) community, and in order to comply with testing protocols in health sciences related activities that present a higher risk of contamination, WSU Spokane will be requiring COVID-19 asymptomatic testing for designated employees. This testing will help public health officials, WSU, and our health sciences partners understand and monitor the COVID-19 infection rate. The testing will be paid for by WSU.

To test for COVID-19 requires collection of a physical specimen from you. In general, a health care worker will take a sample using a shallow nasal swab or will ask you to “self-collect” using a shallow nasal swab. Placing a swab in your nose may cause irritation, redness, pain or discomfort, sneezing, mucus drainage, and/or other reactions. The process is safe and with generally only short-term reactions and conditions. If you have any medical or mental health conditions that may impact your ability to safely have a specimen collected from your nose, please contact your personal health care provider to be cleared for testing.

Undergoing asymptomatic testing does not create a patient/provider relationship with WSU, the provider who signs the order for this test, and/or any third-party assisting with collection and/or testing of the specimens. This testing is being performed for designated employees at the request of WSU to ensure you can safely participate in on campus activities in accordance with applicable testing protocols. Refusal to participate in this testing precludes participation in on campus activities requiring testing.

Once the specimen is analyzed the results will be communicated to you by phone if positive. If your test results are negative, they will be communicated by phone or by mail. Your test results are available to you upon request from WSU Human Resource Services Disability Services. Employees diagnosed (i.e., positive test) with COVID-19 must isolate in accordance with Washington State law and/or public health official guidance until permitted to return to the workplace as determined by public health guidelines. Documentation to return to the workplace may be required and you should follow-up with Human Resource Services Disability Services. WSU recommends all employees positive for COVID-19 promptly follow-up with their personal health care provider by phone to communicate their positive COVID-19 status and to manage their care. For medical emergencies immediately contact 911.

If you test negative for COVID-19, it may only mean you do not have COVID-19 at that point in time. You may still become infected with COVID-19. There is always the possibility that your test did not detect the presence of the virus or is wrong (i.e., false negative). For these reasons, if you have symptoms of COVID-19 or you are a close contact of someone with COVID-19 you must still stay home until you meet public health guidelines for returning to activities around others including work.

By consenting to COVID-19 testing, you authorize disclosure of your positive COVID-19 status directly to authorized WSU officials so steps can be taken to mitigate the spread of the disease within the WSU Spokane community, and to ensure you have the ability to receive all available resources and benefits. WSU officials authorized to receive notice of your COVID-19 diagnosis will take reasonable steps to maintain the privacy of this diagnosis. However, it is possible colleagues and/or others may infer you have this disease by certain actions needed to maintain a safe and clean workplace (e.g., sanitization of your workspace, communication that certain co-workers must quarantine, etc.). Thus, it is impossible to maintain complete confidentiality of any positive COVID-19 diagnosis. WSU will also maintain and disclose any positive COVID-19 results in accordance with the law.

By signing this WSU Spokane Employee COVID-19 Mandatory Asymptomatic Testing Consent and Release of Information Form I acknowledge I am a current WSU employee on the Spokane campus. I acknowledge being explained the risks and benefits of COVID-19 asymptomatic testing, and have had all of my questions answered to my complete satisfaction. I acknowledge needing to follow-up with my personal health care provider if I have concerns about safely being able to have a nasal specimen collected for testing. By consenting to COVID-19 testing, I understand no patient/provider relationship is being established, and any such relationship is expressly disclaimer. I acknowledge testing is being required by my employer. I understand I may refuse to participate in this testing, but this will preclude my participation in on campus activities. I acknowledge needing to follow-up with my personal health care provider for managing my medical care and treatment related to COVID-19 or any respiratory infection. I have been advised the need to call 911 for any medical emergencies. I authorize disclosure of my negative or positive COVID-19 status to authorized WSU officials so they can use this information to advance public health and safety as it relates to COVID-19, to maintain a safe and clean workplace, and to ensure I am offered resources, if any, available to WSU employees. I also understand WSU may disclose the results of my test as required or permitted by law. I acknowledge this consent and release of information form covers all required COVID-19 testing being performed at the request of WSU.

Option to participate in future COVID-19 research:  
_____ By checking here, I agree to being contacted in the future by WSU researchers conducting COVID-19 related research. All human subject research must comply with Institutional Review Board requirements.

Full Name (Print) ___________________________ WSU ID# (if applicable) ___________________________

Signature ___________________________ Date ___________________________