

## INFORMED CONSENT FOR CORONAVIRUS (COVID-19) TESTING

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**Please carefully read and sign the following informed consent:**

1. I authorize the University of Arizona to conduct collection for COVID-19 antigen/PCR testing with a University provided test.
2. I understand that my test results will be disclosed to the county, state, or to any other governmental agency as may be required by law.
3. I consent for my test result to be disclosed within the University of Arizona to certain units for the reasons outlined below:
  - a. Campus health: for purposes of coordination of care and treatment
  - b. Housing & Residential Life: for purposes of isolation and quarantine procedures and protocols
  - c. SAFER (Student Aid for Field Epidemiology Response): for purposes of contact tracing
  - d. Facilities Management: disclosure of building and room number only for purposes of cleaning and disinfection protocols and situational awareness in responding to building alarms
4. I understand that, as with any medical test, there is the potential for a false positive or a false negative result to occur. I agree to notify Campus Health Services in the event that I start showing signs and symptoms of COVID-19, regardless of my test result.

I, the undersigned, have been provided information about the test purpose, procedures, possible benefits and risks, and I have received a copy of this informed consent. If I have any questions, I may call Housing & Residential Life or the COVID-19 Testing Center at [UACOVID-19Testing@arizona.edu](mailto:UACOVID-19Testing@arizona.edu), 1-833-345-0246 or 520-848-4030. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time.