

FULGENT COVID-19 TESTING CSUN MINOR CONSENT FORM

By submitting my sample for testing, I attest to the following:

1. I acknowledge and understand that my COVID-19 diagnostic test will require the collection of an appropriate sample through a nasopharyngeal swab, oral swab, or other recommended collection procedures.
2. I understand that this test alone may not be sufficient to detect or rule out the possibility that I have been exposed to or are infected with COVID-19. I should carefully monitor my own symptoms and, regardless of the test results, must stay home and consult with my physician if I experience symptoms of COVID-19.
3. I have been educated on the limitations and possible risks and benefits of the test being performed on my sample, and I understand that, as with any medical test, there is a potential for false positive or false negative test results to occur.
4. I acknowledge and agree that my test results and associated information may be disclosed to appropriate county, state, or other governmental and regulatory entities as may be permitted or required by law. I further acknowledge and agree that my test results will be disclosed to the Klotz Student Health Center if I am a student and to my employer if I am an employee for purposes of managing campus COVID-19 safety protocols and COVID-19 contact tracing.

Acknowledgement of Consent:

I, the undersigned, have been informed about the test purpose, procedures, possible benefits and risks, and I have received a copy of this Informed Consent. 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. I voluntarily agree to testing for COVID-19.

I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

Name: _____

CSUN ID Number: _____

Guardian Name: _____

Guardian Signature: _____

Date: _____