

UNF COVID-19 Testing: Informed Consent

Please carefully read and sign the following Informed Consent:

- a. I authorize this COVID-19 testing unit provided by the University of North Florida to conduct collection through a nasopharyngeal swab or blood draw for COVID-19, and testing to be provided by the Gravity Diagnostics, LLC laboratory.
- b. I authorize my personal information be entered into the third-party data collection system provided by Care Evolve, a vendor selected by testing lab Gravity Diagnostics, LLC, where my specimen will be sent and tested.
- c. I authorize my test results and other information to be disclosed to any governmental entity as may be required by law.
- d. I acknowledge that a positive test result is an indication that I must self-isolate and wear a mask or face covering as directed in an effort to avoid infecting others.
- e. I understand the UNF testing unit is not acting as my medical provider. This testing does not replace treatment by my medical provider, 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 medical provider if I have questions or concerns or if I become ill or my condition worsens.
- f. I understand that, as with any medical test, there is the potential for a false positive or false negative COVID-19 test result.

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 additional questions at any time.

I voluntarily agree to this testing for COVID-19.

Signature of Individual to be Tested (or appointed guardian if under 18):

_____ Date: _____

Faculty Employee Student Athlete

Living On Campus: Yes No

The following information must be printed:

Last Name, First Name: _____ N#: _____

For testing purposes only Gender: Male _____ or Female _____ Date of birth: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Is This Your Current residence: Yes ___ No ___

Email: _____

Phone: _____

Please complete this form and bring it with you to the testing site, Osprey Landing Building W Room 100. Walk-in testing is available Monday-Thursday, 9AM-2PM.