

SARS-CoV2 Testing Program Eligibility and Guidelines

Tufts University has engaged one or more clinical laboratories (collectively, the “Labs”) to provide SARS-CoV-2 testing to certain neighbors in Medford and Somerville. Up to 300 adult neighbors located in streets referenced in [\[link\]](#) will be tested each week starting on October 13, 2020 and ending on December 11, 2020. Each person is allowed only one test each week. You will not be charged for these tests.

Minors are not allowed to participate in the Program. Please do not bring your children to the testing site.

The Program is only for **asymptomatic** testing and if you have any symptoms for Covid-19\*, you will not be allowed to participate in the Program. In such case, please contact your medical provider. The Cities of Somerville and Medford are arranging for a healthcare worker to write a standing medical order for these tests and such person will be in contact with you if you test positive. If you have a Covid-19 test order from a healthcare worker other than the one arranged by your City, please have your test elsewhere since we will not be able to accommodate medical orders from other healthcare workers.

You must wear a face mask and must exercise social distancing guidelines (6 feet), whether in the facility for testing or waiting to enter the facility. Tufts will not be responsible for providing any face masks to you.

You will be responsible for any loss or damage to your personal property while outside of or in Tufts premises. No pets or emotional support animals will be allowed on Tufts premises. Only certified service animals that assist people with disabilities shall be allowed on Tufts premises. .

No smoking, use of e-cigarettes or ingestion or possession of cannabis (even for medical uses) is allowed on Tufts premises or in lines waiting to enter the testing facility.

There is no parking at 51 Winthrop Street (other than those with a handicapped parking permit/placard) - you will need to arrange for parking in accordance with the City of Medford’s traffic and parking regulations.

You must make a reservation to participate in the Program as no walk-in testing will be accommodated.

We ask for your cooperation to accommodate the residents of Medford and Somerville in this testing program. Thank you.

\*Symptoms for Covid-19

When you arrive for testing, you will be asked these questions:

- Do you have a fever, chills, or feel feverish today?
- In the past fourteen (14) days, have you been in close contact with someone who is confirmed as having COVID-19? (Note: health care personnel may answer “no” to this if contact occurred when appropriately protected by PPE in a clinical setting)
- Are you experiencing new or worsened respiratory symptoms, such as a runny nose, sore throat, cough, or shortness of breath (those with symptoms known to be related to seasonal allergies may answer “no”)?
- Have you had new occurrences of any of the following symptoms: loss of sense of taste or smell, muscle aches, diarrhea, nausea, vomiting, repeated shaking with chills, or a rash?

Consent to SARS-CoV-2 Testing  
Tufts University Neighbors

Tufts University has engaged one or more clinical laboratories (collectively, the “Labs”) to provide SARS-CoV-2 testing to certain of its neighbors in Medford and Somerville. This form explains the SARS-CoV-2 test and who will get your results. The test that you will receive is designed to detect if you have SARS-CoV-2, also known as the “coronavirus.” SARS-CoV-2 is the virus that causes the disease known as COVID-19. The results of this test will **not** tell you if you had the virus in the past or if you have immunity to getting the virus in the future. **It only tests for the presence of the virus in your specimen at the time of the test.** More details about the SARS-CoV-2 test, including the Fact Sheet for Patients and how results can be accessed, are attached.

Your specimen will be collected through a process that involves swabbing your nose (anterior nose swab).

By signing below, you authorize Tufts University to release to such parties identified below the information required to process your test and to conduct contact tracing. Such information will be shared with the Labs, the health care provider that ordered your test (which your city is arranging for you) and to the Massachusetts Department of Public Health and certain federal, state, or local government agencies. The information to be released is determined by Massachusetts Department of Public Health and includes your biographic and demographic information, including your name, phone number, mailing address, and email address. You are not required to consent to the release of these records. Without your consent, the Labs will be unable to perform SARS-CoV-2 testing on you.

The results of your test will be shared with you (where permitted by law) through a web portal and/or mobile software application. Your results will also be shared with the health care provider who ordered your test and may be shared with the Massachusetts Department of Public Health and certain federal, state, or local government agencies as required by law.

If your results are positive, you will receive a call from a clinician to discuss appropriate next steps and care. Only a healthcare provider can diagnose you with COVID-19 and give you information about what you should do next. As further outlined in the Fact Sheet for Patients, negative results mean that the virus was not detected in your specimen. It is possible for the test to produce an incorrect negative result (called a “false negative”) in some people who have SARS-CoV-2. If you test negative but have symptoms of COVID-19 or concerns about exposure to SARS-CoV-2, contact your healthcare provider to determine if you should be retested or take other actions. By signing below, you are authorizing a clinician and a contact tracer to communicate with you using your phone number, voice mail messages and email address. The privacy and security of voice mail and email cannot be assured. You are authorizing such clinician and contact tracer to contact your emergency or additional contact information that you have provided to us if such clinician or contact tracer has difficulty reaching you or has difficulty communicating with you. If you indicated a preferred language (other than English), phone calls from a clinician or a contact tracer may be monitored and interpreted by a professional interpreter.

The Labs that Tufts may use for testing are clinical laboratories. The Labs do not give medical advice or provide medical care. You should talk to your healthcare provider about any health care needs you may have, including any related to receiving this test. Tufts and the Labs are not responsible for any medical care you receive. Tufts is making this testing available to you for free as a neighbor in Medford or Somerville and is not responsible for the accuracy of the test or any delays of the test results.

If there is leftover specimen after your test is performed, the Labs may remove information that identifies you from the specimen and use it for quality assurance, validation and laboratory testing development.

You have the right to revoke this consent at any time by delivering a written revocation to [COVIDtesting@tufts.edu](mailto:COVIDtesting@tufts.edu), but you will not receive a test or the results if you revoke the consent.

**If I have any questions about this test, please contact [COVIDtesting@tufts.edu](mailto:COVIDtesting@tufts.edu) or seek answers from those who are supervising the test site.**

By signing below, (A) you represent that you are at least 18 years of age; (B) you agree: (i) that you have read and understand the information in this consent form and related documents such as the Fact Sheet for Patients and have been given an opportunity to ask questions and all of your questions have been answered to your satisfaction; (ii) to provide a nasal swab specimen for testing; (iii) to have your specimen tested by the Labs for SARS-CoV-2; (iv) that the Labs may disclose your

test results as outlined in this form; and (v) that your leftover specimen and/or information about you may be used without information that identifies you after the testing is over for analysis in collaboration with a public health authority; and (c) you voluntarily agree to this testing for SARS-CoV-2.

Tufts makes no representations or warranties to the Cities of Somerville and Medford or to you with respect to or be liable in connection with the services to be provided by Tufts or the Labs as described in this consent or the accuracy or the timing of the tests being conducted by the Labs or the accuracy of the reporting once the tests have been completed.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number (Cell Phone Preferred) \_\_\_\_\_

Preferred Language (if not English): \_\_\_\_\_

Emergency or Additional Contact Information (in case we have difficulty reaching you or communicating with you):

\_\_\_\_\_  
Name Phone Number Relationship

Date: \_\_\_\_\_