



AZ1- DLS

LAB NUMBER

Washington State University
Faculty and Staff
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Pullman, WA 99164-1014
ph: (509) 335-4521

CHART #/MRN	COLLECTION DATE	COLLECTION TIME	SEX
		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> M <input type="checkbox"/> F

PATIENT NAME (Last Name, First Name, Middle Initial)

MAILING ADDRESS

CITY	STATE	ZIP	PHONE

PATIENT BIRTHDATE	WSU ID NUMBER:

ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	RACE: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other (specify): _____
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COPY TO PRIMARY HEALTHCARE PROVIDER:

First Name	Last Name	Location/Phone

**FOR INTERNAL INCYTE USAGE ONLY
CLIENT BILL**

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

Specimen Type:

Nasal

ICD-10 Codes:

- Z20.828 COVID-19 Screening
- Other: _____

WSU EMPLOYEE COVID-19 CONSENT AND RELEASE OF INFORMATION FORM

In an effort to combat and manage the spread of COVID-19 within Whitman County and the Washington State University (WSU) community, WSU is offering voluntary Asymptomatic Testing (Broad Based Testing). Asymptomatic Testing is a process to identify individuals with COVID-19, but do not fit the criteria for Diagnostic Testing (e.g., COVID-19 symptoms or close contact of someone diagnosed with COVID-19). This type of testing will help public health officials and WSU understand the infection rate within the WSU community. There are no costs to you for Asymptomatic Testing, and your health insurance will not be billed.

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 and/or any third-party assisting with collection and/or testing of the specimens. Once the specimen is analyzed the results will be communicated to you. All test results that are negative for the virus that causes COVID-19 will be communicated to you by regular mail or phone. All positive tests results will be communicated to you by phone. 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 your personal health care provider, and/or 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. It is recommended to immediately contact 911 for any medical emergencies.

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 cleared by your health care provider to return to work and/or you meet public health officials guidelines for returning to activities around others including work.

By consenting to Asymptomatic 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 community and to ensure you have the ability to receive all available employee 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 co-workers 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 work space, 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 Employee COVID-19 Consent and Release of Information Form I acknowledge I am a current WSU Faculty, Administrative Professional, Classified or non-student temporary hourly employee, I acknowledge being explained the risks and benefits of Asymptomatic Testing, and have had all of my questions answered to my complete satisfaction, and I agree to voluntary Asymptomatic Testing. 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 Asymptomatic Testing, I understand no patient/provider relationship is being established, and any such relationship is expressly disclaimed. 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 available to employees. I understand that I may be contacted in the future by WSU researchers conducting COVID-19 related research, that any use of test result data for research will comply with Institutional Review Board requirements, and that WSU may disclose the results of my test as required or permitted by law.

Full Name (Print)

WSU ID#

Signature

Date

COMPLETE BOTH PAGES BEFORE PRINTING AND SIGNING