**Title of Study:** *<insert title of research study here>*

**Principal Investigator:**  *<insert name of PI>*

**Department:** *<insert PI’s department>*

**Phone Number:** *<insert phone number and 24-hour contact number>*

**Email Address:** *<insert Email address>*

**Study Contact Name:** *<insert name of contact>*

**Study Contact Telephone Number:** *<insert phone number and 24-hour contact number>*

**Study Contact Email:** *<insert Email address>*

**Sponsor:** *<insert Sponsor name if applicable>*

You are being asked to sign this consent addendum because you are participating in a research study entitled “\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.”

Please read this consent addendum carefully and take your time making your decision. As your study doctor or study staff discusses this addendum with you, please ask him/her to explain any words or information that you do not clearly understand. We encourage you to talk with your family and friends before you decide to sign this consent addendum.

*(Note: if it is optional to sign this addendum, state so here. Example: You do not have to sign this addendum to remain in the study.)*

**PURPOSE OF THIS ADDENDUM**

The purpose of this addendum is to obtain permission to test you for the COVID-19 virus. (describe purpose and any changes in study procedures.)

Except for the activities described in this addendum, the terms of your original consent form remain in full effect.

**QUESTIONS REGARDING THIS ADDENDUM**

If you have any questions, concerns or complaints concerning this consent addendum, please

contact Dr.(name) , at \_\_\_\_\_\_\_\_\_\_\_during regular business hours and at \_\_\_\_\_\_\_ after hours and on weekends and holidays.

**STATEMENT OF CONSENT**

"The purpose of this consent addendum has been explained to me. I have been allowed to ask questions, and my questions have been answered to my satisfaction. I have been told whom to contact if I have questions, to discuss problems, concerns, or suggestions related to the research or this addendum, or to obtain information or offer input about the research. I have read this addendum and agree to the choices I have indicated above, with the understanding that I may withdraw at any time. I have been told that I will be given a signed and dated copy of this addendum."

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of Adult Witness

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_

Signature of Subject Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signatur of person obtaining consent Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name of person obtaining consent