

PARTICIPANT CONSENT FORM

TITLE OF STUDY: Viral Genome Sequencing for SARS-CoV-2 Variant Detection

PURPOSE OF STUDY: Viruses mutate or change their genetic code over time resulting in variants. Some viral variants might spread easier or cause more severe disease. This study tracks the viral variants that are in the community by sequencing the viral genes. This will help us understand how viruses change over time and how that affects human health.

PROCEDURE:

1. You will consent to the study by signing this form.
2. You will be provided with a kit to self-collect a specimen via nasal swab by following the illustrated instructions or a health care staff member may collect that sample.
3. Your participation ends with the collection of the nasal swab sample.

Data to be collected from samples are (1) collection date (2) viral genome sequences (3) age of donor (4) sex of donor (5) race/ethnicity of donor (6) vaccination status of donor

PARTICIPANT PRIVACY: ONLY viral genes will be sequenced; NO human genes will be intentionally sequenced and NO information about the participant’s genetic makeup will be sought. The use and disclosure of personal information, including research study and medical records, will be strictly limited to people who have a need to review this information. The participant’s data is NOT stored for long-term follow-up. Federal law provides additional protections of your medical records and related health information under HIPAA Authorization.

BENEFITS/COMPENSATION: There is no direct benefit to the participant.

RISKS: The only risks to participants are those associated with a routine nasal swab.

CONTACT INFORMATION:

The principal researcher can answer questions about the research and participants’ rights, or related matters: **Dr. Jamie Newman** | Associate Dean for Research and Graduate Studies, College of Applied and Natural Sciences | (318) 257-2622 | jnewman@latech.edu
The following member of the Human Use Committee of Louisiana Tech University may be contacted if a problem cannot be discussed with the principal researcher: **Dr. Richard Kordal** | Director, Office of Intellectual Property & Commercialization | (318) 257-2484 | rkordal@latech.edu

Signing this form conveys that you understand that you are not being offered any financial compensation nor will the health care provider absorb the costs of medical treatment should you be injured because of participating in this research.

I, _____ (print name of participant or name of parent/guardian if participant is a minor), attest with my signature that I have read and understand the description of the study “Viral Genome Sequencing for SARS-CoV-2 Variant Detection” and its purposes and methods.

- I understand that participation in this study is voluntary and participation or refusal to participate in this study will not affect the relationship with the health care provider.
- Further, I understand that one may withdraw at any time without penalty.
- I understand that the results of viral genome sequencing will be accessible to the principal researchers, Louisiana Department of Health, and shared to a viral genome database. My name and any other identifying information will not be included with the shared data.
- I have not been asked to waive nor do I waive any rights related to study participation.

Signature of PARTICIPANT
if participant is over 18 years of age

Date

Signature of PARENT/GUARDIAN
if participant is under 18 years of age

Date