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by GINKGO

Online Consent Workflow

Instructions for Families





Navigate to: <https://testcenter.concentricbyginkgo.com/minor-consent>

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Home FAQs Sign in

Welcome!

Thank you for participating in the COVID-19 testing program.

We are grateful you have chosen to allow your minor to participate in this program.

We believe everybody's health is connected and your participation will help further protect your community against COVID-19. In order to participate, guardians must provide consent for their minors on the following screens.

Important notes: there is no cost to your family to participate.

The consent process can take anywhere from 3-5 minutes. If you do not complete the process in one sitting, you can finish it later.

Click Start Here

Start Here



Fill Out Information

Fill out minor's name and date of birth

Note: All fields are required

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Please Provide Your Consent

There are 3 steps to complete this process. Please make sure you complete all steps to ensure your consent is successfully submitted.

1 Minor Information 2 Family Information 3 Consent Form

(All fields are required unless noted otherwise.)

Minor Information
First, we need some information about your minor. Please provide the following information.

First Name

Last Name

Date of Birth

School or Organization Access Code ?

An access code will be provided to you by your organization. If you do not have an access code, please reach out to your organization

Sage Academy Access Code:
BMKYBG



Fill Out Information

Enter family info

Complete Consent Process

There are 3 steps to complete this process. Please make sure you complete all steps to ensure your consent is successfully submitted.



(All fields are required unless specified optional)

Family Information

We need some information about you, the family member giving the consent. Please provide the following information.

First Name

Last Name

Phone Number

1-555-555-5555

Mobile preferred

Email

Enter demographic info

Public Health Reporting ?

We need the following information about the dependent for health reporting purposes if your organization does individual testing .

What is the minor's demographic information?

Ethnicity

Race

Sex

- Male
- Female
- Other
- Prefer not to answer

Where does the minor live?

Address

City

State


ZIP

Back

Next



Provide Consent

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Consent Form

Overview:
By giving your permission, your minor will be able to use two types of tests: "pooled tests" and "diagnostic tests."

- The pooled tests offered through this program was validated using FDA recommendations. It shows if anyone in a "pool" is sick however, the test does not show specifically who.
- Diagnostic tests show if your minor in particular is sick. The diagnostic tests offered through this program are FDA-authorized.

Key Highlights:

- Like most COVID-19 tests, neither the pooled nor diagnostic tests used in this program are FDA-approved. (Note: The word "approved" means a very specific thing in the eyes of the FDA. As of early 2021, no COVID-19 tests have been approved by the FDA.)
- Pooled tests do not provide individual results for each minor in a pool.
- However, if a positive result is produced from a pooled test, all families of minors in that pool will be notified.
- Diagnostic tests may be used as "follow-up tests" if a pooled test produces a positive result. Your school or organization will determine if diagnostic tests will be used in these instances.
- Since diagnostic tests do provide individual results, each family will be notified of all results from every diagnostic test their minor performs.
- Follow-up testing may create Protected Health Information (PHI). We protect this information and only share it when required (e.g. with public health authorities).
- Your consent can be changed at any time.
- Potential risks from collecting a sample include slight discomfort.

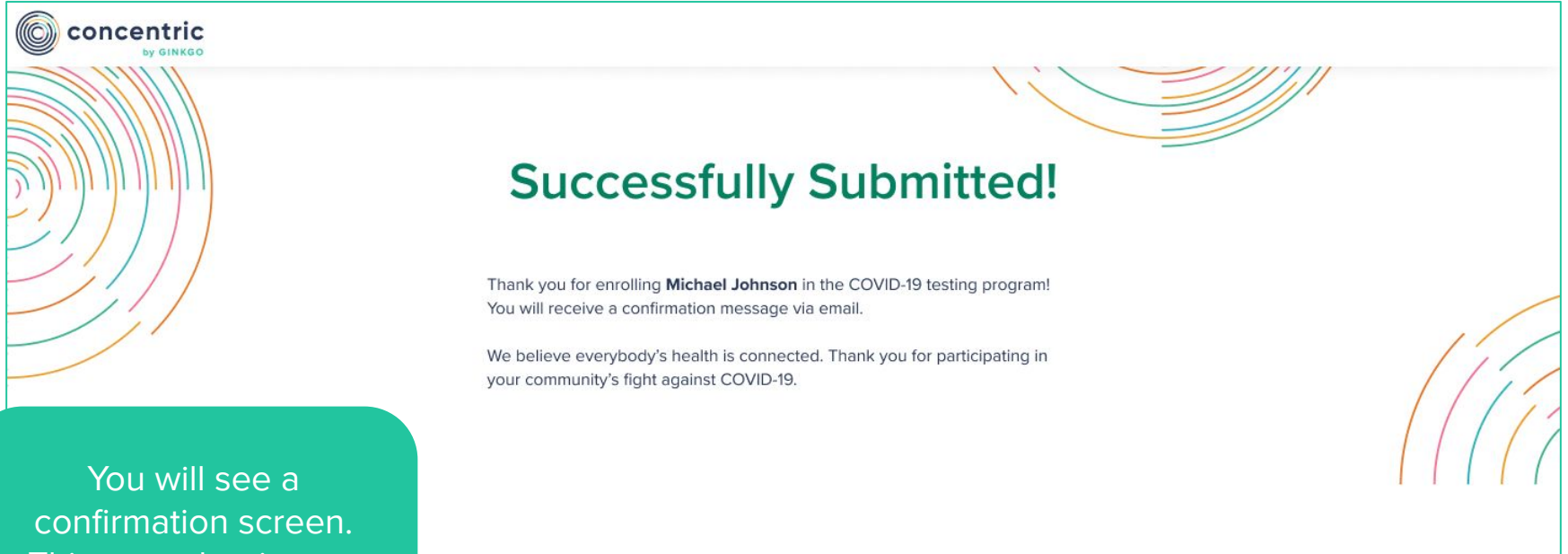
We recommend you review the full versions of the [consents, terms of use, privacy practices, and authorizations](#) carefully to understand the service provided to you by [PHHealth](#) and [Concentric](#) by [Genago](#). [ID](#)

I have read and agree to the the above consents, terms of use, privacy practices, and authorizations.

Please confirm by checking the box and then clicking the **“Yes, I give consent”** button



Confirmation Screen



You will see a confirmation screen. This test taker is now fully set up to participate in testing!