

yes
 no

Consent Form - TriniScreen (COVID-19 Screening Programme)

Please indicate consent for each statement by ticking the relevant box.

	Yes	No
I have read and understood the information leaflet about the 'Trini-Screen-Covid - Screening of Staff and Students for SARS-CoV-2 in Trinity College Dublin'		
I understand that taking part in this research study involves providing a regular (once per week) saliva sample which will be analysed for the presence of Covid-19 antigens (particles), and I consent to this.		
I understand that SARS-Co-V-2 is a notifiable disease and should my sample show a positive result that my staff or student ID number will be shared with College Health Services, who will contact me and advise on the next steps. I am happy for my staff or student ID to be shared for this purpose.		
I understand that my Staff ID or Student ID (with room number for those in campus accommodation) will be used to identify my saliva sample.		
I understand that I will not be contacted if my sample produces a negative result.		
I understand that my participation is voluntary (it is my choice) and I can opt out of the study at any time.		
I understand that if I choose not to take part, this will not affect me at work or study in any way. My health care by the HSE will not be affected by this decision in any way now or in the future.		
I understand that aggregate data of positive or negative test results may be analysed by Trinity staff as part of a peer reviewed publication.		

I agree to take part in this study: YES _____ NO _____ please tick as appropriate

Signature of participant: _____

Name of participant (block letters) _____

Staff or Student ID: _____

Date ___/___/_____

Office use only - Participant ID number _____

Affix pre-printed Staff / Student ID number here (if available)