## CONSENT TO ANTIBODY TEST AND PARTICIPATION IN PROJECT: I understand as part of this Project, I will be asked to consent to the following:

- On my behalf (or on behalf of my minor child) I give consent to have my (or my minor child's) blood drawn as part of my (or my minor child's) participation in the Project. I acknowledge that participation is voluntary. The procedures below are to determine whether I (or my minor child) have COVID-19 antibodies present in my (his/her) blood, recognizing no guarantee or assurance has been made as to the results that may be obtained.
- O I understand one of the following procedures may be performed on me (or my minor child):
  Finger Stick self-administered finger-stick, with assistance of phlebotomist as needed, for specimen collection using a bloodspot card. FDA information regarding this test is available at <a href="https://www.fda.gov/media/140255/download">https://www.fda.gov/media/140255/download</a> (Luminex Corporation SARS-CoV-2 Multi-Antigen IgG Assay).

**Venipuncture** – the inserting of a needle into the arm by a phlebotomist for the purpose of obtaining a blood specimen. Information regarding this test is available at <a href="https://www.fda.gov/media/144036/download">https://www.fda.gov/media/144036/download</a> (Roche Diagnostics, Inc, Elecsys Anti-SARS-CoV-2 S) and <a href="https://www.mayocliniclabs.com/test-catalog/download-setup.php?format=pdf&unit\_code=614035">https://www.mayocliniclabs.com/test-catalog/download-setup.php?format=pdf&unit\_code=614035</a>.

- I understand and accept that, while rare, there are risks associated with the above procedures. These include temporary discomfort from the needle or lancet, the possibility of bruising at the site of the blood draw/prick, lightheadedness/fainting, excessive bleeding, fatigue, and, rarely, infection at the site of the blood draw.
- I hereby authorize my health and welfare fund (or that of my minor child) to pay any benefits due related to the cost of the antibody test and services necessary to perform such test directly to Mayo Clinic Laboratories.
- I have read and understand the Building and Construction Trades Welfare Foundation-Mayo Clinic Laboratories COVID-19 Resilience Project Participant Summary and Frequently Asked Questions and consent to participation in the Project. A copy of this document is provided on the Sign Up Genius site for this Project. I understand and agree that participation is completely voluntary.