

Tell us a little more

Vaccination Status

Have you been vaccinated against COVID-19?

Yes No

Vaccine Type (if applicable)

Astra Zeneca Pfizer-BioNTech
 Johnson & Johnson/Janssen Sinopharm
 Moderna Sinovax
 Novavax I don't know

Other: _____

Vaccination Dose 1:

Vaccination Dose 2: (if applicable)

____ / ____ / ____
Month / Day / Year

____ / ____ / ____
Month / Day / Year

Vaccination Dose 3:

(if applicable)

____ / ____ / ____
Month / Day / Year

Have you ever tested positive for COVID-19?

Yes No

If yes, date of last positive test: ____ / ____ / ____
Month / Year

COVID-19 Testing Consent

I, the undersigned, confirm I have read the information about the tests, the description of the test samples to be collected, and the possible risks of testing. I consent to my information being collected and shared among XpresTest, Inc. ("XpresCheck"), Concentric, the CDC and/or local public health authorities.

Signature of Test Taker

Today's Date: ____ / ____ / ____
Month / Day / Year

**PLEASE TEAR OFF THIS PAGE
AND HAND TO THE TEST ADMINISTRATOR.**

PLEASE READ CAREFULLY

Throughout the consent, "you" and "your" refer to the person whose information and sample(s) is/are being provided for testing and who will receive the services ("Test Taker") as may be provided under the Program. By signing this consent, you confirm that you are the Test Taker and:

A. You authorize the collection and testing of pooled COVID-19 tests and/or individual diagnostic tests as requested by the Centers for Disease Control and Prevention (including PCR/molecular tests). You understand that all sample types will be non-invasive, short nasal swabs or saliva. Potential risks from sample collection include discomfort from the insertion of the swabs. The irritation is expected to be brief.

B. You understand that pooled tests of this type are not required to be approved or authorized by the FDA, and you understand pooled tests are not an FDA-approved or authorized test nor a medical diagnostic test. You understand that individual diagnostic tests provided by Concentric are FDA-authorized under an emergency use authorization.

C. You understand that pooled testing does not yield individual results for each member of a pool, and that the results of the Test Taker's individual results within a pooled test cannot be shared with you. Test Takers may receive results of the pool. You understand the Centers for Disease Control and Prevention in addition to the relevant local public health authorities may receive the results of any test.

D. You understand that you will be notified about the results of any presumptive positive or indeterminate pooled test result and/or individual diagnostic PCR or molecular test for COVID-19 in which you participated as a Test Taker. Concentric may contact the Test Taker regarding the pooled test result, the diagnostic/individual PCR or molecular test result, both test results if applicable, and/or other test-related reasons.

E. You understand that if a pooled test yields a presumptive positive or indeterminate result, Concentric may contact you to provide an opportunity to receive and take a diagnostic/individual PCR or molecular test.

F. Individual diagnostic tests may be used as follow-up tests if a pooled test produces a positive result. An individual diagnostic test may also be used on its own. Because diagnostic tests provide individual results, each Test Taker will be notified of his or her results from each diagnostic test performed. Diagnostic testing may create Protected Health Information (PHI). Concentric protects this information and only shares it if required (e.g., with public health authorities). If an individual diagnostic test yields a positive result, that individual may be contacted by public health authorities and receive additional direction from such authorities.

G. You understand that, as with any COVID-19 test, there is the potential for a false positive or false negative COVID-19 test result and that the potential for an errant COVID-19 test result may be higher with pooled testing than with individual testing.

H. You understand that neither Concentric, XpresCheck, nor the Centers for Disease Control and Prevention is acting as the Test Taker's medical provider, this testing does not replace treatment by the Test Taker's medical provider, and You assume complete and full responsibility to take appropriate action with regards to the Test Taker's test results. You should not make medical decisions without consulting a healthcare provider or disregard medical advice from your healthcare provider or delay seeking such advice based on the test results you receive from pooled or individual testing.

I. You understand that you can change your mind and cancel this permission at any time, but such cancellation is forward-looking only, and will not affect information you already permitted to be released. To cancel this permission for COVID-19 testing, contact support.concentricbygingko.com. Relatedly, if you have questions about your test results, please contact Concentric.

J. You understand that Concentric is investigating aspects of the COVID-19 virus, such as tracking viral mutations and you further authorize Concentric to sequence viruses and other microbes present in the samples for epidemiological and public health purposes and to share such sequenced viruses and/or other microbes with the Centers for Disease Control and Prevention.

K. You understand that you are providing your data to XpresCheck and Concentric by Ginkgo and authorizing the use of data pursuant to the terms herein. Additional terms and conditions, Concentric's privacy policy, and release authorizations for Concentric testing can be found here: <https://www.concentricbygingko.com/consent>. XpresCheck and Concentric by Ginkgo assure you that your personal information is handled according to each organization's privacy policy and applicable privacy laws for the collection, use and disclosure of your personal information. Neither XpresCheck nor Concentric by Ginkgo will contact you for promotional purpose(s) unrelated to testing or sell your personal information to any third party.

Brought to you by:

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 XpresCheck

 concentric
by GINKGO

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The fight is not over!

Help combat the spread of COVID-19 by getting tested when you land in the United States.



gettyimages
FG Trade

XpresCheck and Concentric are collaborating with the U.S. Centers for Disease Control and Prevention (CDC) to detect COVID-19 variants that could be introduced into the U.S. by international travelers. The CDC recommends that all international travelers (vaccinated or not) get tested 3-5 days after arrival in the U.S.

For international travelers who are 18 years and older, we are offering free COVID-19 testing in the airport upon arrival and through at-home testing kits.



(10) ABC123 (21) 0001

We're in this together

Help us identify COVID-19 variants entering the United States. Even if you took a COVID-19 test before boarding your flight, getting tested after your flight lands will help the CDC monitor the spread of existing and new COVID-19 variants. Participation is completely voluntary, but is important in helping us defeat this virus. **There is no penalty for not participating.**



In-Airport Testing

If you choose to participate in the in-airport testing, you will take a “pooled” PCR test when you get off the plane. For this test, you will be asked to swab the inside of your nose with a sterile swab and place the swab into a vial. Because your swab will be combined with samples from other passengers, the results cannot be traced to you individually, but can be traced to your pool. In the event your pool tests positive for COVID-19, you will be notified by XpresCheck via email and encouraged to take an individual diagnostic test.



At-home Testing

If you choose to participate in at-home testing, you will be given a test kit when you get off the plane. You will be asked to spit into a saliva-collection tube 3-5 days after you land and ship it to the lab using a pre-paid shipping envelope. You will also be asked to set up an online account on a secure patient portal that will enable your sample to be processed and to access your test results. Details for setting up this account are included in the test kit. Please note your personal information may be shared with local and/or state public health departments if you test positive for COVID-19.



Frequently Asked Questions

- **What is a pooled test?**
A pooled test combines samples from several people and tests them together. A pooled test shows if anyone in the collective pool is infected, but does not show specifically who is infected. If you choose to participate in the pooled test, you will be asked to swab the inside of your nose with a sterile swab.
- **Will I be notified if someone in my pool is positive?**
If your sample is part of a pooled test that is positive (or indeterminate), you will be notified by XpresCheck.
- **What should I do if someone in my pool is positive?**
You should get an individual diagnostic test using the at-home kit provided or at a local COVID-19 testing site.
- **How do I get the results of my at-home test?**
Before shipping your sample back to the lab, you will be asked to set up an online account on a secure patient portal. Your username and password can be used to access your test results on the portal 2-3 days later. Further details can be found in the at-home test kit.
- **What additional testing will be done on my sample?**
All samples (pooled and individual) that test positive will be genetically sequenced to identify possible COVID-19 variants. You will not receive the sequencing results, as it would not affect any medical care you may need.

Tell us a little about yourself

Please provide the following information if you plan on taking the in-airport pooled test and/or at-home diagnostic test. We will use this information to contact you, if necessary. (You must provide this information to participate).

Family Name (Last Name) First Name

Date of Birth: ____ / ____ / ____
Month / Day / Year

Sex: Male Female Other Prefer not to answer

What is your ethnicity?

The federal government requires this information to better understand the impact of COVID-19 across ethnicities.
 Hispanic or Latino Not Hispanic or Latino

What is your race? (select all that apply)

The federal government requires this information to assess racial disparities and biases.
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Mobile Phone: _____

Email: _____

Travel Information

Airline / Flight Number Seat Row / Number
(where you sat, not assigned)

Places visited in the last 5-10 days (City and Country)

Final Destination in the U.S. (City and State)

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