



COVID-19 SEROPREVALENCE AMONG LONG-TERM CARE FACILITIES IN PENNSYLVANIA PUBLIC HEALTH STUDY

STATEMENT OF INFORMED CONSENT

You (or your resident family member if applicable) have expressed interest to participate in the COVID-19 serology study with the Pennsylvania Department of Health to learn if you (or resident family member) have antibodies to the virus that causes COVID-19. Participation in this study is completely voluntary. You may choose to participate or not to participate. Not participating in the study will not change anything about your care or services that you or your family member currently receive.

Why we are doing this study

COVID-19 is a public health emergency that threatens our communities and will continue to be a big problem for many months ahead. To help us better understand, prepare for and control future outbreaks, the Pennsylvania Department of Health is working with the management of long-term care facilities to offer free antibody testing to residents and staff in these settings. Antibodies are proteins that a person makes after they are infected or have received vaccine to help recognize and fight off viral infections if future exposures occur. We do not know how well antibodies against this virus convey protection against future exposures, and how long that protection may last against COVID-19. Participation in this study will provide important information to help the Department of Health better understand antibody protection; it will also help to better protect all people in Pennsylvania until this pandemic is over.

What we will need from you

If you choose to be in this study, we will ask for four things:

1. Complete and return this statement of informed consent
 2. Ask questions about your health and previous experiences with COVID-19
 3. Look at your medical records
 4. Draw blood from you
1. **Completing the form:** We must have written consent from you (or family member/guardian if applicable). Please complete the second page and return to us.
 2. **The questions:** Answering the questions will take about 15 minutes. You do not have to answer any question you do not want to answer. Questions we will ask will be about existing health conditions, previous illnesses including symptoms in the past that might have been related to COVID-19 infection. Your answers will be kept confidential, identified by a code number, and kept in a locked file that only project staff can access.
 3. **Your medical records:** We are asking your permission to look at your medical records to collect information about your health history. This will include basic information like age, gender, race but also information about existing health conditions, and any previous testing results to COVID-19, and COVID-19 vaccinations received. Information from your medical records will be linked to your answers to the questions by a code number.
 4. **Drawing blood:** A trained phlebotomist working with the Department of Health will draw one tube of blood from you. We will analyze this blood at the state laboratory to look for antibodies your body may have made if you were previously infected with COVID-19. This is a simple needlestick typically in the arm. After 3 months, we may ask you again if we can draw a second tube of blood to compare results of that with the first test. This could give us important information about immunity and protection from the virus in the future.

What you can expect from us

- 1. Confirm your willingness at the time we collect blood:** When our medical teams come to the facility to collect blood, we will ask you again then if we have your permission. You may refuse at that time and you do not need to give us a reason even if you said you wanted to participate previously. We will respectfully leave you alone.
- 2. Results:** We will provide the results of the antibody test to you and help you understand what it means. Staff from the Department of Health will be available to answer your questions.
- 3. Privacy:** We will protect your privacy. All information you give us will be kept private and confidential. Your records will be kept confidential as much as the law allows. Your answers will be grouped together with answers from other participants so that no one will know which answers came from you.

Things to consider

- There is no cost to you (other than your time and effort) for participating in this study.
- Helping us better understand how many people were infected with COVID-19 will help the Department of Health respond to future cases and outbreaks better.
- A minor risk is that there could be some bleeding and discomfort at the needle stick site. Trained phlebotomists will use proper technique when drawing blood to minimize any discomfort or bleeding.
- Some of the questions may make you feel uncomfortable or you may not be able to remember the answers. Remember: You do not have to answer any questions you do not wish to answer.

Questions about this project

- Ask any question with the person who asks you the interview questions
- Or call Steven Alles between Monday and Friday 8:00AM – 5:00PM at (717) 571 3875

Please fill out the below (Please write clearly!)

First Name _____ Last Name _____ Middle Name _____

Date of Birth _____ Gender _____ Race/ethnicity _____

Phone number _____ Address _____

Email _____

Participant’s Consent Signature

I agree to take part in the study described here. I have read the statement, understand the statement, and all my questions have been answered. I understand that my participation is completely voluntary.

If you agree with the above statement, please sign and date below:

Signature of resident (or designee)

Date

Printed name of designee _____

Please print this form and deliver it to:

Denise Skrzysowski
 Jewish Home of Eastern PA
 1101 Vine Street, Scranton PA 18510
dskrzysowski@jhep.org

Thank you!