

FRONTIER EDUCATIONAL CENTER 5120 ORCHARD AVENUE HAMBURG, NY 14075-5657

Telephone: (716) 926-1711 Fax: (716) 926-1778

Christopher J. Swiatek Superintendent of Schools

> Shannon Cross District Clerk

October 6, 2021

Dear Parents:

Frontier Central School District is providing an opportunity through the Erie County Department of Health (ECDOH) in collaboration with Quadrant BioSciences, Inc. for your child to participate in two COVID-19 testing programs for students this fall. The testing programs are completely voluntary. Both testing programs use a swab in the mouth that children can do themselves with the supervision of a medical professional if they are over the age of 3. If you child is under the age of 3 or needs assistance, ECDOH is providing a medical professional to your school district who is trained and can complete the swabbing for them.

The first COVID-19 testing program is called Proximal Testing. Proximal Testing happens when there is a positive COVID-19 case in a classroom. If your child is in the same room as someone who recently tested positive for COVID-19, they will have the opportunity to have a COVID-19 test done 3-5 days after the last day they were around the COVID-19 positive person. Proximal Testing is offered 3-5 days later since that is the incubation period of the COVID-19 Delta Variant, which is the variant making up most of the cases in our county.

The second COVID-19 testing program is called Surveillance Testing. Surveillance Testing happens on a weekly basis. Each week, we will be randomly selecting and testing a group of those who have consented to participate in this program. This means that your child will not be tested every week.

If you are interested in enrolling your child in either program or want to learn more, please visit the following website https://www3.erie.gov/covid/covid-19-proximal-testing-and-surveillance-testing-schools

Sincerely,

Christopher J. Swiatek Superintendent of Schools

Chatel



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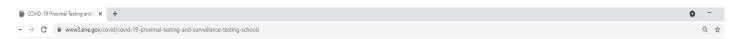
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Step by Step Registration Guide:

Step 1. Visit the website: When you click on the link, you should see this screen



COVID-19 Proximal Testing and Surveillance Testing for Schools

Thank you for participating in the Erie County Department of Health (ECDOH) COVID-19 Student Testing Program. Our goal is to return students in Erie County to an inperson learning experience, while also ensuring the safety of all students, faculty, and staff by reducing the risks of COVID-19 disease transmission in school settings.

Please follow the the steps below, in order, to ensure that your child is correctly enrolled in this program.

Step 1: Watch the <u>ECDOH Program Overview Presentation</u>.

Step 2: Watch the <u>Quadrant Program Registration Video</u>. Quadrant is the laboratory we are partnering with to process and analyze the samples collected.

 $\begin{tabular}{ll} \textbf{Step 3:} Complete and submit the $\underline{$\mathsf{ECDOH}$ Program Consent}$ \\ \hline \mathsf{Form.} \end{tabular}$

Step 4: Register with and complete the <u>Quadrant Program</u> <u>Consent Form</u>.

If you have any questions, please contact the ECDOH School Team at (716) 858-1918.

We look forward to working with you.



^ COVID-19 Information

Visit the Erie County Department of Health <u>COVID-19</u> <u>Information site</u> for complete COVID information.

Consent Forms

Videos and Presentations

Erie County Department of Health (ECDOH) School Testing Program Frequently Asked Questions (FAQs)

What is surveillance testing?

Surveillance testing utilizes pooled samples of a certain population for the purpose of monitoring and containing the spread of COVID-19 in a classroom setting

- What is proximal testing?
- What is pool testing?
- How do I give consent for my child to participate?
- How do I withdraw consent for my child to be tested?
- Is this the invasive nasal swab?
- What type of test is being performed?
- How long will results take?
- Will I be charged for reflex testing?
- I input my insurance information, will I have a copay or receive a bill from my insurance provider?
- Will I be notified before my child is tested?
- $\,\vee\,\,$ What if my child is absent the day of testing?



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Step 2. After reviewing the program presentation, Click on "Step 3": Complete and Submit the "ECDOH Program Consent Form". When you click on this link, you should see this screen

<u>Home</u>

Parent Consent form for Proximal Testing and Surveillance Testing for COVID-19

Instructions: Please complete and submit this form to opt in to the Erie County Department of Health (ECDOH) Proximal and Surveillance Testing for COVID-19 for students. Items with * are required fields Any information you provide is confidential. An ECDOH employee will contact you with additional information and instructions.
Student/Staff First Name *
Student/Staff Middle Initial
Student/Staff Last Name *
Student/Staff Grade * - Select - v
School District Student/Staff is in * - Select - •
School Student/Staff Attends * - Select - v
Secondary School (Erie 1 & 2 BOCES) [- None -
Type of test you are consenting to (check all that apply) * □ Surveillance Testing □ Proximal Testing
Parent/Guardian/Staff Full Legal Name (first name, middle initial, last name) *
Electronic Signature Agreement By checking the this box, you agree and acknowledge that you are the legal parent/guardian of this student or school staff and give your consent for him/her/yourself to participate in this program and you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.

Together For Excellence

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Step 3. Fill in your child's information:

Please make sure to include the School District. If you child attends a private/charter school, please select the district that you live in. The private/charter school will be listed under the "School District Student/Staff Attends" drop down box. Please make sure to check the box for what type of program you would like your child to participate in. The example is for a parent who wants to enroll their child in both programs.

<u>Home</u>

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Student/Staff First Name *
John
Student/Staff Middle Initial
C.
Student/Staff Last Name *
Doe
Student/Staff Grade * 4th v
School District Student/Staff is in * Akron CSD •
School Student/Staff Attends * Akron Elementary School
Secondary School (Erie 1 & 2 BOCES) Erie 2 BOCES Baker Road Educational Center
Type of test you are consenting to (check all that apply) *
Surveillance Testing Proximal Testing
Parent/Guardian/Staff Full Legal Name (first name, middle initial, last name) *
Jane A. Doe
Electronic Signature Agreement By checking the this box, you agree and acknowledge that you are the legal parent/guardian of this student or school staff and give your consent for him/her/yourself to participate in this program and you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature.

Submit



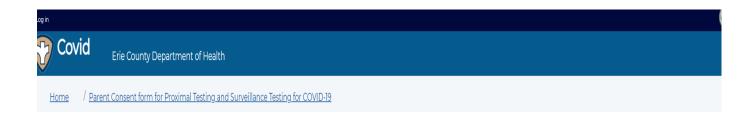
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Step 4. After you click the "Submit button", you should see this screen



Parent Consent form for Proximal Testing and Surveillance Testing for COVID-19

We have recived your submission. To complete the enrolment process you must now sign the Quadrant Laboratories, LLC authorization to conduct testing for COVID-19. Please click here to register with Quadrant to complete this process. If you have any questions, please call (716) 858-1918. Thank you.

Back to form





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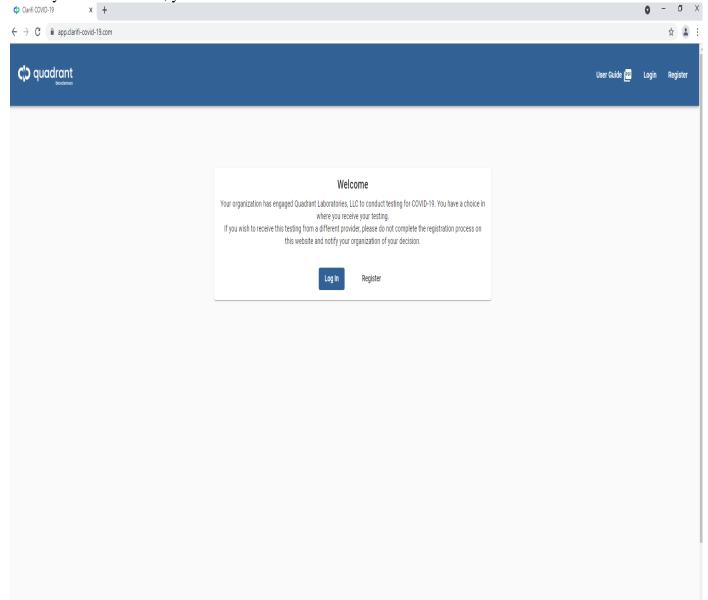
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Step 5. Click the "Click Here" link:

When you click the link, you should see this screen





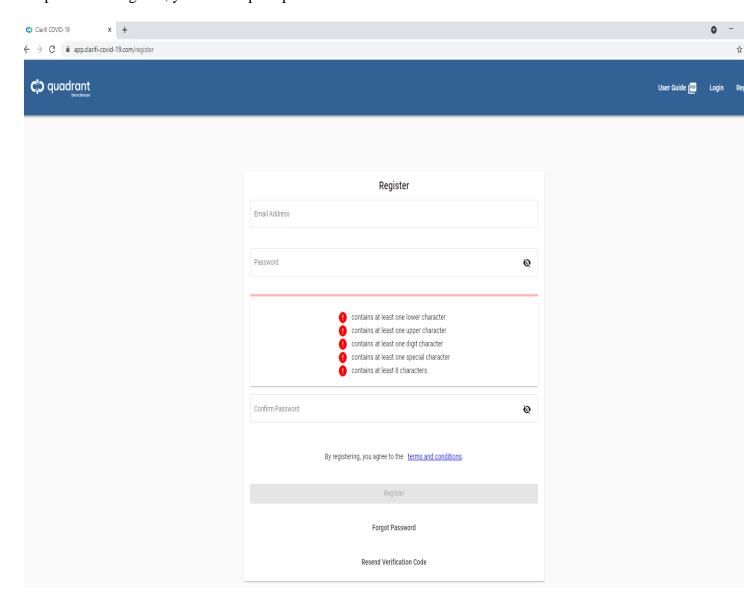
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Step 6. Click Register, you will be prompted to create a Username and Password





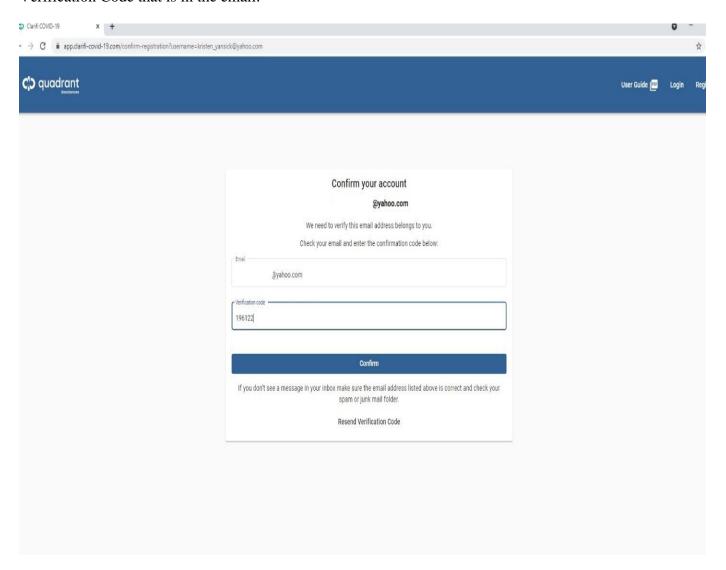
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Step 7. Once you create a Username and Password, you will receive a confirmation email.: The confirmation email will be from no-reply@mail.clarifi-covid-19.com. Type in the Verification Code that is in the email.





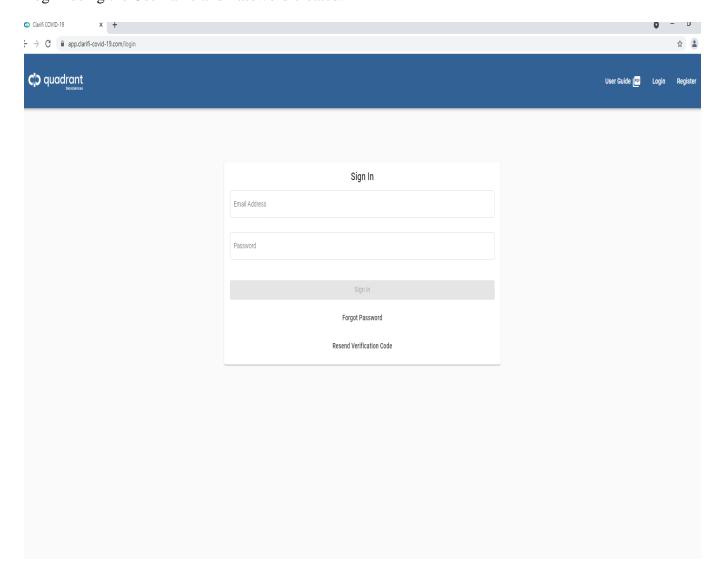
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Step 8. Once you have validated your account, you should see this screen: Log in using the Username and Password created.





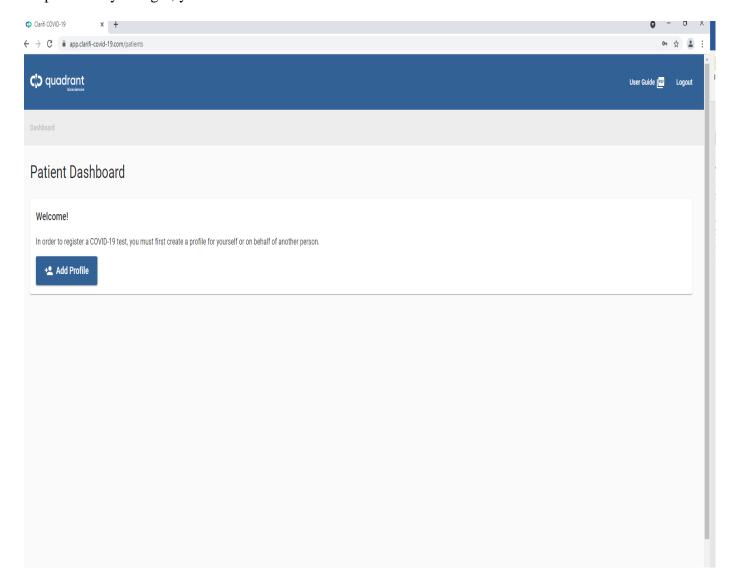
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Step 9. After you login, you should see this screen





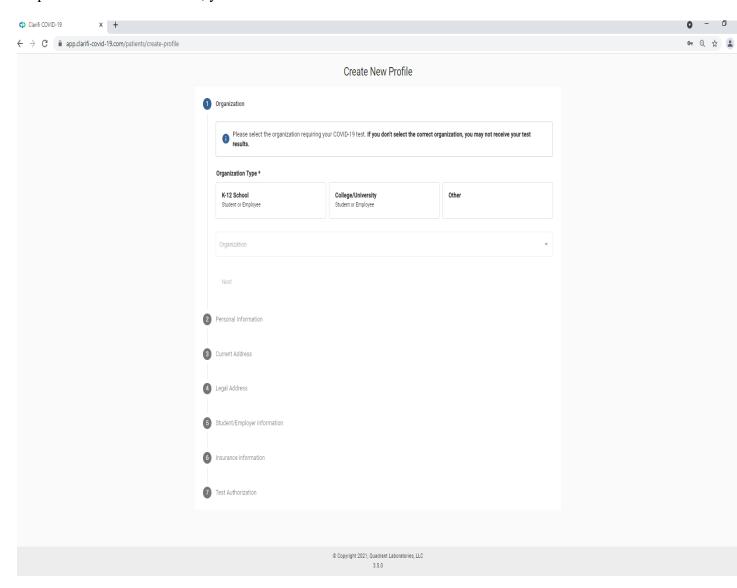
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Step 10. Click "Add Profile", you should see this screen





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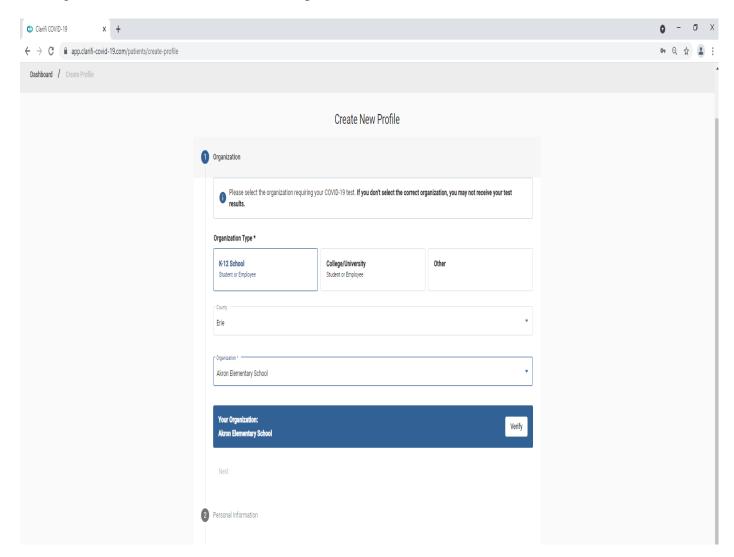
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Step 11. For Organization Type, Click "K-12 School":

For County, Click Erie County from Drop Down Menu For Organization, Click the school from Drop Down Menu





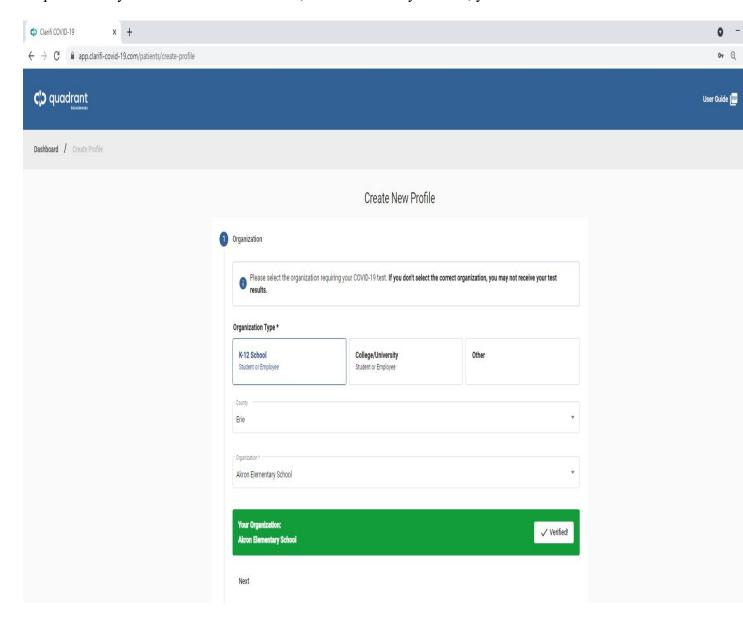
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Step 12. After you have selected the school, click the "Verify button", you should see this screen





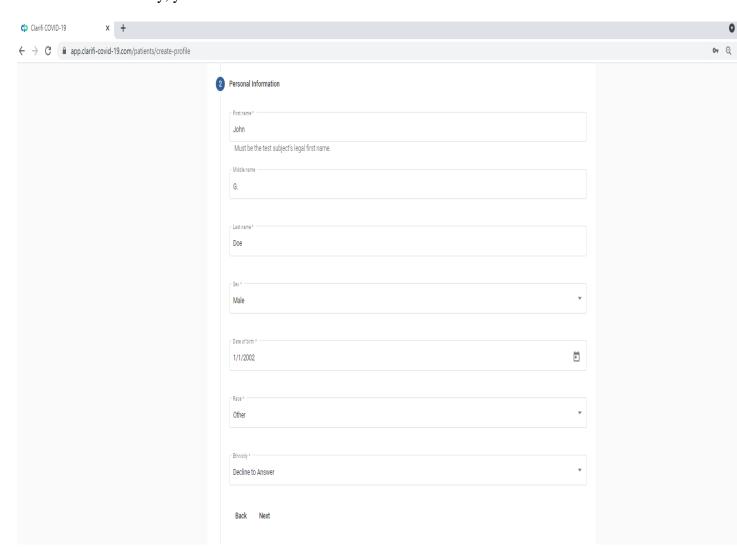
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Step 13. Once the school has been verified, input personal information: For Race and Ethnicity, you can choose to not answer





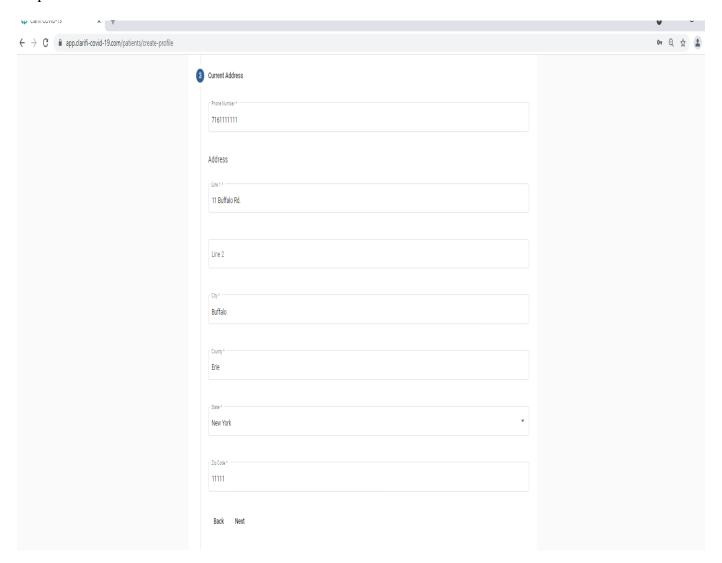
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Step 14. Enter in Address Information





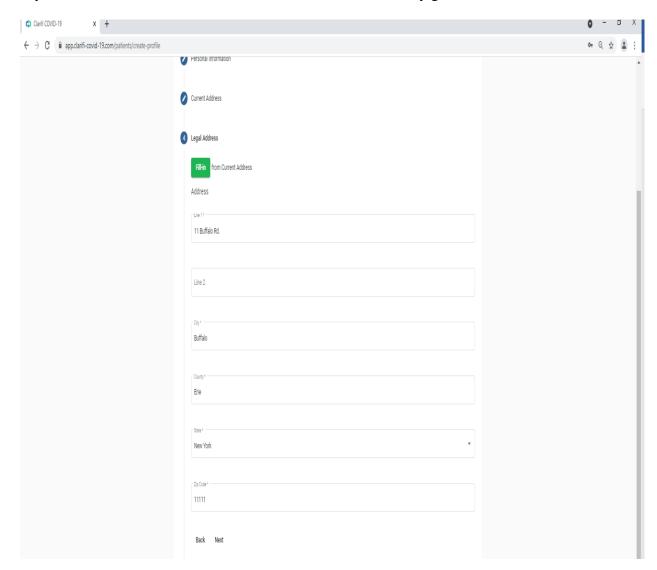
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Step 15. For Legal Address, put in information if different than current residence: If your address is the same, click Fill-In button to automatically generate.





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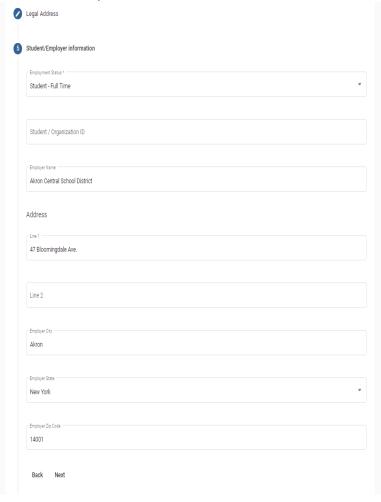
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Step 16. For Employment Status, Select Full Time Student:

For Student/Organization ID For Address, Write in the School's Address





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Step 17. Input Insurance Information (if applicable)

Insurance info	mation				
Does the	patient have insurance?				
Yes No					
Relations	hip to Subscriber				
Relationship *					
Child				,	
nsuranc	e Company				
Company Name ^a					
Blue Cross Bl	e Shield				
Company Addres	t				
257 W Genes	e St #100, Buffalo, NY 14202				
Company Phone					
7168876900					
Subscrib	er				
Subscriber ld *					
	3				
0959839383i	lumber				



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Step 18. For staff, click Fill-In for your information to automatically generate your information. For parents, put your information as the subscriber information if you are the insurance policy holder

Fill-in from current profile	
Subscriber First Name *	
Subscriber Last Name *	
Subscriber Address *	
Subscriber Phone *	
Subscriber Employer *	
Back Next	

Step 19. To finalize consent, please select the three check boxes (if applicable) and hit Submit

Test Authorization
consent to Quadrant Laboratories, LLC transmitting and storing my or my child's information and sample for COVID-19 testing as described in the authorization language. authorize Quadrant Laboratories, LLC to perform an individual clinical diagnostic test if my pool test is positive on my or my child's sample as described in the authorization language. authorize the organization requesting the testing to access my or my child's name, date of birth and address from the registration information and to schedule tests on my behalf or my child's behalf. See Details Back Submit Subm



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Step 20. After you click Submit, you should see this screen

