

**[INSERT LOCATION NAME]
CONSENT ADDENDUM**

Participant's Full Name: _____

Protocol: _____

Date of Consent: _____

Due to the COVID-19 pandemic, the risks involved in participating in research "in person" are likely somewhat greater than in the past. The study you are participating in takes place at the NYITCOM Academic Health Care Center (AHCC) in the Riland Building of New York Institute of Technology's Long Island campus. *[Or insert the name/location such as, Central Islip, FHCC, etc.). This building also houses a multispecialty medical clinic, and to the extent that exposure to COVID-19/SARS CoV2 is increased in outpatient medical settings, this is likely also true at the AHCC.(Please delete this comment if not conducting research in AHCC or FHCC)* Reasonable precautions are taken to ensure the health and safety of visitors to the clinic, and all applicable laws and guidelines are followed. The decision you make may be influenced by your personal risk profile. For example, if you have antibodies/immunity to COVID-19/SARS CoV2, if you have underlying medical conditions or other factors that place you at risk for severe illness, or if you have any other personal factor that might influence your decision, you may weigh these when making your decision. You are encouraged to discuss these risk factors with your doctor before participation. If you have concerns regarding exposure during your research participation, you are encouraged to voice these concerns and ask questions so that you are able to make a decision about whether you will participate in the research.

By signing this consent form, you hereby acknowledge that you understand the risks to participating in voluntary research at this time and that you have had opportunity to ask questions about your participation and current risks relating to COVID-19/SARS CoV2.

Signature of Participant _____ **Date** _____

Printed Name of Participant _____ **Date** _____

Signature of Principal Investigator _____ **Date** _____

Printed Name of Principal Investigator _____ **Date** _____