NEW YORK INSTITUTE
OF TECHNOLOGY

Name of Facility
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 xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx. This building is closed to the public. Reasonable precautions are taken to ensure the health and safety of visitors to the facility, 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 or your child has an underlying medical conditions or other factors that place you or your child at risk for severe illness, or if you and your child have any other personal factors 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

_____
Signature of Principal Investigator **Date**

_____
Printed Name of Principal Investigator