**Participant Contact Tracing Form**

* This information must be stored securely and separately from study data, and destroyed after 30 days.
* If health department notification is required due to a COVID-19 exposure, the research team must not identify an individual as being a research study participant.
* Study participants must be told that their contact information will be provided to the local health department if a COVID-19 exposure occurs. They should also be informed of the protections put in place (listed above) to protect their privacy.

***To be Completed by the Research Team:***

| Principal Investigator: | Date: |
| --- | --- |
| On-site Team Lead (if not PI): | Lab/Room number: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of research team members onsite** | **Student/Staff/Faculty** | **Time in** | **Time out** |
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| --- | --- | --- | --- |
| **Participant Name** | **Phone Number** | **Time in** | **Time out** |
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