

**PPD Clinical Research Unit (CRU)
SUBJECT RULES AND REGULATIONS-
COVID-19 Precautions**

The information in this document explains precautions that have been put into place at the PPD CRUs in Austin, Las Vegas and Orlando in response to COVID-19.

Please note: Financial penalty (minimum of \$250) could occur if you do not follow these precautions. You may also be excluded from future participation. Also, due to the precautions added, all appointments may take longer than expected.

I. OUTPATIENT VISITS (INCLUDING SCREENING/REPEAT/PHYSICAL & CHECK-IN)

- A. If you have experienced or have been in close contact with any person that has experienced any fever, upper respiratory, or cold/flu-like symptoms or tested positive for COVID-19 within 14 days of your appointment, please call the 24-hour telephone number below based on your location:

Austin 24-hour telephone number: (512) 447-2985

Las Vegas 24-hour telephone number: (702) 219-4979

Orlando 24-hour telephone number: (407) 955-5400

- B. Only study participants will be allowed in the building. Please do not bring anyone with you.

Note: Exceptions can be made for special populations where a caregiver or study partner are necessary

- C. You must wear a mask/face covering upon entry into the building. A mask can be provided to you if you do not have one, if available. Without a mask or face covering you may be turned away. You must keep the mask in place unless otherwise instructed by PPD staff.

II. IN HOUSE STAY

- A. In accordance with current local guidelines and site policy you will be asked to:

- Wear your mask/face covering at all times. At the discretion of site policy, you may be allowed to remove your mask after an additional, post-dose, negative COVID-19 test. Current policy will be communicated to you by staff upon admission and posted throughout domiciling areas.
- Comply with current social distancing policies which may include, 6-foot social distancing policies, reduced common area access, and anti-loitering policies

SUBJECT SIGNATURE

I understand and agree to abide by the precautions outlined in this document. I have been given the opportunity to ask questions and have received answered to those questions. I understand that I will be given a copy of this document to keep.

Subject Signature

Date

Subject Name (Printed)