FORM NAME	CHANGES
C2 – Screening Form	Added first 2 sentences of second paragraph (including COVID-19) and added 2 questions to screening questions (1 - Do you think you have COVID-19 and 2 - Which symptoms are you experience – loss of taste/smell – nausea/vomiting
C3 – Consent/Assent Forms student	<ul> <li>4 - 6 Oral Assent - No change</li> <li>7 - 14 Assent - No change</li> <li>Parental Consent ages 4 - 14 - Removed</li> <li>completely per IRB request</li> <li>Subject Assent/Parental Consent ages</li> <li>15-17/Consent ages 18 &amp; older - changed to</li> <li>Subject Assent/Parental Consent ages</li> <li>15-17/Consent ages 18 &amp; older/Parent consent</li> <li>for minors ages 4 - 14 - this change was</li> <li>recommended by the IRB to simplify things.</li> <li>Added a note at the top for parents stating that</li> <li>in this consent form, "you" means the child who</li> <li>takes part in the study. Added "how long will my</li> <li>participation in this study last" paragraph. In "Are</li> <li>there any benefits to me" section added last</li> <li>sentence about being 18 or older. Changed age</li> <li>range of parent guardian signature from 15 - 17</li> <li>to 4 - 17.</li> </ul>
C3a - Household Member Consent/Assent Forms	<ul> <li>4 - 6 Oral Assent - From first sentence in second paragraph removed "who goes to school in Oregon or Brooklyn". Removed signatures at the bottom.</li> <li>7 - 14 Assent - removed "and they are in a different study called ORCHARDS" in last sentence of "What is this study about" section. In "How long does the study last" section added language stating that they can participate again between now and the end of the school year. Added language to "Can I stop being in the study" to clarify that if they get sick again later in the year they don't have to participate if they don't want to. Added 3<sup>rd</sup> and 4<sup>th</sup> bullet points to "Will anyone know I am in the study" to add language about flu and SARS-CoV-2 results being shared. Removed signatures at the bottom.</li> <li>Parental Consent Form ages 0 - 14 - Removed completely per IRB request</li> <li>Subject Assent/Parental Consent (ages 15 - 17)/consent (ages 18 &amp; older) changed to Assent (ages 15 - 17)/consent (ages 15 - 17)</li></ul>

older)/Parent Consent (for minors 0 - 17) - this
change was suggested by the IRB to simplify
things. Added a note at the top for parents
stating that in this consent form, "you" means
the child who takes part in the study. In
Invitation section, changed total number of
samples from 720 to 1,700 and changed language
saying "this research is being conducted in your
home" instead of "in participant's home". In
"What is the purpose of this study" section,
changed from "to evaluate transmission of
influenza in households from which a student
(4k-12) has participated in ORCHARDS" to "the
purpose of this study is to evaluate the spread of
influenza and other respiratory illnesses in
households". In "what will my participation
involve" section took out language that
referenced ORCHARDS visit , added SARS-CoV-2
testing, added day 14 specimen collection and
form completion, added language stating that
specimens will be tested for influenza AND SARS-
CoV-2 and that if positive for SARS-CoV-2 a
parent/guardian will be notified immediately by
phone. Also noted that results need to be
reported to WI Dept. of Public Health and CDC.
Added that ORCHARDS eligible participant's day 0
swab will be additionally tested for 17 other
viruses and results will be mailed. Added "How
long will my participation in this study last"
section. Added second paragraph in "Are there
any side effects or risks to me" addressing that
observed child abuse or neglect will be reported
by employees. Added "Protected Health
Information used in this study" section. Added
first sentence to "How will my privacy be
protected and who will use my health
information" section about PHI. Removed
sentence "All paper data sheets will be kept in
locked filing cabinets in the UW Dept. of Family
Medicine". Added bold statement about being
required to report all test results including PHI to
CDC and WI DPH. Added language about
publications and authorizing the research team to
use you PHI. To "who at UW Madison can use my
information" added "members of the research
team" and "UW Madison regulatory and research
oversight boards and offices" and WI State Lab of
Hygiene. Removed WI State Lab of Hygiene from

outside entity. Removed signature section and added language to Agreement to participate in this research study stating that by providing a sample and study forms, you are consenting to participate in this study.C4 - ARI Surveillance FormDay O Form: Added Birth Date, Phone number, address, school ID and type of swab, added non- binary to gender, Added in preson, Homeschool/virtual as an option for attending school, added "Have you been tested for COVID- 19 question, changed # of days of flu-like symptoms from 7 to 14 days, added exposure to similar illness question and likely source questions. Removed symptoms: tiredness, poor appetite, loss of smell, loss of taste, vomiting, diarrhea, wheezing, stuffy nose, ear pain, abdominal pain, conjunctivitis, and shortness of breathDay 7 Form: Added Household Member Name, Relationship to Student, Birthdate, phone number, address, participant ID, School ID, age nasal swab, race, ethnicity and gender to top portion. Added exposure to similar illness question and likely source duestions. Added question of clarify if these are new symptoms or continuing from day 0. Added end date if no symptoms: tiredness, poor appetite, nasal congestion and body aches and added exposure to similar illness question and likely source questions. Removed symptoms: tiredness, por appetite, nasal congestion and body aches and added symptoms; firedness, por appetite, loss of smell, loss of smell, bas of taste, vomitor so firedness, por appetite, nasal congestion and body aches and added symptoms; tiredness, por appetite, loss of smell, loss of taste, vomitor, diarrhea, wheezing, stuffy nose, ear pain, abdominal pain, conjunctivitis, and shortness of symptoms: tiredness, por appetite, loss of smell, loss of taste, vomiting, diarrhea, wheezing, stuffy nose, ear pain, abdominal pain, conjunc		
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C7 - Biospecimen Collection Form Added day 14		conjunctivitis, and shortness of breath
		Day 14 Form – added entire form
	C7 – Biospecimen Collection Form	Added day 14
D1 – Student participant packet No change	D1 – Student participant packet	No change