

MEMORANDUM OF AGREEMENT

with

OGLE COUNTY HEALTH DEPARTMENT FOR CONDUCTING AND INTERPRETING IHEALTH COVID-19 Antigen Testing THROUGH STANDING ORDER AND EXTENDED CLIA WAIVER

This Memorandum of Agreement (MOA) is entered into this _	day of	, 2021, by and
between the Ogle County Health Depar	tment, 907 Pines Rd.,	, Oregon, Illinois	61061 (OCHD) and
(Comr	nunity Entity) (collect	ively the "Partie	es") for the provision of
iHEALTH COVID-19 Antigen Testing.			

WHEREAS, Ogle County Health Department (OHCD) is committed to reducing the transmission of COVID-19 through early identification of cases and their close contacts for isolation and quarantine; AND

WHEREAS, community entities such as schools, congregate care settings, higher education institutions, first responders, essential workforce and critical infrastructure, homeless service providers, and others serve individuals who are at risk for COVID-19 infection; AND

WHEREAS, the aforementioned community entities do not typically provide laboratory or healthcare services in the conduct of their primary functions; AND

WHEREAS, these community entities have committed to providing iHealth COVID-19 Antigen Testing to individuals served by them; AND

WHEREAS, the Ogle County Health Department has issued Standing Orders and will extend their institutional CLIA (Clinical Laboratory Improvement Act) license to entities who enter into this MOA; AND

WHEREAS, these community entities are committed to working under the CLIA waiver and standing orders issued by the Ogle County Health Department.

NOW, THEREFORE, in consideration of the above recitals and of the mutual covenants and other consideration contained in this MOA, the parties agree to the following:

I. Community Entity will:

- Follow and adhere to iHealth Protocol issued by the Ogle County Health Department for Conducting and Interpreting iHealth COVID-19 Antigen Testing through Standing Order.
- Ensure the confidentiality and privacy of all individuals tested and their test results.
- Provide testing at no cost to individuals.
- Communicate test results to the individual or parent/guardian of minors.
- Assist in case investigation and contact tracing including prompt implementation of isolation and/or quarantine in collaboration with the Ogle County Health Department.

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- Provide prompt notification to the Ogle County Health Department if the entity discontinues participation.
- Assist in State reporting of both positive and negative results.
- Each person administering tests completes iHealth training and follows all manufacturer instructions.

II. Ogle County Health Department will:

- Provide assistance in developing appropriate procedures for conducting the iHealth COVID-19 Antigen Testing at the community entity's site.
- Visit the community entity's site to review its policies and procedures and observe testing for quality assurance.
- Assist the community entity with case investigation and contact tracing.
- Provide guidance on possible false negative and false positive test results.
- Assist in State reporting of both positive and negative results.

III. Term

The term of this MOA shall be for a period of one (1) year from the date of execution. This MOA may be terminated by either party for any reason by providing thirty (30) days' written notice of termination to the other party.

IV. Notices

All notices required under this MOU shall be delivered to the other party at the address set forth above or at such other address as may be designated by a party in writing.

IN WITNESS WHEREOF, the Parties have caused this MOA to be executed the day and year first above written.

Ogle County Health Department	Community Entity
Kyle Auman	
Public Health Administrator	·