**[YOUR PROJECT/PROTOCOL NAME] COVID-19 In-Clinic Testing with Partnering Hospital/Clinics Procedures**

**Version 0.0: Jun 01, 2020**

1. **Partnering Hospital/Clinic Information:**

**Partnering Hospital/Clinic:**

[Enter name of hospital/clinic]

**Site PI Contact Information**

**Name:**

**Title:**

**Email:**

**Protocol/IRB #:**

1. **Overview**

[Provide an overview of the project and testing protocol

1. **Partnering Hospital/Clinic Procedures**

[Provide brief justification for following COVID-19 requirements of partnering Hospital/Clinic. Briefly overview the COVID-19 procedures of the partnering hospital/clinic and if possible provide supplemental attachments.]

1. **Testing Location & Traveling to Visits**

[Describe the specific testing location. Describe how researchers and required equipment will be transported to the testing location.]

1. **Additional Procedures for Harvard Personnel Training**

[Describe any requirements by the partnering institution for Harvard study personnel test at the location and gain access to the site.

1. **Disinfecting Procedures**

[Add procedures for cleaning and disinfecting equipment following the visit not related to cleaning requirements of the partnering hospital/clinic.]

[Appropriate cleaning materials should be outlined for different items. check [EPA (US Environmental Protection Agency) website](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) for the full list of disinfectants for use against SARS-CoV-2.]