

### OVERVIEW

The TrilogyFIT program supports the care and nurturing of our employees, particularly their health. As part of this commitment to employee well-being, Trilogy offers a free biometric screening to all eligible part-time and full-time employees, age 18+ (excludes PRN status, unless ACA-eligible). The Trilogy Biometric Screening is a basic assessment of Body Mass Index (BMI), blood pressure, waist circumference, and bloodwork to assess blood lipids (cholesterol) and glucose.

### ELIGIBILITY

Part-time and full-time employees, age 18+ are eligible to participate in Trilogy's Biometric Screening Program. PRN employees who are Affordable Care Act (ACA) Eligible for medical coverage are have access to Virgin Pulse are also eligible to complete a biometric screening. Only one (1) biometric screening is offered annually per employee.

### SOP DETAILS

#### 1. Administration:

- a. Biometric Screenings will be primarily administered by the Assistant Director of Health Services (ADHS), Staff Development Nurse Coordinator (SDC) positions or other designated individuals who have a current LPN or RN Licensure and have completed the Trilogy University Biometric Screening Training. Campuses may have flexibility in utilizing other positions as biometric screeners and should confirm with Health & Wellness Program Manager. Campus SDC will serve as the primary administrator of the program. Campus ADHS's will serve as alternate administrators to the SDC and maintain quality control. Biometric screening administrators will be trained prior to completing a screening.
- b. Required training on the biometric screening equipment will be via Trilogy University. Training will include: 1) Biometric SOP; 2) Biometric Screening Training Video; 3) Abbott Cholestech LDX Equipment Training Video and Assessment; 4) TrilogyFIT Biometric Screening Software Overview. If you have not been assigned this training under your transcript, request the training by searching **Biometric** in the search bar. Finally, sign the HIPAA Confidentiality Agreement in Trilogy University. The ED and DHS are responsible for ensuring Screeners have completed the Biometric Screening Training on Trilogy University prior to completing campus screenings.
- c. Biometric Screening Administrators will receive an annual payment in the form of Virgin Pulse Cash for completing campus biometric screenings. This will be paid out annually on/around March 31. Primary Administrators will receive \$200 Pulse Cash, and Alternate Administrators will receive \$100 Pulse Cash. AP/Pay or Campus Wellness Ambassadors may receive \$50 Pulse Cash for their part in support of and scheduling biometric screenings. Screeners must have completed training.
- d. Biometric screenings will be administered in the following manner:
  - i. On-boarding: Eligible employees will complete a biometric screening during their second or third day of onboarding.
  - ii. Annual Biometric Screening Event: All eligible employees should complete a biometric screening during this event (January –February).
  - iii. Pop-Up (as needed): Campuses may designate a screening day/time, as needed, for employees who wish to participate but were unable to complete the annual event or during on-boarding. An example of a pop-up screening would be a quarterly, or a semi-annual stand-alone screening event.
  - iv. Use the THS Biometric Screening Software, found under the StartUp menu on Trilogy computers. Virgin Pulse Biometric Screening Forms will only be used when the software is inoperable or when an employee uses the form with their medical provider.

### 2. Equipment:

- a. Equipment needed for the administration of the test is as follows:
  - i. Cholestech LDX Machine
  - ii. LDX to computer connection cords (include blue connector/dongle and white RJ cord)
  - iii. Computer with THS Biometric Program Software
  - iv. Optics Cartridge (run Optics Check at start of each screening event day)
  - v. Lipid Profile+Glucose Test Cassette (bring to room temperature before the test) – keep refrigerated
  - vi. Controls /Calibration Verification – keep refrigerated
  - vii. Capillary Tubes
  - viii. Capillary Tube Plungers
  - ix. Mini Pipette (green) w/ Pipette Tips
  - x. Gulick Measuring Tape (blue)
  - xi. Scale
  - xii. Blood Pressure Machine
  - xiii. Stadiometer
  - xiv. Body Mass Index Chart (*Appendix I*)
  - xv. Lancets
  - xvi. 2x2 Gauze or Cotton Balls
  - xvii. Alcohol Prep Pads
  - xviii. Band-Aids
  - xix. Non-latex Gloves
  - xx. Hand Sanitizer
  - xxi. Sharps Container
  - xxii. Trash Can
  - xxiii. Oral Cotinine Test (as needed); OR results from pre-boarding urine cotinine test
  - xxiv. Participant Informed Consent Form
  - xxv. Virgin Pulse Biometric Screening Form (if needed, employee must print form from their own VP Account)
  
- b. Supply Storage: All supplies should be maintained together in a storage container, or similar (excluding refrigerated supplies). Extra supplies should be labeled “For Campus Biometric Screenings” and maintained in a cabinet or designated area with the ADHS. This should include cotinine tests. Expendable supplies should be ordered directly through McKesson. See [Appendix A](#), Alere Cholestech LDX System Ordering Guide, to view supply samples.
  - i. Log in to Oracle and select “**Catalog - McKesson.**” This will direct you to McKesson’s website.
  - ii. Select the items based on item number listed in [Appendix B](#).
  - iii. Once you have filled the cart with the items, select Punchout.
  - iv. **Biometric Screening Supplies should be coded to GL code C57 - 60337 (other benefits).**

Cart #66461694 - PUNCHOUT CART

Contact Your Account Manager

Account #51150 TRILOGY HEALTH

Ship To TRILOGY HEALTH

8 items total \$346.92

All Items (8) Drop-Ship (2) Reorder Guide

Help Print

# Qty ADD ITEM Quick Add Sort Recent Cart DELETE SUSPEND PUNCHOUT More Options...

| Item #   | Description                                  | Manufacturer | Mfr #      | UOM    | Price    | Qty | Total    | Save | Delete/Edit |
|--|--|--------------|------------|--------|----------|-----|----------|------|-------------|
| 36982409   | CONTININE ISCREEN OFD D/S 25/BX INSTANT      | INSTANT      | I-DCT-B702 | BX/25  | \$147.00 | 1   | \$147.00 |      | EDIT        |
| Ships directly from the manufacturer. Additional shipping charges may apply. |  |              |            |        |          |     |          |      |             |
| 12512500   | TIP PIPETTE CHOLESTEC LDX 50EA/BG CHOLESTEC  | CHOLESTEC    | 11010      | BG/50  | \$5.29   | 1   | \$5.29   |      | EDIT        |
| In stock, ships from your local warehouse                                    |  |              |            |        |          |     |          |      |             |
| 13142409   | PIPETTE ALT CNTRL F/TEST D/S 1/EA CHOLESTEC  | CHOLESTEC    | 13014      | EA/1   | \$17.11  | 1   | \$17.11  |      | EDIT        |
| Ships directly from the manufacturer. Additional shipping charges may apply. |  |              |            |        |          |     |          |      |             |
| 27752400   | CNTRL LVL 1&2 250UL EA CHOLESTEC             | CHOLESTEC    | 88773      | EA/1   | \$23.06  | 1   | \$23.06  |      | EDIT        |
| In stock, ships from your local warehouse                                    |  |              |            |        |          |     |          |      |             |
| 65062400   | LANCET MEDLANCE 200/BX MCKESSON              | MCKESSON     | 13791      | BX/200 | \$38.59  | 1   | \$38.59  |      | EDIT        |
| In stock, ships from your local warehouse                                    |  |              |            |        |          |     |          |      |             |
| 10302400   | PLUNGER CAPILLARY LDX 50/VL CHOLESTEC        | CHOLESTEC    | 10-311     | VL/1   | \$5.33   | 1   | \$5.33   |      | EDIT        |
| In stock, ships from your local warehouse                                    |  |              |            |        |          |     |          |      |             |
| 52192400   | TUBE CAPILLARY 40UL 50/VL CHOLESTEC          | CHOLESTEC    | 52193      | VL/1   | \$12.54  | 1   | \$12.54  |      | EDIT        |
| In stock, ships from your local warehouse                                    |  |              |            |        |          |     |          |      |             |
| 12992400   | TEST KIT LIPID & GLUCOSE S/B 10/BX 50BX/CDMF | CHOLESTEC    | 10-991     | BX/10  | \$98.00  | 1   | \$98.00  |      | EDIT        |
| Limited quantities available   |  |              |            |        |          |     |          |      |             |

Shopping Cart

Shopping Cart 1 Create New Shopping Cart

Special Functions

| Unique ID/SKU (ID)  | Name & Description  | Cost / Unit        | Quantity    | Extended Price |
|---|---|--------------------|-------------|----------------|
| 13014 (4077973)<br>[VC Edit]  | PIPETTE ALT CNTRL F/TEST D/S 1/EA — CHOLESTEC (Account Code: OPCO.114-58-60310-0000-0000)<br>[McKesson Medical-Surgical (WN012343)] | \$17.11 / EACH (1) | 1<br>Delete | \$17.11        |
| Notes: VendorConnect Info:PIPETTE ALT CNTRL F/TEST D/S 1/EA   |   |                    |             |                |
| Project: OPCO.114 - Cynthiana, KY - Cedar Ridge Health Campus<br>Department: 80 - Health Administration<br>GL Code: 60310 - OTHER BENEFITS<br>Job Number: 0000 - JobNumber0000<br>Job Task: 0000 - JobTask0000<br>Justification: Testing supplies<br>Use Tax: |   |                    |             |                |
| 10-991 (4341005)  | TEST KIT LIPID & GLUCOSE S/B 10/BX 50BX/CDMF — CHOLESTEC (Account Code: TMS.900-58-60310-0000-0000)                                 | \$98.00 / BOX (1)  | 1           | \$98.00        |

### 3. Step-By-Step Biometric Screening Process:

- a. Preparation:
  - i. Scheduling: Employees should be scheduled in 15-minute increments. A paper-based schedule should be made to accommodate sign ups. This should be kept with the AP/Pay personnel in the business office or may be placed in the break room for sign-ups. Digital sign up tools are also acceptable using a platform such as "Signup Genius. It is encouraged that screenings are "frontloaded" when possible to maximize time spent performing screenings (for example, refrain from opening schedule for a large block of time where there may be large vacancies between the start and finish of screenings). Ensure the screening administrator has a copy of the schedule.
  - ii. Room Set-Up: It is recommended that the campus library, spa, or a small room be used for the screening. To protect Employee privacy rights, employees are to be screened one at a time. See [Appendix C](#), Biometric Screening Room Set-up.
  - iii. Along with the proper supplies, ensure that test administrator has reviewed the Biometric Screening Script ([Appendix D](#)) and use as a reference while administering the biometric screening.
- b. Screening Step 1: Form Completion
  - i. Complete paper version Trilogy Informed Consent ([Appendix E](#)).
  - ii. If employee is using lab work from a recent doctor's visit, employee will complete Part 1 of the Virgin Pulse Biometric Screening Form ([Appendix F](#)). This must be printed from the employee's account.
  - iii. Declination Form: If an onboarding employee does not wish to complete a biometric screening, they MUST complete the Biometric Screening Declination Form ([Appendix J](#)), which is kept in their employee file.
- c. Screening Step 2: Administer Oral Cotinine (Nicotine) Test.
  - i. The Oral Cotinine Test will be administered to employees who do not have a urine cotinine screening on file (part of pre-boarding drug screening), or who have been employed longer than 90 days and need to be "re- screened" annually. Administer the Cotinine Test according to the instructions in [Appendix G](#).
  - ii. Ensure proper use of Personal Protection Equipment (PPE) when handling Cotinine Test.
  - iii. Employees should not have any food, drink, or gum/candy ten (10) minutes prior to testing.
  - iv. Record Results in Biometric Screening booklet, and in the THS Biometric Software (2<sup>nd</sup> page) when prompted. Physician's may verify tobacco attestation on the VP Verified Biometric form without completing a nicotine screening on campus, if the employee is using a recent doctor's visit for biometrics results.
  - v. If employee has completed the urine cotinine test during pre-boarding within the last 90 days, these results can be pulled, by the SDC, from the Drug Screen form, found in the Employee Medical File, and recorded as above.
- d. Screening Step 3: Administer Fingerstick Test.
  - i. Ensure proper use of PPE.
  - ii. Employee should be fasting for 8+ hours prior to completing a biometric screening. If they are not fasting, the screening should be rescheduled.
  - iii. Administer fingerstick screening as directed during Abbott Cholestech LDX Training (see [Appendix H](#)).
  - iv. Properly discard lancet and capillary tube/plunger in sharps container and other supplies in trash can.

- v. TrilogyFIT/THS Biometric Screening Software: Ensure that LDX is connected and the software is reading “Configured” on the main screen. Read the information on screen to employee and then Select “Start Screening” in the top right corner.
- vi. Select “Read LDX” and then open the LDX machine by pressing “Run” and place cartridge with specimen inside LDX. Press “Run” to close the drawer and begin processing the specimen.
- e. Screening Step 4: Blood Pressure. Should be completed while blood work is processing.
  - i. Complete blood pressure screening on non-dominant arm.
  - ii. Ensure proper cuff size is used.
  - iii. Record results.
  - iv. If an employee has a blood pressure over 180/120, rescreen. If it is still elevated, proceed with process for managing Hypertensive Crisis. Employees must be referred to a medical provider immediately.
- f. Screening Step 5: Weight Measurement. Should be done by zeroing out scale first and having employee remove their shoes and any heavy outerwear. Record weight by rounding to nearest tenth of a pound.
- g. Screening Step 6: Measure height using the stadiometer. Employees should keep shoes removed for this assessment. Have employee back into the stadiometer and place their heels as close to the heel plate as possible. Slide the arm down the meter until it stops. Record height to nearest quarter- inch.
- h. Screening Step 7: Measure Waist Circumference. Use blue Gulick measuring tape. Try to avoid measure of wrinkles or bunched clothing around waist. Have the employee remove clothing if necessary, to get to the bottom layer of shirt. Instruct employee to hold the blue clip end of the tape measure at their belly button with the inches side up. Cue them to slowly turn around while you ensure the tape measure stays flat and smooth at belly button height while going around their waist. Grab the metal end of the tape and pull both ends until the hash mark on the rod is exposed (about halfway out). Record the measurement to the nearest quarter-inch.
- i. Screening Step 7: Obtain a BMI. Manually, follow the height on the left side, with the weight on the top of the chart. Bring fingers to the middle point where the numbers intersect and record the BMI value. (See [Appendix I](#)). You may also use a BMI calculator on a computer by searching online for “CDC BMI Calculator.” Record BMI.
- j. Screening Step 8: The Cholestech LDX should be done processing the fingerstick results. The values should import automatically into the TrilogyFIT/THS Biometric Screening software LDX page. If not, you may manually enter results.
- k. Screening Step 9: Biometric Screening Booklet. Transfer LDX biometric screening results to the Trilogy Biometric Screening Booklet. Ensure all other measurements (height, weight, blood pressure, waist circumference and BMI) are also recorded properly.
- l. Submit results and enter Trilogy Employee ID (must be 4-6 numerical digits and not start with 0) along with additional screening results into this screen. When finished, select “Submit” and confirm.

#### 4. Results Submission:

- a. Once Biometrics are submitted via the THS Biometric Screening Platform, they are no longer available in the computer platform. Biometric Booklet will be provided to employee.

- b. Virgin Pulse Verified Biometric Forms should be sent directly to Virgin Pulse by:
  - i. Manually entering results from Virgin Pulse Verified Biometric Form to the THS Biometric Software by selecting “Manual Enter” on the “Start Screening” page, then typing in all results and submitting.
  - ii. Uploading to employee’s Virgin Pulse Account (Recommended) by scanning in results and attaching them to VP account under SUPPORT>MAKE A REQUEST>PCP/BIOMETRIC FORM (select from dropdown).
  - iii. Faxing directly to Virgin Pulse at 1-508-302-0055.
5. Results Discussion: Employees may want to discuss their results after the screening. The screener should provide brief feedback on the employee’s biometric screening results, as long as they are a Registered Nurse. **Screener should have employee follow up with their medical provider on their screening results.**
6. **Privacy and HIPAA Compliance:** Screeners are required to maintain employee privacy at all times. Results will only be discussed with the employee during the screening process. An employee may choose to discontinue the screening process any time. Any results should be deleted and/or shredded. The employee should be directed to complete their biometric screening with their medical provider.
  - a. Note: Persons who administer the screening shall not retain any information or results associated with the screening. Persons who administer the screening are required to sign Acknowledgement and Confidentiality Agreement on Trilogy University Biometrics Training.
  - b. Once screenings are complete, or if you must leave the screening area for an emergency, immediately unplug LDX from computer and power source. This will ensure all results are deleted from LDX and not visible on computer.

For more information on this program contact the Health & Wellness Program Manager at [trilogyfit@trilogyhs.com](mailto:trilogyfit@trilogyhs.com).

|                            |                            |                        |          |
|----------------------------|----------------------------|------------------------|----------|
| <b>Procedure Name:</b>     | Campus Biometric Screening | <b>Effective Date:</b> | 20210101 |
| <b>Review Date:</b>        | 20201228<br>20190104       | <b>Revised Date:</b>   | 20201228 |
| <b>Procedure Approved:</b> | SVP & CHRIO                | <b>Approval Date:</b>  | 20201228 |
| <b>Procedure Approved:</b> |                            | <b>Approval Date:</b>  |          |
| <b>Next Review Date:</b>   | 20211201                   |                        |          |

|                           |   |
|---------------------------|---|
| <b>Forms:</b>             | Trilogy Informed Consent, Biometric Screening form, Declination form  |
| <b>Key Words:</b>         | Biometric screening, Virgin Pulse, Wellness, fingerstick  |
| <b>Short Description:</b> | The biometric Screening SOP provides guidance on the process and procedures of campus-led biometric screenings. |

# The Alere Cholestech LDX® System

## Ordering Guide



### Test Cassettes (Box of 10)

|                   |        |
|-------------------|--------|
| Lipid Profile•GLU | 10-991 |
| Lipid Profile     | 10-989 |
| TC•HDL•GLU        | 10-990 |
| TC•HDL            | 10-987 |
| TC•GLU            | 10-988 |
| TC                | 10-986 |

Important note: Refrigerate upon arrival



### Controls/Calibration Verification

|  |       |
|--|-------|
| Multianalyte Controls Level 1 & 2<br>(1 x 2 Levels, 0.25mL each) | 88773 |
| Multianalyte Controls Level 1 & 2<br>(2 x 2 Levels, 2mL each)    | 88769 |
| Cal Ver Material Lipids/GLU Levels 1-4<br>(1 x 4 Levels)         | 88770 |

Important note: Refrigerate upon arrival



### MiniPet™ Pipettes/Pipette Tips

|                                   |        |
|-----------------------------------|--------|
| 40 µL Lipids/Glucose: All Samples | 13-014 |
| Pipette tips (50)                 | 11-010 |



### Carrying Case

|               |        |
|---------------|--------|
| Carrying Case | 10-973 |
|---------------|--------|



### Alere Universal Printer

|                         |        |
|-------------------------|--------|
| Alere Universal Printer | 14-973 |
| Printer Cable Kit       | 11-787 |



### Capillary Tubes/Plungers

|   |       |
|---|-------|
| Capillary Tubes, 40 µL (50)<br>(Lipids/Glucose) | 52193 |
|---|-------|

(fits all capillary tubes)



### Lancets

|                 |        |
|-----------------|--------|
| Medlance® (200) | 13-791 |
|-----------------|--------|



### White Printer Labels

For Alere Universal Printer (1 roll of 400) 11-785



### Optics Check

|                       |        |
|-----------------------|--------|
| Optics Check Cassette | 10-228 |
|-----------------------|--------|

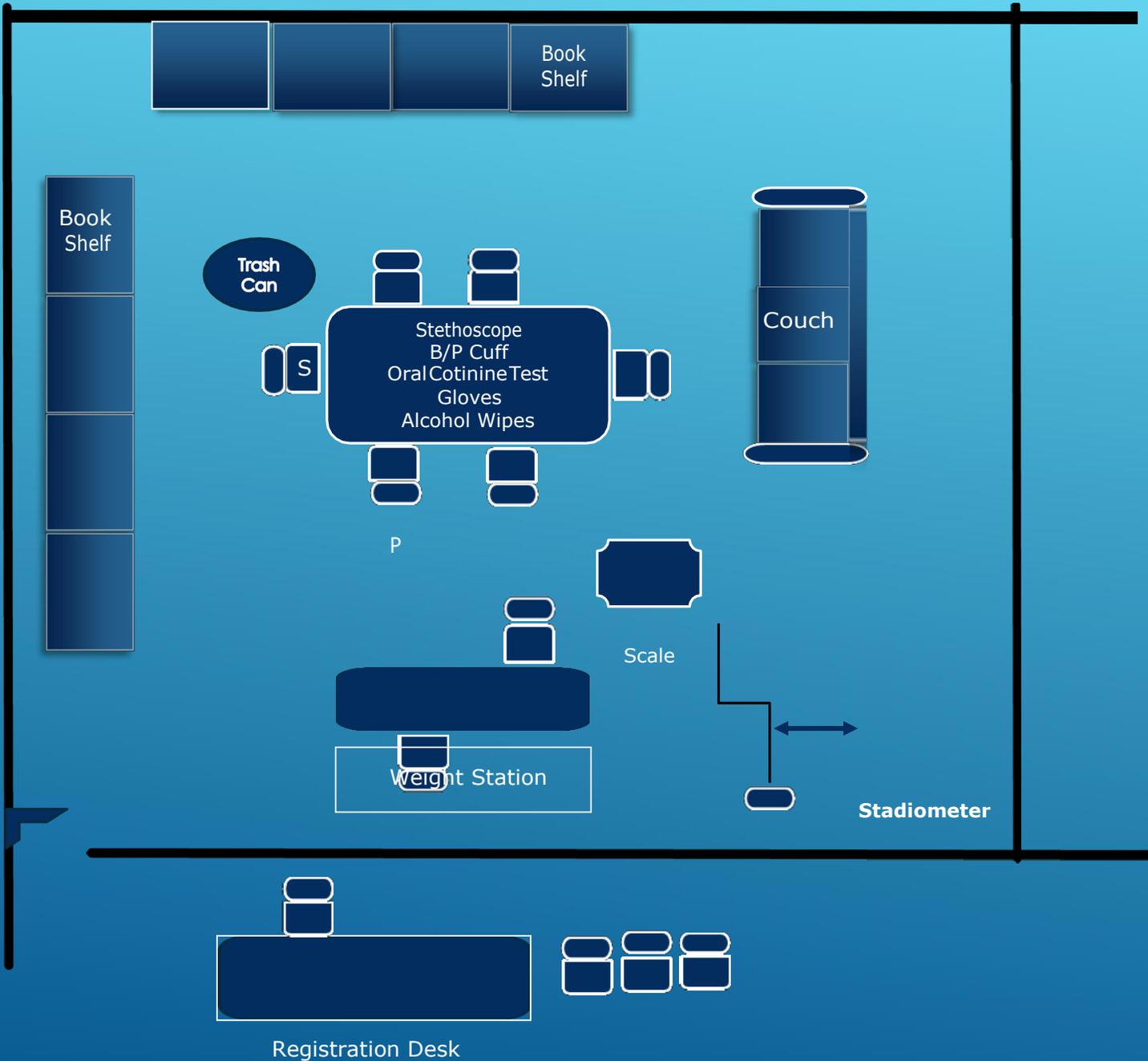


Call 1.877.441.7440 or visit [www.alere.com](http://www.alere.com) today.

| McKesson Item #            | 13452409   | 12992400  | 52192400   | 10302400  | 65062400  | TBD  | 13142409  | 12512500   | 21093709   | 58292209  |
|----------------------------|--|---|--|---|---|--|---|--|--|---|
| <b>Description</b>         | Point-of-Care Analyzer Cholestech LDX® CLIA Waived (For Whole Blood) | Rapid Test Cholestech LDX® Lipid Profile • Glucose Total Cholesterol / HDL (High Density Lipoprotein) / TRG (Triglycerides) / Glucose Whole Blood / Serum / Plasma Sample CLIA Waived | Cholestech LDX® Capillary Blood Collection Tube Micro-hematocrit Heparin Additive 40 µL Without Closure Plastic Tube | Capillary Plunger Alere Cholestech For Cholestech Capillary Tubes | Lancet Medlance® Fixed Depth Lancet Needle 1.8 mm Depth 21 Gauge Spring-Loaded Trigger Button | Control Kit Cholestech LDX® Multiple Analytes 2 Levels 2 X 0.25 mL | Serological Pipette Minipet® 40 µL Without Graduations NonSterile | Tips, Pipette MiniPet™ Disposable 35µL, 40µL and 50µL MiniPet Pipettes | Stadiometer seca 213 Mobile Mount, Free Standing | <a href="#">Gulick® Measuring Tape 12 Inch Poly Circumferential Measurement</a> |
| <b>Manufacturer</b>        | Alere  | Alere   | Alere  | Alere   | Alere   | Alere  | Alere   | Alere  | Seca   | 5829  |
| <b>Brand</b>               | Cholestech LDX®  | Cholestech LDX®   | Cholestech LDX®  | Alere Cholestech  | Medlance®   | Cholestech LDX®  | Minipet®  | MiniPet™   | seca 213   | Gulick®   |
| <b>Manufacturer Item #</b> | 13-454   | 10-991  | 52193  | 10-311  | 13791   | 88773  | 13014   | 11010  | 2131821009                                       | Alimed  |
| <b>Invoice</b>             | ANALYZER LDX CHOLESTECH D/S 1/EA CHOLS                               | TEST KIT LIPID & GLUCOSE 10/BX 50BX/CS CHOLESTECH   | TUBE CAPILLARY 40UL 50/VL CHOLESTECH   | PLUNGER CAPILLARY LDX 50/VL CHOLESTECH                            | LANCET MEDLANCE 200/BX MCKESSON   | CONTROL MAC CTEC 250UL 1/EA CHOLS                                  | PIPETTE ALT CNTRL F/TEST D/S 1/EA CHOLESTECH                      | TIP PIPETTE CHOLESTECH LDX 50EA/BG CHOLESTECH                          | HT ROD MOBIL FREE STNDG D/S 1/EA SECA            | TAPE GULICK ANTHROPOMETRIC D/S EA PATTERSON                                     |
| <b>Stock</b>               | Drop-Ship  | Stocked   | Stocked  | Stocked   | Regionally Stocked  | Stocked  | Drop-Ship   | Stocked  | Drop-Ship  | Drop-Ship   |
| <b>Available UOMs:</b>     |  |   |  |   |   |  |   |  |  |   |
| <b>EA/1</b>                | X  |   |  |   |   | X  | X   |  | X  |   |
| <b>VL/1</b>                |  |   | X  | X   |   |  |   |  |  |   |
| <b>BX/10</b>               |  | X   |  |   |   |  |   |  |  |   |
| <b>BG/50</b>               |  |   |  |   |   |  |   | X  |  | \$24.34   |
| <b>BX/200</b>              |  |   |  |   | X   |  |   |  |  |   |

Appendix C

Room Set-up



# Biometric Screening Script

**Screener:** "Hello and welcome to your Biometric Screening. Today you will be completing an oral cotinine screening. This process takes about five minutes to complete. Then you will complete a biometric screening which includes a fingerstick assessment that measures your blood lipids and glucose. While this is processing, I will take your blood pressure, weight, height and waist circumference. Your results will not be retained by myself, your campus, Trilogy Management Services, LLC, Trilogy Health Services, LLC, or within the LDX machine. Your results will be sent directly to Virgin Pulse. Trilogy does not keep your results. Your results do NOT affect your insurance coverage or the ability to receive the wellness rate (except if you use tobacco. Tobacco users may get the wellness rate but are required to complete one of five Tobacco Free Journeys in Virgin Pulse.)"

**Screener:** "Before we begin, have you been fasting at least 8 hours?" *If employee has not been fasting, they should be rescheduled for another day.*

**Screener:** "Have you had any food, drink, gum or candy in the last ten minutes?" *Despite fasting, employees are allowed water and sugar-free gum. They cannot have consumed any of these 10 minutes prior to the cotinine test. If they have consumed them, please proceed with the remainder of the biometric screening and return to complete the Nicotine/Cotinine screening AFTER the biometric screening.*

**Screener:** "Before we begin, you will need to complete an Informed Consent Form. This form provides information on your participation in Trilogy's Wellness Program, the fingerstick process and your HIPAA Authorization as part of the wellness program." *Allow employee sign forms. If using manual form, have employee fill out Part 1: Member Information on the Virgin Pulse Biometric Screening Form, found on their Virgin Pulse Account, under PROGRAMS>ALL PROGRAMS>BIOMETRICS SCREENING VERIFIED FORM.*

## Nicotine/Cotinine Test:

Equipment Needed:

- Oral Cotinine Test (for on-boarding, employees should have completed a urine cotinine test as part of their pre-boarding drug screening. Results from this cotinine test should be used in lieu of the oral cotinine test)
- Non-Latex Gloves
- Virgin Pulse Verified Biometric Form (only if not using THS Biometric Software)

**Screener:** "Please rip open the package, remove the cotinine test, the purple lid and the clear white lid of the test. Now swab the inside of your mouth, cheeks and tongue thoroughly until the swab tip is completely moistened. It should feel like a very wet sponge. Avoid 'sucking' on the tip." *Once the tip is completely moistened, like a wet sponge, have the employee remove the cotinine swab tip from their mouth. You will then take the cartridge, place it into the purple lid (do this with the swab side down to avoid saliva running out of the lid). Twist the lid until the arrow and the line on the cartridge are aligned. Lay the cartridge down on a flat surface for at least 2-5 minutes. Read results and record in the green Biometric Booklet and on Virgin Pulse Biometric Screening form under "Tobacco User" if using the Virgin Pulse Form. Discard cartridge and packaging and prepare for fingerstick test.*



## **Cholestech Finger stick Screening:**

### Equipment Needed:

- Participant Informed Consent Form
- Cholestech LDX with Optics Cartridge and RJ Cord and Blue connector cord (to USB)
- Optics Check Form
- Lipid+Glucose Cartridge
- Capillary Tube with Plunger
- Lancet
- Gauze or Cotton Ball
- Band-Aid
- Alcohol Prep Pad
- Hand Sanitizer
- Non-Latex Gloves
- Sharps container
- Blood Pressure machine
- Scale (chair style used in campuses)
- Stadiometer
- Blue Gulick Measuring Tape
- Pen
- Computer with THS Biometric Screening Software
- Biometric Screening Booklet (Green)
- Virgin Pulse Biometric Screening Form, if needed

**Screener:** *Ensure the LDX is properly connected to the computer and it is showing as “Configured.” Seat employee. You may read, or allow the employee to read the Welcome Screen. Select “Start Screening” and then review the steps. Screener will put on non-latex gloves. “Now we will complete a fingerstick test. This test will measure your cholesterol and glucose levels. Which hand do you write with?” Select employee’s middle finger on their non-dominant hand. Proceed to clean finger with alcohol prep pad. While it is drying, open cartridge and remove lid from lancet. Ensure the employee’s finger is dry (you may gently wipe with gauze).*

*Prick finger at slight right or left of middle of finger pad (not side of finger) and collect sample as directed by Abbott Cholestech LDX Training. Once collected, select “Read LDX” on the computer screen and immediately place cartridge in LDX machine. Discard lancet and capillary tube/plunger in Sharps container. Carefully remove gloves and discard all remaining materials.*

## **Blood Pressure Screening:**

### Equipment Needed:

- Electric Blood Pressure Cuff or sphygmomanometer and stethoscope
- Adult Large and Extra Large Cuff

**Screener:** *“While the machine is processing your results, we will take your blood pressure.” Use employee’s non-dominant arm to access blood pressure. Record results on Virgin Pulse Biometric Screening Form. Be sure to use the right size cuff, that employee is sitting up straight with legs uncrossed and not talking.*

***If an employee has a blood pressure over 180/120, rescreen. If it is still elevated, proceed with process for managing Hypertensive Crisis. Employees must be referred to a medical provider or ER immediately.***



### **Weight Screening:**

Equipment Needed:

- Seated Scale

**Screener:** “Now we are going to get your weight. Please remove your shoes and any heavy jacket or sweater you are wearing). *Turn on the scale and allow it to zero out.* Be sure to place the foot rest down for seated scale. “Please be seated on the scale and place your feet on the foot rest.” *Record results to the nearest tenth of a pound inside Biometric Screening Booklet, and Virgin Pulse Biometric Screening Form (if using).*

### **Height Screening:**

Equipment Needed:

- Stadiometer

**Screener:** “Please come over to the stadiometer while we measure your height. You will need to keep your shoes off.” *Record results to nearest quarter-inch in Biometric Screening Booklet, and on Virgin Pulse Biometric Screening Form.*

### **Waist Circumference Screening:**

Equipment Needed:

- Blue Gulick Measuring Tape

**Screener:** “Now we are going to complete a waist circumference measurement. Stand with your feet together. Please make sure your shirt is tightly pulled down. *If employee is wearing layered clothing, have them remove clothing to the most bottom layer of their comfort level.* “Hold the metal end of the tape measure at your belly button level.” *The “inches” reading should be visible on the outside of the measuring tape.* “Now I am going to have you carefully spin around.” *Try to avoid measure of wrinkles or bunched clothing around waist. When possible, take measurement against most inner layer of shirt Instruct employee to hold the metal end of the tape measure at their belly button with the inches side up. Cue them to slowly turn around while you ensure the tape measure stays flat and smooth at belly button height while going around their waist. Grab the metal end of the tape and pull both ends until the hash mark on the rod is exposed (about half way out). Record the measurement to the nearest quarter-inch.*

*By this time, the LDX Machine should be done processing the fingerstick draw. The results will auto-populate into the TrilogyFIT Biometric Screening Platform. If they do not, you may manually enter the results. Select “Next” and enter Trilogy Employee ID# and completed screening results for Height, Weight Waist Circumference, Blood Pressure and Tobacco User. If you are using the Virgin Pulse Biometric Screening Form, ensure all results are written on the form and it is signed.*

**Screener:** “Your results are now recorded in your TrilogyFIT Biometric Screening booklet. This is yours to keep and refer to. It will help you understand your results and the many health and wellness benefits that Trilogy offers that will help you continue to improve your health. I recommend that you meet with your healthcare provided if you need further assistance. Do you have any questions?”

**\*Important: If employee receives results on Virgin Pulse Form, it is the employee’s responsibility to submit the forms properly to Virgin Pulse. When possible, forms should be scanned and uploaded to the employee’s Virgin Pulse account under SUPPORT>SUBMIT REQUEST>UPLOAD FORM**



Trilogy Health Services' On-Site Wellness Program Health Screening Release of Liability, Notice, and Consent

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I acknowledge that my participation in this Biometric Health Screening ("BHS") is voluntary. I consent for my BHS to be performed by an employee of Trilogy Management Services, LLC. I understand the results of the oral cotinine test will be shared with my employer for the purpose of qualifying for the insurance wellness rate. Outside of this, my individually identifiable health information will not be shared with my employer beyond the extent of the individual performing the BHS; however, my employer may be advised of the fact of my participation in the BHS.

I understand my individually identifiable information may be shared with and used by Virgin Pulse and my employer-sponsored group health plan to provide health management and/or disease management services including data aggregation for program improvement purposes. Such information will not be used for any other purpose. The importance of safeguarding individually identifiable health information is recognized and all

I understand that:

- The data derived from the test(s) are considered to be preliminary; they are screening assessments only. They do not constitute a medical diagnosis.
- I alone am responsible for initiating a follow-up examination to confirm the results of this screening and obtain professional medical assistance, and not that of any organization(s) associated with this screening.
- The BHS, Trilogy Wellness Program, and Virgin Pulse are administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, as amended ("ADA"); the Genetic Information Nondiscrimination Act of 2008, as amended ("GINA"); and the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA"); and others as applicable.
- There are risks associated with the collection of blood through a needle or finger stick including discomfort, bruising, or infection.
- Any medical information that personally identifies me that is provided in connection with the wellness program will not be provided to my supervisors or managers and may never be used to make decisions regarding my employment.
- My results may be disclosed in detail to Virgin Pulse and may also be disclosed in aggregate form to the employer sponsoring this program. Aggregate form means that my data will be combined with those of other participants in a manner, which **does not personally identify** me. I may be identified by name as a participant, but my name will not be associated with any specific screening results. My results will not be shared with my employer or unaffiliated third parties without my express permission, unless required to do so by law. Nicotine results will be used to determine Wellness Discount eligibility. No other results are used to determine my eligibility for insurance coverage or my employment status.
- I have the option of having this BHS performed by the health provider of my choice.

**Consent for Health Screening:** By participating in this health screening, you understand that certain health issues may be identified, such as high blood glucose and high cholesterol; however, this screening cannot and should not be considered a substitute for a thorough examination by, or testing recommended by, your personal physician. The screening data received by you is for informational use only and should not be considered diagnostic or conclusive.

I HAVE READ THIS RELEASE OF LIABILITY, NOTICE, AND CONSENT in its entirety (or it has been read to me) and I am signing freely and voluntarily. I am the person receiving the health screening, or the legal representative of the person receiving the health screening and am authorized to act on such person's behalf to sign this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

organizations involved in this screening are obligated to take reasonable steps to protect such information from unauthorized access or use.

**I, the undersigned, hereby consent to the collection of blood pressure, pulse, height, weight, BMI readings, waist circumference, body composition data, a mouth swab for the purpose of nicotine detection, and a blood sample for the purpose of measuring my cholesterol and glucose levels.**

**I hereby release my Employer, my Employer-sponsored group health plan, vendors and individuals used to conduct services required for this BHS, including but not limited to Trilogy Health Services, LLC, Trilogy Management Services, LLC, Virgin Pulse, and such entities' affiliates, subsidiaries, parent organizations, directors, officers, employees, successors and assigns, from any liability arising from or in any way connected with my participation in the BHS and any data derived from the BHS tests.**

|            |            |               |
|------------|------------|---------------|
| Sponsor ID | Event code | Member number |
|------------|------------|---------------|

## VIRGIN PULSE BIOMETRIC SCREENING FORM

As part of the wellness program, you may submit this biometric screening verified form signed by your physician. Once completed, send this form to Virgin Pulse. Once the form is loaded into the system, you will see this requirement marked Complete on your Rewards Statement.

To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on Support and select Submit a request. Then choose the appropriate form option from the drop-down menu.

### PART 1: MEMBER INFORMATION (Participant completes Part 1)

First Name

Last Name

Employee

Spouse

Date of Birth mm / dd / yyyy

 /  / 

Employee ID

Email

Consent to use information. I, Participant, hereby authorize my provider to release any information within this form to Virgin Pulse, Inc. I understand that Virgin Pulse, Inc. will utilize this information solely for the purposes of administration of its wellness program and will dispose of this form in accordance with applicable law. My personal health data is protected under the terms of the Virgin Pulse Privacy Policy and HIPAA, and will not be shared with Trilog Health Services.

### PART 2: HEALTHCARE PROVIDER (Provider completes Part 2)

Healthcare Provider Phone

 -  - 

Date of Screening

 /  / 

Screenings valid

1/2/2020-12/16/2020

### PATIENT INFORMATION

Height

cm OR

feet

inches

Weight

pounds

Fasted for at least 9 hours?

Yes  No

METRICS: For results that are healthy for this person, but outside the guidelines range, also check the box and initial.

|                   |  |                          |                       |  |                          |
|-------------------|--|--------------------------|-----------------------|--|--------------------------|
| BMI               | <input type="text"/>                             | <input type="checkbox"/> | Non-HDL               | <input type="text"/> mg/dL                               | <input type="checkbox"/> |
| Body Fat          | <input type="text"/> %                           | <input type="checkbox"/> | Triglycerides         | <input type="text"/> mg/dL                               | <input type="checkbox"/> |
| Blood Pressure    | <input type="text"/> / <input type="text"/> mmHg | <input type="checkbox"/> | A1C                   | <input type="text"/> mg/dL                               | <input type="checkbox"/> |
| Total Cholesterol | <input type="text"/> mg/dL                       | <input type="checkbox"/> | Glucose               | <input type="text"/> mg/dL                               | <input type="checkbox"/> |
| HDL               | <input type="text"/> mg/dL                       | <input type="checkbox"/> | Waist Circumference   | <input type="text"/> inches                              | <input type="checkbox"/> |
| LDL               | <input type="text"/> mg/dL                       | <input type="checkbox"/> | Tobacco/Nicotine use? | Yes <input type="checkbox"/> No <input type="checkbox"/> |                          |

Healthcare Provider Name (please print)

Healthcare Provider Signature

Complete this form in full and submit by 12/16/2020.

To submit your completed form, fax it to 508-302-0055, or you may upload it directly to your Virgin Pulse account. To upload, sign in to your account, click on Support and select Submit a request. Then choose the appropriate form option from the drop-down menu. Incomplete or altered submissions of this form may delay or eliminate your biometric screening incentive eligibility.



# Toxicology

One simple device for saliva drug testing.

## Alere iScreen<sup>®</sup> OFD

Oral Fluid Drug Screening Device



Substance abuse testing with more **substance**.

## Features & benefits

- Accurately screen for illicit drugs in saliva
- Test remains in control of administrator
- No bathroom necessary
- Simple collection and testing procedure
- Results in as little as 10 minutes
- Long shelf life at room temperature storage
- Integrated internal procedural control

## How it works

Remove Sample Collector Protector and insert Sponge end of collector into mouth.



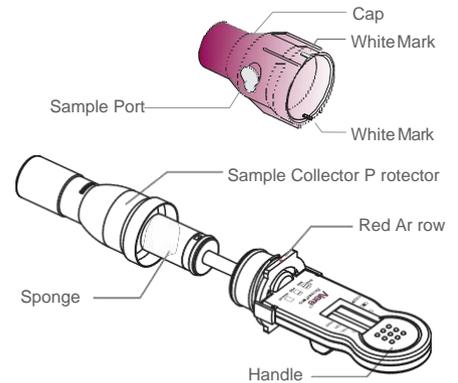
Actively swab the inside of the mouth and tongue with Sponge.



Insert the collector vertically into the Cap and twist the Handle clockwise 180° to tighten the Cap. Read results at 10 minutes.



If results are presumptive positive, secure Cap with Security Seal and send to laboratory for confirmation.



**PRODUCT PROCEDURE NOTE:** Refer to product insert for complete instructions, limitations, and warnings. This assay provides only a preliminary analytical test result. A more specific alternate chemical method must be used in order to obtain a confirmed analytical result. Gas chromatography/mass spectrometry (GC/MS), gas chromatography/tandem mass spectrometry (GC/MS/MS) and liquid chromatography/tandem mass spectrometry (LC/MS/MS) are the preferred confirmatory methods. Clinical consideration and professional judgement should be applied to any drug of abuse test result, particularly when preliminary positive results are indicated.

## Oral Fluid Screening Device Cut off Levels

| Test                   | Calibrator           | Test Calibrator Cut off |
|------------------------|----------------------|-------------------------|
| Amphetamine (AMP)      | d-Amphetamine        | 50 ng/mL                |
| Cocaine (COC)          | Benzoylcegonine      | 20 ng/mL                |
| Cannabis (THC)         | 11-nor-Δ9-THC-9-COOH | 12 ng/mL                |
| Methamphetamine (mAMP) | d-Methamphetamine    | 50 ng/mL                |
| Opiate (OPI)           | Morphine             | 40 ng/mL                |

## Ordering Information

| Catalogue no. | Description                                     | No. of tests    |
|---------------|---|-----------------|
| IVDSB-755-011 | Alere iScreen OFD Drug Test Device (Oral Fluid) | 25 kits per box |

Distributed by:

**Andatech Pty Ltd**  
 PO Box 3038  
 Nunawading VIC 3131  
 Australia  
 Phone: 1300 800 200  
 Website: www.andatech.com.au

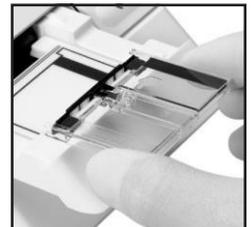
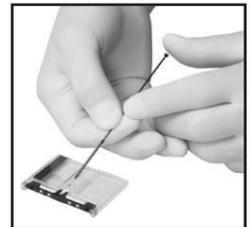


Please contact Alere for further information.



## Alere Cholestech LDX<sup>®</sup> System Screening process best practices

- Have patient sit in chair
- Ensure materials are correct
  - 21g lancet, 1.8mm depth
  - Proper cassette is out and at room temperature at the time of the test
  - Correct capillary tube is being used for the fingerstick (40  $\mu$ L for all lipid cassettes and ALT•AST, and 50  $\mu$ L for hsCRP). It is best to prepare the capillary tube beforehand by inserting a plunger into the capillary tube
- Open the foil pouch and remove a test cassette
- Take the desiccant pack off of the cassette, if stuck, and set the cassette down on a flat stable surface.
- Prepare the patient's finger by cleaning with an alcohol pad. Dry the finger with gauze. Ensure the fingernail crevice is thoroughly cleaned so as not to add any residual soaps or lotions to the sample.
- Poke the finger using a 21g 1.8mm lancet
- Wipe off the first drop of blood
- Grasp the capillary tube and hold it parallel to the ground
- Gently touch the tip of the capillary tube to the blood drop
- Gently apply pressure to the finger to initiate blood flow into the capillary tube
- After the capillary tube is completely filled, give the patient a gauze pad to hold pressure on their puncture site until the following steps are completed.
- Open the tray of the instrument by pressing the "RUN" button.
- Once the tray is open, apply the sample to the sample well area of the cassette by pressing the plunger down, towards the sample well.
- Once the sample is applied - pick the cassette up by the sides of the cassette and put into the tray of the instrument.
- Once the cassette is in the tray press "RUN"
- Bandage the patient's finger and wait for the results.



Note: From the time the cassette is open to the time the "RUN" button is pressed to begin the test, should ideally be less than 2 minutes.



## Alere Cholestech LDX<sup>®</sup> System Screening process best practices: Do's and Don'ts

- Do:** Apply gentle pressure to the finger when filling the cap tube. Applying pressure, then releasing pressure, then reapplying pressure is acceptable.
- Don't:** Milk the finger. Milking the finger is squeezing the finger and pulling the blood towards the puncture site. Milking the finger can cause interstitial fluid to get into the sample and potentially cause inaccurate results.
- Do:** Touch the capillary tube to the edge of the blood drop. The capillary tube will draw up the blood automatically.
- Don't:** Touch the capillary tube to the skin. Touching the capillary tube to the skin can result in excess blood getting on the outside of the capillary tube and could cause a clot in the sample well.
- Do:** Ensure the capillary tube is filled in about 10-15 seconds
- Don't:** Continue to try to fill the cap tube if the fill time is excessive. The capillary tube is coated with heparin to help prevent clotting inside the capillary tube, but it cannot prevent a clot that has already started. To ensure the blood does not clot before getting in the capillary tube it is important the capillary tube is filled quickly.
- Do:** Hold the capillary tube parallel to the ground, or as close to parallel as possible.
- Don't:** Hold the capillary tube at a descending or ascending angle. Holding the capillary tube at an ascending angle could increase the amount of time it takes to fill the capillary tube and thus lead to clots. Holding the capillary tube at a descending angle increases the likelihood of the sample causing an air bubble or even spilling down the side of the capillary tube.

### Additional Don'ts

- If an air bubble is noticed in the capillary tube, discard the sample and re-stick the patient. Air bubbles can cause a short sample situation where the test cassette may not be able to perform properly.
- Don't attempt to re-use the same cassette if it gave you an error in the first instrument. This could lead to inaccurate results.

### Additional Do's

- Call technical support if there are any errors in testing, results or questions about this card or best practices in general. We have a well qualified technical service specialist on call 24/7. The contact phone number is **1-877-308-8289**
  - Additionally, if any abnormal or questionable results are obtained by the Alere Cholestech LDX<sup>®</sup> instrument, it is a best practice to run liquid controls to verify the system functionality.

# Appendix I

## Body Mass Index and Risks of Overweight

| BMI TABLE |     | WEIGHT (lb) |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|-----------|-----|-------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|           | 120 | 130         | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 |
| 4'5"      | 30  | 33          | 35  | 38  | 40  | 43  | 45  | 48  | 50  | 53  | 55  | 58  | 60  | 63  | 65  | 68  | 70  | 73  | 75  | 78  | 80  | 83  |
| 4'6"      | 29  | 31          | 34  | 36  | 39  | 41  | 43  | 46  | 48  | 51  | 53  | 56  | 58  | 60  | 63  | 65  | 68  | 70  | 72  | 75  | 77  | 80  |
| 4'7"      | 28  | 30          | 33  | 35  | 37  | 40  | 42  | 44  | 47  | 49  | 51  | 54  | 56  | 58  | 61  | 63  | 65  | 68  | 70  | 72  | 75  | 77  |
| 4'8"      | 27  | 29          | 31  | 34  | 36  | 38  | 40  | 43  | 45  | 47  | 49  | 52  | 54  | 56  | 58  | 61  | 63  | 65  | 67  | 70  | 72  | 74  |
| 4'9"      | 26  | 28          | 30  | 33  | 35  | 37  | 39  | 41  | 43  | 46  | 48  | 50  | 52  | 54  | 56  | 59  | 61  | 63  | 65  | 67  | 69  | 72  |
| 4'10"     | 25  | 27          | 29  | 31  | 34  | 36  | 38  | 40  | 42  | 44  | 46  | 48  | 50  | 52  | 54  | 57  | 59  | 61  | 63  | 65  | 67  | 69  |
| 4'11"     | 24  | 26          | 28  | 30  | 32  | 34  | 36  | 38  | 40  | 43  | 45  | 47  | 49  | 51  | 53  | 55  | 57  | 59  | 61  | 63  | 65  | 67  |
| 5'0"      | 23  | 25          | 27  | 29  | 31  | 33  | 35  | 37  | 39  | 41  | 43  | 45  | 47  | 49  | 51  | 53  | 55  | 57  | 59  | 61  | 63  | 65  |
| 5'1"      | 23  | 25          | 27  | 28  | 30  | 32  | 34  | 36  | 38  | 40  | 42  | 44  | 45  | 47  | 49  | 51  | 53  | 55  | 57  | 59  | 61  | 62  |
| 5'2"      | 22  | 24          | 26  | 27  | 29  | 31  | 33  | 35  | 37  | 38  | 40  | 42  | 44  | 46  | 48  | 49  | 51  | 53  | 55  | 57  | 59  | 60  |
| 5'3"      | 21  | 23          | 25  | 27  | 28  | 30  | 32  | 34  | 36  | 37  | 39  | 41  | 43  | 44  | 46  | 48  | 50  | 51  | 53  | 55  | 57  | 59  |
| 5'4"      | 21  | 22          | 24  | 26  | 28  | 29  | 31  | 33  | 34  | 36  | 38  | 40  | 41  | 43  | 45  | 46  | 48  | 50  | 52  | 53  | 55  | 57  |
| 5'5"      | 20  | 22          | 23  | 25  | 27  | 28  | 30  | 32  | 33  | 35  | 37  | 38  | 40  | 42  | 43  | 45  | 47  | 48  | 50  | 52  | 53  | 55  |
| 5'6"      | 19  | 21          | 23  | 24  | 26  | 27  | 29  | 31  | 32  | 34  | 36  | 37  | 39  | 40  | 42  | 44  | 45  | 47  | 49  | 50  | 52  | 53  |
| 5'7"      | 19  | 20          | 22  | 24  | 25  | 27  | 28  | 30  | 31  | 33  | 35  | 36  | 38  | 39  | 41  | 42  | 44  | 46  | 47  | 49  | 50  | 52  |
| 5'8"      | 18  | 20          | 21  | 23  | 24  | 26  | 27  | 29  | 30  | 32  | 34  | 35  | 37  | 38  | 40  | 41  | 43  | 44  | 46  | 47  | 49  | 50  |
| 5'9"      | 18  | 19          | 21  | 22  | 24  | 25  | 27  | 28  | 30  | 31  | 33  | 34  | 36  | 37  | 38  | 40  | 41  | 43  | 44  | 46  | 47  | 49  |
| 5'10"     | 17  | 19          | 20  | 22  | 23  | 24  | 26  | 27  | 29  | 30  | 32  | 33  | 35  | 36  | 37  | 39  | 40  | 42  | 43  | 45  | 46  | 47  |
| 5'11"     | 17  | 18          | 20  | 21  | 22  | 24  | 25  | 27  | 28  | 29  | 31  | 32  | 34  | 35  | 36  | 38  | 39  | 41  | 42  | 43  | 45  | 46  |
| 6'0"      | 16  | 18          | 19  | 20  | 22  | 23  | 24  | 26  | 27  | 29  | 30  | 31  | 33  | 34  | 35  | 37  | 38  | 39  | 41  | 42  | 43  | 45  |
| 6'1"      | 16  | 17          | 19  | 20  | 21  | 22  | 24  | 25  | 26  | 28  | 29  | 30  | 32  | 33  | 34  | 36  | 37  | 38  | 40  | 41  | 42  | 44  |
| 6'2"      | 15  | 17          | 18  | 19  | 21  | 22  | 23  | 24  | 26  | 27  | 28  | 30  | 31  | 32  | 33  | 35  | 36  | 37  | 39  | 40  | 41  | 42  |
| 6'3"      | 15  | 16          | 18  | 19  | 20  | 21  | 23  | 24  | 25  | 26  | 28  | 29  | 30  | 31  | 33  | 34  | 35  | 36  | 38  | 39  | 40  | 41  |
| 6'4"      | 15  | 16          | 17  | 18  | 20  | 21  | 22  | 23  | 24  | 26  | 27  | 28  | 29  | 30  | 32  | 33  | 34  | 35  | 37  | 38  | 39  | 40  |
| 6'5"      | 14  | 15          | 17  | 18  | 19  | 20  | 21  | 23  | 24  | 25  | 26  | 27  | 29  | 30  | 31  | 32  | 33  | 34  | 36  | 37  | 38  | 39  |
| 6'6"      | 14  | 15          | 16  | 17  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 27  | 28  | 29  | 30  | 31  | 32  | 34  | 35  | 36  | 37  | 38  |
| 6'7"      | 14  | 15          | 16  | 17  | 18  | 19  | 20  | 21  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 32  | 33  | 34  | 35  | 36  | 37  |
| 6'8"      | 13  | 14          | 15  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  | 36  |
| 6'9"      | 13  | 14          | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 33  | 34  | 35  |
| 6'10"     | 13  | 14          | 15  | 16  | 17  | 18  | 19  | 20  | 21  | 22  | 23  | 24  | 25  | 26  | 27  | 28  | 29  | 30  | 31  | 32  | 34  | 35  |

Less risk

More risk

# Campus Biometric Screening Declination Form

My employer, Trilogy Management Services, LLC, has recommended that I receive a biometric screening as part of our wellness program and to provide me basic biometric screening outcomes.

I acknowledge that I am aware of the following:

- The campus biometric screening is a no-cost fingerstick assessment available to all part-time, full-time and ACA-eligible insured PRN employees.
- A biometric screening provides basic health outcomes for only the following: nicotine/cotinine, BMI, blood pressure, waist circumference, total cholesterol, triglycerides, LDL and HDL cholesterol and glucose.
- The results of my biometric screening would be documented by my screener, but is not maintained by Trilogy. Results would not be stored in biometric screening equipment or in my personnel file (unless I request). Only our wellness vendor, Virgin Pulse, would maintain my screening results.
- The results of my screening do NOT affect my ability to obtain the wellness rate, nor do they affect my employment.
- If I choose not to screen on campus, I have the opportunity to use a recent (less than 90 days) doctor's visit with labs or select the nearest Labcorp location by logging on to the e-Health off-site screening page, found on [www.trilogyfit.org/biometric screening](http://www.trilogyfit.org/biometric%20screening).
- I understand that I can change my mind at any time and receive a biometric screening on campus.

I have read and fully understand this declination form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Campus: \_\_\_\_\_

