ASU Club Sports Rowing, Cycling, Quidditch, Roller-Hockey, and Triathlon One-Time Sickle Cell Trait Testing:

1. First read and sign the following forms:
   a. Club Student Athlete Information Release
   b. Sickle Cell Trait Testing Consent / Refusal and Release

2. Turn in the above forms when you get your sickle cell test drawn at ASU Health Services. For tests completed off campus please bring the completed forms and test result to the ASUHS Sports Medicine Office in the Sun Devil Fitness Center Room 130.

3. After your sickle cell test is complete please send a message through the patient portal by following the directions below:
   1. First make sure you are registered on Do Sports Easy https://www.dosportseasy.com/sundevilSports/.
   2. Then log in to your Patient portal https://eoss.asu.edu/health/portal.
   3. Select “Compose” to start a new email.
   4. From the “Category” drop down select “Club Sports.”
   5. From the “Club Sports” category select “Club Sports.”
   6. In the subject line please type “Sickle Cell Testing Only.”
   7. In the body of the email, type the club you are joining.
   8. Add any additional questions in the body of the email.
   9. Click send.

Please allow 2 business days for us to update your status on Do Sports Easy. If your status does not get updated please resend your email or call 480 965 8908.
Club Student Athlete Information Release

Sport_______________________________________________

I, {Athlete Name}_________________________________________, give my permission to the following Designated ASU Offices to exchange confidential, personal, mental health and medical information concerning me, when necessary to coordinate my medical and mental health care: Campus Health Services, Physiotherapy Physical Therapy, Athletic Training Staff, Coaching Staff, Student Recreation Complex, Counseling and Consultation, Disability Resources and other confidential counseling services provided by or on behalf of ASU. I also give permission for the Designated ASU Offices to receive confidential information from and provide confidential information to any outside health professional directly involved in my care.

I give my permission for the limited release of medical, mental health and related information, including appointment dates and attendance records from designated ASU offices to the following individuals: Coaching Staff, Student Recreation Complex Staff, Sport Club Officers, Athletic Training Staff, Physical Therapists, Team Physician(s). This communication may be done by telephone, e-mail, or text messaging. This limited release allows the release of confidential information only to the extent necessary to determine payment for medical and related services rendered on my behalf, determine compliance with University rules regarding eligibility and medical treatment of the student athlete and to confirm appointment attendance.

I may revoke this release in any time by notifying any one of the designated ASU offices or Team Physician in writing. Revocation will not affect any release made prior to the revocation. This release will expire automatically on August 15th following the end of the Academic Year.

Signature___________________________________________________ Date_____________________

If athlete is younger than 18 years of age, parent or legal guardian must sign:

Signature___________________________________________________ Date_____________________

Print Name___________________________________________________________
Sickle Cell Trait Testing Consent / Refusal and Release

Sickle Cell Trait is a genetically inherited condition that affects red blood cells during intense exercise. NCAA student-athletes with sickle cell trait have experienced significant physical distress during extreme conditioning and some have even died. Those student-athletes who have Sickle Cell Trait and who participate in football, basketball, track and field, wrestling, lacrosse, rugby, rowing, cycling/triathlon, ultimate frisbee, quidditch, roller-hockey, and/or soccer are at higher risk of complications during training. Therefore, athletes in those sports are required to present lab test results prior to participation clearance. Certain student-athletes are at higher risk of having this condition, specifically students who are of African-American and Hispanic descent.

The Arizona State University (ASU) Health Services and/or Sun Devil Athletics (SDA) has provided me with educational materials regarding Sickle Cell Trait (http://fs.ncaa.org/Docs/health_safety/SickleCellTraitforSA.pdf) and the risks associated with that diagnosis. I understand that the NCAA and ASU require that ALL incoming Division I student-athletes be tested for Sickle Cell Trait, provide documented results of a prior test to ASU or decline the test and sign a waiver releasing ASU from liability. I also understand that ASU requires all participants in high risk sports and walk-on sports to undergo testing prior to participation.

I acknowledge and understand that if I test positive for Sickle Cell Trait, I will NOT be restricted from playing my sport. However, for my health and safety, certain precautions will be taken with respect to my training and I will be removed from training if I develop symptoms associated with Sickle Cell Trait. I acknowledge that I have had a full opportunity to ask any questions I have about the diagnosis of Sickle Cell Trait and the ASU Sickle Cell Trait testing program and to discuss the risks associated with participation in intercollegiate athletics at ASU if I have Sickle Cell Trait. Any questions or concerns I had, if any, have been addressed to my satisfaction. I understand the risks involved if I choose NOT to be tested for Sickle Cell Trait, and I knowingly assume such risks.

(Please initial one line below)

_____ I have received this information and I AGREE to be tested for Sickle Cell Trait.

_____ I HAVE SHOWN ASU the results of a prior Sickle Cell Trait test.

_____ I have received this information, do not participate in a high risk sport, and I DECLINE a blood test for Sickle Cell Trait.

I represent and certify that I am at least 18 years old and that I have read the entirety of this document and fully understand the contents, consequences and implications of signing this document and that I agree to be legally bound by this document.

Print Name:_______________________________ Signature:________________________________ Date:______________

If under 18, parent or legal guardian must print and sign below and indicate date signed.

Print Name:_______________________________ Signature:________________________________ Date:______________

Witness: Print Name:_________________________ Signature:________________________________ Date:______________