Important information about COVID testing operations

Colleagues:

As you know, the University has ceased requiring regular COVID surveillance testing of our community. With this change, we have seen a steady decline in the number of tests submitted (49% less than when it was mandatory) and expect this trend to continue post-Commencement. While we remain committed to making PCR testing available over the summer, I write to you with some upcoming changes and ask that you and your testing coordinators inform your community of these changes and other important reminders.

- **Transition back to the Broad Institute.** As I’ve previously shared, we will close the Harvard University Clinical Lab (HUCL) operation at the end of June. With your next test kit order, you will receive Broad kits. As we wind down our testing operation through the next month, I ask that you only order what you truly need and do not leave boxes out for affiliates to grab a handful. It’s important that we limit waste of these in-demand testing supplies.

- **HUCL samples will not be processed after June 30.** With the transition back to the Broad, we will be unable to process HUCL samples after June 30. Please make sure that all of those in your community know that any **HUCL kits received after June 30 will be destroyed and not processed**. If you have remaining HUCL kits after this date please store them locally—we are in discussions with another lab to process these kits. My office will keep you updated as these plans progress.

- **No weekend testing starting June 1.** Effective June 1 we will not collect or process samples over the weekend. Test samples received Saturday and Sunday account for only 3-6% of our weekly volume and therefore, we will shift testing operations to a Monday – Friday schedule beginning in June. Please plan accordingly for summer programs and travel. For those of you that feel weekend testing is needed, Harvard University Health Services (HUHS) recommends procuring rapid antigen tests. The University does have a supply of these, as well as relationships with several vendors. Sarah Stillman (cc’d here) can assist groups in procuring and purchasing these tests.

- **Increased turnaround time.** As we ramp down HUCL and transition back to the Broad, affiliates should expect to see turnaround times return to an average of 24 hours depending on volume.

- **Centralization of bin locations.** The move to optional testing and the substantive decrease in volumes necessitate that we begin centralizing test drop-off sites for efficiency. I ask that you remind your community that individuals who continue to test must take their own biohazardous sample to the drop-off site—tests cannot be passed onto others or aggregated for group drop-offs due to regulations.

I know for the last two years, many in our community have relied on quick, easy, and convenient access to PCR testing and this ramp down in testing may feel overwhelming. As noted in our [community message on April 25](#), regular surveillance testing no longer plays the same role it did in months past, and over the coming weeks we will need to transition our campus community to be less reliant on the University for testing needs. Rapid antigen tests are now widely available at local pharmacies, and anyone on a Harvard health insurance plan can easily order eight free tests per month for themselves and each insured dependent through [Express Scripts](#). Each household may also order 2 sets of 4 tests at [COVIDtests.gov](#). We
will be updating the University COVID website with the information and make folks aware of available resources.

Sarah Stillman and Karen McInnis (both copied) will be in touch with your local testing coordinators on these plans and will ask these individuals to add signage to bin drop-off locations. Your assistance in getting these messages out locally is greatly appreciated.

Over the summer, Giang (also copied) will engage our medical advisors and will keep you updated on what plans for fall 2022 will look like as it relates to testing, masking, and other COVID protocols.

Best,
Katie