

Lodi Unified School District

COVID-19 Test Ordering Workflow



Workflow Steps

- 1. Get the voucher code from your principal.
- 2. Go to <u>lodiusd.azova.com</u> to redeem your voucher code and order your test.
- 3. Create an AZOVA account and complete the registration for whomever is taking the test.
- 4. Once you receive the test kit in the mail, go to <u>covidvideo.azova.com</u> to pick a time for your video observation.
- 5. At the time of your appointment, log in to AZOVA and join the video call.
- 6. Take your test under observation from an AZOVA representative and register your kit ID.
- 7. Make sure to follow all of the instructions that came in your COVID-19 test.
- 8. Ship your sample back to the lab using a UPS store. *Please note, UPS is closed on Sundays.
- 9. Receive your results via the AZOVA application in 12-48 hours from the time the lab receives your test kit!



Redeem your voucher code - lodiusd.azova.com



Accurate and Easy Testing

Our FDA authorized test has received an Emergency Use Authorization for at home and in office or in pharmacy self-administration. No more painful nasal swabs. The at home COVID-19 Saliva test only needs a saliva sample and is highly accurate, with a sensitivity of 98% (meaning 98% of positive tests are correct) and a specificity of 99% (meaning 99% of negative tests are correct). Get started today to get tested for COVID-19. Read more about our test here.

How it Works

the process of



COVID-19 Pre-screening questionnaire







AZOVATM We Make Healthcare Simple



Create/Login to your AZOVA account

If you already have an AZOVA account, you can simply log in with your existing credentials.

If this is your first time using AZOVA, please select the blue button to "Sign up as a patient".

You will then be asked some basic personal information. *Please note, if the person taking the test is a dependent, then the information input here should be the parent/legal guardian.

You will also be asked to agree to AZOVA's "Terms of Use" and "Privacy Policies".



 $A70VA^{\circ}$ Create a free account. You must be 18 years or

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Registration Process for Lab order and ordering your Test

							Sarah \	Walker <u>(</u>
Account	Patient	S	Shipping	Code			Intake	
COVID At Home Saliva PCR Test Registration (With Video C	Observation)							1
Account Holder Information - You are logged in as <u>Sarah Wa</u>	ilker. Logout.							
Keep your information as the account holder when registering	g on behalf of a dependent.							
First Name*	Middle Name		Last Name*		Gender			
Sarah	Middle Name		Walker		Male	Female	Other	
Date of Birth:*	AZOVA username:*		Mobile*					
01-01-1985	swalkertest	?	+1 • 0008752132					
Country*								
United States 👻								
Address 1*			Address 2					
Q Address 1			Address 2					±.
City*	State*		Zip Code*					
City	Select State	~	Zip Code					
 *Verify that you have not added your dependent's information as the account holder. If you did, click on the avatar on the top right and update the profile and settings with your information and resume. I consent to receive SMS notifications on my cell phone for appointment reminders, incoming video calls and secure messages. 								
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2021 AZOVA.								Top 1

The information you filled out on the previous page will display here. You will also be asked to provide your address. You will input your shipping address on a later screen.

Please verify that you have not added a dependent.



Here you will select who the patient is (who is the person taking the test. If it is for yourself, select "Myself" and then acknowledge you are able to register and agree to your school's Privacy Policy and Informed Consent.

*If this is for a dependent, a student or employee under 18, select that option and add their details (First/Last name, DOB, Gender).

					Sarah Walker 🏼 🧖
Account	\rightarrow	Patient	Shipping	Code	Intake
COVID At Home Saliva PCR Test Regi	stration (With Video	Observation)			1
Who is the patient today? You are lo	gged in as Sarah Wal	ker. <u>Click here to logout.</u>			
Myself					
My dependent					
* I acknowledge that I am 18 years	of age or older, the leg	al guardian, or the referring healthcare profe	ssional of the patient.		
By clicking this checkbox, I acce	pt the <mark>Privacy Policy</mark> a	nd Informed consent.			
Note : Do not add an independent ad	<u>ult or your spouse as</u>	a dependent. They must create their own	account.		
			Cancel Continue		



Here you will enter in your address. We ship using UPS Overnight Air and they do not support shipping to P.O. boxes. It will verify that this is a correct address using USPS verification software.

								Sarah Walker 🕠	
	\rightarrow		\rightarrow	Shipping		Code		Intake	
COVID At Home Saliva PCR Test Re	gistration (With Video Ol	oservation)						1	
Shipping address									
			Γ	Same as Account Holder					
Address:	Iress: Q Address 1								
	Address 2								
City:	Note : <u>PO Boxes a</u>	re NOT supported, please sh	nip to a physical addre	<u>\$\$.</u>					
Zin Code:					Select State			~	
Lip coue.									
	Note : If you cannot press 'Continue', please verify that all required fields have been completed. Cancel Continue								



Here you will enter in the voucher code that your Principal provided you with.

Please make sure to click "Apply" to apply the coupon code.

								Sarah Walker 🎧	
Accoun	\geq	Patient	\rightarrow	Shipping	\rightarrow	Code		Intake	
COVID At Home Saliva F	R Test Registration (With	Video Observation)						1	
Payment									
	Coupon, Voucher or Eligibility Code Enter your coupon, voucher or eligibility code.								
Coupon, Voucher or Eli 😗	bility Code:					Apply			
	Note : If you cannot press 'Continue', please verify that all required fields have been completed. Cancel Cancel								

*Please Note: If this page asks you for a credit card, do not put it in and verify that you are on the correct URL <u>lodiusd.azova.com</u>.



This is what it will look like when you successfully add the code.

							Sarah Walker 🕠
Account	\rightarrow	Patient	\rightarrow	Shipping	\geq	Code	Intake
COVID At Home Saliva PCR Test Regist	tration (With Vid	eo Observation). \$0.00 After Co	upon				1
Payment							
Eligibilty or Coupon Code :							
Discount :	\$0.00						
Gross Amount :	\$0.00						
	Remove (Coupon					
		Note : If yo	ou cannot press 'Conti	inue', please verify that all required	fields have been con	npleted.	



Ordering Cont. - Intake Form

You will be required to fill o a form for the person taking th AZOVA test. Th is required for th lab order to be created and for the State COVID-19 Reporting requirements.

										Do you currently have any symptoms consistent with COVID-19 infection? Select any that apply to y
										Fever over 100.4 degrees fahrenheit
									Sarah Walker	Cough (New or worsening cough)
	Account	N	Datient	<u> </u>	Shipping		Code	<u> </u>	Intako	Shortness of breath
	HEEDUIN		T B GETK		Subbuild		Code		III USAS	Fatigue
Com	plete and submit t	the intake for	m.							Headache
Please co	complete and submit.									Diarrhea
										Chills
Intake	ke Form: COVID At Home Sali	va PCR Test Registra	tion (With Video Observatio	in)						Difficulty Breathing
										Feeling Feverish
* In	Indicates a required field. This	form autosaves.								Muscle Pain
Emplo	loyer/School District Name*									Loss of sense of smell
	O Lodi Unified School Dist	rict								Loss of sense of taste
Email	lower/Student ID*									Sore throat
Empty	toyee) student ib									Nasal congestion
										Nasal discharge
Whiel	ch School/Department locatio	on do you attend/worl	k?*							Nausea
Pb	Please select									Vomiting
										New Rash
Pleas	se select the last date you we	are at the location sel	ected above?*							I have no symptoms
										If you have any of the above symptoms, what was the date that your
									0.9V	symptoms started?
You a	are registering for a COVID-1	9 at home saliva PCR	t test. This test is used to det	termine if you are currenti	ly infected with the SARS-CoV2 vi	rus. Please complete th	e following intake form to r	equest a lab order presc	ription.	
Order	ers placed before 10:30AM M	ST M-F will be shippe	nd via UPS next day (where n	next day service is availab	le). If orders are placed on Saturda	ay before 10:30AM MST	, it will be shipped out on S	aturday for delivery on N	donday (where next day	
servic	ice is available). Orders place	d AFTER 10:30AM or	saturday or anytime on Sun	iday will go out on Monda	ay for next day delivery.					Have you experienced a rever in the Last three days?
Do no	tot eat, drink, or chew gum 30	minutes before com	pleting your test.							
Race*										() NO
Se	Select Rape		~							If yes, how high was your temperature?
Ethnie	icity*									
C.	alact Ethnicity									Are you currently experiencing a fever?
	react connery									🔿 Yes
If you	u are female, are you pregnar	nt?								○ No
	() Yes									If yes, how high is your temperature?
	○ No									
	1998 Contract									
										Do you have any of the following conditions? Check all that apply.

Please complete the following assessment in its entirety. You must have at least one indication in order to get lab testing:

Serious heart conditions such as congestive heart failure Kidney failure that requires dialysis Liver disease such as cirrhosis Other diseases or conditions that make it harder to cough

None of the above



Ordering Cont. - Intake Form

You do not need to provide previous COVID-19 testing or immunization history.

COVID-19 testing or immunization history.	take in a single-time care security of other instantian satting the security of the s
COVID Credentiats Enter and Share Your COVID Lab Test Results and Immunization Records with Any School, Employer, Business or Other Healthcare Organization. You can share your COVID credentiats in two ways: 1. When you register from the COVID Credentiats in two ways: 2. From the AZOVA web or mobile applications, click "share" and select which organization type you would like to share with that organization when you give consent to share. 2. From the AZOVA web or mobile applications, click "share" and select which organization type you would like to share with or share with the QR code. Please enter any test results or immunization information you have. If you have a copy of the results, please attach a photo. When you add a new result, it will be added to the top of the list. Do you have a history of any of the following? Add history of COVID-19 antibody testing Add history of COVID-19 antibody testing Add history of COVID-19 immunizations Vocene Record/ImmunityStatus	Have you used public transportation such as a plane, train, bus, subway, or other public transit in the last 14 days where you may have been exposed to someone who has COVID-19? Yes No Have you been in close contact with anyone who tested positive for COVID-19 in the last 14 days? Close contact means you were less than six feet apart for more than ten minutes. Yes No Are you required to get COVID testing for your school or job? Yes No If none of the above indications apply to you, is there another reason you believe you need to be tested? Yes No If none of the above indications apply to you, is there another reason you believe you need to be tested? Yes No If yes No If yes No If yes No
A lab order will be submitted to the lab electronically on your behalf.	
You will be notified via email and SMS when your results are in. You can download and share your results through your dynamically generated COVID Credentials. Your COVID Credentials test results from any lab and future immunization records. You can share your COVID Credentials with your employer, school or others who need access to these records.	enable you to also upload and securely share all COVID
Please note: Do not call the laboratory for your results. We will send your results to you via the AZOVA application. You will receive a text and email notification when they are available.	
If you purchased COVID testing with video observation, you can expect your results in 24 to 48 hours from the time the lab receives your test kit. If you did not purchase video observation from the time the lab receives your results.	i services, you can expect your results in 24 to 72 hours
Please set the email address appointment@azova.com to your safe email list so you will receive notifications from us regarding things like results, receipts, registration confirmation and o	other communications.
Note : If you cannot press 'Update', please verify that all required fields have been completed.	

Select all that apply:

I don't know

None of the above

I live in an area where COVID-19 is widespread
I have visited an area where COVID-19 is widespread

Do you live, work or volunteer in a care facility? This includes a hospital, emergency room, other medical setting, or long-term facility.

Cancel Update



Success

Once you have successfully registered for your lab order and ordering the test, you will land on this screen.

If you purchased your test before 10:30am MT it will be shipped that same day to be delivered the next day. (excluding Sundays). You will receive a tracking number via email once that is ready.





Success Cont.

You will receive this automated message in your messages tab from the ordering Provider for the school district/AZOVA. This has many important details you should read over.





Scheduling your Video Observation

Once you have received your COVID-19 test kit in the mail, you can go ahead and schedule your video observation appointment. If you would like to pick a scheduled time, you will go to covidvideo.azova.com. If there are no available time slots that work for you, you are welcome to register for a "First Available" slot at fastcovidvideo.azova.com and if someone is available they will join the call.

Please notice the days and hours of availability at the top of the page.

Pick a time and then click "Continue".





	k:
Login or Create an Acco	unt
Sign up as a Patier	nt
or login	
Email or AZOVA Username	
Password	Ę
Login	
Forgot your password?	,

Please login to AZOVA using the same account/credentials you already created when registering for the lab order and ordering the COVID-19 test.



You will go through a similar registration process as you did for the lab order. You will want to make sure you are logged in to the same account.

							Sarah Walker
		Patient				Intake	
COVID Test Observation Video Session- 02/02/2021 12:10	PM						1
Account Holder Information - You are logged in as <u>Sarah W</u>	alker. Logout.						
Keep your information as the account holder when registerin	g on behalf of a dependent.						
First Name*	Middle Name	L	Last Name*		Gender		
Sarah	Middle Name	N N	Walker		Male	Female Other	
Date of Birth:*	AZOVA username:*	,	Mobile*				
01-01-1985	swalkertest	?	+1 • 0008752132				
Country*							
United States 🗸							
Address 1*		,	Address 2				
Q 123 Test		,	Address 2				
City*	State*		Zip Code*				
Alpine	Utah	¥ 8	84004				
*Verify the and setting	at you have not added your dependent's information as t gs with your information and resume.	he account h	older. If you did, click on the avatar o	on the top right and up	date the profile		
I consent t	o receive SMS notifications on my cell phone for appoint	ment remind	ders, incoming video calls and secure	messages.			
		Next					
J21 AZOVA.							т



Select who the patient is (the person taking the COVID test). Acknowledge that you are 18 or older or legally allowed to do this on behalf of the patient. Also agree to the schools Privacy Policy and Informed Consent.

			Sara	ah Walker
Account	\rightarrow	Patient	Intake	
COVID Test Observation Video Session- 02/02/2021 12:10	PM			1
Who is the patient today? You are logged in as Sarah Wa	ker. <u>Click here to logout.</u>			
 Myself My dependent * I acknowledge that I am 18 years of age or older, the le * By clicking this checkbox, I accept the Privacy Policy at Note : Do not add an independent adult or your spouse as 	al guardian, or the referring he nd Informed consent. a dependent. They must crea	althcare professional of the patient. ate their own account. Cancel Continue		



			Sarah Walke	er <u>()</u>
Account		<u> </u>		
Complete and submit the intake form. Please complete and submit.				
Intake Form: COVID Test Observation Video Session				
* Indicates a required field. This form autosaves.				
Please add patient's government-issued Photo ID. This is required.*				
Attach a photo of the patient's (if over 18) or guardian's photo ID.				
Choose 1	ile			
Capture Using Webcam Only jpeg, jpg, .png, .gif, .pdf files are allowed. File size should not be greater that	5MB.			
By clicking I accept, you indicate that you understand that you are respons you are taking the test correctly and are not responsible for the time at wI	ble for taking your test at the correct time to meet the r ich you take your test.•	equirements for your travel or other testing rec	uirements. AZOVA video observation staff will observe only that	
I Accept				
Do not eat, drink, smoke, or chew gum at least 30 minutes before your vid	eo observation session.			
At the scheduled time of your video session, please log into the AZOVA m	bile app or to the web application on your computer.			
If you join on the computer, you will be asked to disable the pop up blocke	r for this site when you join the video call so please disa	ble it. If you are using the mobile app, please to	rn your notifications on.	
Be prepared to show your government issued ID during the video visit.				
Click Update below and join the video session at the time of your appointr	ent. To join the call, please go to the appointments tab	and click on the video icon to join the call.		
	Note : If you cannot press 'Update', please verify that a	ll required fields have been completed.		
	Cancel Updat	e		e
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Please attach a

when taking the COVID-19 test.

to accept a short

"Update".

You will also be asked

disclaimer. Please read

all instructions. Click

Photo-ID, this is to verify your identity

Video Observation Cont. - Success

Once you have successfully filled out the intake form, you will land on this screen.



You can see your lab



Joining the Video Call

You will have received a message with instructions on how to join the video appointment. You can find this message in your "Messages" tab.





Joining the Video Call - Web

At the time of your appointment, navigate to your "Appointments" page.

Locate the "COVID Test Observation Video Session".

Click the video camera icon to join the video call.



You may need to allow pop-ups. If you do, follow the instructions given to you and try calling again.



Conducting the Video Call



AZOVATM Ve Make Healthcare Simple The video observer will make sure you follow all of the instructions correctly to ensure you receive your results.

You will need to make sure that your register your kit ID to your lab order. You will do this at the time you take your test as it counts as your collection time.

Your kit ID is found on the side of the collection device. You will enter this long number on <u>register.azova.com</u>. Login using your same AZOVA credentials.

Receiving Results

Once the results are ready 12-48 hours after the lab has received your samples, then the lab uploads them to your AZOVA account. You will receive an email telling you that your results are ready. You can click the link there and log in.

If you have the app downloaded, you will also receive a push notification that lets you know you have results. Navigate to your messages tab to find a PDF of your results.

The result is automatically shared with the school district and you do not need to share it again.

Thank you for participating!

