

Lodi Unified School District

COVID-19 Test Kit Ordering Workflow



Workflow Steps

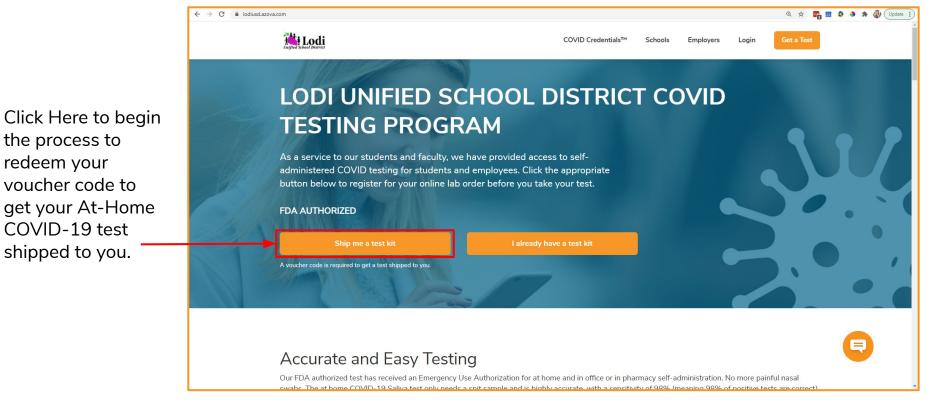
This can be done from a computer or a phone.

- 1. Get the voucher code from your school.
- 2. Go to <u>lodiusd.azova.com</u> to redeem your voucher code and order your test. Select the option for "Ship Me a Test Kit."
- 3. Create an AZOVA account and complete the registration for whomever is taking the test. If you are ordering on behalf of a dependent, create your account and add your dependent's information on the screen that asks who is the dependent.
- 4. Once you are ready to take your test, register your kit ID at register.azova.com.
- 5. Make sure to follow all of the instructions that came in your COVID-19 test to provide the sample correctly. ***Do not EAT or DRINK in the 30 minutes prior to providing your sample.**
- 6. Ship your sample back to the lab using a UPS store. Do not drop it off at a drop box. *Please note, UPS is closed on Sundays. You must drop off your kit before the cutoff time for next day air. You can check your local UPS store cutoff times <u>here</u>.
- 7. Receive your results via the AZOVA application in 12-48 hours from the time the lab receives your test kit!



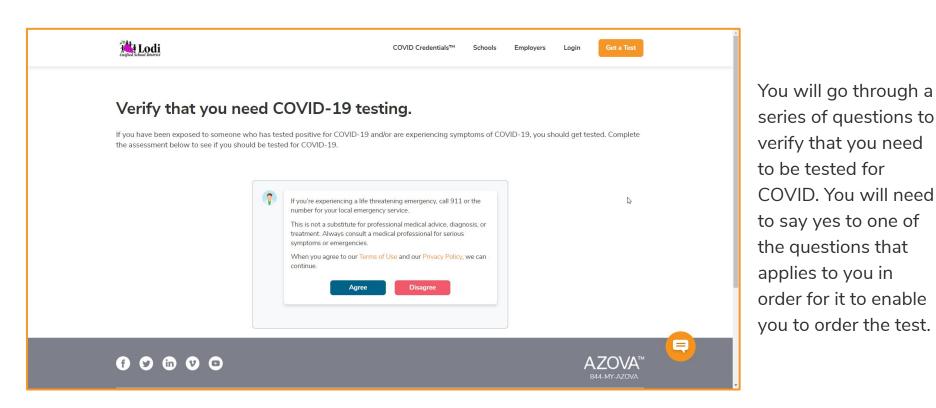
Redeem your voucher code - lodiusd.azova.com

redeem your

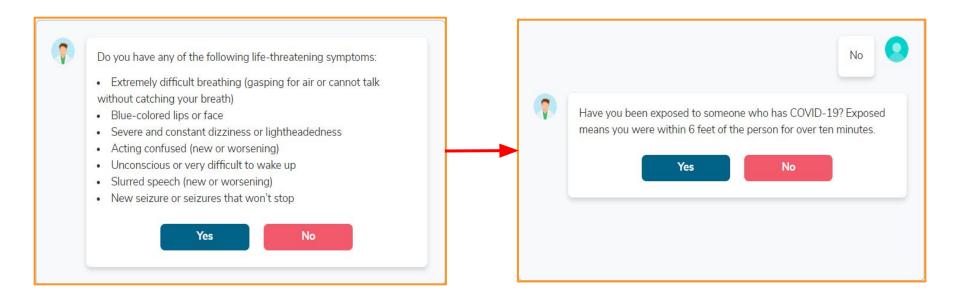




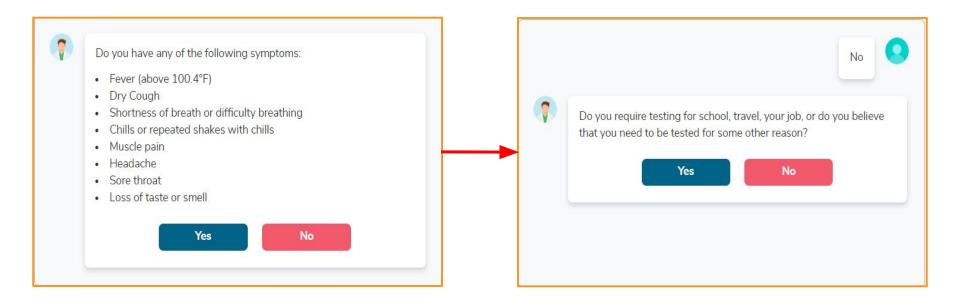
COVID-19 Pre-screening questionnaire



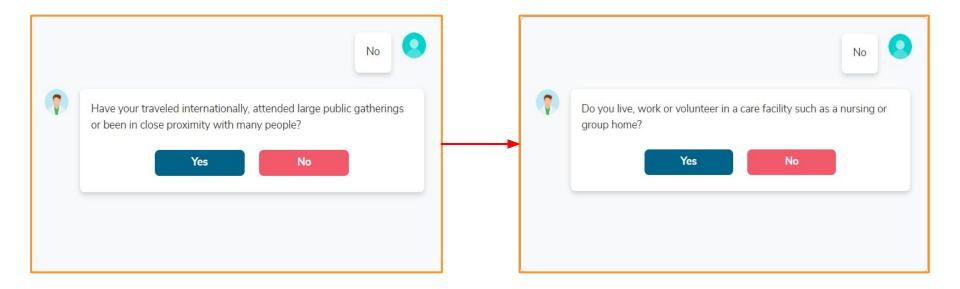




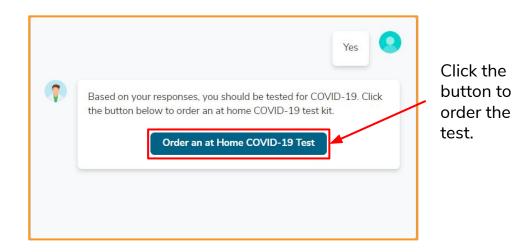












If you answer yes to any of the questions, you will be immediately brought here telling you to order an at home test.

If you answered "No" to all of the questions, simple click to "Retake the Assessment".



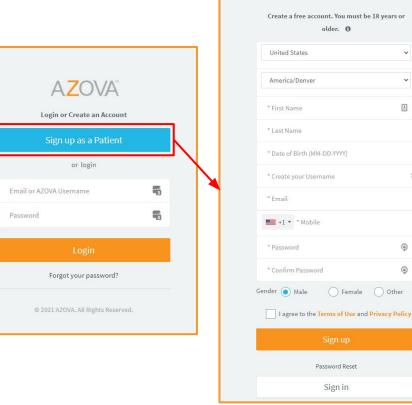
Create/Login to your AZOVA account

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

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, please create the account for the parent or guardian and you will add your dependent's information later.

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



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Registration Process for Lab order and ordering your Test

								Sarah	h Walker
Account	Patient		Shippin	g		Code		Intake	
COVID At Home Saliva PCR Test Registration (With Video (Observation)								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		Last	Name*		Gender			
Sarah	Middle Name		Wall	er			Male 💿 Female	Other	
Date of Birth:*	AZOVA username:*		Mob	le*					
01-01-1985	swalkertest		?	+1 - 0008752132					
Country*									
United States 🗸									
Address 1*			Add	ess 2					
Q Address 1			Add	ess 2					۵
City*	State*		Zip (ode*					
City	Select State	~	Zip C	ode					
 *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. 									
2021 AZOVA.			Next						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.



Patient Information

Here you will select who the patient is that is taking the test. If the test is for yourself, select "Myself" and then acknowledge you are able to register and agree to the Privacy Policy and Informed Consent.

*If the test is for your dependent who is under 18, select "My Dependent" and add their details (First/Last name, DOB, Gender).

					Sarah Walker 🧃
Account	\rightarrow	Patient	Shipping	Code	Intake
COVID At Home Saliva PCR Test Regis	tration (With Video C	Observation)			
Who is the patient today? You are lo	gged in as Sarah Wall	ker. <u>Click here to logout.</u>			
Myself					
My dependent					
I acknowledge that I am 18 years	of age or older, the lega	al guardian, or the referring healthcare prot	fessional of the patient.		
By clicking this checkbox, I accept	t the Privacy Policy an	d Informed consent.			
Note : Do not add an independent ad	ult or your spouse as a	a dependent. They must create their ow	n account.		
			Cancel Continue		



Shipping

Here you will enter in your shipping address. We ship using UPS Overnight Air with Saturday delivery. UPS does **not** support shipping to P.O. boxes so do not enter a P.O. Box. The system will verify that you have entered a valid address.

							Sarah Walker 🎧
Account	\rightarrow	Patient	\rightarrow	Shipping		Code	Intake
COVID At Home Saliva PCR Test Reg	istration (With Video O	bservation)					1
Shipping address							
			[Same as Account Holder			
Address:	Q Address 1						
	Address 2						
City:	Note : PO Boxes	are NOT supported, please s	<u>hip to a physical addre</u>	<u></u>			
Zip Code:					Select State		~
		Note : If you	u cannot press 'Continu	e', please verify that all required	fields have been comp	oleted.	



Coupon/Voucher Code

Here you will enter in the voucher code that your school provided to you.

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

							Sarah Walker
Account	\geq	Patient	\rightarrow	Shipping	\rightarrow	Code	Intake
COVID At Home Saliva PCR Test Registra	tion (With Video C	bservation)					1
Payment							
			Coupon.	/oucher or Eligibilit	ty Code		
				ir coupon, voucher or eligibility			
Coupon, Voucher or Eligibility Code:						Apply	
		Note : If you	cannot press 'Continu	ue', please verify that all require	d fields have been co	mpleted.	

*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>.



Ordering Cont.

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

							Sarah Walker 🌘
Account	\geq	Patient	\rightarrow	Shipping	\geq	Code	Intake
COVID At Home Saliva PCR Test Regist	ration (With Video	o Observation). \$0.00 After Cou	upon				1
Payment							
Eligibilty or Coupon Code :							
Discount :	\$0.00						
Gross Amount :	\$0.00						
	Remove Co	pupon					
		Note : If yo	ou cannot press 'Contin	nue', please verify that all required	fields have been com	ipleted.	



Ordering Cont. - Intake Form

You will be required to fill or a form on behalf of the person wh is taking the AZOVA test. Thi information is required for the lab order to be created and for State and CDC COVID-19 Reporting requirements.

						Sarah Walker	Fever over 100.4 degrees fahrenheit Cough (New or worsening cough)
Account Patient		Shipping		Code		Intake	Shortness of breath
Patient		Shipping		code		IIIGINE	Fatigue
Complete and submit the intake form.							Headache
Rease complete and submit.							Diarrhea
							Chills
Intake Form: COVID At Home Saliva PCR Test Registration (With Video Observation	ion)						Difficulty Breathing
							Feeling Feverish
Indicates a required field. This form autosaves.							Muscle Pain
Employer/School District Name*							Loss of sense of smell
O Lodi Unified School District							Loss of sense of taste
Employee/Student ID*							Sore throat
endowkeek account of							Nasal congestion
							Nasal discharge
Which School/Department location do you attend/work?*							Nausea
Ptease select						v	Vomiting
							New Rash
Please select the last date you were at the location selected above?*							I have no symptoms
							If you have any of the above symptoms, what was the date that your symptoms started?
Orders placed before 10:30AM MST M-F will be shipped via UPS next day (where i			y before 10:30AM MST,	t will be shipped out on !	Saturday for delivery on M	fonday (where next day	Usin you associated a favor is the last three dour?
Drders placed before 10:304M MST M-F will be shipped via UPS next day lyhere s service in available. Orders placed APTER 20:304M or sturding or anytime on Su Do not eat, drink, or chew gum 30 minutes before completing your test. Race*			y before 10:30AM MST, i	t will be shipped out on !	Saturday for delivery on M	fonday (where next day	Have you experienced a four in the Last three days?
service is available). Orders placed AFTER 10:30AM on Saturday or anytime on Su Do not eat, drink, or chew gum 30 minutes before completing your test.			y before 10:30AM MST, I	t will be shipped out on !	Saturday for delivery on N	fonday (where next day	Yes
service is available). Orders placed AFTER 10:30AM on Saturday or anytime on Su Do not eat, drink, or chew gum 30 minutes before completing your test. Race*			y before 10:30AM MST, I	t will be shipped out on !	Saturday for delivery on M	fonday (where next day	○ Yes ○ No
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not each, drink, or chew gum 3D minutes before completing your test. Race ⁴ Select Race			y before 10:30AM MST, i	t will be shipped out on !	Saturday for delivery on M	fonday (where next day	○ Yes ○ No
service is available). Ordere placed ATTER ISJ3AM on Saturday or anytime on Su Do not east, drink, or chew gun 3D minutes before completing your test. Race* Select Race • Ethnicity*			y before 10:30AM MST, /	t will be shipped out on 1	Saturday for delivery on M	fonday (where next day	Ves No If yes, how high was your temperature? Are you currently experiencing a fever? Ves
service is available). Ordere placed ATTER ISJ3AM on Saturday or anytime on Su Do not east, drink, or chew gun 3D minutes before completing your test. Race* Select Race • Ethnicity*			y before 10:30AM MST, i	t will be shipped out on 1	Saturday for delivery on M	landay (where next day	Viss No Hyes, hew high was your temperature? Are you currently experiencing a fever?
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not each, drink, or chew gum 30 minutes before completing your test. Race* Seterc Race Ethnicity* Seterc Ethnicity v			y before 10:30AM MST, /	t will be shipped out on 1	Saturday for delivery on M	landay (where next day	Ves No Hyses, how high was your temperature? Are you currently experiencing a fever? Ves
service is available). Ordere placed ATTER IS-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Race* Select Race Ethnicity* Select Ethnicity If you are female, are you pregnant?			y before 10:30AM MST, i	t will be shipped out on h	for delivery on M	landay (where next day	Ves
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on 5	for delivery on M	landay (where next day	Ves
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on 1	Saturday for delivery on M	landay (where next day	Yes If yes, how high was your temperature? Are you currently experiencing a fever? Yes If yes, how high is your temperature?
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on 1	Saturday for delivery on M	landay (where next day	Ves
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on h	Saturday for delivery on M	landay (where next day	 Yes No If yes, how high was your temperature? Are you currently experiencing a fever? Yes No If yes, how high is your temperature? Ino If yes, how high is your temperature? Do you have any of the following conditions? Check all that apply. Asthma or chronic lung disease
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on h	Saturday for delivery on M	landay (where next day	Ves
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on 1	for delivery on M	landay (where next day	Yes Yes Yes Yes Yes, how high was your temperature? Are you currently esperiencing a fever? Yes Yes
service is available). Ordere placed ATTER ID-30AN on Saturday or anytime on Su Do not eat, drink, or chew gun 30 minutes before completing your test. Reace* Seter: Race Ethnicity* Seter: Ethnicity If you are female, are you pregnant? Yes			y before 10:30AM MST, i	t will be shipped out on h	Saturday for delivery on M	landay (where next day	Yes Ho Ho If yes, how high was your temperature? Are you currently experiencing a fever? Yes No If yes, how high is your temperature? Do you have any of the following conditions? Check all that apply. Abtma or chemic lung disease Pregnancy derivals mach conditions such as congestive heart failure Evidory failure that requires. dialysis

We Make Healthcare Simple

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

Ordering Cont. - Intake Form

You can add your previous COVID-19 testing or immunization history to create a digital and shareable COVID Credential, but it is not required to enter anything here. We will automatically add your test results to your COVID Credential for you.

	U No
COVID Credentials	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 minuter
Enter and Share Your COVID Lab Test Results and Immunization Records with Any School, Employer, Business or Other Healthcare Organization.	Ves
You can share your COVID credentials in two ways: 1. When you register from the COVID Credentials web page of any organization, your Credentials are automatically shared 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 viral diagnostic testing Add history of COVID-19 antibody testing Add history of COVID-19 immunizations	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 yes, please explain.
Vaccine Record/Immunity Status	
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 Credenti 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.	ials 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	le.
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 observat from the time the lab receives your results.	ion 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 an	d other communications.
Note : If you cannot press 'Update'. please verify that all required fields have been completed.	
Cancet Update	



Select all that apply:

I don't know

) Yes

None of the above

I live in an area where COVID-19 is widespread

I have visited an area where COVID-19 is widespread

I live in a long-term care facility or other healthcare setting
 I have worked or volunteered in a hospital or other care facility in the past 14 days

I plan to work or volunteer in a hospital or other care facility in the next 14 days
No, I don't live, work or volunteer in a care facility or healthcare setting

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

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?

Success

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

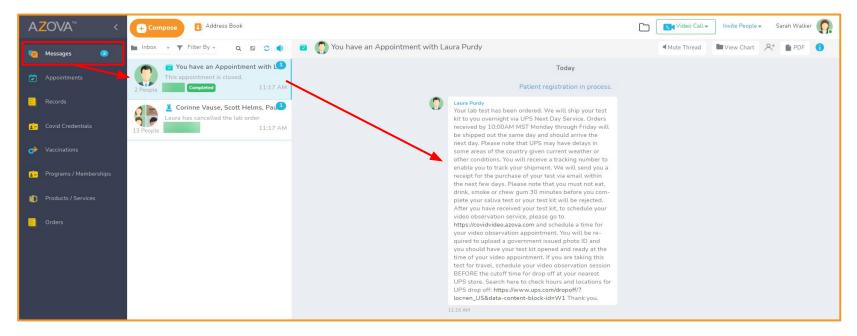
Orders placed before 10:30AM MST Monday to Friday will be shipped and delivered the next day. Orders placed before 10:30AM MST on Saturdays will be shipped for Monday delivery. Orders placed after 10:30AM on Saturday or on Sunday will be shipped out on Monday for Tuesday delivery.

We have d	created your lab order! Now we will ship your kit.
When you receive your test kit your test kit ID.	t, be sure to follow the instructions inside your kit to take your test and activate
	Logout
	I don't need anything else



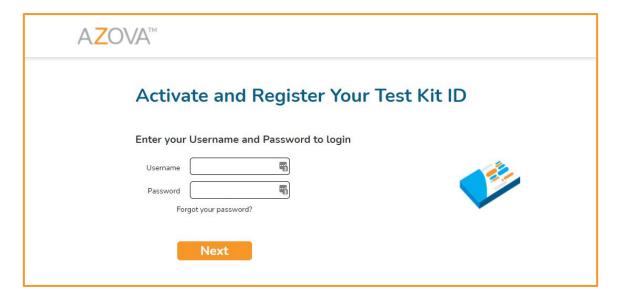
Success Cont.

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.





Register your Kit ID when you Take Your Test



When you are ready to take your test, go to <u>register.azova.com</u> and log in using the same username and password that you used to create your account.

Enter the 14 digit code from the side of the tube here. This will link your lab order to your test kit and makes it so we can send you your results.

Follow all of the instructions in your test kit to ensure you receive your result.



Receiving Results

You will receive an email and SMS message when the lab receives your sample and when your results are ready. Results are available 12-48 hours from the time the lab receives your result. You can click on the email or SMS to log in and view your results.

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!

