

REGISTERING FOR A NEW SCHOOL WITHIN THE SAME DISTRICT

1. Go to <https://www.lifepointlink.com/noah/outreach/>
2. Select the student's new school from the drop-down menu, and then hit "SIGN UP"

COVID-19 Testing Pre-Registration

How it works

- Select a location or event from the drop down below. Students need to register under the school which they attend. Staff need to register under the school which they work. Parents/household members need to register under the school the student attends (if more than one student/school, choose either).

Already have an Account?

LOGIN HERE

SIGN UP

- Create your user account.
- Sign in and fill out the required demographics to complete pre-registration. This patient information is mandatory for testing and must be completed.
- Have your test sample collected.
- An email notification will be sent when your results are available from the laboratory; Users can log in any time to view status or previous result reports.

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3. Complete the Activation Code Request for the student using the same name, date of birth, gender, and email address used to register the student last year, and then hit "Send Activation Code"

Step 2 of 6: Activation Code Request

Patient's First Name (Individual being tested) *

Patient's Last Name (Individual being tested) *

Patient's DOB (Individual being tested) * / /

Patient's Gender Assigned at Birth *

Patient's Preferred Gender

Parent's/Guardian's Email Address *

Confirm Email Address *

SEND ACTIVATION CODE

4. **Note:** YOU WILL NOT GET A NEW ACTIVATION CODE.
Go to <http://www.lifepointlink.com/noah/patientportal> and log into the student's portal account using their username and password that was created last year when the student initially registered.
5. After logging in, you will be taken to the "Step 6 of 6 Complete Patient Information and Submit"; this page will be auto-populated with the student's demographics-**the student or guardian MUST check the consent box** and then can select "Done"

Hawkins, Steven DOB: 01/01/2010 | Age: 12

Step 6 of 6. Complete patient information and Submit

Complete information below to complete registration

Home Address *

City *

State *

Zip *

Phone * - -

County *

Race *

Ethnicity *

Parent/Legal Guardian Name *

Guardian Phone * - -

I have read the [consent provided here](#): (You must scroll to the bottom of the document and check the consent box.)
([View PDF Version](#)) (Consent Form)
I agree to the provisions in the consent provided and authorize testing based on those provisions to my minor child.

6. After completing these steps, the student will now appear in the new school location in LabNexus; no other steps are required of the student or guardian.