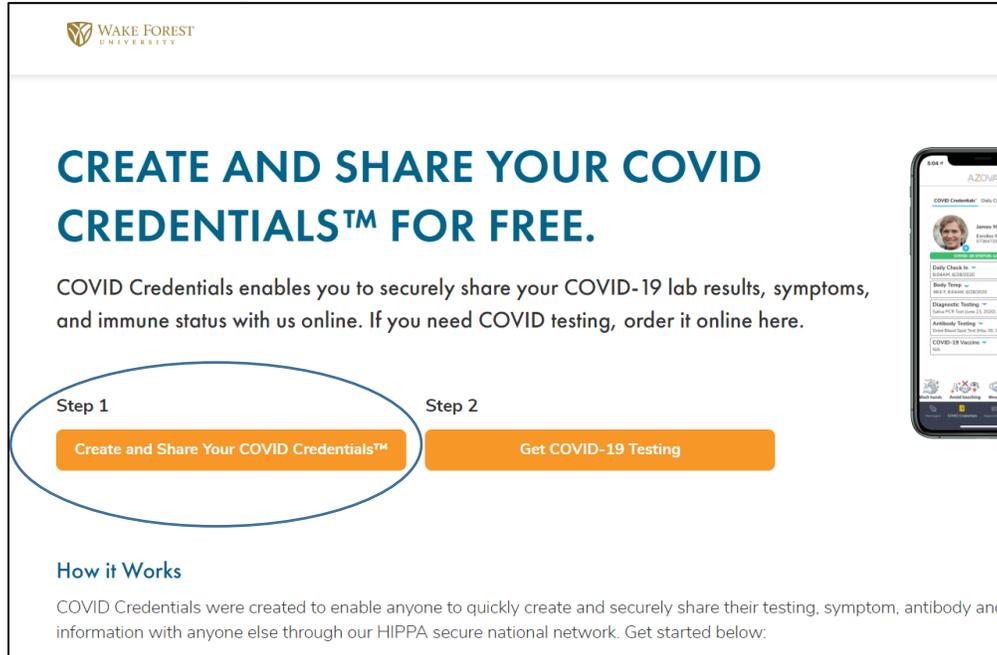


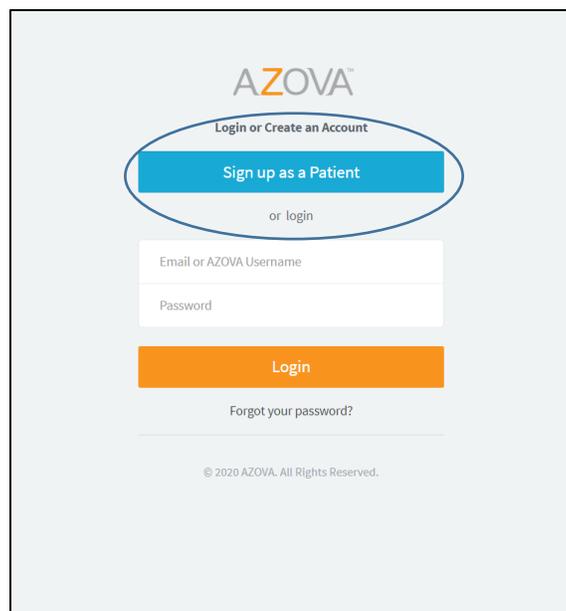
Go to <https://wfucovidtest.azova.com/>

1. Click on the first orange button, “Create and Share Your COVID Credentials”



The screenshot shows the AZOVA website landing page. At the top left is the Wake Forest University logo. The main heading reads "CREATE AND SHARE YOUR COVID CREDENTIALS™ FOR FREE." Below this, a paragraph states: "COVID Credentials enables you to securely share your COVID-19 lab results, symptoms, and immune status with us online. If you need COVID testing, order it online here." Two orange buttons are displayed: "Create and Share Your COVID Credentials™" (Step 1) and "Get COVID-19 Testing" (Step 2). The first button is circled in blue. To the right, a smartphone displays a user profile with fields for "Daily Check In", "Basic Info", "Diagnostic Testing", "Antibody Testing", and "COVID-19 Vaccine". Below the buttons, a "How it Works" section begins with the text: "COVID Credentials were created to enable anyone to quickly create and securely share their testing, symptom, antibody and information with anyone else through our HIPPA secure national network. Get started below."

2. Click on the blue button, “Sign up as a Patient”. The next series of screens will walk you through setting up your account in order to request an at-home test kit.



The screenshot shows the AZOVA login and account creation page. The AZOVA logo is at the top. Below it, the text "Login or Create an Account" is centered. A blue button labeled "Sign up as a Patient" is circled in blue. Below this button, the text "or login" is centered. There are two input fields: "Email or AZOVA Username" and "Password". Below these fields is an orange button labeled "Login". At the bottom, there is a link that says "Forgot your password?". The footer contains the text "© 2020 AZOVA. All Rights Reserved."

3. Supply the requested information using your **Wake Forest email address** and home address. **When you create your username and password, write that down or store it in your phone. You will need it again in just a minute.** For the second drop down, select the US city closest to your home address (time zone).

*Note: When you receive your test kit in the mail, you will need your username and password to log back into the Azova portal and register your kit. You will key in the barcode from the test kit to link the particular kit you are using to your portal to report results.*

The image shows a registration form with the following fields and content:

- First Name: Cru
- Last Name: Smith
- Address Line 1: Carter
- Address Line 2: 12-03-0199
- Username: crusmith (with a green checkmark and a question mark)
- Email: smith@example.edu
- Phone: +1 3364518888 (with a US flag icon)
- Address Line 1: 435 Slater Lane
- Address Line 2: Address Line 2
- City: Cary
- State: North Carolina (with a dropdown arrow)
- Zip: 27508
- Password: \*\*\*\*\* (with a red error message: "Password must contain at least 8 characters.")
- Gender:  Male,  Female,  Other

- Be sure and select the box “I agree to the Terms of Use...” Then click “Sign up”

435 Slater Lane  
Address Line 2  
Cary  
North Carolina  
27508  
Password must contain at least 8 characters.  
Gender:  Male  Female  Other  
 I agree to the Terms of Use and Privacy Policy  
**Sign up**  
Password Reset

- You will be asked to verify your identity. Click “Verify”

AZOVA™  
For account security, please verify your identity below.  
Last Name  
Date of Birth (MM-DD-YYYY)  
**Verify**  
© 2020 AZOVA. All Rights Reserved.

- You will be asked to create a security question. Click “Update”

AZOVA™  
For account security, add a security question and answer below  
Select your security question  
Set your answer  
**Update**  
© 2020 AZOVA. All Rights Reserved.

4. The next screen will show you the credentials you just entered.

Account Patient Intake

COVID Credentials Sharing

Account Holder Information

First Name\* Middle Name Last Name\* Gender  
Cru Carter Smith  Male  Female  Other

Date of Birth\* AZOVA username\* Mobile\*  
12-03-0199 crusmith ? +1 3364518888

Address 1\* Address 2  
435 Slater Lane Address 2

City\* State\* Zip Code\*  
Cary North Carolina 27508

I consent to receive SMS notifications on my cell phone for appointment reminders, incoming video calls and secure messages.

Next

Make sure this radio button is selected, “Consent to receive SMS notifications” and **click “next”**

5. Indicate patient as “self” and select the box indicating you are 18 years of age or older. **Click “Continue”**.

Account Patient

COVID Credentials Sharing

Select or Add New Patient

Who is the patient today?  
Self

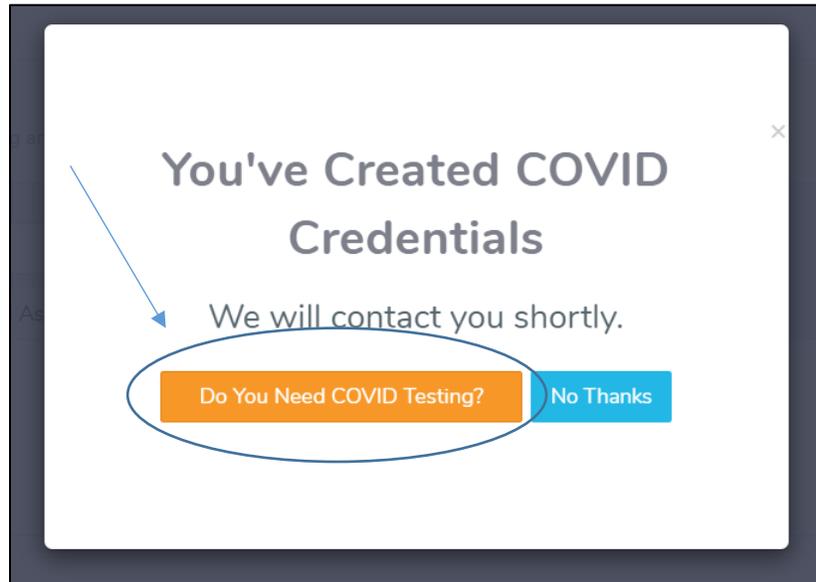
\* I acknowledge that I am 18 years of age or older, the legal guardian, or the referring healthcare professional of the patient.

Cancel Continue

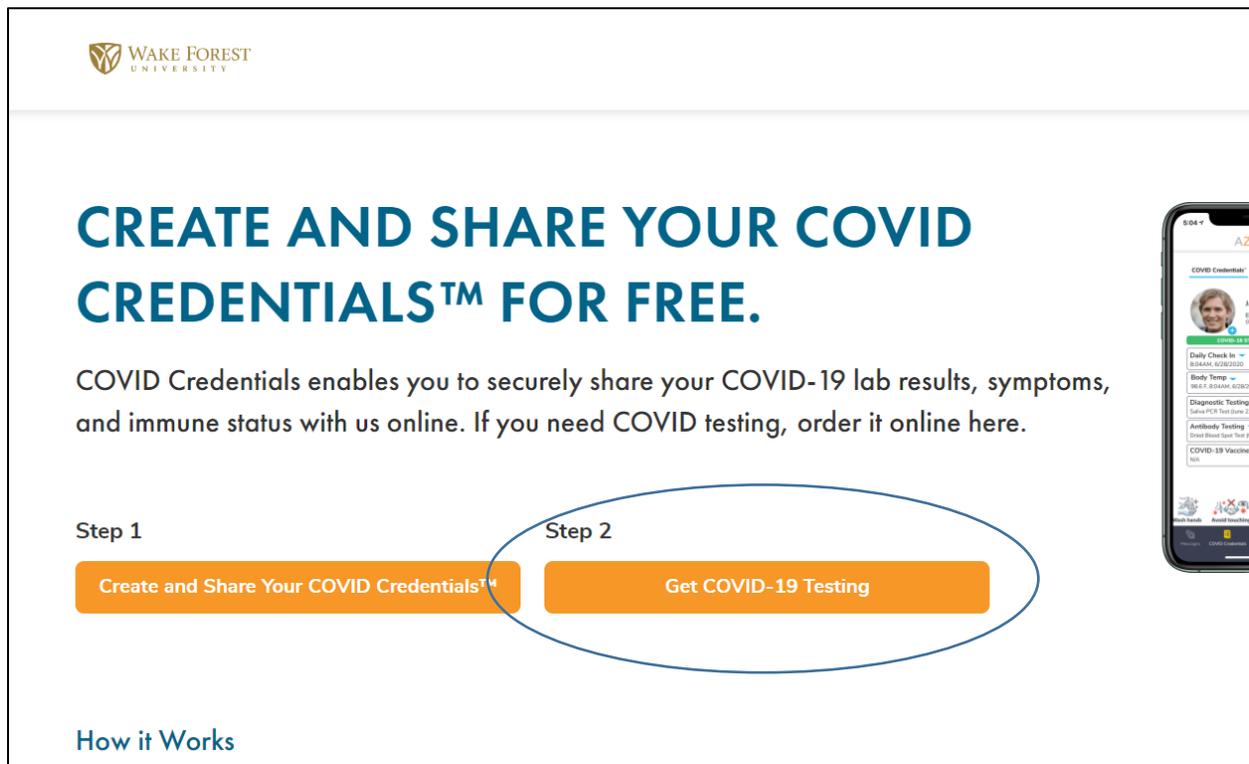
6. Complete the “intake” form according to your personal health status. Be sure and check the radio button at the bottom to consent to sharing your credentials with WFU.

On this same page, toward the bottom of the form, you will see several more important pieces of information: You need to **select the radio button, “I consent”**. This verifies statement #1-credentials are automatically shared with Wake Forest University. **Click the “update” button**.

7. A pop-up screen confirms you have created your credentials. **Click the orange button, “Do You Need COVID Testing?”**



8. **Select Step 2, “Get COVID-19 Testing”**



9. Select “Get an at Home Test for \$129”. Do NOT select the pharmacy testing option.

The screenshot shows the AZOVA website header with navigation links: COVID Programs, Patients, Providers, Pharmacists, Pharma & Brands, Employers & Payers, Technology, Pricing, and Login. The main banner features a woman smiling and a stylized virus graphic. The text reads: "GET COVID-19 TESTING AT HOME OR AT A PHARMACY NEAR YOU FOR \$129" with an "FDA Authorized" badge. Below this, it says: "We'll send a test kit to your home or you can register for a COVID-19 test at your local pharmacy." Two orange buttons are visible: "Get an At Home Test for \$129" and "Get Tested at the Pharmacy for \$129". The first button is circled in black, and an arrow points to it from the left. Below the buttons, there is a text input field with the placeholder: "Enter your employer or school eligibility code for special discounts during check out."

10. Click “Agree” to Azova terms of use and privacy policy.

The screenshot shows a verification screen titled "Verify that you need COVID-19 testing." Below the title, it states: "If you have been exposed to someone who has tested positive for COVID-19 and/or are experiencing symptoms of COVID-19, you should get tested. Complete the assessment below to see if you should be tested for COVID-19." A light blue box contains the following text: "If you're experiencing a life threatening emergency, call 911 or the number for your local emergency service. This is not a substitute for professional medical advice, diagnosis, or treatment. Always consult a medical professional for serious symptoms or emergencies. When you agree to our [Terms of Use](#) and our [Privacy Policy](#), we can continue." At the bottom of this box are two buttons: "Agree" (blue) and "Disagree" (red). The "Agree" button is circled in blue, and an arrow points to it from the left. Another arrow points to the "Terms of Use" link in the text above.

11. Click “Yes” or “No” to the next several symptom based question boxes. (pause when you see the box about “school”)

## Verify that you need COVID-19 testing.

If you have been exposed to someone who has tested positive for COVID-19 and/or are experiencing symptoms you should get tested. Complete the assessment below to see if you should be tested for COVID-19.



Do you have any of the following life-threatening symptoms:

- Extremely difficult breathing (gasping for air or cannot talk without catching your breath)
- Blue-colored lips or face
- Severe and constant dizziness or lightheadedness
- Acting confused (new or worsening)
- Unconscious or very difficult to wake up
- Slurred speech (new or worsening)
- New seizure or seizures that won't stop

## Verify that you need COVID-19 testing.

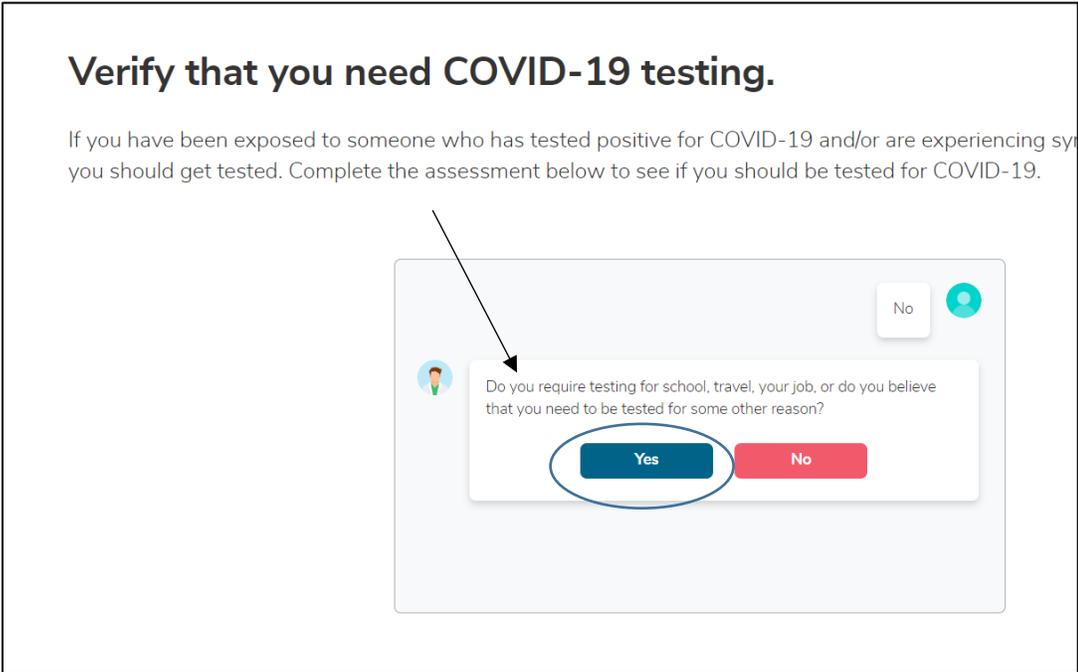
If you have been exposed to someone who has tested positive for COVID-19 and/or are experiencing symptoms you should get tested. Complete the assessment below to see if you should be tested for COVID-19.



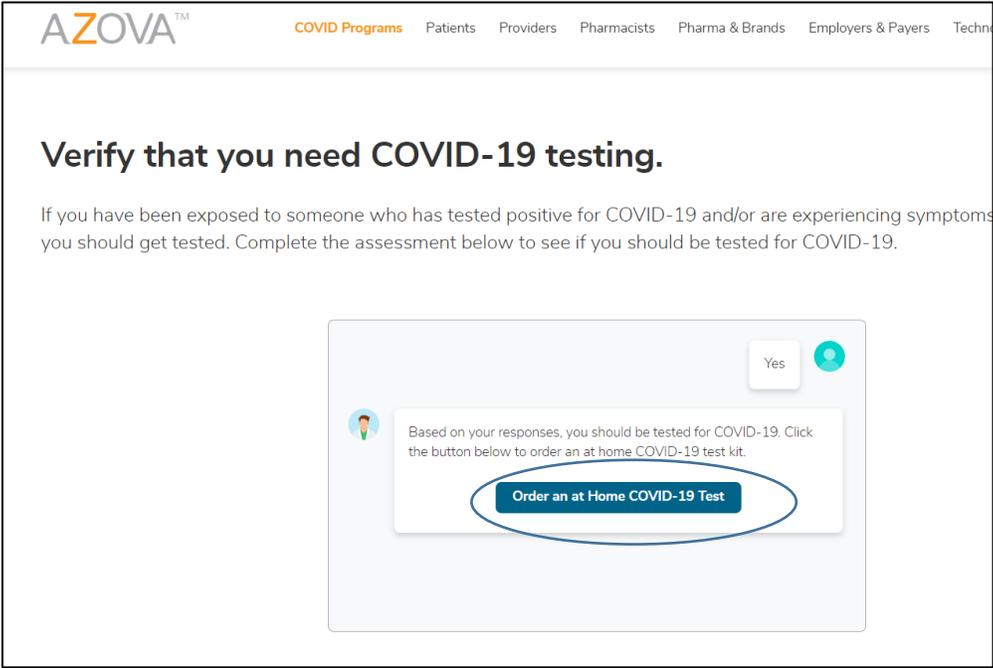
Do you have any of the following symptoms:

- Fever (above 100°F)
- Dry Cough
- Shortness of breath or difficulty breathing
- Chills or repeated shakes with chills
- Muscle pain
- Headache
- Sore throat
- Loss of taste or smell

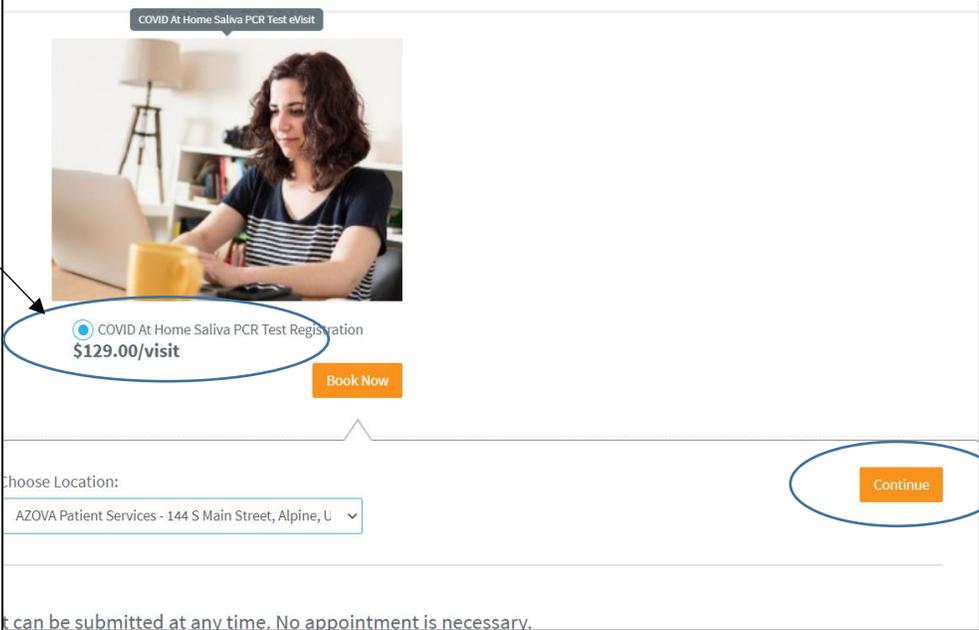
12. PLEASE **click “YES”** when asked, “Do you need **testing for school**, travel, your job, or do you believe that you need to be tested for some other reason?”



13. Click “Order an at Home COVID-19 Test”

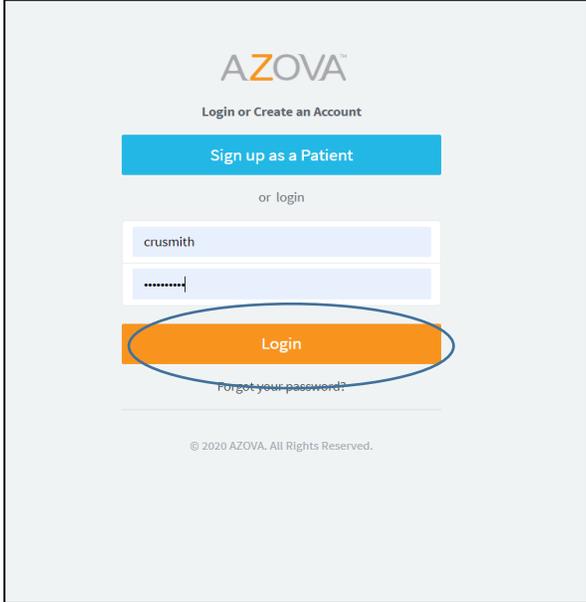


14. Select the radio button “COVID At Home Saliva PCR Test Registration”. Disregard the “location” information. This does not apply to our program. Click “Continue”.



The screenshot shows a registration form for a COVID At Home Saliva PCR Test. At the top, there is a header "COVID At Home Saliva PCR Test eVisit" and a photo of a woman sitting at a desk with a laptop and a yellow mug. Below the photo, there is a radio button selected for "COVID At Home Saliva PCR Test Registration" with a price of "\$129.00/visit" and a "Book Now" button. Below this, there is a "Choose Location:" dropdown menu with "AZOVA Patient Services - 144 S Main Street, Alpine, U" selected. To the right of the dropdown menu, there is a "Continue" button circled in blue. At the bottom of the form, there is a note: "It can be submitted at any time. No appointment is necessary."

15. You will be taken to a “Login” screen. Use the username and password that you wrote down earlier. Then click “Login”



The screenshot shows the AZOVA login screen. At the top, the AZOVA logo is displayed. Below the logo, the text "Login or Create an Account" is shown. There are two main options: "Sign up as a Patient" (a blue button) and "or login" (text). Below "or login", there are two input fields: the first contains the username "crusmith" and the second contains a password represented by dots. Below the password field, there is a "Login" button circled in blue. At the bottom of the login section, there is a link "Forgot your password?". At the very bottom of the page, there is a copyright notice: "© 2020 AZOVA. All Rights Reserved."

16. Verify your credentials. Click “Next”. Radio button can stay selected.

Account Patient Shipping address Payment

COVID At Home Saliva PCR Test Registration - \$129.00/visit

Account Holder Information

First Name*	Middle Name	Last Name*	Gender
Cru	Carter	Smith	<input checked="" type="radio"/>
Date of Birth*	AZOVA username*	Mobile*	
12-03-1999	crusmith	+1 3364518888	
Address 1*		Address 2	
435 Slater Lane		Address 2	
City*	State*	Zip Code*	
Cary	North Carolina	27508	

I consent to receive SMS notifications on my cell phone for appointment reminders, incoming video calls and secure messages.

Next

17. Continue to verify credentials. You are acknowledging you are 18 years or older. Click “Continue”.

Account Patient Shipping address Payment

COVID At Home Saliva PCR Test Registration - \$129.00/visit

Select or Add New Patient

Who is the patient today?

Self

What state is the patient in?

North Carolina

\* I acknowledge that I am 18 years of age or older, the legal guardian, or the referring healthcare professional of the patient.

Cancel Continue

18. Here is the place you can **add the address you want the test sent to**. It can be different from your home address. Ideally this is the location you will complete your 14 day quarantine. *If the address you are completing quarantine is the same as your home address, you can select the radio button "Same as Account Holder".* **Click "Continue"**.

COVID At Home Saliva PCR Test Registration - \$129.00/visit

Shipping address

Same as Account Holder

Address: 435 Slater Lane

Address 2

City: Cary North Carolina

Zip Code: 27508

Note : If you cannot press 'Continue', please verify that all required fields have been completed.

Cancel Continue

19. The next screen is your billing information. Top part is billing address. Bottom part is payment method. Note you do NOT need to provide credit card information. Your coupon code is the payment method. Click "Continue".

Account > Patient > Shipping address > Payment

Payment

Billing Name and Address

Same as Account Holder

Name: Cru Smith

Address: 435 Slater Lane

Address 2

City: Cary North Carolina

Zip Code: 27508

Cell Phone: +1 3364518888

Eligibility or Coupon Code

If applicable, please add your eligibility or coupon code.

Eligibility or Coupon Code: xxxxxxxxxxxxxx



Payment Method

COVID At Home Saliva PCR Test Registration - \$129.00/visit

Payment Type:  Credit Card

Name on Card:

Credit Card Number:

Expiration Date: Select Month Select Year

CVV:

Save this card for future purchases

Note : If you cannot press 'Continue', please verify that all required fields have been completed.

20. Complete the final intake form; which will ask you several questions:

- Upload your photo ID.
- Select your race and ethnicity.
- Complete one final health assessment which will ask a series of symptom based questions (this portal has a default of needing to know why you need to be tested).  
*The answer you absolutely need to pay special attention to is below on screen 5.*

1.

Account > Patient > Shipping address > Payment > Intake

Complete and submit the intake form.  
Please complete and submit.

**Intake Form: Register for COVID At Home Saliva PCR Test Registration (DEMO)**

\* Indicates a required field. This form autosaves.

You are registering for a COVID-19 at home saliva PCR test. This test is used to determine if you are actively infected.

We will ship a test kit to you via USPS. It will arrive in 1 to 3 business days from the time we receive your order. Do not eat, drink, or chew gum 30 minutes before completing your test.

**Patient Photo ID\***  
Attach a photo of the patient's (if over 18) or guardian's photo ID.



Capture Using Webcam

Only .jpeg, .jpg, .png, .gif, .pdf files are allowed. File size should not be greater than 5MB.

**Race\***

**Ethnicity\***

2.

The screenshot shows a web application interface for a patient assessment. At the top, there is a navigation bar with five steps: Account, Patient, Shipping address, Payment, and Intake. The 'Patient' step is currently active. The main content area contains a COVID-19 symptom assessment form. The form includes a header instruction, a list of symptoms with checkboxes, a question about the start date of symptoms with a text input field, a question about fever with radio buttons, and a question about temperature with a dropdown menu.

Account > Patient > Shipping address > Payment > Intake

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

Do you currently have any symptoms consistent with COVID-19 infection? Select any that apply to you:

- Fever
- Cough
- Shortness of breath
- Chills
- Muscle Pain
- Loss of smell or taste
- Nausea or Vomiting
- New Rash

If you indicated that you have any of these symptoms, how many days ago did your symptoms start? Enter N/A if you have not had symptoms of COVID.

Have you experienced a fever in the last three days?

Yes

No

If yes, how high was your temperature?

3.

Account > Patient > Shipping address > Payment > Intake

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.

Asthma or chronic lung disease

Pregnancy

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

Select all that apply:

I live in an area where COVID-19 is widespread

I have visited an area where COVID-19 is widespread

4.

Account > Patient > Shipping address > Payment > Intake

I don't know  
 None of the above

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

I live in a long-term care facility  
 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

Have you used public transportation such as a plane, train, bus, subway, or other public transit in the last 14 days?

Yes  
 No

In the last 14 days, have you been exposed to someone who tested positive for COVID 19 or who may have symptoms of COVID-19?

Yes  
 No

If yes, how many days ago were you in contact with them?

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**5. Please select “Yes” and give the explanation of “school”.**

Account Patient Shipping address Payment Intake

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.

School

**COVID Credentials**  
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 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

## 6. Click “Update”

The screenshot shows a mobile application interface with a blue navigation bar at the top containing the steps: Account, Patient, Shipping address, Payment, and Intake. The 'Shipping address' step is currently active. Below the navigation bar, there is a form with the following content:

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

Your test kit will be ordered automatically when you update this form. We will ship your kit via USPS. Most shipments arrive within 1-2 business days from the time it is shipped, but may be as long as 3 business days.

You will be notified via email and SMS when your results are in. Your results will be documented in your chart and will also be added to your COVID Credentials. Your COVID Credentials is a record of all COVID testing and future immunizations that you can use to share with your employer, school and others who may need it.

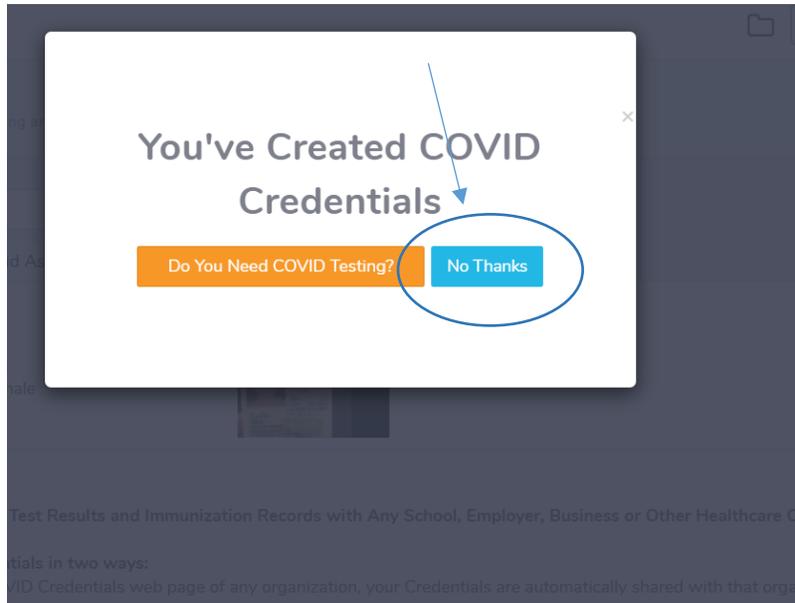
Please note: Do not call the laboratory for your results. We will send your results to you electronically via text or email as soon as they are available. Expect a 24-48 hour turn around from the time the lab receives your test kit.

Note : If you cannot press 'Update', please verify that all required fields have been completed.

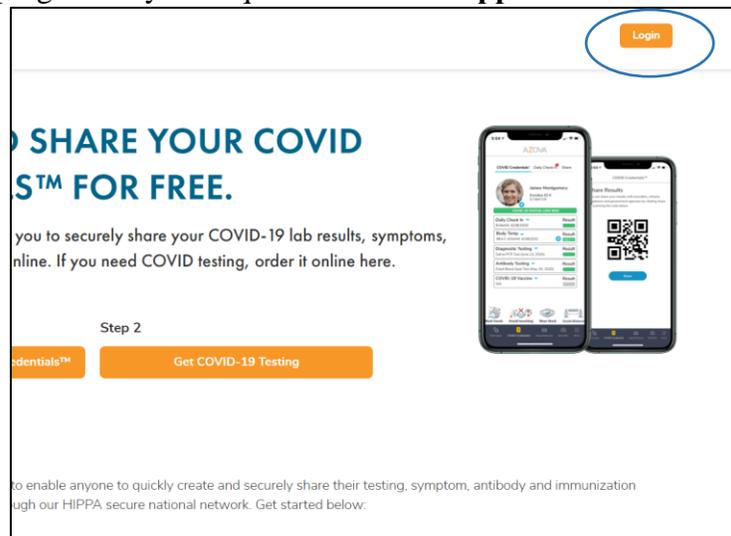
At the bottom of the form, there are two buttons: a white 'Cancel' button and an orange 'Update' button. The 'Update' button is circled in blue.

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21. One final pop-up box will appear and confirm you have created credentials. You will see two buttons regarding testing. **Click the blue “No Thanks” button.** You do not need to order another test.



22. You will receive an email and a text message indicating your requested test. You can sign into the portal at any time using the “Login” button in the top right corner of the Azova home page and view progress of your request under the “**Appointments**” section.



**Note:** Expect 2-3 days for shipping via Priority USPS. If you do not receive a text or email with shipping confirmation/tracking information, please call the Azova Health support center at 844-MY-AZOVA. They can tell you the exact date your order shipped and provide the tracking number. The support center is available 9:30am-7:30pm (Eastern)