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

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

![Create and Share Your COVID Credentials](image1)

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.

![Sign up as a Patient](image2)
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.*
• Be sure and select the box “I agree to the Terms of Use…” Then click “Sign up”

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

• You will be asked to create a security question. Click “Update”
4. The next screen will show you the credentials you just entered. 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”.
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.

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

[Yes] [No]
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”.

15. You will be taken to a “Login” screen. Use the username and password that you wrote down earlier. Then click “Login”
16. Verify your credentials. **Click “Next”**. Radio button can stay selected.

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

![Address Form Screenshot](image-url)
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”.

![Billing Information Screen]

![Payment Method Screen]
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. 

![Intake form screenshot](image-url)
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. 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?
5. Please select “Yes” and give the explanation of “school”.

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

School
6. Click “Update”
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.

![Pop-up box](image)

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.

![Login](image)

**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)