AvellinoCov2.com
Testing Facility Representatives
Admin and Collector

Landing Page

1. Visit AvellinoCov2.com

2. Login
   1. If you do not have the correct credentials, please contact your Admin

1. To start, click on "Collect Specimen"

1. Search patient criteria
   - First name
   - Last name
   - Date of Birth
2. Click "Search" to find the patient
3. Verify the patient before collect specimen

Note: Default view is "Collect Specimen".

Collect Specimen and Retest

- Collect Specimen
  - New patient entry form
  - Have never tested before

- Assist in Registration
  - Have not registered for patient portal

- View Only
  - Already tested before

- Retest
  - Have tested before and can be retested

Street Address	Apt / Unit / Suite	COV#	Form Submission Date	Collection Date	
4300 Bohannon Dr			10/16/2020 02:31 PM		Collect Specimen | Assist in Registration

Address	Apt / Unit / Suite	COV#	Form Submission Date	Collection Date	
dams Drive		9876543	12/10/2020 05:45 PM	12/10/2020 06:04 PM	View Only | Retest

Verify Patient Information before Collection

- Verify name and patient information with the patient to ensure accuracy

Note: You are not able to change Name, Email, DOB, or phone number.

Collect specimen - Patient Details

All fields marked with * must be filled out in order to be tested.
Please ensure that the patient first and last name listed below matches exactly what is printed on the vial sticker.

Name Prefix	Mr.	Mrs.	Ms.	Dr.

Name *	John	Middle N	Smith

Suffix (Jr, Sr, II, III)

Email — avellinotesting@mailinator.com

Phone Number * — (123) 456-7890

Patient Mobile

Date of Birth * — 01/01/1988

Sex * — Female

Pregnancy Status * — No

Verify Patient Information before Collection

- Verify with the patient if the test will be billed by the patient's insurance or directly to your facility

How will this test be billed? *	○ Patient's insurance OR Uninsured ○ Directly to your facility OR Med Part A
	Please type the name of your health insurance provider, a dropdown list will appear. Select UNINSURED if you have no insurance. Select OTHER if you can't find your Insurance provider in the list.
Primary Insurance Name *	UNINSURED
	Please type your Social Security Number OR Driver's License Number and State.
SSN	XXX-XX-XXXX
Driver's License State	CT - Connecticut
Driver's License	CT1234
Attestation *	☑ By selecting this checkbox, I attest that I, as the patient, am uninsured at the time of service for the AvellinoCov2 test.

Verify Patient Information before Collection

- Waiver Collector: Check the box to acknowledge Avellino terms and conditions as a Collector

Address * 1505 Adams Drive

Apt / Unit / Suite

Menlo Park CA - California

94025 San Mateo County

Waiver Collector * ☐ By selecting this checkbox, I agree and acknowledge that (i) I have read and understand the information provided on this patient entry page and have had an opportunity to have any questions answered by my healthcare provider; (ii) I consent to take the test for SARS-CoV-2/COVID-19; and (iii) I have reviewed the information entered above and the information is accurate. For information on Avellino's privacy practices, see www.avellino.com/en/genetic-data-usage/.

BACK NEXT

Specimen Details

- Read to make sure you are selecting the correct options
- Check mark if it is employee
- Select appropriate test for the patient
- Select the specimen type

Collect Specimen - Specimen Details

Patient Name

John Smith

Employee

☐ Is this person an employee of Testing Non Appt (Avellino) ? (Check box for yes)

Which test is being used? *

○ **AvellinoCoV2 - Avellino SARS-CoV2/COVID-19 test**
○ **AvellinoCoV2 Respiratory - Avellino SARS-CoV2/COVID-19, Influenza A, Infuenza B, and Influenza C test**

The **AvellinoCoV2** test can be collected with either swab or saliva.
If **AvellinoCoV2 Respiratory** test is selected, please do NOT collect samples with the saliva funnel. For **AvellinoCoV2 Respiratory** test, please select appropriate collection between Mid-turbinate (1 Swab) or Nasopharyngeal/Oropharyngeal (2 Swabs).

Specimen Type *

○ **Nasopharyngeal/Oropharyngeal - 2 Swabs**
○ **Mid-turbinate - 1 Swab**
○ **Saliva - Funnel**

Specimen Details

- Scan barcode on the TRF or vial sticker to capture the COV #
  OR
- Type in the COV# found on the vial
  - If no barcode scanner, manual input requires 7 digits
  - Double check the COV# on the vial before submission
- Capture photo of vial from device if applicable
- Review to make sure everything is accurate before submission
- Click "Submit Sample" to complete specimen collection

Press the button below to scan the TRF barcode

SCAN BARCODE

COV *

(manual input requires 7 digits)
Vial Photo

Drag & Drop your files or Browse

Take a photo of the TRF Code attached to the vial.

Note Photo

Drag & Drop your files or Browse

Take a photo of the note.

Clinic Name	**Ordering Phys First Name**	**Ordering Phys Last Name**
Testing Non Appt (Avellino)	Test	Testing
Ordering Phys Street Address	**Ordering Phys City**	**Ordering Phys State**
4300 Bohannon Dr	Menlo Park	CA
Ordering Phys Zip	**Ordering Phys County**	**Ordering Phys Phone Number**
94025	San Mateo	(408) 334-2766

Submit Sample   Back

- Upon successful specimen submission

- Click on orange rectangle button to collect a new sample

Want to confirm if collected properly?

Click on "Already Collected" to ensure that you collected correctly in system.

Admin: Add Collector

AvellinoCoV2
Avellino SARS-CoV-2/COVID-19 Test

Karen
Testing (Avellino)

- Dashboard
- Patient Entry Form
- Collect Specimen
- Update Insurance
- Add/Edit Collectors
- My Account
- Contact Help
- Logout

Patient Entry Form

Collect Specimen

Update Insurance

Add/Edit Collectors

My Account

AvellinoCoV2
Avellino SARS-CoV-2/COVID-19 Test

Karen
Testing (Avellino)

- Dashboard
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List of Collector

+ Add User

Search...   Clear

	Name	Site	Role	Email	Phone
✎ Edit 🗑 Delete	Tony	Testing (Avellino)	Collector	@mailinator.com	

Show 10   Total 1 records

Karen
Testing (Avellino)

Dashboard

Patient Entry Form

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Update Insurance

Add/Edit Collectors

My Account

Contact Help

Logout

Medical Professional Registration Form

Name *

Name *

Email *

Email *

Phone *

Phone *

Role

Collector

Facility Name

Testing (Avellino) (TESTV-COV)

← Cancel

💾 Submit