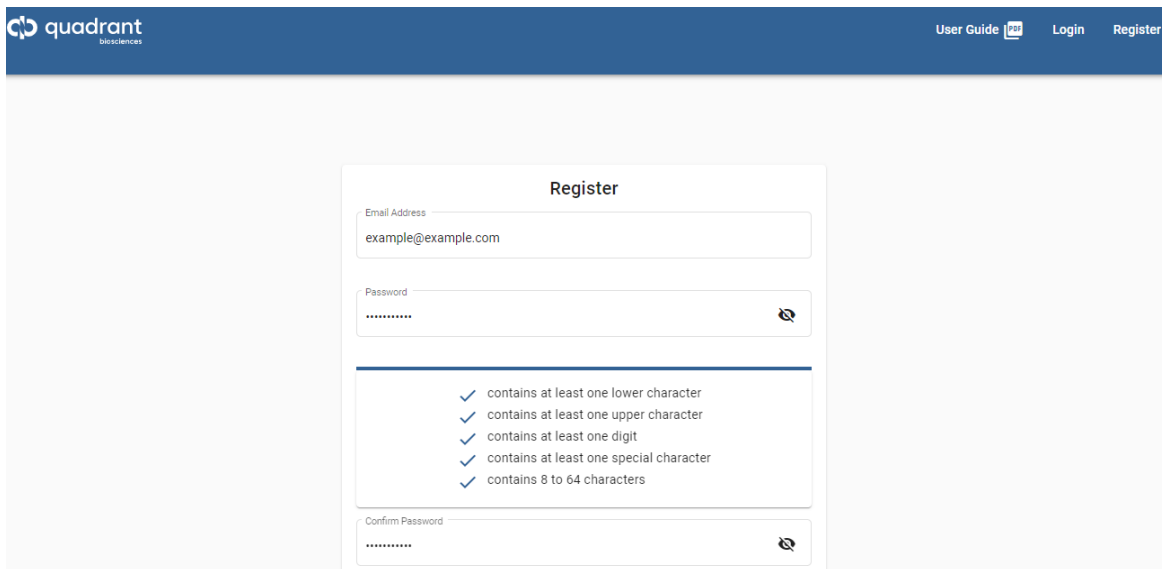


HOW TO REGISTER STUDENTS FOR SCHOOL COVID-19 TESTING

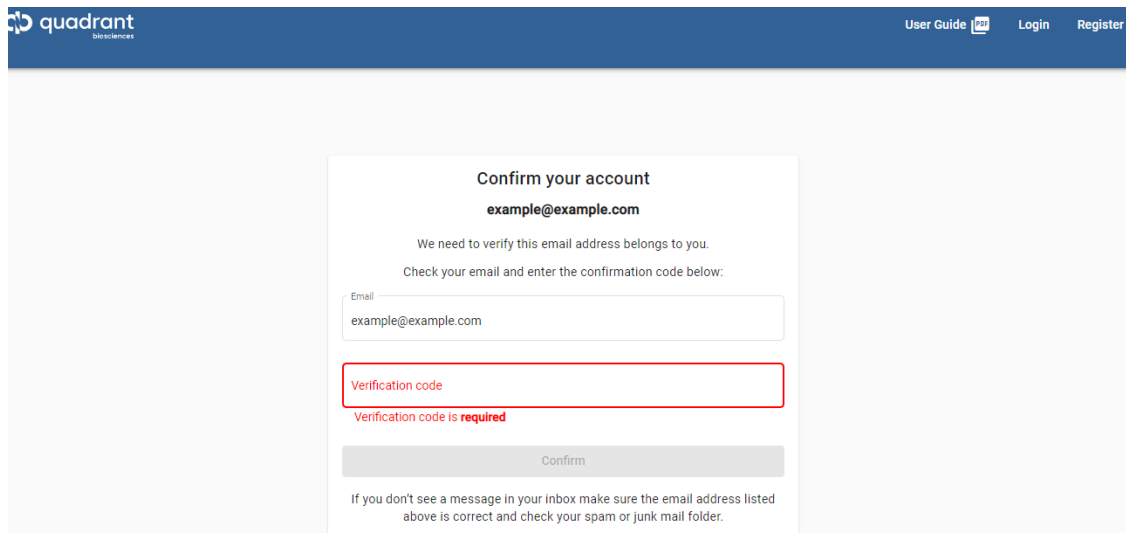
****Please note that if you registered your child for school testing last year, you will not have to register them again. If you need to update the building they are attending instructions to do so can be found here: <http://www.ongov.net/health/documents/ChangeBuilding.pdf> ****

Step 1. Go to <https://app.clarifi-covid-19.com/register> and create an account using by entering an email address and password



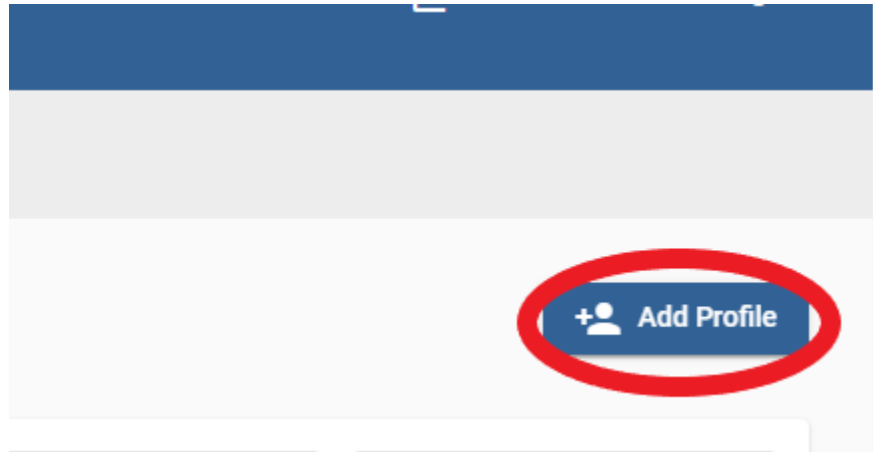
The screenshot shows the registration page for quadrant biosciences. The page has a dark blue header with the logo on the left and links for 'User Guide', 'Login', and 'Register' on the right. The main content area is white and features a 'Register' form. The form includes an 'Email Address' field with 'example@example.com', a 'Password' field with a strength indicator, and a 'Confirm Password' field. Below the password fields, there are five checkmarks indicating password requirements: contains at least one lower character, contains at least one upper character, contains at least one digit, contains at least one special character, and contains 8 to 64 characters.

Step 2. Confirm your account by entering the verification code sent to the email you signed up with



The screenshot shows the account confirmation page for quadrant biosciences. The page has a dark blue header with the logo on the left and links for 'User Guide', 'Login', and 'Register' on the right. The main content area is white and features a 'Confirm your account' form. The form includes the email address 'example@example.com' and a 'Verification code' field. A red border highlights the 'Verification code' field, and a red message below it says 'Verification code is required'. There is a 'Confirm' button and a note at the bottom: 'If you don't see a message in your inbox make sure the email address listed above is correct and check your spam or junk mail folder.'

Step 3. Once your account has been verified, login and click the “Add Profile” button in the top right section of the screen.



Step 4. Fill out the personal information for the student who you wish to have participate in testing and click “Next”

reate Profile

Create New Profile

You may create a profile for yourself or a family member.

1 Personal Information

First Name * Example	Middle Name
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Must be the test subject's legal first name.

Last Name * Person	Date of birth * 7/20/2022	Sex * Male
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Race * Other	Ethnicity * Not Hispanic
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Student/Employee ID

Step 5. Under the 'Testing Place' section:

- Click "No" for the community test site question
- Select "k-12 School Student or Employee" under 'Organization Type'
- Select "Onondaga" under 'County'
- Choose your student's school from the 'School' dropdown menu
- Click "Verify" and then click "Next"

2 Testing Place

Have you or do you plan to make an appointment at a community testing site? *

Yes No

Organization Type *
K-12 School student or employee

County *
Onondaga

School *
Fayetteville Elementary School 704 S Manlius St, Fayetteville, ...

Your Testing Place:
Fayetteville Elementary School
704 S Manlius St, Fayetteville, NY, 13066

✓ Verified!

Back Next

Step 6. Fill out the address information for the student you are creating a profile for

3 Address

Current Address

Address 1 *
123 Example Road

Address 2

City *
Syracuse

County *
Onondaga

State/Province *
New York

Zip/Postal Code *
12345
Format: *12345* (US) or *ATA 1A1* (Canada)

Phone Number *
3151234567
Format: 5557779999 (numbers only)

Legal Address

Same as current address

Back Next

Step 7. Select “No” for the insurance information question, this testing is free and 100% covered by Onondaga County. There will be no charge to you.

4 Insurance information ?

Does the patient have insurance? *

Yes No

Relationship to Subscriber

Step 8. Provide consent for the testing by checking the four boxes in Section 5 ‘Test Authorization’

5 Test Authorization

I consent to Quadrant Laboratories, LLC transmitting and storing this patient’s information and sample for COVID-19 testing as described in the authorization language. *

I authorize Quadrant Laboratories, LLC to perform an individual clinical diagnostic test if my pool test is positive on this patient’s sample as described in the authorization language. *

I authorize the organization requesting the testing to access this patient’s name, date of birth and address from the registration information and to schedule tests on this patient’s behalf. *

I have read the attached PDF and agree to allow Quadrant Laboratories to pursue any benefits to which this patient am entitled for health care services provided to this patient by Quadrant, and authorize payment for services to be made directly to Quadrant.

[See Details](#) [AOB Consent Document](#)

The Clarifi COVID-19 test is conducted pursuant to a standing order issued by an appropriately licensed healthcare provider with FamilyCare Medical Group, P.C. (“FCMG”), a participating member of HealtheConnections, a regional health information exchange.

I GIVE CONSENT for Family Care Medical Group (FCMG) to access ALL of this patient electronic health information through HealtheConnections to provide health care services (including emergency care).

I DENY CONSENT for Family Care Medical Group (FCMG) to access this patient electronic health information through HealtheConnections for any purpose, even in a medical emergency.

Step 9. Click “Save Profile”

[See Details](#) [AOB Consent Document](#)

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[View Consent Form PDF](#) [View Privacy Policy](#)

Back

[Save Profile](#)