



COVID-19 TESTING
Saliva Collection Process Overview



Health & Safety Precautions

Personal Protective Equipment (PPE)

- Surgical/Reusable Mask
 - Mask must be donned prior to entering the premises and worn the entire time
- Gloves
 - Gloves should be changed if any contact is made (hands should also be sanitized)
- Disinfecting Wipes/Spray
 - Clean surfaces utilized for the collection regularly

Testing Logistics

- Practice Social Distancing
- Limit Exposure to Unneeded Areas
 - If drive up, access through passenger side window

Supplies

Equipment

- Tables
- Chairs
- Trash Cans
- Signage
- Internet (wifi or cellular)

Supply Management

- Test Kits are specific to the organization
- Test Kits should be kept onsite with organization
- Organization should appoint an inventory manager

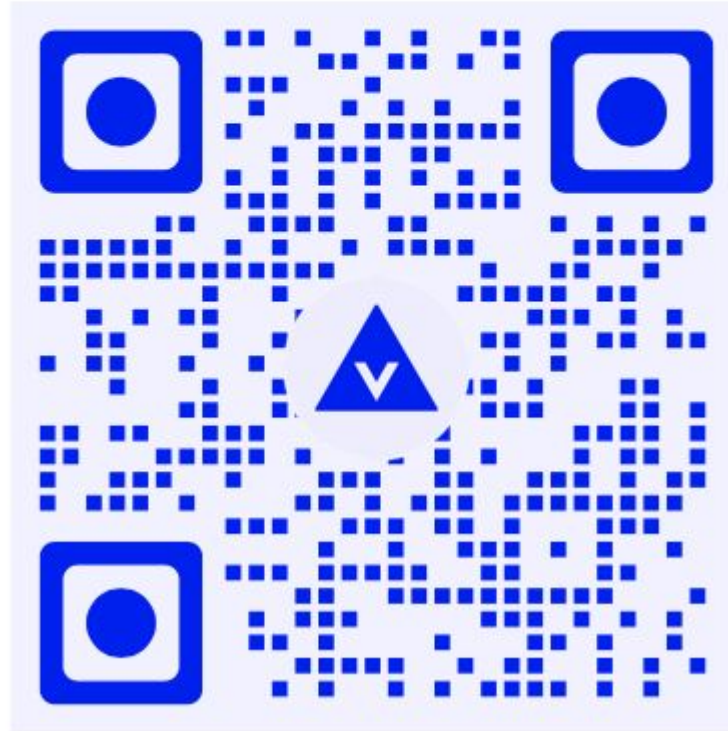
Pre Communications

- Inform patients to bring a smart phone with them
- Inform patients to not eat, drink, smoke or chew gum prior to taking the test
 - Hydrate well 30 min prior to taking the test

Link to register:

COVID.VLT.CO

SCAN WITH YOUR PHONE CAMERA

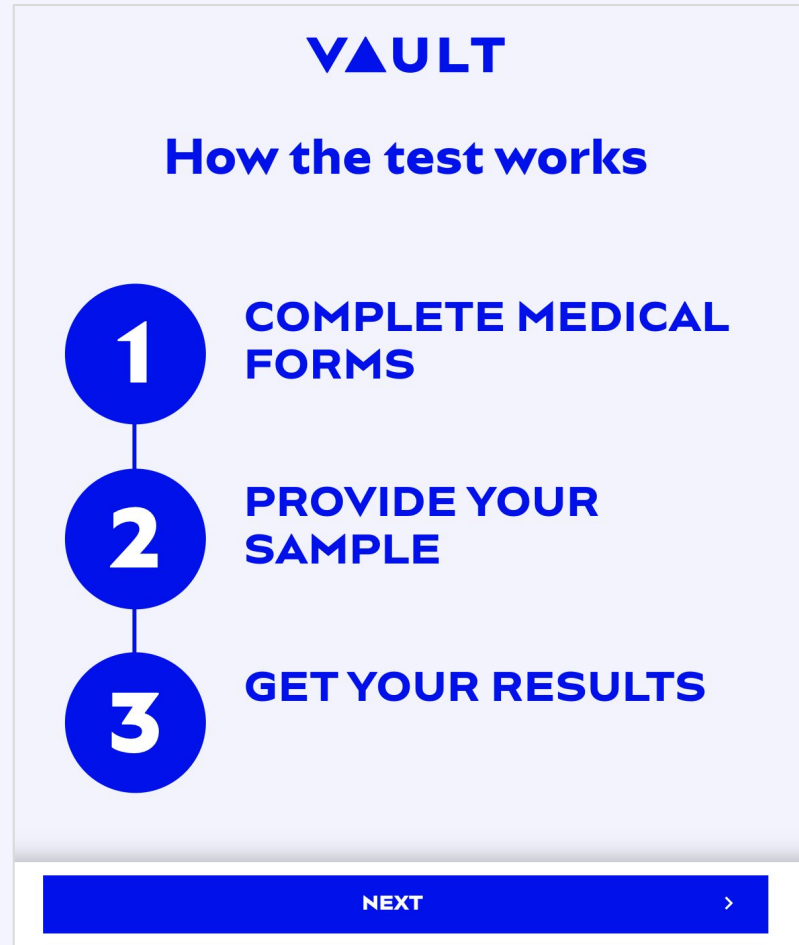


Patient Registration Process

These are the screens the patient will see on their device so they can register their test

Onsite Testing Flow

1. **Patients go to**
COVID.VLT.CO
use chrome browser if possible



2. Patient fills out Demographics

Returning patients should click login and then START NEW ORDER



Who will be using this test order?

We need to register you, or your child, before you can give your sample.

Already have an account with Vault? [Log In](#)

FIRST NAME
John

LAST NAME
Doe

PHONE
(888) 123-4567

DATE OF BIRTH
01/01/1970

Sex

☒ Male

☐ Female

☐ Decline to identify

Select your race

We ask this for reporting purposes.

White

What state are you taking this test in?

New York

Create Account

EMAIL
johndoe@email.com

PASSWORD

Password must be at least 8 characters, contain one number and one letter.

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Email Consent Form

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Vault COVID-19 Test Kit

Before starting this form, there are a few things you should understand about this COVID-19 testing kit:

This kit will only test you for COVID-19 at the time that you give your sample. It is NOT an antibody test.

It does not determine whether you have had COVID-19 in the past or have developed antibodies for COVID-19. It is also possible you may become exposed and develop COVID-19 after you provide your sample.

Vault only provides testing for COVID-19.

We do not provide treatment or medical recommendations beyond what the CDC advises. Your report will come with general recommendations for next steps depending on your results.

This test requires a saliva sample.

The kit will include a test tube in which to put your sample.

We are required to report all verified cases of COVID-19 to the applicable health authority in your state.

This means that we are required by law to report your test result, and certain other pieces of information such as your age, sex, and address.

☒ By clicking here, I would like to receive my results by email. I am aware that these are not secure means of communication and that there is a risk that my protected health information could be accessed by unauthorized third parties.

☒ By clicking here, I understand and agree to statements in the page above and the Terms and Conditions.

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3. Patient completes Potential Exposure Details

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Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

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VAULT

Exposure Details

Have you been exposed to anyone who has been confirmed to have COVID-19?

YES

NO

If you have been in physical contact with someone you know has (or has had) COVID-19, please select yes.

HOW MANY DAYS AGO?

Have you potentially been exposed to someone with COVID-19?

YES

NO

If you have visited a location where you believe individuals who have (or have had) COVID-19 may have been, please select yes.

HOW MANY DAYS AGO?

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4. Patient chooses COVID-19 Symptoms

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**Are you experiencing any
symptoms of COVID-19?**

Check all that apply:

- ☐ Fever
- ☐ Dry cough
- ☐ Shortness of breath
or difficulty breathing
- ☒ Fatigue
- ☐ Loss of sense of
taste/smell
- ☐ Diarrhea
- ☐ Nausea/Vomiting
- ☒ Generally not feeling
well
- ☐ Muscle aches
- ☐ Chills
- ☒ Headache
- ☐ Sore throat
- ☐ Purple / blue
discoloration of one
or more toes
- ☐ No Symptoms

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5. Patient reports their duration of Symptoms

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How many days have you had symptoms?

Enter the # of days

DAYS

5

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7. Patient checks the two qualifying question boxes

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COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

☐ I have my unopened testing kit with me.

☐ I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

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COVID-19 Testing

Confirm that you've completed the following steps before providing your sample:

☒ I have my unopened testing kit with me.

☒ I have not eaten, drank, smoked, or chewed gum in the last 30 minutes.

If you need help...

Please stop and ask your test administrator if you have any problems or questions while providing your sample.

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8. Patient enters their entire Sample Tube ID Number twice

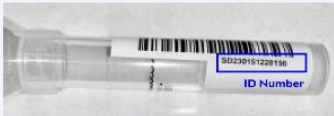
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COVID-19 Testing

Step 1:

Open your kit and enter the kit ID number.



ENTER ID NUMBER ⓘ

CONFIRM ID NUMBER

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

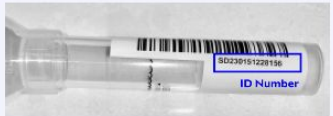
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COVID-19 Testing

Step 1:

Open your kit and enter the kit ID number.



ENTER ID NUMBER

SD23D151228156

CONFIRM ID NUMBER ⓘ

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >




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VAULT

COVID-19 Testing

Step 1:

Open your kit and enter the kit ID number.



ENTER ID NUMBER

SD23D151228156

CONFIRM ID NUMBER

SD23D151228156

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

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Hipaa Consent Form allows results to be communicated to the company dashboard

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COVID-19 Testing

Step 2:

Please sign this HIPAA Authorization to disclose healthcare information.

HIPAA AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

If you ("Individual") would like your healthcare provider, Vault Medical Services, P.A. ("Provider") to disclose the specified Protected Health Information (PHI) to your employer _____ ("Employer"), you must print your name below to signify your agreement to this authorization allowing the release of such PHI.

I understand that by printing my name below, this authorization will become part of my records with Provider and will be

■ ■ ■

same legal effect as an original signature.

I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC SIGNATURE AND UNDERSTAND THAT BY PRINTING MY NAME HERE, I HAVE AFFIRMATIVELY EXECUTED THIS AUTHORIZATION.

John Doe

Please type your name above to sign

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9. Patient follows your instructions for Saliva Sample Collection and clicks the box and the “Next” button


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COVID-19 Testing

Step 3:

Open the top of the tube (it looks like a funnel) and provide saliva up to the black fill line.



Top of tube →

Black fill line →

☐ I have provided enough saliva to reach the black fill line on my tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



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VAULT

COVID-19 Testing

Step 3:

Open the top of the tube (it looks like a funnel) and provide saliva up to the black fill line.



Top of tube →

Black fill line →

☒ I have provided enough saliva to reach the black fill line on my tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

10. Patient correctly places the sample tube cap on the tube so the blue liquid releases. They then click the box and the “Next” button


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Step 4:

Seal the tube tightly with the provided cap. The cap includes a liquid preservative which will release into the tube, turning the sample blue.



☐ I have tightly sealed the cap on the tube, and the blue preservative was released into the tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >




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VAULT

COVID-19 Testing

Step 4:

Seal the tube tightly with the provided cap. The cap includes a liquid preservative which will release into the tube, turning the sample blue.



☒ I have tightly sealed the cap on the tube, and the blue preservative was released into the tube.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >

11. Patient completes the sample tube agitation step. They then click the box and the “Next” button

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COVID-19 Testing

Step 5:

Shake the tube for at least 5 seconds. The preservative should be well mixed with your saliva sample.



☐ I shook the tube for at least 5 seconds.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



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COVID-19 Testing

Step 5:

Shake the tube for at least 5 seconds. The preservative should be well mixed with your saliva sample.



☒ I shook the tube for at least 5 seconds.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

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12. Patient places the sample tube into Biohazard Bag. They then click the box and the “Next” button

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COVID-19 Testing

Step 6:

Place the tube into the clear bio-hazard bag included with your kit. Completely seal the bag.



☐ I placed the sample in the biohazard bag and sealed it.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

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VAULT

COVID-19 Testing

Step 6:

Place the tube into the clear bio-hazard bag included with your kit. Completely seal the bag.



☒ I placed the sample in the biohazard bag and sealed it.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

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13. Patient confirms Sample Collection Completion by clicking the box and clicking the “Next” button

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COVID-19 Testing

Step 7:

Return your completed sample in the sealed biohazard bag to your test administrator.

☐ I gave my sample to the test administrator.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



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VAULT

COVID-19 Testing

Step 7:

Return your completed sample in the sealed biohazard bag to your test administrator.

☒ I gave my sample to the test administrator.

If you have problems or questions while providing your sample:

Please stop and ask your test administrator

NEXT >



Thank you