

Clarifi COVID-19 Web App

A Guide to Registration



app.clarifi-covid-19.com

Contact support:

covid-support@quadrantbiosciences.com

Revised June 2nd, 2021

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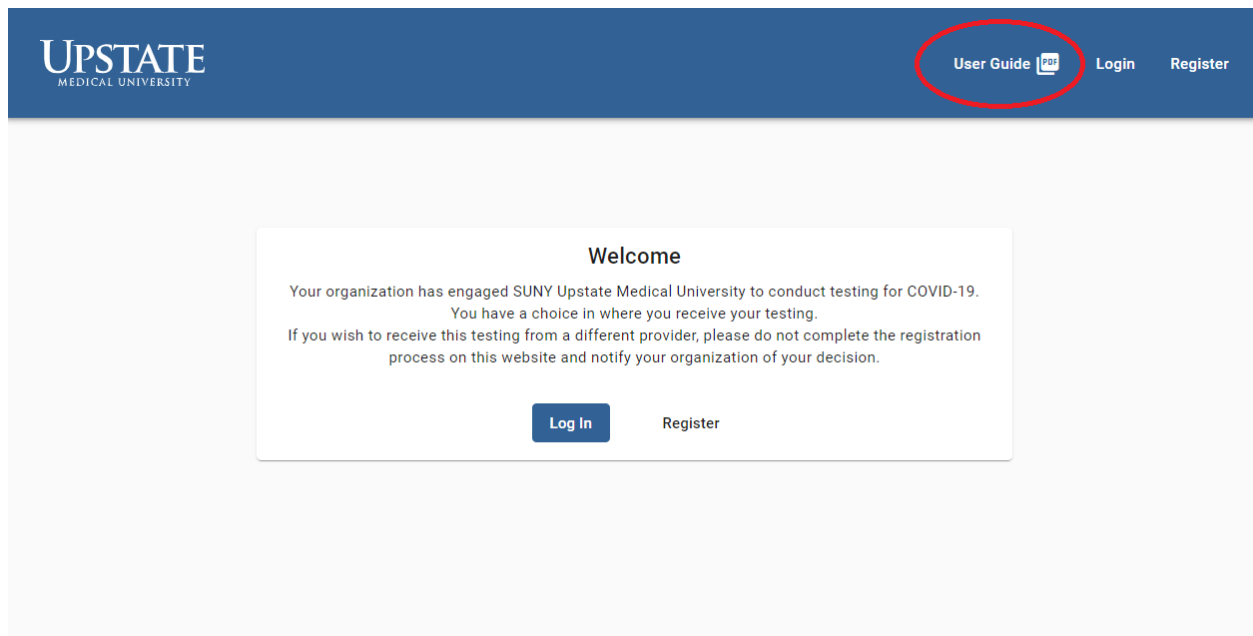
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Introduction

Welcome to the Clarifi COVID-19 Registration user guide! In this document, you will find an overview of the steps needed to complete the process. If you have any questions or concerns please contact the organization that is providing this service for you.

Landing Page



This user guide is always available at the link circled in red above on the application landing page found at <https://app.clarifi-covid-19.com>.

Account Registration

To register a new account, please click **Register**.

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Register

Email Address

Password

- ✓ contains at least one lower character
- ✓ contains at least one upper character
- ✓ contains at least one digit character
- ✓ contains at least one special character
- ✓ contains at least 8 characters

Confirm Password

By registering, you agree to the [terms and conditions](#).

Register

[Forgot Password](#)

[Resend Verification Code](#)

Please enter your email address and a password. Then click **Register**. You will then receive an email with a confirmation code.

Hello,

Thank you for using the COVID-19 testing service.

Please use the following verification code to complete the process:

036591

-

Please copy and paste the verification code in that email into the confirmation page as follows:

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Confirm your account

covid19.user@gmail.com

We need to verify this email address belongs to you.

Check your email and enter the confirmation code below:

Email

covid19.user@gmail.com

Verification code

423351

Confirm

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.

[Resend Verification Code](#)

Then click **Confirm**. Once you've confirmed your account, please log in.

Resend Verification Code

If something goes wrong during this process, you have the option to click **Resend Verification Code**.

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Resend Verification Code

A verification code will be sent to your email.

This will send a new verification code to your email address. Please copy and paste that in and log in.

Password Reset


If you forget your password, please click ***Forgot Password***.

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UPSTATE
MEDICAL UNIVERSITY

User Guide  Login Register

Sign In


Email Address

covid19.user@gmail.com



Password

.....




Sign In

Forgot Password

Resend Verification Code

You'll be asked for your email address.

UPSTATE
MEDICAL UNIVERSITY

User Guide  Login Register

Forgot Password

Email

Reset password

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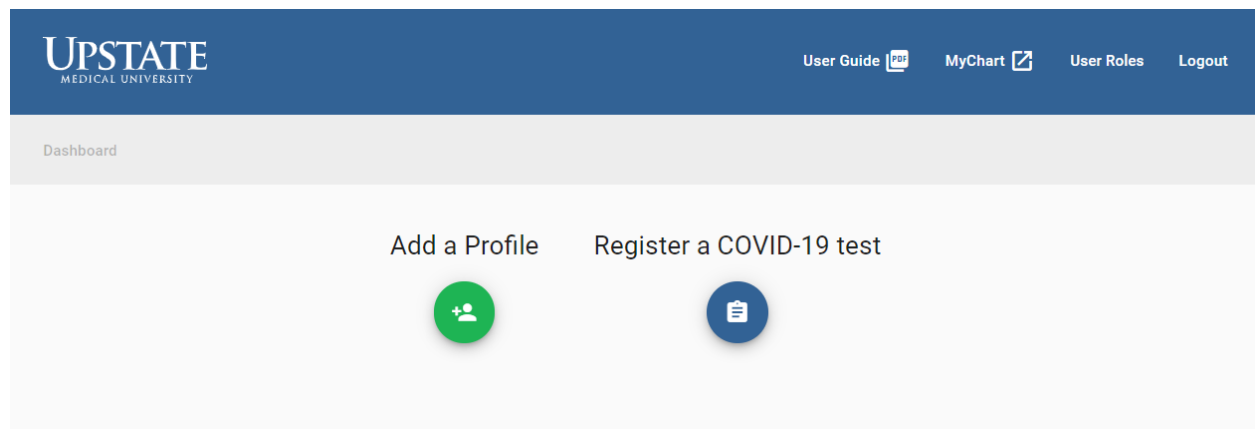
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Please provide your email address. This will trigger a new verification code to be sent to your email address. Please copy and paste that into the appropriate field and log in.

When you first log in, you'll have two options: **Add a Profile** and **Register a COVID-19 test**.

Dashboard

When you initially log in, you'll find a dashboard with two options: **Add a Profile** and **Register a COVID-19 test**.



To begin, please add a profile for yourself (if you are not a minor). Parents or guardians must add profiles for children in their care.

Add Profile(s)

Please click **Add Profile**. When you do, you'll be directed to a page that will ask you to fill out your personal information. The fields that must be filled out are mandated by the New York State Department of Health, and are required for insurance purposes. All phone numbers must contain 10 digits with only numbers. Zip codes must contain 5 digits with only numbers.

Choose an Organization

Please find your organization and select it. Each organization is prefixed with a five digit code. **It is very important that you select the correct organization.**

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Create New Profile

- 1 Organization

SUNY Upstate University
- Next
- 2 Personal Information
- 3 Current Address
- 4 Legal Address
- 5 Student/Employer information
- 6 Insurance information
- 7 Test Authorization

Personal Information

Please click **Next** and fill out this profile's personal information.

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2

Personal Information

First name *

Must be the test subject's legal first name.

Middle name

Last name *

Sex *

Date of birth *

Race *

Ethnicity *

Back

Next

Current Address

Please click **Next** and fill out this profile's current address.

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3 Current Address

Phone Number *

Address

Line 1 *

Line 2

City *

County *

State *

Zip Code *

Back

Next

Please click **Next** and fill out this profile's legal address. You'll have the option here to click **Fill-in from Current Address** if the profile's legal address is the same as the current address.

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4

Legal Address

Fill-in

from Current Address

Address

Line 1 *

Line 2

City *

County *

State *

Zip Code *

Back

Next

Student/Employer Information

Please click **Next** and fill out this profile's student/employer information. These fields are not required for children who are under legal working age.

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5 Student/Employer information

Employment Status *



Employer Name

Address

Line 1

Line 2

Employer City

Employer State



Employer Zip Code

Back

Next

Insurance Information

Please click **Next** and fill out this profile's insurance information.

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6 Insurance information

Relationship to Subscriber

Relationship *

☐ The subscriber is financially responsible for the patient.

If another profile has the correct information you can use it.

Insurance Company

Company Name *

Company Address *

Company Phone *

Subscriber

Subscriber Id *

Subscriber Group Number

Fill-in from current profile

Subscriber First Name *

Subscriber Last Name *

Subscriber Address *

Subscriber Phone *

Subscriber Employer *

[Back](#) [Next](#)

There is an option here to click **Fill-in from the current profile**, which will populate the subscriber fields with information that was entered in previous steps. Please note the required authorization clause and click **Next** if you agree to attest.

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Test Authorization

Please review the test authorization language by clicking **See Details**, then review the agreements described and click the corresponding checkboxes if you consent.

☐ I consent to SUNY Upstate transmitting and storing my or my child's information and sample for COVID-19 testing as described in the authorization language.

☐ I authorize SUNY Upstate to perform an individual clinical diagnostic test if my pool test is positive on my or my child's sample as described in the authorization language.

☐ I authorize the organization requesting the testing to access my or my child's name, date of birth and address from the registration information and to schedule tests on my behalf or my child's behalf.

[See Details](#)

[Back](#) [Submit](#)

You have now completed your profile! You will now see a screen that gives you three options: **Register a COVID-19 test**, **Add another profile**, and **Back to Dashboard**. If you are a parent or guardian wishing to add profiles for the children in your care, please click **Add another profile**. If you have added all your profiles, and if you are in possession of a COVID-19 test kit, which includes a saliva swab, and are being guided by a qualified healthcare provider, you may click **Register a COVID-19 test**.

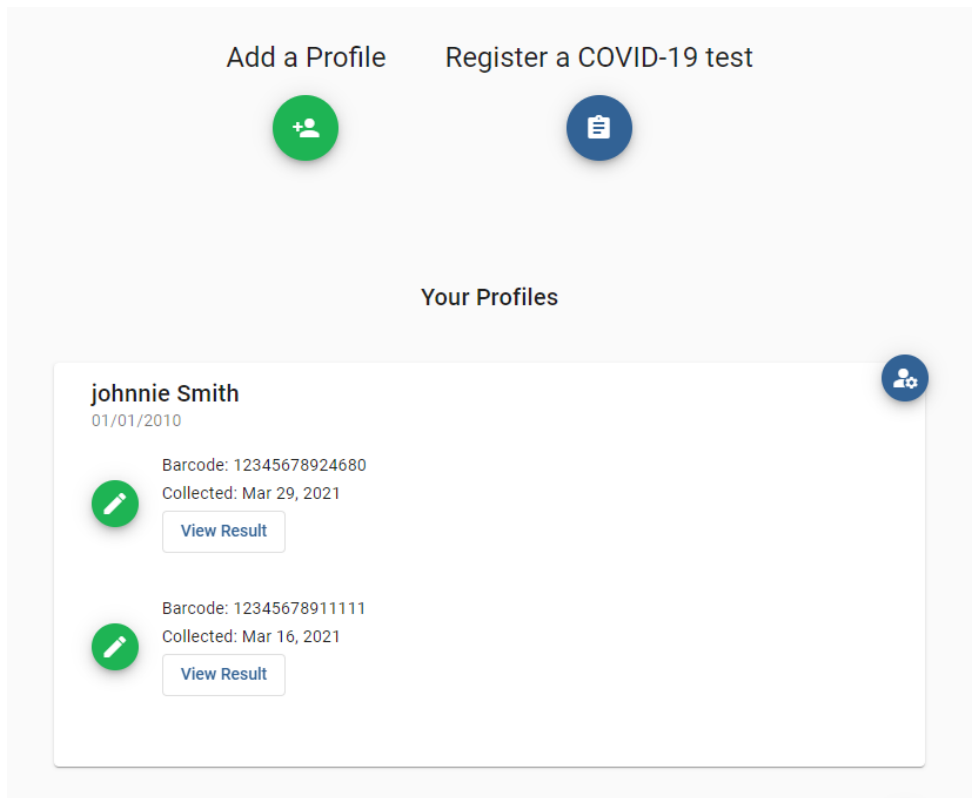
Edit Profile(s)

If changes are required for any of your personal information, you can edit your profile from the main landing page after logging in. Each profile for your account, as well as the tests registered to that profile will be visible on this page.

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To edit any of the information in a profile, such as the organization or address, start by clicking on the blue gear wheel in the top right of the profile card.

Note: Changes made to a profile are not saved until **Submit** is selected in **Step 6 Insurance information**.

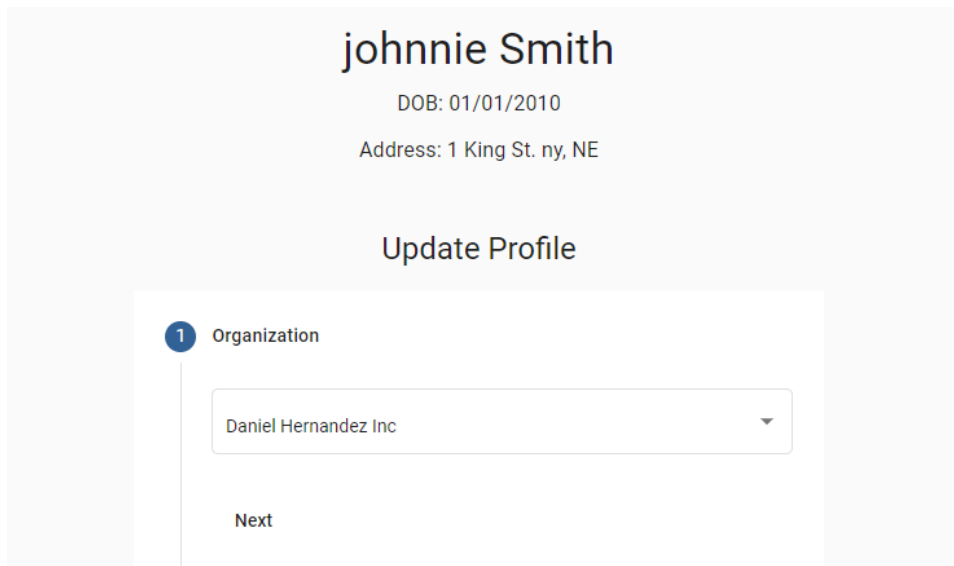
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Update Organization

Start by confirming or changing the organization:



The screenshot shows a user profile update interface. At the top, the user's name 'johnnie Smith' is displayed in a large, bold font. Below the name, the date of birth 'DOB: 01/01/2010' and the address 'Address: 1 King St. ny, NE' are shown in a smaller font. The main heading for the form is 'Update Profile'. Below this heading, there is a section titled '1 Organization' with a blue circle containing the number '1'. This section contains a dropdown menu with 'Daniel Hernandez Inc' selected and a small downward arrow on the right. Below the dropdown menu is a 'Next' button.

Then confirm or change your organization by selecting the correct one from the dropdown and/or select **Next** to confirm your choice.

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Update Personal Information

This section allows you to update your personal information. Your name should be your legal name not a nickname or pseudonym.

2

Personal Information

First name *

John

Must be the test subject's legal first name.

Middle name

Robert

Last name *

Smith

Sex *

Male

Date of birth *

1/1/2010

Race *

Other

Ethnicity *

Decline to Answer

Back

Next

Once all required fields (identified by an asterisk) are filled in the form will allow confirmation by selecting **Next** or if you select **Back** you can return to the previous section.

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Update Current Address

You can update or change your current address by editing the fields in this section.

3 Current Address

Phone Number *

1112121234

Address

Line 1 *

1 King St.

Line 2

City *

Albany

County *

Albany

State *

New York ▼

Zip Code *

12211

Back

Next

Once all required fields (identified by an asterisk) are filled in the form will allow confirmation by selecting **Next** or if you select **Back** you can return to the previous section.

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Update Legal Address

You can update or change your legal address by editing the fields in this section.

4

Legal Address

Address

Line 1 *

1 King St.

Line 2

City *

Albany

County *

Albany

State *

New York

Zip Code *

12211

Back

Next

Once all required fields (identified by an asterisk) are filled in the form will allow confirmation by selecting **Next** or if you select **Back** you can return to the previous section.

Update Student/Employer Information

You can update or change your student or employment information by editing the fields in this section.

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5

Student/Employer information

Employment Status *

Student - Full Time



Student / Organization ID

Employer Name

Address

Line 1

Line 2

Employer City

Employer State



Employer Zip Code

Back

Next

Once all required fields (identified by an asterisk) are filled in the form will allow confirmation by selecting **Next** or if you select **Back** you can return to the previous section.

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Update Insurance Information

You can update or change your insurance information by editing the fields in this section.

6

Insurance information

Relationship to Subscriber

Relationship *
Child

☒ The subscriber is financially responsible for the patient.

Insurance Company

Company Name *
ABC Company

Company Address *
99 Queen St.

Company Phone *
1112121234

Subscriber

Subscriber Id *
123456789

Subscriber Group Number

Subscriber First Name *
John

Subscriber Last Name *
Smith

Subscriber Address *
99 Queen St.

Subscriber Phone *
1112121234

Subscriber Employer *
ABC Company

Back Submit

Once all required fields (identified by an asterisk) are filled in the form will allow confirmation of **all changes made in all sections so far by selecting Submit** or if you select **Back** you can return to the previous section.

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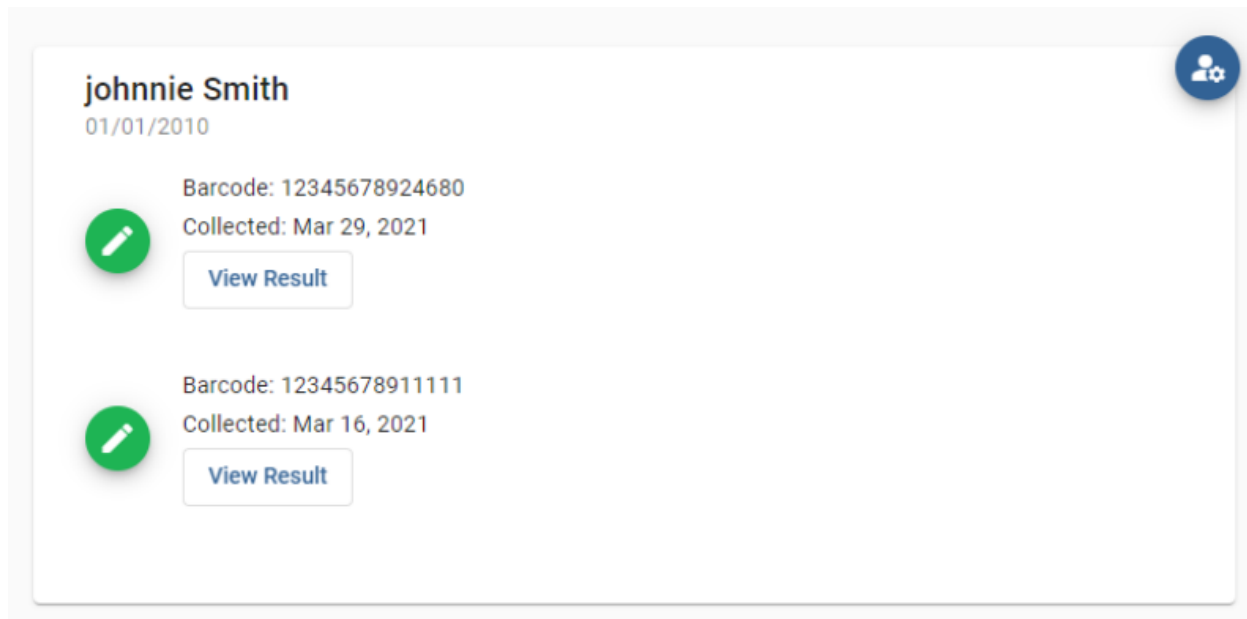
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Result

You will now be returned to your dashboard with updated information displayed as shown in the before and after below:

Before:



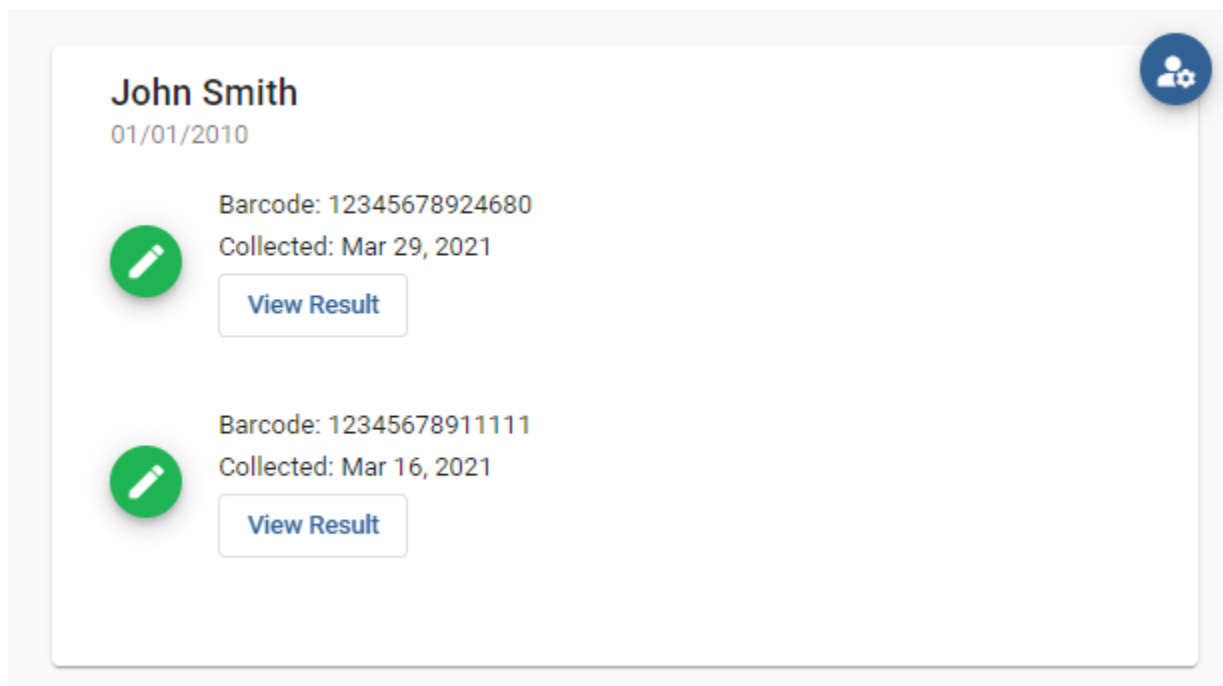
The 'Before' screenshot shows a user profile for 'johnnie Smith' with a birth date of '01/01/2010'. There is a blue settings icon in the top right corner. Below the profile, there are two test result entries. Each entry includes a green circular icon with a white pencil, a barcode, a collection date, and a 'View Result' button. The first entry has a barcode of 12345678924680 and a collection date of Mar 29, 2021. The second entry has a barcode of 12345678911111 and a collection date of Mar 16, 2021.

johnnie Smith
01/01/2010

Barcode: 12345678924680
Collected: Mar 29, 2021
[View Result](#)

Barcode: 12345678911111
Collected: Mar 16, 2021
[View Result](#)

After:



The 'After' screenshot shows the same user profile, but the name has been changed to 'John Smith'. The birth date remains '01/01/2010'. The blue settings icon is still in the top right corner. The two test result entries are identical to the 'Before' screenshot, including the green pencil icons, barcodes, collection dates, and 'View Result' buttons.

John Smith
01/01/2010

Barcode: 12345678924680
Collected: Mar 29, 2021
[View Result](#)

Barcode: 12345678911111
Collected: Mar 16, 2021
[View Result](#)

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Sample Tube

Add COVID-19 Test

Do You Have a Test Kit?

Before you register a test, you'll want to make sure you are in possession of a COVID-19 test kit.



Before proceeding, do you have a test kit?

If you do not have a test kit, please stop. The remainder of this process involves registering the barcode of the test kit you will be using.

Yes, I have a test kit

If you are prepared to proceed, please click **Yes, I have a test kit**.

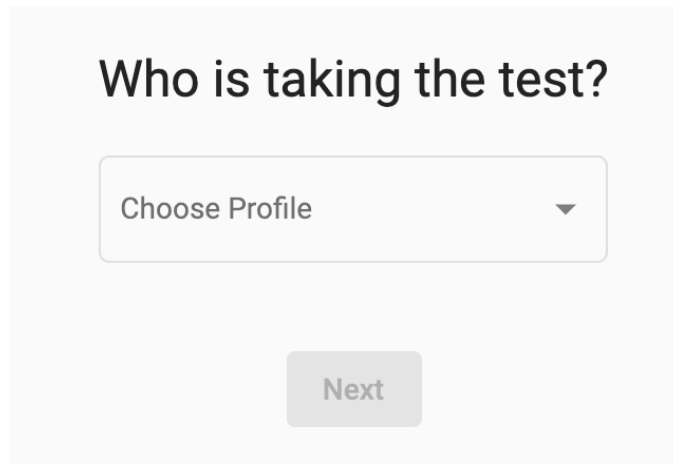
Choose Profile

You'll see a dropdown list containing the names of the people you have entered profiles for. Please choose one and click **Next**.

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Who is taking the test?

Choose Profile ▼

Next

Confirm Organization

You'll be asked to confirm the organization for the profile you selected. Please verify that you have chosen the correct organization. It is very important to choose the correct organization. If the organization needs to be updated, please click **Update Profile** otherwise, please click **Confirm**. If you click **Update Profile**, you will be directed to the profile page where you can make that change. If you click **Confirm**, you will be asked to confirm in a black dialog with a green **Confirm** button at the top of the screen. Please click **Confirm** again to proceed.

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John Doe

DOB: 01/15/2002

Address: 1 King St. NY, NY

Confirm your organization

Quadrant Biosciences

Update Profile

☒ I confirm this is my organization

Previous

Next

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Instructions Before Testing

The next screen contains prerequisites for testing. Please ensure that you meet the criteria and click **Next**.

John Doe

Quadrant Biosciences

DOB: Sep 9, 1999

Prior to sample collection please ensure that:

- Within the past three hours, you have not brushed your teeth or used mouthwash.
- Within the past 30 minutes that you have not eaten or drank anything, including mints, gum or lozenges.
- In the past 30 minutes that you have not smoked or used smokeless tobacco products.

Next

Symptoms Check

The Center for Disease Control (CDC) maintains a list of symptoms that are required to be asked with each test. Please review the list and answer yes or no.

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John Doe
Quadrant Biosciences
DOB: Sep 9, 1999

Does the test subject have any of the following symptoms?

- Muscle or body aches
- Congestion or runny nose
- Cough
- Diarrhea
- Fatigue
- Fever or chills
- Headache
- New loss of taste or smell
- Nausea or vomiting
- Shortness of breath or difficulty breathing
- Sore Throat

☐ Yes ☐ No

Next

Vaccination

Please answer the vaccination questions presented.

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John Doe

DOB: 01/15/2002

Address: 1 King St. NY, NY

Have you received the COVID-19 vaccination?

☒ Yes ☐ No

What brand of vaccine did you receive?

Date of most recent vaccination



How many vaccine shots have you had?

Previous

Next

Exposure Risk

Please answer yes or no, then click **Next**.

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John Doe

DOB: 01/15/2002

Address: 1 King St. NY, NY

Exposure Risk

Did the test subject have close contact with a COVID-19 case?

☐ Yes ☒ No

Previous

Next

Other information

Please answer yes or no to the following questions required by the New York State Department of Health, then click **Next**.

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John Doe
Quadrant Biosciences
DOB: Sep 9, 1999
Address: 129 Sesame St NY, NE

Other Information

Is this your first test for SARS-CoV-2 (Coronavirus)?

☐ Yes ☐ No

Are you pregnant?

☐ Yes ☐ No

Are you employed in a healthcare organization?

☐ Yes ☐ No

Do you reside in a congregate care setting (such as a nursing home, hospice, or adult care facility)?

☐ Yes ☐ No

[Previous](#) [Next](#)

Saliva Collection

Please work with your qualified healthcare provider to collect a saliva sample, and enter the barcode twice. Please pay careful attention to the barcode that you enter here. It is very important that you enter the barcode accurately.

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John Doe

Quadrant Biosciences

DOB: Sep 9, 1999

Please enter the barcode found on the sample tube below

Please enter the test kit barcode



Sample Tube

There is a unique identification number below the barcode on your test kit

Barcode *

Confirm Barcode *

Previous

Validate

Verify your Barcode

Please confirm that you have entered the barcode correctly. It is very important that you enter the barcode accurately. Once you have verified, please click **Submit Test**.

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John Doe


DOB: 01/15/2002

Address: 1 King St. NY, NY

Please verify all information

After collecting the sample, please return the test kit to the proctor, and follow their instructions.

Symptomatic? No

Barcode: 0000000000000000 

Submit Test

You have successfully added a COVID-19 test! You will be directed back to the dashboard where you'll see each of your profiles and the tests that they have registered.

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Add a Profile



Register a COVID-19 test



Your Profiles

John Doe

Sep 9, 1999



Barcode: 00000000000000
Collected: Jan 13, 2021

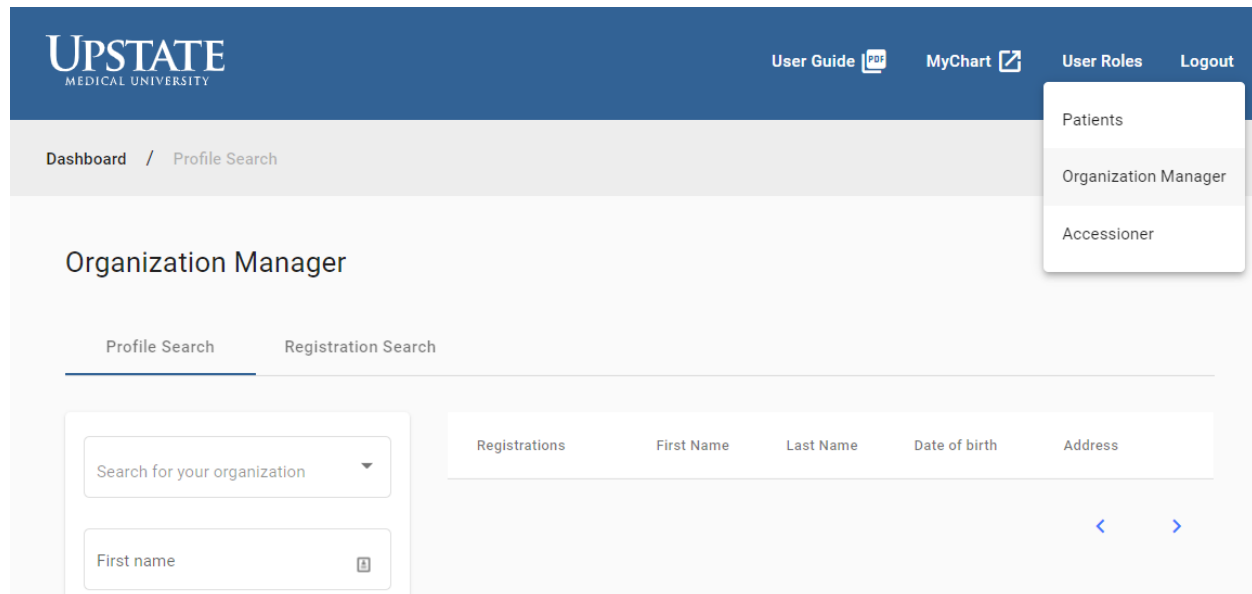
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Organization Managers

For personnel (such as school nurses, physicians, or site administrators) authorized by an organization, the ability to search and add tests for patients within the organization is offered. If you are an authorized organization manager, you'll see an additional item in the **User Roles** menu in the top right corner of the web site:



Please select **Organization Manager** to be directed to this feature.

Profile Search

On the profile search page, you see four fields with which to find profiles: organization, first name, last name, and date of birth.

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Organization Manager

Profile Search

Registration Search

Registrations	First Name	Last Name	Date of birth	Address
<div> <div><</div> <div>></div> </div>				

Search Fields

The dropdown list containing organizations is limited to those you are authorized to search. You can enter part or all of the first and/or last name and results matching the values entered will be displayed on the right side of the page.

Search Results

In the search results you'll find the search fields, as well as the street address of the matching record.

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Profile Search

Quadrant Biosciences

First name
Jo

Last name
D

Date of birth

Search

Registrations	First Name	Last Name	Date of birth	Address
View Registrations	John	Doe	Sep 9, 1999	129 Sesame St

To view registrations for a matching profile, please click ***View Registrations***.


John Doe


Quadrant Biosciences

DOB: Sep 9, 1999

Address: 129 Sesame St NY, NE

Add a COVID-19 test




Barcode: 0000000000000000
Collected: Jan 13, 2021

If you wish, you may add a COVID-19 test on behalf of the person by clicking ***Add a COVID-19 test***. This will lead you through a process similar to the workflow described in the **Add COVID-19 Test** section of this document.

Registration Search

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On the registration search page, you see seven fields with which you can locate specific registrations, find test results and export search results. The fields available to be searched include: first name, last name, date of birth, barcode, a test result filter, test start date, and a test end date.

Any conditions that are set are combined and act as a search filter applied to your organization's data and any results are displayed when you select search.

UPSTATE
MEDICAL UNIVERSITY

User Guide MyChart User Roles Logout

Dashboard / Test Registration Search

Organization Manager

Profile Search Registration Search

Search for your organization

First name

Last name

Date of birth

Barcode

Result

Test Start Date

Test End Date

Search

Clear

Name	Date of Birth	Address
No results found.		

Items per page: 10 0 of 0 |< < > >|

Export to CSV

An example of a simple test based on a positive result is shown below.

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Support: covid-support@quadrantbiosciences.com

Organization Manager

Profile Search

Registration Search

Daniel Giles Inc

First name

Last name

Date of birth

Barcode

Result
COVID Positive

Test Start Date

Test End Date

Search

Clear

Name	Date of Birth	Address
▼ Dylan Brown	Oct 22, 1993	Over there
▲ William Haynes	May 18, 2014	Over there
<div>Barcode: 10133267401819</div> <div>Collected: Feb 21, 2021</div> <div>Result: Pool Positive</div>		
▼ Mark Miller	Mar 30, 1969	Over there
▼ Jonathan Navarro	Sep 9, 1984	Over there
▼ Kimberly Perry	Jun 27, 2004	Over there
▼ Lauren Rivera	Mar 6, 1968	Over there
▼ Kelly Vega	Jun 17, 2012	Over there
▼ Nicholas Willis	Nov 13, 2000	Over there

Items per page: 10

1 - 8 of 8

< > << >>

Export to CSV

Clicking the “Export to CSV” option will make all the results of the search available in a comma separated text file that is downloaded for your use locally.

An example of the file format is shown below:

```
SampleBarcode, LotBarcode, LabBarcode, HumanGene, SARS-CoV, CollectionTime, LastName, FirstName, DOB, School, StudentId, Phone, Email, InstitutionCode
"51884659135257", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-03-01T05:38:54.000Z", "Brown", "Dylan", "1993-10-22T08:51:42", "Daniel G
"10133267401819", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-02-22T03:24:18.000Z", "Haynes", "William", "2014-05-18T16:45:54", "Danie
"62709855437113", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-03-01T02:24:31.000Z", "Miller", "Mark", "1969-03-30T09:43:56", "Daniel G
"68424380806231", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-03-03T16:51:34.000Z", "Navarro", "Jonathan", "1984-09-09T00:25:11", "Dan
"20170988445706", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-02-22T12:44:41.000Z", "Perry", "Kimberly", "2004-06-27T21:09:51", "Danie
"82948525432382", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-03-10T19:43:40.000Z", "Rivera", "Lauren", "1968-03-06T05:50:35", "Daniel
"86720734607362", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-02-12T01:59:12.000Z", "Vega", "Kelly", "2012-06-17T08:10:56", "Daniel G1
"12401565541484", "LDAYUWEUUM", "XSK-ZKKY", "PASS", "POOL POSITIVE", "2021-02-18T18:28:41.000Z", "Willis", "Nicholas", "2000-11-13T00:54:37", "Dani
```

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Appendix

Authorization Language

The latest version of this language is available at <https://info.suny-covid.com/authorization.pdf>

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