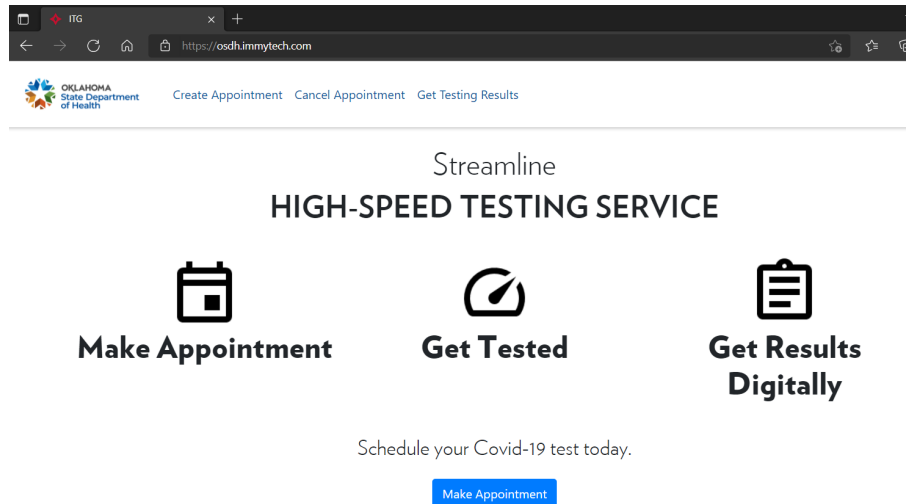


OSDH COVID-19 Testing Portal




Step 1. Visit <https://osdh.immytech.com> to register for and schedule an appointment for COVID-19 testing.



Step 2. Click on the blue “Make Appointment” button. You will be taken to the registration and scheduling page.

Step 3. Scroll down to the “Appointment” section. Click on the dropdown arrows (below, in yellow) to choose the clinic site, day you want to book an appointment, and then time for the appointment.


Appointment

Collection Site	Select site or search by city, county, or zip... 
Day	Please Select... 
Time	Please Select... 

Step 4. Scroll down to the next section called “Patient Information.” Enter the information about the person needing the testing. Some of the questions at the bottom are already populated with a “No” response. Change them to “Yes” if they pertain to the person needing testing.



Patient Information

First Name	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name	<input type="text"/>
Email to Receive Results	<input type="text"/>
Confirm Email	<input type="text"/>
Gender	<input type="text" value="Please Select..."/>
Date of Birth	<input type="text" value="MM-DD-YYYY"/>
Street Address	<input type="text"/>
City	<input type="text"/>
Zip	<input type="text"/>
State	<input type="text" value="Please Select..."/>
County	<input type="text"/>
Cell Phone	 <input type="text" value="Enter phone number"/>
Ethnicity	<input type="text" value="Please Select..."/>
Race	<input type="text" value="Please Select..."/>
Is this your first test?	<input type="text" value="Please Select..."/>
Are you employed in healthcare?	<input type="text" value="Please Select..."/>
Are you symptomatic as defined by the CDC?	<input type="text" value="Please Select..."/>
If yes, what was the date of symptom onset?	<input type="text" value="MM-DD-YYYY"/>
Are you currently hospitalized?	<input type="text" value="No"/>
Are you currently in an intensive care unit?	<input type="text" value="No"/>
Are you a resident in a Congregate Care setting?	<input type="text" value="No"/>
Are you pregnant?	<input type="text" value="No"/>

Step 5. Scroll down a little more to the “Summary” section. The appointment information you chose will be at the top of this section. Please review the Informed Consent and click in the box to acknowledge your agreement.

Informed Consent

By selecting the ACKNOWLEDGEMENT during the registration process for COVID-19 Diagnostic Testing at OSDH, I acknowledge and agree that I have read, understand, and agreed to the statements contained within the [informed consent](#). I have been informed about the purpose of the COVID-19 diagnostic test, procedures to be performed, potential risks and benefits, and associated costs. I have been provided an opportunity to ask questions before proceeding with a COVID-19 diagnostic test and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 diagnostic test, I may decline to receive continued services. I have read the contents of this form in its entirety and voluntarily consent to undergo diagnostic testing for COVID-19.

IF BEING COMPLETED ON BEHALF OF A MINOR: I affirm that I have legal authority, based on my relationship to the minor, to consent to a test sample being taken from my child or legal dependent for COVID-19 Diagnostic Testing.

I would like to receive healthcare information (i.e. appointment reminders, notifications that lab results are ready to view, etc.) via text message. NOTE: OSDH will never send marketing or other non-healthcare related information via text message. You may opt-out at any time.

I acknowledge and agree that I have read, understand, and agreed to the statements contained within this form.

[Next](#)

*** This is not a final submission. You will need to hit 'Submit Appointment' on the next page before your actual appointment is scheduled. You will receive an email when your appointment has been scheduled.**

Step 6. Click on “Next,” and make sure the patient’s first and last name, date of birth, email, and phone number are correct. If you need to make changes, click the red “Go Back” button and make the changes. If everything is correct, click the blue “Submit Appointment” button. You should receive an email confirming your appointment.

BEFORE SUBMISSION CONFIRMATION ×

This is not a submission. You must confirm the following information before your appointment is made:

First Name: Test

Last Name: Record

Date of Birth: 01-01-2000

Email: test@yahoo.com

Phone Number: +1405555555

Incorrect information, typos, and misspellings will delay access to your results and check-in.

[Submit Appointment](#) [Go Back](#)

Step 7. The patient will bring the confirmation notice to the appointment, if possible.

The system will send you an email or text when your test results are ready. Follow the instructions in the email to retrieve your results. If you provided a cell phone number for results, you may receive two text

messages regarding testing – one from the lab with your results and one from OSDH for case investigation and contact tracing.