

Portal Sign up & Pre-registration Information

P23 Laboratories Self-Collection Kits for COVID-19 PCR Testing

Document Audience:

Facilities using P23 labs self-test kits provided by the Tennessee Department of Health for COVID-19 testing.

Document Purpose:

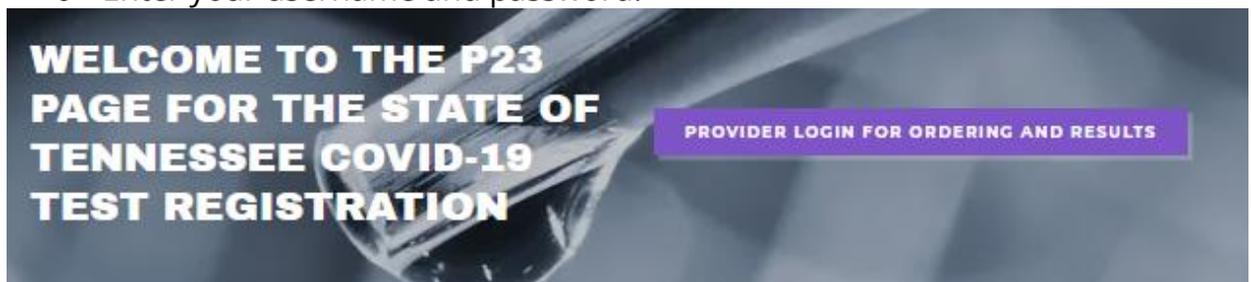
Please note that to ensure a smoother reporting experience, it is recommended that facilities use their portal and login information to pre-register samples. There have been some reporting challenges and we hope that pre-registration through the login portal will make reporting smoother.

Please note that the full P23 SOP is also available.

For any questions, please reach out to covid19.testing@tn.gov or covid.laboratory@tn.gov

Step 1: Request Access to get access to P23 Labs portal

- A. Once your facility has ordered supplies, please confirm that you have login access to the P23 TN Portal.
 - Visit <https://p23labs.com/tn> and click on “FDA Authorized COVID-19 Provider Login for Results and Ordering”. (see screenshot below)
 - Enter your username and password.



- B. If you do not have a username and password, please email COVID19.testing@tn.gov and sandrine@p23labs.com with the following information:

C. Sample Email:

Hello COVID Testing,

I have ordered P23 supplies through the Tennessee Department of Health/ TEMA. Please create a P23 TN portal account for me. Below is my information:

- Facility Information
 - Facility Name:
 - Facility Address:
 - Facility Phone Number
- Facility Contact Information
 - Contact Name:
 - Contact Phone Number:
 - Contact email:

D. Your facility will receive a unique User ID and password for your P23 online dashboard.

E. Portal information should only be shared with those who should have access to ALL patient lab results

F. Expected Turn Around time for portal access: 72 hours (3 business days)

- Within 3 business days of when your facility sends the email to Covid19.testing@tn.gov, you should receive portal login information. If you do not, please email COVID19.testing@tn.gov , & COVID.Laboratory@tn.gov and sandrine@p23labs.com.

Step 2. Prepare for Pre-registration:

A. Identify patient for testing (*e.g., patient experiencing symptoms of COVID-19, employee required to have regular testing, voluntary testing at a vulnerable population testing event, cluster investigation, etc*)

B. Background Information about Pre-registration

- Please confirm portal access before registering patients. (see step 1)
- Facilities can pre-register their kits in preparation for testing.
- Pre-registration is highly recommended so that P23 can link specimens to reporting facility

C. When can your facility pre-register?

- It can be done before testing has occurred.
- It can happen when the facility knows when the person is coming in for testing. (*It does not have to be for same day as testing*)

D. Items to Keep in Mind

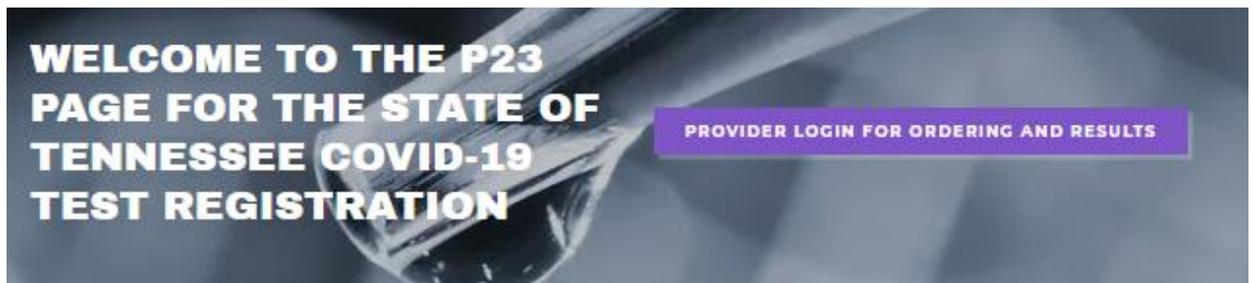
- After completing the pre-registration, please print the requisition and put one copy into the pocket of a lab sample biohazard bag. Print additional copies for your facility's records, as needed.
- Each sample has to be entered for pre-registration individually. A multiple sample option is not available. An excel sheet cannot be sent.

E. Register specimens for testing using your facilities' portal

- Portal Access provides full access to all patients and results for tests ordered by the facility. It is **highly recommended** that this access be limited to essential clinical staff for which this access is necessary.
- Please see detailed steps below.

Step 3. Register Patient for testing:

- A. Visit <https://p23labs.com/tn> and click on "FDA Authorized COVID-19 Provider Login for Results and Ordering". (see screenshot below)

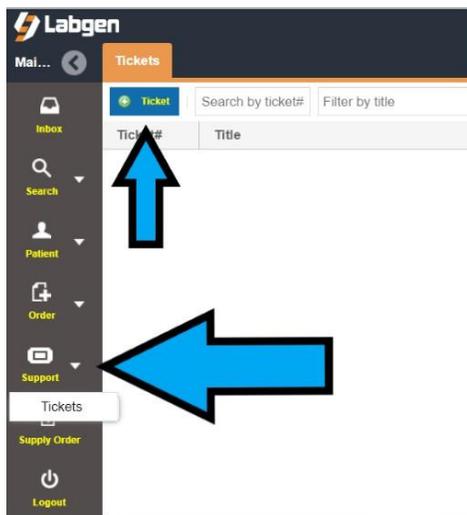
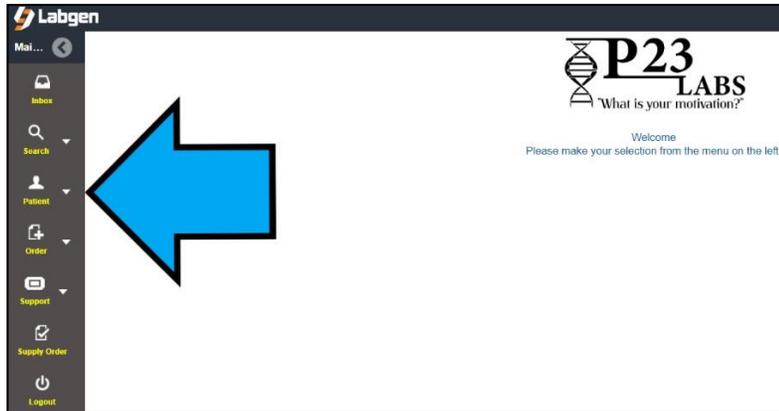


- B. Use your facility's P23 Labs User ID and Password to access your facility's dashboard.

Now, you register the patient

- C. From the menu on the left, click "Patient" and enter patient information
- "Chart Number" and "Room" are optional.
 - "Phone Number" is required. If the patient does not have a phone number, enter the facility's phone number.
 - Enter the patient's email if you would like the patient to receive an emailed copy of their results. (*optional*)
 - Choose your facility from the dropdown in "Patient Client".
 - Only facilities associated with your organization should be on the drop down.

- If the facility name listed is incorrect, click “Support” and “Ticket” from the menu and click “+Ticket” to request a change. (You can still proceed with the patient registration and ordering)
- Click “Save”



D. Second, you need to fill in insurance section

- Neither the patient nor the facility will be billed for the processing of this test;
- In the upper left corner check the box next to “Same as Patient” to auto fill the patient information
- “Selected Insurance”: from the drop down, select “Bill Client”.
 - The “Client” is the State of Tennessee
- “Plan #” will automatically populate as “3”. Leave that alone.
- The remainder of the insurance fields should be left blank.
- Click “Save”

Now the patient is fully registered.

Now, you must order the test.

Step 3. Order Test for Registered Patient:

E. Order the lab

- Select "ORDER" and "Add Order" from the menu on the left and enter all or part of the patient's name. Click on the refresh icon at the right side of the search bar.

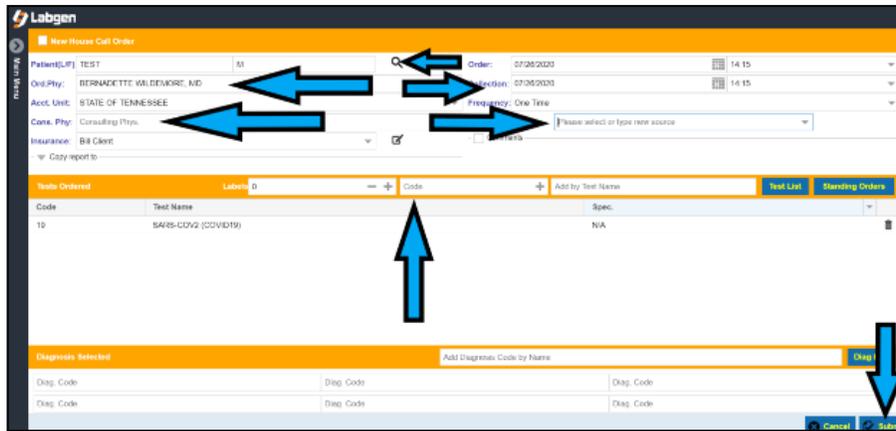


ii.



- Search the patient. Their information will auto populate to the order screen.
- Select "Ord. Phy" from the drop down. This is a P23 physician which relieves you of the need to provide an ordering physician for the order.
- Enter the collection kit's unique ID number in the "Cons. Phy." line
- Change the order and collection dates and times, if needed.
- At "Please select or type new source" choose "saliva" or "nasalpharyngeal" or type "nasal"

- On the orange “test ordered” line enter “19” for the “Code”, which denotes SARS-CoV2 COVID testing. Click the “+” to the right of the “Code” field to add the test, or press “Enter”. The lab will then be listed below
- Click “Submit” on the lower right of the screen
- On the pop-up screen, enter the initials of the individual entering the order



Now the test has been ordered for the patient.

F. Print the ticket that pops up and put one copy into the pocket of a lab sample biohazard bag. (sample below)

G. Print additional copies for your facility's records, as needed.



P23 LABS
"What is your motivation?"

500 S. University Ave. St. 504
Little Rock, AR 72211
(501) 246-7311



Order# 0000037789
Ord. Date: 10/16/20

Client Information

Client# 55
CONNECTICUT HEALTH
501 Benton Avenue
MELROSE, TN 37204









Ordering Physician: 34-BERNADETTE WILDEMOR, MD

Patient Information	Insurance Information
Patient Name: SAMPLE, SAMPLE Patient Address: 710 JAMES ROBERTSON PKWY NASHVILLE, TN 37025 Phone #: 1231231234 D.O.B.: 10/16/2020 Age: 0 Sex: F Client Chart: Lab/Par. ID: R0000014091	Bill-Type: 3-CLIENT Order Entered By: COVID19 Insurance#1: 3 -Client Billing Policy#: Insurance#2: Policy#: Group# 777group1 Group# Client Insured: SAMPLE, SAMPLE Relationship: SE Insured Address: 710 JAMES ROBERTSON PKWY NASHVILLE, TN 37025 Insured DOB: 10/16/20 Insured Sex: F

Specimen Information	Diagnosis Codes
Collection Date: 10/16/20 Collected By: nas Time: 11:21 Source: ---	Diagnosis code and/or other applicable diagnosis information must be provided to support the medical necessity of the test(s) ordered.

Authorized Signature: Approved by BERNADETTE WILDEMOR, MD on 10/16/20

Ordered Tests

CODE	DESCRIPTION	CODE	DESCRIPTION	CODE	DESCRIPTION
1919	COVID19 ANTIBODY TEST (lg				

Comments:

Special Instructions

I, the undersigned, confirm and agree to the following statements regarding my laboratory services ordered today by my provider, (where medically necessary, with P23 Labs.
 Consent to Testing: The specimen that accompanies this form is mine. I have not submitted the specimen to any other laboratory. I consent to P23 Labs' P23 performance of the testing ordered by my provider.
 Financial/Insurance Authorization: I hereby assign my insurance/health benefits (if any) to P23 and authorize that all payments made pursuant to my insurance/health plan for this testing be made directly to P23.
 I authorize my provider and P23 to release to my insurance/health plan all information necessary for my insurance/health plan to adjudicate any claims for payment of this testing ordered on this form or to appeal any denial of such payment or reimbursement. I further authorize them to appeal on my behalf any denial of reimbursement by my insurance/health plan for the testing ordered by my provider on this form.
 The information I have provided on this form is accurate. I authorize P23 Labs and affiliates to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to P23 for the service's testing. I am aware that P23 Labs and affiliates may be an out-of-network provider with my insurer. I am aware that I am responsible for all charges and deductibles not covered by insurance or other payment.
 I understand the referring physician does not have control of whether or not the provider is in or out of network or of the fees the referring provider charges. I have read and fully understood this Disclosure Notice.
 Therefore, I understand my intended tests, diagnosis and service and I agree to accept such referral, if offered.

Name of Patient

Signature of Patient or Responsible Party

Date