

How to create your *Surveillance Testing Account*

Google Chrome or Safari preferred

It can be created on your smart device or computer

1. At least two days before testing, you should create a COVID-19 Surveillance Account and complete your profile (<http://register.suny-covid.com/>).



Welcome

This website will guide you through the registration as part of your school's disease surveillance program for SARS-CoV-2.

Login or Register

[Resend confirmation](#)

2. Click on Register. Then complete this page. Please remember your password for future use.

Register

Email

Password

Password must be at least 8 characters long and contain:

- Upper & lower case letters
- Number
- Special character

Password confirm

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


Sign up

3. Confirm your account – enter the confirmation code and click Login

Login

Your account has been successfully confirmed

 Email

 Password

Login

4. Complete your profile. **You do not need to enter your insurance information.** Please enter the following information instead:

- For “Insurance Company & Insurance address”: enter two dash marks (--)
- For “Insurance phone number”: enter 10 zeroes (0000000000)
- For “Subscriber questions”: enter two dash marks (--)
- For “Relationship to policy holder”: enter Other Relationship or Self
- For “Subscriber phone number”: enter 10 zeroes (0000000000)
- Then on the screen below, check **both** boxes and click “Next”



We need a bit more information before you get your test kit

Please acknowledge the following and click next

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.
- Ensure in the past **30 minutes** that you have not smoked or used smokeless tobacco products.

By checking this box I am consenting to SUNY and Quadrant transmitting and storing your information electronically for SARS-CoV-2 Surveillance.

I have been informed that I may obtain a SARS-CoV-2 clinical diagnostic test by a provider of my choice. However by checking this box I am consenting to SUNY Upstate University Hospital performing a SARS-CoV-2 clinical diagnostic test using the sample I have provided if my pool test is positive.

[See details](#)

Next

5. Answer all questions on this page:

Do you have any of the following?

Fever or chills	<input type="radio"/> Yes <input type="radio"/> No
Cough	<input type="radio"/> Yes <input type="radio"/> No
Shortness of breath or difficulty breathing	<input type="radio"/> Yes <input type="radio"/> No
Fatigue	<input type="radio"/> Yes <input type="radio"/> No
Muscle or body aches	<input type="radio"/> Yes <input type="radio"/> No
Headache	<input type="radio"/> Yes <input type="radio"/> No
New loss of taste or smell	<input type="radio"/> Yes <input type="radio"/> No
Sore throat	<input type="radio"/> Yes <input type="radio"/> No
Congestion or runny nose	<input type="radio"/> Yes <input type="radio"/> No
Nausea or vomiting	<input type="radio"/> Yes <input type="radio"/> No
Diarrhea	<input type="radio"/> Yes <input type="radio"/> No

6. Once completed, you will be asked 3 more questions. Please answer all questions.

Please provide the following information required by the State of New York.

Is this your first test for SARS-CoV-2 (Coronavirus)? Yes No

Are you pregnant? Yes No

Are you employed in a health care organization? Yes No

7. Once you see the following screen, do not proceed. You will be given a test kit once you are at the testing site.



Before proceeding, do you have a test kit?

If you do not yet have a test kit, please stop. The remainder of this process involves registering the barcode of the test kit you will be using. Your responses thus far have been saved so you can return later.

I have a test kit