

Hello Parents of Campers,

Your child's camp has partnered with Vault Health to provide at-home saliva based COVID-19 testing to complete in advance of arrival at camp.

**This document will guide you through the process of ordering your child's test.**

To order a test for your camper, please use the following link: <https://h.vlt.co/camp>

- Chrome browser recommended
- If you have multiple campers in your household, we recommend using incognito mode.

**Important details about the test:**


- Each test kit will be uniquely registered to a specific child. Please make sure not to swap kits with other members in your household.
- Do not open the test tube packaging until you're ready to do the saliva collection with your child over a Zoom video call. Spitting into the tube prior to the telehealth visit will invalidate your sample.
- You need to accompany your child for the supervised saliva collection.
- When your child is ready to do the saliva collection, login to the Zoom waiting room using the email and password you signed up with.
- **Children should not eat, drink, or chew gum for at least 30 minutes before giving the sample.**
- **Ship the test back before 3pm local time.** You can locate a drop off point [here](#).

**It is your responsibility to adhere to the schedule provided by your Camp Director for ordering the test and performing the saliva collection in advance of your child's arrival at camp. If you miss a deadline, please escalate this to your Camp Director.**

**The following pages provide a step by step guide to ordering a test for your child:**

## Step 1

- The first page of the website will ask for information about your child. Please make sure **not** to enter parental information here, there will be a subsequent page where you will enter that info.



The screenshot shows the Vault website's registration page. At the top, the Vault logo is displayed in blue. Below the logo, the heading "Tell us about you" is centered in a large, bold, blue font. Underneath the heading, a sub-heading reads "In order to send you a test, we need to know about who it's for." Below this, there is a link that says "Already have an account with Vault? [Log In](#) ↗". The form consists of four input fields, each with a label above it: "FIRST NAME" with the value "Jimmy", "LAST NAME" with the value "Doe", "PHONE" with the value "(555) 555-5555", and "DATE OF BIRTH" with the value "01/01/2012".

## Step 2

- Each child will need a unique email address associated with the account you will create when ordering the test. If your child does not have an email, please create an email for each child you are ordering a test for.
- If you do *not* have an existing email that you can use for your child, there are two options for creating additional emails for your child/children.
  - Option 1: You can create a new email address for your child. We suggest creating an email account through Gmail. Gmail accounts are free, secure, and should take less than 5 minutes to create.
  - Option 2: If you yourself have a Gmail account, you can create a unique 'version' of your email for your child by using the plus sign (+). All emails sent to that email address will be forwarded to your email address.
    - For example, if your email is [johndoe@gmail.com](mailto: johndoe@gmail.com), you can create a 'new' email for your child by adding a "+" sign and introducing any text between the + sign and the "@" sign. (E.g. "[johndoe+childname@gmail.com](mailto: johndoe+childname@gmail.com), ) Any emails sent to "[johndoe+childname@gmail.com](mailto: johndoe+childname@gmail.com)" will automatically forward to your inbox.
    - You can read more about this [here](#).

## Create Account

**Please note:**

Each person who orders a test kit requires a unique account and email address. This may mean that you need to create an email address for your child. This email will only be used to communicate order status and results.

EMAIL

PASSWORD

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

- Your child's results notification will go to the email used to create their account, please ensure that you have access to the email account in order to retrieve the result notification. If you are using the + symbol to create another account the results notification will be sent to the 'original' address.

### Step 3

- On the next page, enter your first and last name under Parent/Guardian Details.

**VAULT**

## Parent/Guardian Details

Please provide your name below.

FIRST NAME

LAST NAME

### Step 4

- Next, take a photo or upload a photo of the PARENT or GUARDIAN'S government issued photo ID. This should be your ID, not the child's ID. Please make sure that the ID is well-lit and clearly readable.

## **Provide a photo of your government-issued photo ID**

This should be your ID, not the child's. ID is collected so that a Vault medical practitioner can confirm your identity as the parent/guardian who registered the test.

**TAKE A PHOTO**

**OR**

**UPLOAD A PHOTO**

Make sure that your your ID:

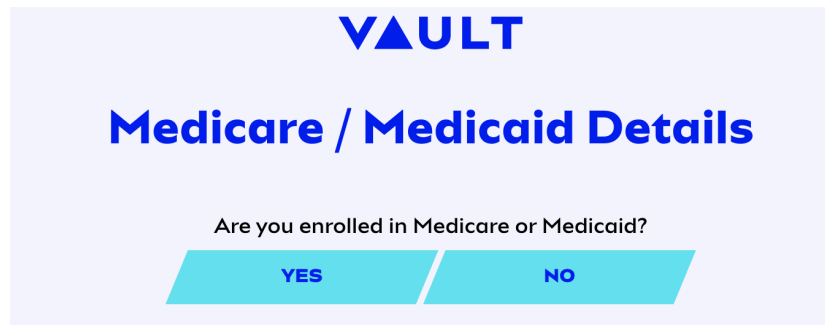
- Includes your full name and a photo
- Is not expired
- Is well-lit and clearly readable
- Is not cut off or cropped

- After taking or uploading the photo, click the consent checkbox and click "Next."

**By clicking this box, I affirm that I am the parent or legal guardian of the minor individual for whom the test is being ordered and I have the authority to make medical decisions for such minor.**

## Step 5

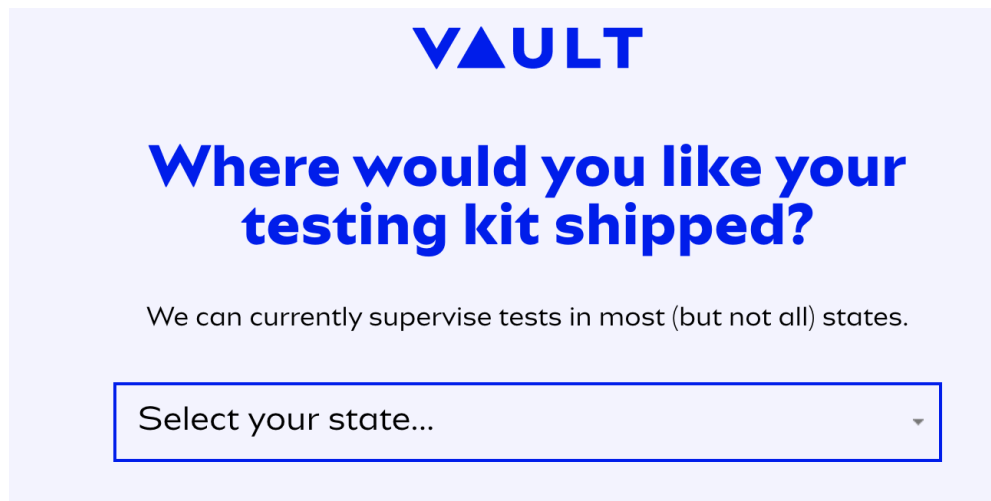
- On the next page, click whether or not you and your family are enrolled in Medicare or Medicaid.
  - Select “No”



The screenshot shows a light blue background with the VAULT logo at the top. Below the logo is the title "Medicare / Medicaid Details" in bold blue text. Underneath the title is the question "Are you enrolled in Medicare or Medicaid?". At the bottom of the form are two teal buttons: "YES" on the left and "NO" on the right.

## Step 6

- Next you will select the state where you would like your testing kit shipped



The screenshot shows a light blue background with the VAULT logo at the top. Below the logo is the title "Where would you like your testing kit shipped?" in bold blue text. Underneath the title is the text "We can currently supervise tests in most (but not all) states.". At the bottom of the form is a dropdown menu with the text "Select your state..." and a small downward arrow on the right side.

## Step 7

- Please review the test guidelines and click the appropriate checkboxes at the bottom of the page. Note: **This test does not require a separate physician order.** The test will be ordered by a Vault Physician following your completion of the intake forms. **Your only responsibility is to complete the intake process.**
  - Receiving the results of the test via email is optional. *If you do not click the checkbox for this option, you'll need to log in to your account to view the results (vaulthealth.com/covid)*

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.

### Step 8

- Next you will be asked if your child has been exposed to anyone who has been confirmed to have COVID-19.

**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.

- If your child has been exposed to someone you will be asked to provide the number of days since exposure.

**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?

## Step 9

- Next you will be asked if your child has potentially been exposed to someone with COVID-19. If yes, please indicate the number of days since exposure.

**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.

**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?

## Step 10

- Next you will indicate whether or not your child is experiencing any symptoms of COVID-19. If they are not experiencing any symptoms, select the “No Symptoms” option.

**VAULT**

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

Check all that apply:

< BACK

**VAULT**

**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

**NEXT** >

- If you indicated any symptoms, you will then be asked how many days your child has had symptoms for. Please enter the number of days.

**VAULT**

**How many days have you had symptoms?**

**Enter the # of days**

DAYS

### Step 11

- Enter the shipping address where you will receive your test and click “Next”. Note that the address must be in the state you selected previously.



## Shipping Address

Enter the address where you would like us to send your testing kit.

FIRST NAME		
Jimmy		
LAST NAME		
Doe		
ADDRESS		
123 Main St		
ADDRESS 2		
CITY	STATE	ZIP CODE
New York	New York	10010
PHONE NUMBER		
(555) 555-5555		



All treatments include expedited shipping.

- Enter your payment information. If your billing address is the same as your shipping address, click the “Same as Shipping Address” checkbox. Then click “Next.”

VAULT

## Payment Info

Enter your payment details below  

CARDHOLDER NAME *	
John Doe	
CREDIT CARD NUMBER *	
4111 1111 1111 1111 	
MONTH	YEAR
04	2024
CVV *	
111 	

## Billing Address

Same as Shipping Address

- If your billing address is different from your shipping address, enter your billing address.

**Billing Address**

Same as Shipping Address

ADDRESS

ADDRESS 2

CITY  STATE  ZIP CODE

**Step 12**

- After reviewing your order, click “Place Order” at the bottom of the page. If you need to make any changes, click the “Back” link in the upper left corner of the page.

**Your Order**

<b>COVID-19 Testing Kit</b>	<b>\$150</b>
Sample collection materials	Included
2-way overnight shipping	Included
Telehealth call	Included
Results report	Included
<hr/>	
<b>Order Total</b>	<b>\$150</b>

**PLACE ORDER** >

You'll receive an order confirmation email.

If you have any questions or need assistance with your test please reach out to us at [covid@vaulthealth.com](mailto:covid@vaulthealth.com)

**Test Summary:**

Vault Health is excited to work together with camps nationwide to help campers and staff enjoy camp throughout the summer. In partnership with Rutgers Clinical Genomics Laboratory (RUCDR), we developed a process to conduct physician-ordered testing using a provider-supervised telemedicine collection of a saliva specimen (at home), with physician-managed results reporting provided directly to the patient as well as applicable health authorities. This test protocol eliminates the risk of provider-to-patient exposure and eliminates waste of scarce personal protective equipment (PPE). Use of a saliva sample also helps patients avoid the potential discomfort of producing a sample with a nasopharyngeal swab.

The test can detect fewer than 10 copies of viral genes per milliliter of saliva, and can detect the presence of virus in the saliva within 2 days of infection and up to 28 days after infection. Across all known gene sequences of SARS-CoV-2, the test detects the ones in the genes of interest >99% of the time, making it highly sensitive and specific for those genes.

Furthermore, emerging data about false negative rates of saliva-based COVID tests are showing that the false negative rate for saliva-based tests are in the 0-10% range, which is significantly lower than those of nasopharyngeal swab-based tests, which are in the 25-35% range.