

#### **Audit Report Form**

Audit Date: 11Mar2021

Audit Reference Number: 21AUDIT008

Report Date: 23Mar2021

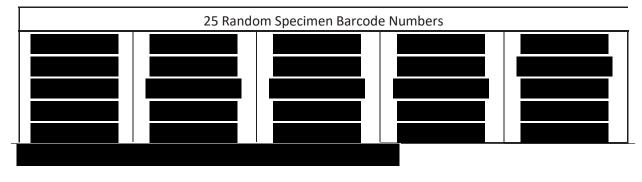
Response Due Date: 29Mar2021

Auditee:

Audit Objective(s): Obtain compliance, monitor effectiveness of multiple CAPA

initiatives, and assess the scope and activities template of this plan that will be implemented monthly.

**Audit Scope:** End-to-End Audit on 25 random samples spanning Nov2020 – Mar2021, selected by IT (see audit plan)



#### Audit Report Review:

| DocuSigned by:                        | 23 March 2021   7:29 PM EDT |
|---------------------------------------|-----------------------------|
| Auditor Signature:                    | Date:                       |
|                                       | 23 March 2021   7:58 PM EDT |
| C7D1E7178C18428<br>Auditor Signature: | Date:                       |
|                                       | 23 March 2021   7:59 PM EDT |
| Auditor Signature:                    | Date:                       |
|                                       |                             |
| OA Manager Signature:                 | Date:                       |
| Arra                                  | 23 March 2021   8:26 PM EDT |
| Laboratory Director Signature:        | Date                        |
|                                       |                             |



#### **Audit Report Form**

#### **QA Statement:**

25 Random Specimens between November 2020 and March 2021 have been audited to assess compliance with the applicable policies and procedures and in accordance with regulatory authority requirements.

Internal audit findings are confidential to clinical testing performed at CDPH Powered by PerkinElmer<sup>®</sup>, Inc. Valencia, CA site (PKIGCA). This page may be provided upon request during regulatory or client inspection as evidence of an internal auditing program.

Report Distribution: Nam Le, Gail Teske, Kamaldeen Muili, Arash Nikoughadem, Lora Bean

#### Audit Status

#### Audit Summary

#### Table of Audit Findings

#### #1 Finding:

#### 1. Availability of specimen requisition complete with all required elements:

1. Adequate patient identification information (e.g., name, registration number and location, or a unique confidential specimen code if an alternative audit trail exists)

- 2. Patient sex
- 3. Patient date of birth or age

4. Name and address (if different than the receiving laboratory) of the physician, legally authorized person ordering the test, or name and address of the laboratory referring the specimen

- 5. Tests requested
- 6. Date of specimen collection, and if appropriate, time of collection
- 7. Source of specimen, when appropriate

#### **Observations:**

All 24 Samples requisitions obtained via COLOR and 1 Sample requisition obtained via OPTUMServe contained the pertinent details listed above.



# **Audit Report Form**

| Month         |         | Barcode           | Unique<br>specimen<br>ID | Sex          | DOB          | Address      | Test<br>request | Date<br>collection<br>& time | Sources<br>of<br>Specimen |
|---------------|---------|-------------------|--------------------------|--------------|--------------|--------------|-----------------|------------------------------|---------------------------|
|               | 1)      |                   | ✓                        | $\checkmark$ | $\checkmark$ | √            | ~               | √                            | ✓                         |
| 50            | 2)      |                   | ✓                        | $\checkmark$ | ~            | $\checkmark$ | ~               | √                            | ✓                         |
| - 200         | 3)      |                   | ✓                        |              | No pa        | tient regist | ration info     | when scani                   | ned.                      |
| November 2020 |         |                   |                          |              |              | Speci        | men cance       | elled.                       |                           |
| ven           | 4)      |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| P<br>N        | 5)      |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | ~                            | $\checkmark$              |
| 20            | 6)      |                   | $\checkmark$             | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| December 2020 | 7)      |                   | ~                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| lber          | 8)      |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| cen           | 9)      |                   | $\checkmark$             | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| De            | 10)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
|               | 11)     |                   | $\checkmark$             | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| 021           | 12)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ✓               | ✓                            | ✓                         |
| January 2021  | 13)     |                   | $\checkmark$             | $\checkmark$ | $\checkmark$ | $\checkmark$ | $\checkmark$    | $\checkmark$                 | $\checkmark$              |
| านลเ          | 14)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ✓               | ✓                            | $\checkmark$              |
| Jar           | 15)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
|               | 16)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
| February 2021 | 17)     |                   | $\checkmark$             | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
| ary           | 18)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ✓               | ✓                            | ✓                         |
| pru           | 19)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
| Fe            | 20)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
|               | 21)     |                   | ✓                        | $\checkmark$ | ✓            | $\checkmark$ | ✓               | ✓                            | ✓                         |
| 21            | 22)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | ✓                         |
| 200           | 23)     |                   | ✓                        | $\checkmark$ | ✓            | $\checkmark$ | ✓               | ✓                            | ✓                         |
| March 2021    | 24)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | ✓            | ~               | ✓                            | ✓                         |
| Ž             | 25)     |                   | ✓                        | $\checkmark$ | $\checkmark$ | $\checkmark$ | ~               | ✓                            | $\checkmark$              |
|               |         | Requirement(s):   |                          |              |              |              |                 |                              |                           |
|               |         | rrective/Preventi | ve Action:               |              |              |              |                 |                              |                           |
| None          | e Requi | ired              |                          |              |              |              |                 |                              |                           |
|               |         |                   |                          |              |              |              |                 |                              |                           |

|  |  |   | Search                           |
|--|--|---|----------------------------------|
| ple #  |  | <b>% Admin</b> (/adminsam   | nples/sample/2465224/change/     |
| us   |  |   |                                  |
| ession #   |  |   |                                  |
| nple Type  | Covid_anterior_nares_swab  |   |                                  |
|  |  |   |                                  |
| lected at  | Nov 2, 2020 12:46 PM   |   |                                  |
| ivated at  | Nov 2, 2020 1:05 PM  |   |                                  |
| ulfillment   |  | <b>% Admin</b> (/adminfulfillment/  | /fulfillment/2459223/change/)    |
| tatus  | Sample accessioned by CDPH Branch Laboratory   |   |                                  |
| atch Size  | 100000   |   |                                  |
| istribution Type   | Handed out at provider's office  |   |                                  |
| ackage Type  | Color saliva package   |   |                                  |
|  |  |   |                                  |
| elivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |   |                                  |
| eturn Status   | Unknown  |   |                                  |
| eturn Carrier  | USPS,First   |   |                                  |
| canned at  | Sep 29, 2020 1:06 PM   |   |                                  |
| ccessioned at  | Nov 3, 2020 9:38 AM  |   |                                  |
| ccessioned by  | CDPH Branch Laboratory   |   |                                  |
| tiel energie fan De muisitien  |  |   | viders/order/details/9270326)    |
| itial sample for Requisition   |  | G CPP ( pio   | viders, order, details, 5270526) |
| tatus  | Claimed  |   |                                  |
| ype  | The provider took the client's sample  |   |                                  |
| est Requested  | COVID-19 test  |   |                                  |
| reated At  | Nov 2, 2020 1:05 PM  |   |                                  |
|  |  |   |                                  |
| kip Payment?   | No   |   |                                  |
| rovider Owned?   | Yes  |   |                                  |
| Patient  |  | & Admin (/adminordering_physicians/patie  | entprofile/884963/change/) 🤸     |
|  |  |   |                                  |
|  |  |   |                                  |
| Phone Number   |  |   |                                  |
|  |  |   |                                  |
| Gender   |  |   |                                  |
| Gender<br>Date of Birth  |  |   |                                  |
| Gender<br>Date of Birth<br>Address   |  |   |                                  |
| Gender<br>Date of Birth  |  |   |                                  |
| Gender<br>Date of Birth<br>Address   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | riderprofile/43251/change/) 💊    |
| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 、     |
| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?   | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) 、    |
| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | Yes<br>Other physician   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) 📢    |
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| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Ves         US         1910 445-0274         Yes         US         1910 1445-0274         Yes         US         Yes         US         US         US         US         Yes         US         US         US         1972697324 |   |                                  |
| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Address<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Allows Sharing.   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Ves         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US   |   |                                  |
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| Order # 17146607995  |   | ର Links <del>-</del>  |
|--|---|---|
| 01001 # 17140007000  |   |   |
| tus  | Report released to client, but not yet opened   |   |
| t Type   | COVID-19 Test   |   |
| proval Status  | Approved by external ordering physician   |   |
| ority  | 0 (CLIENT)  |   |
| est taken by:  |   | Actions • • Admin (/adminusers/coloruser/969775/change/)  |
| mail   | provider-proxy+9270326@color.com  |   |
| s Active?  | Yes   |   |
| Requested Email 🛛  |   |   |
| Date of Birth  |   |   |
| Phone Number   |   |   |
| Preferred Language   | Unknown   |   |
| Jser Type  |   |   |
| Patient Id   |   |   |
| Account Created at   | Nov 2, 2020 1:05 PM   |   |
| Email Confirmed?   | No  |   |
| ex Assigned At Birth 🛛   | Male 🖉  |   |
| Gender Identity  |   |   |
| Self Described Gender Identity   |   |   |
| lealth History Status  | Not started   |   |
| las Ancestry Results?  | No  |   |
| las Access To Discovery?   | No  |   |
| 1arketing Emails   | Subscribed  |   |
| Population Memberships   |   | ~   |
| OptumServe   |   | ~   |
|  |   |   |
| Population   | OptumServe  |   |
| Organization<br>Relationships  | OptumServe  |   |
| Requisition  |   | <b>6 CPP</b> (/providers/order/details/9270326)   |
|  | Claimed   | <b>% CPP</b> (/providers/order/details/9270326)   |
| status   | Claimed<br>The provider took the client's sample  | <b>% CPP</b> (/providers/order/details/9270326)   |
| requisition<br>Status<br>Type<br>Test Requested  |   | <b>% CPP</b> (/providers/order/details/9270326)   |
| Status<br>Type   | The provider took the client's sample   | <b>• CPP</b> (/providers/order/details/9270326)   |
| itatus<br>iype<br>iest Requested<br>Created At   | The provider took the client's sample<br>COVID-19 test  | <b>% CPP</b> (/providers/order/details/9270326)   |
| itatus<br>iype<br>iest Requested<br>Created At<br>ikip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM   | <b>&amp; CPP</b> (/providers/order/details/9270326)   |
| Status<br>Fype<br>Test Requested<br>Created At<br>Skip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| rest Requested<br>Created At<br>Skip Payment?<br>Provider  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| itatus<br>Type<br>Test Requested<br>Created At<br>Kip Payment?<br>Provider   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| Patient<br>Phone Number  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| Patient<br>Phone Number<br>Gender  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| Patient<br>Phone Number<br>Gender<br>Date of Birth   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No   |   |
| Patient<br>Gender<br>Date of Birth<br>Address  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes  |   |
| Status<br>(ype<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes  | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Status<br>ype<br>rest Requested<br>Created At<br>Skip Payment?<br>rovider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes  | <b> </b>  |
| Verified?<br>Primary Role  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes   | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Verified?<br>Primary Role<br>Email   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes   | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider<br>Patient<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Cother physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |   |
| Status<br>ype<br>Cest Requested<br>Created At<br>Skip Payment?<br>Provider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Cother physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Verified?<br>Provider<br>Provider<br>Date of Birth<br>Address<br>Provider<br>Provider<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  | <b> </b>  |
| Status<br>(ype<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Ves<br>Us<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| status<br>ype<br>cest Requested<br>Created At<br>skip Payment?<br>rovider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | The provider took the client's sample         COVID-19 test         Nov 2, 2020 1:05 PM         No         Yes         Ves         Ves         Ves         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US   | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| Verified?<br>Provider<br>Address<br>NPI  | The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 1:05 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Ves<br>Us<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | <b> </b>  |
| Address<br>NPI<br>Institution Address<br>Institution Allows Sharing?   | The provider took the client's sample         COVID-19 test         Nov 2, 2020 1:05 PM         No         Yes         Ves         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274 | S Admin (/adminordering_physicians/patientprofile/884963/change/) ↓ S Admin (/adminordering_physicians/providerprofile/43251/change/) ↓ |
| itatus<br>ype<br>est Requested<br>created At<br>ikip Payment?<br>rovider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number   | The provider took the client's sample         COVID-19 test         Nov 2, 2020 1:05 PM         No         Yes         Ves         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274 | <b>% Admin</b> (/adminordering_physicians/patientprofile/884963/change/) ✔  |
| itatus<br>ype<br>iest Requested<br>Created At<br>ikip Payment?<br>rovider<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing? | The provider took the client's sample         COVID-19 test         Nov 2, 2020 1:05 PM         No         Yes         Ves         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274 | S Admin (/adminordering_physicians/patientprofile/884963/change/) ↓ S Admin (/adminordering_physicians/providerprofile/43251/change/) ↓ |

| Email                         | Erica.pan@cdph.ca.gov   |  |
|-------------------------------|---|--|
| Phone Number                  | (916) 445-0062  |  |
| Fax Number                    | (916) 445-0274  |  |
| Address                       | US  |  |
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| nitial Sample:                |   | <b>&amp; Admin</b> (/adminsamples/sample/2465224/change/) ↓          |
| Status                        |   |  |
| Accession #                   |   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Nov 2, 2020 12:46 PM  |  |
| Activated at                  | Nov 2, 2020 1:05 PM   |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2459223/change/) ↓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Return Status                 | Unknown   |  |
| Return Carrier                | USPS,First  |  |
| Scanned at                    | Sep 29, 2020 1:06 PM  |  |
| Accessioned at                | Nov 3, 2020 9:38 AM   |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| ports                         |   |  |
| Report ID: 1076800            |   | <b>% Report</b> (/reports/1076800) ↓                                 |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Nov 4, 2020 3:01 PM   |  |
| Release Ready at              | Nov 4, 2020 3:01 PM   |  |
| Released at                   | Nov 4, 2020 3:01 PM   |  |

|   |  |  | Search                        |
|---|--|--|-------------------------------|
| ple #   |  | <b>&amp; Admin</b> (/adminsam  | ples/sample/2666220/change/   |
| tus   |  |  |                               |
| ession #  |  |  |                               |
| nple Type   | Covid_anterior_nares_swab  |  |                               |
| lected at   | Nov 2, 2020 11:09 AM   |  |                               |
| ivated at   |  |  |                               |
| Ivated at   | Nov 2, 2020 11:25 AM   |  |                               |
| ulfillment  |  | <b>&amp; Admin</b> (/adminfulfillment/   | /fulfillment/2660932/change/) |
| tatus   | Sample accessioned by CDPH Branch Laboratory   |  |                               |
| atch Size   | 100000   |  |                               |
| istribution Type  | Handed out at provider's office  |  |                               |
| ackage Type   | Color saliva package   |  |                               |
| elivery Address   | 599 The Embarcadero, San Francisco, CA 94107, US   |  |                               |
| eturn Status  | Unknown  |  |                               |
| eturn Carrier   | USPS,First   |  |                               |
|   |  |  |                               |
| canned at   | Oct 3, 2020 1:57 PM  |  |                               |
| Accessioned at  | Nov 3, 2020 9:33 AM  |  |                               |
| ccessioned by   | CDPH Branch Laboratory   |  |                               |
| itial sample for Requisition  |  | S CPP (/pro  | viders/order/details/3843780) |
| tatus   | Claimed  |  |                               |
|   |  |  |                               |
| уре   | The provider took the client's sample  |  |                               |
| est Requested   | COVID-19 test  |  |                               |
| reated At   | Nov 2, 2020 11:25 AM   |  |                               |
| kip Payment?  | No   |  |                               |
| rovider Owned?  | Yes  |  |                               |
|   |  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | Yes  |  |                               |
| Gender<br>Date of Birth<br>Address  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | viderprofile/43251/change/) 🔪 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | Yes<br>Other physician   | <b>လ Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 🔨 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | viderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) 📢 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/)   |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  | & Admin         (/adminordering_physicians/prov  | riderprofile/43251/change/) 💊 |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/)   |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | riderprofile/43251/change/) ◀ |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | viderprofile/43251/change/)   |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | Admin       (/adminordering_physicians/prov         Sector       (/adminordering_physicians/prov |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Address<br>Institution Address   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Vtes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Ves   |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Vtes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Order<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Ves   |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Verified?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |  |                               |

| Order # 06443458136   |  | ବି Links ▼   |
|---|--|--|
|   |  |  |
| itus  | Report released to client, but not yet opened  |  |
| st Type   | COVID-19 Test  |  |
| proval Status   | Approved by external ordering physician  |  |
| ority   | 0 (CLIENT)   |  |
| est taken by  |  | Actions • • Admin (/adminusers/coloruser/968339/change/)                           |
| Email   | provider-proxy+3843780@color.com   |  |
| s Active?   | Yes  |  |
| Requested Email 🛛   | Ø  |  |
| Date of Birth   | May 30, 2000 🖉   |  |
| Phone Number  | +1 7073913984 🖉  |  |
| Preferred Language  | Unknown  |  |
| Jser Type   | nt   |  |
| Patient Id<br>Account Created at  | Nov 2, 2020 11:25 AM   |  |
| Email Confirmed?  | Nov 2, 2020 11:25 AM   |  |
| Sex Assigned At Birth 🛛   | Female   |  |
| Gender Identity   |  |  |
| Self Described Gender Identity  | 0  |  |
| Health History Status   | Not started  |  |
| Has Ancestry Results?   | No   |  |
| Has Access To Discovery?  | No   |  |
| Marketing Emails  | Subscribed   |  |
| Population Memberships  |  | ~  |
| OptumServe  |  | ~  |
| Deputation  | OptumCarus   |  |
| Population<br>Organization  | OptumServe<br>OptumServe   |  |
| Relationships   | Optumserve   |  |
| Status<br>Type<br>Test Requested  | Claimed<br>The provider took the client's sample   |  |
| No  | COVID-19 test  |  |
|   | Nov 2, 2020 11:25 AM   |  |
| ikip Payment?   |  |  |
| skip Payment?   | Nov 2, 2020 11:25 AM<br>No   | <b>% Admin</b> (/adminordering_physicians/patientprofile/882968/change/)         ✓ |
| Skip Payment?<br>Provider Owned?<br>Patient   | Nov 2, 2020 11:25 AM<br>No   | <b>% Admin</b> (/adminordering_physicians/patientprofile/882968/change/)       ✓   |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number   | Nov 2, 2020 11:25 AM<br>No   | <b>% Admin</b> (/adminordering_physicians/patientprofile/882968/change/)       ✓   |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender   | Nov 2, 2020 11:25 AM<br>No   |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number   | Nov 2, 2020 11:25 AM<br>No   | ● Admin       (/adminordering_physicians/patientprofile/882968/change/)            |
| ikip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth  | Nov 2, 2020 11:25 AM<br>No   |  |
| ikip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address   | Nov 2, 2020 11:25 AM<br>No<br>Yes  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | Nov 2, 2020 11:25 AM<br>No<br>Yes  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | Nov 2, 2020 11:25 AM<br>No<br>Yes  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?   | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes   |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role   | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician   |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Bender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address   | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Ves<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing? | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |
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| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?                                  | Nov 2, 2020 11:25 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |

| Email                         | Erica.pan@cdph.ca.gov   |  |
|-------------------------------|---|--|
| Phone Number                  | (916) 445-0062  |  |
| Fax Number                    | (916) 445-0274  |  |
| Address                       | US  |  |
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| Initial Sample                |   | SAdmin (/adminsamples/sample/2666220/change/) ↓                  |
| Status                        | Activated   |  |
| Accession #                   | C-39284   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Nov 2, 2020 11:09 AM  |  |
| Activated at                  | Nov 2, 2020 11:25 AM  |  |
| Fulfillment                   |   | <b>% Admin</b> (/adminfulfillment/fulfillment/2660932/change/) ↓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Return Status                 | Unknown   |  |
| Return Carrier                | USPS,First  |  |
| Scanned at                    | Oct 3, 2020 1:57 PM   |  |
| Accessioned at                | Nov 3, 2020 9:33 AM   |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| ports                         |   |  |
| Report ID: 1076609            |   | <b>% Report</b> (/reports/1076609) ✔                             |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Nov 4, 2020 3:01 PM   |  |
| Release Ready at              | Nov 4, 2020 3:01 PM   |  |
| Released at                   | Nov 4, 2020 3:01 PM   |  |

|                   |  | Search   |
|-------------------|--|--|
| Sample #          |  | <b>S Admin</b> (/adminsamples/sample/2426256/change/) ✓              |
| Status            | Provisioned                                      |  |
| Accession #       |  |  |
| Sample Type       | Covid_swab                                       |  |
| Fulfillment       |  | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2420246/change/) ↓ |
| Status            | Sample accessioned by CDPH Branch Laboratory     |  |
| Batch Size        | 100000   |  |
| Distribution Type | Handed out at provider's office                  |  |
| Package Type      | Color saliva package                             |  |
| Delivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US |  |
| Return Status     | Unknown  |  |
| Return Carrier    | USPS,First                                       |  |
| Scanned at        | Sep 29, 2020 2:46 AM                             |  |
| Accessioned at    | Nov 3, 2020 9:33 AM                              |  |
| Accessioned by    | CDPH Branch Laboratory                           |  |



|                                   |   |  | Search                        |
|-----------------------------------|---|--|-------------------------------|
| ple                               |   | <b>&amp; Admin</b> (/adminsar                      | nples/sample/7365534/change   |
| us                                | Activated   |  |                               |
| ession #                          | Activated   |  |                               |
| iple Type                         | Covid_anterior_nares_swab   |  |                               |
| ected at                          | Jan 20, 2021 2:05 PM  |  |                               |
| vated at                          | Jan 20, 2021 2:00 PM  |  |                               |
|                                   | Juli 20, 2021 J. 10 H H   |  |                               |
| lfillment                         |   | <b>&amp; Admin</b> (/adminfulfillment,             | /fulfillment/7533448/change/) |
| tatus                             | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| atch Size                         | 1000000   |  |                               |
| stribution Type                   | Handed out at provider's office                                       |  |                               |
| ackage Type                       | Color saliva package  |  |                               |
| elivery Address                   | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| canned at                         | Nov 19, 2020 5:10 PM  |  |                               |
| ccessioned at                     | Jan 20, 2021 9:03 PM  |  |                               |
| ccessioned by                     | CDPH Branch Laboratory  |  |                               |
| tial sample for Requisition #     |   | <b>% CPP</b> (/pro                                 | viders/order/details/8712695) |
|                                   |   |  |                               |
| atus                              | Claimed   |  |                               |
| vpe                               | The provider took the client's sample                                 |  |                               |
| est Requested                     | COVID-19 test   |  |                               |
| reated At                         | Jan 20, 2021 3:10 PM  |  |                               |
| (ip Payment?                      | No  |  |                               |
| ovider Owned?                     | Yes   |  |                               |
| Patient:                          |   | & Admin (/adminordering_physicians/patie           | ntprofile/2797567/change/)    |
| Phone Number                      |   |  |                               |
|                                   |   |  |                               |
| Gender                            |   |  |                               |
| Date of Birth                     |   |  |                               |
| Address                           |   |  |                               |
| Provider Attestation of Consent?  | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/prov | /iderprofile/43251/change/)   |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
|                                   |   |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/prov | viderprofile/43251/change/)   |
| Verified?                         | Yes   |  |                               |
|                                   |   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
|                                   |   |  |                               |
|                                   |   |  |                               |

| tus   | Report released to client, but not yet opened   |   |
|---|---|---|
| t Туре  | COVID-19 Test   |   |
| proval Status   | Approved by external ordering physician   |   |
| ority   | 0 (CLIENT)  |   |
| est taken by:   |   | Actions - & Admin (/adminusers/coloruser/2608473/change/)   |
| mail  | provider provul 971260E@color.com   |   |
| mail  | provider-proxy+8712695@color.com  |   |
| s Active?   | Yes<br>Ø  |   |
| Requested Email 🛛   |   |   |
| Date of Birth   |   |   |
| Phone Number  |   |   |
| Preferred Language  |   |   |
| Jser Type   |   |   |
| atient Id   |   |   |
| Account Created at  | Jan 20, 2021 3:10 PM  |   |
| mail Confirmed?   | No  |   |
| ex Assigned At Birth 🛛  | Male 🖉  |   |
| ender Identity  |   |   |
| elf Described Gender Identity   |   |   |
| lealth History Status   | Not started   |   |
| las Ancestry Results?   | No  |   |
| las Access To Discovery?  | No  |   |
| farketing Emails  | Subscribed  |   |
| Lindia  |   |   |
| Population Memberships  |   | ~   |
| OptumServe  |   | ×   |
|   |   |   |
| Population  | OptumServe  |   |
| Organization  | OptumServe  |   |
| Relationships   |   |   |
|   |   |   |
| 'ype<br>est Requested<br>:reated At<br>kip Payment?   | The provider took the client's sample<br>COVID-19 test<br>Jan 20, 2021 3:10 PM<br>No  |   |
| Provider Owned?   | Yes   |   |
| Patient   |   | • Admin (/adminordering_physicians/patientprofile/2797567/change/) •  |
| Phone Number  |   |   |
| Gender  |   |   |
| Date of Birth   |   |   |
| Address   |   |   |
|   |   |   |
| Provider Attestation of Consent?  | Yes   |   |
| Provider Attestation of Consent?  | Yes   |   |
|   | Yes   |   |
|   | Yes   | <b> </b>  |
| Ordering Physician: Dr. Erica Pan   |   | <b>∿ Admin</b> (/adminordering_physicians/providerprofile/43251/change/) <b>√</b>   |
| Ordering Physician: Dr. Erica Pan   | Yes   | <b>♦ Admin</b> (/adminordering_physicians/providerprofile/43251/change/) <b>↓</b>   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | Yes<br>Other physician  | <b>∿ Admin</b> (/adminordering_physicians/providerprofile/43251/change/) <b>√</b>   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   | <b> </b>  |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274   |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | ● Admin       (/adminordering_physicians/providerprofile/43251/change/)   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                                 |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274               |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274               |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274               |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan                                     | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes        | ● Admin       (/adminordering_physicians/providerprofile/43251/change/)         ● Admin       (/adminordering_physicians/providerprofile/43251/change/) |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified? | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes        |   |
| Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes        |   |
| Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes |   |

| Address                       | US  |   |
|-------------------------------|---|---|
| NPI                           | 1972697324  |   |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |   |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| Institution Fax Number        | (916) 445-0274  |   |
| Institution Allows Sharing?   | Yes   |   |
| Initial Sampl                 |   | <b>&amp; Admin</b> (/adminsamples/sample/7365534/change/) ↓ |
| Status                        |   |   |
| Accession #                   |   |   |
| Sample Type                   | Covid_anterior_nares_swab   |   |
| Collected at                  | Jan 20, 2021 2:05 PM  |   |
| Activated at                  | Jan 20, 2021 3:10 PM  |   |
| Fulfillment                   |   | Section (/adminfulfillment/fulfillment/7533448/change/) ✓   |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |   |
| Batch Size                    | 1000000   |   |
| Distribution Type             | Handed out at provider's office                                       |   |
| Package Type                  | Color saliva package  |   |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |
| Scanned at                    | Nov 19, 2020 5:10 PM  |   |
| Accessioned at                | Jan 20, 2021 9:03 PM  |   |
| Accessioned by                | CDPH Branch Laboratory  |   |
|                               |   |   |
| ports                         |   |   |
| Report ID                     |   | <b>% Report</b> (/reports/2944651) ✔                        |
| Status                        | Released  |   |
| Sent to Ordering Physician at | Jan 21, 2021 8:32 AM  |   |
|                               | Jan 21, 2021 8:32 AM  |   |
| Release Ready at              | Jan 21, 2021 8.52 AM  |   |

|   |  |  | Search                      |
|---|--|--|-----------------------------|
| mple #  |  | <b>&amp; Admin</b> (/adminsam                        | ples/sample/8875330/chang   |
| itus  |  |  |                             |
| cession #   |  |  |                             |
| nple Type   | Covid_anterior_nares_swab  |  |                             |
| llected at  | <br>Jan 19, 2021 11:15 AM  |  |                             |
| tivated at  | Jan 19, 2021 11:15 AM  |  |                             |
| ulfillment  |  | <b>&amp; Admin</b> (/adminfulfillment/fi             | ulfillment/11262563/change, |
| tatus   | Sample accessioned by CDPH Branch Laboratory   |  |                             |
| atch Size   | 1000000  |  |                             |
| istribution Type  | Handed out at provider's office  |  |                             |
| ackage Type   | Color saliva package   |  |                             |
| elivery Address   | 599 The Embarcadero, San Francisco, CA 94107, US   |  |                             |
| canned at   | Dec 7, 2020 1:34 PM  |  |                             |
| ccessioned at   | Jan 20, 2021 10:55 AM  |  |                             |
| ccessioned by   | CDPH Branch Laboratory   |  |                             |
| llection Batches  |  |  |                             |
| Collection Batch ID: 611  |  |  |                             |
| From  | Bishop Unified School District   |  |                             |
| То  | CDPH Branch Laboratory   |  |                             |
| Shipping Status   | Pre-Transit  |  |                             |
| Shipping Carrier  | FedEx  |  |                             |
| Shipping Tracking #   | 816566043104   |  |                             |
| Shipment Created at   | Jan 19, 2021 1:04 PM   |  |                             |
| tial sample for Requisition   |  | S CPP (/prov   | riders/order/details/867090 |
| tatus   | Claimed  |  |                             |
| /pe   | The provider took the client's sample  |  |                             |
| est Requested   | COVID-19 test  |  |                             |
| reated At   | Jan 19, 2021 11:15 AM  |  |                             |
| kip Payment?  | No   |  |                             |
| rovider Owned?  |  |  |                             |
| laced by  |  |  |                             |
| Patient   |  | <b>&amp; Admin</b> (/adminordering_physicians/patier | tprofile/2737673/change/)   |
| Email   |  |  |                             |
| Phone Number  |  |  |                             |
| Gender  |  |  |                             |
| Date of Birth   |  |  |                             |
| Address   |  |  |                             |
| Provider Attestation of Consent?  | Yes  |  |                             |
| Ordering Physician: Dr. Erica Pan   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)  |
| Varified?   | Vor  |  |                             |
| Verified?   | Yes<br>Other physician   |  |                             |
| Primary Role  |  |  |                             |
| Email   | Erica.pan@cdph.ca.gov  |  |                             |
| Email<br>Phone Number   | (916) 445-0062   |  |                             |
| Phone Number  | (916) 445-0062<br>(916) 445-0274   |  |                             |
| Phone Number<br>Fax Number  | (916) 445-0274   |  |                             |
| Phone Number<br>Fax Number<br>Address   | (916) 445-0274<br>US   |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI  | (916) 445-0274<br>US<br>1972697324   |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | (916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address                           | (916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number | (916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address                           | (916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   |  |                             |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number | (916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 | & Admin         (/adminordering_physicians/prov      | iderprofile/43251/change/)  |

| Primary Role   | Other physician   |  |
|--|---|--|
| Email  | Erica.pan@cdph.ca.gov   |  |
| Phone Number   | (916) 445-0062  |  |
| Fax Number   | (916) 445-0274  |  |
| Address  | US  |  |
| NPI  | 1972697324  |  |
| Institution Name   | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address  | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
|  |   |  |
| Institution Fax Number                                       | (916) 445-0274  |  |
| Institution Allows Sharing?                                  | Yes   |  |
| Additional Recipients  |   | 、  |
| Additional Recipient   |   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43654/change/) ↓ |
|  |   |  |
| Verified?  | Yes   |  |
| Primary Role   | Nurse   |  |
| Email  |   |  |
| Phone Number   |   |  |
| Fax Number   |   |  |
| Address  |   |  |
| Institution Name   |   |  |
| Institution Address  |   |  |
|  |   |  |
| Institution Fax Number                                       |   |  |
| Institution Allows Sharing?                                  |   |  |
| Kit Orders   |   |  |
| Kit Order # 17818307834                                      |   | & Links •  |
|  |   |  |
| Status   | Report released to client and opened                                  |  |
| Test Type  | COVID-19 Test   |  |
| Approval Status  | Approved by external ordering physician                               |  |
| Priority   | 0 (CLIENT)  |  |
| Consent  | Client consented to covid v2.0.1 online at Jan 19, 2021 11:12 AM      |  |
| Test taken by  |   | ◆ Actions ▼  |
|  |   |  |
| Email  | provider-proxy+8670905@color.com                                      |  |
| Is Active?   | Yes   |  |
| Requested Email 🛛  | <i>i</i>  |  |
| Date of Birth  |   |  |
| Phone Number   |   |  |
| Preferred Language   |   |  |
|  |   |  |
| User Type  |   |  |
| Patient Id   |   |  |
| Account Created at   | Jan 19, 2021 11:15 AM   |  |
| Last Logged in at  | Jan 22, 2021 12:37 PM   |  |
| Email Confirmed?   | No  |  |
| Sex Assigned At Birth 😡                                      | Female 🖉  |  |
| Gender Identity  | Female  |  |
| Self Described Gender Identity                               |   |  |
|  |   |  |
| Health History Status  | Not started   |  |
| User Referral Code   | HKRMBU  |  |
| Has Ancestry Results?  | No  |  |
| Has Access To Discovery?                                     | No  |  |
| Marketing Emails   | Subscribed  |  |
| Population Memberships                                       |   | ~  |
|  |   |  |
| Inyo - 656 W Pine St - Bishop                                |   | ~  |
|  | Invo - 656 W Pine St - Richon   | ~  |
| Population   | Inyo - 656 W Pine St - Bishop   | ~  |
| Population<br>Organization                                   | Inyo - 656 W Pine St - Bishop<br>CDPH                                 | ~  |
| Population   |   | ~  |
| Population<br>Organization                                   |   | ~  |
| Population<br>Organization                                   |   | ~  |
| Population<br>Organization<br>Relationships                  |   |  |
| Population<br>Organization<br>Relationships<br>Text Messages |   | · · · · · · · · · · · · · · · · · · ·  |

| pe   | The provider took the client's sample  |  |
|--|--|--|
| st Requested   | COVID-19 test  |  |
| eated At   | Jan 19, 2021 11:15 AM  |  |
| ip Payment?  | No   |  |
| ovider Owned?  |  |  |
| aced by  |  |  |
| atient   |  | <b>%</b> Admin (/adminordering_physicians/patientprofile/2737673/change/)    |
|  |  |  |
| Email<br>Phone Number  |  |  |
| Gender   |  |  |
| Date of Birth  |  |  |
| Address  |  |  |
| Provider Attestation of Consent?   | Yes  |  |
| Ordering Physician: Dr. Erica Pan  |  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/) |
| Verified?  | Yes  |  |
| Primary Role   | Other physician  |  |
| Email  | Erica.pan@cdph.ca.gov  |  |
| Phone Number   | (916) 445-0062   |  |
| Fax Number   | (916) 445-0274   |  |
| Address  | US   |  |
| NPI  | 1972697324   |  |
| nstitution Name  | California Department of Public Health Center for Infectious Diseases  |  |
| nstitution Address   | P.O. Box 997377, Sacramento, CA 95899, US  |  |
| nstitution Fax Number  | (916) 445-0274   |  |
| nstitution Allows Sharing?   | Yes  |  |
| Primary Contact: Dr. Erica Pan   |  | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)     |
|  |  |  |
| Verified?  | Yes  |  |
| Primary Role   | Other physician  |  |
|  |  |  |
| Email  | Erica.pan@cdph.ca.gov  |  |
| Email<br>Phone Number  | Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |
| Email<br>Phone Number<br>Fax Number  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  |  |
| Email<br>Phone Number<br>Fax Number<br>Address   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | <b>9. Admin</b> (/adminsamples/sample/8875330/change/)                       |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminsamples/sample/8875330/change/)                    |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminsamples/sample/8875330/change/)                    |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   | <b>Գ Admin</b> (/adminsamples/sample/8875330/change/)                        |
| Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Address<br>Sharing<br>Status<br>Accession #<br>Sample Type  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   | <b>&amp; Admin</b> (/adminsamples/sample/8875330/change/)                    |
| Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Address<br>Accession #<br>Sample Type<br>Collected at  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab  | <b>&amp; Admin</b> (/adminsamples/sample/8875330/change/)                    |
| Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Initial Sample<br>Status<br>Accession #<br>Sample Type<br>Collected at   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Address<br>Accession #<br>Sample Type<br>Collected at  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Accession #<br>Sample Type<br>Collected at<br>Accivated at   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Institution Allows Sharing?<br>Status<br>Accession #<br>Sample Type<br>Collected at<br>Activated at<br>Fulfillment  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM  |  |
| Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Accession #<br>Sample Type<br>Collected at<br>Acctivated at<br>Fulfillment<br>Status   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory  |  |
| Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Address<br>nstitution Address<br>nstitution Allows Sharing?<br>Accession #<br>Sample Type<br>Collected at<br>Acctivated at<br>Fulfillment<br>Status<br>Batch Size   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM   |  |
| Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Address<br>Institution Allows Sharing?<br>Status<br>Status<br>Accession #<br>Sample Type<br>Collected at<br>Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US   |  |
| Email Phone Number Fax Number Address Number Address Number Address Institution Name Institution Address Institution Fax Number Institution Fax Number Institution Allows Sharing?   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM  |  |
| Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Status<br>Accession #<br>Sample Type<br>Collected at<br>Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>100000<br>Handed out at provider's office<br>Color saliva package<br>S99 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM  |  |
| Email Phone Number Status Stat   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM  |  |
| Email Phone Number Status Stat   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>100000<br>Handed out at provider's office<br>Color saliva package<br>S99 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM  |  |
| Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Address<br>Institution Allows Sharing?<br>Institution Allows Sharing?<br>I | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>100000<br>Handed out at provider's office<br>Color saliva package<br>S99 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM  |  |
| Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Status<br>Accession #<br>Sample Type<br>Collected at<br>Activated at<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned by<br>Collection Batches  | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>100000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM<br>CDPH Branch Laboratory   |  |
| Email Phone Number Fax Number Fax Number Address NPI Institution Address Institution Address Institution Address Sharing? Status Accession # Sample Type Collected at Activated at Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Acces   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District   |  |
| Email Phone Number Fax Number Address Number Address Number Institution Name Institution Address Institution Address Institution Address Sinstitution Fax Number Institution Institution Institution Institution Institution Type Package Type Delivery Address Institution Type Package Type Delivery Address Institution Inst   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory   |  |
| Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Fax Number Institution Address Institution Fax Number Institution Allows Sharing?   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory<br>Pre-Transit |  |
| Email Phone Number Fax Number Address Number Address Number Institution Name Institution Address Institution Address Institution Address Sinstitution Fax Number Institution Institution Institution Institution Institution Type Package Type Delivery Address Institution Type Package Type Delivery Address Institution Inst   | Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Covid_anterior_nares_swab<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Jan 19, 2021 11:15 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:55 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory   |  |

| dditional Recipients         |                       | ~  |
|------------------------------|-----------------------|--|
| Additional Recipient:        |                       | <b>% Admin</b> (/adminordering_physicians/providerprofile/43654/change/) ↓ |
| Verified?                    | Yes                   |  |
| Primary Role                 | Nurse                 |  |
| Email                        |                       |  |
| Phone Number                 |                       |  |
| Fax Number                   |                       |  |
| Address                      |                       |  |
| Institution Name             |                       |  |
| Institution Address          |                       |  |
| Institution Fax Number       |                       |  |
| Institution Allows Sharing?  | Yes                   |  |
| orts                         |                       |  |
| eport ID: 2950450            |                       | <b>% Report</b> (/reports/2950450) ✔                                       |
| itatus                       | Released              |  |
| ent to Ordering Physician at | Jan 21, 2021 10:15 AM |  |
| telease Ready at             | Jan 21, 2021 10:15 AM |  |
| teleased at                  | Jan 21, 2021 10:15 AM |  |
| pened at                     | Jan 21, 2021 10:19 AM |  |

|                                   |   |   | Search                        |
|-----------------------------------|---|---|-------------------------------|
| ple                               |   | <b>% Admin</b> (/adminsamp                          | oles/sample/8879456/chango    |
| us                                |   |   |                               |
| ession #                          |   |   |                               |
| aple Type                         | Covid_anterior_nares_swab   |   |                               |
| ected at                          | Jan 19, 2021 9:17 AM  |   |                               |
| ivated at                         | Jan 19, 2021 9:17 AM  |   |                               |
|                                   |   | <b>&amp; Admin</b> (/adminfulfillment/fu            | lfillmant /11359706 /ahanga / |
| Ifillment                         |   | S Admin (Vadminiuminient) lu                        | millinent/11256506/change/    |
| atus                              | Sample accessioned by CDPH Branch Laboratory  |   |                               |
| atch Size                         | 1000000   |   |                               |
| stribution Type                   | Handed out at provider's office   |   |                               |
| ckage Type                        | Color saliva package  |   |                               |
| elivery Address                   | 599 The Embarcadero, San Francisco, CA 94107, US                                    |   |                               |
| anned at<br>ccessioned at         | Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM  |   |                               |
| cessioned by                      | CDPH Branch Laboratory  |   |                               |
|                                   |   |   |                               |
| llection Batches                  |   |   |                               |
| Collection Batch ID: 611          |   |   |                               |
| From                              | Bishop Unified School District  |   |                               |
| то                                | CDPH Branch Laboratory  |   |                               |
| Shipping Status                   | Pre-Transit   |   |                               |
| Shipping Carrier                  | FedEx   |   |                               |
| Shipping Tracking #               | 816566043104  |   |                               |
| Shipment Created at               | Jan 19, 2021 1:04 PM  |   |                               |
|                                   |   |   | ders/order/details/6114230    |
| tial sample for Requisition       |   | CPP (provi  | ders/order/details/or14230    |
| atus                              | Claimed   |   |                               |
| pe                                | The provider took the client's sample   |   |                               |
| st Requested                      | COVID-19 test   |   |                               |
| eated At                          | Jan 19, 2021 9:17 AM  |   |                               |
| ip Payment?                       | No  |   |                               |
| ovider Owned?                     | No  |   |                               |
| aced by                           |   |   |                               |
| Patient                           |   | & Admin (/adminordering_physicians/patient          | tprofile/2727033/change/)     |
|                                   |   |   |                               |
| Email                             |   |   |                               |
| Phone Number                      |   |   |                               |
| Gender                            |   |   |                               |
| Date of Birth<br>Address          |   |   |                               |
| Provider Attestation of Consent?  | Yes   |   |                               |
|                                   |   |   |                               |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/provi | derprofile/43251/change/)     |
| Verified?                         | Yes   |   |                               |
| Primary Role                      | Other physician   |   |                               |
| Email                             | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number                      | (916) 445-0062  |   |                               |
| Fax Number                        | (916) 445-0274  |   |                               |
| Address                           | US<br>1972697324  |   |                               |
| NPI<br>Institution Name           | 1972697324<br>California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US   |   |                               |
| Institution Fax Number            | (916) 445-0274  |   |                               |
| Institution Allows Sharing?       | Yes   |   |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/provi | derprofile/43251/change/)     |
| many contact. Dr. Lined Pall      |   | s sector g_priystears/provi                         | ,, interest, enteringe/ )     |
|                                   |   |   |                               |

|   | Other physician  |  |
|---|--|--|
| Primary Role<br>Email   | Other physician<br>Erica.pan@cdph.ca.gov   |  |
| Phone Number  | (916) 445-0062   |  |
| ax Number   | (916) 445-002  |  |
| Address   | US   |  |
| NPI   | 1972697324   |  |
| nstitution Name   |  |  |
| nstitution Address  | California Department of Public Health Center for Infectious Diseases                              |  |
|   | P.O. Box 997377, Sacramento, CA 95899, US  |  |
| nstitution Fax Number   | (916) 445-0274   |  |
| nstitution Allows Sharing?  | Yes  |  |
| dditional Recipients  |  |  |
| Additional Recipient  |  | <b>% Admin</b> (/adminordering_physicians/providerprofile/43654/change/) |
| Verified?   | Yes  |  |
| Primary Role  | Nurse  |  |
| Email   |  |  |
| Phone Number  |  |  |
| Fax Number  |  |  |
| Address   |  |  |
| Institution Name  |  |  |
| Institution Address   |  |  |
|   |  |  |
| Institution Fax Number  |  |  |
| Institution Allows Sharing?   | Yes  |  |
| Orders  |  |  |
| Drders<br>it Order # 42366041208  |  | ବ Links ୩  |
|   |  |  |
| tatus   | Report released to client and opened   |  |
| est Type  | COVID-19 Test  |  |
| pproval Status  | Approved by external ordering physician  |  |
| riority   | 0 (CLIENT)   |  |
| onsent  | Client consented to covid v2.0.1 online at Jan 19, 2021 9:16 AM                                    |  |
| Test taken by:  |  | Actions - & Admin (/adminusers/coloruser/2552233/change/)                |
|   |  |  |
| Email   | provider-proxy+6114230@color.com   |  |
| Is Active?  | Yes  |  |
| Requested Email 🛛   |  |  |
| Date of Birth   |  |  |
| Date of Birth   |  |  |
| Phone Number  |  |  |
|   |  |  |
| Phone Number<br>Preferred Language  |  |  |
| Phone Number  |  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id   | Jan 19, 2021 9:17 AM   |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at   | Jan 19, 2021 9:17 AM<br>Jan 21, 2021 10:17 AM  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at  | Jan 21, 2021 10:17 AM  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?  | Jan 21, 2021 10:17 AM<br>No  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>@</b>  | Jan 21, 2021 10:17 AM<br>No<br>Female 🖉  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>@</b><br>Gender Identity   | Jan 21, 2021 10:17 AM<br>No<br>Female 🖉<br>Female 🖉  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>@</b><br>Gender Identity<br>Self Described Gender Identity   | Jan 21, 2021 10:17 AM<br>No<br>Female 🖉<br>Female 🖉  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status   | Jan 21, 2021 10:17 AM<br>No<br>Female 🖉<br>Female 🖉<br>Not started                                 |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>@</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code  | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH                           |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>0</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No                     |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>0</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No<br>No               |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>0</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No                     |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails  | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No<br>No               |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>?</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No<br>No               | ~  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships  | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No<br>No               | ~  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>Not started<br>XLCGSH<br>No<br>No<br>Subscribed |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop<br>Population   | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>No started<br>XLCGSH<br>No<br>No<br>Subscribed  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>O</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop<br>Population<br>Organization                  | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>No started<br>XLCGSH<br>No<br>No<br>Subscribed  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>O</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop<br>Population<br>Organization                  | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>No started<br>XLCGSH<br>No<br>No<br>Subscribed  |  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop<br>Population<br>Organization<br>Relationships        | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>No started<br>XLCGSH<br>No<br>No<br>Subscribed  | ~  |
| Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth <b>0</b><br>Gender Identity<br>Self Described Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?<br>Has Access To Discovery?<br>Marketing Emails<br>Population Memberships<br>Inyo - 656 W Pine St - Bishop<br>Population<br>Organization<br>Relationships | Jan 21, 2021 10:17 AM<br>No<br>Female<br>Female<br>No started<br>XLCGSH<br>No<br>No<br>Subscribed  | ~  |

| ype   | The provider took the client's sample  |   |
|---|--|---|
| est Requested   | COVID-19 test  |   |
| reated At   |  |   |
|   | Jan 19, 2021 9:17 AM   |   |
| kip Payment?  | No   |   |
| rovider Owned?  |  |   |
| aced by   |  |   |
| Patient:  |  | Admin (/adminordering_physicians/patientprofile/2727033/change/)              |
| Empil   |  |   |
| Email   |  |   |
| Phone Number  |  |   |
| Gender  |  |   |
| Date of Birth   |  |   |
| Address   |  |   |
| Provider Attestation of Consent?  | Yes  |   |
| Ordering Physician: Dr. Erica Pan   |  | • Admin (/adminordering_physicians/providerprofile/43251/change/)             |
| Verified?   | Yes  |   |
|   |  |   |
| Primary Role  | Other physician  |   |
| Email   | Erica.pan@cdph.ca.gov  |   |
| Phone Number  | (916) 445-0062   |   |
| Fax Number  | (916) 445-0274   |   |
| Address   | US   |   |
| NPI   | 1972697324   |   |
| Institution Name  | California Department of Public Health Center for Infectious Diseases  |   |
| Institution Address   | P.O. Box 997377, Sacramento, CA 95899, US  |   |
| Institution Fax Number  | (916) 445-0274   |   |
| Institution Allows Sharing?   | Yes  |   |
| Drins m. Cantasti Dr. Eriss Dan   |  | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)      |
| Primary Contact: Dr. Erica Pan  |  | Aamin (/auminordening_physicians/providerprome/43251/change/)                 |
| Verified?   | Yes  |   |
| Primary Role  | Other physician  |   |
| Email   | Erica.pan@cdph.ca.gov  |   |
| Phone Number  | (916) 445-0062   |   |
| Fax Number  | (916) 445-0274   |   |
| Address   | US   |   |
| NPI   | 1972697324   |   |
| Institution Name  | California Department of Public Health Center for Infectious Diseases  |   |
| Institution Address   | P.O. Box 997377, Sacramento, CA 95899, US  |   |
| Institution Fax Number  | (916) 445-0274   |   |
|   | Yes  |   |
| Institution Allows Sharing?   | 165  |   |
| nitial Sampl  |  | <b>&amp; Admin</b> (/adminsamples/sample/8879456/change/)                     |
| Statue  | Activated  |   |
| Status  |  |   |
| Accession #   |  |   |
| Sample Type   | Covid_anterior_nares_swab  |   |
| Collected at  |  |   |
|   | Jan 19, 2021 9:17 AM   |   |
| Activated at  | Jan 19, 2021 9:17 AM<br>Jan 19, 2021 9:17 AM   |   |
|   | Jan 19, 2021 9:17 AM   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/11258306/change/) ✔         |
| Activated at Fulfillment Status   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/11258306/change/) ↓         |
| Activated at Fulfillment  | Jan 19, 2021 9:17 AM   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/11258306/change/)         ✓ |
| Activated at Fulfillment Status   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory   | <b>∿ Admin</b> (/adminfulfillment/fulfillment/11258306/change/)               |
| Activated at<br>Fulfillment<br>Status<br>Batch Size   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000  |   |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/11258306/change/) ✔         |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package   | <b>% Admin</b> (/adminfulfillment/fulfillment/11258306/change/)               |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US   | <b>% Admin</b> (/adminfulfillment/fulfillment/11258306/change/)               |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM  |   |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM   |   |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>Collection Batches  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM   | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory   |   |
| Activated at<br>Fulfillment<br>Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>Collection Batches  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District   | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory   | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611 From  | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District   | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611 From To   | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory                         | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611 From To Shipping Status                                 | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory<br>Pre-Transit          | ~   |
| Activated at Fulfillment Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned at Accessioned by Collection Batches Collection Batch ID: 611 From To Shipping Status Shipping Carrier | Jan 19, 2021 9:17 AM<br>Sample accessioned by CDPH Branch Laboratory<br>1000000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Dec 7, 2020 1:34 PM<br>Jan 20, 2021 10:54 AM<br>CDPH Branch Laboratory<br>Bishop Unified School District<br>CDPH Branch Laboratory<br>Pre-Transit<br>FedEx | ~   |

| dditional Recipients         |                       | ×  |
|------------------------------|-----------------------|--|
| Additional Recipient:        |                       | <b>%</b> Admin (/adminordering_physicians/providerprofile/43654/change/) ↓ |
| Verified?                    | Yes                   |  |
| Primary Role                 | Nurse                 |  |
| Email                        |                       |  |
| Phone Number                 |                       |  |
| Fax Number                   |                       |  |
| Address                      |                       |  |
| Institution Name             |                       |  |
| Institution Address          |                       |  |
| Institution Fax Number       |                       |  |
| Institution Allows Sharing?  | Yes                   |  |
| orts                         |                       |  |
| eport ID: 2950218            |                       | <b>% Report</b> (/reports/2950218) ✔                                       |
| itatus                       | Released              |  |
| ent to Ordering Physician at | Jan 21, 2021 10:16 AM |  |
| elease Ready at              | Jan 21, 2021 10:16 AM |  |
| eleased at                   | Jan 21, 2021 10:16 AM |  |
| opened at                    | Jan 21, 2021 10:17 AM |  |



|  |  |   | Search                        |
|--|--|---|-------------------------------|
| ple  |  | <b>% Admin</b> (/adminsam   | ples/sample/3750516/change/   |
| us   |  |   |                               |
| ession #   |  |   |                               |
| nple Type  | Covid_anterior_nares_swab  |   |                               |
| ected at   | Jan 19, 2021 5:16 PM   |   |                               |
| ivated at  | Jan 19, 2021 6:20 PM   |   |                               |
|  |  |   |                               |
| Ifillment  |  | <b>&amp; Admin</b> (/adminfulfillment/  | 'fulfillment/2744176/change/) |
| tatus  | Sample accessioned by CDPH Branch Laboratory   |   |                               |
| atch Size  | 100000   |   |                               |
| istribution Type   | Handed out at provider's office  |   |                               |
| ackage Type  | Color saliva package   |   |                               |
| elivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |   |                               |
| eturn Status   | Unknown  |   |                               |
| eturn Carrier  | USPS,First   |   |                               |
| anned at   | Oct 14, 2020 2:18 PM   |   |                               |
| ccessioned at  | Jan 20, 2021 11:18 AM  |   |                               |
| ccessioned by  | CDPH Branch Laboratory   |   |                               |
|  |  |   |                               |
| tial sample for Requisition  |  | Sector (/prov   | viders/order/details/1250514) |
| atus   | Claimed  |   |                               |
| pe   | The provider took the client's sample  |   |                               |
| st Requested   | COVID-19 test  |   |                               |
| eated At   | Jan 19, 2021 6:20 PM   |   |                               |
| ip Payment?  | No   |   |                               |
| ovider O   | Yes  |   |                               |
|  |  |   |                               |
| Patient:   |  | <b>&amp; Admin</b> (/adminordering_physicians/patientering_phys | ntprofile/2760911/change/) 🗸  |
|  |  |   |                               |
| Phone Number   |  |   |                               |
| Gender   |  |   |                               |
|  |  |   |                               |
| Date of Birth  |  |   |                               |
|  |  |   |                               |
| Date of Birth<br>Address<br>Provider Attestation of Consent?   | Yes  |   |                               |
| Address<br>Provider Attestation of Consent?  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 💊  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 💊  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🗸  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | Yes<br>Other physician   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 💊  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🔨  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🔨  |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 💊  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 📢  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  | & Admin         (/adminordering_physicians/prov   | iderprofile/43251/change/) 🔇  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | & Admin         (/adminordering_physicians/prov   | iderprofile/43251/change/) 📢  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🔨  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | & Admin         (/adminordering_physicians/prov   | iderprofile/43251/change/) 🔹  |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  |   |                               |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | & Admin       (/adminordering_physicians/prov         & Admin       (/adminordering_physicians/prov   |                               |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Fax Number Institution Fax Number Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Credering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Fax Number Institution Fax Number Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Credering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Adlows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Credering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Address Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Urdering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Institution Name Institution Address Institution Address Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Primary Pole Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Fax Number Fax Number Fax Number Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Crified? Primary Role Email Phone Number Fax Number Institution Name Institution Address Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fa | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Vter physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324  |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Credering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Fax Number Fax Number Primary Role Email Phone Number Fax Numb | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Vter<br>Sother physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-062<br>(916) 445-062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |   |                               |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address Institution Name Institution Address Institution Allows Sharing? Primary Contact: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Allows Sharing Phone Number Fax Number Address NPI Institution Name Institution Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0022<br>(916) 445-0022<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US |   |                               |
| Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Vter<br>Sother physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-062<br>(916) 445-062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |   |                               |

| Drder # 07406265330  |   | ି Links ▼  |
|--|---|--|
| tus  | Report released to client, but not yet opened   |  |
| Туре   | COVID-19 Test   |  |
| proval Status  | Approved by external ordering physician   |  |
| prity  | LIENT)  |  |
| st taken by  |   | Actions - & Admin (/adminusers/coloruser/2580231/change/)  |
| mail   | provider-proxy+1250514@color.com  |  |
| Active?  | Yes   |  |
| equested Email 🚱   |   |  |
| ate of Birth   |   |  |
| hone Number  |   |  |
| referred Language  |   |  |
| ser Type   |   |  |
| atient Id  |   |  |
| ccount Created at  | Jan 19, 2021 6:20 PM  |  |
| mail Confirmed?  | No  |  |
| ex Assigned At Birth 😡   | NO<br>Male 🖉  |  |
| ender Identity   | Male 🖉  |  |
| ender Identity<br>elf Described Gender Identity  | Ø   |  |
| ealth History Status   | Not started   |  |
|  | Not started<br>No   |  |
| as Ancestry Results?   |   |  |
| as Access To Discovery?  | No  |  |
| arketing Emails  | Subscribed  |  |
| Population Memberships   |   | ~  |
| OptumServe   |   | ~  |
| Population   | OptumServe  |  |
| Organization   | OptumServe  |  |
| Relationships  | Optumserve  |  |
|  |   |  |
| quisition  |   | <b>&amp; CPP</b> (/providers/order/details/1250514)  |
|  | Claimed   | <b>% CPP</b> (/providers/order/details/1250514)  |
| tatus  | Claimed<br>The provider took the client's sample  | <b>% CPP</b> (/providers/order/details/1250514)  |
| tatus<br>ype   |   | <b>% CPP</b> (/providers/order/details/1250514)  |
| tatus<br>ype<br>ast Requested  | The provider took the client's sample   | <b>% CPP</b> (/providers/order/details/1250514)  |
| tatus<br>/pe<br>est Requested<br>reated At   | The provider took the client's sample<br>COVID-19 test  | <b>6 CPP</b> (/providers/order/details/1250514)  |
| tatus<br>/pe<br>est Requested<br>reated At<br>kip Payment?   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM  | <b>% CPP</b> (/providers/order/details/1250514)  |
| tatus<br>ype<br>est Requested<br>reated At<br>kip Payment?<br>rovider Owned?   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No  |  |
| tatus<br>ype<br>sst Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No  |  |
| Patient:<br>Phone Number<br>Gender   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No  |  |
| Aatus<br>/pe<br>est Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No  |  |
| Aatus //pe //pe //pe //pe //pe //pe //payment? //payment? //patient: //patien | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes   |  |
| Aatus //pe //pe //pe //pe //pe //pe //payment? //payment? //patient: //patien | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No  |  |
| tatus<br>ype<br>est Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes   |  |
| Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes   |  |
| Aatus ppe sst Requested reated At sip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes   |  |
| Aatus<br>/pe<br>est Requested<br>reated At<br>(ip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes   |  |
| tatus //pe sst Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes  |  |
| tatus<br>ype<br>sest Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes  |  |
| tatus /pe sst Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |
| tatus //pe sst Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274   |  |
| tatus pe sest Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  |  |
| tatus<br>ype<br>est Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324   |  |
| tatus /pe sst Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Address   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Uffer physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| atus pe satus pe satus pe satus pe satus pe satua satus pe satua s | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>University of the physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  |  |
| tatus /pe sst Requested reated At kip Payment? rovider Owned? Patient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number Institution Allows Sharing?  | The provider took the client's sample         COVID-19 test         Jan 19, 2021 6:20 PM         No         Yes         Ves         Ves <td></td> |  |
| tatus<br>ype<br>sest Requested<br>reated At<br>kip Payment?<br>rovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 6:20 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   | Admin       (/adminordering_physicians/patientprofile/2760911/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/) |
| Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Mole<br>Institution Name<br>Institution Address<br>Institution Fax Number   | The provider took the client's sample         COVID-19 test         Jan 19, 2021 6:20 PM         No         Yes         Ves         Ves <td></td> |  |

| Email                         | Erica.pan@cdph.ca.gov   |  |
|-------------------------------|---|--|
| Phone Number                  | (916) 445-0062  |  |
| Fax Number                    | (916) 445-0274  |  |
| Address                       | US  |  |
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| Initial Sampl                 |   | <b>&amp; Admin</b> (/adminsamples/sample/3750516/change/) ↓          |
| Status                        |   |  |
| Accession #                   |   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Jan 19, 2021 5:16 PM  |  |
| Activated at                  | Jan 19, 2021 6:20 PM  |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2744176/change/) ▼ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Return Status                 | Unknown   |  |
| Return Carrier                | USPS,First  |  |
| Scanned at                    | Oct 14, 2020 2:18 PM  |  |
| Accessioned at                | Jan 20, 2021 11:18 AM   |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| ports                         |   |  |
| Report ID: 2932757            |   | <b>% Report</b> (/reports/2932757) ✔                                 |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Jan 21, 2021 12:45 AM   |  |
| Release Ready at              | Jan 21, 2021 12:45 AM   |  |
| Released at                   | Jan 21, 2021 12:45 AM   |  |



|   |  |   | Search                        |
|---|--|---|-------------------------------|
| nple  |  | <b>&amp; Admin</b> (/adminsam   | ples/sample/2670350/change/   |
| tus   | Activated  |   |                               |
| cession #   | Activated  |   |                               |
| mple Type   |  |   |                               |
|   | Covid_anterior_nares_swab  |   |                               |
| llected at<br>tivated at  | Jan 19, 2021 6:36 PM<br>Jan 19, 2021 7:40 PM   |   |                               |
|   | Jdli 19, 2021 7.40 PM  |   |                               |
| ulfillment  |  | S Admin (/adminfulfillment/   | /fulfillment/2665062/change/) |
| Status  | Sample accessioned by CDPH Branch Laboratory   |   |                               |
| Batch Size  | 100000   |   |                               |
| Distribution Type   | Handed out at provider's office  |   |                               |
| Package Type  | Color saliva package   |   |                               |
| Delivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |   |                               |
| Return Status   | Unknown  |   |                               |
| Return Carrier  | USPS,First   |   |                               |
| icanned at  | Oct 3, 2020 3:05 PM  |   |                               |
|   |  |   |                               |
| Accessioned at  | Jan 20, 2021 11:08 AM  |   |                               |
| ccessioned by   | CDPH Branch Laboratory   |   |                               |
| itial sample for Requisitic   |  | Scpp (/pro  | viders/order/details/2771665) |
| itatus  | Claimed  |   |                               |
| ype   | The provider took the client's sample  |   |                               |
|   |  |   |                               |
| est Requested   | COVID-19 test  |   |                               |
| Created At  | Jan 19, 2021 7:40 PM   |   |                               |
| kip Payment?  | No   |   |                               |
| Provider Owned?   | Yes  |   |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | Yes  |   |                               |
|   |  |   |                               |
|   |  | <b>A i</b> i utu (/adminardaring, physicians/prov   |                               |
| Ordering Physician: Dr. Erica Pan   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Ordering Physician: Dr. Erica Pan   | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
|   |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | igerprome/43251/change/)      |
| Verified?<br>Primary Role   | Other physician  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/45251/change/)    |
| Verified?<br>Primary Role<br>Email  | Other physician<br>Erica.pan@cdph.ca.gov   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/)     |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b> </b>  | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | S Admin (/adminordering_physicians/prov   | iderpronie/43231/change/) 🔪   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US   | S Admin (/adminordering_physicians/prov   | iderpronie/43231/change/) 📢   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274   | S Admin       (/adminordering_physicians/prov         S Admin       (/adminordering_physicians/prov |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes   |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Ves         Erica.pan@cdph.ca.gov   |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number                                 | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274   |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number                                 | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274   |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address                                  | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0274         Ves  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI                           | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Yes         US         US         J1000000000000000000000000000000000000  |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Strica.pan@cdph.ca.gov         (916) 445-00274         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US |   |                               |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Verified?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name                               | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Ves         US         916) 445-0027         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases   |   |                               |

| t Order # 63539601588  |  | 🗞 Links 🔻  |
|--|--|--|
| Oldel # 03333001388  |  |  |
| atus   | Report released to client, but not yet opened  |  |
| st Type  | COVID-19 Test  |  |
| proval Status  | Approved by external ordering physician  |  |
| ority  | 0 (CLIENT)   |  |
| est taken  |  | Actions  Admin (/adminusers/coloruser/2583062/change/)                     |
| imail  | provider-proxy+2771665@color.com   |  |
| s Active?  | Yes  |  |
| Requested Email 🛛  | ð  |  |
| Date of Birth  |  |  |
| Phone Number   |  |  |
| Preferred Language   |  |  |
| Jser Type  |  |  |
| Patient Id   |  |  |
| Account Created at   | Jan 19, 2021 7:40 PM   |  |
| imail Confirmed?   | No   |  |
| iex Assigned At Birth 🛿  | Female 🖉   |  |
| Sender Identity<br>Self Described Gender Identity  |  |  |
| lealth History Status  | Mot started  |  |
| las Ancestry Results?  | No   |  |
| las Access To Discovery?   | No   |  |
| Aarketing Emails   | Subscribed   |  |
|  |  |  |
| Population Memberships   |  | ~  |
| OptumServe   |  | ~  |
| Population   | OptumServe   |  |
| Organization   | OptumServe   |  |
| Relationships  |  |  |
| equisiti   |  | <b>% CPP</b> (/providers/order/details/2771665)                            |
|  |  |  |
| itatus   | Claimed  |  |
|  | Claimed<br>The provider took the client's sample   |  |
| уре  | Claimed<br>The provider took the client's sample<br>COVID-19 test  |  |
| Type<br>Test Requested   | The provider took the client's sample  |  |
| 'ype<br>'est Requested<br>Created At   | The provider took the client's sample<br>COVID-19 test   |  |
| ype<br>est Requested<br>created At<br>ikip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM   |  |
| Type<br>Fest Requested<br>Created At<br>Skip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   | ● Admin         (/adminordering_physicians/patientprofile/2763830/change/) |
| l'ype<br>fest Requested<br>Created At<br>Skip Payment?<br>Provider Owned?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   |  |
| Ype<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   | <b>% Admin</b> (/adminordering_physicians/patientprofile/2763830/change/)  |
| Type<br>For Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   |  |
| Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   |  |
| ype<br>est Requested<br>:reated At<br>:kip Payment?<br>rovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No   | ● Admin       (/adminordering_physicians/patientprofile/2763830/change/)   |
| ype<br>est Requested<br>:reated At<br>:kip Payment?<br>rrovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes  |  |
| Type<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes  |  |
| rype<br>rest Requested<br>created At<br>skip Payment?<br>rovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes  |  |
| rype<br>rest Requested<br>created At<br>skip Payment?<br>rovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes  |  |
| Type         rest Requested         Created At         kikip Payment?         Provider Owned?         Patient         Patient         Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   |  |
| Type         Fest Requested         Created At         Skip Payment?         Provider Owned?         Patient         Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074   |  |
| Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Creating Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address  | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   |  |
| Type         First Requested         Created At         Skip Payment?         Porovider Owned?         Patient         Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Ves<br>Ves<br>Unit of the physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0224<br>(916) 445-0274<br>US<br>1972697324  |  |
| Type         Rest Requested         Created At         Skip Payment?         Provider Owned?         Patient         Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name                                | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Errica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| Pape         Patient         Order Owned?         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Address | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   |  |
| Type         Rest Requested         Created At         Skip Payment?         Provider Owned?         Patient         Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name                                | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Errica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?                              | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | The provider took the client's sample<br>COVID-19 test<br>Jan 19, 2021 7:40 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |

| Email                         | Erica.pan@cdph.ca.gov   |  |
|-------------------------------|---|--|
| Phone Number                  | (916) 445-0062  |  |
| Fax Number                    | (916) 445-0274  |  |
| Address                       | US  |  |
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| nitial Sample                 |   | <b>% Admin</b> (/adminsamples/sample/2670350/change/) ↓              |
| Status                        |   |  |
| Accession #                   |   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Jan 19, 2021 6:36 PM  |  |
| Activated at                  | Jan 19, 2021 7:40 PM  |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2665062/change/) ✓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Return Status                 | Unknown   |  |
| Return Carrier                | USPS,First  |  |
| Scanned at                    | Oct 3, 2020 3:05 PM   |  |
| Accessioned at                | Jan 20, 2021 11:08 AM   |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| ports                         |   |  |
| Report ID: 2926803            |   | <b>% Report</b> (/reports/2926803)                                   |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Jan 20, 2021 9:45 PM  |  |
| Release Ready at              | Jan 20, 2021 9:45 PM  |  |
|                               |   |  |

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| Phone Number<br>Gender<br>Date of Birth<br>Address       Image: Comparison of Consent?       Ves         Provider Attestation of Consent?       Ves         Comparison of Consent?       Ves         Verified?       Ves         Verified?       Ves         Primary Role       Other physician dephysician dephysi   |                                   |  |  |                              |
| Gender       Date of Birth         Address       Yes         Provider Attestation of Consent?       Yes         Consent?       Yes         Verified?       Yes         Primary Role       Other physician         Email       Erica.pan@cdph.ca.gov         Phone Number       (916) 445-0062         Fax Number       (916) 445-0274         Address       US         NPI       016) 2072/73         Institution Name       California Department of Public Health Center for Infectious Diseases         Institution Fax Number       (916) 445-0274         Institution Fax Number       (916) 445-0274         Institution Fax Number       (916) 445-0274  |                                   |  |  |                              |
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| Address       Yes         Provider Attestation of Consent?       Yes         Condering Physician: Dr. Erica Pan       % Admin (/adminordering_physicians/providerprofile/43251         Verified?       Yes         Primary Role       Other physician         Email       Erica.pan@cdph.ca.gov         Phone Number       (916) 445-0062         Fax Number       (916) 445-0274         Address       Us         NPI       1972697324         Institution Name       California Department of Public Health Center for Infectious Diseases         Institution Fax Number       (916) 445-0274  | Gender                            |  |  |                              |
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| Ordering Physician: Dr. Erica Pan              • Admin (/adminordering_physicians/providerprofile/43251             • Admin (/adminordering_physicians/providerprofile/43251             • Admin (/adminordering_physicians/providerprofile/43251             • Verified?             • Ves             • Ves             • Primary Role             • Other physician             • Other p  | Address                           |  |  |                              |
| Verified?YesPrimary RoleOther physicianEmailErica.pan@cdph.ca.govPhone Number(916) 445-0062Fax Number(916) 445-0274AddressUSNPI1972697324Institution NameCalifornia Department of Public Health Center for Infectious DiseasesInstitution Fax Number(916) 445-0274  | Provider Attestation of Consent?  | Yes  |  |                              |
| Primary Role         Other physician           Email         Erica.pan@cdph.ca.gov           Phone Number         (916) 445-0062           Fax Number         (916) 445-0274           Address         US           NPI         1972697324           Institution Name         California Department of Public Health Center for Infectious Diseases           Institution Fax Number         016) 445-0274  | Ordering Physician: Dr. Erica Pan |  | <b>&amp; Admin</b> (/adminordering_physicians/provi  | derprofile/43251/change/)    |
| Primary Role         Other physician           Email         Erica.pan@cdph.ca.gov           Phone Number         (9.6) 445-0062           Fax Number         (9.6) 445-0024           Address         (9.6) 445-0024           NP         (9.6) 420-0024           Institution Name         Calionia Department of Public Health Center for Infectious Diseases           Institution Fax Number         (9.6) 445-0274  | Verified?                         | Voc  |  |                              |
| Email         Erica.pan@cdph.ca.gov           Phone Number         (916) 445-0062           Fax Number         (916) 445-0274           Address         US           NPI         1972697324           Institution Name         California Department of Public Health Center for Infectious Diseases           Institution Fax Number         9.0 Box 997377, Sacramento, CA 95899, US           Institution Fax Number         (916) 445-0274  |                                   |  |  |                              |
| Phone Number         (916) 445-0062           Fax Number         (916) 445-0274           Address         US           NPI         1972697324           Institution Name         California Department of Public Health Center for Infectious Diseases           Institution Address         P.O. Box 997377, Sacramento, CA 95899, US           Institution Fax Number         (916) 445-0274  |                                   |  |  |                              |
| Fax Number         0160 445-0274           Address         US           NPI         0192697324           Institution Name         California Department of Public Health Center for Infectious Diseases           Institution Address         P.O. Box 997377, Sacramento, CA 95899, US           Institution Fax Number         016 445-0274   |                                   |  |  |                              |
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| Institution Name     California Department of Public Health Center for Infectious Diseases       Institution Address     P.O. Box 997377, Sacramento, CA 95899, US       Institution Fax Number     (916) 445-0274  |                                   |  |  |                              |
| Institution Address         P.O. Box 997377, Sacramento, CA 95899, US           Institution Fax Number         (916) 445-0274   |                                   |  |  |                              |
| Institution Fax Number (916) 445-0274   |                                   |  |  |                              |
|   |                                   |  |  |                              |
| Institution Allows Sharing? Yes   |                                   |  |  |                              |
|   | Institution Allows Sharing?       | Yes  |  |                              |
| Primary Contact: Dr. Erica Pan (/adminordering_physicians/providerprofile/43251   | Primary Contact: Dr. Erica Pan    |  | <b>&amp; Admin</b> (/adminordering_physicians/provi  | derprofile/43251/change/)    |
| Verified? Yes   |                                   |  |  |                              |



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| Collection Batches                            |  | ×  |
| Collection Batch ID: 3884                     |  | ~  |
| From  | Bay Area Community Health - Community Testing Events |  |
| То  | CDPH Branch Laboratory                               |  |
| Shipping Status                               | Pre-Transit  |  |
| Shipping Carrier                              | FedEx  |  |
| Shipping Tracking #                           | 773060818221   |  |
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| ditional Recipients                           |  | ~  |
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| Verified?                                     | Yes  |  |
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| nstitution Name                               |  |  |
| Institution Address                           |  |  |
| Institution Fax Number                        |  |  |
| Institution Allows Sharing?                   | Yes  |  |
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| Verified?                                     | Yes  |  |
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| stribution Type                   | Handed out at provider's office                                       |  |                             |
| ckage Type                        | Color saliva package  |  |                             |
| livery Address                    | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                             |
| anned at                          | Dec 7, 2020 1:34 PM   |  |                             |
| cessioned at                      | Mar 4, 2021 8:19 AM   |  |                             |
| cessioned by                      | CDPH Branch Laboratory  |  |                             |
| llection Batches                  |   |  |                             |
| Collection Batch ID: 3884         |   |  |                             |
| From                              | Bay Area Community Health - Community Testing Events                  |  |                             |
| То                                | CDPH Branch Laboratory  |  |                             |
| Shipping Status                   | Pre-Transit   |  |                             |
| Shipping Carrier                  | FedEx   |  |                             |
| Shipping Tracking #               | 773060818221  |  |                             |
| Shipment Created at               | Mar 3, 2021 4:11 PM   |  |                             |
| ial sample for Requisitior        |   | S CPP (/prov   | /iders/order/details/331646 |
| atus                              | Claimed   |  |                             |
| pe                                | The provider took the client's sample                                 |  |                             |
| st Requested                      | COVID-19 test   |  |                             |
| eated At                          | Mar 3, 2021 9:19 AM   |  |                             |
| ip Payment?                       | No  |  |                             |
| ovider Owned?                     |   |  |                             |
| aced by                           |   |  |                             |
| Patient                           |   | <b>&amp; Admin</b> (/adminordering_physicians/patier | ntprofile/4005112/change/)  |
| Email                             |   |  |                             |
| Phone Number                      |   |  |                             |
| Gender                            |   |  |                             |
| Date of Birth                     |   |  |                             |
| Address                           |   |  |                             |
| Provider Attestation of Consent?  | Yes   |  |                             |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)  |
| /erified?                         | Yes   |  |                             |
| Primary Role                      | Other physician   |  |                             |
| Email                             | Erica.pan@cdph.ca.gov   |  |                             |
| Phone Number                      | (916) 445-0062  |  |                             |
| Fax Number                        | (916) 445-0274  |  |                             |
| Address                           | US  |  |                             |
| NPI                               | 1972697324  |  |                             |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                             |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                             |
| nstitution Fax Number             | (916) 445-0274  |  |                             |
| nstitution Allows Sharing?        | Yes   |  |                             |
|                                   |   |  |                             |
| rimary Contact: Dr. Erica Pan     |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)  |



| Population Memberships                              |  |   |
|---|--|---|
| Alameda- CDPH212- HIPAA                             |  | · · · · · · · · · · · · · · · · · · ·   |
|   |  |   |
| Population  | Alameda- CDPH212- HIPAA  |   |
| Organization  | CDPH   |   |
| Relationships                                       |  |   |
|   |  |   |
| ext Messages  |  |   |
| uisitio   |  | <b>&amp; CPP</b> (/providers/order/details/331646                             |
| tus   | Claimed  |   |
| e   | The provider took the client's sample                                    |   |
| t Requested   | COVID-19 test  |   |
| eated At  | Mar 3, 2021 9:19 AM  |   |
| ip Payment?   | No   |   |
| ovider Owned?                                       | No   |   |
| ced by  |  |   |
| atien   |  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/4005112/change/) |
| mail  |  |   |
| Phone Number  |  |   |
| Gender  |  |   |
| Date of Birth                                       |  |   |
| Address   |  |   |
| Provider Attestation of Consent?                    | Yes  |   |
| rdering Physician: Dr. Erica Pan                    |  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
|   |  |   |
| /erified?   | Yes  |   |
| Primary Role  | Other physician  |   |
| Email   | Erica.pan@cdph.ca.gov  |   |
| Phone Number  | (916) 445-0062   |   |
| Fax Number  | (916) 445-0274   |   |
| Address   | US   |   |
| NPI   | 1972697324   |   |
| Institution Name                                    | California Department of Public Health Center for Infectious Diseases    |   |
| nstitution Address                                  | P.O. Box 997377, Sacramento, CA 95899, US                                |   |
| nstitution Fax Number<br>nstitution Allows Sharing? | (916) 445-0274<br>Yes  |   |
|   |  |   |
| rimary Contact: Dr. Erica Pan                       |  | <b>%</b> Admin (/adminordering_physicians/providerprofile/43251/change/)      |
| /erified?   | Yes  |   |
| Primary Role  | Other physician  |   |
| Email   | Erica.pan@cdph.ca.gov  |   |
| Phone Number  | (916) 445-0062   |   |
| Fax Number  | (916) 445-0274   |   |
| Address   | US   |   |
| NPI   | 1972697324   |   |
| nstitution Name                                     | California Department of Public Health Center for Infectious Diseases    |   |
| nstitution Address                                  | P.O. Box 997377, Sacramento, CA 95899, US                                |   |
| nstitution Fax Number                               | (916) 445-0274   |   |
| nstitution Allows Sharing?                          | Yes  |   |
| itial Sample:                                       |  | <b>&amp; Admin</b> (/adminsamples/sample/9637165/change/)                     |
|   |  | ······································  |
| Status  | Activated  |   |
| Accession #   |  |   |
| Sample Type   | Covid_anterior_nares_swab  |   |
| Collected at<br>Activated at                        | Mar 3, 2021 9:19 AM<br>Mar 3, 2021 9:19 AM                               |   |
| Fulfillment   |  | SAdmin (/adminfulfillment/fulfillment/10500806/change/)                       |
|   | Sample assessioned by CDDU Protects 1-1                                  |   |
| Status  | Sample accessioned by CDPH Branch Laboratory                             |   |
| Batch Size  |  |   |
| Distribution Type                                   | Handed out at provider's office  |   |
| Package Type<br>Delivery Address                    | Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US |   |
|   |  |   |

| Scanned at<br>Accessioned at                        | Dec 7, 2020 1:34 PM<br>Mar 4, 2021 8:19 AM                                     |   |
|---|--|---|
| Accessioned by                                      | CDPH Branch Laboratory   |   |
| ollection Batches                                   |  | ~   |
| Collection Batch ID: 3884                           |  | ~   |
|   |  |   |
| From<br>To  | Bay Area Community Health - Community Testing Events<br>CDPH Branch Laboratory |   |
| Shipping Status                                     | Pre-Transit  |   |
| Shipping Carrier                                    | FedEx  |   |
| Shipping Tracking #                                 | 773060818221   |   |
| Shipment Created at                                 | Mar 3, 2021 4:11 PM  |   |
|   |  |   |
| ditional Recipients                                 |  |   |
| dditional Recipient:                                |  | <b>♦ Admin</b> (/adminordering_physicians/providerprofile/44147/change/) <b>↓</b> |
| /erified?   | Yes  |   |
| Primary Role  | Other physician  |   |
| Email   |  |   |
| hone Number   |  |   |
| ax Number   |  |   |
| Address   |  |   |
| NPI   |  |   |
| nstitution Name                                     |  |   |
| nstitution Address<br>nstitution Fax Number         |  |   |
| nstitution Allows Sharing?                          | res  |   |
| -   |  |   |
| dditional Recipien                                  |  |   |
| /erified?   | Yes  |   |
| Primary Role  |  |   |
| Email   |  |   |
| Phone Number  |  |   |
| Fax Number  |  |   |
| Address   |  |   |
| NPI   |  |   |
| nstitution Name                                     |  |   |
| nstitution Address                                  |  |   |
| nstitution Fax Number<br>nstitution Allows Sharing? | Yes  |   |
|   |  |   |
| d Providers   |  |   |
| red Provider: Kaiser Permanente                     |  | <b>&amp; Admin</b> (/adminkit_orders/healthcareprovider/27386/change/)            |
| rified?   | Yes  |   |
| mary Role   | Other non-physician  |   |
| one Number  | (800) 464-4000   |   |
| Number  | (877) 899-5644   |   |
| dress   | US   |   |
| titution Name                                       | Kaiser Permanente  |   |
| titution Address                                    | 1950 Franklin, 16th Floor, Oakland, CA 94612, US                               |   |
| titution Fax Number<br>titution Allows Sharing?     | (866) 455-1052   |   |
| mber of Fax Logs                                    | No<br>28595  |   |
|   |  | ~   |
| ax Logs   |  |   |
| Fax # 152045  |  | ~   |
| <b>6</b> 1.1.1                                      | Completed  |   |
| State   | Aug 7, 2020 11:47 AM   |   |
| Submitted at  |  |   |
|   | Aug 7, 2020 12:08 PM   |   |

| State<br>Submitted at       | Completed<br>Aug 7, 2020 11:47 AM             |                                    |
|-----------------------------|---|------------------------------------|
| Delivered at                | Aug 7, 2020 12:39 PM                          |                                    |
| Fax # 152043                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 12:34 PM                          |                                    |
| Fax # 152042                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 12:29 PM                          |                                    |
| Fax # 152041                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 11:47 All<br>Aug 7, 2020 12:39 PM |                                    |
|                             | ·····   |                                    |
| Fax # 152040                |   | *                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 12:38 PM                          |                                    |
| Fax # 152039                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 11:47 AM<br>Aug 7, 2020 12:07 PM  |                                    |
|                             |   |                                    |
| Fax # 152038                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 12:06 PM                          |                                    |
| Fax # 152037                |   | ·                                  |
| <b>.</b> .                  |   |                                    |
| State<br>Submitted at       | Completed                                     |                                    |
| Delivered at                | Aug 7, 2020 11:47 AM<br>Aug 7, 2020 12:27 PM  |                                    |
|                             |   |                                    |
| Fax # 152036                |   | ~                                  |
| State                       | Completed                                     |                                    |
| Submitted at                | Aug 7, 2020 11:47 AM                          |                                    |
| Delivered at                | Aug 7, 2020 12:05 PM                          |                                    |
|                             |   |                                    |
| rts                         |   |                                    |
| oort ID: 4187048            |   | <b>% Report</b> (/reports/4187048) |
| atus                        | Released                                      |                                    |
| nt to Ordering Physician at | Mar 5, 2021 5:31 AM                           |                                    |
| lease Ready at              | Mar 5, 2021 5:31 AM                           |                                    |
| leased at                   | Mar 5, 2021 5:31 AM                           |                                    |
| pened at                    | Mar 5, 2021 8:36 AM                           |                                    |

| Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent? Yes<br>Ordering Physician: Dr. Erica Pan<br>Verified? Yes  | Admin       (/adminfulfillment/fulfillment/10465663/change/)         Admin       (/adminfulfillment/fulfillment/10465663/change/)         Image: CPP       (/providers/order/details/2195723) |
|--|---|
| kcccsion #       Covid_anterior_nares_sweb         iample Type       Covid_anterior_nares_sweb         iample Type       Mar 3, 2021 9:16 AM         Fulfilment       Status         Status       Sample accessioned by CDPH Branch Laboratory         Batch Size       1000000         Distribution Type       Handed out at provider's office         Package Type       Color saliva package         Delivery Address       590 The Embarcadero, San Francisco, CA 94107, US         Scanned at       Dec 7, 2020 134 PM         Accessioned at       Mar 2, 2021 8:19 AM         Accessioned at       Mar 2, 2021 9:19 AM         Accessioned at       Mar 3, 2021 9:16 AM         Scanned at       Dec 7, 2020 13:49 PM         Collection Batches       CDPH Branch Laboratory         Collection Batch ID: 3884       Pre-Transit         Shipping Status       Pre-Transit         Shipping Status       Pre-Transit         Shipping Status       Collection the client's sample         To       CDPH Branch Laboratory         Shipping Status       Pre-Transit   |   |
| mple Type Covid, anterior_nares_swab   bileted at Mar 3, 2021 9:16 AM   Kitstade dt Mar 3, 2021 9:16 AM   Fulfillment Sample accessioned by CDPH Branch Laboratory   Batch Size 1000000   Dittribution Type Handed out at provider's office   Peckage Type Color salwa package   Delivery Address 599 The Embarcadero, San Francisco, CA 94107, US   Sammed at Der 7, 2020 1:34 PM   Accessioned by CDPH Branch Laboratory   Collection Batch ID: 3894 Prom   From Bay Area Community Health - Community Testing Events   Collection Batch ID: 3894 Pre-Transit   From COPH Branch Laboratory   Shipping Status Pre-Transit   Shipping Tracking # 773066818221   Shipping Tracking # 773066818221   Shipping Tracking # 773066818221   Shipping Tracking # 73006181221   Shipping Tracking # Ye provider took the client's sample   Collection Batch ID: Save Vers   |   |
| eliece d i Mar 3, 2021 9:16 AM<br>Mar 3, 2021 9:16 AM<br>Fuffilment<br>Status Sample accessioned by CDPH Branch Laboratory<br>Batch Size 1000000<br>Distribution Type Handed out at provider's office<br>Package Type Color salwa package<br>Dolivery Address 599 The Embarcadero, San Francisco, CA 94107, US<br>Seamed at Dec 7, 2020 1:34 PM<br>Accessioned at Mar 4, 2021 8:19 AM<br>Accessioned by CDPH Branch Laboratory<br>Collection Batches<br>Collection Batch ID: 3884<br>From Bay Area Community Health - Community Testing Events<br>Collection Batch ID: 3884<br>From Collection Batch ID: 3884<br>From From Bay Area Community Health - Community Testing Events<br>Collection Batch ID: 3884<br>From From FredEx<br>Shipping Carrier FredEx<br>Shipping Carrier FredEx<br>Shipping Tracking # 773050818221<br>Status Claimed<br>Type The Provider Attest Ad Mar 3, 2021 9:16 AM<br>Skip Payment? No<br>Provider Owned?<br>Packed Mar Ag 2021 9:16 AM<br>Skip Payment?<br>Provider Attestation of Consent?<br>Yes<br>Drivider Attestation of Consent?<br>Vers   |   |
| ctivated at     Mar 3, 2021 9:16 AM       Fulfillment.       Status     Sample accessioned by CDPH Branch Laboratory       Batch Size     1000000       Package Type     Color saliva package       Delivery Address     599 The Embarcadero, San Francisco, CA 94107, US       Scamed at     Dec 7, 2020 13:4 PM       Accessioned by     CDPH Branch Laboratory       Collection Batch ID: 3884     Mar 4, 2021 8:19 AM       Prom     Bay Area Community Heath - Community Testing Events       Collection Batch ID: 3884     Pro-Transit       From     CDPH Branch Laboratory       Shipping Status     Pro-Transit       Shipping Tracking #     773060818221       Shipping Tracking #     732021 3:11 PM       Initial sample for Requisition     Status       Coreated At     Mar 3, 2021 3:16 AM       Stip Pyment?     No       Provider Owned?     Yes       Ordering Physician: Dr. Erica Pan     Yes   |   |
| Fulfillment Status Sample accessioned by CDPH Branch Laboratory Batch Size 100000 Distribution Type Handed out at provider's office Package Type Color saliva package Delivery Address 599 The Embarcadero, San Francisco, CA 94107, US Scamed at Dec 7, 2020 132 PM Accessioned at Mar 4, 2021 8:19 AM Accessioned by CDPH Branch Laboratory Collection Batches Collection Batch ID: 3884 Prom Bay Area Community Health - Community Testing Events Collection Batch ID: 3884 Prom Bay Area Community Health - Community Testing Events Collection Batch ID: 3884 Prom Bay Area Community Health - Community Testing Events Collection Batch ID: 3884 Prom Bay Area Community Health - Community Testing Events Shipping Status Pre-Transit Shipping Carrier FedEx Shipping Tracking # 77306018221 Shipping Tracking # 77306018221 Shipping Tracking # The provider took the client's sample Initial sample for Requisitior  Status Claimed Type The provider took the client's sample Covered At Mar 3, 2021 4:11 PM Provider Owned? Placed by Placed by Placed Stiph Address Provider Owned? Placed Stiph Address Provider Consent? Yes   |   |
| Status     Sample accessioned by CDPH Branch Laboratory       Batch Size     100000       Distribution Type     Handed out at provider's office       Package Type     Color saliva package       Delivery Address     S99 The Embarcadero, San Francisco, CA 94107, US       Scanned at     Dec 7, 2020 134 PM       Accessioned by     CDPH Branch Laboratory       Collection Batches     COllection Batches  |   |
| Batch Size 100000   Distribution Type Handed out at provider's office   Package Type Color saliva package   Delivery Address 599 The Embarcadero, San Francisco, CA 94107, US   Scanned at Dec 7, 2001 :34 PM   Accessioned at Mar 4, 2021 8:19 AM   Accessioned at Mar 4, 2021 8:19 AM   Accessioned by CDPH Branch Laboratory   Collection Batches   Collection Batch ID: 3884   From Bay Area Community Health - Community Testing Events   To CDPH Branch Laboratory   Shipping Status Pre-Transit   Shipping Status Pre-Transit   Shipping Tracking # 773660818221   Shipping Tracking # 773660818221   Shipping Tracking # The provider took the client's sample   Covider took the client's sample Covider took the client's sample   To Covider Owned? No   Provider Owned? No   Provider Owned? Yes   |   |
| Distribution Type Handed out at provider's office<br>Package Type Color saliva package<br>Delivery Address 597 the Embacraders, San Francisco, CA 94107, US<br>Scanned at Dec 7, 2020 1:34 PM<br>Accessioned by CDPH Branch Laboratory<br>Collection Batch ID: 3884<br>From Bay Area Community Health - Community Testing Events<br>Collection Batch ID: 3884<br>From CDPH Branch Laboratory<br>Shipping Sarier FedEx<br>Shipping Carrier New York Collection Mark 3, 2021 4:11 PM<br>From The provider took the client's sample<br>Collection Wark 3, 2021 9:16 AM<br>Skip Payment? No<br>Provider Owned?<br>Patient Yes<br>From Yes<br>From Yes<br>Patient Yes<br>From Yes<br>Patient Yes  |   |
| Package Type     Color saliva package       Delivery Address     S99 The Embarcadero, San Francisco, CA 94107, US       Scanned at     Dec 7, 220 124 AP       Accessioned by     CDPH Branch Laboratory       Edilection Batches     CDPH Branch Laboratory       Collection Batch ID: 3884     Bay Area Community Health - Community Testing Events       From     Bay Area Community Health - Community Testing Events       Shipping Status     Pre-Transit       Shipping Carrier     FedEX       Shipping Tracking #     773060818221       Shipping Tracking #     773060818221       Shipping Tracking #     The provider took the client's sample       Created At     Mar 3, 2021 4:11 PM       Patent     Covider took the client's sample       Provider Created at     Mar 3, 2021 9:16 AM       Skip Paymen?     No       Provider Cowned?     Yes   |   |
| Delivery Address     599 The Embarcadero, San Francisco, CA 94107, US       Scanned at     Dec 7, 2020 1:34 PM       Accessioned by     CDPH Branch Laboratory       Collection Batch D: 3884     CDPH Branch Laboratory       From     Bay Area Community Health - Community Testing Events       To     CDPH Branch Laboratory       Shipping Status     Pre-Transit       Shipping Carrier     FodEx       Shipping Tracking #     773060818221       Shipping Tracking #     773060818221       Shipping Carrier     FodEx       Shipping Tracking #     773060818221       Shipping Carrier     FodEx       Shipping Status     Claimed       Type     The provider took the client's sample       Corceted At     Mar 3, 2021 9:16 AM       Skip Payment?     No       Provider Owmed?     Yes    <   |   |
| Scaned at Dec 7, 2020 1:34 PM<br>Accessioned at Mar 4, 2021 8:19 AM<br>Accessioned by CDPH Branch Laboratory<br>Collection Batches<br>Collection Batch ID: 3884<br>From Bay Area Community Health - Community Testing Events<br>COLPH Branch Laboratory<br>Shipping Status Pre-Transit<br>Shipping Carrier FedEx<br>Shipping Tracking # 773060818221<br>Shipping Tracking # 773060818221<br>Shipping For Requisition<br>Status Claimed<br>Type The provider took the client's sample<br>Created At Mar 3, 2021 9:16 AM<br>Skip Payment?<br>Patient Created at Mar 3, 2021 9:16 AM<br>Skip Payment?<br>Patient Factors FedEx<br>Shipping Carrier Status Pre-Transit<br>Email Monte Status Pre-Transit<br>From Status Pre-Transit<br>Email Phone Number<br>Gedder<br>Patient Factors Pre-Transit<br>From Status Pre-Transit<br>From Status Pre-Transit<br>From Status Pre-Transit<br>From Status Pre-Transit<br>From Status Pre-Transit<br>From Status Pre-Transit<br>Status Pre-Trans |   |
| Accessioned at<br>Accessioned by     Mar 4, 2021 8:19 AM<br>CDPH Branch Laboratory       Collection Batch ID: 3884       From     Bay Area Community Health - Community Testing Events       Collection Batch ID: 3884       Prom     Bay Area Community Health - Community Testing Events       To     COPH Branch Laboratory       Shipping Status     Pre-Transit       Shipping Tracking #     773060818221       Shipping Comparison     Mar 3, 2021 4:11 PM       Preveted Covol-19 test     Mar 3, 2021 9:16 AM       Skip Payment?     No       Provider Owned?     No       Provider Owned?     Yes       Corder of Birth<br>Address     Yes   |   |
| Accessioned by     CDPH Branch Laboratory       Collection Batch ID: 3884       From     Bay Area Community Health - Community Testing Events       To     CDPH Branch Laboratory       Shipping Status     Pre-Transit       Shipping Tracking #     773060018221       Shipping Tracking #     Mar 3, 2021 4:11 PM  |   |
| Collection Batch ID: 3884         From       Bay Area Community Health - Community Testing Events         To       CDPPH Branch Laboratory         Shipping Status       Pre-Transit         Shipping Carrier       FedEx         Shipping Tracking #       773060818221         Status       Claimed         Type       The provider took the client's sample         Created At       Mar 3, 2021 9:16 AM         Skip Payment?       No         Provider Owned?       Patient         Email       Phone Number         Gender       Yes         Ordering Physician: Dr. Erica Pan       Yes   |   |
| Collection Batch ID: 3684 From Bay Area Community Health - Community Testing Events To CDPH Branch Laboratory Shipping Sartier Pre-Transit Shipping Carrier PedEx Shipping Carrier PedE   |   |
| From       Bay Area Community Health - Community Testing Events         To       CDPH Branch Laboratory         Shipping Status       Pre-Transit         Shipping Carrier       FedEx         Shipping Tracking #       773060818221         Shipping Tracking #       773060818221         Shipping Tracking #       Mar 3, 2021 4:11 PM         Image: Status       Claimed         Type       The provider took the client's sample         Test Requested       COVID-19 test         Created At       Mar 3, 2021 9:16 AM         Skip Payment?       No         Provider Owned?       Status         Patient       Status         Cordering Physician: Dr. Erica Pan       Yes  |   |
| To       CDPH Branch Laboratory         Shipping Status       Pre-Transit         Shipping Carrier       FedEx         Shipping Tracking #       773060818221         Status       Claimed         Type       The provider took the client's sample         Created At       Mar 3, 2021 9:16 AM         Skip Payment?       No         Provider Owned?       No         Placed by       Patient         Email       Phone Number         Gender       Fest         Date of Birth       Yes         Ordering Physician: Dr. Erica Pan       Yes   | <b>• CPP</b> (/providers/order/details/2195723)   |
| To     CDPH Branch Laboratory       Shipping Status     Pre-Transit       Shipping Carrier     FedEx       Shipping Tracking #     773060818221       Status     Claimed       Type     The provider took the client's sample       Cereated At     Mar 3, 2021 9:16 AM       Skip Paymen?     No       Provider Owned?     No       Patient     Sature       Email     Phone Number       Gender     Sature       Date of Birth     Address       Provider Attestation of Consent?     Yes       Ordering Physician: Dr. Erica Pan     Yes   | <b>&amp; CPP</b> (/providers/order/details/2195723)   |
| Shipping Status Pre-Transit   Shipping Carrier FedEx   Shipping Tracking # 773060818221   Shipping Tracking # Mar 3, 2021 4:11 PM   itial sample for Requisition   itial sample for Requisition of Consent?   itial sample for Requisition   itial sample for Requ  | <b>&amp; CPP</b> (/providers/order/details/2195723)   |
| shipping Carrier FedEx   shipping Tracking # 773060818221   shipping Tracking # 773060818221   shipping Created at Mar 3, 2021 4:11 PM   itial sample for Requisition   itial sample for Requisition Claimed   ype The provider took the client's sample   est Requested COVID-19 test   created At Mar 3, 2021 9:16 AM   kity Payment? No   Patient   Fracted by FedEx   Patient Sample for Requisition   Ponce Number Gender Pate of Birth Address Provider Attestation of Consent? Yes   Verified? Yes  | <b>• CPP</b> (/providers/order/details/2195723)   |
| shipping Tracking # 773060818221   shippent Created at Mar 3, 2021 4:11 PM   itial sample for Requisition   itial sample for Requisition   Claimed Yype The provider took the client's sample COVUP-19 test Covuper Owned? Patient Patient Mar 3, 2021 9:16 AM No Patient Patient Sender Date of Birth Address Provider Attestation of Consent? Yes Verified? Yes  | <b>% CPP</b> (/providers/order/details/2195723)   |
| Shipment Created at Mar 3, 2021 4:11 PM   initial sample for Requisition   istaus Claimed   istaus Claimed   Ype The provider took the client's sample   istatus COVID-19 test   istatus Mar 3, 2021 9:16 AM   istap Payment? No   Patient   Patient Image: Sample and Sample  | <b>% CPP</b> (/providers/order/details/2195723)   |
| itial sample for Requisition  tatus  Claimed  ype The provider took the client's sample est Requested COVID-19 test Created At Mar 3, 2021 9:16 AM   | <b>&amp; CPP</b> (/providers/order/details/2195723)   |
| Status       Claimed         Type       The provider took the client's sample         Fest Requested       COVID-19 test         Created At       Mar 3, 2021 9:16 AM         Skip Payment?       No         Povider Owned?       No         Patient       Image: Comparison of Consent?         Pate of Birth       Address         Provider Attestation of Consent?       Yes         Verified?       Yes  | <b>% CPP</b> (/providers/order/details/2195723)   |
| ype     The provider took the client's sample       iest Requested     COVID-19 test       created At     Mar 3, 2021 9:16 AM       kiip Payment?     No       rovider Owned?     Image: Sample Sam   |   |
| Test Requested COVID-19 test   Created At Mar 3, 2021 9:16 AM   No   Provider Owned?   Patient     Patient   P   |   |
| Created At     Mar 3, 2021 9:16 AM       Skip Payment?     No       Porvider Owned?     Image: Skip Payment?       Patient     Image: Skip Payment?       Phone Number     Image: Skip Payment?       Gender     Image: Skip Payment?       Date of Birth     Image: Skip Payment?       Address     Yes   Ordering Physician: Dr. Erica Pan       Verified?     Yes  |   |
| kip Payment? No   rovider Owned? Image: Comparison of Consent?   Patient Image: Comparison of Consent?   Provider Attestation of Consent? Yes     Ordering Physician: Dr. Erica Pan   Verified?     Yes  |   |
| kip Payment? No   rovider Owned? Image: Comparison of  |   |
| Provider Owned?     Image: Second secon   |   |
| Patient Sender<br>Porter of Birth<br>Address<br>Provider Attestation of Consent? Yes<br>Ordering Physician: Dr. Erica Pan<br>Verified? Yes   |   |
| Email Phone Number Gender Date of Birth Address Provider Attestation of Consent? Yes Ordering Physician: Dr. Erica Pan Verified? Yes   |   |
| Phone Number       Gender       Date of Birth       Address       Provider Attestation of Consent?       Yes   | (/adminordering_physicians/patientprofile/4005003/change/)  |
| Phone Number       Gender       Date of Birth       Address       Provider Attestation of Consent?       Yes   |   |
| Gender     Date of Birth       Address     Yes       Provider Attestation of Consent?     Yes       Ordering Physician: Dr. Erica Pan     % Adm       Verified?     Yes  |   |
| Date of Birth<br>Address     Yes       Provider Attestation of Consent?     Yes       Ordering Physician: Dr. Erica Pan     % Adm       Verified?     Yes  |   |
| Address     Yes       Provider Attestation of Consent?     Yes       Ordering Physician: Dr. Erica Pan     % Adm       Verified?     Yes   |   |
| Provider Attestation of Consent?     Yes       Ordering Physician: Dr. Erica Pan     % Adm       Verified?     Yes   |   |
| Ordering Physician: Dr. Erica Pan & Adm Verified? Yes  |   |
| Verified? Yes  |   |
|  | in (/adminordering_physicians/providerprofile/43251/change/)  |
|  |   |
|  |   |
| Primary Role Other physician   |   |
| Email Erica.pan@cdph.ca.gov  |   |
| Phone Number         (916) 445-0062           Tex Number         (916) 445-0074  |   |
| <b>Fax Number</b> (916) 445-0274   |   |
| Address US   |   |
| NPI 1972697324   |   |
| Institution Name California Department of Public Health Center for Infectious Diseases   |   |
| Institution Address P.O. Box 997377, Sacramento, CA 95899, US  |   |
| Institution Fax Number (916) 445-0274  |   |
| Institution Allows Sharing? Yes  |   |
| Primary Contact: Dr. Erica Pan   |   |

3/22/2021

| Primary Role   | Other physician  |  |
|--|--|--|
| Email  | Erica.pan@cdph.ca.gov  |  |
| Phone Number   |  |  |
|  | (916) 445-0062   |  |
| Fax Number   | (916) 445-0274   |  |
| Address  | US   |  |
| NPI  | 1972697324   |  |
| Institution Name   | California Department of Public Health Center for Infectious Diseases  |  |
| Institution Address  | P.O. Box 997377, Sacramento, CA 95899, US  |  |
| Institution Fax Number   |  |  |
|  | (916) 445-0274   |  |
| Institution Allows Sharing?  | Yes  |  |
| Additional Recipients  |  | ~  |
| Additional Recipient   |  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/44147/change/) ✔   |
| Verified?  | Yes  |  |
| Primary Role   | Other physician  |  |
|  | Other physician  |  |
| Email  |  |  |
| Phone Number   |  |  |
| Fax Number   |  |  |
| Address  |  |  |
| NPI  |  |  |
|  |  |  |
| Institution Name   |  |  |
| Institution Address  |  |  |
| Institution Fax Number   |  |  |
| Institution Allows Sharing?  | Yes  |  |
|  |  | • Admin (/adminardaring physicians/providerprofile/4/149/chapge/)  |
| Additional Recipien  |  | Section 6.1 Section 2.1 Se |
| Verified?  | Yes  |  |
| Primary Role   |  |  |
| Email  |  |  |
|  |  |  |
| Phone Number   |  |  |
|  |  |  |
| Fax Number   |  |  |
| Fax Number<br>Address  |  |  |
|  |  |  |
| Address<br>NPI   |  |  |
| Address<br>NPI<br>Institution Name   |  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address  |  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number  |  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address  | Yes  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number  | Yes  | ~  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314   |  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Yes<br>Yes   |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314   |  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type  | Report released to client and opened<br>COVID-19 Test  |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician   |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)   |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM   |  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @   | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>T<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>2<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 PM<br>No<br>Female 2<br>Female 2   | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>7<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:16 PM<br>No<br>Female 7<br>Female 7  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status               | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female<br>Female<br>Female<br>To<br>Female<br>To<br>Fomale<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Fema | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Health History Status<br>User Referral Code | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female<br>Female<br>Female<br>Mot started<br>LOGYZN  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Self Described Gender Identity<br>Health History Status               | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female<br>Female<br>Female<br>To<br>Female<br>To<br>Fomale<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Female<br>To<br>Fema | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email @<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth @<br>Gender Identity<br>Health History Status<br>User Referral Code | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female<br>Female<br>Female<br>Mot started<br>LOGYZN  | % Links ▼ ✓  |
| Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>it Orders<br>Kit Order # 80252645314<br>Status<br>Test Type<br>Approval Status<br>Priority<br>Consent<br>Test taken by<br>Email<br>Is Active?<br>Requested Email ©<br>Date of Birth<br>Phone Number<br>Preferred Language<br>User Type<br>Patient Id<br>Account Created at<br>Last Logged in at<br>Email Confirmed?<br>Sex Assigned At Birth ©<br>Gender Identity<br>Health History Status<br>User Referral Code<br>Has Ancestry Results?  | Report released to client and opened<br>COVID-19 Test<br>Approved by external ordering physician<br>0 (CLIENT)<br>Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM<br>provider-proxy+2195723@color.com<br>Yes<br>Mar 3, 2021 9:16 AM<br>Mar 4, 2021 9:16 AM<br>Mar 4, 2021 9:15 PM<br>No<br>Female<br>Female<br>Female<br>C  | % Links ▼ ✓  |

| Population Memberships            |   |   |
|-----------------------------------|---|---|
| Alameda- CDPH212- HIPAA           |   | ~   |
| Bernelation                       |   |   |
| Population                        | Alameda- CDPH212- HIPAA   |   |
| Organization                      | CDPH  |   |
| Relationships                     |   |   |
|                                   |   |   |
| lext Messages                     |   |   |
| quisition                         |   | <b>% CPP</b> (/providers/order/details/2195723                                |
| atus                              | Claimed   |   |
| pe                                | The provider took the client's sample                                 |   |
| st Requested                      | COVID-19 test   |   |
| eated At                          | Mar 3, 2021 9:16 AM   |   |
| ip Payment?                       | No  |   |
| ovider Owned?                     | No  |   |
| iced by                           |   |   |
| atient:                           |   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/4005003/change/) |
| Email                             |   |   |
| Phone Number                      |   |   |
| Gender                            |   |   |
| Date of Birth                     |   |   |
| Address                           |   |   |
| Provider Attestation of Consent?  | Yes   |   |
| ordering Physician: Dr. Erica Pan |   | • Admin (/adminordering_physicians/providerprofile/43251/change/)             |
|                                   |   |   |
| /erified?                         | Yes   |   |
| Primary Role                      | Other physician   |   |
| imail                             | Erica.pan@cdph.ca.gov   |   |
| Phone Number                      | (916) 445-0062  |   |
| Fax Number                        | (916) 445-0274  |   |
| Address                           | US  |   |
| NPI                               | 1972697324  |   |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| Institution Fax Number            | (916) 445-0274  |   |
| Institution Allows Sharing?       | Yes   |   |
| rimary Contact: Dr. Erica Pan     |   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
|                                   |   |   |
| Verified?                         | Yes   |   |
| Primary Role                      | Other physician   |   |
| Email                             | Erica.pan@cdph.ca.gov   |   |
| Phone Number                      | (916) 445-0062  |   |
| Fax Number                        | (916) 445-0274  |   |
| Address                           | US  |   |
| IPI                               | 1972697324  |   |
| nstitution Name                   | California Department of Public Health Center for Infectious Diseases |   |
| nstitution Address                | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| nstitution Fax Number             | (916) 445-0274  |   |
| nstitution Allows Sharing?        | Yes   |   |
| nitial Sample                     |   | <b>&amp; Admin</b> (/adminsamples/sample/9672753/change/)                     |
|                                   |   |   |
| Status                            |   |   |
| Accession #                       | Could aptaviar paras  |   |
| Sample Type                       | Covid_anterior_nares_swab   |   |
| Collected at<br>Activated at      | Mar 3, 2021 9:16 AM<br>Mar 3, 2021 9:16 AM                            |   |
| Fulfillment                       |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/10465663/change/) ✔         |
|                                   |   |   |
|                                   |   |   |
| Status                            | Sample accessioned by CDPH Branch Laboratory                          |   |
| Batch Size                        | 1000000   |   |
| Batch Size<br>Distribution Type   | 1000000<br>Handed out at provider's office                            |   |
| Batch Size                        | 1000000   |   |

| Scanned at                             | Dec 7, 2020 1:34 PM   |  |
|--|---|--|
| Accessioned at                         | Mar 4, 2021 8:19 AM   |  |
| Accessioned by                         | CDPH Branch Laboratory  |  |
| Collection Batches                     |   | ~  |
| Collection Batch ID: 3884              |   | ~  |
| From                                   | Bay Area Community Health - Community Testing Events              |  |
| То                                     | CDPH Branch Laboratory  |  |
| Shipping Status                        | Pre-Transit   |  |
| Shipping Carrier                       | FedEx   |  |
| Shipping Tracking #                    | 773060818221  |  |
| Shipment Created at                    | Mar 3, 2021 4:11 PM   |  |
|  |   |  |
| ditional Recipients                    |   | ~  |
| dditional Recipient:                   |   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/44147/change/) ✓ |
| /erified?                              | Yes   |  |
| Primary Role                           | Other physician   |  |
| Email                                  |   |  |
| Phone Number                           |   |  |
| ax Number                              |   |  |
| Address                                |   |  |
| NPI                                    |   |  |
| nstitution Name                        |   |  |
| nstitution Address                     |   |  |
| nstitution Fax Number                  |   |  |
| nstitution Allows Sharing?             | Yes   |  |
| dditional Recipient:                   |   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/44148/change/) ↓ |
| Verified?                              | Yes   |  |
| Primary Role                           | Other physician   |  |
| Email                                  |   |  |
| Phone Number                           |   |  |
|  |   |  |
| Fax Number                             |   |  |
| Address                                |   |  |
|  |   |  |
| nstitution Name                        |   |  |
| nstitution Address                     |   |  |
| nstitution Fax Number                  |   |  |
| nstitution Allows Sharing?             | Yes   |  |
| ts                                     |   |  |
| ort ID: 4177439                        |   | <b>% Report</b> (/reports/4177439) ▼   |
| tus                                    | Released  |  |
| nt to Ordering Physician at            | Mar 4, 2021 9:15 PM   |  |
|  |   |  |
|  | Mar / 2021 9:15 DM  |  |
| ease Ready at                          | Mar 4, 2021 9:15 PM   |  |
| lease Ready at<br>leased at<br>ened at | Mar 4, 2021 9:15 PM<br>Mar 4, 2021 9:15 PM<br>Mar 4, 2021 9:15 PM |  |

|                                   |   |   | Search                        |
|-----------------------------------|---|---|-------------------------------|
| nple                              |   | <b>&amp; Admin</b> (/adminsam   | bles/sample/10426712/change   |
| atus                              |   |   |                               |
| cession #                         |   |   |                               |
| mple Type                         | Covid_anterior_nares_swab   |   |                               |
| ollected at                       | Mar 4, 2021 2:59 PM   |   |                               |
| tivated at                        | Mar 4, 2021 4:00 PM   |   |                               |
| Fulfillment                       |   | Section 44 | ulfillment/12165250/change/)  |
| Status                            | Sample accessioned by CDPH Branch Laboratory                          |   |                               |
|                                   |   |   |                               |
| Batch Size                        | 1000002   |   |                               |
| Distribution Type                 | Handed out at provider's office                                       |   |                               |
| Package Type                      | Color saliva package  |   |                               |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |                               |
| Scanned at                        | Jan 14, 2021 6:55 PM  |   |                               |
| Accessioned at                    | Mar 4, 2021 10:48 PM  |   |                               |
| Accessioned by                    | CDPH Branch Laboratory  |   |                               |
| nitial sample for Requisiti       |   | SCPP (/provide  | ers/order/details/6169437357) |
| Status                            | Claimed   |   |                               |
| rype                              | The provider took the client's sample                                 |   |                               |
| ype<br>'est Requested             | COVID-19 test   |   |                               |
| Created At                        |   |   |                               |
|                                   | Mar 4, 2021 4:00 PM   |   |                               |
| Skip Payment?                     | No  |   |                               |
| Provider Owned?                   | Yes   |   |                               |
| Patient                           |   | <b>&amp; Admin</b> (/adminordering_physicians/patie   | ntprofile/4057773/change/)    |
| Phone Number                      |   |   |                               |
| Gender                            |   |   |                               |
| Date of Birth                     |   |   |                               |
| Address                           |   |   |                               |
| Provider Attestation of Consent?  | Yes   |   |                               |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/)   |
|                                   |   |   |                               |
| Verified?                         | Yes   |   |                               |
| Primary Role                      | Other physician   |   |                               |
| Email                             | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number                      | (916) 445-0062  |   |                               |
| Fax Number                        | (916) 445-0274  |   |                               |
| Address                           | US  |   |                               |
| NPI                               | 1972697324  |   |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Fax Number            | (916) 445-0274  |   |                               |
| Institution Allows Sharing?       | Yes   |   |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) • |
|                                   | ¥   |   |                               |
| Verified?                         | Yes   |   |                               |
| Primary Role                      | Other physician   |   |                               |
| Email                             | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number                      | (916) 445-0062  |   |                               |
| Fax Number                        | (916) 445-0274  |   |                               |
| Address                           | US  |   |                               |
| NPI                               | 1972697324  |   |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Fax Number            | (916) 445-0274  |   |                               |
| Institution Allows Sharing?       | Yes   |   |                               |
|                                   |   |   |                               |

| Drder # 62127724252  |  | ବ୍ତ Links  |
|--|--|--|
| tus  | Report released to client, but not yet opened  |  |
| t Type   | COVID-19 Test  |  |
| proval Status  | Approved by external ordering physician  |  |
| prity  | 0 (CLIENT)   |  |
|  | (CLIENT)   |  |
| est taken by   |  | Actions - & Admin (/adminusers/coloruser/3505989/change/)  |
| mail   | provider-proxy+6169437357@color.com  |  |
| s Active?  | Yes  |  |
| equested Email 🛛   |  |  |
| ate of Birth   |  |  |
| hone Number  |  |  |
| referred Language  |  |  |
| ser Type   |  |  |
| atient Id  |  |  |
| ccount Created at  | Mar 4, 2021 4:00 PM  |  |
| nail Confirmed?  | No   |  |
| ex Assigned At Birth 😡   | Male 🖉   |  |
| ender Identity   |  |  |
| If Described Gender Identity   |  |  |
| alth History Status  | Not started  |  |
| s Ancestry Results?  | No   |  |
| s Access To Discovery?   | No   |  |
| rketing Emails   | Subscribed   |  |
| Population Memberships   |  |  |
| OptumServe   |  | ~  |
| Population   | OptumServe   |  |
| Organization   | OptumServe   |  |
| Relationships  |  |  |
| Relationships  |  |  |
|  |  |  |
|  |  | · · · · · · · · · · · · · · · · · · ·  |
| Text Messages  |  | <b>&amp; CPP</b> (/providers/order/details/6169437357)   |
| fext Messages<br>quisition   | Claimed  |  |
| rext Messages<br>quisition   | The provider took the client's sample  |  |
| Text Messages  | The provider took the client's sample<br>COVID-19 test   |  |
| ext Messages   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM  |  |
| auisition<br>auisition<br>atus<br>pe<br>st Requested<br>eated At<br>ip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  |  |
| ausition atus<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM  | <b>&amp; CPP</b> (/providers/order/details/6169437357)   |
| Text Messages  quisition  atus pe st Requested eated At ip Payment? povider Owned?  Patient:   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  | <b>% CPP</b> (/providers/order/details/6169437357)   |
| autive to the state of the stat | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  | <b>% CPP</b> (/providers/order/details/6169437357)   |
| autus<br>pe<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Phone Number<br>Gender  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  | <b>% CPP</b> (/providers/order/details/6169437357)   |
| ext Messages ausition autus ope st Requested eated At p Payment? ovider Owned? latient: Phone Number Gender Date of Birth  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  | <b>% CPP</b> (/providers/order/details/6169437357)   |
| ext Messages   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No  | <b>% CPP</b> (/providers/order/details/6169437357)   |
| ext Messages quisition atus oe st Requested eated At ip Payment? ovider Owned? latient: Phone Number Gender Date of Birth Address Provider Attestation of Consent?   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes   |  |
| ext Messages usition u | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes   | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages usisition tus be tas be tased tated At p Payment? voider Owned? atient: bebone Number Sender Date of Birth Address Provider Attestation of Consent? urdering Physician: Dr. Erica Pan //erified?  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes  | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages usisition usisition tus be t Requested tated At p Payment? wider Owned? atient: Phone Number Sender Date of Birth Address provider Attestation of Consent? urdering Physician: Dr. Erica Pan Verified? Primary Role   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes   | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages  ex | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes   |  |
| ext Messages   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages  uisition  tus be tated At p Payment?  vider Owned?  atient:  Phone Number Sender Date of Birth Address Provider Attestation of Consent?  urdering Physician: Dr. Erica Pan  /erified?  frimary Role fmail Phone Number Fax Number Fax Number   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages  usition  usus  be tus be tus be tage tage tage tage tage tage tage tag   | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  |  |
| ext Messages  usisition  usisitio | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Uher physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324   | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages usisition usi | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Uher physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages  ex | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US   | <b>% CPP</b> (/providers/order/details/6169437357) <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)   |
| ext Messages  uisition  tus  te tage t Requested ated At p Payment? vider Owned?  atient:  thone Number atient: th | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Uher physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>% CPP</b> (/providers/order/details/6169437357 <b>% Admin</b> (/adminordering_physicians/patientprofile/4057773/change/)  |
| ext Messages ausition atus pe st Requested eated At ip Payment? ovider Owned? eatient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Drdering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number Institution Address Institution Allows Sharing?  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 | • CPP       (/providers/order/details/6169437357)         • Admin       (/adminordering_physicians/patientprofile/4057773/change/)         • Admin       (/adminordering_physicians/providerprofile/43251/change/) |
| Text Messages  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes                              | CPP            CPP            CPP             Admin             Admin             Admin             (/adminordering_physicians/providerprofile/43251/change/)  |
| Text Messages  rquisition  rquisition  rquisition  ratus  /pe est Requested reated At kip Payment? rovider Owned?  Patient:  Phone Number Gender Date of Birth Address Provider Attestation of Consent?  Ordering Physician: Dr. Erica Pan  Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number Institution Allows Sharing?  Primary Contact: Dr. Erica Pan Verified? Primary Role  | The provider took the client's sample<br>COVID-19 test<br>Mar 4, 2021 4:00 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 |  |

| teleased at                  | Mar 5, 2021 1:46 PM   |   |
|------------------------------|---|---|
| elease Ready at              | Mar 5, 2021 1:46 PM   |   |
| ent to Ordering Physician at | Mar 5, 2021 1:46 PM   |   |
| itatus                       | Released  |   |
| eport ID: 4194555            |   | <b>% Report</b> (/reports/4194555) ✔                                  |
| orts                         |   |   |
| Accessioned by               | CDPH Branch Laboratory  |   |
| Accessioned at               | Mar 4, 2021 10:48 PM  |   |
| Scanned at                   | Jan 14, 2021 6:55 PM  |   |
| Delivery Address             | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |
| Package Type                 | Color saliva package  |   |
| Distribution Type            | Handed out at provider's office                                       |   |
| Batch Size                   | 1000002   |   |
| Status                       | Sample accessioned by CDPH Branch Laboratory                          |   |
| Fulfillment                  |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/12165250/change/) ↓ |
| activated at                 | Mar 4, 2021 4:00 PM   |   |
| collected at                 | Mar 4, 2021 2:59 PM   |   |
| ample Type                   | Covid_anterior_nares_swab   |   |
| ccession #                   |   |   |
| itatus                       | Activated   |   |
| itial Sample                 |   | <b>% Admin</b> (/adminsamples/sample/10426712/change/) ↓              |
| nstitution Allows Sharing?   | Yes   |   |
| nstitution Fax Number        | (916) 445-0274  |   |
| nstitution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| nstitution Name              | California Department of Public Health Center for Infectious Diseases |   |
| IPI                          | 1972697324  |   |
| ddress                       | US  |   |
| ax Number                    | (916) 445-0274  |   |
| hone Number                  | (916) 445-0062  |   |

| nple                              |   | <b>&amp; Admin</b> (/adminsam                       | ples/sample/10627614/change/   |
|-----------------------------------|---|---|--------------------------------|
| atus                              |   |   |                                |
| cession #                         |   |   |                                |
| mple Type                         | Covid_anterior_nares_swab   |   |                                |
| llected at                        | – – – –<br>Feb 10, 2021 3:40 PM                                       |   |                                |
| tivated at                        | Feb 10, 2021 4:40 PM  |   |                                |
| ulfillment                        |   | <b>&amp; Admin</b> (/adminfulfillment/              | fulfillment/12366152/change/)  |
| Ch-4                              | Consult consistent has CDDU Date that the sector                      |   |                                |
| Status<br>Batch Size              | Sample accessioned by CDPH Branch Laboratory<br>1000002               |   |                                |
| Distribution Type                 | Handed out at provider's office                                       |   |                                |
|                                   |   |   |                                |
| Package Type                      | Color saliva package  |   |                                |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |                                |
| Scanned at                        | Jan 14, 2021 6:55 PM  |   |                                |
| Accessioned at                    | Feb 11, 2021 3:33 AM  |   |                                |
| Accessioned by                    | CDPH Branch Laboratory  |   |                                |
| nitial sample for Requisition     |   | Scpp (/pro  | oviders/order/details/3678445) |
| Status                            | Claimed   |   |                                |
| Гуре                              | The provider took the client's sample                                 |   |                                |
| Test Requested                    | COVID-19 test   |   |                                |
| Created At                        | Feb 10, 2021 4:40 PM  |   |                                |
| Skip Payment?                     | No  |   |                                |
|                                   |   |   |                                |
| Provider Owned?                   | Yes   |   |                                |
| Patien                            |   | <b>&amp; Admin</b> (/adminordering_physicians/patie | entprofile/3471788/change/)    |
| Dhana Numhar                      |   |   |                                |
| Phone Number                      |   |   |                                |
| Gender                            |   |   |                                |
| Date of Birth                     |   |   |                                |
| Address                           |   |   |                                |
| Provider Attestation of Consent?  | Yes   |   |                                |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/pro   | viderprofile/43251/change/)    |
| Verified                          | Vec   |   |                                |
| Verified?                         | Yes   |   |                                |
| Primary Role                      | Other physician   |   |                                |
| Email                             | Erica.pan@cdph.ca.gov   |   |                                |
| Phone Number                      | (916) 445-0062  |   |                                |
| Fax Number                        | (916) 445-0274  |   |                                |
| Address                           | US  |   |                                |
| NPI                               | 1972697324  |   |                                |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                                |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                                |
| Institution Fax Number            | (916) 445-0274  |   |                                |
| Institution Allows Sharing?       | Yes   |   |                                |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/pro   | viderprofile/43251/change/)    |
|                                   |   |   |                                |
| Verified?                         | Yes   |   |                                |
| Primary Role                      | Other physician   |   |                                |
| Email                             | Erica.pan@cdph.ca.gov   |   |                                |
| Phone Number                      | (916) 445-0062  |   |                                |
| Fax Number                        | (916) 445-0274  |   |                                |
| Address                           | US  |   |                                |
| NPI                               | 1972697324  |   |                                |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                                |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                                |
|                                   |   |   |                                |
| Institution Fax Number            | (916) 445-0274  |   |                                |
|                                   | Yes   |   |                                |
| Institution Allows Sharing?       |   |   |                                |

| tus                                | Report released to client, but not yet opened                         |  |
|------------------------------------|---|--|
| Туре                               | COVID-19 Test   |  |
| roval Status                       | Approved by external ordering physician                               |  |
| ity                                | 0 (CLIENT)  |  |
| t taken by                         |   | Actions - Admin (/adminusers/coloruser/3109942/change/                       |
| ail                                | provider-proxy+3678445@color.com                                      |  |
| Active?                            | Yes   |  |
| quested Email 🛛                    |   |  |
| te of Birth                        |   |  |
| one Number                         |   |  |
| eferred Language                   |   |  |
| er Type                            |   |  |
| ient Id                            |   |  |
| count Created at                   | Feb 10, 2021 4:40 PM  |  |
| ail Confirmed?                     | No  |  |
| Assigned At Birth 😧                | Male 🖉  |  |
| nder Identity                      |   |  |
| f Described Gender Identity        |   |  |
| alth History Status                | Not started   |  |
| s Ancestry Results?                | No  |  |
| s Access To Discovery?             | No  |  |
| rketing Emails                     | Subscribed  |  |
| opulation Memberships              |   |  |
| spuldtor membersnips               |   |  |
| OptumServe                         |   | *  |
| Population                         | OptumServe  |  |
| Organization                       | OptumServe  |  |
| Relationships                      |   |  |
|                                    |   |  |
|                                    |   |  |
| quisitio                           |   | <b>% CPP</b> (/providers/order/details/3678445                               |
| atus                               | Claimed   |  |
| pe                                 | The provider took the client's sample                                 |  |
| st Requested                       | COVID-19 test   |  |
| eated At                           | Feb 10, 2021 4:40 PM  |  |
| ip Payment?                        | No  |  |
| ovider Owned?                      | Yes   |  |
| atient                             |   | <b>Admin</b> (/adminordering_physicians/patientprofile/3471788/change/)      |
| Phone Number                       |   |  |
| Gender                             |   |  |
| Date of Birth                      |   |  |
| Address                            |   |  |
| Provider Attestation of Consent?   | Yes   |  |
| Torder Attestation of Consent:     | 162   |  |
| rdering Physician: Dr. Erica Pan   |   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/) |
| /erified?                          | Yes   |  |
|                                    | other physician   |  |
| Primary Role<br>Email              |   |  |
| Email<br>Phone Number              | Erica.pan@cdph.ca.gov<br>(916) 445-0062                               |  |
| Phone Number<br>Fax Number         | (916) 445-0062<br>(916) 445-0274                                      |  |
| -ax number<br>Address              | (916) 445-0274<br>US  |  |
| Address<br>NPI                     | 1972697324  |  |
| nstitution Name                    | California Department of Public Health Center for Infectious Diseases |  |
| nstitution Address                 | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| nstitution Fax Number              | (916) 445-0274  |  |
| nstitution Allows Sharing?         | Yes   |  |
|                                    |   |  |
| rimary Contact: Dr. Erica Pan      |   | <b>%</b> Admin (/adminordering_physicians/providerprofile/43251/change/)     |
|                                    |   |  |
|                                    | Yes   |  |
| /erified?                          | Yes<br>Other physician  |  |
| Verified?<br>Primary Role<br>Email |   |  |
| Verified?<br>Primary Role          | Other physician   |  |

| Address                       | US  |   |
|-------------------------------|---|---|
| NPI                           | 1972697324  |   |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |   |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| Institution Fax Number        | (916) 445-0274  |   |
| Institution Allows Sharing?   | Yes   |   |
| Initial Sample                |   | <b>&amp; Admin</b> (/adminsamples/sample/10627614/change/) ♥          |
| Status                        |   |   |
| Accession #                   |   |   |
| Sample Type                   | Covid_anterior_nares_swab   |   |
| Collected at                  | Feb 10, 2021 3:40 PM  |   |
| Activated at                  | Feb 10, 2021 4:40 PM  |   |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/12366152/change/) ↓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |   |
| Batch Size                    | 1000002   |   |
| Distribution Type             | Handed out at provider's office                                       |   |
| Package Type                  | Color saliva package  |   |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |
| Scanned at                    | Jan 14, 2021 6:55 PM  |   |
| Accessioned at                | Feb 11, 2021 3:33 AM  |   |
| Accessioned by                | CDPH Branch Laboratory  |   |
| eports                        |   |   |
| Report ID: 3619209            |   | <b>∿ Report</b> (/reports/3619209) ✔                                  |
| Status                        | Released  |   |
| Sent to Ordering Physician at | Feb 11, 2021 1:30 PM  |   |
| Release Ready at              | Feb 11, 2021 1:30 PM  |   |
| Released at                   | Feb 11, 2021 1:30 PM  |   |
|                               |   |   |

|                                   |   |  | Search                        |
|-----------------------------------|---|--|-------------------------------|
| mple                              |   | <b>% Admin</b> (/adminsamp                           | les/sample/10668086/change,   |
| •                                 |   |  |                               |
| atus                              |   |  |                               |
| cession #                         |   |  |                               |
| mple Type                         | Covid_anterior_nares_swab   |  |                               |
| ollected at                       | Feb 10, 2021 7:46 AM  |  |                               |
| tivated at                        | Feb 10, 2021 8:50 AM  |  |                               |
| Fulfillment                       |   | & Admin (/adminfulfillment/f                         | ulfillment/12406624/change/)  |
| Status                            | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| Batch Size                        | 1000002   |  |                               |
| Distribution Type                 | Handed out at provider's office                                       |  |                               |
| Package Type                      | Color saliva package  |  |                               |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| Scanned at                        | Jan 14, 2021 6:55 PM  |  |                               |
|                                   |   |  |                               |
| Accessioned at                    | Feb 11, 2021 3:38 AM  |  |                               |
| Accessioned by                    | CDPH Branch Laboratory  |  |                               |
| nitial sample for Requisition     |   | S CPP (/prov   | viders/order/details/9510088) |
| Status                            | Claimed   |  |                               |
| Гуре                              | The provider took the client's sample                                 |  |                               |
| Test Requested                    | COVID-19 test   |  |                               |
|                                   |   |  |                               |
| Created At                        | Feb 10, 2021 8:50 AM  |  |                               |
| Skip Payment?                     | No  |  |                               |
| Provider Owned?                   | Yes   |  |                               |
| Patient:                          |   | <b>&amp; Admin</b> (/adminordering_physicians/patien | tprofile/3445254/change/)     |
| Phone Number                      |   |  |                               |
| Gender                            |   |  |                               |
| Date of Birth                     |   |  |                               |
| Address                           |   |  |                               |
| Provider Attestation of Consent?  | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)    |
| Verified?                         | No.   |  |                               |
|                                   | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)    |
|                                   |   |  |                               |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
|                                   |   |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
|                                   |   |  |                               |

| us   | Report released to client, but not yet opened  |  |
|--|--|--|
| Туре   | COVID-19 Test  |  |
| roval Status   | Approved by external ordering physician  |  |
| ity  | 0 (CLIENT)   |  |
| t taken by:  |  | Actions - Admin (/adminusers/coloruser/3089278/change/)  |
| ail  | provider-proxy+9510088@color.com   |  |
| Active?  | Yes  |  |
|  |  |  |
| quested Email 🛛  |  |  |
| te of Birth  |  |  |
| one Number   |  |  |
| eferred Language   |  |  |
| er Type  |  |  |
| tient Id   |  |  |
| count Created at   | Feb 10, 2021 8:50 AM   |  |
| ail Confirmed?   | No   |  |
| x Assigned At Birth 🛛  | Female 🖉   |  |
| nder Identity  |  |  |
| f Described Gender Identity  |  |  |
| alth History Status  | Not started  |  |
| s Ancestry Results?  | No   |  |
| s Access To Discovery?   | No   |  |
|  | Subscribed   |  |
| rketing Emails   | Subscribed   |  |
| opulation Memberships  |  |  |
|  |  |  |
| OptumServe   |  | ~  |
| Population   | OptumServe   |  |
| Organization   | OptumServe   |  |
| Relationships  |  |  |
|  |  |  |
|  | Claiman  |  |
| atus<br>pe<br>st Requested   | Claimed<br>The provider took the client's sample<br>COVID-19 test  |  |
| pe<br>st Requested   |  |  |
| pe<br>st Requested<br>eated At   | The provider took the client's sample<br>COVID-19 test   |  |
| pe<br>st Requested<br>eated At<br>ip Payment?  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM   |  |
|  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| be<br>st Requested<br>eated At<br>p Payment?<br>bvider Owned?<br>latient:  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>svider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| be<br>st Requested<br>bated At<br>ip Payment?<br>bouider Owned?<br>batient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| be t Requested t Requested tated At p Payment? vider Owned? atient: Phone Number Gender Date of Birth Address  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3445254/change/)  |
| De<br>ta Requested<br>tated At<br>p Payment?<br>vvider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes  |  |
| pe<br>t Requested<br>hated At<br>p Payment?<br>vider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>provider Attestation of Consent?<br>irdering Physician: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes  |  |
| be<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>terested<br>te | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes  |  |
| be<br>tere Requested<br>tere Requested<br>tere At<br>p Payment?<br>voider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Protering Physician: Dr. Erica Pan<br>/erified?<br>Primary Role   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes   |  |
| be<br>tartequested<br>tated At<br>p Payment?<br>vvider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes   |  |
| be<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Request<br>the Request   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |
| be t Requested t R   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  |  |
| be t Requested t R   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes   |  |
| be t Requested t R   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324  |  |
| be<br>st Requested<br>bated At<br>ip Payment?<br>boider Owned?<br>tatient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Num   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes   |  |
| be<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Requested<br>the Request<br>the Request   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324  |  |
| be<br>take Requested<br>take Requested<br>take At<br>p Payment?<br>ovider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Sax Number<br>Sa   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Errica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| be<br>t Requested<br>tated At<br>p Payment?<br>voider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>provider Attestation of Consent?<br>Irdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Sax Number<br>Address<br>upl<br>Statuber<br>Address<br>stitution Name<br>nstitution Rax Number   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US   |  |
| see tit Requested tated At p Payment? voider Owned? atient: Phone Number Gender Date of Birth Address Provider Attestation of Consent? Primary Role Email Phone Number Fax Number Fax Number Sature Sa   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0052<br>(916) 445-0052<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 | <b>%</b> Admin (/adminordering_physicians/providerprofile/43251/change/)   |
| be<br>st Requested<br>bated At<br>ip Payment?<br>bvider Owned?<br>datient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Name<br>nstitution Addresss<br>nstitution Fax Number<br>Institution Allows Sharing?<br>Timary Contact: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes   | <b>%</b> Admin (/adminordering_physicians/providerprofile/43251/change/)   |
| be<br>st Requested<br>bated At<br>ip Payment?<br>bvider Owned?<br>attient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Fax Number<br>institution Fax Number<br>i   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes   | <b>%</b> Admin       (/adminordering_physicians/providerprofile/43251/change/)   |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>volder Owned?<br>vatient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes   | <b>%</b> Admin       (/adminordering_physicians/providerprofile/43251/change/)   |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number  | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes   | <b>%</b> Admin       (/adminordering_physicians/providerprofile/43251/change/)   |
| pe<br>st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Feb 10, 2021 8:50 AM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes   | Admin       (/adminordering_physicians/patientprofile/3445254/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/) |

| Address                                 | US  |   |
|---|---|---|
| NPI                                     | 1972697324  |   |
| Institution Name                        | California Department of Public Health Center for Infectious Diseases |   |
| Institution Address                     | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| Institution Fax Number                  | (916) 445-0274  |   |
| Institution Allows Sharing?             | Yes   |   |
| Initial Sample                          |   | <b>&amp; Admin</b> (/adminsamples/sample/10668086/change/) ♥          |
| Status                                  |   |   |
| Accession #                             |   |   |
| Sample Type                             | Covid_anterior_nares_swab   |   |
| Collected at                            | Feb 10, 2021 7:46 AM  |   |
| Activated at                            | Feb 10, 2021 8:50 AM  |   |
| Fulfillment                             |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/12406624/change/) ✔ |
| Status                                  | Sample accessioned by CDPH Branch Laboratory                          |   |
| Batch Size                              | 1000002   |   |
| Distribution Type                       | Handed out at provider's office                                       |   |
| Package Type                            | Color saliva package  |   |
| Delivery Address                        | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |
| Scanned at                              | Jan 14, 2021 6:55 PM  |   |
| Accessioned at                          | Feb 11, 2021 3:38 AM  |   |
| Accessioned by                          | CDPH Branch Laboratory  |   |
| ports                                   |   |   |
| Report ID: 3619157                      |   | <b>% Report</b> (/reports/3619157) ✔                                  |
| Charles                                 | Deleased  |   |
| Status<br>Sont to Ordering Dhysician at | Released  |   |
| Sent to Ordering Physician at           | Feb 11, 2021 1:30 PM  |   |
| Release Ready at                        | Feb 11, 2021 1:30 PM  |   |
| Released at                             | Feb 11, 2021 1:30 PM  |   |
|   |   |   |

|                                   |   |  | Search                        |
|-----------------------------------|---|--|-------------------------------|
| nple #                            |   | <b>&amp; Admin</b> (/adminsam                        | ples/sample/7690531/change,   |
| itus                              |   |  |                               |
| cession #                         |   |  |                               |
| mple Type                         | Covid_anterior_nares_swab   |  |                               |
| llected at                        | – – –<br>Feb 11, 2021 5:53 PM   |  |                               |
| tivated at                        | Feb 11, 2021 6:56 PM  |  |                               |
| ulfillment                        |   | <b>&amp; Admin</b> (/adminfulfillment/               | fulfillment/7859087/change/)  |
| Status                            | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| Batch Size                        | 1000000   |  |                               |
| Distribution Type                 | Handed out at provider's office                                       |  |                               |
| Package Type                      | Color saliva package  |  |                               |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| Scanned at                        | Nov 19, 2020 5:10 PM  |  |                               |
| Accessioned at                    | Feb 11, 2021 10:19 PM   |  |                               |
| Accessioned by                    | CDPH Branch Laboratory  |  |                               |
| Accessioned by                    |   |  |                               |
| nitial sample for Requisiti       |   | Scpp (/prov  | viders/order/details/8092583) |
| Status                            | Claimed   |  |                               |
| Гуре                              | The provider took the client's sample                                 |  |                               |
| lest Requested                    | COVID-19 test   |  |                               |
| Created At                        | Feb 11, 2021 6:56 PM  |  |                               |
| Skip Payment?                     | No  |  |                               |
| Provider Owned?                   | Yes   |  |                               |
| Patient:                          |   | <b>&amp; Admin</b> (/adminordering_physicians/patier | htprofile/3514243/change/)    |
| Share New Law                     |   |  |                               |
| Phone Number                      |   |  |                               |
| Gender                            |   |  |                               |
| Date of Birth                     |   |  |                               |
| Address                           |   |  |                               |
| Provider Attestation of Consent?  | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan |   | & Admin (/adminordering_physicians/prov              | iderprofile/43251/change/)    |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
|                                   |   |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan    |   | & Admin (/adminordering_physicians/prov              | iderprofile/43251/change/)    |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
|                                   |   |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
|                                   |   |  |                               |

| us   | Report released to client, but not yet opened   |  |
|--|---|--|
| Type   | COVID-19 Test   |  |
| oval Status  | Approved by external ordering physician   |  |
| ity  | 0 (CLIENT)  |  |
|  |   |  |
| t taken  |   | Actions - % Admin (/adminusers/coloruser/3140560/change/   |
| ail  | provider-proxy+8092583@color.com  |  |
| Active?  | Yes   |  |
| quested Email 😡  |   |  |
| te of Birth  |   |  |
| one Number   |   |  |
| eferred Language   |   |  |
|  |   |  |
| er Type<br>tient Id  |   |  |
|  |   |  |
| count Created at   | Feb 11, 2021 6:56 PM  |  |
| ail Confirmed?   | No  |  |
| x Assigned At Birth 🛛  | Male 🖉  |  |
| nder Identity  |   |  |
| f Described Gender Identity  |   |  |
| alth History Status  | Not started   |  |
| s Ancestry Results?  | No  |  |
| s Access To Discovery?   | No  |  |
| rketing Emails   | Subscribed  |  |
| -  |   |  |
| opulation Memberships  |   |  |
|  |   |  |
| OptumServe   |   | ~  |
| Population   | OptumServe  |  |
| Organization   | OptumServe  |  |
| Relationships  |   |  |
|  |   |  |
| atus<br>pe   | Claimed<br>The provider took the client's sample  |  |
| st Requested   | COVID-19 test   |  |
| eated At   | Feb 11, 2021 6:56 PM  |  |
| eated At<br>p Payment?   |   |  |
| eated At<br>p Payment?<br>ovider Owned?  | Feb 11, 2021 6:56 PM<br>No  | <b>Admin</b> (/adminordering physicians/patientprofile/3514243/change/)  |
| eated At<br>p Payment?<br>ovider Owned?<br>atient:   | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>p Payment?<br>ovider Owned?<br>atient:   | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number   | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender   | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>p Payment?<br>vvider Owned?<br>atient:<br>Phone Number<br>Gender<br>Date of Birth  | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>p Payment?<br>evider Owned?<br>atient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address   | Feb 11, 2021 6:56 PM<br>No  | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/3514243/change/)  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | Feb 11, 2021 6:56 PM<br>No<br>Yes   |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>crdering Physician: Dr. Erica Pan   | Feb 11, 2021 6:56 PM<br>No<br>Yes   |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>crearing Physician: Dr. Erica Pan<br>Verified?  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes  |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>crearing Physician: Dr. Erica Pan<br>Verified?  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician  |  |
| eated At<br>p Payment?<br>ovider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Credering Physician: Dr. Erica Pan<br>Verified?  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes  |  |
| eated At<br>p Payment?<br>ovider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Crowider Attestation of Consent?<br>Crowider Attestation of Consent?<br>Crowider Attestation of Consent?   | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Other physician  |  |
| eated At<br>p Payment?<br>voider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Urdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov  |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>urdering Physician: Dr. Erica Pan<br>verified?<br>frimary Role<br>framil<br>Phone Number<br>fax Number  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>urdering Physician: Dr. Erica Pan<br>(refified?<br>Primary Role<br>Email<br>Phone Number<br>Sax Number<br>Sax Number<br>Address   | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  |  |
| eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Fax Number  | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>US  | Admin       (/adminordering_physicians/patientprofile/3514243/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/) |
| eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name   | Feb 11, 2021 6:56 PM         No         Yes         Yes         Ves         Ves |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Chone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Concering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Prone Number<br>Fax Number<br>Address<br>VPI<br>Entitution Name<br>Institution Address  | Feb 11, 2021 6:56 PM         No         Yes         Yes         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US   |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Chone Number<br>Sender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>critering Physician: Dr. Erica Pan<br>verified?<br>rrimary Role<br>smail<br>Phone Number<br>sax Number<br>sax Number<br>sat Number  | Feb 11, 2021 6:56 PM         No         Yes         Yes         Ves         Ves |  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>ordering Physician: Dr. Erica Pan<br>Primary Role<br>Email<br>Primary Role<br>Email<br>Prone Number<br>Tax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Name<br>nstitution Address<br>nstitution Fax Number<br>nstitution Allows Sharing?  | Feb 11, 2021 6:56 PM         No         Yes         Yes         Yes         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274  | • Admin (/adminordering_physicians/providerprofile/43251/change/)  |
| eated At<br>p Payment?<br>wider Owned?<br>atient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>ordering Physician: Dr. Erica Pan<br>Primary Role<br>Email<br>Primary Role<br>Email<br>Prone Number<br>Tax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Name<br>nstitution Address<br>nstitution Fax Number<br>nstitution Allows Sharing?  | Feb 11, 2021 6:56 PM         No         Yes         Yes         Yes         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274  | • Admin (/adminordering_physicians/providerprofile/43251/change/)  |
| eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Say Number<br>Fax Number<br>Institution Name<br>Institution Address<br>Institution Addr   | Feb 11, 2021 6:56 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes  | Admin       (/adminordering_physicians/providerprofile/43251/change/)  |
| eated At<br>ip Payment?<br>bovider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role   | Feb 11, 2021 6:56 PM         No         Yes         Ves         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Yes         Other physician  |  |
| eated At<br>ip Payment?<br>povider Owned?<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number | Feb 11, 2021 6:56 PM         No         Yes         Ves         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves         Other physician         Erica.pan@cdph.ca.gov   | • Admin (/adminordering_physicians/providerprofile/43251/change/)  |
| st Requested<br>eated At<br>ip Payment?<br>ovider Owned?<br>Patient:<br>Patient:<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drodering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number  | Feb 11, 2021 6:56 PM         No         Yes         Ves         Yes         Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Yes  | • Admin (/adminordering_physicians/providerprofile/43251/change/)  |

| Batch Size     1000000       Distribution Type     Handed out at pro       Package Type     Color saliva package   | PM<br>PM<br>hed by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US | <b>% Admin</b> (/adminfulfillment/fulfillment/7859087/change/)       |
|--|---|--|
| Accession #     Covid_anterior_name       Sample Type     Covid_anterior_name       Collected at     Feb 11, 2021 5:53 F       Activated at     Feb 11, 2021 6:56 F       Fulfillment     Sample accession       Batch Size     1000000       Distribution Type     Handed out at propackage Type       Color saliva package Type     Color saliva package Sample accession       Scanned at     Nov 19, 2020 5:10 | PM<br>PM<br>hed by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US | ● Admin       (/adminfulfillment/fulfillment/7859087/change/)        |
| Sample Type     Covid_anterior_nar       Collected at     Feb 11, 2021 5:53 F       Activated at     Feb 11, 2021 6:56 F       Fulfillment     Sample accession       Batch Size     1000000       Distribution Type     Handed out at propackage Type       Color saliva package Type     Color saliva package Type       Delivery Address     599 The Embarcar       Scanned at     Nov 19, 2020 5:10            | PM<br>PM<br>hed by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7859087/change/) ✔ |
| Collected at     Feb 11, 2021 5:53 F       Activated at     Feb 11, 2021 6:56 F       Fulfillment     Sample accession       Status     Sample accession       Batch Size     1000000       Distribution Type     Handed out at propackage Type       Color saliva package Type     Color saliva package       Delivery Address     599 The Embarcade       Scanned at     Nov 19, 2020 5:10                       | PM<br>PM<br>hed by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US | <b> </b>   |
| Activated at     Feb 11, 2021 6:56 F       Fulfillment     Sample accession       Status     Sample accession       Batch Size     1000000       Distribution Type     Handed out at propackage Type       Color saliva package Type     Color saliva package       Delivery Address     599 The Embarcange       Scanned at     Nov 19, 2020 5:10   | PM<br>ned by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US       | <b>% Admin</b> (/adminfulfillment/fulfillment/7859087/change/) ↓     |
| Fulfillment         Status       Sample accession         Batch Size       1000000         Distribution Type       Handed out at pro         Package Type       Color saliva packator         Delivery Address       599 The Embarcator         Scanned at       Nov 19, 2020 5:10   | ned by CDPH Branch Laboratory<br>ovider's office<br>age<br>adero, San Francisco, CA 94107, US             | <b> </b>   |
| StatusSample accessionBatch Size1000000Distribution TypeHanded out at proPackage TypeColor saliva packatDelivery Address599 The EmbarcatScanned atNov 19, 2020 5:10  | ovider's office<br>age<br>adero, San Francisco, CA 94107, US  | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7859087/change/) ✓ |
| Batch Size1000000Distribution TypeHanded out at proPackage TypeColor saliva packaDelivery Address599 The EmbarcaScanned atNov 19, 2020 5:10  | ovider's office<br>age<br>adero, San Francisco, CA 94107, US  |  |
| Distribution Type     Handed out at pro       Package Type     Color saliva package       Delivery Address     599 The Embarcan       Scanned at     Nov 19, 2020 5:10   | age<br>adero, San Francisco, CA 94107, US   |  |
| Package Type         Color saliva packa           Delivery Address         599 The Embarca           Scanned at         Nov 19, 2020 5:10  | age<br>adero, San Francisco, CA 94107, US   |  |
| Delivery Address599 The EmbarcadScanned atNov 19, 2020 5:10  | adero, San Francisco, CA 94107, US  |  |
| Scanned at Nov 19, 2020 5:10   |   |  |
|  |   |  |
| Accessioned at Feb 11, 2021 10:1   | U PM  |  |
|  | 19 PM   |  |
| Accessioned by CDPH Branch Lab   | boratory  |  |
|  |   |  |
| ports  |   |  |
| Report ID: 3668750   |   | <b>% Report</b> (/reports/3668750) ✔                                 |
|  |   |  |
| Status Released  |   |  |
| Sent to Ordering Physician at Feb 12, 2021 9:01 F  | PM  |  |
| Release Ready at Feb 12, 2021 9:01 F   | PM  |  |

|  |  |   | Search                        |
|--|--|---|-------------------------------|
| ple #  |  | <b>&amp; Admin</b> (/adminsam                       | ples/sample/7509926/change/   |
|  |  |   |                               |
| us<br>ession #   |  |   |                               |
| iple Type  | Covid_anterior_nares_swab  |   |                               |
| lected at  | Feb 9, 2021 8:53 AM  |   |                               |
| ivated at  | Feb 9, 2021 9:56 AM  |   |                               |
|  | 1 CD 3, 2021 3.50 AT   |   |                               |
| Ifillment  |  | <b>&amp; Admin</b> (/adminfulfillment,              | /fulfillment/7678250/change/) |
| tatus  | Sample accessioned by CDPH Branch Laboratory   |   |                               |
| atch Size  | 1000000  |   |                               |
| istribution Type   | Handed out at provider's office  |   |                               |
| ackage Type  | Color saliva package   |   |                               |
| elivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |   |                               |
| canned at  | Nov 19, 2020 5:10 PM   |   |                               |
| ccessioned at  | Feb 10, 2021 1:33 PM   |   |                               |
| ccessioned by  | CDPH Branch Laboratory   |   |                               |
| tial sample for Requisitio   |  | <b>% CPP</b> (/pro                                  | viders/order/details/0152470) |
|  |  |   |                               |
| tatus  | Claimed  |   |                               |
| rpe  | The provider took the client's sample  |   |                               |
| est Requested  | COVID-19 test  |   |                               |
| reated At  | Feb 9, 2021 9:56 AM  |   |                               |
| kip Payment?   | No   |   |                               |
| ovider Owned?  | Yes  |   |                               |
| Patient:   |  | <b>&amp; Admin</b> (/adminordering_physicians/patie | ntprofile/3408135/change/) 💊  |
| Phone Number   |  |   |                               |
| Gender   |  |   |                               |
| Date of Birth  |  |   |                               |
| Address  |  |   |                               |
| Provider Attestation of Consent?   | Yes  |   |                               |
| Ordering Physician: Dr. Erica Pan  |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | riderprofile/43251/change/) 💊 |
|  |  |   |                               |
| Verified?  | Yes  |   |                               |
| Primary Role   | Other physician  |   |                               |
| Email  | Erica.pan@cdph.ca.gov  |   |                               |
| Phone Number   | (916) 445-0062   |   |                               |
| Fax Number   | (916) 445-0274   |   |                               |
| Address  | US   |   |                               |
| NPI  | 1972697324   |   |                               |
| Institution Name   | California Department of Public Health Center for Infectious Diseases  |   |                               |
| Institution Address  | P.O. Box 997377, Sacramento, CA 95899, US  |   |                               |
| Institution Fax Number   | (916) 445-0274   |   |                               |
| institution Fax Number   | Yes  |   |                               |
| Institution Allows Sharing?  |  |   |                               |
| -  |  | <b>&amp; Admin</b> (/adminordering physicians/prov  | /iderprofile/43251/change/) 💊 |
| -  |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) 🔨 |
| Primary Contact: Dr. Erica Pan   | Yes  | & Admin (/adminordering_physicians/prov             | riderprofile/43251/change/) 🔪 |
| Primary Contact: Dr. Erica Pan   | Yes<br>Other physician   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) 🔪 |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role  |  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) 🕻 |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Other physician  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Other physician<br>Erica.pan@cdph.ca.gov   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) 🕻 |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   | <b> </b>  | /iderprofile/43251/change/) 🕻 |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🕻  |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/) 🕻  |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   | <b> </b>  | iderprofile/43251/change/)    |
| Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 | <b> </b>  | /iderprofile/43251/change/) 🕚 |
| Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                   | <b> </b>  | iderprofile/43251/change/) 🕻  |

| us   | Report released to client, but not yet opened   |  |
|--|---|--|
| Туре   | COVID-19 Test   |  |
| roval Status   | Approved by external ordering physician   |  |
| ity  | 0 (CLIENT)  |  |
| t taken by:  |   | Actions - Admin (/adminusers/coloruser/3061635/change/   |
| ail  | provider-proxy+0152470@color.com  |  |
| Active?  | Yes   |  |
|  |   |  |
| quested Email 🛿  |   |  |
| te of Birth  |   |  |
| one Number   |   |  |
| eferred Language   |   |  |
| er Type  |   |  |
| tient Id   |   |  |
| count Created at   | Feb 9, 2021 9:56 AM   |  |
| ail Confirmed?   | No  |  |
| x Assigned At Birth 🖌  | Female 🖉  |  |
|  | _   |  |
| nder Identity  |   |  |
| f Described Gender Identity  |   |  |
| alth History Status  | Not started   |  |
| s Ancestry Results?  | No  |  |
| s Access To Discovery?   | No  |  |
| rketing Emails   | Subscribed  |  |
|  |   |  |
| opulation Memberships  |   |  |
| OptumServe   |   | ~  |
| Population   | OptumServe  |  |
|  |   |  |
| Organization   | OptumServe  |  |
| Relationships  |   |  |
| quisition  |   | SCPP (/providers/order/details/0152470   |
| atus   | Claimed   |  |
| pe   | The provider took the client's sample   |  |
| st Requested   | COVID-19 test   |  |
| eated At   | Feb 9, 2021 9:56 AM   |  |
| ip Payment?  | No  |  |
| ovider Owned?  | Yes   |  |
| Patient:   |   | • Admin (/adminordering_physicians/patientprofile/3408135/change/)   |
| Phone Number   |   |  |
| Gender   |   |  |
| Date of Birth  |   |  |
|  |   |  |
|  |   |  |
| Address  | Yos   |  |
| Address  | Yes   |  |
| Address<br>Provider Attestation of Consent?  | Yes   | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>  | Yes   | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?  | Yes   | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | Yes<br>Other physician  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Vering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Indering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Indering Physician: Dr. Erica Pan<br>/erified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Indering Physician: Dr. Erica Pan<br>/erified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>• Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Indering Physician: Dr. Erica Pan<br>/erified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Drodering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Provider Attestation of Consent?<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>VPI<br>nstitution Name<br>nstitution Address   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Provider Attestation of Consent?<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Sax Number<br>Modress<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                                 | <b>% Admin</b> (/adminordering_physicians/providerprofile/43251/change/)   |
| Address<br>Provider Attestation of Consent?<br>Prodering Physician: Dr. Erica Pan<br>Artified?<br>Primary Role<br>Email<br>Phone Number<br>Sax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274               |  |
| Address<br>Provider Attestation of Consent?<br>Prodering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Eax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes        |  |
| Address<br>Provider Attestation of Consent?<br>Prodering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Name<br>nstitution Name<br>nstitution Address<br>nstitution Fax Number<br>nstitution Address<br>nstitution Address   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes        |  |
| Address Provider Attestation of Consent? Provider Attestation of Consent? Primary Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Name Institution Address Institution Fax Number Institution Address Institution Fax Number Institution Address Institution Institutio   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes |  |
| Address<br>Provider Attestation of Consent?<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Address<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes | Admin (/adminordering_physicians/providerprofile/43251/change/)          ◆ Admin       (/adminordering_physicians/providerprofile/43251/change/) |
| Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes |  |

| Address                       | US  |  |
|-------------------------------|---|--|
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| Initial Sample:               |   | <b>&amp; Admin</b> (/adminsamples/sample/7509926/change/) ✔          |
| Status                        |   |  |
| Accession #                   |   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Feb 9, 2021 8:53 AM   |  |
| Activated at                  | Feb 9, 2021 9:56 AM   |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7678250/change/) ✓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 1000000   |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Scanned at                    | Nov 19, 2020 5:10 PM  |  |
| Accessioned at                | Feb 10, 2021 1:33 PM  |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| ports                         |   |  |
| Report ID: 3610027            |   | <b>% Report</b> (/reports/3610027) ✔                                 |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Feb 11, 2021 6:01 AM  |  |
| Release Ready at              | Feb 11, 2021 6:01 AM  |  |
|                               |   |  |
| Released at                   | Feb 11, 2021 6:01 AM  |  |

|   |   |   | Search                        |
|---|---|---|-------------------------------|
| npl   |   | <b>&amp; Admin</b> (/adminsamp                      | bles/sample/10228549/change   |
| atus  |   |   |                               |
|   |   |   |                               |
| cession #   |   |   |                               |
| mple Type   | Covid_anterior_nares_swab   |   |                               |
| llected at  | Mar 2, 2021 9:07 AM   |   |                               |
| tivated at  | Mar 2, 2021 10:10 AM  |   |                               |
| ulfillment  |   | <b>&amp; Admin</b> (/adminfulfillment/f             | ulfillment/11967088/change/)  |
| Status  | Sample accessioned by CDPH Branch Laboratory                          |   |                               |
| Batch Size  | 1000002   |   |                               |
| Distribution Type   | Handed out at provider's office                                       |   |                               |
| Package Type  | Color saliva package  |   |                               |
| Delivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |                               |
| Scanned at  | Jan 14, 2021 6:55 PM  |   |                               |
|   |   |   |                               |
| Accessioned at  | Mar 3, 2021 2:43 AM   |   |                               |
| Accessioned by  | CDPH Branch Laboratory  |   |                               |
| nitial sample for Requisitic                                      |   | Scpp (/pro  | viders/order/details/8188976) |
| Status  | Claimed   |   |                               |
| Гуре  | The provider took the client's sample                                 |   |                               |
|   |   |   |                               |
| lest Requested  | COVID-19 test   |   |                               |
| Created At  | Mar 2, 2021 10:10 AM  |   |                               |
| Skip Payment?   | No  |   |                               |
| Provider Owned?   | Yes   |   |                               |
| Patient:  |   | <b>&amp; Admin</b> (/adminordering_physicians/patie | ntprofile/3972289/change/)    |
|   |   |   |                               |
| Phone Number  |   |   |                               |
| Gender  |   |   |                               |
| Date of Birth   |   |   |                               |
| Address   |   |   |                               |
| Provider Attestation of Consent?                                  | Yes   |   |                               |
| Ordering Physician: Dr. Erica Pan                                 |   | & Admin (/adminordering_physicians/prov             | viderprofile/43251/change/)   |
| Verille do  | \/  |   |                               |
| Verified?   | Yes   |   |                               |
| Primary Role  | Other physician   |   |                               |
| Email   | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number  | (916) 445-0062  |   |                               |
| Fax Number  | (916) 445-0274  |   |                               |
| Address   | US  |   |                               |
| NPI   | 1972697324  |   |                               |
| · · · · · · · · · · · · · · · · · · ·                             |   |   |                               |
| Institution Name  | California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address   | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Fax Number  | (916) 445-0274  |   |                               |
| Institution Allows Sharing?                                       | Yes   |   |                               |
| Primary Contact: Dr. Erica Pan                                    |   | & Admin (/adminordering_physicians/prov             | viderprofile/43251/change/)   |
| Verified?   | Ver   |   |                               |
|   | Yes   |   |                               |
| Primary Role  | Other physician   |   |                               |
| Email   | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number  | (916) 445-0062  |   |                               |
| Fax Number  | (916) 445-0274  |   |                               |
| Address   | US  |   |                               |
|   | 1972697324  |   |                               |
| NPI   | California Department of Public Health Center for Infectious Diseases |   |                               |
| NPI<br>Institution Name   |   |   |                               |
| Institution Name  |   |   |                               |
| Institution Name<br>Institution Address                           | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Name<br>Institution Address<br>Institution Fax Number | (916) 445-0274  |   |                               |
| Institution Name<br>Institution Address                           |   |   |                               |



|   | US  |   |
|---|---|---|
| NPI   | 1972697324  |   |
| Institution Name  | California Department of Public Health Center for Infectious Diseases |   |
| Institution Address   | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| Institution Fax Number  | (916) 445-0274  |   |
| Institution Allows Sharing?   | Yes   |   |
| Initial Sample:   |   | <b>S Admin</b> (/adminsamples/sample/10228549/change/) ✓              |
| Status  |   |   |
| Accession #   |   |   |
| Sample Type   | Covid_anterior_nares_swab   |   |
| Collected at  | Mar 2, 2021 9:07 AM   |   |
| Activated at  | Mar 2, 2021 10:10 AM  |   |
| Fulfillment   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/11967088/change/) ✔ |
|   |   |   |
| eports  |   |   |
|   |   | <b>% Report</b> (/reports/4124411) ✔                                  |
|   | Released  |   |
| eports<br>Report ID: 4124411<br>Status<br>Sent to Ordering Physician at | Released<br>Mar 3, 2021 2:45 PM                                       |   |
| Report ID: 4124411 Status   |   |   |

|                                   |   |   | Search                        |
|-----------------------------------|---|---|-------------------------------|
| nple                              |   | <b>&amp; Admin</b> (/adminsam   | ples/sample/7290689/change    |
|                                   |   |   |                               |
| itus                              |   |   |                               |
| cession #                         |   |   |                               |
| mple Type                         | Covid_anterior_nares_swab   |   |                               |
| llected at                        | Feb 9, 2021 2:36 PM   |   |                               |
| tivated at                        | Feb 9, 2021 3:40 PM   |   |                               |
| ulfillment                        |   | <b>% Admin</b> (/adminfulfillment/  | /fulfillment/7459019/change/) |
| Status                            | Sample accessioned by CDPH Branch Laboratory                          |   |                               |
| Batch Size                        | 1000000   |   |                               |
| Distribution Type                 | Handed out at provider's office                                       |   |                               |
| Package Type                      | Color saliva package  |   |                               |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |                               |
| Scanned at                        | Nov 19, 2020 5:10 PM  |   |                               |
| Accessioned at                    | Feb 10, 2021 3:23 AM  |   |                               |
| Accessioned by                    | CDPH Branch Laboratory  |   |                               |
|                                   | 1   |   | viders/order/details/5032330) |
| nitial sample for Requisition     |   | (Prod) 443 &  | nuers/order/detalls/5052330)  |
| Status                            | Claimed   |   |                               |
| Гуре                              | The provider took the client's sample                                 |   |                               |
| lest Requested                    | COVID-19 test   |   |                               |
| Created At                        | Feb 9, 2021 3:40 PM   |   |                               |
| Skip Payment?                     | No  |   |                               |
| Provider Owned?                   | Yes   |   |                               |
| Patient:                          |   | <b>&amp; Admin</b> (/adminordering_physicians/patients/pa | ntprofile/3428572/change/)    |
|                                   |   |   |                               |
| Phone Number                      |   |   |                               |
| Gender                            |   |   |                               |
| Date of Birth                     |   |   |                               |
| Address                           |   |   |                               |
| Provider Attestation of Consent?  | Yes   |   |                               |
| Ordering Physician: Dr. Erica Pan |   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
|                                   |   |   |                               |
| Verified?                         | Yes   |   |                               |
| Primary Role                      | Other physician   |   |                               |
| Email                             | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number                      | (916) 445-0062  |   |                               |
| Fax Number                        | (916) 445-0274  |   |                               |
| Address                           | US  |   |                               |
| NPI                               | 1972697324  |   |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Fax Number            | (916) 445-0274  |   |                               |
| Institution Allows Sharing?       | Yes   |   |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
|                                   |   |   |                               |
| Verified?                         | Yes   |   |                               |
| Primary Role                      | Other physician   |   |                               |
| Email                             | Erica.pan@cdph.ca.gov   |   |                               |
| Phone Number                      | (916) 445-0062  |   |                               |
| Fax Number                        | (916) 445-0274  |   |                               |
| Address                           | US  |   |                               |
| NPI                               | 1972697324  |   |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |   |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |   |                               |
| Institution Fax Number            | (916) 445-0274  |   |                               |
| Institution Allows Sharing?       | Yes   |   |                               |
|                                   |   |   |                               |
|                                   |   |   |                               |

| 116  | Papart relayed to client, but not yet append   |   |
|--|--|---|
| us<br>Turne  | Report released to client, but not yet opened<br>COVID-19 Test   |   |
| Type<br>roval Status   | Approved by external ordering physician  |   |
| rity   | 0 (CLIENT)   |   |
| t taken by:  |  | Actions - % Admin (/adminusers/coloruser/3077574/change/  |
|  |  |   |
| nail   | provider-proxy+5032330@color.com   |   |
| Active?  | Yes  |   |
| quested Email 🛛  |  |   |
| te of Birth  |  |   |
| one Number<br>eferred Language   |  |   |
| er Type  |  |   |
| tient Id   |  |   |
| count Created at   | Feb 9, 2021 3:40 PM  |   |
| ail Confirmed?   | No   |   |
| Assigned At Birth 🖌  | Male 🖉   |   |
| nder Identity  |  |   |
| f Described Gender Identity  |  |   |
| alth History Status  | Not started  |   |
| s Ancestry Results?  | No   |   |
| s Access To Discovery?   | No   |   |
| rketing Emails   | Subscribed   |   |
|  |  |   |
| opulation Memberships  |  |   |
| OptumServe   |  | ~   |
|  |  |   |
| Population   | OptumServe   |   |
| Organization   | OptumServe   |   |
| Relationships  |  |   |
|  |  |   |
| quisition  |  | <b>&amp; CPP</b> (/providers/order/details/5032330  |
| atus   | Claimed  |   |
| pe   | The provider took the client's sample  |   |
| st Requested   | COVID-19 test  |   |
| eated At   | Feb 9, 2021 3:40 PM  |   |
| ip Payment?  | No   |   |
| ovider Owned?  | Yes  |   |
|  |  |   |
| Patient:   |  | <b>%</b> Admin (/adminordering_physicians/patientprofile/3428572/change/)   |
|  |  |   |
| Phone Number   |  |   |
| Gender   |  |   |
| Date of Birth  |  |   |
| Address  |  |   |
| Provider Attestation of Consent?   | Yes  |   |
|  |  |   |
| rdering Physician: Dr. Erica Pan   |  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
|  |  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?  | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>/rimary Role  | Other physician  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>rimary Role<br>imail  | Other physician<br>Erica.pan@cdph.ca.gov   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>rimary Role<br>mail<br>hone Number  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>rimary Role<br>:mail<br>/hone Number<br>/ax Number  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>rrimary Role<br>:mail<br>rhone Number<br>ax Number<br>Address   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>Yrimary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>IPI   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Tax Number<br>Address<br>Address<br>NPI<br>nstitution Name   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| /erified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Address  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>nstitution Name<br>nstitution Address<br>nstitution Fax Number  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274   | <b>&amp; Admin</b> (/adminordering_physicians/providerprofile/43251/change/)  |
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| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?   | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes  |   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>nstitution Name<br>nstitution Address<br>nstitution Address<br>nstitution Fax Number<br>nstitution Fax Number<br>nstitution Allows Sharing?<br>Trimary Contact: Dr. Erica Pan  | Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes  |   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Inst | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves   |   |
| Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Yes         Other physician         Erica.pan@cdph.ca.gov |   |
| Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number   | Other physician         Erica.pan@cdph.ca.gov         (916) 445-0062         (916) 445-0274         US         1972697324         California Department of Public Health Center for Infectious Diseases         P.O. Box 997377, Sacramento, CA 95899, US         (916) 445-0274         Yes         Ves   | Admin       (/adminordering_physicians/providerprofile/43251/change/)         Admin       (/adminordering_physicians/providerprofile/43251/change/) |

| Institution Address P.O. Box 997373<br>Institution Fax Number (916) 445-0274<br>Institution Allows Sharing? Yes<br>Initial Sample: Yes<br>Status<br>Accession # Covid_anterior_<br>Collected at Feb 9, 2021 2:3<br>Activated at Feb 9, 2021 3:4<br>Fulfillment<br>Status Sample access<br>Batch Size 1000000<br>Distribution Type Handed out at<br>Package Type Color saliva pa<br>Delivery Address 599 The Emba<br>Scanned at Nov 19, 2020 5<br>Accessioned at Feb 10, 2021 3<br>Accessioned at Feb 10, 2021 3 | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    |  |
|--|--|--|
| Institution Address P.O. Box 997377<br>Institution Fax Number (916) 445-0274<br>Institution Allows Sharing? Yes<br>Initial Sample:<br>Status<br>Sample Type Covid_anterior.<br>Collected at Feb 9, 2021 2:3<br>Activated at Feb 9, 2021 3:4<br>Fulfillment<br>Status Sample access<br>Batch Size 100000<br>Distribution Type Handed out at<br>Package Type Color saliva pa<br>Delivery Address 599 The Emba<br>Scanned at Nov 19, 2020 5<br>Accessioned at Feb 10, 2021 3<br>Accessioned by CDPH Branch  | r, Sacramento, CA 95899, US<br>nares_swab<br>5 PM<br>0 PM<br>ioned by CDPH Branch Laboratory<br>provider's office<br>ickage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM |  |
| Institution Fax Number (916) 445-0274<br>Institution Allows Sharing? Yes<br>Initial Sample: Yes<br>Status<br>Accession # Covid_anterior_<br>Collected at Feb 9, 2021 2:3<br>Activated at Feb 9, 2021 3:4<br>Fulfillment<br>Status Sample access<br>Batch Size 1000000<br>Distribution Type Handed out at<br>Package Type Color saliva pa<br>Delivery Address 599 The Emba<br>Scanned at Nov 19, 2020 3<br>Accessioned at Feb 10, 2021 3<br>Accessioned by CDPH Branch  | nares_swab<br>5 PM<br>0 PM<br>ioned by CDPH Branch Laboratory<br>provider's office<br>ckage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                 |  |
| Institution Allows Sharing? Yes Initial Sample: Status Accession # Sample Type Covid_anterior_ Collected at Feb 9, 2021 2:3 Activated at Fulfillment Status Batch Size 100000 Distribution Type Handed out at Package Type Color saliva pa Delivery Address 599 The Emba Scanned at Nov 19, 2021 3: Accessioned at Feb 10, 2021 3: Accessioned at Feb 10, 2021 3: Accessioned at CDPH Branch   | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    |  |
| Initial Sample:  | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    |  |
| Status Accession # Sample Type Covid_anterior_ Collected at Feb 9, 2021 2:3 Activated at Fulfillment Status Sample access Batch Size 1000000 Distribution Type Handed out at Package Type Color saliva pa Delivery Address S99 The Emba Scanned at Nov 19, 2020 3 Accessioned at Feb 10, 2021 3 Accessioned at CDPH Branch   | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    |  |
| Accession # Sample Type Covid_anterior_ Collected at Feb 9, 2021 2:3 Activated at Fulfillment Status Sample access Batch Size 1000000 Distribution Type Handed out at Package Type Color saliva pa Delivery Address 599 The Emba Scanned at Nov 19, 2020 3 Accessioned at Feb 10, 2021 3 Accessioned by CDPH Branch  | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7459019/change/) ✔ |
| Sample Type     Covid_anterior       Collected at     Feb 9, 2021 2:3       Activated at     Feb 9, 2021 3:4       Fulfillment     Fulfillment       Status     Sample access       Batch Size     1000000       Distribution Type     Handed out at       Package Type     Color saliva pa       Delivery Address     599 The Emba       Scanned at     Nov 19, 2020 5       Accessioned at     Feb 10, 2021 3       Accessioned by     CDPH Branch   | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7459019/change/) ♥ |
| Collected at       Feb 9, 2021 2:3         Activated at       Feb 9, 2021 3:4         Fulfillment       Sample access         Batch Size       1000000         Distribution Type       Handed out at         Package Type       Color saliva pa         Delivery Address       599 The Emba         Scanned at       Nov 19, 2020 9         Accessioned at       Feb 10, 2021 3         Accessioned by       CDPH Branch   | 5 PM<br>5 PM<br>5 PM<br>5 ioned by CDPH Branch Laboratory<br>provider's office<br>tokage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM                                    | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7459019/change/) ✔ |
| Activated at     Feb 9, 2021 3:4       Fulfillment     Sample access       Batch Size     100000       Distribution Type     Handed out at       Package Type     Color saliva pa       Delivery Address     599 The Emba       Scanned at     Nov 19, 2020 5       Accessioned at     Feb 10, 2021 3       Accessioned by     CDPH Branch   | D PM<br>ioned by CDPH Branch Laboratory<br>provider's office<br>ickage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM  |  |
| Fulfillment         Status       Sample access         Batch Size       100000         Distribution Type       Handed out at         Package Type       Color saliva pa         Delivery Address       599 The Emba         Scanned at       Nov 19, 2020 4         Accessioned at       Feb 10, 2021 3         Accessioned by       CDPH Branch   | ioned by CDPH Branch Laboratory<br>provider's office<br>ckage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM   |  |
| StatusSample accessBatch Size100000Distribution TypeHanded out atPackage TypeColor saliva paDelivery Address599 The EmbaScanned atNov 19, 2020 StAccessioned atFeb 10, 2021 StAccessioned byCDPH Branch  | provider's office<br>ickage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/7459019/change/) ✔ |
| Batch Size1000000Distribution TypeHanded out atPackage TypeColor saliva paDelivery Address599 The EmbaScanned atNov 19, 2020 SAccessioned atFeb 10, 2021 SAccessioned byCDPH Branch  | provider's office<br>ickage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM   |  |
| Distribution Type     Handed out at       Package Type     Color saliva pa       Delivery Address     599 The Emba       Scanned at     Nov 19, 2020 S       Accessioned at     Feb 10, 2021 S       Accessioned by     CDPH Branch  | ckage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM   |  |
| Package TypeColor saliva paDelivery Address599 The EmbaScanned atNov 19, 2020 SAccessioned atFeb 10, 2021 SAccessioned byCDPH Branch   | ckage<br>rcadero, San Francisco, CA 94107, US<br>5:10 PM   |  |
| Delivery Address     599 The Emba       Scanned at     Nov 19, 2020 9       Accessioned at     Feb 10, 2021 3       Accessioned by     CDPH Branch   | rcadero, San Francisco, CA 94107, US<br>5:10 PM  |  |
| Scanned at     Nov 19, 2020 5       Accessioned at     Feb 10, 2021 3       Accessioned by     CDPH Branch   | 5:10 PM  |  |
| Accessioned at Feb 10, 2021 3<br>Accessioned by CDPH Branch  |  |  |
| Accessioned by CDPH Branch   | :23 AM   |  |
|  |  |  |
| ports  | Laboratory   |  |
|  |  |  |
| Report ID: 3579548   |  | <b>% Report</b> (/reports/3579548) ✔                                 |
| Status Released  |  |  |
| Sent to Ordering Physician at Feb 10, 2021 2:  | 15 PM  |  |
| Release Ready at Feb 10, 2021 2:   | 15 PM  |  |
| <b>Released at</b> Feb 10, 2021 2:   | 15 PM  |  |
|  |  |  |

|  |  |   | Search                               |
|--|--|---|--------------------------------------|
| nple   |  | <b>% Admin</b> (/adminsan   | nples/sample/4102454/change          |
|  | Activated  |   |                                      |
| tus  | Activated  |   |                                      |
| ession #   |  |   |                                      |
| nple Type  | Covid_anterior_nares_swab  |   |                                      |
| lected at  | Dec 8, 2020 9:25 AM  |   |                                      |
| ivated at  | Dec 8, 2020 9:25 AM  |   |                                      |
| ulfillment   |  | <b>&amp; Admin</b> (/adminfulfillment,  | /fulfillment/4085625/change/)        |
| tatus  | Sample accessioned by CDPH Branch Laboratory   |   |                                      |
| atch Size  | 800000   |   |                                      |
| Pistribution Type  | Handed out at provider's office  |   |                                      |
| ackage Type  | Color saliva package   |   |                                      |
|  |  |   |                                      |
| elivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |   |                                      |
| canned at  | Oct 21, 2020 3:30 PM   |   |                                      |
| ccessioned at  | Dec 9, 2020 10:08 AM   |   |                                      |
| ccessioned by  | CDPH Branch Laboratory   |   |                                      |
| itial sample for Requisition   |  | Scpp (/pro  | viders/order/details/9839245)        |
| autor  | Claimed  |   |                                      |
| tatus  |  |   |                                      |
| /pe  | The provider took the client's sample  |   |                                      |
| est Requested  | COVID-19 test  |   |                                      |
| reated At  | Dec 8, 2020 9:25 AM  |   |                                      |
| kip Payment?   | No   |   |                                      |
| rovider Owned?   |  |   |                                      |
| laced by   |  |   |                                      |
|  |  |   |                                      |
| Patient:   |  | <b>&amp; Admin</b> (/adminordering_physicians/patie   | ntprofile/1539432/change/)           |
|  |  |   |                                      |
|  |  |   |                                      |
| Email  |  |   |                                      |
| Email<br>Phone Number  |  |   |                                      |
| Phone Number   |  |   |                                      |
| Phone Number<br>Gender   |  |   |                                      |
| Phone Number   |  |   |                                      |
| Phone Number<br>Gender   |  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth  | Yes  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address   | Yes  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  |  | % Admin         (/adminordering_physicians/prov   | /iderprofile/43251/change/) 、        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?   | Yes  | & Admin         (/adminordering_physicians/prov   | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role   | Yes<br>Other physician   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) <b>、</b> |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role   | Yes  | <b>% Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email  | Yes<br>Other physician   | <b>% Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  | & Admin         (/adminordering_physicians/prov   | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) •        |
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| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | viderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US  | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) 4        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   | <b>&amp; Admin</b> (/adminordering_physicians/prov  | /iderprofile/43251/change/) •        |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274  | <b>&amp; Admin</b> (/adminordering_physicians/prov <b>&amp; Admin</b> (/adminordering_physicians/prov |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes   |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Cortact: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |   |                                      |
| Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Allows Sharing?         Primary Contact: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Vther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0024  |   |                                      |
| Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Allows Sharing?         Primary Contact: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Institution Name<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Vther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0024  |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Address<br>Institution Address<br>Institution Fax Number<br>Institution Address<br>Institution Address<br>Instituti | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Vther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-062<br>(916) 445-062<br>(916) 445-0274<br>US<br>1972697324  |   |                                      |
| Phone Number         Gender         Date of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Address         Institution Address         Institution Allows Sharing?         Primary Contact: Dr. Erica Pan         Verified?         Primary Contact: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Address         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Email         Phone Number         Fax Number         Address         NPI         Institution Name   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |   |                                      |
| Phone Number         Gender         Jate of Birth         Address         Provider Attestation of Consent?         Ordering Physician: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Fax Number         Institution Address         Institution Allows Sharing?         Verified?         Primary Contact: Dr. Erica Pan         Verified?         Primary Contact: Dr. Erica Pan         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Allows Sharing?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Name         Institution Address   | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US |   |                                      |
| Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Address  | Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0074<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases   |   |                                      |

| orders  |   |   |
|---|---|---|
| Order # 61574244061   |   | ବ୍ତ Links ବ   |
| atus  | Report released to client, but not yet opened   |   |
| st Type   | COVID-19 Test   |   |
|   |   |   |
| proval Status   | Approved by external ordering physician   |   |
| ority   | 0 (CLIENT)  |   |
| nsent   | Client consented to covid v2.0.1 online at Dec 8, 2020 9:25 AM  |   |
| est taken by  |   | Actions - Admin (/adminusers/coloruser/1515137/change/)   |
| Email   | provider-proxy+9839245@color.com  |   |
| s Active?   | Yes   |   |
| Requested Email 😡   |   |   |
| Date of Birth   |   |   |
| Phone Number  |   |   |
|   |   |   |
| Preferred Language  |   |   |
| Jser Type   |   |   |
| Patient Id  |   |   |
| Account Created at  | Dec 8, 2020 9:25 AM   |   |
| Email Confirmed?  | No  |   |
| Sex Assigned At Birth 😧   | Female 🜌  |   |
| Gender Identity   | Female 🖉  |   |
| Self Described Gender Identity  |   |   |
| Health History Status   | Not started   |   |
| Has Ancestry Results?   | No  |   |
| Has Access To Discovery?  | No  |   |
| Marketing Emails  | Subscribed  |   |
|   |   |   |
| Population Memberships  |   | ~   |
| Santa Clara - CDPH024   |   | ×   |
| Denviation  | Crate Clave CDDI 1024   |   |
| Population  | Santa Clara - CDPH024   |   |
| Organization  | CDPH  |   |
| Relationships   |   |   |
| Text Messages   |   |   |
|   |   |   |
|   |   |   |
| equisition  | Claimed   |   |
| equisition<br>Status  | Claimed<br>The provider took the client's sample  |   |
| equisition<br>Status<br>Type  |   |   |
| equisition<br>Status<br>Type<br>Test Requested  | The provider took the client's sample   | Scpp (/providers/order/details/9839245)   |
| Status<br>Status<br>Type<br>Fest Requested<br>Created At  | The provider took the client's sample<br>COVID-19 test  |   |
| equisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   |   |
| equisition<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   |   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   |   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No   | <b>% CPP</b> (/providers/order/details/9839245)   |
| equisition<br>status<br>Type<br>Test Requested<br>Created At<br>skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM   | <b>% CPP</b> (/providers/order/details/9839245)   |
| equisition  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No   | <b>% CPP</b> (/providers/order/details/9839245)   |
| equisition<br>Status<br>Fype<br>Fest Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No   | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Platient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Vo   | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Yes<br>Yes<br>Other physician  | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Vo<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov   | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| equisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Vo   | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| equisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Porovider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Vo<br>Ves<br>Yes<br>Yes<br>Other physician<br>Erica,pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| equisition<br>Status<br>Fype<br>Fest Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address   | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Ves<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US  | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI  | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Ves<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324   | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name               | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Ves<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition Status Type Test Requested Created At Skip Payment? Provider Owned? Placed by Patient: Email Phone Number Gender Date of Birth Address Provider Attestation of Consent?  Ordering Physician: Dr. Erica Pan Verified? Primary Role Email Phone Number Fax Number Fax Number Address NPI Institution Name Institution Name Institution Address  | The provider took the client's sample         COVID-19 test         Dec 8, 2020 9:25 AM         No         Image: Second Secon | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |
| Requisition<br>Status<br>Type<br>Test Requested<br>Created At<br>Skip Payment?<br>Provider Owned?<br>Placed by<br>Patient:<br>Email<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Cordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name | The provider took the client's sample<br>COVID-19 test<br>Dec 8, 2020 9:25 AM<br>No<br>Ves<br>Yes<br>Yes<br>Yes<br>Uther physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  | CPP       (/providers/order/details/9839245)         Admin       (/adminordering_physicians/patientprofile/1539432/change/) |

| rimary Contact: Dr. Erica Pan |   | <b>♦</b> Admin (/adminordering_physicians/providerprofile/43251/change/) <b>↓</b> |
|-------------------------------|---|---|
| Verified?                     | Yes   |   |
| Primary Role                  | Other physician   |   |
| Email                         | Erica.pan@cdph.ca.gov   |   |
| Phone Number                  | (916) 445-0062  |   |
| ax Number                     | (916) 445-0274  |   |
| Address                       | US  |   |
| IPI                           | 1972697324  |   |
| nstitution Name               | California Department of Public Health Center for Infectious Diseases |   |
| nstitution Address            | P.O. Box 997377, Sacramento, CA 95899, US                             |   |
| nstitution Fax Number         | (916) 445-0274  |   |
| nstitution Allows Sharing?    | Yes   |   |
| itial Sample: #               |   | <b>&amp; Admin</b> (/adminsamples/sample/4102454/change/) ↓                       |
| tatus                         |   |   |
| ccession #                    |   |   |
| ample Type                    | Covid_anterior_nares_swab   |   |
| ollected at                   | Dec 8, 2020 9:25 AM   |   |
| activated at                  | Dec 8, 2020 9:25 AM   |   |
| Fulfillment                   |   | <b> </b>  |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |   |
| Batch Size                    | 800000  |   |
| Distribution Type             | Handed out at provider's office                                       |   |
| Package Type                  | Color saliva package  |   |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |   |
| Scanned at                    | Oct 21, 2020 3:30 PM  |   |
| Accessioned at                | Dec 9, 2020 10:08 AM  |   |
| Accessioned by                | CDPH Branch Laboratory  |   |
| orts                          |   |   |
| eport ID: 1733808             |   | <b>% Report</b> (/reports/1733808) ↓  |
| tatus                         | Released  |   |
| ent to Ordering Physician at  | Dec 10, 2020 2:15 AM  |   |
| elease Ready at               | Dec 10, 2020 2:15 AM  |   |
|                               |   |   |

|   |   |  | Search                        |
|---|---|--|-------------------------------|
| nple  |   | <b>&amp; Admin</b> (/adminsam            | ples/sample/4647298/change    |
|   |   |  |                               |
| atus  |   |  |                               |
| cession #   |   |  |                               |
| mple Type   | Covid_anterior_nares_swab   |  |                               |
| llected at  | Dec 7, 2020 4:22 PM   |  |                               |
| tivated at  | Dec 7, 2020 4:42 PM   |  |                               |
| ulfillment  |   | <b>&amp; Admin</b> (/adminfulfillment/   | 'fulfillment/4630469/change/) |
| Status  | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| Batch Size  | 800000  |  |                               |
| Distribution Type                                     | Handed out at provider's office                                       |  |                               |
| Package Type  | Color saliva package  |  |                               |
| Delivery Address                                      | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| Scanned at  | Oct 21, 2020 3:30 PM  |  |                               |
| Accessioned at  | Dec 9, 2020 1:38 PM   |  |                               |
| Accessioned by  | CDPH Branch Laboratory  |  |                               |
| nitial sample for Requisition                         |   | % CPP (/pro                              | viders/order/details/2384115) |
|   |   |  |                               |
| Status  | Claimed   |  |                               |
| Гуре  | The provider took the client's sample                                 |  |                               |
| Test Requested  | COVID-19 test   |  |                               |
| Created At  | Dec 7, 2020 4:41 PM   |  |                               |
| Skip Payment?   | No  |  |                               |
| Provider Owned?                                       | Yes   |  |                               |
| Patient:  |   | & Admin (/adminordering_physicians/patie | ntprofile/1528028/change/)    |
|   |   |  |                               |
| Phone Number  |   |  |                               |
| Gender  |   |  |                               |
| Date of Birth   |   |  |                               |
| Address   |   |  |                               |
| Provider Attestation of Consent?                      | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan                     |   | & Admin (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Verified?   | Yes   |  |                               |
| Primary Role  | Other physician   |  |                               |
|   |   |  |                               |
| Email   | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number  | (916) 445-0062  |  |                               |
| Fax Number  | (916) 445-0274  |  |                               |
| Address   | US  |  |                               |
| NPI   | 1972697324  |  |                               |
| Institution Name                                      | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address                                   | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number                                | (916) 445-0274  |  |                               |
| Institution Allows Sharing?                           | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan                        |   | & Admin (/adminordering_physicians/prov  | iderprofile/43251/change/)    |
| Verified?   | Yes   |  |                               |
|   |   |  |                               |
| Primary Role  | Other physician   |  |                               |
| Email   | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number  | (916) 445-0062  |  |                               |
| Fax Number  | (916) 445-0274  |  |                               |
| Address   | US  |  |                               |
| NPI   | 1972697324  |  |                               |
| Institution Name                                      | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address                                   | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
|   | (916) 445-0274  |  |                               |
| Institution Fax Number                                |   |  |                               |
| Institution Fax Number<br>Institution Allows Sharing? | Yes   |  |                               |

| us   | Report released to client, but not yet opened  |  |
|--|--|--|
| Type   | COVID-19 Test  |  |
| roval Status<br>rity   | Approved by external ordering physician<br>0 (CLIENT)  |  |
|  |  | Actions - & Admin (/adminusers/coloruser/1506558/change/   |
| t taken by:  |  | Actions  Admin (/adminusers/coloruser/1506558/change/  |
| nail   | provider-proxy+2384115@color.com   |  |
| Active?  | Yes  |  |
| quested Email 🛿<br>te of Birth   |  |  |
| one Number   |  |  |
| eferred Language   |  |  |
| er Type  |  |  |
| tient Id   |  |  |
| count Created at   | Dec 7, 2020 4:42 PM  |  |
| nail Confirmed?  | No   |  |
| x Assigned At Birth 🚱  | Male 🖉   |  |
| nder Identity<br>If Described Condex Identity  |  |  |
| If Described Gender Identity<br>alth History Status  | Mot started  |  |
| s Ancestry Results?  | No   |  |
| s Access To Discovery?   | No   |  |
| rketing Emails   | Subscribed   |  |
| Population Memberships   |  |  |
| opulation Memberships  |  |  |
| OptumServe   |  | ~  |
| Population   | OptumServe   |  |
| Organization   | OptumServe   |  |
| Relationships  |  |  |
|  |  |  |
| quisition  |  | SCPP (/providers/order/details/2384115)  |
| quisition  |  |  |
| atus   | Claimed  |  |
| pe   | The provider took the client's sample  |  |
| st Requested   | COVID-19 test  |  |
|  | Dec 7, 2020 4:41 PM  |  |
| eated At   |  |  |
| ip Payment?  | No   |  |
| eated At<br>ip Payment?<br>ovider Owned?   |  |  |
| ip Payment?  | No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?<br>Patient  | No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?   | No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?<br>Patient<br>Phone Number  | No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth   | No   | <b>&amp; Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?<br>Phone Number<br>Gender<br>Date of Birth<br>Address   | No   | <b>Admin</b> (/adminordering_physicians/patientprofile/1528028/change/)  |
| ip Payment?<br>ovider Owned?<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | No<br>Yes  |  |
| ip Payment?<br>ovider Owned?<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?   | No<br>Yes  |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?   | No<br>Yes  |  |
| ip Payment?<br>ovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role  | No<br>Yes<br>Yes<br>Yes<br>Other physician   |  |
| ip Payment?<br>ovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email   | No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov  |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number  | No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062  |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number  | No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274  |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address   | No<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI  | No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324  | <b>Admin</b> (/adminordering_physicians/patientprofile/1528028/change/) <b>Admin</b> (/adminordering_physicians/providerprofile/43251/change/) |
| ip Payment?<br>ovider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name   | No<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US   |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | No<br>Yes<br>Ves<br>Yes<br>Ves<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Fax Number  | No<br>Yes<br>Ves<br>Ves<br>Ves<br>Ves<br>Uher physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0274<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US                               |  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Fax Number<br>NPI<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0022<br>(916) 445-0022<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274 | Admin       (/adminordering_physicians/providerprofile/43251/change/)  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Name<br>Institution Fax Number<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan   | No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes            | Admin       (/adminordering_physicians/providerprofile/43251/change/)  |
| ip Payment?<br>povider Owned?<br>Patient<br>Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Drdering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Primary Contact: Dr. Erica Pan<br>Verified?   | No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes            |  |
| ip Payment?<br>ovider Owned?<br>Patient Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number | No<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes                   | & Admin       (/adminordering_physicians/providerprofile/43251/change/)  |
| ip Payment?<br>ovider Owned?<br>Patient Phone Number<br>Gender<br>Date of Birth<br>Address<br>Provider Attestation of Consent?<br>Ordering Physician: Dr. Erica Pan<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?  | No<br>Yes<br>Yes<br>Yes<br>Yes<br>Other physician<br>Erica.pan@cdph.ca.gov<br>(916) 445-0062<br>(916) 445-0274<br>US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US<br>(916) 445-0274<br>Yes            | & Admin       (/adminordering_physicians/providerprofile/43251/change/)  |

| Address                       | US  |  |
|-------------------------------|---|--|
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| Initial Sample                |   | <b>&amp; Admin</b> (/adminsamples/sample/4647298/change/) ↓          |
| Status                        | Activated   |  |
| Accession #                   |   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | Dec 7, 2020 4:22 PM   |  |
| Activated at                  | Dec 7, 2020 4:42 PM   |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/4630469/change/) ↓ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 800000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Scanned at                    | Oct 21, 2020 3:30 PM  |  |
| Accessioned at                | Dec 9, 2020 1:38 PM   |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
|                               |   |  |
| ports                         |   |  |
| Report ID: 1779862            |   | <b>% Report</b> (/reports/1779862) ✔                                 |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Dec 12, 2020 8:01 AM  |  |
| Release Ready at              | Dec 12, 2020 8:01 AM  |  |
| Released at                   | Dec 12, 2020 8:01 AM  |  |
|                               |   |  |

|   |   |  | Search                       |
|---|---|--|------------------------------|
| mple # D                                      |   | <b>% Admin</b> (/adminsam                            | oles/sample/4244550/change   |
|   |   |  |                              |
| atus  |   |  |                              |
| cession #                                     |   |  |                              |
| mple Type                                     | Covid_anterior_nares_swab   |  |                              |
| ollected at                                   | Dec 8, 2020 10:49 AM  |  |                              |
| tivated at                                    | Dec 8, 2020 10:51 AM  |  |                              |
| Fulfillment                                   |   | <b>% Admin</b> (/adminfulfillment/                   | fulfillment/4227721/change/) |
| Status  | Sample accessioned by CDPH Branch Laboratory                          |  |                              |
| Batch Size                                    | 800000  |  |                              |
| Distribution Type                             | Handed out at provider's office                                       |  |                              |
| Package Type                                  | Color saliva package  |  |                              |
| Delivery Address                              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                              |
| Scanned at                                    | Oct 21, 2020 3:30 PM  |  |                              |
| Accessioned at                                | Dec 9, 2020 1:33 PM   |  |                              |
| Accessioned by                                | CDPH Branch Laboratory  |  |                              |
|   |   |  |                              |
| nitial sample for Requisition                 |   | <b>℃CPP</b> (/prov                                   | iders/order/details/4746950) |
| Status  | Claimed   |  |                              |
| Гуре  | The provider took the client's sample                                 |  |                              |
| Test Requested                                | COVID-19 test   |  |                              |
| Created At                                    | Dec 8, 2020 10:49 AM  |  |                              |
| Skip Payment?                                 | No  |  |                              |
| Provider Owned?                               | NO  |  |                              |
|   |   |  |                              |
| Placed by                                     |   |  |                              |
| Patient:                                      |   | <b>&amp; Admin</b> (/adminordering_physicians/patien | tprofile/1544087/change/)    |
| Phone Number                                  |   |  |                              |
| Gender  |   |  |                              |
|   |   |  |                              |
| Date of Birth                                 |   |  |                              |
| Address                                       |   |  |                              |
| Provider Attestation of Consent?              | Yes   |  |                              |
| Ordering Physician: Dr. Erica Pan             |   | <b>&amp; Admin</b> (/adminordering_physicians/provi  | derprofile/43251/change/)    |
| Verified?                                     | Yes   |  |                              |
|   |   |  |                              |
| Primary Role                                  | Other physician   |  |                              |
| Email   | Erica.pan@cdph.ca.gov   |  |                              |
| Phone Number                                  | (916) 445-0062  |  |                              |
| Fax Number                                    | (916) 445-0274  |  |                              |
| Address                                       | US  |  |                              |
| NPI   | 1972697324  |  |                              |
| Institution Name                              | California Department of Public Health Center for Infectious Diseases |  |                              |
| Institution Address                           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                              |
| Institution Fax Number                        | (916) 445-0274  |  |                              |
| Institution Allows Sharing?                   | Yes   |  |                              |
| Primary Contact: Dr. Erica Pan                |   | <b>&amp; Admin</b> (/adminordering_physicians/provi  | derprofile/43251/change/)    |
|   |   |  |                              |
| Verified?                                     | Yes   |  |                              |
| Primary Role                                  | Other physician   |  |                              |
| Email   | Erica.pan@cdph.ca.gov   |  |                              |
| Phone Number                                  | (916) 445-0062  |  |                              |
| Fax Number                                    | (916) 445-0274  |  |                              |
| Address                                       | US  |  |                              |
| NPI   | 1972697324  |  |                              |
| Institution Name                              | California Department of Public Health Center for Infectious Diseases |  |                              |
|   | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                              |
|   |   |  |                              |
| Institution Address                           | (916) 445-0274  |  |                              |
| Institution Address<br>Institution Fax Number | (916) 445-0274<br>Vas   |  |                              |
| Institution Address                           | (916) 445-0274<br>Yes   |  |                              |

| ditional Recipient:               |                                   | & Admin (/adminordering_physicians/providerprofile/43273/change/) |
|-----------------------------------|-----------------------------------|---|
| rified?                           | Yes                               |   |
| mary Role<br>Iail                 | Other physician                   |   |
| an<br>one Number                  |                                   |   |
| Number                            |                                   |   |
| dress                             |                                   |   |
| 1                                 |                                   |   |
| titution Name<br>titution Address |                                   |   |
| titution Fax Number               |                                   |   |
| titution Allows Sharing?          | Yes                               |   |
| mber of Fax Logs                  | 8055                              |   |
| ax Logs                           |                                   | ~   |
| Fax # 241048                      |                                   | ×   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 10:00 PM             |   |
| Delivered at                      | Mar 19, 2021 10:03 PM             |   |
| Fax # 241045                      |                                   | ×   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 10:00 PM             |   |
| Delivered at                      | Mar 19, 2021 10:04 PM             |   |
| Fax # 241043                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 10:00 PM             |   |
| Delivered at                      | Mar 19, 2021 10:03 PM             |   |
| Fax # 241042                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 10:00 PM             |   |
| Delivered at                      | Mar 19, 2021 10:03 PM             |   |
| Fax # 241041                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 10:00 PM             |   |
| Delivered at                      | Mar 19, 2021 10:03 PM             |   |
| Fax # 241039                      |                                   | ~   |
| State                             | Completed                         |   |
| State<br>Submitted at             | Completed<br>Mar 19, 2021 9:45 PM |   |
| Delivered at                      | Mar 19, 2021 9:49 PM              |   |
| Fax # 241037                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 9:45 PM              |   |
| Delivered at                      | Mar 19, 2021 9:51 PM              |   |
| Fax # 241034                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 9:45 PM              |   |
| Delivered at                      | Mar 19, 2021 9:50 PM              |   |
| Fax # 241029                      |                                   | ~   |
| State                             | Completed                         |   |
| Submitted at                      | Mar 19, 2021 9:45 PM              |   |
| Delivered at                      | Mar 19, 2021 9:47 PM              |   |

| Fax # 241028                       |   | ~  |
|------------------------------------|---|--|
|                                    |   |  |
| State                              | Completed   |  |
| Submitted at                       | Mar 19, 2021 9:45 PM  |  |
| Delivered at                       | Mar 19, 2021 9:47 PM  |  |
|                                    |   |  |
|                                    |   |  |
|                                    |   |  |
| lers                               |   |  |
| order # 75665323809                |   | % Links •  |
| us                                 | Report released to client and opened                            |  |
| Туре                               | COVID-19 Test   |  |
| roval Status                       | Approved by external ordering physician                         |  |
| rity                               | 0 (CLIENT)  |  |
| sent                               | Client consented to covid v2.0.1 online at Dec 8, 2020 10:49 AM |  |
| st taken by:                       |   | Actions - Admin (/adminusers/coloruser/1519124/change/)                            |
| nail                               | provider-proxy+4746950@color.com                                |  |
| Active?                            | Yes   |  |
| equested Email 🛛                   |   |  |
| ate of Birth                       |   |  |
| none Number                        |   |  |
| eferred Language                   |   |  |
| ser Type                           |   |  |
| tient Id                           |   |  |
| count Created at                   | Dec 8, 2020 10:51 AM  |  |
| st Logged in at                    | Dec 10, 2020 10:07 AM   |  |
| nail Confirmed?                    | No  |  |
| ex Assigned At Birth 😡             | Male 🖉  |  |
| ender Identity                     | Male 🖉  |  |
| If Described Gender Identity       |   |  |
| ealth History Status               | Not started   |  |
| ser Referral Code                  | EJAGQZ  |  |
| as Ancestry Results?               | No  |  |
| as Access To Discovery?            | No  |  |
| arketing Emails                    | Subscribed  |  |
| Population Memberships             |   | ~  |
| Tulare - 1055 W Henderson - Porter | rville  | <b>*</b>   |
| Population                         | Tulare - 1055 W Henderson - Porterville                         |  |
| Organization                       | CDPH  |  |
| Relationships                      | CUPH  |  |
|                                    |   |  |
| Text Messages                      |   | ~  |
|                                    |   |  |
| quisition                          |   | <b>&amp; CPP</b> (/providers/order/details/4746950)                                |
| atus                               | Claimed   |  |
| pe<br>at Deguested                 | The provider took the client's sample                           |  |
| st Requested                       | COVID-19 test   |  |
| reated At                          | Dec 8, 2020 10:49 AM  |  |
| kip Payment?                       | No  |  |
| ovider Owned?<br>aced by           | No  |  |
| aced by                            |   |  |
| Patient                            |   | <b>♦ Admin</b> (/adminordering_physicians/patientprofile/1544087/change/) <b>↓</b> |
| Phone Number                       |   |  |
| Gender                             |   |  |
| Date of Birth                      |   |  |
| Address                            |   |  |
| Provider Attestation of Consent?   | Yes   |  |
| Ordering Physician: Dr. Erica Pan  |   | <b>♦ Admin</b> (/adminordering_physicians/providerprofile/43251/change/) ◆         |
|                                    |   |  |
| ordening Physician. Dr. Erica Pan  |   |  |
| Verified?                          | Yes   |  |

| mail  | Erica.pan@cdph.ca.gov   |  |
|---|---|--|
| hone Number   | (916) 445-0062  |  |
| ax Number   | (916) 445-0274  |  |
| ddress  | US  |  |
| 2   | 1972697324  |  |
| stitution Name  | California Department of Public Health Center for Infectious Diseases   |  |
| stitution Address   | P.O. Box 997377, Sacramento, CA 95899, US   |  |
| stitution Fax Number  | (916) 445-0274  |  |
| stitution Allows Sharing?   | Yes   |  |
| imary Contact: Dr. Erica Pan  |   | & Admin (/adminordering_physicians/providerprofile/43251/change/)                            |
| erified?  | Yes   |  |
| imary Role  | Other physician   |  |
| nail  | Erica.pan@cdph.ca.gov   |  |
| hone Number   | (916) 445-0062  |  |
| ax Number   | (916) 445-0274  |  |
| ddress  | US  |  |
| PI  | 1972697324  |  |
| stitution Name  | California Department of Public Health Center for Infectious Diseases   |  |
| stitution Address   | P.O. Box 997377, Sacramento, CA 95899, US   |  |
| nstitution Fax Number   | (916) 445-0274  |  |
| stitution Allows Sharing?   | Yes   |  |
| tial Sample:  |   | <b>&amp; Admin</b> (/adminsamples/sample/4244550/change/)                                    |
| tatus   |   |  |
| Accession #   |   |  |
| ample Type  | Covid_anterior_nares_swab   |  |
| Collected at  | Dec 8, 2020 10:49 AM  |  |
| activated at  | Dec 8, 2020 10:51 AM  |  |
|   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/4227721/change/) ↓                         |
| Fulfillment   |   |  |
|   |   |  |
| Fulfillment Status  | Sample accessioned by CDPH Branch Laboratory  |  |
| Status<br>Batch Size  | 800000  |  |
| Status<br>Batch Size<br>Distribution Type   | 800000<br>Handed out at provider's office   |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type   | 800000<br>Handed out at provider's office<br>Color saliva package   |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US   |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM   |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US   |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM                                  |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM                                  |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM                                  | % Admin       (/adminordering_physicians/providerprofile/43273/change/)                      |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM                                  | S Admin (/adminordering_physicians/providerprofile/43273/change/) ↓                          |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | Sector       Admin         (/adminordering_physicians/providerprofile/43273/change/)       ✓ |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?  | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | • Admin  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role  | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email<br>Phone Number   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        |  |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by C dditional Recipients Additional Recipient Verified? Primary Role Email Phone Number Fax Number   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | Sector       Admin         (/adminordering_physicians/providerprofile/43273/change/)       ✓ |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by Curffied? Primary Role Email Phone Number Fax Number Address NPI Institution Name  | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | Set Admin         (/adminordering_physicians/providerprofile/43273/change/)                  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipients<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | Se Admin (/adminordering_physicians/providerprofile/43273/change/)                           |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned at Accessioned by dditional Recipients Additional Recipient Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number  | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes | Second Admin (/adminordering_physicians/providerprofile/43273/change/) V                     |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipients<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address   | 800000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory        | Source Admin (/adminordering_physicians/providerprofile/43273/change/)                       |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned at Accessioned by diltional Recipients Additional Recipient Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number Institution Allows Sharing?  | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory         | S Admin (/adminordering_physicians/providerprofile/43273/change/) V                          |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by  dditional Recipients Additional Recipient Verified? Primary Role Email Phone Number Fax Number Fax Number Institution Name Institution Address Institution Fax Number Institution Allows Sharing? Number of Fax Logs  | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory         |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Number of Fax Logs<br>Fax Logs<br>Fax # 241048   | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Allows Sharing?<br>Number of Fax Logs<br>Fax Logs<br>Fax # 241048<br>State  | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Fax Number<br>Institution Allows Sharing?<br>Number of Fax Logs<br>Fax Logs<br>Fax # 241048   | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  |  |
| Status Batch Size Distribution Type Package Type Delivery Address Scanned at Accessioned at Accessioned by dditional Recipients  Additional Recipient Verified? Primary Role Email Phone Number Fax Number Address NPI Institution Name Institution Address Institution Fax Number Institution Fax Number Institution Allows Sharing? Number of Fax Logs  Fax # 241048 State Submitted at Delivered at  | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  | ~  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipient<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Address<br>Institution Address<br>I | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  |  |
| Status<br>Batch Size<br>Distribution Type<br>Package Type<br>Delivery Address<br>Scanned at<br>Accessioned at<br>Accessioned by<br>dditional Recipients<br>Additional Recipients<br>Verified?<br>Primary Role<br>Email<br>Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address<br>Institution Fax Number<br>Institution Address<br>Institution Allows Sharing?<br>Number of Fax Logs<br>Fax ± 241048<br>State<br>Submitted at<br>Delivered at  | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  | ~  |
| Status         Batch Size         Distribution Type         Package Type         Delivery Address         Scanned at         Accessioned at         Accessioned by         dditional Recipients         Additional Recipient         Verified?         Primary Role         Email         Phone Number         Fax Number         Address         NPI         Institution Address         Institution Allows Sharing?         Number of Fax Logs         Fax Logs         Fax # 241048         State         Submitted at         Delivered at         Fax # 241045   | 80000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Oct 21, 2020 3:30 PM<br>Dec 9, 2020 1:33 PM<br>CDPH Branch Laboratory<br>Yes  | · · ·  |

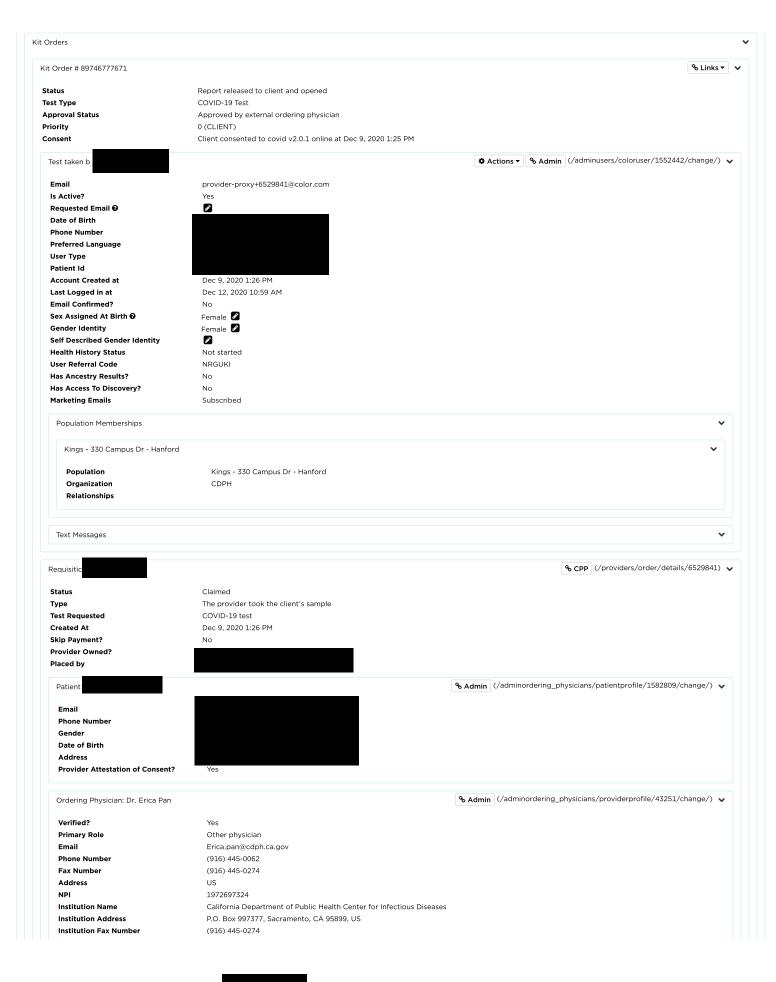
| Fax # 241043                     |  | ~   |
|----------------------------------|--|---|
|                                  |  |   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 10:00 PM  |   |
| Delivered at                     | Mar 19, 2021 10:03 PM  |   |
|                                  |  |   |
| Fax # 241042                     |  | ~   |
|                                  |  |   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 10:00 PM  |   |
| Delivered at                     | Mar 19, 2021 10:03 PM  |   |
|                                  |  |   |
| Fax # 241041                     |  | <b>v</b>  |
| <b>6</b> 1                       |  |   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 10:00 PM  |   |
| Delivered at                     | Mar 19, 2021 10:03 PM  |   |
|                                  |  |   |
| Fax # 241039                     |  | ¥   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 9:45 PM   |   |
| Delivered at                     | Mar 19, 2021 9:45 PM<br>Mar 19, 2021 9:49 PM                         |   |
| Denvered dt                      | 19a1 19, 2021 9,49 PM  |   |
|                                  |  |   |
| Fax # 241037                     |  | ~   |
| State                            | Completed  |   |
| State<br>Submitted at            | Completed<br>Mar 19, 2021 9:45 PM                                    |   |
| Delivered at                     | Mar 19, 2021 9:45 PM<br>Mar 19, 2021 9:51 PM                         |   |
| Bellvereu at                     | Mar 19, 2021 9.31 PM   |   |
|                                  |  |   |
| Fax # 241034                     |  | ×   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 9:45 PM   |   |
| Delivered at                     |  |   |
| Bellvereu at                     | Mar 19, 2021 9:50 PM   |   |
| E # 041000                       |  |   |
| Fax # 241029                     |  | ×   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 9:45 PM   |   |
| Delivered at                     | Mar 19, 2021 9:47 PM   |   |
|                                  |  |   |
| Fax # 241028                     |  | ~   |
| 1 UA # 241020                    |  | · ·   |
| State                            | Completed  |   |
| Submitted at                     | Mar 19, 2021 9:45 PM   |   |
| Delivered at                     | Mar 19, 2021 9:47 PM   |   |
|                                  |  |   |
|                                  |  |   |
|                                  |  |   |
| 5                                |  |   |
|                                  |  |   |
| ort ID: 1740814                  |  | <b>% Report</b> (/reports/1740814)                                      |
| us                               | Released   |   |
| us<br>t to Ordering Physician at |  |   |
| ase Ready at                     | Dec 10, 2020 9:14 AM   |   |
|                                  | Dec 10, 2020 9:14 AM<br>Dec 10, 2020 9:14 AM                         |   |
| eased at<br>ned at               | Dec 10, 2020 9:14 AM<br>Dec 10, 2020 10:07 AM                        |   |
| new at                           | Dec 10, 2020 10.07 AM  |   |
| x Logs                           |  | ~   |
| Fax Log ID: 192451               |  | Actions  Superior (https://rest.interfax.net/outbound/faxes/1110407667) |
|                                  |  |   |
| Status                           |  |   |
|                                  |  |   |
| Recipient                        | Dec 10, 2020 9:33 AM   |   |
| Queued at                        | Dec 10, 2020 9:33 AM<br>Dec 10, 2020 9:33 AM                         |   |
| Recipient                        | Dec 10, 2020 9:33 AM<br>Dec 10, 2020 9:33 AM<br>Dec 10, 2020 6:40 PM |   |

|                                   |   |  | Search                        |
|-----------------------------------|---|--|-------------------------------|
| nple #                            |   | <b>% Admin</b> (/adminsan                          | nples/sample/3842674/change,  |
|                                   |   |  |                               |
| tus                               |   |  |                               |
| cession #                         |   |  |                               |
| nple Type                         | Covid_anterior_nares_swab   |  |                               |
| llected at                        | Dec 9, 2020 11:42 AM  |  |                               |
| tivated at                        | Dec 9, 2020 11:42 AM  |  |                               |
| ulfillment                        |   | <b>&amp; Admin</b> (/adminfulfillment,             | /fulfillment/3838063/change/) |
| itatus                            | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| Batch Size                        | 100000  |  |                               |
| Distribution Type                 | Handed out at provider's office                                       |  |                               |
| ackage Type                       | Color saliva package  |  |                               |
| Delivery Address                  | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| canned at                         | Oct 21, 2020 12:57 PM   |  |                               |
| Accessioned at                    | Dec 10, 2020 9:48 AM  |  |                               |
| Accessioned by                    | CDPH Branch Laboratory  |  |                               |
| itial sample for Requisitio       |   | <b>% CPP</b> (/pro                                 | viders/order/details/7297511) |
|                                   | Claimed   |  |                               |
| itatus                            |   |  |                               |
| ype                               | The provider took the client's sample                                 |  |                               |
| est Requested                     | COVID-19 test   |  |                               |
| reated At                         | Dec 9, 2020 11:42 AM  |  |                               |
| kip Payment?                      | No  |  |                               |
| Provider Owned?                   |   |  |                               |
| Placed by                         |   |  |                               |
| Patient:                          |   | & Admin (/adminordering_physicians/patie           | ntprofile/1578597/change/)    |
|                                   |   |  |                               |
| Email                             |   |  |                               |
| Phone Number                      |   |  |                               |
| Gender                            |   |  |                               |
| Date of Birth                     |   |  |                               |
| Address                           |   |  |                               |
| Provider Attestation of Consent?  | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan |   | & Admin (/adminordering_physicians/prov            | viderprofile/43251/change/)   |
|                                   |   |  |                               |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                      | (916) 445-0062  |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan    |   | <b>&amp; Admin</b> (/adminordering_physicians/prov | viderprofile/43251/change/)   |
| Verified?                         | Yes   |  |                               |
| Primary Role                      | Other physician   |  |                               |
| Email                             | Erica.pan@cdph.ca.gov   |  |                               |
|                                   |   |  |                               |
| Phone Number                      | (916) 445-0062<br>(916) 445-0274                                      |  |                               |
| Fax Number                        | (916) 445-0274  |  |                               |
| Address                           | US  |  |                               |
| NPI                               | 1972697324  |  |                               |
| Institution Name                  | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address               | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number            | (916) 445-0274  |  |                               |
| mattation rax number              |   |  |                               |
| Institution Allows Sharing?       | Yes   |  |                               |



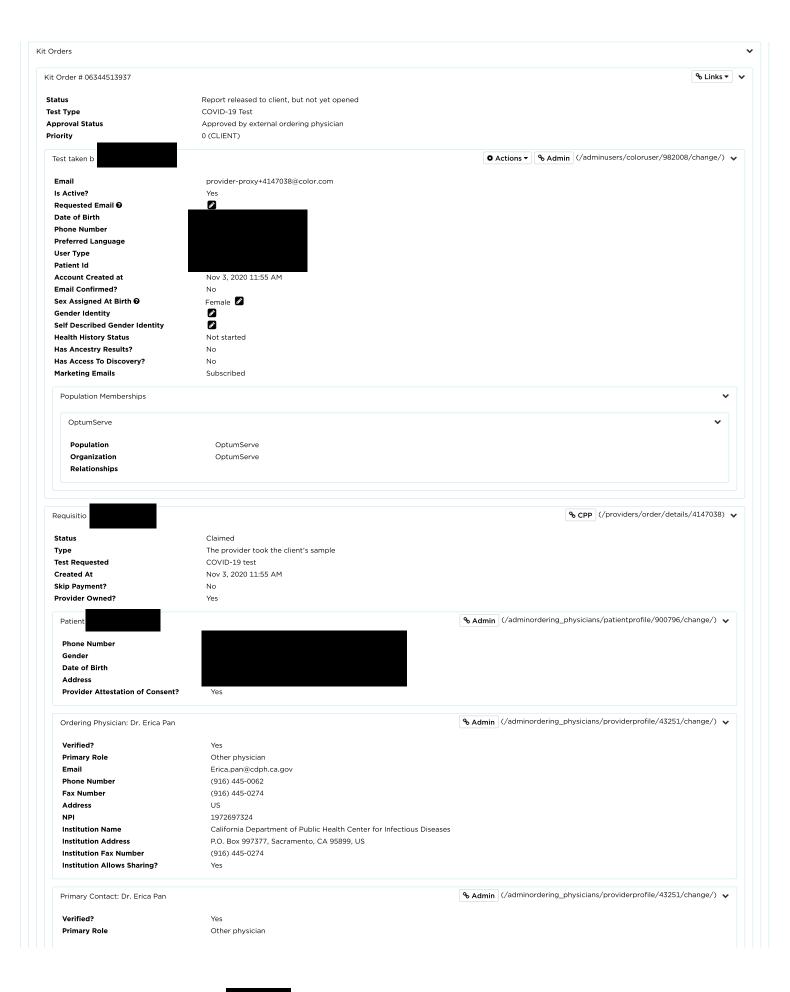
| Primary Contact: Dr. Erica Pan |   | SAdmin (/adminordering_physicians/providerprofile/43251/change/) ↓   |
|--------------------------------|---|--|
| (a                             | ¥   |  |
| Verified?                      | Yes   |  |
| Primary Role                   | Other physician   |  |
| Email<br>Phone Number          | Erica.pan@cdph.ca.gov   |  |
| Phone Number<br>Fax Number     | (916) 445-0062  |  |
| Address                        | (916) 445-0274<br>US  |  |
| NPI                            | 1972697324  |  |
| nstitution Name                | California Department of Public Health Center for Infectious Diseases |  |
| nstitution Name                | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| nstitution Fax Number          | (916) 445-0274  |  |
| nstitution Allows Sharing?     | Yes   |  |
|                                |   |  |
| itial Sample:                  |   | S Admin (/adminsamples/sample/3842674/change/)                       |
| itatus                         |   |  |
| Accession #                    |   |  |
| Sample Type                    | Covid_anterior_nares_swab   |  |
| Collected at                   | Dec 9, 2020 11:42 AM  |  |
| Activated at                   | Dec 9, 2020 11:42 AM  |  |
| Fulfillment                    |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/3838063/change/) ✔ |
| ports                          |   |  |
| eport ID: 1867500              |   | <b>% Report</b> (/reports/1867500) ✔                                 |
| Status                         | Released  |  |
| Sent to Ordering Physician at  | Dec 15, 2020 5:46 AM  |  |
| Release Ready at               | Dec 15, 2020 5:46 AM<br>Dec 15, 2020 5:46 AM                          |  |
| Released at                    | Dec 15, 2020 5:46 AM<br>Dec 15, 2020 5:46 AM                          |  |
| teleaseu al                    | Dec 15, 2020 5:46 AM<br>Dec 15, 2020 7:19 AM                          |  |
| Opened at                      |   |  |

|   |   |  | Search                        |
|---|---|--|-------------------------------|
| nple  |   | <b>&amp; Admin</b> (/adminsam                        | ples/sample/3859887/change    |
|   |   |  |                               |
| atus<br>cession #                             |   |  |                               |
| mple Type                                     | Covid_anterior_nares_swab   |  |                               |
| ellected at                                   | Dec 9, 2020 1:26 PM   |  |                               |
| tivated at                                    | Dec 9, 2020 1:20 PM<br>Dec 9, 2020 1:26 PM                            |  |                               |
| ulfillment                                    |   | <b>% Admin</b> (/adminfulfillment/                   | fulfillment/3855555/change/)  |
|   |   |  |                               |
| Status  | Sample accessioned by CDPH Branch Laboratory                          |  |                               |
| Batch Size                                    | 100000  |  |                               |
| Distribution Type                             | Handed out at provider's office                                       |  |                               |
| Package Type                                  | Color saliva package  |  |                               |
| Delivery Address                              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |                               |
| Scanned at                                    | Oct 21, 2020 12:57 PM   |  |                               |
| Accessioned at                                | Dec 10, 2020 9:38 AM  |  |                               |
| Accessioned by                                | CDPH Branch Laboratory  |  |                               |
| nitial sample for Requisitio                  |   | S CPP (/prov   | /iders/order/details/6529841) |
|   |   |  |                               |
| Status<br>-                                   | Claimed   |  |                               |
| Гуре  | The provider took the client's sample                                 |  |                               |
| Test Requested                                | COVID-19 test   |  |                               |
| Created At                                    | Dec 9, 2020 1:26 PM   |  |                               |
| Skip Payment?                                 | No  |  |                               |
| Provider Owned?                               | No  |  |                               |
| Placed by                                     |   |  |                               |
| Patient:                                      |   | <b>&amp; Admin</b> (/adminordering_physicians/patier | rtbrome/1295903/change/)      |
| Phone Number                                  |   |  |                               |
| Gender  |   |  |                               |
| Date of Birth                                 |   |  |                               |
| Address                                       |   |  |                               |
| Provider Attestation of Consent?              | Yes   |  |                               |
| Ordering Physician: Dr. Erica Pan             |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)    |
|   |   |  |                               |
| Verified?                                     | Yes   |  |                               |
| Primary Role                                  | Other physician   |  |                               |
| Email   | Erica.pan@cdph.ca.gov   |  |                               |
| Phone Number                                  | (916) 445-0062  |  |                               |
| Fax Number                                    | (916) 445-0274  |  |                               |
| Address                                       | US  |  |                               |
| NPI   | 1972697324  |  |                               |
| Institution Name                              | California Department of Public Health Center for Infectious Diseases |  |                               |
| Institution Address                           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Fax Number                        | (916) 445-0274  |  |                               |
| Institution Allows Sharing?                   | Yes   |  |                               |
| Primary Contact: Dr. Erica Pan                |   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/),   |
|   | Vac   |  |                               |
| Verified?<br>Primary Role                     | Yes<br>Other physician  |  |                               |
| Email   | Erica.pan@cdph.ca.gov   |  |                               |
| Email<br>Phone Number                         | (916) 445-0062  |  |                               |
|   |   |  |                               |
| Fax Number                                    | (916) 445-0274  |  |                               |
| Address                                       | US  |  |                               |
| NPI   | 1972697324  |  |                               |
| Institution Name                              | California Department of Public Health Center for Infectious Diseases |  |                               |
|   | P.O. Box 997377, Sacramento, CA 95899, US                             |  |                               |
| Institution Address                           |   |  |                               |
| Institution Address<br>Institution Fax Number | (916) 445-0274  |  |                               |
|   | (916) 445-0274<br>Yes   |  |                               |



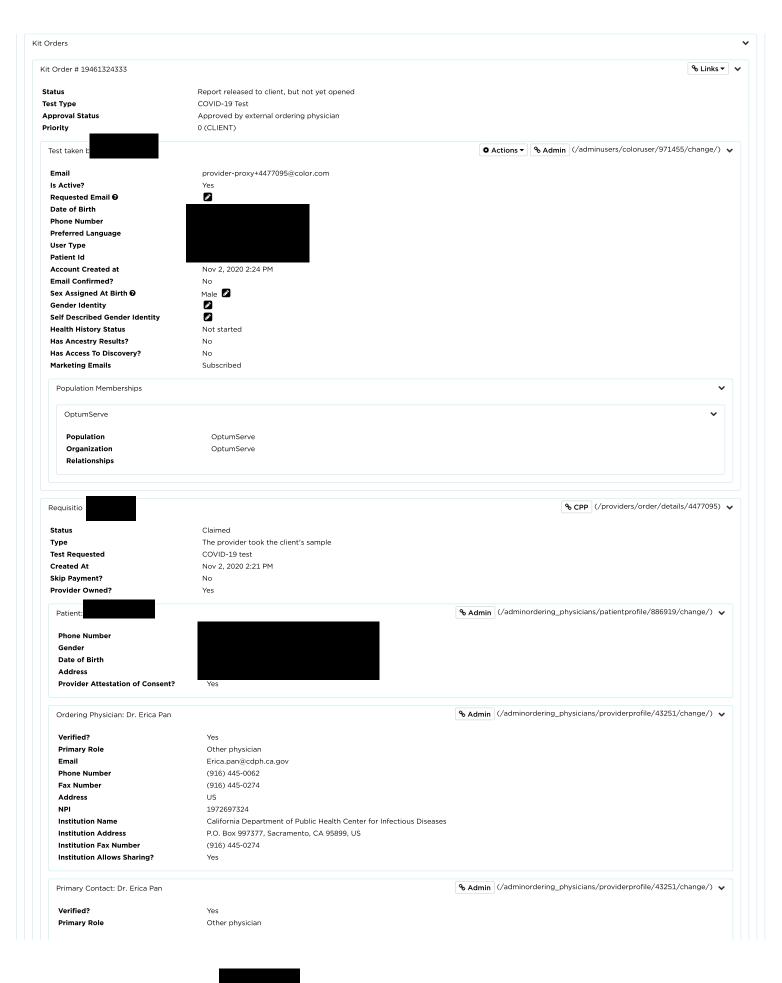
| rimary Contact: Dr. Erica Pan |   | <b>⊗ Admin</b> (/adminordering_physicians/providerprofile/43251/change/) ∨ |
|-------------------------------|---|--|
| ninary contact. Dr. Enca Fall |   |  |
| /erified?                     | Yes   |  |
| rimary Role                   | Other physician   |  |
| mail                          | Erica.pan@cdph.ca.gov   |  |
| hone Number                   | (916) 445-0062  |  |
| ax Number                     | (916) 445-0274  |  |
| ddress                        | US  |  |
| PI                            | 1972697324  |  |
| stitution Name                | California Department of Public Health Center for Infectious Diseases |  |
| stitution Address             | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| stitution Fax Number          | (916) 445-0274  |  |
| stitution Allows Sharing?     | Yes   |  |
| itial Sample:                 |   | <b>&amp; Admin</b> (/adminsamples/sample/3859887/change/) ↓                |
| tatus                         |   |  |
| ccession #                    |   |  |
| ample Type                    | Covid_anterior_nares_swab   |  |
| ollected at                   | Dec 9, 2020 1:26 PM   |  |
| ctivated at                   | Dec 9, 2020 1:26 PM   |  |
| Fulfillment                   |   | <b>⊗ Admin</b> (/adminfulfillment/fulfillment/3855555/change/) ✓           |
| r uninnent                    |   |  |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Scanned at                    | Oct 21, 2020 12:57 PM   |  |
| Accessioned at                | Dec 10, 2020 9:38 AM  |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| orts                          |   |  |
|                               |   |  |
| eport ID: 1774847             |   | <b>% Report</b> (/reports/1774847) ✔                                       |
| tatus                         | Released  |  |
| ent to Ordering Physician at  | Dec 12, 2020 3:45 AM  |  |
| elease Ready at               | Dec 12, 2020 3:45 AM  |  |
| eleased at                    | Dec 12, 2020 3:45 AM  |  |
| pened at                      | Dec 12, 2020 6:56 AM  |  |
|                               |   |  |

|   |  |  | Search                        |
|---|--|--|-------------------------------|
| mple #  |  | <b>% Admin</b> (/adminsam                          | ples/sample/2444123/change,   |
|   |  |  |                               |
| atus  | Activated  |  |                               |
| cession #   |  |  |                               |
| mple Type   | Covid_anterior_nares_swab  |  |                               |
| llected at  | Nov 3, 2020 11:38 AM   |  |                               |
| tivated at  | Nov 3, 2020 11:55 AM   |  |                               |
| ulfillment  |  | <b>% Admin</b> (/adminfulfillment/                 | /fulfillment/2438118/change/) |
| Status  | Sample accessioned by CDPH Branch Laboratory   |  |                               |
| Batch Size  | 100000   |  |                               |
| Distribution Type   | Handed out at provider's office  |  |                               |
| Package Type  | Color saliva package   |  |                               |
| Delivery Address  | 599 The Embarcadero, San Francisco, CA 94107, US   |  |                               |
| Return Status   | Unknown  |  |                               |
| Return Carrier  | USPS, First  |  |                               |
| Scanned at  | Sep 29, 2020 7:19 AM   |  |                               |
| Accessioned at  | Nov 3, 2020 10:18 PM   |  |                               |
| Accessioned by  | CDPH Branch Laboratory   |  |                               |
| accessioned by  |  |  |                               |
| nitial sample for Requisition #   |  | Sept (/prov  | viders/order/details/4147038) |
| Status  | Claimed  |  |                               |
| Гуре  | The provider took the client's sample  |  |                               |
|   |  |  |                               |
| fest Requested  | COVID-19 test  |  |                               |
| Created At  | Nov 3, 2020 11:55 AM   |  |                               |
| Skip Payment?   | No   |  |                               |
| Provider Owned?   | Yes  |  |                               |
| Phone Number<br>Gender<br>Date of Birth<br>Address                                      |  |  |                               |
| Provider Attestation of Consent?  | Yes  |  |                               |
| Ordering Physician: Dr. Erica Pan   |  | & Admin (/adminordering_physicians/prov            | iderprofile/43251/change/)    |
| Verified?   | Yes  |  |                               |
| Primary Role  | Other physician  |  |                               |
| Email   | Erica.pan@cdph.ca.gov  |  |                               |
| Phone Number  | (916) 445-0062   |  |                               |
| Fax Number  | (916) 445-0274   |  |                               |
| Address   | US   |  |                               |
| NPI   | 1972697324   |  |                               |
| Institution Name  | California Department of Public Health Center for Infectious Diseases  |  |                               |
|   |  |  |                               |
| Institution Address   | P.O. Box 997377, Sacramento, CA 95899, US  |  |                               |
| Institution Fax Number  | (916) 445-0274   |  |                               |
| Institution Allows Sharing?   | Yes  |  |                               |
| Primary Contact: Dr. Erica Pan  |  | <b>&amp; Admin</b> (/adminordering_physicians/prov | riderprofile/43251/change/)   |
| Verified?   | Yes  |  |                               |
| Primary Role  | Other physician  |  |                               |
| -   | Erica.pan@cdph.ca.gov  |  |                               |
| Email   | (916) 445-0062   |  |                               |
| Email<br>Phone Number   | (010) 110 0001   |  |                               |
| Phone Number  | (916) 445-0274   |  |                               |
| Phone Number<br>Fax Number  | (916) 445-0274   |  |                               |
| Phone Number<br>Fax Number<br>Address   | US   |  |                               |
| Phone Number<br>Fax Number<br>Address<br>NPI  | US<br>1972697324   |  |                               |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name                        | US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |                               |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name<br>Institution Address | US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases<br>P.O. Box 997377, Sacramento, CA 95899, US |  |                               |
| Phone Number<br>Fax Number<br>Address<br>NPI<br>Institution Name                        | US<br>1972697324<br>California Department of Public Health Center for Infectious Diseases  |  |                               |



| Email                         | Erica.pan@cdph.ca.gov   |  |
|-------------------------------|---|--|
| Phone Number                  | (916) 445-0062  |  |
| Fax Number                    | (916) 445-0274  |  |
| Address                       | US  |  |
| NPI                           | 1972697324  |  |
| Institution Name              | California Department of Public Health Center for Infectious Diseases |  |
| Institution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| Institution Fax Number        | (916) 445-0274  |  |
| Institution Allows Sharing?   | Yes   |  |
| Initial Sample:               |   | <b>% Admin</b> (/adminsamples/sample/2444123/change/) ↓              |
| Status                        | Activated   |  |
| Accession #                   | C-94780   |  |
| Sample Type                   | Covid_anterior_nares_swab   |  |
| Collected at                  | <br>Nov 3, 2020 11:38 AM  |  |
| Activated at                  | Nov 3, 2020 11:55 AM  |  |
| Fulfillment                   |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2438118/change/) ✔ |
| Status                        | Sample accessioned by CDPH Branch Laboratory                          |  |
| Batch Size                    | 100000  |  |
| Distribution Type             | Handed out at provider's office                                       |  |
| Package Type                  | Color saliva package  |  |
| Delivery Address              | 599 The Embarcadero, San Francisco, CA 94107, US                      |  |
| Return Status                 | Unknown   |  |
| Return Carrier                | USPS,First  |  |
| Scanned at                    | Sep 29, 2020 7:19 AM  |  |
| Accessioned at                | Nov 3, 2020 10:18 PM  |  |
| Accessioned by                | CDPH Branch Laboratory  |  |
| Reports                       |   | ~  |
| Report ID: 1186972            |   | <b>% Report</b> (/reports/1186972) ✔                                 |
|                               |   |  |
| Status                        | Released  |  |
| Sent to Ordering Physician at | Nov 12, 2020 3:00 PM  |  |
| Release Ready at              | Nov 12, 2020 3:00 PM  |  |
|                               |   |  |

|   |  | Search   |
|---|--|--|
|   | <b>&amp; Admin</b> (/adminsam  | ples/sample/2397492/change   |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Nov 2, 2020 2:24 PM   |  |  |
|   | <b>&amp; Admin</b> (/adminfulfillment/   | /fulfillment/2391470/change/)  |
| Sample accessioned by CDPH Branch Laboratory                          |  |  |
| 100000  |  |  |
| Handed out at provider's office                                       |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Nov 2, 2020 10:13 PM  |  |  |
| CDPH Branch Laboratory  |  |  |
|   | SCPP (/pro   | viders/order/details/4477095)  |
| Claimed   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Nov 2, 2020 2:21 PM   |  |  |
| No  |  |  |
| Yes   |  |  |
|   | <b>&amp; Admin</b> (/adminordering_physicians/pati   | entprofile/886919/change/)   |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Yes   |  |  |
|   | <b>&amp; Admin</b> (/adminordering_physicians/prov   | iderprofile/43251/change/)   |
| Vor   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| (916) 445-0274  |  |  |
| US  |  |  |
| 1972697324  |  |  |
| California Department of Public Health Center for Infectious Diseases |  |  |
|   |  |  |
|   |  |  |
| Yes   |  |  |
|   | <b>Admin</b> (/adminordering physicians/prov   | iderprofile/43251/change/),  |
|   | •  | ,,, endinge/) ·  |
| Yes   |  |  |
| Other physician   |  |  |
| Erica.pan@cdph.ca.gov   |  |  |
| (916) 445-0062  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| P.O. Box 997377, Sacramento, CA 95899, US                             |  |  |
|   |  |  |
| (916) 445-0274  |  |  |
|   | Sample accessioned by CDPH Branch Laboratory<br>10000<br>Handed out at provider's office<br>Color saliva package<br>599 The Embarcadero, San Francisco, CA 94107, US<br>Unknown<br>USPS, First<br>Sep 28, 2020 7:39 PM<br>Nov 2, 2020 10:13 PM<br>CDPH Branch Laboratory<br>Claimed<br>The provider took the client's sample<br>COVID-19 test<br>Nov 2, 2020 2:21 PM<br>No<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes<br>Yes | Covid_americr_anres_twab Nov 2, 2020 0:24 PM Nov 2, 2020 |



| Released at                  | Nov 3, 2020 8:45 PM   |  |
|------------------------------|---|--|
| elease Ready at              | Nov 3, 2020 8:45 PM   |  |
| ent to Ordering Physician at | Nov 3, 2020 8:45 PM   |  |
| tatus                        | Released  |  |
| eport ID: 1064078            |   | <b>% Report</b> (/reports/1064078) ✔                                 |
| orts                         |   |  |
| Fulfillment                  |   | <b>&amp; Admin</b> (/adminfulfillment/fulfillment/2391470/change/) ▼ |
|                              | NUV 2, 2020 2.24 FM   |  |
| ctivated at                  | Nov 2, 2020 2:05 PM<br>Nov 2, 2020 2:24 PM                            |  |
| ample Type<br>collected at   | Covid_anterior_nares_swab<br>Nov 2, 2020 2:05 PM                      |  |
| ccession #                   |   |  |
| tatus                        |   |  |
| itial Sampl                  |   | SAdmin (/adminsamples/sample/2397492/change/) ↓                      |
| nstitution Allows Sharing?   | Yes   |  |
| nstitution Fax Number        | (916) 445-0274  |  |
| nstitution Address           | P.O. Box 997377, Sacramento, CA 95899, US                             |  |
| nstitution Name              | California Department of Public Health Center for Infectious Diseases |  |
| IPI                          | 1972697324  |  |
| ax Number<br>Address         | (916) 445-0274<br>US  |  |
| hone Number                  | (916) 445-0062  |  |
| mail                         | Erica.pan@cdph.ca.gov   |  |