

How to sign up for testing

(LA County)

1. Using a computer, find the desktop, and click on one of these icons. Any of them will work! Different computers have different browsers.



Opera



Google Chrome



Safari



Mozilla Firefox

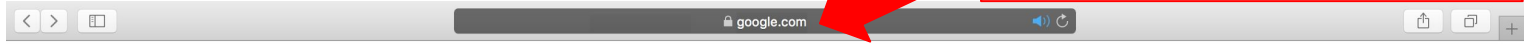


Internet Explorer



Microsoft Edge

2. Go to www.google.com



About Store

Gmail Images



Sign in

Google

3. Type "pvhmc covid testing"

pvhmc covid testing

Google Search

I'm Feeling Lucky

See how YouTube Creators are improving their wellbeing this World Mental Health Day

4. Click here to search

About 12,600,000 results (1.82 seconds)

COVID-19 alert

Coronavirus disease

Overview

Testing

Statistics

Coping

News

Health Info

Share

Testing for coronavirus (COVID-19)

Understand risk factors and next steps

Take a self-assessment

Talk to a healthcare provider

Follow local health authority guidance

Call ahead to confirm

For informational purposes only. Consult your local medical authority for advice.

5. Click Here

www.pvhmc.org > the-coronavirus-covid-19- > covid-...

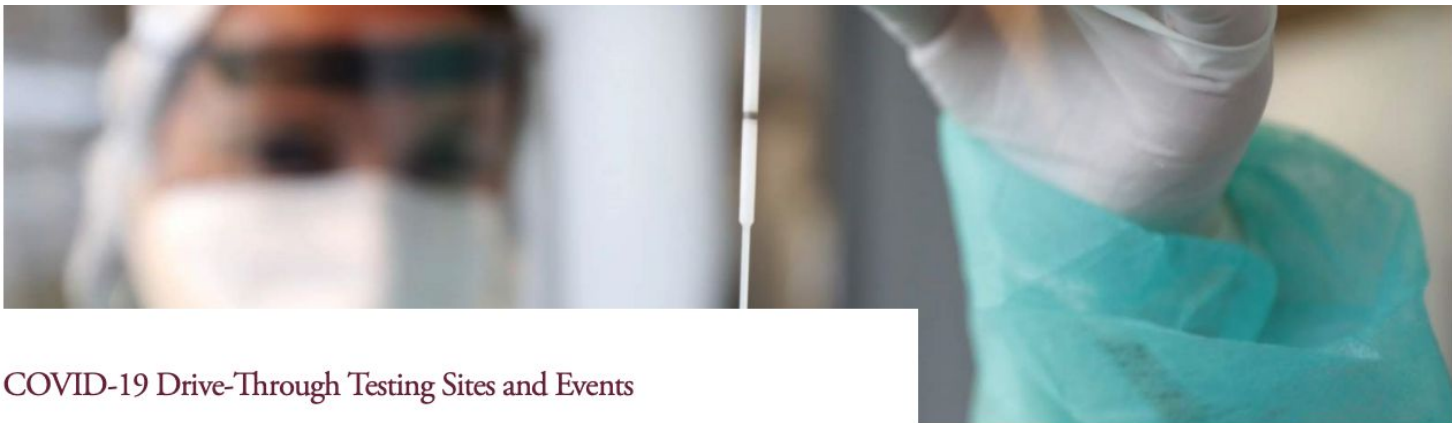
COVID-19 Drive-Through Testing Sites and Events - Pomona ...

Events are free of charge and do not require health insurance. Testing Sites for Los Angeles County Residents. The Los Angeles County COVID-19 screening ...

www.pvhmc.org > patients-visitors > the-coronavirus-fa...

Coronavirus (COVID-19) FAQs | Pomona Valley Hospital ...

Can I get tested for the coronavirus? There are COVID-19 drive-through testing sites in Los Angeles County and events in San Bernardino County. At these drive - ...



COVID-19 Drive-Through Testing Sites and Events

There are COVID-19 drive-through testing sites in Los Angeles County and events in San Bernardino County. At these drive-through testing sites and events, samples are collected by public health professionals by inserting a nasal swab up the nostril. These samples are then sent to a laboratory for testing. Events are free of charge and do not require health insurance.

Testing Sites for Los Angeles County Residents

The Los Angeles County COVID-19 screening sites are currently available by appointment only. There are currently 35 sites throughout Los Angeles County. Anyone who is interested in getting tested must first register on the screening website: coronavirus.lacity.org/Testing. Appointment times will be available for the following day only.

Testing Events in San Bernardino County

For information about COVID-19 screening events in San Bernardino County – and to make an appointment, visit the website: <http://sbccovid19.com/community-drive-through-events/>.

The Coronavirus (COVID-19)

PVHMC PROTECTS


PVHMC TE PROTEGE

HOSPITAL PREPAREDNESS

CARING FOR SOMEONE WITH
COVID-19 AT HOME

COVID-19 DRIVE-THROUGH
TESTING SITES AND EVENTS

HOW TO DONATE CONVALESCENT
PLASMA



6. Scroll down and click here

Get tested for COVID-19

Testing is currently available for LA County residents with signs or symptoms of COVID-19 or have been contact with a person known to be exposed to someone with a confirmed COVID-19 based on the LA Department of Public Health recommendations. For more information, please visit <http://covid19.lacounty.gov/testing>.

If you do not meet these criteria, please practice physical distancing and wear face coverings when out in public.

For non-LA County residents, please visit the California Testing Taskforce site: <https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>.

MAKE AN APPOINTMENT NOW



7. Click here

Frequently Asked Questions

Where should I go get tested?



What kind of COVID-19 test is being offered?



When and how will I receive results about my test?



Who pays for my test?



Do you have any of the following symptoms?

Please check all that apply.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- New loss of taste or smell
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

8. Check off symptoms you are experiencing

9. Then click here

RETURN

SAVE AND CONTINUE

Support

When did your symptoms begin?

Date (MM/DD/YYYY)

1 0 / 2 2 / 2 0 2 0

10. Answer the question
and then click here

RETURN

SAVE AND CONTINUE

In the last 14 days, have you been in contact with a person known to be infected with COVID-19?

Please choose one of the following

YES

NO

11. Answer the question and then click here

RETURN

SAVE AND CONTINUE



Have you attempted to contact your provider prior to scheduling a drive-through test?

Testing for COVID-19 is best performed in partnership with a provider that knows you well (e.g., your primary health care provider). This leads to better continuity of care and improved follow-up.

Please choose one of the following.

- Yes, my health care provider would not provide me a test
- No, I didn't attempt to contact my health care provider
- No, I don't have a health care provider

12. Answer the question and then click here

RETURN

SAVE AND CONTINUE



I live in a ...

Please choose one of the following.

- Skilled nursing, assisted living, memory care or board and care facility
- Homeless shelter
- Interim / bridge / crisis / transitional housing
- Halfway home or group home
- Substance use residential facility
- Mental health residential facility
- None of the above

13. Answer the question and then click here

RETURN

SAVE AND CONTINUE



Do you work in any of the following?

Please choose one of the following.

Skilled nursing, assisted living, memory care or board and care facility

Homeless shelter

Interim / bridge / crisis / transitional housing

Halfway home or group home

Substance use residential facility

Mental health residential facility

None of the above

14. Answer the question and then click here

RETURN

SAVE AND CONTINUE



What is your email address?

Please enter your email in the space below to receive a secure link to schedule an appointment

15. Enter your email
and then click here

RETURN

SEND SCHEDULING LINK

[I don't have an email address](#)

Email confirmed.

A secure link will be sent to

@gmail.com

Please check your email to schedule your COVID-19 drive-through testing appointment.

16. Check your email

Book Your Appointment with Fulgent Genetics

Inbox x

Fulgent Genetics <DoNotReply@fss.fulgengt...> 12:04 PM (1 minute ago) ☆ ↶ ⋮
to me ▾



Book your appointment with Fulgent Genetics



Hello!

Please click the link below to schedule your appointment for COVID-19 testing with Los Angeles County. Thank you for choosing Fulgent as your test provider.

BOOK YOUR APPOINTMENT HERE



17. Once the email is opened, click here

PANORAMA CITY

14665 Roscoe Blvd
Panorama City, CA

MONTEBELLO CIVIC CENTER

1600 W. Beverly Blvd
Montebello, CA

HUBERT HUMPHREY COMPREHENSIVE HEALTH CENTER

5850 S. Main St.
Los Angeles, CA

HIGH DESERT REGIONAL HEALTH CENTER

335 East Avenue I
Lancaster, CA

MID-VALLEY COMPREHENSIVE HEALTH CENTER

7515 Van Nuys Blvd
Van Nuys, CA

EL MONTE COMPREHENSIVE HEALTH CENTER

10953 Ramona Blvd
El Monte, CA

GLENDALE HEALTH CENTER

501 N. Glendale Avenue
Glendale, CA

18. Select a location
and then click here

SAVE AND CONTINUE

Pick a date and time

Please choose one of the available dates for Panorama City.

OCTOBER 23, 2020 ^

12:15 PM - 12:30 PM	16 slots available
12:30 PM - 12:45 PM	11 slots available
12:45 PM - 1:00 PM	19 slots available
1:00 PM - 1:15 PM	9 slots available
1:15 PM - 1:30 PM	16 slots available
1:30 PM - 1:45 PM	10 slots available
1:45 PM - 2:00 PM	18 slots available
2:00 PM - 2:15 PM	3 slots available
2:15 PM - 2:30 PM	0 slots available
2:30 PM - 2:45 PM	1 slot available
2:45 PM - 3:00 PM	0 slots available

OCTOBER 26, 2020 v

19. Choose a date and time, then click here.



RETURN

SAVE AND CONTINUE

What is your address?

Please fill out all the sections below

Zip code

91711

Claremont, CA

Street address

333 N College Way

Apartment, suite, unit, building, floor, etc

City

Claremont

State

CA

20. Enter the required information, then click here

RETURN

SAVE AND CONTINUE

What is your full name?

Please enter your full name in the space below.

First name

Middle name

Last name

21. Enter the required information, then click here

RETURN

SAVE AND CONTINUE



What is your date of birth?

Date (MM/DD/YYYY)

22. Enter the required information, then click here



RETURN

SAVE AND CONTINUE

What is your phone number?


() -

- Please check this box to consent to receiving text messages about your test results.

RETURN

SAVE AND CONTINUE

23. Enter the required information, then click here



Demographics: Part One

Please fill all of the sections below.

🔒 Why are we asking for this?

Sex (at Birth)

- Female
- Male
- Other
- Prefer not to state

Gender Identity

- Female
- Male
- Transgender Female (MTF)
- Transgender Male (FTM)
- Gender Queer
- Other
- Prefer not to state

Sexual Orientation

- Heterosexual
- Gay/lesbian
- Bisexual
- Other
- Prefer not to state

24. Enter the required information, then click here



RETURN

SAVE AND CONTINUE

Demographics: Part Two

Please fill all of the sections below.

? Why are we asking for this?

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to state

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Other
- Prefer not to state

25. Enter the required information, then click here



RETURN

SAVE AND CONTINUE

- English (English)
- Farsi (فارسی)
- Japanese (日本語)
- Khmer (ភាសាខ្មែរ)
- Korean (한국어)
- Mandarin (简体中文)
- Russian (русский)
- Spanish (Español)
- Tagalog (Tagalog)
- Thai (ไทย)
- Vietnamese (Tiếng Việt)
- Other

26. Indicate preferred language, then click here

RETURN

SAVE AND CONTINUE



CONSENT FOR COVID-19 DIAGNOSTIC TESTING

Please read the consent below.

Testing Consent

I am at least eighteen (18) years of age or in other ways am legally able to sign this Consent.

I voluntarily consent and allow the County of Los Angeles, Fulgent Genetics, Healthvana, and their partners to test me and/or the individual(s) named below to diagnose if I/they have COVID-19 as applicable.

I understand that the type of test I am signing up for is a **molecular test for SARS-CoV-2**. The test will look for any viral RNA. For the test, I/ they must get a swab sample from inside the nose.

Results

I understand and agree to:

- Stay away from others until I get the results.

- YES, I have read and agree with this consent to get a COVID-19 test for myself and the individuals named below.
- YES, I have read and agree with this consent to get a COVID-19 test for my child or dependent.
- NO, I do not agree with this consent and will not get a COVID-19 test at a County supported testing site.

27. Read and select the option that applies to you, then click here.

RETURN

SAVE AND CONTINUE



Testing in Los Angeles is paid for primarily by health insurance.

Do you have health insurance?

Please choose one of the following.

🔗 Why are we asking for this information?

YES

NO

28. Select one of the options that applies to you and then click here



RETURN

SAVE AND CONTINUE

What is your drivers license number or social security number?

🔗 Why are we asking for this information?

Drivers License Number

Social Security Number

[Show](#)

RETURN

SAVE AND CONTINUE

28. Provide the necessary information and then click here

I am unable to provide either

If unable to provide the information,, simple click here

Confirm Your Booking Appointment

Please review and confirm the information below is correct by clicking the "BOOK APPOINTMENT" button.

- I commit to attend this appointment as shown below
- I AGREE to cancel IF I am unable to attend so the appointment can be released for another County resident

RETURN

BOOK APPOINTMENT

[Edit](#) **Panorama City**

14665 Roscoe Blvd
Panorama City, CA

[Edit](#) **Date:** October 23, 2020

Time: 1:45 PM - 2:00 PM

[Edit](#) **Name** Jose Francisco Carranza

[Edit](#) **Date of Birth** 09/26/2000

[Edit](#) **Phone Number** (323) 901-5970


[Edit](#) **Home Address** 333 N College Way
Claremont, CA 91711

[Edit](#) **Sex (at Birth)** Male

Gender Identity Male

Sexual Orientation Heterosexual

29. Review the information,
check the boxes, and then
click here



**Congratulations! You have
successfully booked your
appointment**