



**COUNTY OF HENRICO  
DEPARTMENT OF FINANCE  
PURCHASING DIVISION  
CONTRACT EXTRACT  
NOTICE OF RENEWAL**

DATE:	July 14, 2024
CONTRACT COMMODITY/SERVICE: <i>(include contracting entity if cooperative)</i>	Health Diagnostic Testing Services
CONTRACT NUMBER:	2008A
COMMODITY CODE:	948.48
CONTRACT PERIOD:	July 14, 2024 through July 13, 2025
RENEWAL OPTIONS:	None
USER DEPARTMENT:	County/HCPS
Contact Name:	Rob Rowley- Emergency Management
Phone Number:	804-501-5877; 804-316-3563
Email Address:	row08@henrico.us
HENRICO COOPERATIVE TERMS INCLUDED:	Yes
SUPPLIER: Name:	Dominion Family Care, LLC (dba AFC Urgent Care Short Pump)
Address:	4104 Dominion Boulevard, Suite 300
City, State:	Glen Allen, VA 23060
Contact Name:	Scott Gunn
Phone Number:	804-747-5555
Email address:	sgunn@afcurgentcare.com
ORACLE SUPPLIER NUMBER:	408732
BUSINESS CATEGORY:	Small Business
PAYMENT TERMS:	Net 30
DELIVERY:	As Required
FOB:	Destination
BUYER: Name:	Oscar Knott, CPP, CPPO, NGIP-CPP, VCO
Title:	Purchasing Director
Phone:	804-501-5649
Email:	kno008@henrico.us

This contract is the result of a competitive solicitation issued by the Department of Finance, Purchasing Division. A requisition must be generated for all purchases made against this contract and the requisition must reference the contract number.

## **I. INTRODUCTION**

### **A. Purpose.**

The County of Henrico, Virginia (the “County”) is seeking proposals from qualified and experienced offerors to establish contract(s) for health diagnostic testing services on an if and when needed basis as described in Section II – Scope of Services.

### **B. Background.**

The County is located within the greater Richmond, Virginia metropolitan area and covers approximately 245 square miles. The County is geographically diverse, having highly developed urban and suburban areas, as well as undeveloped agricultural and forest land. The County has a culturally diverse population of approximately 335,000, consisting of a 132,400 households.

On March 13, 2020, the County declared a state of emergency due to the COVID-19 pandemic. Although government and private entities in the Commonwealth have administered thousands of screening and diagnostic tests to respond to the pandemic, the County seeks proposals for additional testing.

## **II. SCOPE OF SERVICES**

### **A. General Requirements.**

Each Successful Offeror must provide, on an if and when-needed basis, screening and diagnostic testing services for the detection of COVID-19 antibodies, antigens, and/or genetic material. Each Successful Offeror must obtain and use test kits and supplies necessary to administer tests that have either been approved for SARS-CoV-2 virus (the virus that causes COVID-19) and/or antibody detection by the Food and Drug Administration (“FDA”) or have received Emergency Use Authorization from the FDA. Prior to beginning testing services, each Successful Offeror must provide written certification from each external lab and entity that will analyze test samples and report the results. The certification shall minimally state that the external lab or entity has the supplies, equipment, personnel, and experience to perform the necessary analysis and reporting for each test in accordance with the manufacturer’s specifications, FDA requirements, and requirements of the Commonwealth of Virginia in effect at the time of the test analysis and reporting services.

### **B. Testing Situations.**

Each Successful Offeror must provide a turn-key setup for COVID-19 testing in one, two, or three different situations, depending on the contract:

1. Individual testing of persons referred by the County, health care providers authorized by the County, and other governmental entities to the Successful Offeror’s facility for testing on an as-needed basis throughout the contract period;
2. Onsite group testing to deal with outbreaks at a specific location (e.g., nursing home or assisted living facility); and
3. Drive-through or similar mass testing of (a) persons referred by the County, health care providers authorized by the County, and other governmental entities

authorized by the County, and (b) members of the general public if there is widespread contagion of large numbers of the public.  
Offerors may propose to provide services in one, two or all three testing situations.

C. Testing Methods.

Each Successful Offeror must administer tests and obtain laboratory analysis of samples in accordance with current manufacturer specifications, Center for Disease Control (“CDC”), FDA, Occupational Safety and Health Administration (“OSHA”), and other federal, state and local requirements at the time of the test. Tests may include, but are not limited to, virus detection tests, antigen detection tests, antibody blood tests, and other molecular assays. The County and Successful Offeror must agree on the tests to be administered. Only testing supplies, technologies, and platforms that have received FDA Emergency Use Authorization or full FDA approval may be used.

D. Registration of Patients.

Each Successful Offeror must provide procedures for testing of County employees that require advance registration and approval by the County for testing of the employee. During registration, in addition to the standard identifying registration information, the Successful Offeror must collect patient demographics, symptoms, and any other information that may be requested or required for reporting by the Virginia Department of Health (“VDH”), CDC, etc. The information must also include the patient’s consent, HIPAA consent, insurance coverage, and where pertinent, travel history and health history.

E. Reporting of Results.

When a test provides rapid results, each Successful Offeror must provide rapid notification of test results to the patient, both orally and by text or email, and printed results if requested by the patient. Each Successful Offeror must provide up to date information for the patient to better understand the test results, including access or referral to a medical professional for consultation about the test results. Additionally, each Successful Offeror must provide daily reports to the County providing individual and group data, analytics, and trends, and shall provide timely and appropriate notification to VDH in an appropriate format.

F. Coordination with Henrico County Employee Health Services (“EHS”).

Each Successful Offeror must coordinate with EHS for the sharing of data and continuity of patient care for County employees regardless of whether the test results indicate the need for follow-up services or not.

G. Billing and Medical Records Requirements.

Each Successful Offeror’s proposal must address billing of medical insurance providers, Medicare, or Medicaid for persons with coverage who are tested. All billing, testing, and other records or documents of the Successful Offeror for its services shall be the property of the Successful Offeror which shall be treated as confidential.



COMMONWEALTH OF VIRGINIA  
County of Henrico

Health Diagnostic Testing Services  
Contract No. 2008A  
Amendment No. 1  
December 17, 2020

Whereas, the County of Henrico, Virginia (the "County") and Dominion Family Care, LLC d.b.a. AFC Urgent Care Short Pump ("Contractor") entered into Contract No. 2008A (the "Contract") dated July 14, 2020 to provide health diagnostic testing services when needed and requested by the County; and,

Whereas, Contractor has proposed, and the County agrees, to reduce the fee for COVID-19 Antigen Test (SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR) by \$20 per test.

Now, therefore, the parties agree to amend the Contract as follows:

- 1. Item No. (2) on the Contract shall be revised to read as follows:

*Compensation – The fees the County will pay to AFC under this Agreement, if paying AFC directly and not through a commercial or government insurance plan, shall be as shown below:*

Test Type	Fee
COVID-19 Antigen Test (SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR)	\$155.00 per test
COVID-19 Antibody Test (SARS COV 2 AB IgG Serology Test)	\$110.00 per test
NOTE: Specified tests within each Test Type are subject to change based upon availability, medical advancements, etc.	

*Fees for diagnostic testing services being billed through a commercial or government insurance plan shall be determined at the time of the service.*

- 2. All other provisions of the Contract remain in full force and effect.

In witness whereof, the parties have caused this Amendment No. 1 to the Contract to be executed by the following duly authorized individuals:

Dominion Family Care, LLC d.b.a. AFC Urgent Care  
Short Pump  
4101 Dominion Boulevard, Suite 300  
Glen Allen, VA 23060

Scott Gunn  
Signature

Scott Gunn, LLC Member Manager  
Printed Name and Title

12/17/20  
Date

County of Henrico, Virginia  
P.O. Box 90775  
Henrico, VA 23273

Oscar Knott  
Oscar Knott, CPP, CPPO, VCO  
Purchasing Director

12/18/20  
Date

APPROVED AS TO FORM

Allyna D Brown

ASSISTANT COUNTY ATTORNEY



DEPARTMENT OF FINANCE  
Oscar Knott, CPP, CPPO, VCO  
Purchasing Director

COMMONWEALTH OF VIRGINIA  
**County of Henrico**

**Contract No. 2008A**

**Agreement between Dominion Family Care, LLC d.b.a. AFC Urgent Care Short Pump  
and County of Henrico, Virginia for Health Diagnostic Testing Services**

This Agreement ("Agreement") dated 14 July, 2020, (the "Commencement Date") is made and entered into by Dominion Family Care, LLC d.b.a. AFC Urgent Care Short Pump (hereinafter referred to as "AFC"), and County of Henrico, Virginia (hereinafter referred to as the "County").

WHEREAS, on May 13, 2020, the County issued Request for Proposal No. 20-2008-5JOK (hereinafter referred to as "RFP"), titled "Health Diagnostic Testing Services"; and,

WHEREAS, AFC submitted a proposal dated June 10, 2020, in response to the RFP; and

WHEREAS, the County selected AFC as a Successful Offeror to provide services in accordance with the RFP; and,

WHEREAS, the parties have negotiated the terms and conditions under which AFC will provide services as outlined in the Agreement Documents; and,

WHEREAS, AFC hereby agrees to provide health diagnostic testing services as described in the Agreement Documents; and,

WHEREAS, the delivery of the services will be provided as set forth in the Agreement Documents.

NOW, THEREFORE, the parties agree as follows:

- (1) Agreement Documents – The Exhibits listed below are hereby incorporated into and made part of this Agreement, and this Agreement and the incorporated Exhibits shall be the "Agreement Documents." In the event of conflict among the Agreement Documents, the provisions of this Agreement shall supersede the Exhibits. Except as otherwise described herein, any inconsistency among the incorporated Exhibits shall be resolved by giving priority to the Exhibits in the order in which they are listed below:

Exhibit A – AFC's answers to follow-up questions dated June 30, 2020.

Exhibit B – AFC's Original Proposal dated June 10, 2020.

Exhibit C – Questions & Answers dated June 2, 2020.

Exhibit D – RFP No. 20-2008-5JOK dated May 13, 2020.

- (2) Compensation – The fees the County will pay to AFC under this Agreement, if paying AFC directly and not through a commercial or government insurance plan, shall be as shown below:

Test Type	Fee
COVID-19 Antigen Test (SARS-CoV-2 RNA, Qualitative Real-Time RT- PCR)	\$175.00 per test
COVID-19 Antibody Test (SARS COV 2 AB IgG Serology Test)	\$110.00 per test
<i>NOTE: Specified tests within each Test Type are subject to change based upon availability, medical advancements, etc.</i>	

Fees for diagnostic testing services being billed through a commercial or government insurance plan shall be determined at the time of service.

- (3) Term – The Agreement term shall be from the Commencement Date through a period of one year. The County may renew the contract for up to four one-year terms by giving 30 days written notice before the end of the term unless AFC has given the County written notice that it does not wish to renew at least 90 days before the end of the term.
- (4) Sovereign Immunity – Notwithstanding any contrary language in the Agreement Documents, the County neither waives nor abrogates its sovereign immunity hereunder, in part or in whole, in any manner, under any theory.
- (5) Merger – The Agreement Documents represent the entire agreement between the parties and supersede all prior communications and negotiations. This Agreement may be modified only in writing, signed by both the County and AFC.
- (6) Claims – AFC shall submit any claims arising under this Agreement, without exception, in accordance with Va. Code §2.2-4363(C).

WHEREFORE, the parties hereby execute this Agreement as evidenced by the signatures below.

Dominion Family Care, LLC d.b.a. AFC  
Urgent Care Short Pump  
4101 Dominion Boulevard, Suite 300  
Glen Allen, VA 23060

County of Henrico, Virginia  
P.O. Box 90775  
Henrico, VA 23273-0775

Scott Gunn  
Signature

Oscar Knott  
Signature

Scott Gunn, LLC Member Manager  
Printed Name and Title

Oscar Knott, CPP, CPPO, VCO  
Purchasing Director

7/13/20  
Date

7/14/20  
Date

**APPROVED AS TO FORM**

[Signature]  
COUNTY ATTORNEY

## Exhibit A



6/30/20

RE: RFP 20-2008-5JOK – Health Diagnostic Testing Services

Oscar,

Here are the answers to the follow-up questions that were asked during the presentation on 6/24/20 as well as the letter e-mailed on 6/25/20. If further discussion over the phone or in person is needed, we would be happy to accommodate that.

### Pricing Structure Clarification

#### ***Cash Prices***

COVID-19 Antigen Test- **\$175 per test**

COVID-19 Antibody Test- **\$110 per test**

#### ***Using Insurance***

AFC Urgent Care Short Pump also has the ability to bill COVID-19 testing through most major government and commercial insurance programs should an employer or citizen chose to do that. Based on present government and insurance regulations, this method requires a telemedicine visit with the provider before the test is performed. These visits are currently being fully covered by insurance carriers with only the co-pay due at time of service. This insurance structure, however, is expected to change in the future.

### Questions from E-mail

- 1. Describe the extent to which the offered services and pricing is available at the different AFC locations, such as Midlothian and Roanoke.**

The same prices and services for COVID-19 Antigen and Antibody testing are available at AFC Urgent Care Midlothian located at 12731 Stone Village Way, Midlothian, VA 23113 and AFC Urgent Care High Point located at 1231 Eastchester Drive #120, High Point, NC 27265.

AFC Urgent Care Roanoke located at 602 Brandon Ave. SW #222, Roanoke, VA 24015 is currently only offering COVID-19 Antibody testing due to space and volume constraints. Logistics of adding COVID-19 Antigen testing are currently being formulated with an expected service start date of fall 2020. Prices will remain the same as mentioned in the RFP for AFC Short Pump.

**2. Please describe startup cost and staffing/resource structure for target area testing (e.g. nursing homes).**

See attached (AFC Off-site Testing Workflow) for an example of Off-Site Target area testing structure and procedures, the number of staff needed will depend on the number of tests expected to be performed. There is no additional charge for any off-site testing event as long as more than 100 tests are to be performed.

**3. Please provide any available projections for scale-up ability over time based on your relationships with labs and suppliers.**

Since the RFP oral presentation on 6/24/20, AFC has engaged all current lab companies in conversations about the ability to scale up testing capacities moving forward. The two primary test kit suppliers currently being use, Quest and LabCorp, have both confirmed that testing kits for high number testing events are now available for order and processing with proper advanced notice. Quest estimates that orders of 500-750 test kits can be sent for delivery at one time ahead of a mass testing event and LabCorp estimates that 750-1,000 test kits can be sent for delivery at one time ahead of a mass testing event.

**4. Please provide sensitivity and specificity figures for tests you would be administering.**

All Published Quest PCR Test (Antigen) Data- <https://www.fda.gov/media/136231/download>

All Published LabCorp PCR Test (Antigen) Data- <https://www.labcorp.com/tests/139900/2019-novel-coronavirus-covid-19-naa>

All Published LabCorp Serology (Antibody) Data- See E-mail Attachment (LabCorp Serological (Antibody) paperwork)

**5. Please include a copy of the EUA for your antibody testing.**

LabCorp PCR (Antigen) EUA: <https://www.fda.gov/media/136148/download>

Quest PCR (Antigen) EUA: <https://www.fda.gov/media/136228/download>

Labcorp Serology (Antibody) EUA: See E-mail Attachment (LabCorp Serological (Antibody) paperwork)

**6. What are your processes for electronic reporting to the Virginia Department of Health for all test results?**

Per the requirements of the Richmond-Henrico Health District where the clinic is located, all positive COVID-19 test results must be reported to them within 24 hours of receiving the results. AFC has been



following these requirements since the first day of testing and will continue doing so moving forward. AFC has been told that the local health department including the Richmond-Henrico District then reports these results to the Virginia Department of Health in accordance with their requirements.

**7. Have you considered alternative commercial laboratory options for testing, in the event LabCorp and Quest have backlogs?**

Yes, other labs are constantly being vetted by the AFC team to maximize testing capabilities moving forward. If it is determined that additional lab vendors can offer the same quality of test kits, meet FDA and/or EUA requirements then they will also be used if it increases testing capacity. The availability of test kits and PPE has been steadily increasing since April and that trend is expected to continue moving forward which will allow for more testing nationwide. AFC's employer COVID-19 testing programs are highly customizable and if there is a preference to source testing from other labs, that request can be accommodated. Any new laboratory option that is added in the future would be discussed and authorized by any employer before starting use.

**8. Provide validation data for both FDA EUA methods and Laboratory Developed Tests (LDTs) used at the testing laboratories.**

LabCorp PCR (Antigen) EUA: <https://www.labcorp.com/tests/139900/2019-novel-coronavirus-covid-19-naa>

LabCorp Antibody Published Information: See E-mail Attachment (LabCorp Serological (Antibody) paperwork)

Quest PCR (Antigen) Published Information: <https://www.fda.gov/media/136231/download>

**9. May be helpful to clarify language of "at clinic testing" versus "at clinic collections". AFC doesn't perform any COVID testing in house, currently.**

AFC Urgent Care is the specimen collection entity regardless of what kind of test (antigen or antibody) and regardless of where the collection is performed (at the clinic, a mass testing drive-through event, or offsite at a place like a nursing home). The actual testing of the collected specimens are performed offsite at the laboratory facilities of the companies that source the kits.

AFC Urgent Care Short Pump looks forward to the continued dialogue about this RFP and the opportunity to partner with Henrico County to help the community get through his Coronavirus Pandemic and a safe and healthy way.

Thanks,

Scott Gunn and the AFC Urgent Care Short Pump Team



## Off Site COVID-19 Testing Workflow

### Initial Conference Call with our team

- Assign and introduce a team lead for event and exchange contact info.
- Determine preliminary number of patients needing testing and which tests.
- Share our start to finish plan ~ set up to resulting.
- Set tentative dates and times, depending on PCR and tube availability from lab. Results coming in 48 hours will also influence date (weekend results may be burdensome since some patients will need to be removed)
- Determine a date to visit the site during this call.
- Send ENZO's credentials for testing if requested.
- Share/email registration form, consent form to release results and patient information sheet so that packets can be completed for preregistration of each patient.

### First Visit

- Introductions, share business cards.
- Search for best Wi-Fi access on premises and determine the best area to perform testing there. We have used either one or two 10 x 10 tents set up outside.
- Optimum flow began with registration review and vitals that were done in a large open room that has open (French) doors to tent where specimens are collected. Another smaller room adjacent is where phlebotomy was performed.
- Review forms sent previously, share a sample packet of what works best.
- Confirm dates and times.

### IT Equipment needed

- 3-4 laptops
- 2 extension cords
- 2 power boxes
- 1 scanner
- 1 Dymo label maker

### Supply List: PPE, phlebotomy supplies, CAVIWIPES

- Vitals cart! So happy we brought this...
- Laser thermometers
- Centrifuge
- 3-4 Styrofoam coolers
- Ice packs
- Tube holders for specimens
- 2 biohazard trash bins and bags

### Pre-event work

- Facility staff to complete registration forms
- Facility staff to complete consent forms
- All registrations populated to DocuTap and consent forms scanned
- Preprint labels for each patient
- Inform lab of a high incoming number of tests.

**Staffing:** (Provider and 4-5 medical assistants successfully saw 130 patients in 10 hours)

- Early morning need is two registrars/check ins as not all will be preregistered. We have success in testing the night shift early morning before they leave.
- Depending on volume, one or two staff takes B/P, O2 and temps on all patients. Best flow included documentation of vitals and histories in between 2-3 patients.
- One medical assistant assists provider with labeling and moving patients to next step.
- One medical assistant responsible for phlebotomy, specimen spinning and packaging.

**Hours:**

7 a.m. – 6 p.m. (and 6 p.m. to 8 p.m. to complete charting and interface/lab specimen prep for pickup).

**Flow**

- Staff of facility escorted residents to our starting point where their visit in DocuTAP was turned RED. Here they were given their packet to hold which included all pertinent information plus labels ready to place.
- Each moved to our vitals station (attempt made to document vitals in DocuTAP whenever possible). A face sheet was kept in the packet where these were recorded too along with medical histories.
- Next step was to move to a chair outside in the tent where our provider collected nasal specimens.
- Those who needed labs moved from there to a close by phlebotomy area.
- Each resident needed to be escorted out.

**END OF DAY ~ much more work to do!**

- We brought 3-4 Styrofoam coolers with many ice packs to store specimens. (Needed to ask for more ice....)
- Put in orders for ENZO and print requisitions.
- Bag specimens.
- Confirm specimen pickup.

**IMPORTANT:**

- Create a master excel list in alphabetical order of all tested. I've attached one for an example.
- Test Laptops day before or arrive early to prepare. Inform IT of our event so they can assist if needed.
- MUST document all medical histories ~ visits are all level 3's.
- Results started coming in 24-48 hours later through the interface.
- All positives need to be reported to the facility within one hour of receiving. These folks are moved to another facility if positive.
- Email reports as they come in, but save a hard copy to email the whole bundle at the end.
- Most residents have not had their BP taken since January due to COVID quarantine so we will include these on our master list and send to them.

# LABCORP SERVICE ANNOUNCEMENT

## LabCorp's COVID-19 Serological Antibody Tests

April 22, 2020

LabCorp's serological testing for COVID-19 is now available for ordering by hospitals and healthcare organizations.

Serological tests for SARS-CoV-2 are intended for individuals who may have had COVID-19 symptoms but are no longer symptomatic. The tests determine the presence of antibodies to SARS-CoV-2, the virus that causes COVID-19, and can help to identify individuals who have been exposed to the virus. Understanding if an individual has developed the antibodies and a potential immune response can be useful in the determination of important decisions such as the ability for hospital staff to care for patients.

Serological tests use serum in blood samples from individuals who are being evaluated for SARS-CoV-2 infection or have been exposed to the virus. LabCorp offers separate tests for each of the three major classes of SARS-CoV-2 antibodies (IgG, IgA, and IgM).

A positive serologic result indicates that an individual has likely produced an immune response to the SARS-CoV-2 virus. A negative serologic result indicates that an individual has not developed detectable antibodies at the time of testing. While contingent on a variety of factors, this could be due to testing too early in the course of COVID-19, the absence of exposure to the virus, or the lack of an adequate immune response, which can be due to conditions or treatments that suppress immune function.

Confirmation of infection with SARS-CoV-2 must be made through a combination of clinical evaluation and other applicable tests. Decisions about ongoing monitoring, treatment or return to normal activities for patients being treated for suspected infection with SARS-CoV-2 should also be made in accordance with guidance from public health authorities.

These tests have not been reviewed by the FDA, but are being offered by LabCorp in accordance with the public health emergency guidance issued by the FDA on March 16, 2020.

**Note: Beginning Monday, April 27, 2020, physicians will be able to direct asymptomatic patients for IgG to LabCorp's network of Patient Service Centers for IgG antibody test collection. In addition, specimen collection for all other COVID-19 testing including: IgA and IgM antibody tests and the novel coronavirus (COVID-19) NAA tests are not being offered for collection at LabCorp's Patient Service Center locations. In addition, collection for all three SARS-CoV-2 antibody tests will be available to be performed by LabCorp phlebotomists located in physician offices and healthcare facilities nationwide. Serology testing is not intended as a diagnostic test for patients who are exhibiting symptoms consistent with COVID-19. Serology testing should be used only for patients who were diagnosed with COVID-19 or had symptoms consistent with COVID-19, and have been confirmed by a physician to have recovered. It may also be used in instances when an individual thinks they might have had COVID-19 in the past and needs confirmation. In either case, the serology test is only for people who are well and/or recovered.**

LabCorp began offering serological tests to hospitals and healthcare systems on a limited basis in late March, focusing on high priority healthcare workers. LabCorp is currently able to perform over 50,000 serological tests per day and complete those tests within an average of 1 to 3 days from the time the specimen is picked up, assuming adequate supplies. The company is preparing to make the tests more broadly available over the coming weeks for ordering by hospitals and health systems, organizations, and physicians. By mid-May, LabCorp expects to be able to perform several hundred thousand tests per week as more tests and testing platforms receive U.S. Food and Drug Administration (FDA) Emergency Use Authorization (EUA). LabCorp will also work with hospitals where it provides laboratory management and technical support services to help them establish serological testing in their on-site laboratories. Updates related to LabCorp's COVID-19 response are available on [LabCorp's COVID-19 microsite](#).



# LABCORP SERVICE ANNOUNCEMENT

## LabCorp's COVID-19 Serological Antibody Tests

### Test Options

	IgG	IgM	IgA
<b>Test Number</b>	164055	164034	164072
<b>Test Name</b>	SARS-CoV-2 Antibody, IgG	SARS-CoV-2 Antibody, IgM	SARS-CoV-2 Antibody, IgA
<b>Specimen Requirements</b>	Serum from venous blood draw in serum gel tube or a red top tube. Sample volume is 0.5 mL (min 0.4 mL) for each assay. Ship at room temperature.		
<b>Expected Turnaround Time</b>	1-3 days from the time the specimen is picked up, assuming adequate testing supplies		



[www.LabCorp.com](http://www.LabCorp.com)

April 22, 2020

Page 2 of 2

**Exhibit B**



**County of Henrico, Commonwealth of Virginia**

RFP # 20-2008-5JOK  
Health Diagnostic Testing Services

For: County of Henrico  
Department of Finance  
Attn: Oscar Knott, CPP, CPPO, VCO, *Purchasing Director*

From: Dominion Family Care, LLC d.b.a AFC Urgent Care Short Pump  
Contact: Scott Gunn, Owner/*Business Development Manager*  
[sgunn@afcurgentcare.com](mailto:sgunn@afcurgentcare.com) (804) 833-5505

6/10/2020

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County of Henrico  
Department of Finance  
Purchasing Division  
8600 Staples Mill Rd.  
Henrico, Virginia 23228

June 10<sup>th</sup>, 2020

To whom it may concern:

Dominion Family Care, LLC d.b.a AFC Urgent Care Short Pump has put together the following package in response to RFP # 20-2008-5JOK, Health Diagnostic Testing Services. I am writing to express interest in our clinic, AFC Urgent Care Short Pump, partnering with Henrico County to provide COVID-19 testing where needed to help support the County's efforts to combat the Coronavirus pandemic. AFC is prepared to help test County employees, County Departments, businesses, and citizens who may have been exposed, are symptomatic, or who may need clearance to return to work as the Commonwealth begins to reopen in phases.

After reviewing the requirements of the proposal, AFC Short Pump believes they can bring value, additional resources, and another testing option to compliment other testing options and meet the needs of Henrico County employees and all citizens. AFC has been providing diagnostic laboratory testing to employers and patients for over 38 years and would be eager to assist here in Henrico County. Employer friendly customer service and communication, a patient-centric approach, accessible hours of operation including nights and weekends, and affordable costs are consistent positive feedback provided by our customers.

We would be appreciative of the opportunity for AFC Short Pump to join in partnership with Henrico County for COVID-19 testing and feel like with we could make a remarkable team. Thank you for taking the time to review the RFP, we look forward to the possibility of a future relationship and are happy to answer any questions that may come up.

Sincerely,

On behalf of the AFC Urgent Care Team,

-Scott Gunn, LLC Member Manager




## ATTACHMENT A PROPOSAL SIGNATURE SHEET

My signature certifies that the proposal as submitted complies with all requirements specified in this Request for Proposal ("RFP") No. 20-2008-5JOK – Health Diagnostic Testing Services.

My signature also certifies that by submitting a proposal in response to this RFP, the Offeror represents that in the preparation and submission of this proposal, the Offeror did not, either directly or indirectly, enter into any combination or arrangement with any person or business entity, or enter into any agreement, participate in any collusion, or otherwise take any action in the restraining of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section 1) or Sections 59.1-9.1 through 59.1-9.17 or Sections 59.1-68.6 through 59.1-68.8 of the Code of Virginia.

I hereby certify that I am authorized to sign as a legal representative for the business entity submitting this proposal.

LEGAL NAME OF OFFEROR (DO <u>NOT</u> USE TRADE NAME):	
	Dominion Family Care, LLC
ADDRESS:	
	4101 Dominion Blvd. Ste. 300
	Glen Allen, VA 23060
FEDERAL ID NO:	38-4030985
SIGNATURE:	
NAME OF PERSON SIGNING (PRINT):	Scott Gunn
TITLE:	LLC Member Manager
TELEPHONE:	(804) 747-5555
FAX:	(804) 747-5505
EMAIL ADDRESS:	sgunn@afurgentcare.com
DATE:	6/10/20

## ATTACHMENT B BUSINESS CATEGORY CLASSIFICATION FORM

Company Legal Name:     Dominion Family Care, LLC    

This form completed by: Signature:     Scott Jellum     Title:     LLC Member Manager    

Date:     6/10/20    

PLEASE SPECIFY YOUR BUSINESS CATEGORY BY CHECKING THE APPROPRIATE BOX(ES) BELOW.

(Check all that apply.)

- SMALL BUSINESS
- WOMEN-OWNED BUSINESS
- MINORITY-OWNED BUSINESS
- SERVICE-DISABLED VETERAN
- EMPLOYMENT SERVICES ORGANIZATION
- NON-SWam (Not Small, Women-owned or Minority-owned)

**SUPPLIER REGISTRATION** – The County of Henrico encourages all suppliers interested in doing business with the County to register with eVA, the Commonwealth of Virginia's electronic procurement portal, <http://eva.virginia.gov>.

eVA Registered?  Yes  No

If certified by the Virginia Minority Business Enterprises (DMBE), provide DMBE certification number and expiration date.  
                 NUMBER                  DATE

### DEFINITIONS

For the purpose of determining the appropriate business category, the following definitions apply:

**"Small business"** means a business, independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or annual gross receipts of \$10 million or less averaged over the previous three years. One or more of the individual owners shall control both the management and daily business operations of the small business.

**"Women-owned business"** means a business that is at least 51 percent owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest is owned by one or more women who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

**"Minority-owned business"** means a business that is at least 51 percent owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

**"Minority individual"** means an individual who is a citizen of the United States or a legal resident alien and who satisfies one or more of the following definitions:

1. "African American" means a person having origins in any of the original peoples of Africa and who is regarded as such by the community of which this person claims to be a part.
2. "Asian American" means a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, including but not limited to Japan, China, Vietnam, Samoa, Laos, Cambodia, Taiwan, Northern Mariana Islands, the Philippines, a U.S. territory of the Pacific, India, Pakistan, Bangladesh, or Sri Lanka and who is regarded as such by the community of which this person claims to be a part.
3. "Hispanic American" means a person having origins in any of the Spanish-speaking peoples of Mexico, South or Central America, or the Caribbean Islands or other Spanish or Portuguese cultures and who is regarded as such by the community of which this person claims to be a part.
4. "Native American" means a person having origins in any of the original peoples of North America and who is regarded as such by the community of which this person claims to be a part or who is recognized by a tribal organization.

**"Service disabled veteran business"** means a business that is at least 51 percent owned by one or more service disabled veterans or, in the case of a corporation, partnership, or limited liability company or other entity, at least 51 percent of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more individuals who are service disabled veterans and both the management and daily business operations are controlled by one or more individuals who are service disabled veterans.

**"Service disabled veteran"** means a veteran who (i) served on active duty in the United States military ground, naval, or air service, (ii) was discharged or released under conditions other than dishonorable, and (iii) has a service-connected disability rating fixed by the United States Department of Veterans Affairs.

**"Employment services organization"** means an organization that provides community-based employment services to individuals with disabilities that is an approved Commission on Accreditation of Rehabilitation Facilities (CARF) accredited vendor of the Department of Aging and Rehabilitative Services.

**ATTACHMENT C**  
**Virginia State Corporation Commission (SCC)**  
**Registration Information**

The Offeror:

is a corporation or other business entity with the following SCC identification number:  
          T0792426           -OR-

is not a corporation, limited liability company, limited partnership, registered limited liability partnership, or business trust -OR-

is an out-of-state business entity that does not regularly and continuously maintain as part of its ordinary and customary business any employees, agents, offices, facilities, or inventories in Virginia (not counting any employees or agents in Virginia who merely solicit orders that require acceptance outside Virginia before they become contracts, and not counting any incidental presence of the Bidder in Virginia that is needed in order to assemble, maintain, and repair goods in accordance with the contracts by which such goods were sold and shipped into Virginia from Bidder's out-of-state location) -OR-

is an out-of-state business entity that is including with this bid/proposal an opinion of legal counsel which accurately and completely discloses the undersigned Bidder's current contracts with Virginia and describes why those contracts do not constitute the transaction of business in Virginia within the meaning of §13.1-757 or other similar provisions in Titles 13.1 or 50 of the Code of Virginia.

Please check the following box if you have not checked any of the foregoing options but currently have pending before the SCC an application for authority to transact business in the Commonwealth of Virginia and wish to be considered for a waiver to allow you to submit the SCC identification number after the due date for bids:

**ATTACHMENT D**  
**PROPRIETARY/CONFIDENTIAL INFORMATION IDENTIFICATION**

NAME OF OFFEROR: Dominion Family Care, LLC

Trade secrets or proprietary information submitted by an Offeror shall not be subject to public disclosure under the Virginia Freedom of Information Act; however, the Offeror must invoke the protections of Va. Code § 2.2-4342(F) in writing, either before or at the time the data or other materials are submitted. The Offeror must specifically identify the data or materials to be protected including the section(s) of the proposal in which it is contained and the pages numbers, and state the reasons why protection is necessary. A summary of trade secrets and proprietary information submitted shall be submitted on this form. The proprietary or trade secret material submitted must be identified by some distinct method such as highlighting or underlining and must indicate only the specific words, figures, or paragraphs that constitute trade secret or proprietary information. Va. Code § 2.2-4342(F) prohibits an Offeror from classifying an entire proposal, any portion of a proposal that does not contain trade secrets or proprietary information, line item prices, or total proposal prices as proprietary or trade secrets. If, after being given reasonable time, the Offeror refuses to withdraw such classification(s), the proposal will be rejected.

SECTION/TITLE	PAGE NUMBER(S)	REASON(S) FOR WITHHOLDING FROM DISCLOSURE
N/A	N/A	N/A

## ATTACHMENT H

### ANTI-LOBBYING CERTIFICATION

*Byrd Anti-Lobbying Clause (2 C.F.R. PART 200 APPENDIX II(I))*

Contractors who apply or bid for an award of \$100,000 or more shall file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

Required Certification. If applicable, contractors must sign and submit to the agency the following certification.

The undersigned certifies, to the best of his or her knowledge and belief, that:

No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Scott Slum

Signature of Contractor's Authorized Official

LLC Member Manager

Name and Title of Contractor's Authorized Official

\_\_\_\_\_  
*Printed Name of Offeror  
(if different than Representative)*

### **3. Tab 2 – Statement of the Scope**

#### **A. General Requirements**

AFC Urgent Care Short Pump (Dominion Family Care, LLC) understands what is being requested by Henrico County in the RFP and has the ability to provide approved diagnostic testing services as needed for COVID-19 antibodies, antigens, and genetic material. All testing kits are sourced from either LabCorp or Quest Diagnostics and have either been approved for SARS-CoV-2 virus by the FDA or have received Emergency Use Authorization from the FDA. Written certification about the test being used from both labs can be found in the appendix.

#### **B. Testing Situations**

AFC Urgent Care Short Pump (“AFC” or “AFC Short Pump) has the experience and ability to perform COVID-19 Testing in all three different situations mentioned in the RFP; individual testing of persons referred by the county, onsite group testing to deal with outbreaks, and drive-through or similar mass testing.

#### **C. Testing Methods**

All test kits utilized by AFC Urgent Care Short Pump are used in accordance with current manufacturer specifications, CDC/FDA/OSHA/Federal/State/Local requirements. AFC utilizes all kinds of testing mentioned in the RFP and will agree to use whatever the county may be looking for in a particular situation.

#### **D. Registration of Patients**

AFC agrees to register all patients in accordance with the requirements requested by the County in the RFP. All appropriate forms including patient consent, HIPPA consent, insurance coverage, and travel/health history will be provided. Examples of procedures and forms used for these testing methods are included in the appendix.

#### **E. Reporting of Results**

AFC agrees to provide rapid results to patients as soon as the results are known, both orally and by text or e-mail, and printed if requested by the patient. Due to known instant testing accuracy issues for COVID-19, all test kits being utilized by AFC are sent out to an offsite laboratory for processing and confirmation. On average, results are coming back in the 2-4 day range depending on the day of the week the test is administered. AFC agrees to provide all patients with up to date information to better understand the test results and agrees to provide the County and VDH with daily reports about trends, analytics, and group data.

#### **F. Coordination with Henrico County Employee Health Services (EHS)**

AFC agrees to coordinate with EHS for the sharing of data and continuity of patient care for County employees regardless of whether the test results indicate the need for follow-up services or not.

#### **G. Billing and Medical Records**

AFC has insurance contracts and is in network with all major private payers, Medicare, and Medicaid and agrees to handle billing in accordance with those existing agreements. This includes any diagnostic laboratory testing related to COVID-19, any in person office visit, or any virtual telemedicine encounter as deemed necessary by the provider. All patient records will be treated as confidential.

### **4. Tab 3 – Offeror Qualifications, Experience, and Resumes**

#### **Firm Profile**

AFC Short Pump is a part of the nationwide American Family Care network which has over 38 years of experience providing laboratory diagnostic testing services, urgent care, accessible primary care, and occupational health services to communities nationwide. The largest privately-owned urgent care network in the country, AFC has over 220 locations nationwide providing high quality, affordable, and convenient services to the markets that it serves. The mission of AFC is to provide the best healthcare possible, in a kind and caring environment, while respecting the rights of all patients, in an economical manner, at times and locations convenient to the patient.

AFC Short Pump has an experienced and dedicated staff who have been providing laboratory testing services to employers and patients in the area since its opening in March of 2019. Notable key team members responsible for the execution of the COVID-19 testing programs include:

Dr. Russel Johnson, MD – AFC Short Pump Medical Director -CV included in Appendix

Dr. Andrea Hall, MD - CV included in Appendix

Suzanne Paul, FNP – CV included in Appendix

Amy Norris, Center Administrator – Resume included in Appendix

Emily Midkiff, Regional Operations Manager – Resume included in Appendix

Scott Gunn, Clinic Partner/Occupational Health Director – Resume in Appendix

In addition to the providers and managers, AFC Short Pump has a full supporting cast of experienced medical staff that are licensed and trained including X-ray technicians, Medical Assistants, Phlebotomists, and front office support. In addition, all staff at AFC have been trained in infectious disease management, proper PPE use, and all recommended CDC guidelines regarding testing and treatment of COVID-19 are being followed.



### **Location**

AFC Short Pump is located at 4101 Dominion Blvd. Ste. 300, Glen Allen, VA 23060. The clinic is located in close proximity to the County Government Complex at the entrance to Innsbrook with convenient access from Interstate 64, I-295, and Route 288. Ample onsite parking and access directly from Broad St. and stoplights at Dominion Blvd. and Cox Rd. make access very easy and convenient for all patients.

AFC is open 7 days per week with extended hours including nights and weekends. COVID-19 testing is currently done by appointment only but may be scheduled in advance over the phone or by using the online registration system.

### **Diagnostic Testing Experience**

AFC Short Pump has been in business for just over 15 months and has maintained the same LLC (Dominion Family Care) and d.b.a (AFC Urgent Care Short Pump) names since the day of the founding and the day that operations began. Even though AFC Short Pump has not been providing testing at its location for over three years because the business is not that old, the ownership and operations group has over 9 years of experience in the diagnostic testing industry as part of the other three AFC Urgent Care locations owned. In addition, AFC Short Pump has the corporate support of the American Family Care System as a whole which has been providing diagnostic testing services in conjunction with the urgent care locations for over 38 years.

Since April, AFC Short Pump has already been working in conjunction with the Henrico County Health Department as an additional resource for citizens who need healthcare assistance during the Coronavirus pandemic. AFC Short Pump is already registered with the County as a COVID-19 Testing facility and a Telemedicine provider and has been providing those services since then.

### **Business Health Summary**

AFC Short Pump maintains strong financial stability, see the following letter from SonaBank as a reference below. In addition, the ownership group of AFC Short Pump owns three additional AFC Urgent Care locations in High Point, NC, Roanoke, VA, and Midlothian, VA that have been continuously operating and growing since 2010 with plans to add additional locations in the future.

June 9, 2020

RE: Dominion Family Care, LLC.

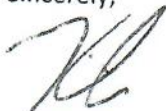
To whom it may concern,

The owners of Dominion Family Care, LLC. operate an American Family Urgent Care facility in Henrico County. They established a banking relationship with Sonabank in 2018, which includes a business deposit account and commercial term loan. All accounts have been handled as agreed.

Ownership provides additional comfort to the bank based on their strong liquidity and net worth position. Sonabank has committed to other projects involving the ownership group.

If you have any questions or need additional information, please feel to contact me phone at (804) 357-8661 or email [kevin.reid@sonabank.com](mailto:kevin.reid@sonabank.com).

Sincerely,



Kevin Reid  
Assistant Vice President  
Commercial Relationship Manager

## **5. Tab 4 – References**

Due to the fact that COVID-19 and the subsequent testing for it has only been in existence for a few months, there is not an extensive list of direct references related to this service that AFC Short Pump provides. AFC has been working in conjunction with the Henrico County Health Department since April providing COVID-19 Testing and telemedicine services and has been treating patients in the county referred by the Health Department.

In addition, laboratory diagnostic testing including the same collection methods that are used for COVID-19 testing have been taking place at the clinic since its opening on a daily basis. In addition, laboratory diagnostic testing has been taking place over the last nine years at the other clinics under the same ownership/management group. Whether it be drug testing for employers or other lab work related to an urgent or primary care visit by a patient, AFC is equipped to handle these tasks. AFC Short Pump has been doing COVID-19 testing since the end of April, approximately one month after statewide stay at home orders due to the pandemic went into effect and at the same time were urgent care centers nationwide were granted access to testing supplies under mandate from the federal government. The following employer references are available, all are active clients of the AFC Team:

- A. Joanne Moreira, James River Nurseries  
(804) 798-2020 [jmoreira@jamesrivernurseries.com](mailto:jmoreira@jamesrivernurseries.com)

AFC Short Pump has provided COVID-19 testing for all James River Nurseries employees as part of their return to work program including 39 tests in one morning testing session.

- B. Trent Jones, Chesterfield County Department of Risk Management  
(804) 318-8806 [JonesTre@chesterfield.gov](mailto:JonesTre@chesterfield.gov)

AFC has been providing occupational health services including testing and workers comp injury treatment for Chesterfield County since the spring of 2017. Trent Jones is actively involved with the oversight of these services for Chesterfield County, has made many visits to the clinic, and maintains an active relationship with the staff and providers.

- C. Jackie Clewis, City of Roanoke, VA Risk Manager  
(540) 853-1856 [Jackie.Clewis@roanokeva.gov](mailto:Jackie.Clewis@roanokeva.gov)

This AFC ownership and management group has been working with the City of Roanoke, VA since 2012 providing their employees with workers comp injury treatment, occupational health services, and other employee health and wellness initiatives. Jackie Clewis maintains this relationship with AFC and oversees the Risk Management Department for the entire city staff and all departments.

## **6. Tab 5 – Service Approach/Implementation of Services**

AFC has the ability to create custom COVID-19 testing programs tailored to the needs of the individual entity(s) who need these services including what is being requested in the RFP and its scope of services. Examples of similar programs can be found in the appendix.

- A. AFC Short Pump offers both screening and diagnostic tests for both antigens and antibodies.
  1. The following tests from both Quest Diagnostics and Labcorp are available and are actively being used at AFC Short Pump:
  2.
    - a. SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR (test code 39433)  
This test tells us if the individual has an active disease. It is performed by taking a sample from Nasopharynx with or without a second sample from Oropharynx.
    - b. SARS CoV 2 AB IgG Serology (test code 945634)- This test determines the presence of antibodies that can help identify individuals who have been exposed to the virus.
  3. Evidence of FDA Approval/EUA are included in appendix. Informational sheets from the lab companies about each test kit specifics can also found in the appendix. Additional information can be provided upon request.
  4. All antigen tests are administered by either Nasopharyngeal (NP) or Oropharyngeal (OP) swabs. Antibody tests are administered by blood collection. All samples are handled and stored using the exact guidelines from the lab supplier from collection to pickup and through processing.
  5. Currently, AFC Short Pump has the ability to collect and process up to 100 antigen and 100 antibody tests per day. These capacity numbers are expected to increase exponentially in the coming months and AFC is prepared to scale up their operation as more testing supplies become available. The availability of testing kits on a national, state, and local level has been fluidly changing over the last 2.5 months and AFC will adapt and scale-up this operation as external circumstances permit. Both labs have indicated that additional testing supplies will be available as needed in the event a large scale testing operation is scheduled.
  6. Currently, AFC Short Pump can source 3,000 antigen tests and 3,000 antibody tests per month from Quest and LabCorp. No one can predict the future but the general consensus in the healthcare industry is that testing capabilities and capacities will continue to grow in the coming months and AFC will be there to help fill this void.
  7. Information about Quest and LabCorps specifications, guidelines, and instructions for test administration can be found in the appendix and AFC strictly follows all

instructions. Furthermore, AFC is notified by the manufactures with each new shipment if anything has changed in regards to collection processes and procedures.

8. Quest and LabCorp are two of the largest medical diagnostic laboratories in the country and have been on the front lines helping to lead the nation through the COVID-19 pandemic from a testing standpoint. From recent estimates in the middle of May, Labcorp is able to process around 200,000 COVID-19 tests per day and Quest can process around 300,000 tests per day. Based on AFC's experience processing COVID-19 tests with Quest and LabCorp, the expected turnaround time for test results to come back is between 3-5 days depending on the day of the week the tests was administered. Test are currently being processed at the following facilities:

LabCorp  
1447 York Court  
Burlington, NC 27215

Quest Diagnostics  
14225 Newbrook Dr.  
Chantilly, VA 20151

9. Additional information from the testing manufactures can be found in the appendix. Antigen tests are done through a Nasopharyngeal or Oropharyngeal Swab and antibody tests are done with a venipuncture blood draw.
  10. AFC Short Pump is updated by Quest and Labcorp on a weekly basis on testing kit availability and is willing to share this information with anyone as it becomes available to us.
- B.
1. Any of the 4 tests discussed in Section 1. A. can be performed offsite or in clinic
  2. AFC Short Pump is located at 4101 Dominion Blvd. Ste. 300 Glen Allen, VA 23060. and is willing to go offsite within Henrico County for other needed testing.
  3. Space needed, registration/screening procedures, security, protection of samples, necessary PPE, signage, and traffic control will all depend on the location and the the number of tests that need to be performed. These programs are not one size fits all and AFC can create customized programs based on the needs of the entity.
  4. Currently, AFC has the capability of processing 100 antigen and 100 antibody COVID-19 tests per day. This number will continue to increase as testing supplies Become more available.
  5. Sample educational materials that have been used by AFC Short Pump to educate them on tests results can be found in the appendix.
- C.
- Patients who need to be tested will be registered ahead of time whether the test occurs in clinic or offsite. Information collected during the registration process includes name, date of birth, height, weight, insurance information, health history, etc. Example registration forms can be found in the appendix.
- D.
- AFC Short Pump is credentialed and in-network with all major private insurance companies, Medicare, and Medicaid and can bill accordingly based on those existing contracts. A third party Electronic Medical Records system and a third party billing company are used to streamline this process.
- E.
- If the need for large scale mass public testing of the general public arises and testing kit availability is abundant, AFC is willing to coordinate these efforts and logistical support with the respective County departments.

## **7. Tab 6 – Pricing Schedule**

Cash pricing options for the tests mentioned above and below are as follows:

Antigen Test- **\$120 per test**

Antibody Test- **\$75 per test**

Telemedicine Visit/Covid-19 Test- **\$195** (per CDC guidelines, this encounter including a provider telemedicine consultation to discuss symptoms is oftentimes required before a test is performed, especially if insurance is being used to pay for the test)

Depending on the number of tests needed and the testing environment, these prices may be negotiated for terms acceptable to all parties.

## **8. Tab 7 – Sample Signage, Registration Forms, and Educational Materials**

Examples of Testing for Essential Workers Guidelines, AFC Offsite Workflo Procedures, Registration Forms, and PHI Forms from existing COVID-19 Testing Programs can be found in the Appendix.

## **9. Tab 7 – Exceptions**

In general, there are no exceptions taken to the Scope of Services and General Terms and conditions of this RFP. Given the nationwide shortage of testing supplies/PPE and the fact that the federal and state governments have some control over who gets these supplies, no entity can 100% guarantee how many kits they may have at any given time. AFC plans to continue increasing its COVID-19 testing capabilities both offsite and in-clinic as more and more kits become available.

What AFC Urgent Care Short Pump does know is that they have the ability to assist Henrico County as a whole in their efforts to increase testing capabilities in order to help the community get through this Coronavirus pandemic both now and moving forward in the future. Whether it be for County employees, County departments, County citizens, or County business; there is a need and a niche in the COVID-19 testing landscape that AFC would be eager to assist with. AFC Short Pump is a locally owned and operated small business based in Henrico County and serving their community has been a top priority since day one.

## **10. Tab 8 – Assumptions**

Any large-scale testing operation based on number of tests needed is subject to availability of testing supplies and PPE. AFC Short Pump is willing to share testing kit and PPE supply and expected availability at any time when planning a new testing operation.

## **11. Tab 9 – Appendix**

Supporting Documents Found Below.

Russell A. Johnson, M.D.  
12513 Inverness Dr.  
Chester, VA 23836  
(804) 243-9332  
[johnsonhereiam@msn.com](mailto:johnsonhereiam@msn.com)

## CURRICULUM VITAE

### **Education:**

BS Howard University; Washington, DC 1971-1975  
MD Temple University School of Medicine; Philadelphia, PA 1975-1979

### **Post Graduate Training and Fellowship Appointments:**

Internal Medicine Intern, Albert Einstein Medical Center; Philadelphia, PA 7/1979-6/1980  
Internal Medicine Resident, Albert Einstein Medical Center; Philadelphia, PA 7/1980-6/1982  
Pulmonary and Critical Care Fellowship, Temple University Hospital, Philadelphia, PA 12/1985-6/1986  
Pulmonary and Critical Care Fellowship, A. Einstein Medical Center, Philadelphia, PA 12/1985-6/1986

### **Fulltime Employment Activities:**

Staff Physician, Medical Outpatient Section  
Kenner Army Hospital, Fort Lee, VA  
7/1990-5/1992

Staff Physician  
Ettrick Medical Center, Chesterfield, VA  
6/1992-11/1996

Medical Director and Lead Physician  
Russell Johnson Family Practice, Colonial Heights, VA  
12/1996-3/2006

Staff Physician  
AMDC Physicians, Colonial Heights, VA  
4/2006-9/2013

Staff Physician  
Virginia Medical Group, Colonial Heights, VA  
10/2013-5/2016

Urgent Care, Primary Care, Occupational Health Physician  
AFC Urgent Care, Midlothian and Short Pump, VA  
8/2016-Present

**Hospital:**

Staff Physician with Admitting Privileges  
Southside Regional Medical Center, Petersburg, VA  
10/1992-Present

**Part-time Employment Positions:**

Staff Physician  
Southside Regional Medical Center Urgent Care, Colonial Heights, VA  
10/1996-3/1998

Occupational Staff Physician  
Southside Regional Medical Center Industrial Medicine, Colonial Heights, VA  
5/1997-6/1998

Home Health Medical Director  
Southside Regional Medical Center, Petersburg, VA  
6/2003-5/2005

**Certification:**

American Board of Internal Medicine #88738

**Licensure:**

DEA License #AJ1000811  
State of Virginia Medical License #0101045410

**Medical Research Grants:**

NIH Physician Scientist Award Grant #HL01445-01, Bethesda, MD 10/1985-6/1990

Basis Science Research Grant, Temple University School of Medicine, Philadelphia, PA, 6/1989-6/1990

**Medical Organizations:**

American Chest Physician

American Thoracic Society

American College of Physicians



**Andrea L Hall MD**

11504 Pinedale Dr. Glen  
Allen, VA 23059  
Cell: (606) 422-4434  
Email: ahall2005@hotmail.com

**EDUCATION**

2006 - 2009 VCU Chesterfield Family Practice Residency  
2000-2005 Medical University of the Americas St. Kitts & Nevis, West Indies -  
Doctor of Medicine  
1996-2000 Pikeville College, Pikeville Kentucky - Bachelor of Science

**EMPLOYMENT**

9/2016-Physician of Urgent Care/Primary Care/Occupational Health, AFC Urgent Care in  
Midlothian and Short Pump, VA  
1/2012 – 7/2016 Urgent Care/Occupational Health Physician, AFC Urgent Care, Birmingham AL  
2009-10/2011 HCA Lewis Gale Regional Health Systems Montgomery Regional  
Hospital Family Medicine and Occupational Medicine Blacksburg  
VA

**EXAMS/CERTIFICATION**

USMLE STEP 1- Passed Jan 2004  
USMLE STEP 2CK- Passed Nov2004  
USMLE STEP 2 CS- Passed Aug 2005  
ECFMG 06366918 9-8-2005  
USMLE STEP 3-Passed Aug 2007  
Board Certified Family Medicine Dec 2010  
BLS EXP 3/2013  
ACLS EXP 11/2013  
DOT # 8648226982 exp 5/13/2024

**LICENSURE**

Virginia State License 0101244239  
Alabama State License MD.31225 exp 12/31/2015  
Kentucky State License exp 3/ 1/2015  
North Carolina License 2011-01851 exp 6/30/2015  
DEA # FH1016597 exp 10-31-2017  
NPI# 1144437492

**RESIDENCY ACTIVITIES**

Lucy Corr Nursing Village Residency Supervisor 2008

**AFFILIATED ASSOCIATIONS**

American Academy of Family Physicians

## Suzanne Paul, FNP-BC

3501 Tabscott Road  
Columbia, VA 23038

804-363-9693

[eglesm@mymail.vcu.edu](mailto:eglesm@mymail.vcu.edu)

### **PROFILE**

Accomplished and energetic Nurse Practitioner with a solid history of achievement in primary care, urgent care, and occupational medicine. Motivated leader with strong organizational and prioritization abilities. Areas of expertise include GYN care, chronic illness management and effective therapeutic communication.

### **EXPERIENCE**

#### **Family Nurse Practitioner, AFC Urgent Care, Short Pump, VA Jun 2019-Present**

- Fulltime provider seeing urgent care, primary care, and occupational health services establishing care at Short Pump's newest urgent care facility
- Order, perform, or interpret the results of diagnostic tests such as complete blood counts (CBCs), electrocardiograms (EKGs), and radiographs (x-rays).
- Develop treatment plans based on scientific rationale, standards of care, and professional practice guidelines. DOT certified.

#### **Family Nurse Practitioner, Central Virginia Health Services, New Canton VA - Dec 2012- Jun 2019**

- Analyze and interpret patients' histories, symptoms, physical findings, and diagnostic information to develop appropriate diagnoses.
- Order, perform, or interpret the results of diagnostic tests such as complete blood counts (CBCs), electrocardiograms (EKGs), and radiographs (x-rays).
- Develop treatment plans based on scientific rationale, standards of care, and professional practice guidelines.

#### **Registered Nurse/Charge Nurse, Bon Secours Memorial Regional Medical Center, Mechanicsville VA - Nov 2006- Dec 2012**

- Observe patients, charting and reporting changes in patients' conditions, such as adverse reactions to medication or treatment, and taking any necessary action.
- Coordinate care of patients and manage flow of a busy emergency department.

#### **Registered Nurse, VCU Medical Center, Richmond VA - May 2004-Nov 2006**

- Medical-Surgical RN
- Care for patients with chronic and acute illness through medication administration and nursing assessments.

**EDUCATION**

- Virginia Commonwealth University, Richmond VA - Master of Science, Family Nurse Practitioner, May 2012
- Virginia Commonwealth University, Richmond VA - Bachelor of Science, Nursing, May 2004

**CERTIFICATIONS**

- Family Nurse Practitioner
- BLS, expires April 2021

**SKILLS**

GYN care, chronic disease management, pediatric care, LARC insertion, I&D procedures, effective verbal, written and electronic communication, over 6 years of current and relative clinical experience, and excellent punctuality and attendance record. DOT certification.

# Amy Norris

Goochland, VA 23063

804-658-8584

Authorized to work in the US for any employer

## Work Experience

### Center Administrator

AFC Urgent Care Short Pump – Glen Allen, VA

January 2019 to Present

- Manage the operations of a fast paced medical practice including personnel, financial, clerical, accounts receivables and collections.
- Ensure staff and office practices comply with healthcare and employment laws.
- Responsible for insurance processing, coding and billing, referrals and authorizations
- Provides on-going management of staff, including recruitment, performance management and training and development.
- Maintains customer service and patient satisfaction initiatives leading to the highest star-rated urgent care in Short Pump on Google and Facebook
- Manages occupational health program in partnership with local employers

### Provider Enrollment Specialist

Pediatric Medical Group - Glen Allen, VA

January 2018 to September 2018

Coordinate, process and submit provider enrollment applications to the insurance carriers. Follow up with insurance plans. Document complete process in Intellicred system. Answer any incoming call regarding provider-related enrollments with the insurance carriers. Enroll, process, re-attest providers in CAQH (Council for Affordable Quality Healthcare).

### Office Manager

Bowles, Bowles and Short, MD - Sandy Hook, VA

October 2001 to June 2017

- Manage the operations of a fast paced medical practice including personnel, financial, clerical, accounts receivables and collections.
- Ensure staff and office practices comply with healthcare and employment laws.
- Responsible for insurance processing, coding and billing, referrals and authorizations
- Facilitate the credentialing and re-credentialing of office physicians including contract negotiation with insurance companies.
- Provides on-going management of staff, including recruitment, performance management and training and development.
- Site lead for the implementation of new electronic health records and billing system.
- Conducts regular project specific quality assurance reviews pertaining to client intake, registration, scheduling functions and trends.

### Certified Nursing Assistant, Team Leader

Bowles, Bowles and Short, MD - Sandy Hook, VA

August 1999 to October 2001

- Supervised daily activities of medical assistants and certified nursing assistants.
- Assisted with the on-going education, training and development of staff, served as back up office manager.
- Verified patient insurance, created and reviewed patient charts, completed pre-admission forms.
- Completed and safeguarded medical records, diagnostic coding and procedure coding.
- Counseled patients by transmitting physician's orders and questions about procedures.
- Scheduled procedures by making arrangements with the hospital or surgical center.

### **Certified Nursing Assistant, Team Leader**

Meadows Nursing Home - Sandy Hook, VA

February 1994 to May 1999

amynorris87\_f4m@indeedemail.com

- Coordinated patient services scheduling, prepared patients for examination.
- Obtained preauthorization for procedures and medications, complied with HIPPA.
- Trained staff, provided staff scheduling, assisted in performance reviews management.
- Maintained customer service, clinical, and technical skills by attending training programs.
- Documented patient history summary, created charts, proofread physicians dictation.
- Conducted patient interviews, utilized as assistant office manager.

### **Business Office Manager**

Consulate Healthcare Center - Goochland, VA

October 2018

Manage all daily aspects of the business office. Resident trust account, billing, collections, payroll.

Managing business office staff train, hire Responsible for accounts receivable balances including Medicare, Medicaid, private and other Insurance Payers.

### **Education**

#### **BS in HEALTHCARE MANAGEMENT**

South University - Henrico, VA

2013 to 2016

#### **CPT**

American Academy of Professional Coders

2006

Piedmont Community College

1994

#### **Nursing**

J Sargent Reynolds Community College

1991

### **Skills**

Medicaid, Medical Billing, Medicare, Data Entry

### **Certifications/Licenses**

#### **Certified Nursing Assistant (CNA)**

March 2019

### **Additional Information**

- Dedicated, highly motivated and self-driven Medical Office Manager with 12 years of proven leadership abilities in staff development, education, insurance practices and patient care.
- Outstanding interpersonal and communication skills; superior accuracy in complex care, charting documentation and implementations.
- Demonstrated ability to lead and motivate outstanding healthcare teams that provide top-quality patient and customer care. Modify team performance to reflect changes and expectations.
- Solid administrative and referral experience include admissions, assessment, treatment, insurance billing, contracting, medical coding care management and staff development. Ensure operations remain in compliance with state and federal regulations. Coordinator of staffing schedules daily.
- Exceptional capacity to multitask, manage competing priorities with ease while fostering delivery of superior patient and customer care in a team environment. Proficient hiring, training and evaluation of performance experience.

# Emily W. Midkiff

211 Brookside Drive  
Lewisville, NC 27023

(336) 403-9232  
emidkiff@afcurgentcare.com

## OBJECTIVE

To obtain a position in which I am able to use fully my skills, enthusiasm, and experience; to enter a field in which there is ample growth potential and where individual dedication and devotion are applauded and appreciated.

## EDUCATION

**Certificate;** Registered June 2005; Dekalb Medical Center School of Radiologic Technology; Decatur, GA; July 2003-June 2005

**Bachelor of Science;** East Carolina University, Greenville, NC; December 2001  
Major: Child Life/Pediatrics

## EXPERIENCE

**Director of Operations/Regional Manager, American Family Care Urgent Care, High Point, NC, Roanoke, Midlothian, and Short Pump, VA July 2018- Present**

Responsible for the successful management and operation of the medical practice in NC as well as Virginia locations while setting timely, strategic goals. Collaborate with on-site managers while overseeing the budget and productivity of all clinics. Provide physicians, managers and staff with resources necessary to meet needs of patients. Assesses staff/provider schedules and implements changes to ensure efficient workflow. Identifies and implements cost effective approaches for day-to-day operations. Help with Marketing strategies to better the growing business. Oversees the Occupational Health Program for four AFC Urgent Care Clinics. Works in a professional manner and helps to promote teamwork in the workplace. Responsible for oversight and training of the ancillary staff. Provides quality patient care, multi-tasks, and problem solving skills

**Office Manager/Lab Supervisor/Registered Radiology Technologist Lead, Doctors Express-American Family Care, High Point, NC, January 2010- Present**

Responsible for the successful management and operation of the medical practice. Provide physicians and staff with resources necessary to meet needs of patients and meet the financial objectives of the practice. Handle scheduling of staff. Order all supplies needed for the clinic to run properly and efficiently. Oversee and perform all Laboratory testing to meet COLA certifications as well as all Radiology duties to keep all staff up to date on NC regulations. Help with Marketing strategies to better the growing business. Assist with checking in patients on arrival. Verifies insurances. Triage patients. Interacts with patients, providers, and other health-care workers in a professional manner and helps to promote teamwork in the workplace. Responsible for oversight and training of the ancillary staff. Provides quality patient care, multi-tasks, and problem solving skills

**Lab/Registered Radiology Technologist Lead, Wake Forest University Community Physicians and Family Medicine, Winston-Salem, NC August 2009-Jan 2010**

Oversaw and performed Laboratory testing and radiology procedures. Interacted with patients, providers, and other health-care workers in a professional manner and helped to promote teamwork in the workplace. Responsible for the oversight and training of ancillary staff. Provided quality patient care, multi-tasked, and problem solving skills

**Lab/Registered Radiology Technologist Lead, PrimeCare Hickory Branch, Greensboro, NC, March 2008-August 2009 Full Time, August 2009-Dec 2009 PRN**

Oversees and performs Laboratory testing and radiology procedures. Interacts with patients, providers, and other health-care workers in a professional manner and helps to promote teamwork in the workplace. Responsible for oversight and training of the ancillary staff. Provides quality patient care, multi-tasks, and problem solving skills

**Restaurant shift leader, PB's Take-Out, Part-Time, Winston-Salem, NC, 1993-2010**

Perform restaurant opening and closing duties, oversee other staff and promote teamwork, food preparation, cash transactions and customer service

**Registered Radiologic Technologist/Lab, PrimeCare Forsyth Medical Group, Winston-Salem/Greensboro, NC, September 2005-March 2008**

Operated radiologic equipment to make clinical diagnostic x-ray films as directed by providers and performs routine diagnostic procedures. Performed all lab duties/drug screens and breath alcohols

**Registered Radiologic Technologist, PRN, High Point Regional Hospital, High Point, NC, September 2005-September 2006**

Performed a variety of technical procedures with appropriate patient care; operated equipment; processed quality images; adhered to radiation safety, policies, procedures, and film quality

**Unregistered MRI Technologist, PRN, Dekalb Medical Center/Diagnostic Imaging Center, Decatur, GA, February 2005-June 2005**

Educate and monitor patients, set up open and closed scanners, transport and assist technologists

**Unregistered Radiologic Technologist, Dekalb Medical Center/Diagnostic Imaging Center, Decatur, GA, March 2004-December 2004**

Performed a variety of technical procedures with appropriate patient care; operated equipment; processed quality images; adhered to radiation safety, policies, procedures, and film quality

**Child Care, Raleigh, NC, January 2002-December 2002; January 2001-August 2001**

Provided a relaxing environment for growth and development; engaged and communicated constructively with the children; managed the routine of daily activities; created a stimulating learning environment

**Child Life Internship, Pitt County Memorial Hospital, Greenville, NC, August 2001-December 2001**

Provided medical play, pre and post procedural preparation, preoperative preparation, emotional support and relaxation therapy; developed age appropriate and disease specific therapeutic activities

**Pre-School Teacher, East Carolina University Child Development Laboratory, Greenville, NC, August 2000-December 2000**

Designed and implemented developmentally appropriate curriculum; planned and facilitated in regular parent conferences

**SKILLS**

CPR and First Aid Certification; Microsoft Word; Breath Alcohol and Drug Screen Certified  
Experience with Lab Procedures: KOH/Wet-prep micros, Pap Smears, Urinalysis dipsticks/micros, Urine Pregnancy Tests, Strep/Flu, FOBT, Venipuncture/Finger Sticks: CBC, Rapid HIV, Mono, Hgb A1c, Blood Glucose etc.  
Clinical exposure to: EKG's, CT, MRI, Fluoroscopy, CR/DR/PACS, C-Arm/Surgery, Portables  
Efficient with CR/DR Equipment: Kodak Direct View CR 900  
GE Advantx Digital Radiography Unit  
Picker Vector 80 Radiography Unit  
Siemens Axiom Siretop Digital SD  
GE OEC 9400, 9600, 9800 C-Arms  
ICD Magellan 2 Operating System  
ICD Xplorer Radiography Unit  
Novius

**ACTIVITIES & HONORS**

Chancellor's List: Fall 2001; Deans List: Fall 2000, Spring 2000; Honor Roll: Fall 1999, Spring 1999, Fall 1998; Volunteered with Children's Special Olympics; ASRT Membership

**REFERENCES AVAILABLE UPON REQUEST**

<b>Education</b>	<p><b>University of North Carolina at Chapel Hill</b>          B.A. Communications Studies          Minor: Entrepreneurship</p>	May 2010
	<p><b>Walter M. Williams High School, Burlington, NC</b>          National Honor Society Member and Top 10% of Graduating Class</p>	June 2006
<b>Leadership</b>	<p><i>Board of Directors Chairman, Chesterfield County Chamber of Commerce</i>  <i>Board of Directors President, North Carolina Beta Foundation</i></p> <ul style="list-style-type: none"> <li>• Alumni governing body of UNC Phi Delta Theta Fraternity</li> <li>• Communication link between chapter, university, and alumni</li> </ul> <p><i>FAC Member, American Family Care Franchising</i></p> <ul style="list-style-type: none"> <li>• Franchise Advisory Council- Southeast Regional Representative</li> <li>• Elected internal Franchise System Governing Body</li> </ul> <p><i>Board of Director Member, Junior Achievement of SW Virginia</i>  <i>Board of Director Member, American Red Cross Chapter of SW Virginia</i>  <i>Board of Director Member, Roanoke Regional Chamber of Commerce</i>  <i>Ambassador, Roanoke Regional Chamber of Commerce</i>  <i>Committee Member, Salem-Roanoke County Chamber Golf Tournament</i>  <b>University of North Carolina at Chapel Hill</b>  <i>President, Phi Delta Theta Fraternity, UNC Chapel Hill</i></p> <ul style="list-style-type: none"> <li>• Chapter won fraternity of the year while leading</li> <li>• Represented chapter at two national leadership conferences</li> </ul> <p><i>Co-founder and Race Day Chairman, Eve Carson Memorial 5k for Education</i>  <b>Williams High School</b></p> <ul style="list-style-type: none"> <li>• Student Government- <i>Senior Class President</i></li> <li>• Varsity Football and Varsity Wrestling <i>Team Captain</i></li> </ul>	<p>2018-Present          2012-Present            2017-2019            2014-2018          2014-2018          2014-2017          2012-2016          2012-2016            2008-2009            2008-2009            2005-2006          2005-2006</p>
<b>Honors</b>	<p>ChamberRVA Leadership Lab Graduate. 2018          Leadership Roanoke Valley Graduate, 2014          UNC Chapel Hill Greek President of the Year, 2009-2010          UNC Football Recruit, ACC Academic All conference Honor Roll, 2006-2007          Wendy's High School Heisman recipient, 2005          Eagle Scout, Boy Scouts of America, 2004</p>	
<b>Affiliation</b>	<p>Society for Human Resources Managers member          Urgent Care Association of America member          Chesterfield County Chamber of Commerce Government Affairs Committee member  <i>Licensed Real Estate Broker, North Carolina Real Estate Commission</i>          North Carolina Association of Realtors member          Habitat for Humanity Volunteer</p>	
<b>Work Experience</b>	<p><i>Partner/Business Development Manager, American Family Care (AFC) Urgent Care Clinics</i>  <u>AFC High Point, NC</u> 2010-Present  <u>AFC Midlothian, VA</u> 2016-Present</p> <ul style="list-style-type: none"> <li>• Member of Management Team w/focus on business development/sales/marketing</li> <li>• Occupational Health business consultant for local employers</li> <li>• Oversees hiring of doctors and center administrators</li> </ul> <p><i>Broker, Keller Williams Realty, Burlington, NC</i>  <i>Asst. Property Manager, Ticon Properties at Indigo, Morrisville, NC</i>  <i>Real Estate Intern, Belleau Wood Development, LLC, Greensboro, NC</i></p>	<p><u>AFC Roanoke, VA</u> 2011-Present  <u>AFC Short Pump, VA</u> 2019-Present            Jun. 2009- Present          Aug. 2010- Mar. 2011          Summer 2009</p>



## SARS-CoV-2 RNA (COVID-19), Qualitative NAAT <sup>NEW</sup>

Test Code

**39448** 

CPT Code(s)\*

87635

### Clinical Significance

SARS-CoV-2 RNA (COVID-19), Qualitative NAAT - The SARS-CoV-2 RNA (COVID-19), Real-Time RT-PCR test is a qualitative multi-target molecular diagnostics test that aids in the detection of COVID-19. This test is intended to be performed on respiratory specimens collected from individuals who meet the Centers for Disease Control and Prevention (CDC) clinical and/or epidemiological criteria for COVID-19 testing. For details visit: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>.

#### Result interpretation:

- A Detected result is considered a positive test result for COVID-19. This indicates that RNA from SARS-CoV-2 was detected and that the patient is considered infected with the virus and presumed to be contagious. If requested by public health authorities, specimens will be sent for additional testing.
- A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. However, it does not rule out the possibility of COVID-19 and should not be used as the sole basis for patient management decisions.
- An Inconclusive result means not all of the testing targets were detected. This could be due to a sample with viral concentrations near the limit of detection of the test or other factors. An additional sample collection may be considered.

Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.

Test results are typically available 3-4 days from the time of specimen pickup and may be impacted by high demand.

### Test Resources

None found for this test

Please visit our **CLINICAL EDUCATION CENTER** to stay informed on any future publications, webinars, or other education opportunities.

## Test Details

### Methodology

Nucleic Acid Amplification Test (NAAT) includes PCR or TMA

### Assay Category

This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.

### Reference Range(s)

Not detected

### Alternative Name(s)

COVID19, Novel Coronavirus, nCOV, Wuhan, Coronavirus

LOINC® Codes, Performing Laboratory

### Preferred Specimen(s)

One (1) nasopharyngeal (NP) swab collected in a multi microbe media (M4, M4RT, M5, M6), VCM (UTM) medium (green-top) tube, Amies liquid elution swab (ESwab), or equivalent Viral Transport Media (VTM)

### Alternative Specimen(s)

Upper respiratory specimens such as: One (1) oropharyngeal (OP) swab; combination NP/OP swabs collected together; or an anterior nares specimen (collected using only a foam swab) in a multi microbe media (M4, M4RT, M5, M6), VCM (UTM) medium (green-top) tube, Amies liquid elution swab (ESwab), or equivalent Viral Transport Media (VTM)

### OR

Lower respiratory specimens such as: 0.85 mL bronchoalveolar lavage/wash, nasopharyngeal



## SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay

East (Eastern PA, MD, DE, VA, NY, NJ, Southern CT)

Test Code

**39504**

CPT Code(s)\*

86769

### Clinical Significance

SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay - Detection of IgG antibodies may indicate exposure to SARS-CoV-2 (COVID-19). It usually takes at least 10 days after symptom onset for IgG to reach detectable levels. An IgG positive result may suggest protective immunity after resolution of primary infection with SARS-CoV-2, but the relationship between IgG positivity and immunity to SARS-CoV-2 has not yet been firmly established. Positive results could also be due to past or present infection with non-SARS-CoV-2 coronavirus strains, such as coronavirus HKU1, NL63, OC43, or 229E. Definitive diagnosis of COVID-19 is made by detection of SARS-CoV-2 RNA by molecular testing methods.

### Test Resources

None found for this test

Please visit our **CLINICAL EDUCATION CENTER** to stay informed on any future publications, webinars, or other education opportunities.

### Test Details

#### Methodology

Immunoassay (IA)

#### Alternative Name(s)

Novel Coronavirus, COVID19, nCoV, Wuhan, Coronavirus

#### LOINC Codes

The Result and LOINC information listed below should not be used for electronic interface maintenance with Quest Diagnostics. Please contact the Quest Diagnostics Connectivity Help Desk for more information at 800-697-9302.

NOTE: The codes listed in the table are not orderable Test Codes

Result Code	Result Name	LOINC Code	Component Name
86028566	SARS CoV 2 AB IGG	94563-4	SARS coronavirus 2 Ab.IgG

#### Preferred Specimen(s)

1 mL serum

#### Minimum Volume

0.5 mL

#### Transport Temperature

Room temperature

#### Specimen Stability

Room temperature: 4 days

Refrigerated: 7 days

Frozen: Not established

#### Reject Criteria

Gross hemolysis • Grossly lipemic • Grossly icteric

#### Setup Schedule

Set up: Daily

### Performing Laboratory

Quest Diagnostics Nichols Institute-Chantilly VA  
14225 Newbrook Drive  
Chantilly, VA 20151-2228

**Ref: Equivalency—Copan Universal Transport Medium (UTM)**

The products described in the accompanying table are *equivalent* products. They are manufactured in identical fashion with all raw materials being utilized in all products being equivalent and at the same ratios.

**Specifically, Copan Universal Transport Medium (UTM), BD UVT, Cepheid XPert Sample Collection Kit for Viruses, Hardy–HealthLink UTM and Quest VCM transports are equivalent products.**

Copan	Type	Description	Quest	Cepheid	Hardy/ Healthlink	BD	DHI/Quidel	Fisher Healthcare
305C	Sample collection kit (nasopharyngeal)	Nasopharyngeal collection kit: flexible minitip flocked swab + 3 mL UTM® tube	S05	SWAB/B-100	3C038NHL	220526 /220531	403C	230001720
306C	Sample collection kit (oropharyngeal)	Oropharyngeal collection kit: regular flocked swab + 3 mL UTM® tube	S03	SWAB/F-100	3C038NHL	220528	402C	23001722
330C	Collection kit component	3 mL UTM® medium in 16x100 mm tube	NA	NA	330CHL	UVT 220244 /220220	330C.DHI	23001718
503CS01	Collection kit component	Flexible minitip (nasopharyngeal) flocked swab	NA	NA	NA	220252	503CS01.DHI	23600952
519CS01	Collection kit component	Regular (oropharyngeal) flocked swab	NA	NA	NA	220250	NA	23600957
321C	Combo collection kit nasopharyngeal and oropharyngeal	Flexible minitip flocked swab + regular flocked swab + 3 mL UTM® tube	NA	NA	3C039NHL	220527	99-08021	NA

**References**

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2. Copan increases production of UTM COVID-19 sample collection kits. Medical Supply Company Ltd website. Published March 5, 2020. Accessed March 12, 2020. <https://www.medical-supply.ie/2020/03/05/copan-increases-production-of-utm/>
3. Becton Dickinson website. Accessed March 12, 2020. <https://www.bing.com/images/search?view=detailv2&id=27BCDE77797251CA0BFBA2B329E00DDA754FDA75&thid=OIP.4gENK8zrMNV1ViLpdJC6gwHaF-&exph=900&expw=1116&q=BD+viral+transport+media&selectedindex=5&ajaxhist=0&vt=0&sim=11>
4. Cepheid product website. Accessed March 12, 2020. [https://www.cephheid.com/?msclkid=e78ea74e94ed19d1538ef924e1b802e7&utm\\_source=bing&utm\\_medium=cpc&utm\\_campaign=USA%7CCepheid%7CBM&utm\\_term=%2BCepheid&utm\\_content=Cepheid](https://www.cephheid.com/?msclkid=e78ea74e94ed19d1538ef924e1b802e7&utm_source=bing&utm_medium=cpc&utm_campaign=USA%7CCepheid%7CBM&utm_term=%2BCepheid&utm_content=Cepheid)
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10. Puritan Opti-Swab website. Accessed March 17, 2020. <https://www.puritanmedproducts.com/la-116.html>
11. Puritan Opti-Swab website. Accessed March 17, 2020. <https://www.puritanmedproducts.com/la-117.html>
12. Becton Dickinson website. Accessed March 17, 2020. <https://www.bd.com/en-us/offers/capabilities/specimen-collection/swab-based-specimen-collection/cultureswab-collection-and-transport-systems>
13. Becton Dickinson website. Accessed March 17, 2020. <https://www.bd.com/en-us/offers/capabilities/specimen-collection/swab-based-specimen-collection/bd-bbl-cultureswab-ez-collection-and-transport-systems>
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# COVID-19 specimen collection guidelines

Quest specimen requirements and acceptable supplies for SARS Coronavirus w/CoV 2 RNA, Qualitative Real-Time RT-PCR (test code 39444) and SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR (test code 39433)

Quest does not manufacture the collection supplies used in testing. Due to extraordinary demand we are temporarily unable to accept orders for upper respiratory specimen collection and transport supplies. You do not have to use supplies from Quest to send us samples for testing. Please refer to the information below and to the Quest Test Directory at [TestDirectory.QuestDiagnostics.com](http://TestDirectory.QuestDiagnostics.com) for a list of acceptable specimen collection and transport supplies for COVID-19 testing.

These tests are being offered under an Emergency Use Authorization (EUA) by the FDA. The EUA stipulates the tests may be used only by Quest laboratories and only for the detection of nucleic acid from SARS CoV-2, not for any other viruses or pathogens. The authorization is valid only for the duration of the declaration that circumstances exist justifying the EUA for *in vitro* diagnostic tests for the detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Act 21, U.S.C. § 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.

**This guide is intended to describe the collection devices to be used for nasopharyngeal (NP) and/or oropharyngeal (OP) swabs only.**

**General comments:**


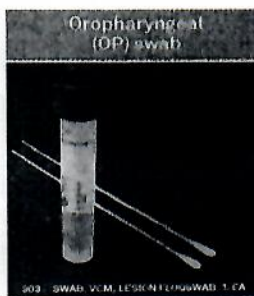
- Use only sterile Dacron® or rayon swabs with plastic shafts.
- Flocked swabs are preferred.
- Note the stem/shaft must be flexible and long enough to collect the NP sample. Wired shaft swabs are acceptable.
- Do not use calcium alginate swabs; swabs with wooden shafts; or swabs in bacterial culturette-type liquid or gel transports (see illustration on page 6 below), as they may contain substances that inhibit PCR testing.

**Viral transport media:** 1 mL or 3 mL vials are acceptable.

**Quest SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR (test code 39433) storage/transport:** The preferred method of transport is a frozen specimen (packaged with dry ice). However, specimens can be transported refrigerated (2 °C-8 °C) and are stable at this temperature for up to 72 hours.

**Quest SARS Coronavirus CoV 2 RNA, Qualitative Real-Time RT-PCR (test code 39444) storage/transport:** Specimens can be transported at room temperature, or refrigerated (2 °C-25 °C) and are stable for up to 48 hours.

Specimens should be transported to your local Quest Diagnostics accessioning laboratory according to standard operating procedures. Cold packs/pouches should be used if placing specimens in a lockbox for courier pick-up. STAT pick-up cannot be ordered for these tests.

Acceptable COVID-19 specimen transport media and swabs for test codes 39444 and 39433	
<p><b>VCM (Diagnostic Hybrids)<sup>1</sup></b>            NP kit ordering information:</p> <ul style="list-style-type: none"> <li>• PeopleSoft item #: 142059</li> <li>• PeopleSoft product ID #: S05</li> <li>• Quanam product ID #: S05</li> <li>• Ordered by the EA (each)</li> </ul> <p>OP kit ordering information:</p> <ul style="list-style-type: none"> <li>• PeopleSoft item #: 142060</li> <li>• PeopleSoft product ID #: S03</li> <li>• Quanam product ID #: S03</li> <li>• Ordered by the EA (each)</li> </ul>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <p>Nasopharyngeal (NP) swab</p> <p><small>S05 - SWAB VCM NASAL FLOCKED 1 EA</small></p> </div> <div style="text-align: center;">  <p>Oropharyngeal (OP) swab</p> <p><small>S03 - SWAB VCM LESION LOG SWAB 1 EA</small></p> </div> </div>

Specimen ID: 065-988-9000-0  
Control ID:

Acct #: 90000999 Phone: (336) 436-8645 Rte: 00

LabCorp Test Master  
Test Account  
5450 Millstream Road  
MCLEANSVILLE NC 27301

**SAMPLE REPORT, 139900**



**Patient Details**

DOB: 01/01/1960  
Age(y/m/d): 060/02/04  
Gender: M SSN:  
Patient ID:

**Specimen Details**

Date collected: 03/05/2020 0000 Local  
Date received: 03/05/2020  
Date entered: 03/05/2020  
Date reported: 03/05/2020 0000 ET

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**  
**Clinical Info: CDCDET**

Ordered Items  
SARS-CoV-2, NAA

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
SARS-CoV-2, NAA	Detected	Abnormal		Not Detected	01
<p>This test was developed and its performance characteristics determined by LabCorp Laboratories. This test has not been FDA cleared or approved. This test has been authorized by FDA under an Emergency Use Authorization (EUA). This test has been validated in accordance with the FDA's Guidance Document "Policy for Diagnostics Testing in Laboratories Certified to Perform High Complexity Testing under CLIA prior to Emergency Use Authorization for Coronavirus Disease-2019 during the Public Health Emergency" issued on February 29th, 2020. FDA independent review of this validation is pending. This test is only authorized for the duration of time the declaration that circumstances exist justifying the authorization of the emergency use of in vitro diagnostic tests for detection of SARS-CoV-2 virus and/or diagnosis of COVID-19 infection under section 564(b)(1) of the Act, 21 U.S.C. 360bbb-3(b)(1), unless the authorization is terminated or revoked sooner.</p>					

01 BN LabCorp Burlington  
1447 York Court, Burlington, NC 27215-3361 Dir: Sanjai Nagendra, MD  
For inquiries, the physician may contact Branch: 800-222-7566 Lab: 336-436-2762

# Coronavirus Disease 2019 (COVID-19)

## Symptoms of Coronavirus

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### What you need to know

- Anyone can have mild to severe symptoms.
- **Older adults and people who have severe underlying medical conditions** like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

### Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

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

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.



### Self-Checker

A guide to help you make decisions and seek appropriate medical care.

### When to Seek Emergency Medical Attention

Look for **emergency warning signs\*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

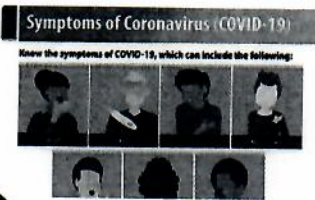
\*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

**Call 911 or call ahead to your local emergency facility:** Notify the operator that you are seeking care for someone who has or may have COVID-19.

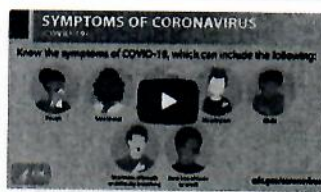
## Caring for yourself or others

- How to protect yourself
- How to care for someone who is sick
- What to do if you are sick

## Digital Resources



**Symptoms of COVID-19 (PDF)**  
Patients with COVID-19 have experienced mild to severe respiratory illness.



**Symptoms of COVID-19 (Video)**  
Symptoms can include fever, cough and shortness of breath.



**Symptoms of COVID-19: ASL (Video)**  
American Sign Language Video about symptoms.



**Stop the Spread of Germs (PDF)**  
Help prevent the spread of respiratory diseases, like coronavirus disease 2019.

## More Information

Older Adults

Travelers

People at Higher Risk for Severe Illness

Healthcare Professionals

Page last reviewed: May 13, 2020



# GUIDANCE ON INTERPRETING COVID-19 TEST RESULTS

## RESULT

## INTERPRETATION

## RECOMMENDED ACTION

### VIRAL TESTING†

(testing for current infection)

#### Positive

Most likely\* you DO currently have an active COVID-19 infection and can give the virus to others.

Stay home\* and follow CDC guidance on steps to take if you are sick.

\*If you are a healthcare or critical infrastructure worker, notify your work of your test result.

#### Negative

Most likely\* you DO NOT currently have an active COVID-19 infection.

If you have symptoms, you should keep monitoring symptoms and seek medical advice about staying home and if you need to get tested again.

If you don't have symptoms, you should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.

### ANTIBODY TESTING‡

(testing for past infection with the virus)

#### Positive:

You likely\* have HAD a COVID-19 infection.

You may be protected from re-infection (have immunity), but this cannot be said with certainty. Scientists are conducting studies now to provide more information. Take steps to protect yourself and others.

#### Negative

You likely\* NEVER HAD (or have not yet developed antibodies to) COVID-19 infection.

You could still get COVID-19. Take steps to protect yourself and others.

Viral Positive,  
Antibody Positive:

Most likely\* you DO currently have an active COVID-19 infection and can give the virus to others.

Stay home\* and follow CDC guidance on steps to take if you are sick.

\*If you are a healthcare or critical infrastructure worker, notify your work of your test result.

Viral Positive,  
Antibody Negative

Most likely\* you DO currently have an active COVID-19 infection and can give the virus to others.

Stay home\* and follow CDC guidance on steps to take if you are sick.

\*If you are a healthcare or critical infrastructure worker, notify your work of your test result.

### BOTH

(antibody and viral testing)

Viral Negative,  
Antibody Positive

You likely\* have HAD and RECOVERED FROM a COVID-19 infection.

You may be protected from re-infection (have immunity), but this cannot be said with certainty. Scientists are conducting studies now to provide more information. You should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.

Viral Negative,  
Antibody Negative

You likely\* have NEVER HAD a COVID-19 infection.

You could still get COVID-19. You should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.

*No test is ever perfect. All tests occasionally result in false positive results (the test result should be negative because you DO NOT have COVID-19 but comes back positive) or false negative results (the test result should be positive because you DO have COVID-19, but comes back negative). Sometimes the results are not definitive (the result is unclear, and you don't know if it is positive or negative). For this and other reasons, results should always be reviewed by a healthcare professional.*

*†Viral tests are typically performed on respiratory specimens such as nasal swabs or throat swabs. They test for the presence of the virus, usually by testing for the virus's RNA or sometimes by testing for the virus's proteins ("antigen testing"). Antigen testing may be less sensitive than tests for the virus's RNA. If your antigen test is negative, please ask your healthcare provider if additional testing with an RNA test is needed and how long you should stay home.*

*‡Antibody testing, also called "serologic testing" or "serology", is typically performed on a blood sample. Ideally, the results show whether you have ever been infected with the virus in the past or may be currently infected. Antibody tests check for antibodies that appear in the blood between about one and three weeks after symptom onset and may remain as long as a lifetime. Antibody tests may be positive while a person is infected. It is not yet known whether these antibodies protect against reinfection with the COVID-19 virus. For many other similar viruses, antibodies are protective for years or longer, but we do not yet have adequate data to know for COVID-19.*



## Henrico County

### Suggested COVID-19 Testing Guideline for Essential Workers

*This guidance is created specifically for Henrico County based on current guidelines from the US Center for Disease Control (CDC) and Virginia Department of Health on COVID-19.*

Essential workers are defined as any worker who performs an essential daily task for our communities to live a basic life, and without their daily activity our lives will be impaired. These include but are not limited to: healthcare workers, pharmacy workers, first responders (fire fighters, police officers, EMTs and paramedics), postal workers, food and agriculture workers, grocery employees, transportation, public works and other infrastructure employees.

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a virus strain that causes Coronavirus disease 2019 (COVID-19). Currently COVID-19 is a community acquired disease which means anyone may have had the disease or can have the disease, and people may not know they are infected or have the ability to transmit it. Currently available data reported that about 81% of infected individuals will exhibit mild or no symptoms and only 5% will have a critical disease with respiratory failure, shock or multi-organ failure. It is important to test asymptomatic individuals before they commence or resume essential work and before they are in contact with populations of people residing outside of their own home.

We utilize Labcorp and Quest Diagnostics for our COVID-19 testing. The tests currently available for COVID-19 are:

1. SARS-CoV-2 RNA (COVID-19), Real-Time PCR: This test tells us if the individual who is being tested has an active disease. It is performed by taking a sample from Nasopharynx with or without a second sample from Oropharynx.
2. SARS-CoV-2 Serology (COVID-19), Antibody (IgM and IgG) Immunoassay: This test determines the presence of antibodies to COVID-19 and can help to identify individuals who have been exposed to the virus. It is not known whether individuals who are positive for IgG can have reinfection.

The results of these 2 tests can be used in conjunction with clinical history and physical examination to determine who has had the disease and has recovered; who currently has the disease and needs to be quarantined; and who does not have the disease and needs to be monitored for symptoms.

Essential workers will be pre-registered before the day of testing and will also complete a COVID-19 questionnaire along with a brief history form. The COVID-19 questionnaire includes a detailed history about symptoms and exposure to COVID-19.

Based on current CDC guidance, below is a suggested guideline for the test results and documented clinical evaluation of essential workers to determine if they are safe to continue to work.

1. Individual is considered safe to continue work whose -
  - a. COVID-19 PCR test is negative
  - b. Individual has no fever and respiratory symptoms (Cough or Shortness of Breath) for the past 3 days;
  - c. Individual has not taken any fever reducing medicine such as Tylenol, ibuprofen in past 3 days
2. Individual cannot continue work whose –



- a. COVID-19 PCR test is POSITIVE
- b. Individual may have symptoms or no symptoms at all.
- c. Based on CDC guideline “Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings” the appropriate strategy is depended on if individual is symptomatic or asymptomatic. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>
- d. **Symptomatic Individual:**
  - i. Either Symptom based **OR** Test based strategy.
  - ii. If worker with symptom and a positive Nasopharyngeal swab for COVID-19 RNA test meet either criteria, worker can safely go back to work
- e. **Asymptomatic Individual:**
  - i. Both Time-base **AND** Test-based strategies.
  - ii. If asymptomatic (without any fever, cough or shortness of breath) worker with a positive Nasopharyngeal swab for COVID-19 RNA test meet both criteria, worker can go back to work

**Symptom bases Strategy:**

1. At least 3 days (72 hours) have passed since the recovery defined as resolution of fever without the use of fever reducing medications and improvement in respiratory symptoms (cough, shortness of breath) AND
2. At least 10 days has passed since symptoms first appeared.

**Test-Based Strategy:**

1. Resolution of fever without the use of fever-reducing medications. AND
2. Negative results of a COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least 2 consecutive specimens collected  $\geq$  24 hours (total of 2 negative specimens)

**Time-based Strategy:**

1. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
2. If they develop symptoms, then **SYMPTOMS-BASED** or **TEST-BASED** strategy as above

*AFC Urgent Care provides a convenient, fast, accessible solution for employers. When you come to AFC you'll be treated by licensed medical professionals who are on-site every day, including doctors, physician assistants, nurses, and x-ray technicians. There is no appointment necessary and your total visit time will be under an hour. We treat everything from cuts and bruises to fractures and colds and everything in between. We operate state-of-the-art urgent care centers. We offer on-site lab services, x-rays, drug screens, physicals (including DOT), travel consult & vaccinations and workers comp treatment & case management.*

*These suggested guidelines were created specifically for Henrico County based solely on (i) existing testing guidelines from the US Center for Disease Control (CDC) and the Virginia Department of Health.*

By acceptance of this suggested guideline, you understand, acknowledge and agree that:

- a. AFC cannot guarantee the effectiveness of specific tests or testing protocols for the purpose for which Henrico County seeks to base its determinations about employee health and safety. This suggested



guidelines should be deemed to serve only as broad guidelines for Henrico County to make independent policy determinations, including, without limitation, as their policies relate to management, employment, housing, staff and administrators, and any other party returning to work, interaction among any of the foregoing, and general health, safety and hygiene practices.

- b. Testing materials and specific tests are manufactured, vetted and verified by third parties and not by AFC. We will use the best testing known and available to us and follow the latest protocols and guidelines from the CDC and VA Department of Health, which are evolving as we learn more about this virus. It is not uncommon for tests to yield false positive and false negative, which means, for example, that a person may be a virus carrier without testing positive for the virus, a false negative test for the virus does not mean that the person is not ill and is not a carrier, a person may test positive for antibodies and the test result itself may not be definitive to determine whether any immunity is actually conferred. Additionally, the timing of testing following a possible exposure is extremely sensitive and, as such, even with an accurate test, results will depend on the timing of testing undertaken based upon representations of primary care physicians and the representations of individuals tested, their representatives and other third parties.
- c. In particular, information, both documentary and verbal, provided by individuals, and serving as the basis for testing, testing timing, type and nature of testing undertaken and/or other health and safety determination, is only as good as the truth and accuracy of the reporter. Any inaccuracy of reporting or misrepresentation by individuals, their guardians or representatives, third party physicians and other parties about dates of contacts, events, specific symptoms, severity of symptoms, lack of symptoms, symptoms not detected by a person, and symptom timing, and about contacts, living arrangements, potential exposures, timelines, places of residence and travel, among other things, will affect determinations to be made under these suggested guidelines and false or inaccurate statements and reporting could result in the ineffectiveness or failure of the suggested guidelines. You will be relying on the accuracy of patients/participants/individuals/third party physicians as provided to you in all respects. Additionally, people who undergo testing may have exposures or show symptoms post-testing and prior to returning to work, and as such testing may not reflect the then current state of disease.
- d. Covid-19 is a novel virus about which there is little history. Experts around the world are still developing opinions and theories about its transmission, individual risk profiles, disease progression, treatment efficacy and disease outcomes. The protocols suggested, while based on current information, may need to be modified, amended, or withdrawn entirely based upon new and developing information. AFC is under no obligation to update or modify these suggested guidelines unless specifically requested in writing to do so as a separate matter and any update would be limited as provided hereinabove and may be subject to further limitations and assumptions.



## Off Site COVID-19 Testing Workflow

### Initial Conference Call with our team

- Assign and introduce a team lead for event and exchange contact info.
- Determine preliminary number of patients needing testing and which tests.
- Share our start to finish plan ~ set up to resulting.
- Set tentative dates and times, depending on PCR and tube availability from lab. Results coming in 2-4 days will also influence date (weekend results may be burdensome since some patients will need to be removed)
- Determine a date to visit the site during this call.
- Send Laboratory credentials for testing if requested.
- Share/email registration form, consent form to release results and patient information sheet so that packets can be completed for preregistration of each patient.

### First Visit

- Introductions, share business cards.
- Search for best Wi-Fi access on premises and determine the best area to perform testing there. We have used either one or two 10 x 10 tents set up outside.
- Optimum flow began with registration review and vitals that were done in a large open room that has open (French) doors to tent where specimens are collected. Another smaller room adjacent is where phlebotomy was performed.
- Review forms sent previously, share a sample packet of what works best.
- Confirm dates and times.

### IT Equipment needed

- 3-4 laptops
- 2 extension cords
- 2 power boxes
- 1 scanner
- 1 Dymo label maker

### Supply List: PPE, phlebotomy supplies, CAVIWIPES

- Vitals cart
- Laser thermometers
- Centrifuge
- 3-4 Styrofoam coolers
- Ice packs
- Tube holders for specimens
- 2 biohazard trash bins and bags

### Pre-event work

- Facility staff to complete registration forms
- Facility staff to complete consent forms
- All registrations populated to DocuTap and consent forms scanned
- Preprint labels for each patient
- Inform lab of a high incoming number of tests.

**Staffing:** (Provider and as many MAs as needed)

- Early morning need is two registrars/check ins as not all will be preregistered. We have success in testing the night shift early morning before they leave.
- Depending on volume, one or two staff takes B/P, O2 and temps on all patients. Best flow included documentation of vitals and histories in between 2-3 patients.
- One medical assistant assists provider with labeling and moving patients to next step.
- One medical assistant responsible for phlebotomy, specimen spinning and packaging.

**Hours:**

7 a.m. – 6 p.m. (and 6 p.m. to 8 p.m. to complete charting and interface/lab specimen prep for pickup).

**Flow**

- Staff of facility escorted residents to our starting point where their visit in DocuTAP was turned RED. Here they were given their packet to hold which included all pertinent information plus labels ready to place.
- Each moved to our vitals station (attempt made to document vitals in DocuTAP whenever possible). A face sheet was kept in the packet where these were recorded too along with medical histories.
- Next step was to move to a chair outside in the tent where our provider collected nasal specimens.
- Those who needed labs moved from there to a close by phlebotomy area.
- Each resident needed to be escorted out.

**END OF DAY ~ much more work to do!**

- 3-4 Styrofoam coolers with many ice packs to store specimens
- Put in orders for ENZO and print requisitions.
- Bag specimens.
- Confirm specimen pickup.

**IMPORTANT:**

- Create a master excel list in alphabetical order of all tested.
- Test Laptops day before or arrive early to prepare. Inform IT of our event so they can assist if needed.
- MUST document all medical histories ~ visits are all level 3's.
- Results start coming in 24-48 hours later through the interface.
- All positives need to be reported to the facility within one hour of receiving. These folks are moved to another facility if positive.
- Email reports as they come in, but save a hard copy to email the whole bundle at the end.
- Most residents have not had their BP taken since January due to COVID quarantine so we will include these on our master list and send to them.

Reason for Visit: \_\_\_\_\_

Patient Name (First, Middle, Last): \_\_\_\_\_  
 SSN: \_\_\_\_\_ Sex at Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Primary Care/Provider Name: \_\_\_\_\_ PCP Phone: \_\_\_\_\_

Mailing Address: _____ Apt. # _____ City: _____ State: _____ Zip: _____ Confidential Email Address: _____	<b>Contact #'s: Can we leave a message?</b> Cell: _____ Yes No Home: _____ Yes No Work: _____ Yes No
---	---

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Based on Government Regulations, we are required to ask the following:  I prefer not to answer  
 Ethnicity: \_\_\_\_\_ Preferred Language: \_\_\_\_\_ Race: \_\_\_\_\_

**How did you hear about AFC Urgent Care?**  Healthcare Referral  Employer Recommendation  
 Existing Patient  Friend/Relative Recommendation  Signage  Internet  TV/Radio

**Primary Insurance Company Name:** \_\_\_\_\_  
 Insurance Subscriber's Name (First, Middle, Last): \_\_\_\_\_ Relation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

**Secondary Insurance Company Name:** \_\_\_\_\_  
 Insurance Subscriber's Name (First, Middle, Last): \_\_\_\_\_ Relation: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer: \_\_\_\_\_

**Responsible Party— Complete for Minor Patient OR when Patient is NOT Financially Responsible for Account**  
 Name of Person Responsible for this Account: (state "SELF" if same a patient) \_\_\_\_\_  
 Relation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Patient's Financial Responsibility/Consent for Treatment

You agree, in order for us to service your account or to collect any amounts you may owe us, we may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text message or emails, using any email address you provide to us. Methods of contact may include using pre-recorded/artificial voice message and/or use of an automatic dialing device, as applicable. I/We have read this disclosure and agree that AFC Urgent Care may contact me/us as described above. I acknowledge full financial responsibility for any services rendered and I understand that the payment of charges incurred in this office is due at the time of service. I also understand that charges not covered by insurance remain my responsibility and assign insurance benefits to this office. I agree to pay all late fees, costs of collection fees, and/or attorney's fees and all court costs, if any.  
 Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize this office to store my payment card and bank information into the Merchant Services Database. I authorize the payment card being presented today to be used by AFC Urgent Care to cover any current or prior unpaid balances, either private pay or following submission of claims to my insurance plan. Any unpaid balances will be charged to the payment card within one week of AFC Urgent Care receiving notice of my insurance company's denial of payment.  
 Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, consent to the care and treatment by the attending physician, his/her associates or assistants. I acknowledge that no guarantees have been made as to the effect of such treatment. Additionally, if any health care professional, worker or employees should be directly exposed to your blood or body fluids in a way that may transmit disease, your blood will be tested for infectious disease (s). A physician or other health care provider will tell you the result of the test. Under VA. Code 32.1-45.1(A), NC G.S 130A-139, you are deemed to have consented to the release of the test results to the person exposed.  
 Patient/ Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I have reviewed the AFC Urgent Care Notice of Privacy Practices on the back of this form and understand that I may request a copy of the policy at any time. Patient/Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice of Privacy Practices

***This notice describes how medical information about you may be used or disclosed, and how you can access this information. Please review it carefully and sign the front of this form when completed.***

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, legal obligations, and your rights concerning your health information ("Protected Health Information" or "PHI"). We must follow the privacy practices that are described in this Notice (which may be amended from time to time). For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### **I. USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION:**

**A. Your PHI may be used and disclosed by the physician, our office staff and others outside of our offices that are involved in your care and treatment for the purpose of providing health care services to you, to pay your health care bills, to support the operation of the business, and any other use required by law. We may use and disclose PHI without your written authorization for certain purposes as described below. The examples provided in each category are not meant to be exhaustive, but instead are meant to describe the types of uses and disclosures that are permissible under federal and state law.**

- 1. Treatment:** We may use and disclose PHI in order to provide treatment to you. For example, we may use PHI including your medication history to diagnose, treat, and provide medical services to you. In addition, we may disclose PHI to other health care providers involved in your treatment.
- 2. Payment:** Under federal law we may use or disclose PHI so that services you receive are appropriately billed to, and payment is collected from, your health plan. By way of example, we may disclose PHI to permit your health plan to take certain actions before it approves or pays for treatment services. We may contact the Guarantor for your visit in order to obtain payment.
- 3. Health Care Operations:** We may use or disclose your PHI in order to support our business activities. These activities include, but are not limited to business associates, quality assessment activities, internal investigations, performance reviews, and training employees. In addition, we will use a sign-in sheet at the registration desk where you will be asked to provide your name and date of birth. We may also call you by name in the waiting room when the physician is ready to see you. We may use or disclose your PHI to contact you to remind you of an appointment, to notify you of test results, to inform you of health-related services that may be of interest to you, and to check on your treatment, progress, and satisfaction with our services.
- 4. Required or Permitted by Law:** As required by Law, Public Health issues as required by law, Communicable Diseases, Health Oversight, Abuse or Neglect, Food and Drug Administration requirements, Legal proceedings, Law Enforcement, Coroners, Funeral Directors, Organ Donation, Research, Criminal Activity, Military Activity, National Security, Worker's Compensation, Inmates, and other Required Uses and Disclosures. Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services.

### **B. Permissible Uses and Disclosures That May Be Made Without Your Authorization, but for Which You Have an Opportunity to Object.**

- 1. Family and Other Persons Involved in Your Care.** We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies, x-rays, or other similar forms of health information.
- 2. Disaster Relief Efforts.** We may use or disclose protected health information to a public or private entity authorized by law or its charter to assist in disaster relief efforts for the purpose of coordinating notification of family members of your location, general condition, or death.

**C. Other permitted and required uses and disclosures:** Use or Disclose of your PHI for marketing or sale of your PHI to third parties, will be made only with your authorization. Once given, you may withdraw authorization at any time in writing.

### **II. YOUR INDIVIDUAL RIGHTS**

- A. Right to Inspect and Copy.** You may request access to your medical records and billing records maintained by us in order to inspect and request copies of the records. All requests for access must be made in writing. Under limited circumstances, we may deny access to your records. Under federal law, you may not inspect or copy psychotherapy notes, information compiled in anticipation of, or use in, a legal proceeding, and PHI that is otherwise prohibited. We may charge a fee for the costs of copying and sending you any records requested.
- B. Right to Alternative Communications.** You may request, and we will accommodate, any reasonable written request for you to receive PHI by alternative means of communication or at alternative locations.
- C. Right to Request Restrictions.** You may ask us not to use or disclose any part of your PHI for the purposes of treatment, payment or health care operations. Your request must be in writing and state the specific restriction requested and to whom you want the restriction to apply. If you have paid for your services in full and ask us not to disclose your visit to your insurance company, we will honor that request. We are not required to agree to any other restriction that you may request.
- D. Right to Accounting of Disclosures.** Upon written request, you may obtain an accounting of certain disclosures of PHI made by us in the last six years. This right applies to disclosures for purposes other than treatment, payment or health care operations, excludes disclosures made to you or disclosures otherwise authorized by you, and is subject to other restrictions and limitations. We are required by law to notify you if your unsecured PHI is breached.
- E. Right to Request Amendment:** You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we deny your written request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal.
- F. Right to Obtain Notice.** You have the right to obtain a paper copy of this Notice by submitting a request to the center's Compliance Officer at any time.
- G. Questions and Complaints.** If you desire further information about your privacy rights, or are concerned that we have violated your privacy rights, you may contact the center's Compliance Officer. You may also file a written complaint with the Director, Office for Civil Rights of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint with the Director or with our office.

### **III. EFFECTIVE DATE AND CHANGES TO THIS NOTICE**

**A. Effective Date.** This Notice is effective on August 15, 2013.

**B. Changes to this Notice.** We may change the terms of this Notice at any time. If we change this Notice, we may make the new notice terms effective for all PHI that we maintain, including any information created or received prior to issuing the new notice. If we change this Notice, we will post the revised notice in the waiting area of our office and on our web site. You may also obtain any revised notice by contacting the center's Compliance Officer.



## Patient Authorization to Release Medical Records or Disclosure of Protected Health Information

OFFICE VISIT

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

SSN: \_\_\_\_\_

Name of Individual Requesting Release: \_\_\_\_\_

Relationship to Patient:

Self

Parent/Guardian of minor

Legal Counsel – Provide copy of legal representation document

Other - specify: \_\_\_\_\_

Purpose of the Release: At the Request of the Patient

*I hereby authorize you to release any medical records and/or medical information to the following individual(s):*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that, in compliance with Privacy Act regulations (45 CFR 164.508(c)),

- I request and authorize release of medical records and/or medical information to the above named party or party's agent.
- This release is voluntary and I have the right to revoke this authorization at any time. My revocation must be provided to you in writing.
- I may refuse to sign this authorization and such refusal will not affect my treatment.
- If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- I have a right to inspect and receive a copy of my own protected health information.
- I have a right to a signed copy of this authorization.

This authorization shall expire on \_\_\_\_/\_\_\_\_/\_\_\_\_. If no date is provided, this authorization will expire one year from the date of signature/authorization indicated below..

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date of Signature/Authorization