


If you experience any issues creating your account, logging in, etc. please call the Aura Hotline between the hours of 9AM and 5PM EST at 844-224-0011

HOW TO: Self-Registration for Aura

1. Use Link or QR code for your designated location to create your Aura account. Once all required fields are filled click **Create Account**.

 Location Name First Name * First Name Middle Name Middle Name Last Name * Last Name Date of Birth * MM/DD/YYYY Address * Address City * City State * State Zip * Zip Phone Number * (###) ###-#### Gender * Gender Race * Race	Ethnicity * Ethnicity Mother's Maiden Name Mother's Maiden Name Email Address * Email Address Email is required Email Address Confirmation * Email Address Confirmation Password * Password Password is required <p>Your privacy is important to us. By clicking Create Account, you confirm that you have reviewed our privacy policy and agree to our terms of use and that your information may be shared with RCA and affiliated companies, who may contact you to keep you updated with important health-related information. By entering your mobile number and clicking next, you also consent that RCA and affiliated companies may send you SMS messages using autodialing technology from our primary messaging code 73529 for health-related information and as described in our terms of use in our privacy policy. Std. msg and data rates apply. Reply HELP or help, STOP to cancel. Msg freq may vary.</p> <p>Create Account</p> <p>Back to Login</p>
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2. Log in to Aura through your smartphone application (Aura Sequential Testing) with your email and password you created or through the web application at <https://app.auratracker.org>

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3. Once logged in, you will be prompted to sign Consent to Collect and Release of Information. Select **Click to Agree**, then click **Next**. Then check the **Click to Agree** box again and click **OK**.

<h3>INFORMED CONSENT TO SPECIMEN COLLECTION AND LAB TESTING</h3> <p>Please carefully read and sign the following Informed Consent:</p> <p>A. I authorize RCA Laboratory Services, LLC d/b/a GENETWORx or its subcontractor ("GENETWORx") to conduct collection and testing for COVID-19 through a nasal swab.</p> <p>B. I authorize my test results to be disclosed to the county, state, or to any other governmental entity as may be required by law.</p> <p>C. I acknowledge that a positive test result is an indication that I must self-isolate and/or wear a mask or face covering as directed in an effort to avoid infecting others.</p> <p><input type="checkbox"/> Click to Agree Scroll To Bottom NEXT</p>	<h3>AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION</h3> <p>I authorize RCA Laboratory Services, LLC Recovery Centers of America("GENETWORx") ("RCA") to release my individually identifiable health information ("Protected Health Information") for the purposes all as described below, to my employer and employer sponsored health plan.</p> <h3>INFORMATION TO BE RELEASED</h3> <p>I understand that the information released will include any of the following Protected Health Information, as available:</p> <p>COVID-19 test results, including to detect the</p> <p><input checked="" type="checkbox"/> Click to Agree Scroll To Bottom OK</p>
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4. You are all set up and ready for testing and receiving results!