

Getting started

To prepare for launching your program, there is some information we need to collect from you via the [Onboarding Form](#).

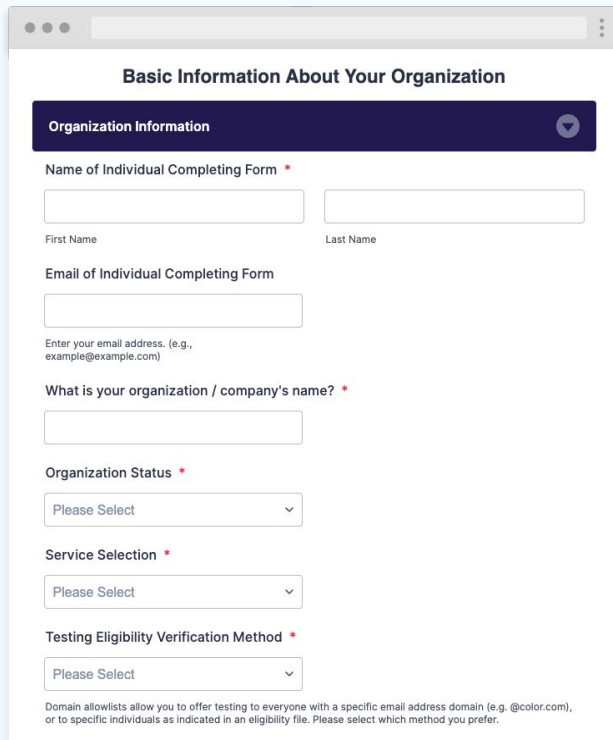
It is critical that you fill out the form at least 14 days before the target start date of your program.

Information we collect	Why this is important
Organization information and key contacts	To be able to configure your program and coordinate specifics for launch
Population structure and details	To be able to configure your population and coordinate specifics for launch
Shipping locations and desired quantities	To be able to ship appropriate quantities of materials to specific locations
Ordering physician	Ensuring the program is compliant by having a physician order per population

Top Tips for the Form

- 1 You can complete the form on your own or with your Color Client Services Manager (CSM) or Implementation Lead (IL)
 - As a reminder when completing the form, if you close the tab / window, you lose your progress. So we recommend completing it in one go or keeping the tab / window open to avoid losing progress.
- 2 For any items you are unsure about, please enter “Unsure” and continue with the form. Your CSM / IL can update the information when reviewing.

Organization Information



The screenshot shows a web browser window with a form titled "Basic Information About Your Organization". The form has a dark blue header with the text "Organization Information" and a dropdown arrow. Below the header, the form contains several fields:

- Name of Individual Completing Form ***: Two input fields for "First Name" and "Last Name".
- Email of Individual Completing Form**: A single input field.
- What is your organization / company's name? ***: A single input field.
- Organization Status ***: A dropdown menu with "Please Select" as the current selection.
- Service Selection ***: A dropdown menu with "Please Select" as the current selection.
- Testing Eligibility Verification Method ***: A dropdown menu with "Please Select" as the current selection.

At the bottom of the form, there is a small note: "Domain allowlists allow you to offer testing to everyone with a specific email address domain (e.g. @color.com), or to specific individuals as indicated in an eligibility file. Please select which method you prefer."

Organization Status

If you are an existing customer, you can use this form to add new populations / update shipping information.

Service Selection

Please select the service that applies to your organization. This should already be finalized. If you have questions, please contact your CSM/IL.

Testing Eligibility Verification Method

Domain allowlists allow you to offer access to everyone with a specific email address domain (e.g. @color.com). Eligibility files allow you to offer access to specific individuals as indicated in the file.

Key Contacts

Key Contact Information

Please enter the contact information for the following members of your team:

Organization Lead. Someone in the organization who will oversee the testing and/or vaccination status programs for the **entire organization**. This individual will receive full access to Color's results dashboard for the **entire organization** and be able to grant **organization or population level** dashboard access to other relevant individuals in the organization. This individual will also receive access to manage testing eligibility if "Eligibility Files" was selected in the "Testing Eligibility Verification Method" in the Organization Information section of this form.

Name *	Title	Email *	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Administrator. The individual who will be responsible for overall coordination and day-to-day management of the testing program for the organization. This individual will receive the same level of access to Color's software as the Organization Lead above.

Name *	Title	Email *	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Key Contact. An additional contact you'd like Color to keep on file.

Name	Title	Email	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Organization Lead and Program Administrator

This individual can be the same person or be different people. They receive the highest level of permissions and have access management granted to them to update permissions for others.

Population Information

Population Information

Population. A Population is a cohort of individuals that you'd like to be grouped together to suit your organization's needs (e.g. Location, Team, Employment Type).

Population Lead. Someone in the organization who will oversee the testing and/or vaccination status programs for a **specific population**. This individual will receive full access to Color's results dashboard to a **specific population** and be able to grant **population level** dashboard access to other relevant individuals in the organization. This individual will also receive access to manage testing eligibility at a **population level** if "Eligibility Files" was selected in the "Testing Eligibility Verification Method" in the Organization Information section of this form.

Population Structure *

Please Select

Population Lead Name *

First Name Last Name

Population Lead Email *

example@example.com

Population Name *

Population Names should be distinct and descriptive. We recommend the following naming convention: "Organization Name - Location - Special Use Case". E.g. "Color - San Francisco - Full Time Employees"

Time Zone *

Please Select

Testing Start Date **Testing End Date**

MM-DD-YYYY Date MM-DD-YYYY Date

Testing Cadence

Please Select

Population Structure

If you have multiple populations, please download the excel file, update the information and upload into the form.

Population Lead

Can be the the same person that is a program admin or can be different people if you have multiple populations.

Shipping Information

Shipping Information

Information provided here will inform where test kits will be shipped.

Shipping Type *

Please Select

Shipping Contact Name *

First Name Last Name

Shipping Contact Email *

Shipping Contact Phone Number *

(000) 000-0000

Please enter a valid phone number.

Shipping Location Name *

Address Line 1 * Address Line 2

e.g. Suite 100

City * State *

Please Select

One-Month Supply of Lab-based Test Kits Needed *

e.g. 1000

Target Delivery Date *

MM-DD-YYYY

Date

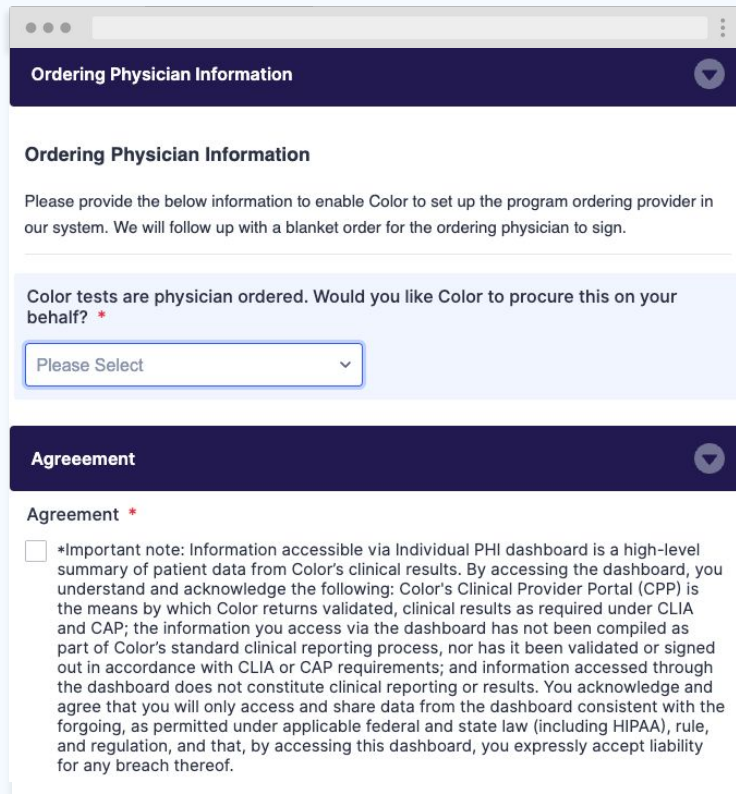
Shipping Type

If you have multiple shipping addresses, please download the excel file, update the information and upload into the form.

Shipping contact name

Can be the the same person as the program admin or multiple people if you have multiple shipping locations.

Ordering Physician



The screenshot shows a web browser window with a dark blue header bar containing the text "Ordering Physician Information" and a dropdown arrow. Below the header, the main content area has a white background with a dark blue sub-header "Ordering Physician Information". The text below reads: "Please provide the below information to enable Color to set up the program ordering provider in our system. We will follow up with a blanket order for the ordering physician to sign." Below this is a light blue box with the question "Color tests are physician ordered. Would you like Color to procure this on your behalf? *". Underneath is a dropdown menu with "Please Select" and a downward arrow. Another dark blue header bar with "Agreement" and a dropdown arrow is visible. Below it, the text "Agreement *" is followed by a checkbox and a detailed disclaimer about patient data access and liability.

Ordering Physician Information

Please provide the below information to enable Color to set up the program ordering provider in our system. We will follow up with a blanket order for the ordering physician to sign.

Color tests are physician ordered. Would you like Color to procure this on your behalf? *

Please Select

Agreement

Agreement *

*Important note: Information accessible via Individual PHI dashboard is a high-level summary of patient data from Color's clinical results. By accessing the dashboard, you understand and acknowledge the following: Color's Clinical Provider Portal (CPP) is the means by which Color returns validated, clinical results as required under CLIA and CAP; the information you access via the dashboard has not been compiled as part of Color's standard clinical reporting process, nor has it been validated or signed out in accordance with CLIA or CAP requirements; and information accessed through the dashboard does not constitute clinical reporting or results. You acknowledge and agree that you will only access and share data from the dashboard consistent with the foregoing, as permitted under applicable federal and state law (including HIPAA), rule, and regulation, and that, by accessing this dashboard, you expressly accept liability for any breach thereof.

If you are providing your own ordering physician, please have their demographic, licensure, and NPI information handy.