



# ONE ABBOTT SOLUTION

## FOR ID NOW™ COVID-19 TESTING AND REPORTING

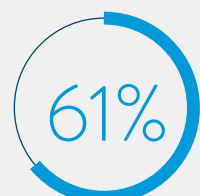
### COVID-19 REPORTING CHALLENGES

Decentralized healthcare settings present a challenge to ensure COVID-19 testing and patient data are collected and reported to local and federal public health authorities.

The [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act, Section 18115](#) requires results and demographics to be reported within 24 hours to appropriate local and federal public health departments.\*



**THE MAJORITY OF CUSTOMERS ARE REPORTING COVID-19 RESULTS WITH AN ENTIRELY MANUAL PROCESS.<sup>1\*</sup>**



**61% OF CUSTOMERS REPORTING COVID-19 RESULTS ARE UNAWARE OF THE CARES ACT REPORTING REQUIREMENTS.<sup>1\*</sup>**

### THE ONE ABBOTT SOLUTION FOR PATIENT TESTING, RESULT CAPTURE, AND DATA REPORTING

The One Abbott Solution for ID NOW™ COVID-19 testing is a simple, reliable and secure end-to-end connectivity and reporting solution. It offers speed and performance of ID NOW COVID-19 testing and reporting within 24 hours for decentralized environments to help you manage data without infrastructure burden.

#### TESTING PATIENTS AT THE POINT OF CARE

The **ID NOW** platform, the leading molecular point-of-care platform in the United States, offers the fastest molecular test for COVID-19 on the market, with results in 13 minutes or less.<sup>2</sup> It is also portable and allows use in virtually any patient care setting, including decentralized locations.

#### CAPTURING RESULTS WITHOUT MANUAL ENTRY

**RALS™ LiNK** tracks, captures and consolidates patient and quality control results from multiple ID NOW instruments and sends data to STARLIMS with no manual entry. RALS LiNK also provides customizable dashboards for ID NOW COVID-19 testing data and analytics.

#### CAPTURING AND REPORTING DEMOGRAPHICS WITHIN 24 HOURS

The **STARLIMS Digital Solution** collects ordering physician data, patient demographics and test results for ID NOW COVID-19 testing and reports this data to the AIMS Platform for submission of required data fields to public health authorities within 24 hours.<sup>3</sup>

**KEEP SCROLLING TO LEARN MORE AND SEE HOW IT ALL COMES TOGETHER**



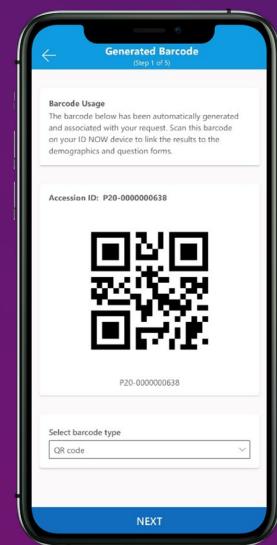
# ONE ABBOTT SOLUTION

FOR ID NOW™ COVID-19 TESTING AND REPORTING CUSTOMER WORKFLOW



**REQUIRED DATA ENTERED INTO STARLIMS DIGITAL SOLUTION**

STARLIMS



**GENERATE UNIQUE ID (UID) BARCODE**

Enables input by user to capture:

- Ordering Physician
- Patient Demographics
- CARES Act Questions

**PATIENT SAMPLE COLLECTED**

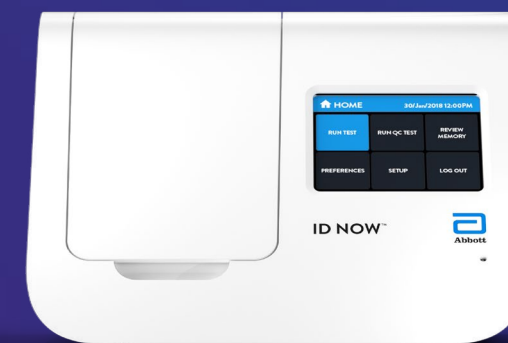


**PATIENT SAMPLE COLLECTION**

**PATIENT SAMPLE TESTED**



**UNIQUE ID (UID) BARCODE SCANNED**



**PATIENT TEST RUN**



**RESULTS AND DEMOGRAPHICS REPORTED**



**TEST RESULTS AND PATIENT DEMOGRAPHICS REPORTED TO STATE AND FEDERAL AGENCIES THROUGH THE AIMS PLATFORM<sup>3</sup>**

STARLIMS

PATIENT DEMOGRAPHICS

**FOR MORE INFORMATION, CONTACT YOUR LOCAL ABBOTT REPRESENTATIVE OR VISIT [RALS.COM/COVID-19](https://rals.com/covid-19)**

**\*FOR CARES ACT REPORTING REQUIREMENTS, VISIT [HHS.GOV/CORONAVIRUS](https://hhs.gov/coronavirus)**

1. Internal market research.

2. Internal clinical data held on file.

3. The AIMS Platform is managed by the Association of Public Health Laboratories (APHL). Reporting is subject to Public Health Authorities accepting all the required data fields. Some PHAs may not accept all of the information collected in the STARLIMS Digital Solution.

The ID NOW™ COVID-19 EUA has not been FDA cleared or approved. It has been authorized by the FDA under an emergency use authorization for use by authorized laboratories and patient care settings. The test has been authorized only for the detection of nucleic acid from SARS-CoV-2, not for any other viruses or pathogens, and is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of *in vitro* diagnostic tests for 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.

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