



# Audit Report Form

**Audit Date: 11Mar2021**

**Audit Reference Number: 21AUDIT008**

**Report Date: 23Mar2021**

**Response Due Date: 29Mar2021**

**Auditee:**



**Audit Objective(s):** Obtain compliance, monitor effectiveness of multiple CAPA initiatives, and assess the scope and activities template of this plan that will be implemented monthly.

**Audit Scope:** End-to-End Audit on 25 random samples spanning Nov2020 – Mar2021, selected by IT (see audit plan)

25 Random Specimen Barcode Numbers

|            |            |            |            |            |
|------------|------------|------------|------------|------------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |

## Audit Report Review:

DocuSigned by:  
[Redacted] 23 March 2021 | 7:29 PM EDT

**Auditor Signature:** [Redacted] **Date:** 23 March 2021 | 7:58 PM EDT

C7D1E7179C1B42B...  
DocuSigned by:  
[Redacted] **Date:** 23 March 2021 | 7:59 PM EDT

B4C756D2AB5C4FE...  
**Auditor Signature:** [Redacted] **Date:**

**OA Manager Signature:** [Signature] **Date:** 23 March 2021 | 8:26 PM EDT

92C7B7F64A564C9...  
**Laboratory Director Signature:** [Redacted] **Date:**



## Audit Report Form

### QA Statement:

25 Random Specimens between November 2020 and March 2021 have been audited to assess compliance with the applicable policies and procedures and in accordance with regulatory authority requirements.

Internal audit findings are confidential to clinical testing performed at CDPH Powered by PerkinElmer®, Inc. Valencia, CA site (PKIGCA). This page may be provided upon request during regulatory or client inspection as evidence of an internal auditing program.

**Report Distribution:** Nam Le, Gail Teske, Kamaldeen Muili, Arash Nikoughadem, Lora Bean

### Audit Status

### Audit Summary

### Table of Audit Findings

#1 Finding:

**1. Availability of specimen requisition complete with all required elements:**

1. Adequate patient identification information (e.g., name, registration number and location, or a unique confidential specimen code if an alternative audit trail exists)
2. Patient sex
3. Patient date of birth or age
4. Name and address (if different than the receiving laboratory) of the physician, legally authorized person ordering the test, or name and address of the laboratory referring the specimen
5. Tests requested
6. Date of specimen collection, and if appropriate, time of collection
7. Source of specimen, when appropriate

**Observations:**

All 24 Samples requisitions obtained via COLOR and 1 Sample requisition obtained via OPTUMServe contained the pertinent details listed above.



## Audit Report Form

| Month         |     | Barcode | Unique specimen ID | Sex   | DOB | Address | Test request | Date collection & time | Sources of Specimen |   |
|---------------|-----|---------|--------------------|---|-----|---------|--------------|------------------------|---------------------|---|
| November 2020 | 1)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   |   |
|               | 2)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   |   |
|               | 3)  |         | ✓                  | No patient registration info when scanned.<br>Specimen cancelled. |     |         |              |                        |                     |   |
|               | 4)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 5)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
| December 2020 | 6)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 7)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 8)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 9)  |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 10) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
| January 2021  | 11) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 12) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 13) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 14) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 15) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
| February 2021 | 16) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 17) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 18) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 19) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 20) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
| March 2021    | 21) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 22) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 23) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 24) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |
|               | 25) |         | ✓                  | ✓   | ✓   | ✓       | ✓            | ✓                      | ✓                   | ✓ |

**Regulatory Requirement(s):**

**Planned Corrective/Preventive Action:**

None Required

# Support Search Tool

Search

Sample # [redacted] [Admin](/adminsamples/sample/2465224/change/)

**Status**

**Accession #** [redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Nov 2, 2020 12:46 PM

**Activated at** Nov 2, 2020 1:05 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2459223/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Sep 29, 2020 1:06 PM

**Accessioned at** Nov 3, 2020 9:38 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [redacted] [CPP](/providers/order/details/9270326/)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Nov 2, 2020 1:05 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient [redacted] [Admin](/adminordering_physicians/patientprofile/884963/change/)

**Phone Number** [redacted]

**Gender** [redacted]

**Date of Birth** [redacted]

**Address** [redacted]

**Provider Attestation of Consent?** [redacted]

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 17146607995

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by: [Redacted] [Actions](#) [Admin](#) (/adminusers/coloruser/969775/change/)

**Email** provider-proxy+9270326@color.com  
**Is Active?** Yes  
**Requested Email** [Redacted]  
**Date of Birth** [Redacted]  
**Phone Number** [Redacted]  
**Preferred Language** Unknown  
**User Type**  
**Patient Id** [Redacted]  
**Account Created at** Nov 2, 2020 1:05 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male  
**Gender Identity** [Redacted]  
**Self Described Gender Identity** [Redacted]  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [Redacted]

[CPP](#) (/providers/order/details/9270326)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Nov 2, 2020 1:05 PM  
**Skip Payment?** No  
**Provider** Yes

Patient [Redacted] [Admin](#) (/adminordering\_physicians/patientprofile/884963/change/)

**Phone Number** [Redacted]  
**Gender** [Redacted]  
**Date of Birth** [Redacted]  
**Address** [Redacted]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample: [REDACTED] [Admin](/adminsamples/sample/2465224/change/) ▼

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Nov 2, 2020 12:46 PM  
**Activated at** Nov 2, 2020 1:05 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2459223/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Sep 29, 2020 1:06 PM  
**Accessioned at** Nov 3, 2020 9:38 AM  
**Accessioned by** CDPH Branch Laboratory

Reports ▼

Report ID: 1076800 [Report](/reports/1076800) ▼

**Status** Released  
**Sent to Ordering Physician at** Nov 4, 2020 3:01 PM  
**Release Ready at** Nov 4, 2020 3:01 PM  
**Released at** Nov 4, 2020 3:01 PM

# Support Search Tool

Search

Sample # [REDACTED] [Admin](/adminsamples/sample/2666220/change/)

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Nov 2, 2020 11:09 AM

**Activated at** Nov 2, 2020 11:25 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/2660932/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Oct 3, 2020 1:57 PM

**Accessioned at** Nov 3, 2020 9:33 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/3843780)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Nov 2, 2020 11:25 AM

**Skip Payment?** No

**Provider Owned?** Yes

Patient [REDACTED] [Admin](/adminordering_physicians/patientprofile/882968/change/)

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 06443458136

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by [Redacted] [Actions](#) [Admin](#) (/adminusers/coloruser/968339/change/)

**Email** provider-proxy+3843780@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth** May 30, 2000   
**Phone Number** +1 7073913984   
**Preferred Language** Unknown  
**User Type** [Redacted] nt  
**Patient Id** [Redacted]  
**Account Created at** Nov 2, 2020 11:25 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

[CPP](#) (/providers/order/details/3843780)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Nov 2, 2020 11:25 AM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient [Redacted] [Admin](#) (/adminordering\_physicians/patientprofile/882968/change/)

**Phone Number** [Redacted]  
**Gender** [Redacted]  
**Date of Birth** [Redacted]  
**Address** [Redacted]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician



**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample



[Admin](#) (/adminsamples/sample/2666220/change/) ▾

**Status** Activated  
**Accession #** C-39284  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Nov 2, 2020 11:09 AM  
**Activated at** Nov 2, 2020 11:25 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/2660932/change/) ▾

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Oct 3, 2020 1:57 PM  
**Accessioned at** Nov 3, 2020 9:33 AM  
**Accessioned by** CDPH Branch Laboratory

Reports



Report ID: 1076609

[Report](#) (/reports/1076609) ▾

**Status** Released  
**Sent to Ordering Physician at** Nov 4, 2020 3:01 PM  
**Release Ready at** Nov 4, 2020 3:01 PM  
**Released at** Nov 4, 2020 3:01 PM



# Support Search Tool

Search

Sample # [REDACTED] [Admin](/adminsamples/sample/2426256/change/) ▼

**Status** Provisioned  
**Accession #** [REDACTED]  
**Sample Type** Covid\_swab

Fulfillment [Admin](/adminfulfillment/fulfillment/2420246/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Sep 29, 2020 2:46 AM  
**Accessioned at** Nov 3, 2020 9:33 AM  
**Accessioned by** CDPH Branch Laboratory

# Support Search Tool

Search

Sample  [Admin](/adminsamples/sample/7365534/change/)

**Status** Activated

**Accession #** 

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Jan 20, 2021 2:05 PM

**Activated at** Jan 20, 2021 3:10 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/7533448/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Nov 19, 2020 5:10 PM

**Accessioned at** Jan 20, 2021 9:03 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition #  [CPP](/providers/order/details/8712695)

**Status** Claimed

**Type** The provider took the client's sample

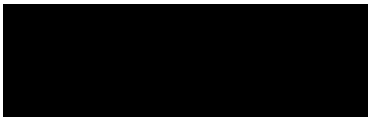
**Test Requested** COVID-19 test

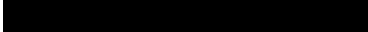
**Created At** Jan 20, 2021 3:10 PM

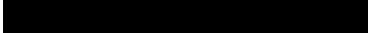
**Skip Payment?** No


**Provider Owned?** Yes

Patient:  [Admin](/adminordering_physicians/patientprofile/2797567/change/)

**Phone Number** 

**Gender** 

**Date of Birth** 

**Address** 

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US


**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders 

Kit Order # 41387282547

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by:



Actions Admin (/adminusers/coloruser/2608473/change/)

**Email** provider-proxy+8712695@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**   
**Phone Number**   
**Preferred Language**   
**User Type**   
**Patient Id**   
**Account Created at** Jan 20, 2021 3:10 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/8712695)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Jan 20, 2021 3:10 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient



Admin (/adminordering\_physicians/patientprofile/2797567/change/)

**Phone Number**   
**Gender**   
**Date of Birth**   
**Address**   
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274



**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample



[Admin](#) (/adminsamples/sample/7365534/change/) ▾

**Status**  
**Accession #** [Redacted]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Jan 20, 2021 2:05 PM  
**Activated at** Jan 20, 2021 3:10 PM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/7533448/change/) ▾

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Nov 19, 2020 5:10 PM  
**Accessioned at** Jan 20, 2021 9:03 PM  
**Accessioned by** CDPH Branch Laboratory

Reports



Report ID



[Report](#) (/reports/2944651) ▾

**Status** Released  
**Sent to Ordering Physician at** Jan 21, 2021 8:32 AM  
**Release Ready at** Jan 21, 2021 8:32 AM  
**Released at** Jan 21, 2021 8:32 AM

# Support Search Tool

Search

Sample # [redacted] [Admin](/adminsamples/sample/8875330/change/)

**Status**

**Accession #** [redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Jan 19, 2021 11:15 AM

**Activated at** Jan 19, 2021 11:15 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/11262563/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Dec 7, 2020 1:34 PM

**Accessioned at** Jan 20, 2021 10:55 AM

**Accessioned by** CDPH Branch Laboratory

Collection Batches

Collection Batch ID: 611

**From** Bishop Unified School District

**To** CDPH Branch Laboratory

**Shipping Status** Pre-Transit

**Shipping Carrier** FedEx

**Shipping Tracking #** 816566043104

**Shipment Created at** Jan 19, 2021 1:04 PM

Initial sample for Requisition [redacted] [CPP](/providers/order/details/8670905)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Jan 19, 2021 11:15 AM

**Skip Payment?** No

**Provider Owned?** [redacted]

**Placed by** [redacted]

Patient [redacted] [Admin](/adminordering_physicians/patientprofile/2737673/change/)

**Email** [redacted]

**Phone Number** [redacted]

**Gender** [redacted]

**Date of Birth** [redacted]

**Address** [redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient [Redacted] [Admin](/adminordering_physicians/providerprofile/43654/change/)

**Verified?** Yes  
**Primary Role** Nurse  
**Email** [Redacted]  
**Phone Number** [Redacted]  
**Fax Number** [Redacted]  
**Address** [Redacted]  
**Institution Name** [Redacted]  
**Institution Address** [Redacted]  
**Institution Fax Number** [Redacted]  
**Institution Allows Sharing?** [Redacted]

Kit Orders

Kit Order # 17818307834 [Links](#)

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Jan 19, 2021 11:12 AM

Test taken by [Redacted] [Actions](/adminusers/coloruser/2560320/change/) [Admin](/adminusers/coloruser/2560320/change/)

**Email** provider-proxy+8670905@color.com  
**Is Active?** Yes  
**Requested Email** [Redacted]  
**Date of Birth** [Redacted]  
**Phone Number** [Redacted]  
**Preferred Language** [Redacted]  
**User Type** [Redacted]  
**Patient Id** [Redacted]  
**Account Created at** Jan 19, 2021 11:15 AM  
**Last Logged in at** Jan 22, 2021 12:37 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity** Female  
**Self Described Gender Identity** [Redacted]  
**Health History Status** Not started  
**User Referral Code** HKRMBU  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Inyo - 656 W Pine St - Bishop

**Population** Inyo - 656 W Pine St - Bishop  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition # 8670905 [CPP](/providers/order/details/8670905)

**Status** Claimed

**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Jan 19, 2021 11:15 AM  
**Skip Payment?** No  
**Provider Owned?**  
**Placed by** [Redacted]

Patient [Redacted] [Admin](/adminordering_physicians/patientprofile/2737673/change/) ▼  
**Email** [Redacted]  
**Phone Number** [Redacted]  
**Gender** [Redacted]  
**Date of Birth** [Redacted]  
**Address** [Redacted]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/) ▼  
**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/) ▼  
**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [Redacted] [Admin](/adminsamples/sample/8875330/change/) ▼  
**Status** [Redacted]  
**Accession #** [Redacted]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Jan 19, 2021 11:15 AM  
**Activated at** Jan 19, 2021 11:15 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/11262563/change/) ▼  
**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Jan 20, 2021 10:55 AM  
**Accessioned by** CDPH Branch Laboratory

Collection Batches ▼  
 Collection Batch ID: 611 ▼  
**From** Bishop Unified School District  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 816566043104  
**Shipment Created at** Jan 19, 2021 1:04 PM



Additional Recipients

Additional Recipient:



[Admin \(/adminordering\\_physicians/providerprofile/43654/change/\)](#)

**Verified?** Yes  
**Primary Role** Nurse  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

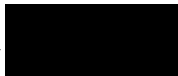


Reports

Report ID: 2950450

[Report \(/reports/2950450\)](#)

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Status</b>                        | Released              |
| <b>Sent to Ordering Physician at</b> | Jan 21, 2021 10:15 AM |
| <b>Release Ready at</b>              | Jan 21, 2021 10:15 AM |
| <b>Released at</b>                   | Jan 21, 2021 10:15 AM |
| <b>Opened at</b>                     | Jan 21, 2021 10:19 AM |



# Support Search Tool

D [Redacted]

Search

Sample [Redacted] [Admin](/adminsamples/sample/8879456/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       | [Redacted]                |
| <b>Accession #</b>  | [Redacted]                |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Jan 19, 2021 9:17 AM      |
| <b>Activated at</b> | Jan 19, 2021 9:17 AM      |

Fulfillment [Admin](/adminfulfillment/fulfillment/11258306/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000000  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |
| <b>Scanned at</b>        | Dec 7, 2020 1:34 PM                              |
| <b>Accessioned at</b>    | Jan 20, 2021 10:54 AM                            |
| <b>Accessioned by</b>    | CDPH Branch Laboratory                           |

Collection Batches

Collection Batch ID: 611

|                            |                                |
|----------------------------|--------------------------------|
| <b>From</b>                | Bishop Unified School District |
| <b>To</b>                  | CDPH Branch Laboratory         |
| <b>Shipping Status</b>     | Pre-Transit                    |
| <b>Shipping Carrier</b>    | FedEx                          |
| <b>Shipping Tracking #</b> | 816566043104                   |
| <b>Shipment Created at</b> | Jan 19, 2021 1:04 PM           |

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/6114230)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Jan 19, 2021 9:17 AM                  |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | No                                    |
| <b>Placed by</b>       | [Redacted]                            |

Patient [Redacted] [Admin](/adminordering_physicians/patientprofile/2727033/change/)

|   |            |
|---|------------|
| <b>Email</b>                            | [Redacted] |
| <b>Phone Number</b>                     | [Redacted] |
| <b>Gender</b>                           | [Redacted] |
| <b>Date of Birth</b>                    | [Redacted] |
| <b>Address</b>                          | [Redacted] |
| <b>Provider Attestation of Consent?</b> | Yes        |

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                  |     |
|------------------|-----|
| <b>Verified?</b> | Yes |
|------------------|-----|

**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/43654/change/)

**Verified?** Yes  
**Primary Role** Nurse  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 42366041208

[Links](#)

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Jan 19, 2021 9:16 AM

Test taken by:

[Actions](#) [Admin](#) (/adminusers/coloruser/2552233/change/)

**Email** provider-proxy+6114230@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Jan 19, 2021 9:17 AM  
**Last Logged in at** Jan 21, 2021 10:17 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity** Female  
**Self Described Gender Identity**  
**Health History Status** Not started  
**User Referral Code** XLCGSH  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Inyo - 656 W Pine St - Bishop

**Population** Inyo - 656 W Pine St - Bishop  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition

[CPP](#) (/providers/order/details/6114230)

**Status** Claimed

**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Jan 19, 2021 9:17 AM  
**Skip Payment?** No

**Provider Owned?**

**Placed by**

Patient:

[Admin](#) (/adminordering\_physicians/patientprofile/2727033/change/) ▾

**Email**  
**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sampl

[Admin](#) (/adminsamples/sample/8879456/change/) ▾

**Status** Activated  
**Accession #**  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Jan 19, 2021 9:17 AM  
**Activated at** Jan 19, 2021 9:17 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/11258306/change/) ▾

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Jan 20, 2021 10:54 AM  
**Accessioned by** CDPH Branch Laboratory

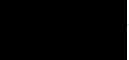
Collection Batches

Collection Batch ID: 611

**From** Bishop Unified School District  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 816566043104  
**Shipment Created at** Jan 19, 2021 1:04 PM

Additional Recipients

Additional Recipient:



[Admin](#) (/adminordering\_physicians/providerprofile/43654/change/)

**Verified?** Yes  
**Primary Role** Nurse  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes



Reports

Report ID: 2950218

[Report](#) (/reports/2950218)

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Status</b>                        | Released              |
| <b>Sent to Ordering Physician at</b> | Jan 21, 2021 10:16 AM |
| <b>Release Ready at</b>              | Jan 21, 2021 10:16 AM |
| <b>Released at</b>                   | Jan 21, 2021 10:16 AM |
| <b>Opened at</b>                     | Jan 21, 2021 10:17 AM |



# Support Search Tool

Search

Sample [REDACTED] [Admin](/adminsamples/sample/3750516/change/)

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Jan 19, 2021 5:16 PM

**Activated at** Jan 19, 2021 6:20 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2744176/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Oct 14, 2020 2:18 PM

**Accessioned at** Jan 20, 2021 11:18 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/1250514)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Jan 19, 2021 6:20 PM

**Skip Payment?** No

**Provider O** Yes

Patient: [REDACTED] [Admin](/adminordering_physicians/patientprofile/2760911/change/)

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 07406265330

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** LIENT)

Test taken by

Actions Admin (/adminusers/coloruser/2580231/change/)

**Email** provider-proxy+1250514@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Jan 19, 2021 6:20 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male  
**Gender Identity**  
**Self Described Gender Identity**  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/1250514)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Jan 19, 2021 6:20 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient:

Admin (/adminordering\_physicians/patientprofile/2760911/change/)

**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sampl [REDACTED] [Admin \(/adminsamples/sample/3750516/change/\)](/adminsamples/sample/3750516/change/) ▼

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Jan 19, 2021 5:16 PM  
**Activated at** Jan 19, 2021 6:20 PM

Fulfillment [Admin \(/adminfulfillment/fulfillment/2744176/change/\)](/adminfulfillment/fulfillment/2744176/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Oct 14, 2020 2:18 PM  
**Accessioned at** Jan 20, 2021 11:18 AM  
**Accessioned by** CDPH Branch Laboratory

Reports [Report \(/reports/2932757\)](/reports/2932757) ▼

Report ID: 2932757 [Report \(/reports/2932757\)](/reports/2932757) ▼

**Status** Released  
**Sent to Ordering Physician at** Jan 21, 2021 12:45 AM  
**Release Ready at** Jan 21, 2021 12:45 AM  
**Released at** Jan 21, 2021 12:45 AM



# Support Search Tool

Search

Sample [REDACTED] [Admin](/adminsamples/sample/2670350/change/) ▼

**Status** Activated

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Jan 19, 2021 6:36 PM

**Activated at** Jan 19, 2021 7:40 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2665062/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Oct 3, 2020 3:05 PM

**Accessioned at** Jan 20, 2021 11:08 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/2771665) ▼

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Jan 19, 2021 7:40 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient [REDACTED] [Admin](/adminordering_physicians/patientprofile/2763830/change/) ▼

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 63539601588

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken

Actions Admin (/adminusers/coloruser/2583062/change/)

**Email** provider-proxy+2771665@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Jan 19, 2021 7:40 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity**  
**Self Described Gender Identity**  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/2771665)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Jan 19, 2021 7:40 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient

Admin (/adminordering\_physicians/patientprofile/2763830/change/)

**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [REDACTED] [Admin](/adminsamples/sample/2670350/change/) ⌵

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Jan 19, 2021 6:36 PM  
**Activated at** Jan 19, 2021 7:40 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2665062/change/) ⌵

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Oct 3, 2020 3:05 PM  
**Accessioned at** Jan 20, 2021 11:08 AM  
**Accessioned by** CDPH Branch Laboratory

Reports ⌵

Report ID: 2926803 [Report](/reports/2926803) ⌵

**Status** Released  
**Sent to Ordering Physician at** Jan 20, 2021 9:45 PM  
**Release Ready at** Jan 20, 2021 9:45 PM  
**Released at** Jan 20, 2021 9:45 PM

# Support Search Tool

Sample  [Admin](/adminsamples/sample/9541535/change/)

**Status**  
**Accession #**   
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Mar 3, 2021 10:10 AM  
**Activated at** Mar 3, 2021 10:10 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/10597025/change/)

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Mar 4, 2021 8:04 AM  
**Accessioned by** CDPH Branch Laboratory

Collection Batches

Collection Batch ID: 3884

**From** Bay Area Community Health - Community Testing Events  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 773060818221  
**Shipment Created at** Mar 3, 2021 4:11 PM

Initial sample for Requisition  [CPP](/providers/order/details/1945616)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Mar 3, 2021 10:10 AM  
**Skip Payment?** No  
**Provider Owned?**  
**Placed by**

Patient  [Admin](/adminordering_physicians/patientprofile/4007947/change/)

**Email**  
**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/44147/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/44148/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 68858649616

[Links](#)

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Mar 3, 2021 10:08 AM

Test taken by

[Actions](#) [Admin](#) (/adminusers/coloruser/3472510/change/)

**Email** provider-proxy+1945616@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Mar 3, 2021 10:10 AM  
**Last Logged in at** Mar 8, 2021 10:10 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity** Male   
**Self Described Gender Identity**   
**Health History Status** Not started  
**User Referral Code** PQDXBT  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships



Alameda- CDPH212- HIPAA



|                      |                         |
|----------------------|-------------------------|
| <b>Population</b>    | Alameda- CDPH212- HIPAA |
| <b>Organization</b>  | CDPH                    |
| <b>Relationships</b> |                         |

Text Messages



Requisition



[CPP](#) (/providers/order/details/1945616)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 3, 2021 10:10 AM                  |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | No                                    |
| <b>Placed by</b>       |                                       |

Patient



[Admin](#) (/adminordering\_physicians/patientprofile/4007947/change/)

|   |     |
|---|-----|
| <b>Email</b>                            |     |
| <b>Phone Number</b>                     |     |
| <b>Gender</b>                           |     |
| <b>Date of Birth</b>                    |     |
| <b>Address</b>                          |     |
| <b>Provider Attestation of Consent?</b> | Yes |

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Initial Sample:



[Admin](#) (/adminsamples/sample/9541535/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       |                           |
| <b>Accession #</b>  |                           |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Mar 3, 2021 10:10 AM      |
| <b>Activated at</b> | Mar 3, 2021 10:10 AM      |

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/10597025/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000000  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |

**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Mar 4, 2021 8:04 AM  
**Accessioned by** CDPH Branch Laboratory

Collection Batches

Collection Batch ID: 3884

**From** Bay Area Community Health - Community Testing Events  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 773060818221  
**Shipment Created at** Mar 3, 2021 4:11 PM

Additional Recipients

Additional Recipient: [Redacted]

[Admin](/adminordering_physicians/providerprofile/44147/change/)

**Verified?** Yes  
**Primary Role**  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Additional Recipient: [Redacted]

[Admin](/adminordering_physicians/providerprofile/44148/change/)

**Verified?** Yes  
**Primary Role**  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Reports

Report ID: 4171062

[Report](/reports/4171062)

**Status** Released  
**Sent to Ordering Physician at** Mar 4, 2021 6:30 PM  
**Release Ready at** Mar 4, 2021 6:30 PM  
**Released at** Mar 4, 2021 6:30 PM  
**Opened at** Mar 4, 2021 6:31 PM

# Support Search Tool

[Redacted]

Search

Sample [Redacted] [Admin](/adminsamples/sample/9637165/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       | [Redacted]                |
| <b>Accession #</b>  | [Redacted]                |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Mar 3, 2021 9:19 AM       |
| <b>Activated at</b> | Mar 3, 2021 9:19 AM       |

Fulfillment [Admin](/adminfulfillment/fulfillment/10500806/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000000  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |
| <b>Scanned at</b>        | Dec 7, 2020 1:34 PM                              |
| <b>Accessioned at</b>    | Mar 4, 2021 8:19 AM                              |
| <b>Accessioned by</b>    | CDPH Branch Laboratory                           |

Collection Batches

Collection Batch ID: 3884

|                            |  |
|----------------------------|--|
| <b>From</b>                | Bay Area Community Health - Community Testing Events |
| <b>To</b>                  | CDPH Branch Laboratory                               |
| <b>Shipping Status</b>     | Pre-Transit  |
| <b>Shipping Carrier</b>    | FedEx  |
| <b>Shipping Tracking #</b> | 773060818221   |
| <b>Shipment Created at</b> | Mar 3, 2021 4:11 PM                                  |

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/3316461)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 3, 2021 9:19 AM                   |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | [Redacted]                            |
| <b>Placed by</b>       | [Redacted]                            |

Patient [Redacted] [Admin](/adminordering_physicians/patientprofile/4005112/change/)

|   |            |
|---|------------|
| <b>Email</b>                            | [Redacted] |
| <b>Phone Number</b>                     | [Redacted] |
| <b>Gender</b>                           | [Redacted] |
| <b>Date of Birth</b>                    | [Redacted] |
| <b>Address</b>                          | [Redacted] |
| <b>Provider Attestation of Consent?</b> | Yes        |

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                  |     |
|------------------|-----|
| <b>Verified?</b> | Yes |
|------------------|-----|



**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/44147/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Additional Recipient:

[Admin](#) (/adminordering\_physicians/providerprofile/44148/change/)

**Verified?** Yes  
**Primary Role**  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 17937234977

[Links](#)

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Mar 3, 2021 9:10 AM

Test taken by

[Actions](#) [Admin](#) (/adminusers/coloruser/3470472/change/)

**Email** provider-proxy+3316461@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Mar 3, 2021 9:19 AM  
**Last Logged in at** Mar 5, 2021 8:36 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity** Male   
**Self Described Gender Identity**   
**Health History Status** Not started  
**User Referral Code** MYHPGX  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships



Alameda- CDPH212- HIPAA



|                      |                         |
|----------------------|-------------------------|
| <b>Population</b>    | Alameda- CDPH212- HIPAA |
| <b>Organization</b>  | CDPH                    |
| <b>Relationships</b> |                         |

Text Messages



Requisition



[Admin](#) (/providers/order/details/3316461)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 3, 2021 9:19 AM                   |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | No                                    |
| <b>Placed by</b>       |                                       |

Patient



[Admin](#) (/adminordering\_physicians/patientprofile/4005112/change/)

|   |     |
|---|-----|
| <b>Email</b>                            |     |
| <b>Phone Number</b>                     |     |
| <b>Gender</b>                           |     |
| <b>Date of Birth</b>                    |     |
| <b>Address</b>                          |     |
| <b>Provider Attestation of Consent?</b> | Yes |

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

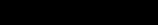
|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Initial Sample:



[Admin](#) (/adminsamples/sample/9637165/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       | Activated                 |
| <b>Accession #</b>  |                           |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Mar 3, 2021 9:19 AM       |
| <b>Activated at</b> | Mar 3, 2021 9:19 AM       |

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/10500806/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000000  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |

**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Mar 4, 2021 8:19 AM  
**Accessioned by** CDPH Branch Laboratory

Collection Batches

Collection Batch ID: 3884

**From** Bay Area Community Health - Community Testing Events  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 773060818221  
**Shipment Created at** Mar 3, 2021 4:11 PM

Additional Recipients

Additional Recipient:

[Admin \(/adminordering\\_physicians/providerprofile/44147/change/\)](#)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** [Redacted]  
**Phone Number** [Redacted]  
**Fax Number** [Redacted]  
**Address** [Redacted]  
**NPI** [Redacted]  
**Institution Name** [Redacted]  
**Institution Address** [Redacted]  
**Institution Fax Number** [Redacted]  
**Institution Allows Sharing?** Yes

Additional Recipient:

[Admin \(/adminordering\\_physicians/providerprofile/44148/change/\)](#)

**Verified?** Yes  
**Primary Role** [Redacted]  
**Email** [Redacted]  
**Phone Number** [Redacted]  
**Fax Number** [Redacted]  
**Address** [Redacted]  
**NPI** [Redacted]  
**Institution Name** [Redacted]  
**Institution Address** [Redacted]  
**Institution Fax Number** [Redacted]  
**Institution Allows Sharing?** Yes

Shared Providers

Shared Provider: Kaiser Permanente

[Admin \(/adminkit\\_orders/healthcareprovider/27386/change/\)](#)

**Verified?** Yes  
**Primary Role** Other non-physician  
**Phone Number** (800) 464-4000  
**Fax Number** (877) 899-5644  
**Address** US  
**Institution Name** Kaiser Permanente  
**Institution Address** 1950 Franklin, 16th Floor, Oakland, CA 94612, US  
**Institution Fax Number** (866) 455-1052  
**Institution Allows Sharing?** No  
**Number of Fax Logs** 28595

Fax Logs

Fax # 152045

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:08 PM

Fax # 152044

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:39 PM

Fax # 152043

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:34 PM

Fax # 152042

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:29 PM

Fax # 152041

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:39 PM

Fax # 152040

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:38 PM

Fax # 152039

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:07 PM

Fax # 152038

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:06 PM

Fax # 152037

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:27 PM

Fax # 152036

**State** Completed  
**Submitted at** Aug 7, 2020 11:47 AM  
**Delivered at** Aug 7, 2020 12:05 PM

Reports ▼

Report ID: 4187048

[Report](#) (/reports/4187048) ▼

**Status** Released  
**Sent to Ordering Physician at** Mar 5, 2021 5:31 AM  
**Release Ready at** Mar 5, 2021 5:31 AM  
**Released at** Mar 5, 2021 5:31 AM  
**Opened at** Mar 5, 2021 8:36 AM

# Support Search Tool

D [Redacted] Search

Sample [Redacted] Admin (/adminsamples/sample/9672753/change/) ▼

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Mar 3, 2021 9:16 AM

**Activated at** Mar 3, 2021 9:16 AM

Fulfillment Admin (/adminfulfillment/fulfillment/10465663/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Dec 7, 2020 1:34 PM

**Accessioned at** Mar 4, 2021 8:19 AM

**Accessioned by** CDPH Branch Laboratory

Collection Batches ▼

Collection Batch ID: 3884 ▼

**From** Bay Area Community Health - Community Testing Events

**To** CDPH Branch Laboratory

**Shipping Status** Pre-Transit

**Shipping Carrier** FedEx

**Shipping Tracking #** 773060818221

**Shipment Created at** Mar 3, 2021 4:11 PM

Initial sample for Requisition [Redacted] CPP (/providers/order/details/2195723) ▼

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Mar 3, 2021 9:16 AM

**Skip Payment?** No

**Provider Owned?** [Redacted]

**Placed by** [Redacted]

Patient [Redacted] Admin (/adminordering\_physicians/patientprofile/4005003/change/) ▼

**Email** [Redacted]

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/44147/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Additional Recipient

[Admin](#) (/adminordering\_physicians/providerprofile/44148/change/)

**Verified?** Yes  
**Primary Role**  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 80252645314

[Links](#)

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Mar 3, 2021 9:05 AM

Test taken by

[Actions](#) [Admin](#) (/adminusers/coloruser/3470412/change/)

**Email** provider-proxy+2195723@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Mar 3, 2021 9:16 AM  
**Last Logged in at** Mar 4, 2021 9:15 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female   
**Gender Identity** Female   
**Self Described Gender Identity**   
**Health History Status** Not started  
**User Referral Code** LOGYZN  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships



Alameda- CDPH212- HIPAA



|                      |                         |
|----------------------|-------------------------|
| <b>Population</b>    | Alameda- CDPH212- HIPAA |
| <b>Organization</b>  | CDPH                    |
| <b>Relationships</b> |                         |

Text Messages



Requisition



[Admin](#) (/providers/order/details/2195723)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 3, 2021 9:16 AM                   |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | No                                    |
| <b>Placed by</b>       |                                       |

Patient:



[Admin](#) (/adminordering\_physicians/patientprofile/4005003/change/)

|   |     |
|---|-----|
| <b>Email</b>                            |     |
| <b>Phone Number</b>                     |     |
| <b>Gender</b>                           |     |
| <b>Date of Birth</b>                    |     |
| <b>Address</b>                          |     |
| <b>Provider Attestation of Consent?</b> | Yes |

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Initial Sample



[Admin](#) (/adminsamples/sample/9672753/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       |                           |
| <b>Accession #</b>  |                           |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Mar 3, 2021 9:16 AM       |
| <b>Activated at</b> | Mar 3, 2021 9:16 AM       |

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/10465663/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000000  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |



**Scanned at** Dec 7, 2020 1:34 PM  
**Accessioned at** Mar 4, 2021 8:19 AM  
**Accessioned by** CDPH Branch Laboratory

Collection Batches

Collection Batch ID: 3884

**From** Bay Area Community Health - Community Testing Events  
**To** CDPH Branch Laboratory  
**Shipping Status** Pre-Transit  
**Shipping Carrier** FedEx  
**Shipping Tracking #** 773060818221  
**Shipment Created at** Mar 3, 2021 4:11 PM

Additional Recipients

Additional Recipient:

[Admin](/adminordering_physicians/providerprofile/44147/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Additional Recipient:

[Admin](/adminordering_physicians/providerprofile/44148/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes

Reports

Report ID: 4177439

[Report](/reports/4177439)

**Status** Released  
**Sent to Ordering Physician at** Mar 4, 2021 9:15 PM  
**Release Ready at** Mar 4, 2021 9:15 PM  
**Released at** Mar 4, 2021 9:15 PM  
**Opened at** Mar 4, 2021 9:15 PM



# Support Search Tool

Search

Sample [REDACTED] [Admin](/adminsamples/sample/10426712/change/)

|                     |  |
|---------------------|--|
| <b>Status</b>       |  |
| <b>Accession #</b>  | <span style="background-color: black; color: black;">[REDACTED]</span> |
| <b>Sample Type</b>  | Covid_anterior_nares_swab  |
| <b>Collected at</b> | Mar 4, 2021 2:59 PM  |
| <b>Activated at</b> | Mar 4, 2021 4:00 PM  |

Fulfillment [Admin](/adminfulfillment/fulfillment/12165250/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000002  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |
| <b>Scanned at</b>        | Jan 14, 2021 6:55 PM                             |
| <b>Accessioned at</b>    | Mar 4, 2021 10:48 PM                             |
| <b>Accessioned by</b>    | CDPH Branch Laboratory                           |

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/6169437357/)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 4, 2021 4:00 PM                   |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | Yes                                   |

Patient [REDACTED] [Admin](/adminordering_physicians/patientprofile/4057773/change/)

|   |  |
|---|--|
| <b>Phone Number</b>                     | <span style="background-color: black; color: black;">[REDACTED]</span> |
| <b>Gender</b>                           | <span style="background-color: black; color: black;">[REDACTED]</span> |
| <b>Date of Birth</b>                    | <span style="background-color: black; color: black;">[REDACTED]</span> |
| <b>Address</b>                          | <span style="background-color: black; color: black;">[REDACTED]</span> |
| <b>Provider Attestation of Consent?</b> | Yes  |

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Kit Orders ▼

Kit Order # 62127724252

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by [REDACTED] [Actions](#) [Admin](#) (/adminusers/coloruser/3505989/change/)

**Email** provider-proxy+6169437357@color.com  
**Is Active?** Yes  
**Requested Email** [REDACTED]  
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language** [REDACTED]  
**User Type** [REDACTED]  
**Patient Id** [REDACTED]  
**Account Created at** Mar 4, 2021 4:00 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male  
**Gender Identity** [REDACTED]  
**Self Described Gender Identity** [REDACTED]  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Text Messages

Requisition [REDACTED] [CPP](#) (/providers/order/details/6169437357)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Mar 4, 2021 4:00 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [REDACTED] [Admin](#) (/adminordering\_physicians/patientprofile/4057773/change/)

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [REDACTED] [Admin](/adminsamples/sample/10426712/change/) ▼

**Status** Activated  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Mar 4, 2021 2:59 PM  
**Activated at** Mar 4, 2021 4:00 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/12165250/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000002  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Jan 14, 2021 6:55 PM  
**Accessioned at** Mar 4, 2021 10:48 PM  
**Accessioned by** CDPH Branch Laboratory

Reports ▼

Report ID: 4194555 [Report](/reports/4194555) ▼

**Status** Released  
**Sent to Ordering Physician at** Mar 5, 2021 1:46 PM  
**Release Ready at** Mar 5, 2021 1:46 PM  
**Released at** Mar 5, 2021 1:46 PM

# Support Search Tool

[REDACTED]

Search

Sample [REDACTED] [Admin](/adminsamples/sample/10627614/change/)

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Feb 10, 2021 3:40 PM

**Activated at** Feb 10, 2021 4:40 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/12366152/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000002

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Jan 14, 2021 6:55 PM

**Accessioned at** Feb 11, 2021 3:33 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/3678445)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Feb 10, 2021 4:40 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient [REDACTED] [Admin](/adminordering_physicians/patientprofile/3471788/change/)

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders ▼

Kit Order # 89105835425

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by

Actions Admin (/adminusers/coloruser/3109942/change/)

**Email** provider-proxy+3678445@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Feb 10, 2021 4:40 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male  
**Gender Identity**  
**Self Described Gender Identity**  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/3678445)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Feb 10, 2021 4:40 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient

Admin (/adminordering\_physicians/patientprofile/3471788/change/)

**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274

**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [REDACTED] [Admin \(/admindata/sample/10627614/change/\)](/admindata/sample/10627614/change/) ▼

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Feb 10, 2021 3:40 PM  
**Activated at** Feb 10, 2021 4:40 PM

Fulfillment [Admin \(/adminfulfillment/fulfillment/12366152/change/\)](/adminfulfillment/fulfillment/12366152/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000002  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Jan 14, 2021 6:55 PM  
**Accessioned at** Feb 11, 2021 3:33 AM  
**Accessioned by** CDPH Branch Laboratory

Reports [▼](#)

Report ID: 3619209 [Report \(/reports/3619209\)](/reports/3619209/) ▼

**Status** Released  
**Sent to Ordering Physician at** Feb 11, 2021 1:30 PM  
**Release Ready at** Feb 11, 2021 1:30 PM  
**Released at** Feb 11, 2021 1:30 PM

# Support Search Tool

D- [Redacted]

Search

Sample [Redacted] [Admin](/adminsamples/sample/10668086/change/)

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Feb 10, 2021 7:46 AM

**Activated at** Feb 10, 2021 8:50 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/12406624/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000002

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Jan 14, 2021 6:55 PM

**Accessioned at** Feb 11, 2021 3:38 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/9510088)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Feb 10, 2021 8:50 AM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [Redacted] [Admin](/adminordering_physicians/patientprofile/3445254/change/)

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders





Kit Order # 73607762552

[Links](#) ▾

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by: [REDACTED]

[Actions](#) ▾ [Admin](#) (/adminusers/coloruser/3089278/change/) ▾

**Email** provider-proxy+9510088@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language** [REDACTED]  
**User Type** [REDACTED]  
**Patient Id** [REDACTED]  
**Account Created at** Feb 10, 2021 8:50 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships ▾

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [REDACTED]

[CPP](#) (/providers/order/details/9510088) ▾

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Feb 10, 2021 8:50 AM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [REDACTED]

[Admin](#) (/adminordering\_physicians/patientprofile/3445254/change/) ▾

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274



**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [REDACTED]

[Admin](#) (/adminsamples/sample/10668086/change/) ▼

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Feb 10, 2021 7:46 AM  
**Activated at** Feb 10, 2021 8:50 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/12406624/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000002  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Jan 14, 2021 6:55 PM  
**Accessioned at** Feb 11, 2021 3:38 AM  
**Accessioned by** CDPH Branch Laboratory

Reports



Report ID: 3619157

[Report](#) (/reports/3619157) ▼

**Status** Released  
**Sent to Ordering Physician at** Feb 11, 2021 1:30 PM  
**Release Ready at** Feb 11, 2021 1:30 PM  
**Released at** Feb 11, 2021 1:30 PM

# Support Search Tool

[Redacted]

Search

Sample # [Redacted] [Admin](/adminsamples/sample/7690531/change/)

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Feb 11, 2021 5:53 PM

**Activated at** Feb 11, 2021 6:56 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/7859087/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Nov 19, 2020 5:10 PM

**Accessioned at** Feb 11, 2021 10:19 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/8092583)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Feb 11, 2021 6:56 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [Redacted] [Admin](/adminordering_physicians/patientprofile/3514243/change/)

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 41892537716

[Links](#) ▾

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken [REDACTED] [Actions](#) [Admin](#) (/adminusers/coloruser/3140560/change/) ▾

**Email** provider-proxy+8092583@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language**  
**User Type** [REDACTED]  
**Patient Id**  
**Account Created at** Feb 11, 2021 6:56 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships ▾

OptumServe ▾

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [REDACTED]

[CPP](#) (/providers/order/details/8092583) ▾

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Feb 11, 2021 6:56 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [REDACTED] [Admin](#) (/adminordering\_physicians/patientprofile/3514243/change/) ▾

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274

**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Samp [REDACTED] [Admin](/adminsamples/sample/7690531/change/) ⌵

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Feb 11, 2021 5:53 PM  
**Activated at** Feb 11, 2021 6:56 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/7859087/change/) ⌵

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Nov 19, 2020 5:10 PM  
**Accessioned at** Feb 11, 2021 10:19 PM  
**Accessioned by** CDPH Branch Laboratory

Reports ⌵

Report ID: 3668750 [Report](/reports/3668750/) ⌵

**Status** Released  
**Sent to Ordering Physician at** Feb 12, 2021 9:01 PM  
**Release Ready at** Feb 12, 2021 9:01 PM  
**Released at** Feb 12, 2021 9:01 PM

# Support Search Tool

Search

Sample # [redacted] [Admin](/adminsamples/sample/7509926/change/)

**Status**

**Accession #** [redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Feb 9, 2021 8:53 AM

**Activated at** Feb 9, 2021 9:56 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/7678250/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Nov 19, 2020 5:10 PM

**Accessioned at** Feb 10, 2021 1:33 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [redacted] [CPP](/providers/order/details/0152470)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Feb 9, 2021 9:56 AM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [redacted] [Admin](/adminordering_physicians/patientprofile/3408135/change/)

**Phone Number** [redacted]

**Gender** [redacted]

**Date of Birth** [redacted]

**Address** [redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 07976596725

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by:



Actions Admin (/adminusers/coloruser/3061635/change/)

**Email** provider-proxy+0152470@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**   
**Phone Number**   
**Preferred Language**   
**User Type**   
**Patient Id**   
**Account Created at** Feb 9, 2021 9:56 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition



CPP (/providers/order/details/0152470)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Feb 9, 2021 9:56 AM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient:



Admin (/adminordering\_physicians/patientprofile/3408135/change/)

**Phone Number**   
**Gender**   
**Date of Birth**   
**Address**   
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274



**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample: [REDACTED] [Admin](/adminsamples/sample/7509926/change/) (/adminsamples/sample/7509926/change/)

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Feb 9, 2021 8:53 AM  
**Activated at** Feb 9, 2021 9:56 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/7678250/change/) (/adminfulfillment/fulfillment/7678250/change/)

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Nov 19, 2020 5:10 PM  
**Accessioned at** Feb 10, 2021 1:33 PM  
**Accessioned by** CDPH Branch Laboratory

Reports [Report](/reports/3610027) (/reports/3610027)

Report ID: 3610027 [Report](/reports/3610027) (/reports/3610027)

**Status** Released  
**Sent to Ordering Physician at** Feb 11, 2021 6:01 AM  
**Release Ready at** Feb 11, 2021 6:01 AM  
**Released at** Feb 11, 2021 6:01 AM

# Support Search Tool

D [Redacted]

Search

Sample [Redacted] [Admin](/adminsamples/sample/10228549/change/)

|                     |                           |
|---------------------|---------------------------|
| <b>Status</b>       | [Redacted]                |
| <b>Accession #</b>  | [Redacted]                |
| <b>Sample Type</b>  | Covid_anterior_nares_swab |
| <b>Collected at</b> | Mar 2, 2021 9:07 AM       |
| <b>Activated at</b> | Mar 2, 2021 10:10 AM      |

Fulfillment [Admin](/adminfulfillment/fulfillment/11967088/change/)

|                          |  |
|--------------------------|--|
| <b>Status</b>            | Sample accessioned by CDPH Branch Laboratory     |
| <b>Batch Size</b>        | 1000002  |
| <b>Distribution Type</b> | Handed out at provider's office                  |
| <b>Package Type</b>      | Color saliva package                             |
| <b>Delivery Address</b>  | 599 The Embarcadero, San Francisco, CA 94107, US |
| <b>Scanned at</b>        | Jan 14, 2021 6:55 PM                             |
| <b>Accessioned at</b>    | Mar 3, 2021 2:43 AM                              |
| <b>Accessioned by</b>    | CDPH Branch Laboratory                           |

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/8188976)

|                        |                                       |
|------------------------|---------------------------------------|
| <b>Status</b>          | Claimed                               |
| <b>Type</b>            | The provider took the client's sample |
| <b>Test Requested</b>  | COVID-19 test                         |
| <b>Created At</b>      | Mar 2, 2021 10:10 AM                  |
| <b>Skip Payment?</b>   | No                                    |
| <b>Provider Owned?</b> | Yes                                   |

Patient: [Redacted] [Admin](/adminordering_physicians/patientprofile/3972289/change/)

|   |            |
|---|------------|
| <b>Phone Number</b>                     | [Redacted] |
| <b>Gender</b>                           | [Redacted] |
| <b>Date of Birth</b>                    | [Redacted] |
| <b>Address</b>                          | [Redacted] |
| <b>Provider Attestation of Consent?</b> | Yes        |

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

|                                    |   |
|------------------------------------|---|
| <b>Verified?</b>                   | Yes   |
| <b>Primary Role</b>                | Other physician   |
| <b>Email</b>                       | Erica.pan@cdph.ca.gov   |
| <b>Phone Number</b>                | (916) 445-0062  |
| <b>Fax Number</b>                  | (916) 445-0274  |
| <b>Address</b>                     | US  |
| <b>NPI</b>                         | 1972697324  |
| <b>Institution Name</b>            | California Department of Public Health Center for Infectious Diseases |
| <b>Institution Address</b>         | P.O. Box 997377, Sacramento, CA 95899, US                             |
| <b>Institution Fax Number</b>      | (916) 445-0274  |
| <b>Institution Allows Sharing?</b> | Yes   |

Kit Orders







Kit Order # 69248541700

[Links](#) ▾

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by [REDACTED]

[Actions](#) ▾ [Admin](#) (/adminusers/coloruser/3447911/change/) ▾

**Email** provider-proxy+8188976@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language** [REDACTED]  
**User Type** [REDACTED]  
**Patient Id** [REDACTED]  
**Account Created at** Mar 2, 2021 10:10 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships ▾

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [REDACTED]

[CPP](#) (/providers/order/details/8188976) ▾

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Mar 2, 2021 10:10 AM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [REDACTED]

[Admin](#) (/adminordering\_physicians/patientprofile/3972289/change/) ▾

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274

**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample:



[Admin](#) (/adminsamples/sample/10228549/change/) ▼

**Status**  
**Accession #** [Redacted]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Mar 2, 2021 9:07 AM  
**Activated at** Mar 2, 2021 10:10 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/11967088/change/) ▼

Reports ▼

Report ID: 4124411

[Report](#) (/reports/4124411) ▼

**Status** Released  
**Sent to Ordering Physician at** Mar 3, 2021 2:45 PM  
**Release Ready at** Mar 3, 2021 2:45 PM  
**Released at** Mar 3, 2021 2:45 PM

# Support Search Tool

D [Redacted] Search

Sample [Redacted] Admin (/adminsamples/sample/7290689/change/) ▼

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Feb 9, 2021 2:36 PM

**Activated at** Feb 9, 2021 3:40 PM

Fulfillment Admin (/adminfulfillment/fulfillment/7459019/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 1000000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Nov 19, 2020 5:10 PM

**Accessioned at** Feb 10, 2021 3:23 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [Redacted] CPP (/providers/order/details/5032330) ▼

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Feb 9, 2021 3:40 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [Redacted] Admin (/adminordering\_physicians/patientprofile/3428572/change/) ▼

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders ▼

Kit Order # 73456288325

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by: [Redacted] [Actions](#) [Admin](#) (/adminusers/coloruser/3077574/change/)

**Email** provider-proxy+5032330@color.com  
**Is Active?** Yes  
**Requested Email** [Redacted]  
**Date of Birth** [Redacted]  
**Phone Number** [Redacted]  
**Preferred Language** [Redacted]  
**User Type** [Redacted]  
**Patient Id** [Redacted]  
**Account Created at** Feb 9, 2021 3:40 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male  
**Gender Identity** [Redacted]  
**Self Described Gender Identity** [Redacted]  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [Redacted] [CPP](#) (/providers/order/details/5032330)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Feb 9, 2021 3:40 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [Redacted] [Admin](#) (/adminordering\_physicians/patientprofile/3428572/change/)

**Phone Number** [Redacted]  
**Gender** [Redacted]  
**Date of Birth** [Redacted]  
**Address** [Redacted]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274

**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample:



[Admin](#) (/adminsamples/sample/7290689/change/) ▼

**Status**  
**Accession #**   
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Feb 9, 2021 2:36 PM  
**Activated at** Feb 9, 2021 3:40 PM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/7459019/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 1000000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Nov 19, 2020 5:10 PM  
**Accessioned at** Feb 10, 2021 3:23 AM  
**Accessioned by** CDPH Branch Laboratory

Reports



Report ID: 3579548

[Report](#) (/reports/3579548) ▼

**Status** Released  
**Sent to Ordering Physician at** Feb 10, 2021 2:15 PM  
**Release Ready at** Feb 10, 2021 2:15 PM  
**Released at** Feb 10, 2021 2:15 PM



# Support Search Tool

Search

Sample  [Admin \(/adminsamples/sample/4102454/change/\)](/adminsamples/sample/4102454/change/)

**Status** Activated

**Accession #** 

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 8, 2020 9:25 AM

**Activated at** Dec 8, 2020 9:25 AM

Fulfillment [Admin \(/adminfulfillment/fulfillment/4085625/change/\)](/adminfulfillment/fulfillment/4085625/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 800000

**Distribution Type** Handed out at provider's office


**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 3:30 PM

**Accessioned at** Dec 9, 2020 10:08 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition  [CPP \(/providers/order/details/9839245\)](/providers/order/details/9839245)


**Status** Claimed


**Type** The provider took the client's sample

**Test Requested** COVID-19 test

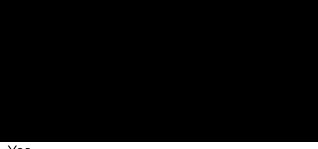
**Created At** Dec 8, 2020 9:25 AM

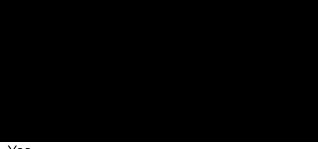
**Skip Payment?** No

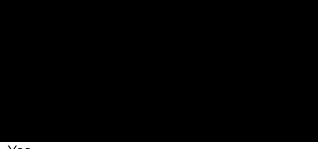
**Provider Owned?** 

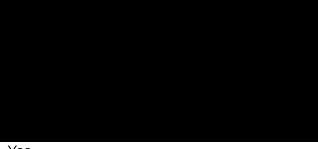
**Placed by** 

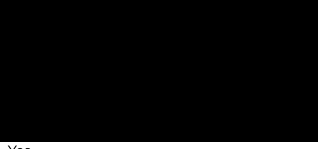
Patient:  [Admin \(/adminordering\\_physicians/patientprofile/1539432/change/\)](/adminordering_physicians/patientprofile/1539432/change/)

**Email** 

**Phone Number** 

**Gender** 

**Date of Birth** 

**Address** 

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin \(/adminordering\\_physicians/providerprofile/43251/change/\)](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin \(/adminordering\\_physicians/providerprofile/43251/change/\)](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 61574244061

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Dec 8, 2020 9:25 AM

Test taken by [Redacted] [Actions](#) [Admin](#) (/adminusers/coloruser/1515137/change/)

**Email** provider-proxy+9839245@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Dec 8, 2020 9:25 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity** Female  
**Self Described Gender Identity**  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Santa Clara - CDPH024  
**Population** Santa Clara - CDPH024  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition [Redacted] [CPP](#) (/providers/order/details/9839245)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Dec 8, 2020 9:25 AM  
**Skip Payment?** No  
**Provider Owned?**  
**Placed by** [Redacted]

Patient: [Redacted] [Admin](#) (/adminordering\_physicians/patientprofile/1539432/change/)

**Email**  
**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample: # [REDACTED]

[Admin](#) (/adminsamples/sample/4102454/change/)

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Dec 8, 2020 9:25 AM  
**Activated at** Dec 8, 2020 9:25 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/4085625/change/)

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 800000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Oct 21, 2020 3:30 PM  
**Accessioned at** Dec 9, 2020 10:08 AM  
**Accessioned by** CDPH Branch Laboratory

Reports

Report ID: 1733808

[Report](#) (/reports/1733808)

**Status** Released  
**Sent to Ordering Physician at** Dec 10, 2020 2:15 AM  
**Release Ready at** Dec 10, 2020 2:15 AM  
**Released at** Dec 10, 2020 2:15 AM



# Support Search Tool

D- [Redacted] Search

Sample [Redacted] Admin (/adminsamples/sample/4647298/change/) ▾

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 7, 2020 4:22 PM

**Activated at** Dec 7, 2020 4:42 PM

Fulfillment Admin (/adminfulfillment/fulfillment/4630469/change/) ▾

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 800000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 3:30 PM

**Accessioned at** Dec 9, 2020 1:38 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [Redacted] CPP (/providers/order/details/2384115) ▾

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Dec 7, 2020 4:41 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [Redacted] Admin (/adminordering\_physicians/patientprofile/1528028/change/) ▾

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▾

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders ▾

Kit Order # 35603085824

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by: [REDACTED]

Actions Admin (/adminusers/coloruser/1506558/change/)

**Email** provider-proxy+2384115@color.com  
**Is Active?** Yes  
**Requested Email** [REDACTED]  
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language** [REDACTED]  
**User Type** [REDACTED]  
**Patient Id** [REDACTED]  
**Account Created at** Dec 7, 2020 4:42 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male [REDACTED]  
**Gender Identity** [REDACTED]  
**Self Described Gender Identity** [REDACTED]  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition [REDACTED]

CPP (/providers/order/details/2384115)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Dec 7, 2020 4:41 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient [REDACTED]

Admin (/adminordering\_physicians/patientprofile/1528028/change/)

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274

**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample [REDACTED] [Admin](/adminsamples/sample/4647298/change/) ▼

**Status** Activated  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Dec 7, 2020 4:22 PM  
**Activated at** Dec 7, 2020 4:42 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/4630469/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 800000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Oct 21, 2020 3:30 PM  
**Accessioned at** Dec 9, 2020 1:38 PM  
**Accessioned by** CDPH Branch Laboratory

Reports ▼

Report ID: 1779862 [Report](/reports/1779862) ▼

**Status** Released  
**Sent to Ordering Physician at** Dec 12, 2020 8:01 AM  
**Release Ready at** Dec 12, 2020 8:01 AM  
**Released at** Dec 12, 2020 8:01 AM

# Support Search Tool

D [REDACTED]

Search

Sample # D [REDACTED] [Admin](/adminsamples/sample/4244550/change/)

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 8, 2020 10:49 AM

**Activated at** Dec 8, 2020 10:51 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/4227721/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 800000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 3:30 PM

**Accessioned at** Dec 9, 2020 1:33 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] [CPP](/providers/order/details/4746950)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Dec 8, 2020 10:49 AM

**Skip Payment?** No

**Provider Owned?**

**Placed by** [REDACTED]

Patient: [REDACTED] [Admin](/adminordering_physicians/patientprofile/1544087/change/)

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Additional Recipients

Additional Recipient: [Redacted]

[Admin](#) (/adminordering\_physicians/providerprofile/43273/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** [Redacted]  
**Phone Number** [Redacted]  
**Fax Number** [Redacted]  
**Address** [Redacted]  
**NPI** [Redacted]  
**Institution Name** [Redacted]  
**Institution Address** [Redacted]  
**Institution Fax Number** [Redacted]  
**Institution Allows Sharing?** Yes  
**Number of Fax Logs** 8055

Fax Logs

|                     |  |                       |
|---------------------|--|-----------------------|
| Fax # 241048        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> |  | Mar 19, 2021 10:03 PM |
| Fax # 241045        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> |  | Mar 19, 2021 10:04 PM |
| Fax # 241043        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> |  | Mar 19, 2021 10:03 PM |
| Fax # 241042        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> |  | Mar 19, 2021 10:03 PM |
| Fax # 241041        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> |  | Mar 19, 2021 10:03 PM |
| Fax # 241039        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 9:45 PM  |
| <b>Delivered at</b> |  | Mar 19, 2021 9:49 PM  |
| Fax # 241037        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 9:45 PM  |
| <b>Delivered at</b> |  | Mar 19, 2021 9:51 PM  |
| Fax # 241034        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 9:45 PM  |
| <b>Delivered at</b> |  | Mar 19, 2021 9:50 PM  |
| Fax # 241029        |  | Completed             |
| <b>State</b>        |  |                       |
| <b>Submitted at</b> |  | Mar 19, 2021 9:45 PM  |
| <b>Delivered at</b> |  | Mar 19, 2021 9:47 PM  |

Fax # 241028

**State** Completed  
**Submitted at** Mar 19, 2021 9:45 PM  
**Delivered at** Mar 19, 2021 9:47 PM

Kit Orders

Kit Order # 75665323809

Links

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Dec 8, 2020 10:49 AM

Test taken by:



Actions Admin (/adminusers/coloruser/1519124/change/)

**Email** provider-proxy+4746950@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth**   
**Phone Number**   
**Preferred Language**   
**User Type**   
**Patient Id**   
**Account Created at** Dec 8, 2020 10:51 AM  
**Last Logged in at** Dec 10, 2020 10:07 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity** Male   
**Self Described Gender Identity**   
**Health History Status** Not started  
**User Referral Code** EJAGQZ  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Tulare - 1055 W Henderson - Porterville

**Population** Tulare - 1055 W Henderson - Porterville  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition



CPP (/providers/order/details/4746950)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Dec 8, 2020 10:49 AM  
**Skip Payment?** No  
**Provider Owned?** No  
**Placed by**

Patient



Admin (/adminordering\_physicians/patientprofile/1544087/change/)

**Phone Number**   
**Gender**   
**Date of Birth**   
**Address**   
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician



**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

[Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample:



[Admin](/adminsamples/sample/4244550/change/)

**Status**  
**Accession #** [Redacted]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Dec 8, 2020 10:49 AM  
**Activated at** Dec 8, 2020 10:51 AM

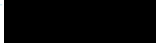
Fulfillment

[Admin](/adminfulfillment/fulfillment/4227721/change/)

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 800000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Scanned at** Oct 21, 2020 3:30 PM  
**Accessioned at** Dec 9, 2020 1:33 PM  
**Accessioned by** CDPH Branch Laboratory

Additional Recipients

Additional Recipient



[Admin](/adminordering_physicians/providerprofile/43273/change/)

**Verified?** Yes  
**Primary Role**  
**Email**  
**Phone Number**  
**Fax Number**  
**Address**  
**NPI**  
**Institution Name**  
**Institution Address**  
**Institution Fax Number**  
**Institution Allows Sharing?** Yes  
**Number of Fax Logs** 8055

Fax Logs

Fax # 241048

**State** Completed  
**Submitted at** Mar 19, 2021 10:00 PM  
**Delivered at** Mar 19, 2021 10:03 PM

Fax # 241045

**State** Completed  
**Submitted at** Mar 19, 2021 10:00 PM  
**Delivered at** Mar 19, 2021 10:04 PM



Fax # 241043

|                     |                       |
|---------------------|-----------------------|
| <b>State</b>        | Completed             |
| <b>Submitted at</b> | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> | Mar 19, 2021 10:03 PM |

Fax # 241042

|                     |                       |
|---------------------|-----------------------|
| <b>State</b>        | Completed             |
| <b>Submitted at</b> | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> | Mar 19, 2021 10:03 PM |

Fax # 241041

|                     |                       |
|---------------------|-----------------------|
| <b>State</b>        | Completed             |
| <b>Submitted at</b> | Mar 19, 2021 10:00 PM |
| <b>Delivered at</b> | Mar 19, 2021 10:03 PM |

Fax # 241039

|                     |                      |
|---------------------|----------------------|
| <b>State</b>        | Completed            |
| <b>Submitted at</b> | Mar 19, 2021 9:45 PM |
| <b>Delivered at</b> | Mar 19, 2021 9:49 PM |

Fax # 241037

|                     |                      |
|---------------------|----------------------|
| <b>State</b>        | Completed            |
| <b>Submitted at</b> | Mar 19, 2021 9:45 PM |
| <b>Delivered at</b> | Mar 19, 2021 9:51 PM |

Fax # 241034

|                     |                      |
|---------------------|----------------------|
| <b>State</b>        | Completed            |
| <b>Submitted at</b> | Mar 19, 2021 9:45 PM |
| <b>Delivered at</b> | Mar 19, 2021 9:50 PM |

Fax # 241029

|                     |                      |
|---------------------|----------------------|
| <b>State</b>        | Completed            |
| <b>Submitted at</b> | Mar 19, 2021 9:45 PM |
| <b>Delivered at</b> | Mar 19, 2021 9:47 PM |

Fax # 241028

|                     |                      |
|---------------------|----------------------|
| <b>State</b>        | Completed            |
| <b>Submitted at</b> | Mar 19, 2021 9:45 PM |
| <b>Delivered at</b> | Mar 19, 2021 9:47 PM |

Reports

Report ID: 1740814

[Report](#) (/reports/1740814)

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Status</b>                        | Released              |
| <b>Sent to Ordering Physician at</b> | Dec 10, 2020 9:14 AM  |
| <b>Release Ready at</b>              | Dec 10, 2020 9:14 AM  |
| <b>Released at</b>                   | Dec 10, 2020 9:14 AM  |
| <b>Opened at</b>                     | Dec 10, 2020 10:07 AM |

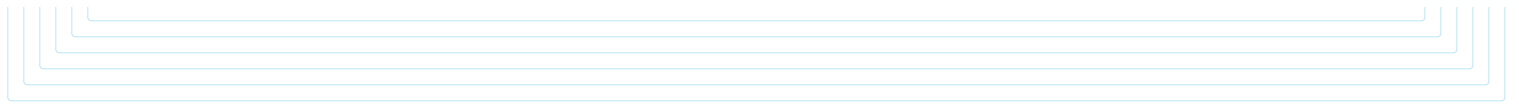
Fax Logs

Fax Log ID: 192451

[Actions](#) [Interfax](#) (https://rest.interfax.net/outbound/faxes/1110407667)

|                     |                      |
|---------------------|----------------------|
| <b>Status</b>       |                      |
| <b>Recipient</b>    | [REDACTED]           |
| <b>Queued at</b>    | Dec 10, 2020 9:33 AM |
| <b>Requested at</b> | Dec 10, 2020 9:33 AM |
| <b>Completed at</b> | Dec 10, 2020 6:40 PM |





# Support Search Tool

D- [REDACTED] Search

Sample # [REDACTED] Admin (/adminsamples/sample/3842674/change/) ▼

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 9, 2020 11:42 AM

**Activated at** Dec 9, 2020 11:42 AM

Fulfillment Admin (/adminfulfillment/fulfillment/3838063/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 12:57 PM

**Accessioned at** Dec 10, 2020 9:48 AM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] CPP (/providers/order/details/7297511) ▼

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Dec 9, 2020 11:42 AM

**Skip Payment?** No

**Provider Owned?**

**Placed by** [REDACTED]

Patient: [REDACTED] Admin (/adminordering\_physicians/patientprofile/1578597/change/) ▼

**Email** [REDACTED]

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 59106801883

Links

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Dec 9, 2020 11:41 AM

Test taken by [Redacted] [Actions](#) [Admin](#) (/adminusers/coloruser/1549081/change/)

**Email** provider-proxy+7297511@color.com  
**Is Active?** Yes  
**Requested Email** [Redacted]  
**Date of Birth** [Redacted]  
**Phone Number** [Redacted]  
**Preferred Language** [Redacted]  
**User Type** [Redacted]  
**Patient Id** [Redacted]  
**Account Created at** Dec 9, 2020 11:42 AM  
**Last Logged in at** Dec 15, 2020 7:19 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity** Female  
**Self Described Gender Identity** [Redacted]  
**Health History Status** Not started  
**User Referral Code** KAHGWV  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Kings - 330 Campus Dr - Hanford

**Population** Kings - 330 Campus Dr - Hanford  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition [Redacted] [CPP](#) (/providers/order/details/7297511)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Dec 9, 2020 11:42 AM  
**Skip Payment?** No  
**Provider Owned?** [Redacted]  
**Placed by** [Redacted]

Patient: [Redacted] [Admin](#) (/adminordering\_physicians/patientprofile/1578597/change/)

**Email** [Redacted]  
**Phone Number** [Redacted]  
**Gender** [Redacted]  
**Date of Birth** [Redacted]  
**Address** [Redacted]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274

Institution Allows Sharing? Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Initial Sample: [REDACTED]

[Admin](#) (/adminsamples/sample/3842674/change/) ▼

**Status** [REDACTED]

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 9, 2020 11:42 AM

**Activated at** Dec 9, 2020 11:42 AM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/3838063/change/) ▼

Reports ▼

Report ID: 1867500

[Report](#) (/reports/1867500) ▼

**Status** Released

**Sent to Ordering Physician at** Dec 15, 2020 5:46 AM

**Release Ready at** Dec 15, 2020 5:46 AM

**Released at** Dec 15, 2020 5:46 AM

**Opened at** Dec 15, 2020 7:19 AM

# Support Search Tool

D [Redacted]

Search

Sample [Redacted] [Admin](/adminsamples/sample/3859887/change/)

**Status**

**Accession #** [Redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 9, 2020 1:26 PM

**Activated at** Dec 9, 2020 1:26 PM

---

Fulfillment [Admin](/adminfulfillment/fulfillment/385555/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 12:57 PM

**Accessioned at** Dec 10, 2020 9:38 AM

**Accessioned by** CDPH Branch Laboratory

---

Initial sample for Requisition [Redacted] [CPP](/providers/order/details/6529841)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Dec 9, 2020 1:26 PM

**Skip Payment?** No

**Provider Owned?** No

**Placed by** [Redacted]

---

Patient: [Redacted] [Admin](/adminordering_physicians/patientprofile/1582809/change/)

**Email** [Redacted]

**Phone Number** [Redacted]

**Gender** [Redacted]

**Date of Birth** [Redacted]

**Address** [Redacted]

**Provider Attestation of Consent?** Yes

---

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

---

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 8974677671

Links

**Status** Report released to client and opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)  
**Consent** Client consented to covid v2.0.1 online at Dec 9, 2020 1:25 PM

Test taken by

Actions Admin (/adminusers/coloruser/1552442/change/)

**Email** provider-proxy+6529841@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Dec 9, 2020 1:26 PM  
**Last Logged in at** Dec 12, 2020 10:59 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity** Female  
**Self Described Gender Identity**  
**Health History Status** Not started  
**User Referral Code** NRGUKI  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

Kings - 330 Campus Dr - Hanford

**Population** Kings - 330 Campus Dr - Hanford  
**Organization** CDPH  
**Relationships**

Text Messages

Requisition

CPP (/providers/order/details/6529841)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Dec 9, 2020 1:26 PM  
**Skip Payment?** No  
**Provider Owned?**  
**Placed by**

Patient

Admin (/adminordering\_physicians/patientprofile/1582809/change/)

**Email**  
**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274

Institution Allows Sharing? Yes

Primary Contact: Dr. Erica Pan

[Admin](#) (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Initial Sample:

[Admin](#) (/adminsamples/sample/3859887/change/)

**Status**

**Accession #**

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Dec 9, 2020 1:26 PM

**Activated at** Dec 9, 2020 1:26 PM

Fulfillment

[Admin](#) (/adminfulfillment/fulfillment/3855555/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Scanned at** Oct 21, 2020 12:57 PM

**Accessioned at** Dec 10, 2020 9:38 AM

**Accessioned by** CDPH Branch Laboratory

Reports

Report ID: 1774847

[Report](#) (/reports/1774847)

**Status** Released

**Sent to Ordering Physician at** Dec 12, 2020 3:45 AM

**Release Ready at** Dec 12, 2020 3:45 AM

**Released at** Dec 12, 2020 3:45 AM

**Opened at** Dec 12, 2020 6:56 AM

# Support Search Tool

Search

Sample # [redacted] [Admin](/adminsamples/sample/2444123/change/)

**Status** Activated

**Accession #** [redacted]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Nov 3, 2020 11:38 AM

**Activated at** Nov 3, 2020 11:55 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/2438118/change/)

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Sep 29, 2020 7:19 AM

**Accessioned at** Nov 3, 2020 10:18 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition # [redacted] [CPP](/providers/order/details/4147038)

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Nov 3, 2020 11:55 AM

**Skip Payment?** No

**Provider Owned?** Yes

Patient [redacted] [Admin](/adminordering_physicians/patientprofile/900796/change/)

**Phone Number** [redacted]

**Gender** [redacted]

**Date of Birth** [redacted]

**Address** [redacted]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan [Admin](/adminordering_physicians/providerprofile/43251/change/)

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes



Kit Orders

Kit Order # 06344513937

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by

Actions Admin (/adminusers/coloruser/982008/change/)

**Email** provider-proxy+4147038@color.com  
**Is Active?** Yes  
**Requested Email**  
**Date of Birth**  
**Phone Number**  
**Preferred Language**  
**User Type**  
**Patient Id**  
**Account Created at** Nov 3, 2020 11:55 AM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Female  
**Gender Identity**  
**Self Described Gender Identity**  
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/4147038)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Nov 3, 2020 11:55 AM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient

Admin (/adminordering\_physicians/patientprofile/900796/change/)

**Phone Number**  
**Gender**  
**Date of Birth**  
**Address**  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sample: [REDACTED] [Admin](/adminsamples/sample/2444123/change/) ⌵

**Status** Activated  
**Accession #** C-94780  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Nov 3, 2020 11:38 AM  
**Activated at** Nov 3, 2020 11:55 AM

Fulfillment [Admin](/adminfulfillment/fulfillment/2438118/change/) ⌵

**Status** Sample accessioned by CDPH Branch Laboratory  
**Batch Size** 100000  
**Distribution Type** Handed out at provider's office  
**Package Type** Color saliva package  
**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US  
**Return Status** Unknown  
**Return Carrier** USPS,First  
**Scanned at** Sep 29, 2020 7:19 AM  
**Accessioned at** Nov 3, 2020 10:18 PM  
**Accessioned by** CDPH Branch Laboratory

Reports ⌵

Report ID: 1186972 [Report](/reports/1186972) ⌵

**Status** Released  
**Sent to Ordering Physician at** Nov 12, 2020 3:00 PM  
**Release Ready at** Nov 12, 2020 3:00 PM  
**Released at** Nov 12, 2020 3:00 PM

# Support Search Tool

D- [REDACTED] Search

Sample [REDACTED] Admin (/adminsamples/sample/2397492/change/) ▼

**Status**

**Accession #** [REDACTED]

**Sample Type** Covid\_anterior\_nares\_swab

**Collected at** Nov 2, 2020 2:05 PM

**Activated at** Nov 2, 2020 2:24 PM

Fulfillment Admin (/adminfulfillment/fulfillment/2391470/change/) ▼

**Status** Sample accessioned by CDPH Branch Laboratory

**Batch Size** 100000

**Distribution Type** Handed out at provider's office

**Package Type** Color saliva package

**Delivery Address** 599 The Embarcadero, San Francisco, CA 94107, US

**Return Status** Unknown

**Return Carrier** USPS,First

**Scanned at** Sep 28, 2020 7:39 PM

**Accessioned at** Nov 2, 2020 10:13 PM

**Accessioned by** CDPH Branch Laboratory

Initial sample for Requisition [REDACTED] CPP (/providers/order/details/4477095) ▼

**Status** Claimed

**Type** The provider took the client's sample

**Test Requested** COVID-19 test

**Created At** Nov 2, 2020 2:21 PM

**Skip Payment?** No

**Provider Owned?** Yes

Patient: [REDACTED] Admin (/adminordering\_physicians/patientprofile/886919/change/) ▼

**Phone Number** [REDACTED]

**Gender** [REDACTED]

**Date of Birth** [REDACTED]

**Address** [REDACTED]

**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan Admin (/adminordering\_physicians/providerprofile/43251/change/) ▼

**Verified?** Yes

**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov

**Phone Number** (916) 445-0062

**Fax Number** (916) 445-0274

**Address** US

**NPI** 1972697324

**Institution Name** California Department of Public Health Center for Infectious Diseases

**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US

**Institution Fax Number** (916) 445-0274

**Institution Allows Sharing?** Yes

Kit Orders

Kit Order # 19461324333

Links

**Status** Report released to client, but not yet opened  
**Test Type** COVID-19 Test  
**Approval Status** Approved by external ordering physician  
**Priority** 0 (CLIENT)

Test taken by [REDACTED] [Actions](#) [Admin](#) (/adminusers/coloruser/971455/change/)

**Email** provider-proxy+4477095@color.com  
**Is Active?** Yes  
**Requested Email**   
**Date of Birth** [REDACTED]  
**Phone Number** [REDACTED]  
**Preferred Language** [REDACTED]  
**User Type** [REDACTED]  
**Patient Id** [REDACTED]  
**Account Created at** Nov 2, 2020 2:24 PM  
**Email Confirmed?** No  
**Sex Assigned At Birth** Male   
**Gender Identity**   
**Self Described Gender Identity**   
**Health History Status** Not started  
**Has Ancestry Results?** No  
**Has Access To Discovery?** No  
**Marketing Emails** Subscribed

Population Memberships

OptumServe

**Population** OptumServe  
**Organization** OptumServe  
**Relationships**

Requisition

CPP (/providers/order/details/4477095)

**Status** Claimed  
**Type** The provider took the client's sample  
**Test Requested** COVID-19 test  
**Created At** Nov 2, 2020 2:21 PM  
**Skip Payment?** No  
**Provider Owned?** Yes

Patient: [REDACTED] [Admin](#) (/adminordering\_physicians/patientprofile/886919/change/)

**Phone Number** [REDACTED]  
**Gender** [REDACTED]  
**Date of Birth** [REDACTED]  
**Address** [REDACTED]  
**Provider Attestation of Consent?** Yes

Ordering Physician: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician  
**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Primary Contact: Dr. Erica Pan

Admin (/adminordering\_physicians/providerprofile/43251/change/)

**Verified?** Yes  
**Primary Role** Other physician

**Email** Erica.pan@cdph.ca.gov  
**Phone Number** (916) 445-0062  
**Fax Number** (916) 445-0274  
**Address** US  
**NPI** 1972697324  
**Institution Name** California Department of Public Health Center for Infectious Diseases  
**Institution Address** P.O. Box 997377, Sacramento, CA 95899, US  
**Institution Fax Number** (916) 445-0274  
**Institution Allows Sharing?** Yes

Initial Sampl [REDACTED] [Admin](/adminsamples/sample/2397492/change/) ⌵

**Status**  
**Accession #** [REDACTED]  
**Sample Type** Covid\_anterior\_nares\_swab  
**Collected at** Nov 2, 2020 2:05 PM  
**Activated at** Nov 2, 2020 2:24 PM

Fulfillment [Admin](/adminfulfillment/fulfillment/2391470/change/) ⌵

Reports ⌵

Report ID: 1064078 [Report](/reports/1064078) ⌵

**Status** Released  
**Sent to Ordering Physician at** Nov 3, 2020 8:45 PM  
**Release Ready at** Nov 3, 2020 8:45 PM  
**Released at** Nov 3, 2020 8:45 PM