## **eForm Patient Registration**



## eForm Result Entry

1 Sign-in to the eForm			
https://www.eforms.phsaehealth.ca/appdash/appdash.jsp			
	HealthBC Sign in someone@example.com Cart access your account? Sign-in options	SA eForms PHSA eForms - Screening, MDS, Serology forms. Launch Application Change Access	
2 Retrieve saved patient registration		PHSA eforms - Google Chrome  I auncher.qa.eforms.phsaehealth.ca/vpp-covid/index.jsp  BC PHSA eForms	
		eForms         Drafts         Client           Jon Snow         1995-10-23         COVID-19 PoC Rapid Test - QA           Isst save: 2020-11-30 16.26.31         Isst save: 2020-11-30 16.26.31           Fred Flinstone         2020-11-00           COVID-19 PoC Rapid Test - QA         Isst save: 2020-11-26.94.54           COVID-19 Testing Assessment Form - ENV5         Isst save: 2020-11-09 15.23.13           2020-11-09         COVID-19 OF Rapid Test - QA           Isst save: 2020-11-09 10.39.56         Isst save: 2020-11-09 10.39.56	
3 Complete all mandatory fields in the testing section			
Section 3 - Point-of-care Test Information			
	Test Kit Name *	Collection Date *	
	Specimen Description * ○ Nasopharyngeal ○ Nasal ○ Throat	COVID-19 Test Result *	
4 Submit eForm COVID-19 PoC Rapid Test Form Submission Success Ref.No.: 58a3094e-e31a-4484-b58a-160158299d90			
Save Draft Download PDF Save check the form and correct all errors before submitting.			