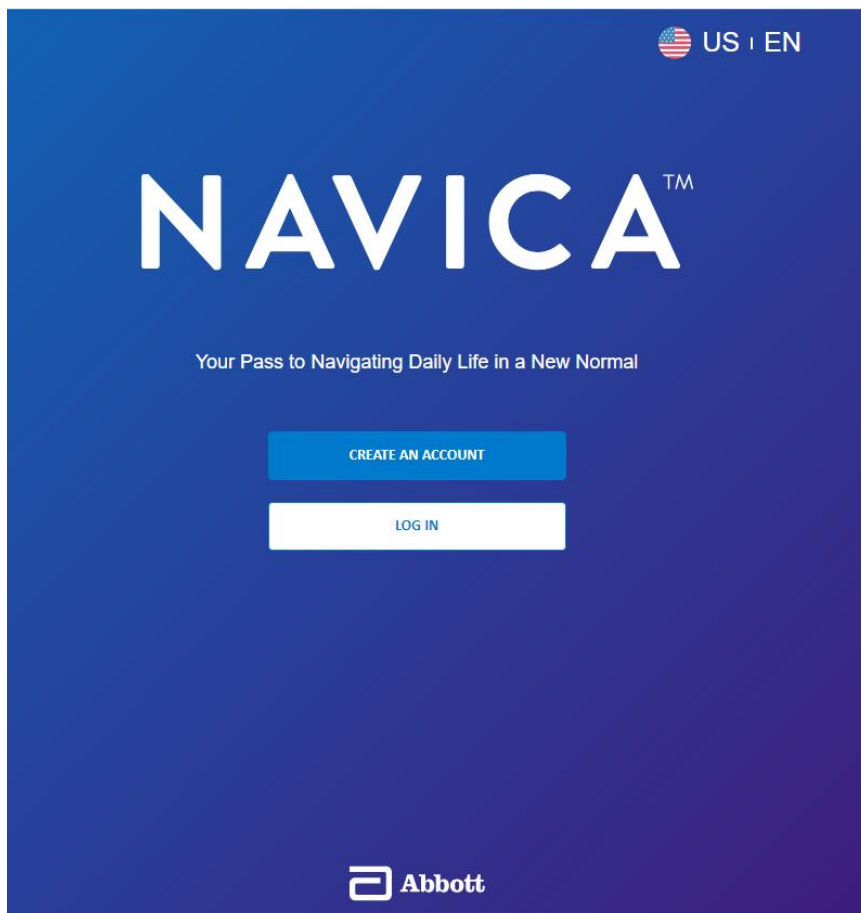


BinaxNOW COVID-19 Antigen Self-Test Kit Instructions



The BinaxNOW COVID-19 Antigen Self-Test is available Over the Counter. This test cannot be used to return/stay in school, to end quarantine or for travel purposes.

Go to the following website: <https://www.mynavica.abbott/>



BinaxNOW COVID-19 Antigen Self-Test Kit Instructions

The NAVICA™ CONSUMER APP END USER LICENSE AGREEMENT AND TERMS OF USE

LAST UPDATED 02.26.2021

PLEASE READ THIS NAVICA™ CONSUMER APP END USER LICENSE AGREEMENT AND TERMS OF USE (THE "AGREEMENT") CAREFULLY BEFORE ACCEPTING IT AND INSTALLING OR USING THE NAVICA™ CONSUMER APPLICATION. REFERENCES IN THIS AGREEMENT TO THE "NAVICA APP" MEAN THE NAVICA™ MOBILE APPLICATION ("MOBILE APP") AND THE NAVICA™ WEBSITE ("WEBSITE") INTENDED FOR USE BY CONSUMERS; ALL RELATED MATERIALS, DOCUMENTATION, PROCESSES, LEARNINGS, MODELS, ALGORITHMS, SOFTWARE, SYSTEMS, AND TECHNOLOGIES, INCLUDING, WITHOUT LIMITATION, ALL RELATED DATA MANAGEMENT SYSTEMS; AND ALL IMPROVEMENTS, MODIFICATIONS, ENHANCEMENTS, AND DERIVATIVES OF OR TO ANY OF THE FOREGOING.

YOU ACCEPT THIS AGREEMENT BY CLICKING "I AGREE," DOWNLOADING, REGISTERING TO USE, OR USING THE NAVICA APP OR BY CONTINUING TO USE THE NAVICA APP AFTER BEING NOTIFIED OF A CHANGE TO THIS AGREEMENT. THIS AGREEMENT IS A LEGALLY BINDING AGREEMENT BETWEEN YOU ("YOU" OR "YOUR") AND ABBOTT LABORATORIES ("ABBOTT," "WE," OR "US") (EACH A "PARTY," AND COLLECTIVELY THE "PARTIES"). BY DOWNLOADING, INSTALLING, ACCESSING, OR USING THE NAVICA APP YOU REPRESENT AND WARRANT THAT: (1) YOU ARE 18 YEARS OF AGE OR OLDER AND A UNITED STATES RESIDENT, (2) YOU ARE AGREEING TO THIS AGREEMENT ON YOUR OWN BEHALF ONLY, (3) YOU WILL NOT ALLOW ANY OTHER PERSON OR ENTITY TO USE THE NAVICA APP UNDER YOUR ACCOUNT OR REGISTRATION, AND (4) YOU HAVE READ, UNDERSTAND, AND AGREE THAT YOU ARE BOUND BY THIS AGREEMENT.

Please read Section 27 regarding Alternative Dispute

Agree And Continue

NAVICA PRIVACY NOTICE SUMMARY

(U.S., September 2021)

Abbott provides the NAVICA Applications ("Apps") and NAVICA Web Portal for facilitating the sharing of information relating to Abbott COVID19 test results. The Apps and Web Portal allow for the sharing of information relating to COVID-19 test results performed using select Abbott rapid testing platforms. The system of Apps and Web Portal enable verification of authenticity of select Abbott test kit types, management of test results and ability to review the results of the most recent testing.

Abbott remains committed to protecting personal information. This Privacy Notice explains how we handle personal information and what we do to keep personal information secure when using the Apps and Web Portal. We understand there is a lot of information included in this Privacy Notice. We want to provide you with a short and easily accessible summary of how we handle, protect, retain, store and disclose your personal information. For more information, see **About the Services** and **Security of Personal Information** below.

THIS NOTICE APPLIES TO THE USE OF NAVICA IN THE U.S. ONLY.

THIS SUMMARY IS NOT COMPREHENSIVE. YOU WILL NEED TO READ THE RELEVANT SECTIONS OF THE PRIVACY NOTICE BELOW TO FULLY UNDERSTAND HOW WE PROCESS PERSONAL INFORMATION.

We collect and process personal information when setting up and using the Apps and Web Portal, which includes for the User (person being tested), first name, last name, email address, full address, phone number, date of birth, and the results of the applicable COVID19 test. This information will be made

Agree And Continue

BinaxNOW COVID-19 Antigen Self-Test Kit Instructions

Verify Email

Enter your email address to receive a verification code.

Email

An email will be sent with a verification code.

Enter Verification Code

Check your email for a verification code and enter it below.

Email

Verification Code

Create Your Password

Password Requirements

- 8 to 24 characters

Must contain 3 of the 4 following:

- 1 lowercase letter
- 1 uppercase letter
- 1 number
- 1 symbol

Create Password

Confirm Password

BinaxNOW COVID-19 Antigen Self-Test Kit Instructions

Create Your Profile

You may be asked to confirm this information with a valid photo ID to receive a COVID-19 test.

First Name

Last Name

Date of Birth (MM/DD/YYYY)

Mobile Phone

Next

Address Details

This information is required by state and US government to track the spread of COVID-19.

Address

City

State

 ▼

Zip

Next

BinaxNOW COVID-19 Antigen Self-Test Kit Instructions

Additional Details

This information is required by state and US government to track the spread of COVID-19.

Gender

Ethnicity

Race


Primary Use


These labels are defined by the US government and may not describe everyone.


[Create Account](#)

Primary Use

- Education: K-12
- Education: University or College
- Employer / Employee
- First Responder / Healthcare Staff
- Independent Senior Citizen
- Senior Care Resident or Staff
- Travel
- All Other

 **My Profile**

 **Managed Profiles** ^

 Add Managed Profile

 **Self-Report Results**

SIGN OUT

BinaxNOW COVID-19 Antigen Self-Test Kit Instructions


TEST DETAILS

Please report the COVID-19 test results using the form below.

Who took the test? *

Date of Birth:

Confirm Test Type *



The image shows the packaging for the BinaxNOW COVID-19 Antigen Self-Test Kit. The packaging is primarily blue and yellow. At the top left is the Abbott logo. In the top right corner, it says "For use under an Emergency Use Authorization only." and "2 TESTS". The main text in the center is "BinaxNOW™". Below that, it says "COVID-19" in a yellow box, followed by "ANTIGEN SELF TEST FOR INFECTION DETECTION". At the bottom, there are two icons: "EASY A Simple Nasal Swab" and "FAST Results in 15 Minutes". At the very bottom left, it says "IVD OTC REF 195-160".

BinaxNOW COVID-19
Self-Test

Click "Continue".

BinaxNOW COVID-19 Antigen Self-Test Kit Instructions

ENTER YOUR RESULTS

Your test result will be shared with your connected organizations as well as public health authorities to meet COVID-19 reporting requirements.

Name: _____ **Name**

Date of Birth: _____ **01/01/1990**

<input checked="" type="radio"/>	Positive	<input type="radio"/>
<input type="radio"/>	Negative	<input type="radio"/>
<input type="radio"/>	Invalid	<input type="radio"/>

CANCEL

SUBMIT

Select the appropriate result and then "Submit".