

How to register on My.QuestForHealth.com

- Visit My.QuestForHealth.com
- If you've already established an account, use the **Log In** area to enter your **username** and **password** and select the green **Log In** button
 - If you've forgotten your login information, use the **username** link to retrieve your username or the **password** link to reset your password
- If you've never registered on the site to establish an account, use the **Create Account** area, enter the registration key provided by your employer, and select the **Register Now** button. Registration Key: CFI2023

Blueprint
for WELLNESS®

Quest
Diagnostics™

Contact

Log In

Username *

Password *

Log In ▶

Forgot your [username](#) or [password](#)?

Create Account

Registration Key *

Located in a communication from your company

Register Now ▶

Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design

Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. Register and complete your screening to know your numbers, transform your health, and [write the story of your life](#).

- Read through the Quest Diagnostics Terms and Conditions
- Scroll to the bottom and select the **Accept & Continue** button



Contact

Terms and Conditions

1. Terms of Service: Quest Diagnostics Health & Wellness represents health benefit management programs with policies in place to maintain the confidentiality of your information consistent with Quest Diagnostics Notice of Privacy Practices, which may be found at QuestDiagnostics.com/home/privacy-policy/online-privacy.html. Our Privacy of Protected Health Information (PHI) policy requires that we "must obtain, maintain, use and disclose patient protected health information in a manner that protects patient privacy and complies with all state and federal laws." Though this is a voluntary program, should you choose not to accept these Terms and Conditions, you will not be able to participate.

2. By participating in the wellness screening program(s) you acknowledge, and consent to, Quest Diagnostics Health & Wellness' disclosure of the data and outcomes of your Health Questionnaire and test results in accordance with the requirements of the Health Insurance and Portability and Accountability Act (HIPAA) and any other applicable laws. If you are providing family medical history or other genetic information through a Health Questionnaire or test results, you are also authorizing and consenting to the use of such genetic information for the purposes of the wellness screening program as described in paragraph 3 below. If you are a spouse or dependent of another participant in the wellness screening program, you are also authorizing and consenting to the use of your genetic information, which genetic information may include blood pressure, BMI, and blood work results such as cholesterol, glucose, and triglycerides, in your spouse's data. Your employer will not receive your results in any form that may match the data to you, though your employer may receive de-identified, aggregated data from the entire population of participating employees.

Accept & Continue ▶

[Download Terms and Conditions](#)



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- If custom consent is required for your program, you will need to read through the consent and select **I accept**
- Then select the green **Continue** button

ABC Consent

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed sit amet euismod tellus, in ultricies leo. Sed maximus dignissim dolor, vitae porttitor est semper sit amet. Cras tempor ac dui vel bibendum. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Praesent libero lacus, sagittis vitae auctor quis, tempor quis elit. Ut lacinia egestas lorem, in auctor metus faucibus in. Vivamus nec vehicula velit. Mauris consequat ligula sed dolor viverra, eu vulputate ex fringilla. In ac volutpat ex.

Pellentesque porta maximus posuere. Nullam commodo id leo sodales mattis. Curabitur condimentum finibus vulputate. Curabitur finibus felis mi, nec rhoncus libero vulputate nec. Vivamus non venenatis est. Integer vitae turpis rutrum, mattis lorem ac, mattis mauris. Nulla ultrices elementum ante vitae commodo. Praesent aliquet fermentum tristique. Nam sit amet dolor risus. Donec sed neque dignissim enim pellentesque tempor. Praesent ut scelerisque lacus, rhoncus interdum nunc. Praesent venenatis elementum nulla, consectetur blandit felis tempor vel. Cras viverra metus quis cursus varius. Cras vestibulum mauris eros, id vulputate velit tempus ac. Pellentesque gravida mauris in gravida pretium. Curabitur congue blandit nunc nec condimentum.

☐ I accept ☐ I decline

Continue ▶

- Under **Confirm Your Eligibility**, enter your Unique ID, Date of Birth, and relationship to the organization
 - Your Unique ID: First 4 characters of first name, first 4 characters of last name and last 4 digits of your SSN.
 - Your relationship should be either **employee** or **spouse**
 - Spouses would need to use the team member's SS#
- Select the green **Continue** button



[Contact](#)

1 Confirm Your Eligibility — 2 Create Account — 3 Enter Your Information

Confirm Your Eligibility

Please enter your Unique ID (which is your employee ID) and date of birth

Employee ID *

123456789A

Birth Date *

02/15/1979



Example: 01/25/1980

Relation *

Employee



[Continue ▶](#)



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- Create a username and password to log in to your account
 - The password must be at least 8 characters long, include a number or special character, and include at least 1 uppercase and 1 lowercase letter
- Select the green **Continue** button



[Contact](#)

1 Confirm Your Eligibility — 2 Create Account — 3 Enter Your Information

Create Your Account

Username *

SampleParticipant123!

Password *

.....

8 Characters, Number or Special Character, Uppercase, Lowercase

Confirm Password *

.....

[Continue ▶](#)

- Verify/complete all of the information under **Enter Your Information**
 - Please note that an email address is required and will be used in a case where you need to retrieve your username or reset your password
- Verify/complete all of the information under **Mailing Address**
- Select if you would like to receive appointment reminders from Quest Diagnostics Health & Wellness
- Select the green **Save** button

My Account

Enter Your Information

First Name

Sample

Last Name

Participant

Birth Date

02/15/1979

Example: 01/25/1980



Gender *

Female

Phone *

913.555.5555

Email Address *

sampleparticipant@sample.com

Mailing Address

Address Line 1 *

10101 Renner Blvd

Address Line 2

Country *

United States

City *

Lenexa

State *

KS - Kansas

Postal Code *

66219

Communication Preferences



I would like to receive appointment reminders from Quest Diagnostics Health & Wellness.

Save ▶

Cancel

- After registering, you will arrive at the dashboard
- Under the **Why should you participate** section, you will see any program-specific information from your employer, if applicable

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

At an Event

Attend a wellness event at work or a location designated by your organization.

[Make an Appointment ▶](#)

At-Home Test


Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

[Order Materials ▶](#)

How to schedule a screening at an onsite event

- Visit My.QuestForHealth.com
- If you've already established an account, use the **Log In** area to enter your **username** and **password** and select the green **Log In** button
 - If you've forgotten your login information, use the **password** link to reset your password or the **username** link to retrieve your username
- If you've never registered on the site to establish an account, use the **Create Account** area enter the registration key provided by your employer, and select the Register Now button. Registration Key: CFI2023
- After logging in or registering, you will be taken to the dashboard

Blueprint
for WELLNESS®




Quest Diagnostics

Hello, Sample Participant

[Schedule an Appointment](#) [My Account](#) [Contact](#) [Log Off](#)

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

| | |
|---|--|
| <h4>Patient Service Center</h4> <p>Schedule a screening at a nearby Quest Diagnostics location.</p> <p>Schedule a Screening ▶</p> | <h4>At an Event</h4> <p>Attend a wellness event at work or a location designated by your organization.</p> <p>Make an Appointment ▶</p> |
| <h4>Physician Results Form</h4> <p>Download a form that your health provider completes with your recent test results.</p> <p>Order Form ▶</p> | <h4>At-Home Test</h4> <p>Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.</p> <p>Order Materials ▶</p> |

Please note: these screenshots are based on common browser resolution; actual screens may vary due to responsive design

- To schedule an appointment at an onsite event, in the **Wellness Screening** section, under **Onsite Event**, select the **Make an Appointment** button

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Wellness Screening

To get started, select an appointment method below.

Patient Service Center

Schedule a screening at a nearby Quest Diagnostics location.

[Schedule a Screening ▶](#)

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Attend a wellness event at work or a location designated by your organization.

[Make an Appointment ▶](#)

Physician Results Form

Download a form that your health provider completes with your recent test results.

[Order Form ▶](#)

At-Home Test

Collect your own screening specimen in your home using the Qcard™ Dried Blood Spot method.

[Order Materials ▶](#)

- Select the onsite event location where you'd like to complete your screening
- Select the **Continue** button

Location

🔄 Recenter

Zip Code
66219

🔍 Search

or

📍 Use Your Location

Search Results "66219"

NOC

9601 Renner Blvd
lenexa, KS 66213

Select

Lenexa

10101 renner blvd
address 2
lenexa, KS 66213

Select

Google

Map data ©2018 Google [Terms of Use](#) [Report a map error](#)

Continue ▶

Cancel

Date & Time

- The first available date will populate in the **Date** field; you can click the calendar icon to choose a different date
- Select the **Time** you would like to complete your screening
- Select the **Continue** button

Location

[Change](#) 

NOC
9601 Renner Blvd
Lenexa, KS 66213

Date & Time

Choose a date *

12/05/2018

Example: 01/25/1980



Select the calendar to see other appointment dates available.

Choose a time *



[Continue ▶](#)

[Back](#)

Review & Confirm



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- Verify that all the appointment details shown on the screen are accurate
- Select the **Confirm** button
 - NOTE: Your appointment is **not scheduled** until you select the **Confirm** button

Location

[Change](#)



NOC
9601 Renner Blvd
Lenexa, KS 66213

Date & Time

[Change](#)



Wednesday, Dec 05, 2018
8:08 AM

Review & Confirm

Confirm ▶

[Cancel](#)

Your appointment is not scheduled until you click confirm.



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- Once your appointment has been scheduled you will arrive at the **Confirmation** screen
- Select the green **Back to Dashboard** link to return to the dashboard

Thank you, Sample

Your wellness screening has been scheduled at the below location.

At an Event

NOC
9601 Renner Blvd
Lenexa, KS 66213

Wednesday, Dec 05, 2018
8:08 AM

Tests must be completed on or before:
Monday, Dec 31, 2018

[Back to Dashboard ►](#)

Prepare For Your Appointment



Drink plenty of water
prior to your
appointment



Continue to take all
medications as
prescribed by your
healthcare provider



Do not eat or drink
anything, except water,
for 9-12 hours prior to
the blood test

For questions, contact the Health & Wellness Service Center: **855.623.9355**



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- On the dashboard, you will be able to see your scheduled appointment
- You can select the green **Download to Calendar** link to add the appointment to your calendar
- If needed, you can use the green buttons to cancel or reschedule your appointment

Scheduled

At an Event

NOC
9601 Renner Blvd
Lenexa, KS 66213

Wednesday, Dec 05, 2018
8:08 AM

 [Download to Calendar](#)

[Reschedule ▶](#)

[Cancel ▶](#)

[? Need More information?](#)

Why You Should Participate

Completing a screening gives you the knowledge you need to identify your health risks and transform your health.



Transform your health

Biometric screening results can provide powerful insights into your health and risks you may not currently recognize. See how these screening participants changed the [stories of their lives](#) with the information gained from screenings.

Did insights from your screening help you transform your health?

