### How to order a postal kit using your online account with Unity Sexual Health

To use the Online Booking process, you will need to create an "online account" – this will register you as a patient on our system.

#### 1. Please access your Online Account.

Username/Email:	michael.clarke@uhbw.n	hs.uk	
Patient number:	20U01463		
Name:	Unity, Jamie		
Date of birth:	09/08/1996		
Gender:	Male		
Home number:			
Work number:			
Mobile number:	07766959488		
Address:	United Bristol Healthcar Tower Hill Bristol BS2 0JD	e Nhs Trust Central Health Clin	ic
🖍 Update Details	1		
Clinical Details			
Source of referral:	Self	Letter communication:	yes
Ethnic group:	White British - WHITE	GP Letter communication:	no
Country of birth: GP:	United Kingdom	TEXT (SMS) communication:	yes
GP Practice:	NA		

# 2. In the "Appointments" box - under "make new appointment" click on the "Sexual Health" button.



## 3. You now see a box listing "Web Testing Kit Orders".

Veb Testing Kit Orders	Ø
Test Kit 1 - Male - chlamydia/gonorrhoea testing only	
Test Kit 2 - Female - chlamydia/gonorrhoea testing only	O
Test Kit 3 - Male - chlamydia/gonorrhoea/syphilis/HIV testing only	O
Test Kit 4 - Female - chlamydia/gonorrhoea/syphilis/HIV testing only	Ð
Test Kit 5 Gay Male, Non-binary, Trans - chlamydia/gonorrhoea/syphilis/HIV	Ø

- 4. Select the kit type required from the 5 different ones available.
- 5. Click on the **date and time** showing on the button (this is just to confirm your booking, the time does not matter).

	orders	
Test Kit 1 - M	ale - chlamydia/gonorrhoea testing only	
Test Kit 2 - Fe	emale - chlamydia/gonorrhoea testing only	
Test Kit 3 - M	ale - chlamydia/gonorrhoea/syphilis/HIV testing only	
Test Kit 4 - Fe	emale - chlamydia/gonorrhoea/syphilis/HIV testing only	
** This Test F and syphilis ** In the disp After bookin Kit.	Kit is used to test for chlamydia and gonorrhoea from the vagina via via blood sample play below please select any "times/numbers" to book a Test Kit to I g please click on "Visit Details" and complete the questions so we a	a swab sample and HIV 
** This Test H and syphilis ** In the disp After bookin Kit. <u>Wednesda</u>	Kit is used to test for chlamydia and gonorrhoea from the vagina via via blood sample	a swab sample and HIV
** This Test H and syphilis ** In the disp After bookin Kit. <u>Wednesda</u>	Kit is used to test for chlamydia and gonorrhoea from the vagina via via blood sample	a swab sample and HIV be sent out to you can send you the Test
** This Test H and syphilis ** In the disp After bookin Kit.	Kit is used to test for chlamydia and gonorrhoea from the vagina via via blood sample	a swab sample and HIV be sent out to you can send you the Test

## 6. Click "Confirm Booking"

Da	ate/Time	Wednesday, October 14, 2020 09:05	
Web Testir CI	inic ame	Test Kit 4 - Female - chlamydia/gonorrhoea/syphilis/HIV testing only	G
Test Kit CI	inic otes	** This Test Kit is used to test for chlamydia and gonorrhoea from the vagina via swab sample and HIV and syphilis via blood sample.	
Test Kit		below please select any "times/numbers" to book a Test Kit to be sent out to	
Test Kit		you** After booking please click on "Visit Details" and complete the questions so we can send you the Test Kit.	
Test Kit Ad	inic Idress		
** This			d HIV
** In th	mments/	Message	·**
After b Kit.			Test
wec		Close Confirm Booking	
09:05			
Test Kit 5 Ga	y Male, N	on-binary, Trans - chlamydia/gonorrhoea/syphilis/HIV	⊽

 Under "Appointments", click "Visit Details" to answer the questions - all the questions need an answer - please just select NA option if the question does not apply to you.

	y, October 14, 2020 09:05
Clinic Name:	Test Kit 4 - Female - chlamydia/gonorrhoea/syphilis/HIV testing only
	** This Test Kit is used to test for chlamydia and gonorrhoea from the vagina via swab sample and HIV and syphilis via blood sample.
Clinic Notes:	** In the display below please select any "times/numbers" to book a Test Kit to be sent out to you** After booking please click on "Visit Details" and complete the questions so we can send you the Test Kit.
9 Please u	pdate your visit details
Please u	pdate your visit details

- 8. Complete all 11 questions and "Save".
- 9. Once you have ordered your kit and completed the "Visit Details" information, your postal kit will be sent to you.

Main		
€ S⊢	PLEASE NOTE THAT ALL QUESTIONS NEED AN ANSWER. (as indicated by the red asterisk) THIS HOULD TAKE ABOUT 3 MINUTES TO COMPLETE:-	
θ	GENDER IDENTITY	
e sei He	We ask questions about gender identity so that we can offer the correct services for anyone using our rvices. Please answer these 2 questions - the information will be placed in your notes with Unity Sexual alth and updated if any changes are noted.	
Your	gender - which of the following do you consider yourself to be?+	,
Your Is yo	gender - which of the following do you consider yourself to be?• ur gender identity the same as given at birth?•	•
Your	gender - which of the following do you consider yourself to be?• ur gender identity the same as given at birth?•	`
Your is yo	gender - which of the following do you consider yourself to be?• ur gender identity the same as given at birth?• TESTS FOR SEXUALLY TRANSMITTED INFECTIONS (STIS)	~
Your is yo an wit	gender - which of the following do you consider yourself to be?• ur gender identity the same as given at birth?• TESTS FOR SEXUALLY TRANSMITTED INFECTIONS (STIs) We ask questions about why you want an STI test so that we can offer the correct tests and/or treatments for yone using our service. Please answer the following questions - the information will be placed in your notes th Unity Sexual Health and updated if any changes are noted.	~
Your s yo an wit	gender - which of the following do you consider yourself to be?• ur gender identity the same as given at birth?• TESTS FOR SEXUALLY TRANSMITTED INFECTIONS (STIs) We ask questions about why you want an STI test so that we can offer the correct tests and/or treatments for yone using our service. Please answer the following questions - the information will be placed in your notes th Unity Sexual Health and updated if any changes are noted. sexuality - which of the following best describes you?•	~

CONTACTS	
• Your possible infection contacts - this informs us of your risk of certain STIs:-	
• The following 9 questions all need an answer 🔶 even if you think the question does not apply to you	
How many partners of the OPPOSITE sex have you had sex with in the last 3 months?*	
Have you had sex with someone new - of OPPOSITE sex - in the past 3 months?*	*
	~
Have you had sex without a condom- with someone of OPPOSITE sex - in the last 3 months?*	~
For WOMEN who have sex with women - please answer the next two questions about your recent partners -     in the last 3 months:-	
How many partners of the SAME sex as yourself have you had sex with in the last 3 months?*	
Were any of these SAME say partners in the last 3 months new?*	~
	~

9 For MEN who have sex with men - please answer the questions about your recent partners - in the last 3 months: How many partners of the SAME sex as yourself (MSM) have you had sex with in the last 3 months?\* ~ Have any of the SAME sex partners that you have had sex with in the last 3 months been HIV positive?\* ~ Have you had condomless penetrative sex with any SAME sex partners in the last 3 months?\* ~ Have you had any receptive condomless anal sex with any SAME sex partners in the last 3 months?\* ~ BLOOD TESTS 9 You may have requested a service that does not include having a blood test. The following questions are to check whether you should think about having a blood test at some point. Some people are more at risk of HIV and syphilis than others. Please see our website - unitysexualhealth.co.uk - for more information. • Do any of the following apply to you? (Please answer all the questions) Are you a man who has sex with other men - whether usually or occasionally?\* ○ Yes ○ No Do you use IV Drugs and/or share injecting equipment? (risk of needle transmission)\* Have you paid for sex - or been paid for sex?\* ○ Yes ○ No Is your current or recent partner HIV positive?\*  $\bigcirc$  Yes  $\bigcirc$  No Were you born in OR have you had sex with someone from a country with high rates of HIV?\* ○ Yes ○ No Do you believe that you have had contact with infected blood/body fluids?\* ○ Yes ○ No Have you had sex with someone who would answer yes to any of the above questions?\* ○ Yes ○ No

FINAL QUESTIONS	
• If you are under 18 we want to make sure that you are safe and comfortable in Please answer the following questions to help us do this. We may need to conta you are 18 or over you can still answer these questions or select the Not Applica	n your sexual relationships. ct you for further information. If able option.
Have you ever been made to feel uncomfortable or scared by the person you	have been having sex with?*
	~
	hanna far aav2 -
Has anyone ever offered you gifts, money, alconol, drugs or protection in exc	change for sex ?*
	~
Do you often drink alcohol before or during sex?≢	
	~
Do you often use recreational drugs before or during sex?•	
	*
	•
s your sexual partner more than 3 years older than you?*	•
s your sexual partner more than 3 years older than you?*	~
s your sexual partner more than 3 years older than you?*	~
<ul> <li>s your sexual partner more than 3 years older than you?*</li> <li>If you have any worries or concerns raised by these questions please visit ou www.unitysexualhealth.com - or call the Advice Line on 0117 342 6944</li> </ul>	r website -
• your sexual partner more than 3 years older than you?• • If you have any worries or concerns raised by these questions please visit ou www.unitysexualhealth.com - or call the Advice Line on 0117 342 6944	r website -

± Save ← Back

A confirmation message will be shown on your account when the kit has been posted to you.
 The test kit will be sent out the next day.

entristory		
Thursday, May 28, 2020 16:24		
Male CT/GC/HIV/STS Test Kit 3 Posted		
Tuesday, May 12, 2020 14:42		
Male CT/GC Test Kit 1 Posted		
Male CT/GC Test Kit 1 Posted		