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## How to check covid-19 test results online in sharjah

Check fraud is a common concern for many business owners. Approximately 51 percent of business payments in the United States are still made by check. Some companies prefer this payment method because it leaves an easily verifiable audit trail, it's easy to use and doesn't require setting up new processes and systems. Despite the advancements in technology, many organizations have a difficult time switching to electronic payments. If you're still using checks, it's important to make sure they are valid. This payment method is an attractive target for fraudsters and carries a high risk of loss. Luckily, there are plenty of services that allow you to verify a check online for free. Also, you can always contact the bank on which the check is drawn. This preventive measure will help you mitigate risks and avoid potential losses. Another option is to choose a check verification service and sign up for a merchant account. A good example is InfoMerchant. This online platform offers check and credit card processing services for businesses across all industries. Sign up for an account and then either use virtual terminal software or order one of the processors offered by the company. Whenever a customer pays by check, request his or her driver's license. Write down the license number; slide the check through the processor or submit the required information online. The system will either approve or deny the check. If the check is not valid, ask the customer to use a different payment method. A third option involves performing a bank routing number search online to find the bank against which check is written. Contact the bank and ask them to verify the funds on a check you received. This service is typically free of charge. The bank may require you to pay a fee or visit a local branch in person to access this information. Some don't provide this service at all due to privacy concerns. In this case, your only option is to use an online check verification website. Even if you decide to use an online service, verify the security features on the back of a check. These include the words "Original Document," a security screen and microprinting. However, beware that no method is foolproof. To reduce the risks, get contact information from all customers who pay by check. Leer en español Ler em português In August 2020, we helped launch CIC Health, an online marketplace aimed at making it easy for organizations of all sizes in need of Covid-19 tests to connect with existing and potential suppliers across the country. Its ambition was to aggregate buyers of tests who needed to test large numbers of people so they could interact in person without triggering outbreaks and provide an easier onramp for labs to bring their scale to market by simplifying flows of information, funds, and materials. The marketplace makes life simpler on both the demand and supply sides of testing by assembling: Bundled products and services to shift the unit of test procurement from one test for an individual (as is done in diagnostic testing) to a subscription for a population Clinical services and a site network to deliver the necessary clinical aspects of testing Standard contracts and checklists to simplify the procurement of tests and reduce risk and uncertainty Enabling software and logistics to sync data flows across employers and schools, individuals getting tested, test sites, labs, and public health authorities. The "assurance testing" marketplace started by serving schools and nursing homes, then added hospital systems, large and small employers, and now entire states. It currently serves some 250 buyers of tests and is connected to labs across the country, which, by the end of this year, will have created well over 100,000 tests a day of new capacity. One of us (Nikhil) and Atul Gawande described the model for what was then just an idea in this HBR article. In this piece, we share seven lessons learned during the journey of building and scaling this health care operation during a pandemic. Lesson 1: A coalition can overcome the "chicken-or-egg" hurdle. It was clear from beginning, when we were still wrestling with the idea, that assembling the critical mass of buyers needed to attract suppliers and vice versa would be a substantial challenge. Those organizations that needed testing would be hesitant to commit because they lacked guidance on what they needed, found testing expensive, or were deterred by operational or legal complexities. Those places that could turn on new test capacity did not have the risk capital to convert their labs to Covid-19 testing and were not set up to deal with the business end of sales, customer service, and billing. Nikhil and Atul decided to assemble a coalition with existing capabilities and networks. Together with others — including Tim Rowe, a coauthor of this article who is the CEO of both CIC Health and its parent company, Cambridge Innovation Center — they formed the Assurance Testing Alliance. At first glance, a manager of shared office spaces quarterbacking a testing coalition may seem odd, but Nikhil, whose consulting firm had been a tenant at CIC for 10 years, knew that it excelled in logistics management, sales, customer service, revenue management, and innovation — precisely the capabilities required to run such a marketplace. It was strategically a good fit for CIC as well because testing would help reopen the economy and get people back to work but until that happened, the marketplace would provide a great place to deploy a significant fraction of CIC's employees. The alliance came out of the starting gates with a 50-state clinical network (PWNHealth), software capabilities (ixLayer and others), K-12 schools and colleges who had a pressing need to start testing for the fall semester, and a first lab, the Broad Institute of MIT and Harvard, which had pioneered high-throughput Covid testing. Several additional partners have since joined the effort. Lesson 2: Shared purpose triumphs. The marketplace was initially built by employees of five organizations who came together and built, adapted, and integrated software and processes to create an end-to-end solution. This ad hoc team, with no formal hierarchy, worked around the clock to go from idea to running operations and paying customers in less than one month. Governance consisted of a daily standup Zoom meeting to parcel out and coordinate work and fix problems. Despite breaking lots of organizational conventions, we succeeded because we were driven by a shared belief that our work really mattered. Lesson 3: Reputation counts even more in a crisis. The organizations that joined the coalition had not previously worked with each other. But we learned that in a crisis, powerful organizations are willing to short-circuit the usual trust-building process and to rely instead on reputation. Undoubtedly due to the crisis, it was surprisingly easy to gain access to leaders in business, education, health care, and government — all of whom wanted to help or participate in some way. Each jumped in with precious resources even before figuring out the economics and other terms. Lesson 4: Radical transparency is essential. Reputation gets you a foot in the door, but maintaining trust when everything is up in the air and subject to change requires an unusual level of information sharing and transparency. We defaulted to an "everything on the table" approach to all negotiations both within the alliance and with buyers and suppliers of tests outside of the alliance. No one has time to play games during a crisis. The parties readily shared their agendas and challenges and offered solutions to each other's problems. Lesson 5: Focus is important but not in the way you might think. Early on we felt we were getting pulled in too many directions and thought that to avoid getting stretched too thin, we needed to be more strategic about choosing which areas to focus on. It turned out that this traditional thinking did not work well in a situation where everything is uncertain. Learning-curve effects were visible in weeks, not years; costs and prices were continuously and rapidly falling; and demand fluctuated week-to-week by an order of magnitude. We discovered that the best answer was to keep our focus on the end goal of getting as much testing out as possible while being intentionally unfocused on how to do that by trying lots of things simultaneously and being willing to see many efforts not work out. For instance, while our first public testing site initially seemed to be a money-losing distraction, it prompted us to streamline our processes, which then benefited our school collection sites. It also opened the door to second-generation public sites with much more viable economics. These, in turn, have become critical tools to fight the pandemic as well as resources for running clinical trials to validate potentially game-changing new technologies such as this one, which we licensed from MIT in an effort to more quickly stop the spread of the virus. Lesson 6: Small stuff matters (a lot), but don't sweat the small stuff. Getting the software to work was a monumental task, but it was nowhere near as hard as taking care of all the seemingly insignificant things that would cause exceptions. Nurses initialing test tube labels (because they always did so in the past) would impede the automated scanning of samples by the lab. Patients or staff handling test tubes with traces of sanitizer on their fingers would smudge labels and render samples unidentifiable. Sites deciding to pack collected samples in dry ice even though that was unnecessary added a thawing step that would delay results. Public health authorities in different states using the same terms to mean different things would lead to misinterpretation of results. With the speed at which we were moving, human errors such as these were rife early on, but we developed the discipline to stay calm like the Inuits. There was an enormous sense of compassion for our fellow "crisis innovators" and for the process. We lived by the mantra "we don't have mistakes; we just have process insights." As the weeks passed, these challenges melted away, and the testing volume grew. Dramatically. Lesson 7: Culture matters. CIC transferred more than 60 employees to CIC Health, which had only a couple of advisors and leaders with health care experience: Atul, Nikhil, and Rachel Wilson, a crucial new hire as COO who was previously COO of Atrius Health, a large independent physician-led health care organization in the Northeast. So the team was primarily staffed with people who had a background in running shared office space. However, the advantages of a culture in which it was okay to experiment and there was a deep understanding of everyone's strengths and weaknesses and tremendous mutual respect more than compensated for their lack of health care experience. CIC Health depended on small, relatively independent units to experiment and pursue distinct opportunities, but there was a lot of collaboration across units that happened naturally. This successful approach would not have been possible without the culture. As the pandemic continues to rage and the need for testing remains high, these lessons will continue to serve the marketplace in the short term as it continues to scale rapidly (its revenues are more than doubling every month). And they will also prove vital in the medium term as the operational challenges of assurance testing are replaced by the even more complex logistical challenges of population-wide vaccination. We hope other organizations that are trying to create new operations to combat the pandemic will find these lessons useful.

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