KETTERTHILL
LABORATOIRE D'ANALYSES MÉDICALES

INSTRUCTIONS
RESULTS SERVER

www.ketterthill.lu
T 488 288-1

Secure access to your medical test results via internet or smartphone

The registration form is available at our testing centres and on this website : **www.ketterthill.lu**

Before logging in to view your results, check that you have the following information to hand :
_ your login
_ your password
_ the last key you received by text message

01. ACCESSING THE WEBSITE (DESKTOP OR SMARTPHONE) FIRST LOGIN, OR PASSWORD FORGOTTEN

Patient results server

A
Login (*)
Login (*)

Password (*)
Password (*)

Key (*)
Key (*)

Connect

Forgot password? **B**

Step 1/3: Personalize/reset your password **C**
To help us verify your identity, please enter your login, date of birth and phone number.

A. Login

B. Birth date (dd/mm/yyyy)

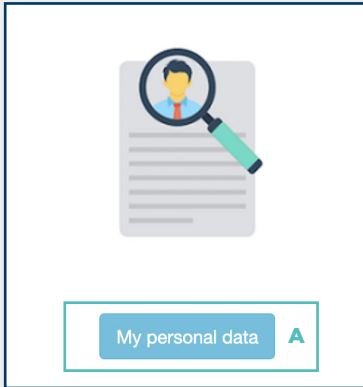**C. Phone number (Number provided when registering to the results server)**
Your phone number

Request a confirmation code **D**

_ The first time you log in

A _ To log in, you need to provide the following details :
- You login
- Your password
- The last key you reveiced

_ If you have forgotten your password

B _ Click on **"Forgot password"**
C _ Provide the following details :
- Your login (your permanent personal login, issued by the laboratoy at registration and in a reminder sent by text message),
- Your date of birth
- Your mobile phone number (must be the same as your registration form)
D _ Click on **"Request a confirmation code"**. Please wait to receive the text, which can take up to 10 minutes

Valid on the print date. Only the web version is applicable.

A_MO_COMM_01_E Version 1

02. ACCESSING YOUR PERSONAL DATA

My personal data **A**

My personal data

Last Name :	ILAB
First Name :	TEST ILAB
Date of Birth :	01/01/1950
Address :	8 Avenue du Swing, LU-4367, BELVAUX
Phone number :	488288341
Cell phone :	00352621498537
E-mail address :	test@kt.lu
Login : **B**	704189

Modify my personal data   Modify my password

_ Accessing your personal data

A _ Click on the **"My personal data"** tab

_ Modifying your data

B _ By clicking on **"Modify my data"**, you can ask for changes to be made to your data

You can then complete or change your address, telephone number, mobile number and e-mail address. You can also add a comment to your request

When you click on the **"Confirm"** button, a confirmation window opens. When we have received your request and checked it, you will receive a text message either confirming or cancelling your request

My personal data

Please enter your new password. It should contain at least 6 characters, 1 letter, 1 number and 1 special character **A**
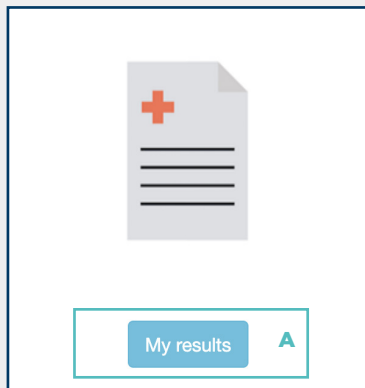
Old password

New password

_ Modifying your password

A _ To modify your password, you need to enter your previous password, then enter a new one that complies with the password policy
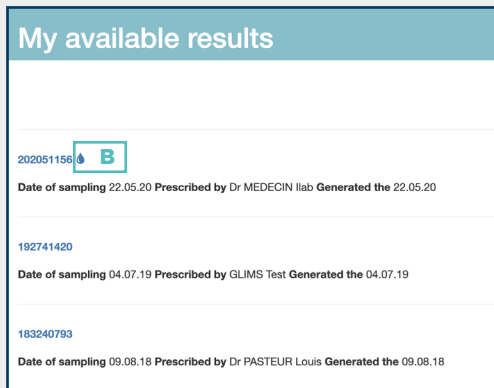
_ Password policy

Minimum of 6 characters including at least one letter, one number and a special character. This password is confidential and must not, under any circumstances, be divulged to a third party

03. VIEWING THE RESULTS

My results **A**

My available results

202051156 🩸 **B**
Date of sampling 22.05.20 **Prescribed by** Dr MEDECIN llab **Generated the** 22.05.20

192741420
Date of sampling 04.07.19 **Prescribed by** GLIMS Test **Generated the** 04.07.19

183240793
Date of sampling 09.08.18 **Prescribed by** Dr PASTEUR Louis **Generated the** 09.08.18

_ Viewing your results

A _ Click on the **"My results"** tab to access all your results in pdf format

B _ Indicates a new result, not yet viewed

04. REQUESTING AN APPOINTMENT (IN 5 STEPS)

My appointments **A**

Request an appointment **B**
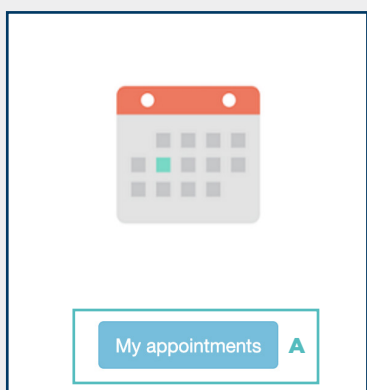
_ Requesting / Viewing appointments

A _ Click on the **"My appointments"** tab
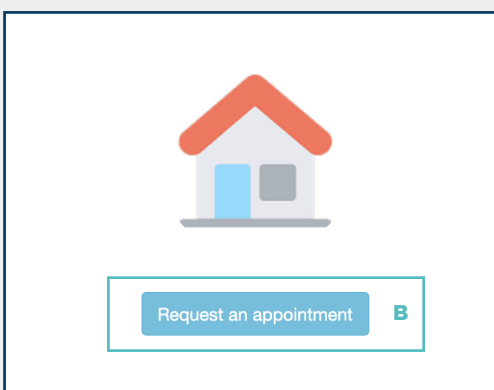
_ Requesting an appointment

B _ You have the choice of making an appointment[*]:
  - At your home
  - At another address[**] (e.g. place of work)

* The appointment request is for one person only, and cannot be made for a third party.
** The appointment venue must, without exception, be located in Luxembourg.

① Practical Information	2 Date	3

Home care mention : *
Home Care mention on prescription

Affiliated to the CNS : *

Fasting : *

* Field required

[Next]

① Practical Information	2 Date	3 Address

Desired Appointment Date : *

Appointment commentary :

* Field required

[Previous]   [Next]

Requesting an appointment in 5 steps :

_ 1) Practical information

To help ensure your test goes smoothly, please complete the following fields :
- Home care mention
- Affiliated to the CNS
- Fasting

_ 2) Date

Next, you need to choose the date of your appointment

You also have the option to add a comment. After confirming the date of the appointment, your next appointment will be displayed in red

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Practical Information	② Date	3 Address

🏠**My address**

19 Avenue du Swing

LU-4367

BELVAUX

Different Address :

[Choose a zip code ▾]

[Choose a street ▾] [Choose a city ▾]

Street number : [_____]

_ 3) Address

You last known address is displayed by default

_ Choosing a new appointment address

You have the option, if necessary, to choose a new appointment address

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_ 4) Prescription

To help ensure your test goes smoothly, you can upload your prescription. You can add up to 4 files
(Accepted formats : .jpg, .jpeg, .tiff, .png, .pdf)

Practical Information	② Date	③ Address	4 Prescription

[Choisir un fichier] Aucun fichier choisi

[Choisir un fichier] Aucun fichier choisi
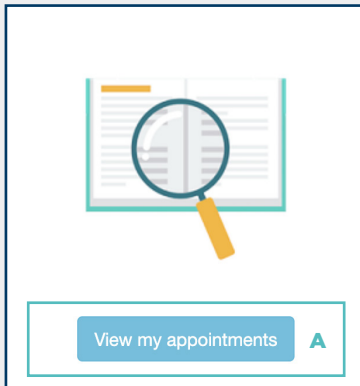
[Choisir un fichier] Aucun fichier choisi

[Choisir un fichier] Aucun fichier choisi

_ 5) Summary

This step consists simply of checking all the details are correct before sending the appointment request

When you have processed your request, you will receive a confirmatory text

② Date	③ Address	④ Prescription	⑤ Summary

ILAB TEST ILAB

Yes

Yes

Yes

30/06/2020

/

View my appointments

ADDRESS	HOME CARE MENTION	CNS	FASTING	ATTACHED ITEM	STATUS	
3 rue Pierre Frieden LU-4560 DIFFERDANGE	Yes	Yes	No	Click here	Cancelled request	
8 Avenue du Swing L-4367 BELVAUX	Don't know	Don't know	Don't know		Request in progress	✕ **B**
8 Avenue du Swing L-4367 BELVAUX	Don't know	Don't know	Don't know	Click here	Cancelled request	
8 Avenue du Swing L-4367 BELVAUX	Yes	Yes	No		Cancelled request	
8 Avenue du Swing L-4367 BELVAUX	Yes	No	No		Cancelled request	

_ Viewing your appointments

A _ Click on the **"View my appointments"** tab to access your appointment history

_ Cancelling an appointment

B _ Enables you to cancel an appointment
C _ In the event of cancellation, a reason is always required

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Are you sure to delete this appointment ?	✕

Appointment information

Practical Information:

Home care mention: *
Home Care mention on prescription   Yes

Affiliated to the CNS: *   Yes

Fasting: *   No

Administrative Information:

Address: 19 Avenue du Swing L-4367 BELVAUX

Appointment commentary: None

Desired Appointment Date: *   02/07/2020

Your prescription: None

Reason for deletion:* | **C**

* Field required

Notes

_ To log off : Click on **Log off**
_ We recommend you protect your data by using anti-virus software on your computer

On MAC

_ Acrobat Reader* (version 6 or later required)
_ Download the results file onto your Desktop
_ Open your file (⌘ + click). Select : **Open with Acrobat Reader**®

Access restrictions

_ It is possible that, for reasons relating to the security of personal data, this service might not function properly in your workplace

These Instructions contain **essential informations** enabling you to log in.

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