

Electronic Clinical Laboratory Reporting System (ECLRS) Entering COVID-19 Lab Results

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1 Introduction and Purpose

Once granted permission to access, the Electronic Clinical Laboratory Reporting System (ECLRS) can be used to submit lab results to the New York State Department of Health (NYSDOH).

The purpose of this document is to illustrate how to enter COVID-19 lab results into ECLRS via the Laboratory User Interface, which is organized by the following tabs:

- Patient
- Facility
- Provider
- Test
- Info

2 Entering Patient Information

The **Patient** tab holds the demographic information for the Patient who was tested for COVID-19.

Complete the following steps to enter Patient information.

Visual/Expected	d Result				
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	Visual/Expected	Visual/Expected Result	Visual/Expected Result	Visual/Expected Result	Visual/Expected Result

The Laboratory Data Entry Home page displays.

Ste	р	Visual/Expected Result		
2.	In the ECLRS Covid Manual Uploads section, click on the Manual Data Entry General CD/Hepatitis/Covid-19 radio button, then click on the Submit Lab Report(s) button.	Live Reporting Reports will be tran EC Submit Lab Report(s)	smitted to counties o LRS Covid Manual Uploads HL7 File All Co-mingled ASCII File AIC to-mingled Manual Data Entry General CD/Hepatitis// No Results To Repo Communicables (GST	r NYC s Edit Provider/Facility/Susceptibility Info * Covid-19 rt B)
		Submit Lab Report(s)	Access Medical Labs Manual Data Entry O General CD/Hepatitis/ No Results To Repo O Communicables (GST a Path Labs DBA LGC Lab	Edit Provider/Facility/Susceptibility Info * Covid-19 rt B) s
		Submit Lab Report(s)	Manual Data Entry O General CD/Hepatitis/ No Results To Repo O Communicables (GST	Edit Provider/Facility/Susceptibility Info
		Upload History	Log of files and/or reports	submitted by this user's labs.
		Compliance Reports	Search for Compliance Re	ports in Database
		County Lookup Utility	Utility to determine county	based on city and zip code.
		Record Count Report	Utility to determine Counts	of messages by Lab, County, Program.

A dialog box displays with the following text:

'Are you sure that you want to use the HTML format to upload General results'



The Patient Data Entry page displays.

 Enter all known information about the Patient.

Note: The following fields are required and denoted

by a red asterisk (*):

- Patient Last Name
- Patient First Name
- Address Line 1
 Note: If the Patient's address is unknown, enter NA or Unknown.
- City

Note: If the Patient's City of Residence is unknown, enter *NA* or *Unknown*.

• State

Note: *NY* is listed first in the drop-down list, by default; however,



Visual/Expected Result

additional options are available.

Note: Results for outof-State Patients are assigned to the NYSDOH Statistical Unit for further review.



• Zip Code

Note: Users must enter a Zip Code or County; however, Zip Code is preferred.

• County

Note: The system will automatically add the County to the report based on the Zip Code entered by the user.

- Home Phone Note: If the Patient's Home Phone Number is unknown, enter 9999999999 as numbers only.
- Date of Birth Note: Enter eight digits only or select a Date from the Date Picker [
].

Note: It is not necessary to enter the Patient's age, if the Date of Birth is entered/selected.

Gender Note: If *Male* is selected, the Pregnant or **Note**: Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the **Tab** key on your keyboard.

Visual/Expected Result

Postpartum field will be disabled.

- Pregnant or Postpartum Note: If Female is selected from the Gender drop-down list, the user is required to also choose an option from the Pregnant or Postpartum dropdown list.
- 5. In the **Race (Check all that apply)** section, click on the checkbox that is relevant to the Patient.

Note: Multiple choices can be selected for the Patient's Race.

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Ste	p	Visual/Expected Resul	t			
6.	In the Employer Information – for covid testing only section, enter/select the following information as it relates to the Patient and if known. • Employer Name • Employer Phone Num • Employer Job Title • Employer Address • City (of the Patient's Employer) • State (of the Patient's Employer) • Zip Code (of the Patient's Employer)				- In control totals off	<u>Ap Ces</u>
7.	In the School Information - for covid testing only section, enter/select the following information as it relates to the Patient and if known. School Name School District School Code			Alternative de provi la trange eny	Manu Ja (Bant S)	No hourse a calor (Source)

- School Job
- Was the patient at school in the past 7 days?

feet levit (Seter V						
Note: D once th	Data entere be user click	d/selecte	d in the ferent t	current t ab.	ab will be s	aved
	Note: D once th	Note: Data entere once the user click	Note: Data entered/selecte once the user clicks on a dif	Note: Data entered/selected in the once the user clicks on a different ta	Note: Data entered/selected in the current to once the user clicks on a different tab.	Note: Data entered/selected in the current tab will be sonce the user clicks on a different tab.

3 Entering Facility Information

The **Facility** tab holds the demographic information for the Facility (i.e., the information for the Provider's Practice who ordered the test for the Patient).

Complete the following steps to select an existing or enter a new ordering Facility's information to add to the Patient's lab report.



The selected Facility's Data Entry page OR a blank **Facility Data Entry** page displays.

Facility.

Visual/Expected Result

- 3. If *New Facility* was selected in *Step 2*, enter all known information about the Facility, as follows:
 - Facility NPI
 - Facility Name
 - Facility Phone Number
 - Address 1
 - Address 2
 - City
 - State
 - **Note**: *NY* is listed first in the drop-down list, by default.

 671765%) (P	Maria Facility (Sec Facility	
	Facility SP Names C(20) Facility Name (a Trans Styper (20) Facility Name Names (20) 001 001	
Address 1 Address 2		
0 4		

Note: Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the **Tab** key on your keyboard.

Note: Data entered/selected in the current tab will be saved once the user clicks on a different tab.

4 Entering Provider Information

The **Provider** tab holds the demographic information for the Provider who ordered the test(s) for the Patient. A user can select an existing Provider or enter information for a new Provider.

Complete the following steps to add Provider information to the Patient's lab report.

Step

Visual/Expected Result

1. Click on the Provider tab.



The **Provider Data Entry** page displays.

2.	From the Select a Provider drop-down list, select the applicable Provider, if listed, OR select <i>New Provider</i> .	Image: State Stat	Marri Taligi Politi (ar ya 🧰 1935 kw

The selected Provider's Data Entry page or a blank **Provider Data Entry** page displays.

 Enter all known information about the Provider who ordered the test(s) for the Patient.

Note: The following fields are required and denoted

by a red asterisk (*):

- Provider ID Type
- Provider ID Note: This is the Provider's NPI.

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	"Products: 101000		
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Address *			
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Note: Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the **Tab** key on your keyboard.

Step		Visual/Expected Result
•	Provider Last Name	Note : Data entered/selected in the current tab will be saved

5 Entering Test Information

The **Test** tab holds the information related to the test that was administered to the Patient. This includes the type of test and results. **Note**: Users can enter information for a single test or multiple COVID tests for the same Patient.

5.1 Entering Information for a Single Test

Complete the following steps to enter information for a single test.

Step	Visual/Expected Result
1. Click on the Test tab.	

The Test Data Entry page displays.

2. Enter the Accession/Specimen #.

Note: If the Accession/Specimen number is unavailable, use a combination of the Patient's ID and Collection Date (excluding any spaces or slashes) OR the first three letters of the Patient's Last Name and first two letters of the Patient's First Name with the Collection Date.



Visual/Expected Result

- In the Specimen Collection Date field, enter or select the date the specimen was collected from the Patient by clicking on the Date Picker [___] button.
- In the Specimen Received field, enter or select the date the specimen was received by clicking on the Date Picker [I] button.
- From the Specimen Source drop-down list, select the applicable specimen source.

Note: The following choices are available/used for COVID:

- Nasopharynx
- Serum
- From the Organism dropdown list, select: COVID-19 for Nasopharynx or COVID-19 Antibody for Serum.
- From the **Test Type** dropdown list, select the applicable type of test for the selected Organism.
- Enter or select the Test
 Date (i.e., the date the test was performed).







Note: The **Organism** drop-down list populates with choices specifically related to the selected **Specimen Source**.

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The **Test Type** field displays.

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5.2 Entering Additional Tests for the Same Patient

Complete the following steps to enter additional tests for the same Patient.

Step	Visual/Expected Result
 <u>Before</u> clicking the Submit tab (and while you are still on the Test Data Entry page), select Add Another Test from the drop-down list. 	

The **Test Data Entry** page is refreshed with blank fields.

2. Follow steps 2-11 in *Section 5.1*.

6 Reviewing and Submitting Results

Users are able to review all information entered for the Patient's lab report and make any necessary changes before final submission into the system.

Complete the following steps to review, edit and submit the Patient's lab report.

Step	Visual/Expected Result
1. Click on the Info tab. ———	

The Info page displays all information entered for the Patient.

2. Review the entry and click on the **Edit** link for any category where changes need to be made.

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Visual/Expected Result

By clicking on an **Edit** link, the user is directed to the corresponding tab to make any necessary changes. Once the changes are made, the user can click on the **Info** tab again to review the report a second time.

 Once all necessary edits are made, click on the Submit tab.

> Note: The Submit tab must be green [Submit] for the report to be accepted by the system. If the Submit tab is red

[], then the user must go back to the **Test** tab and click on the **Save Laboratory Information** button.

 Click the Submit another report to ECLRS if you want to add a lab report for another Patient OR click on the Log out of ECLRS button.

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	Date 11/10/0000, N et 20 dat (21/000	
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	Text Type: 89443 / 2010 News/ Carlmentium Nat.	
	Resal Value Regular	
	Recal Status Faran Report	

The Lab report submission page displays.

Note: This page can be printed to keep track of what was entered in ECLRS. It includes a message stating that the submission was successful, who submitted the report, the date and time, and a display of every field that was populated on the data entry pages.

ationt: BUSTER, BROWNIE		Assigned County: Albany
08: 02/02/1970 ext F	Race: White	Address: NA Anytomy, NY 12222
Indical Record Number:		Herne Phone: (939)939-9999
teporting Information: Ieporting Laboratory: ECLRS Could Manual LEP Lab Name: ECLRS Covid Manual Uplos Ietrieval ID:	i Lipinads dis	Date Reported to ECLRS: 09/23/2020 Date Retrieved from ECLRS:
Infering Facility Jonolete Health Partners 746 Charlotte Pike Isahville. 711 629/203-7858		Ordering Physician Cervit, Juseph No provider address reported No provider phose reported
est: 2019 Novel Coronavirus RNA pecines Source: Nasopharyxx lequest Status: Final		Accession Number: 0922202018 Collection Date: 0915/2020 Specimen Recoved Date: 0916/2020 Report Date: 0017/2020
elevant Clinical Data: Pregnant or Probab	iy Preparit Unknown	
Reportable Test E	Test guipment Heth Result Date Un Ref Ab Res	
COVID-19 2019 Nevel Coronavirus RNA	Positive 09/13/2020 Final	

7 Viewing Upload History

Users are able to view a log of all files and/or reports they have previously submitted to ECLRS.

Complete the following steps the view the user's upload history.

Ste	p	Visual/Expected Result		
1.	In the ECLRS Covid Manual Uploads section, click on	Live Reporting Reports will be tran	smitted to counties o LRS Covid Manual Upload	or NYC
	the Upload History button.		HL7 File O All Co-mingled ASCII File	
		Submit Lab Report(s)	O All Co-mingled Manual Data Entry	Edit Provider/Facility/Susceptibility Info *
			O General CD/Hepatitis/ No Results To Repo	(Covid-19 ort
			Access Medical Labs	
		Submit Lab Report(s)	Manual Data Entry O General CD/Hepatitis/ No Results To Repo	Edit Provider/Facility/Susceptibility Info * (Covid-19 Opt (B)
		Priv	a Path Labs DBA LGC Lab	05
		Submit Lab Report(s)	Manual Data Entry O General CD/Hepatitis/ No Results To Repo O Communicables (GST	Edit Provider/Facility/Susceptibility Info * (Covid-19 Dent (B)
		Upload History	Log of files and/or reports	submitted by this user's labs.
		Lab Submissions Reports/Address Updates	Summary and detailed vie	ews of submitted lab reports.
		Compliance Reports	Search for Compliance Re	eports in Database.
		County Lookup Utility	Utility to determine county	/ based on city and zip code.
		Record Count Report	Utility to determine Counts	s of messages by Lab, County, Program.
			1	

The **Upload Results Summary Page** displays with a list of the files that were submitted by the user in the last seven days and their status.



The Uploading Results Log Detail Page displays.

Step	Visual/Expected Result
	Uploading Results Log Detail Page show Page 5000000000000000000000000000000000000

Updating and Deleting Information 8

Users are able to update or delete some information previously entered into the system. This section illustrates how to update and delete existing Provider and Facility information.

8.1 Updating and Deleting Provider Information

Users are able to update or delete a Provider's information by completing the following steps.

Ste	q	Visual/Expected Result		
1.	In the ECLRS Covid Manual Uploads section on the	Live Reporting Reports will be tran	smitted to counties o	r NYC
	Laboratory Home Page, click on the Edit		HL7 File O All Co-mingled A SCII File	
	Provider/Facility/Susceptib ility Info button.	Submit Lab Report(s)	⊖ All Co-mingled Manual Dala Entry	Edit Provider/Facility/Susceptibility Info *
			General CD/Hepatitis/ No Results To Repo Communicables (GST)	Covid-19 rt B)
			Access Medical Labs	
		Submit Lab Report(s)	Manual Data Entry O General CD/Hepatitis/ No Results To Repo	Edit Provider/Facility/Susceptibility Info
		Priv	a Path Labs DBA LGC Lab	s
		Submit Lab Report(s)	Manual Data Entry O General CD/Hepatitis/(No Results To Repo O Communicables (GST	Edit Provider/Facility/Susceptibility Info
		Upload History	Log of files and/or reports	submitted by this user's labs.
		Lab Submissions Reports/Address Updates	Summary and detailed view	ws of submitted lab reports.
		Compliance Reports	Search for Compliance Re	ports in Database.
		County Lookup Utility	Utility to determine county	based on city and zip code.
		Record Count Report	Utility to determine Counts	of messages by Lab, County, Program.

The Supporting Data For ECLRS Covid Manual Uploads page displays.

2. Click on the Provider radio button, if not already selected. Welcome to the New York State Department of Supporting Data For ECLRS Covid Manua Provider Facility O SusceptibilityPanel Provider Presse Select A Provider ID ID ID ID ID <td< th=""><th></th></td<>	
Provider Image: Select A Provider ID ID ID ID *Last Name Image: Im	Health. Il Uploads
ID Type: *Last Name:	-l I
*Last Name First Name Middle Name Suffix Phone *Address Line 1: Address Line 2:	-
First Name: Middle Name: Suffix: Phone: *Address Line 1: Address Line 2:	-
Middle Name: Suffix: ~ Phone:	_
Suffix: V Phone: Address Line 1: Address Line 2: Address Line	
Phone: *Address Line 1: Address Line 2:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	
Create Update Delete	

 From the Provider dropdown list, select the applicable Provider you want to update or delete.

Welcome to the New York State Department of Health.

Supporting Data For ECLRS Covid Manual Uploads

Provider:	Please Select	A Provider			~
ID:					
ID Type:			~	1	
*Last Name:					
First Name:					
Middle Name:					
Suffix:			~		
Phone:					
*Address Line 1:					
Address Line 2:					
*City:					
*State:		~			
State Of Licensure:		~			
*Zip Code:					
	Create	Update	Delete		
ECLRS Help Desk F	hone: 1-866	S-ECLRS	HD Ema	iil: eclrs@healti	h.ny.go

The subsequent fields become populated with any information that was previously saved in the system for the Provider.

Visual/Expected Result

 Click the **Delete** button, if you want to delete the Provider OR

> make changes to the record (e.g., add a phone number or NPI for the Provider) and click the **Update** button.

Icome to the	New York State Department of Hea
Supportin Prov	ig Data FOF lest Laboratory
Provider:	Fake, Provider, undefined 🛛 🗸 🗸
ID:	123456789
ID Type:	National Provider Identifier (NPI) 🗸
*Last Name:	Fake
First Name:	Provider
Middle Name:	
Suffix:	×
Phone:	
*Address Line 1:	123 Fake Street
Address Line 2:	
*City:	Fake City
*State:	New York
State Of Licensure:	Indiana 🗸
*Zip Code:	10101
· · · · ·	Create Update Delete

A dialog box displays to confirm the action, based on the button clicked on by the user.

5.	Click the OK button.	
		Message from webpage X
		Are you sure you wish to update Fake, Provider
		OK Cancel
		Message from webpage X
		Are you sure you wish to delete Fake, Provider
		ОК Сапсеі

~ .

8.2 Updating and Deleting Facility Information

Users are able to update or delete a Facility's information by completing the following steps.

Step		Visual/Expected Result			
1.	In the ECLRS Covid Manual Uploads section on the	Live Reporting Reports will be tran	smitted to counties (SLRS Covid Manual Upload	pr NYC Is	
	click on the Edit Provider/Facility/Susceptib	Submit Lab Report(s)	All Co-mingled		
ility Info button.	ility Info button.		General CD/Hepatins No Results To Repo	Edit Provider/Facility/Susceptibility Info *	
		Manual Data Entry Edit Provider/Facility/Susceptibility Submit Lab Report(s) O General CD/Hepatitis/Covid-19 No Results To Report O Communicables (GSTB)			
				Edit Provider/Facility/Susceptibility Info * /Covid-19 Port TB)	
		Priva Path Labs DBA LGC Labs			
		Submit Lab Report(s)	Manual Data Entry Edit Provider/Facility/Susceptibility Info General CD/Hepatitis/Covid-19 No Results To Report Communicables (GSTB)		
		Upload History	Log of files and/or reports submitted by this user's labs.		
		Lab Submissions Reports/Address Updates	Summary and detailed vi	Summary and detailed views of submitted lab reports.	
		Compliance Reports	Search for Compliance Reports in Database.		
		County Lookup Utility	Utility to determine county based on city and zip code.		
		Record Count Report	Utility to determine Counts of messages by Lab, County, Program.		

The Supporting Data For ECLRS Covid Manual Uploads page displays.

Step	Visual/Expected Result
2. Click on the Facility radio button.	
	Welcome to the New York State Department of Health.
	Provider: Please Select A Provider
	*Last Name:
	First Name:
	Phone:
	*Address Line 1:
	Address Line 2:
	*City:
	*State:
	State Of Licensure
	Create Update Delete
	ECLRS Help Desk Phone: 1-866-ECLRSHD Email: eclrs@health.ny.gov
3. From the Facility drop- down list, select the applicable Facility you want to update or delete.	Welcome to the New York State Department of Health. Supporting Data For ECLRS Covid Manual Uploads Provide ● Facility ● Forvide ● Facility ● Facility ● Gacility ● Gacility ● Gacility ● Facility ● Gacility ● Gacility ● Gacility ● Gaci

The subsequent fields become populated with any information that was previously saved in the system for the Facility.

Visual/Expected Result

 Click the **Delete** button, if you want to delete the Facility OR

> make changes to the record (e.g., add a phone number or NPI for the Facility) and click the **Update** button.

elcome to the New York State Department of Health.				
OProvider ●Facility OSusceptibilityPanel				
Facility:	Dart, (888)888-8888			
Facility Name:	Dart			
Facility ID Code:	q23			
Phone:	(888)888-8888			
Address Line 1:	.klnm			
Address Line 2:	undefined			
City:	ik			
State:	New York			
Zip Code:	12061			
	Create Update Delete			
ECLRS Help Desk	Phone: 1-866-ECLRSHD Email: eclrs@health.ny.gov			

A dialog box displays to confirm the action, based on the button clicked on by the user.



Appendix A:	Patient	Field	Definitions
--------------------	---------	-------	-------------

Field Name	Description	Comments
Medical Record	Patient ID, if the sending lab assigns a Patient ID	
Number	different than the medical record number or referring	
	laboratory/Facility ID	
Medicaid Number	If the Patient has Medicaid for insurance, enter the	
	Medicaid number in this field.	
Patient Last Name	Patient's last name	Required
		hequireu
Patient First Name	Patient's first name	Required
MI	Patient's middle name or initial	
Suffix	Abbreviation that follows the Patient's last name; drop-	
	down list	
	First line of the Detional continue address	Description
Address Line 1	First line of the Patient's mailing address	Required
Address Line 2	Second line of the Patient's mailing address	
City	Name of the Patient's city of residence	Required
State	Name of the Patient's State of residence; drop-down	Required
	list; defaults to New York	
Zip Code	Zip code associated with Patient's address	Required
•		
County	Name of a county associated with Patient's mailing	Required
	address; drop-down list	
Country	The Patient's Country of Residence	
Home Phone	Patient's home telephone number; enter an area code and seven-digit phone number	Required
Work Phone	Patient's work telephone number; enter an area code	
Date of Birth	Patient's date of birth; mm/dd/yyyy format	Required
Age	Patient's age	
Linite	Datient's and as years, menths, weaks, days or have	
Units	Patient's age as years, months, weeks, days or nours	
Ethnicity	Patient's ethnic group; drop-down list	Highly Recommended
Gender	Lode used to identify the Patient's gender; drop-down list	Required

Field Name	Description	Comments	
Pregnant or	If the gender is <i>Female</i> , select Patient's pregnancy status	Required	
Postpartum	nom the drop-down list		
Race	Code used to identify the Patient's race; multiple	Highly Recommended	
	options can be checked		
	Employer Information		
Employer Name	Name of the Patient's employer	Highly Recommended	
Employer Phone Num	Phone number of the Patient's employer	Highly Recommended	
Employee Job Title	Patient's job title	Highly Recommended	
Employer Address	Address of the Patient's employer	Highly Recommended	
City	City of the Patient's employer	Highly Recommended	
State	State of the Patient's employer	Highly Recommended	
Zip Code	Zip Code of the Patient's employer	Highly Recommended	
	School Information		
School Name	Name of the Patient's School	Highly Recommended	
School District	Name of the Patient's School District	Highly Recommended	
School Code	Basic Educational Data System (BEDS) Code:	Highly Recommended	
	8-digit code for NY grades P-12 schools; see <u>http://www.p12.nysed.gov/irs/beds/Code%20Manual-</u> 2015-16/home.html		
School Job	As Teacher, Student or Other	Highly Recommended	
Was the patient at		Highly Recommended	
school in the past 7 days?			
COVID-Specific Information			
First Test	Select N or Y from the drop-down list, if information is provided	Highly Recommended	
Healthcare Employed	Select N or Y from the drop-down list, if information is provided	Highly Recommended	
Hospitalized	Select N or Y from the drop-down list, if information is provided	Highly Recommended	

Field Name	Description	Comments
ICU	Select N or Y from the drop-down list, if information is provided	Highly Recommended
Congregate Care	Select N or Y from the drop-down list, if information is provided	Highly Recommended
Symptoms Exhibited	Select N or Y from the drop-down list, if information is provided	Highly Recommended
Symptoms Onset Date	Date Patient began experiencing symptoms; mm/dd/yyyy format	Highly Recommended

Field Name	Description
Facility NPI Number	NPI number associated with the Facility
Facility Name	Ordering Facility, which may be the same as the sending laboratory (i.e., laboratory reporting the result) or it may be the referring Facility.
Facility Phone	Ordering Facility's phone number; enter an area code and seven-digit phone number
Address 1	First line of the ordering Facility's mailing address
Address 2	Second line of the ordering Facility's mailing address
City	Name of the city associated with the ordering Facility's address
State	Name of the State associated with the ordering Facility's address; defaults to <i>New York</i>
Zip Code	Zip code associated with the ordering Facility's address

Appendix B: Facility Field Definitions

Field Name	Definition	Comments
Provider ID Type	Medical License Number (MD) or National Provider Identifier (NPI); drop-down list	Required
Provider ID	Medical License Number (MD) or the National Provider Identifier (NPI)	Required
Provider Last Name	Last name of the Provider	Required
Provider First Name	First name of the Provider	Highly Recommended
Phone	Provider's telephone number; enter an area code and seven-digit phone number	Highly Recommended
Address 1	First line of the Provider's mailing address	Highly Recommended
Address 2	Second line of the Provider's mailing address	Highly Recommended
City	Name of the city associated with the Provider's address	Highly Recommended
State	Name of the State associated with the Provider's address; defaults to New York	Highly Recommended
Zip Code	Zip code associated with the Provider's address	Highly Recommended

Appendix C: Provider Field Definitions

Field Name	Description	Comments
Accession /	Typically, the specimen identification number assigned	Required
Specimen #	by the testing laboratory	
Specimen Collection	The Date the specimen was obtained from the patient;	Required
Date	mm/dd/yyyy format	
Specimen Source	How the specimen was obtained from the patient (e.g., nasal passage, blood, etc.); drop-down list	Required
Other/Unlisted	The selected specimen source or a free text field to	Required
Specimen Source	add a specimen source that is not listed in the	
	Specimen Source drop-down list	
Comments	Any comments or notes related to the test	
Organism	Select Covid-19	Required

Appendix D: Test Field Definitions

Field Name	Description	Comments
Test Type	Type of test administered to the Patient	Required
Test Date	Date the test was performed; mm/dd/yyyy format	Required
Result Value	Result of the test	Required
Numeric Results	If the result has a numeric value and is not listed in the Result Value field, the numeric result will be entered here.	Not applicable for Covid-19
Result Status	Status of the result	Required
Unit of Measure	Standard unit of measure applied to the test result	Not applicable for Covid-19
Reference Range	Normal range of values expected for the Patient's sex, age, and clinical profile	Not applicable for Covid-19

Appendix E: Result Field Definitions

Appendix F	: Upload	Results	Field	Definitions
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Field Name	Description
Original File Name	Specimen identification number entered in ECLRS
ECLRS File Name	Date entered in the Results Report Date field in ECLRS
Status	Date the result was entered in ECLRS
Date and Time Received	Date and time the result was received by ECLRS
Date and Time Accepted or Rejected	Date and time the result was accepted by ECLRS Note : Results submitted in an HL7 or ASCII file can be rejected if there is an error in the file format. All HTML results should be accepted.
Date and Time Submitted to Database	Date and time the result was submitted to the ECLRS database
Date and Time Loaded into Database	Date and time the result was loaded into the ECLRS database

Appendix G: Figures

	Medical Record Number:		Medicaid Number:	
Patient Last Name	* Patient First Name	MI	Select ~	
Address Line 1		Address Line 2		
City	• State	-Zip Code	-County	United States V
Home Phone (Area Code Required)	Work Phone (Area Code Required)	*Date of Birth (ex: mmiddlyyyy)	Age	Select V
hnicity	*Gender Select ✓	* Pregnant or Postpartum Select Answer yes if any of the following	g are true:	
		 a. patient is unreally program. b. patient is post-patient programmy anded within b. patient MAY be considered programmy and to post-patient marks that (e.g. let ordered is spacefulled for propatients, a programmy related to ICD-10 code as is odde: 46.) 	i past 4 weeks) intum based on enatati or labori/delivery noluded as part of	



Race (Check all that apply)			
Black or African-American	White	Asian	Native Hawaiian or Other Pacific Islander
American Indian or Alaska Native	Unknown	□ Other	
Contraction of the local distance of the loc			

Figure 2: Race Fields

	E	mployer Information for covid testing only	
Employer Name	Employer Phone Num	Employee Job Title	
Employer Address	City	State V	Zip Code

Figure 3: Employer Information Fields

the second s		school information - for covid testing only	and the second	
ol Name	School District	School Code	School Job Select	Was the patient at school in the past 7 days? Select

Figure 4: School Information Fields

COVID Additional Information						
First Test? Select ~	Healthcare Employed?	Hospitalized? Select ~	ICU? Select ~	Congregate Care? [Select ∨]	Symptoms Exhibited?	Symptoms Onset Date

Figure 5: COVID-Specific Fields

Select a Provider:	New Provider	\sim
* Provider ID Type:	✓	
*Provider ID:		
*Provider Last Name:		
Provider First Name:		
Provider Middle Name/Initial:		
Provider Phone Number:		
uddress 2		
lity	State	Zip Code

Figure 6: Provider Fields

	Select a Facility:	New Facility		\sim
	Facility NPI Number:			
	Facility Name:			
	Facility Phone Number:			
Address 1				
Address 2				
City		State	Zi	p Code
		\sim		

Figure 7: Facility Fields

* Specimen Collection Date:	
*Specimen Received Date:	
*Specimen Source:	V
Other/Unlisted Specimen Source:	
Comments:	
*Organism:	×

Figure 8: Test Fields

	Date: 11/10/2020, 9:40:22 AM [Print]
atient Information	
	Medical Record Number: TestPidMedRecNum
	Medicaid Number: TestPidMdNm
	Name: TestPidLName, TestPidFName TestPidMName Jr
	Address: TestPidAddr1 TestPidAddr2, TestPidCity, NY 99999-0000
	County: Albany
	Country: United States
	Home Phone: (518)555-1212
	Work Phone: (518)666-1212
	Date Of Birth: 11/16/1915
	Age: 105 yr
	Ethnicity: Hispanic
	Gender: Female
	Pregnant: No
	Race: White
Facility Information <u>Edit</u>	
	Facility ID:
	Name: Test Facility
	Phone: (518)555-2///
	Address: Test Facility Blvd., Albany, NY 12110
Provider Information [Edit	
	Name: test1lastName, test1FirstName
	Provider ID:
	State Of Licensure:
	Phone: (111)222-3333
Test 1 Information Edit	Address: test test, test, NY 12345
rest i mornauon <u>icuit</u>	Accession/Specimen #: 1101202001
	Accession/opecimen #. 1101202001
	Specimen Collection Date: 11/01/2020
	Specifien Received Date: 11/01/2020
	Pest Date. 11/02/2020 Specimen Source: NASO / Nasonhapuny
	Organism: 608 / Covid 19
	Test Type: 10/15 / 2010 Novel Coronavirus DNA
	Result Value: Nonative
	Neoult Statue: Final Beault

Figure 9: Info (Review) Fields