



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.

Step	Visual/Expected Result
1. From the Health Commerce System Home page, under the My Applications section, click on the ECLRS Lab Live Reporting link.	

The **Laboratory Data Entry Home** page displays.

Step 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.

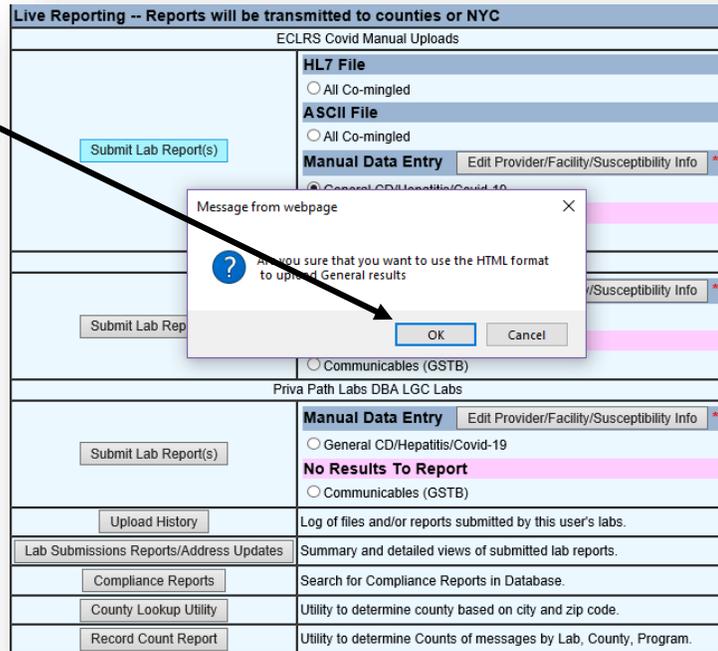
Live Reporting -- Reports will be transmitted to counties or NYC	
ECLRS Covid Manual Uploads	
<input type="button" value="Submit Lab Report(s)"/>	HL7 File <input type="radio"/> All Co-mingled
	ASCII File <input type="radio"/> All Co-mingled
<input type="button" value="Submit Lab Report(s)"/>	Manual Data Entry <input type="button" value="Edit Provider/Facility/Susceptibility Info"/> * <input type="radio"/> General CD/Hepatitis/Covid-19
	No Results To Report <input type="radio"/> Communicables (GSTB)
Access Medical Labs	
<input type="button" value="Submit Lab Report(s)"/>	Manual Data Entry <input type="button" value="Edit Provider/Facility/Susceptibility Info"/> * <input type="radio"/> General CD/Hepatitis/Covid-19
	No Results To Report <input type="radio"/> Communicables (GSTB)
Priva Path Labs DBA LGC Labs	
<input type="button" value="Submit Lab Report(s)"/>	Manual Data Entry <input type="button" value="Edit Provider/Facility/Susceptibility Info"/> * <input type="radio"/> General CD/Hepatitis/Covid-19
	No Results To Report <input type="radio"/> Communicables (GSTB)
<input type="button" value="Upload History"/>	Log of files and/or reports submitted by this user's labs.
<input type="button" value="Lab Submissions Reports/Address Updates"/>	Summary and detailed views of submitted lab reports.
<input type="button" value="Compliance Reports"/>	Search for Compliance Reports in Database.
<input type="button" value="County Lookup Utility"/>	Utility to determine county based on city and zip code.
<input type="button" value="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'

Step Visual/Expected Result

3. Click the **OK** button.

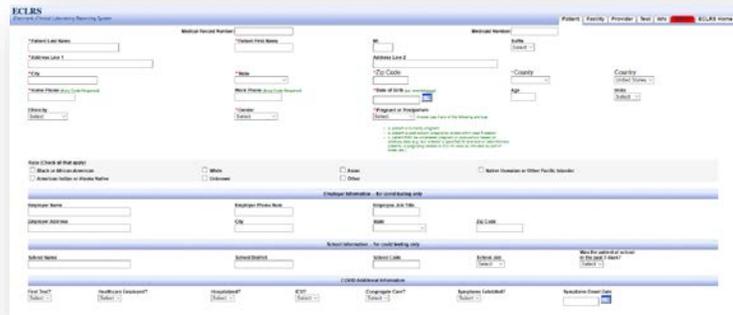


The **Patient Data Entry** page displays.

4. 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,



Step	Visual/Expected Result
<p>additional options are available.</p>	
<p>Note: Results for out-of-State Patients are assigned to the NYSDOH Statistical Unit for further review.</p>	
<ul style="list-style-type: none"> • Zip Code Note: Users must enter a Zip Code or County; however, Zip Code is preferred. 	
<ul style="list-style-type: none"> • County Note: The system will automatically add the County to the report based on the Zip Code entered by the user. 	
<ul style="list-style-type: none"> • Home Phone Note: If the Patient's Home Phone Number is unknown, enter 999999999 as numbers only. 	<p>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.</p>
<ul style="list-style-type: none"> • Date of Birth Note: Enter eight digits only or select a Date from the Date Picker [📅]. 	
<p>Note: It is not necessary to enter the Patient's age, if the Date of Birth is entered/selected.</p>	
<ul style="list-style-type: none"> • Gender Note: If <i>Male</i> is selected, the Pregnant or 	

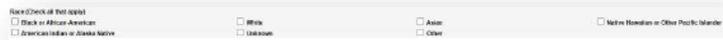
Step	Visual/Expected Result
------	------------------------

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** drop-down list.

- 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.



Step	Visual/Expected Result
<p>6. In the Employer Information – for covid testing only section, enter/select the following information as it relates to the Patient and if known.</p> <ul style="list-style-type: none"> • Employer Name • Employer Phone Num • Employee Job Title • Employer Address • City (of the Patient’s Employer) • State (of the Patient’s Employer) • Zip Code (of the Patient’s Employer) 	
<p>7. In the School Information – for covid testing only section, enter/select the following information as it relates to the Patient and if known.</p> <ul style="list-style-type: none"> • School Name • School District • School Code • School Job • Was the patient at school in the past 7 days? 	

Step	Visual/Expected Result
------	------------------------

8. In the **COVID Additional Information** section, make selections from the following drop-down lists, if known.

- **First Test?**
- **Healthcare Employed?**
- **Hospitalized?**
- **ICU?**
- **Congregate Care?**
- **Symptoms Exhibited?**
- **Symptoms Onset Date**

Note: Enter or select the date the Patient reported when they began to experience symptoms.



The screenshot shows a horizontal bar with the title "COVID Additional Information". Below the title are seven drop-down menus: "First Test?", "Healthcare Employed?", "Hospitalized?", "ICU?", "Congregate Care?", "Symptoms Exhibited?", and "Symptoms Onset Date". Each menu has a small arrow icon to its right. The "Symptoms Onset Date" menu is followed by a date input field with a calendar icon.

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

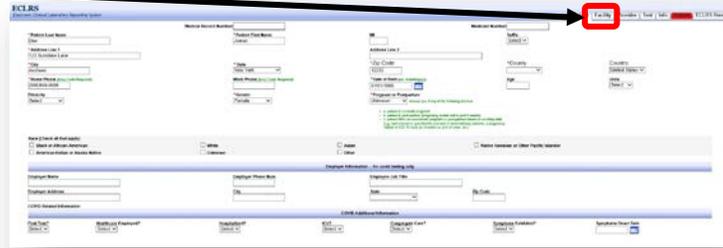
3 Entering Facility Information

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.

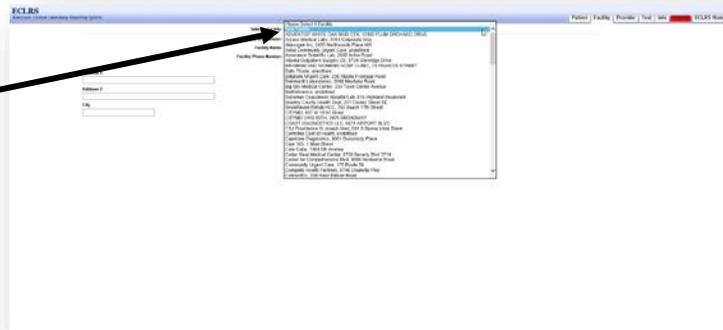
Step	Visual/Expected Result
------	------------------------

1. Click on the **Facility** tab.



The **Facility Data Entry** page displays.

2. From the **Select a Facility** drop-down list, select the applicable Facility, if listed, OR select **New Facility**.



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

Step	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.



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.

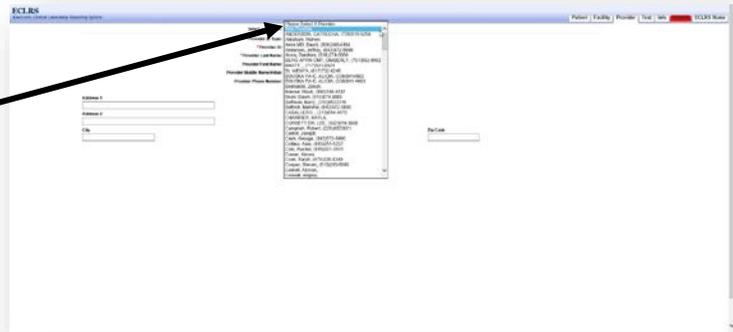
Step	Visual/Expected Result
------	------------------------

1. Click on the **Provider** tab.



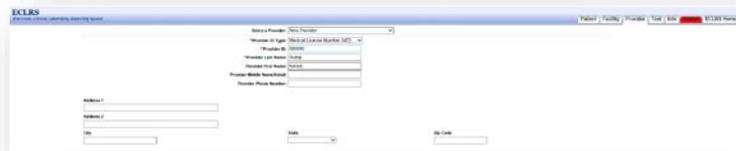
The **Provider Data Entry** page displays.

2. From the **Select a Provider** drop-down list, select the applicable Provider, if listed, OR select *New Provider*.



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

3. 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.

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
<ul style="list-style-type: none"> Provider Last Name 	Note: Data entered/selected in the current tab will be saved once the user clicks on a different tab.

5 Entering Test Information

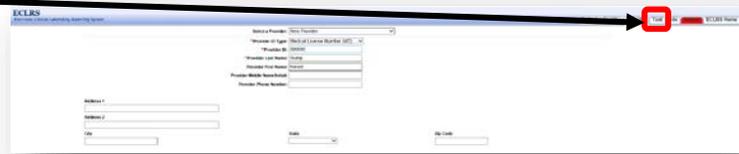
The **Test** tab holds the information related to the test that was administered to the Patient. This includes the type of test and results. **Note:** Users can enter information for a single test or multiple COVID tests for the same Patient.

5.1 Entering Information for a Single Test

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

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



The **Test Data Entry** page displays.

2. Enter the **Accession/Specimen #.**

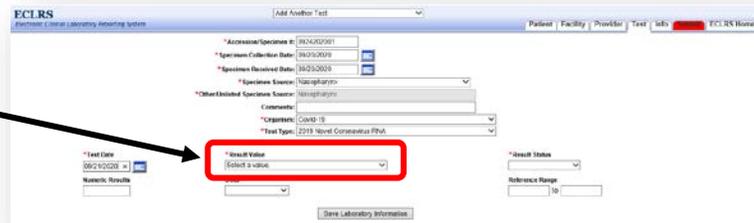
Note: If the Accession/Specimen number is unavailable, use a combination of the Patient's ID and Collection Date (excluding any spaces or slashes) OR the first three letters of the Patient's Last Name and first two letters of the Patient's First Name with the Collection Date.



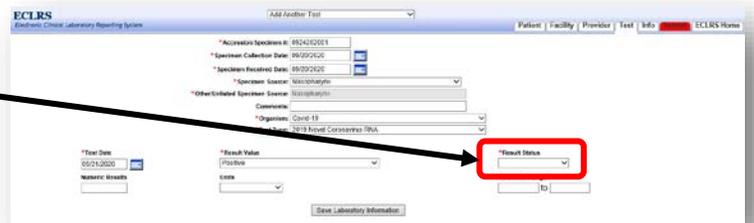
Step	Visual/Expected Result
<p>3. In the Specimen Collection Date field, enter or select the date the specimen was collected from the Patient by clicking on the Date Picker  button.</p>	
<p>4. In the Specimen Received field, enter or select the date the specimen was received by clicking on the Date Picker  button.</p>	
<p>5. From the Specimen Source drop-down list, select the applicable specimen source.</p> <p>Note: The following choices are available/used for COVID:</p> <ul style="list-style-type: none"> • <i>Nasopharynx</i> • <i>Serum</i> 	 <p>Note: The Organism drop-down list populates with choices specifically related to the selected Specimen Source.</p>
<p>6. From the Organism drop-down list, select: <i>COVID-19</i> for <i>Nasopharynx</i> or <i>COVID-19 Antibody</i> for <i>Serum</i>.</p>	 <p>The Test Type field displays.</p>
<p>7. From the Test Type drop-down list, select the applicable type of test for the selected Organism.</p>	
<p>8. Enter or select the Test Date (i.e., the date the test was performed).</p>	

Step Visual/Expected Result

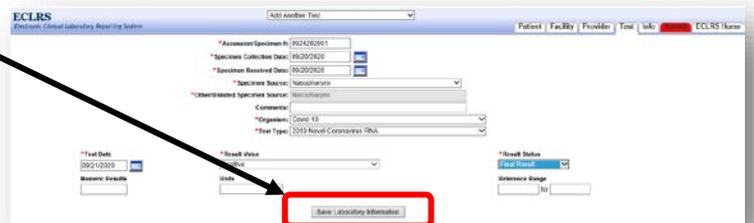
9. From the **Result Value** drop-down list, select the test result.



10. From the **Result Status** drop-down list, select **Final Result**.



11. Click the **Save Laboratory Information** button.

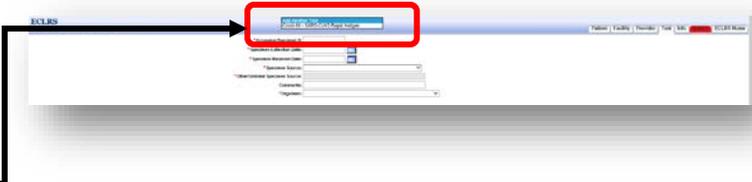


Note: The **Submit** tab turns green. Only click on the **Submit** tab if there are no other tests to enter for the Patient.



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
1. Before clicking the Submit tab (and while you are still on the Test Data Entry page), select Add Another Test from the drop-down list.	 <p>The Test Data Entry page is refreshed with blank fields.</p>
2. Follow steps 2-11 in <i>Section 5.1</i> .	

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.	 <p>The Info page displays all information entered for the Patient.</p>
2. Review the entry and click on the Edit link for any category where changes need to be made.	

Step **Visual/Expected Result**

- 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

[**Submit**], 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.

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.



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.



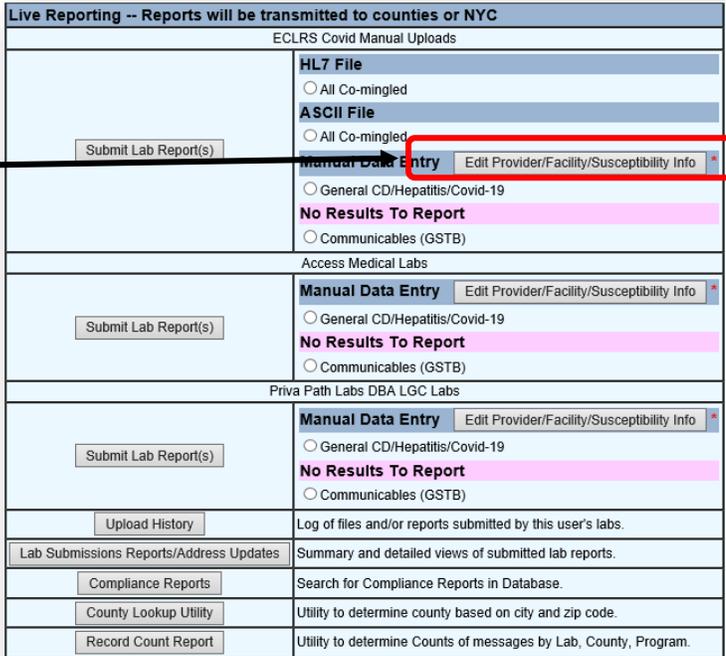
Step	Visual/Expected Result
	

8 Updating and Deleting Information

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.

Step	Visual/Expected Result
<p>1. In the ECLRS Covid Manual Uploads section on the Laboratory Home Page, click on the Edit Provider/Facility/Susceptibility Info button.</p>	

The **Supporting Data For ECLRS Covid Manual Uploads** page displays.

Step	Visual/Expected Result
------	------------------------

2. Click on the **Provider** radio button, if not already selected.

Welcome to the New York State Department of Health.

Supporting Data For ECLRS Covid Manual Uploads

Provider
 Facility
 SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	

ECLRS Help Desk Phone: 1-866-ECLRSHD Email: eclrs@health.ny.gov

3. From the **Provider** drop-down 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
 Facility
 SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	

ECLRS Help Desk Phone: 1-866-ECLRSHD Email: eclrs@health.ny.gov

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

Step	Visual/Expected Result
------	------------------------

4. 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.

Welcome to the New York State Department of Health.

Supporting Data For Test Laboratory
 Provider Facility SusceptibilityPanel

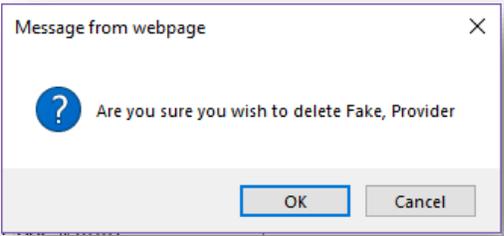
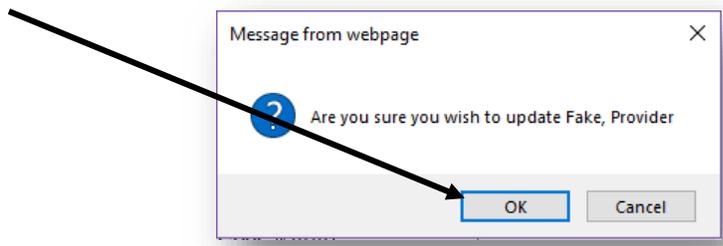
Provider:	Fake, Provider, undefined
ID:	123456789
ID Type:	National Provider Identifier (NPI) ▼
*Last Name:	Fake
First Name:	Provider
Middle Name:	
Suffix:	▼
Phone:	
*Address Line 1:	123 Fake Street
Address Line 2:	
*City:	Fake City
*State:	New York ▼
State Of Licensure:	Indiana ▼
*Zip Code:	10101

Create Update Delete

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.

5. Click the **OK** button.



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
<p>1. In the ECLRS Covid Manual Uploads section on the Laboratory Home Page, click on the Edit Provider/Facility/Susceptibility Info button.</p>	

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.

Supporting Data For ECLRS Covid Manual Uploads

Provider
 Facility
 SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	
<input type="button" value="Create"/> <input type="button" value="Update"/> <input type="button" value="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

Provider
 Facility
 SusceptibilityPanel

Facility:	Please Select A Facility
Facility Name:	
Facility ID Code:	
Phone:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	
<input type="button" value="Create"/> <input type="button" value="Update"/> <input type="button" value="Delete"/>	

ECLRS Help Desk Phone: 1-866-ECLRSHD Email: eclrs@health.ny.gov

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

Step	Visual/Expected Result
------	------------------------

4. 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.

Welcome to the New York State Department of Health.

Supporting Data For Test Laboratory
 Provider Facility SusceptibilityPanel

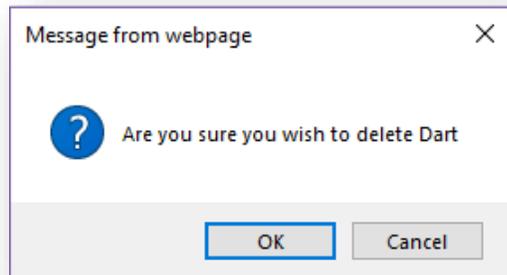
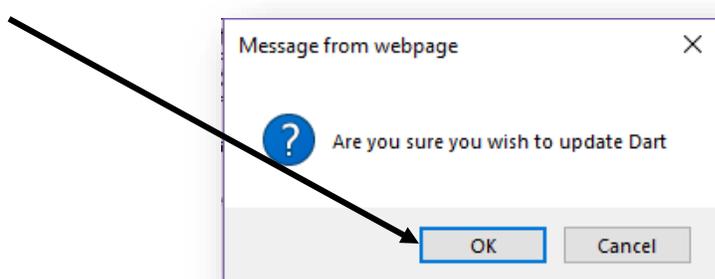
Facility:	Dart, (888)888-8888
Facility Name:	Dart
Facility ID Code:	q23
Phone:	(888)888-8888
Address Line 1:	klnm
Address Line 2:	undefined
City:	jk
State:	New York
Zip Code:	12061

Buttons: 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.

5. Click the **OK** button.



Appendix A: Patient Field Definitions

Field Name	Description	Comments
Medical Record Number	Patient ID, if the sending lab assigns a Patient ID 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
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	
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 list; defaults to <i>New York</i>	Required
Zip Code	Zip code associated with Patient's address	Required
County	Name of a county associated with Patient's mailing address; drop-down list	Required
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 and seven-digit phone number	
Date of Birth	Patient's date of birth; mm/dd/yyyy format	Required
Age	Patient's age	
Units	Patient's age as years, months, weeks, days or hours	
Ethnicity	Patient's ethnic group; drop-down list	Highly Recommended
Gender	Code used to identify the Patient's gender; drop-down list	Required

Field Name	Description	Comments
Pregnant or Postpartum	If the gender is <i>Female</i> , select Patient's pregnancy status from the drop-down list	Required
Race	Code used to identify the Patient's race; multiple options can be checked	Highly Recommended
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: 8-digit code for NY grades P-12 schools; see http://www.p12.nysed.gov/irs/beds/Code%20Manual-2015-16/home.html	Highly Recommended
School Job	As Teacher, Student or Other	Highly Recommended
Was the patient at school in the past 7 days?		Highly Recommended
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

Appendix B: Facility Field Definitions

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 C: Provider 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 <i>New York</i>	Highly Recommended
Zip Code	Zip code associated with the Provider's address	Highly Recommended

Appendix D: Test Field Definitions

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

Appendix E: Result 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 F: Upload Results Field Definitions

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

A screenshot of a web form titled "Patient Fields". The form contains several input fields and dropdown menus. On the left side, there are fields for "Patient Last Name", "Address Line 1", "City", "Home Phone (Area Code Required)", and "Ethnicity". The top row includes "Medical Record Number", "Patient First Name", "MI", and "Medicaid Number". The middle row contains "Address Line 2", "State", "Zip Code", "County", and "Country". The bottom row includes "Work Phone (Area Code Required)", "Date of Birth (xx-mm-yyyy)", "Age", and "Units". There is also a "Gender" dropdown and a "Pregnant or Postpartum" dropdown with a note: "Answer yes if any of the following are true: a. patient is currently pregnant; b. patient is post-partum (pregnancy ended within past 4 weeks); c. patient MAY be considered pregnant or postpartum based on ancillary data (e.g. test ordered is specified for prenatal or labor/delivery patients, a pregnancy related to ICD-10 code is included as part of order, etc.)".

Figure 1: Patient Fields

A screenshot of a web form titled "Race (Check all that apply)". It contains several checkboxes for different racial categories: "Black or African-American", "American Indian or Alaska Native", "White", "Unknown", "Asian", and "Native Hawaiian or Other Pacific Islander".

Figure 2: Race Fields

A screenshot of a web form titled "Employer Information -- for covid testing only". It contains input fields for "Employer Name", "Employer Address", "Employer Phone Num", "City", "Employee Job Title", "State", and "Zip Code".

Figure 3: Employer Information Fields

A screenshot of a web form titled "School Information -- for covid testing only". It contains input fields for "School Name", "School District", and "School Code". There are also dropdown menus for "School Job" and "Was the patient at school in the past 7 days?".

Figure 4: School Information Fields

COVID Additional Information

First Test? [Select v] Healthcare Employed? [Select v] Hospitalized? [Select v] ICU? [Select v] Congregate Care? [Select v] Symptoms Exhibited? [Select v] Symptoms Onset Date []

Figure 5: COVID-Specific Fields

Select a Provider: New Provider

*Provider ID Type: [v]
*Provider ID: []
*Provider Last Name: []
Provider First Name: []
Provider Middle Name/Initial: []
Provider Phone Number: []

Address 1 []
Address 2 []
City [] State [v] Zip Code []

Figure 6: Provider Fields

Select a Facility: New Facility

Facility NPI Number: []
Facility Name: []
Facility Phone Number: []

Address 1 []
Address 2 []
City [] State [v] Zip Code []

Figure 7: Facility Fields

* Accession/Specimen #:

* Specimen Collection Date: 

* Specimen Received Date: 

* Specimen Source:

* Other/Unlisted Specimen Source:

Comments:

* Organism:

Figure 8: Test Fields

Date: 11/16/2020, 9:40:22 AM [\[Print\]](#)

Patient Information [\[Edit\]](#)

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 [\[Edit\]](#)

Facility ID:
 Name: Test Facility
 Phone: (518)555-2777
 Address: Test Facility Blvd., Albany, NY 12110

Provider Information [\[Edit\]](#)

Name: test1lastName, test1FirstName
 Provider ID:
 State Of Licensure:
 Phone: (111)222-3333
 Address: test test, test, NY 12345

Test 1 Information [\[Edit\]](#)

Accession/Specimen #: 1101202001
 Specimen Collection Date: 11/01/2020
 Specimen Received Date: 11/01/2020
 Test Date: 11/02/2020
 Specimen Source: NASO / Nasopharynx
 Organism: 608 / Covid-19
 Test Type: 10445 / 2019 Novel Coronavirus RNA
 Result Value: Negative
 Result Status: Final Result

Figure 9: Info (Review) Fields