Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: Other Reportable Conditions

User Guide

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# Table of Contents

1. **Introduction** ................................................................. 5  
   Overview ........................................................................... 5  
   Supported Web Browsers .................................................... 5  
   Mobile Device Considerations .............................................. 6  
   Accessing the ePartnerViewer ............................................. 6  

2. **Logging into ePartnerViewer** .......................................... 6  
   Terms and Conditions of Use and Logging In ....................... 8  

3. **Understanding the Case Report Entry Dropdown Menu** .......... 10  

4. **Manage User Preferences** ................................................ 12  
   Create Attending Physician/Clinician Details ....................... 12  
   View & Edit Attending Physician/Clinician Details ................ 15  
   Delete Attending Physician/Clinician Details ....................... 16  
   Filter Attending Physician/Clinician Details ......................... 18  
   Create Person Completing Form Details ............................. 19  
   View & Edit Person Completing Form Details ..................... 22  
   Delete Person Completing the Form Details ....................... 23  
   Filter Person Creating Form Details .................................. 24  

5. **Basic Features in the Case Report Entry Form** ..................... 25  
   Side Navigation Bar & Pagination ..................................... 25  
   Save Feature ....................................................................... 25  
   Case Report Entry Icons ................................................... 26  
   Conditional Questions ....................................................... 26  

6. **Affiliation/Organization Conditional Question** .................... 30  
   Affiliation/Organization Conditional Answer: Yes .................. 31  
   Affiliation/Organization Conditional Answer: No ................... 32  
   Affiliation/Organization Validation ..................................... 34  
   Change Affiliation/Organization Conditional Answer: No to Yes .................................................. 35  
   Change Affiliation/Organization Conditional Answer: Yes to No .................................................. 37  

7. **Dynamic Functions based on Disease/Organism** .................. 39  
   Change or Save Disease/Organism Selection ....................... 39  

8. **Dynamic Screens for Other Reportable Conditions Case Report** 42  
   Laboratory Information: Dynamic Screen .......................... 42  
   Applicable Symptoms: Dynamic Screen ............................ 44  

9. **Tips for Manually Entering Case Report Data** ..................... 47  

10. **Other Reportable Conditions Case Report Form** .................. 49
11 Patient Information ................................................................. 49
   Person Completing Form Hyperlink .................................................. 54
   Attending Physician/Clinician Hyperlink ........................................... 56

12 Laboratory Information .......................................................... 64
   Adding Multiple Tests .................................................................. 68

13 Applicable Symptoms .................................................................. 70

14 Additional Information ............................................................. 75

15 Hospitalization, ICU & Death Information ..................................... 80

16 Vaccination History ...................................................................... 84
   Adding Multiple Vaccines ............................................................... 86

17 Additional Comments .................................................................... 88

18 Review and Submit ....................................................................... 88
   Print or Download Functionality ......................................................... 88
   Click Hyperlinks to Edit ................................................................. 94

19 Case Report User Entry Summary ............................................... 97
   Review Previously Submitted Case Reports ....................................... 99
   Continue In-Progress Case Reports ................................................. 100

20 Technical Support ......................................................................... 100
   Toll-Free Telephone Support .......................................................... 100
   Email Support ............................................................................... 100
1 Introduction

Overview

This training manual covers KHIE’s Direct Data Entry for Other Reportable Conditions Electronic Case Reports functionality in the ePartnerViewer. Users with the Manual Case Reporter role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Department for Public Health (DPH).

All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

Please Note: All screenshots shown throughout this document reflect how Users would interact with the ePartnerViewer while using a desktop or tablet device. While core functionality remains the same across multiple devices, interface components may vary in presentation.

Supported Web Browsers

Users must access the ePartnerViewer with a supported web browser. The ePartnerViewer is configured to support the following modern browsers on desktop, tablet, and mobile devices:

<table>
<thead>
<tr>
<th>Desktop Browser Version</th>
<th>Mobile Browser Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft Internet Explorer</td>
<td>Not supported</td>
</tr>
<tr>
<td>Microsoft Edge</td>
<td>Version 44+</td>
</tr>
<tr>
<td>Google Chrome</td>
<td>Version 70+</td>
</tr>
<tr>
<td>Mozilla Firefox</td>
<td>Version 48+</td>
</tr>
<tr>
<td>Apple Safari</td>
<td>Version 9+</td>
</tr>
</tbody>
</table>

Please Note: The ePartnerViewer does not support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.
Mobile Device Considerations

The ePartnerViewer is based on responsive design. This means it renders in the best format based on the user’s device size. Responsive design applies to mobile, tablet, and desktop devices. Tablet devices in landscape display mode are considered desktop.

Accessing the ePartnerViewer

To access the ePartnerViewer, users must meet the following specifications:

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

2 Logging into ePartnerViewer

Users with the Manual Case Reporter Role are authorized to access the Other Reportable Conditions Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

   **Please Note:** You must enter the email address and password provided when creating your KOG account.

2. Click **Sign In**.
3. To navigate to the ePartnerViewer, click **Launch** on the KHIE ePartnerViewer application tile located on the **KOG Dashboard** screen.

![Launch on KOG Dashboard](image)

4. **Multi-Factor Authentication.** After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.

![Multi-Factor Authentication](image)

**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide.*
Terms and Conditions of Use and Logging In

After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the Terms and Conditions of Use page displays. Privacy and security obligations are outlined for review.

5. You must click I Accept every time before accessing a patient record in the ePartnerViewer.

Please Note: The right side of the Portal is grayed out and displays a message that states:
Access is restricted beyond this point. You must accept the terms and conditions before proceeding.
6. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an *Organization.* (This is the name of your organization.)

7. Click **Proceed to Portal** to continue.

---

**Please Note:** If you click **Cancel**, a pop-up notification displays that indicates that you are about to be logged out. *Use of the ePartnerViewer portal is subject to the acceptance of KHIE’s Terms of Use.* To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.
3 Understanding the Case Report Entry Dropdown Menu

The Case Report Entry tab dropdown menu includes the following options:

- **Case Report Forms** which lists the different types of case reports.
- **Case Report Entry User Summary** which displays all submitted and ‘In Progress’ case reports.
- **Manage User Preferences** which offers an efficient way to enter repetitive data.

1. Types of Case Reports:
   - **COVID-19 Case Report:**
     - Designed for Users to enter COVID-19 case reports.

   **Please Note:** For specific information about COVID-19 case reporting, please review the *Direct Data Entry for Electronic Case Reports: COVID-19 User Guide*.

   - **Sexually Transmitted Disease (STD) Case Report:**
     - Designed for Users to enter STD case reports.

   **Please Note:** For specific information about STD case reporting, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases (STD) User Guide*.

   - **Multi-drug Resistant Organism (MDRO) Case Report:**
     - Designed for Users to enter MDRO case reports.

   **Please Note:** For specific information about MDRO case reporting, please review the *Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism (MDRO) User Guide*.

   - **Other Reportable Conditions Case Report:**
     - Designed for Users to enter Other Reportable Conditions case reports.
2. **Case Report Entry User Summary:**
   - Designed to provide a quick and easy way for Users to search and view all previously initiated case reports (submitted and in-progress) entered during a specific date range within the last six months from the current date.
   - Allows Users to view a summary of completed case reports that were previously submitted.
   - Allows Users to continue entering details for case reports that are still “In Progress”.

3. **Manage User Preferences:**
   - Designed as an efficient method for Users to enter repetitive data.
   - Allows Users to enter required case reporting details in their User Preferences which enables Users to quickly select the appropriate answers from the dropdown menu options.
4 Manage User Preferences

These are your User Preferences. Prior to entering your Other Reportable Conditions case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the Manage User Preferences screen. By entering these details here in your user preferences, you will be able to quickly select an Attending Physician/Clinician and the name of the Person Completing the Form from the dropdown menu options. These dropdown menus are located on the Patient Information screen of the Other Reportable Conditions Case Report.

Create Attending Physician/Clinician Details

1. Click the Case Report Entry Tab located in the blue Navigation Bar at the top of the screen.
2. From the dropdown menu, select Manage User Preferences.

3. To enter information about an Attending Physician/Clinician, select Create Attending Physician/Clinician Details from the dropdown menu.
4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).

5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

6. Enter the Attending Physician/Clinician's **First Name** and **Last Name**.

7. Enter the Attending Physician/Clinician's **Address**, **City**, **State**, and **Zip Code**.
8. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.

   ![Phone and Email Inputs](image)

   **Please Note:** If the information entered in the **Phone** and **Email** fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click **Save**.

   ![Attending Physician/Clinician Form](image)

   **Please Note:** If you enter an email address that is already associated with another Attending Physician/Clinician and click **Save**, a pop-up displays with an error message that states:

   *The email entered is associated with another physician/clinician you’ve created in your User Preferences. Please review the details and enter the correct email address.*

   You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.
10. The Create Attending Physician/Clinician Details pop-up window displays. Click OK to proceed to the View & Edit Attending Physician/Clinician Details screen.

View & Edit Attending Physician/Clinician Details

11. The View & Edit Attending Physician/Clinician Details screen displays. To edit details, click the Edit icon located next to the appropriate physician/clinician.
12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

**Delete Attending Physician/Clinician Details**

14. To delete an Attending Physician/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Physician/Clinician.
15. The **Delete Attending Physician/Clinician Information Details** pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.

Please Note: You can delete an Attending Physician/Clinician on the **View & Edit Attending Physician/Clinician** screen as long as the Attending Physician/Clinician has not been selected for use in another case report that is still in progress.

If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

*This attending physician/clinician information is being used in a case report that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in a case report that is in progress.*

To close out of the pop-up and proceed, click **OK**.

To delete the Attending Physician/Clinician used in a case report that is still "In-Progress", you must first complete the case report.

Once the appropriate case report is complete, you can delete the Attending Physician/Clinician from your User Preferences.
Filter Attending Physician/Clinician Details

16. To search for a specific Attending Physician/Clinician, click **Apply Filter**.

17. The Filter fields display. You can search by entering the **Attending Physician/Clinician’s Name**, **Email Address**, and/or **Phone Number** in the corresponding Filter fields.
Create Person Completing Form Details

1. Click the **Case Report Entry** Tab located in the blue Navigation Bar at the top of the screen.
2. From the **Case Report Entry** Tab dropdown menu, select **Manage User Preferences**.

3. To enter the details about the person completing the form, select **Create Person Completing Form Details** from the dropdown menu.

4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).

5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.
6. Enter the **First Name** and **Last Name** of the Person completing the form.

![First Name and Last Name fields]

7. Enter the **Address**, **City**, **State**, and **Zip Code**.

![Address, City, State, and Zip Code fields]

8. Enter the **Phone Number** and **Email Address**.

![Phone Number and Email Address fields]

**Please Note:** If the information entered in the **Phone** and **Email** fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

9. After completing the mandatory fields, click Save.

![Form fields completed]

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Direct Data Entry for Electronic Case Reports: Other Reportable Conditions

Page 20 of 100

Kentucky Health Information Exchange
Please Note: If you enter an email address that is already associated with another Person Completing Form and click Save, a pop-up displays with an error message that states:

The email entered is associated with another person you’ve created in your User Preferences. Please review the details and enter the correct email address.

You must click OK and enter the correct email address to save the Person Completing Form details and proceed to the View & Edit Person Completing Form Details screen.

10. The Create Person Completing Form Details pop-up window displays. Click OK to proceed to the View & Edit Person Completing Form Details screen.
View & Edit Person Completing Form Details

11. The View & Edit Person Completing Form Details screen displays. To edit details, click the Edit icon located next to the appropriate person.

12. The Update Person Completing Form Details pop-up displays. You can make any necessary edits and click Save to save the updates and close out of the pop-up.

13. Once the update is successfully saved, a pop-up message displays. To proceed, click OK.
Delete Person Completing the Form Details

14. To delete someone from the User Preferences, click the Trash Bin Icon located next to the appropriate person.

15. The Person Completing Form Details pop-up displays. To delete, click OK. Click Cancel if you do not want to delete the person completing the form.

Please Note: You can delete a person on the View & Edit Person Completing Form Details screen as long as that person has not been selected for use in a case report that is still in progress.

If you attempt to delete a person who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:
This person information is being used in a case report that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is progress.

To close out of the pop-up and proceed, click OK.

To delete the details of a person used in a case report that is still “In-Progress”, you must first complete the case report. Once the appropriate case report is complete, you can delete the Person Completing Form details from your User Preferences.
Filter Person Creating Form Details

16. To search for a specific person in the User Preferences, click **Apply Filter**.

17. The Filter fields display. You can search by entering the **Name**, **Phone Number**, and/or **Email Address** of the person completing the form in the corresponding Filter fields.
5 Basic Features in the Case Report Entry Form

This section describes the basic features of the Case Report Form in the ePartnerViewer.

Side Navigation Bar & Pagination

On the left side of the Case Report, tabs located in the Side Navigation Bar provide users the ability to go to the different screens within a Case Report. You can also use the pagination buttons to move to the next screen or to any previous screen.

1. Using the side navigation bar, you can navigate to any previously completed screen. Click the hyperlink of a previously completed screen to navigate to that specific screen.
2. Click Previous to go to the previous screen.
3. When all required fields have been completed on the current screen, click Next to proceed to the next screen.

![Side Navigation Bar & Pagination](image)

Save Feature

The Save feature allows Users to complete the case report form in multiple sessions. You must save the information you have entered in order to return later to the place you left off previously.

1. When all required fields have been completed, click Save at the bottom of the screen to save the current section.

2. If you click on a previously completed screen on the side navigation bar, the Save Changes pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.

![Save Feature](image)
• If you click **Yes – Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all the required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all the required fields on the current screen.

• If you click **No – Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.

**Case Report Entry Icons**

Case Reports may contain Icons that serve as visual indicators to draw the user’s attention to specific information.

**Icon Descriptions:**

<table>
<thead>
<tr>
<th>Icon</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="ProgressBar" /></td>
<td><strong>Progress Bar</strong></td>
<td>Indicates the percentage of completion.</td>
</tr>
<tr>
<td><img src="image" alt="Lock" /></td>
<td><strong>Lock</strong></td>
<td>Indicates the sections that are not yet accessible; Users must enter all the required fields on the current screen and click <strong>Next</strong> to unlock the next screen.</td>
</tr>
<tr>
<td><img src="image" alt="Checkmark" /></td>
<td><strong>Green Checkmark</strong></td>
<td>Indicates the sections that are complete.</td>
</tr>
</tbody>
</table>

**Conditional Questions**

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Other Reportable Conditions Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled.
• For example, if you select *No* or *Unknown* to the conditional question at the top of the Laboratory Information screen of the Other Reportable Conditions Case Report, the subsequent fields will be grayed out and disabled.

• If you select *Yes* to the conditional question at the top of the Laboratory Information screen, the subsequent laboratory-related fields are enabled.

Additionally, if *No* or *Unknown* is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as *No* or *Unknown*, based on the selected answer.

These conditional questions are found on the Applicable Symptoms and Additional Information screens.
For example, if you select **No** to the conditional question at the top of the *Applicable Symptoms* screen, all subsequent fields will be disabled and labeled as **No**.

If you select **Unknown** to the conditional question at the top of the *Applicable Symptoms* screen, all subsequent fields will be disabled and labeled as **Unknown**.
If you select **Yes** to the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.
6 Affiliation/Organization Conditional Question

Certain conditional questions only apply to the subsequent fields within the section. Based on the selection to a conditional question, certain subsequent fields in that section are enabled.

This applies to the conditional Affiliation/Organization question on the Patient Information screen: *Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?*

Based on the selected answer to the conditional question, you can apply the same Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician; OR you can apply a different Affiliation/Organization to each.

- Select **Yes** to apply the same Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
- Select **No** to apply different Affiliation/Organizations to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.
Affiliation/Organization Conditional Answer: Yes

If Yes is selected for the conditional Affiliation/Organization question, the same Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Only one Affiliation/Organization field is enabled. You must complete the Affiliation/Organization field that corresponds to the Patient ID (MRN). The Affiliation/Organization fields for the Person Completing Form and the Attending Physician/Clinician are disabled.

1. Select the Affiliation/Organization for the Patient ID (MRN) from the dropdown menu.

   ![Dropdown menu](image)

   - Once the Affiliation/Organization is selected for the Patient ID (MRN), this selection will display in the disabled Affiliation/Organization fields.
   - This means the same Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form, and the Attending Physician/Clinician.
Affiliation/Organization Conditional Answer: No

If No is selected for the conditional Affiliation/Organization question, a different Affiliation/Organization can be applied to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

- Each of the three (3) Affiliation/Organization fields are enabled.
- You must individually complete each of the Affiliation/Organization fields respectively for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

1. Select the Affiliation/Organization for the Patient ID (MRN) from the dropdown menu.

2. Select the Affiliation/Organization for the Person Completing Form from the dropdown menu.
Please Note: If you select Other from the Affiliation/Organization dropdown menu for the Person Completing Form, the following subsequent textbox is enabled: If other, please specify. You must enter the name of the affiliation/organization.

3. Select the Affiliation/Organization for the Attending Physician/Clinician from the dropdown menu.

Please Note: If you select Other from the Affiliation/Organization dropdown menu for the Attending Physician/Clinician, the subsequent textbox is enabled: If other, please specify. You must enter the name of the Affiliation/Organization.
Affiliation/Organization Validation

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from No to Yes or vice versa, a pop-up will display to confirm the change in answer.

A pop-up displays with a message that states: **All selections for the “Affiliation/Organization” will be reset. Are you sure you want to change your selection?**

- To reset the Affiliation/Organization selection(s), click Yes.
- To save the selected Affiliation/Organization selection(s), click No.
Change Affiliation/Organization Conditional Answer: No to Yes

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from No to Yes, a pop-up message will display.

1. To reset your previous Affiliation/Organization selections for the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician, click Yes on the pop-up.

2. An error message prevents you from proceeding until an Affiliation/Organization is selected. You must select the Affiliation/Organization for the Patient ID (MRN) in order to proceed.
   - Your previous Affiliation/Organization selections for the Person Completing Form and the Attending Physician/Clinician have been reset.
   - The Affiliation/Organization fields for the Person Completing Form and the Attending Physician/Clinician are now blank and disabled.
3. Select the **Affiliation/Organization** for the Patient ID (MRN) from the dropdown menu.

4. The **Affiliation/Organization** selected for the Patient ID (MRN) will display in disabled **Affiliation/Organization** fields for the Person Completing Form and the Attending Physician/Clinician.
   - This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.
Change Affiliation/Organization Conditional Answer: Yes to No

If, after completing the Affiliation/Organization section, you change your answer to the conditional question from Yes to No, a pop-up will display.

1. To reset your previous Affiliation/Organization selection for the Patient ID (MRN), click Yes on the pop-up.

2. You must individually complete each of the Affiliation/Organization fields corresponding to Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.
   - Your previous Affiliation/Organization selection for the Patient ID (MRN) has been reset.
   - All three (3) of the Affiliation/Organization fields are enabled.
     - This means a different Affiliation/Organization can be selected for each field.

3. Select the Affiliation/Organization for the Patient ID (MRN) from the dropdown menu.
4. Select the Affiliation/Organization for the Person Completing Form from the dropdown menu.

5. Select the Affiliation/Organization for the Attending Physician/Clinician from the dropdown menu.

Please Note: If you select Other from the Affiliation/Organization dropdown menu for the Person Completing Form or the Attending Physician/Clinician, the following subsequent textbox is enabled: If other, please specify. You must enter the name of the affiliation/organization.
7 Dynamic Functions based on Disease/Organism

Based on the Disease/Organism selected from the dropdown menu on the Patient Information screen of the Other Reportable Conditions Case Report, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms and lab tests that apply to the selected disease/organism.

Once the Disease/Organism selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

Please Note: For conditions not found in the Disease/Organism dropdown menu on the Patient Information screen, please fax an EPID 200 form to the local health department located in the patient’s county of residence.

Change or Save Disease/Organism Selection

Once you select a Disease/Organism from the dropdown menu, and click Save or Next on the Patient Information screen, a pop-up displays with a message that states:

You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report for [selected disease]?
Please Note: All Disease/Organism selections are final. Once the selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to only display information that applies to the selected Disease/Organism.

You have one more opportunity to select No to change the Disease/Organism. You can select Yes to finalize the Disease/Organism selection.

1. Upon clicking Save or Next at the bottom of the Patient Information screen, the Disease/Organism Pop-Up displays.

2. To change the selected Disease/Organism, click No.

3. Select a different Disease/Organism from the dropdown menu.

4. Once the Disease/Organism selection is complete, click Save to save the change or click Next at the bottom of the Patient Information screen.
5. The Disease/Organism Pop-Up displays to confirm the change in selection. Click **Yes** to save the Disease/Organism selection.

6. After saving the selection, the **Disease/Organism** field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.
8 Dynamic Screens for Other Reportable Conditions Case Report

The following screens display dynamic information based on the Disease/Organism selected from the dropdown menu on the Patient Information screen of the Other Reportable Conditions Case Report.

Laboratory Information: Dynamic Screen

On the Laboratory Information screen, the Test Name dropdown menu displays only the test name options that apply to the Disease/Organism selected on the Patient Information screen.
### Test Names for Brucellosis

- Brucella abortus AB
- Brucella abortus AB1
- Brucella abortus AB1A
- Brucella abortus AB1G
- Brucella abortus AB1GM
- Brucella abortus AB1GGM
- Brucella abortus AB1GG
- Brucella abortus DNA
- Brucella canis AB
- Brucella canis AB1

### Test Names for Infant Botulism

- Clostridium botulinum toxin
- Clostridium botulinum toxin A
- Clostridium botulinum toxin A+B+E
- Clostridium botulinum toxin B
- Clostridium botulinum toxin E
- Clostridium botulinum toxin F
- Other
Applicable Symptoms: Dynamic Screen

The **Applicable Symptoms** screen displays common fields for **all** of the Other Reportable Conditions selected as the Disease/Organism. The **Applicable Symptoms** screen displays additional symptoms that apply to the selected Disease/Organism.

- The **Applicable Symptoms** screen displays the common fields below for **all** Disease/Organism selections:
  - Fever
  - Diarrhea (>3 loose stools/24 hour period)
  - Did the patient have any other symptoms?

- The **Applicable Symptoms** screen also displays additional symptoms that apply to the Disease/Organism selected.

---

**Applicable Symptoms**

- **Fever**
  - Yes
  - No
  - Unknown
- **Diarrhea (>3 loose stools/24hr period)**
  - Yes
  - No
  - Unknown
- **Did the patient have any other symptoms?**
  - Yes
  - No
  - Unknown

**Applicable Symptoms for Anaplasmosis**

- **Chills**
  - Yes
  - No
  - Unknown
- **Gl symptoms**
  - Yes
  - No
  - Unknown
- **Leukopenia**
  - Yes
  - No
  - Unknown
- **Malaise**
  - Yes
  - No
  - Unknown
- **Mild Anemia**
  - Yes
  - No
  - Unknown
- **Mild to moderate elevated liver enzymes**
  - Yes
  - No
  - Unknown
- **Myalgia**
  - Yes
  - No
  - Unknown
- **Rash**
  - Yes
  - No
  - Unknown
- **Rigor**
  - Yes
  - No
  - Unknown
- **Thrombocytopenia**
  - Yes
  - No
  - Unknown
### Applicable Symptoms for Adult Botulism

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurry vision*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Diplopia (double vision)*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Dysphagia (difficulty swallowing)*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Muscle weakness*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Nausea*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Ocular palsy (Difficulty moving the eyes)*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Palsy (drooping eyelids)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Slurred speech*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symmetric, descending flaccid paralysis*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Vomiting*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Applicable Symptoms for Anthrax

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal swelling*</td>
<td></td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Bites or Bumps at injection site*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blister or Bump on skin*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Confusion*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Cough*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### Applicable Symptoms for Babesiosis

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Depression*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Conjunctival infection*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Cough*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Dark urine*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Decrease hematocrit*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Diaphoresis*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Elevated serum creatinine and BUN levels*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Emaciation*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Emotional instability*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fatigue*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Fever*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Gastrointestinal symptoms*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Hepatomegaly*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Jaundice*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Lethargy*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Malaise*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Mildly elevated Liver Enzymes*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Phlebitis*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Photophobia*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Sore throat*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Splenomegaly*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Swear*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Thrombocytopenia*</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
### Applicable Symptoms for Brucellosis

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anorexia (loss of appetite)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocarditis*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver, spleen swelling**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaise*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myalgia*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic symptoms*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tisde, scrotum swelling**</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Applicable Symptoms for Infant Botulism

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty breathing*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Face showing less expression than usual*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loss of tone (floppy baby)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor feeding (poor latch/poor suck)**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ptosis (drooping eyelids)*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pupils that are slow to react to light*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weak cry*</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
9 Tips for Manually Entering Case Report Data

Become familiar with these tips prior to entering case reports. When entering data, please keep these key notes in mind:

- There are **mandatory** fields marked with **red asterisks (**)**. These fields must be completed in order to proceed. In addition to completing the mandatory fields, you are encouraged to enter as much information as possible.

- **Help Icons** are available to guide you while entering data in the fields.

- For entering address information, all States are available for selection in the *State* field dropdown menu. When you select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* dropdown menu.
• However, when you select any state other than Kentucky, the system will display the message Out of System State and will not display counties in the County dropdown menu.

1. Enter dates by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
   • You can also click the Date field to bring up a calendar. You can click a date on the calendar or use the field dropdown menus to select the month and the year.

• If the date is unknown, you have the option to click the Unknown checkbox.
10 Other Reportable Conditions Case Report Form

Users with the Manual Case Reporter Role are authorized to access the Other Reportable Conditions Case Report Form in the ePartnerViewer.

1. To enter Other Reportable Conditions case report information, click the Case Report Entry Tab in the blue Navigation Bar at the top of the screen, then select Case Report Forms from the dropdown menu.

2. Select Other Reportable Conditions from the dropdown menu.

11 Patient Information

The Other Reportable Conditions Case Report Form is an eight-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Applicable Symptoms, (4) Additional Information, (5) Hospitalization, ICU, & Death Information, (6) Vaccination History, and (7) Additional Comments. (8) Review and Submit is where Users must review the information they have entered and submit the Other Reportable Conditions Case Report.
1. To start the Other Reportable Conditions Case Report entry, you must complete the mandatory fields on the Patient Information screen.

**Please Note:** You are required to enter the details associated with the Person Completing Form and the Attending Physician/Clinician prior to entering Other Reportable Conditions case report information.

If you access the Other Reportable Conditions Case Report without previously entering these details, the Patient Information screen is disabled and displays an error message.

You must click the hyperlink associated with the Person Completing Form and the Attending Physician/Clinician located in the error message banner to navigate to the appropriate User Preferences screens and create the Person Completing Form and Attending Physician/Clinician before entering Other Reportable Conditions Case Report details.
2. **Select the Disease/Organism** from the dropdown menu.

![Patient Information screen](image)

**Please Note:** Based on the **Disease/Organism** selected from the dropdown menu on the **Patient Information** screen, certain subsequent screens will dynamically display information that applies to the selected disease/organism. This means certain screens will display only the symptoms and lab tests that apply to the selected disease/organism.

Once the Disease/Organism selection is saved on the **Patient Information** screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

3. **Enter the Date of Diagnosis.**
   - If the date of diagnosis is unknown, click the **Unknown checkbox**.

![Date of Diagnosis](image)

4. **Select the appropriate answer** for the conditional field: **Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?**

![Conditional field](image)
• Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

• Click **No** to select a **different** Affiliation/Organization for the Patient ID (MRN), Person Completing Form, and the Attending Physician/Clinician.

5. Enter the patient’s **Medical Record Number (MRN)** in the **Patient ID (MRN)** field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.
6. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

![Dropdown menu with options]

**Please Note:** If **Yes** is selected for the conditional field: *Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* the same Affiliation/Organization will apply to each.

The **Affiliation/Organization** field is enabled only for the Patient ID (MRN).

The **Affiliation/Organization** selected for the Patient ID (MRN) will display in the disabled **Affiliation/Organization** fields for the Person Completing Form and the Attending Physician/Clinician.

---

7. From the dropdown menu, select the name of the **Person Completing Form**.

![Dropdown menu with options for Person Completing Form]

**Please Note:** If the appropriate name does not display in the **Person Completing Form** dropdown, you must create details for a new Person Completing Form by clicking the **Person Completing Form** hyperlink.
Person Completing Form Hyperlink

8. To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**.

9. The **Person Completing Form** Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

10. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

11. Enter the **First Name** and **Last Name** of the Person Completing the Form.

12. Enter the **Address**, **City**, **State**, and **Zip Code**.

13. Enter the **Phone Number** and **Email Address**.
14. After completing the mandatory fields, click **Save**.

15. Once the new Person Completing Form details have been saved, the **Person Completing Form** dropdown menu is automatically updated and displays the new name of the Person Completing Form. Select the **new name of the Person Completing Form** from the dropdown menu.

16. If applicable, select the **Affiliation/Organization** that applies to the person completing the form.
Please Note: The Affiliation/Organization field that applies to the Person Completing Form is only enabled if you selected No to the conditional question: Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?

- If Other is selected from the dropdown menu, the subsequent field is enabled. Enter the name of the organization associated with the person completing the form in the subsequent textbox: If other, please specify.

17. Select the Attending Physician/Clinician from the dropdown menu.

Please Note: If the appropriate name does not display in the Attending Physician/Clinician dropdown, you must create details for a new Attending Physician/Clinician by clicking the Attending Physician/Clinician hyperlink.

Attending Physician/Clinician Hyperlink

18. To create a new Attending Physician/Clinician, click the Attending Physician/Clinician hyperlink.
19. The *Attending Physician/Clinician* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

20. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

21. Enter the Attending Physician/Clinician’s **First Name** and **Last Name**.

22. Enter the **Address, City, State, and Zip Code**.

23. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.
24. After completing the mandatory fields, click **Save**.

25. Once the new Attending Physician/Clinician details have been saved, the **Attending Physician/Clinician** dropdown menu is automatically updated and displays the new Attending Physician/Clinician. Select the **new Attending Physician/Clinician** from the dropdown menu.

26. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.
Please Note: The Affiliation/Organization field that applies to the Attending Physician/Clinician is enabled only when you select No to the conditional question: Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?

- If Other is selected from the dropdown menu, the subsequent field is enabled. You must enter the name of the organization associated with the attending physician/clinician in the subsequent textbox: If other, please specify.

Please Note: Additional information on the Affiliation/Organization section of the Patient Information screen is covered in Section 6 Affiliation/Organization Conditional Question.

27. If available for the patient, select the Prefix and Suffix from the dropdown menus.

28. Enter the patient’s First Name and Last Name. If available, enter the patient’s Middle Name.

29. Enter the patient’s Date of Birth.

Please Note: If the patient is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected. You cannot proceed to the next page until updating or confirming the patient’s birth year.

30. Select the Patient Sex from the dropdown menu.
31. Select the patient’s **Ethnicity** and **Race** from the appropriate field dropdown menus.

32. Enter the patient’s **Street Address**, **City**, **State**, **Zip Code**, and **County**.

33. Enter the patient’s **Phone Number** and **Email Address**.
34. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

![Selecting appropriate answer to Is the patient currently pregnant?](image)

**Please Note:** The field *Is the patient currently pregnant?* is enabled only when you select *Female* from the *Patient Sex* dropdown menu on the *Patient Information* screen.

If *Yes* is selected, the subsequent field is enabled. You must enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC).* If the due date is unknown, click the *Unknown* checkbox.

35. When the *Patient Information* screen has been completed, click **Save** to save your progress or click **Next** to proceed to the *Laboratory Information* screen.

![Patient Information screen](image)

**Please Note:** Once you select a Disease/Organism from the dropdown menu and click **Save** or **Next** at the bottom of the *Patient Information* screen, a pop-up displays with a message that states: 
*You have selected to file this case report for [selected disease]. Please note that you will not be able to change/update Disease/Organism name after you save this screen or proceed to the next screen. Are you sure you want to file this case report form for [selected disease]?*

To save the selected Disease/Organism and proceed to the *Laboratory Information* page, click **Yes**. To change the selected Disease/Organism, click **No**.
36. To change the selected Disease/Organism, click **No** on the Disease/Organism Pop-Up.

37. If changing the selection, select a different **Disease/Organism** from the dropdown menu.

38. Once the Disease/Organism selection is complete, click **Save** to save the change or click **Next** at the bottom of the screen.

39. The Disease/Organism Pop-Up displays to confirm the change in Disease/Organism selection. To save the selected Disease/Organism, click **Yes**.
40. Upon clicking **Yes** to save the selection, the *Disease/Organism* field is disabled and displays the selected Disease/Organism. You can no longer change the selected Disease/Organism.

**Please Note**: Once the Disease/Organism selection is saved on the Patient Information screen, the subsequent dynamic screens are customized to display only the information that applies to the selected Disease/Organism.

41. Click **Next** to proceed to the Laboratory Information screen.
12 Laboratory Information

1. On the Laboratory Information screen, select the appropriate answer for the conditional question at the top: Does the patient have a lab test?

2. If Yes is selected, the subsequent lab-related fields on the screen are enabled. You must enter details for a lab test.

**Please Note:** If No or Unknown is selected, all the subsequent fields on the screen are disabled.
3. Enter the **Laboratory Name** in the textbox.

4. Select the appropriate **Test Name** from the dropdown menu.

   - If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **test name/description** in the subsequent **textbox**: **If other, please specify**.

5. Enter the **Filler Order/Accession Number**.

   - The **Filler Order Number or Lab Accession Number** is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when you check it in.
6. Select the **Specimen Source** from the dropdown menu.

   ![Specimen Source dropdown menu]

   - If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter the **Specimen Name/Description** in the subsequent textbox: *If other, please specify.*

   ![Specimen Name/Description textbox]

7. Select the **Test Result** from the dropdown menu.

   ![Test Result dropdown menu]

   - If **Other** is selected from the dropdown menu, the subsequent field is enabled. Enter **test result information** in the subsequent textbox: *If other, please specify.*

   ![Test Result information textbox]
If *Pending* is selected from the dropdown menu, the subsequent field is disabled: *Test Result Date*.

8. If applicable, enter the **Test Result Date**.
9. Enter the **Specimen Collection Date**.

Please Note: The Specimen Collection Date cannot occur after the Test Result Date. The Specimen Collection Date must occur on the same date or any date before the Test Result Date. If you enter a Specimen Collection Date that occurs after the Test Result Date, both fields are marked as invalid.

If you click **Next**, the **Laboratory Information** screen displays an error banner with a message that states: *There are errors. Please make a selection for all required fields.*

To proceed, you must enter a valid Specimen Collection Date that occurs on or before the Test Result Date.

10. In the **Additional Information** textbox, enter additional notes about the lab test, if applicable.
Adding Multiple Tests

11. You can also click Add Test to log the details for multiple lab tests. This means that you can easily enter additional lab test results on the same patient.

- To delete an additional lab test, click the Trash Bin Icon located at the top right.
12. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.
13  Applicable Symptoms

1. On the Applicable Symptoms screen, select the appropriate answer for the conditional question at the top: Were symptoms present during the course of illness?

   Please select applicable symptoms that the patient experienced during illness.

   **OTHER REPORTABLE CONDITIONS CASE REPORT FORM**

   **APPLICABLE SYMPTOMS**

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Laboratory Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicable symptoms</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td></td>
</tr>
<tr>
<td>Hospitalization, ICU &amp; Death Information</td>
<td></td>
</tr>
<tr>
<td>Vaccination History</td>
<td></td>
</tr>
<tr>
<td>Additional Comments</td>
<td></td>
</tr>
<tr>
<td>Review &amp; Submit</td>
<td></td>
</tr>
</tbody>
</table>

   More symptoms present during the course of illness?
   
   Yes  No  Unknown

   If symptomatic, which of the following did the patient experience during their illness?

   Fever
   
   Yes  No  Unknown

   If yes, please enter the highest temperature:

   Diarrhea (>3 loose stools/24h period)
   
   Yes  No  Unknown

   If yes, please enter # of days of diarrhea:

   Please Note: If No is selected for the conditional question, all subsequent symptom fields are disabled and marked with No.

   If Unknown is selected for the conditional question, all subsequent symptom fields are disabled and marked as Unknown.

2. If Yes is selected for the conditional question, the subsequent fields on the screen are enabled.
3. Enter the **Onset Date** for the symptoms.
   - If the onset date is unknown, click the **Unknown checkbox**.

   ![Onset Date](image)

4. If the patient is symptomatic, select the **appropriate answer** for the **Fever** field.
   - If **Yes** is selected for the **Fever** field, the subsequent field is enabled. Enter the **highest temperature** in the subsequent textbox: *If yes, please enter the highest temperature.*

   ![Fever](image)

5. Select the **appropriate answer** for the **Diarrhea (>3 loose stools/24hr period)** field.
   - If **Yes** is selected for the **Diarrhea (>3 loose stools/24hr period)** field, the subsequent field is enabled. Enter the **number of days of diarrhea** in the subsequent textbox: *If yes, please enter the # of days of diarrhea.*

   ![Diarrhea](image)

**Please Note:** The **Applicable Symptoms** screen only lists symptoms that apply to the Disease/Organism selected.
6. If the patient is symptomatic for Adult Botulism, select the appropriate answers for the following fields to indicate the symptoms the patient experienced during illness:

![Applicable Symptoms for Adult Botulism]

7. If the patient is symptomatic for Anaplasmosis, select the appropriate answers for the following fields to indicate the symptoms the patient experienced during illness:

![Applicable Symptoms for Anaplasmosis]
8. If the patient is symptomatic for **Anthrax**, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

![Symptoms for Anthrax]

9. If the patient is symptomatic for **Babesiosis**, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

![Symptoms for Babesiosis]

10. If the patient is symptomatic for **Brucellosis**, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

![Symptoms for Brucellosis]
11. If the patient is symptomatic for Infant Botulism, select the appropriate answers for the following fields to indicate the symptoms the patient experienced during illness:

![Applicable Symptoms for Infant Botulism]

12. To report additional symptoms not listed on the screen, select the appropriate answer for the field: Did the patient have any other symptoms?

- If Yes is selected, the subsequent field is enabled. Enter the patient’s other symptoms in the subsequent textbox: If yes, please specify.

13. Once complete, click Next to proceed to the Additional Information screen.
14 Additional Information

1. On the **Additional Information** screen, select the appropriate answer for the conditional question at the top: *Do any of the following apply to the patient?*

2. If **Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

   - Domestic travel within the last 30 days (outside state of normal residence)
   - International travel within the last 30 days
   - School/daycare attendance
   - School/daycare employee
   - Food handler

**Please Note:** If **No** is selected for the conditional question, all subsequent symptom fields are disabled and marked with **No**.

If **Unknown** is selected for the conditional question, all subsequent symptom fields are disabled and marked as **Unknown**.
3. Select the **appropriate answer** for the field: *Domestic travel within the last 30 days (outside state of normal residence).*

   ![Domestic travel within the last 30 days (outside state of normal residence)](image)

   - If **Yes** is selected for the *Domestic travel (outside state of normal residence)* field, the subsequent *If yes, please specify state(s)* field is enabled. From the multi-select dropdown menu, select the **state(s)** the patient traveled.

4. Select the **appropriate answer** for the field: *International Travel within last 30 days.*

   ![International Travel within the last 30 days](image)

   - If **Yes** is selected, the subsequent field *If yes, please specify country(s)* is enabled. From the multi-select dropdown menu, select the **country or countries** the patient traveled.
5. Select the **appropriate answers** for the following fields to indicate descriptions that apply to the patient:

- *School/daycare attendee*
- *School/daycare employee*
- *Food handler*
- *Healthcare worker*
- *Long-term care facility resident*
- *Long-term care facility employee*
- *Correctional facility resident*
- *Correction facility employee*
- *Homeless shelter resident*
- *Homeless shelter employee*
- *College/University student*
- *Substance abuse or misuse*
- *Military*
- *Other congregate setting resident*
- *Other congregate setting employee*
### Long-term care facility employee

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of long-term care facility:

### Correctional facility resident

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of correctional facility:

### Correctional facility employee

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of correctional facility:

### Homeless shelter resident

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of homeless shelter:

### Homeless shelter employee

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of homeless shelter:

### College/university student

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of college/university:

### College/university teacher

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of college/university:

### Military

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of military base:

### Other congregate setting resident

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of other congregate setting:

### Other congregate setting employee

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If yes, please specify the name of other congregate setting:
Please Note: If Yes is selected for any of the descriptive questions, the subsequent textbox is enabled for Users to specify the name of appropriate setting.

For example, if Yes is selected for the Healthcare worker field, the subsequent textbox field is enabled. To proceed, you must enter the name of the healthcare facility in the subsequent field: If yes, please specify the name of the healthcare facility.

6. Select the appropriate answer for the field: Did the patient inject drugs not prescribed by a doctor?

7. Select the appropriate answer for the field: Did the patient use street drugs, but not inject?

8. Select the appropriate answer for the field: Is this part of an outbreak?

• If Yes is selected, the subsequent field is enabled. Enter the name of the outbreak in the subsequent textbox: If yes, please specify name of the outbreak.

9. Once complete, click Next to proceed to the Hospitalization, ICU & Death Information screen.
15 Hospitalization, ICU & Death Information

1. On the Hospitalization, ICU & Death Information screen, select the appropriate answer for the conditional question at the top: Was the patient hospitalized?

2. If Yes is selected for the conditional question, the subsequent hospitalization-related fields and ICU-related fields on the screen are enabled.

Please Note: If No or Unknown is selected for the conditional question, all subsequent hospitalization-related fields and ICU-related fields are disabled.

Death-related questions are not impacted by the selected answer for the conditional question: Was the patient hospitalized?
3. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name.*

4. Enter the patient’s hospitalization **Admission Date**.

5. Enter the patient’s hospitalization **Discharge Date**.
   - If the patient is still hospitalized, click the **Still Hospitalized** checkbox.
     - If the **Still Hospitalized** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*
Please Note: The Admission Date cannot occur after the Discharge Date. The Admission Date must occur on the same date or any date BEFORE the Discharge Date.

If you enter an Admission Date that occurs after the Discharge Date and clicks Next, both fields are marked as invalid and the screen is grayed out and displays a pop-up message that states:

The date of hospital discharge cannot be earlier than the date of hospital admission.

To proceed, you must click OK and enter a valid Discharge Date that occurs on or after the Admission Date.

6. Select the appropriate answer for the field: Was the patient admitted to an intensive care unit (ICU)?

7. If applicable, select the appropriate answer for the field: Did the patient die as a result of this illness?
• If **Yes** is selected, the subsequent *Date of Death* field is enabled. Enter the patient’s **Date of Death**.

8. Once complete, click **Next** to proceed to the Vaccination History screen.
### 16 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported?*

   **OTHER REPORTABLE CONDITIONS CASE REPORT FORM**

   **VACCINATION HISTORY**

<table>
<thead>
<tr>
<th>Patient Information</th>
<th>Laboratory Information</th>
<th>Applicable Symptoms</th>
<th>Additional Information</th>
<th>Hospitalization, ICU &amp; Death Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **Is the patient vaccinated for the condition being reported?**

   - Yes
   - No
   - Unknown

   **Vaccine Details**

   - If yes, please provide vaccine name:
   - Select...
   - If other, please specify:
   - If yes, please enter the number of doses:
   - Select...

   **Date Administered (1st dose)**
   **Date Administered (2nd dose)**
   **Date Administered (3rd dose)**

   **Add Vaccine**

2. **If Yes** is selected for the conditional question, the subsequent fields on the screen are enabled.

   **Please Note:** If **No** or **Unknown** is selected for the conditional question, all subsequent fields are disabled.
3. Select the **appropriate vaccine** from the dropdown menu: *If yes, please provide vaccine name.*

![Vaccination History](image)

- If **Other** is selected, the subsequent field is enabled. Enter the **name of the vaccine** in the textbox: *If other, please specify.*

![Vaccine Details](image)

4. Select the **number of doses that the patient received**: *If yes, please enter the number of doses.*

![Number of Doses](image)

- If **1** is selected as the number of doses, the **Date Administered (1st dose)** field is enabled. Enter the **Date Administered (1st Dose).**

![Date Administered](image)
• If 2 is selected as the number of doses, both of the subsequent fields are enabled: **Date Administered (1st dose)** and **Date Administered (2nd dose)**. Enter the dates for each one in the appropriate fields.

![Image showing date fields for 2 doses]

• If 3 is selected as the number of doses, the following subsequent fields are enabled: **Date Administered (1st dose)**, **Date Administered (2nd dose)**, and **Date Administered (3rd dose)**. Enter the appropriate dates in each field.

![Image showing date fields for 3 doses]

**Adding Multiple Vaccines**

5. You can also click **Add Vaccine** to log the details for multiple vaccines.
To delete an additional lab test, click the **Trash Bin Icon** located at the top right.

6. Once complete, click **Next** to proceed to the **Additional Comments** screen.
17 Additional Comments

1. On the Additional Comments screen, if applicable, enter additional notes about the patient.
2. Once complete, click Next to proceed to the Review & Submit screen.

---

18 Review and Submit

The Review and Submit screen displays a summary of the information you have entered. Prior to submitting the case report, review the information on this screen to verify its accuracy. You must click Submit to submit the case report form.

Print or Download Functionality

1. Click Print to print the case report.
• Upon clicking **Print**, a *Print Preview* will display. Click **Print** to print the case report.

2. Click **Download** to download a PDF version of the case report.

• Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.

• To view the downloaded case report, click the **PDF** icon at the bottom left.
• A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.

3. Review the information.

- Click the **caret icon** on any section header to hide or display the details for that section.
4. Review the *Patient Information* section.

5. Review the *Laboratory Information* section.
6. Review the *Applicable Symptoms* section.
7. Review the *Additional Information* section.

8. Review the *Hospitalization, ICU & Death Information* section.
9. Review the Vaccination History section.

   **Vaccination History**
   
   Is the patient vaccinated for the condition being reported?
   Yes
   
   Vaccine Details
   If yes, please provide vaccine name:
   Other
   If other, please specify:
   Unknown
   If yes, please enter the number of doses:
   1
   Date Administered (1st dose)
   08/02/2021

10. Review the Additional Comments section.

   **Additional Comments**
   
   Additional comments or notes, please specify:
   Patient Notes

   Click Hyperlinks to Edit

   11. If after reviewing, changes are required, click the corresponding section header hyperlink or the side navigation bar tab to navigate to the appropriate screen or section to edit the information.

      - Click the section header hyperlink or the side navigation bar tab to navigate to the intended page. For example, to navigate to the Patient Information screen, click the Patient Information hyperlink in the section header or the side navigation bar.
12. Once the appropriate edits have been made, click the **Review and Submit** tab on the side navigation bar to navigate back to the **Review and Submit** screen.

13. The **Save Changes** pop-up displays. To save the edits and navigate back to the **Review and Submit** screen, click **Yes – Save**. To discard the edits, click **No – Discard**.

13. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Other Reportable Conditions Case Report Entry.

- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

**Please Note:** Once a case report has been submitted, it is final. Should you later discover that you have entered inaccurate information, please use the **Support Tab** in the ePartnerViewer to report this information.

14. Click **OK** to acknowledge the case report has been submitted successfully.

**Please Note:** Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

**Congratulations! You have submitted the Other Reportable Conditions Case Report using KHIE’s Direct Data Entry Functionality.**

Please visit the KHIE website at [https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx](https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx) to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.
19  Case Report User Entry Summary

The Case Report Entry User Summary screen displays all submitted and in-progress case reports you have entered. By default, the Case Report Entry User Summary screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

1. To retrieve case reports for a specific date range within the last 6 months, enter the appropriate Start Date and End Date.

2. Click Retrieve Data to generate the case reports.
Please Note: The Start Date must be within the last six months from the current date.

The following error message displays when Users search for a Start Date that occurred more than six months ago: Please select a Start Date that is within the last six months from today’s date.

To proceed, you must enter a Start Date that occurred within the last six months.

3. Click Retrieve Data to display the search results.
4. To search for a specific case report, click Apply Filter.

5. The Filter fields display. You can search by entering the Report Type, Affiliation/Organization, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Status, Last Updated Date, and/or Submission Date in the corresponding Filter fields.
Review Previously Submitted Case Reports

6. To review a summary of a complete case report that has been previously submitted, click View located next to the appropriate case report.

7. The Case Report Details pop-up displays a summary of the previously submitted case report.
   - Click Print to print the case report.
   - Click Download to download a PDF version of the case report.

8. Click OK to close out of the pop-up.
Continue In-Progress Case Reports

The **Save** feature allows Users to complete the case report in multiple sessions. That means you can start a case entry, save it, and then return later to complete it. You must save the information you have entered in order to return later to the section where you left off.

9. To continue working on a case report that is currently in-progress, click **Continue** located next to the appropriate case report.

10. Clicking **Continue** automatically navigates to the section of the case report where you left off.

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20  **Technical Support**

**Toll-Free Telephone Support**

For questions and assistance regarding the ePartnerViewer, please call 1 (877) 651-2505.

**Email Support**

To submit questions or request support regarding the ePartnerViewer, please email KHIESupport@ky.gov.

**Please Note:** To seek assistance or log issues, you can use the **Support Tab** located in the blue navigation bar at the top of the screen in the ePartnerViewer.