



Kentucky Health Information Exchange (KHIE)

Direct Lab Data Entry

User Guide

February 2021

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Document Control Information

Document Information

Document Name	Direct Lab Data Entry
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	2.0
Document Status	Revised
Date Released	2/23/2020

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	9/10/2020	Initial Draft	Deloitte Consulting
1.0	9/11/2020	Version 1.0	Deloitte Consulting
1.1	9/29/2020	Version 1.1 accounting for KHIE system updates implemented on 9/18/2020	Deloitte Consulting
1.2	02/03/2021	Revisions to accommodate changes made to the functionality	Charlese Blair
2.0	02/23/2021	Version 1.3 accounting for KHIE system updates implemented on 2/26/2020	Deloitte Consulting
2.0	03/02/2021	Revised language for description of system updates	Charlese Blair

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1 Introduction

Overview

The Kentucky Health Information Exchange (KHIE) utilizes the Kentucky Online Gateway (KOG) to authenticate if an individual is part of an organization that has access to review patient health information in KHIE. To access KHIE, Authorized Users must establish a KOG account.

The purpose of this Direct Lab Data Entry User Guide is to (1) provide an overview of the Kentucky Health Information Exchange's Direct Lab Data Entry functionality within the ePartnerViewer and (2) provide instructions for setting up a KOG account to access it.

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:

Desktop Browser Version	Mobile Browser Version
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

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

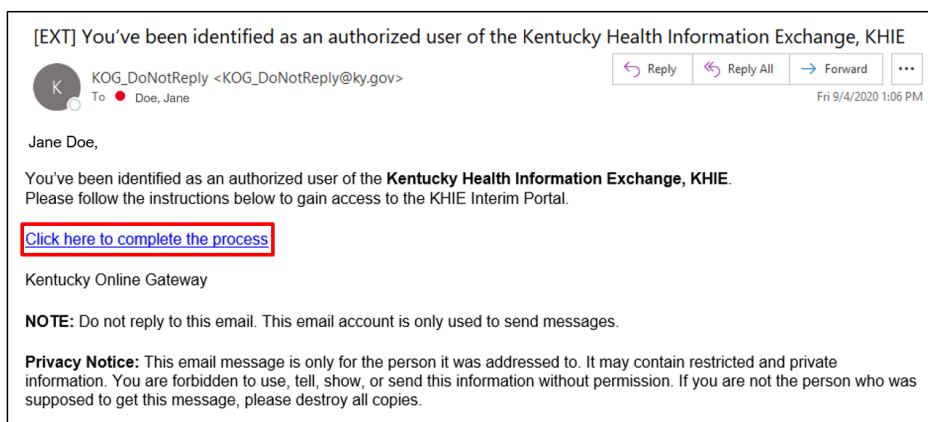
To access the ePartnerViewer, users must meet the following specifications:

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.
 - a. Details on creating a KOG account are in *Section 2 KOG Registration and Login* of this guide.
3. Users are required to complete Multi-Factor Authentication (MFA).
 - a. Details on MFA are included in the *Multi-Factor Authentication (MFA)* subsection in *Section 2 KOG Registration and Login* of this guide.

2 KOG Registration and Login

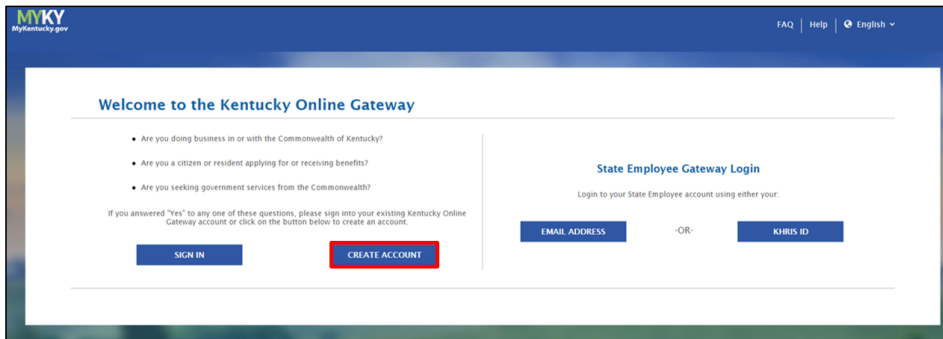
Create a KOG Account

1. When provisioned with the Manual Data Submission Role in the ePartnerViewer, Users will receive an invitation email to register for the Kentucky Online Gateway (KOG).
2. Users click the **Click here to Complete the Process** Link in the Invitation email, to be directed to the **Kentucky Online Gateway Registration Page**.



Please Note: This link is active for seven days. The registration link is only valid for a one-time use. If Users click the link and do not complete the registration process, a new link must be sent. If the link expires, the KHIE Org Admin must send another invitation to create a Kentucky Online Gateway (KOG) account.

3. The **KOG Landing Page** displays. If Users do not have an existing KOG account, Users should click **Create Account**.



Please Note: If Users already have an existing KOG account with the same email address from which they received the invitation to enroll, they should not create a new account. These Users should log into KOG using their existing credentials.

4. From here, Users will enter their Registration Information. There are mandatory fields that are marked with asterisks (*).
5. Enter **First Name**.
6. Enter **Last Name**.
7. Enter **Email Address**.

Please Note: Users MUST register using the same email address from which they received the invitation to enroll.

8. Confirm **Email Address**.
9. Enter **Password**.
10. Confirm **Password**.
11. Enter **Street Address, City, State, and Zip Code**.
12. Enter **Answer** to Security *Question 1*.
13. Enter **Answer** to Security *Question 2*.

Please complete your Kentucky Online Gateway Profile

i If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

* First Name	Middle Name	* Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
* E-Mail Address	* Verify E-Mail Address	
<input type="text"/>	<input type="text"/>	
* Password	* Verify Password	
<input type="text"/>	<input type="text"/>	
Mobile Phone	Language Preference	
<input type="text"/>	English <input type="button" value="v"/>	
Street Address 1	Street Address 2	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Question	* Answer	
In what city were you born? (Enter full name of city only)	<input type="text"/>	
Question	* Answer	
What was the name of your first pet?	<input type="text"/>	

14. After completing the mandatory fields, click **Sign Up**.

Please complete your Kentucky Online Gateway Profile

i If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.

Please fill out the form below and click **Sign Up** when finished.
All fields with * are required.

* First Name	Middle Name	* Last Name
Jane	L	Doe
* E-Mail Address	* Verify E-Mail Address	
jane.doe@gmail.com	jane.doe@gmail.com	
* Password	* Verify Password	
.....	
Mobile Phone	Language Preference	
(999) 999-9999	English <input type="button" value="v"/>	
Street Address 1	Street Address 2	
11 Mill Creek Park	<input type="text"/>	
City	State	Zip Code
Frankfort	Kentucky <input type="button" value="v"/>	40601
Question	* Answer	
In what city were you born? (Enter full name of city only)	Frankfort	
Question	* Answer	
What was the name of your first pet?	Fido	

15. After clicking **Sign Up**, users are directed to a validation screen displaying the following message:
Your account has been requested and is pending email verification. Please check your email and click on the link provided to verify your account. If you do not see the verification email in your inbox, please check your spam or junk folder. If no email was received click [here](#).
16. Users must check their email to complete the KOG Account Validation process.



Please Note: If the verification email is not in the inbox, Users should check the *Junk* and *Spam* folders.

KOG Account Validation

- Users will receive an email at the email address they provided when creating the account. This email is titled *Account Verification* from KOG_DoNotReply@ky.gov.

From: KOG_DoNotReply <KOG_DoNotReply@ky.gov>
Date: September 4, 2020 at 1:31:47 PM EDT
To: jane.doe@gmail.com
Subject: Account Verification
Reply-To: <KOG_DoNotReply@ky.gov>

Jane Doe (jane.doe@gmail.com)

This email is to help you complete the last step of account set-up.

Your Org User account username is: jane.doe@gmail.com

Click on the below link now, to activate your account.

<https://kog.chfs.ky.gov/public/fwlink/?linkid=7cf0b4e1-9d40-420e-be22-c54118a26aba>

If you need any assistance further, please contact the Kentucky Online Gateway HelpDesk.

Kentucky Online Gateway
[Kentucky Online Gateway HelpDesk](#)

NOTE: Do not reply to this email. This email account is only used to send messages.

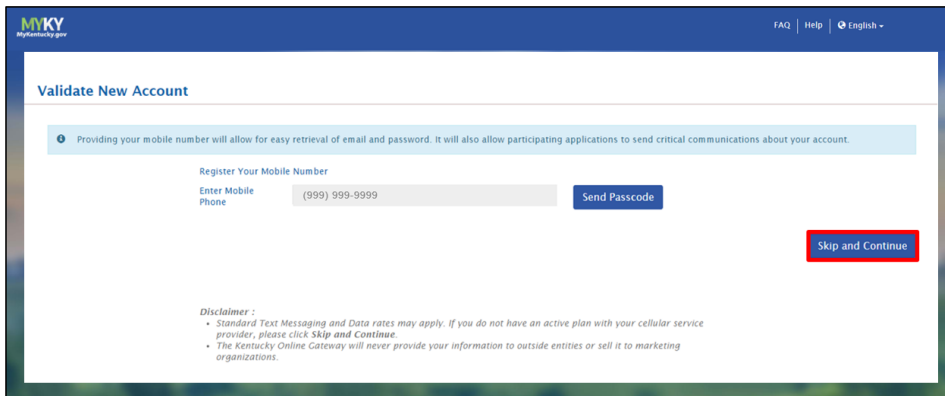
Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.

- Users must click the **link** in the email to be directed to the **KOG Login Page**.

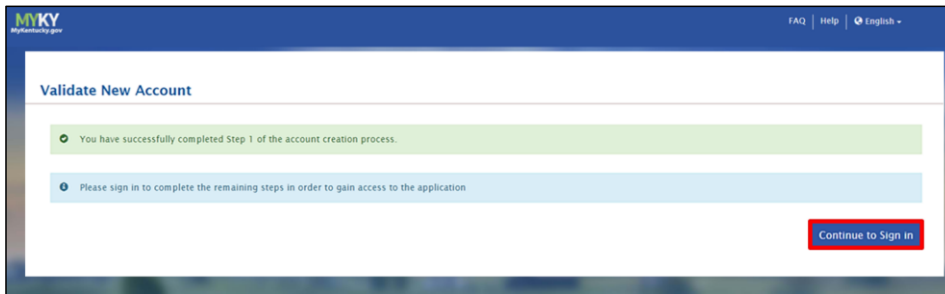
The screenshot shows the KY.gov login page. On the left, there is a 'Citizen (or) Business Partner Sign In' form with fields for 'Email Address' and 'Password', a 'SIGN IN' button, and a link for 'Resend Account Verification Email'. On the right, there is a 'WARNING' box with text about unauthorized access and a 'Create An Account' button. Below the warning box is a link: 'Click here to select user account type'.

19. When Users choose to register their phone numbers, they will have the option to receive a passcode via text.

- To register a phone number, the User should enter a phone number and click **Send Passcode**.
- When Users do not want to register a phone number, Users should click **Skip and Continue** to proceed.



20. Users must click **Continue to Sign in** to navigate to the **KOG Login Page** and complete the account creation process.



21. On the **KOG Login Page**, Users must enter their **Email Address**.

Please Note: Users must enter the email address provided when creating their KOG account.

22. Users must then enter their **Password**.

Please Note: A User's password is the password provided when creating their KOG account.

23. Users must click **Sign In** to access the ePartnerViewer.

KY KY
mykentucky.gov

FAQ | Help | English

Citizen (or) Business Partner Sign In

Sign in with your Kentucky Online Gateway Account.

Email Address
jane.doe@gmail.com

Password [Forgot/Reset Password?](#)

SIGN IN

[Resend Account Verification Email](#)

WARNING
This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.

Don't already have a Kentucky Online Gateway Citizen Account?
Create An Account

[Click here to select user account type](#)

24. After Users login, they have the option to register as an organ donor.

- To register as an organ donor, Users should click **Yes, Register Now**.
- When Users do not want to register as an organ donor, they should click **Remind me later** to proceed to the ePartnerViewer.

Kentucky Online Gateway

Welcome Jane Doe | My Account | Sign Out | Help | English

Register as a Kentucky Organ Donor

With the passing of KY 5877 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created the below form for Kentuckians to join the Kentucky Organ Donor Registry. If you'd like to join the KYDR, please fill out the required fields below, select the consent checkbox, and click the "Register" button. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>.

* First Name:
Middle Name:
* Last Name:

Register as a Kentucky Organ Donor

Would you like to register as an organ donor?

With the passing of KY 5877 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created an online portal for Kentuckians to join the Kentucky Organ Donor Registry. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>

Yes, Register Now **Remind me later**

By submitting this registration I affirm that I am the applicant described on this application and that the information entered herein is true and correct to the best of my knowledge. This form will serve as donor document of gift as outlined in the Uniform Anatomical Gift Act. A document of gift, not revoked by the donor before death, is considered legal authorization for donation and does not require the consent of another. If I am under 18 years of age, I understand that consent must be obtained from my parents or legal guardian at the time of donation.

I have read, understand, and agree to the above terms and conditions.

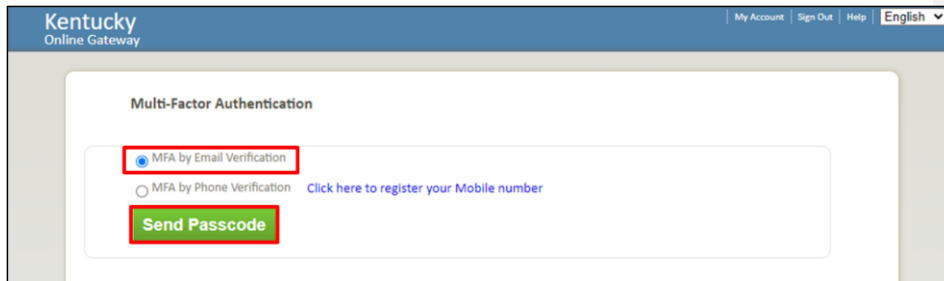
Register [Continue to the Application](#)

Multi-Factor Authentication

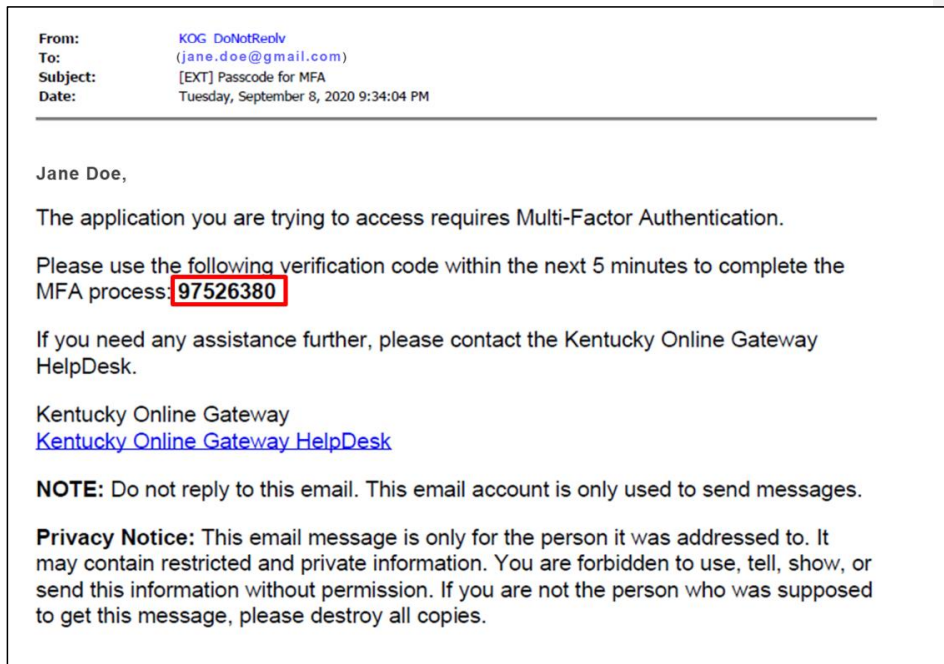
After Users login, they are asked to complete Multi-Factor Authentication or MFA. Users have the option to receive their MFA passcode by Email or Text.

MFA by Email Verification

1. To receive the MFA passcode by email, select the **MFA by Email Verification** button and click **Send Passcode**.



2. Users must open their email in a separate tab and open an email titled *Passcode for MFA* from KOG_DoNotReplay@ky.gov.



From: KOG_DoNotReplay
To: (jane.doe@gmail.com)
Subject: [EXT] Passcode for MFA
Date: Tuesday, September 8, 2020 9:34:04 PM

Jane Doe,

The application you are trying to access requires Multi-Factor Authentication.

Please use the following verification code within the next 5 minutes to complete the MFA process: **97526380**

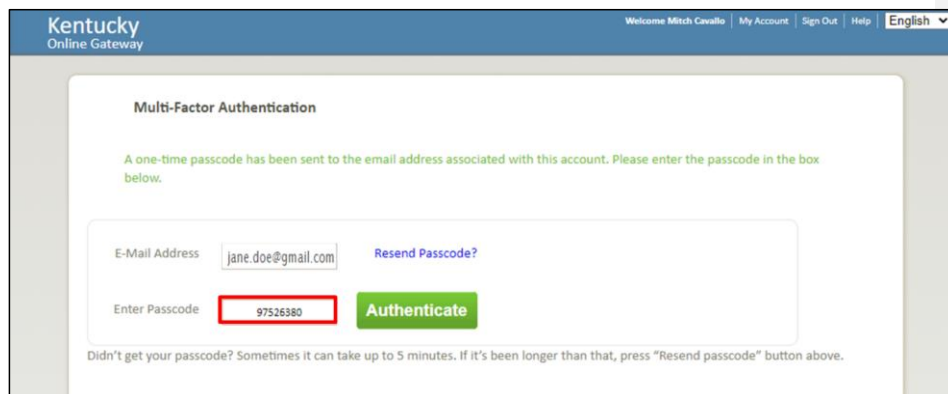
If you need any assistance further, please contact the Kentucky Online Gateway HelpDesk.

Kentucky Online Gateway
[Kentucky Online Gateway HelpDesk](#)

NOTE: Do not reply to this email. This email account is only used to send messages.

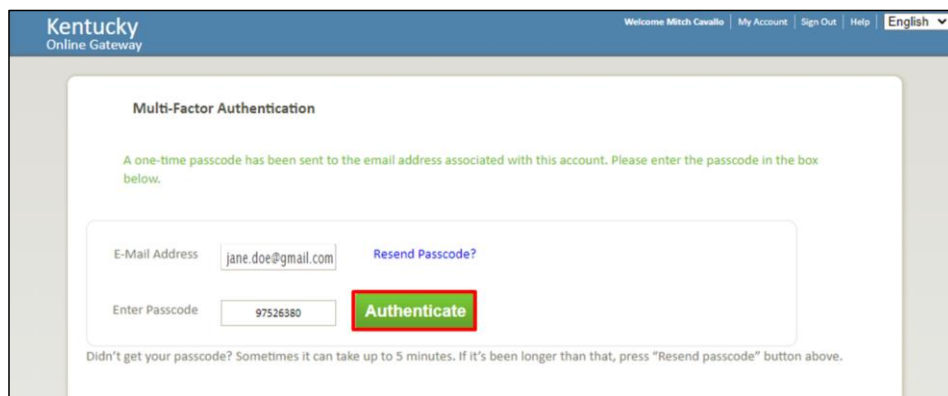
Privacy Notice: This email message is only for the person it was addressed to. It may contain restricted and private information. You are forbidden to use, tell, show, or send this information without permission. If you are not the person who was supposed to get this message, please destroy all copies.

3. Users must enter the **8-digit code** that is in the body of the email into the *Enter Passcode* field on the **Multi-Factor Authentication** screen.



The screenshot shows the 'Multi-Factor Authentication' screen on the 'Kentucky Online Gateway'. The page header includes 'Welcome Mitch Cavallo | My Account | Sign Out | Help | English'. The main content area has the title 'Multi-Factor Authentication' and a message: 'A one-time passcode has been sent to the email address associated with this account. Please enter the passcode in the box below.' There are two input fields: 'E-Mail Address' with the value 'jane.doe@gmail.com' and a 'Resend Passcode?' link; and 'Enter Passcode' with the value '97526380'. A green 'Authenticate' button is to the right of the passcode field. A note at the bottom says: 'Didn't get your passcode? Sometimes it can take up to 5 minutes. If it's been longer than that, press "Resend passcode" button above.' In this screenshot, the 'Enter Passcode' field is highlighted with a red border.

4. Users must click **Authenticate** to be directed to the **Terms and Conditions** page in the ePartnerViewer.



This screenshot is identical to the one above, showing the 'Multi-Factor Authentication' screen. In this version, the green 'Authenticate' button is highlighted with a red border.

MFA by Phone Verification

1. To receive the MFA passcode by text, click the **MFA by Phone Verification** button.

2. Users who have not registered their phone number should select **Click here to register your Mobile number**.

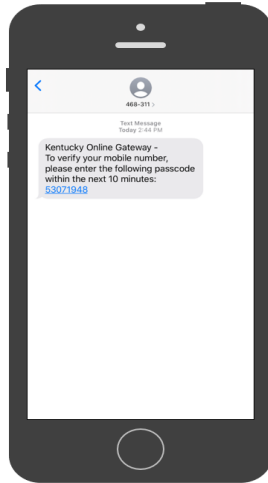
The screenshot shows the 'Multi-Factor Authentication' section of the Kentucky Online Gateway. It features two radio button options: 'MFA by Email Verification' and 'MFA by Phone Verification'. The 'MFA by Phone Verification' option is selected and highlighted with a red box. To its right, a blue link labeled 'Click here to register your Mobile number' is also highlighted with a red box. Below these options is a green 'Send Passcode' button.

3. The **Register Your Mobile Number** screen displays for Users who have not registered their phone number. Users must enter their **mobile phone number** and click **Send Passcode**.

The screenshot shows the 'Register Your Mobile Number' screen. It includes a form with the label 'Enter Mobile Phone' followed by a text input field containing '(999) 999-9999'. To the right of the input field is an 'X' icon. Below the input field, the text '(555) 555-5555' is visible. A green 'Send Passcode' button is positioned to the right of the input field. Below the form is a 'Disclaimer' section with two bullet points: 'Standard text messaging and data rates may apply.' and 'The Kentucky Online Gateway will never provide your information to outside entities or sell it to marketing organizations.'

Please Note: The **Register Your Mobile Number** screen does not display for Users who have already registered their phone number. Instead, these Users will be prompted to enter the passcode to validate and verify identify on the **Multi-Factor Authentication** screen.

- Users will receive a text message from the Kentucky Online Gateway that will include a passcode that will be used for verification purposes.



Please Note: It may take up to 5 minutes to receive the passcode via text message. Users should click **Resend passcode** if they did not receive the text message within 5 minutes.

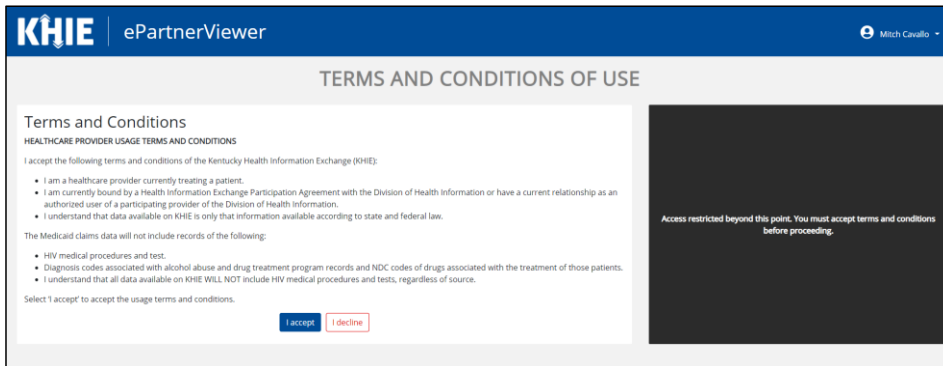
- To verify the mobile number, Users must enter the **8-digit code** from the text message into the *Enter Passcode* field on the **Multi-Factor Authentication** screen.
- Users must click **Validate & Verify** to be directed to the **Terms and Conditions of Use** page in the ePartnerViewer.

A screenshot of a web page titled 'Multi-Factor Authentication'. It contains a green message: 'Your one-time passcode has been sent as a text message to your mobile number. You have 4 minutes to enter the passcode into the below field and click the "Validate & Verify" button.' Below this is a section 'Verify Your Mobile Number' with a text input field containing '(999) 999-9999' and '(555) 555-5555', a 'Resend passcode' button, and an 'Enter Passcode' field containing '53071948' and a 'Validate & Verify' button. A footer note says: 'Didn't get your passcode? Sometimes it can take up to 5 minutes. If it's been longer than that, try again.'

Please Note: Users must enter the passcode within 5 minutes of receiving the text message.

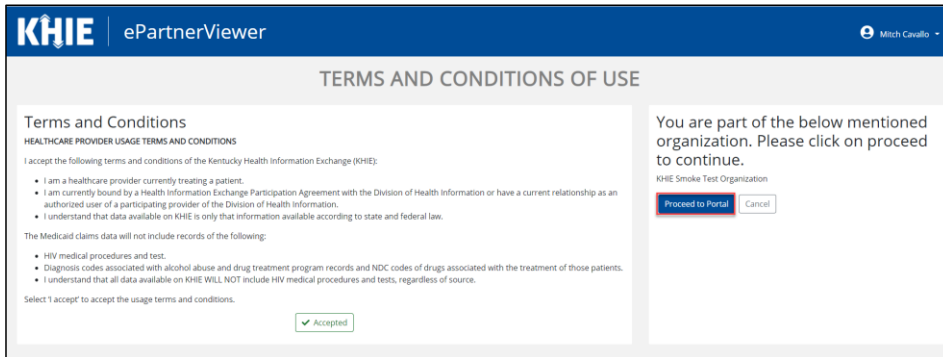
3 Terms of Use and Logging In

After logging into the Kentucky Online Gateway and completing Multi-Factor Authentication, the **Terms of Conditions and Use** page displays. Privacy and security obligations are outlined here.



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.

1. Once Users select **I Accept**, the grayed out section becomes visible. A message appears that indicates the User is associated with a particular *Organization*. **This will be the name of your Organization.**
2. Users must select **Proceed to Portal** to access the ePartnerViewer.



Please Note: Users who select **Cancel** will see a pop-up notification that indicates the User is *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. Users must select either **Logout Now** or **Cancel** to proceed to the ePartnerViewer.

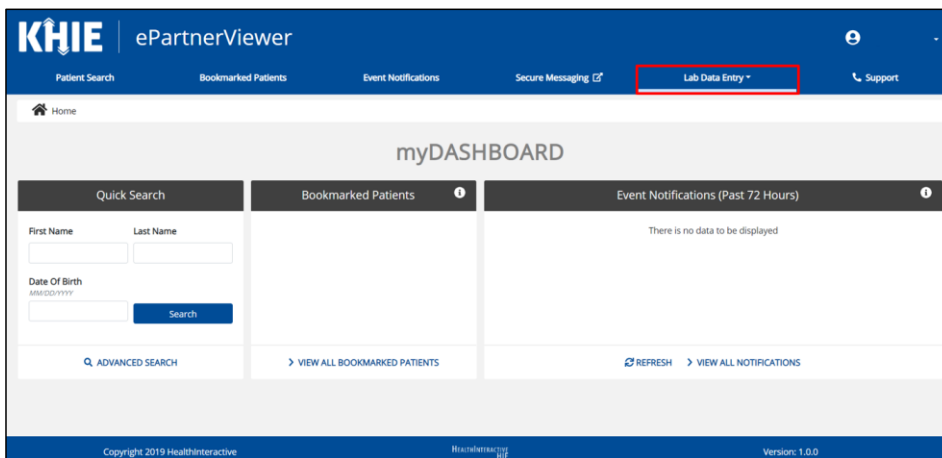
4 Manage User Preferences

These are your User Preferences. Prior to entering your lab results, you are required to enter information about your Ordering Provider and Ordering Facility on the **Manager User Preferences** screens. Based on the Ordering Provider and Ordering Facility details you entered in your user preferences, you can quickly select an Ordering Provider or Ordering Facility from the drop-down options. These drop-downs are located on the **Provider Details** screen for COVID Lab Data Entry and also on the **Observation** screen for Negative Lab Quick Entry. The Ordering Provider or Ordering Facility details will be pre-filled, based on the Ordering Provider or Ordering Facility name selected from the drop-downs.

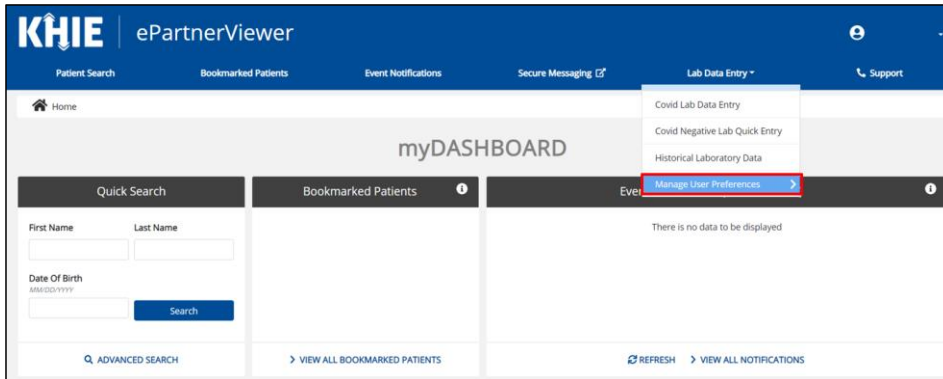
Please Note: Users no longer have to enter Ordering Provider and/or Ordering Facility details for each COVID Lab Data Entry.

Creating Ordering Provider Details

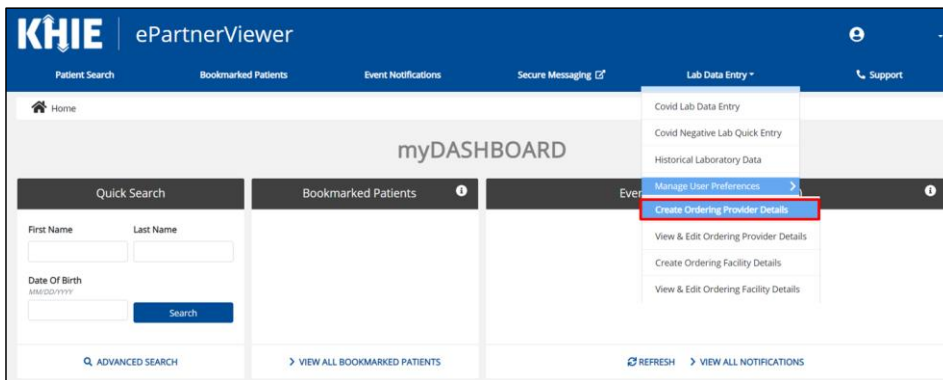
1. When entering the ePartnerViewer, Users must click the **Lab Data Entry** Tab in the blue ribbon at the top of the screen.



2. Under the **Lab Data Entry** Tab, Users must click **Manage User Preferences**.



3. To create Ordering Provider details, Users must select **Create Ordering Provider Details**.



7. The **Create Ordering Provider Details** screen displays. From here, Users must enter the Ordering Provider details. There are mandatory fields that are marked with asterisks (*).
8. Enter the **Ordering Provider Last Name**.
9. Enter the **Ordering Provider First Name**.

KHIE ePartnerViewer

Home > Create ordering provider details

CREATE ORDERING PROVIDER DETAILS

Ordering Last Name* Ordering First Name*

Ordering Provider Street Address 1* Ordering Provider Street Address 2

Ordering Provider City* Ordering Provider State*

Ordering Provider Zip* Ordering Provider Phone Number

Ordering Provider NPI*

10. Enter the **Ordering Provider Street Address, City, State, Zip Code, and State**.
11. Enter the **Ordering Provider NPI**.

CREATE ORDERING PROVIDER DETAILS

Ordering Last Name* Ordering First Name*

Ordering Provider Street Address 1* Ordering Provider Street Address 2

Ordering Provider City* Ordering Provider State*

Ordering Provider Zip* Ordering Provider Phone Number

Ordering Provider NPI*

Ordering Provider State* dropdown menu:

- KY
- AK
- AL
- AR
- AS
- AZ
- CA

12. If available, enter the **Ordering Provider Phone Number**.

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

CREATE ORDERING PROVIDER DETAILS

Ordering Last Name* Fraiser Ordering First Name* Crane

Ordering Provider Street Address 1* 123 Main Street Ordering Provider Street Address 2

Ordering Provider City* Frankfort Ordering Provider State* KY

Ordering Provider Zip* 40601 Ordering Provider Phone Number (555) 500-5000

Ordering Provider NPI* 123456

Clear Save

14. The Create Ordering Provider Details pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Provider Details** screen.

CREATE ORDERING PROVIDER DETAILS

Create Ordering Provider Details

Ordering Provider Details saved successfully

OK

15. The **View & Edit Ordering Provider Details** screen displays. To edit an Ordering Provider's details, click **Edit** next to the appropriate Ordering Provider.

KHIE ePartnerViewer

Home > View ordering provider details

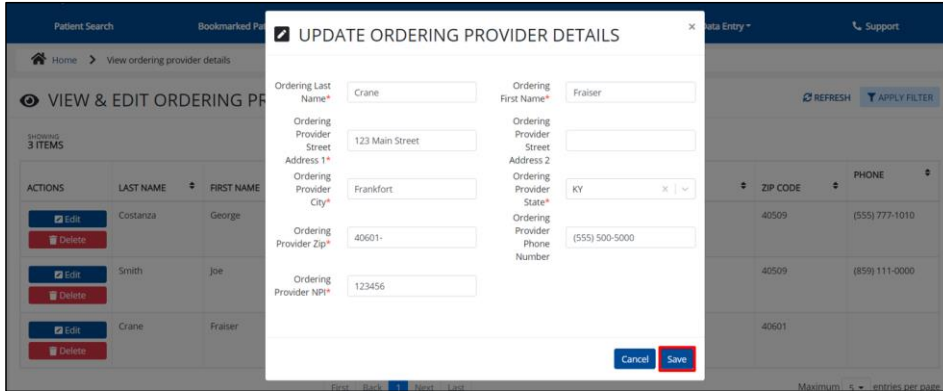
VIEW & EDIT ORDERING PROVIDER DETAILS REFRESH APPLY FILTER

SHOWING 2 ITEMS

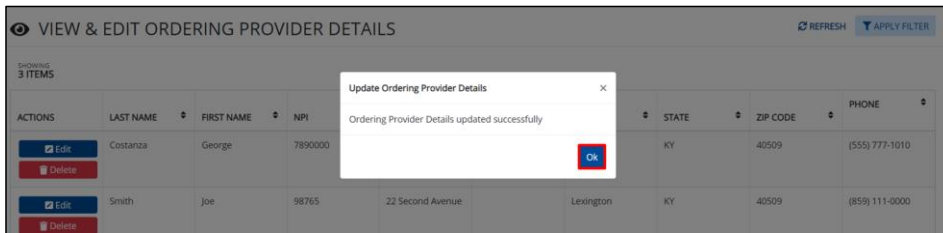
ACTIONS	LAST NAME	FIRST NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
Edit Delete	Smith	Joe	98765	22 Second Avenue		Lexington	KY	40509	(559) 111-0000
Edit Delete	Crane	Fraiser	123456	123 Main Street		Frankfort	KY	40601	

First Back 1 Next Last Maximum 5 entries per page

16. The **Update Ordering Provider Details** pop-up displays. Users can edit the appropriate fields as necessary. Once complete, click **Save** to save the updates and close out of the pop-up.



17. A pop-up message displays once the update is successfully saved. To proceed, click **OK**.



18. To delete an Ordering Provider from the User Preferences, click **Delete** next to the appropriate Ordering Provider.

VIEW & EDIT ORDERING PROVIDER DETAILS

Showing 2 ITEMS

ACTIONS	LAST NAME	FIRST NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
Edit Delete	Smith	Joe	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
Edit Delete	Crane	Fraiser	123456	123 Main Street		Frankfort	KY	40601	

First Back 1 Next Last Maximum 5 entries per page

19. The Delete Ordering Provider Details pop-up displays. To delete the Ordering Provider, click **OK**. To cancel deleting the Ordering Provider, click **Cancel**.

VIEW & EDIT ORDERING PROVIDER DETAILS

Showing 2 ITEMS

ACTIONS	LAST NAME	FIRST NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
Edit Delete	Smith	Joe	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
Edit Delete	Crane	Fraiser	123456	123 Main Street		Frankfort	KY	40601	

First Back 1 Next Last Maximum 5 entries per page

20. To search for a specific Ordering Provider in the User Preferences, click **Apply Filter**.

VIEW & EDIT ORDERING PROVIDER DETAILS

Showing 2 ITEMS

ACTIONS	LAST NAME	FIRST NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
Edit Delete	Smith	Joe	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
Edit Delete	Crane	Fraiser	123456	123 Main Street		Frankfort	KY	40601	

First Back 1 Next Last Maximum 5 entries per page

- The Filter fields display. Users can search by entering the **Ordering Provider's Last Name, First Name, NPI, Address, City, State, Zip Code**, and/or **Phone Number** in the appropriate details in the Filter fields.

VIEW & EDIT ORDERING PROVIDER DETAILS REFRESH HIDE FILTER

SHOWING 2 ITEMS

ACTIONS	LAST NAME	FIRST NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Enter Last Name...	Enter First Name...	Enter NPI...	Enter Address 1...	Enter Address 2...	Enter City...	Enter State...	Enter Zip Code...	Enter Phone Num...
Edit Delete	Smith	Joe	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
Edit Delete	Crane	Fraiser	123456	123 Main Street		Frankfort	KY	40601	

First | Back | 1 | Next | Last Maximum 5 entries per page

Creating Ordering Facility Details

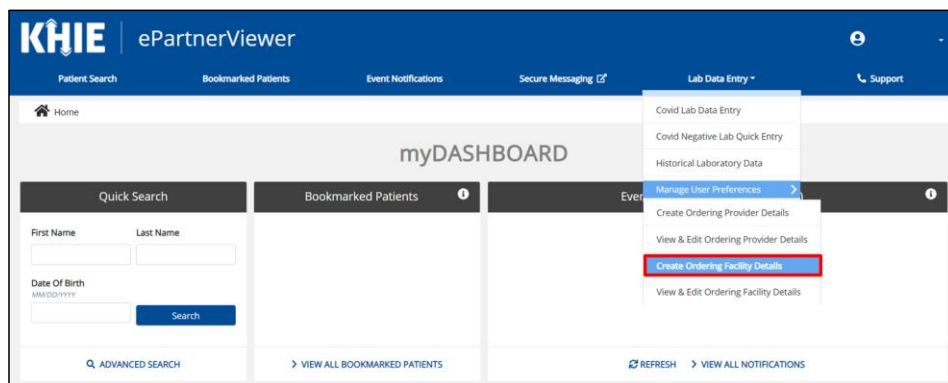
- When entering the ePartnerViewer, Users must click the **Lab Data Entry** Tab in the blue ribbon at the top of the screen.

The screenshot shows the ePartnerViewer interface. At the top, there is a blue navigation bar with the KHIE logo and the text 'ePartnerViewer'. Below the logo, there are several menu items: Patient Search, Bookmarked Patients, Event Notifications, Secure Messaging, Lab Data Entry (highlighted with a red box), and Support. The main content area is titled 'myDASHBOARD' and contains three panels: 'Quick Search' with input fields for First Name, Last Name, and Date Of Birth; 'Bookmarked Patients' with a 'VIEW ALL BOOKMARKED PATIENTS' link; and 'Event Notifications (Past 72 Hours)' with a 'REFRESH' link and 'VIEW ALL NOTIFICATIONS' link. The footer contains copyright information for HealthInteractive and version 1.0.0.

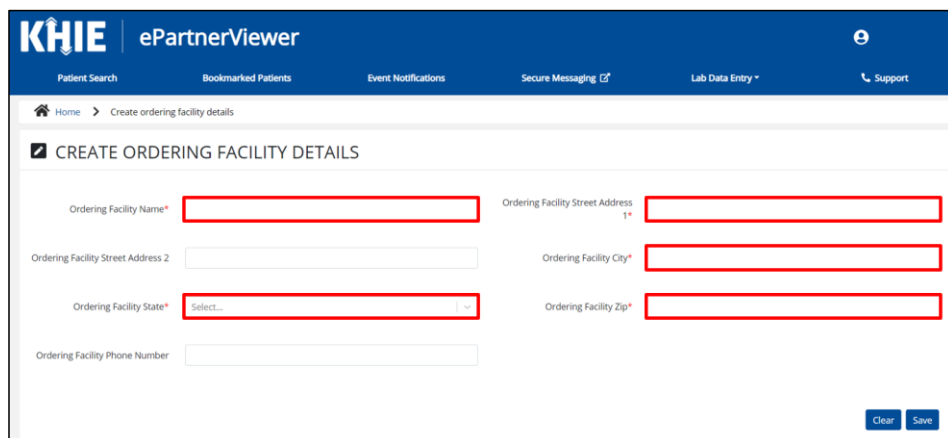
- Under the **Lab Data Entry** Tab, Users must click **Manage User Preferences**.

This screenshot is similar to the previous one, but the 'Lab Data Entry' dropdown menu is open. The menu items are: Covid Lab Data Entry, Covid Negative Lab Quick Entry, Historical Laboratory Data, and 'Manage User Preferences' (highlighted with a red box). The rest of the dashboard layout remains the same.

- To create Ordering Facility details, Users must select **Create Ordering Facility Details** under **Manage User Preferences**.



- The **Create Ordering Facility Details** screen displays. From here, Users must enter the Ordering Facility details. There are mandatory fields that are marked with asterisks (*).
- Enter the **Ordering Facility Name, Street Address, City, State, Zip Code, and State**.



6. If available, enter the **Ordering Facility Phone Number**.

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

CREATE ORDERING FACILITY DETAILS

Ordering Facility Name*	<input type="text" value="Test Community Hospital"/>	Ordering Facility Street Address	<input type="text" value="1 First Avenue"/>
Ordering Facility Street Address 2	<input type="text"/>	Ordering Facility City*	<input type="text" value="Frankfort"/>
Ordering Facility State*	<input type="text" value="KY"/>	Ordering Facility Zip*	<input type="text" value="40601"/>
Ordering Facility Phone Number	<input type="text" value="(123) 456-7890"/>		

8. The Create Ordering Facility Details pop-up window displays. Click **OK** to proceed to the **View & Edit Ordering Facility Details** screen.

KHIE | ePartnerViewer

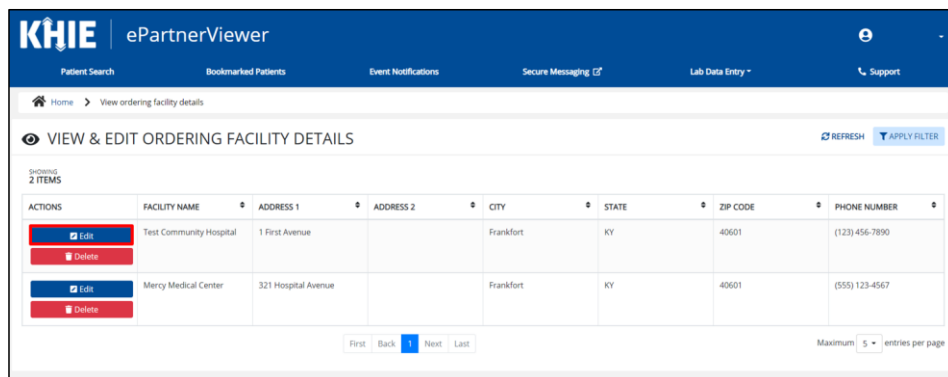
Home > Create ordering facility details

CREATE ORDERING FACILITY DETAILS

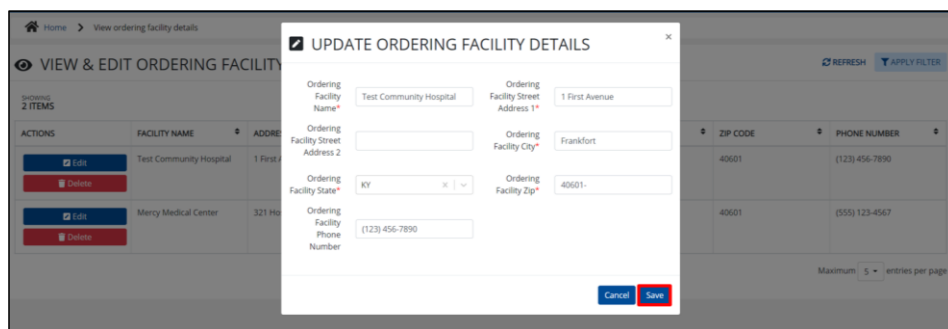
Create Ordering Facility Details

Ordering Facility Details saved successfully

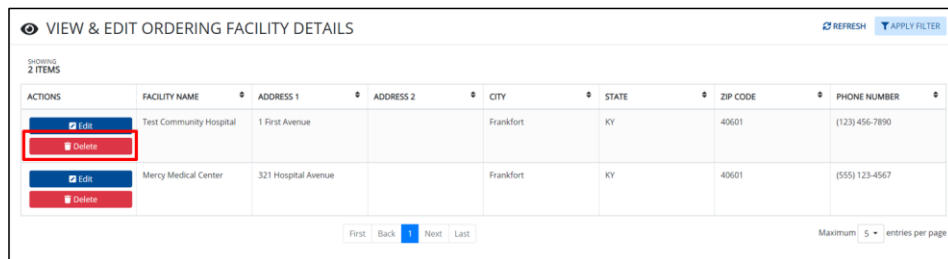
- The **View & Edit Ordering Provider Details** screen displays. To edit an Ordering Facility's details, click **Edit** next to the appropriate Ordering Facility.



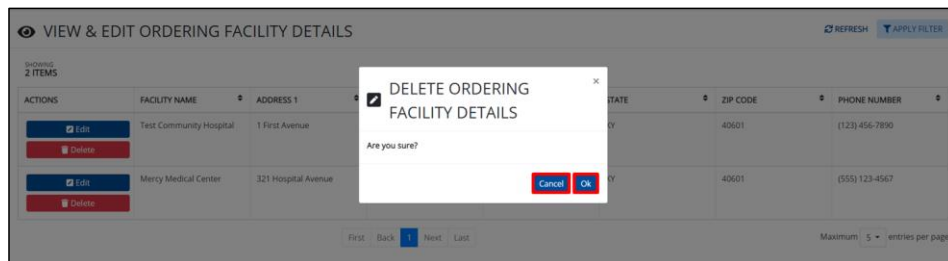
- The **Update Ordering Facility Details** pop-up displays. Users can edit the appropriate fields as necessary. Once complete, click **Save** to save the updates and close out of the pop-up.



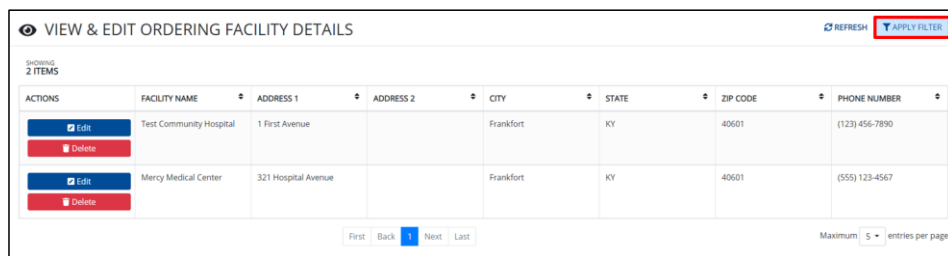
- To delete an Ordering Facility from the User Preferences, click **Delete** next to the appropriate Ordering Facility.



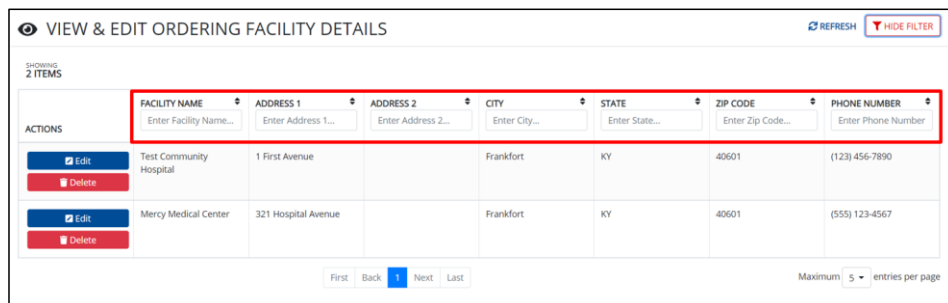
- The Delete Ordering Provider Details pop-up displays. To delete the Ordering Provider, click **OK**. To cancel deleting the Ordering Provider, click **Cancel**.



- To search for a specific Ordering Facility in the User Preferences, click **Apply Filter**.



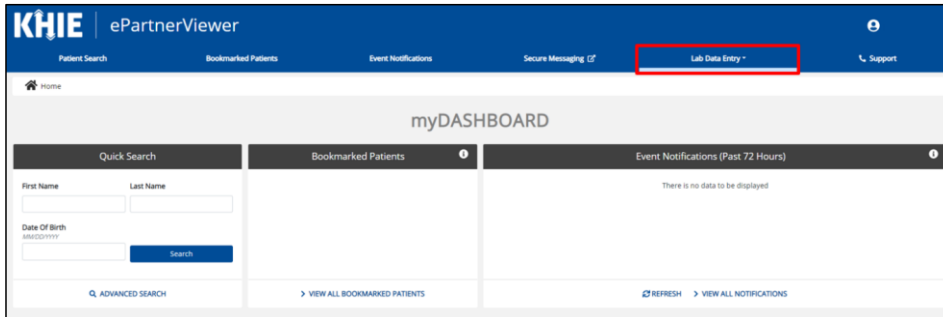
- The Filter fields display. Users can search by entering the **Ordering Facility Name, Address, City, State, Zip Code**, and/or **Phone Number** in the appropriate details in the Filter fields.



5 Lab Data Entry

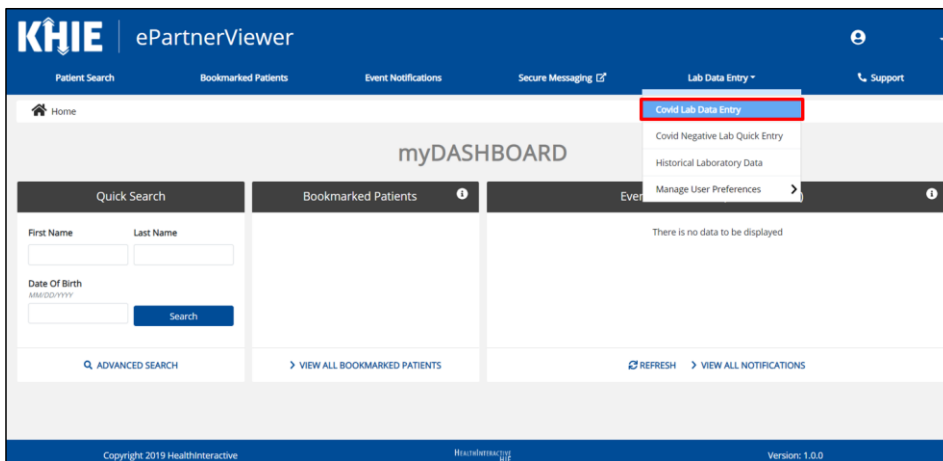
Covid Lab Data Entry

1. When entering the ePartnerViewer, Users must click the **Lab Data Entry** Tab in the blue ribbon at the top of the screen.



Please Note: Users who have additional access to clinical information will see other tabs displayed in addition to the **Lab Data Entry** Tab.

2. To begin the Covid Lab Data Entry process, Users must select **Covid Lab Data Entry** under the **Lab Data Entry** Tab.



6 Before entering your lab results, please review these tips for Manually Entering Lab Data

Please keep in mind several key notes when entering patient data:

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

PATIENT DEMOGRAPHICS

Performing Facility Name*

Patient MRN*

Last Name*

SSN Number

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

Race Description*

Ethnicity Desc*

Telephone

Street Address 1

City

Zip Code

County

Use the address of the patient tested. In cases of congregate care housing, utilize the address of the congregate care setting. Congregate care setting includes: nursing homes, residential care for people with intellectual disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting.

- For entering address information, all States are available for selection in the *State* field drop-down. When Users select the **state of Kentucky**, all Kentucky counties are available for selection in the *County* drop-down.

City

State

Zip Code

County

- Adair
- Allen
- Anderson
- Ballard
- Barren
- Bath
- Bell

- However, when Users select **any state other than Kentucky**, the system will display the message *Out of System State* and will not display counties in the *County* drop-down.

City State

Zip Code County

Please Note: The Kentucky Department for Public Health does not report test results to other states. If you are required to report results to other states, you will be responsible to do so.

Let's Get Started with Covid Lab Data Entry!

7 Patient Demographics

Covid Lab Data Entry is a six-step process where Users enter Patient Demographics, Observation Results, Provider Details, and answers to specific questions asked on Order Entry. Users must review the entered information on the **Lab Data Review** screen prior to Covid Lab Data Entry submission.

KHIE ePartnerViewer

Home > Lab data entry

1 Patient Demographics 2 Observation 3 Provider Details 4 Ask On Order Entry 5 Lab Data Review 6 Submission

PATIENT DEMOGRAPHICS

Performing Facility Name* Patient MRN*

Last Name* First Name*

Middle Initial SSN Number

1. To start the Covid Lab Data Entry, Users must complete the **Patient Demographics** section.

The screenshot shows the 'PATIENT DEMOGRAPHICS' form with the following fields:

- Performing Facility Name* (dropdown menu)
- Last Name* (text input)
- Middle Initial (text input)
- Date Of Birth* (MM/DD/YYYY date input)
- Race Description* (dropdown menu)
- Telephone (text input)
- Street Address 1 (text input)
- City (text input)
- Zip Code (text input)
- Patient MRN* (text input)
- First Name* (text input)
- SSN Number (text input)
- Gender* (dropdown menu)
- Ethnicity Desc* (dropdown menu)
- Email (text input)
- Street Address 2 (text input)
- State (dropdown menu, currently set to AK)
- County (dropdown menu, currently set to Out Of System State)

2. Users select the **Performing Facility Name** from the drop-down. This will be the name of the organization that resulted the lab for which you are entering results; this is usually the name of the organization with whom you are associated.

The screenshot shows the 'PATIENT DEMOGRAPHICS' form with the 'Performing Facility Name*' dropdown menu open. The dropdown list contains the following options:

- DDERE SIT SC0010
- Diatherix Eurofins
- LABCORP
- Quest Diagnostics
- RAPRO 35
- Solaris Diagnostics
- Test Medical Center

The 'Test Medical Center' option is highlighted in blue. The rest of the form fields are visible but not the focus of this specific step.

3. Users must enter the patient's **Medical Record Number (MRN)**. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare facility. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient can be registered in the KHIE system.
4. Users must enter the patient's **Last Name, First Name, and Middle Initial**.
5. Next, Users should enter the patient's **Social Security Number (SSN)**.

PATIENT DEMOGRAPHICS

Performing Facility Name* <input type="text" value="Test Medical Center"/>	Patient MRN* <input type="text" value="H1234567"/>
Last Name* <input type="text" value="Benes"/>	First Name* <input type="text" value="Elaine"/>
Middle Initial <input type="text" value="M"/>	SSN Number <input type="text" value="999-99-0000"/>

6. Then, Users must enter the patient's **Date of Birth** by entering 2 digits for the month, 2 digits for the day, and 4 digits for the year.
 - Users may also click the *Date of Birth* field to bring up a calendar.
 - Users can click a **date on the calendar** or use the field drop-downs to select the month and the year.
 - i. Users **should ensure** they are selecting the correct year when using the calendar function.

Date Of Birth* <input type="text" value="MM/DD/YYYY"/>	Gender* <input type="text" value="Select..."/>
Race Description* <input type="text" value="Su Mo Tu We Th Fr Sa"/>	Ethnicity Desc* <input type="text" value="Select..."/>
Telephone <input type="text"/>	Email <input type="text"/>
Street Address 1 <input type="text"/>	Street Address 2 <input type="text"/>

February 2021

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6

- If patient's age 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.

The screenshot shows a patient demographics form with the following fields: Date Of Birth* (02/23/2021), Gender* (Female), Race Description* (White), Telephone ((555) 999-0...), Street Address 1 (19 Third Str...), City (Frankfort), and State (KY). A pop-up window titled "Patient Demographics" is displayed in the center. The pop-up contains a yellow warning icon and the text: "The Date of Birth entered indicates that the patient is under 1 year old. Is this correct?". At the bottom of the pop-up are two buttons: "Yes" and "No". The "No" button is highlighted with a red border.

Please Note: If the date of birth is incorrect, User should click **No** to enter the correct date of birth for the patient.

The screenshot shows a patient demographics form with the following fields: Date Of Birth* (02/23/1900), Gender* (Female), Race Description* (White), Telephone ((555) 999-0...), Street Address 1 (19 Third Str...), City (Frankfort), and State (KY). A pop-up window titled "Patient Demographics" is displayed in the center. The pop-up contains a yellow warning icon and the text: "The Date of Birth entered indicates that the patient is more than 100 years old. Is this correct?". At the bottom of the pop-up are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red border.

Please Note: If the date of birth is correct, Users can proceed by selecting **Yes** to confirm that the patient is either under one year old or more than 100 years old.

7. Users must select the **Race Description**, **Gender**, and **Ethnicity Descriptions** from the appropriate field drop-downs.

Date Of Birth*	01/15/1966	Gender*	Female
Race Description*	White	Ethnicity Desc*	Select... Hispanic or Latino Not Hispanic or Latino Unknown
Telephone		Email	
Street Address 1 ?		Street Address 2 ?	

8. Users should enter the patient's **nine-digit telephone number** in the *Telephone* field.

9. Users should enter the patient's **email address** in the *Email* field.

- o If either the telephone number or email address is not in the appropriate format, a notification prevents you from proceeding to the next page until the format error is fixed.

Telephone	(555) 999-0000	Email	elainebenes@test.email.com
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10. Users should enter the patient's **Street Address, City, State, Zip Code, and County**.

- Users should enter the patient's home address. However, in cases of congregate care, Users should enter the address of the nursing home, group home, or similar congregate care facility.
- Users can hover over the Help Icon to assist with entering the correct address information for the patient tested.

Street Address 1 ?	789 York Street	Street Address 2 ?	
City ?	Frankfort	State ?	KY
Zip Code ?	40601	County ?	Franklin

Please Note: When entering the test results of facility employees, please enter the **home address** not the work address.

11. When the **Patient Demographics** section has been completed, Users must click **Next** to proceed to the **Observation** page.

PATIENT DEMOGRAPHICS	
Performing Facility Name* Test Medical Center x v	Patient MRN* H1234567
Last Name* Benes	First Name* Elaine
Middle Initial M	SSN Number 999-99-0000
Date Of Birth* 01/15/1966	Gender* Female x v
Race Description* White x v	Ethnicity Desc* Not Hispanic or Latino x v
Telephone (555) 999-0000	Email elainebenes@test.email.com
Street Address 1 ⓘ 789 York Street	Street Address 2 ⓘ
City ⓘ Frankfort	State ⓘ KY x v
Zip Code ⓘ 40601	County ⓘ Franklin x v
Next	

8 Observation

1. On the **Observation** page, Users start by entering the **Filler Order Number** or **Lab Accession Number**.

The screenshot shows the 'OBSERVATION' form with a progress bar at the top indicating steps: 1 Patient Demographics, 2 Observation, 3 Provider Details, 4 Ask On Order Entry, 5 Lab Data Review, and 6 Submission. A tooltip above the 'Filler Order Number*' field states: 'Filler Order Number is equivalent to an Accession Number and is used to log the receipt of a specimen.' The field is highlighted with a red border. Other fields include 'Specimen Collection Date Time*', 'Specimen Type*', 'Date Test Ordered', 'Test Name*', 'Test Result*', 'Observation Result Date Time*', and 'Device Identifier'. Buttons for 'Add Observation', 'Previous', and 'Next' are at the bottom right.

Please Note: 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.

2. Users must then enter the **Specimen Collection Date Time**. To enter the time, Users must scroll down to select the approximate time the specimen was collected.

The screenshot shows the 'OBSERVATION' form with the 'Filler Order Number*' field populated with '0219202104'. The 'Specimen Collection Date Time*' field is highlighted with a red border and shows a calendar for February 2021 with the date '19' selected. A time selection interface is also visible, with times ranging from 13:30 to 16:30. Other fields and buttons are the same as in the previous screenshot.

Commented [PK1]: Updated Filler Order Number screenshots here and below

- Users must select a **Specimen Type** from the drop-down. The Specimen Type describes the method by which the sample was obtained.

OBSERVATION

Filler Order Number* <input type="text" value="0219202104"/>	Specimen Collection Date Time* <input type="text" value="MM/DD/YYYY HH:MM"/>
Specimen Type* <div style="border: 1px solid red; padding: 2px;"> <div style="border: 1px solid #ccc; padding: 2px; margin-bottom: 2px;">Select...</div> <div style="border: 1px solid #ccc; padding: 2px;">Anterior nares swab</div> <div style="border: 1px solid #ccc; padding: 2px;">BAL (bronchoalveolar lavage)</div> <div style="border: 1px solid #ccc; padding: 2px;">Nasopharyngeal swab</div> <div style="border: 1px solid #ccc; padding: 2px;">Oropharyngeal swab</div> <div style="border: 1px solid #ccc; padding: 2px;">Serum</div> <div style="border: 1px solid #ccc; padding: 2px;">Sputum</div> <div style="border: 1px solid #ccc; padding: 2px;">Swab specimen from nasal mid-turbinate</div> </div>	Date Test Ordered <input type="text" value="MM/DD/YYYY"/>
Select Test Type* <input type="text" value="BAL (bronchoalveolar lavage)"/>	Test Name* <input type="text" value="Select..."/>
Test Result* <input type="text" value="Oropharyngeal swab"/>	'Other' Reason Value* <input type="text"/>
Observation Result Date Time* <input type="text" value="Sputum"/>	Name Of Testing Product* <input type="text"/>
Device Identifier* <input type="text"/>	

Please Note: If you administered the BinaxNow Covid Test, please select **Anterior Nares Swab** as the *Specimen Type*.

- Users must enter the **Date Test Ordered**.

Specimen Type* <input type="text" value="Anterior nares swab"/>	Date Test Ordered <input style="border: 1px solid red;" type="text" value="MM/DD/YYYY"/>
Select Test Type* <input type="radio"/> BinaxNOW <input type="radio"/> PCR <input type="radio"/> Serology <input type="radio"/> Antigen <input type="radio"/> Other	Test Name* <input type="text"/>
Test Result* <input type="text" value="Select..."/>	'Other' Reason Value* <input type="text"/>
Observation Result Date Time* <input type="text" value="MM/DD/YYYY HH:MM"/>	Name Of Testing Product* <input type="text"/>

February 2021

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6

Commented [PK2]: Update screenshots with the Filler Order Number as 0219202104

Test Type

5. Users must select the appropriate test type. To assist with selecting the appropriate test type, Users should click the **Select Test Type hyperlink** to view a categorized list of test types and test names.

Specimen Type* Anterior nares swab x | v Date Test Ordered 02/22/2021

Select Test Type* BinaxNOW PCR Serology Antigen Other Test Name* Select... | v

Test Result* Select... | v 'Other' Reason Value* ?

6. When Users click the **Select Test Type hyperlink**, the **Test Type Category** pop-up displays with a categorized list of test types and test names. To filter the list, click **Apply Filter**.

Test Type Category

SHOWING 79 ITEMS

APPLY FILTER

TEST TYPE	TEST NAME
Antigen	SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay
Antigen	SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay
BinaxNOW	BinaxNOW COVID Test Kit
Other	SARS-CoV-2 (COVID19) [Presence] in Unspecified specimen by Organism specific culture
PCR	ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection
PCR	Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection
PCR	Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Presence] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N1

OK

7. Enter the appropriate **Test Type** in the field to refine the test name results.

TEST TYPE	TEST NAME
Antigen	SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay
Antigen	SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay
BinaxNOW	BinaxNOW COVID Test Kit
Other	SARS-CoV-2 (COVID19) [Presence] in Unspecified specimen by Organism specific culture
PCR	ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection
PCR	Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection
PCR	Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 E gene [Presence] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection
PCR	SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N1

8. Upon entering the test type, only the associated test names display. To further refine the results to a specific test name, enter the appropriate **Test Name** in the search field.

9. Click **OK** to close the pop-up.

TEST TYPE	TEST NAME
PCR	Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection

Please Note: If you are unable to identify the name of the test administered, please contact the Kentucky Department for Public Health at COVIDKYLAB@ky.gov

10. Select the appropriate **Test Type** via the radio button options.

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Name* Select...

Test Result* Select...

'Other' Reason Value* ?

Test Name

Based on the selected **Test Type**, the *Test Name* drop-down will only display test name options that fall within the selected test type.

11. Users must select the appropriate **Test Name** from the drop-down, if applicable.

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Name* BinaxNOW COVID Test Kit

Please Note: Upon selecting **BinaxNOW** as the test type, the *Test Name* field is disabled and pre-populated with BinaxNOW COVID Test Kit.

- Upon selecting **PCR** as the test type, the *Test Name* field displays PCR tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Name* Select...

Test Result* Select...

'Other' Reason Value* ?

Observation Result Date Time* MM/DD/YYYY HH:MM

Name Of Testing Product* ?

Device Identifier ?

ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection

Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection

Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection

- Upon selecting **Serology** as the test type, the *Test Name* field displays Serology tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Result*

Observation Result Date Time*

Device Identifier

Test Name*

- SARS coronavirus 2 Ab [Interpretation] in Serum or Plasma
- SARS coronavirus 2 IgA Ab [Presence] in Serum or Plasma by Immunoassay
- SARS coronavirus 2 IgA Ab [Units/volume] in Serum or Plasma by Immunoassay
- SARS coronavirus 2 IgG Ab [Presence] in Serum or Plasma by Immunoassay
- SARS coronavirus 2 IgG Ab [Presence] in

'Other' Reason Value*

Name Of Testing Product

- Upon selecting **Antigen** as the test type, the *Test Name* field displays Antigen tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Result*

Observation Result Date Time*

Test Name*

- SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay
- SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay

'Other' Reason Value*

Name Of Testing Product

- Upon selecting **Other** as the test type, the *Test Name* field displays only one option. Select **SARS-CoV-2 (COVID19) [Presence]** from the *Test Name* drop-down.

Select Test Type* BinaxNOW Other PCR Serology Antigen

Test Result*

Test Name*

- SARS-CoV-2 (COVID19) [Presence] in Unspecified specimen by Organism specific culture

'Other' Reason Value*

12. Users must enter the **Test Result** from the drop-down.

- The *Test Result* drop-down options include: **Detected**, **Negative**, **Not Detected**, **Other**, and **Positive**.

The screenshot shows a form with the following fields and values:

- Test Result***: A dropdown menu is open, showing options: Detected, Negative, Not Detected, Other, and Positive. The menu is highlighted with a red box.
- Observation Result Date Time***: An empty text input field.
- Device Identifier**: A text input field with a question mark icon.
- 'Other' Reason Value***: A text input field with a question mark icon.
- Name Of Testing Product**: A text input field with a question mark icon.

Please Note: Users who select **Other** from the *Test Result* drop-down must enter the **reason** in the *Other Reason Value* field. An example could be a test result description that is not listed in the drop-down, such as 'Undetected'. Users would select **Other** and enter the test result as 'Undetected'.

13. Next, Users must enter the **Observation Result Date Time**.

The screenshot shows a form with the following fields and values:

- Specimen Type***: A text input field.
- Select Test Type***: A text input field with a question mark icon.
- Test Result***: A text input field.
- Observation Result Date Time***: A date and time picker showing February 2021 and 11:30 AM. The date and time are highlighted with a red box.
- Date Test Ordered**: A text input field containing '02/22/2021'.
- Test Name***: A dropdown menu showing 'Select...'.
- 'Other' Reason Value***: A text input field with a question mark icon.
- Name Of Testing Product**: A text input field with a question mark icon.

Please Note: The *Observation Result Date Time* has the same functionality as the *Specimen Collection Date Time*.

14. Users should enter the **Name of the Testing Product**.

- Hovering over the *Help Icon* will explain that the name of the testing product refers to the platform used to perform the testing.

The screenshot shows a form with the following fields and elements:

- Select Test Type***: Radio buttons for BinaxNOW, PCR, Serology, and Antigen (selected). An "Other" option is also present.
- Test Result***: A dropdown menu showing "Detected".
- Observation Result Date Time***: A text input field containing "02/22/2021 12:00".
- Test Name***: A dropdown menu with "Select..." as the current selection.
- Name Of Testing Product?**: A text input field highlighted with a red box.
- Tooltip**: A black box with white text stating: "The name of the testing product refers to the platform being used to conduct testing (i.e. Abbot ID Now, Sofia SARS Antigen FIA, etc.)".

15. Users should enter the **Device Identifier**.

- The *Help Icon* explains that the Device Identifier is a unique ID given to the specific device that used to perform the testing. For example, the device's serial number or barcode number can be listed here.

The screenshot shows a form with the following fields and elements:

- Test Result**: A dropdown menu showing "Detected".
- Value***: A text input field.
- Observation Result Date Time**: A text input field containing "02/22/2021 12:00".
- Name Of Testing Product?**: A text input field.
- Device Identifier?**: A text input field highlighted with a red box.
- Tooltip**: A black box with white text stating: "This refers to the unique ID given to the specific device that was used to perform the testing on that patient's specimen (i.e. serial number, barcode number)".

Adding Multiple Observations for DDE

16. Users can also click **Add Observation** to log the details for multiple observations. That means that you can easily enter additional test results on the same patient.

OBSERVATION

Filler Order Number* <input type="text" value="0219202104"/>	Specimen Collection Date Time* <input type="text" value="02/19/2021 12:00"/>
Specimen Type* <input type="text" value="Anterior nares swab"/>	Date Test Ordered <input type="text" value="02/19/2021"/>
Select Test Type* <input checked="" type="radio"/> BinaxNOW <input type="radio"/> PCR <input type="radio"/> Serology <input type="radio"/> Antigen <input type="radio"/> Other	Test Name* <input type="text" value="BinaxNOW COVID Test Kit"/>
Test Result* <input type="text" value="Detected"/>	'Other' Reason Value* <input type="text"/>
Observation Result Date Time* <input type="text" value="02/22/2021 12:00"/>	Name Of Testing Product* <input type="text"/>
Device Identifier* <input type="text"/>	

Add Observation Previous Next

- The name of the testing product entry on the first observation will be auto-populated in the subsequent observations; however, Users can edit, as necessary.
- To delete an observation, users can click the **Trash Bin Icon** at the top right.

Observation Data 2
🗑️

Select Test Type* BinaxNOW PCR Serology
 Antigen Other

Test Name*

Test Result*

'Other' Reason Value*

Observation Result Date Time*

Name Of Testing Product

Device Identifier

17. Users must click **Next** to proceed to the **Provider Details** page.

OBSERVATION

Filler Order Number*

Specimen Collection Date Time*

Specimen Type*

Date Test Ordered

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Name*

Test Result*

'Other' Reason Value*

Observation Result Date Time*

Name Of Testing Product

Device Identifier

Observation Data 2
🗑️

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Name*

Test Result*

'Other' Reason Value*

Observation Result Date Time*

Name Of Testing Product

Device Identifier

9 Provider Details

The Performing Facility Details have been pre-filled, based on the Performing Facility Name selected from the drop-down on the **Patient Demographics** page.

The screenshot shows a multi-step process with six steps: 1. Patient Demographics, 2. Observation, 3. Provider Details, 4. Ask On Order Entry, 5. Lab Data Review, and 6. Submission. Step 3, 'Provider Details', is the active step. A red box highlights the 'PERFORMING FACILITY DETAILS' section, which contains the following pre-filled information:

Field	Value
Performing Facility Name	Test Medical Center
Performing Facility Address 1	8 Mill creek Park
Performing Facility Address 2	
Performing Facility City	Frankfort
Performing Facility State	KY
Performing Facility Zip Code	40601-1000
Performing Facility Telephone Number	

Ordering Provider / Facility Details

Users must enter the required information for **EITHER** the Ordering Provider **OR** the Ordering Facility. While it is not required to select an Ordering Provider and an Ordering Facility, Users who have the information are encouraged to select an option for both sections on this screen. The drop-down options display Ordering Provider and Ordering Facility details configured by the User on the **Manage User Preferences** screen.

ORDERING PROVIDER / FACILITY DETAILS

For the lab data to be submitted successfully, submitter is required to fill in the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** fill in the Ordering Facility Name, Street Address 1, City, State, and Zip

<input type="text" value="Select Ordering Provider"/>	AND/ OR	<input type="text" value="Select Ordering Facility"/>	
<input type="text" value="Ordering Last Name"/>		<input type="text" value="Ordering Facility Name"/>	
<input type="text" value="Ordering First Name"/>		<input type="text" value="Ordering Facility Street Address 1"/>	
<input type="text" value="Ordering Provider NPI"/>		<input type="text" value="Ordering Facility Street Address 2"/>	
<input type="text" value="Ordering Provider Street Address 1"/>		<input type="text" value="Ordering Facility City"/>	
<input type="text" value="Ordering Provider Street Address 2"/>		<input type="text" value="Ordering Facility State"/>	
<input type="text" value="Ordering Provider City"/>		<input type="text" value="Ordering Facility Zip"/>	
<input type="text" value="Ordering Provider State"/>		<input type="text" value="Ordering Facility Phone Number"/>	
<input type="text" value="Ordering Provider Zip"/>			
<input type="text" value="Ordering Provider Phone Number"/>			

Please Note: The subsequent fields will populate based on the selected Ordering Provider and/or Ordering Facility.

Ordering Provider Details

To complete the Ordering Provider Details (Left side of screen)

1. Users must select the **appropriate Ordering Provider** from the drop-down.

ORDERING PROVIDER / FACILITY DETAILS

For the lab data to be submitted successfully, submitter is required to fill in the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** fill in the Ordering Facility Name, Street Address 1, City, State, and Zip

Select Ordering Provider	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Select..."/> Fraisier Crane</div>	Select Ordering Facility	<input type="text" value="Select..."/>
Ordering Last Name	<input type="text" value="Joe Smith"/>	Ordering Facility Name	<input type="text"/>
Ordering First Name	<input type="text"/>	Ordering Facility Street Address 1	<input type="text"/>

2. Upon selecting the Ordering Provider from the drop-down, the Ordering Provider's details populate. Users must click **Next** to proceed to the **Ask on Order Entry** page.

Select Ordering Provider	<input style="border: 1px solid blue;" type="text" value="Fraisier Crane"/>	Select Ordering Facility	<input type="text" value="Select..."/>
Ordering Last Name	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Crane"/></div>	Ordering Facility Name	<input type="text"/>
Ordering First Name	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Fraisier"/></div>	Ordering Facility Street Address 1	<input type="text"/>
Ordering Provider NPI	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="123456"/></div>	Ordering Facility Street Address 2	<input type="text"/>
Ordering Provider Street Address 1	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="123 Main Street"/></div>	Ordering Facility City	<input type="text"/>
Ordering Provider Street Address 2	<div style="border: 2px solid red; padding: 2px;"><input type="text"/></div>	Ordering Facility State	<input type="text" value="Select..."/>
Ordering Provider City	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Frankfort"/></div>	Ordering Facility Zip	<input type="text"/>
Ordering Provider State	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="KY"/></div>	Ordering Facility Phone Number	<input type="text"/>
Ordering Provider Zip	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="40601"/></div>		
Ordering Provider Phone Number	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="(555) 567-8900"/></div>		

Ordering Facility Details

To complete the Ordering Facility Details (Right side of screen)

1. Users must select the **appropriate Ordering Facility** from the drop-down.

ORDERING PROVIDER / FACILITY DETAILS

For the lab data to be submitted successfully, submitter is required to fill in the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** fill in the Ordering Facility Name, Street Address 1, City, State, and Zip

Select Ordering Provider	<input type="text" value="Select..."/>	Select Ordering Facility	<input type="text" value="Select..."/>
Ordering Last Name	<input type="text"/>	Ordering Facility Name	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Mercy Medical Center"/> <input type="text" value="Test Community Hospital"/></div>

2. Upon selecting the Ordering Facility from the drop-down, the Ordering Facility's details populate. Users must click **Next** to proceed to the **Ask on Order Entry** page.

ORDERING PROVIDER / FACILITY DETAILS

For the lab data to be submitted successfully, submitter is required to fill in the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** fill in the Ordering Facility Name, Street Address 1, City, State, and Zip

Select Ordering Provider	<input type="text" value="Select..."/>	Select Ordering Facility	<input type="text" value="Test Community Hospital"/>
Ordering Last Name	<input type="text"/>	Ordering Facility Name	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Test Community Hospital"/></div>
Ordering First Name	<input type="text"/>	Ordering Facility Street Address 1	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="1 First Avenue"/></div>
Ordering Provider NPI	<input type="text"/>	Ordering Facility Street Address 2	<div style="border: 2px solid red; padding: 2px;"><input type="text"/></div>
Ordering Provider Street Address 1	<input type="text"/>	Ordering Facility City	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="Frankfort"/></div>
Ordering Provider Street Address 2	<input type="text"/>	Ordering Facility State	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="KY"/></div>
Ordering Provider City	<input type="text"/>	Ordering Facility Zip	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="40601"/></div>
Ordering Provider State	<input type="text" value="Select..."/>	Ordering Facility Phone Number	<div style="border: 2px solid red; padding: 2px;"><input type="text" value="(123) 456-7890"/></div>
Ordering Provider Zip	<input type="text"/>		
Ordering Provider Phone Number	<input type="text"/>		

Please Note: If the User does not select **at least one** Ordering Provider or Ordering Facility, the **Provider Details** screen is grayed out and displays a message that states:

*Please enter the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** Ordering Facility Name, Street Address 1, City, State, and Zip.*

Users must click **OK** then select an Ordering Provider and/or Ordering Facility to proceed to the **Ask on Order Entry** page.

The screenshot shows a web form with several input fields: "Ordering Provider Street Address 2", "Ordering Provider City", "Ordering Provider State" (with a "Select..." dropdown), and "Ordering Provider Zip". A modal dialog box titled "Provider Details" is overlaid on the form. The dialog contains the text: "Please enter the Ordering Provider's First Name, Last Name, NPI, Street Address 1, City, State, and Zip **OR** Ordering Facility Name, Street Address 1, City, State, and Zip". An "Ok" button is visible in the bottom right corner of the dialog. The background form is dimmed.

10 Ask on Order Entry

There are a series of questions that healthcare providers may ask patients regarding COVID testing. Users will enter the answers to those questions on the **Ask on Order Entry** page.

The screenshot shows a multi-step process with six steps: 1. Patient Demographics, 2. Observation, 3. Provider Details, 4. Ask On Order Entry (current step), 5. Lab Data Review, and 6. Submission. The 'ASK ON ORDER ENTRY' form contains several fields: 'First Test (Y/N/U)' with a dropdown menu, 'Symptoms' with a dropdown menu, 'Onset Date' with a date input field (MM/DD/YYYY), 'ICU' with a dropdown menu, 'HCW' with a dropdown menu, 'Hospitalization' with a dropdown menu, 'Congregate' with a dropdown menu, and 'Pregnant' with a dropdown menu. There are 'Previous' and 'Next' buttons at the bottom right.

1. Users should select the **appropriate answer** from the *First Test* drop-down to report whether this is the first time the patient has ever been tested for COVID-19. The objective is to find out whether the patient has ever been tested *anywhere* not just at your organization.
 - The *First Test* drop-down options include: **No, Unknown, or Yes.**

This close-up view of the 'ASK ON ORDER ENTRY' form highlights the 'First Test (Y/N/U)' dropdown menu. A tooltip above the dropdown reads: 'Yes. If this is the first time this individual has been tested for COVID 19'. The dropdown menu is open, showing three options: 'No', 'Unknown', and 'Yes'. The 'No' option is currently selected. Other fields like 'Symptoms', 'Onset Date', 'HCW', 'Hospitalization', and 'Congregate' are also visible but not the focus.

- Users should select the **appropriate answer** from the *Symptoms* drop-down. Hovering over the *Help Icon* provides guidance used to report whether the patient has symptoms.

Here is the guidance that we use to determine if a patient has symptoms: At least two of the following symptoms: Fever (subjective or measured), Chills, Rigors, Myalgia, Headache, Sore throat, New olfactory and taste disorder(s). At least one of the following symptoms: Cough, Shortness of breath, Difficulty breathing OR Severe respiratory illness with at least one of the following: Clinical or radiologic evidence of pneumonia, or Acute respiratory distress syndrome (ARDS)

3 Provider Details 4 Ask On Order Entry 5 Lab Data Review

ASK ON ORDER ENTRY

Symptoms ? Select...
 Onset Date ? No
 Unknown
 Yes

HCW ? Select...
 Hospitalization ? Select...
 Congregate ? Select...

- When Users select **Yes**, they must enter the **Date of Onset** by entering the month, day, and year when symptoms began.

Symptoms ? Yes

Date that symptoms began for the patient

Onset Date ? MM/DD/YYYY

February 2021

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6

ICU ? Hospitalization ? Pregnant ?

- When Users select **No**, the *Onset Date* field is grayed out and disabled.

Symptoms ? No

Onset Date ? MM/DD/YYYY

ICU ? Hospitalization ? Pregnant ?

3. To report whether the patient has been admitted or transferred to the ICU or Intensive Care Unit, Users should select the **appropriate answer** from the *ICU* drop-down. Hovering over the *Help Icon* provides additional reporting guidance.

- The *ICU* drop-down options include: **Yes, No, or Unknown.**

Yes, if patient has been admitted/transferred to the ICU at any time during the encounter for the reportable illness/condition that the order has been placed for (suspected or diagnosed)

5/2021

ICU ? Select...
No
Unknown
Yes

Hospitalization ? Select...
Congregate ? Select...
Pregnant ? Select...

Previous Next

4. To report whether the Patient is a Health Care Worker (HCW), Users should select the **appropriate answer** from the *HCW* drop-down.

- The *HCW* drop-down options include: **Yes, No, or Unknown.**

ASK ON ORDER

Yes, if the person tested is a first responder, front line clinician, environmental staff, therapist, in direct contact with patients or in their location

First Test (Y/N/U) ? No
Symptoms ? Yes

HCW ? Select...
No
Unknown
Yes

Hospitalization ?

5. For the *Hospitalization* drop-down, Users should select the **appropriate option** to report whether the patient has been hospitalized or not. Hovering over the *Help Icon* provides additional guidance.

- The *Hospitalization* drop-down options include: **Yes**, **No**, or **Unknown**.

The screenshot shows a form titled "ASK ON ORDER" with several input fields. The "Hospitalization" field is highlighted with a red box, and its dropdown menu is open, showing the options "No", "Unknown", and "Yes". A tooltip is visible over the "Hospitalization" field, stating: "Yes, if patient has been hospitalized for the reportable illness/condition that this order has been placed for (suspected or diagnosed). When ordered during ER duration, the answer would be No." Other fields include "First Test (Y/N/U)" set to "No", "Symptoms" set to "Yes", and "Onset Date" set to "02/15/2021".

Please Note: Users should select **No** from the *Hospitalization* drop-down if this test was ordered during an ER visit.

6. To report whether the patient is a resident in a congregate care setting, Users should select the **appropriate answer** from the *Congregate* drop-down. Hovering over the *Help Icon* provides guidance to identify congregate care settings and assist with answering this question.

- The *Congregate* drop-down options include: **Yes**, **No**, or **Unknown**.

The screenshot shows the same "ASK ON ORDER" form, but with the "Congregate" field highlighted by a red box and its dropdown menu open, showing the options "No", "Unknown", and "Yes". A tooltip is visible over the "Congregate" field, stating: "Yes, if is a resident in a congregate care setting such as: nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting". Other fields include "First Test (Y/N/U)" set to "No", "Symptoms" set to "Yes", and "Onset Date" set to "02/15/2021".

7. To report the status of pregnancy, Users should select the **appropriate answer** from the *Pregnant* drop-down.

- The *Pregnant* drop-down options include: **Possible pregnancy**, **Not pregnant**, **Patient currently pregnant**, or **Unknown**.

The screenshot shows a form with several fields: Onset Date (02/15/2021), ICU (No), Congregate (No), and Pregnant (select...). The Pregnant dropdown menu is open, showing four options: Not pregnant, Patient currently pregnant, Possible pregnancy, and Unknown. A tooltip above the dropdown reads "Yes, if the individual is female and is pregnant".

Please Note: The *Pregnancy* field is only enabled when the User selects **Female** from the *Gender* drop-down on the **Patient Demographics** page.

8. Users must click **Next** to proceed to the **Lab Data Review** screen.

The screenshot shows the "ASK ON ORDER ENTRY" form with the following fields: First Test (Y/N/U) (No), Symptoms (Yes), Onset Date (02/15/2021), ICU (No), HCW (No), Hospitalization (No), Congregate (No), and Pregnant (Not pregnant). The "Next" button is highlighted in red.

11 Lab Data Review

The **Lab Data Review** screen displays a summary of the information entered by the User. The **Lab Data Review** screen is not a submission of the lab results entered. Users should review this screen to verify the information prior to submitting the lab results. Users must click **Submit** in order to submit the lab results.

This is a summary of the information you just entered; it is not a submission of the lab results you entered. You must click the Submit button in order to submit your results.

LAB DATA REVIEW

Patient Demographics

Performing Facility Name	Test Medical Center	Patient MRN	H1234567
Last Name	Benes	First Name	Elaine
Middle Initial		SSN Number	999-99-9999
Date Of Birth	1987/02/01	Gender	Female
Race Description	White	Ethnicity Desc	Not Hispanic or Latino
Telephone	(123) 123-4567	Email	elaine.benes@gmail.com
Street Address 1	789 York Street	Street Address 2	
City	Frankfort	State	KY

1. Users should review the *Patient Demographics* section.

This is a summary of the information you just entered; it is not a submission of the lab results you entered. You must click the Submit button in order to submit your results.

LAB DATA REVIEW

Patient Demographics

Performing Facility Name	Test Medical Center	Patient MRN	H1234567
Last Name	Benes	First Name	Elaine
Middle Initial		SSN Number	999-99-9999
Date Of Birth	1987/02/01	Gender	Female
Race Description	White	Ethnicity Desc	Not Hispanic or Latino
Telephone	(123) 123-4567	Email	elaine.benes@gmail.com
Street Address 1	789 York Street	Street Address 2	
City	Frankfort	State	KY
Zip Code	40601	County	Franklin

2. Users should review the *Observation* section.

Observation Data 1			
Filler Order Number	0219202104	Specimen Collection Date Time	2021/02/18 00:00
Specimen Type	Anterior nares swab	Date Test Ordered	2021/02/18
Test Name	BinaxNOW COVID Test Kit	Test Result	Detected
'Other' Reason Value		Observation Result Date Time	2021/02/22 09:30
Name Of Testing Product		Device Identifier	

Observation Data 2			
Test Name	BinaxNOW COVID Test Kit	Test Result	Detected
'Other' Reason Value		Observation Result Date Time	2021/02/22 11:00
Name Of Testing Product		Device Identifier	

Please Note: If multiple Observations are added, the **Lab Data Review** screen will display all Observations in numbered order.

3. Users should review the *Performing Facility Details* section.

Performing Facility Details			
Performing Facility Name	Test Medical Center	Performing Facility Address 1	8 Mill creek Park
Performing Facility Address 2		Performing Facility City	Frankfort
Performing Facility State	KY	Performing Facility Zip Code	40601-1000
Performing Facility Telephone Number			

4. Users should review the *Ordering Provider Details* section and/or the *Ordering Facility Details* section.

Ordering Provider Details			
Ordering Last Name	Crane	Ordering First Name	Fraser
Ordering Provider NPI	123456	Ordering Provider Street Address 1	123 Main Street
Ordering Provider Street Address 2		Ordering Provider City	Frankfort
Ordering Provider State	KY	Ordering Provider Zip	40601
Ordering Provider Phone Number	(555) 500-5000		

Ordering Facility Details			
Ordering Facility Name	Test Community Hospital	Ordering Facility Street Address 1	1 First Avenue
Ordering Facility Street Address 2		Ordering Facility City	Frankfort
Ordering Facility State	KY	Ordering Facility Zip	40601
Ordering Facility Phone Number	(123) 456-7890		

Please Note: If both an Ordering Provider and an Ordering Facility are entered, the **Lab Data Review** screen will display details for the Ordering Provider and the Ordering Facility.

5. Users should review the *Ask On Order Entry* section.

Ask On Order Entry			
First Test (Y/N/U)	No	HCW	No
Symptoms	Yes	Hospitalization	No
Onset Date	2021/02/15	Congregate	No
ICU	No	Pregnant	

6. If after reviewing, changes are required, Users should click **Previous** until they navigate to the appropriate screen to edit the information.

Ask On Order Entry			
First Test (Y/N/U)	No	HCW	No
Symptoms	Yes	Hospitalization	No
Onset Date	2021/02/15	Congregate	No
ICU	No	Pregnant	

Previous
Submit

7. After verifying the information is accurate and/or the appropriate changes have been made, Users must click **Submit** to submit the Lab Data Entry.

Ask On Order Entry			
First Test (Y/N/U)	No	HCW	No
Symptoms	Yes	Hospitalization	No
Onset Date	2021/02/15	Congregate	No
ICU	No	Pregnant	

Previous
Submit

- All data submissions are final. Users have one more opportunity to select **Cancel** to continue reviewing the Lab Data Entry or **Submit** to finalize the Lab Data Entry.

The screenshot shows a 'Lab Data Entry' dialog box overlaid on a form titled 'Ask On Order Entry'. The form contains the following fields:

First Test (Y/N/U)	No
Symptoms	Yes
Onset Date	2021/02/15
ICU	No
	Pregnant

The dialog box contains the following text: "All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click the Cancel button." Below the text are two buttons: "Cancel" and "Submit". The "Submit" button is highlighted with a red box. At the bottom right of the form, there are "Previous" and "Submit" buttons.

Please Note: Once a lab data entry has been submitted, it is final. Should you later discover that you have entered inaccurate information, please reach out to the Kentucky Department for Public Health at COVID19DR@ky.gov to determine options for correcting the entry.

8. Users should click **OK** when the lab data entry has been submitted successfully.

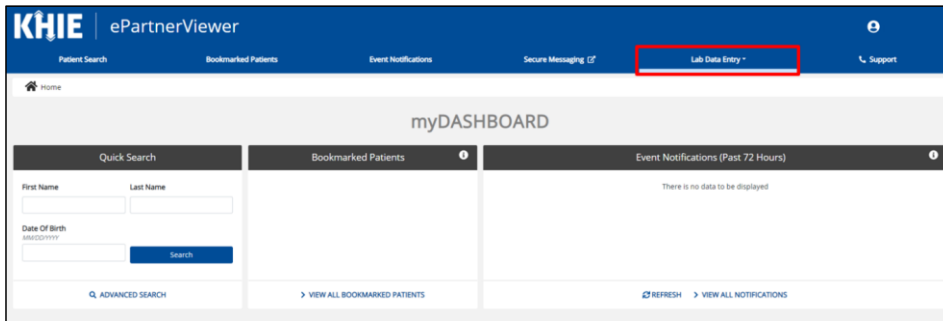
The screenshot shows the same 'Lab Data Entry' dialog box as above, but now it displays the message "Lab Data saved successfully" and an "OK" button, which is highlighted with a red box. The background form remains the same.

Congratulations! You have submitted a Manual Lab Data Entry using KHIE's Direct Lab Data Entry Functionality.

12 Negative Lab Quick Entry

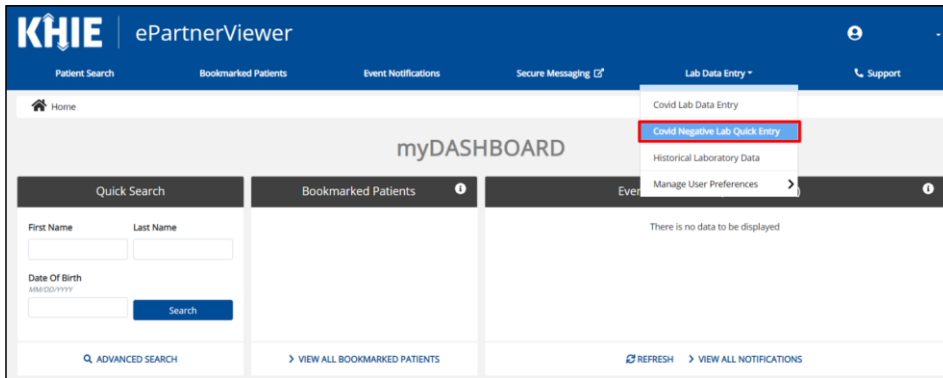
In addition to Direct Lab Data Entry, Users now have the option to quickly and easily enter negative Covid-19 lab results using the ePartnerViewer's Covid Negative Lab Quick Entry workflow.

1. To submit a **Covid Negative Lab Quick Entry**, Users must click the **Lab Data Entry** Tab in the blue ribbon at the top of the screen.



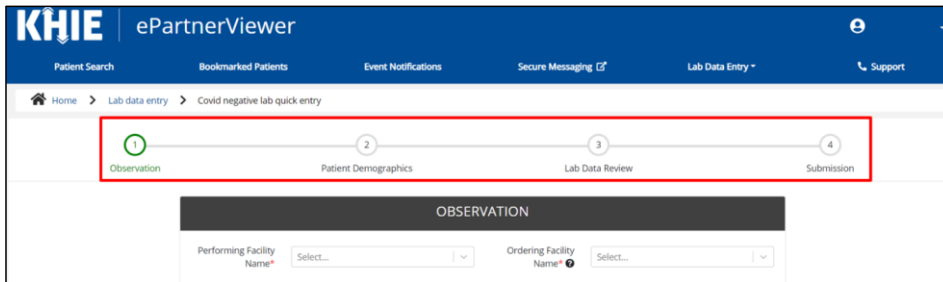
Please Note: Users who have additional access to clinical information will see other tabs displayed in addition to the **Lab Data Entry** Tab.

2. Under the **Lab Data Entry** Tab, select **Covid Negative Lab Quick Entry**.

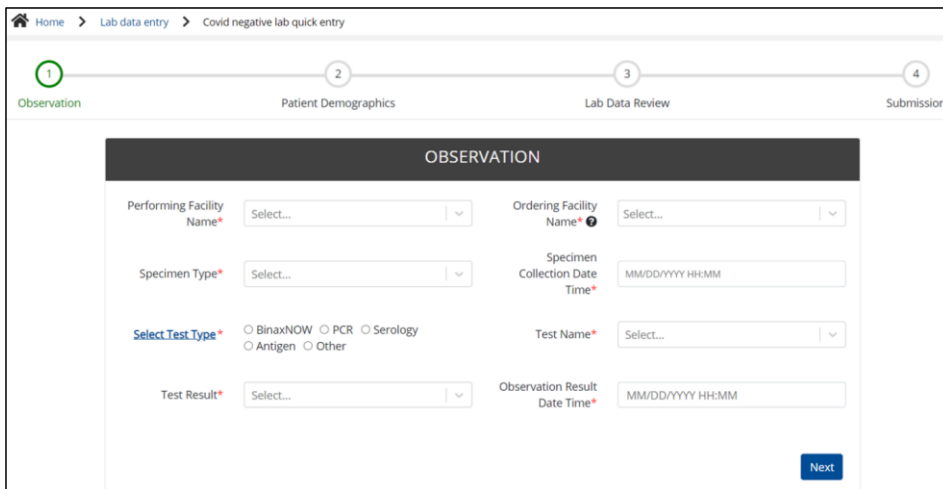


Observation for Negative Lab Entry

Covid Negative Lab Quick Entry is a four-step process where Users enter Observation Results, Provider Details, and Patient Demographics. Prior to submitting the lab results, Users must review the information entered on the **Lab Data Review** screen.



1. To start the Covid Negative Lab Quick Entry, Users must complete the **Observation** section.



- Users must select the **Performing Facility Name** from the drop-down. This will be the name of the organization that resulted the lab for which you are entering results; this is usually the name of the organization with whom you are associated.

The screenshot shows the 'OBSERVATION' form with the following fields:

- Performing Facility Name***: A dropdown menu is open, showing a list of facility names: DDERE SIT SC0009, DDERE SIT SC0010, Diatherix Eurofins, LABCORP, Quest Diagnostics, RAPRO 35, Solaris Diagnostics, and Test Medical Center. A red box highlights this dropdown.
- Ordering Facility Name* ?**: A dropdown menu with 'Select...' selected.
- Specimen Type***: A dropdown menu with 'Select...' selected.
- Specimen Collection Date Time***: A text input field with the placeholder 'MM/DD/YYYY HH:MM'.
- Test Name***: A dropdown menu with 'Select...' selected.
- Observation Result Date Time***: A text input field with the placeholder 'MM/DD/YYYY HH:MM'.
- Test Result***: A text input field with 'Solaris Diagnostics' entered.

- Users must select the **appropriate Ordering Provider** from the drop-down.

The screenshot shows the 'OBSERVATION' form with the following fields:

- Performing Facility Name***: A dropdown menu with 'Test Medical Center' selected.
- Ordering Facility Name* ?**: A dropdown menu is open, showing a list of facility names: Mercy Medical Center and Test Community Hospital. A red box highlights this dropdown.
- Specimen Type***: A dropdown menu with 'Select...' selected.
- Specimen Collection Date Time***: A text input field with the placeholder 'MM/DD/YYYY HH:MM'.

A tooltip is visible over the 'Ordering Facility Name' dropdown, stating: "Ordering Facility is required, configure the ordering facility details in the Manage User Preferences to have it listed here".

Please Note: The drop-down options display Ordering Facility Names configured by the User on the **Manage User Preferences** screen. Prior to entering lab results, Users are encouraged to configure Ordering Provider and Ordering Facility details on the **Manager User Preferences** screens.

4. Users must select the **appropriate Specimen Type** from the drop-down.

Specimen Type*

Select Test Type*

Test Result*

Specimen Collection Date Time*

Test Name*

Observation Result Date Time*

Next

Please Note: If you administered the BinaxNow Covid Test, please select **Anterior Nares Swab** as the *Specimen Type*.

5. Users must then enter the **Specimen Collection Date Time**. To enter the time, Users must scroll down to select the approximate time the specimen was collected.

Specimen Type*

Select Test Type* BinaxNOW PCR Serology Antigen Other

Test Result*

Specimen Collection Date Time*

Test Name*

Observation Result Date Time*

February 2021							Time
Su	Mo	Tu	We	Th	Fr	Sa	
31	1	2	3	4	5	6	10:30
							11:00
7	8	9	10	11	12	13	11:30
14	15	16	17	18	19	20	12:00
21	22	23	24	25	26	27	12:30
28	1	2	3	4	5	6	13:00
							13:30

6. Users must select the **appropriate Test Type**.

- To view a categorized list of test types and test names to assist with selecting the appropriate test type, Users should click the **Select Test Type hyperlink** and follow the steps listed in sub-section *Test Type*.

Select Test Type* BinaxNOW PCR Serology
 Antigen Other

Test Name* Select...

Please Note: Based on the selected **Test Type**, the *Test Name* drop-down will only display test name options that fall within the selected test type.

7. Users must select the **appropriate Test Name** from the drop-down when applicable.

Select Test Type* BinaxNOW PCR Serology
 Antigen Other

Test Name* Select...

Please Note: Upon selecting **BinaxNOW** as the test type, the *Test Name* field is disabled and auto-populates with BinaxNOW COVID Test Kit.

8. Users must enter the **Test Result** from the drop-down.

- The *Test Result* drop-down options include: **Negative** and **Not Detected**.

Test Result* Select...
Negative
Not Detected

Observation Result Date Time* MM/DD/YYYY HH:MM

Next

9. Users must enter the **Observation Result Date Time**.

Performing Facility Name* Test Medical Center	Ordering Facility Name* ?	<table border="1"> <thead> <tr> <th colspan="7">February 2021</th> <th>Time</th> </tr> <tr> <th>Su</th> <th>Mo</th> <th>Tu</th> <th>We</th> <th>Th</th> <th>Fr</th> <th>Sa</th> <th></th> </tr> </thead> <tbody> <tr> <td>31</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>08:30</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>09:00</td> </tr> <tr> <td>7</td> <td>8</td> <td>9</td> <td>10</td> <td>11</td> <td>12</td> <td>13</td> <td>09:30</td> </tr> <tr> <td>14</td> <td>15</td> <td>16</td> <td>17</td> <td>18</td> <td>19</td> <td>20</td> <td>10:30</td> </tr> <tr> <td>21</td> <td>22</td> <td>23</td> <td>24</td> <td>25</td> <td>26</td> <td>27</td> <td>11:00</td> </tr> <tr> <td>28</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>11:30</td> </tr> </tbody> </table>	February 2021							Time	Su	Mo	Tu	We	Th	Fr	Sa		31	1	2	3	4	5	6	08:30								09:00	7	8	9	10	11	12	13	09:30	14	15	16	17	18	19	20	10:30	21	22	23	24	25	26	27	11:00	28	1	2	3	4	5	6	11:30
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Test Result* Negative																																																																		

10. Once complete, Users must click **Next** to proceed to the next page.

OBSERVATION			
Performing Facility Name* Test Medical Center	Ordering Facility Name* ?	Test Community Hospital	
Specimen Type* Anterior nares swab	Specimen Collection Date Time* 02/15/2021 12:00	Test Name* BinaxNOW COVID Test Kit	
Select Test Type* <input checked="" type="radio"/> BinaxNOW <input type="radio"/> PCR <input type="radio"/> Serology <input type="radio"/> Antigen <input type="radio"/> Other	Observation Result Date Time* 02/22/2021 10:00		
Test Result* Negative			Next

Patient Demographics for Negative Lab Entry

11. On the **Patient Demographics** page, Users must enter the **Filler Order Number** or **Lab Accession Number**.

Please Note: 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.

12. Users must enter the patient’s **Medical Record Number (MRN)**. 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 can be registered in the KHIE system.

13. Users must enter the patient’s **Last Name** and **First Name**. If available, enter the patient’s **Middle Initial**.

Commented [PK3]: Updated filler order number screenshot

14. Then, Users must enter the patient’s **Date of Birth**.

Please Note: If patient’s age 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.

15. Users must select the patient's **Gender** from the drop-down.

The screenshot shows a form with several fields. The 'Gender*' dropdown menu is open, showing three options: 'Female', 'Male', and 'Unknown'. The 'Street Address 1' field is empty. The 'City' field is empty. The 'State' dropdown menu is also open, showing 'Select...'. The 'Zip Code' field is empty.

16. Users should enter the patient's **Street Address, City, State, Zip Code, and County**.

- Users should enter the patient's home address. However, in cases of congregate care, Users should enter the address of the nursing home, group home, or similar congregate care facility.
- Users can hover over the Help Icon to assist with entering the correct address information for the patient tested.

The screenshot shows a form with several fields. The 'Gender*' dropdown menu is set to 'Male'. The 'Street Address 1' field contains '1960 Venetian Way'. The 'City' field contains 'Lexington'. The 'State' dropdown menu is set to 'KY'. The 'Zip Code' field contains '40509'. The 'County' dropdown menu is set to 'Fayette'.

Please Note: When entering the test results of facility employees, please enter the **home address** (not the work address).

Adding Multiple Patients for Negative Lab Entry

17. Users can also click **Add Patient** to enter the negative results for multiple patients. This means Users can easily enter additional patients with negative lab results.

PATIENT DEMOGRAPHICS


Filler Order Number* <input type="text" value="0219202104"/>	Patient MRN* <input type="text" value="H987654321"/>
Last Name* <input type="text" value="Kramer"/>	First Name* <input type="text" value="Cosmo"/>
Middle Initial <input type="text"/>	Date Of Birth* <input type="text" value="05/01/1975"/>
Gender* <input style="border: 1px solid #ccc; border-radius: 2px; padding: 2px 5px; text-align: right; font-size: 0.8em; color: #666; font-family: sans-serif; margin-left: 5px;" type="text" value="Male"/> x v	Street Address 1 <input type="text" value="1960 Venetian Way"/>
Street Address 2 <input type="text"/>	City <input type="text" value="Lexington"/>
State <input style="border: 1px solid #ccc; border-radius: 2px; padding: 2px 5px; text-align: right; font-size: 0.8em; color: #666; font-family: sans-serif; margin-left: 5px;" type="text" value="KY"/> x v	Zip Code <input type="text" value="40509"/>
County <input style="border: 1px solid #ccc; border-radius: 2px; padding: 2px 5px; text-align: right; font-size: 0.8em; color: #666; font-family: sans-serif; margin-left: 5px;" type="text" value="Fayette"/> x v	<input style="border: 2px solid red; background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em; margin-right: 5px;" type="button" value="Add Patient"/> <input style="background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em; margin-right: 5px;" type="button" value="Previous"/> <input style="background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em;" type="button" value="Next"/>

















- To add another patient, Users can click **Add Patient** at the bottom.

Street Address 2 <input type="text"/>	City <input type="text" value="Lexington"/>
State <input style="border: 1px solid #ccc; border-radius: 2px; padding: 2px 5px; text-align: right; font-size: 0.8em; color: #666; font-family: sans-serif; margin-left: 5px;" type="text" value="KY"/> x v	Zip Code <input type="text" value="40511"/>
County <input style="border: 1px solid #ccc; border-radius: 2px; padding: 2px 5px; text-align: right; font-size: 0.8em; color: #666; font-family: sans-serif; margin-left: 5px;" type="text" value="Fayette"/> x v	<input style="border: 2px solid red; background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em; margin-right: 5px;" type="button" value="Add Patient"/> <input style="background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em; margin-right: 5px;" type="button" value="Previous"/> <input style="background-color: #007bff; color: white; padding: 5px 10px; font-weight: bold; font-size: 0.9em;" type="button" value="Next"/>

Please Note: Currently, Users can enter up to 10 patients with negative lab results at a time.

- To delete a patient, Users can click the **Trash Bin Icon** at the top right.

Patient Demographics 2 

Filler Order Number* 	<input type="text"/>	Patient MRN* 	<input type="text"/>
Last Name* 	<input type="text"/>	First Name* 	<input type="text"/>
Middle Initial 	<input type="text"/>	Date Of Birth* 	<input type="text" value="MM/DD/YYYY"/>
Gender* 	<input type="text" value="Select..."/> 	Street Address 1 	<input type="text"/>
Street Address 2 	<input type="text"/>	City 	<input type="text"/>
State 	<input type="text" value="Select..."/> 	Zip Code 	<input type="text"/>
County 	<input type="text" value="Select..."/> 	<input type="button" value="Add Patient"/> <input type="button" value="Previous"/> <input type="button" value="Next"/>	

18. Once complete, Users must click **Next** to proceed to the next screen.

PATIENT DEMOGRAPHICS			
Filler Order Number*	0219202104	Patient MRN*	H987654321
Last Name*	Kramer	First Name*	Cosmo
Middle Initial		Date Of Birth*	05/01/1975
Gender*	Male	Street Address 1	1960 Venetian Way
Street Address 2		City	Lexington
State	KY	Zip Code	40509
County	Fayette		

Patient Demographics 2			
Filler Order Number*	0220202104	Patient MRN*	H121212
Last Name*	Doyle	First Name*	Roz
Middle Initial	L	Date Of Birth*	03/15/1970
Gender*	Female	Street Address 1	33 Mapleview Drive
Street Address 2		City	Lexington
State	KY	Zip Code	40511
County	Fayette		

[Add Patient](#) [Previous](#) [Next](#)

Commented [PK4]: Updated filler order number screenshots

Lab Data Review for Negative Lab Entry

The **Lab Data Review** screen displays a summary of the information entered by the User. The **Lab Data Review** screen is not a submission of the lab results entered. Users should review this screen to verify the information prior to submitting the lab results. Users must click **Submit** in order to submit the lab results.

Lab data entry > Covid negative lab quick entry

1 Observation 2 Patient Demographics 3 Lab Data Review 4 Submission

This is a summary of the information you just entered; it is not a submission of the lab results you entered. You must click the Submit button in order to submit your results.

LAB DATA REVIEW

Observation Data			
Performing Facility Name	Test Medical Center	Ordering Facility Name	Test Community Hospital
Specimen Type	Anterior nares swab	Specimen Collection Date Time	2021/02/19 09:00
Test Name	BinaxNOW COVID Test Kit	Test Result	Negative
Observation Result Date Time	2021/02/22 12:00		

19. Users should review the *Observation Data* section.

This is a summary of the information you just entered; it is not a submission of the lab results you entered. You must click the Submit button in order to submit your results.

LAB DATA REVIEW

Observation Data			
Performing Facility Name	Test Medical Center	Ordering Facility Name	Test Community Hospital
Specimen Type	Anterior nares swab	Specimen Collection Date Time	2021/02/19 09:00
Test Name	BinaxNOW COVID Test Kit	Test Result	Negative
Observation Result Date Time	2021/02/22 12:00		

20. Then, Users should review the *Patient Demographics* section.

Patient Demographics 1			
Filler Order Number	0219202104	Patient MRN	H987654321
Last Name	Kramer	First Name	Cosmo
Middle Initial		Date Of Birth	1975/05/01
Gender	Male	Street Address 1	1960 Venetian Way
Street Address 2		City	Lexington
State	KY	Zip Code	40509
County	Fayette		

Patient Demographics 2			
Filler Order Number	0220202104	Patient MRN	H121212
Last Name	Doyle	First Name	Roz
Middle Initial	L	Date Of Birth	1970/03/15
Gender	Female	Street Address 1	33 Mapleview Drive
Street Address 2		City	Lexington
State	KY	Zip Code	40511
County	Fayette		

Commented [PK5]: Updated filler order number

Please Note: If multiple patients have been added, the **Lab Data Review** screen will display all patients in numbered order.

- Users can click the **Observation Data header** or any of the **Patient Demographics headers** to hide or display the details for that section.

Commented [PK6]: Updated to include the Observation Data collapsible header.

Observation Result Date Time 2021/02/22 12:00

Patient Demographics 1

Patient Demographics 2

Filler Order Number	0220202104	Patient MRN	H121212
Last Name	Doyle	First Name	Roz
Middle Initial	L	Date Of Birth	1970/03/15
Gender	Female	Street Address 1	33 Mapleview Drive
Street Address 2		City	Lexington
State	KY	Zip Code	40511
County	Fayette		

Commented [PK7]: Updated screenshot with filler order number

21. If after reviewing, changes are required, Users should click **Previous** until they navigate to the appropriate screen to edit the information.

Patient Demographics 2

Filler Order Number	0220202104	Patient MRN	H121212
Last Name	Doyle	First Name	Roz
Middle Initial	L	Date Of Birth	1970/03/15
Gender	Female	Street Address 1	33 Mapleview Drive
Street Address 2		City	Lexington
State	KY	Zip Code	40511
County	Fayette		

Previous
Submit

Commented [PK8]: Updated screenshot

22. After verifying the information is accurate and/or the appropriate changes have been made, Users must click **Submit** to submit the Negative Lab Entries.

State: KY Zip Code: 40511
County: Fayette
Previous Submit

- All data submissions are final. Users have one more opportunity to select **Cancel** to continue reviewing the Negative Lab Entries or **Submit** to finalize the Negative Lab Entries.

Lab Data Review

All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click on the Cancel button.

Cancel Submit

Please Note: Once a negative lab entry has been submitted, it is final. Should you later discover that you have entered inaccurate information, please reach out to the Kentucky Department for Public Health at COVID19DR@ky.gov to determine options for correcting the entry.

23. Users should click **OK** when the Negative Lab Entries have been submitted successfully.

Lab Data Review

Laboratory data saved successfully

Ok

Congratulations! You have submitted the Negative Lab Entries using KHIE’s Direct Lab Data Entry Functionality.

Please visit the KHIE website at <https://khie.ky.gov/Pages/index.aspx> to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

13 Technical Support

Toll-Free Telephone Support

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

Email Support

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