



Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Case Reports: Acute Hepatitis C

User Guide

February 2023

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Document Control Information**Document Information**

Document Name	Direct Data Entry for Case Reports: Acute Hepatitis C User Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	1.0
Document Status	Finalized Draft
Date Released	02/20/2023

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
0.1	02/13/2023	Initial Draft	Deloitte Consulting
0.2	02/20/2023	Revised Draft – Includes recent changes related to KHIE CR-108 deployment	Deloitte Consulting
0.3	02/23/2023	KHIE Review	KHIE
1.0	02/23/2023	Finalized Draft per KHIE Review	Deloitte Consulting
1.1	05/19/2023	Added language to cover ‘needle stick injuries’	KHIE Charlese Blair

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1 Introduction

Overview

This training manual covers KHIE’s Direct Data Entry for Acute Hepatitis C Case Reports functionality in the ePartnerViewer. Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). 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 Internet Explorer	
Not supported	Not supported
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:

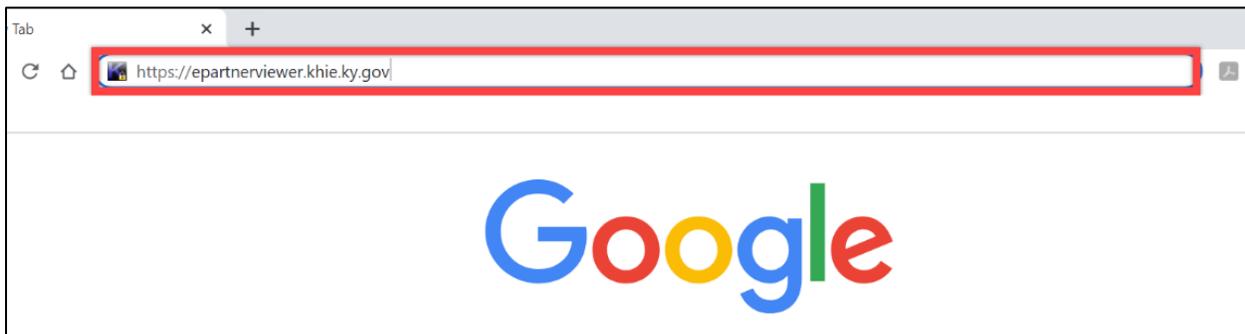
1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

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

2 Logging into ePartnerViewer

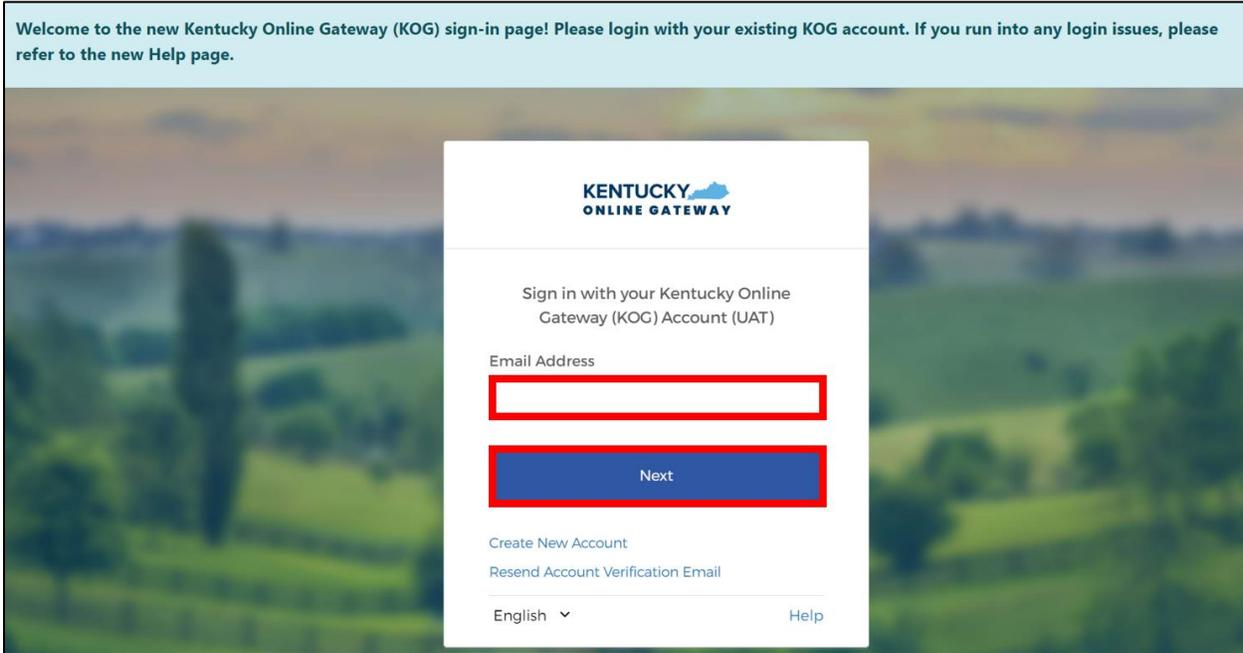
Users with the *Manual Case Reporter* role are authorized to access the Acute Hepatitis C Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

1. To navigate to the ePartnerViewer, enter the following **ePartnerViewer URL** in a supported browser window: <https://epartnerviewer.khie.ky.gov>



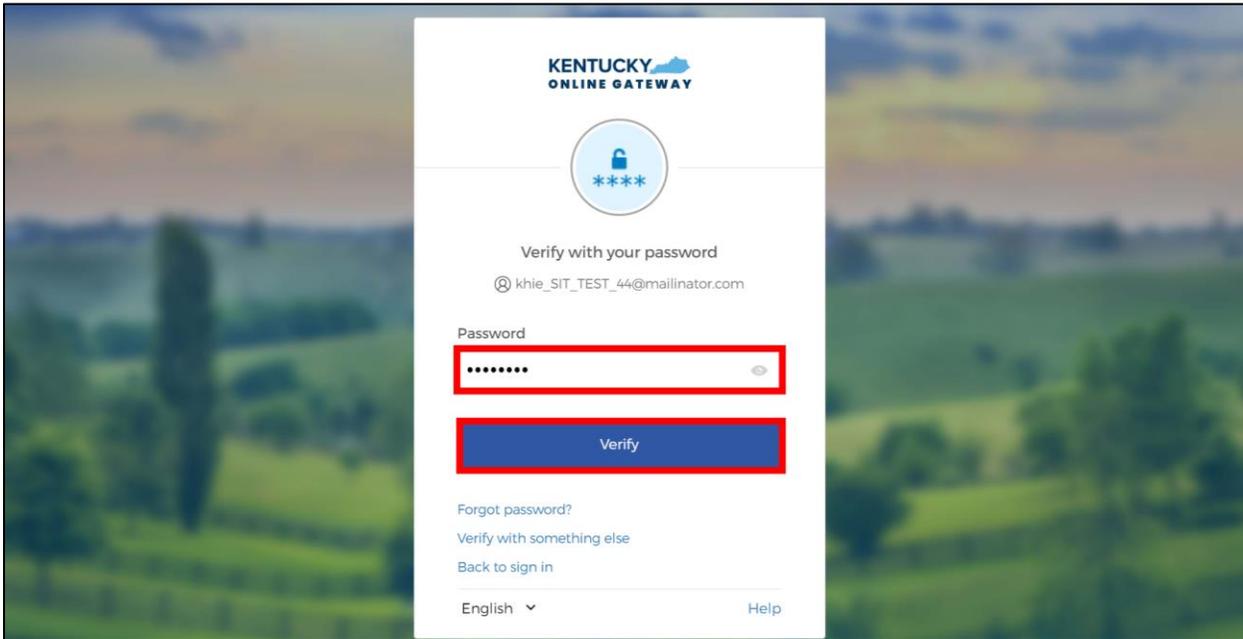
Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

2. On the **KOG Login Page**, enter your **Email Address**. Click **Next**.



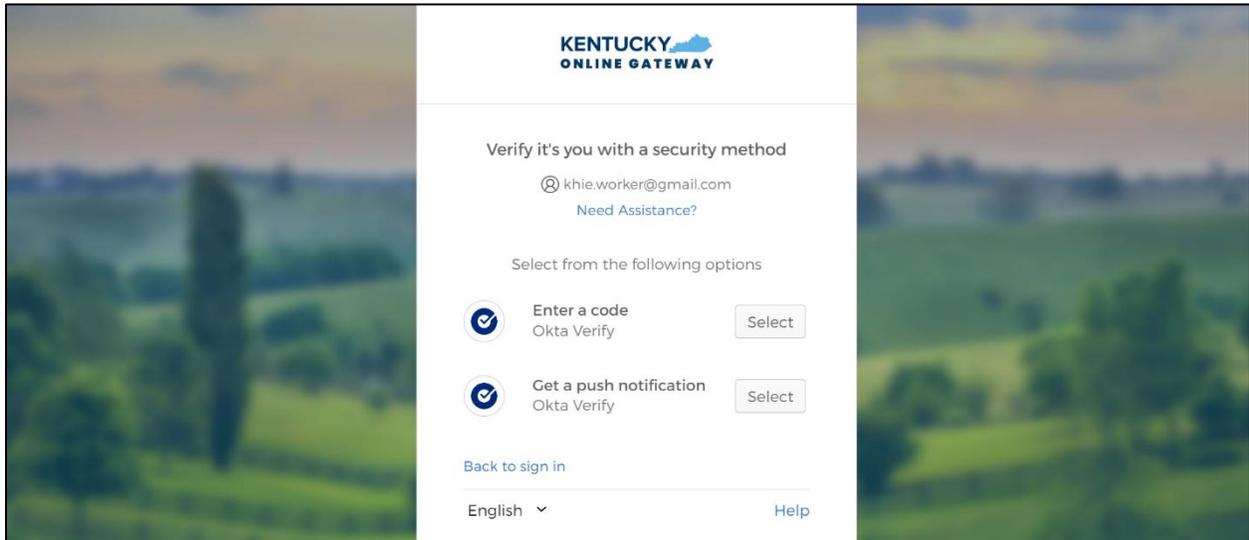
Please Note: You must enter the email address provided when creating your KOG account.

3. Enter your **Password**. Click **Verify**.



4. **Multi-Factor Authentication.** After logging into KOG and verifying your password, you are automatically navigated to the **Verify it's you with a security method** screen. You will be asked to complete Multi-Factor Authentication (MFA) using Okta Verify. Users have two (2) options for completing Okta Verify for MFA:

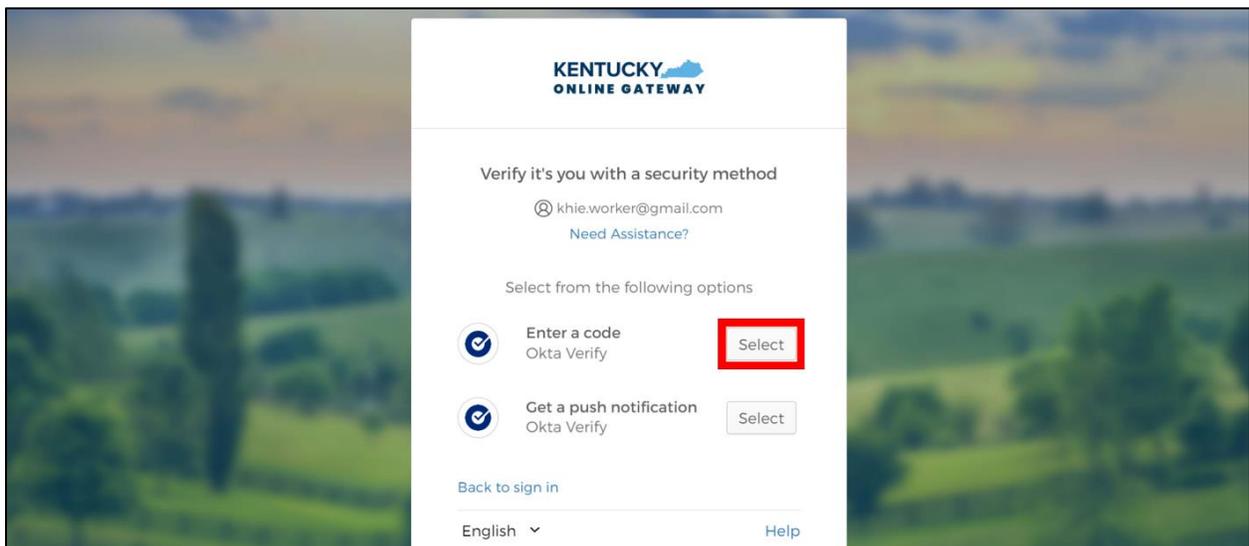
- Use a security code from the Okta Verify app.
- Use the push notification from the Okta Verify app.



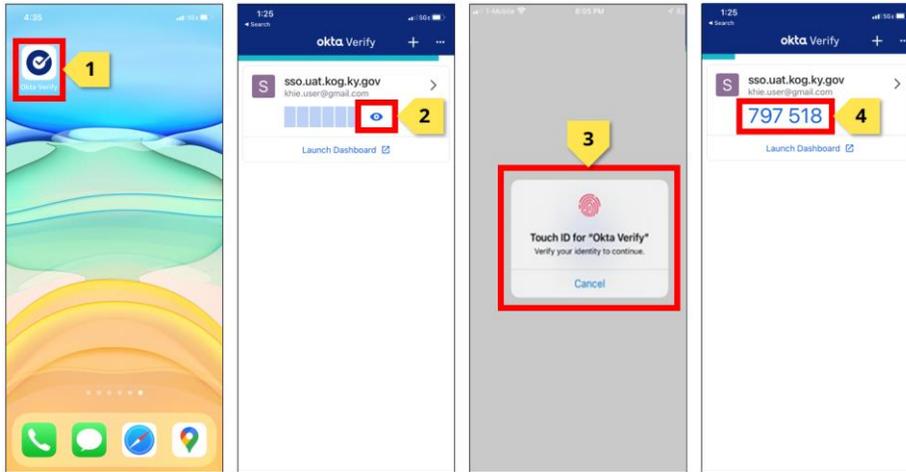
Security Code from Okta Verify App

To complete MFA using the security code from Okta Verify, complete the following steps:

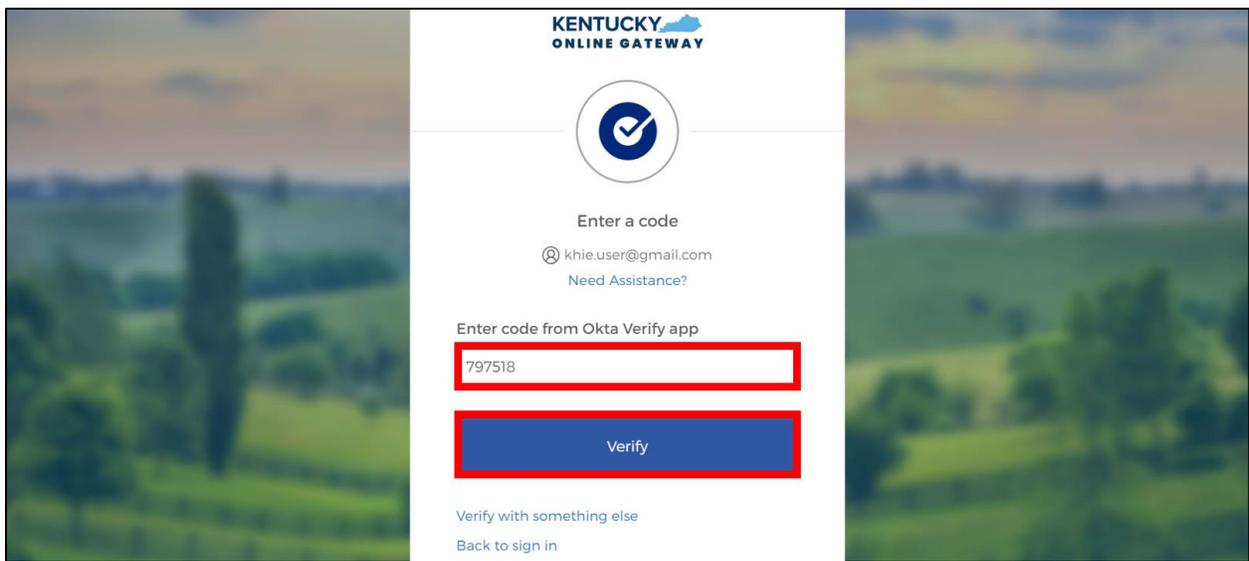
1. After logging into KOG, you are navigated to the **Verify it's you with a security method** screen. Click the **Select** button next to **Enter a code**.



- 2. To locate the Okta Verify code, complete the following steps from your mobile device or tablet:
 - Step 1: Open the **Okta Verify app** on your mobile device or tablet.
 - Step 2: If the code is hidden, click the **Eye Icon** below the email address used for your KOG account.
 - Step 3: Verify your identity using either **Touch ID** or **Face ID**.
 - Step 4: Upon verifying your identity, the **6-digit code** displays.



- 3. Return to the **Enter a code** screen on your computer. Enter the **6-digit code** from the Okta Verify app. Click **Verify** to proceed to the **Terms and Conditions of Use** screen of the ePartnerViewer.

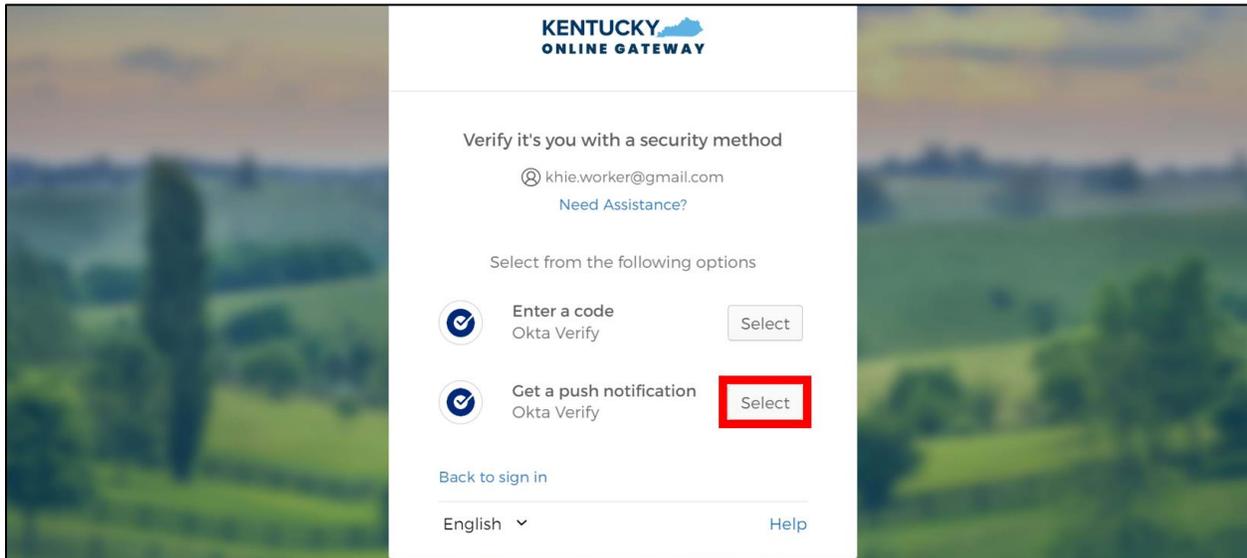


Please Note: Once you enter the code from the Okta Verify app, you are automatically navigated to the **Terms and Conditions of Use** screen. For more information, please review the *Terms and Conditions of Use and Logging In* sub-section of this chapter.

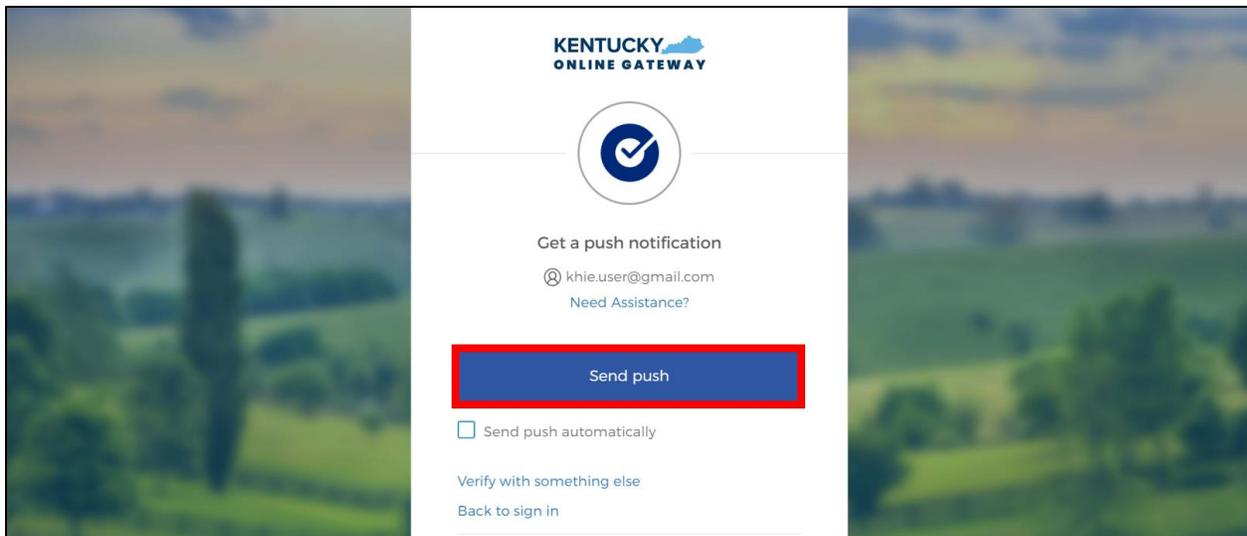
Push Notification from Okta Verify App

To complete MFA using a push notification from Okta Verify, complete the following steps:

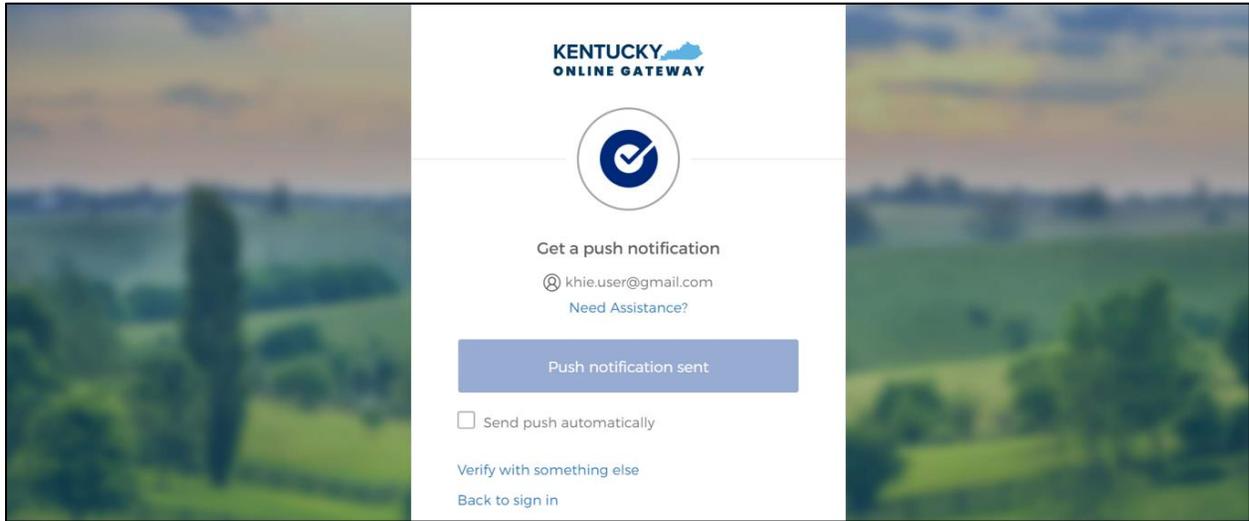
1. After logging into KOG, you are navigated to the **Verify it's you with a security method** screen. Click the **Select** button next to **Get a push notification**.



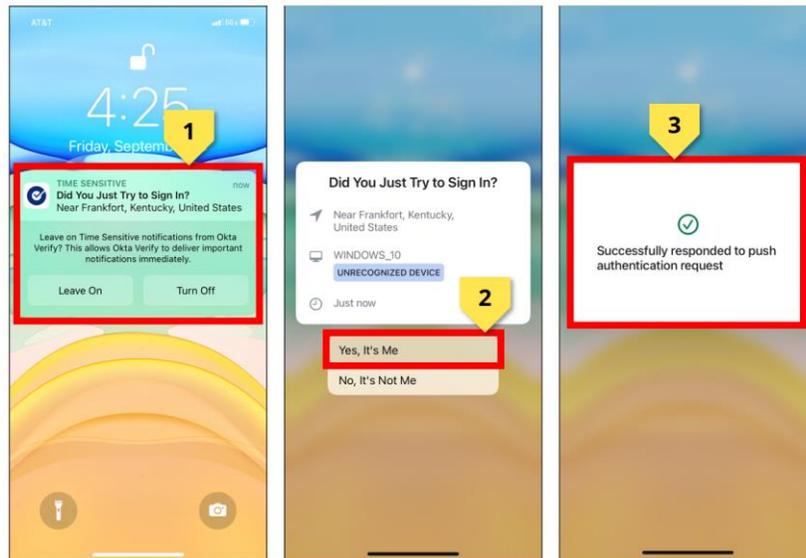
2. The **Get a push notification** screen displays. Click **Send Push**.



Please Note: Once the push notification has been successfully sent to the Okta Verify app, the **Get a push notification** screen of the ePartnerViewer displays a grayed out **Push notification sent** button.



- 3. To view the Okta Verify push notification, complete the following steps from your mobile device:
 - Step 1: You will receive a push notification on your mobile device or tablet. Tap and hold the notification banner titled “**Did You Just Try to Sign In?**”.
 - Step 2: On the notification, click the **Yes, It’s Me** button.
 - Step 3: A notification will appear on your mobile device screen letting you know that you have successfully responded to the push authentication request. You can now return to your computer where you will be redirected to the **Terms and Conditions of Use** screen of the ePartnerViewer.

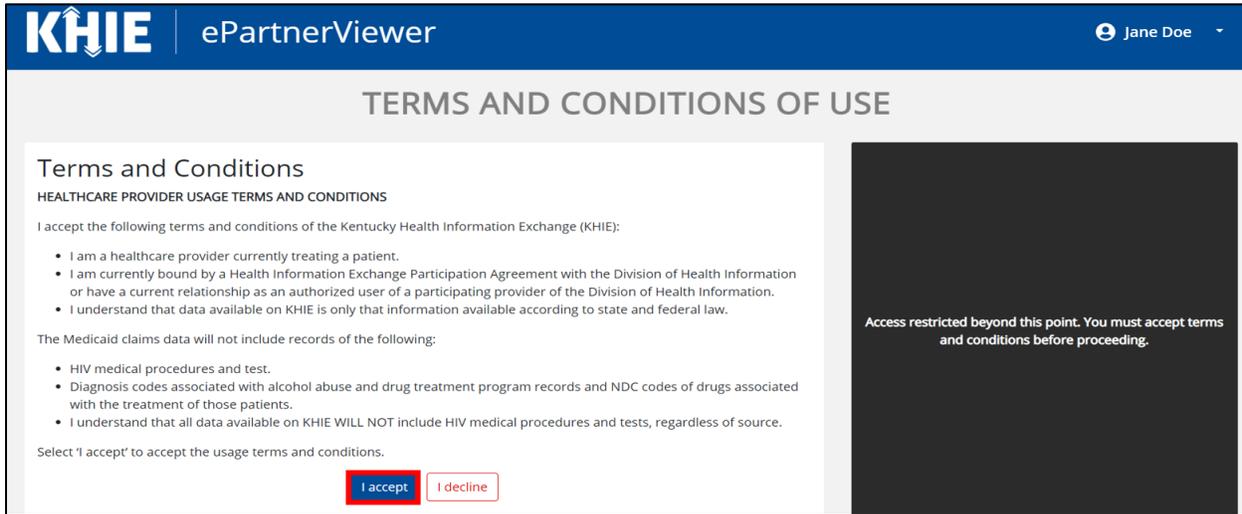


Please Note: Once you successfully respond to the Okta Verify push notification, you are automatically navigated to the **Terms and Conditions of Use** screen of the ePartnerViewer.

Terms and Conditions of Use and Logging In

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

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



Please Note: The right side of the Portal is grayed out and displays a message that states: *Access is restricted beyond this point. You must accept the terms and conditions before proceeding.*

2. Once you click **I Accept**, the grayed-out section becomes visible. A message appears that indicates you are associated with an Organization. (This is the name of your organization.)
3. Click **Proceed to Portal** to continue to the ePartnerViewer application.

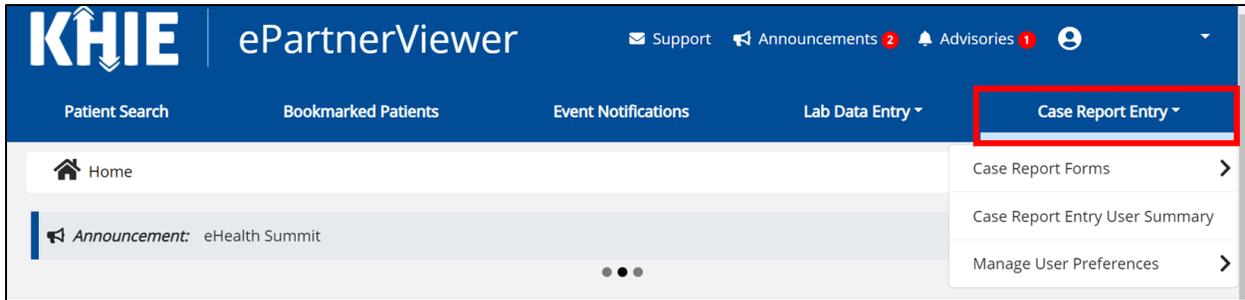


Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Case Report Entry Dropdown Menu

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

- **Case Report Forms:** Lists the different types of case reports.
- **Case Report Entry User Summary:** Displays all submitted and “In-Progress” case reports.
- **Manage User Preferences:** Offers an efficient way to enter repetitive data.



1. **Types of Case Reports:**

- **COVID-19 Case Report:**
 - Designed for Users to enter COVID-19 case reports.

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

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

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

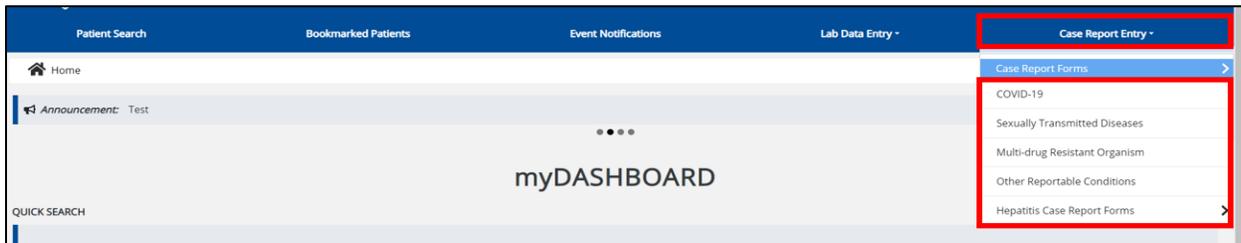
- **Multi-drug Resistant Organism (MDRO) Case Report:**
 - Designed for Users to enter MDRO case reports.

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

- **Other Reportable Conditions Case Report:**

- Designed for Users to enter Other Reportable Conditions case reports.

Please Note: For specific information about Other Reportable Conditions case reporting, please review the *Direct Data Entry for Case Reports: Other Reportable Conditions User Guide*.



2. Types of Hepatitis Case Reports:

- **Perinatal Hepatitis Case Report:**

- Designed for Users to enter Perinatal Hepatitis case reports.

Please Note: For specific information about Perinatal Hepatitis case reporting, please review the *Direct Data Entry for Case Reports: Perinatal Hepatitis User Guide*.

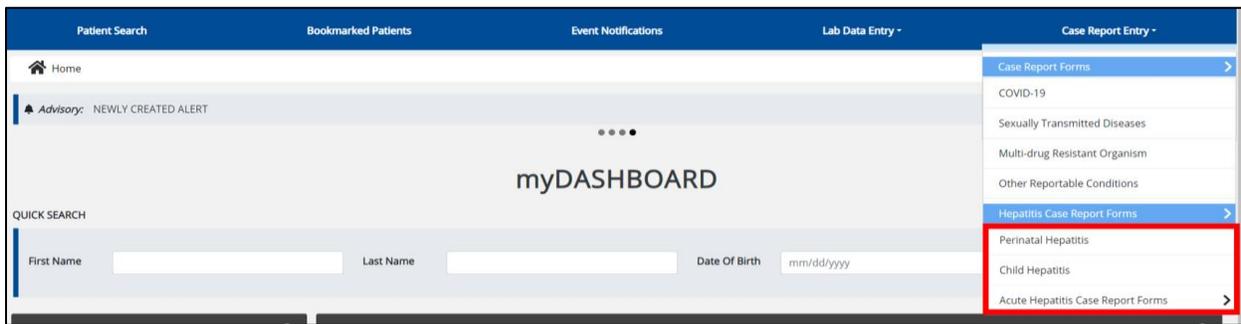
- **Child Hepatitis Case Report:**

- Designed for Users to enter Child Hepatitis case reports.

Please Note: For specific information about Child Hepatitis case reporting, please review the *Direct Data Entry for Case Reports: Child Hepatitis User Guide*.

- **Acute Hepatitis Case Reports:**

- Designed for Users to choose between the two (2) types of Acute Hepatitis case reports.



3. **Types of Acute Hepatitis Case Reports:**

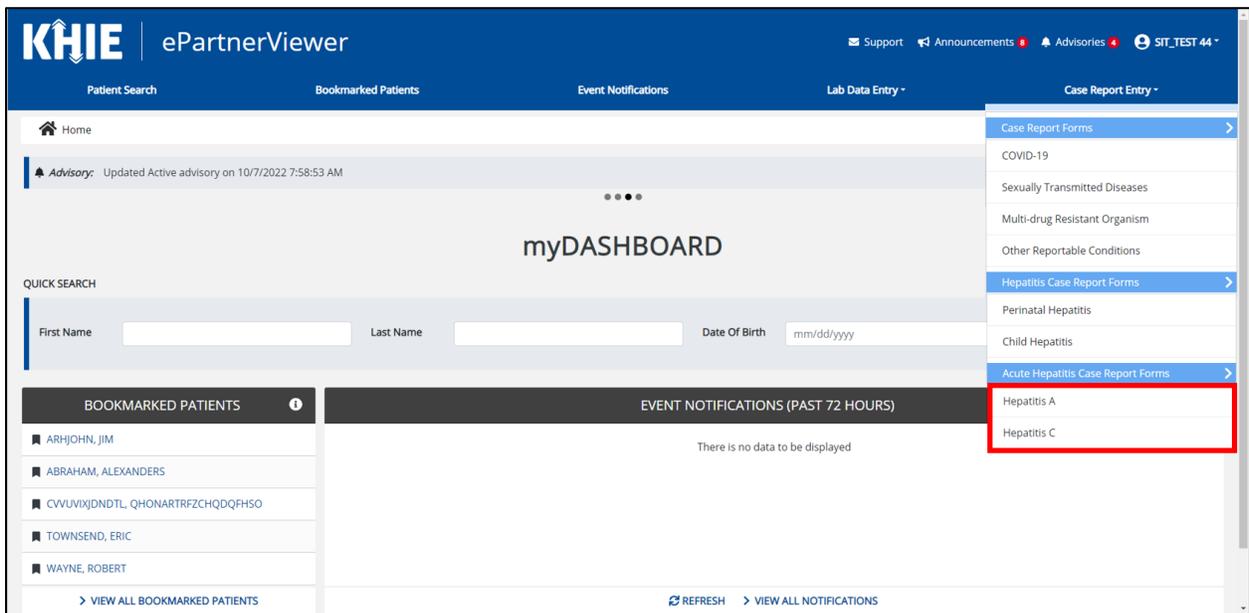
- **Acute Hepatitis A Case Report:**

- Designed for Users to enter Acute Hepatitis A case reports.

Please Note: For specific information about Acute Hepatitis A case reporting, please review the *Direct Data Entry for Case Reports: Acute Hepatitis A User Guide*.

- **Acute Hepatitis C Case Report:**

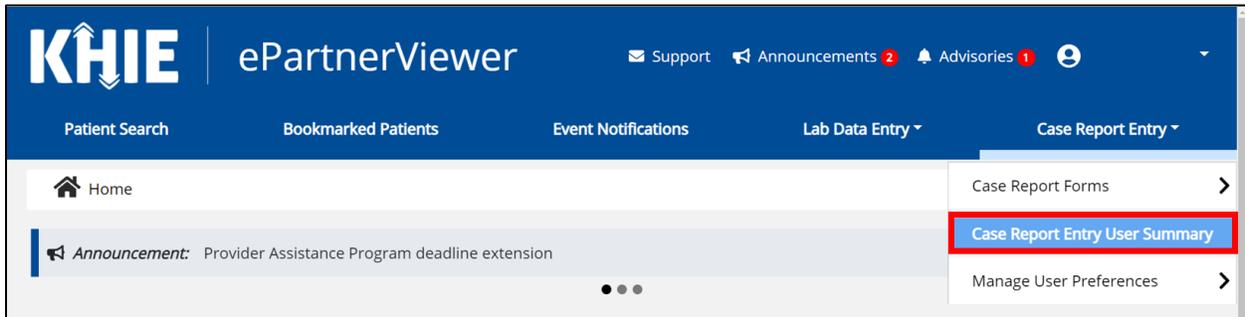
- Designed for Users to enter Acute Hepatitis C case reports.



Please Note: The Acute Hepatitis B case report and the *Direct Data Entry for Case Reports: Acute Hepatitis B User Guide* will be available after 3/31/2023.

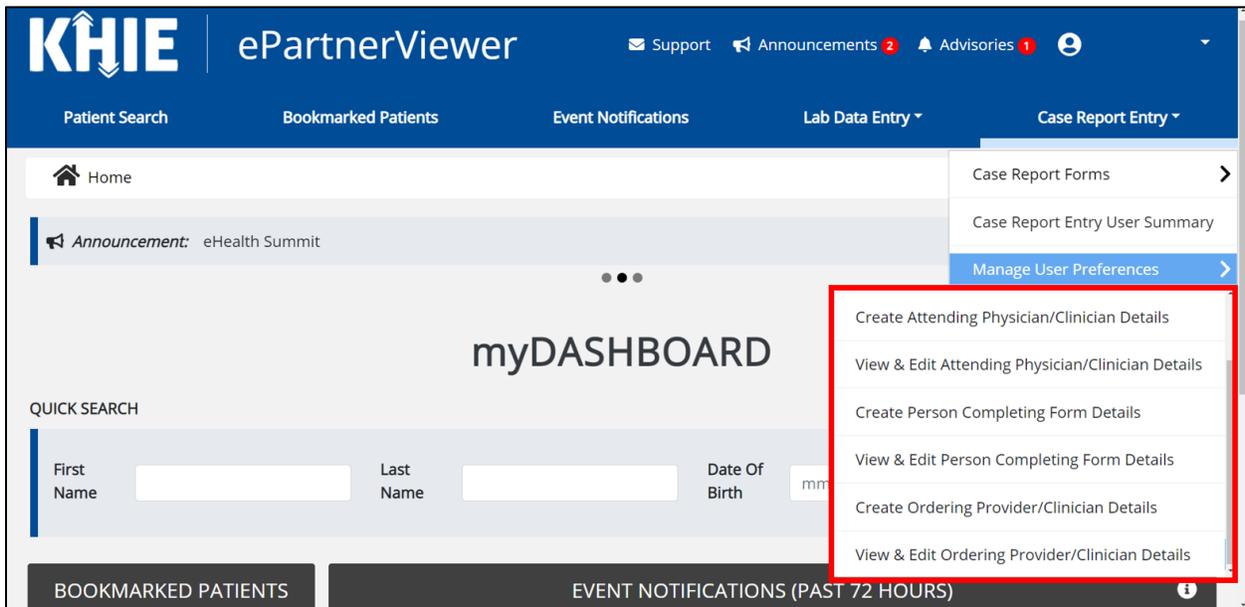
4. **Case Report Entry User Summary:**

- Designed to provide a quick and easy way for Users to search and view all previously initiated case reports (Submitted and In-Progress) entered during a specific date range within the last six months from the current date.
- Allows Users to view a summary of completed case reports that were previously submitted.
- Allows Users to continue entering details for case reports that are still “In-Progress”.



5. **Manage User Preferences:**

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

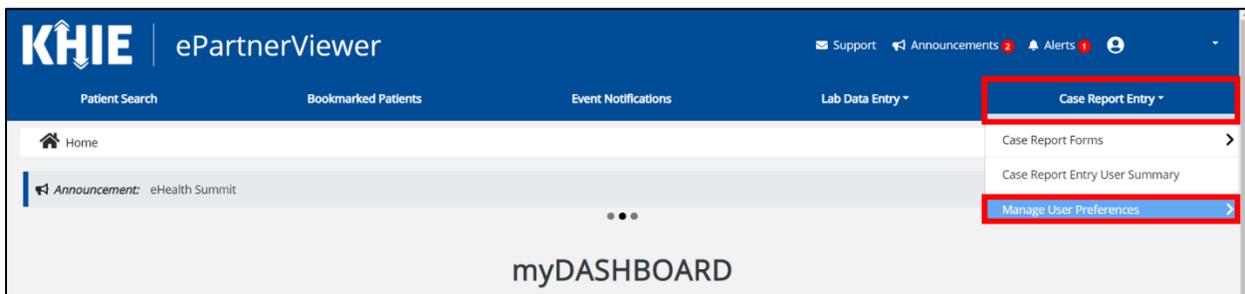


4 Manage User Preferences

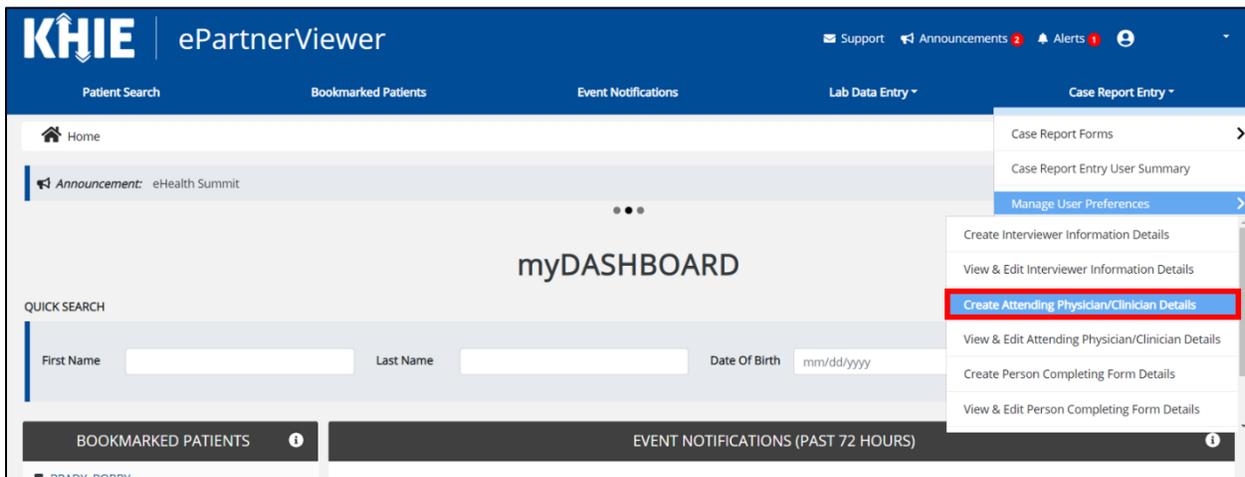
These are your User Preferences. Prior to entering your case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the **Manage User Preferences** screen. By entering these details here in your user preferences, you will be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

Create Attending Physician/Clinician Details

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



3. To enter information about an Attending Physician/Clinician, select **Create Attending Physician/Clinician Details** from the dropdown menu.



- 4. The **Attending Physician/Clinician** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
- 5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

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

- 7. Enter the Attending Physician/Clinician's **Address, City, State,** and **Zip Code**.

8. Enter the Attending Physician/Clinician’s **Phone Number** and **Email Address**.

<p>Phone*</p> <input type="text" value="(XXX) XXX-XXXX"/>	<p>Email*</p> <input type="text" value="name@domain.com"/>
---	--

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

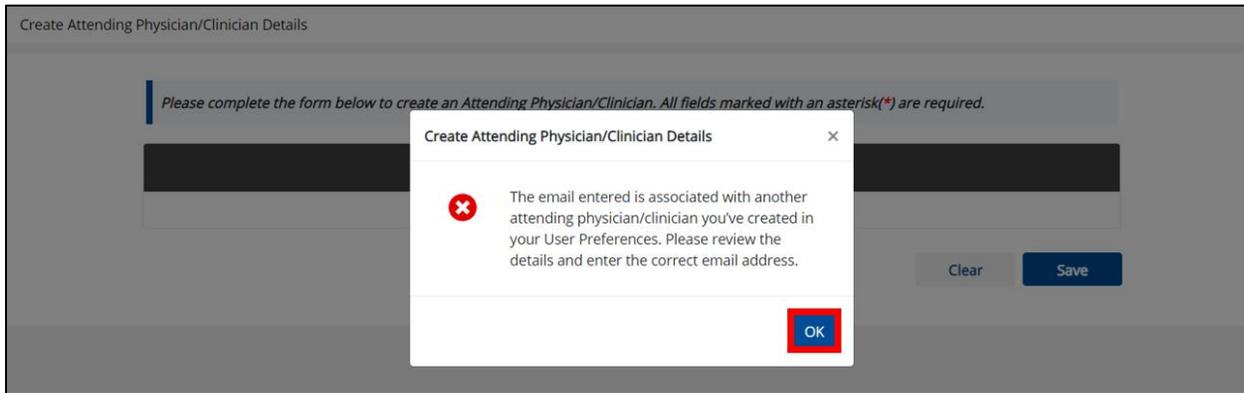
9. After completing the mandatory fields, click **Save**.

ATTENDING PHYSICIAN/CLINICIAN

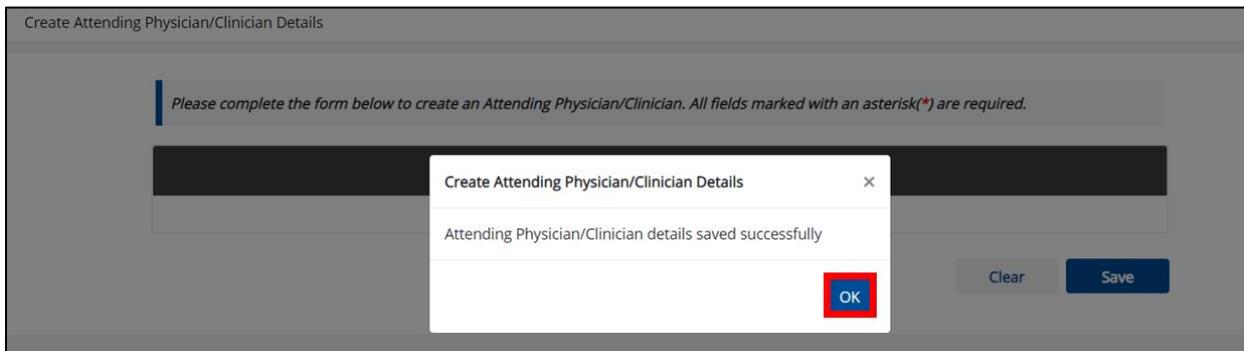
Prefix <input style="width: 100%;" type="text" value="Dr."/>		
First Name* <input type="text" value="Frank"/>	Last Name* <input type="text" value="Costanza"/>	
Suffix <input style="width: 100%;" type="text" value="Sr"/>		
Address 1* <input type="text" value="1 First Street"/>	Address 2 <input type="text" value="1A"/>	
City* <input type="text" value="Lexington"/>	State* <input style="width: 100%;" type="text" value="KY"/>	Zip Code* <input type="text" value="40123"/>
Phone* <input type="text" value="(111) 111-1111"/>	Email* <input type="text" value="frank@email.com"/>	

Please Note: If you enter an email address that is already associated with another Attending Physician/Clinician and click **Save**, a pop-up displays with an error message that states:
The email entered is associated with another physician/clinician you’ve created in your User Preferences. Please review the details and enter the correct email address.

You must click **OK** and enter the correct email address to save the Attending Physician/Clinician details and proceed to the **View & Edit Attending Physician/Clinician Details** screen.

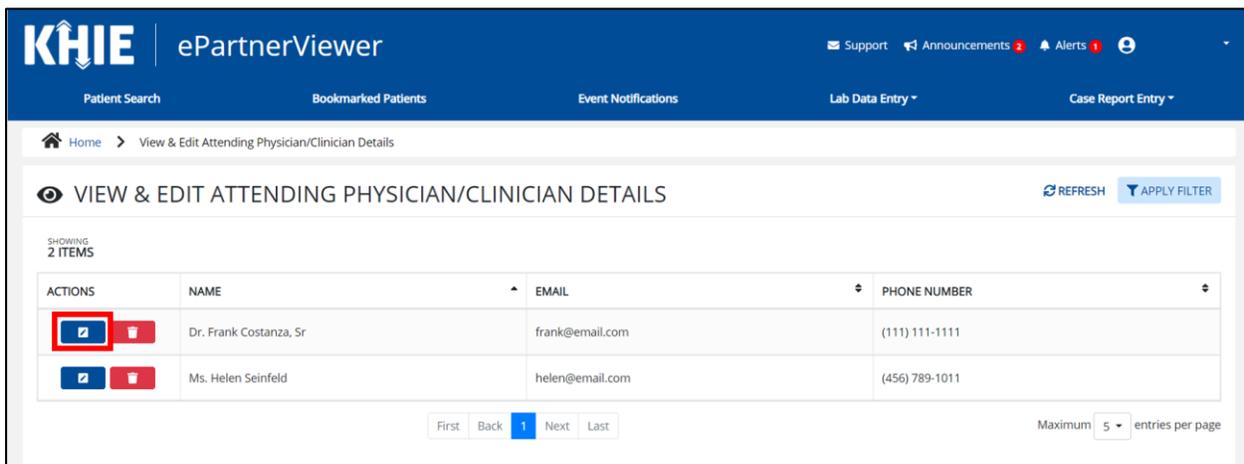


10. The *Create Attending Physician/Clinician Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Attending Physician/Clinician Details** screen.

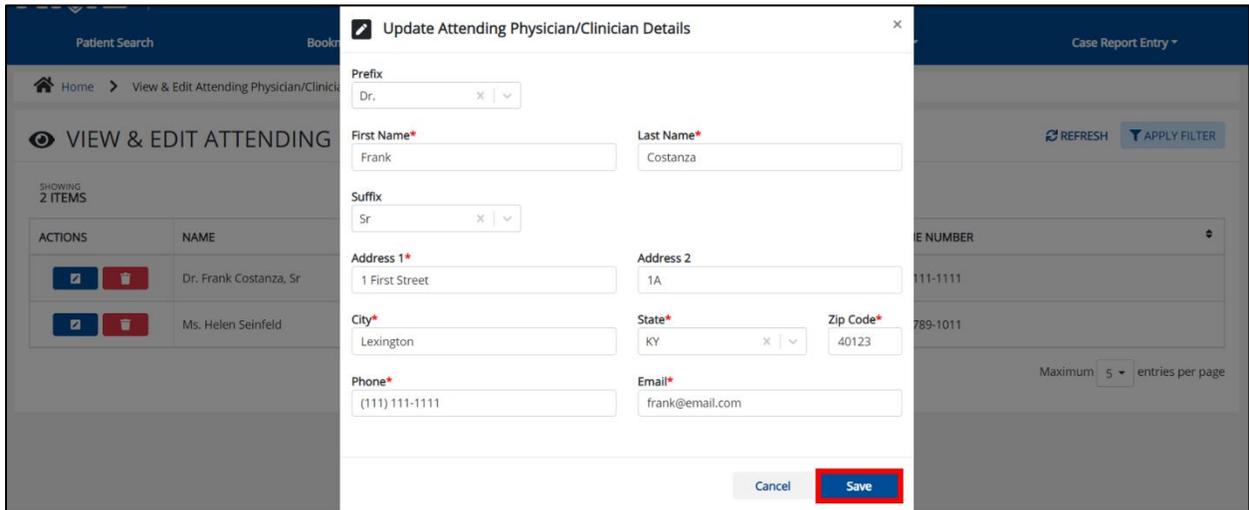


View & Edit Attending Physician/Clinician Details

11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.



12. The *Update Attending Physician/Clinician Details* pop-up displays. You can make any necessary edits and click **Save** to save the updates and close out of the pop-up.

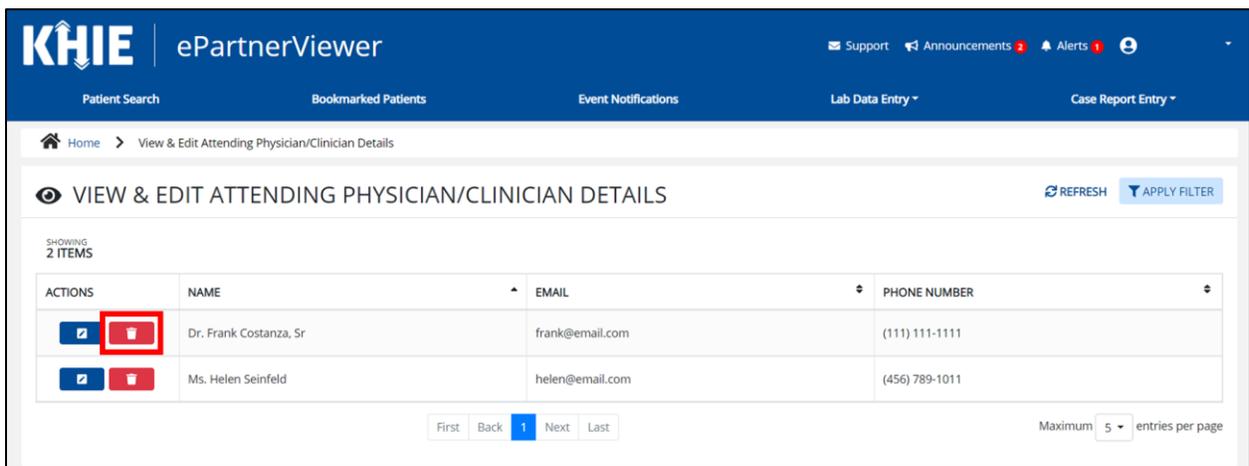


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

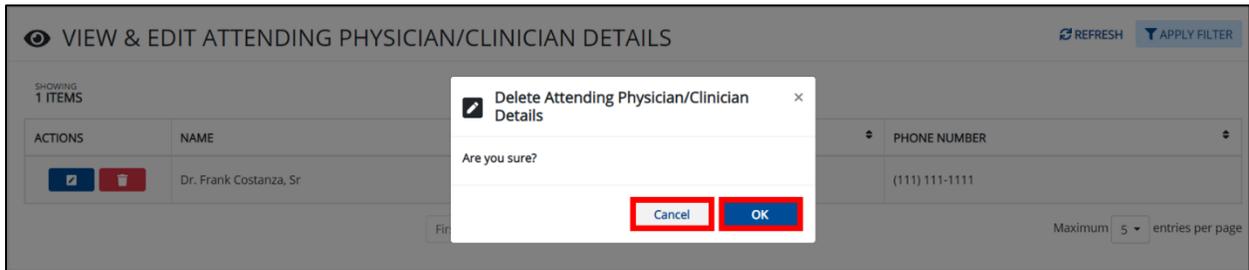


Delete Attending Physician/Clinician Details

14. To delete an Attending Physician/Clinician from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Physician/Clinician.



15. The *Delete Attending Physician/Clinician Information Details* pop-up displays. To delete the Physician/Clinician, click **OK**. Click **Cancel** if you do not want to delete the Physician/Clinician.



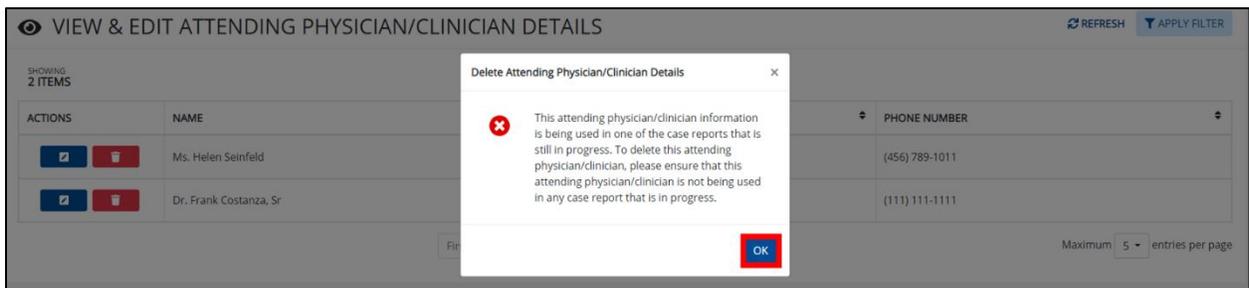
Please Note: You can delete an Attending Physician/Clinician on the **View & Edit Attending Physician/Clinician** screen as long as the Attending Physician/Clinician has not been selected for use in another case report that is still in-progress.

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

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

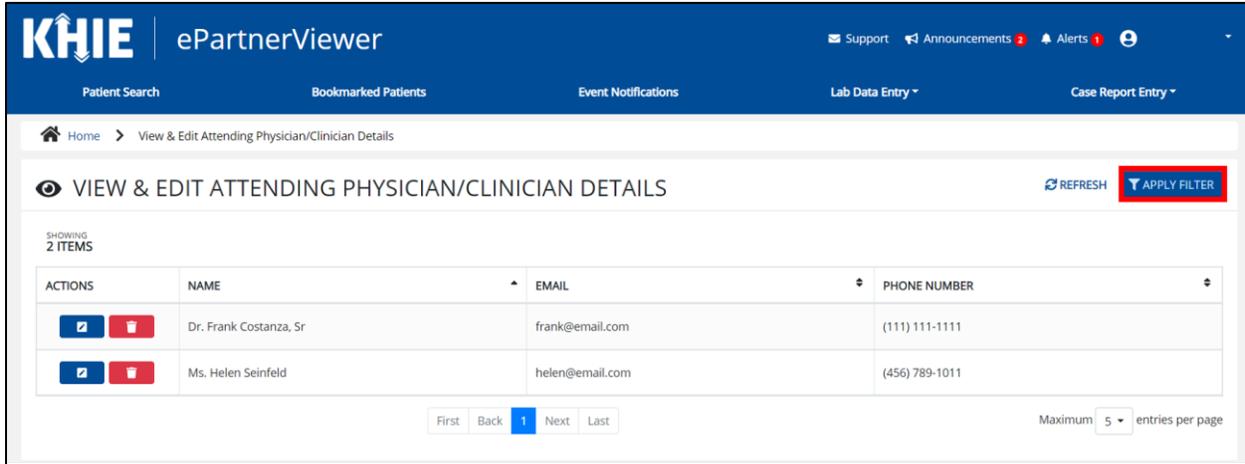
To delete the Attending Physician/Clinician used in a case report that is still “In-Progress”, you must first complete the case report.

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

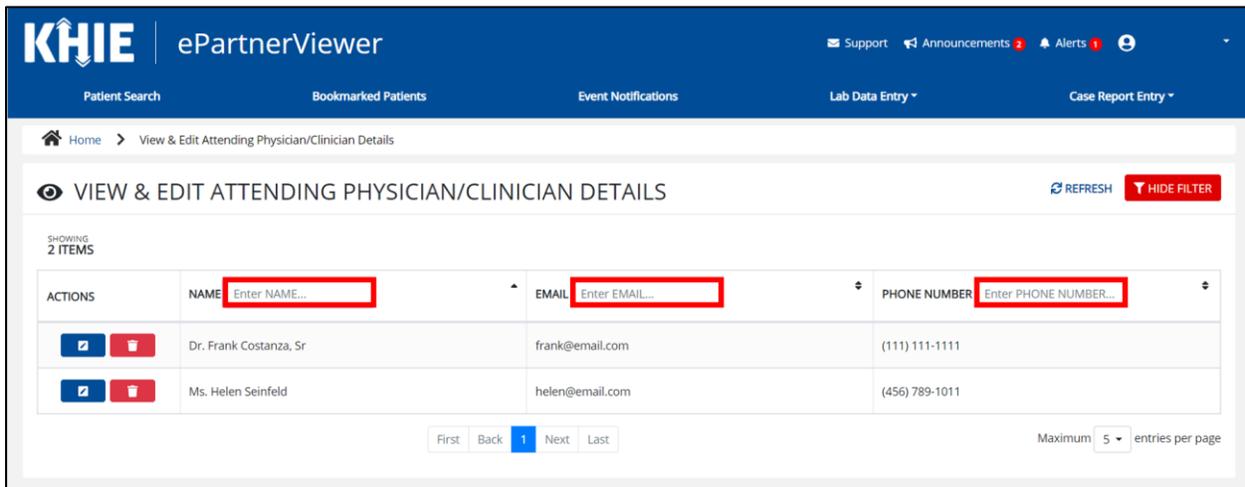


Filter Attending Physician/Clinician Details

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

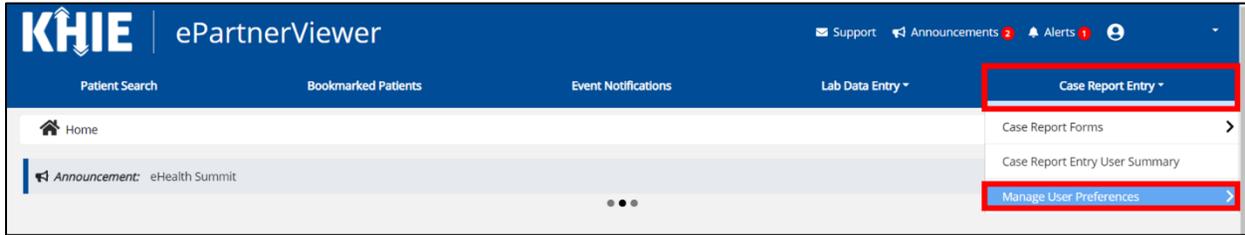


17. The Filter fields display. You can search by entering the **Attending Physician/Clinician's Name**, **Email Address**, and/or **Phone Number** in the corresponding Filter fields.

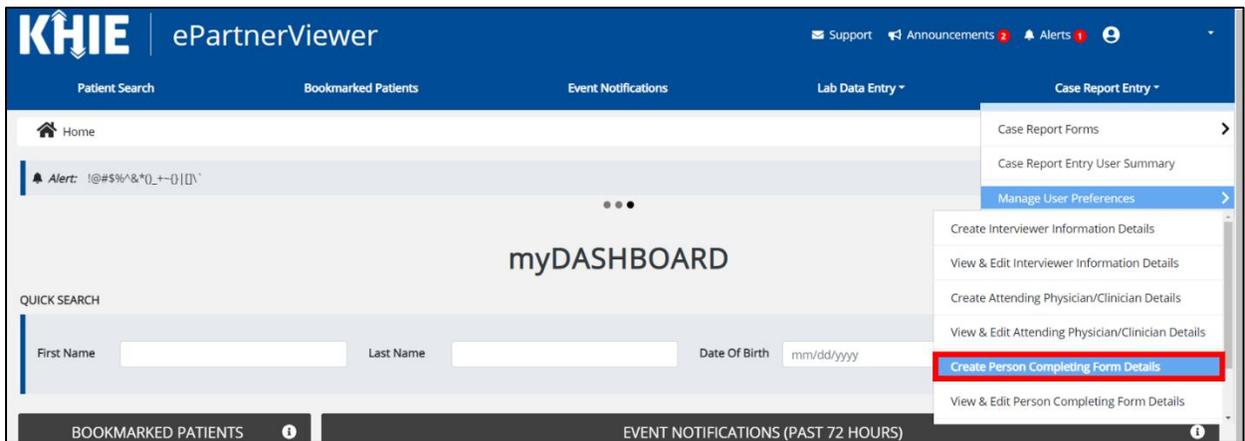


Create Person Completing Form Details

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



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



4. The **Person Completing Form** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

Please complete the form below to create a Person Completing Form. All fields marked with an asterisk(*) are required.

PERSON COMPLETING FORM

Prefix: x

First Name* Last Name*

Suffix:
 II
 III
 IV
 Jr
 Sr

Address 2:

State* Zip Code*

Email*

(XXX) XXX-XXXX

6. Enter the **First Name** and **Last Name** of the Person completing the form.

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

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

Address 1*	Address 2 Unit, Suite, Building, etc.	
<input type="text"/>	<input type="text"/>	
City*	State*	Zip Code*
<input type="text"/>	Select... v	<input type="text"/>

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

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

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

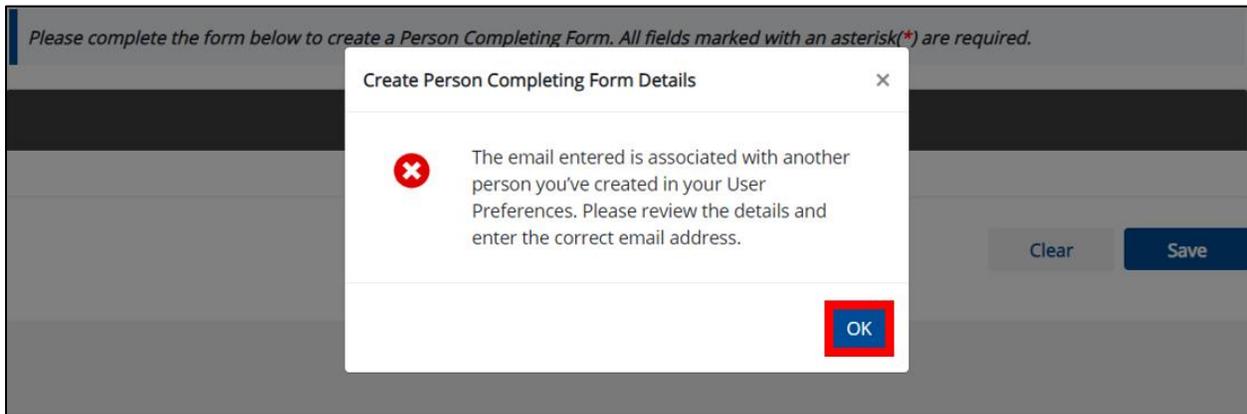
8. After completing the mandatory fields, click **Save.**

PERSON COMPLETING FORM

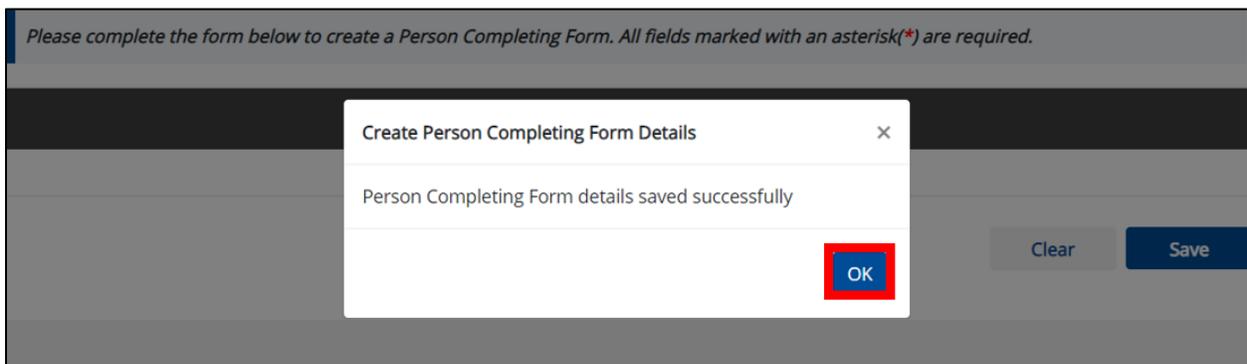
Prefix <input td="" type="text" v<="" value="Mr." x="" =""/> <td colspan="2"></td>		
First Name* <input type="text" value="Arthur"/>	Last Name* <input type="text" value="Vandelay"/>	
Suffix <input td="" type="text" v<="" value="II" x="" =""/> <td colspan="2"></td>		
Address 1* <input type="text" value="22 Second Avenue"/>	Address 2 <input type="text" value="Unit, Suite, Building, etc."/>	
City* <input type="text" value="Lexington"/>	State* <input td="" type="text" v<="" value="KY" x="" =""/> <td>Zip Code* <input type="text" value="40222-"/></td>	Zip Code* <input type="text" value="40222-"/>
Phone* <input type="text" value="(222) 222-2222"/>	Email* <input type="text" value="arthur@email.com"/>	

Please Note: If you enter an email address that is already associated with another Person Completing Form and click **Save**, a pop-up displays with an error message that states:
The email entered is associated with another person you've created in your User Preferences. Please review the details and enter the correct email address.

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

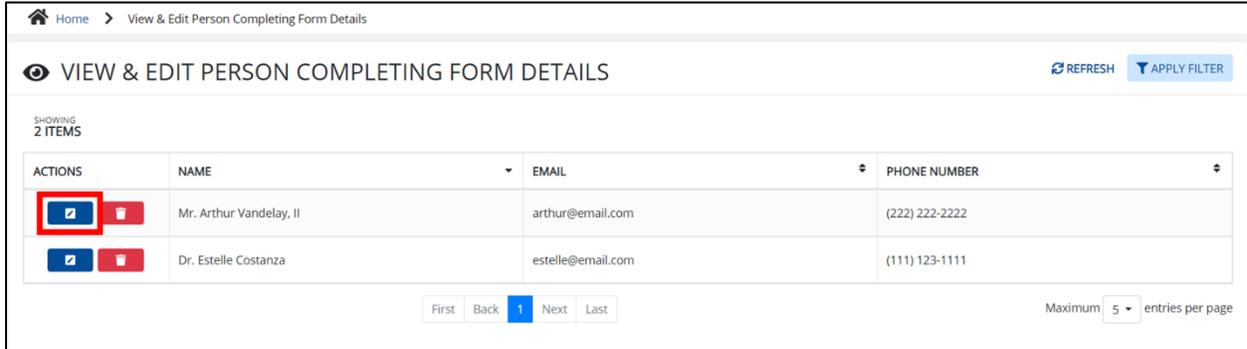


9. The *Create Person Completing Form Details* pop-up window displays. Click **OK** to proceed to the **View & Edit Person Completing Form Details** screen.

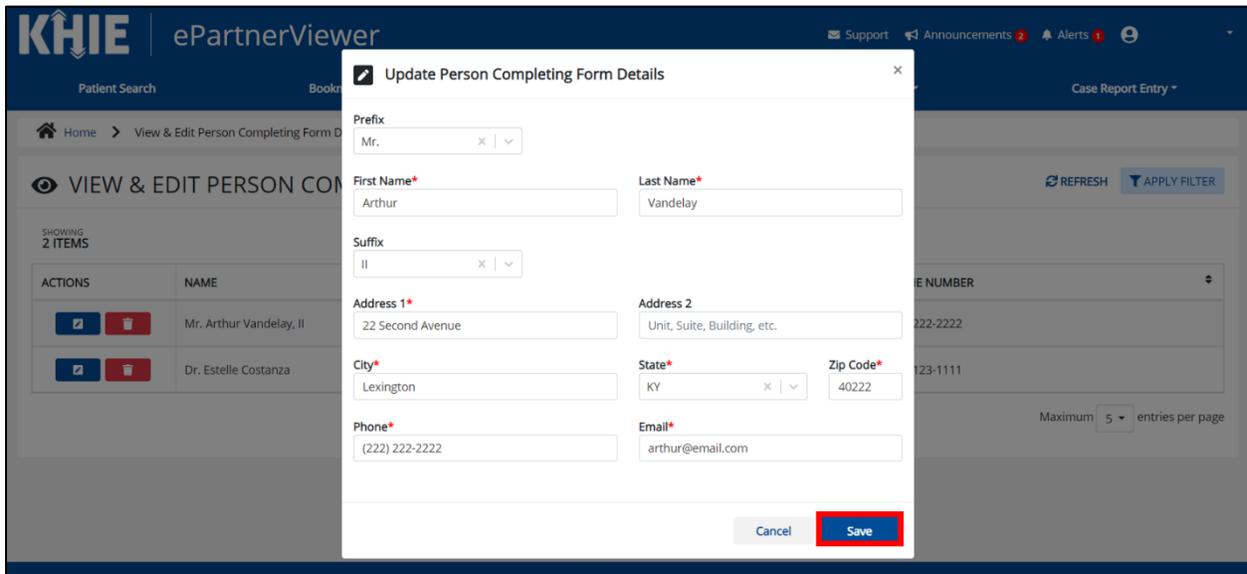


View & Edit Person Completing Form Details

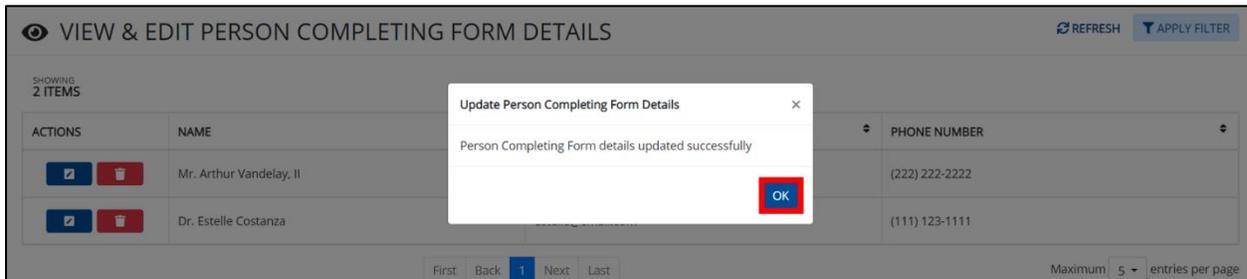
10. The **View & Edit Person Completing Form Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate person.



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

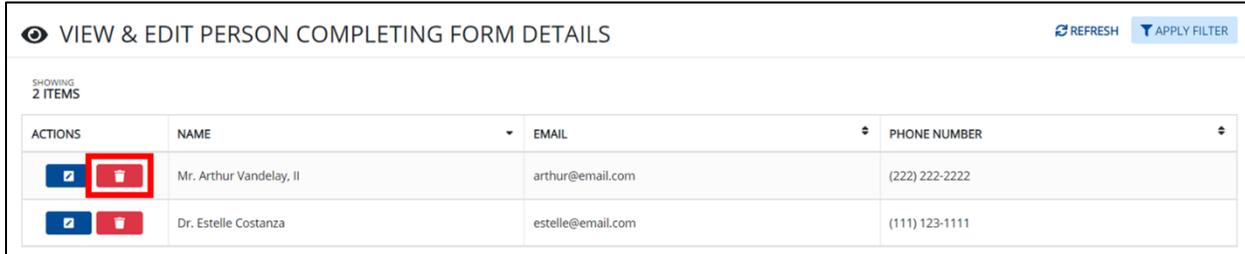


12. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

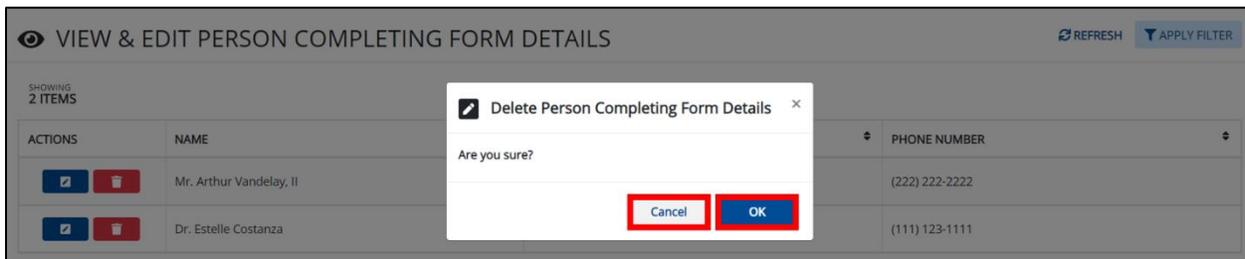


Delete Person Completing the Form Details

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



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

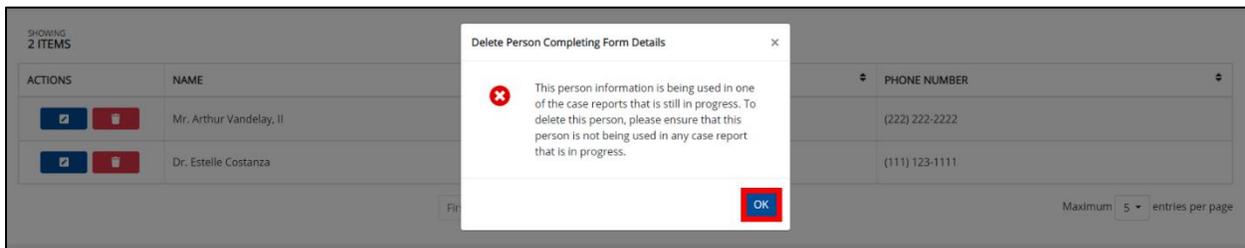


Please Note: You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in-progress. If you attempt to delete a person who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

This person information is being used in a case report that is still in progress. To delete this person, please ensure that this person is not being used in any case report that is progress.

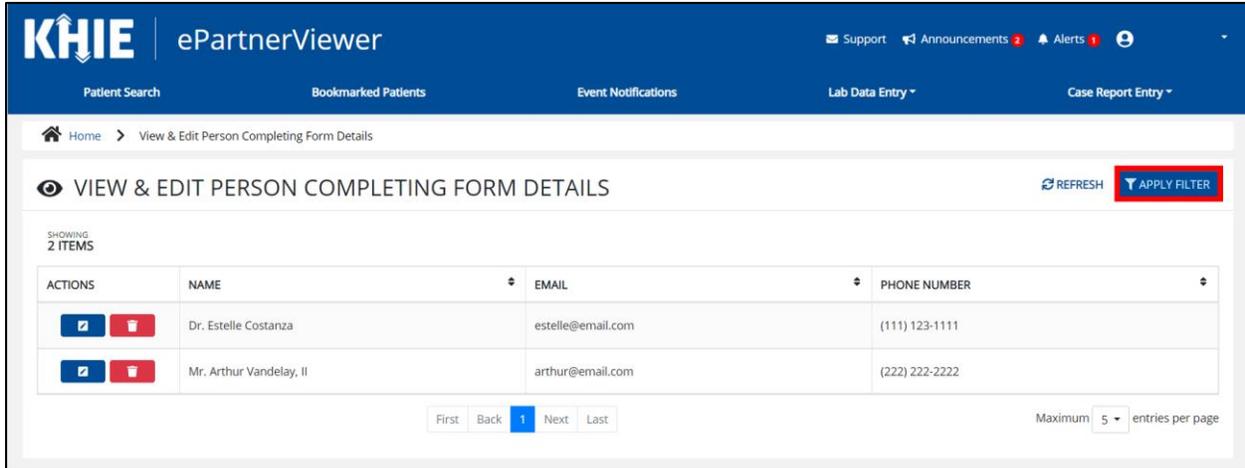
To close out of the pop-up and proceed, click **OK**.

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

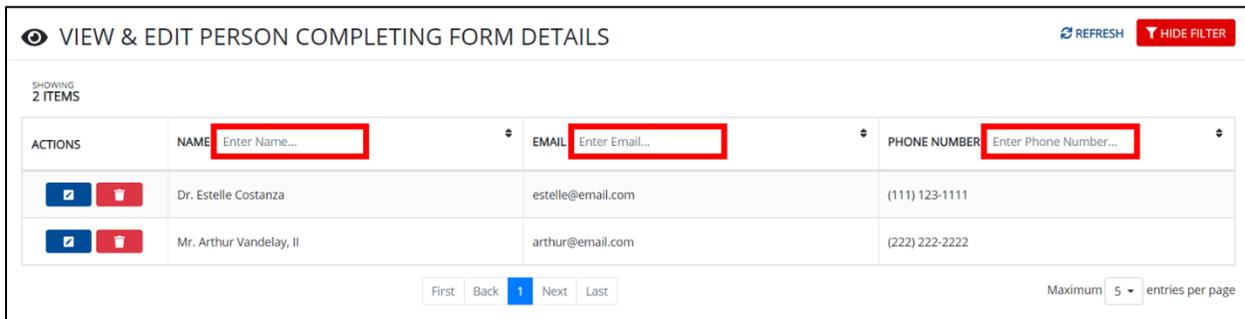


Filter Person Creating Form Details

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



16. The Filter fields display. You can search by entering the **Name**, **Phone Number**, and/or **Email Address** of the person completing the form in the corresponding Filter fields.



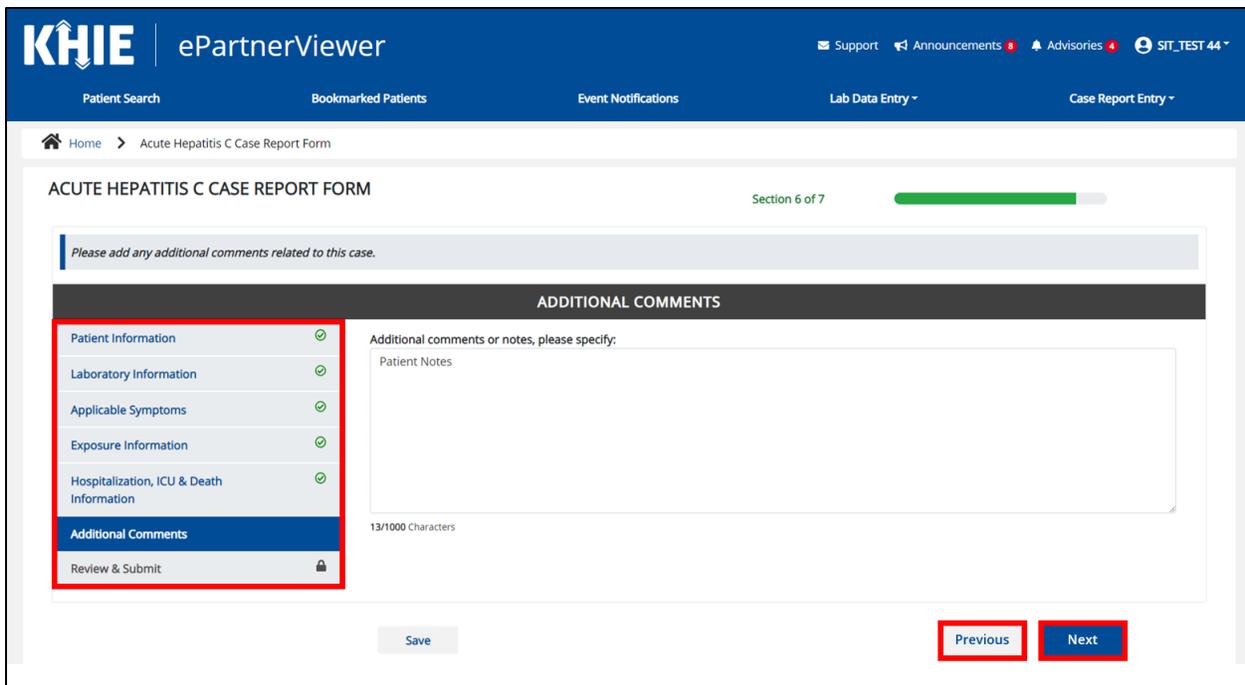
5 Basic Features in the Case Report Entry Form

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

Side Navigation Bar & Pagination

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

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



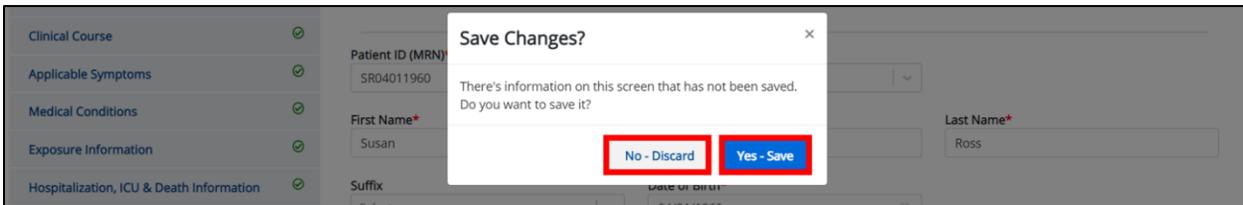
Save Feature

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

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



2. If you click on a previously completed screen on the side navigation bar, the *Save Changes* pop-up will display. You have the option to save or discard the changes on the current screen before navigating to another screen.
 - If you click **Yes - Save** and all the required fields are entered on the current screen, you will navigate to the intended screen. (If you have not completed all the required fields on the current screen, you will not be allowed to save the data.) To navigate to the desired screen, you must first complete all the required fields on the current screen.
 - If you click **No - Discard**, you will navigate to the intended screen without saving any changes on the current screen. This means that none of the data entered on the current screen will be saved.



Case Report Entry Icons

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

Icon Descriptions:

Icon	Name	Description
	Progress Bar	Indicates the percentage of completion.
	Lock	Indicates the sections that are not yet accessible; Users must enter all the required fields on the current screen and click Next to unlock the next screen.
	Green Checkmark	Indicates the sections that are complete.

Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The Acute Hepatitis C Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled.

- For example, if you select **No** to the conditional question at the top of the **Laboratory Information** screen of the Acute Hepatitis C Case Report, the subsequent fields will be grayed out and disabled.

The screenshot shows the 'LABORATORY INFORMATION' screen. On the left is a navigation menu with 'Laboratory Information' selected. The main content area has a question: 'Does the patient have a lab test?*' with 'Yes' and 'No' buttons. The 'No' button is highlighted with a red box. Below the question is a text box for 'Hepatitis Marker' and a 'Results' dropdown menu. There are also fields for 'Test Result Date' and 'Specimen Collection Date', each with an 'Unknown' checkbox. At the bottom, there are 'Add Hepatitis Marker' and 'Add ALT' buttons.

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

The screenshot shows the 'LABORATORY INFORMATION' screen with the 'Yes' button highlighted in red. The 'Hepatitis Marker*', 'Results*', 'Test Result Date*', and 'Specimen Collection Date*' fields are now enabled and highlighted with a red border. The 'Add Hepatitis Marker' button is also visible at the bottom.

Additionally, if **No** or **Unknown** is selected for certain conditional questions, the screen will be disabled and the subsequent fields will be marked as **No** or **Unknown**, based on the selected answer. These conditional questions are found on the **Applicable Symptoms** and **Exposure Information** screens.

- For example, if you select **No** to the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields will be disabled and labeled as **No**.

The screenshot shows the 'ACUTE HEPATITIS C CASE REPORT FORM' at 'Section 3 of 7'. The main heading is 'APPLICABLE SYMPTOMS'. A sidebar on the left lists sections: Patient Information, Laboratory Information, Applicable Symptoms (highlighted), Exposure Information, Hospitalization, ICU & Death Information, Additional Comments, and Review & Submit. The main content area contains the question 'Were symptoms present during the course of illness?*' with three radio buttons: 'Yes', 'No' (selected and highlighted with a red box), and 'Unknown'. Below this are several conditional questions, each with 'Yes', 'No', and 'Unknown' options. These options are all disabled and labeled 'No' or 'Unknown'. The questions include: 'Onset Date', 'If symptomatic, which of the following did the patient experience during their illness?' (with sub-questions for Fever, Diarrhea, Abdominal pain, Anorexia, Clay Colored Stools, Dark urine, and Elevated ALT > 200).

- If you select **Unknown** to the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields will be disabled and labeled as **Unknown**.

This screenshot is similar to the previous one, but the 'Unknown' radio button for the question 'Were symptoms present during the course of illness?*' is selected and highlighted with a red box. Consequently, all subsequent conditional questions and their options are disabled and labeled 'Unknown'.

- If you select **Yes** to the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

ACUTE HEPATITIS C CASE REPORT FORM Section 3 of 7

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Exposure Information

Hospitalization, ICU & Death Information

Additional Comments

Review & Submit

Were symptoms present during the course of illness?*

Yes No Unknown

Onset Date* Unknown

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

Fever*

Yes No Unknown

If yes, please enter the highest temperature.

Diarrhea (>3 loose stools/24hr period)*

Yes No Unknown

If yes, please enter # of days of diarrhea.

Abdominal pain*

Yes No Unknown

Anorexia*

Yes No Unknown

Clay Colored Stools*

Yes No Unknown

Elevated ALT > 200*

Yes No Unknown

Elevated Bilirubin > 3.0*

Yes No Unknown

Fatigue*

Yes No Unknown

Headache*

Yes No Unknown

Jaundice*

Yes No Unknown

Malaise*

Yes No Unknown

Muscle aches (myalgia)*

Yes No Unknown

Nausea*

Yes No Unknown

Vomiting*

Yes No Unknown

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify:

6 Affiliation/Organization Conditional Question

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

This applies to the conditional Affiliation/Organization question on the **Patient Information** screen:

Is the Affiliation/Organization the same for Patient ID (MRN), Person completing Form, Attending Physician/Clinician?

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

The screenshot shows a form section titled "Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*" with "Yes" and "No" buttons. Below this are three rows of fields: "Patient ID (MRN)", "Person Completing Form", and "Attending Physician/Clinician". Each row has an "Affiliation/Organization" dropdown menu and an "If other, please specify:" text box.

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

Affiliation/Organization Conditional Answer: Yes

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

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

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)*

Affiliation/Organization*

Person Completing Form*

Affiliation/Organization

If other, please specify:

Attending Physician/Clinician*

Affiliation/Organization

If other, please specify:

- Once the Affiliation/Organization is selected for the Patient ID (MRN), this selection will display in the disabled *Affiliation/Organization* fields.
- This means the **same** Affiliation/Organization is applied to the Patient ID (MRN), the Person Completing Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)*

Affiliation/Organization*

Person Completing Form*

Affiliation/Organization

If other, please specify:

Attending Physician/Clinician*

Affiliation/Organization

If other, please specify:

Affiliation/Organization Conditional Answer: No

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

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

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

2. From the dropdown menu, select the **Affiliation/Organization** for the Person Completing Form.

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization*

If other, please specify:*

Please select the organization of the person completing this form (if it is not listed the Affiliation/Organization dropdown).

3. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* Affiliation/Organization*

Attending Physician/Clinician* Affiliation/Organization*

If other, please specify:*

If other, please specify:

Prefix

First Name*

Suffix

Patient Sex* Ethnicity* Race*

Please select the organization of the physician attending the patient.

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center
- University Of Kentucky Chandler Medical

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

Attending Physician/Clinician* Affiliation/Organization*

If other, please specify:*

Affiliation/Organization Validation

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

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Other If other, please specify:* Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes **No**

- To reset the Affiliation/Organization selection(s), click **Yes**.
- To save the selected Affiliation/Organization selection(s), click **No**.

Change Affiliation/Organization Conditional Answer: No to Yes

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Test Medical Center

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Other If other, please specify* Test Hospital

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Test Medical Center If other, please specify:

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

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

There are errors. Please make a selection for all required fields.

PATIENT INFORMATION

Patient Information Disease/Organism* Chlamydia Date of Diagnosis* 07/23/2021 Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes **No**

Patient ID (MRN)* SK05051960 Affiliation/Organization* Select... Please Enter Affiliation/Organization

Person Completing Form* Mr. Arthur Vandelay, II (arthur@email.com) Affiliation/Organization* Select... If other, please specify:

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) Affiliation/Organization* Select... If other, please specify:

3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)*

Person Completing Form*

Attending Physician/Clinician*

Prefix

Affiliation/Organization*

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center**
- University Of Kentucky Chandler Medical Center

If other, please specify:

If other, please specify:

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

- This means the **same** Affiliation/Organization will be applied to the Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)*

Affiliation/Organization*

Person Completing Form*

Attending Physician/Clinician*

Affiliation/Organization*

Affiliation/Organization*

If other, please specify:

If other, please specify:

Change Affiliation/Organization Conditional Answer: Yes to No

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)*
SK05051960

Affiliation/Organization*
Test Medical Center

Person Completing Form*
Mr. Arthur Vandelay, II (arthur@email.com)

Affiliation/Organization
Test Medical Center

If other, please specify:

Attending Physician/Clinician*
Dr. Frank Costanza, Sr (frank@email.com)

Affiliation/Organization
Test Medical Center

If other, please specify:

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

Patient Information

All selections for the "Affiliation/Organization" will be reset. Are you sure you want to change your selection?

Yes No

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)*
CK08101955

Affiliation/Organization*
Select...

Person Completing Form*
Dr. Estelle Costanza (estelle@email...)

Affiliation/Organization*
Select...

If other, please specify:

Attending Physician/Clinician*
Dr. Frank Costanza, Sr (frank@email...)

Affiliation/Organization*
Select...

If other, please specify:

- 3. From the dropdown menu, select the **Affiliation/Organization** for the Patient ID (MRN).

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Yes No

Patient ID (MRN)* SR05051960

Person Completing Form* Select...

Attending Physician/Clinician* Select...

Prefix Select...

Affiliation/Organization* Select...

Afzal, Mohammad MD, Internal Medicine, LLC

eICR Onboarding Regression

Hilton Hospital

King's Daughters Medical Center

Murray-Calloway County Hospital

Test Medical Center

University Of Kentucky Chandler Medical Center

If other, please specify: ?

If other, please specify: ?

- 4. From the dropdown menu, select the **Affiliation/Organization** for the Person Completing Form.
- 5. From the dropdown menu, select the **Affiliation/Organization** for the Attending Physician/Clinician.

Person Completing Form* Mr. Arthur Vandelay, II (arthur@em... x | v)

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x | v)

Prefix Select...

First Name*

Suffix Select...

Patient Sex*

Affiliation/Organization* Select...

Affiliation/Organization* Select...

Afzal, Mohammad MD, Internal Medicine, LLC

eICR Onboarding Regression

Hilton Hospital

King's Daughters Medical Center

Murray-Calloway County Hospital

Test Medical Center

University Of Kentucky Chandler Medical

If other, please specify: ?

If other, please specify: ?

Last Name*

Ethnicity*

Race*

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

Person Completing Form* Mr. Arthur Vandelay, II (arthur@em... x | v)

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@emai... x | v)

Affiliation/Organization* Other x | v

Affiliation/Organization* Other x | v

If other, please specify:* ?

If other, please specify:* ?

7 Tips for Manually Entering Case Report Data

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

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

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

Patient Information | Disease/Organism* | **Date of Diagnosis***

Laboratory Information | Hepatitis C | mm/dd/yyyy | Unknown

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

Please complete the form below. All fields marked with asterisk(*) are required.

PATIENT INFORMATION

Patient Information | SARS CoV-2 Testing | Clinical Course | Applicable Symptoms

Internal | Dr. | Affiliation/Organization* | Test Medical Center

Patient ID (MRN)* | Prefix | Select...

Help Icon Tooltip: An MRN or Medical Record Number 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.

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

City | State | KY

Zip Code | County | Select...

Phone Number | Email Address

County Dropdown List: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell

HEALTHINTERACTIVE HIE

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

The image shows a form with four fields: City, State, Zip Code, and County. The State dropdown menu is set to 'AR' and the County dropdown menu is set to 'Out Of System State'. Both dropdown menus are highlighted with a red border.

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

The image shows a form with 'Admission Date*' and 'Discharge Date*' fields. The 'Admission Date*' field is highlighted with a red border and has a calendar icon. A calendar for June 2021 is open, showing the date 24 selected. The 'Discharge Date*' field is also highlighted with a red border and has a calendar icon.

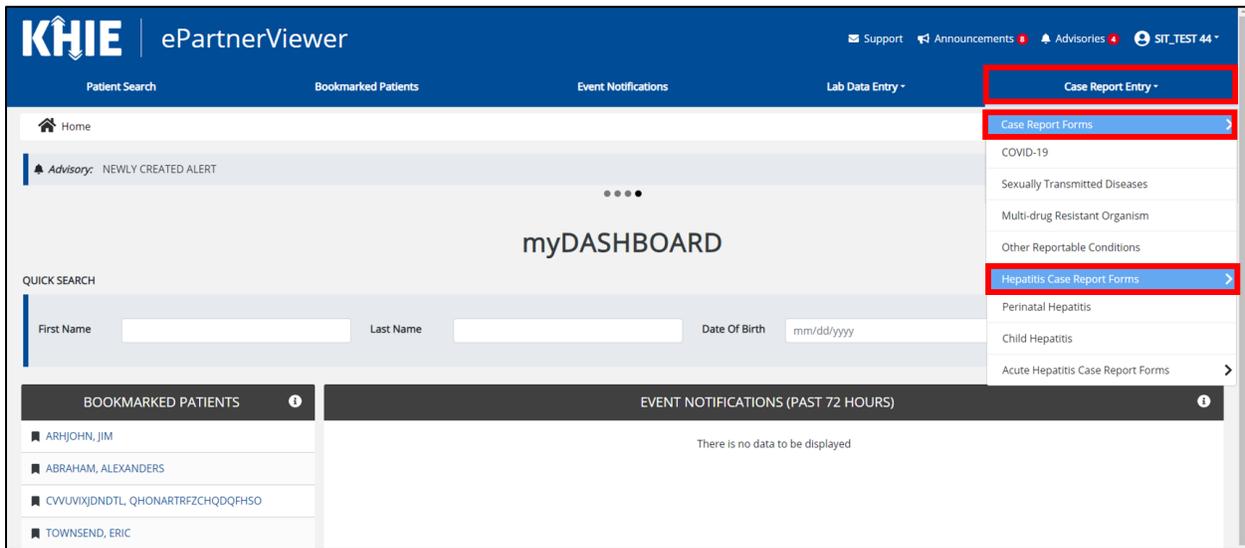
- If the date is unknown, you have the option to click the **Unknown** checkbox.

The image shows a form with 'Admission Date*' and 'Discharge Date*' fields. The 'Admission Date*' field is highlighted with a red border and has a checked 'Unknown' checkbox. The 'Discharge Date*' field is also highlighted with a red border and has an unchecked 'Unknown' checkbox.

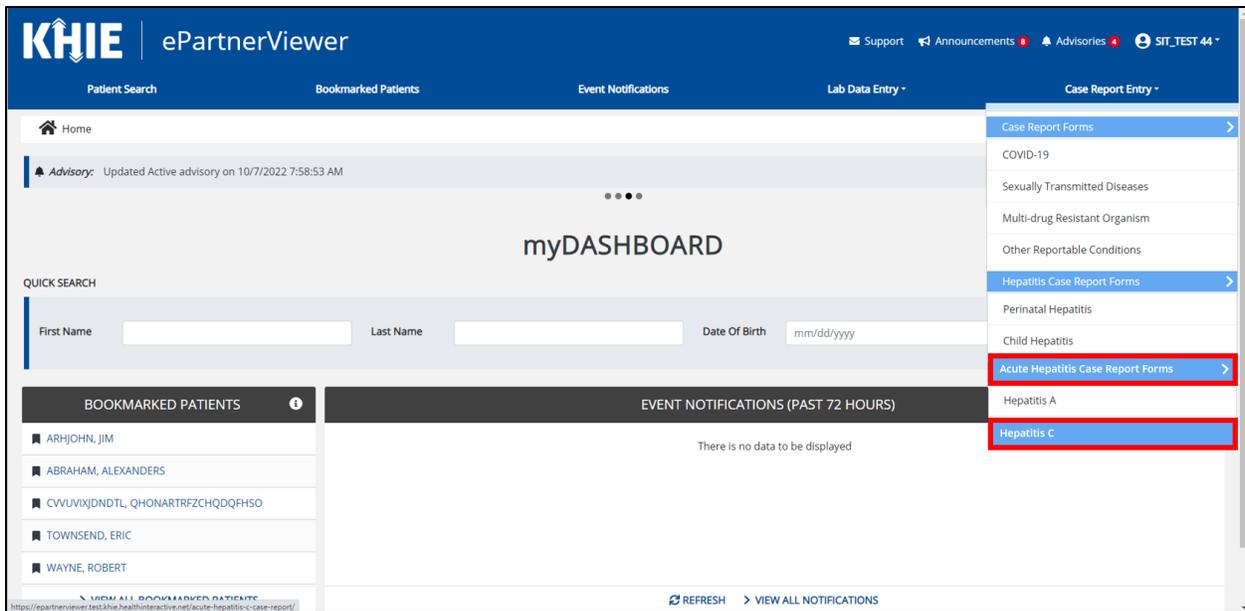
8 Acute Hepatitis C Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the Acute Hepatitis C Case Report Form in the ePartnerViewer.

1. To enter Acute Hepatitis C case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.
2. Select **Hepatitis Case Report Forms** from the dropdown menu.



3. Click **Acute Hepatitis Case Report Forms**. Select **Hepatitis C** from the sub-dropdown menu.



9 Patient Information

The Acute Hepatitis C Case Report Form is a seven-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Applicable Symptoms, (4) Exposure Information, (5) Hospitalization, ICU, & Death Information, and (6) Additional Comments. (7) **Review and Submit** is where Users must review the information they have entered **and** submit the Acute Hepatitis C Case Report.

1. To start the Acute Hepatitis C Case Report entry, you must complete the mandatory fields on the **Patient Information** screen.

Address 1* [Red Box]
Address 2 [Unit, Suite, Building, etc.]
City* [Red Box] State* [Select... Red Box] Zip Code* [Red Box]
County* [Select... Red Box] Phone* [Red Box] Email [name@domain.com]
Is the patient currently pregnant?
Yes No Unknown
If yes, please enter the due date (EDC):
mm/dd/yyyy [Red Box] Unknown
Prior Hepatitis C Diagnosis* [Red Box]
Yes No Unknown
If yes, please enter the date of diagnosis:
mm/dd/yyyy [Red Box] Unknown

Please Note: You are required to enter the details associated with the *Person Completing Form* and the *Attending Physician/Clinician* prior to entering Acute Hepatitis C case report information. If you access the Acute Hepatitis C Case Report without previously entering these details, the **Patient Information** screen is disabled and displays an error message.

You must click the hyperlink associated with the **Person Completing Form** and the **Attending Physician/Clinician** located in the error message banner to navigate to the appropriate **User Preferences** screens and create the *Person Completing Form* and *Attending Physician/Clinician* before entering Acute Hepatitis C Case Report details.

To enter your **Attending Physician/Clinician** and **Person Completing Form** details in the User Preferences, click on the hyperlink.

PATIENT INFORMATION

Patient Information [Red Box]
Laboratory Information [Red Box]
Disease/Organism* [Select...]
Date of Diagnosis* [mm/dd/yyyy Red Box] Unknown

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

PATIENT INFORMATION

Disease/Organism* [Hepatitis C]
Date of Diagnosis* [mm/dd/yyyy Red Box] [Unknown Red Box]

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Patient ID (MRN) ? Affiliation/Organization ?
Select... | v

[Person Completing Form](#) Affiliation/Organization ? If other, please specify: ?
Select... | v Select... | v

[Attending Physician/Clinician](#) Affiliation/Organization ? If other, please specify: ?
Select... | v Select... | v

- Click **Yes** to apply the **same** Affiliation/Organization to the Patient ID (MRN), the Person Completing the Form, and the Attending Physician/Clinician.

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* ? Affiliation/Organization* ?
Select... | v

Person Completing Form* Affiliation/Organization ? If other, please specify: ?
Select... | v Select... | v

Attending Physician/Clinician* Affiliation/Organization ? If other, please specify: ?
Select... | v Select... | v

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*

Patient ID (MRN)* ? Affiliation/Organization* ?
Select... | v

Person Completing Form* Affiliation/Organization* ? If other, please specify: ?
Select... | v Select... | v

Attending Physician/Clinician* Affiliation/Organization* ? If other, please specify: ?
Select... | v Select... | v

- 4. Enter the patient's **Medical Record Number (MRN)** in the *Patient ID (MRN)* field. An MRN is an organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you **MUST** create a way to uniquely identify your patient so that the patient is registered in the KHIE system.

Patient ID (MRN)* ?

Affiliation/Organization* ?

- 5. From the dropdown menu, select the **Affiliation/Organization** that applies to the Patient ID (MRN).

Patient ID (MRN)* ?

Person Completing Form*

Attending Physician/Clinician*

Prefix

Affiliation/Organization* ?

- Afzal, Mohammad MD, Internal Medicine, LLC
- eICR Onboarding Regression
- Hilton Hospital
- King's Daughters Medical Center
- Murray-Calloway County Hospital
- Test Medical Center
- University Of Kentucky Chandler Medical

If other, please specify: ?

If other, please specify: ?

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

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

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

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?* Yes No

Patient ID (MRN)* ?

Affiliation/Organization* ?

Person Completing Form*

Affiliation/Organization ?

Affiliation/Organization ?

- Dr. Estelle Costanza (estelle@email.com)
- Mr. Arthur Vandelay, II (arthur@email.com)

If other, please specify: ?

If other, please specify: ?

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

Person Completing Form Hyperlink

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

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

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

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

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

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

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

14. Once the new Person Completing Form details have been saved, the *Person Completing Form* dropdown menu is automatically updated and displays the new name of the Person Completing Form. From the dropdown menu, select the **new name of the Person Completing Form.**

15. If applicable, select the **Affiliation/Organization** that applies to the Person Completing the Form.

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

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

16. Select the **Attending Physician/Clinician** from the dropdown menu.

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

Attending Physician/Clinician Hyperlink

17. To create a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**.

18. The *Attending Physician/Clinician* Pop-Up displays. Enter the details. Mandatory fields are marked with asterisks (*).

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

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

First Name*	Last Name*
<input type="text"/>	<input type="text"/>

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

Address 1*	Address 2	
<input type="text"/>	<input type="text" value="Unit, Suite, Building, etc."/>	
City*	State*	Zip Code*
<input type="text"/>	<input type="text" value="Select..."/>	<input type="text"/>

22. Enter the Attending Physician/Clinician's **Phone Number** and **Email Address**.

Phone*	Email*
<input type="text" value="(XXX) XXX-XXXX"/>	<input type="text" value="name@domain.com"/>

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

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

25. If applicable, select the **Affiliation/Organization** that applies to the physician attending the patient.

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

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

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

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

27. Enter the patient's **First Name** and **Last Name**. If available, enter the patient's **Middle Name**.

First Name* <input type="text"/>	Middle Name <input type="text"/>	Last Name* <input type="text"/>
--	--	---

28. Enter the patient's **Date of Birth**.

Suffix Select... v	Date of Birth* mm/dd/yyyy 📅
--------------------------------	---

29. Select the **Patient Sex** from the dropdown menu.

Patient Sex* Select... v Female Male Other Unknown	Ethnicity* Select... v	Race* Select... v
Address 2 Unit, Suite, Building, etc.		State* Select... v
Zip Code*		

30. Select the patient's **Ethnicity** and **Race** from the appropriate field dropdown menus.

Patient Sex* Female x v	Ethnicity* Not Hispanic or Latino x v	Race* Select... v American Indian or Alaska Native Asian Asked but Unknown Black or African American Native Hawaiian or Other Pacific Islander Other Unknown
Address 1* <input type="text"/>	Address 2 Unit, Suite, Building, etc.	State* Select... v
City* <input type="text"/>	County* Select... v	Phone* 📞 (XXX) XXX-XXXX

31. Enter the patient's **Street Address, City, State, Zip Code**, and **County**.

Address 1* <input type="text"/>	Address 2 Unit, Suite, Building, etc.	
City* <input type="text"/>	State* Select... v	Zip Code <input type="text"/>
County* Select... v	Phone* 📞 (XXX) XXX-XXXX	Email name@domain.com

32. Enter the patient's **Phone Number**.

33. If available, enter the patient's **Email Address**.

34. If applicable, select the **appropriate answer** to *Is the patient currently pregnant?*

Please Note: The *Is the patient currently pregnant?* field is only enabled when the *Patient Sex* field is marked as **Female**.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. Enter the **estimated due date (EDC)** in the subsequent field: *If yes, please enter the due date (EDC)*. If the due date is unknown, click the **Unknown checkbox**.

Please Note: If **No** or **Unknown** is selected for the *Is the patient currently pregnant?* field, the subsequent field is disabled: *If yes, please enter the due date (EDC)*.

35. Select the **appropriate answer** to *Prior Hepatitis C Diagnosis*.

- If **Yes** is selected for the *Prior Hepatitis C Diagnosis* field, the subsequent field is enabled. Enter the **Date of Diagnosis** in the subsequent field. If the date of diagnosis is unknown, click the **Unknown** checkbox.

Please Note: If **No** or **Unknown** is selected for the *Prior Hepatitis C Diagnosis* field, the subsequent field is disabled: *If yes, please enter the date of diagnosis.*

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

10 Laboratory Information

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

ACUTE HEPATITIS C CASE REPORT FORM Section 2 of 7

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information
- Laboratory Information**
- Applicable Symptoms
- Exposure Information
- Hospitalization, ICU & Death Information
- Additional Comments
- Review & Submit

Does the patient have a lab test?*

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker
Select...

Results
Select...

If applicable, please enter the viral load:

Test Result Date
mm/dd/yyyy Unknown

Specimen Collection Date
mm/dd/yyyy Unknown

Laboratory Name:

ALT

AST

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

LABORATORY INFORMATION

- Patient Information
- Laboratory Information**
- Applicable Symptoms
- Exposure Information
- Hospitalization, ICU & Death Information
- Vaccination History
- Additional Comments
- Review & Submit

Does the patient have a lab test?*

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker*
Select...

Results*
Select...

If applicable, please enter the viral load:

Test Result Date*
mm/dd/yyyy Unknown

Specimen Collection Date*
mm/dd/yyyy Unknown

Laboratory Name:*

Please Note: If **No** or **Unknown** is selected, all the subsequent fields on the screen are disabled.

- 3. Select the appropriate **Hepatitis Marker** from the dropdown menu.

Please Note: The *Hepatitis Marker* dropdown menu displays only the hepatitis marker options that apply to the selected Acute Hepatitis Case Report.

- 4. Select the appropriate **Test Result** from the *Results* dropdown menu.

- 5. If applicable, enter the **viral load** in the textbox: *If applicable, please enter the viral load.*

- 6. If applicable, enter the **Test Result Date**.

- 7. Enter the **Specimen Collection Date**.

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

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

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

<p>Test Result Date*</p> <input type="text" value="07/23/2021"/> <input type="checkbox"/> Unknown <small>Invalid Test Result Date</small>	<p>Specimen Collection Date*</p> <input type="text" value="07/26/2021"/> <input type="checkbox"/> Unknown <small>Invalid Specimen Collection Date</small>
--	--

8. Enter the **Laboratory Name** in the textbox.

Laboratory Name:*

Adding Multiple Hepatitis Markers

9. You can click **Add Hepatitis Marker** to log the details for multiple hepatitis markers. This means that you can easily enter additional hepatitis markers on the same patient.

Laboratory Name:*

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

- To delete an additional hepatitis marker, click the **Trash Bin Icon** located at the top right.

Laboratory Name:*
Test Lab

Hepatitis Marker*
Select... | v

Results*
Select... | v

If applicable, please enter the viral load: ⓘ

Test Result Date*
mm/dd/yyyy Unknown

Specimen Collection Date*
mm/dd/yyyy Unknown

Laboratory Name:*

+ Add Hepatitis Marker

Adding ALT

- You can click **Add ALT** to log the details for an ALT.

+ Add Hepatitis Marker

ALT

+ Add ALT

- To delete an ALT, click the **Trash Bin Icon** located at the top right.

ALT

Results:*
Units/Liter

Reference:*
Units/Liter

Test Result Date*
mm/dd/yyyy Unknown

Specimen Collection Date*
mm/dd/yyyy Unknown

Laboratory Name:*

Adding AST

11. You can click **Add AST** to log the details for an AST.

Form interface for adding AST. It includes a list of test types: 'Add ALT', 'AST', 'Add AST' (highlighted with a red box), and 'Bilirubin', 'Add Bilirubin'. At the bottom, there are buttons for 'Save', 'Previous', 'Next', and an up arrow icon.

- To delete an AST, click the **Trash Bin Icon** located at the top right.

Detailed form for an AST entry. It includes fields for 'Results*', 'Reference*', 'Test Result Date*' (with a calendar icon and an 'Unknown' checkbox), 'Specimen Collection Date*' (with a calendar icon and an 'Unknown' checkbox), and 'Laboratory Name*'. A trash bin icon is highlighted with a red box in the top right corner. At the bottom, there are 'Add AST' and up arrow buttons.

Adding Bilirubin

12. You can also click **Add Bilirubin** to log the details for Bilirubin.

- To delete the Bilirubin details, click the **Trash Bin Icon** located at the top right.

13. Once the **Laboratory Information** screen is complete, click **Next** to proceed to the **Applicable Symptoms** screen.

ACUTE HEPATITIS C CASE REPORT FORM Section 2 of 7

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information ✓
- Laboratory Information**
- Applicable Symptoms 🔒
- Exposure Information 🔒
- Hospitalization, ICU & Death Information 🔒
- Additional Comments 🔒
- Review & Submit 🔒

Does the patient have a lab test?*

If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.

Hepatitis Marker*

Hepatitis C virus Ab [Units/volume] in Serum x | v

Results*

Positive x | v

If applicable, please enter the viral load: 🔊

Test Result Date*

01/20/2023 📅 Unknown

Specimen Collection Date*

01/16/2023 📅 Unknown

Laboratory Name:*

Test Laboratory

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

11 Applicable Symptoms

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

ACUTE HEPATITIS C CASE REPORT FORM Section 3 of 7

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information	<input checked="" type="checkbox"/>
Laboratory Information	<input checked="" type="checkbox"/>
Applicable Symptoms	<input checked="" type="checkbox"/>
Exposure Information	<input type="checkbox"/>

Were symptoms present during the course of illness?*

Yes No Unknown

Onset Date Unknown

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

APPLICABLE SYMPTOMS

Patient Information	<input checked="" type="checkbox"/>
Laboratory Information	<input checked="" type="checkbox"/>
Applicable Symptoms	<input checked="" type="checkbox"/>
Exposure Information	<input type="checkbox"/>
Hospitalization, ICU & Death Information	<input type="checkbox"/>
Additional Comments	<input type="checkbox"/>
Review & Submit	<input type="checkbox"/>

Were symptoms present during the course of illness?*

Yes No Unknown

Onset Date Unknown

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

Fever*

Yes No Unknown

If yes, please enter the highest temperature.

Diarrhea (>3 loose stools/24hr period)*

Yes No Unknown

If yes, please enter # of days of diarrhea.

Abdominal pain*

Yes No Unknown

Anorexia*

Yes No Unknown

Clay Colored Stools*

Yes No Unknown

Elevated ALT > 200*

Yes No Unknown

Elevated Bilirubin > 3.0*

Yes No Unknown

Fatigue*

Yes No Unknown

Headache*

Yes No Unknown

Jaundice*

Yes No Unknown

Malaise*

Yes No Unknown

Muscle aches (myalgia)*

Yes No Unknown

Nausea*

Yes No Unknown

Vomiting*

Yes No Unknown

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify.

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

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

3. Enter the **Onset Date** for the symptoms.
 - If the onset date is unknown, click the **Unknown checkbox**.

4. To report if the patient had a fever during illness, select the **appropriate answer** for the field: *Fever*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's highest temperature** in the subsequent textbox: *If yes, please specify.*

5. To report if the patient had diarrhea during illness, select the **appropriate answer** for the field: *Diarrhea (>3 loose stools/24hr period).*

• If **Yes** is selected, the subsequent field is enabled. Enter the **number of days of diarrhea** in the subsequent textbox: *If yes, please enter # of days of diarrhea.*

6. If the patient is symptomatic for **Acute Hepatitis C**, select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

- Abdominal pain
- Anorexia
- Clay Colored Stools
- Dark Urine
- Elevated ALT > 200
- Elevated Bilirubin >3.0
- Fatigue
- Headache
- Jaundice
- Malaise
- Muscle aches (myalgia)
- Nausea
- Vomiting

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

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

- 8. Once complete, click **Next** to proceed to the **Exposure Information** screen.

12 Exposure Information

1. On the **Exposure Information** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any of the following exposures in the past 6 months?*

ACUTE HEPATITIS C CASE REPORT FORM Section 4 of 7

Please select the information that the patient was exposed to prior to illness.

EXPOSURE INFORMATION

- Patient Information
- Laboratory Information
- Applicable Symptoms
- Exposure Information**
- Hospitalization, ICU & Death Information
- Additional Comments
- Review & Submit

Did the patient have any of the following exposures in the past 6 months?*

Yes No Unknown

Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)?

Yes No Unknown

If yes, please specify workplace setting:

Adult congregate living facility (nursing, assisted living or long-term care facility)?

Yes No Unknown

If yes, please specify the nursing, assisted living or long-term care facility:

Correctional facility?

Yes No Unknown

If yes, please specify the name of correctional facility:

Known contact with same diagnosis or similar symptoms?

Yes No Unknown

If yes, please specify the relationship:

If yes, please enter the name and contact information:

First Name, Last Name, Phone Number, Email Address, etc.

Incarceration?

Yes No Unknown

If yes, please specify:

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

EXPOSURE INFORMATION

- Patient Information
- Laboratory Information
- Applicable Symptoms
- Exposure Information**
- Hospitalization, ICU & Death Information
- Additional Comments
- Review & Submit

Did the patient have any of the following exposures in the past 6 months?*

Yes No Unknown

Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)?*

Yes No Unknown

If yes, please specify workplace setting:

Adult congregate living facility (nursing, assisted living or long-term care facility)?*

Yes No Unknown

If yes, please specify the nursing, assisted living or long-term care facility:

Correctional facility*

Yes No Unknown

If yes, please specify the name of correctional facility:

Known contact with same diagnosis or similar symptoms*

Yes No Unknown

If yes, please specify the relationship:

If yes, please enter the name and contact information:

First Name, Last Name, Phone Number, Email Address, etc.

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

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

Outbreak-related questions are not impacted by the selected answer for the conditional question: *Did the patient have any of the following exposures in the past 6 months?*

Sexually Transmitted Infections History

Yes No Unknown

Is this part of an outbreak?*

Yes No Unknown

If yes, please specify the name of the outbreak: ?

3. Select the **appropriate answer** for the field: *Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)?*

Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)*

Yes No Unknown

If yes, please specify workplace setting: ?

- If **Yes** is selected for the *Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)* field, the subsequent field is enabled. Enter the **name of the workplace setting** in the subsequent textbox: *If yes, please specify the name of workplace setting.*

Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)*

Yes No Unknown

If yes, please specify workplace setting: * ?

4. Select the **appropriate answer** for the field: *Adult congregate living facility (nursing, assisted living or long-term care facility).*

Adult congregate living facility (nursing, assisted living or long-term care facility)*

Yes No Unknown

If yes, please specify the nursing, assisted living or long-term care facility: ?

- If **Yes** is selected for the *Adult congregate living facility (nursing, assisted living or long-term care facility)* field, the subsequent field is enabled. Enter the **name of the adult congregate living facility** in the subsequent textbox: *If yes, please specify the nursing, assisted living or long-term care facility.*

Adult congregate living facility (nursing, assisted living or long-term care facility)*

If yes, please specify the nursing, assisted living or long-term care facility:* ?

[Red box highlights the text input field]

5. Select the **appropriate answer** for the field: *Correctional facility.*

Correctional facility*

If yes, please specify name of correctional facility: ?

[Red box highlights the buttons]

- If **Yes** is selected for the *Correctional facility* field, the subsequent field is enabled. Enter the **name of the correctional facility** in the subsequent textbox: *If yes, please specify the name of correctional facility.*

Correctional facility*

Please enter 'Unknown' if information of correctional facility is not available.

If yes, please specify name of correctional facility:* ?

[Red box highlights the text input field]

6. Select the **appropriate answer** for the field: *Known contact with same diagnosis or similar symptoms.*

Known contact with same diagnosis or similar symptoms*

If yes, please specify the relationship: ?

[Red box highlights the buttons]

If yes, please enter the name and contact information: ?

First Name, Last Name, Phone Number, Email Address, etc.

- If **Yes** is selected for the *Known contact with same diagnosis or similar symptoms* field, the subsequent fields are enabled:
- Enter the **patient's relationship to the contact** in the subsequent textbox: *If yes, please specify the relationship.*
- Enter the **contact's first and last name and contact information (e.g., Phone Number, Email Address)** in the subsequent textbox: *If yes, please enter the name and contact information.*

Known contact with same diagnosis or similar symptoms*

If yes, please specify the relationship:* ?

If yes, please enter the name and contact information:* ?

7. Select the **appropriate answer** for the field: *Incarceration*.

Incarceration*

If yes, please specify: ?

If yes, please provide the history of incarceration: ?

- If **Yes** is selected for the *Incarceration* field, the subsequent fields are enabled:
- Enter the **patient's incarceration details** in the subsequent textbox: *If yes, please specify.*
- Enter the **patient's history of incarceration** in the subsequent textbox: *If yes, please provide the history of incarceration.*

Incarceration*

If yes, please specify:* ?

If yes, please provide the history of incarceration:* ?

8. Select the **appropriate answer** for the field: *IV Drug Use*.

IV Drug Use*

If yes, please specify details: ?

- If **Yes** is selected for the *IV Drug Use* field, the subsequent field is enabled. Enter the **patient's IV drug use details** in the subsequent textbox: *If yes, please specify details.*

IV Drug Use*
 Yes No Unknown
If yes, please specify details:* ?

9. Select the **appropriate answer** for the field: *Other Illicit Drug Use.*

Other Illicit Drug use*
 Yes No Unknown
If yes, please specify details: ?

- If **Yes** is selected for the *Other Illicit Drug Use* field, the subsequent field is enabled. Enter the **patient's other illicit drug use details** in the subsequent textbox: *If yes, please specify details.*

Other Illicit Drug use*
 Yes No Unknown
If yes, please specify details:* ?

10. Select the **appropriate answer** for the field: *Exposure to Hepatitis C virus.*

Exposure to Hepatitis C virus*
 Yes No Unknown

11. Select the **appropriate answer** for the field: *Tattoos.*

Tattoos*
 Yes No Unknown
If yes, please specify the setting: ?

- If **Yes** is selected for the *Tattoos* field, the subsequent field is enabled. Select the **setting of the tattoo** from the subsequent dropdown menu: *If yes, please specify the setting.*

Tattoos*
 Yes No Other
Please select 'Other' if the setting is not listed.
If yes, please specify the setting:* ?
Select...
Corrections setting
Homemade/Unlicensed artist
Licensed parlor
Other
If yes, please specify the setting: ?

- If **Other** is selected from the *If yes, please specify the setting* dropdown menu, the subsequent field is enabled. Enter the **setting of the tattoo** in the subsequent textbox: *If other, please specify*.

Tattoos*

Yes No Unknown

If yes, please specify the setting:* ?

Other x | v

If other, please specify:* ?

[Redacted text box]

12. Select the **appropriate answer** for the field: *Piercings*.

Piercings*

Yes No Unknown

If yes, please specify the setting: ?

Select...

If other, please specify: ?

[Redacted text box]

If the patient has any needle stick injuries, please specify the location on the body (select all that apply): ?

Select...

If other, please specify: ?

[Redacted text box]

- If **Yes** is selected for the *Piercings* field, the subsequent field is enabled. Select the **setting of the piercing** from the subsequent dropdown menu: *If yes, please specify the setting*.

Piercings*

Yes No Unknown

Please select 'Other' if the setting is not listed.

If yes, please specify the setting:* ?

Select...

Corrections setting

Homemade/Unlicensed artist

Licensed parlor

Other

- If **Other** is selected from the *If yes, please specify the setting* dropdown menu, the subsequent field is enabled. Enter the **setting of the piercing** in the subsequent textbox: *If other, please specify*.

Piercings*

Yes No Unknown

If yes, please specify the setting:* ?

Other x | v

If other, please specify:* ?

[Redacted text box]

If the patient has any needle stick injuries, please specify the location on the body (select all that apply):* ?

Select...

Please Note: Currently, *needle stick injury* and *piercings* are not listed separately. To report a needle stick injury, select “yes” to *Piercings*.

- If neither piercing nor needle stick injury is applicable, please select “other” and enter *not applicable* in the *If other, please specify* textbox field.
- If applicable, select the **appropriate location(s) on the body where the needle stick injury occurred** from the multi-select dropdown menu: *If the patient has any needle stick injuries, please specify the location on the body*.

- If **Other** is selected from the *If the patient has any needle stick injuries, please specify the location on the body* dropdown menu, the subsequent field is enabled. Enter the **location(s) on the body where the needle stick injury occurred** in the subsequent textbox: *If other, please specify*.

13. Select the **appropriate answer** for the field: *Recent Sexual Contact*.

- If **Yes** is selected for the *Recent Sexual Contact* field, the subsequent field is enabled. Select the **number of sexual partners** from the subsequent dropdown menu: *If yes, please specify number of sexual partners.*

14. Select the **appropriate answer** for the field: *Sexually Transmitted Infections History.*

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

- If **Yes** is selected for the *Is this part of an outbreak?* field, the subsequent field is enabled. Enter the **name of the outbreak** in the subsequent textbox: *If yes, please specify the name of the outbreak.*

Is this part of an outbreak?*

Please enter 'Unknown' if the details of outbreak is not available.

If yes, please specify the name of the outbreak:*

16. Once complete, click **Next** to proceed to the **Hospitalization, ICU, and Death Information** screen.

Exposure to Hepatitis C virus*

Tattoos*

If yes, please specify the setting:*

Homemade/Unlicensed artist

If other, please specify:

Piercings*

If yes, please specify the setting:*

Licensed parlor

If other, please specify:

If the patient has any needle stick injuries, please specify the location on the body (select all that apply):*

Arm x Face x Other x

If other, please specify:*

Ear

Recent Sexual Contact*

If yes, please specify number of sexual partners:*

2

Sexually Transmitted Infections History*

Is this part of an outbreak?*

If yes, please specify the name of the outbreak:*

Unknown

Save Previous **Next**

13 Hospitalization, ICU & Death Information

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

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Was the patient hospitalized?*

Yes No Unknown

If yes, please specify the hospital name: *

Admission Date Unknown Discharge Date Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?

Yes No Unknown

Admission Date to ICU Unknown Discharge Date from ICU Unknown

Did the patient die as a result of this illness?*

Yes No Unknown

If yes, please provide the date of death:

Date of Death Unknown

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

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Was the patient hospitalized?*

Yes No Unknown

If yes, please specify the hospital name: *

Admission Date* Unknown Discharge Date* Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?*

Yes No Unknown

Admission Date to ICU Unknown Discharge Date from ICU Unknown

Did the patient die as a result of this illness?*

Yes No Unknown

If yes, please provide the date of death:

Date of Death Unknown

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

Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

- 3. If the patient has been hospitalized, enter the **name of the hospital where the patient is/was hospitalized** in the textbox: *If yes, please specify the hospital name.*

- 4. Enter the patient’s hospitalization **Admission Date**. If the Admission Date is unknown, click the **Unknown** checkbox.

- 5. Enter the patient’s hospitalization **Discharge Date**.
 - If the patient is still hospitalized, click the **Still Hospitalized** checkbox.

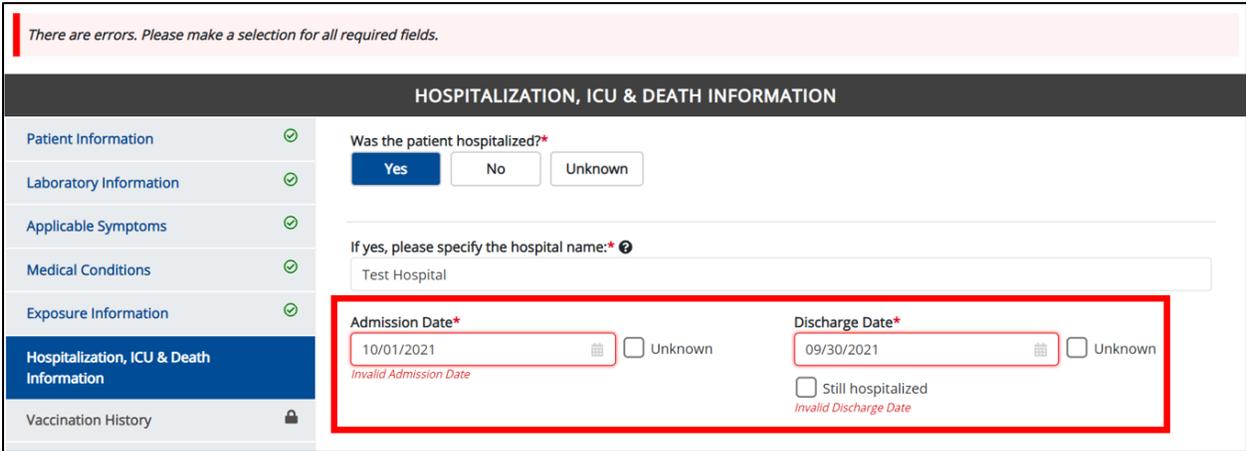
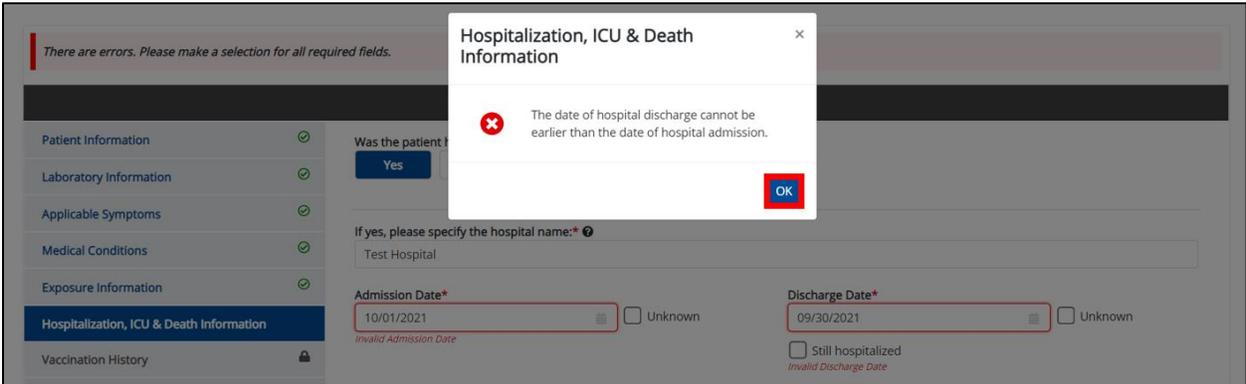
- If the **Still Hospitalized** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*

Please Note: The Admission Date **cannot** occur **after** the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date.

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

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

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



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



- If **Yes** is selected, the subsequent *Admission Date to ICU* and *Discharge Date from ICU* fields are enabled. Enter the dates for the **Admission Date to ICU** and the **Discharge Date from ICU**.

Was the patient admitted to an intensive care unit (ICU)?*

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

7. If applicable, select the **appropriate answer** for the field: *Did the patient die as a result of this illness?*

Did the patient die as a result of this illness?*

If yes, please provide the date of death:

Date of Death Unknown

- If **Yes** is selected, the subsequent *Date of Death* field is enabled. Enter the patient's **Date of Death**.

Did the patient die as a result of this illness?*

If yes, please provide the date of death:

Date of Death* Unknown

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

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Was the patient hospitalized?*

If yes, please specify the hospital name:*

General Hospital

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?*

Admission Date to ICU Unknown

Discharge Date from ICU Unknown

Did the patient die as a result of this illness?*

If yes, please provide the date of death:

Date of Death Unknown

14 Additional Comments

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

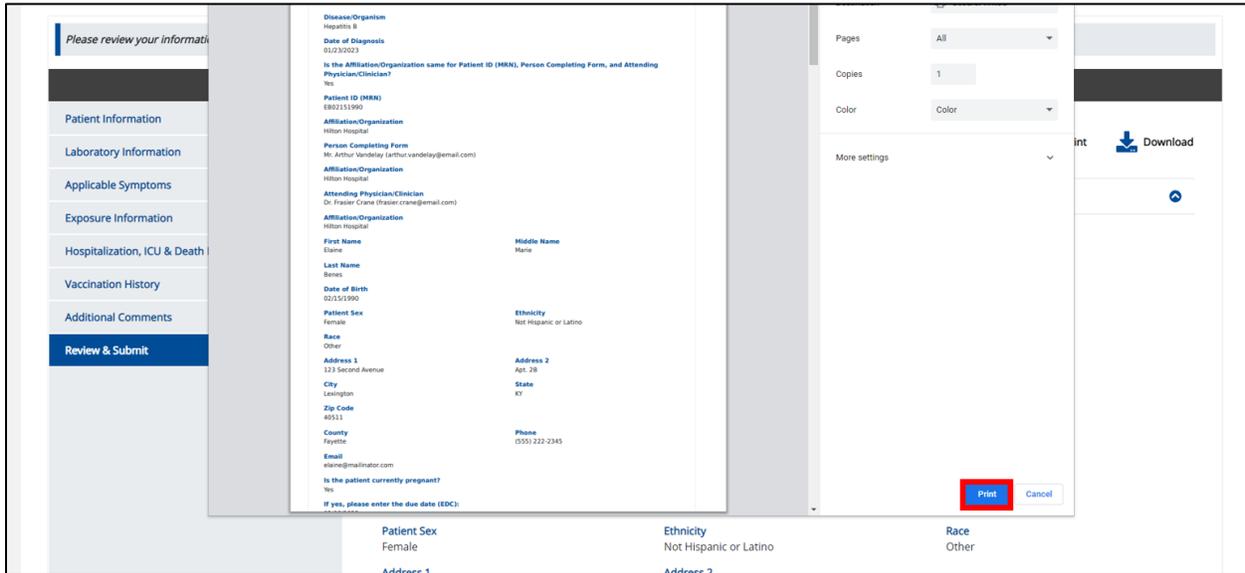
15 Review and Submit

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

Print or Download Functionality

1. Click **Print** to print the case report.

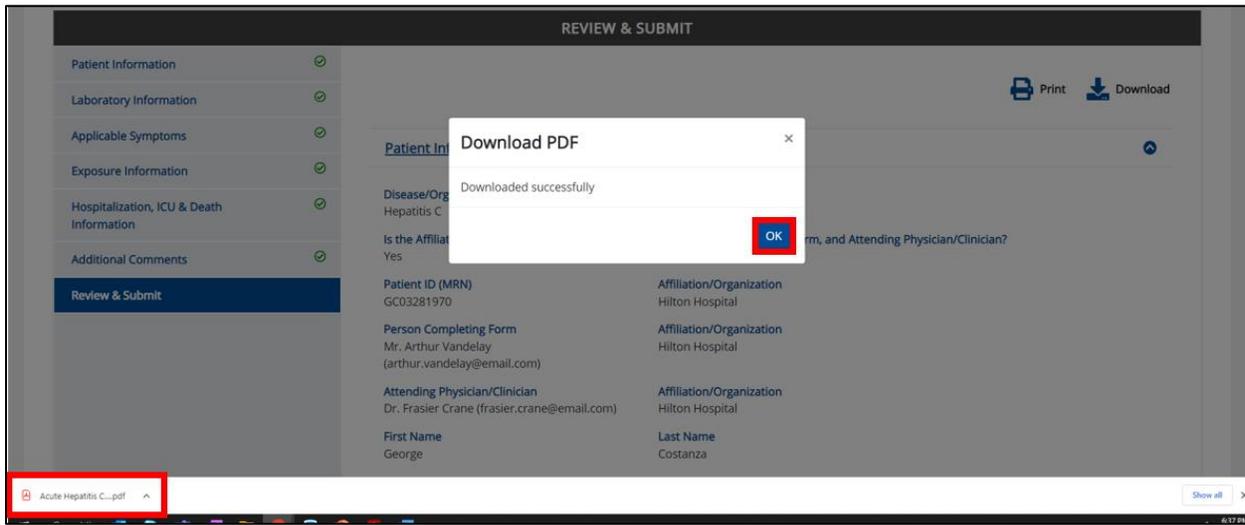
- Upon clicking **Print**, a *Print Preview* will display. Click **Print** to print the case report.



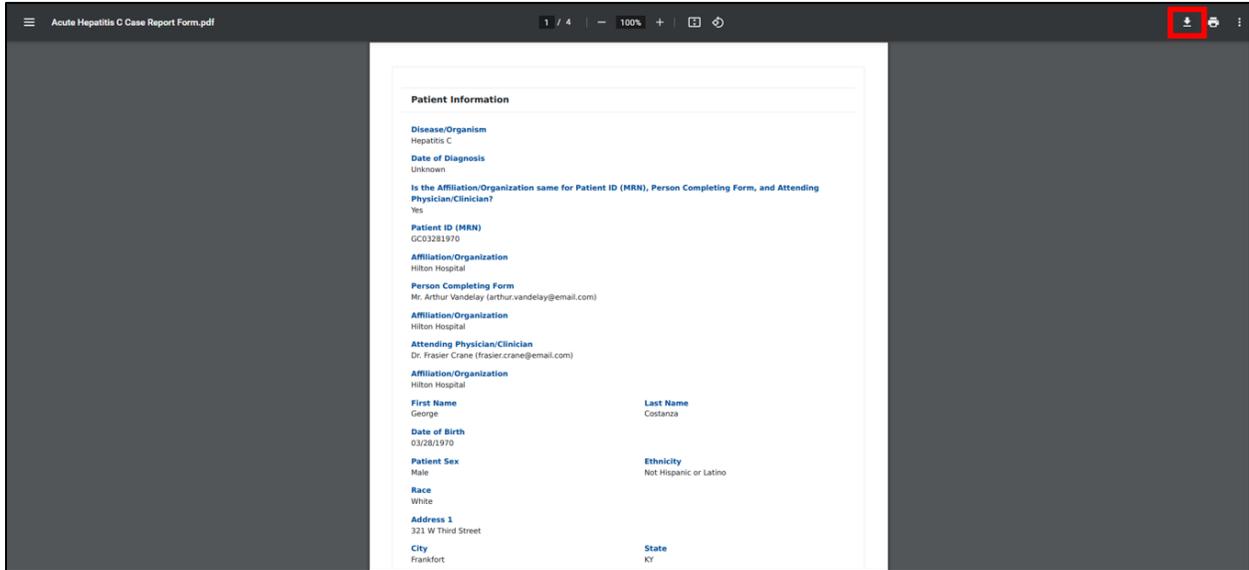
2. Click **Download** to download a PDF version of the case report.



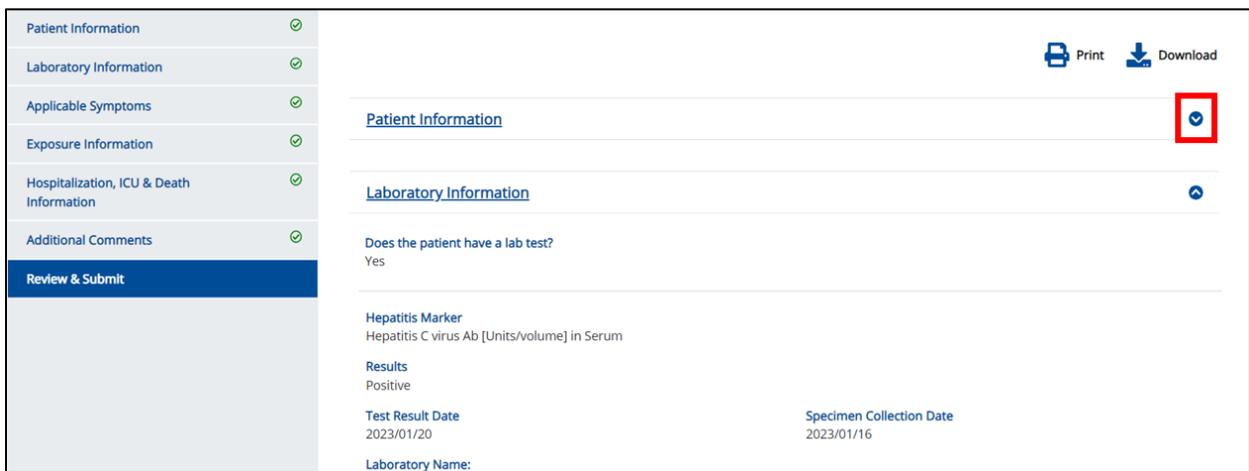
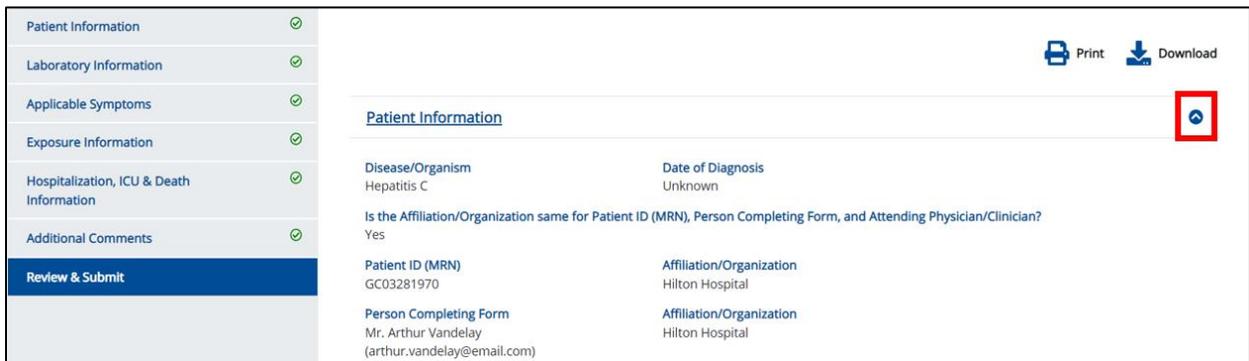
- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF** icon at the bottom left.



- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.
- Review the information.



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



3. Review the *Patient Information* section.

Patient Information

Disease/Organism Hepatitis C	Date of Diagnosis Unknown
--	-------------------------------------

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
Yes

Patient ID (MRN) GC03281970	Affiliation/Organization Hilton Hospital
Person Completing Form Mr. Arthur Vandelay (arthur.vandelay@email.com)	Affiliation/Organization Hilton Hospital
Attending Physician/Clinician Dr. Frasier Crane (frasier.crane@email.com)	Affiliation/Organization Hilton Hospital

First Name George	Last Name Costanza
-----------------------------	------------------------------

Date of Birth
1970/03/28

Patient Sex Male	Ethnicity Not Hispanic or Latino	Race White
----------------------------	--	----------------------

Address 1
321 W Third Street

City Frankfort	State KY	Zip Code 40601-
County Franklin	Phone (555) 777-6543	Email george@mailinator.com

Prior Hepatitis C Diagnosis
Yes

If yes, please enter the date of diagnosis
2023/01/13

Laboratory Information

4. Review the *Laboratory Information* section.

Patient Information

Laboratory Information

Does the patient have a lab test?
Yes

Hepatitis Marker
Hepatitis C virus Ab [Units/volume] in Serum

Results
Positive

Test Result Date 2023/01/20	Specimen Collection Date 2023/01/16
---------------------------------------	---

Laboratory Name:
Test Laboratory

Applicable Symptoms

5. Review the *Applicable Symptoms* section.

Applicable Symptoms

Were symptoms present during the course of illness?
Yes

Onset Date
Unknown

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

Fever
Yes

If yes, please enter the highest temperature:
101

Diarrhea (>3 loose stools/24hr period)
Yes

If yes, please enter # of days of diarrhea:
1

Abdominal pain
Yes

Anorexia
No

Clay Colored Stools
Yes

Dark urine
Yes

Elevated ALT > 100
No

Fatigue
Yes

Headache
Yes

Jaundice
No

Malaise
Unknown

Muscle aches (myalgia)
Yes

Nausea
No

Vomiting
Yes

6. Review the *Exposure Information* section.

Exposure Information

Did the patient have any of the following exposures in the past 6 months?
Yes

Is the workplace critical infrastructure (e.g., healthcare setting, grocery store)
Yes

If yes, please specify workplace setting:
Grocery Store

Adult congregate living facility (nursing, assisted living or long-term care facility)
No

Correctional facility
No

Known contact with same diagnosis or similar symptoms
Yes

If yes, please specify the relationship:
Friend

If yes, please enter the name and contact information:
Cosmo Kramer, (555) 123-4567, kramer@mailinator.com

Incarceration
No

IV Drug Use
No

Other Illicit Drug use
No

Exposure to Hepatitis C virus
Yes

Tattoos
Yes

If yes, please specify the setting:
Homemade/Unlicensed artist

Piercings
Yes

If yes, please specify the setting:
Licensed parlor

If the patient has any needle stick injuries, please specify the location on the body (select all that apply):
Arm . Face . Other

7. Review the *Hospitalization, ICU & Death Information* section.

Hospitalization, ICU & Death Information

Was the patient hospitalized?
Yes

If yes, please specify the hospital name:
General Hospital

Admission Date: 2022/12/30 Discharge Date: 2023/01/02

Was the patient admitted to an intensive care unit (ICU)?
No

Did the patient die as a result of this illness?
No

8. Review the *Additional Comments* section.

Additional Comments

Additional comments or notes, please specify:
Patient Notes

Click Hyperlinks to Edit

- 9. If after reviewing, changes are required, click the corresponding **section header hyperlink** or the **side navigation bar tab** to navigate to the appropriate screen or section to edit the information.
- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or the side navigation bar.

ACUTE HEPATITIS C CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

Patient Information ✓ Print Download

Laboratory Information ✓

Applicable Symptoms ✓

Exposure Information ✓

Hospitalization, ICU & Death Information ✓

Additional Comments ✓

Review & Submit

Patient Information

Disease/Organism	Date of Diagnosis
Hepatitis C	Unknown
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?	
Yes	
Patient ID (MRN)	Affiliation/Organization
GC03281970	Hilton Hospital
Person Completing Form	Affiliation/Organization
Mr. Arthur Vandelay (arthur.vandelay@email.com)	Hilton Hospital
Attending Physician/Clinician	Affiliation/Organization
Dr. Frasier Crane (frasier.crane@email.com)	Hilton Hospital
First Name	Last Name
George	Costanza
Date of Birth	
1970/03/28	

10. Once the appropriate edits have been made, click the **Review and Submit** tab on the side navigation bar to navigate back to the **Review and Submit** screen.

ACUTE HEPATITIS C CASE REPORT FORM Section 1 of 7

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

Patient Information	Disease/Organism*	Date of Diagnosis*
Laboratory Information	Hepatitis C	01/20/2023
Applicable Symptoms	Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*	<input type="checkbox"/> Unknown
Exposure Information	<input type="button" value="Yes"/> <input type="button" value="No"/>	
Hospitalization, ICU & Death Information	Patient ID (MRN)*	
Additional Comments	GC03281970	
Review & Submit	Person Completing Form*	
	Mr. Arthur Vandelay (arthur.vande...)	
	Attending Physician/Clinician*	
	Affiliation/Organization	
		If other, please specify:

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

Save Changes?

There's information on this screen that has not been saved. Do you want to save it?

12. Review your edits on the **Review and Submit** screen.

ACUTE HEPATITIS C CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

[Print](#) [Download](#)

Patient Information

Disease/Organism	Hepatitis C	Date of Diagnosis	2023/01/20
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes			
Patient ID (MRN)	GC03281970	Affiliation/Organization	Hilton Hospital
Person Completing Form	Mr. Arthur Vandelay (arthur.vandelay@email.com)	Affiliation/Organization	Hilton Hospital
Attending Physician/Clinician	Dr. Frasier Crane (frasier.crane@email.com)	Affiliation/Organization	Hilton Hospital
First Name	George	Last Name	Costanza
Date of Birth	1970/03/28		

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

Additional comments or notes, please specify:
Patient Notes

Previous Submit

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

Case Report Entry

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.

Cancel Submit

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

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

Case Report Entry

Case Report Entry Saved Successfully

OK

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

Congratulations! You have submitted the Acute Hepatitis C Case Report using KHIE’s Direct Data Entry Functionality.

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

16 Case Report User Entry Summary

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date: 02/07/2023 End Date: 02/07/2023 Retrieve Data

SHOWING 7 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Acute Hepatitis C	Hepatitis C	Hilton Hospital	GC03281970	George	Costanza	1970/03/28	Male	Complete	2023/02/07 6:49 PM	2023/02/07 6:49 PM
Continue Delete	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EBO2151990	Elaine	Benes	1990/02/15	Female	In Progress	2023/02/07 4:14 PM	
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EBO2151990	Elaine	Benes	1990/02/15	Female	Complete	2023/02/07 3:56 PM	2023/02/07 3:56 PM
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EBO2151990	Elaine	Benes	1990/02/15	Female	Complete	2023/02/07 3:24 PM	2023/02/07 3:24 PM
View Copy	Acute Hepatitis A	Hepatitis A	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaaaa aa	TC 506419MRN	Sarah	Marshman	1979/01/31	Male	Complete	2023/02/07 5:23 AM	2023/02/07 5:23 AM

First Back 1 2 Next Last Maximum 5 entries per page

1. To retrieve case reports for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.
2. Click **Retrieve Data** to generate the case reports.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date: 01/01/2023 End Date: 02/01/2023 Retrieve Data

SHOWING 2 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Acute Hepatitis A	Hepatitis A	Hilton Hospital			Kramer	1970/01/01	Male	Complete	2023/02/01 10:29 AM	2023/02/01 10:29 AM
View Copy	Acute Hepatitis C	Hepatitis C	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaaaa aa	TC506449MRP I	Josephine	Erickson	1965/02/02	Female	Complete	2023/02/01 6:40 AM	2023/02/01 6:40 AM

First Back 1 Next Last Maximum 5 entries per page

Please Note: The **Start Date** must be within the last six months from the current date. The following error message displays when Users search for a Start Date that occurred more than six months ago: *Please select a Start Date that is within the last six months from today's date.* To proceed, you must enter a **Start Date** that occurred within the last six months.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date End Date

[Retrieve Data](#)

• Please select a Start Date that is within the last six months from today's date.

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date End Date

[Retrieve Data](#)

SHOWING 32 ITEMS

APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Acute Hepatitis A	Hepatitis A	Hilton Hospital	CK01011970	Cosmo	Kramer	1970/01/01	Male	Complete	2023/02/01 10:29 AM	2023/02/01 10:29 AM
View Copy	Acute Hepatitis C	Hepatitis C	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaaaa aa	TC506449MRP I	Josephine	Erickson	1965/02/02	Female	Complete	2023/02/01 6:40 AM	2023/02/01 6:40 AM

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date End Date

[Retrieve Data](#)

SHOWING 32 ITEMS

HIDE FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	Enter Report Ty	Enter Disease/ Or	Enter Affiliation/ C	Enter Patie	Enter First Nam	Enter Last N:	Enter Date C	All	Enter St	All	All
View Copy	Acute Hepatitis A	Hepatitis A	Hilton Hospital	CK01011970	Cosmo	Kramer	1970/01/01	Male	Complete	2023/02/01 10:29 AM	2023/02/01 10:29 AM
View Copy	Acute Hepatitis C	Hepatitis C	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaaaa aa	TC506449MRP I	Josephine	Erickson	1965/02/02	Female	Complete	2023/02/01 6:40 AM	2023/02/01 6:40 AM
View Copy	Acute Hepatitis A	Hepatitis A	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaaaa aa	TC506409MR NPI	Melody	Cummings	1991/01/17	Female	Complete	2023/01/30 4:45 AM	2023/01/30 4:45 AM
Continue Delete	Acute Hepatitis A	Hepatitis A	DDE SMOKE TEST SIT NONCOVID	TC506405MR N	Oswald	Webb	1998/01/01	Male	In Progress	2023/01/27 7:44 AM	

Review Previously Submitted Case Reports

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

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Acute Hepatitis C	Hepatitis C	Hilton Hospital	GC03281970	George	Costanza	03/28/1970	Male	Complete	02/07/2023 6:49 PM	02/07/2023 6:49 PM
Continue Delete	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	In Progress	02/07/2023 4:14 PM	
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	Complete	02/07/2023 3:56 PM	02/07/2023 3:56 PM
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	Complete	02/07/2023 3:24 PM	02/07/2023 3:24 PM
View Copy	Acute Hepatitis A	Hepatitis A	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaaaa aa aa	TC 506419MRN	Sarah	Marshman	01/31/1979	Male	Complete	02/07/2023 5:23 AM	02/07/2023 5:23 AM

2. The Case Report Details pop-up displays a summary of the previously submitted case report.
 - Click **Print** to print the case report.
 - Click **Download** to download a PDF version of the case report.
3. Click **OK** to close out of the pop-up.

Case Report Details

Print **Download**

Patient Information

Disease/Organism: Hepatitis C
Date of Diagnosis: 01/20/2023

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?
Yes

Patient ID (MRN): GC03281970
Affiliation/Organization: Hilton Hospital

Person Completing Form: Mr. Arthur Vandelay (arthur.vandelay@email.com)
Affiliation/Organization: Hilton Hospital

Attending Physician/Clinician: Dr. Frasier Crane (frasier.crane@email.com)
Affiliation/Organization: Hilton Hospital

First Name: George
Last Name: Costanza

Date of Birth: 03/28/1970

Patient Sex: Male
Ethnicity: Not Hispanic or Latino
Race: White

Address 1

OK

Copy Previously Submitted Case Reports

The **Copy** feature allows Users to copy the information from a completed case report, make edits, then submit a new case report for the same patient. That means you can copy the information from a previously submitted case report into a new case report, update the appropriate information, then submit a new case report for the patient.

1. To copy the information from a completed case report that has been previously submitted, click **Copy** located next to the appropriate case report.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date: 02/07/2023 End Date: 02/07/2023 Retrieve Data

SHOWING 7 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ORGANISM	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Acute Hepatitis C	Hepatitis C	Hilton Hospital	GC03281970	George	Costanza	03/28/1970	Male	Complete	02/07/2023 6:49 PM	02/07/2023 6:49 PM
Continue Delete	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	In Progress	02/07/2023 4:14 PM	
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	Complete	02/07/2023 3:56 PM	02/07/2023 3:56 PM
View Copy	Acute Hepatitis B	Hepatitis B	Hilton Hospital	EB02151990	Elaine	Benes	02/15/1990	Female	Complete	02/07/2023 3:24 PM	02/07/2023 3:24 PM
View Copy	Acute Hepatitis A	Hepatitis A	Afzal, Mohammad MD, Internal Medicine, LLC aaaaaaaaaaaaaa aa aa	TC 506419MRN	Sarah	Marshman	01/31/1979	Male	Complete	02/07/2023 5:23 AM	02/07/2023 5:23 AM

First Back 1 2 Next Last Maximum 5 entries per page

Please Note: Clicking **Copy** will automatically navigate you to the **Patient Information** screen of the Acute Hepatitis C Case Report.

By default, the **Patient Information** screen displays the information entered on the previously submitted Acute Hepatitis C case report. Users can change the information entered in any of the enabled fields and submit a new Acute Hepatitis C case report for the patient. However, Users **cannot** change the disease/organism, affiliation/organization and patient demographic fields which are grayed out and disabled:

- Disease/Organism
- Patient ID (MRN)
- Affiliation/Organization
- Prefix
- Suffix
- First Name
- Middle Name
- Last Name
- Date of Birth
- Patient Sex

ACUTE HEPATITIS C CASE REPORT FORM

Section 1 of 7

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

Patient Information

Disease/Organism* Hepatitis C

Date of Diagnosis* 01/20/2023

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?* Yes No

Patient ID (MRN)* GC03281970

Affiliation/Organization* Hilton Hospital

Person Completing Form* Mr. Arthur Vandelay (arthur.vandelay@e...)

Attending Physician/Clinician* Dr. Frasier Crane (frasier.crane@email.c...)

Prefix Select...

First Name* George

Middle Name

Last Name* Costanza

Suffix Select...

Date of Birth* 03/28/1970

Patient Sex* Male

Ethnicity* Not Hispanic or Latino

Race* White

Address 1* 321 W Third Street

Address 2 Unit, Suite, Building, etc.

City* Frankfort

State* KY

Zip Code* 40601-

County* Franklin

Phone* (555) 777-6543

Email george@mailinator.com

Is the patient currently pregnant? Yes No Unknown

If yes, please enter the due date (EDC): mm/dd/yyyy

Prior Hepatitis C Diagnosis* Yes No Unknown

If yes, please enter the date of diagnosis* mm/dd/yyyy

Please Note: The Disease/Organism, Affiliation/Organism, and the patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You can edit any of the enabled fields on all screens.

- 2. To submit a new case report with updated information, **edit the appropriate information** in the enabled fields, as applicable.

ACUTE HEPATITIS C CASE REPORT FORM Section 1 of 7

Please complete the form below. All fields marked with an asterisk(*) are required.

PATIENT INFORMATION

Patient Information

Disease/Organism* Hepatitis C Date of Diagnosis* 01/20/2023 Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*

Patient ID (MRN)* GC03281970 Affiliation/Organization* Hilton Hospital

Person Completing Form* Mr. Arthur Vandelay (arthur.vandelay@e... x | v) Affiliation/Organization* Hilton Hospital

Attending Physician/Clinician* Dr. Frasier Crane (frasier.crane@email.c... x | v) Affiliation/Organization* Hilton Hospital

Prefix Select...

First Name* George Middle Name Last Name* Costanza

Suffix Select...

Date of Birth* 03/28/1970

Patient Sex* Male **Ethnicity*** Not Hispanic or Latino x | v **Race*** White x | v

Address 1* 321 W Third Street **Address 2*** Unit, Suite, Building, etc.

City* Frankfort **State*** KY x | v **Zip Code*** 40601-

County* Franklin x | v **Phone*** (555) 777-6543 **Email** george@mailinator.com

Is the patient currently pregnant?

If yes, please enter the due date (EDC):* mm/dd/yyyy

Prior Hepatitis C Diagnosis*

If yes, please enter the date of diagnosis* mm/dd/yyyy Unknown

Please Note: The *Is the patient currently pregnant?* field is only enabled when the *Patient Sex* field is marked as **Female**.

- 3. Once the appropriate edits have been made, click **Next** to proceed to the **Laboratory Information** screen.

This screenshot shows a portion of a data entry form. It includes a date field for 'due date (EDC)' with a placeholder 'mm/dd/yyyy' and an 'Unknown' checkbox. Below this is a 'Prior Hepatitis C Diagnosis*' section with 'Yes', 'No', and 'Unknown' buttons. Another date field for 'date of diagnosis' is present. At the bottom, there are 'Save' and 'Next' buttons, with the 'Next' button highlighted in red.

- 4. On each subsequent screen, **edit the appropriate information** in the enabled fields, as applicable.
- 5. Once the appropriate edits have been made on the subsequent screens, click **Next** until you navigate back to the **Review and Submit** screen.

This screenshot displays the 'LABORATORY INFORMATION' section of the 'ACUTE HEPATITIS C CASE REPORT FORM'. The page is labeled 'Section 2 of 7'. A sidebar on the left lists various form sections, with 'Laboratory Information' selected. The main content area includes a question 'Does the patient have a lab test?' with 'Yes' and 'No' buttons. Below this is a note about Hepatitis Marker tests. A large red box highlights the 'Hepatitis Marker*' section, which contains a dropdown for 'Hepatitis C virus Ab [Units/volume] in Serum', a 'Results*' dropdown set to 'Positive', a 'viral load' field, 'Test Result Date*' (01/20/2023) and 'Specimen Collection Date*' (01/16/2023) fields, and a 'Laboratory Name*' field. There are also buttons to 'Add Hepatitis Marker', 'Add ALT', 'Add AST', and 'Add Bilirubin'. At the bottom, there are 'Save', 'Previous', and 'Next' buttons, with the 'Next' button highlighted in red.

6. Review your edits on the **Review and Submit** screen.

ACUTE HEPATITIS C CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

- Patient Information ✔
- Laboratory Information ✔
- Applicable Symptoms ✔
- Exposure Information ✔
- Hospitalization, ICU & Death Information ✔
- Additional Comments ✔
- Review & Submit**

Print Download

Patient Information

Disease/Organism Hepatitis C	Date of Diagnosis 01/20/2023	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes		
Patient ID (MRN) GC03281970	Affiliation/Organization Hilton Hospital	
Person Completing Form Mr. Arthur Vandelay (arthur.vandelay@email.com)	Affiliation/Organization Hilton Hospital	
Attending Physician/Clinician Dr. Frasier Crane (frasier.crane@email.com)	Affiliation/Organization Hilton Hospital	
First Name George	Last Name Costanza	
Date of Birth 03/28/1970		
Patient Sex Male	Ethnicity Not Hispanic or Latino	Race White
Address 1 321 W Third Street		
City Frankfort	State KY	Zip Code 40601
County Franklin	Phone (555) 777-6543	Email george@mailinator.com
<div style="border: 2px solid red; padding: 2px;"> Prior Hepatitis C Diagnosis No </div>		

Laboratory Information

Please Note: In the example edit above, the User changed the selection for the *Prior Hepatitis C Diagnosis* field from **Yes** to **No**.

If **No** or **Unknown** is selected for the *Prior Hepatitis C Diagnosis* field, the subsequent field is disabled: *If yes, please enter the date of diagnosis.*

7. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Acute Hepatitis C Case Report Entry.

Additional Comments

Additional comments or notes, please specify:
Additional Patient Notes

Previous

Submit

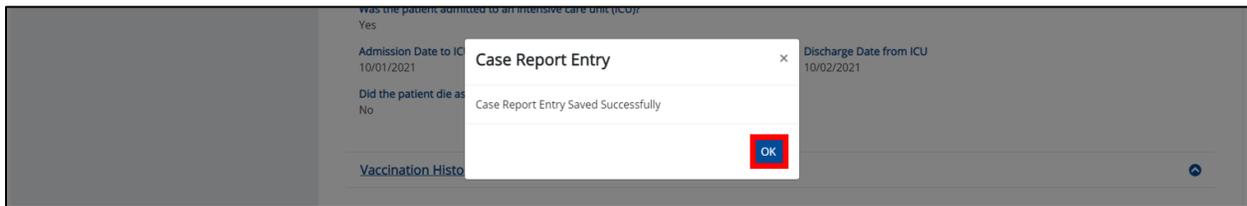
↑

Please Note: The new case report is not a continuation of the previously submitted case report for the patient.

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



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



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

- On the **Case Report Entry User Summary** screen, review the new case report submission.

The screenshot shows the 'Case Report Entry User Summary' screen in the ePartnerViewer application. At the top, there is a navigation bar with 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. Below this is a search bar and a table of case reports. The table has columns for 'ACTIONS', 'REPORT TYPE', 'DISEASE/ ORGANISM', 'AFFILIATION/ ORGANIZATION', 'PATIENT MRN', 'FIRST NAME', 'LAST NAME', 'DATE OF BIRTH', 'PATIENT SEX', 'STATUS', 'LAST UPDATED', and 'SUBMISSION DATE'. One row is highlighted with a red border, containing the following data: View, Copy, Acute Hepatitis C, Hepatitis C, Hilton Hospital, GC03281970, George, Costanza, 03/28/1970, Male, Complete, 02/13/2023 4:04 PM, 02/13/2023 4:04 PM.

Continue In-Progress Case Reports

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

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

The screenshot shows a table titled "CASE REPORT ENTRY USER SUMMARY" with columns for ACTIONS, REPORT TYPE, DISEASE/ORGANISM, AFFILIATION/ORGANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. The first row is highlighted, and the "Continue" button in the ACTIONS column is circled in red. Below the table are navigation buttons (First, Back, 1, Next, Last) and a "Maximum 5 entries per page" indicator.

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

The screenshot shows the "ACUTE HEPATITIS C CASE REPORT FORM" interface. A progress bar at the top right indicates "Section 6 of 7" and is highlighted with a red box. On the left, a list of sections includes Patient Information, Laboratory Information, Applicable Symptoms, Exposure Information, Hospitalization, ICU & Death Information, and Additional Comments (highlighted in red). The "Additional Comments" section is expanded, showing a text area for "Patient Notes" and a "13/1000 Characters" counter. At the bottom, there are "Save", "Previous", and "Next" buttons.

17 Technical Support

Toll-Free Telephone Support

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

Email Support

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

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

