



Kentucky Health Information Exchange (KHIE)

Communicable Disease Lab Entry & Initiating Electronic Case Reports for Reportable Conditions

User Guide

August 2022

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1 Introduction

Overview

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

As part of KHIE’s ongoing updates and maintenance, additional features have been added to KHIE’s Direct Lab Data Entry functionality to allow Users to enter test results for other reportable conditions. These enhancements made to the Direct Data Entry functionality allow Users with the *DDELR Submitter* user role to enter test results for any reportable condition. Additionally, Users with the *Manual Case Reporter* role have the option to submit any Case Report using information from a previously submitted Communicable Disease Lab Entry.

The purpose of this guide is to provide an overview of these changes and provide step-by-step instructions and screenshots showcasing the new features in the ePartnerViewer.

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

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

Supported Web Browsers

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

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

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

Mobile Device Considerations

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

Accessing the ePartnerViewer

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

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

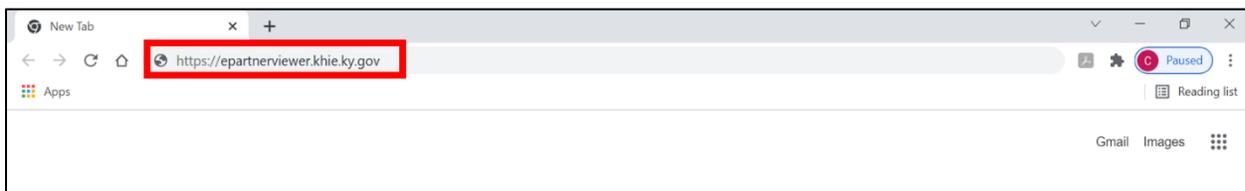
Please Note: For specific information about creating a KOG account and how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

2 Logging into the ePartnerViewer

Users with the *DDELR Submitter* role in the ePartnerViewer are authorized to access the Communicable Disease Lab Entry to submit test results for any reportable condition. Users with the *Manual Case Reporter* role in the ePartnerViewer are authorized to submit any Case Report for any reportable condition.

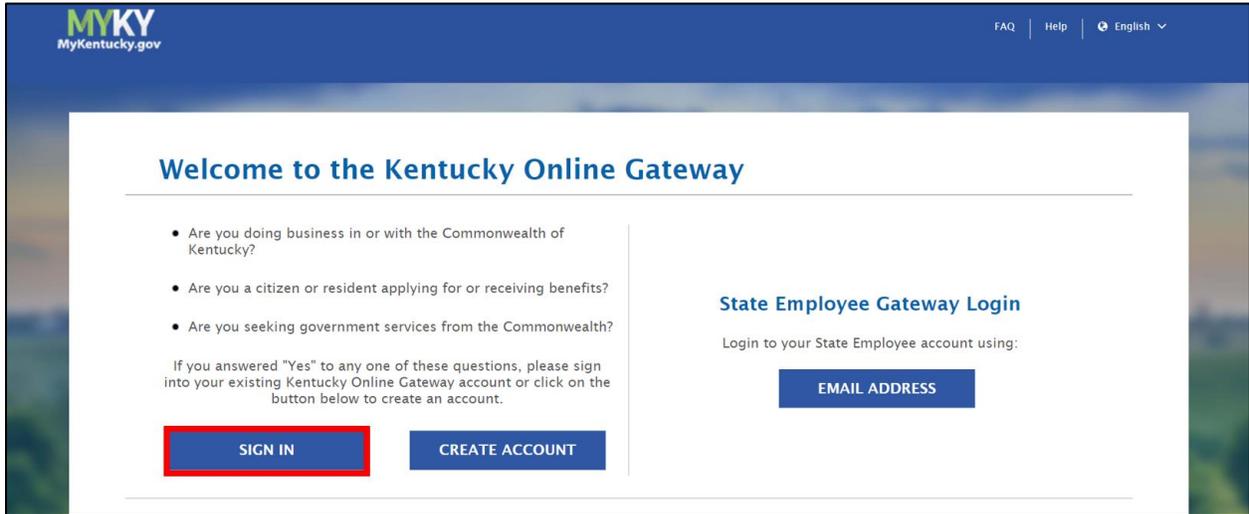
To start, you must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer:

1. Before accessing the ePartnerViewer, you must log out from any active KOG session or ePartnerViewer session and close the browser window.
2. To navigate to the ePartnerViewer, enter the following URL in a supported browser window:
<https://epartnerviewer.khie.ky.gov>



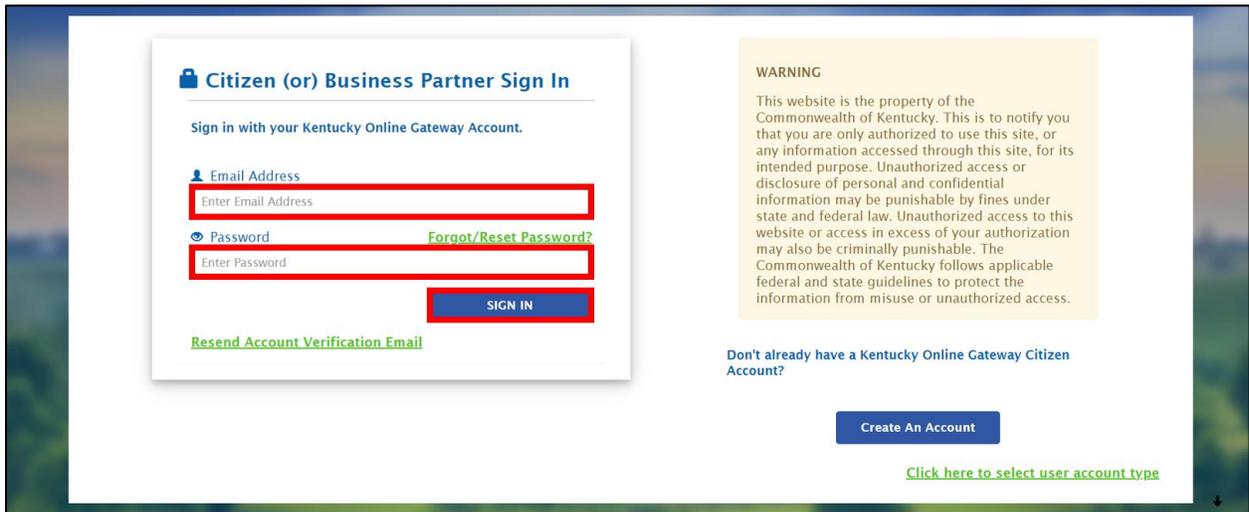
Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

- The **Welcome to the Kentucky Online Gateway** screen displays. To login to the ePartnerViewer, click **Sign In**.



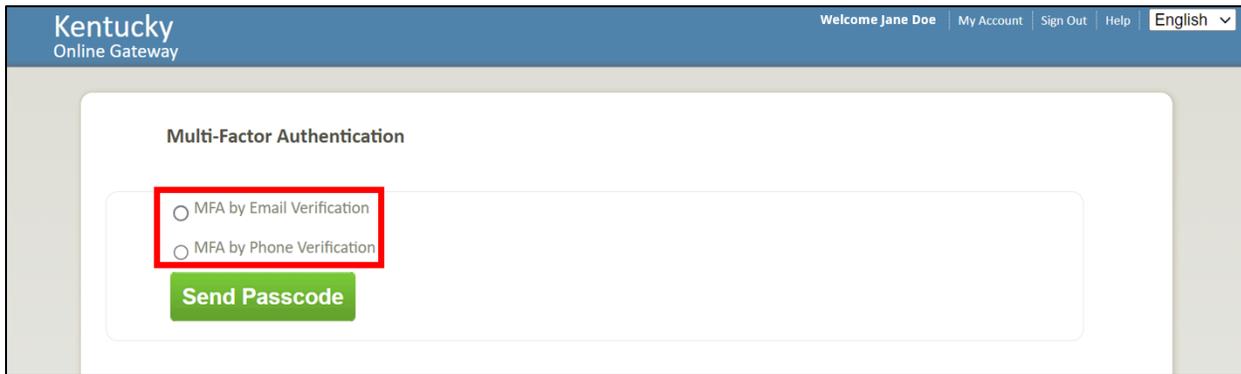
Please Note: If you are a State Employee, click **Email Address** under the *State Employee Gateway Login* section on the right side of the **Welcome to the Kentucky Online Gateway** screen.

- The **KOG Sign In** screen displays. Enter your **Email Address**.
- Enter your **Password**.
- Click **Sign In**.



Please Note: You must enter the email address and password used when you created your KOG account.

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

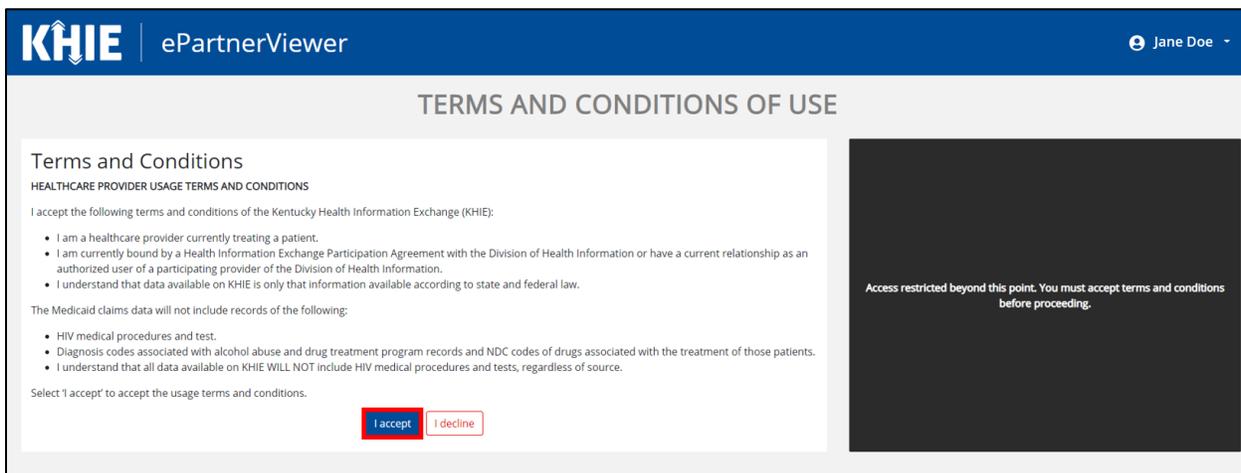


Please Note: For specific information on how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*

Terms and Conditions of Use and Logging In

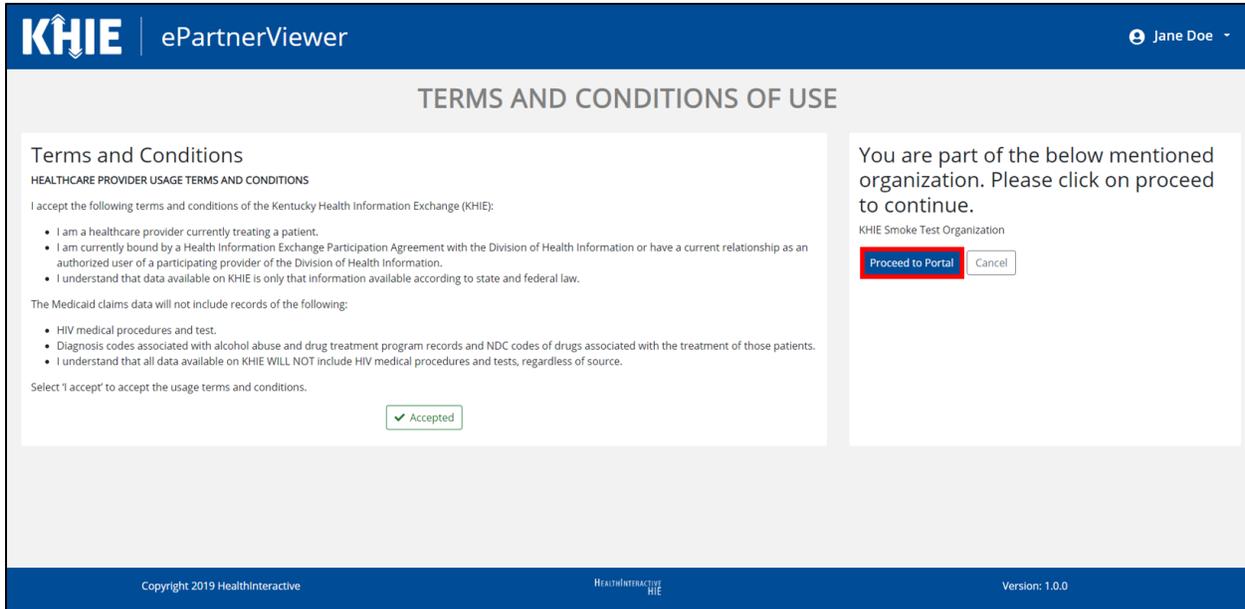
After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the **Terms and Conditions of Use** screen displays. Privacy and security obligations are outlined for review.

- 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.*

9. 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.)
10. Click **Proceed to Portal** to continue.

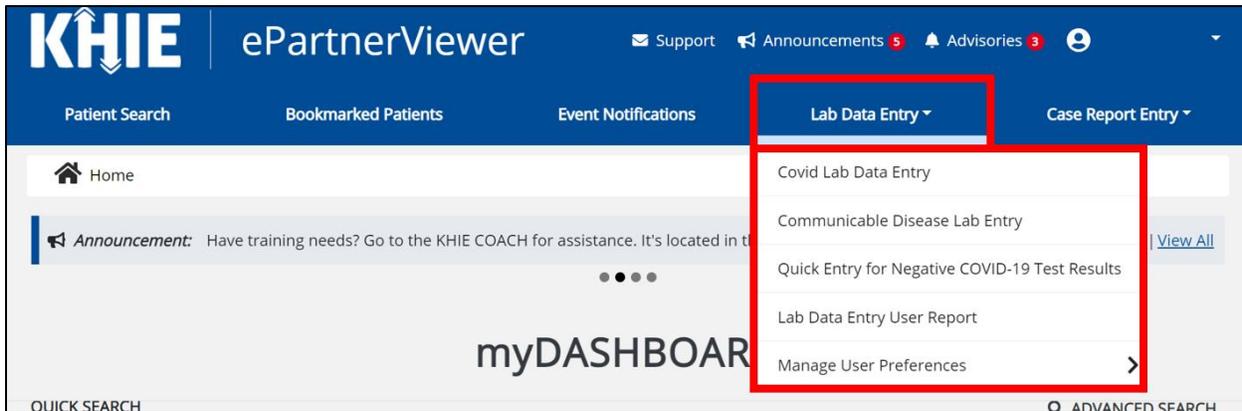


Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are about to be logged out. *Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use.*

To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Lab Data Entry Dropdown Menu

The **Lab Data Entry** tab dropdown menu includes the following items:



1. COVID Lab Data Entry:

- Designed for Users to enter positive COVID-19 lab test results. However, Users can enter both positive and negative COVID-19 lab results here.
- Allows Users to enter multiple test results at the same time for the *same* patient.

Please Note: For specific information about COVID-19 lab reporting, please review the *Direct Data Entry User Guide*, *COVID-19 Variant Testing + Initiate Case Report Quick Reference Guide*, and the *Training Video: How to Use KHIE's Direct Data Entry (Lab) System* on the [KHIE website](#).

2. Communicable Disease Lab Entry:

- Designed for Users to enter lab results for communicable diseases.
- Allows Users to enter up to 70 observations for *multiple diseases* at the same time for the *same* patient.

3. Quick Entry for Negative COVID-19 Test Results:

- Designed for Users to enter negative test results more efficiently.
- Allows Users to enter up to 10 negative test results for *multiple patients* at the same time, as long as the same details apply to all patients (i.e. the same Performing Facility, Ordering Facility/Provider, Specimen Type, Test Type, Test Name, Specimen Collection Date, and Observation Result Date).

Please Note: For specific information about COVID-19 lab reporting for negative results, please review the *Direct Data Entry User Guide* and the *Training Video: Quick Entry for Negative COVID-19 Test Results* on the [KHIE website](#).

4. **Lab Data Entry User Report:**

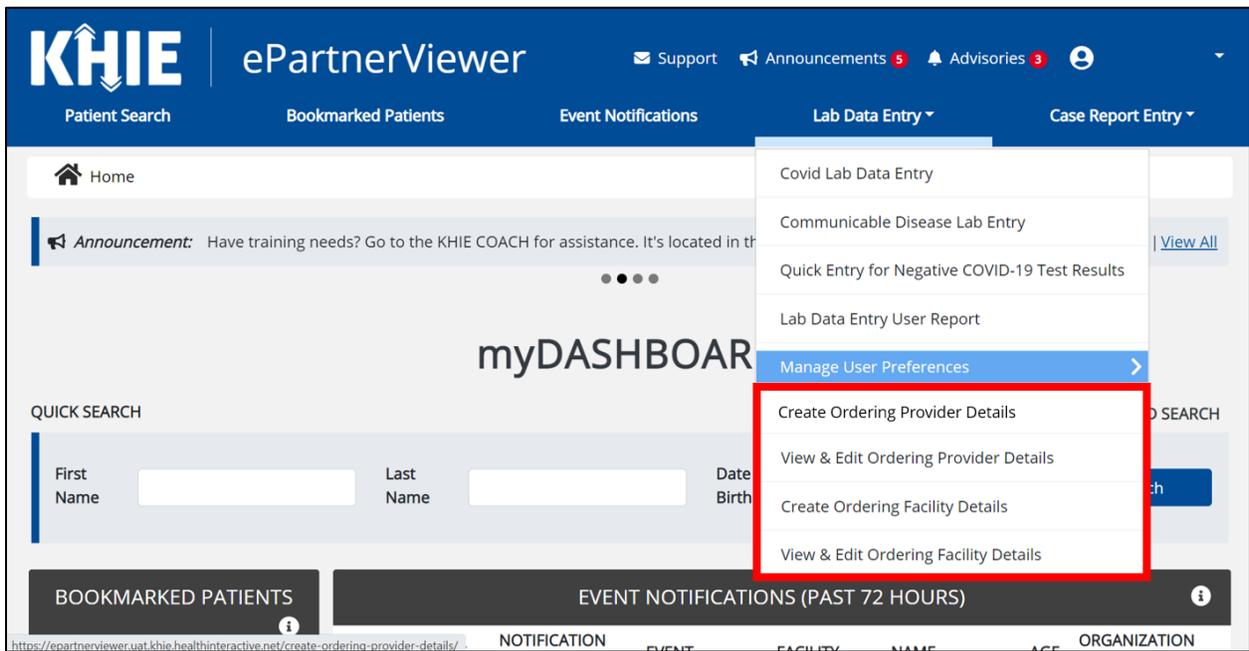
- Designed to provide a quick and easy way for Users to view lab results entered during a given time frame.

5. **Manage User Preferences:**

- Designed as an efficient method for Users to enter repetitive data that’s required throughout the entry.
- Allows Users to enter the Ordering Provider and Ordering Facility details in their User Preferences which provides the ability for Users to quickly select an Ordering Provider or Ordering Facility from the dropdown menu options.

Please Note: The existing Ordering Provider and Ordering Facility details entered for any previously submitted Lab Data Entry (i.e., COVID-19 Lab Data Entry or Quick Entry for Negative COVID-19 Test Results) will be displayed as dropdown menu options on the **Observation** screen of any new Communicable Disease Lab Entry.

This means you can select the same Ordering Provider and Ordering Facility details previously entered for a different lab data entry for a new Communicable Disease Lab Entry.

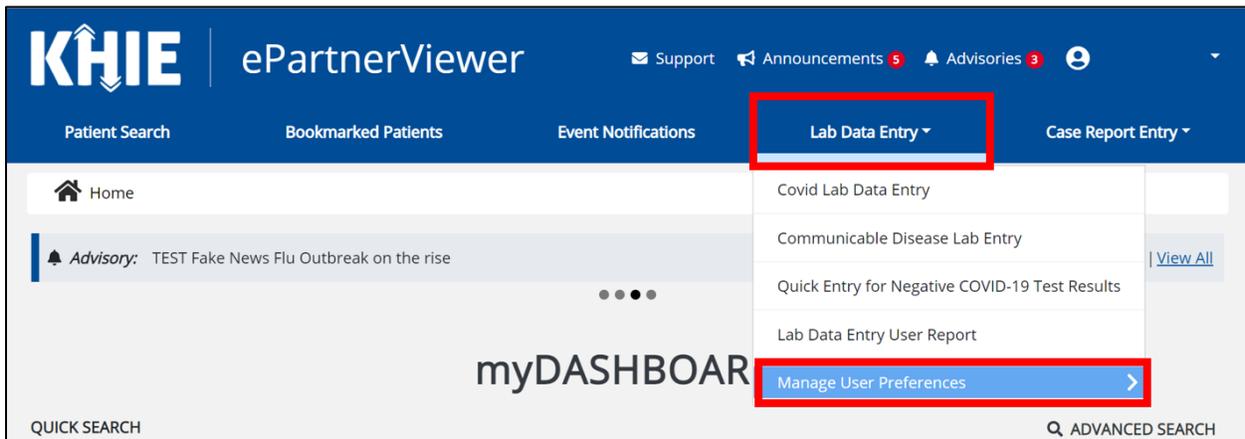


4 Manage User Preferences

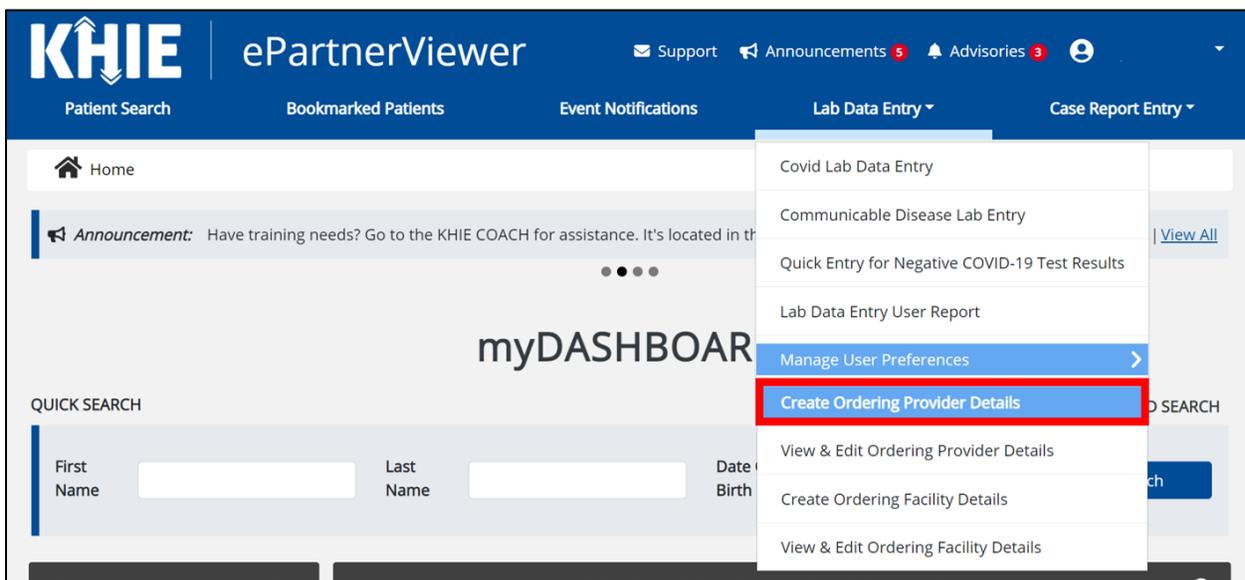
These are your User Preferences. Prior to entering your lab results, you are required to enter information about your Ordering Provider and Ordering Facility on the **Manage User Preferences** screen. By entering the Ordering Provider and Ordering Facility details here in your user preferences, you will be able to quickly select an Ordering Provider or Ordering Facility from the dropdown menu options. These dropdown menus are located on the **Observation** screen for the Communicable Disease Lab Entry.

Create Ordering Provider Details

1. When entering the ePartnerViewer, you must click the **Lab Data Entry** Tab located in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab dropdown menu, select **Manage User Preferences**.



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



- 4. The **Create Ordering Provider** screen displays. From here, you must enter the Ordering Provider Details. There are **mandatory** fields marked with **red asterisks (*)**.
- 5. If available, select the **Prefix** and **Suffix** from the appropriate dropdown menus.

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

CREATE ORDERING PROVIDER

Prefix x | v

First Name* Last Name*

Suffix v

- II
- III
- IV
- Jr
- Sr

Address 1*

Address 2

- 6. Enter the Ordering Provider’s **First Name** and **Last Name**.

Home > Create ordering provider details

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

CREATE ORDERING PROVIDER

Prefix v

First Name* Last Name*

Suffix v

- 7. Enter the Ordering Provider's **Address, City, State,** and **Zip Code.**
- 8. Enter the **Provider NPI.**

Address 1*

Address 2

City* State*

Zip Code* Phone Number

Provider NPI*

- 9. If available, enter the Ordering Provider's **Phone Number.**
- 10. After completing the mandatory fields, click **Save.**

Zip Code* Phone Number

Provider NPI*

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

Home > Create ordering provider details

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

Create Ordering Provider Details

Ordering Provider Details saved successfully

View & Edit Ordering Provider Details

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

ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000
	Fraiser Crane	123456	123 Main Street		Frankfort	KY	40601	(555) 500-5000

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

Update Ordering Provider Details

Provider NPI* 1098765432

Prefix Dr. x | v

First Name* Niles Last Name* Crane

Suffix Jr x | v

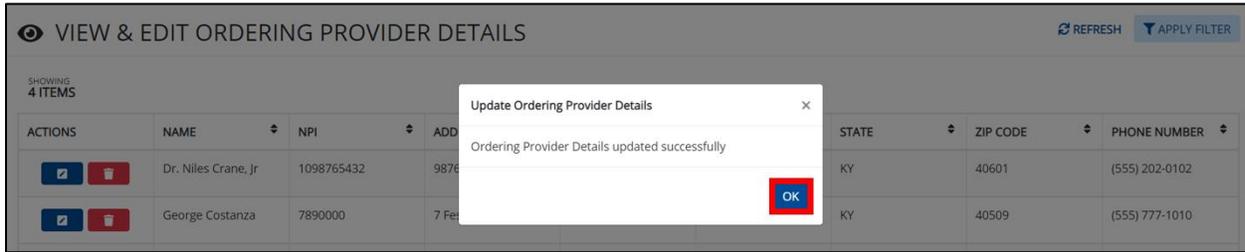
Address 1* 9876 Second Street Address 2 Unit, Suite, Building, etc.

City* Frankfort State* KY x | v

Zip Code* 40601- Phone Number (555) 202-0102

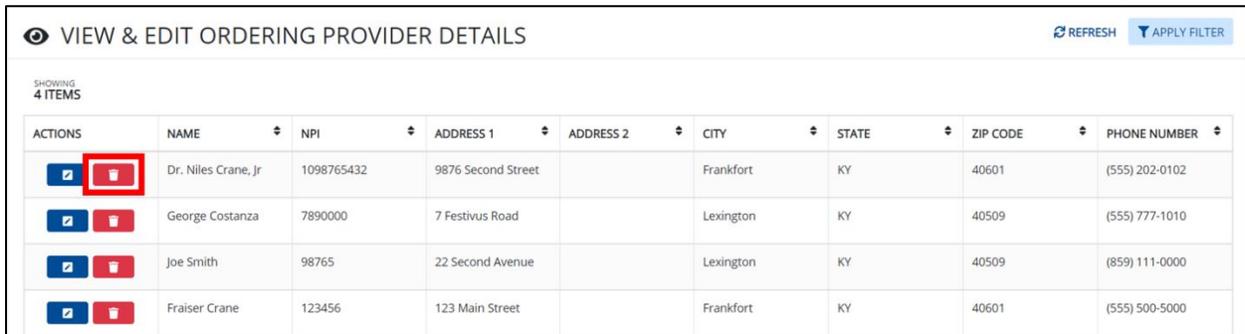
Cancel Save

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

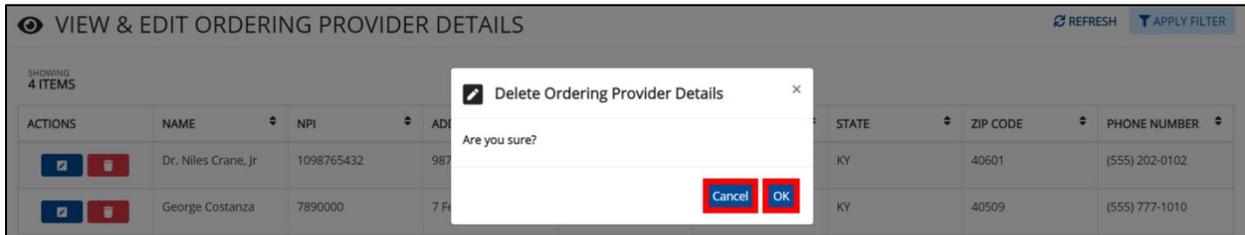


Delete Ordering Provider Details

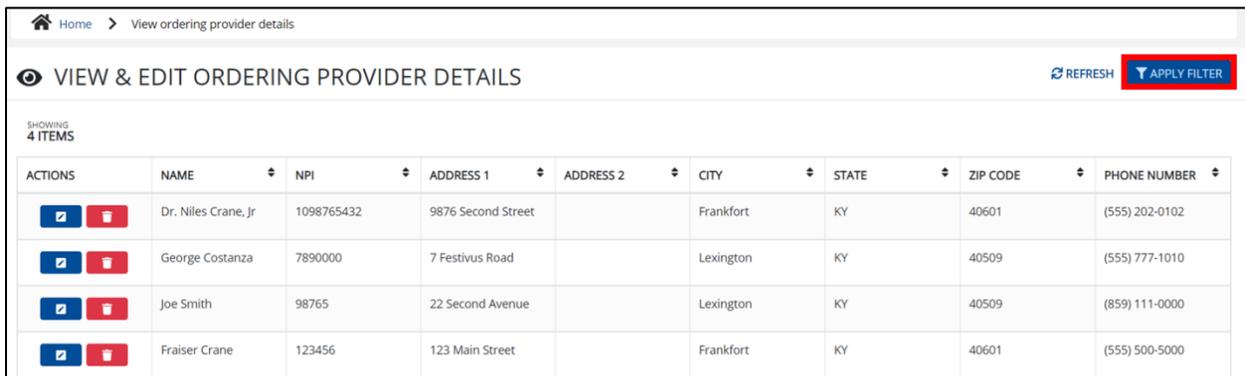
15. To delete an Ordering Provider from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Ordering Provider.



16. The *Delete Ordering Provider Details* pop-up displays. To delete the Ordering Provider, click **OK**. **Click Cancel** if you do not want to delete the Ordering Provider.



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



18. The Filter fields display. You can search by entering the Ordering Provider's **Name**, **NPI**, **Address**, **City**, **State**, **Zip Code**, and/or **Phone Number** in the corresponding Filter fields.

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' page in ePartnerViewer. A table lists 6 items with columns for Name, NPI, Address 1, Address 2, City, State, Zip Code, and Phone. The filter fields at the top of the table are highlighted with a red box.

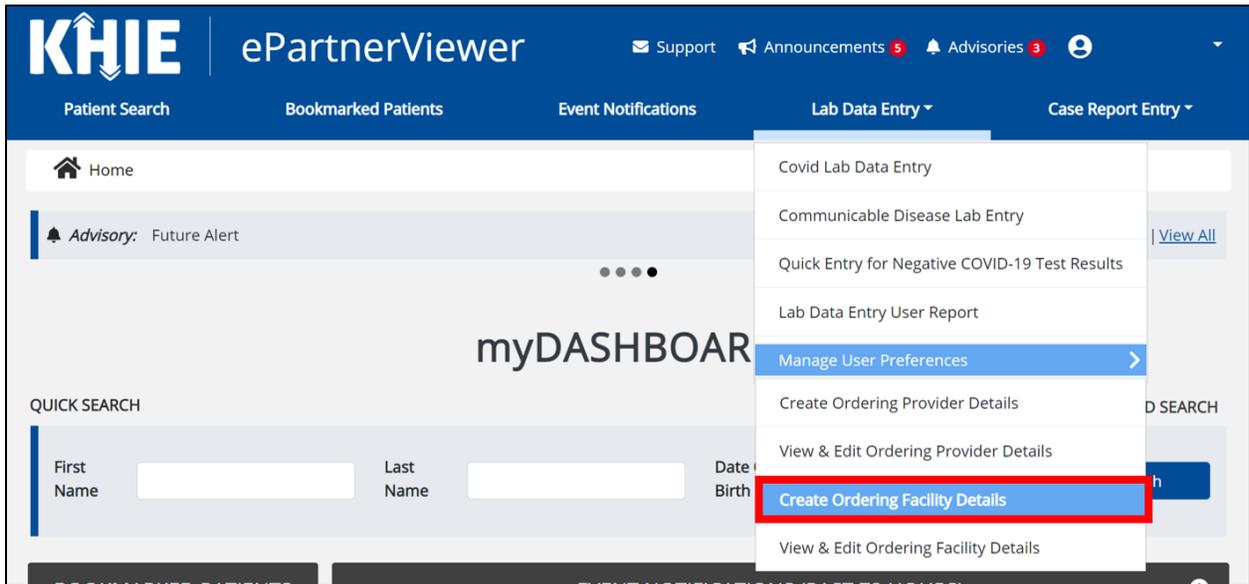
ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE
	Enter Name...	Enter NPI...	Enter Address 1	Enter Address 2	Enter City...	Enter State...	Enter Zip Code..	Enter Phone Nu
	Dr. Fraiser Crane, Jr	1234543210	123 Main Street	100	Frankfort	KY	40601	(555) 500-5000
	Dr. Martin Crane, Sr	1098765432	123 Frankfort Avenue	200	Frankfort	KY	40601	(555) 123-4000
	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000

Create Ordering Facility Details

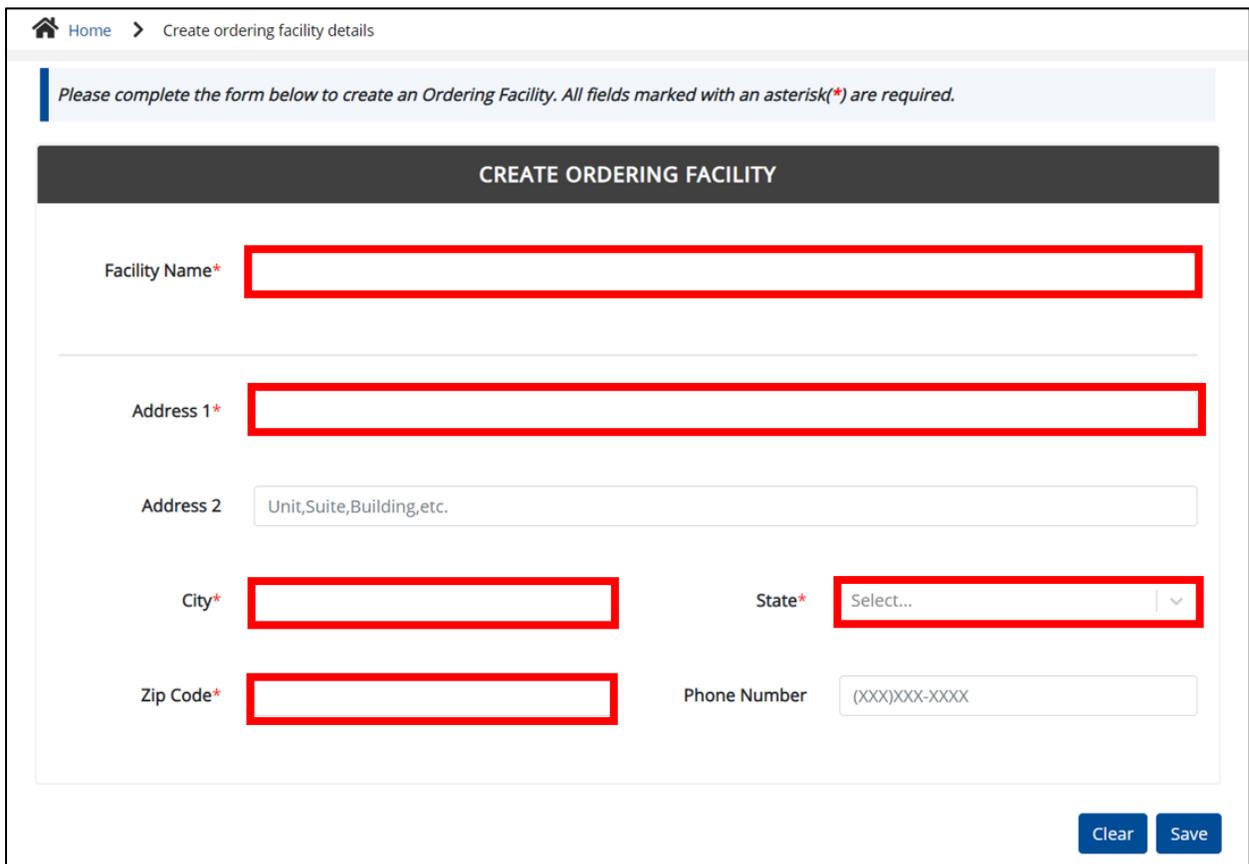
1. When entering the ePartnerViewer, you must click the **Lab Data Entry** Tab located in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab dropdown menu, select **Manage User Preferences**.

The screenshot shows the ePartnerViewer navigation bar with the 'Lab Data Entry' tab highlighted. The dropdown menu is open, showing options like 'Covid Lab Data Entry', 'Communicable Disease Lab Entry', 'Quick Entry for Negative COVID-19 Test Results', 'Lab Data Entry User Report', and 'Manage User Preferences', which is highlighted with a red box.

- 3. From Manage User Preferences, select **Create Ordering Facility Details**.



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



- 6. If available, enter the Ordering Facility's **Phone Number**.
- 7. After completing the mandatory fields, click **Save**.

CREATE ORDERING FACILITY

Facility Name* Union Medical Clinic

Address 1* 460 Union Court

Address 2 100

City* Frankfort State* KY

Zip Code* 40509 Phone Number (859) 555-4321

Clear Save

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

Home > Create ordering facility details

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

Create Ordering Facility Details

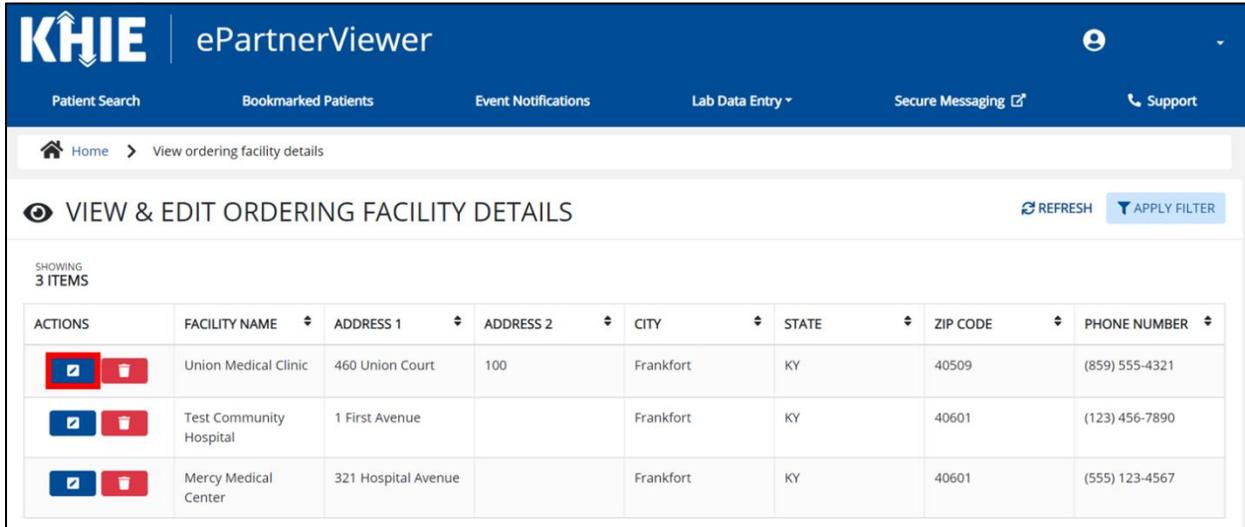
Ordering Facility Details saved successfully

OK

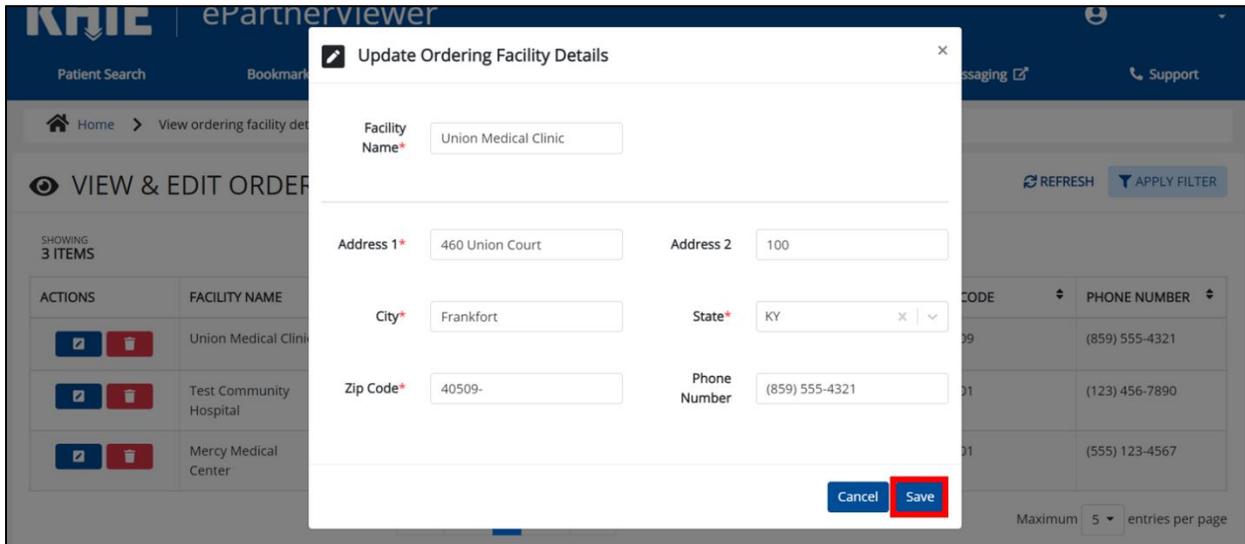
Clear Save

View & Edit Ordering Facility Details

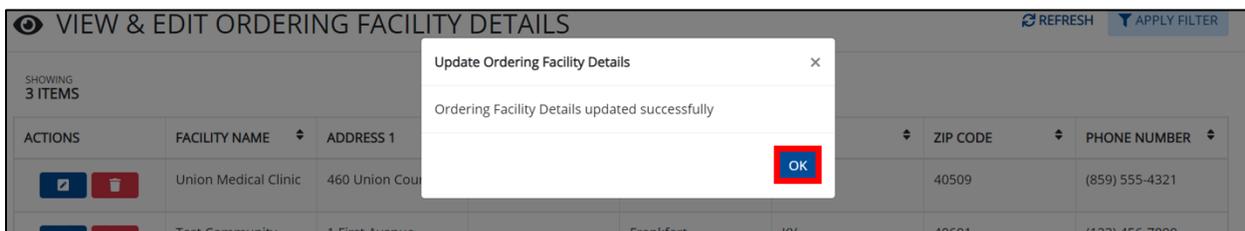
9. The **View & Edit Ordering Facility Details** screen displays. To edit an Ordering Facility's details, click the **Edit icon** located next to the appropriate Ordering Facility.



10. The **Update Ordering Facility Details** pop-up displays. Users can edit the appropriate fields. Once complete, click **Save** to save the updates.



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



Delete Ordering Facility Details

12. To delete an Ordering Facility from the User Preferences, click the **Trash Bin Icon** located next to the appropriate Ordering Facility.

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

First Back 1 Next Last

Maximum 5 entries per page

13. The Delete Ordering Provider Details pop-up displays. To delete the Ordering Facility, click **OK**. Click **Cancel** if you don't want to delete the Ordering Facility.

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

Delete Ordering Facility Details

Are you sure?

Cancel OK

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890

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

KHIE | ePartnerViewer

Support Announcements 5 Advisories 3

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Case Report Entry

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 4 ITEMS

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE
	General Hospital	4567 King Drive		Lexington	KY	40511	(555) 678-9000
	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

15. The Filter fields display. Search by entering the **Facility Name**, **Address**, **City**, **State**, **Zip Code**, and/or **Phone Number** in the corresponding Filter fields.

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 4 ITEMS

ACTIONS	FACILITY NAME	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE
	Enter Facility Na	Enter Address 1	Enter Address 2	Enter City...	Enter State...	Enter Zip Code..	Enter Phone Nu
	General Hospital	4567 King Drive		Lexington	KY	40511	(555) 678-9000
	Union Medical Clinic	460 Union Court	100	Frankfort	KY	40509	(859) 555-4321
	Test Community Hospital	1 First Avenue		Frankfort	KY	40601	(123) 456-7890
	Mercy Medical Center	321 Hospital Avenue		Frankfort	KY	40601	(555) 123-4567

First Back 1 Next Last

Maximum 5 entries per page

5 Tips for Manually Entering Lab Data

Become familiar with these tips prior to entering lab results. Please keep in mind several key notes when entering patient data:

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

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

PATIENT INFORMATION

Performing Facility Name*

Patient MRN*

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

1 Patient Information 2 Observation 3 Ask On Order 4 Enter Lab Data Review 5 Submit

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

PATIENT INFORMATION

Performing Facility Name*

Patient MRN*

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* dropdown menu. When Users select the state of Kentucky, all Kentucky counties are available for selection in the *County* dropdown menu.

The screenshot shows a form with fields for City, Zip Code, Phone Number, Email Address, State, and County. The State dropdown is set to 'KY'. The County dropdown is open, showing a list of counties: Adair, Allen, Anderson, Ballard, Barren, Bath, and Bell. The entire form area is enclosed in a red rectangular border.

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

The screenshot shows the same form as above, but with the State dropdown set to 'AR'. The County dropdown now displays 'Out Of System State'. Both the State and County dropdown menus are highlighted with red rectangular borders.

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

Let's Get Started with Communicable Disease Lab Entry!

6 Communicable Disease Lab Entry

User Roles Overview

The following user roles have access to either the Communicable Disease Lab Entry functionality and/or the Case Report functionality in the ePartnerViewer:

1. Users with the *DDELR Submitter* role in the ePartnerViewer are authorized to access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition. Users with the *DDELR Submitter* role also have access to the COVID-19 Lab Data Entry functionality to submit COVID-19 test results.
2. Users with the *Manual Case Reporter* role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH).
3. Only Users with **both** the *DDELR Submitter* role **and** the *Manual Case Reporter* role have access to initiate any Case Report (i.e., Other Reportable Conditions, MDRO, STD, Hepatitis, Perinatal Hepatitis, Child Hepatitis) for the applicable reportable condition(s) using the information from a previously submitted Communicable Disease Lab Entry.

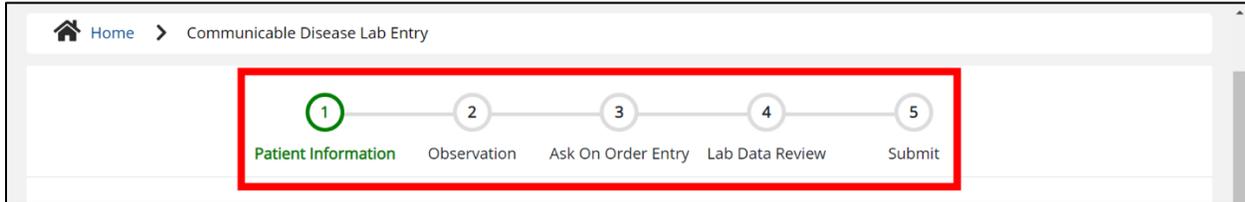
Only DDELR Submitter Role	Only Manual Case Reporter Role	Both DDELR Submitter and Manual Case Reporter Roles
<ul style="list-style-type: none"> ✓ User can access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition 	<ul style="list-style-type: none"> ✗ User cannot access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition 	<ul style="list-style-type: none"> ✓ User can access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition
<ul style="list-style-type: none"> ✗ User cannot submit any Case Reports for reportable conditions 	<ul style="list-style-type: none"> ✓ User can submit any Case Report for reportable conditions 	<ul style="list-style-type: none"> ✓ User can submit any Case Report for reportable conditions
<ul style="list-style-type: none"> ✗ User cannot initiate any Case Report from a previously submitted Communicable Disease Lab Entry 	<ul style="list-style-type: none"> ✗ User cannot initiate any Case Report from a previously submitted Communicable Disease Lab Entry 	<ul style="list-style-type: none"> ✓ User can initiate any Case Report from a previously submitted Communicable Disease Lab Entry

Please Note: Users with the *Manual Data Submission* role can access only the COVID-19 Lab Data Entry functionality to enter COVID-19 test results.

Users with the *Manual Data Submission* role **cannot** initiate a COVID-19 Case Report unless they are also provisioned with *Manual Case Reporter* role.

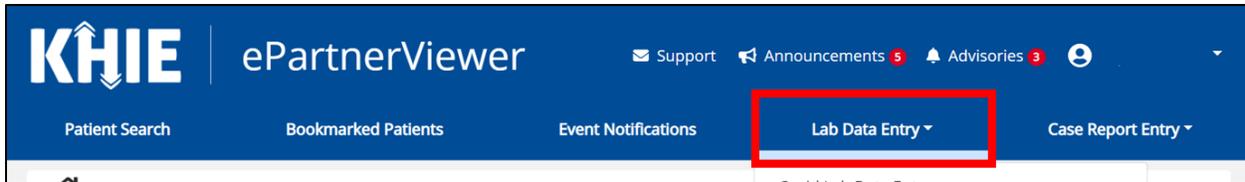
Communicable Disease Lab Entry Overview

The Communicable Disease Lab Entry is a five-step process where Users enter (1) Patient Information, (2) Observation Results, and answers to specific questions on the (3) Asked on Order Entry screen. The (4) **Lab Data Review** screen is where Users must review the information entered. The final step is (5) submitting the Communicable Disease Lab Entry.

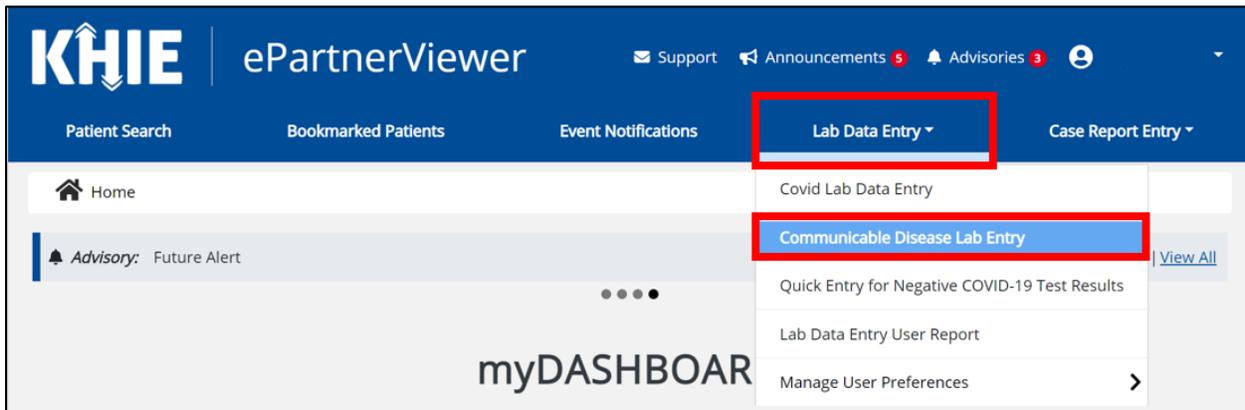


Users with the *DDELR Submitter* role are authorized to access the Communicable Disease Lab Entry functionality in the ePartnerViewer.

1. To enter communicable disease test results, click the **Lab Data Entry Tab** in the blue Navigation Bar at the top of the screen.



2. Select **Communicable Disease Lab Entry** from the dropdown menu.



Please Note: Only Users with the *DDELR Submitter* role have access to the **Communicable Disease Lab Entry** dropdown option on **Lab Data Entry Tab**.

The **Communicable Disease Lab Entry** dropdown option will **not** display for Users who do not have the *DDELR Submitter* role.

7 Patient Information

1. To start the Communicable Disease Lab Entry, you must complete the mandatory fields marked with **red asterisks (*)** on the **Patient Information** screen.

Communicable Disease Lab Entry

1 Patient Information 2 Observation 3 Ask On Order Entry 4 Lab Data Review 5 Submit

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

PATIENT INFORMATION

Performing Facility Name* Select...	Patient MRN* ⓘ
Prefix Select...	First Name*
Middle Initial	Last Name*
Suffix Select...	Social Security Number
Date of Birth* mm/dd/yyyy	Patient Sex* Select...
Race* Select...	Ethnicity* Select...
Address 1 ⓘ	Address 2 Unit, Suite, Building, etc.
City	State Select...
Zip Code	County Select...
Phone Number (XXX) XXX-XXXX	Email Address name@domain.com

Next

- 2. Select the **Performing Facility Name** from the dropdown menu. This will be the name of the organization that resulted the lab for which you are entering results. This is usually the name of the organization with which you are associated.

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

- 4. If available, enter the appropriate **Prefix** and **Suffix** from the dropdown menus.

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

A form section with four input fields. The 'Prefix' field contains 'Mr.'. The 'First Name*' field is empty. The 'Middle Initial' field is empty. The 'Last Name*' field is empty. Red boxes highlight the 'First Name*' and 'Last Name*' fields.

6. If available, enter the patient's **Social Security Number**.

A form section with two input fields. The 'Suffix' field has a dropdown menu with 'Select...' selected. The 'Social Security Number' field is empty. A red box highlights the 'Social Security Number' field.

7. Enter the patient's **Date of Birth** by clicking the *Date of Birth* field to bring up a calendar.

- You can click a **date on the calendar** or use the field dropdown menu to select the month and year. You **should ensure** you selected the correct year when using the calendar function.

A form section with several fields. The 'Date of Birth*' field contains '01/01/1960' and has a calendar icon. A calendar for 'January 1960' is open, showing dates from 27 to 6. The 'Patient Sex*' field has a dropdown menu with 'Select...' selected. The 'Ethnicity*' field has a dropdown menu with 'Select...' selected. The 'Address 2' field contains 'Unit, Suite, Building, etc.'. The 'State' field has a dropdown menu with 'Select...' selected. The 'Zip Code' and 'County' fields are empty. Red boxes highlight the 'Date of Birth*' field and the calendar.

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

A pop-up notification window titled 'Patient Information' with a close button (X). It contains a yellow warning icon and the text: 'The Date of Birth entered indicates that the patient is more than 100 years old. Is this correct?'. At the bottom, there are two buttons: 'Yes' and 'No'. Red boxes highlight the 'Yes' and 'No' buttons.

Please Note: If the date of birth is incorrect, click **No** to enter the correct date of birth. If the date of birth is correct, click **Yes** to confirm that the patient is either under one year old or more than 100 years old.

8. Select the appropriate **Patient Sex** from the dropdown menu.

A screenshot of a form field for 'Patient Sex*'. The dropdown menu is open, showing options: 'Select...', 'Female', 'Male', 'Other', and 'Unknown'. The 'Female' option is highlighted. A red box highlights the entire dropdown menu.

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

A screenshot of two dropdown menus: 'Race*' and 'Ethnicity*'. The 'Race*' menu is open, showing options: 'Select...', 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', 'Unknown', and 'White'. The 'Other Race' option is highlighted. A red box highlights the 'Race*' dropdown menu. The 'Ethnicity*' dropdown menu is also highlighted with a red box. Other form fields like 'Address 2', 'State', and 'County' are visible in the background.

10. If available, enter the patient's **Street Address, City, State, Zip Code, and County.**

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

A screenshot of the address section of the form. A tooltip is displayed over the 'Address 1' field, containing the text: 'Use the address of the patient tested. In cases of congregate care housing, utilize the address of the congregate care setting. Congregate care setting includes nursing homes, residential care for people with intellectual disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting.' The 'Address 1' field and other address fields ('Address 2', 'City', 'State', 'Zip Code', 'County') are highlighted with red boxes. Other form fields like 'Social Security Number', 'Patient Sex*', and 'Ethnicity*' are also visible.

11. If available, enter the patient's **Phone Number** and **Email Address**.

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

12. When you have completed the **Patient Information** screen, click **Next** to proceed to the **Observation** screen.

> Communicable Disease Lab Entry

1 Patient Information | 2 Observation | 3 Ask On Order Entry | 4 Lab Data Review | 5 Submit

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

PATIENT INFORMATION

Performing Facility Name* <input type="text" value="Test Medical Center"/>	Patient MRN* ? <input type="text" value="CK01011960"/>
Prefix <input type="text" value="Mr."/>	First Name* <input type="text" value="Cosmo"/>
Middle Initial <input type="text" value="A"/>	Last Name* <input type="text" value="Kramer"/>
Suffix <input type="text" value="Select..."/>	Social Security Number <input type="text" value="400-12-3456"/>
Date of Birth* <input type="text" value="01/01/1960"/>	Patient Sex* <input type="text" value="Male"/>
Race* <input type="text" value="Other Race"/>	Ethnicity* <input type="text" value="Not Hispanic or Latino"/>
Address 1 ? <input type="text" value="123 Seinfeld Lane"/>	Address 2 <input type="text" value="Unit, Suite, Building, etc."/>
City <input type="text" value="Lexington"/>	State <input type="text" value="KY"/>
Zip Code <input type="text" value="40509-"/>	County <input type="text" value="Fayette"/>
Phone Number <input type="text" value="(555) 123-1234"/>	Email Address <input type="text" value="cosmokramer@email.com"/>

Next

8 Observation

Ordering Section

On the **Observation** screen, you must select **at least one** of the options available for ordering details: **EITHER** the Ordering Facility **OR** the Ordering Provider. While it is not required to select an Ordering Provider **and** an Ordering Facility, you are encouraged to select an option for both sections if the information is available. The dropdown menu options display the Ordering Provider and Ordering Facility details entered on the **Manage User Preferences** screen.

The screenshot displays a multi-step process for entering case reports. At the top, a progress bar shows five steps: 1. Patient Information, 2. Observation (highlighted in green), 3. Ask On Order Entry, 4. Lab Data Review, and 5. Submit.

A message box states: "You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider."

The **ORDERING** section contains two dropdown menus:

- Facility Name**: A dropdown menu with "Select..." as the placeholder. A red callout box points to it with the text: "Option 1: Select the appropriate **Facility Name**."
- Provider Name**: A dropdown menu with "Select..." as the placeholder. A red callout box points to it with the text: "Option 2: Select the appropriate **Provider Name**."

Between the two dropdowns, the text **AND / OR** is displayed, indicating that selecting either one or both is acceptable.

The **OBSERVATION** section contains several input fields:

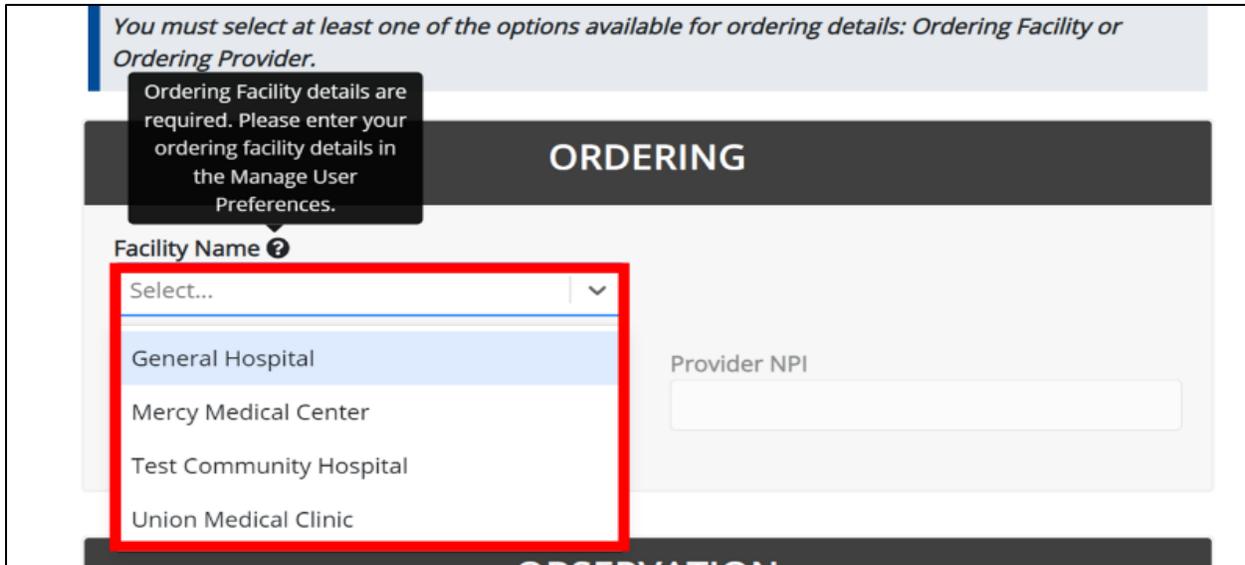
- Specimen Collection Date Time***: A date and time picker with the format "mm/dd/yyyy hh:mm a".
- Specimen Site**: A dropdown menu with "Select..." as the placeholder.
- Specimen Type***: A dropdown menu with "Select..." as the placeholder.
- Filler Order Number***: A text input field.
- Test Order LOINC***: A dropdown menu with "Select..." as the placeholder.
- Test Order Name***: A dropdown menu with "Select..." as the placeholder.
- Test Order Date Time**: A date and time picker with the format "mm/dd/yyyy hh:mm a".

Below these fields is a section for **Observation 1**, which includes:

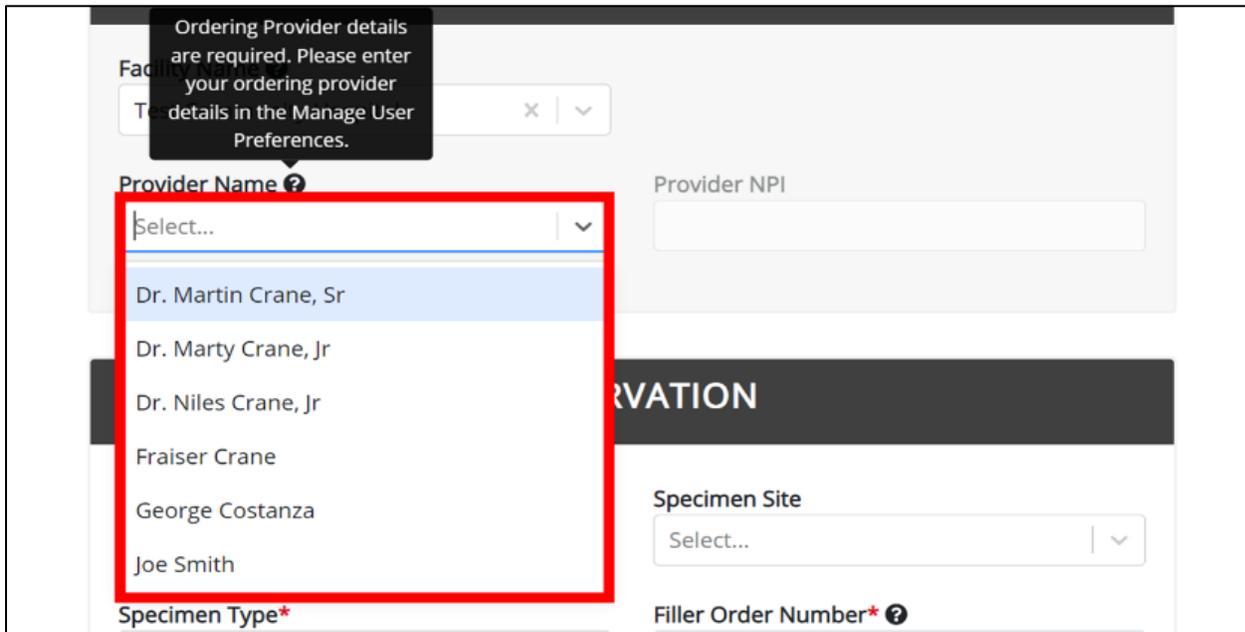
- Select Disease Type***: A dropdown menu with "Select..." as the placeholder.
- Select Condition***: A dropdown menu with "Select..." as the placeholder.
- Observation LOINC***: A dropdown menu with "Select..." as the placeholder.
- Observation Name***: A dropdown menu with "Select..." as the placeholder.

1. On the **Observation** screen, you must select **at least one** of the options available in the *Ordering* section: **Facility Name** or **Provider Name**.

- If applicable, select the appropriate **Facility Name** from the dropdown menu.



- If applicable, select appropriate **Provider Name** from the dropdown menu.



- Upon selecting the **Provider Name** from the dropdown menu, the *Provider NPI* field automatically populates.



Please Note: If you click **Next** but do **not** select at least one Provider or Facility, a banner displays with a message that states: *You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.*

You must select a **Facility Name** and/or **Provider Name** from the appropriate dropdown menu in order to add observations or proceed to the **Ask on Order Entry** screen.

Observation Section

After completing the *Ordering* section, you must enter observation results in the *Observation* section.

2. Select **Specimen Collection Date Time** from the calendar and time function.

3. If available, select the appropriate **Specimen Site** from the dropdown menu.

Specimen Collection Date Time*
07/01/2022 08:30 AM

Specimen Type*
Select...

Test Order LOINC*
Select...

Test Order Date Time
mm/dd/yyyy hh:mm a

Observation 1

Specimen Site
Select...
Bilateral Ears
Bilateral Eyes
Bilateral Nares
Buttock
Chest Tube
Left Antecubital Fossa
Left Anterior Chest

4. You must select a **Specimen Type** from the dropdown menu. The *Specimen Type* describes the method by which the sample was obtained.

Specimen Type*
Select...
Abscess
Amniotic fluid
Aspirate
Bile fluid
Blood - cord
Blood arterial
Blood bag

Filler Order Number* ?
[Empty text box]

Test Order Name*
Select... | v

Select Condition*
Select... | v

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

Specimen Collection Date Time*
07/01/2022 08:30 AM

Specimen Type*
Cornea

Specimen Site*
Bilatera

Filler Order Number* ?
[Empty text box]

A Filler Order Number is equivalent to an Accession Number and is used to log the receipt of a specimen.

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

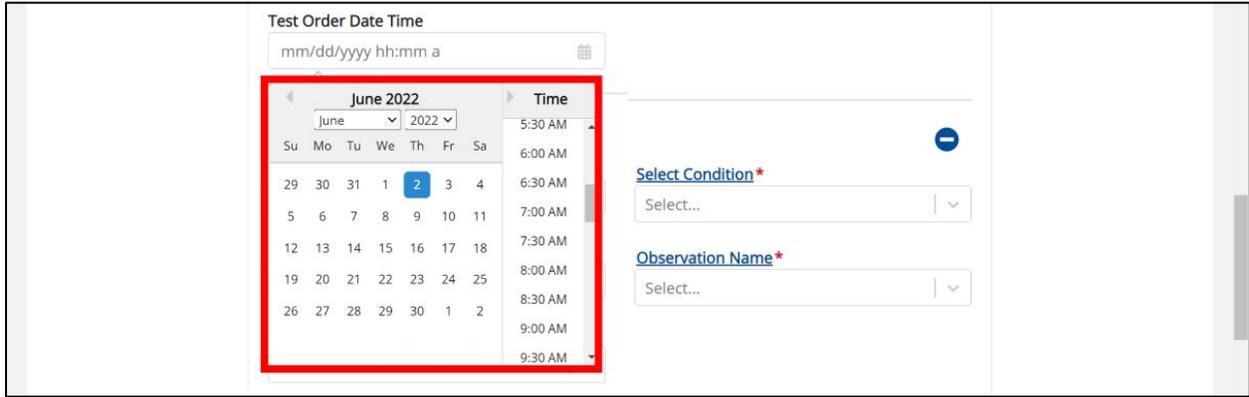
6. Select the appropriate **Test Order LOINC** from the dropdown menu.

7. Upon selecting the Test Order LOINC, the *Test Order Name* field is automatically populated.

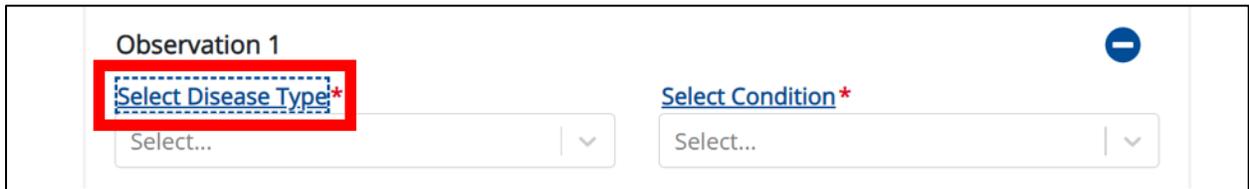
- You can select a different **Test Order Name** from the dropdown menu, if needed.

Please Note: The *Test Order Name* dropdown menu displays only the test order options that apply to the selected **Test Order LOINC**.

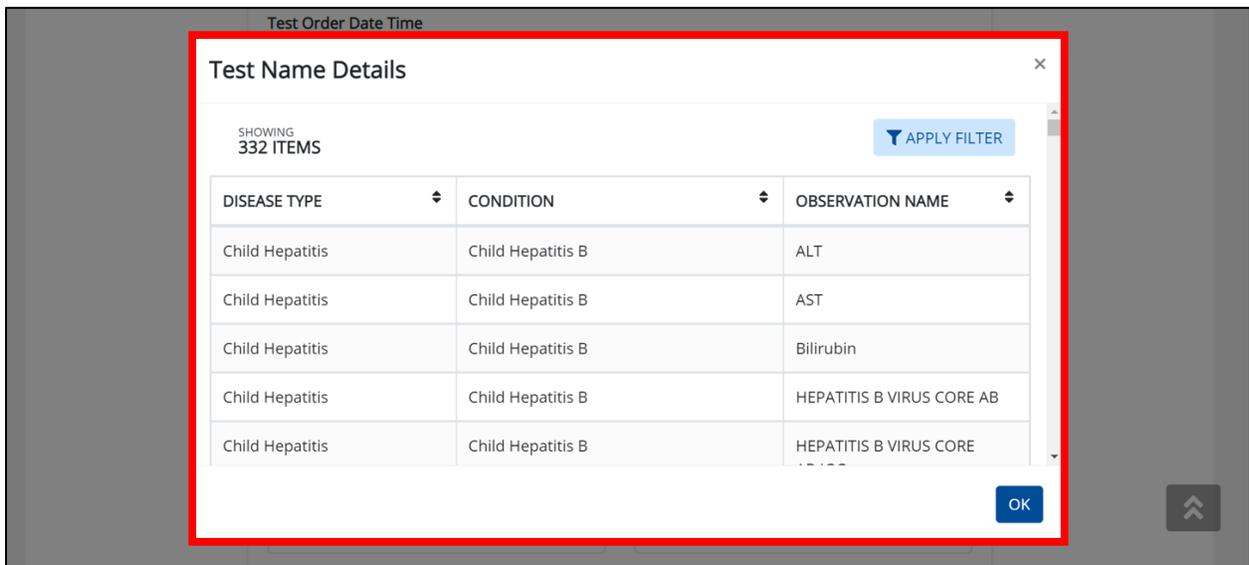
8. Select the **Test Order Date Time** from the calendar and time function.



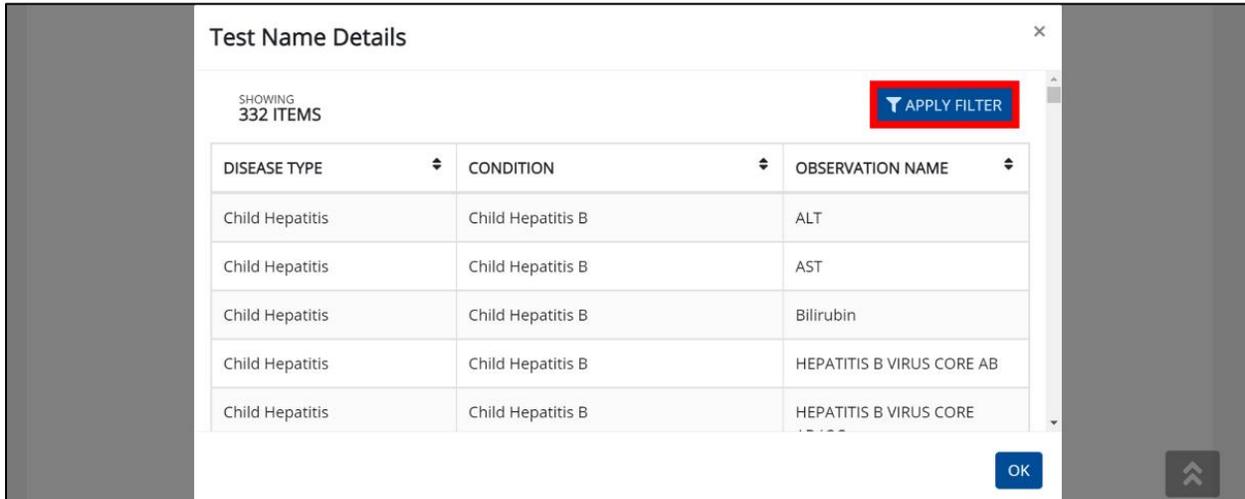
9. Click the **Select Disease Type** hyperlink to view a filterable and categorized list of disease types and disease names.



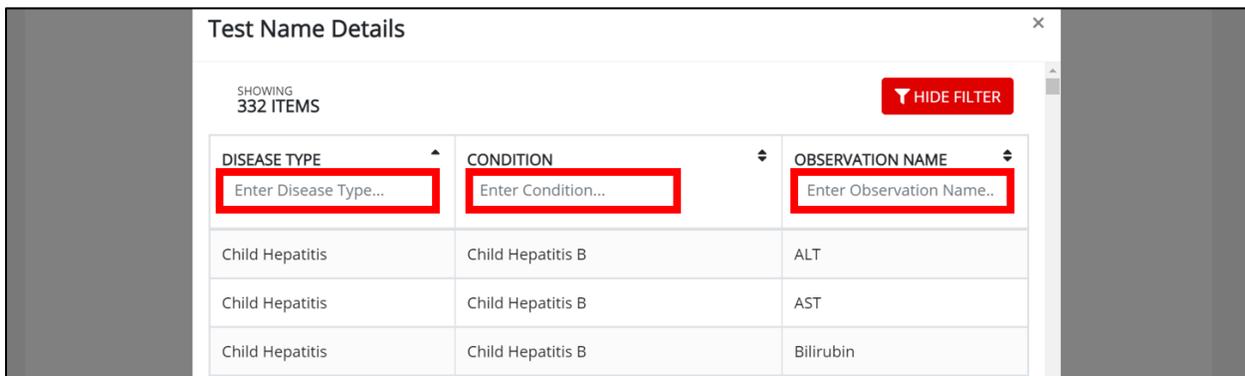
10. The *Test Name Details* pop-up displays the disease types, conditions, and observation names.



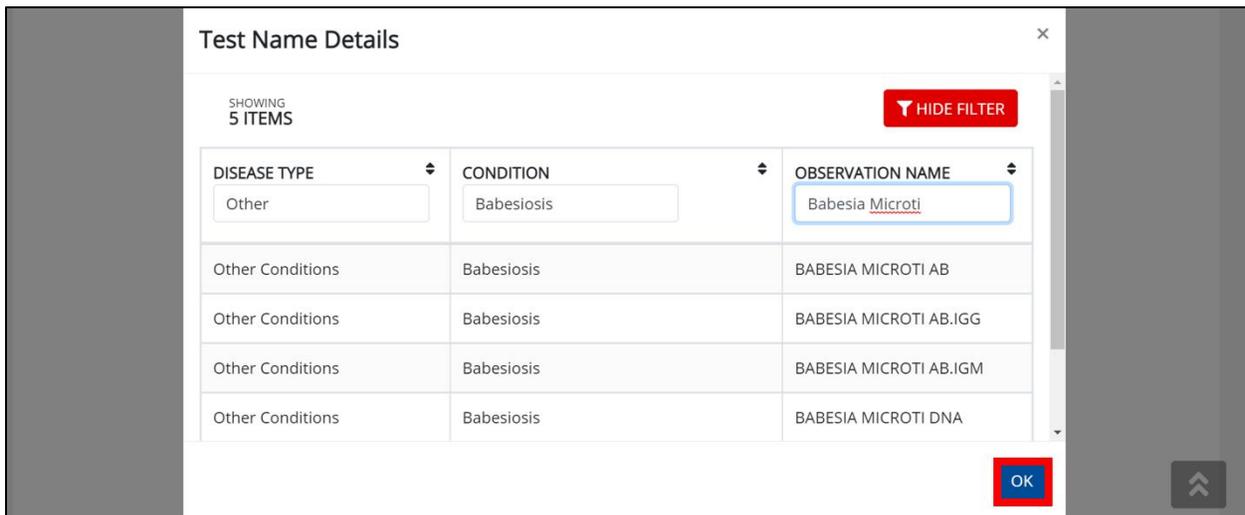
11. To search for a specific disease type, condition, and/or observation name, click **Apply Filter**.



12. The Filter fields display. Search by entering the **Disease Type**, **Condition**, and/or **Observation Name** in the corresponding Filter fields.



13. Once complete, click **OK** to close out of the pop-up.



14. Select the appropriate **Disease Type** from the *Select Disease Type* dropdown menu.

Please Note: The *Select Disease Type* dropdown menu displays **Perinatal Hepatitis** as a dropdown option only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen. This is because Perinatal Hepatitis Case Reports apply only to female patients.

- When **Male**, **Other**, or **Unknown** is selected as the Patient Sex, the *Select Disease Type* field does not display **Perinatal Hepatitis** as a dropdown option.

The *Select Disease Type* dropdown menu displays **Child Hepatitis** as a dropdown option only when the patient is under 5 years old, as indicated in the *Date of Birth* field on the **Patient Information** screen.

- When the patient is over 5 years old, the *Select Disease Type* field does not display **Child Hepatitis** as a dropdown option.

Please Note: The *Select Condition* dropdown menu does not display options until the **Disease Type** has been selected. The *Select Condition* dropdown menu displays only the conditions that apply to the selected **Disease Type**.

- 15. Select the appropriate **Disease Condition** from the *Select Condition* dropdown menu.
- When **Child Hepatitis** is selected as the Disease Type, the Select Condition dropdown menu displays Child Hepatitis B and C conditions.

Please Note: The *Select Disease Type* field displays **Child Hepatitis** as a dropdown option only when the patient is under 5 years old.

- When **MDRO** is selected as the Disease Type, the *Select Condition* dropdown menu displays MDRO conditions.

Select Disease Type*
MDRO

Select Condition*
Select...
Candida auris, clinical
Candida auris, colonization/screening
Carbapenem Resistant Acinetobacter baumannii (CRAB)
Carbapenem resistant Enterobacteriaceae (CRE)
Carbapenem-resistant Pseudomonas species (CRPA)

- When **Other Conditions** is selected as the Disease Type, the *Select Condition* dropdown menu displays Other Reportable Conditions.

Select Disease Type*
Other Conditions

Select Condition*
Select...
Adult Botulism
Anaplasmosis
Anthrax
Babesiosis
Brucellosis
Campylobacteriosis
Chikungunya, Neuroinvasive

- When **Perinatal Hepatitis** is selected as the Disease Type, the *Select Condition* dropdown menu displays Perinatal Hepatitis B and C conditions.

Select Disease Type*
Perinatal Hepatitis

Select Condition*
Select...
Perinatal Hepatitis B
Perinatal Hepatitis C

Please Note: The *Select Disease Type* field displays **Perinatal Hepatitis** as a dropdown option only when **Female** is selected as the Patient Sex.

- When **STD** is selected as the Disease Type, the *Select Condition* dropdown menu displays Sexually Transmitted Disease conditions.

The screenshot shows two dropdown menus side-by-side. The first is labeled 'Select Disease Type*' and has 'STD' selected. The second is labeled 'Select Condition*' and is open, showing a list of conditions: 'Chancroid', 'Chlamydia Trachomatis Infection', 'Gonorrhea', and 'Syphilis'. Both dropdowns are highlighted with a red border.

- Click the **Select Condition hyperlink** to view a filterable and categorized list of disease types and disease names. This is the same *Test Name Details* pop-up that displays upon clicking the **Select Disease Type hyperlink**.

The screenshot shows the 'Observation 1' section. It contains two dropdown menus. The first is 'Select Disease Type*' with 'Other Conditions' selected. The second is 'Select Condition*' which is highlighted with a red border and has 'Select...' as the current selection.

16. Select the appropriate **Observation LOINC** from the dropdown menu.

The screenshot shows the 'Observation LOINC*' dropdown menu open. It lists several LOINC codes: 10347-3, 16117-4, 21089-8, 22106-9, 22107-7, 22850-2, and 22853-6. The dropdown is highlighted with a red border.

Please Note: The *Observation LOINC* dropdown menu does not display options until the **Condition** has been selected. The *Observation LOINC* dropdown menu displays only the conditions that apply to the selected **Condition**.

Please Note: Upon selecting the **Observation LOINC**, the *Observation Name* field is automatically populated with an applicable Observation Name. The *Observation Name* dropdown menu displays the Observation Name options that apply only to the selected **Observation LOINC**.

17. Select the appropriate **Observation Name** from the dropdown menu. You can select a different Observation Name from the dropdown menu, if needed.

- Click the **Observation Name hyperlink** to view a filterable and categorized list of disease types and disease names. This is the same *Test Name Details* pop-up that displays upon clicking the **Select Disease Type hyperlink**.

18. Select the appropriate **Result Type** from the dropdown menu.

Result Type Dynamic Fields

The *Result Type* field is a dynamic field. Based on the selected **Result Type**, the **Observation** screen will display different subsequent fields. Prior to selecting the **Result Type**, the following subsequent fields display:

- *Observation Result Date Time* field (Mandatory field)
- *Observation Units* field (Optional field)

19. Upon selecting **Coded Results** as the Result Type, the mandatory *Observation Result* field displays.

- You must select the appropriate **Observation Result** from the dropdown menu.

The screenshot shows a form with the following fields:

- Result Type***: Coded Result
- Observation Result Date Time***: mm/dd/yyyy hh:mm a
- Reference Range**: (empty)
- Notes**: (empty)
- Observation Result***: Select... (dropdown menu open with options: +, ++, +++, +++++, Abnormal, Abnormal presence of, Abnormal result)

20. Upon selecting **Numeric** as the Result Type, the mandatory *Observation Result* textbox field displays, and the *Observation Units* field becomes mandatory.

- You must enter the **Observation Result** in the textbox field.
- You must select the appropriate **Observation Units** from the dropdown menu.

The screenshot shows a form with the following fields:

- Result Type***: Numeric
- Observation Result Date Time***: mm/dd/yyyy hh:mm a
- Reference Range**: (empty)
- Notes**: (empty)
- Observation Result***: (text input field)
- Observation Units***: Select... (dropdown menu open with options: % - Percent, (arb_u) - *Arbitrary unit, (bdsk_u) - *Bodansky Units, (bsa) - *Body surface area, (cal) - *Calorie, (cfu) - *Colony Forming Units, (drop) - Drop)

21. Upon selecting **String Data** as the Result Type, the mandatory *Observation Result* textbox field displays.

- You must enter the **Observation Result** in the textbox field.

22. Upon selecting **Structured Numeric** as the Result Type, the following four (4) fields display:

- *Comparator* dropdown menu (Optional)
- *Result Value 1* textbox (Mandatory)
- *Separator* dropdown menu (Optional)
- *Result Value 2* textbox (Optional)

- If applicable, select the appropriate **Comparator** from the dropdown menu.
- You must enter the **Result Value 1** in the textbox field.

- If applicable, select the appropriate **Separator** from the dropdown menu.
- If applicable, enter the **Result Value 2** in the textbox field.

The screenshot shows a form with the following fields:

- Result Type***: Structured Numeric
- Comparator**: <
- Separator**: A dropdown menu with options: +, :, -, /
- Result Value 1***: (Empty text box)
- Result Value 2**: (Empty text box, highlighted with a red box)
- Observation Units***: Select...
- Abnormal Flag**: Select...
- Notes**: (Label at the bottom left)

23. Select the **Observation Result Date Time** from the calendar and time function.

The screenshot shows a form with the following fields:

- Observation Result Date Time***: mm/dd/yyyy hh:mm a (highlighted with a red box)
- Observation Units**: Select...
- Reference Range**: (Empty text box)
- Abnormal Flag**: Select...

Please Note: The **Specimen Collection Date Time** cannot occur *after* the **Observation Result Date Time**. The **Specimen Collection Date Time** must occur on the same date or any date BEFORE the **Observation Result Date Time**.

If you enter a **Specimen Collection Date** that occurs after the **Observation Result Date**, both fields are marked as invalid. If you click **Next**, the **Observation** screen is grayed out and displays a message that states: *Specimen date cannot be later than the Observation date, please provide valid Specimen date.*

To proceed, you must enter a valid **Specimen Collection Date Time** that occurs on or BEFORE the **Observation Result Date Time**.

24. If applicable, select the appropriate **Observation Units** from the dropdown menu.

Please Note: The *Observation Units* field becomes mandatory only when **Numeric** is selected as the Result Type.

25. If applicable, enter the **Reference Range** in the textbox field.

Reference Range

Abnormal Flag

26. If applicable, select the appropriate **Abnormal Flag** from the dropdown menu.

Reference Range

Abnormal Flag

Notes

0/300 Characters

+ Add Observation

27. If applicable, enter **Notes about the observation** in the *Notes* textbox.

Reference Range

Abnormal Flag

Notes

0/300 Characters

+ Add Observation

Adding Multiple Observations

28. You can click **Add Observation** to log the details for multiple observations. This means that you can easily enter additional observation details on the same patient.

Notes

Observation 1 details

21/300 Characters

+ Add Observation

Previous Next

Please Note: The Communicable Disease Lab Entry allows Users to enter up to 70 observations for multiple diseases at the same time for the same patient.

Observation 1 +

Observation 2 -

Select Disease Type* Select... | v

Select Condition* Select... | v

Observation LOINC* Select... | v

Observation Name* Select... | v

Result Type* Select... | v

Observation Result Date Time* mm/dd/yyyy hh:mm a

Observation Units Select... | v

Reference Range

Abnormal Flag Select... | v

Notes

0/300 Characters

+ Add Observation

29. Once the **Observation** screen is complete, click **Next** to proceed to the **Ask on Order Entry** screen.

1 Patient Information 2 Observation 3 Ask On Order Entry 4 Lab Data Review 5 Submit

You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider.

ORDERING

Facility Name

Provider Name Provider NPI

OBSERVATION

Specimen Collection Date Time* Specimen Site

Specimen Type* Filler Order Number*

Test Order LOINC* Test Order Name*

Test Order Date Time

Observation 1

Select Disease Type* Select Condition*

Observation LOINC* Observation Name*

Result Type* Observation Result*

Observation Result Date Time* Observation Units

Reference Range Abnormal Flag

Notes
Observation 1 details
21/300 Characters

Observation 2
Observation 3
Observation 4

9 Ask on Order Entry

There are a series of questions that healthcare providers may ask patients regarding communicable disease testing. Users should enter the answers to these questions on the **Ask on Order Entry** screen.

30. Select the **appropriate answer** from the *First Test* dropdown menu to report whether this is the first time the patient has ever been tested for the reportable condition(s) of interest. The objective is to find out whether the patient has ever been tested *anywhere* not just at your organization.

Please Note: Hovering over the **Help Icon** provides additional reporting guidance for each field on the **Ask on Order Entry** screen.

31. Select the **appropriate answer** from the *Symptoms* dropdown menu to report whether the patient has symptoms related to the condition(s) of interest.

- When **Yes** is selected, the subsequent *Onset Date* field is enabled. You must enter the **Date of Onset** by entering the month, day, and year when symptoms began in the *Onset Date* field.

- When **No** is selected, the subsequent *Onset Date* field is grayed out and disabled.

32. Select the **appropriate answer** from the *ICU* dropdown menu to report whether the patient has been admitted or transferred to the Intensive Care Unit (ICU).

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

ICU ?

Select...

No

Unknown

Yes

Hospitalization ?

Select...

Congregate ?

Select...

Pregnant ?

Select...

Previous Next

33. Select the **appropriate answer** from the *HCW* dropdown menu to report whether the Patient is a Health Care Worker (HCW).

Please provide additional details.

ASK ON

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

First Test ?

Yes

Symptoms ?

Yes

Onset Date ?

06/15/2022

ICU ?

No

HCW ?

Select...

No

Unknown

Yes

Pregnant ?

Select...

34. Select the **appropriate answer** from the *Hospitalization* dropdown menu to report whether the patient has been hospitalized.

The screenshot shows the 'ASK ON ORDER' form. The 'Hospitalization' dropdown menu is open, showing options: 'No', 'Unknown', and 'Yes'. The 'No' option is highlighted. A tooltip above the dropdown reads: 'Yes, if patient has been hospitalized for the reportable illness/condition that this order has been placed for (suspected or diagnosed). When ordered during ER duration, the answer would be No.'

Please Note: You should select **No** from the *Hospitalization* dropdown menu if this test was ordered during an ER visit.

35. Select the **appropriate answer** from the *Congregate* dropdown menu to report whether the patient is a resident in a congregate care setting. Hovering over the **Help Icon** provides guidance to identify congregate care settings and assist with answering this question.

The screenshot shows the 'ASK ON ORDER ENTRY' form. The 'Congregate' dropdown menu is open, showing options: 'No', 'Unknown', and 'Yes'. The 'No' option is highlighted. A tooltip above the dropdown reads: 'Yes, if is a resident in a congregate care setting such as: nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting.'

36. Select the **appropriate answer** from the *Pregnant* dropdown menu to report the status of pregnancy for the patient.

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

The screenshot shows a form with a date field set to 06/15/2022 and an ICU field set to No. A tooltip above the Pregnant field reads: "Pregnant, if this individual is female and is pregnant." The dropdown menu is open, showing the following options: "Select...", "Not pregnant", "Patient currently pregnant", "Possible pregnancy", and "Unknown". The "Not pregnant" option is highlighted.

Please Note: The *Pregnant* field is enabled only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen. When **Male**, **Other**, or **Unknown** is selected as the Patient Sex, the *Pregnant* field is grayed out and disabled.

The screenshot shows the ICU field set to No and the Pregnant field set to "Select...". The Pregnant field is highlighted with a red box, indicating it is disabled.

37. Once the **Ask on Order Entry** screen is complete, click **Next** to proceed to the **Lab Data Review** screen.

The screenshot shows the "ASK ON ORDER ENTRY" screen. At the top, a progress bar indicates the current step (3) and previous steps (1, 2) are completed. The steps are: 1 Patient Information, 2 Observation, 3 Ask On Order Entry, 4 Lab Data Review, and 5 Submit. Below the progress bar, a message says "Please provide additional details." The main form contains the following fields: First Test (No), Symptoms (Yes), Onset Date (06/15/2022), ICU (No), HCW (No), Hospitalization (Yes), Congregate (No), and Pregnant (Not pregnant). At the bottom right, there are "Previous" and "Next" buttons.

10 Lab Data Review

The **Lab Data Review** screen displays a summary of the information you have entered. The **Lab Data Review** screen is not a submission of the lab results entered. Prior to submitting the lab results, review this screen to verify the accuracy of the information entered. You must click **Submit** in order to submit the Communicable Disease Lab Entry.

LAB DATA REVIEW

Please confirm lab data entries are accurate. To edit the information, click the appropriate hyperlink or click on the navigation bar. To return to the Lab Data Review page, click Next at the bottom of the screen.

Patient Information

Performing Facility Name Test Medical Center	Patient MRN SR07061980	Name Miss Susan Ross
Date of Birth 07/06/1980	Patient Sex Female	Race White
Ethnicity Not Hispanic or Latino	Address 1 77 Costanza Court	City Frankfort
State KY	Zip Code 40601-	County Franklin

Ordering

Facility Name Test Community Hospital	Provider Name Dr. Fraiser Crane, Jr	Provider NPI 1234543210
--	--	----------------------------

Observation

Specimen Collection Date Time 06/27/2022 11:30 AM	Specimen Site Bilateral Ears	Specimen Type Abscess
Filler Order Number SR06272022	Test Order LOINC 10347-3	Test Order Name BABESIA MICROTI IDENTIFIED
Test Order Date Time 06/26/2022 1:00 PM		

Observation 1

Select Disease Type Perinatal Hepatitis	Select Condition Perinatal Hepatitis B	Observation LOINC 10900-9
Observation Name HEPATITIS B VIRUS SURFACE AB	Result Type Coded Result	Observation Result + DETECTED

38. Review the *Patient Information* section.

1 Patient Information 2 Observation 3 Ask On Order Entry 4 Lab Data Review 5 Submit

Please confirm lab data entries are accurate. To edit the information, click the appropriate hyperlink or click on the navigation bar. To return to the Lab Data Review page, click Next at the bottom of the screen.

LAB DATA REVIEW

Patient Information

Performing Facility Name Test Medical Center	Patient MRN EB02151970	Name Miss Elaine Benes
Social Security Number 400-00-0000	Date of Birth 02/15/1970	Patient Sex Female
Race White	Ethnicity Not Hispanic or Latino	Address 1 123 Peterman Way
Address 2 Apt. A	City Lexington	State KY
Zip Code 40509-	County Fayette	Phone Number (555) 222-2222
Email Address elainebenes@email.com		

Ordering

Facility Name Test Community Hospital	Provider Name Dr. Niles Crane, Jr	Provider NPI 1098765432
--	--------------------------------------	----------------------------

Observation

- Click the **header** of any section to hide or display the details for that section.

LAB DATA REVIEW

Patient Information

Ordering

Facility Name Test Community Hospital	Provider Name Dr. Niles Crane, Jr	Provider NPI 1098765432
--	--------------------------------------	----------------------------

39. Review the *Ordering* section.

Ordering		
Facility Name Test Community Hospital	Provider Name Dr. Niles Crane, Jr	Provider NPI 1098765432

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

40. Review the *Observation* section.

Observation		
Specimen Collection Date Time 07/01/2022 8:30 AM	Specimen Site Other	Specimen Type Body fluid, unsp
Filler Order Number EB07012022	Test Order LOINC 10347-3	Test Order Name BABESIA MICROTI IDENTIFIED
Test Order Date Time 06/30/2022 12:00 PM		
Observation 1		
Select Disease Type Other Conditions	Select Condition Babesiosis	Observation LOINC 10347-3
Observation Name BABESIA MICROTI IDENTIFIED	Result Type Coded Result	Observation Result - NEGATIVE
Observation Result Date Time 07/01/2022 2:30 PM	Observation Units % - Percent	Abnormal Flag Abnormal
Notes Observation 1 details		
Observation 2		
Select Disease Type STD	Select Condition Chlamydia Trachomatis Infection	Observation LOINC 21613-5
Observation Name Chlamydia trachomatis DNA by NAA with probe detection	Result Type Coded Result	Observation Result + POSITIVE
Observation Result Date Time 07/01/2022 3:00 PM	Abnormal Flag Abnormal	Notes Observation 2 details

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

41. Review the *Ask on Order Entry* section.

Ask On Order Entry		
First Test No	HCW No	Symptoms Yes
Onset Date 2021/03/24	Hospitalization No	Congregate No
ICU No	Pregnant Not pregnant	

Click Hyperlinks to Edit

42. If after reviewing, changes are required, click the corresponding **section header hyperlink** to navigate to the appropriate screen or section to edit the information.

- For example, to navigate to the **Observation** screen, click the **Observation** hyperlink in the section header.
- If multiple observations are entered, click the appropriate **numbered Observation hyperlink** to navigate directly to that specific Observation. For example, upon clicking the **Observation 1** hyperlink, you will be navigated directly to the *Observation 1* section of the **Observation** screen.

Observation		
Specimen Collection Date Time 07/01/2022 8:30 AM	Specimen Site Other	Specimen Type Body fluid, unsp
Filler Order Number EB07012022	Test Order LOINC 10347-3	Test Order Name BABESIA MICROTI IDENTIFIED
Test Order Date Time 06/30/2022 12:00 PM		
Observation 1		
Select Disease Type Other Conditions	Select Condition Babesiosis	Observation LOINC 10347-3
Observation Name BABESIA MICROTI IDENTIFIED	Result Type Coded Result	Observation Result NEGATIVE
Observation Result Date Time 07/01/2022 2:30 PM	Observation Units % - Percent	Abnormal Flag Abnormal

43. Once the appropriate edits are completed on the selected screen or section, click **Next** until you navigate back to the **Lab Data Review** screen.

The screenshot shows a form for 'Observation 1'. The fields are: 'Select Disease Type*' (Other Conditions), 'Select Condition*' (Babesiosis), 'Observation LOINC*' (10347-3), 'Observation Name*' (BABESIA MICROTI IDENTIFIED), 'Result Type*' (Coded Result), and 'Observation Result*' (Identified). A dropdown menu for 'Observation Result*' is open, showing options: Nothing, Null, Numerous, Peak, Positive (highlighted), Present, and Reactive. Below the form is a section for 'Observation 2' with a trash icon and an 'Add Observation' button. At the bottom right, there are 'Previous' and 'Next' buttons, with 'Next' highlighted in red.

44. Review your edits on the **Lab Data Review** screen.

The screenshot shows the 'Lab Data Review' screen for 'Observation 1'. The data is summarized as follows:

Select Disease Type Other Conditions	Select Condition Babesiosis	Observation LOINC 10347-3
Observation Name BABESIA MICROTI IDENTIFIED	Result Type Coded Result	Observation Result + POSITIVE
Observation Result Date Time 07/01/2022 2:00 PM	Observation Units % - Percent	Abnormal Flag Abnormal

Notes: Observation 1 details

Below the summary is a section for 'Observation 2' with a trash icon. The 'Observation Result' field in the summary is highlighted with a red box.

45. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Communicable Disease Lab Entry.

Ask On Order Entry		
First Test No	HCW No	Symptoms Yes
Onset Date 2021/03/24	Hospitalization No	Congregate No
ICU No	Pregnant Not pregnant	

Previous Submit

46. All data submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Communicable Disease Lab Entry or **Submit** to finalize the Communicable Disease Lab Entry.

Onset Date
06/15/2022

ICU
No

Communicable Disease Lab 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

Previous Submit

Please Note: Upon clicking **Submit** to finalize the Communicable Disease Lab Entry submission, the **Lab Data Review** screen displays a pop-up notification that provides the option for Users to initiate an applicable Case Report for the same patient.

11 Initiate Case Report from Communicable Disease Lab Entry

Initiate Feature Overview

The **Initiate** feature allows Users with **both** the *DDELR Submitter* role **and** the *Manual Case Reporter* role to initiate any applicable Case Report with information from a previously submitted Communicable Disease Lab Entry. This allows Users to copy the information from a completed Communicable Disease Lab Entry into an applicable Case Report, enter additional details, and submit the Case Report for the patient. This means that certain information entered on the Communicable Disease Lab Entry will be auto-populated in the initiated Case Report. Users can update the appropriate information and submit an applicable Case Report for the same patient.

There are three (3) methods for initiating a Case Report from a previously submitted Communicable Disease Lab Entry:

1. Initiate an applicable Case Report upon Communicable Disease Lab Entry submission from the **Lab Data Review** screen.
2. Initiate an applicable Case Report from the **Case Report Entry User Summary** screen.
3. Initiate an applicable Case Report from the **Lab Results Submitted by User** screen.

Communicable Disease Lab Entry Submission

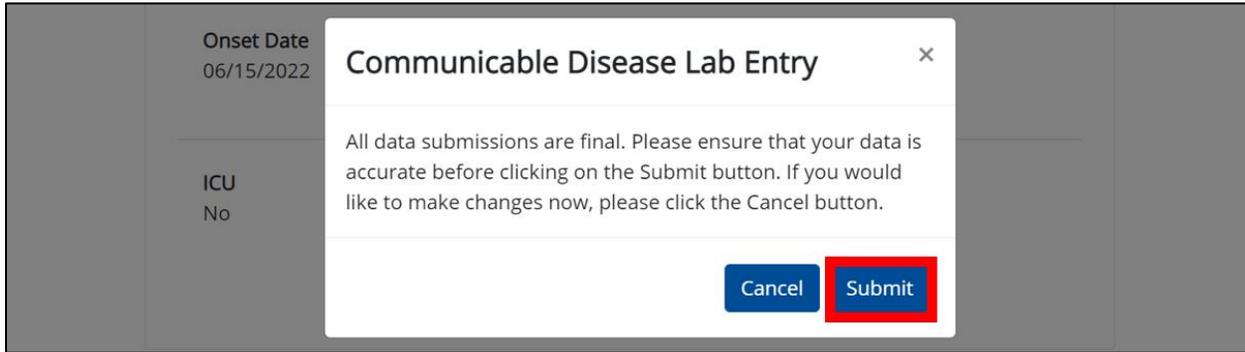
These steps cover how to initiate a Case Report Form for reportable test results upon submitting a Communicable Disease Lab Entry in the ePartnerViewer. The **Lab Data Review** screen displays a pop-up notification that provides the option for authorized ePartnerViewer Users to initiate a Case Report upon submitting a Communicable Disease Lab Entry.

1. Once you complete the Communicable Disease Lab Entry, review the information you entered on the **Lab Data Review** screen. After verifying the information is accurate and/or the appropriate changes have been made, click **Submit** to submit the Communicable Disease Lab Entry.

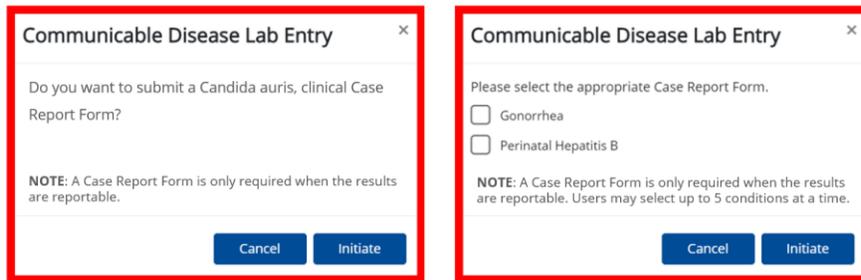
First Test No	HCW No	Symptoms Yes
Onset Date 2021/03/24	Hospitalization No	Congregate No
ICU No	Pregnant Not pregnant	

Previous
Submit

2. A pop-up notification displays to confirm the submission. Select **Cancel** to continue reviewing the Communicable Disease Lab Entry or **Submit** to finalize the Communicable Disease Lab Entry.



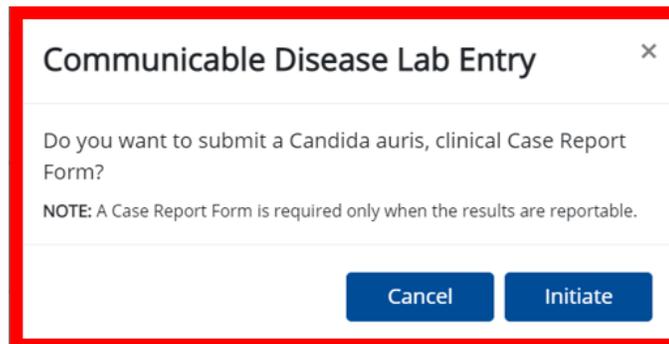
3. Upon clicking **Submit**, the *Communicable Disease Lab Entry* pop-up notification displays to provide the option to initiate an applicable Case Report for the patient .



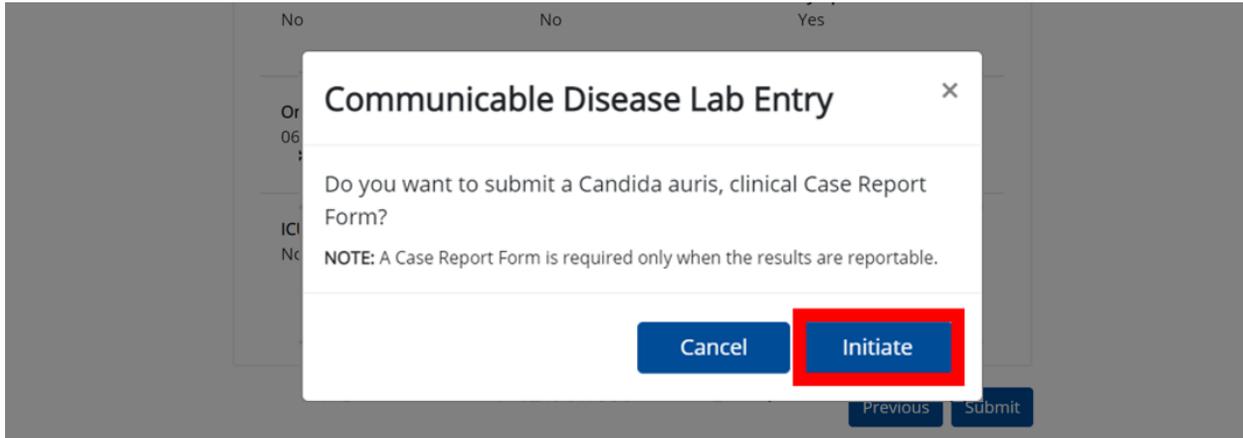
Please Note: The *Communicable Disease Lab Entry* pop-up displays only the Case Report option(s) that apply to the condition(s) entered on the submitted Communicable Disease Lab Entry.

- If the Communicable Disease Lab Entry had only **one condition** or multiple observations with the **same condition**, the pop-up notification will display with a message that states:

Do you want to submit a [selected condition] Case Report Form? NOTE: A Case Report Form is only required when the results are reportable.



- You have the option to select **Cancel** if you do not want to initiate the Case Report. To initiate the applicable Case Report for the same patient, click **Initiate**.

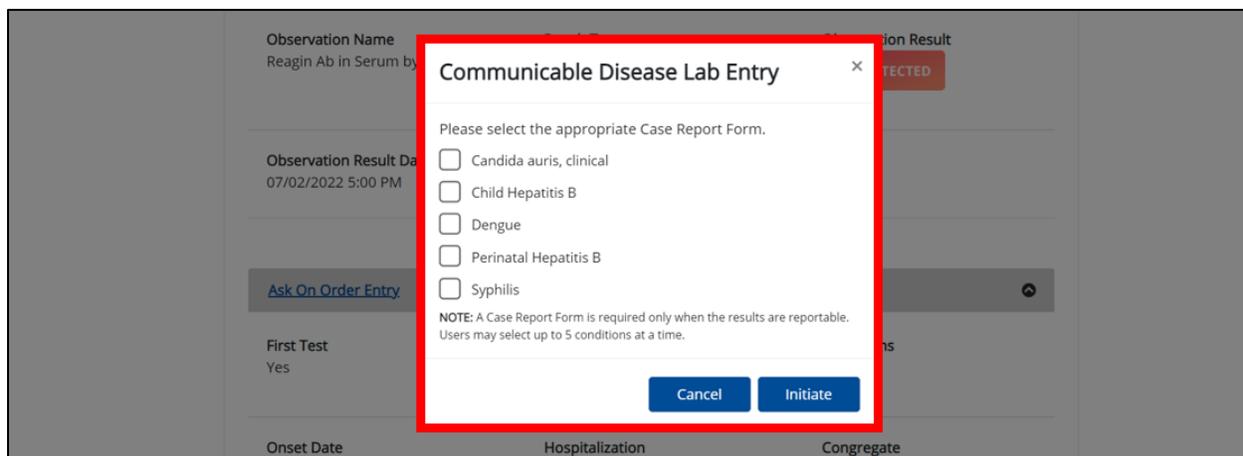


Please Note: Upon clicking **Cancel** on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of a blank Communicable Disease Lab Entry. From here, you can start a new Communicable Disease Lab Entry.

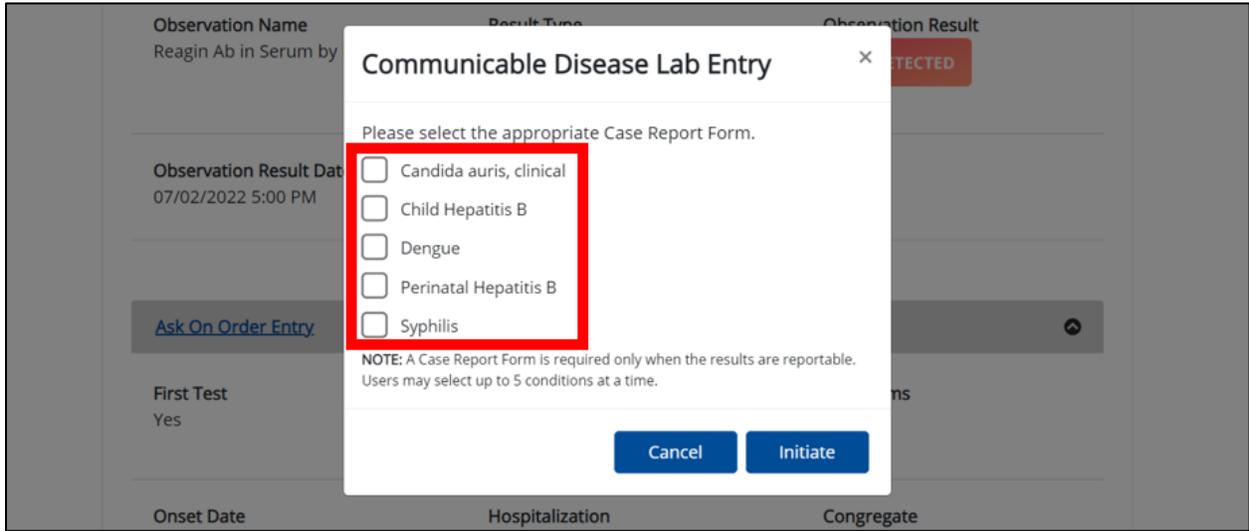
Upon clicking **Initiate** on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of the selected Case Report.

- For specific information on the **Patient Information** screen of the selected Case Report, please review the appropriate *Initiate Case Report* section of this guide.

- If the Communicable Disease Lab Entry had **multiple** observations for **different conditions**, the pop-up notification will display the applicable Case Report options with a message that states:
Please select the appropriate Case Report Form. NOTE: A Case Report Form is required when the results are reportable. Users may select up to 5 conditions at a time.

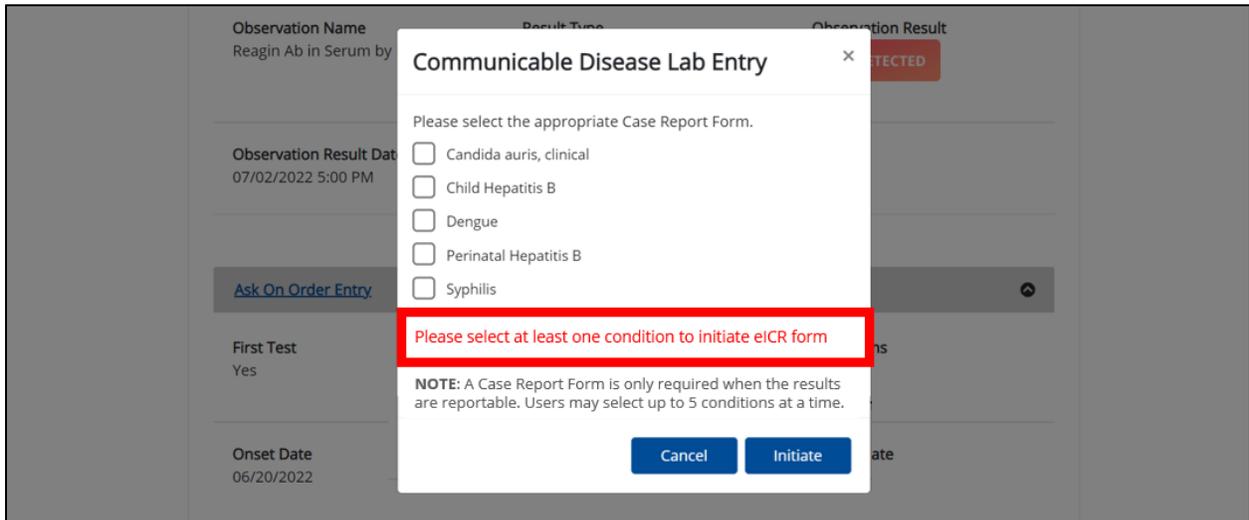


- 5. Click the **Checkbox** next to the appropriate **condition(s)** to initiate the applicable Case Report(s) for the patient. You are required to select at least one condition to initiate a Case Report.

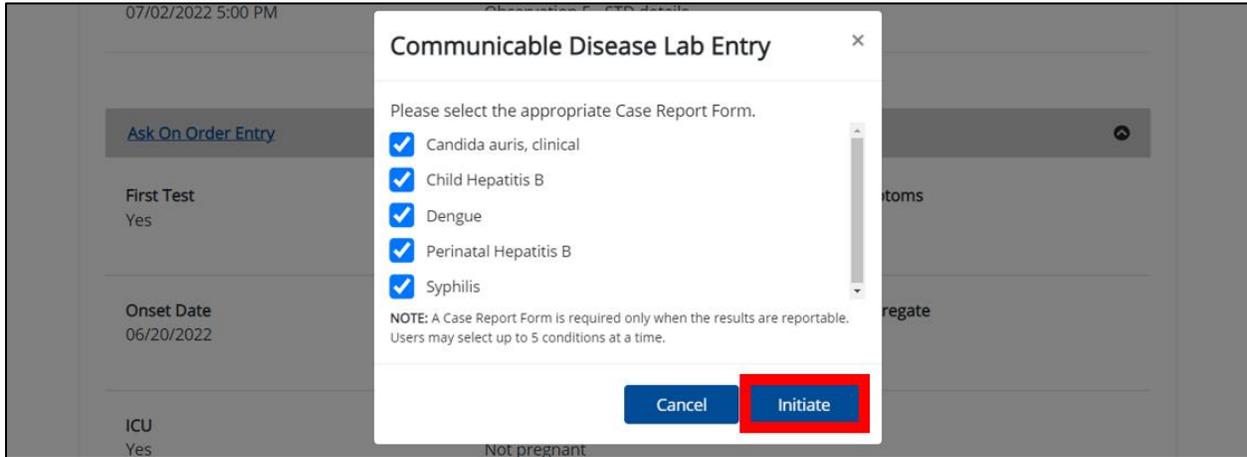


Please Note: If you clicked **Initiate** but did **not** select a condition on the *Communicable Disease Lab Entry* pop-up notification, the following error message will display:
Please select at least one condition to initiate eICR form.

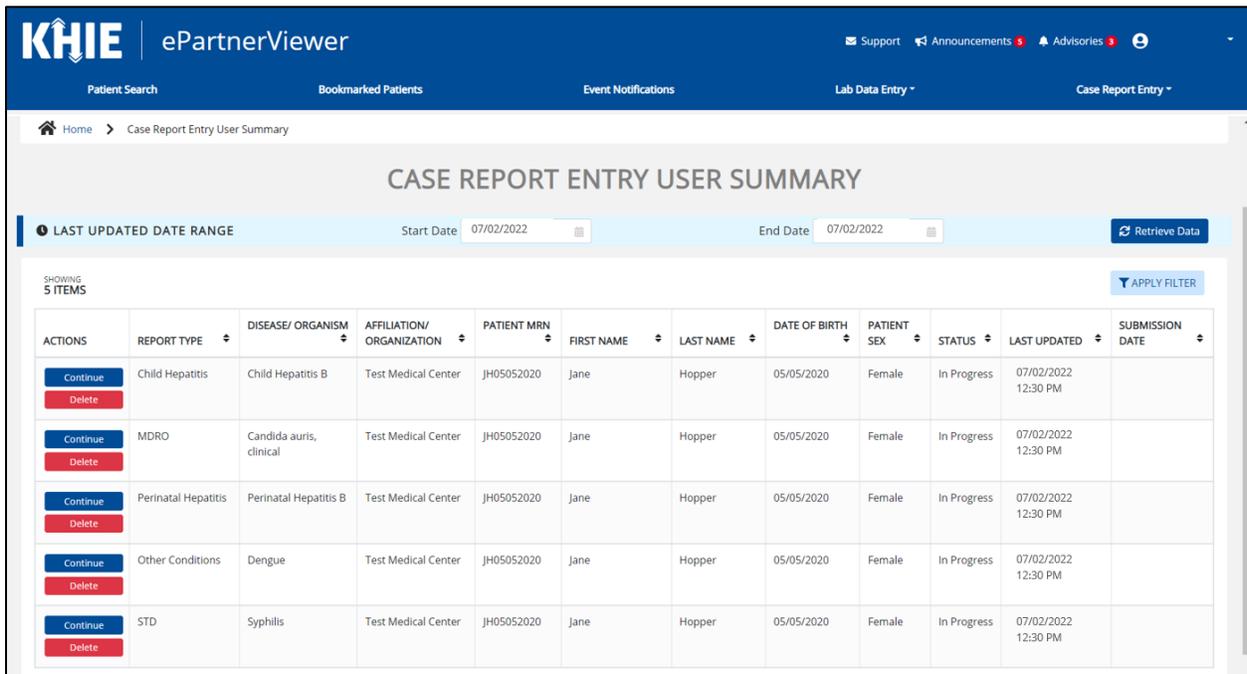
To initiate a Case Report, you must select **at least one** condition on the *Communicable Disease Lab Entry* pop-up notification. If applicable, you have the option to select up to 5 conditions.



- Once you have selected at least one Case Report, click **Initiate** to start the applicable Case Report for the same patient.



- If you selected multiple Case Reports and clicked **Initiate** on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Case Report User Summary** screen.



Please Note: If you selected only one Case Report Form on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of the selected Case Report.

- For specific information on the **Patient Information** screen of the selected Case Report, please review the appropriate *Initiate Case Report* section of this guide.

Case Report Entry User Summary

Users are automatically navigated to the **Case Report User Summary** screen upon selecting multiple Case Report Forms on the *Communicable Disease Lab Entry* pop-up notification or upon submission of a Case Report. The **Case Report Entry User Summary** screen displays all submitted and in-progress case reports you have entered. Users must select which Case Report they wish to initiate for the patient. These steps cover how to initiate an applicable Case Report from a previously submitted Communicable Disease Lab Entry on the **Case Report User Summary** screen.

8. The **Case Report Entry User Summary** screen displays multiple applicable Case Reports for the *different* conditions entered on the Communicable Disease Lab Entry submitted for the patient. You can choose which Case Report you wish to complete first for the patient.

CASE REPORT ENTRY USER SUMMARY											
LAST UPDATED DATE RANGE		Start Date	07/02/2022	End Date	07/02/2022	Retrieve Data		SHOWING 5 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
Continue Delete	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

Please Note: For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.

9. To initiate a Case Report for the patient, click **Continue** next to the appropriate *Report Type*.

<input type="button" value="Continue"/> <input type="button" value="Delete"/>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM
<input type="button" value="Continue"/> <input type="button" value="Delete"/>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM

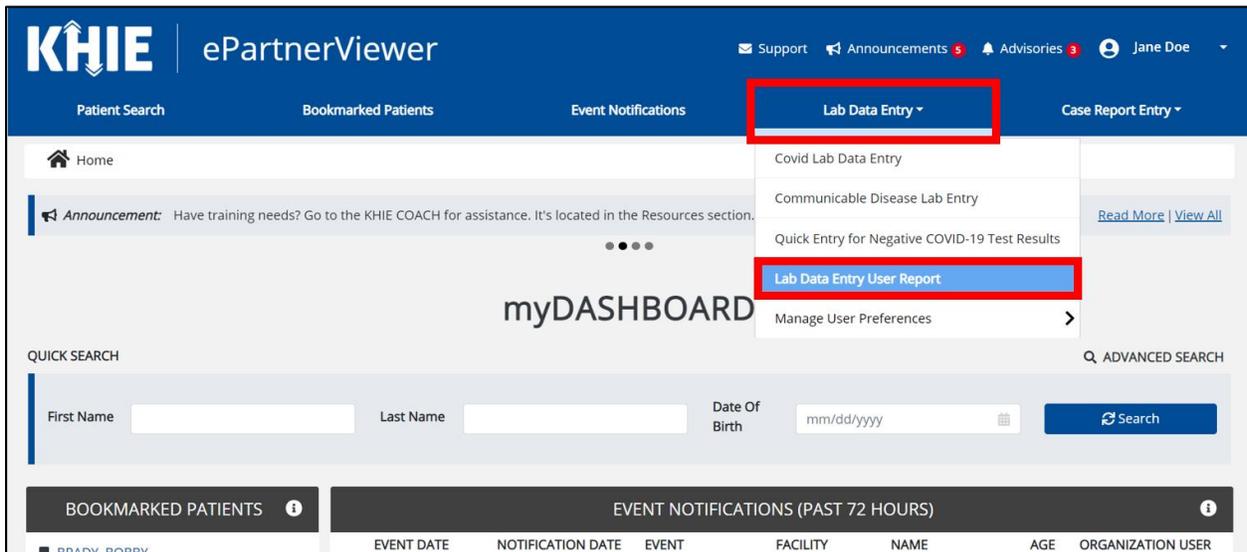
Please Note: Upon clicking **Continue**, you will be automatically navigated to the **Patient Information** screen of the selected Case Report.

For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

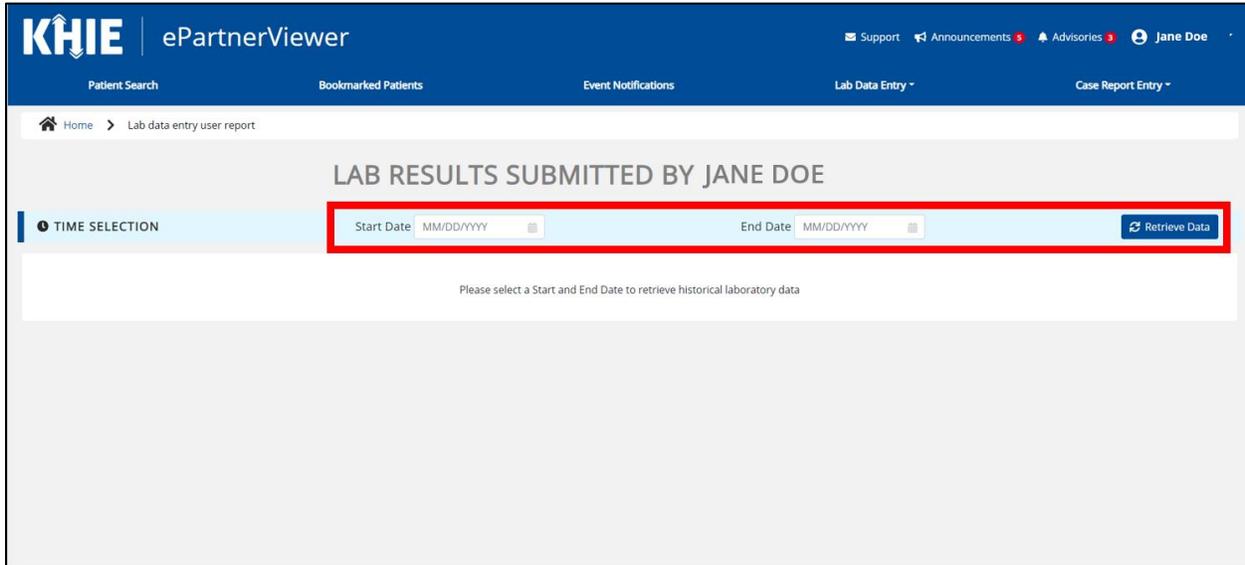
Lab Results Submitted by User

These steps cover how to initiate a Case Report from a previously submitted Communicable Disease Lab Entry on the **Lab Results Submitted by User** screen.

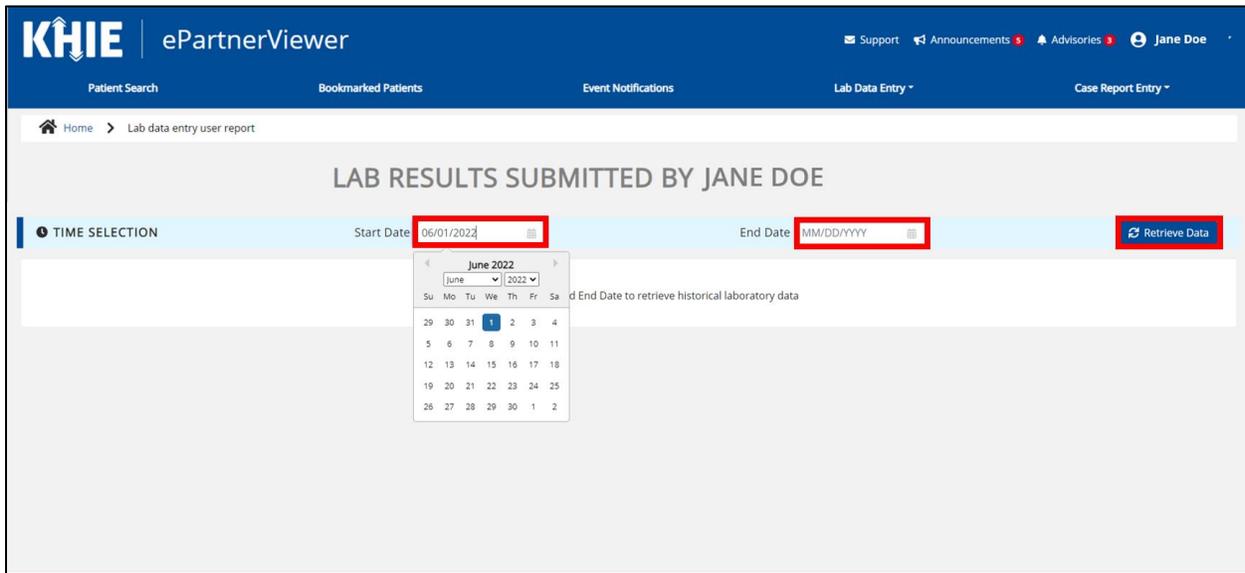
- To initiate a Case Report from a previously submitted Communicable Disease Lab Entry, click the **Lab Data Entry** Tab in the blue Navigation Bar at the top of the screen.
- Select **Lab Data Entry User Report** from the dropdown menu.



- The **Lab Results Submitted by User** screen displays. By default, the screen does not display previously submitted lab data entries. You must use the Date Range buttons to do a custom search for previous lab data entries entered within the last 6 months.



4. To retrieve lab data entries for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.
5. Click **Retrieve Data** to generate the lab data entries.



6. To search for a specific lab data entry, click **Apply Filter**.

LAB RESULTS SUBMITTED BY JANE DOE

TIME SELECTION Start Date: 07/02/2022 End Date: 07/02/2022 Retrieve Data

Click on any row to view more details **APPLY FILTER**

SHOWING 4 ITEMS

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	Initiate
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	Partially Initiated
	Test Medical Center	EB02151970	Elaine	Benes	02/15/1970	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 8:30 AM	Initiated
	Test Medical Center	CK01011960	Cosmo	Kramer	01/01/1960	Male	Other Conditions, STD	BABESIA MICROTI IDENTIFIED	07/01/2022 12:30 PM	Initiated

First Back 1 Next Last Maximum 5 entries per page

- The Filter fields display. You can search by entering the **Performing Facility Name, Patient MRN, First Name, Last Name, Date of Birth, Patient Sex, Test Name, Test Result, Processed Date**, and/or **Case Report Form** in the corresponding Filter fields.

LAB RESULTS SUBMITTED BY JANE DOE

TIME SELECTION Start Date: 07/01/2022 End Date: 07/01/2022 Retrieve Data

Click on any row to view more details HIDE FILTER

SHOWING 4 ITEMS

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	Initiate
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	Partially Initiated
	Test Medical Center	EB02151970	Elaine	Benes	02/15/1970	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 8:30 AM	Initiated
	Test Medical Center	CK01011960	Cosmo	Kramer	01/01/1960	Male	Other Conditions, STD	BABESIA MICROTI IDENTIFIED	07/01/2022 12:30 PM	Initiated

First Back 1 Next Last Maximum 5 entries per page

- To view more details on each lab entry, click the **Plus Icon** under the *Detailed View* column.

LAB RESULTS SUBMITTED BY JANE DOE

TIME SELECTION Start Date: 06/01/2022 End Date: 07/02/2022 Retrieve Data

Click on any row to view more details APPLY FILTER

SHOWING 7 ITEMS

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	WB07071987	Will	Byers	07/07/1987	Male	MDRO, Other Conditions	CLOSTRIDIUM BOTULINUM TOXIN	07/02/2022 12:30 PM	Partially Initiated
	Test Medical Center	NW03251989	Nancy	Wheeler	03/25/1989	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	ANAPLASMA PHAGOCYTOPHILUM AB:IGG	07/01/2022 8:15 AM	Initiate
	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Child Hepatitis, MDRO, Other Conditions, Perinatal Hepatitis, STD	HEPATITIS B VIRUS SURFACE AB	06/10/2022 3:00 PM	Initiated
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	06/05/2022 10:45 AM	Initiated
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	06/01/2022 2:30 PM	Initiated

First Back 1 2 Next Last Maximum 5 entries per page

9. The *Condition(s)*, *Test Name(s)*, and *Test Result(s)* for the lab entry display in the detailed view.

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	WB07071987	Will	Byers	07/07/1987	Male	MDRO, Other Conditions	CLOSTRIDIUM BOTULINUM TOXIN	07/02/2022 12:30 PM	
	Test Medical Center	NW03251989	Nancy	Wheeler	03/25/1989	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	ANAPLASMA PHAGOCYTOPHILUM AB.IGG	07/01/2022 8:15 AM	
CONDITION			TEST NAME			TEST RESULT				
Carbapenem resistant Enterobacteriaceae (CRE)			Carbapenemase [Presence] in Isolate			Detected				
Chancroid			Haemophilus ducreyi culture			Positive				
Babesiosis			BABESIA MICROTI IDENTIFIED			Identified				
Perinatal Hepatitis C			ALT			Negative				
	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Child Hepatitis, MDRO, Other Conditions, Perinatal Hepatitis, STD	HEPATITIS B VIRUS SURFACE AB	06/10/2022 3:00 PM	

10. To initiate a Case Report with the information from a completed Communicable Disease Lab Entry that has been previously submitted, click **Initiate**, located on the right side of the appropriate Communicable Disease Lab Entry.

LAB RESULTS SUBMITTED BY JANE DOE										
TIME SELECTION		Start Date	07/01/2022		End Date	07/01/2022				
Click on any row to view more details										
SHOWING 4 ITEMS										
DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	
	Test Medical Center	EB02151970	Elaine	Benes	02/15/1970	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 8:30 AM	

11. Upon clicking **Initiate**, the *Communicable Disease Lab Entry* pop-up notification displays to provide the option to initiate an applicable Case Report from a previously submitted Communicable Disease Lab Entry.

- If only one Case Report applies to the Communicable Disease Lab Entry, click **Initiate** to start the Case Report for the patient.

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	

Communicable Disease Lab Entry ✕

Do you want to submit a Candida auris, clinical Case Report Form?

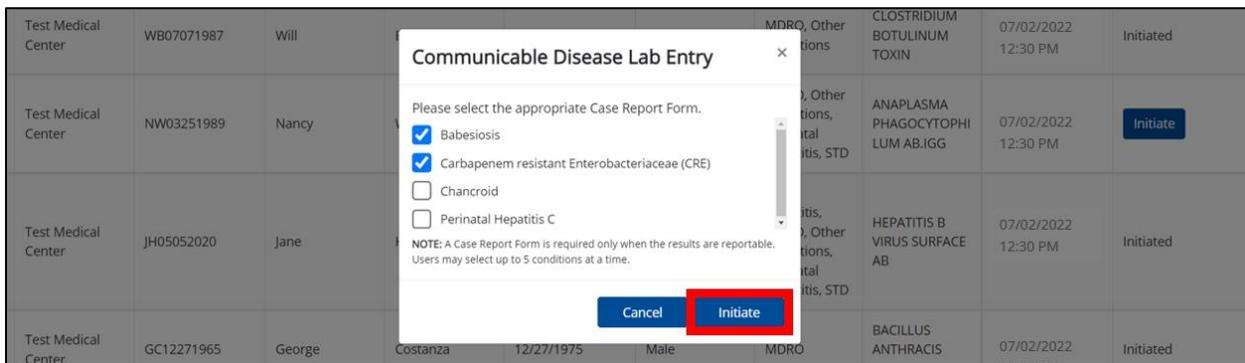
NOTE: A Case Report Form is required only when the results are reportable.

Initiate
Cancel

- If there are multiple Case Report options, click the **Checkbox** next to the appropriate **condition(s)** to initiate an applicable Case Report for the patient.



12. To initiate a Case Report for the patient, click **Initiate**.



Please Note: If you selected multiple Case Report Forms and clicked **Initiate** on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Case Report User Summary** screen to select which Case Report to initiate for the patient.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.

If you initiated only one Case Report Form on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of the selected Case Report.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

13. Once the Case Report has been initiated, the "Initiated" status displays under the *Case Report Form* column.

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	Initiated
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	Partially Initiated

If a Case Report has already been initiated from a completed Communicable Disease Lab Entry with multiple applicable Case Reports, the **Partially Initiated** button displays under the *Case Report Form* column. These steps cover how to partially initiate another Case Report from a previously submitted Communicable Disease Lab Entry with multiple applicable Case Reports on the **Lab Results Submitted by User** screen.

14. To initiate another Case Report with the information from a completed Communicable Disease Lab Entry with multiple applicable Case Reports, click **Partially Initiated**, located on the right side of the appropriate Communicable Disease Lab Entry.

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 12:30 PM	Partially Initiated
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 10:00 AM	Initiated
	Test Medical Center	EB02151970	Elaine	Benes	02/15/1970	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 8:30 AM	Initiated

15. The *Communicable Disease Lab Entry* pop-up notification displays. The Checkbox next to the previously initiated Case Report is grayed out and disabled. You must select the **enabled** **Checkbox** next to the appropriate **condition(s)** and click **Initiate** to begin the Case Report.

Communicable Disease Lab Entry

Please select the appropriate Case Report Form.

Gonorrhea

Perinatal Hepatitis B

NOTE: A Case Report Form is required only when the results are reportable. Users may select up to 5 conditions at a time.

Cancel **Initiate**

Please Note: If you initiated only one Case Report Form on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of the selected Case Report.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

12 Initiate Other Reportable Conditions Case Report

Upon initiating an Other Reportable Conditions Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the Other Reportable Conditions Case Report.

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 1 of 8

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

PATIENT INFORMATION

For conditions not found in the dropdown that are reportable per the KY Reportable Diseases Regulation (902 KAR 2:020), please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Date of Diagnosis* Unknown

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:

Prefix

First Name* Middle Name Last Name*

Suffix Date of Birth*

The following Other Reportable Conditions screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can edit the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Applicable Symptoms** screen
- **Hospitalization, ICU & Death Information** screen
- **Laboratory Information** screen
- **Additional Information** screen

Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in disabled fields.

Users **cannot** edit the following auto-populated *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Patient ID (MRN)*
- *Affiliation/Organization for Patient MRN*
- *Date of Birth*
- *First Name*
- *Middle Name*
- *Last Name*
- *Prefix*
- *Suffix*
- *Patient Sex*

The screenshot shows the 'PATIENT INFORMATION' form. A sidebar on the left contains navigation tabs: Patient Information (selected), Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main form area includes a red banner with a note: 'For conditions not found in the dropdown that are reportable per the KY Reportable Diseases Regulation (902 KAR 2:020), please fax an EPID 200 form to the local health department located in the patient's county of residence.' Below this, several fields are highlighted with red boxes to indicate they are disabled: 'Disease/Organism*' (dropdown with 'Babesiosis'), 'Date of Diagnosis*' (calendar icon), 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*' (Yes/No buttons), 'Patient ID (MRN)*' (text input with 'EB02151970'), 'Affiliation/Organization*' (dropdown with 'Test Medical Center'), 'Person Completing Form*' (dropdown), 'Attending Physician/Clinician*' (dropdown), 'Prefix' (dropdown with 'Miss'), 'First Name*' (text input with 'Elaine'), 'Middle Name' (text input), 'Last Name*' (text input with 'Benes'), 'Suffix' (dropdown), 'Date of Birth*' (calendar icon with '02/15/1970'), 'Patient Sex*' (dropdown with 'Female'), 'Ethnicity*' (dropdown with 'Not Hispanic or Latino'), and 'Race*' (dropdown with 'White').

Please Note: The *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the Other Reportable Conditions Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*
- *Is the patient currently pregnant?*

The screenshot shows a patient information form for Elaine Benes. The following fields are highlighted with red boxes:

- Ethnicity:** Not Hispanic or Latino
- Race:** White
- Address 1:** 123 Peterman Way
- Address 2:** Apt. A
- City:** Lexington
- State:** KY
- Zip Code:** 40509-
- County:** Fayette
- Phone:** (555) 222-2222
- Email:** elainebenes@email.com
- Is the patient currently pregnant?*** (with 'No' selected)

Buttons for 'Save' and 'Next' are visible at the bottom of the form.

Please Note: The *Is the patient currently pregnant?* field is enabled only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen of the previously submitted Communicable Disease Lab Entry.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled.

To proceed, enter the **Due Date** in the subsequent field: *If yes, please enter the due date (EDC).*

This close-up shows the 'Is the patient currently pregnant?*' field with three buttons: 'Yes' (highlighted in red), 'No', and 'Unknown'. Below it, the text reads 'If yes, please enter the due date (EDC):*'. The due date input field is also highlighted in red and contains the placeholder 'mm/dd/yyyy'.

2. To complete the **Patient Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**, as applicable:

- *Date of Diagnosis*
- *Person Completing Form*
- *Affiliation/Organization of Person Completing Form*
- *Attending Physician/Clinician*
- *Affiliation/Organization of Attending Physician/Clinician*

PATIENT INFORMATION

For conditions not found in the dropdown that are reportable per the KY Reportable Diseases Regulation (902 KAR 2:020), please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* Babesiosis

Date of Diagnosis* mm/dd/yyyy Unknown

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

Patient ID (MRN)* EB02151970

Affiliation/Organization* Test Medical Center

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

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

Please Note: If the appropriate name does not display in the *Person Completing Form* dropdown menu, you must create details for a new Person Completing Form by clicking the **Person Completing Form hyperlink**. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays. To proceed, enter the details in the appropriate fields of the *Person Completing Form* pop-up and click **Save**.

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

Please Note: If the appropriate name does not display in the *Attending Physician/Clinician* dropdown menu, you must create details for a new Attending Physician/Clinician by clicking the **Attending Physician/Clinician hyperlink**. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays. Enter the details in the appropriate fields of the *Attending Physician/Clinician* pop-up and click **Save**.

Please Note: If **Other** is selected from one of the *Affiliation/Organization* dropdown menus for the Person Completing Form or the Attending Physician/Clinician, the subsequent textbox field is enabled.

To proceed, you must enter the name of the **organization associated with the person completing the form** and/or the **organization associated with the Attending Physician/Clinician** in the subsequent textbox: *If other, please specify*.

Person Completing Form* Mr. Arthur Vandela... x v	Affiliation/Organization* ? Other x v	If other, please specify:* ? [Empty field]
---	---	--

- 3. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM

Section 1 of 8

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

PATIENT INFORMATION

For conditions not found in the dropdown that are reportable per the KY Reportable Diseases Regulation (902 KAR 2:020), please fax an EPID 200 form to the local health department located in the patient's county of residence.

Disease/Organism* ? Babesiosis	Date of Diagnosis* mm/dd/yyyy	<input type="checkbox"/> Unknown
--	---	----------------------------------

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

Yes No

Patient ID (MRN)* ? EB02151970	Affiliation/Organization* ? Test Medical Center
--	---

Person Completing Form* Select...	Affiliation/Organization* ? Select...	If other, please specify: ? [Empty field]
Attending Physician/Clinician* Select...	Affiliation/Organization* ? Select...	If other, please specify: ? [Empty field]

Prefix
Miss

First Name*
Elaine

Middle Name
[Empty field]

Last Name*
Benes

Suffix
Select...

Date of Birth*
02/15/1970

Patient Sex* Female	Ethnicity* Not Hispanic or Latino x v	Race* White x v
-------------------------------	---	-----------------------------

Address 1* 123 Peterman Way	Address 2 Apt. A	
City* Lexington	State* KY x v	Zip Code 40509-
County* Fayette x v	Phone* ? (555) 222-2222	Email elainebenes@email.com

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC): ?

mm/dd/yyyy Unknown

Save Next

Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

4. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Laboratory Name*
- *Test Name*
- *Filler Order/Accession Number*
- *Specimen Source*
- *Test Result*
- *Test Result Date*
- *Specimen Collection Date*
- *Additional Information*

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 2 of 8

Please provide laboratory information related to this case.

LABORATORY INFORMATION

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

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*
General Hospital

Test Name*
Dengue virus IgM Ab [Titer] in Serum x | v

If other, please specify: ⓘ

Filler Order/Accession Number ⓘ
JH07012022

Specimen Source*
Abscess x | v

If other, please specify: ⓘ

Test Result*
Other x | v

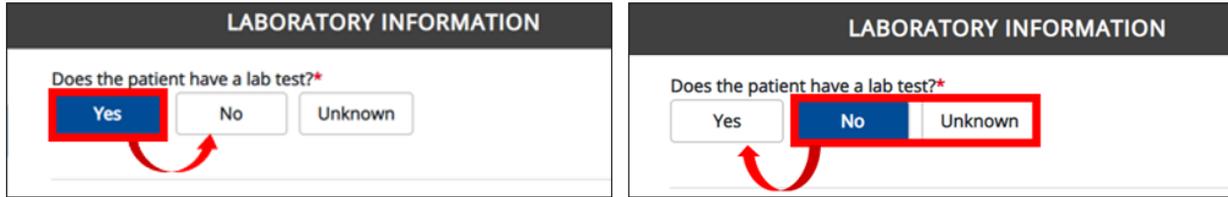
If other, please specify: ⓘ
Detected

Test Result Date* Unknown **Specimen Collection Date*** Unknown

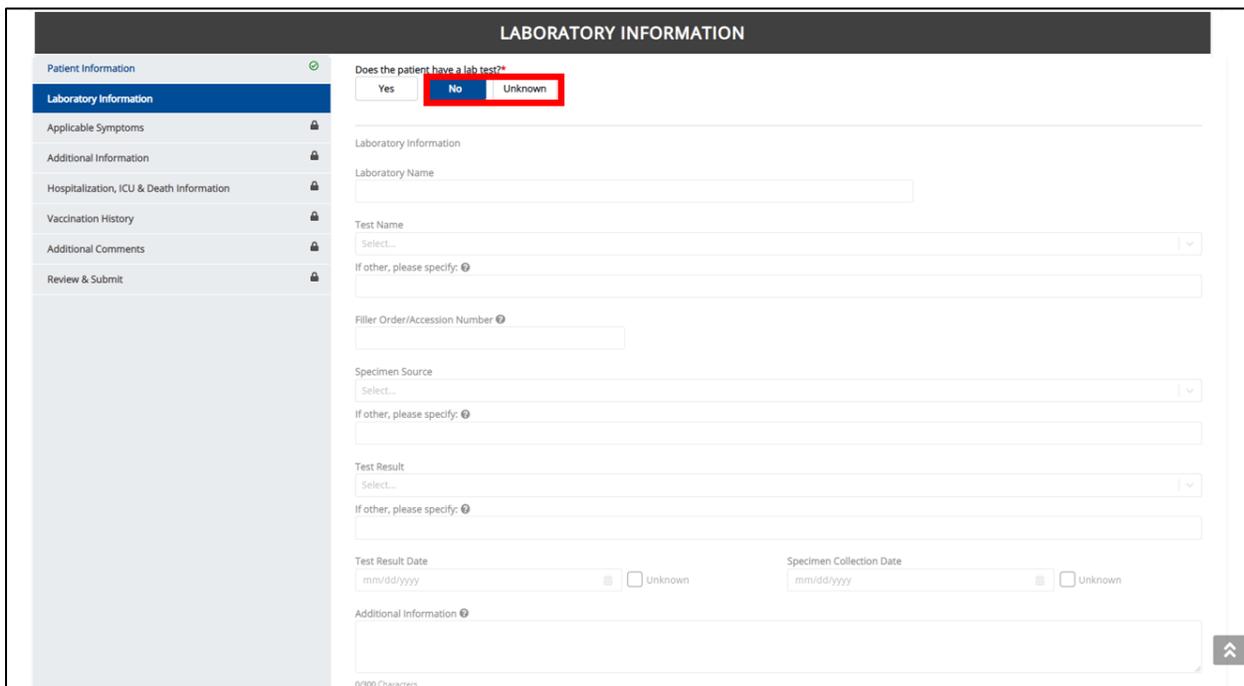
Additional Information ⓘ
Observation 3 - Other Conditions details

40/300 Characters

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*



Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the subsequent fields are disabled.



- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



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

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

- 6. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Applicable Symptoms** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 2 of 8

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information ✓

Laboratory Information

Applicable Symptoms 🔒

Additional Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*
General Hospital

Test Name*
Dengue virus IgM Ab [Titer] in Serum x | v

If other, please specify: ⓘ

Filler Order/Accession Number ⓘ
JH07012022

Specimen Source*
Abscess x | v

If other, please specify: ⓘ

Test Result*
Other x | v

If other, please specify: ⓘ ⓘ
Detected

Test Result Date*
07/02/2022 🗑️ Unknown

Specimen Collection Date*
07/01/2022 🗑️ Unknown

Additional Information ⓘ
Observation 3 - Other Conditions details

40/300 Characters

[+ Add Test](#)

Applicable Symptoms

The **Applicable Symptoms** screen asks questions about the patient’s symptoms.

7. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Were symptoms present during the course of illness?*
- *Onset Date*

Please Note: If the patient was marked as symptomatic on the Communicable Disease Lab Entry, the selection for the conditional question at the top of the **Applicable Symptoms** screen is auto-populated as **Yes: *Were symptoms present during the course of illness?***

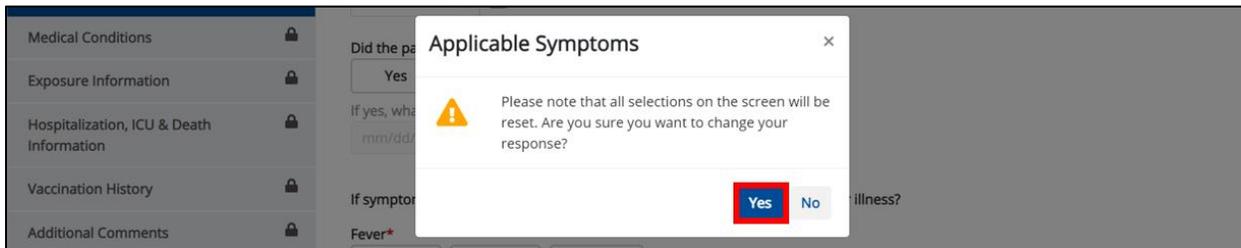
- If **Yes** is selected for the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

If an onset date for symptoms was entered on the Communicable Disease Lab Entry, the same date is auto-populated for the *Onset Date* field on the **Applicable Symptoms** screen.

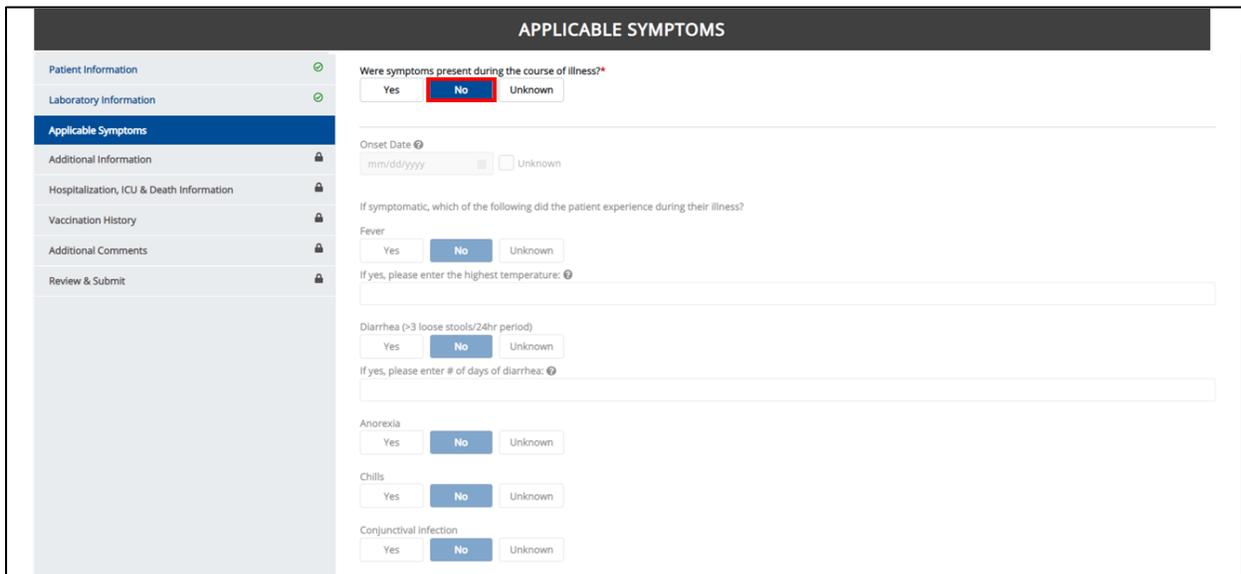
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Applicable Symptoms** screen: *Were symptoms present during the course of illness?*



- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



Please Note: If **No** is selected for the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields are disabled and marked with **No**.
If **Unknown** is selected for the conditional question, all subsequent fields are disabled and marked as **Unknown**.



- 8. To complete the **Applicable Symptoms** screen, you must select the **appropriate answers** for the mandatory enabled fields marked with **red asterisks (*)**.
- 9. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Additional Information** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 3 of 8

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

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:

Chills*

Yes No Unknown

Myalgia*

Yes No Unknown

Rash*

Yes No Unknown

Rigors*

Yes No Unknown

Thrombocytopenia*

Yes No Unknown

Did the patient have any other symptoms?*

Yes No Unknown

If yes, please specify:

Please Note: The symptom fields on the **Applicable Symptoms** screen vary based on the selected reportable condition.

Additional Information

The **Additional Information** screen collects additional details about the patient and displays information that has been auto-populated based on the previously submitted Communicable Disease Lab Entry.

10. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does any of the following apply to the patient?*
- *Long-term care facility resident*
- *Healthcare Worker*

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 4 of 8

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

ADDITIONAL INFORMATION

Patient Information	✓	Does any of the following apply to the patient:*
Laboratory Information	✓	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Applicable Symptoms	✓	
Additional Information		
Hospitalization, ICU & Death Information	🔒	Domestic travel within the last 30 days (outside state of normal residence)*
Vaccination History	🔒	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Additional Comments	🔒	If yes, please specify state(s): ?
Review & Submit	🔒	Select...
		International Travel within the last 30 days*
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify country(s): ?
		Select...
		Food handler*
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify the name of food handler service: ?
		Healthcare worker*
		<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify the name of healthcare facility: ?
		Long-term care facility resident*
		<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify the name of long-term care facility: ?
		Long-term care facility employee*
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify the name of long-term care facility: ?

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Additional Information** screen: *Does any of the following apply to the patient?*

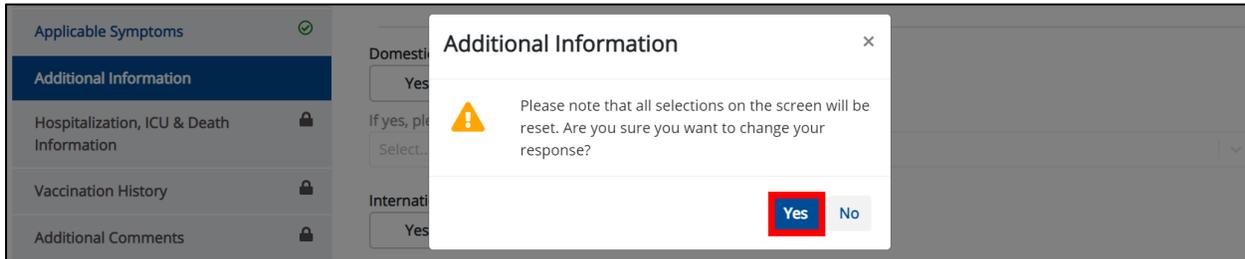
ADDITIONAL INFORMATION

Does any of the following apply to the patient:*

ADDITIONAL INFORMATION

Does any of the following apply to the patient:*

- If you change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question, a pop-up notification will display a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



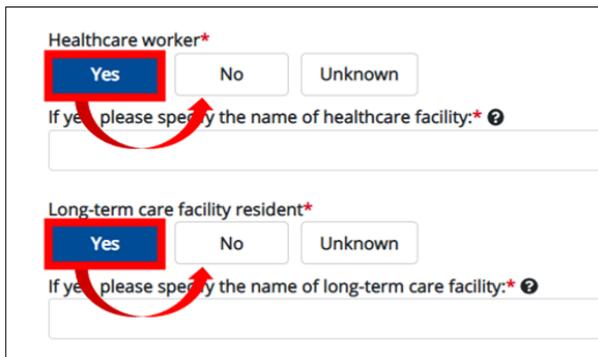
Please Note: If **No** is selected for the conditional question at the top of the **Additional Information** screen, the subsequent fields are disabled and marked with **No**.
If **Unknown** is selected for the conditional question, the subsequent fields are disabled and marked as **Unknown**.
The outbreak-related question at the bottom of the screen is not impacted by the selected answer for the conditional question: *Does any of the following apply to the patient?*



- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the following auto-populated fields:

- *Healthcare Worker*

- *Long-term care facility resident*



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

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

11. To complete the **Additional Information** screen, select the **appropriate answers** for the blank enabled fields to indicate descriptions that apply to the patient.

Please Note: If **Yes** is selected for **any** of the descriptive questions, the subsequent textbox is enabled for Users to specify the name of appropriate setting. To proceed, you must enter the **name of the setting** in the subsequent textbox field: *If yes, please specify.*

12. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Hospitalization, ICU & Death Information** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 4 of 8

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

ADDITIONAL INFORMATION

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

Does any of the following apply to the patient?*

Domestic travel within the last 30 days (outside state of normal residence)*

If yes, please specify state(s):*

CA AK

International Travel within the last 30 days*

If yes, please specify country(s):*

BAHAMAS, THE

School/daycare attendee*

If yes, please specify the name of school/daycare:

School/daycare employee*

If yes, please specify the name of school/daycare:

Food handler*

If yes, please specify the name of food handler service:

Healthcare worker*

If yes, please specify the name of healthcare facility:

Long-term care facility resident*

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

Test Facility

Long-term care facility employee*

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

Did the patient inject drugs not prescribed by a doctor?*

Did the patient use street drugs, but not inject?*

Is this part of an outbreak?*

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

Unknown

Hospitalization, ICU & Death Information

The **Hospitalization, ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

13. You have the option to **edit the auto-populated information** in the following enabled fields:

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

Please Note: If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen is auto-populated as **Yes: *Was the patient hospitalized?***

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

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes: *Was the patient admitted to an intensive care unit (ICU)?***

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen: *Was the patient hospitalized?*

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen, the 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?*

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)?*

Please Note: If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- To proceed, enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

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

Yes No Unknown

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

14. To complete the **Hospitalization, ICU & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (*)**, if enabled:

- *If yes, please specify hospital name*
- *Admission Date*
- *Discharge Date*
- *Admission Date to ICU*
- *Discharge Date from ICU*
- *Did the patient die as a result of this illness?*

HOSPITALIZATION, ICU & DEATH INFORMATION

Was the patient hospitalized?*

Yes No Unknown

If yes, please specify the hospital name:*

Test

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

Admission Date* 01/03/2022 <input type="checkbox"/> Unknown	Discharge Date* mm/dd/yyyy <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Still hospitalized	
Was the patient admitted to an intensive care unit (ICU)?* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
Admission Date to ICU mm/dd/yyyy <input type="checkbox"/> Unknown	Discharge Date from ICU mm/dd/yyyy <input type="checkbox"/> Unknown
Did the patient die as a result of this illness? <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
If yes, please provide the date of death:	
Date of Death mm/dd/yyyy <input type="checkbox"/> Unknown	

Please Note: If **Yes** is selected for the field: *Did the patient die as a result of this illness?*, the subsequent field is enabled.

To proceed, enter the **Date of Death** in the subsequent enabled field: *Date of Death*.

Did the patient die as a result of this illness?* <input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
If yes, please provide the date of death:
Date of Death* mm/dd/yyyy <input type="checkbox"/> Unknown

15. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Vaccination History** screen.

Please Note: The subsequent **Vaccination History** and **Additional Comments** screens of the Other Reportable Conditions Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.

For specific information on how to complete these screens of the Other Reportable Conditions Case Report, please review the *Direct Data Entry for Electronic Case Reports: Other Reportable Conditions User Guide* on the [KHIE website](#).

Review and Submit: Other Reportable Conditions Case Report

Once the appropriate edits and additions have been made on all the Other Reportable Conditions Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the Other Reportable Conditions Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

16. Review the information on the **Review and Submit** screen.

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 8 of 8

Please review your information before submitting.

REVIEW & SUBMIT

Print Download

Patient Information

Disease/Organism	Date of Diagnosis	
Babesiosis	07/01/2022	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?		
No		
Patient ID (MRN)	Affiliation/Organization	
CK01011960	Test Medical Center	
Person Completing Form	Affiliation/Organization	
Mr. Arthur Vandelay, II (arthur@email.com)	Test Medical Center	
Attending Physician/Clinician	Affiliation/Organization	
Dr. Frank Costanza, Sr (frank@email.com)	Test Medical Center	
Prefix	Middle Name	
Mr.	A	
First Name	Last Name	
Cosmo	Kramer	
Suffix	Date of Birth	
II	01/01/1960	
Patient Sex	Ethnicity	Race
Male	Not Hispanic or Latino	White
Address 1	Address 2	
123 Seinfeld Lane	Apt. 1	
City	State	Zip Code
Lexington	KY	40509-
County	Phone	Email
Fayette	(123) 456-7890	cosmokramer@email.com

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

Additional Comments

Additional comments or notes, please specify:
Additional patient notes

Previous **Submit**

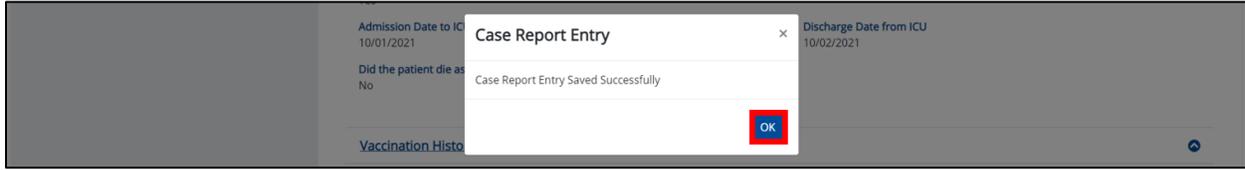
18. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

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.

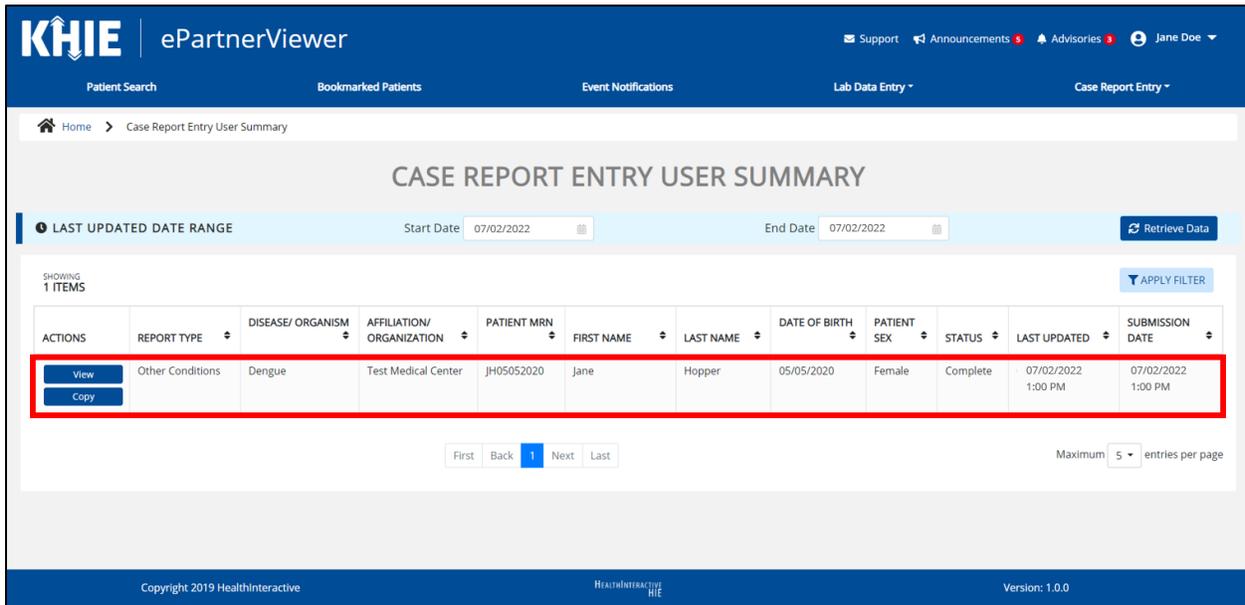
Cancel **Submit**

19. 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 where the submitted case report displays.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.



13 Initiate Sexually Transmitted Disease Case Report

Upon initiating a Sexually Transmitted Diseases (STD) Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the Sexually Transmitted Diseases Case Report.

The STD Case Report is a ten-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Applicable Symptoms, (4) Medical Conditions, (5) Travel Information, (6) Hospitalization, ICU & Death Information, (7) Additional Information, (8) Treatment Information, (9) Additional Comments, and (10) Review and Submit. The **Review & Submit** screen is where Users must review the information entered and submit the STD Case Report.

The following STD Case Report screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can change the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Applicable Symptoms** screen
- **Laboratory Information** screen
- **Hospitalization, ICU & Death Information** screen

Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in disabled fields.

Users **cannot** edit the following auto-populated *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Patient ID (MRN)*
- *Affiliation/Organization for Patient MRN*
- *Date of Birth*
- *First Name*
- *Middle Name*
- *Last Name*
- *Prefix*
- *Suffix*
- *Patient Sex*

PATIENT INFORMATION

Disease/Organism* ?
Syphilis

Date of Diagnosis*
mm/dd/yyyy 📅 Unknown

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

Patient ID (MRN)* ? JH05052020

Affiliation/Organization* ? Test Medical Center

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

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

Prefix Select...

First Name* jane | **Middle Name** | **Last Name*** Hopper

Suffix Select... | **Date of Birth*** 05/05/2020 📅

Patient Sex* Female

Ethnicity* Not Hispanic or Latino x | **Race*** White x

Please Note: The *Disease/Organism, Patient ID (MRN), Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the STD Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*
- *Is the patient currently pregnant?*

The screenshot shows a form with several fields. A red box highlights the 'Ethnicity*' field (value: Not Hispanic or Latino) and the 'Race*' field (value: White). Another red box highlights the 'Address 1*' field (value: 123 Hawkins Lane), 'Address 2' field (value: Unit, Suite, Building, etc.), 'City*' field (value: Frankfort), 'State*' field (value: KY), 'Zip Code' field (value: 40601-), 'County*' field (value: Fayette), 'Phone*' field (value: (555) 555-5555), and 'Email' field (value: eleven@email.com). A third red box highlights the 'Is the patient currently pregnant?*' field with three buttons: 'Yes', 'No', and 'Unknown'. Below this field is a date input field for 'If yes, please enter the due date (EDC):' with a placeholder 'mm/dd/yyyy' and an 'Unknown' checkbox.

Please Note: The *Is the patient currently pregnant?* field is enabled only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen of the previously submitted Communicable Disease Lab Entry.

If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled.

To proceed, enter the **Due Date** in the subsequent field: *If yes, please enter the due date (EDC).*

This close-up shows the 'Is the patient currently pregnant?*' field with three buttons: 'Yes', 'No', and 'Unknown'. The 'Yes' button is highlighted with a red box. Below it is the 'If yes, please enter the due date (EDC):*' field with a placeholder 'mm/dd/yyyy' and a calendar icon. This field is also highlighted with a red box. To the right of the date field is an 'Unknown' checkbox.

2. To complete the **Patient Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**, as applicable:

- *Date of Diagnosis*
- *Person Completing Form*
- *Affiliation/Organization of Person Completing Form*
- *Attending Physician/Clinician*
- *Affiliation/Organization of Attending Physician/Clinician*

Please Note: If the appropriate name does not display in the *Person Completing Form* or *Attending Physician/Clinician* dropdown menus, you must create details for a new Person Completing Form or a new Attending Physician/Clinician.

- To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays.
- To create details for a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays.

To proceed, enter the details in the appropriate fields of the pop-up and click **Save**.

- 3. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 1 of 10

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

PATIENT INFORMATION

Patient Information	Disease/Organism* Chlamydia Trachomatis Infection	Date of Diagnosis* mm/dd/yyyy
Laboratory Information	Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*	
Applicable Symptoms	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Medical Conditions	Patient ID (MRN)* EB02151970	Affiliation/Organization* Test Medical Center
Travel Information	Person Completing Form* Select...	Affiliation/Organization* Select... If other, please specify: ?
Hospitalization, ICU & Death Information	Attending Physician/Clinician* Select...	Affiliation/Organization* Select... If other, please specify: ?
Additional Information	Prefix Miss	
Treatment Information	First Name* Elaine	Middle Name Last Name* Benes
Additional Comments	Suffix Select...	Date of Birth* 02/15/1970
Review and Submit	Patient Sex* Female	Ethnicity* Not Hispanic or Latino Race* White
	Address 1* 123 Peterman Way	Address 2 Apt. A
	City* Lexington	State* KY Zip Code 40509-
	County* Fayette	Phone* (555) 222-2222 Email elainebenes@email.com
	Is the patient currently pregnant?*	
	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
	If yes, please enter the due date (EDC): mm/dd/yyyy	<input type="checkbox"/> Unknown

Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

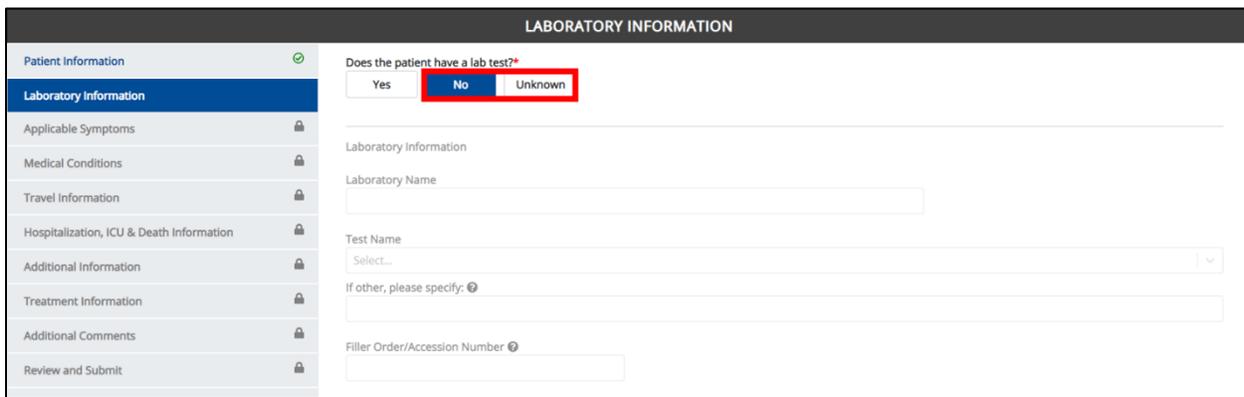
4. You have the option to **edit the auto-populated information** or **enter the appropriate information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Laboratory Name*
- *Test Name*
- *Filler Order/Accession Number*
- *Specimen Source*
- *Test Result*
- *Test Result Date*
- *Specimen Collection Date*
- *Additional Information*

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*



Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the subsequent fields are disabled.



- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



- You also have the option to click **Add Test** to add additional tests for the patient.



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

Laboratory Information

Laboratory Name*

Test Name*

If other, please specify: ?

Filler Order/Accession Number ?

Specimen Source*

If other, please specify: ?

Test Result*

Select...

- Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Applicable Symptoms** screen.

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM

Section 2 of 10

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Does the patient have a lab test?*

Yes No Unknown

Laboratory Information

Laboratory Name*
General Hospital

Test Name*
Reagin Ab in Serum by RPR

If other, please specify: ?

Filler Order/Accession Number ?
JH07012022

Specimen Source*
Abscess

If other, please specify: ?

Test Result*
Other

If other, please specify: * ?
Detected

Test Result Date*
07/02/2022 Unknown

Specimen Collection Date*
07/01/2022 Unknown

Additional Information ?
Observation 5 - STD details

27/300 Characters

+ Add Test

Save

Previous Next

Applicable Symptoms

The **Applicable Symptoms** screen asks questions about the patient’s symptoms.

7. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Were symptoms present during the course of illness?*
- *Onset Date*

APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?*

Onset Date* ?

Unknown

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

Rash*

If yes, please specify the location on the body (select all that apply): ?

If other, please specify: ?

Fever*

If yes, please enter the highest temperature: ?

Please Note: If the patient was marked as symptomatic on the Communicable Disease Lab Entry, the selection for the conditional question at the top of the **Applicable Symptoms** screen is auto-populated as **Yes: *Were symptoms present during the course of illness?***

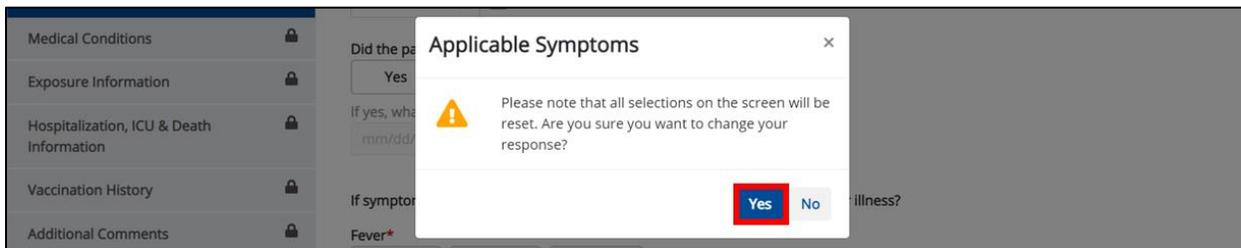
- If **Yes** is selected for the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

If an onset date for symptoms was entered on the Communicable Disease Lab Entry, the same date is auto-populated for the *Onset Date* field on the **Applicable Symptoms** screen.

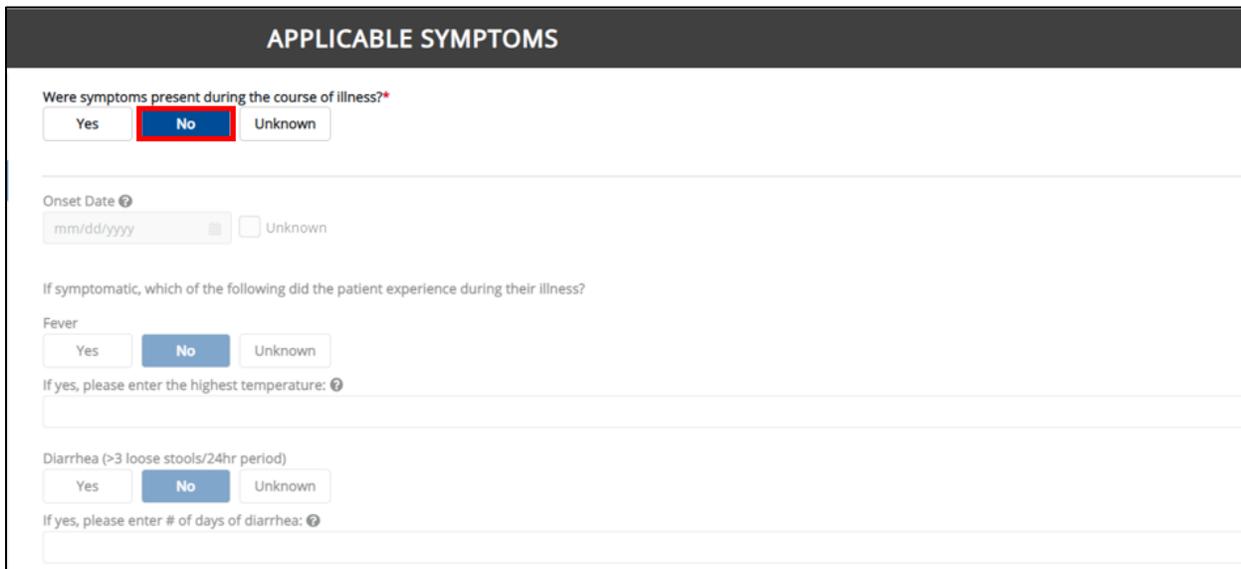
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Applicable Symptoms** screen: *Were symptoms present during the course of illness?*



- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



Please Note: If **No** is selected for the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields are disabled and marked with **No**.
If **Unknown** is selected for the conditional question, all subsequent fields are disabled and marked as **Unknown**.



- 8. To complete the **Applicable Symptoms** screen, you must select the **appropriate answers** for the mandatory symptom fields marked with **red asterisks (*)**.

Please Note: The symptom fields on the **Applicable Symptoms** screen vary based on the selected reportable condition.

- Once the appropriate edits and additions have been made, click **Next** to proceed to the **Medical Conditions** screen.

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 3 of 10

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

Patient Information <input checked="" type="checkbox"/>	Were symptoms present during the course of illness?*
Laboratory Information <input checked="" type="checkbox"/>	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Applicable Symptoms	Onset Date* <input type="text" value="06/20/2022"/> <input type="checkbox"/> Unknown
Medical Conditions <input type="checkbox"/>	If symptomatic, which of the following did the patient experience during their illness?
Travel Information <input type="checkbox"/>	Rash*
Hospitalization, ICU & Death Information <input type="checkbox"/>	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Additional Information <input type="checkbox"/>	If yes, please specify the location on the body (select all that apply):*
Additional Information <input type="checkbox"/>	<input type="text" value="Arm"/> <input type="text" value="Hands"/>
Treatment Information <input type="checkbox"/>	If other, please specify:
Additional Comments <input type="checkbox"/>	Fever*
Review and Submit <input type="checkbox"/>	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	If yes, please enter the highest temperature:*
	<input type="text" value="101"/>
	Diarrhea (>3 loose stools/24hr period)*
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	If yes, please enter # of days of diarrhea:*
	<input type="text" value="3"/>
	Alopecia*
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	Condylomata lata of vulva*
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	Inguinal lymphadenopathy*
	<input type="button" value="Yes"/> <input type="button" value="No"/> <input checked="" type="button" value="Unknown"/>
	Rash of secondary syphilis*
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	Uveitis*
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>
	Did the patient have any other symptoms?*
	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
	If yes, please specify:*
	<input type="text" value="Unknown"/>

Please Note: The subsequent **Medical Conditions** and **Travel Information** screens of the STD Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Hospitalization, ICU & Death Information** screen.

Hospitalization, ICU & Death Information

The **Hospitalization, ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

10. You have the option to **edit the auto-populated information** in the following enabled fields:

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

Please Note: If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen is auto-populated as **Yes: *Was the patient hospitalized?***

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

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes: *Was the patient admitted to an intensive care unit (ICU)?***

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen: *Was the patient hospitalized?*

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen, the 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?*

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)?*

Please Note: If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- To proceed, enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

11. To complete the **Hospitalization, ICU & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (*)**, if enabled:

- *If yes, please specify hospital name*
- *Admission Date*
- *Discharge Date*
- *Admission Date to ICU*
- *Discharge Date from ICU*
- *Did the patient die as a result of this illness?*

The screenshot shows a form with several sections. A red box highlights the top section containing:

- A text input field for hospital name with a red asterisk and a help icon.
- An 'Admission Date*' field with a date picker (06/27/2022) and an 'Unknown' checkbox.
- A 'Discharge Date*' field with a date picker (06/29/2022) and an 'Unknown' checkbox.
- A 'Still hospitalized' checkbox.

 Below this, there are radio buttons for 'Was the patient admitted to an intensive care unit (ICU)?*' with 'Yes' selected. Another red box highlights the 'Admission Date to ICU*' and 'Discharge Date from ICU*' fields, both with date pickers and 'Unknown' checkboxes. A third red box highlights the 'Did the patient die as a result of this illness?*' radio buttons, with 'Yes' selected. Below that is a 'Date of Death' field with a date picker and 'Unknown' checkbox.

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

This screenshot shows the same form as above, but with the 'Still hospitalized' checkbox checked and highlighted with a red box. The 'Did the patient die as a result of this illness?' radio buttons are now disabled and highlighted with a red box. The 'Date of Death' field is also disabled. The 'Admission Date' is now 01/03/2022.

Please Note: If **Yes** is selected for the field: *Did the patient die as a result of this illness?*, the subsequent field is enabled. To proceed, enter the **Date of Death** in the subsequent enabled field: *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

12. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Additional Information** screen.

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 6 of 10

Please select any applicable hospitalization, ICU and death information related to this case.

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information	<input checked="" type="checkbox"/>
Laboratory Information	<input checked="" type="checkbox"/>
Applicable Symptoms	<input checked="" type="checkbox"/>
Medical Conditions	<input checked="" type="checkbox"/>
Travel Information	<input checked="" type="checkbox"/>
Hospitalization, ICU & Death Information	<input checked="" type="checkbox"/>
Additional Information	<input type="checkbox"/>
Treatment Information	<input type="checkbox"/>
Additional Comments	<input type="checkbox"/>
Review and Submit	<input type="checkbox"/>

Was the patient hospitalized?*

If yes, please specify the hospital name:*

Test 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

Please Note: The subsequent **Additional Information**, **Treatment Information**, and **Additional Comments** screens of the STD Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.

For specific information on how to complete these screens of the STD Case Report, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases User Guide* on the [KHIE website](#).

Review and Submit: STD Case Report

Once the appropriate edits and additions have been made on all the STD Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the STD Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

13. Review the information on the **Review and Submit** screen.

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 10 of 10

Please review your information before submitting.

REVIEW & SUBMIT

Print Download

Patient Information

Disease/Organism	Date of Diagnosis	
Syphilis	07/01/2022	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?		
No		
Patient ID (MRN)	Affiliation/Organization	
jH05052020	Test Medical Center	
Person Completing Form	Affiliation/Organization	
Mr. Arthur Vandelay, II (arthur@email.com)	Test Medical Center	
Attending Physician/Clinician	Affiliation/Organization	If other, please specify:
Dr. Frank Costanza, Sr (frank@email.com)	Other	General Hospital
First Name	Last Name	
Jane	Hopper	
Date of Birth	Ethnicity	
05/05/2020	Not Hispanic or Latino	
Patient Sex	Race	
Female	White	
Address 1	City	
123 Hawkins Lane	Frankfort	State
	KY	Zip Code
		40601-

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

Additional Comments

Additional comments or notes, please specify:
Additional patient notes

Previous **Submit**

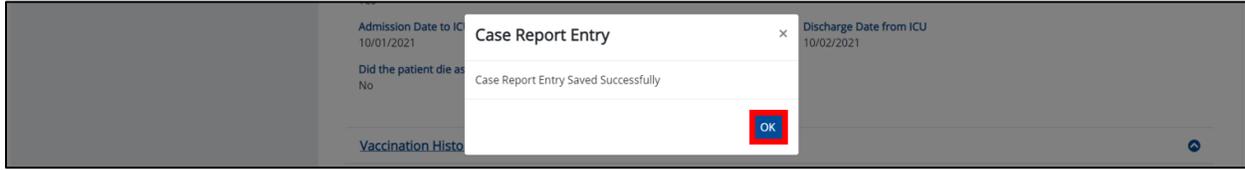
15. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

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.

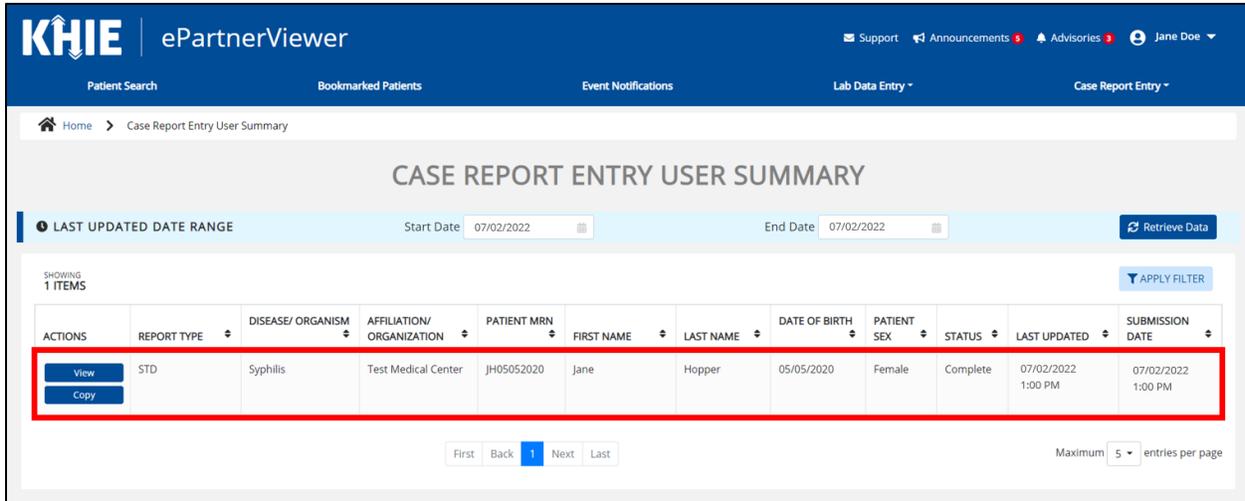
Cancel Submit

16. 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.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.



14 Initiate Multi-Drug Resistant Organism Case Report

Upon initiating a Multi-Drug Resistant Organism (MDRO) Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the MDRO Case Report.

The MDRO Case Report is a six-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU & Death Information, (5) Additional Comments, (6) Review and Submit. The **Review and Submit** screen is where Users must review the information entered and submit the MDRO Case Report.

The following MDRO Case Report screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can change the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Laboratory Information** screen
- **Hospitalization, ICU, Disposition & Death Information** screen

Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in disabled fields.

Users **cannot** edit the following auto-populated *MDRO Type*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *MDRO Type*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Patient ID (MRN)*
- *Affiliation/Organization for Patient ID (MRN)*
- *Date of Birth*
- *First Name*
- *Middle Name*
- *Last Name*
- *Prefix*
- *Suffix*
- *Patient Sex*

Please Note: The *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the MDRO Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*
- *Is the patient currently pregnant?*

The screenshot shows a patient information form. The following fields are highlighted with red boxes:

- Ethnicity***: Not Hispanic or Latino
- Race***: White
- Address 1***: 123 Hawkins Lane
- Address 2**: Unit, Suite, Building, etc.
- City***: Frankfort
- State***: KY
- Zip Code**: 40601-
- County***: Fayette
- Phone***: (555) 555-5555
- Email**: eleven@email.com
- Is the patient currently pregnant?***: No

Please Note: The *Is the patient currently pregnant?* field is enabled only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen of the previously submitted Communicable Disease Lab Entry.

If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled. To proceed, enter the **Due Date** in the subsequent field: *If yes, please enter the due date (EDC).*

This close-up shows the **Is the patient currently pregnant?*** field with the **Yes** button selected. Below it, the **If yes, please enter the due date (EDC):*** field is enabled and contains the placeholder **mm/dd/yyyy**.

To complete the **Patient Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**, as applicable:

- Organism Name
- Date of Diagnosis
- Person Completing Form
- Affiliation/Organization of Person Completing Form
- Attending Physician/Clinician
- Affiliation/Organization of Attending Physician/Clinician

The screenshot shows the 'PATIENT INFORMATION' form. A red box highlights the 'Organism Name*' dropdown menu, which is currently set to 'Infection caused by Candida auris'. Another red box highlights the 'Date of Diagnosis*' field, which includes a date input (mm/dd/yyyy) and an 'Unknown' checkbox. Below these, there are radio buttons for 'Yes' and 'No' for the question 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?'. Further down, another red box highlights the 'Person Completing Form*' and 'Attending Physician/Clinician*' dropdown menus, both currently set to 'Select...'. The 'Affiliation/Organization*' dropdowns for both are also highlighted, showing 'Test Medical Center'.

Please Note: If the appropriate name does not display in the *Person Completing Form* or *Attending Physician/Clinician* dropdown menus, you must create details for a new Person Completing Form or new Attending Physician/Clinician.

- To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays.
- To create details for a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays.

To proceed, enter the details in the appropriate fields of the pop-up and click **Save**.

Person Completing Form* Select... v	Affiliation/Organization* ? Select... v	If other, please specify: ? <input type="text"/>
Attending Physician/Clinician* Select... v	Affiliation/Organization* ? Select... v	If other, please specify: ? <input type="text"/>

- 2. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 1 of 6

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

PATIENT INFORMATION

Patient Information	MDRO Type* Candida auris, clinical
Laboratory Information	If other, please specify: <input type="text"/>
Exposure Information	Organism Name* Infection caused by Candida auris
Hospitalization, ICU, Disposition & Death Information	Date of Diagnosis* 07/01/2022 <input type="checkbox"/> Unknown
Additional Comments	If other, please specify: <input type="text"/>
Review and Submit	If other, please specify: <input type="text"/>

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

Yes No

Patient ID (MRN)* jH05052020 **Affiliation/Organization*** Test Medical Center

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

Attending Physician/Clinician* Dr. Frank Costanza, Sr (frank@email.com) x | v **Affiliation/Organization*** Other x | v **If other, please specify:*** General Hospital

Prefix Select... **First Name*** Jane **Middle Name** **Last Name*** Hopper

Suffix Select... **Date of Birth*** 05/05/2020

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

Address 1* 123 Hawkins Lane **Address 2** Unit, Suite, Building, etc.

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

County* Fayette x | v **Phone*** (555) 555-5555 **Email** eleven@email.com

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC): Unknown

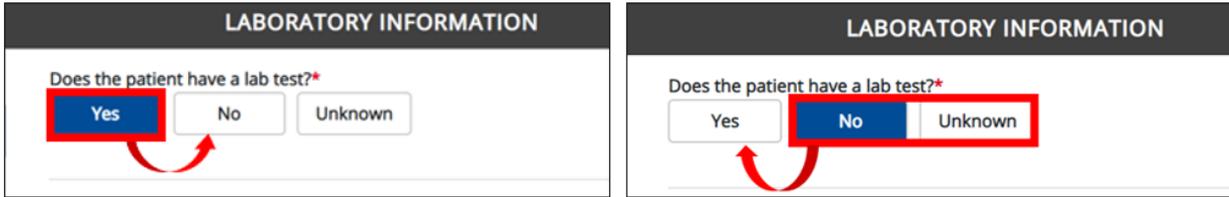
Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

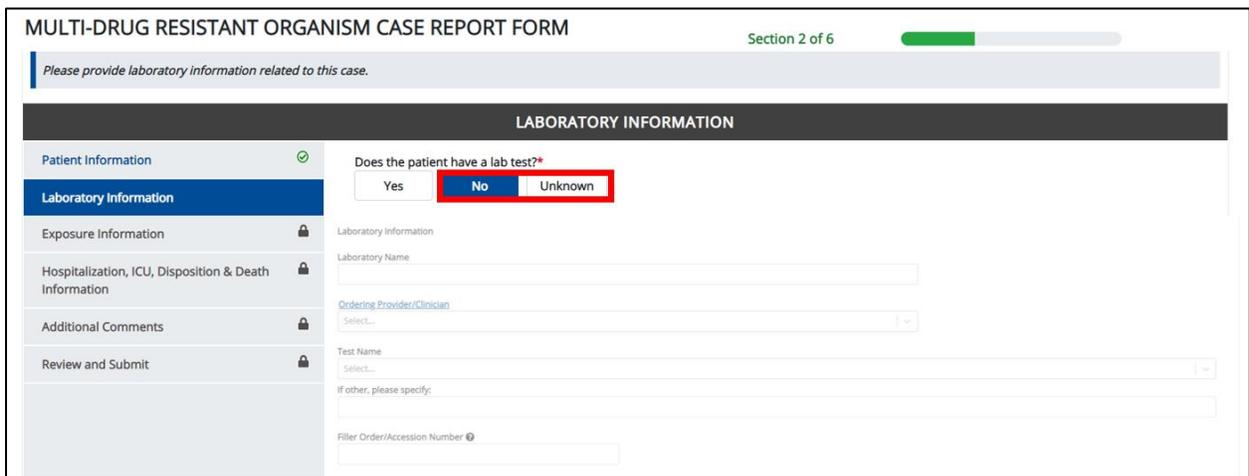
3. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Laboratory Name*
- *Test Name*
- *Filler Order/Accession Number*
- *Specimen Source*
- *Test Result*
- *Test Result Date*
- *Specimen Collection Date*
- *Additional Information*

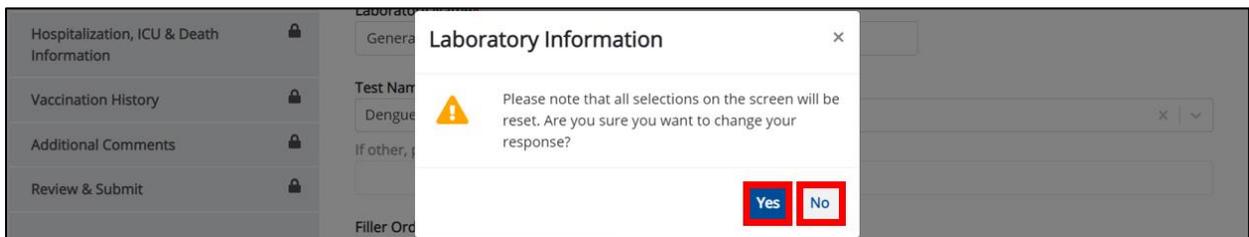
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*



Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the subsequent fields are disabled.



- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



Please Note: If **Other** is selected from the *Test Name*, *Specimen Source*, or *Test Result* dropdown menus, the subsequent textbox fields are enabled. To proceed, you must **enter the appropriate details** in the subsequent textbox field(s), if enabled: *If other, please specify.*

Test Name*
Other x | v

If other, please specify:*

4. You must **enter the appropriate information** in the following blank fields, as applicable:

- *Ordering Provider/Clinician*
- *Facility Name/Location*
- *Type of Culture (Optional)*
- *Facility County*
- *Location of patient at the time of specimen collection*

Laboratory Name*
General Hospital

Ordering Provider/Clinician *
Select... | v

Test Name*
Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection x | v

If other, please specify:

Filler Order/Accession Number ?
JH07012022

Specimen Source*
Abscess x | v

If other, please specify: ?

Test Result*
Other x | v

If other, please specify:* ?
Detected

Test Result Date* 07/02/2022 Unknown Specimen Collection Date* 07/01/2022 Unknown

Type of Culture
Select... | v

Location of the patient at the time of specimen collection*
Select... | v

If other, please specify: ?

Facility Name/Location* ? **Facility County* ?**
 Select... | v

Additional Information ?
Observation 2 - MDRO details

+ Add Test

Please Note: If the appropriate name does not display in the *Ordering Provider/Clinician* dropdown menu, you must create details for a new Ordering Provider/Clinician by clicking the **Ordering Provider/Clinician hyperlink**. Upon clicking the hyperlink, the *Ordering Provider/Clinician* pop-up displays. To proceed, enter the details in the appropriate fields of the *Ordering Provider/Clinician* pop-up and click **Save**.

Please Note: If **Other healthcare setting** is selected from the *Location of the patient at the time of specimen collection* dropdown menu, the subsequent textbox field is enabled. To proceed, you must **enter the name of the healthcare setting** in the subsequent textbox field: *If other, please specify*.

5. You also have the option to click **Add Test** to add additional tests for the patient.

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

6. To complete the **Laboratory Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**:

- *Is this part of an outbreak?*
- *Was the organism previously identified?*

Please Note: If **Yes** is selected for the *Is this part of an outbreak?* field, the subsequent textbox field is enabled. To proceed, you must **enter the name of the outbreak** in the subsequent textbox field: *If other, please specify the name of the outbreak.*

Please Note: If **Yes** is selected for the *Was the organism previously identified?* field, the subsequent field is enabled. To proceed, you must **enter the date when organism was identified** in the subsequent textbox field: *If other, please provide the date.*

- Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Exposure Information** screen.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 2 of 6

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information ✔

Laboratory Information

Exposure Information 🔒

Hospitalization, ICU, Disposition & Death Information 🔒

Additional Comments 🔒

Review and Submit 🔒

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*
General Hospital

Ordering Provider/Clinician*
Dr. Niles Crane, II (niles Crane, II) (nilescrane@email.com)

Test Name*
Candida auris DNA (Presence) by NAA with probe detection in Positive blood culture

If other, please specify:

Filler Order/Accession Number ?
jH07012022

Specimen Source*
Abscess

If other, please specify: ?

Test Result*
Other

If other, please specify: ?
Detected

Test Result Date*
07/02/2022 Unknown Specimen Collection Date*
07/01/2022 Unknown

Type of Culture
Clinical

Location of the patient at the time of specimen collection*
Acute Care hospital (inpatient)

If other, please specify: ?

Facility Name/Location*
General Hospital Facility County*
Fayette

Additional Information ?
Observation 2 - MDRO details

28/300 Characters

+ Add Test

Is this part of an outbreak?*

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

Was the organism previously identified?*

If yes, please provide the date: ?
06/27/2022 Unknown

Please Note: The subsequent **Exposure Information** screen of the MDRO Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry.

To proceed, you must enter the **appropriate information** in the enabled fields on the screen. Once complete, click **Next** to navigate to the subsequent **Hospitalization, ICU & Death Information** screen.

Hospitalization, ICU, Disposition & Death Information

The **Hospitalization, ICU, Disposition & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

8. You have the option to **edit the auto-populated information** in the following enabled fields:
- *Was the patient hospitalized at the time of specimen collection?*
 - *Was the patient admitted to an intensive care unit (ICU)?*

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 4 of 6

Please select any applicable hospitalization, ICU, disposition and death information that the patient experienced during illness.

HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Was the patient hospitalized at time of specimen collection?*

If yes, please specify the hospital name:*

If hospitalized, please specify the type of facility that the patient was admitted from:*

Select...

Facility Name:*

Admission Date* Unknown Discharge Date* Unknown

Still hospitalized Expired

If expired, please provide the date of death:

Date of Death Unknown

If discharged, please specify the location:

Select...

Please specify the name of the facility/location where the patient has been discharged to:*

Was the receiving facility notified of the patient's MDRO?

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

Admission Date to ICU* Unknown Discharge Date from ICU* Unknown

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name:*

If yes, please provide admission and discharge dates:

Admission Date Unknown Discharge Date Unknown

+ Add Additional Hospitalization Date

Please Note: If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU, Disposition & Death Information** screen is auto-populated as **Yes**: *Was the patient hospitalized at the time of specimen collection?*

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

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes**: *Was the patient admitted to an intensive care unit (ICU)?*

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled. To proceed, you must enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Hospitalization, ICU, Disposition & Death Information** screen: *Was the patient hospitalized at the time of specimen collection?*

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU, Disposition & Death Information** screen, the subsequent hospitalization-related fields and ICU-related fields are disabled.

- The *Was the patient previously hospitalized at your facility within the last 6 months?* field is not impacted by the selected answer for the conditional question: *Was the patient hospitalized at the time of specimen collection?*

- If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the *If hospitalized*, please specify the type of facility that the patient was admitted from dropdown menu, the subsequent field is enabled.
 - To proceed, you must enter the **name of the facility that the patient was admitted from** in the subsequent enabled field: *Facility Name*.

If hospitalized, please specify the type of facility that the patient was admitted from:*

Long Term Care Facility x | v

Facility Name:*

Please Note: If **Home** is selected from the *If hospitalized*, please specify the type of facility that the patient was admitted from dropdown menu, the subsequent *Facility Name* field is disabled.

If discharged, please specify the location:*

Home x | v

Please specify the name of the facility/location where the patient has been discharged to: ?

Please Note: If the patient is deceased, click the **Expired Checkbox** below the *Discharge Date* field. Upon clicking the **Expired Checkbox**, the subsequent death-related field is enabled. To proceed, enter the **Date of Death** in the subsequent field: *Date of Death*.

Still hospitalized Expired

If expired, please provide the date of death:

Date of Death*

mm/dd/yyyy Unknown

Please Note: Upon entering the **Discharge Date**, the subsequent *Date of Death* field is disabled, while the discharge-related field is enabled. Select the **type of location** from the subsequent dropdown menu: *If discharged, please specify the location*.

Date of Death

mm/dd/yyyy Unknown

If discharged, please specify the location:*

Select...

Home

Long Term Care Facility

Other Health Care Facility

Other

- If **Long Term Care Facility**, **Other Health Care Facility**, or **Other** is selected from the *If discharged, please specify the location* dropdown menu, the subsequent fields are enabled.
 - To proceed, you must **enter the appropriate information** in the subsequent fields:
 - *Please specify the name of the facility/location where the patient has been discharged to.*
 - *Was the receiving facility notified of the patient's MDRO?*

If discharged, please specify the location:*

Long Term Care Facility

Please specify the name of the facility/location where the patient has been discharged to:*

General Hospital

Was the receiving facility notified of the patient's MDRO?*

Yes No Unknown

Please Note: If **Home** is selected from the *If discharged, please specify the location* dropdown menu, the subsequent fields are disabled:

- *Please specify the name of the facility/location where the patient has been discharged to.*
- *Was the receiving facility notified of the patient's MDRO?*

If discharged, please specify the location:*

Home

Please specify the name of the facility/location where the patient has been discharged to:?

Was the receiving facility notified of the patient's MDRO?*

Yes No Unknown

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)?*

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

Yes No Unknown

Admission Date to ICU*

mm/dd/yyyy

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

Yes No Unknown

Admission Date to ICU*

mm/dd/yyyy

Please Note: If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- To proceed, enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

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

Yes No Unknown

Admission Date to ICU* Discharge Date from ICU*

mm/dd/yyyy mm/dd/yyyy

10. To complete the **Hospitalization, ICU, Disposition & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (*)**, if enabled:

- Admission Date to ICU*
- Discharge Date from ICU*
- Was the patient previously hospitalized at your facility within the last 6 months?*

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

Yes No Unknown

Admission Date to ICU* Discharge Date from ICU*

mm/dd/yyyy mm/dd/yyyy

Was the patient previously hospitalized at your facility within the last 6 months?*

Yes No Unknown

If yes, please specify the hospital name: ?

- If **Yes** is selected for the *Was the patient previously hospitalized at your facility within the last 6 months?* field, the subsequent fields are enabled. To proceed, you must **enter the appropriate information** in the subsequent enabled fields:
 - If yes, please specify the hospital name.*
 - Admission Date*
 - Discharge Date*

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name:*

If yes, please provide admission and discharge dates:

Admission Date* Unknown Discharge Date* Unknown

Please Note: All subsequent fields are disabled if **No** or **Unknown** is selected for the field: *Was the patient previously hospitalized at your facility within the last 6 months?*

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name: *

If yes, please provide admission and discharge dates:

Admission Date Unknown Discharge Date Unknown

11. You also have the option to click **Add Additional Hospitalization Date** to add additional hospitalization dates if the patient has been hospitalized at your facility multiple times within the last 6 months.

If yes, please provide admission and discharge dates:

Admission Date* Unknown Discharge Date* Unknown

Was the patient previously hospitalized at your facility within the last 6 months?*

If yes, please specify the hospital name: * ?

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date* Unknown

Discharge Date* Unknown

Admission Date* Unknown

Discharge Date* Unknown

+ Add Additional Hospitalization Date

12. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Additional Comments** screen.

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM Section 4 of 6

Please select any applicable hospitalization, ICU, disposition and death information that the patient experienced during illness.

HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Patient Information

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Was the patient hospitalized at time of specimen collection?*

Yes No Unknown

If yes, please specify the hospital name:*

General Hospital

If hospitalized, please specify the type of facility that the patient was admitted from:*

Long Term Care Facility

Facility Name:*

Test Facility

Admission Date* Unknown Discharge Date* Unknown

Still hospitalized Expired

If expired, please provide the date of death:

Date of Death Unknown

If discharged, please specify the location:*

Long Term Care Facility

Please specify the name of the facility/location where the patient has been discharged to:*

General Hospital

Was the receiving facility notified of the patient's MDRO?*

Yes No Unknown

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

Yes No Unknown

Admission Date to ICU* Unknown Discharge Date from ICU* Unknown

Was the patient previously hospitalized at your facility within the last 6 months?*

Yes No Unknown

If yes, please specify the hospital name:*

General Hospital

If yes, please provide admission and discharge dates:

Admission Date* Unknown Discharge Date* Unknown

+ Add Additional Hospitalization Date

Please Note: The subsequent **Additional Comments** screen of the MDRO Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, enter the **additional information** in the enabled textbox field. Once complete, click **Next** to navigate to the **Review and Submit** screen.

For specific information on how to complete these screens of the MDRO Case Report, please review the *Direct Data Entry for Electronic Case Reports: Multi-Drug Resistant Organism User Guide* on the [KHIE website](#).

Review and Submit: MDRO Case Report

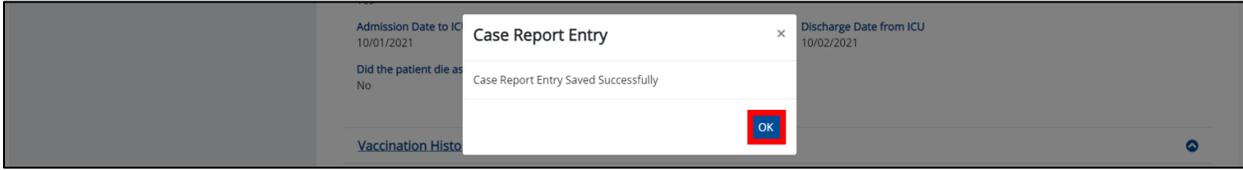
Once the appropriate edits and additions have been made on all the MDRO Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the MDRO Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

13. Review the information on the **Review and Submit** screen.

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

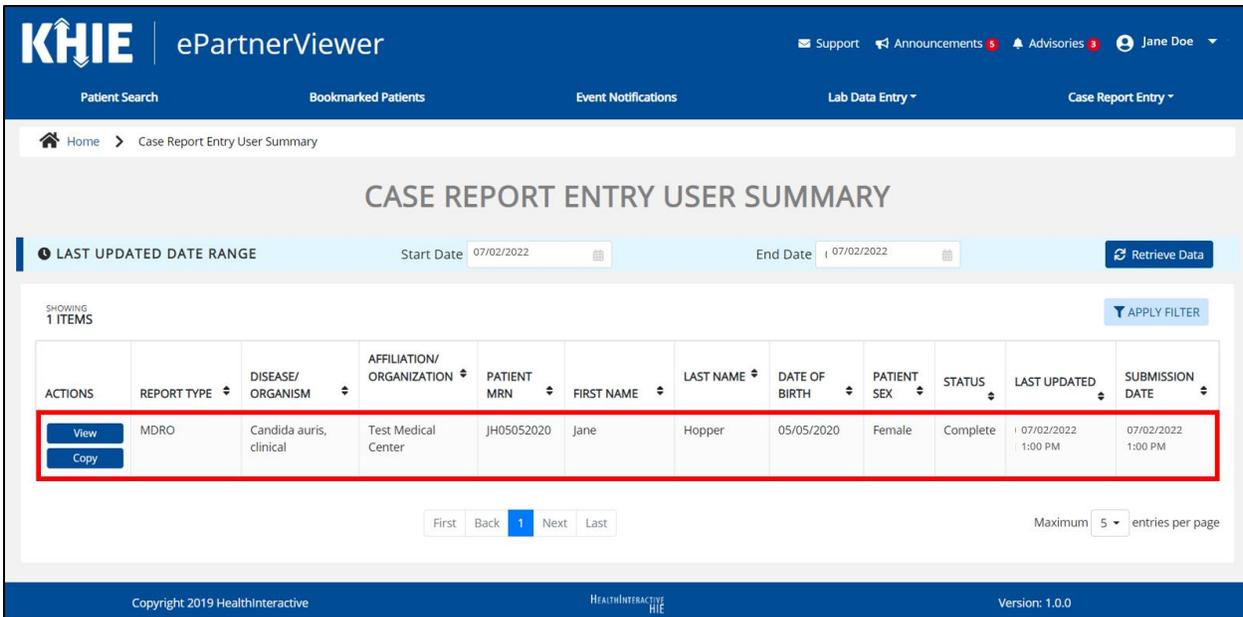
15. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

16. 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.

- For specific information on the **Case Report Entry User Summary** screen, please review the *Case Report Entry User Summary* section of this guide.



15 Initiate Perinatal Hepatitis Case Report

Upon initiating a Perinatal Hepatitis Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the Perinatal Hepatitis Case Report.

The Perinatal Hepatitis Case Report is a nine-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Applicable Symptoms, (4) Medical Conditions, (5) Exposure Information, (6) Hospitalization, ICU & Death Information, (7) Vaccination History, (8) Additional Comments, (9) Review and Submit. The **Review & Submit** screen is where Users must review the information entered and submit the Perinatal Hepatitis Case Report.

The following Perinatal Hepatitis Case Report screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can change the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Laboratory Information** screen
- **Applicable Symptoms** screen
- **Additional Information** screen
- **Hospitalization, ICU & Death Information** screen

Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in grayed out and disabled fields.

Users **cannot** edit the following auto-populated *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Patient ID (MRN)*
- *Affiliation/Organization for Patient MRN*
- *Date of Birth*
- *First Name*
- *Middle Name*
- *Last Name*
- *Prefix*
- *Suffix*
- *Patient Sex*

The screenshot shows the 'PATIENT INFORMATION' form. Red boxes highlight the following fields, which are disabled (grayed out):

- Disease/Organism***: Perinatal Hepatitis B
- Date of Diagnosis***: mm/dd/yyyy (calendar icon), Unknown
- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?***: Yes No
- Patient ID (MRN)***: JH05052020
- Affiliation/Organization***: Test Medical Center
- Person Completing Form***: Select...
- Affiliation/Organization***: Select... (If other, please specify: ?)
- Attending Physician/Clinician***: Select... (If other, please specify: ?)
- Affiliation/Organization***: Select... (If other, please specify: ?)
- Prefix**: Select...
- First Name***: Jane
- Middle Name**: (grayed out)
- Last Name***: Hopper
- Suffix**: Select...
- Maiden Name**: (grayed out)
- Date of Birth***: 05/05/2020 (calendar icon)
- Ethnicity***: Not Hispanic or Latino (x | v)
- Race***: White (x | v)

Please Note: The *Disease/Organism, Patient ID (MRN), Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the Perinatal Hepatitis Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*
- *Is the patient currently pregnant?*

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

- Suffix: Select...
- Date of Birth*: 05/05/2020
- Patient Sex*: Female
- Ethnicity*: Not Hispanic or Latino
- Race*: White
- Address 1*: 123 Hawkins Lane
- Address 2: Unit, Suite, Building, etc.
- City*: Frankfort
- State*: KY
- Zip Code: 40601-
- County*: Fayette
- Phone*: (555) 555-5555
- Email: eleven@email.com
- Is the patient currently pregnant?*: No (selected)
- If yes, please enter the due date (EDC): mm/dd/yyyy

Please Note: The *Is the patient currently pregnant?* field is enabled only when **Female** is selected for the *Patient Sex* field on the **Patient Information** screen of the previously submitted Communicable Disease Lab Entry.

- If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent field is enabled.

To proceed, enter the **Due Date** in the subsequent field: *If yes, please enter the due date (EDC).*

Is the patient currently pregnant?*

If yes, please enter the due date (EDC):* ?

Unknown

2. You must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**:

- *Date of Diagnosis*
- *Person Completing Form*
- *Affiliation/Organization of Person Completing Form*
- *Attending Physician/Clinician*
- *Affiliation/Organization of Attending Physician/Clinician*

PATIENT INFORMATION

Disease/Organism* ?
Perinatal Hepatitis B

Date of Diagnosis*
 Unknown

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

Patient ID (MRN)* ?
JH05052020

Affiliation/Organization* ?
Test Medical Center

Person Completing Form*
Select... |

Affiliation/Organization* ?
Select... |

If other, please specify: ?

Attending Physician/Clinician*
Select... |

Affiliation/Organization* ?
Select... |

If other, please specify: ?

Please Note: If the appropriate name does not display in the *Person Completing Form* or *Attending Physician/Clinician* dropdown menus, you must create details for a new Person Completing Form or new Attending Physician/Clinician.

- To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays.
- To create details for a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays.

To proceed, enter the details in the appropriate fields of the pop-up and click **Save**.

The screenshot shows a form with several dropdown menus. The first row contains 'Patient ID (MRN)*' with the value 'JH05052020' and 'Affiliation/Organization*' with 'Test Medical Center'. The second row has 'Person Completing Form*' highlighted with a red box, a dropdown menu with 'Select...' and 'Affiliation/Organization*' with 'Test Medical Center'. The third row has 'Attending Physician/Clinician*' highlighted with a red box, a dropdown menu with 'Select...' and 'Affiliation/Organization*' with 'Test Medical Center'. There are also 'If other, please specify:' fields next to the second and third rows.

3. To complete the **Patient Information** screen, you must **select the appropriate answer** for the mandatory blank fields marked with **red asterisks (*)**, if enabled:

- *Is the patient postpartum?*
- *Does the patient have a history of incarceration?*

The screenshot shows the 'Patient Information' screen. It includes a question 'Is the patient currently pregnant?*' with buttons for 'Yes', 'No', and 'Unknown'. Below it is a date field for 'If yes, please enter the due date (EDC):' with a calendar icon and an 'Unknown' checkbox. The next question is 'Is the patient postpartum?*' with buttons for 'Yes', 'No', and 'Unknown', highlighted with a red box. Below it is a date field for 'If yes, please enter the date of delivery:' with a calendar icon and an 'Unknown' checkbox. The final question is 'Does the patient have a history of incarceration?*' with buttons for 'Yes', 'No', and 'Unknown', also highlighted with a red box.

Please Note: If **Yes** is selected for the *Is the patient currently pregnant?* field, the subsequent postpartum-related field is disabled: *Is the patient postpartum?*

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC):* ⓘ

11/12/2021 Unknown

Is the patient postpartum?

Yes No Unknown

If yes, please enter the date of delivery: ⓘ

mm/dd/yyyy Unknown

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

Additionally, the postpartum-related field is enabled if **No** or **Unknown** is selected for the *Is the patient currently pregnant?* field.

Is the patient currently pregnant?*

Yes No Unknown

If yes, please enter the due date (EDC): ⓘ

mm/dd/yyyy Unknown

Is the patient postpartum?*

Yes No Unknown

If yes, please enter the date of delivery: ⓘ

- Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 1 of 9

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

PATIENT INFORMATION

Patient Information	Disease/Organism* Perinatal Hepatitis B	Date of Diagnosis* 06/02/2022 <input type="checkbox"/> Unknown
Laboratory Information	Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*	
Applicable Symptoms	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Medical Conditions	Patient ID (MRN)* JH05052020	Affiliation/Organization* Test Medical Center
Exposure Information	Person Completing Form* Dr. Estelle Costanza (estelle@email.com) x	Affiliation/Organization* Test Medical Center x <small>If other, please specify: @</small>
Hospitalization, ICU & Death Information	Attending Physician/Clinician* Dr. Fraiser Crane (fraisercrane@email.c... x	Affiliation/Organization* Other x <small>If other, please specify:*</small> General Hospital
Vaccination History	Prefix Select...	
Additional Comments	First Name* Jane	Middle Name Last Name* Hopper
Review & Submit	Suffix Select...	Maiden Name
	Date of Birth* mm/dd/yyyy	Ethnicity* All Other Ethnic or Racial Groups Race* White
	Address 1* 123 Hawkins Lane	Address 2 Unit, Suite, Building, etc.
	City* Frankfort	State* KY Zip Code 40601-
	County* Fayette x	Phone* (555) 555-5555 Email eleven@email.com
	Is the patient currently pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
	If yes, please enter the due date (EDC): mm/dd/yyyy <input type="checkbox"/> Unknown <input type="checkbox"/>	
	Is the patient postpartum?*	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
	If yes, please enter the date of delivery:*	
	06/27/2022 <input type="checkbox"/> Unknown <input type="checkbox"/>	
	Does the patient have a history of incarceration?*	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/>	

Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

5. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Hepatitis Marker*
- *Results*
- *Test Result Date*
- *Specimen Collection Date*
- *Laboratory Name*

PERINATAL HEPATITIS CASE REPORT FORM Section 2 of 9

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information
- Laboratory Information**
- Applicable Symptoms
- Medical Conditions
- 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*

HEPATITIS B VIRUS CORE AB.IGM

If other, please specify:

Results*

Positive

If applicable, please enter the viral load:

Test Result Date* 07/02/2022 Unknown **Specimen Collection Date*** 07/01/2022 Unknown

Laboratory Name:*

General Hospital

+ Add Hepatitis Marker

ALT

+ Add ALT

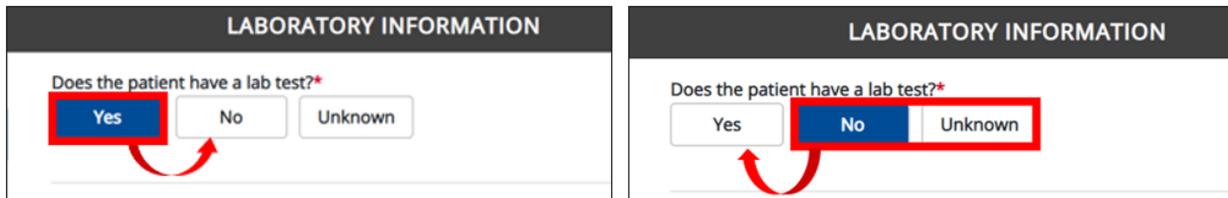
AST

+ Add AST

Bilirubin

+ Add Bilirubin

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Laboratory Information** screen: *Does the patient have a lab test?*



Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Laboratory Information** screen, the subsequent fields are disabled.

- 6. You have the option to click **Add Hepatitis Marker** to log the details for multiple hepatitis markers for the patient.

The screenshot displays a web form for entering laboratory results. At the top, there is a 'Results*' dropdown menu with 'Positive' selected. Below it is a text field for 'If applicable, please enter the viral load:'. The form includes two date fields: 'Test Result Date*' (07/02/2022) and 'Specimen Collection Date*' (07/01/2022), each with an 'Unknown' checkbox. A 'Laboratory Name*' field contains 'General Hospital'. A red-bordered box highlights a '+ Add Hepatitis Marker' button. Below this, a larger red-bordered box shows a detailed view of the 'Hepatitis Marker*' entry form, which includes a dropdown menu (currently showing 'Select...'), a text field for 'If other, please specify:', another 'Results*' dropdown (showing 'Select...'), a 'viral load' text field, and date fields for 'Test Result Date' (format mm/dd/yyyy) and 'Specimen Collection Date*' (format mm/dd/yyyy), both with 'Unknown' checkboxes. A 'Laboratory Name*' field is also present. Below the detailed view, there is another '+ Add Hepatitis Marker' button, followed by 'ALT' and a '+ Add ALT' button.

Please Note: The *Hepatitis Marker* dropdown menu displays only the hepatitis marker options that apply to the Disease/Organism selected in the submitted Communicable Disease Lab Entry.

- You also have the option to click **Add ALT** to log the details for an ALT.

This screenshot shows the 'Add Hepatitis Marker' form. At the top, there is a header with a plus icon and the text 'Add Hepatitis Marker'. Below this, there are three horizontal lines representing different markers. The first line is labeled 'ALT' and has a plus icon followed by the text 'Add ALT' highlighted with a red box. The second line is labeled 'AST' and has a plus icon followed by the text 'Add AST'.

This screenshot shows the 'Add ALT' form. At the top, there is a header with a plus icon and the text 'Add Hepatitis Marker'. Below this, there are three horizontal lines representing different markers. The first line is labeled 'ALT' and has a plus icon followed by the text 'Add ALT' highlighted with a red box. Below the 'ALT' line, there is a form with several input fields: 'Results:*' (text input), 'Reference:*' (text input), 'Test Result Date*' (date input with a calendar icon and an 'Unknown' checkbox), 'Specimen Collection Date*' (date input with a calendar icon and an 'Unknown' checkbox), and 'Laboratory Name:*' (text input). A red box highlights the entire form area. Below the form, there are three horizontal lines representing different markers. The first line is labeled 'AST' and has a plus icon followed by the text 'Add AST'. The second line is labeled 'AST' and has a plus icon followed by the text 'Add AST'. The third line is labeled 'Bilirubin' and has a plus icon followed by the text 'Add Bilirubin'.

- You have the option to click **Add AST** to log the details for an AST.

This screenshot shows the 'Add AST' form. At the top, there is a header with a plus icon and the text 'Add ALT'. Below this, there are three horizontal lines representing different markers. The first line is labeled 'AST' and has a plus icon followed by the text 'Add AST' highlighted with a red box. The second line is labeled 'AST' and has a plus icon followed by the text 'Add AST'. The third line is labeled 'Bilirubin' and has a plus icon followed by the text 'Add Bilirubin'.

+ Add ALT

AST 

Results:* Units/Liter

Reference:* Units/Liter

Test Result Date* Unknown Specimen Collection Date* Unknown

Laboratory Name:*

+ Add AST

Bilirubin

+ Add Bilirubin

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

+ Add AST

Bilirubin

+ Add Bilirubin

Save Previous Next 

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin 

Results:* mg/dL

Reference:* mg/dL

Test Result Date* Unknown Specimen Collection Date* Unknown

Laboratory Name:*

+ Add Bilirubin

- 7. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Applicable Symptoms** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 2 of 9

Please provide laboratory information related to this case.

LABORATORY INFORMATION

- Patient Information ✔
- Laboratory Information**
- Applicable Symptoms 🔒
- Medical Conditions 🔒
- 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 Billirubin, please ensure you complete all fields for that test.

Hepatitis Marker*

HEPATITIS B VIRUS CORE AB x | v

If other, please specify:

Results*

Positive x | v

If applicable, please enter the viral load: ?

Unknown

Test Result Date* Unknown **Specimen Collection Date*** Unknown

Laboratory Name:*

General Hospital

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Billirubin

+ Add Billirubin

Applicable Symptoms

The **Applicable Symptoms** screen asks questions about the patient’s symptoms.

8. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Were symptoms present during the course of illness?*
- *Onset Date*

PERINATAL HEPATITIS CASE REPORT FORM Section 3 of 9

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"/>
Medical Conditions	<input type="checkbox"/>
Exposure Information	<input type="checkbox"/>
Hospitalization, ICU & Death Information	<input type="checkbox"/>
Vaccination History	<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*

06/20/2022 Unknown

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

Jaundice*

Yes No Unknown

Fever*

Yes No Unknown

Nausea*

Yes No Unknown

Abdominal Pain*

Yes No Unknown

Dark Urine*

Yes No Unknown

Light Colored Stools*

Yes No Unknown

Fatigue*

Yes No Unknown

Myalgia*

Yes No Unknown

Loss of Appetite*

Yes No Unknown

Did the patient have any other symptoms?*

Yes No Unknown

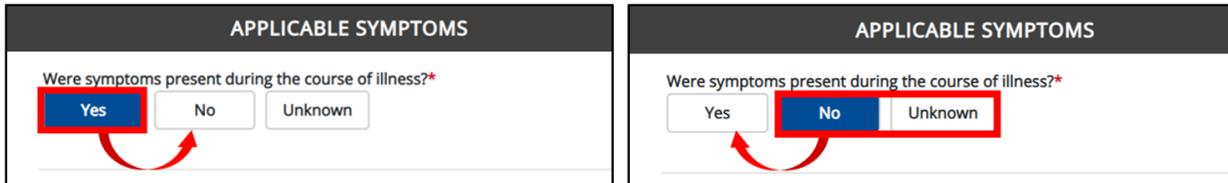
If yes, please specify: @

Please Note: If the patient was marked as symptomatic on the Communicable Disease Lab Entry, the selection for the conditional question at the top of the **Applicable Symptoms** screen is auto-populated as **Yes: *Were symptoms present during the course of illness?***

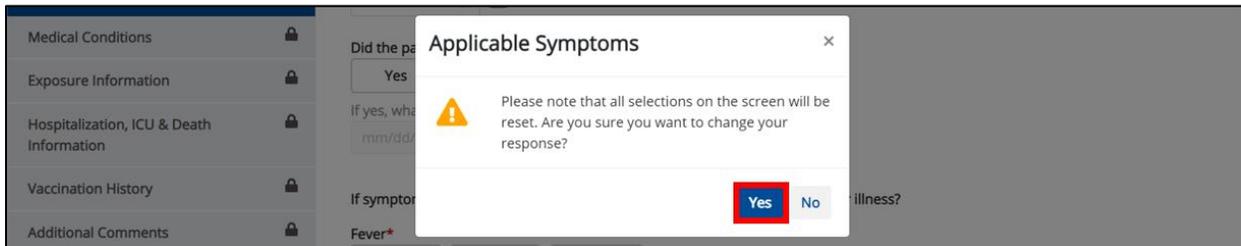
- If **Yes** is selected for the conditional question at the top of the **Applicable Symptoms** screen, the subsequent fields are enabled.

If an onset date for symptoms was entered on the Communicable Disease Lab Data Entry, the same date is auto-populated for the *Onset Date* field on the **Applicable Symptoms** screen.

- 9. You have the option to **edit the auto-populated information** in the enabled fields.
 - You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Applicable Symptoms** screen: *Were symptoms present during the course of illness?*

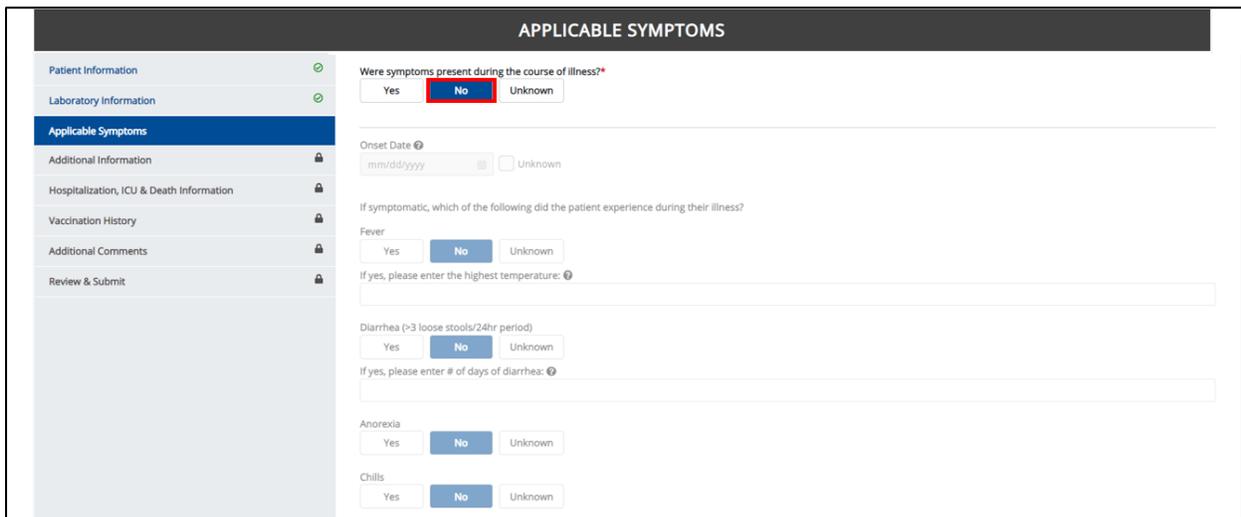


- If you change the selection for the conditional question, a pop-up notification will display with a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



Please Note: If **No** is selected for the conditional question at the top of the **Applicable Symptoms** screen, all subsequent fields are disabled and marked with **No**.

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



10. To complete the **Applicable Symptoms** screen, you must select the **appropriate answers** for the mandatory symptom fields marked with **red asterisks (*)**.

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

Jaundice*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Fever*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Nausea*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Abdominal Pain*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Dark Urine*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Light Colored Stools*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Fatigue*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Myalgia*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Loss of Appetite*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>
Did the patient have any other symptoms?*	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unknown"/>

If yes, please specify:

Please Note: The symptom fields on the **Applicable Symptoms** screen vary based on the selected reportable condition.

11. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Medical Conditions** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 3 of 9

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

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

Were symptoms present during the course of illness?*

Onset Date*

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

Jaundice*

Fever*

Nausea*

Abdominal Pain*

Dark Urine*

Light Colored Stools*

Fatigue*

Myalgia*

Loss of Appetite*

Did the patient have any other symptoms?*

If yes, please specify:*

Please Note: The subsequent **Medical Conditions** screen of the Perinatal Hepatitis Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry. To proceed, you must enter the **appropriate information** in the enabled fields on the screen. Once complete, click **Next** to navigate to the subsequent **Exposure Information** screen.

Exposure Information

The **Exposure Information** screen collects exposure details about the patient and displays information that has been auto-populated based on the previously submitted Communicable Disease Lab Entry.

12. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Did the patient have any of the following exposures in the past 6 months?*
- *Adult congregate living facility (nursing, assisted living, or long-term care facility)*

PERINATAL HEPATITIS CASE REPORT FORM Section 5 of 9

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

EXPOSURE INFORMATION

Patient Information	<input checked="" type="checkbox"/>	Did the patient have any of the following exposures in the past 6 months* <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Laboratory Information	<input checked="" type="checkbox"/>	
Applicable Symptoms	<input checked="" type="checkbox"/>	
Medical Conditions	<input checked="" type="checkbox"/>	Adult congregate living facility (nursing, assisted living, or long-term care facility)* <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Exposure Information	<input checked="" type="checkbox"/>	
Hospitalization, ICU & Death Information	<input type="checkbox"/>	
Vaccination History	<input type="checkbox"/>	
Additional Comments	<input type="checkbox"/>	
Review & Submit	<input type="checkbox"/>	

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

Correctional facility*
 Yes No Unknown
If yes, please specify name of correctional facility:

IV Drug Use*
 Yes No Unknown

Sexually Transmitted Infections History*
 Yes No Unknown

Multiple Sex Partners*
 Yes No Unknown

Intranasal Drug Use*
 Yes No Unknown

HIV Exposure*
 Yes No Unknown

HBV Contact Exposure*
 Yes No Unknown

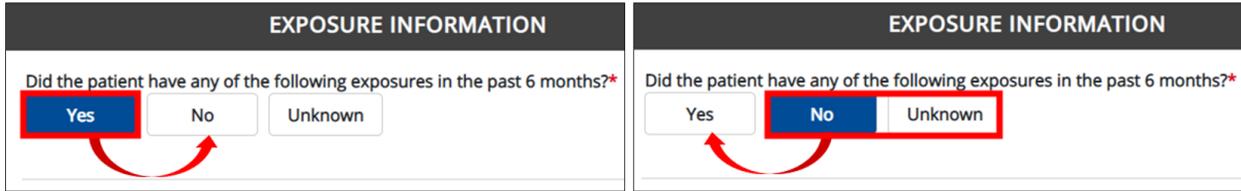
HCV Contact Exposure*
 Yes No Unknown

Tattoos*
 Yes No Unknown
If yes, please specify the setting:
Select...
If other, please specify:

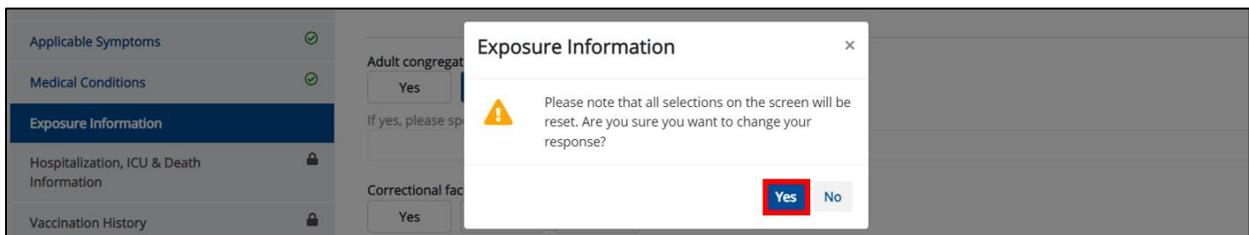
Piercings*
 Yes No Unknown
If yes, please specify the setting:
Select...
If other, please specify:

Foreign Born*
 Yes No Unknown
If yes, please specify country:
Select...

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Exposure Information** screen: *Did the patient have any of the following exposures in the past 6 months?*



- If you change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question, a pop-up notification will display a message that states: *Please note that all selections on this screen will be reset. Are you sure you want to change your response?*
- To reset the previous selection for the conditional question, click **Yes** on the pop-up notification.



Please Note: If **No** is selected for the conditional question at the top of the **Exposure Information** screen, 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**.
The outbreak-related question at the bottom of the screen is not impacted by the selected answer for the conditional question: *Does any of the following apply to the patient?*



- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the auto-populated field: *Adult congregate living facility (nursing, assisted living, or long-term care facility)*



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

For example, if **Yes** is selected for the *Adult congregate living facility (nursing, assisted living, or long-term care facility)* field, the subsequent textbox field is enabled.

To proceed, you must enter the **name of the living facility** in the subsequent field: *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)*

Yes No Unknown

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

13. To complete the **Exposure Information** screen, select the **appropriate answers** for the blank enabled fields to indicate descriptions that apply to the patient.

The screenshot shows the 'Exposure Information' section of a web application. On the left is a sidebar with navigation options: 'Hospitalization, ICU & Death Information', 'Vaccination History', 'Additional Comments', and 'Review & Submit'. The main content area contains several questions with radio button options for 'Yes', 'No', and 'Unknown'. The questions are: 'Correctional facility*', 'IV Drug Use*', 'Sexually Transmitted Infections History*', 'Multiple Sex Partners*', 'Intranasal Drug Use*', 'HIV Exposure*', 'HBV Contact Exposure*', 'HCV Contact Exposure*', 'Tattoos*', 'Piercings*', and 'Foreign Born*'. Each question has a corresponding text input field for specifying details. At the bottom, there is a question 'Is this part of an outbreak?*' with a text input field for the outbreak name. A red rectangular box highlights the entire main content area of the form.

Please Note: If **Yes** is selected for the *Correctional Facility, Tattoos, Piercings, Foreign Born, or Is this part of an outbreak?* fields, the subsequent field is enabled for Users to specify the name of appropriate setting.

To proceed, you must enter the **appropriate setting** in the subsequent field: *If yes, please specify.*

Correctional facility*

Yes No Unknown

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

Tattoos*

Yes No Unknown

If yes, please specify the setting:* ?

Select... | v

If other, please specify: ?

Piercings*

Yes No Unknown

If yes, please specify the setting:* ?

Select... | v

If other, please specify: ?

Foreign Born*

Yes No Unknown

If yes, please specify country:* ?

Select... | v

Is this part of an outbreak?*

Yes No Unknown

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

Please Note: If **Other** is selected from one of the *If yes, please specify the setting* dropdown menus for the *Tattoos* field or the *Piercings* field, the subsequent textbox field is enabled.

To proceed, enter the **appropriate setting** in the subsequent textbox: *If other, please specify.*

Tattoos*

If yes, please specify the setting:*
Other x | v
If other, please specify:*

Piercings*

If yes, please specify the setting:*
Other x | v
If other, please specify:*

14. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Hospitalization, ICU & Death Information** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 5 of 9

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

EXPOSURE INFORMATION

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

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

If yes, please specify nursing, assisted living or long-term care facility:*
Long-Term Care Facility

Correctional facility*

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

IV Drug Use*

Sexually Transmitted Infections History*

Multiple Sex Partners*

HBV Contact Exposure*

HCV Contact Exposure*

Tattoos*

If yes, please specify the setting:*
Licensed parlor x | v
If other, please specify:

Piercings*

If yes, please specify the setting:*
Other x | v
If other, please specify:*
Unknown

Foreign Born*

If yes, please specify country:
Select...

Is this part of an outbreak?*

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

Hospitalization, ICU & Death Information

The **Hospitalization, ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

15. You have the option to **edit the auto-populated information** in the following enabled fields:

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

Please Note: If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen is auto-populated as **Yes: *Was the patient hospitalized?***

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

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes: *Was the patient admitted to an intensive care unit (ICU)?***

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled. To proceed, you must enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

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

Yes No Unknown

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen: *Was the patient hospitalized?*

HOSPITALIZATION, ICU & DEATH INFORMATION

Was the patient hospitalized?*

Yes No Unknown

HOSPITALIZATION, ICU & DEATH INFORMATION

Was the patient hospitalized?*

Yes No Unknown

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen, the 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?*

HOSPITALIZATION, ICU & DEATH INFORMATION

- Patient Information ✔
- Laboratory Information ✔
- Applicable Symptoms ✔
- Additional 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

- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)?*

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

Yes No Unknown

Admission Date to ICU* Unknown

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

Yes No Unknown

Admission Date to ICU* Unknown

Please Note: If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled.

- To proceed, enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

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

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

16. To complete the **Hospitalization, ICU & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (*)**, if enabled:

- *If yes, please specify hospital name*
- *Admission Date*
- *Discharge Date*
- *Admission Date to ICU*
- *Discharge Date from ICU*
- *Did the patient die as a result of this illness?*

HOSPITALIZATION, ICU & DEATH INFORMATION

Was the patient hospitalized?*

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)?*

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

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

Admission Date* 01/03/2022 <input type="checkbox"/> Unknown	Discharge Date* mm/dd/yyyy <input type="checkbox"/> Unknown
<input checked="" type="checkbox"/> Still hospitalized	
Was the patient admitted to an intensive care unit (ICU)?* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
Admission Date to ICU mm/dd/yyyy <input type="checkbox"/> Unknown	Discharge Date from ICU mm/dd/yyyy <input type="checkbox"/> Unknown
Did the patient die as a result of this illness? <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
If yes, please provide the date of death:	
Date of Death mm/dd/yyyy <input type="checkbox"/> Unknown	

Please Note: If **Yes** is selected for the field: *Did the patient die as a result of this illness?*, the subsequent field is enabled. To proceed, enter the **Date of Death** in the subsequent enabled field: *Date of Death*.

Did the patient die as a result of this illness?* <input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
If yes, please provide the date of death:
Date of Death* mm/dd/yyyy <input type="checkbox"/> Unknown

17. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Vaccination History** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 6 of 9

Please select any applicable hospitalization, ICU and death information related to this case.

HOSPITALIZATION, ICU & DEATH INFORMATION

- Patient Information ✔
- Laboratory Information ✔
- Applicable Symptoms ✔
- Medical Conditions ✔
- 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

Please Note: The subsequent **Vaccination History** and **Additional Comments** screens of the Perinatal Hepatitis Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.

For specific information on how to complete these screens of the Perinatal Hepatitis Case Report, please review the *Direct Data Entry for Electronic Case Reports: Perinatal Hepatitis User Guide* on the [KHIE website](#).

Review and Submit: Perinatal Hepatitis Case Report

Once the appropriate edits and additions have been made on all the Perinatal Hepatitis Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the Perinatal Hepatitis Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

18. Review the information on the **Review and Submit** screen.

PERINATAL HEPATITIS CASE REPORT FORM Section 9 of 9

Please review your information before submitting.

REVIEW & SUBMIT

Print Download

Patient Information

Disease/Organism	Perinatal Hepatitis B	Date of Diagnosis	06/02/2022
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?			
No			
Patient ID (MRN)	JH05052020	Affiliation/Organization	Test Medical Center
Person Completing Form	Dr. Estelle Costanza (estelle@email.com)	Affiliation/Organization	Test Medical Center
Attending Physician/Clinician	Dr. Fraiser Crane (fraisercrane@email.com)	Affiliation/Organization	Other If other, please specify: General Hospital
First Name	Jane	Last Name	Hopper
Date of Birth	05/05/2020	Ethnicity	Not Hispanic or Latino
		Race	White
Address 1	123 Hawkins Lane		
City	State	Zip Code	

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

Additional Comments

Additional comments or notes, please specify:
Additional patient notes

Previous **Submit**

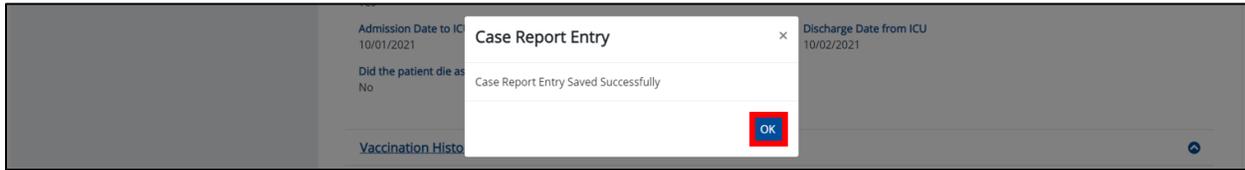
20. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

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.

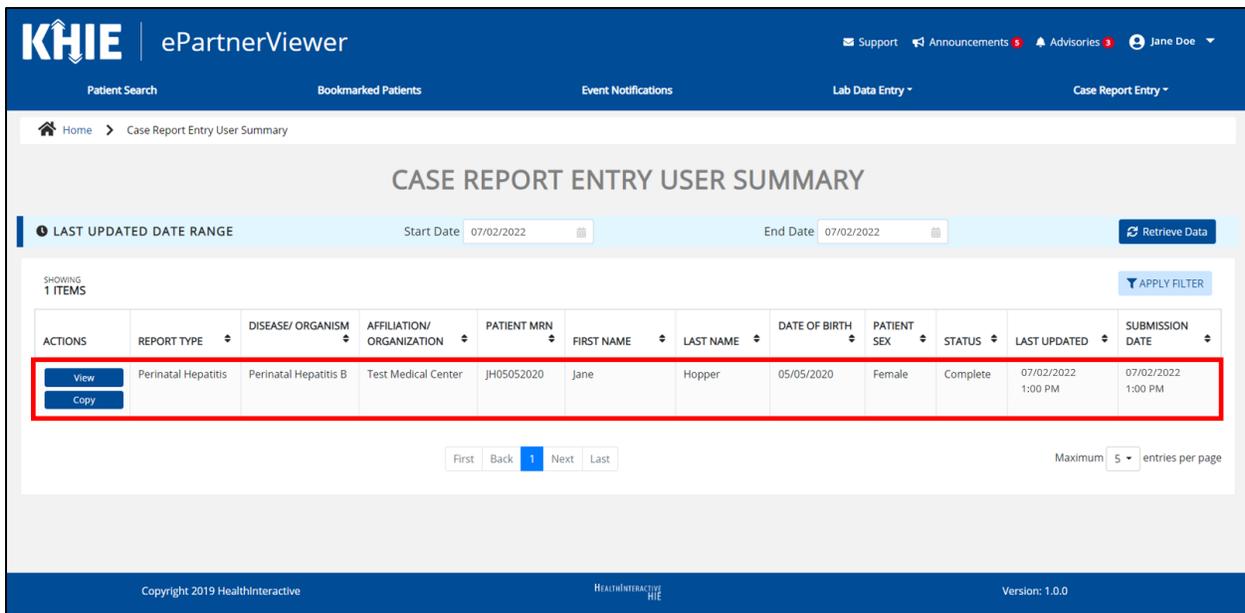
Cancel **Submit**

21. 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.

- For specific information on the **Case Report Entry User Summary** screen , please review section 17: *Case Report Entry User Summary* of this guide.



16 Initiate Child Hepatitis Case Report

Upon initiating a Child Hepatitis Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the Child Hepatitis Case Report.

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

The following Child Hepatitis Case Report screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can change the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Laboratory Information** screen
- **Hospitalization, ICU & Death Information** screen

Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in grayed out and disabled fields.

Users **cannot** edit the following auto-populated *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Patient ID (MRN)*
- *Affiliation/Organization for Patient MRN*
- *Date of Birth*
- *First Name*
- *Middle Name*
- *Last Name*
- *Prefix / Suffix*
- *Patient Sex*

The screenshot shows the 'PATIENT INFORMATION' form. Red boxes highlight the following fields which are disabled (grayed out):

- Disease/Organism***: Child Hepatitis B
- Patient ID (MRN)***: JH05052020
- Affiliation/Organization***: Test Medical Center
- Demographic fields**: Prefix, First Name (Jane), Middle Name, Last Name (Hopper), Suffix, Date of Birth (05/05/2020), Birth Weight (lbs, ozs), Patient Sex (Female), Ethnicity (Not Hispanic or Latino), and Race (White).

Please Note: The *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the Child Hepatitis Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*

The screenshot shows a form with several fields. A red box highlights the 'Ethnicity' field (set to 'Not Hispanic or Latino') and the 'Race' field (set to 'White'). Another red box highlights the address section, including 'Address 1' (123 Hawkins Lane), 'Address 2' (Unit, Suite, Building, etc.), 'City' (Frankfort), 'State' (KY), 'Zip Code' (40601-), 'County' (Fayette), 'Phone' ((555) 555-5555), and 'Email' (eleven@email.com).

2. To complete the **Patient Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (*)**, as applicable:

- *Date of Diagnosis*
- *Person Completing Form*
- *Affiliation/Organization of Person Completing Form*
- *Attending Physician/Clinician*
- *Affiliation/Organization of Attending Physician/Clinician*
- *Mother's First Name*
- *Mother's Last Name*

The screenshot shows the 'PATIENT INFORMATION' screen. A red box highlights the 'Date of Diagnosis' field (mm/dd/yyyy) and the 'Unknown' checkbox. Another red box highlights the 'Person Completing Form' and 'Attending Physician/Clinician' dropdown menus, along with their respective 'Affiliation/Organization' dropdown menus.

Please Note: If the appropriate name does not display in the *Person Completing Form* or *Attending Physician/Clinician* dropdown menus, you must create details for a new Person Completing Form or new Attending Physician/Clinician.

- To create details for a new Person Completing Form, click the **Person Completing Form hyperlink**. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays.
- To create details for a new Attending Physician/Clinician, click the **Attending Physician/Clinician hyperlink**. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays.

To proceed, enter the details in the appropriate fields of the pop-up and click **Save**.

- You must select the **appropriate answers** for the following mandatory fields:
 - Does the patient have Neonatal Abstinence Syndrome?*
 - Who does the infant/child live with?*

Does the patient have Neonatal Abstinence Syndrome?*

Yes No Unknown

Who does the infant/child live with?*

Select...
Father
Grandparent
Mother
Other
Unknown

with: Middle Name Last Name*

Please Note: If **Other** is selected in response to the question *Who does the Infant/Child live with?*, then the following subsequent field is enabled.

To proceed, you must enter the **description of the person with whom the infant/child is living** (i.e., Legal Guardian, etc.) in the subsequent field: *If other, please specify.*

Who does the infant/child live with?*

Other x | v

If other, please specify:*

Legal Guardian

Please Note: If **Mother** is selected in response to the question *Who does the Infant/Child live with?*, then the subsequent contact information fields for the person with whom the child is living are automatically populated with the patient’s mother’s contact information.

This means the patient’s mother’s contact information previously entered in the *Mother’s Current Legal Name and Address* section is automatically populated in the *Please enter the contact info of person the child is living with* section.

Who does the infant/child live with?*

Mother x | v

If other, please specify:

Please enter contact info of person the child is living with:

First Name Carol	Middle Name Anne	Last Name Brady
Address 1 123 Main Street	Address 2 Apt. 1	
City Lexington	State KY x v	Zip Code 40511-
County Fayette x v	Phone ? (555) 123-1234	Email carol@email.com

Please Note: If **Father, Grandparent, Other, or Unknown** is selected in response to *Who does the infant/child live?*, then the subsequent section is enabled.

To proceed, you must complete the fields in the subsequent section: *Please enter the contact info of person the child is living with.*

Who does the infant/child live with?*

Father x | v

If other, please specify:

Please enter contact info of person the child is living with:

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

- 4. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

CHILD HEPATITIS 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* Child Hepatitis B	Date of Diagnosis* mm/dd/yyyy	<input type="checkbox"/> Unknown
Laboratory Information	Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*		
Exposure Information	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Hospitalization, ICU & Death Information	Patient ID (MRN)* jH05052020	Affiliation/Organization* Test Medical Center	
Vaccination History	Person Completing Form* Select...	Affiliation/Organization* Select... <small>If other, please specify:</small>	
Additional Comments	Attending Physician/Clinician* Select...	Affiliation/Organization* Select... <small>If other, please specify:</small>	
Review & Submit	Prefix Select...		
	First Name* Jane	Middle Name	Last Name* Hopper
	Suffix Select...	Date of Birth* 05/05/2020	Birth Weight lbs ozs
	Patient Sex* Female	Ethnicity* Not Hispanic or Latino	Race* White
	Mother's Current Legal Name and Address		
	First Name*	Middle Name	Last Name*
	Address 1* 123 Hawkins Lane	Address 2 Unit, Suite, Building, etc.	
	City* Frankfort	State* KY	Zip Code 40601-
	County* Fayette	Phone* (555) 555-5555	Email eleven@email.com
	Does the patient have Neonatal Abstinence Syndrome?*		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
	Who does the infant/child live with?*		
	Select...		
	<small>If other, please specify:</small>		
	Please enter contact info of person the child is living with:		
	First Name*	Middle Name	Last Name*
	Address 1* Unit, Suite, Building, etc.	Address 2 Unit, Suite, Building, etc.	
	City* Select...	State* Select...	Zip Code
	County* Select...	Phone* (000) XXX-XXXX	Email name@domain.com

Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

5. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Hepatitis Marker*
- *Results*
- *Test Result Date*
- *Specimen Collection Date*
- *Laboratory Name*

The screenshot shows the 'LABORATORY INFORMATION' form. A sidebar on the left contains navigation tabs: Patient Information, Laboratory Information (selected), Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main content area includes a question 'Does the patient have a lab test?' with 'Yes' and 'No' buttons. Below this is a note: 'If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Billirubin, please ensure you complete all fields for that test.' The 'Hepatitis Marker' dropdown is set to 'HEPATITIS B VIRUS SURFACE AB'. The 'Results' dropdown is set to 'Positive'. The 'Test Result Date' is '07/01/2022' and 'Specimen Collection Date' is '07/01/2022'. The 'Laboratory Name' is 'General Hospital'. A red box highlights the 'Add Hepatitis Marker' button at the bottom.

Please Note: If **No** or **Unknown** is selected for the *Does the patient have a lab test?* question at the top of the **Laboratory Information** screen, all subsequent fields are disabled and grayed out.

6. You have the option to click **Add Hepatitis Marker** to log multiple hepatitis markers.

The screenshot shows the 'Add Hepatitis Marker' form. At the top left is a button with a plus sign and the text 'Add Hepatitis Marker'. Below this is a red trash can icon. The form fields are: 'Hepatitis Marker*' dropdown (set to 'Select...'), 'If other, please specify:' text input, 'Results*' dropdown (set to 'Select...'), 'If applicable, please enter the viral load:' text input, 'Test Result Date' (format 'mm/dd/yyyy', with 'Unknown' checkbox), 'Specimen Collection Date*' (format 'mm/dd/yyyy', with 'Unknown' checkbox), and 'Laboratory Name:*' text input. A red box highlights the entire form content.

7. You also have the option to click **Add ALT**, **Add AST**, and/or **Add Bilirubin**.

A screenshot of a form section with three rows. The first row is labeled 'ALT' and has a red box around a blue button with a plus sign and the text 'Add ALT'. The second row is labeled 'AST' and has a red box around a blue button with a plus sign and the text 'Add AST'. The third row is labeled 'Bilirubin' and has a red box around a blue button with a plus sign and the text 'Add Bilirubin'.

8. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Exposure Information** screen.

A screenshot of the 'CHILD HEPATITIS CASE REPORT FORM' showing the 'LABORATORY INFORMATION' section. The form includes a sidebar with navigation options: Patient Information, Laboratory Information (selected), Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main content area has a question 'Does the patient have a lab test?*' with 'Yes' and 'No' buttons. Below this is a section for 'Hepatitis Marker*' with a dropdown menu showing 'HEPATITIS B VIRUS SURFACE AB'. There are also fields for 'Results*', 'Test Result Date*', 'Specimen Collection Date*', and 'Laboratory Name*'. At the bottom right, there are 'Save', 'Previous', and 'Next' buttons, with 'Next' highlighted in a red box.

Please Note: The subsequent **Exposure Information** screen of the Child Hepatitis Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry. To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** to navigate to the **Hospitalization, ICU & Death Information** screen.

Hospitalization, ICU & Death Information

The **Hospitalization, ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

9. You have the option to **edit the auto-populated information** in the following enabled fields:

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

Please Note: If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen is auto-populated as **Yes: Was the patient hospitalized?**

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

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes: Was the patient admitted to an intensive care unit (ICU)?**

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled. To proceed, you must enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

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

Yes No Unknown

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

Please Note: If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen, the 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?*

10. To complete the **Hospitalization, ICU & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (*)**, if enabled:

- *If yes, please specify hospital name*
- *Admission Date*
- *Discharge Date*
- *Admission Date to ICU*
- *Discharge Date from ICU*
- *Did the patient die as a result of this illness?*

If yes, please specify the hospital name:*

Test

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:

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

Admission Date* 01/03/2022 <input type="checkbox"/> Unknown	Discharge Date* mm/dd/yyyy <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Still hospitalized
Was the patient admitted to an intensive care unit (ICU)?* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
Admission Date to ICU mm/dd/yyyy <input type="checkbox"/> Unknown	Discharge Date from ICU mm/dd/yyyy <input type="checkbox"/> Unknown
Did the patient die as a result of this illness? <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>	
<small>If yes, please provide the date of death:</small>	

Please Note: If **Yes** is selected for the field: *Did the patient die as a result of this illness?*, the subsequent field is enabled.
To proceed, enter the **Date of Death** in the subsequent enabled field: *Date of Death*.

Did the patient die as a result of this illness?* <input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
<small>If yes, please provide the date of death:</small>
Date of Death* mm/dd/yyyy <input type="checkbox"/> Unknown

11. Once the appropriate edits and additions have been made, click **Next** to proceed to the **Vaccination History** screen.

CHILD HEPATITIS CASE REPORT FORM Section 4 of 7

Please select any applicable hospitalization, ICU and death information related to this case.

HOSPITALIZATION, ICU & DEATH INFORMATION

Was the patient hospitalized?*

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)?*

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

Please Note: The subsequent **Vaccination History** and **Additional Comments** screens of the Child Hepatitis Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.

Review and Submit: Child Hepatitis Case Report

Once the appropriate edits and additions have been made on all the Child Hepatitis Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the Other Reportable Conditions Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

12. Review the information on the **Review and Submit** screen.

CHILD HEPATITIS CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

REVIEW & SUBMIT

Print Download

Patient Information

Disease/Organism	Child Hepatitis B	Date of Diagnosis	06/02/2022
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?			
No			
Patient ID (MRN)	JH05052020	Affiliation/Organization	Test Medical Center
Person Completing Form	Dr. Estelle Costanza (estelle@email.com)	Affiliation/Organization	Test Medical Center
Attending Physician/Clinician	Dr. Fraiser Crane (fraisercrane@email.com)	Affiliation/Organization	Other
		If other, please specify:	General Hospital
First Name	Jane	Last Name	Hopper
Date of Birth	05/05/2020	Ethnicity	Not Hispanic or Latino
		Race	White
Address 1	123 Hawkins Lane		
City	State	Zip Code	

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

Additional Comments

Additional comments or notes, please specify:
Additional patient notes

Previous **Submit**

14. 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**

15. 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.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date: 07/02/2022 End Date: 07/02/2022 [Retrieve Data](#)

SHOWING 5 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	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

First Back 1 Next Last Maximum 5 entries per page

17 Case Report Entry User 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: 07/02/2022 End Date: 07/02/2022 Retrieve Data

SHOWING 5 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	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 12:30 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 11:00 AM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 10:30 AM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/01/2022 10:00 AM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 9:30 AM	

First Back 1 Next Last Maximum 5 entries per page

- Users are automatically navigated to the **Case Report User Summary** screen upon completing one of the following actions:
 - Initiating multiple Case Report Forms when a Communicable Disease Lab Entry has been submitted successfully.

Communicable Disease Lab Entry

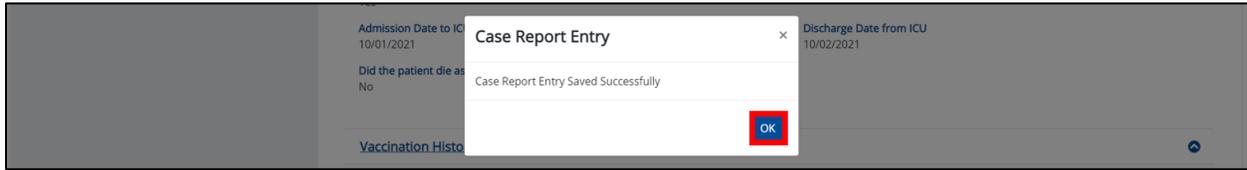
Please select the appropriate Case Report Form.

- Candida auris, clinical
- Child Hepatitis B
- Dengue
- Perinatal Hepatitis B
- Syphilis

NOTE: A Case Report Form is required only when the results are reportable. Users may select up to 5 conditions at a time.

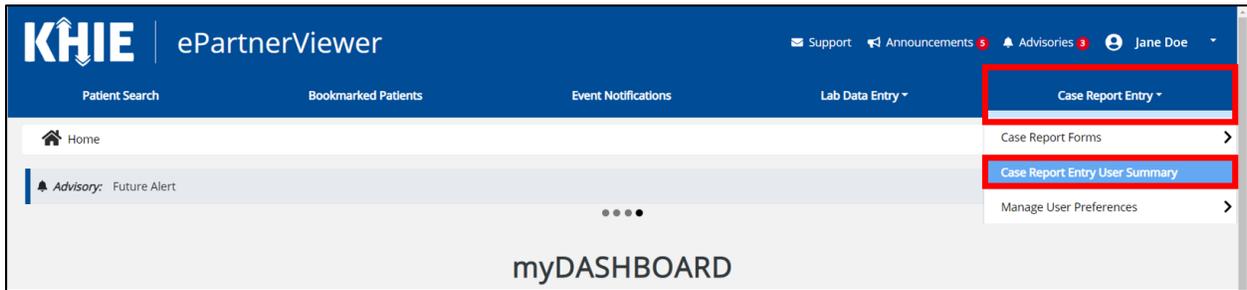
Cancel **Initiate**

- Clicking **OK** on the *Case Report Entry* pop-up when the Case Report has been submitted successfully from the **Review and Submit** screen.

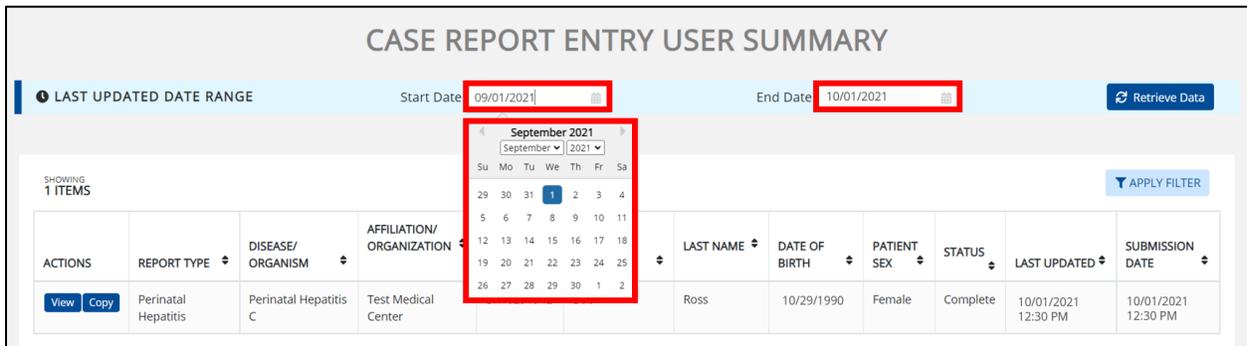


Please Note: Users with the *Manual Case Reporter* role have the access to the **Case Report Entry User Summary** screen at any time.

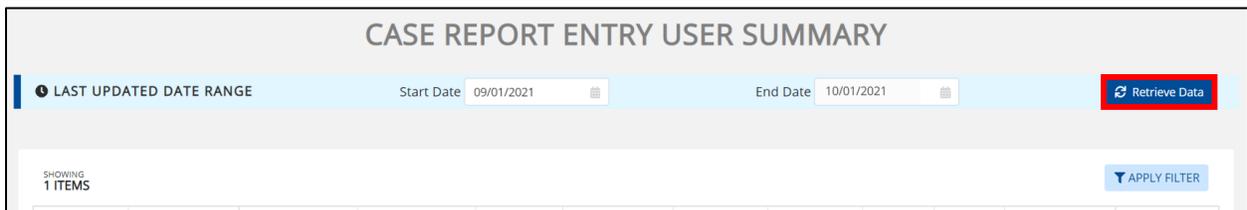
- To navigate to the **Case Report Entry User Summary** screen at any time, click the **Case Report Entry Tab** in the blue Navigation Bar at the top of the screen.
- Select **Case Report Entry User Summary** from the dropdown menu.



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



- Click **Retrieve Data** to generate the case reports.



- To delete an initiated Case Report for the patient, click **Delete** next to the appropriate *Report Type*.

SHOWING 5 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
Continue Delete	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

- The *Case Report Deletion* pop-up displays. To delete the Case Report, click **Confirm**. Click **Cancel** if you do not want to delete the Case Report.

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	OF	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
Continue Delete	Child Hepatitis	Child Hepatitis B	Test Medical Center	/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	/2020	Female	In Progress	07/02/2022 12:30 PM	

Case Report Deletion x

Please confirm to delete

Cancel
Confirm

8. To search for a specific Case Report, click **Apply Filter**.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' page. At the top, there are navigation tabs: Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. Below the tabs, there's a breadcrumb trail: Home > Case Report Entry User Summary. The main heading is 'CASE REPORT ENTRY USER SUMMARY'. Below this, there's a filter section for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to 07/02/2022, and a 'Retrieve Data' button. A red box highlights the 'APPLY FILTER' button. Below the filter section, it says 'SHOWING 14 ITEMS'. The main content is a table with columns: 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 table contains five rows of data. At the bottom, there are pagination controls: First, Back, 1 (selected), 2, 3, Next, Last, and a 'Maximum 5 entries per page' dropdown.

9. The Filter fields display. Search by entering the **Report Type, Disease/Organism, Affiliation/Organization, Patient MRN**, the patient's **First Name, Last Name, Date of Birth, Patient Sex, Status, Last Updated**, and/or **Submission Date** in the corresponding Filter fields.

This screenshot is similar to the previous one, showing the 'CASE REPORT ENTRY USER SUMMARY' page. The 'LAST UPDATED DATE RANGE' filter is still present. A red box highlights the filter fields for each column: REPORT TYPE (Enter Report Ty), DISEASE/ ORGANISM (Enter Disease/ Or), AFFILIATION/ ORGANIZATION (Enter Affiliation/ C), PATIENT MRN (Enter Patie), FIRST NAME (Enter First Nam), LAST NAME (Enter Last N), DATE OF BIRTH (Enter Date O), PATIENT SEX (All), STATUS (Enter St), LAST UPDATED (All), and SUBMISSION DATE (All). Below the filter fields, the table with five rows of data is visible. The pagination controls at the bottom are also present.

Review Previously Submitted Case Reports

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date: 07/02/2022 End Date: 07/02/2022 Retrieve Data

SHOWING 5 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	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

11. 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.

12. Click **OK** to close out of the pop-up.

Case Report Details Print Download

Patient Information

Disease/Organism: Child Hepatitis B Date of Diagnosis: Unknown

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

Patient ID (MRN): JH05052020 Affiliation/Organization: Test Medical Center

Person Completing Form: Dr. Estelle Costanza (estelle@email.com) Affiliation/Organization: Test Medical Center

Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com) Affiliation/Organization: Test Medical Center

First Name: Jane Last Name: Hopper

Date of Birth: 05/05/2020

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

Mother's Current Legal Name and Address: First Name: Terry Last Name: Ives

Address 1: 123 Hawkins Lane

City: Frankfort State: KY Zip Code: 40601

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. This means you can copy the information from a previously submitted case report into a new case report, update the appropriate information, then submit as a new case report for the patient.

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

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' page. At the top, there are filters for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to 07/02/2022, and a 'Retrieve Data' button. Below this, it says 'SHOWING 5 ITEMS' and an 'APPLY FILTER' button. The main table has columns: 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 shows 'Child Hepatitis' with a 'Copy' button highlighted in red. The second row shows 'MDRO' with 'Continue' and 'Delete' buttons.

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	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

Please Note: Clicking **Copy** will automatically navigate you to the **Patient Information** screen of the appropriate Case Report. By default, the **Patient Information** screen displays auto-populated information entered on the previously submitted case report.

You have the option to edit the auto-populated information entered in any of the enabled fields and submit a new case report for the patient.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

By default, the **Patient Summary** screen displays the information entered on the previously submitted case report. Users can change the information entered in any of the enabled fields and submit a new 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 of the Patient ID (MRN)*
- *Prefix*
- *Suffix*
- *First Name*
- *Middle Name*
- *Last Name*
- *Date of Birth*

PATIENT INFORMATION

Disease/Organism* ? Perinatal Hepatitis B ▼ **Date of Diagnosis*** mm/dd/yyyy 📅 Unknown

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

Patient ID (MRN)* JH05052020 **Affiliation/Organization*** Test Medical Center ▼

Person Completing Form* Select... ▼ **Affiliation/Organization*** Select... ▼ **If other, please specify:**

Attending Physician/Clinician* Select... ▼ **Affiliation/Organization*** Select... ▼ **If other, please specify:**

Prefix Select... ▼

First Name* Jane **Middle Name** **Last Name*** Hopper

Suffix Select... ▼ **Maiden Name**

Date of Birth* 05/05/2020 📅 **Ethnicity*** Not Hispanic or Latino ✕ ▼ **Race*** White ✕ ▼

Initiate Case Report

14. To complete a Case Report that has been previously initiated for the patient, click **Continue** next to the appropriate *Report Type*.

CASE REPORT ENTRY USER SUMMARY

🕒 LAST UPDATED DATE RANGE Start Date: 07/02/2022 📅 End Date: 07/02/2022 📅 🔄 Retrieve Data

SHOWING 5 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	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:45 PM	07/02/2022 1:45 PM
🔄 Continue 🗑 Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
🔄 Continue 🗑 Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

Please Note: Upon clicking **Continue**, you will be automatically navigated to the **Patient Information** screen of the selected Case Report. By default, the **Patient Information** screen displays auto-populated information entered on the previously submitted Communicable Disease Lab Entry.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

18 Technical Support

Toll-Free Telephone Support

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

Email Support

To submit questions electronically or request support regarding the ePartnerViewer, please email 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.

