



Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Electronic Case Reports: COVID-19

User Guide

October 2021

Copyright Notice

© 2021 Deloitte. All rights reserved.

Trademarks

"Deloitte," the Deloitte logo, and certain product names that appear in this document (collectively, the "Deloitte Marks"), are trademarks or registered trademarks of entities within the Deloitte Network. The "Deloitte Network" refers to Deloitte Touche Tohmatsu Limited (DTTL), the member firms of DTTL, and their related entities. Except as expressly authorized in writing by the relevant trademark owner, you shall not use any Deloitte Marks either alone or in combination with other words or design elements, including, in any press release, advertisement, or other promotional or marketing material or media, whether in written, oral, electronic, visual, or any other form. Other product names mentioned in this document may be trademarks or registered trademarks of other parties. References to other parties' trademarks in this document are for identification purposes only and do not indicate that such parties have approved this document or any of its contents. This document does not grant you any right to use the trademarks of other parties.

Illustrations

Illustrations contained herein are intended for example purposes only. The patients and providers depicted in these examples are fictitious. Any similarity to actual patients or providers is purely coincidental. Screenshots contained in this document may differ from the current version of the HealthInteractive asset.

Deloitte

Deloitte refers to one or more of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"), its network of member firms, and their related entities. DTTL and each of its member firms are legally separate and independent entities. DTTL (also referred to as "Deloitte Global") does not provide services to clients. In the United States, Deloitte refers to one or more of the US member firms of DTTL, their related entities that operate using the "Deloitte" name in the United States and their respective affiliates. Certain services may not be available to attest clients under the rules and regulations of public accounting. Please see www.deloitte.com/about to learn more about our global network of member firms.

Document Control Information

Document Information

Document Name	Direct Data Entry for Electronic Case Reports: COVID-19 Training Guide
Project Name	KHIE
Client	Kentucky Cabinet for Health and Family Services
Document Author	Deloitte Consulting
Document Version	3.0
Document Status	Draft
Date Released	10/05/2021

Document Edit History

Version	Date	Additions/Modifications	Prepared/Revised by
1.0	06/28/2021	Initial Draft	Deloitte Consulting
1.2	08/30/2021	Revised Draft - Includes KHIE updates	KHIE
2.0	8/30/2021	Revised Draft - Includes updates per KHIE review	Deloitte Consulting
2.1	10/04/2021	Revised Draft - KHIE Review	KHIE
3.0	10/05/2021	Revised Draft - Includes User Preference hyperlink and updates per KHIE review	Deloitte Consulting
3.0	10/14/2021	Final	KHIE
	07/29/2024	Updated KHIE Phone Number	Charlese Blair

Table of Contents

- 1 Introduction5**
 - Overview 5
 - Supported Web Browsers 5
 - Mobile Device Considerations 6
 - Accessing the ePartnerViewer 6
- 2 Logging into ePartnerViewer.....6**
 - Terms and Conditions of Use and Logging In..... 8
- 3 Understanding the Case Report Entry Dropdown Menu 11**
- 4 Manage User Preferences..... 13**
 - Create Interviewer Information Details 13
 - View & Edit Interviewer Information Details..... 16
 - Delete Interviewer Information Details 17
 - Filter Interviewer Information Details..... 18
- 5 Basic Features in the Case Report Entry Form20**
 - Side Navigation Bar & Pagination20
 - Save Feature.....20
 - Case Report Entry Icons.....21
 - Conditional Questions22
- 6 Tips for Manually Entering Case Report Data24**
- 7 COVID-19 Case Report Form26**
- 8 Patient Information27**
 - Interviewer Name Hyperlink.....29
- 9 SARS CoV-2 Testing39**
 - Adding Multiple Tests41
- 10 Clinical Course43**
- 11 Applicable Symptoms.....45**
- 12 Medical Conditions.....50**
- 13 Exposure Information53**
- 14 Hospitalization, ICU & Death Information60**
- 15 Vaccination History64**

- 16 Additional Comments67**
- 17 Review & Submit.....67**
 - Print or Download Functionality.....67
 - Click Hyperlinks to Edit75
- 18 Case Report User Entry Summary.....78**
 - Review Previously Submitted Case Reports.....80
 - Continue In-Progress Case Reports81
- 19 Technical Support.....81**
 - Toll-Free Telephone Support81
 - Email Support.....81

1 Introduction

Overview

This training manual covers KHIE’s Direct Data Entry for COVID-19 Electronic Case Reports functionality in the ePartnerViewer. Users with the *Manual Case Reporter* role can submit electronic case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Department for Public Health (DPH).

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

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

Supported Web Browsers

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

Desktop Browser Version	Mobile Browser Version
Microsoft Internet Explorer	
Not supported	Not supported
Microsoft Edge	
Version 44+	Version 40+
Google Chrome	
Version 70+	Version 70+
Mozilla Firefox	
Version 48+	Version 48+
Apple Safari	
Version 9+	iOS 11+

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

Mobile Device Considerations

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

Accessing the ePartnerViewer

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

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

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

2 Logging into ePartnerViewer

Users with the Manual Case Reporter Role are authorized to access the COVID-19 Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

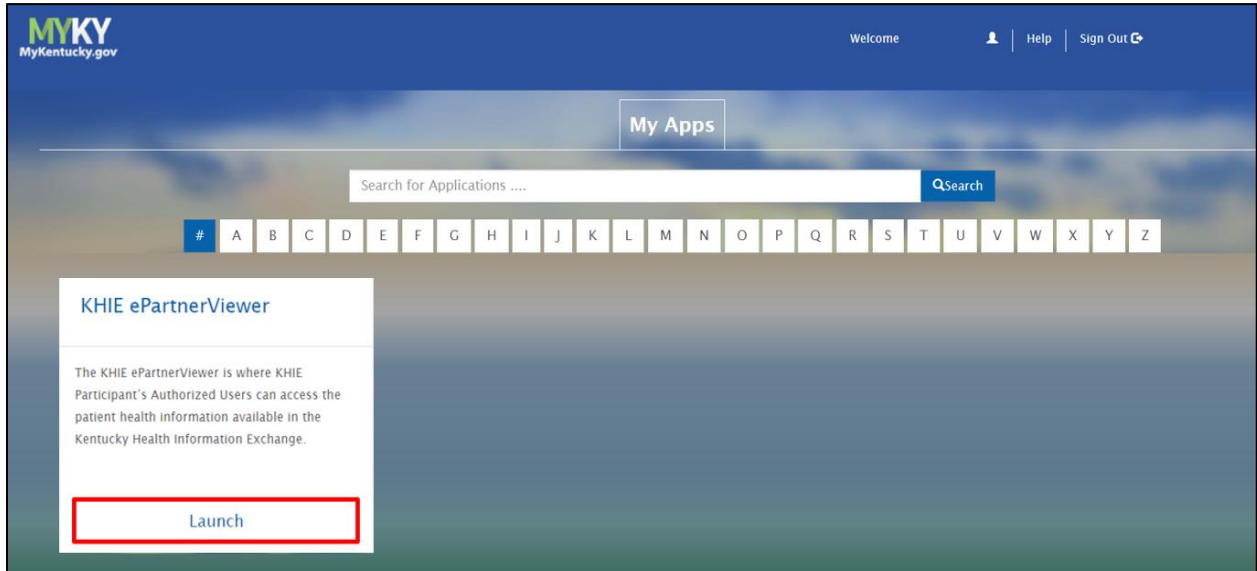
1. On the **KOG Login Page**, enter your **Email Address** and **Password**.

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

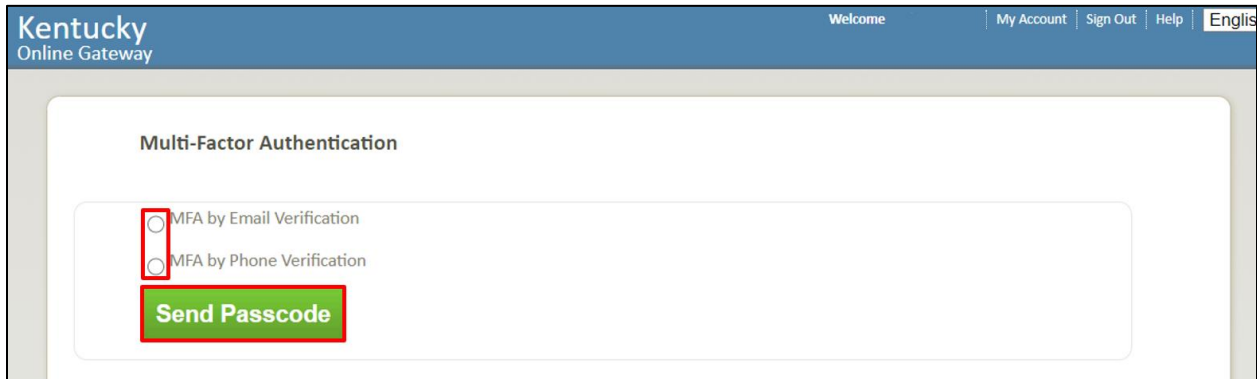
2. Click **Sign In**.

The screenshot shows the 'Citizen (or) Business Partner Sign In' page on the MyKentucky.gov website. The page has a blue header with the MyKentucky.gov logo and navigation links for FAQ, Help, and English. The main content area is white with a blue border. On the left, there is a sign-in form titled 'Citizen (or) Business Partner Sign In' with the instruction 'Sign in with your Kentucky Online Gateway Account.' The form has two input fields: 'Email Address' containing 'jane.doe@gmail.com' and 'Password' with a masked password. There is a 'Forgot/Reset Password?' link next to the password field. Below the fields is a blue 'SIGN IN' button and a green 'Resend Account Verification Email' link. On the right side of the page, there is a yellow warning box with the text: 'WARNING This website is the property of the Commonwealth of Kentucky. This is to notify you that you are only authorized to use this site, or any information accessed through this site, for its intended purpose. Unauthorized access or disclosure of personal and confidential information may be punishable by fines under state and federal law. Unauthorized access to this website or access in excess of your authorization may also be criminally punishable. The Commonwealth of Kentucky follows applicable federal and state guidelines to protect the information from misuse or unauthorized access.' Below the warning box is a blue link: 'Don't already have a Kentucky Online Gateway Citizen Account?' and a blue 'Create An Account' button. At the bottom right of the page is a green link: 'Click here to select user account type'.

- 3. To navigate to the ePartnerViewer, click **Launch** on the KHIE ePartnerViewer application tile located on the **KOG Dashboard** screen.



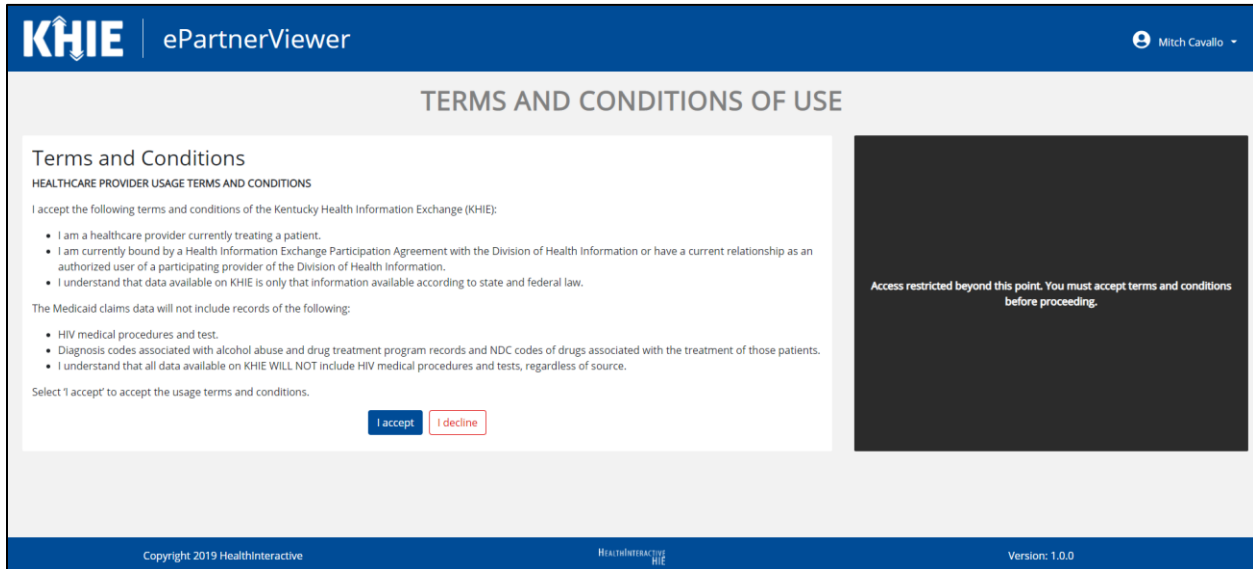
- 4. **Multi-Factor Authentication.** After logging in, you are asked to complete Multi-Factor Authentication or MFA. You have the option to receive an MFA passcode by Email or Text.



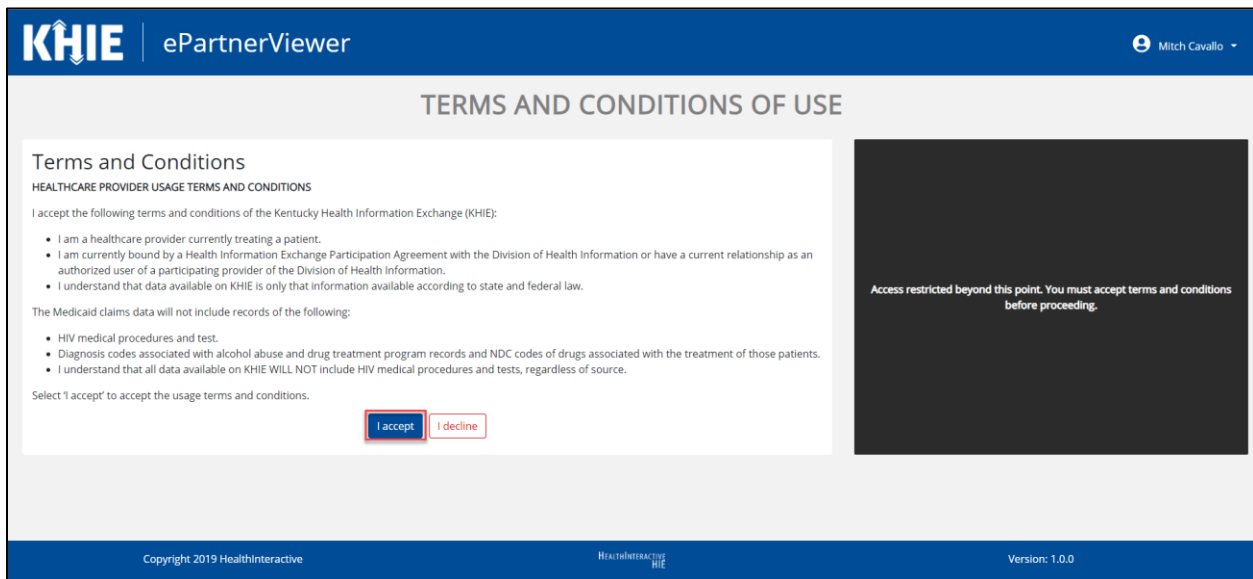
Please Note: For specific information about creating a KOG account and how to complete MFA, please review the *Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

Terms and Conditions of Use and Logging In

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

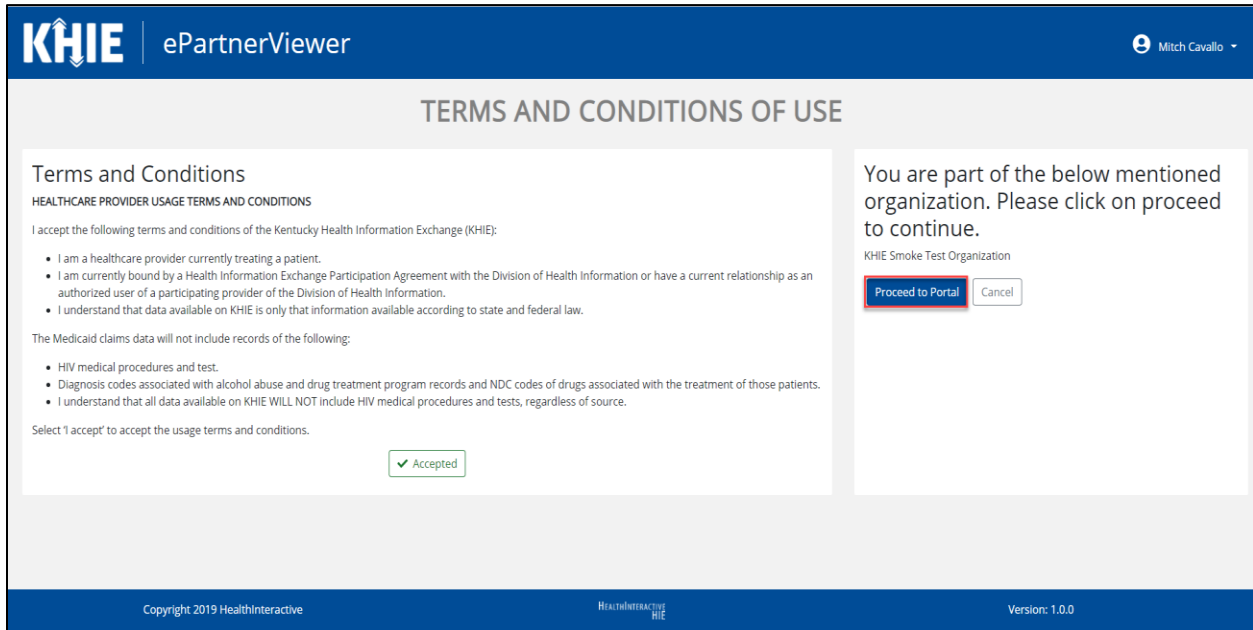


5. You must click **I Accept** every time before accessing a patient record in the ePartnerViewer.



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

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

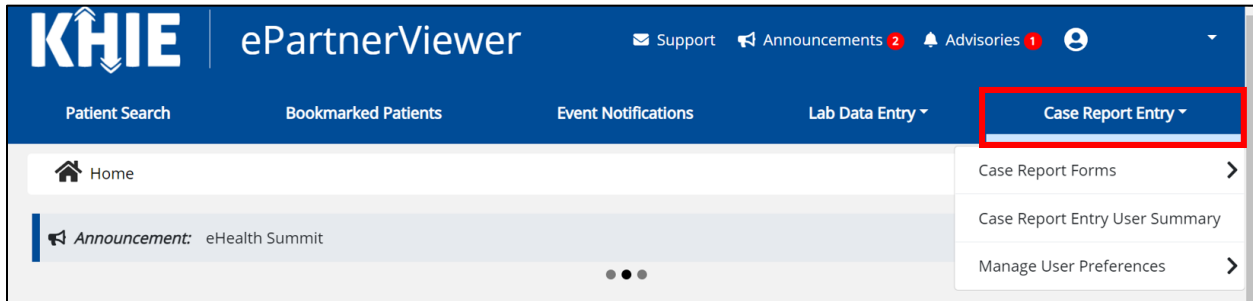


Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

3 Understanding the Case Report Entry Dropdown Menu

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

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



1. **Types of Case Reports:**

- **COVID-19 Case Report:**
 - Designed for Users to enter COVID-19 case reports.
- **Sexually Transmitted Disease (STD) Case Report:**
 - Designed for Users to enter STD case reports.

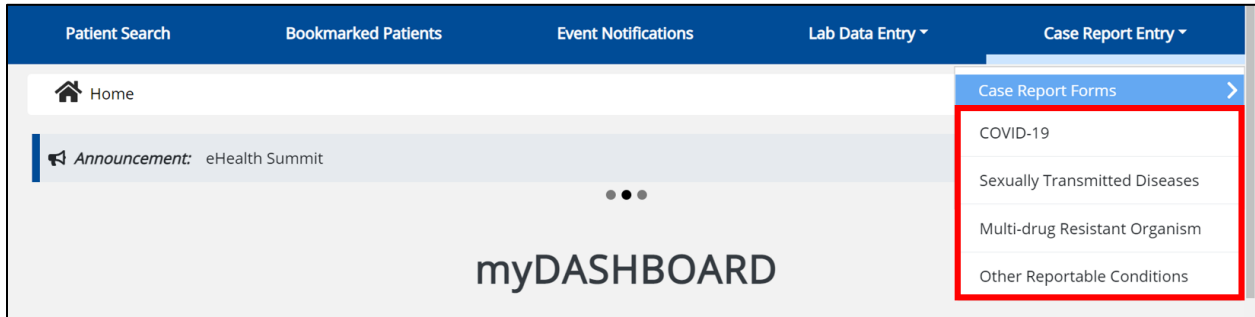
Please Note: For specific information about STD case reporting, please review the *Direct Data Entry for Electronic Case Reports: Sexually Transmitted Diseases (STD) User Guide*.

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

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

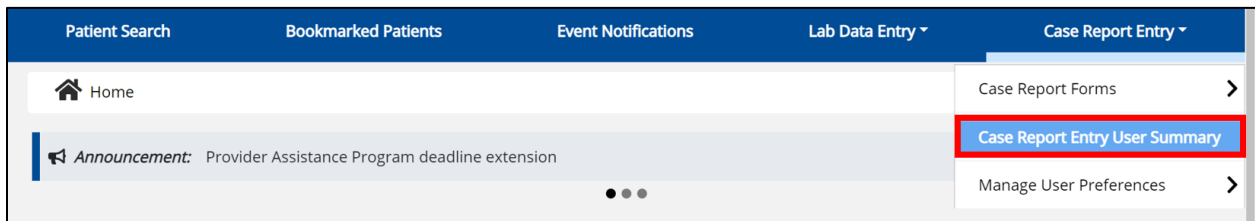
- **Other Reportable Conditions Case Report:**
 - Designed for Users to enter Other Reportable Conditions case reports.

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



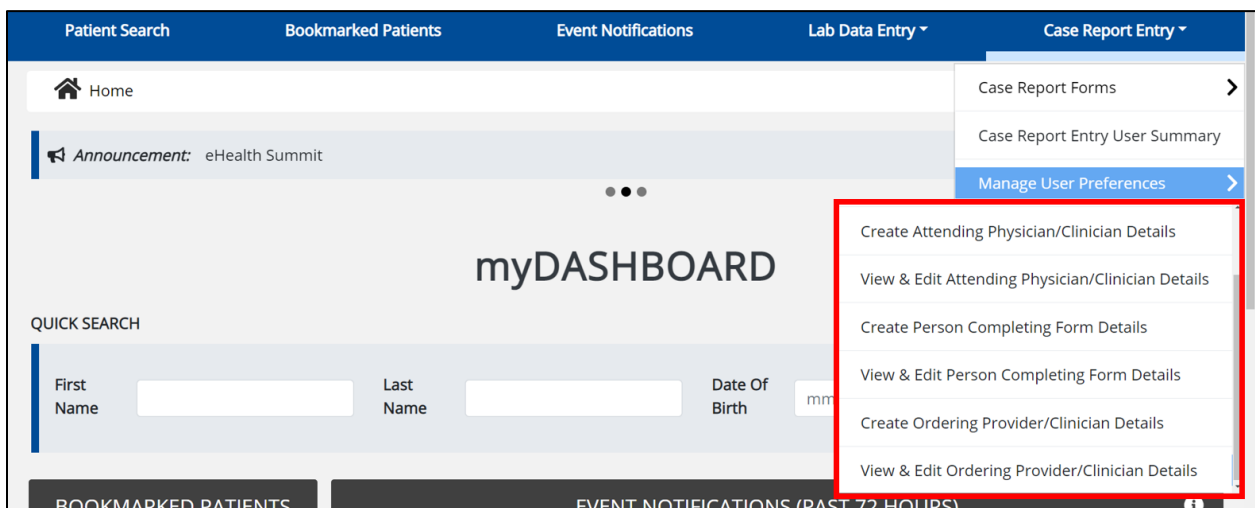
2. **Case Report Entry User Summary:**

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



3. **Manage User Preferences:**

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

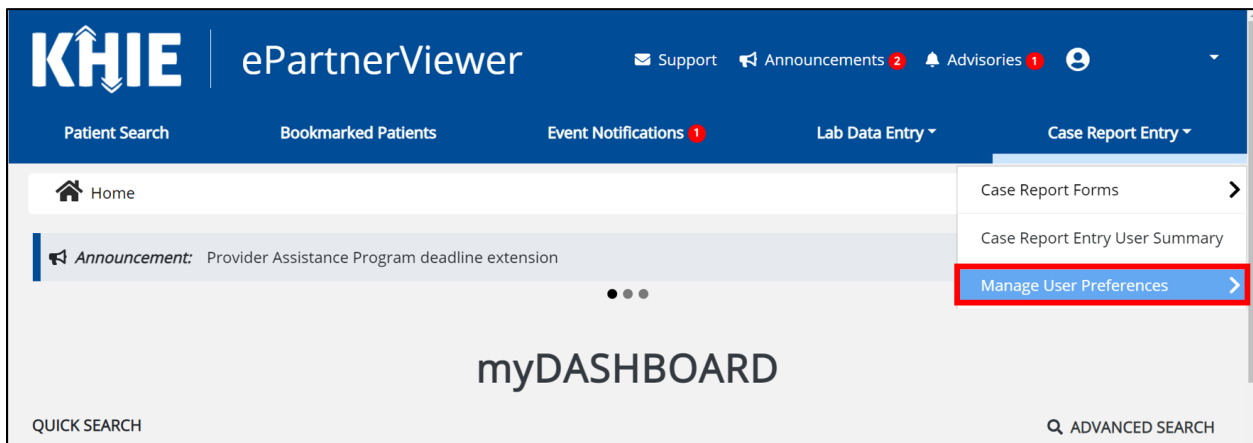


4 Manage User Preferences

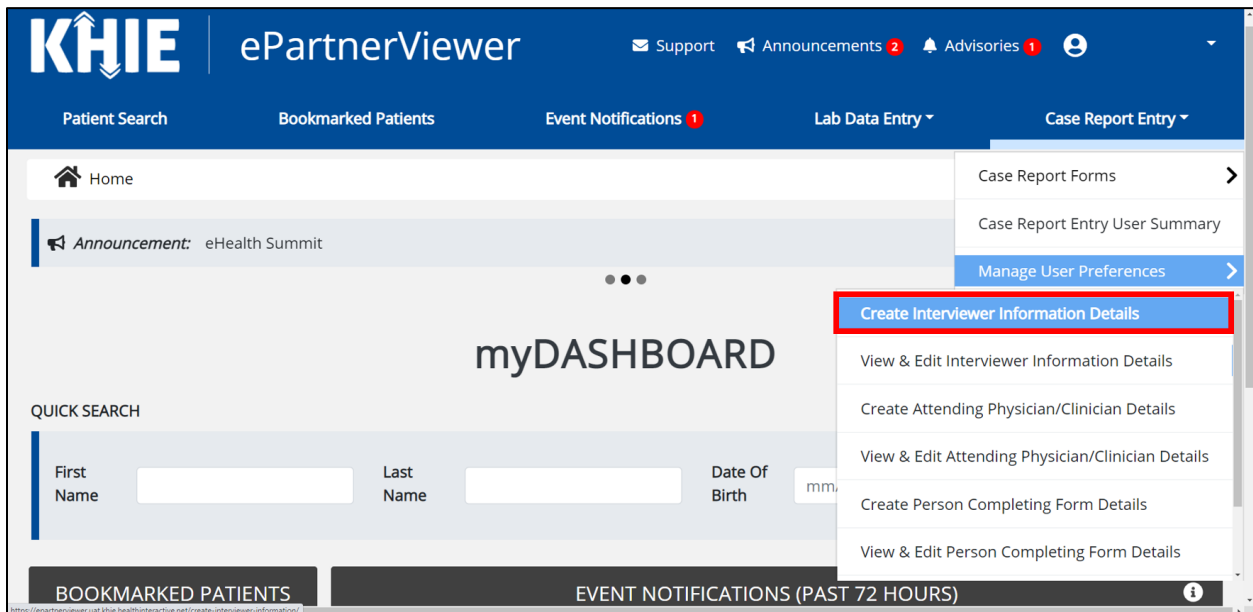
These are your User Preferences. Prior to entering your COVID-19 case report information, you are required to enter information about the Interviewer on the **Manage User Preferences** screen. By entering the Interviewer details here in your user preferences, you will be able to quickly select an Interviewer from the dropdown menu options. This dropdown menu is located on the **Patient Information** screen of the COVID-19 Case Report.

Create Interviewer Information Details

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



3. To enter information about an Interviewer, select **Create Interviewer Information Details** from the dropdown menu.



- The **Interviewer Information** screen displays. Enter the details. Mandatory fields are marked with asterisks (*).
- If available, select the appropriate **Prefix** and **Suffix** from the dropdown menus.

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

INTERVIEWER INFORMATION

Prefix

First Name*

Last Name*

Suffix

- II
- III
- IV
- Jr
- Sr

Email*

- Enter the Interviewer's **First Name** and **Last Name**.

INTERVIEWER INFORMATION

Prefix

First Name*

Last Name*

Suffix

Phone*

Email*

- Enter the Interviewer's **Phone Number** and **Email Address**.

Phone*

Email*

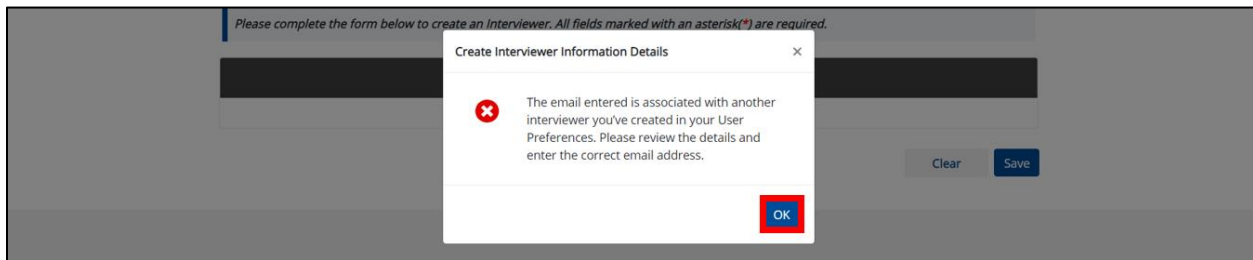
Please Note: If the information entered in the *Phone* and *Email* fields is not entered in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

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

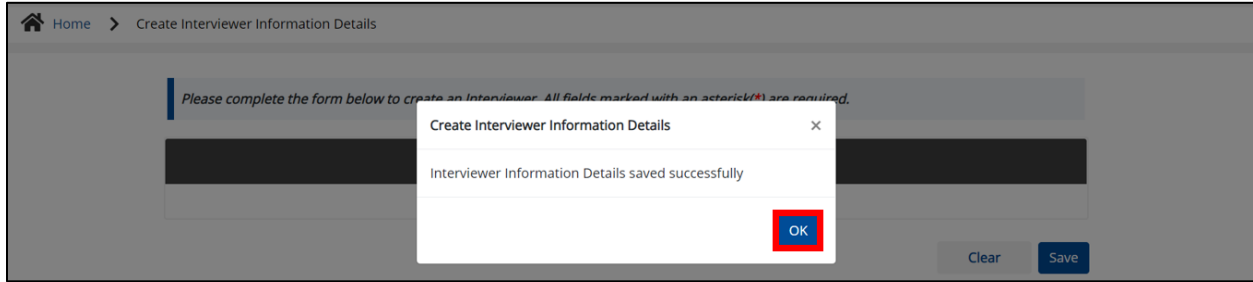
Please Note: If you enter an email address that is already associated with another interviewer and click **Save**, a pop-up displays with an error message that states:

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

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

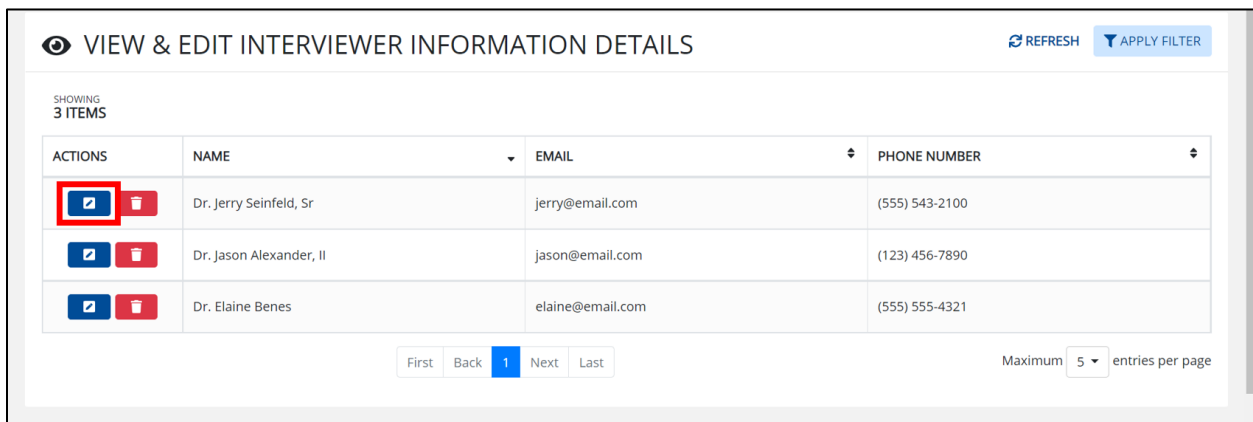


9. The *Create Interviewer Information Details* pop-up displays. Click **OK** to proceed to the **View & Edit Interviewer Information Details** screen.

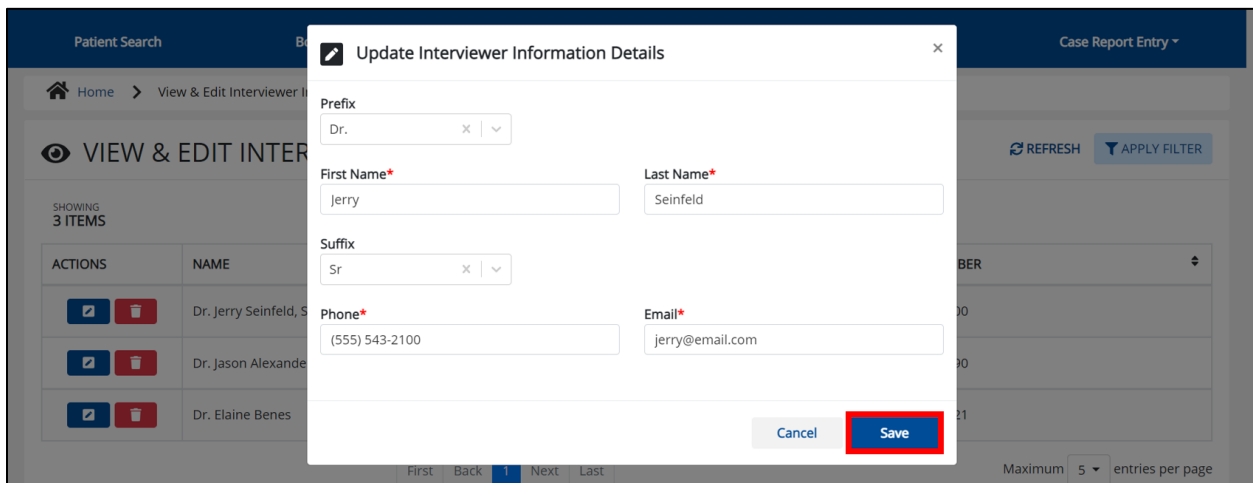


View & Edit Interviewer Information Details

10. The **View & Edit Interviewer Information Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate Interviewer.



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

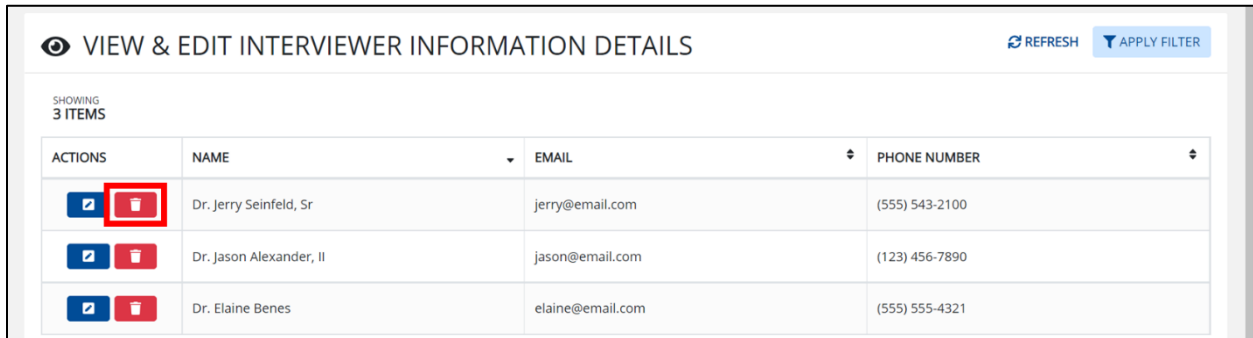


12. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

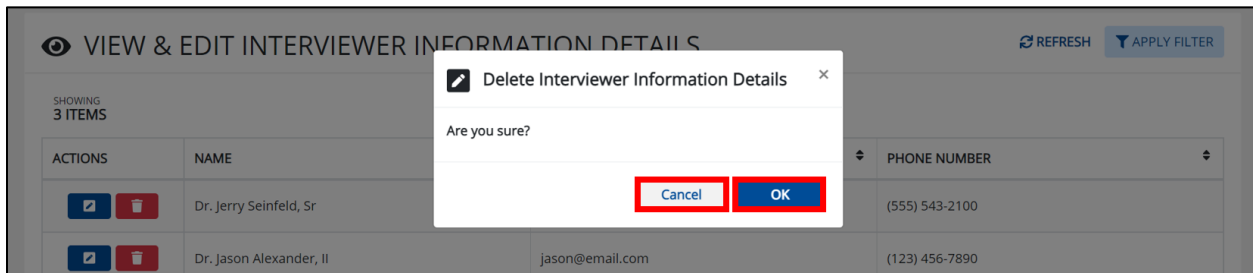


Delete Interviewer Information Details

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



14. The *Delete Interviewer Information Details* pop-up displays. To delete the Interviewer, click **OK**. Click **Cancel** if you do not want to delete the Interviewer.

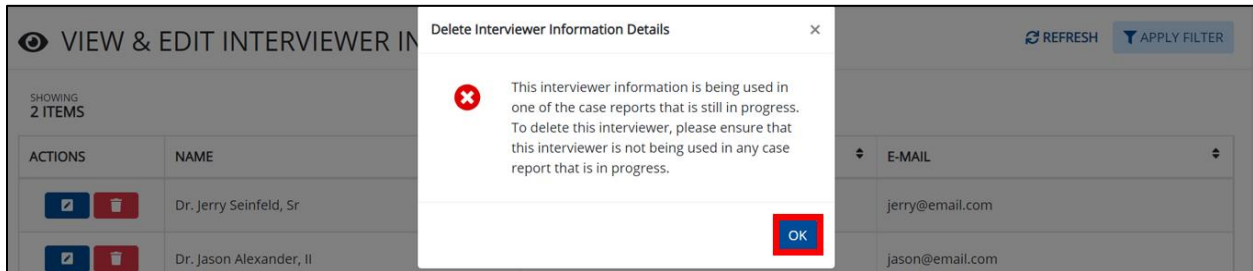


Please Note: You can delete an interviewer on the **View & Edit Interviewer** screen as long as the Interviewer has not been selected for use in another case report that is still in progress.

If you attempt to delete an Interviewer who has been selected for use in a case report that has not been completed yet, a pop-up notification displays the following message:

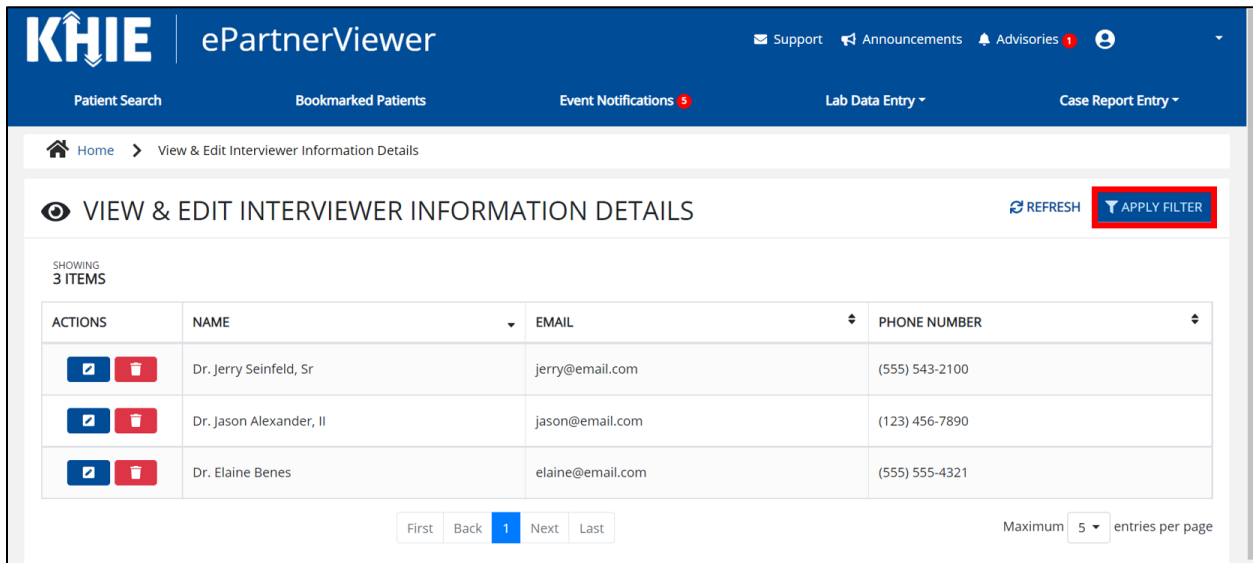
This interviewer information is currently being used in a case report that is still in progress. To delete this interviewer, please ensure that this particular interviewer information is not being used in a case report that has not yet been completed.

To close out of the pop-up and proceed, click **OK**. To delete the Interviewer that is being used in a case report that is in progress, you must first complete the In-Progress case report. Once the appropriate case report is complete, you may delete the Interviewer from your User Preferences.



Filter Interviewer Information Details

15. To search for a specific Interviewer, click **Apply Filter**.



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

KHIE | ePartnerViewer

Support Announcements Advisories 1

Patient Search Bookmarked Patients Event Notifications 5 Lab Data Entry Case Report Entry

Home > View & Edit Interviewer Information Details

VIEW & EDIT INTERVIEWER INFORMATION DETAILS

REFRESH HIDE FILTER

SHOWING 3 ITEMS

ACTIONS	NAME <input type="text" value="Enter Name..."/>	EMAIL <input type="text" value="Enter Email..."/>	PHONE NUMBER <input type="text" value="Enter Phone Number..."/>
	Dr. Jerry Seinfeld, Sr	jerry@email.com	(555) 543-2100
	Dr. Jason Alexander, II	jason@email.com	(123) 456-7890
	Dr. Elaine Benes	elaine@email.com	(555) 555-4321

First Back 1 Next Last

Maximum 5 entries per page

5 Basic Features in the Case Report Entry Form

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

Side Navigation Bar & Pagination

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

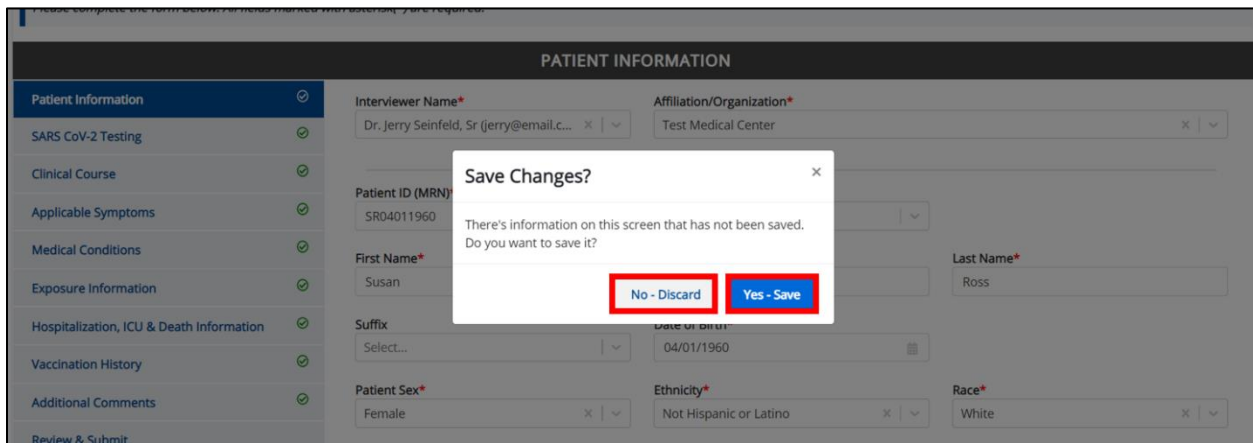
1. Using the side navigation bar, you can navigate to any previously completed screen. Click the **hyperlink** of a previously completed screen to navigate to that specific screen.
2. Click **Previous** to go to the previous screen.
3. When all required fields have been completed on the current screen,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

Save Feature

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

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




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



Case Report Entry Icons

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

Icon Descriptions:

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

Conditional Questions

Conditional Questions are those questions that are asked based on your responses to the previous questions. The COVID-19 Case Report has multiple screens with conditional questions. Based on the answer selected for conditional questions, certain subsequent fields on the screen will be enabled or grayed out and disabled.

- For example, if you select **No** or **Unknown** to the conditional question at the top of the **SARS CoV-2 Testing** screen of the COVID-19 Case Report, the subsequent fields will be grayed out and disabled.

The screenshot shows the 'SARS CoV-2 TESTING' screen. On the left is a navigation menu with 'SARS CoV-2 Testing' selected. The main content area has a question: 'Does the patient have a lab test?*' with three radio button options: 'Yes', 'No', and 'Unknown'. The 'No' option is selected and highlighted with a red box. Below the question, there is a note: 'If yes, please provide information for at least one test. NOTE: A Test Name and Test Result are required.' There are three sections for test entry: 'Molecular Amplification Test (RT PCR)', 'Serologic Test', and 'Antigen Test'. Each section has fields for 'Test Name', 'Test Result', and 'Filler Order/Accession Number', along with an 'Add Test' button. All these fields and buttons are grayed out and disabled.

- If you select **Yes** to the conditional question at the top of the **SARS CoV-2 Testing** screen, the subsequent fields are enabled.

The screenshot shows the 'SARS CoV-2 TESTING' screen. The 'Yes' radio button option is selected and highlighted with a red box. The subsequent fields for test entry are now enabled. A red box highlights the 'Molecular Amplification Test (RT PCR)' section, which includes the 'Test Name', 'Test Result', and 'Filler Order/Accession Number' fields, an 'Add Test' button, and the 'Serologic Test' and 'Antigen Test' sections below it, which also have their respective fields and 'Add Test' buttons enabled.

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

These conditional questions are found on the **Applicable Symptoms**, **Medical Conditions**, and the **Exposure Information** screens.

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

The screenshot shows the 'APPLICABLE SYMPTOMS' form. On the left is a navigation menu with items: Patient Information, SARS CoV-2 Testing, Clinical Course, **Applicable Symptoms** (highlighted), Medical Conditions, Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main form area contains the following questions and options:

- Were symptoms present during the course of illness?*: Yes, **No**, Unknown
- Onset Date: mm/dd/yyyy, Unknown
- Did the patient's symptoms resolve?: Yes, **No**, Unknown
- If yes, what was the date of symptom resolution?: mm/dd/yyyy, Unknown
- If symptomatic, which of the following did the patient experience during their illness?
 - Fever: Yes, **No**, Unknown
 - Subjective fever (felt feverish): Yes, **No**, Unknown
 - Chills: Yes, **No**, Unknown
 - Rigors: Yes, **No**, Unknown
 - Muscle aches (myalgia): Yes, **No**, Unknown

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

The screenshot shows the 'APPLICABLE SYMPTOMS' form with the 'Unknown' option selected for the first question. The navigation menu is the same as in the previous screenshot. The main form area contains the following questions and options:

- Were symptoms present during the course of illness?*: Yes, No, **Unknown**
- Onset Date: mm/dd/yyyy, Unknown
- Did the patient's symptoms resolve?: Yes, No, **Unknown**
- If yes, what was the date of symptom resolution?: mm/dd/yyyy, Unknown
- If symptomatic, which of the following did the patient experience during their illness?
 - Fever: Yes, No, **Unknown**
 - Subjective fever (felt feverish): Yes, No, **Unknown**
 - Chills: Yes, No, **Unknown**
 - Rigors: Yes, No, **Unknown**

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

APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?*

Yes No Unknown

Onset Date* ?
mm/dd/yyyy Unknown

Did the patient's symptoms resolve?* ?
 Yes No Unknown

If yes, what was the date of symptom resolution? ?
mm/dd/yyyy Unknown

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

Fever*
 Yes No Unknown

Subjective fever (felt feverish)*
 Yes No Unknown

Chills*
 Yes No Unknown

Rigors*
 Yes No Unknown

Muscle aches (myalgia)*
 Yes No Unknown

6 Tips for Manually Entering Case Report Data

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

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

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

PATIENT INFORMATION

Interviewer Name*

Affiliation/Organization*

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

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

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.

PATIENT INFORMATION	
Patient Information	Dr. [Name] <input type="text"/>
SARS CoV-2 Testing <input type="checkbox"/>	Affiliation/Organization* <input type="text" value="Test Medical Center"/>
Clinical Course <input type="checkbox"/>	Patient ID (MRN)* <input type="text"/>
Applicable Symptoms <input type="checkbox"/>	Prefix <input type="text" value="Select..."/>

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

City <input type="text"/>	State <input type="text" value="KY"/>
Zip Code <input type="text"/>	County <input type="text" value="Select..."/>
Phone Number <input type="text"/>	Email Address <input type="text"/>

Adair

Allen

Anderson

Ballard

Barren

Bath

Bell

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

City <input type="text"/>	State <input type="text" value="AR"/>
Zip Code <input type="text"/>	County <input type="text" value="Out Of System State"/>

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

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

7 COVID-19 Case Report Form

Users with the *Manual Case Reporter* Role are authorized to access the COVID-19 Case Report in the ePartnerViewer.

1. To enter COVID-19 case report information, click the **Case Report Entry** Tab in the blue Navigation Bar at the top of the screen, then select **Case Report Forms** from the dropdown menu.

1. Select **COVID-19** from the dropdown menu.

8 Patient Information

COVID-19 Case Report entry is a ten-step process where Users enter (1) Patient Information, (2) SARS CoV-2 Testing, (3) Clinical Course, (4) Applicable Symptoms, (5) Medical Conditions, (6) Exposure Information, (7) Hospitalization, ICU, & Death Information, (8) Vaccination History, and (9) Additional Comments. (10) **Lab Data Review** is where Users must review the information they have entered **and** submit the COVID-19 Case Report.

COVID-19 CASE REPORT FORM Section 1 of 10

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

PATIENT INFORMATION

Patient Information	Interviewer Name* Select...	Affiliation/Organization* Select...
SARS CoV-2 Testing		
Clinical Course		
Applicable Symptoms		
Medical Conditions		
Exposure Information		
Hospitalization, ICU & Death Information		
Vaccination History		
Additional Comments		
Review & Submit		

Address 1 Address 2

3. To start the COVID-19 Case Report entry, you must complete the mandatory fields on the **Patient Information** screen.

COVID-19 CASE REPORT FORM Section 1 of 10

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

PATIENT INFORMATION		
Patient Information	Interviewer Name* Select...	Affiliation/Organization* Select...
SARS CoV-2 Testing	Patient ID (MRN)* [Text Field]	Prefix Select...
Clinical Course	First Name*	Middle Name Last Name*
Applicable Symptoms	Suffix Select...	Date of Birth* mm/dd/yyyy
Medical Conditions	Patient Sex* Select...	Ethnicity* Select...
Exposure Information	Address 1*	Address 2 Unit, Suite, Building, etc.
Hospitalization, ICU & Death Information	City*	State* Select...
Vaccination History		Zip Code
Additional Comments		
Review & Submit		

Please Note: You are required to create an *Interviewer* prior to entering COVID-19 case report information. If you access the COVID Case Report Form without entering Interviewer Information, the **Patient Information** screen is disabled and displays an error message.

You must click the **Interviewer Information hyperlink** in the error message banner to navigate to the **Interviewer Information** screen and create an *Interviewer* before entering COVID-19 Case Report details.

COVID-19 CASE REPORT FORM Section 1 of 10

To enter your **Interviewer Information** details in the User Preferences, click on the hyperlink.

PATIENT INFORMATION		
Patient Information	Interviewer Name* Select...	Affiliation/Organization* Select...
SARS CoV-2 Testing	Patient ID (MRN)* [Text Field]	Prefix Select...
Clinical Course		
Applicable Symptoms		

4. Select the **Interviewer Name** from the dropdown menu.

PATIENT INFORMATION		
Patient Information	Interviewer Name* Select...	Affiliation/Organization* Select...
SARS CoV-2 Testing	<div style="border: 2px solid red; padding: 2px;"> <ul style="list-style-type: none"> Dr. Jason Alexander, II (jason@email.com) Dr. Jerry Seinfeld, Sr (jerry@email.com) </div>	Prefix Select...
Clinical Course	First Name*	Middle Name Last Name*
Applicable Symptoms		
Medical Conditions		

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

Interviewer Name Hyperlink

5. To create a details for a new Interviewer, click the **Interviewer Name hyperlink**.

COVID-19 CASE REPORT FORM Section 1 of 10

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

PATIENT INFORMATION

Patient Information **Interviewer Name*** Affiliation/Organization*

SARS CoV-2 Testing Select... Select...

6. Upon clicking the **Interviewer Name hyperlink**, the *Interviewer Information Pop-Up* displays. Enter the details. Mandatory fields are marked with asterisks (*).

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

COVID-19 CASE REPORT FORM

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

INTERVIEWER INFORMATION

Prefix Select...

First Name* Last Name*

Suffix Select...

II Email*

III name@domain.com

IV

Jr

Sr

Cancel Save

Address 1* Address 2

7. Enter the Interviewer's **First Name** and **Last Name**.

First Name* Last Name*

8. Enter the Interviewer’s **Phone Number** and **Email Address**.

<p>Phone*</p> <input style="width: 95%; border: 1px solid red;" type="text" value="(XXX) XXX-XXXX"/>	<p>Email*</p> <input style="width: 95%; border: 1px solid red;" type="text" value="name@domain.com"/>
---	--

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

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

The screenshot shows a 'Manage User Preferences' dialog box with the following fields:

- Prefix: Mr.
- First Name*: Newman
- Last Name*: Mailman
- Suffix: Select...
- Phone*: (555) 654-3210
- Email*: newman@email.com

Buttons: Cancel, Save (highlighted in red)

10. Once the new Interviewer details have been saved, the *Interviewer Name* dropdown menu is automatically updated and displays the new Interviewer Name.

11. Select the **new Interviewer Name** from the *Interviewer Name* dropdown menu.

11. Select the **Affiliation/Organization** from the dropdown menu.

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

13. If available, enter the patient’s **Prefix** and **Suffix**.

Patient ID (MRN)* SR04011960

Prefix: Select... (dropdown menu with options: Dr., Miss, Mr., Mrs., Ms.)

First Name* [text input]

Last Name* [text input]

Suffix: Select... (dropdown menu)

Patient Sex* [dropdown menu]

Race* [dropdown menu]

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

First Name* [text input]

Middle Name [text input]

Last Name* [text input]

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

Suffix: Select...

Patient Sex* [dropdown menu]

Date of Birth* mm/dd/yyyy (calendar open for June 2021, date 23 selected)

Race* [dropdown menu]

Address 1* [text input]

City* [text input]

Zip Code [text input]

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

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

17. Select the patient’s **Ethnicity** and **Race** from the appropriate field dropdown menus.

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

19. Enter the patient’s **Phone Number** and **Email Address**.

- If the phone number and email address fields are not in the appropriate format, an error message displays that prevents you from proceeding to the next page until the format error is fixed.

321 First Street Unit, Suite, Building, etc.

City* Lexington State* KY Zip Code 40321

County* Fayette Phone* (XXX) XXX-XXXX Email name@domain.com

Please enter patient's phone number. If patient's phone number is not available, please enter the provider's/interviewer's phone number.

20. Select the **appropriate answer** to: *Was this person a U.S. case?* This question wants you to indicate whether the patient has tested positive for COVID-19 in the US.

County* Fayette Phone* (555) 321-0123 Email patient@email.com

Was this person a U.S. case?*

Yes No Unknown

Where was the patient residing at the time of illness onset?*

Select...

21. From the dropdown menu, select the **appropriate answer** for: *Where was the patient residing at the time of illness onset?*

Was this person a U.S. case?*

Yes No Unknown

Please select 'Unknown' if patient's residential information is not available.

Where was the patient residing at the time of illness onset?*

Select...

- Acute care inpatient facility
- Apartment
- Assisted living facility
- Correctional facility
- Group home
- Homeless shelter
- Hotel/motel

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter **the location where the patient was residing at the time of illness** in the subsequent textbox: *If other, please specify.*

Where was the patient residing at the time of illness onset?*

Other

If other, please specify:*

Please Note: The subsequent textbox below is disabled if you select any other option from the dropdown menu for: *Where was the patient residing at the time of illness onset?*

Where was the patient residing at the time of illness onset?*

House/single family home

If other, please specify:

22. Select the **appropriate answer** for the question: *Is the patient a healthcare worker in the United States?*

Is the patient a healthcare worker in the United States?*

Yes No Unknown

- If **No** or **Unknown** is selected, the subsequent healthcare worker-related fields are disabled.

Is the patient a healthcare worker in the United States?*

Yes No Unknown

If yes, what is the patient's occupation/job type? ?

Select...

If other, please specify:

If yes, what is the patient's job setting? ?

Select...

If other, please specify:

- If **Yes** is selected, the subsequent healthcare worker-related fields are enabled.

Is the patient a healthcare worker in the United States?*

If yes, what is the patient's occupation/job type?* ?

Select... ▼

If other, please specify:

If yes, what is the patient's job setting?* ?

Select... ▼

If other, please specify:

23. From the dropdown menu, select the **appropriate answer** to: *If yes, what is the patient's occupation/job type?*

Is the patient a healthcare worker in the United States?*

Please select 'Unknown' if information regarding occupation/job type is not available.

If yes, what is the patient's occupation/job type?* ?

Select... ▼

- Environmental services
- Nurse
- Other
- Physician
- Respiratory therapist
- Unknown

Please Note: If you select **Other** from the dropdown, the textbox: *If other, please specify* is enabled. You must enter the **patient's occupation/job type** in the textbox.

24. From the dropdown menu, select the **appropriate answer** to: *If yes, what is the patient's job setting?*

- If **Other** is selected from the dropdown, the subsequent field is enabled. Enter the **patient's job setting** in the subsequent textbox: *If other, please specify.*

25. Select the **appropriate answer** for *Is the patient currently pregnant?*

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

26. When the **Patient Information** section has been completed, click **Save** to save your progress or **Next** to proceed to the **SARS CoV-2 Testing** page.

Is the patient a healthcare worker in the United States?*

If yes, what is the patient's occupation/job type?*

Nurse x | v

If other, please specify:

If yes, what is the patient's job setting?*

Hospital x | v

If other, please specify:

Is patient currently pregnant?*

9 SARS CoV-2 Testing

1. On the **SARS CoV-2 Testing** screen, start by selecting the **appropriate answer** for the conditional question at the top: *Does the patient have a lab test?*

The screenshot shows the 'SARS CoV-2 TESTING' section of the COVID-19 Case Report Form. The conditional question 'Does the patient have a lab test?' is highlighted with a red box, with 'Yes', 'No', and 'Unknown' options below it. The rest of the form, including sections for Molecular Amplification Test, Serologic Test, and Antigen Test, is currently disabled.

2. If **Yes** is selected for the conditional question, all the subsequent fields on the screen are enabled. You must enter details for at least one of the options available for tests: **EITHER** Molecular Amplification Test, Serologic Test, **AND/OR** Antigen Test.

This screenshot shows the same form as above, but with the 'Yes' option selected for the conditional question. The 'Molecular Amplification Test (RT PCR)', 'Serologic Test', and 'Antigen Test' sections are now enabled and highlighted with red boxes. Each section contains fields for 'Test Name', 'Test Result', and 'Filler Order/Accession Number'.

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

- 3. If applicable, select the appropriate **Test Name** from the *Molecular Amplification Test (RT PCR)* dropdown menu.

- 4. Select the appropriate **Test Result** from the dropdown menu.
- 5. Enter the **Filler Order/Accession Number**.

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

- 6. If applicable, select the **Test Name** and **Test Result** from the *Serologic Test* dropdowns.
- 7. Enter the **Filler Order/Accession Number**.

- 8. If applicable, select the **Test Name** and **Test Result** from the *Antigen Test* dropdowns.
- 9. Enter the **Filler Order/Accession Number**.

Adding Multiple Tests

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

- To delete a test, click the **Trash Bin Icon** located at the bottom left.

- Once the **SARS CoV-2 Testing** screen is complete, click **Next** to proceed to the **Clinical Course** screen.

Please Note: If you click **Next** but did **not** enter test details for **at least one** test, an error message displays that states: *There are errors. Please make a selection for all the required fields.*

You must enter details for at least one **Molecular Amplification Test, Serologic Test, and/or Antigen Test** to proceed to the **Clinical Course** screen.

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

SARS CoV-2 TESTING

Patient Information

SARS CoV-2 Testing

Clinical Course

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, please provide information for at least one test. NOTE: A Test Name and Test Result are required.

Molecular Amplification Test (RT PCR)

Test Name: Test Result: Filler Order/Accession Number:

+ Add Test

Serologic Test

Test Name: Test Result: Filler Order/Accession Number:

+ Add Test

Antigen Test

Test Name: Test Result: Filler Order/Accession Number:

+ Add Test

10 Clinical Course

1. On the **Clinical Course** screen, select the **appropriate answer** for *Did the patient develop pneumonia?*

COVID-19 CASE REPORT FORM

Section 3 of 10

Please provide the information pertaining to the patient's clinical course.

CLINICAL COURSE

Patient Information

SARS CoV-2 Testing

Clinical Course

Applicable Symptoms

Medical Conditions

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Disease/Organism*

COVID-19

Did the patient develop pneumonia?*

Did the patient receive mechanical ventilation(MV)/intubation?*

If yes, total days with MV (# of days):

Did the patient have an abnormal chest X-ray?*

Did the patient have another diagnosis/etiology for their illness?*

Did the patient have acute respiratory distress syndrome?*

Did the patient have an abnormal EKG?*

Did the patient receive ECMO?*

2. Select the **appropriate answer** for *Did the patient receive mechanical ventilation (MV)/intubation?*

- If **Yes** is selected, the subsequent field is enabled. From the dropdown menu, select the **appropriate answer** for *If yes, total days with MV (# of days)*.

3. Select the **appropriate answers** for the following questions:

- *Did the patient have an abnormal chest X-ray?*
- *Did the patient have another diagnosis/etiology for their illness?*
- *Did the patient have acute respiratory distress syndrome?*
- *Did the patient have an abnormal EKG?*
- *Did the patient receive ECMO?*

- 4. Once complete, click **Next** to proceed to the **Applicable Symptoms** screen.

11 Applicable Symptoms

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

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

Please Note: If **No** is selected for the conditional question, 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**.

3. Enter the **Onset Date** for the symptoms.

- If the onset date is unknown, click the **Unknown** checkbox.

- 4. Select the **appropriate answer** for *Did the patient's symptoms resolve?*
 - If the patient's symptoms are not resolved at the time of visit, select **No**.
 - If it is unknown whether the patient's symptoms are resolved, select **Unknown**.
 - If the patient's symptoms are resolved at the time of visit, select **Yes**.

- 5. If **Yes** is selected, the subsequent field is enabled. Enter the **date of symptom resolution** in the subsequent field *If yes, what was the date of symptom resolution?*

- 6. If the patient is symptomatic, select the **appropriate answers** for the following to indicate the symptoms the patient experienced during illness.

Headache*

Fatigue*

Cough (new onset or worsening of chronic cough)*

Wheezing*

Shortness of breath (dyspnea)*

Chest pain*

Nausea or vomiting*

Abdominal pain*

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

Did the patient have any other symptoms?*

7. Select the **appropriate answer** for *Did the patient have any other symptoms?*

Did the patient have any other symptoms?*

If yes, please specify: ?

• If **Yes** is selected, the subsequent field is enabled. Enter **additional symptoms** in the textbox.

Did the patient have any other symptoms?*

Please enter 'Unknown' if this information is not available.

If yes, please specify: ?

8. Once complete, click **Next** to proceed to the **Medical Conditions** screen.

Abdominal pain*

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

Did the patient have any other symptoms?*

If yes, please specify: ?

Save Previous **Next** ↑

12 Medical Conditions

1. On the **Medical Conditions** screen, select the **appropriate answer** for the conditional question at the top: *Did the patient have any underlying medical conditions and/or risk behaviors?*

COVID-19 CASE REPORT FORM Section 5 of 10

Please select any underlying medical conditions and/or risk behaviors that the patient experienced during illness.

MEDICAL CONDITIONS

Patient Information	✔	<p>Did the patient have any underlying medical conditions and/or risk behaviors?*</p> <p>Yes No Unknown</p> <hr/> <p>If yes, which one of the following underlying medical conditions and/or risk behaviors applies to the patient?</p> <p>Diabetes Mellitus</p> <p>Yes No Unknown</p> <p>Hypertension</p> <p>Yes No Unknown</p> <p>Severe obesity (BMI>40)</p> <p>Yes No Unknown</p> <p>Cardiovascular disease</p> <p>Yes No Unknown</p>
SARS CoV-2 Testing	✔	
Clinical Course	✔	
Applicable Symptoms	✔	
Medical Conditions		
Exposure Information	🔒	
Hospitalization, ICU & Death Information	🔒	
Vaccination History	🔒	
Additional Comments	🔒	
Review & Submit	🔒	

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

Patient Information	✔	<p>Did the patient have any underlying medical conditions and/or risk behaviors?*</p> <p>Yes No Unknown</p> <hr/> <p>If yes, which one of the following underlying medical conditions and/or risk behaviors applies to the patient?</p> <p>Diabetes Mellitus*</p> <p>Yes No Unknown</p> <p>Hypertension*</p> <p>Yes No Unknown</p> <p>Severe obesity (BMI>40)*</p> <p>Yes No Unknown</p> <p>Cardiovascular disease*</p> <p>Yes No Unknown</p> <p>Chronic renal disease*</p> <p>Yes No Unknown</p> <p>Chronic liver disease*</p> <p>Yes No Unknown</p> <p>Chronic lung disease (asthma/emphysema/COPD)*</p> <p>Yes No Unknown</p>
SARS CoV-2 Testing	✔	
Clinical Course	✔	
Applicable Symptoms	✔	
Medical Conditions		
Exposure Information	🔒	
Hospitalization, ICU & Death Information	🔒	
Vaccination History	🔒	
Additional Comments	🔒	
Review & Submit	🔒	

Please Note: If **No** is selected for the conditional question, 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**.

3. To indicate the underlying medical conditions and/or risk behaviors that apply to the patient, select the **appropriate answers** for the following:

- *Diabetes Mellitus*
- *Hypertension*
- *Severe obesity (BMI>40)*
- *Cardiovascular disease*
- *Chronic renal disease*
- *Chronic liver disease*
- *Chronic lung disease (asthma/emphysema/COPD)*
- *Immunosuppressive condition*
- *Autoimmune condition*
- *Current smoker*
- *Former smoker*
- *Substance abuse or misuse*

Applicable Symptoms ✓

Medical Conditions

Exposure Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

If yes, which one of the following underlying medical conditions and/or risk behaviors applies to the patient?

Diabetes Mellitus*

Hypertension*

Severe obesity (BMI>40)*

Cardiovascular disease*

Chronic renal disease*

Chronic liver disease*

Chronic lung disease (asthma/emphysema/COPD)*

Immunosuppressive condition*

Autoimmune condition*

Current smoker*

Former smoker*

Substance abuse or misuse*

4. Select the **appropriate answer** for *Disability (neurologic, neurodevelopmental, intellectual, physical, vision, or hearing impairment)*.

Substance abuse or misuse*

Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)*

If yes, please specify:

- If **Yes** is selected for *Disability*, the subsequent field is enabled. Enter **patient’s disability** in the subsequent textbox.

5. Select the **appropriate answer** for the *Psychological/psychiatric condition*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient’s psychological/psychiatric condition** in the subsequent textbox: *If yes, please specify.*

6. Select the **appropriate answer** for the *Other chronic diseases*.

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

7. Select the **appropriate answer** for the *Other underlying condition or risk behavior*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **patient’s underlying condition(s) or risk behavior(s)** in the subsequent textbox: *If yes, please specify.*

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

13 Exposure Information

There are a series of questions regarding COVID-19 exposure that healthcare providers may ask patients. You must enter answers to these questions on the **Exposure Information** page.

1. On the **Exposure Information** page, select the **appropriate answer** to the conditional question at the top: *In the 14 days prior to illness onset, did the patient have any of the following exposures?*

COVID-19 CASE REPORT FORM Section 6 of 10

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

EXPOSURE INFORMATION

Patient Information	✔	In the 14 days prior to illness onset, did the patient have any of the following exposures:*
SARS CoV-2 Testing	✔	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Clinical Course	✔	Domestic travel (outside state of normal residence)
Applicable Symptoms	✔	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Medical Conditions	✔	If yes, please specify states: 📍
Exposure Information	✔	Select...
Hospitalization, ICU & Death Information	🔒	International Travel
Vaccination History	🔒	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Additional Comments	🔒	If yes, please specify country(s): 📍
Review & Submit	🔒	Select...
		Cruise ship or vessel travel as passenger or crew member
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify cruise ship: 📍

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

EXPOSURE INFORMATION

Patient Information	✔	In the 14 days prior to illness onset, did the patient have any of the following exposures:*
SARS CoV-2 Testing	✔	<input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Clinical Course	✔	Domestic travel (outside state of normal residence)*
Applicable Symptoms	✔	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Medical Conditions	✔	If yes, please specify states: 📍
Exposure Information	✔	Select...
Hospitalization, ICU & Death Information	🔒	International Travel*
Vaccination History	🔒	<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
Additional Comments	🔒	If yes, please specify country(s): 📍
Review & Submit	🔒	Select...
		Cruise ship or vessel travel as passenger or crew member*
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify cruise ship: 📍
		Is the workplace critical infrastructure (e.g. healthcare setting, grocery store)*
		<input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/>
		If yes, please specify workplace setting: 📍

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

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

3. Select the **appropriate answer** for *Domestic travel (outside state of normal residence)*.

- If **Yes** is selected, the subsequent field is enabled. From the multi-select dropdown menu, select the **state(s) that the patient traveled to**.

Please Note: The multi-select dropdown allows you to select multiple states.

4. Select the **appropriate answer** for the *International Travel*.

- If **Yes** is selected, the subsequent field is enabled. From the multi-select dropdown menu, select the **country or countries that the patient traveled to**.

5. Select the **appropriate answer** for the *Cruise ship or vessel travel as passenger or crew member*.
- If **Yes** is selected, the subsequent field is enabled. Enter the **name of the cruise ship** in the subsequent textbox: *If yes, please specify cruise ship*.

6. Select the **appropriate answer** for *Is the workplace critical infrastructure (e.g. healthcare setting, grocery store)*.
- If **Yes** is selected, the subsequent field is enabled. Enter the **patient's workplace setting** in the subsequent textbox: *If yes, please specify workplace setting*.

7. Select the **appropriate answer** for the *Airport/airplane*.
- If **Yes** is selected, the subsequent field is enabled. Enter the name of the **appropriate airline(s)** in the subsequent textbox: *If yes, please specify airline(s)*.

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

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

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

- 9. Select the **appropriate answer** for *School/university/childcare center*.
- If **Yes** is selected, the subsequent field is enabled. Enter the name of the **school/university/childcare center name** in the subsequent textbox: *If yes, please specify school/university/childcare center.*

School/university/childcare center*

If yes, please specify name of school/university/childcare center: ?

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

Correctional facility*

If yes, please specify name of correctional facility: ?

- 11. Select the **appropriate answer** for *Community event/mass gathering*.
- If **Yes** is selected, the subsequent field is enabled. Enter the **name of the community event/mass gathering** in the subsequent textbox: *If yes, please specify name of community event/mass gathering.*

Community event/mass gathering*

If yes, please specify name of community event/mass gathering: ?

12. Select the **appropriate answer** for *Animal with confirmed or suspected COVID-19*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **details of the animal with confirmed or suspected COVID-19** in the subsequent textbox: *If yes, please specify.*

13. Select the **appropriate answer** for *Contact with a known COVID-19 case (probable or confirmed)*.

- If **Yes** is selected, the subsequent field is enabled. Select **type(s) of contact** from the multi-select dropdown menu for *If yes, please specify what type of contact?*

14. Select the **appropriate answer** for *Unknown exposures in the 14 days prior to illness onset*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **details of unknown exposures** in the subsequent textbox: *Other unknown exposures, please specify.*

15. Select the **appropriate answer** for *Other exposures*.

- If **Yes** is selected, the subsequent field is enabled. Enter the **details of other exposures** in the subsequent textbox: *If yes, please specify*.

16. Select the **appropriate answer** for *Is this part of an outbreak?*

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

17. Once complete, click **Next** to proceed to the **Hospitalization, ICU & Death Information** page.

14 Hospitalization, ICU & Death Information

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

COVID-19 CASE REPORT FORM Section 7 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"/>
SARS CoV-2 Testing	<input checked="" type="checkbox"/>
Clinical Course	<input checked="" type="checkbox"/>
Applicable Symptoms	<input checked="" type="checkbox"/>
Medical Conditions	<input checked="" type="checkbox"/>
Exposure Information	<input checked="" type="checkbox"/>
Hospitalization, ICU & Death Information	<input checked="" type="checkbox"/>
Vaccination History	<input type="checkbox"/>
Additional Comments	<input type="checkbox"/>
Review & Submit	<input type="checkbox"/>

Was the patient hospitalized?*

Yes No Unknown

If hospitalized, was a translator required?

Yes No Unknown

If yes, please specify which language

If hospitalized, please provide admission and discharge dates:

Admission Date: Unknown Discharge Date: Unknown

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

Yes No Unknown

If admitted to an ICU, please provide admission and discharge dates:

Admission Date: Unknown Discharge Date: Unknown

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

Yes No Unknown

If yes, please provide the date of death:

- If **Yes** is selected for the conditional question, all subsequent hospitalization-related fields are enabled.

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information	<input checked="" type="checkbox"/>
SARS CoV-2 Testing	<input checked="" type="checkbox"/>
Clinical Course	<input checked="" type="checkbox"/>
Applicable Symptoms	<input checked="" type="checkbox"/>
Medical Conditions	<input checked="" type="checkbox"/>
Exposure Information	<input checked="" type="checkbox"/>
Hospitalization, ICU & Death Information	<input checked="" type="checkbox"/>
Vaccination History	<input type="checkbox"/>
Additional Comments	<input type="checkbox"/>
Review & Submit	<input type="checkbox"/>

Was the patient hospitalized?*

Yes No Unknown

If hospitalized, was a translator required?*

Yes No Unknown

If yes, please specify which language

If hospitalized, please provide admission and discharge dates:

Admission Date* Unknown Discharge Date* Unknown

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

Yes No Unknown

If admitted to an ICU, please provide admission and discharge dates:

Admission Date Unknown Discharge Date 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 **No** or **Unknown** is selected for the conditional question, all subsequent hospitalization-related fields are disabled. Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

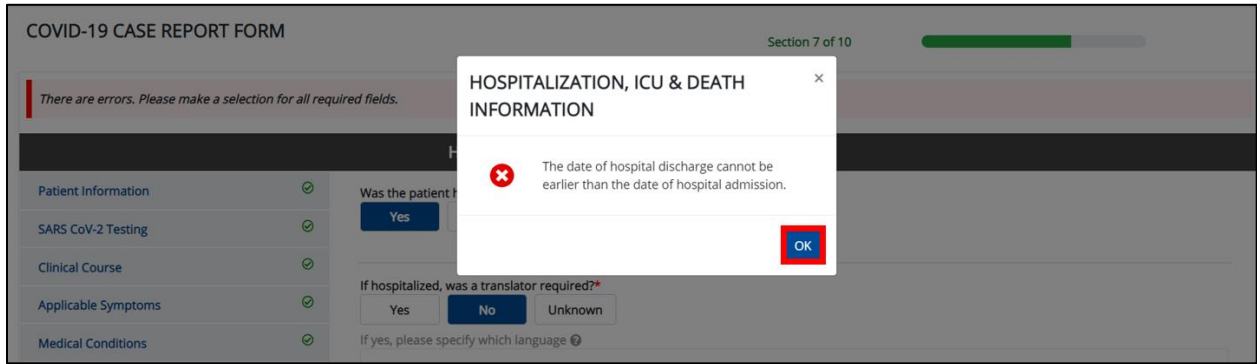
2. Select the **appropriate answer** for *If hospitalized, was a translator required?*
 - If **Yes** is selected, the subsequent field is enabled. Enter the **appropriate language** in the subsequent textbox: *If yes, please specify which language.*

3. Enter the patient’s hospitalization **Admission Date** and **Discharge Date**.

Please Note: The Admission Date **cannot** occur *after* the Discharge Date. The Admission Date must occur on the **same date** or any date **BEFORE** the Discharge Date. If you enter an Admission Date that occurs after the Discharge Date and clicks **Next**, both fields are marked as invalid; the screen is grayed out and displays a pop-up message that states:

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

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



If hospitalized, please provide admission and discharge dates:

Admission Date* Unknown Invalid Admission Date

Discharge Date* Unknown Invalid Discharge Date

4. Select the **appropriate answer** for *Was the patient admitted to an intensive care unit (ICU)?*
 - If **Yes** is selected, the subsequent ICU Admission Date and Discharge Date fields are enabled. Enter the **ICU Admission Date** and the **ICU Discharge Date**.

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

Yes No Unknown

If admitted to an ICU, please provide admission and discharge dates:

Admission Date Unknown Discharge Date Unknown

5. Select the **appropriate answer** for *Did the patient die as a result of this illness?*
 - If **Yes** is selected, the subsequent Date of Death field is enabled. Enter the **patient's date of death**.

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

6. Once complete, click **Next** to proceed to the **Vaccination History** screen.

Hospitalization, ICU & Death Information	If hospitalized, please provide admission and discharge dates:		04/22/2021
Vaccination History	Admission Date*	<input type="text" value="04/21/2021"/> <input type="checkbox"/> Unknown	Discharge Date*
Additional Comments			<input type="text" value="04/22/2021"/> <input type="checkbox"/> Unknown
Review & Submit	Was the patient admitted to an intensive care unit (ICU)?*		
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>		
	If admitted to an ICU, please provide admission and discharge dates:		
	Admission Date	<input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown	Discharge Date
			<input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown
	Did the patient die as a result of this illness?*		
	<input type="button" value="Yes"/> <input checked="" type="button" value="No"/> <input type="button" value="Unknown"/>		
	If yes, please provide the date of death:		
	Date of Death	<input type="text" value="mm/dd/yyyy"/> <input type="checkbox"/> Unknown	
	<input type="button" value="Save"/>	<input type="button" value="Previous"/>	<input checked="" type="button" value="Next"/>

15 Vaccination History

- On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Has the patient ever received a COVID-19 vaccine?*

COVID-19 CASE REPORT FORM Section 8 of 10

Please provide the vaccination history of the patient related to this case.

VACCINATION HISTORY

Patient Information	✓	<p>Has the patient ever received a COVID-19 vaccine?*</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <hr/> <p>If yes, please provide vaccine name/manufacturer: ⓘ</p> <p>Select...</p> <hr/> <p>If other, please specify: ⓘ</p> <hr/> <p>Date Administered (1st dose) <input type="text"/> mm/dd/yyyy <input type="checkbox"/> Unknown Date Administered (2nd dose) <input type="text"/> mm/dd/yyyy <input type="checkbox"/> Unknown</p>
SARS CoV-2 Testing	✓	
Clinical Course	✓	
Applicable Symptoms	✓	
Medical Conditions	✓	
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History		
Additional Comments	🔒	
Review & Submit	🔒	

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

VACCINATION HISTORY

Patient Information	✓	<p>Has the patient ever received a COVID-19 vaccine?*</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <hr/> <p>If yes, please provide vaccine name/manufacturer:* ⓘ</p> <p>Select...</p> <hr/> <p>If other, please specify: ⓘ</p> <hr/> <p>Date Administered (1st dose)* <input type="text"/> mm/dd/yyyy <input type="checkbox"/> Unknown Date Administered (2nd dose) <input type="text"/> mm/dd/yyyy <input type="checkbox"/> Unknown</p>
SARS CoV-2 Testing	✓	
Clinical Course	✓	
Applicable Symptoms	✓	
Medical Conditions	✓	
Exposure Information	✓	
Hospitalization, ICU & Death Information	✓	
Vaccination History		
Additional Comments	🔒	
Review & Submit	🔒	

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

- 2. If **Yes** is selected for the conditional question, the subsequent field is enabled. From the dropdown menu, select the **appropriate vaccine**: *If yes, please provide vaccine name/manufacturer.*

Has the patient ever received a COVID-19 vaccine?*

Please select 'Other' if the name of vaccine is not listed in the dropdown

If yes, please provide vaccine name/manufacturer: * ?

Select...

- Moderna COVID-19 Vaccine
- Pfizer COVID-19 Vaccine
- Janssen COVID-19 Vaccine (Johnson and Johnson)
- Other

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

If yes, please provide vaccine name/manufacturer: * ?

Other

If other, please specify: * ?

- 3. In the field for *Date Administered (1st Dose)*, enter the **date the first dose was administered**.
- 4. If applicable, enter the **date the second dose was administered** in the field: *Date Administered (2nd Dose)*.

Date Administered (1st dose)*

mm/dd/yyyy Unknown

Date Administered (2nd dose)

mm/dd/yyyy Unknown

June 2021

Su	Mo	Tu	We	Th	Fr	Sa
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

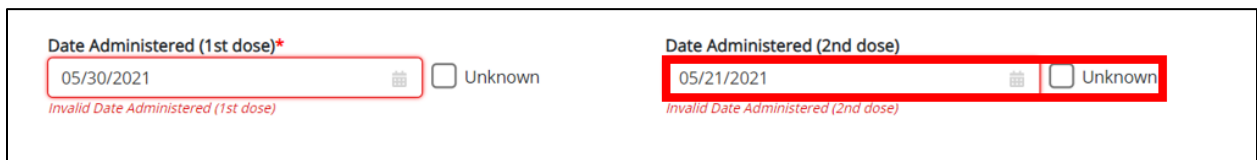
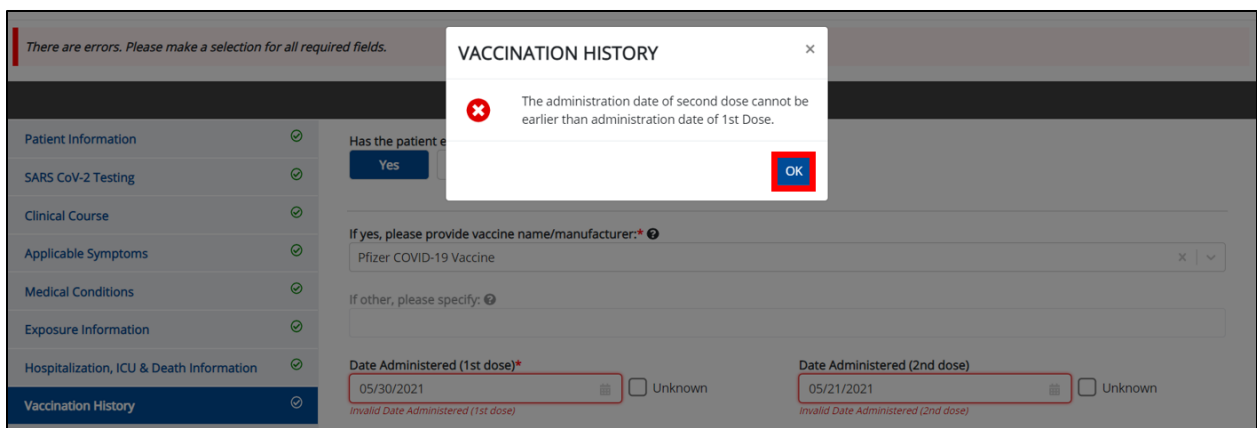
Previous Next

Please Note: The Date Administered (1st dose) **cannot** occur *after* the Date Administered (2nd dose). The Date Administered (1st dose) must occur at least 21 days **BEFORE** the Date Administered (2nd dose), depending on the vaccine.

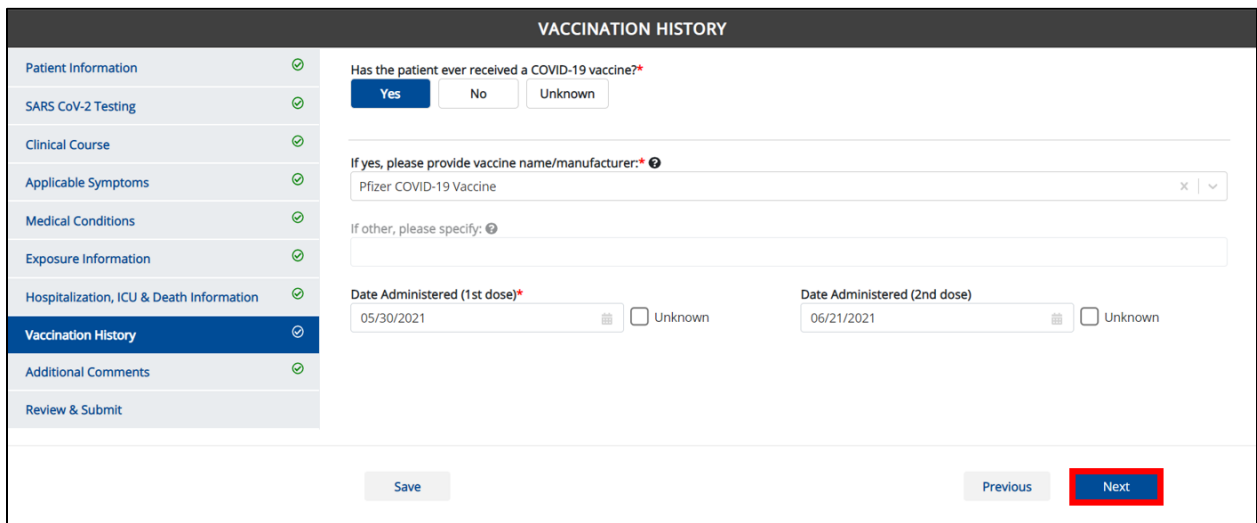
If the User enters a Date Administered (1st dose) that occurs after Date Administered (2nd dose) and clicks **Next**, both fields are marked as invalid; the screen is grayed out and displays a pop-up message that states:

The administration date of second dose cannot be earlier than administration date of 1st dose.

To proceed, the click **OK**, then enter a valid Date Administered (2nd dose) that occurs **after** the Date Administered (1st dose).



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



16 Additional Comments

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

COVID-19 CASE REPORT FORM Section 9 of 10

Please add any additional comments related to this case.

ADDITIONAL COMMENTS

Patient Information	✓
SARS CoV-2 Testing	✓
Clinical Course	✓
Applicable Symptoms	✓
Medical Conditions	✓
Exposure Information	✓
Hospitalization, ICU & Death Information	✓
Vaccination History	✓
Additional Comments	
Review & Submit	🔒

Additional comments or notes, please specify:

0/1000 Characters

Save Previous Next

17 Review & Submit

The **Review & Submit** screen displays a summary of the information you've entered. Prior to submitting the case report, review the information on this screen to verify its accuracy. You must click **Submit** in order to submit the case report.

Print or Download Functionality

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

COVID-19 CASE REPORT FORM Section 10 of 10

Please review your information before submitting.

REVIEW & SUBMIT

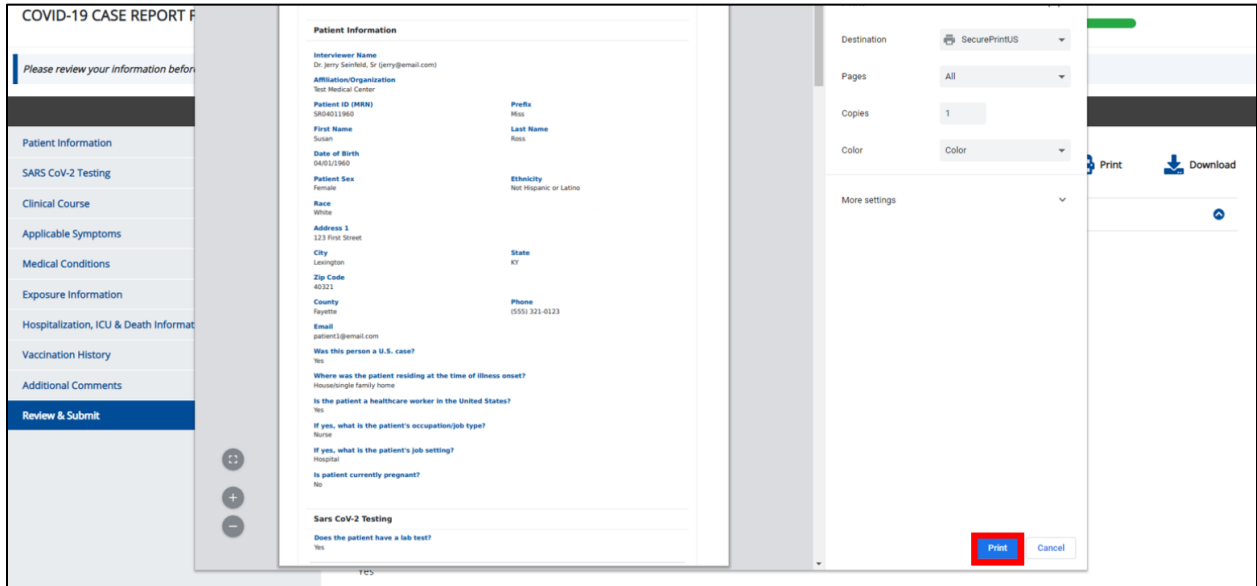
Patient Information	✓
SARS CoV-2 Testing	✓
Clinical Course	✓
Applicable Symptoms	✓
Medical Conditions	✓
Exposure Information	✓
Hospitalization, ICU & Death Information	✓
Vaccination History	✓
Additional Comments	✓
Review & Submit	

Print Download

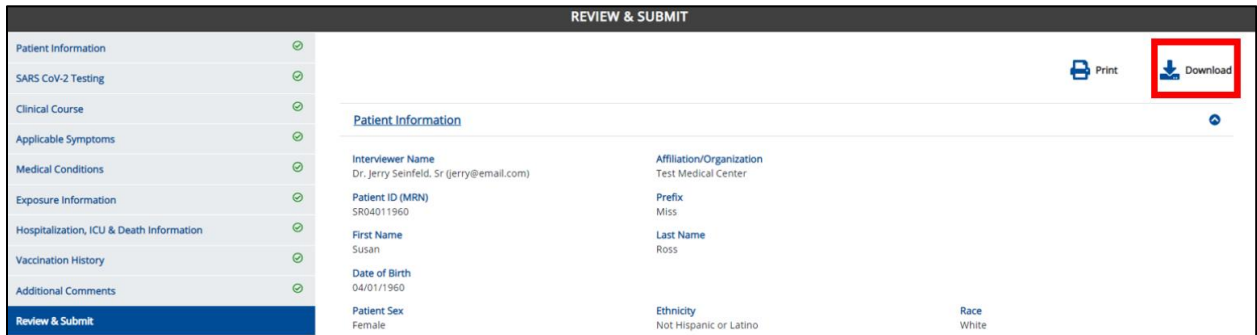
Patient Information

Interviewer Name	Dr. Jerry Seinfeld, Sr (jerry@email.com)	Affiliation/Organization	Test Medical Center
Patient ID (MRN)	SR04011960	Prefix	Miss
First Name	Susan	Last Name	Ross
Date of Birth	04/01/1960		
Patient Sex	Female	Ethnicity	Not Hispanic or Latino
		Race	White
Address 1	123 First Street		

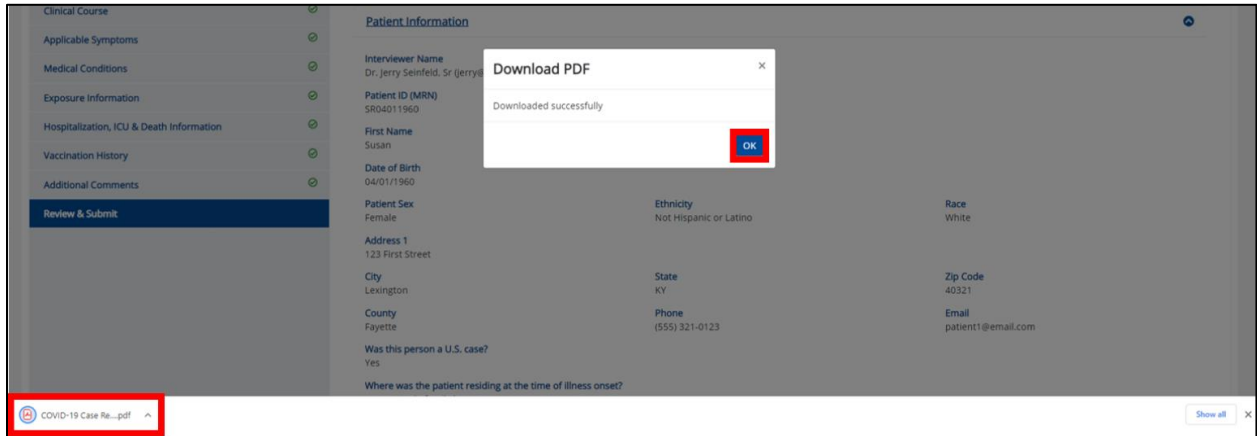
- Upon clicking **Print**, a Print Preview will display. Click **Print** to print the case report.



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

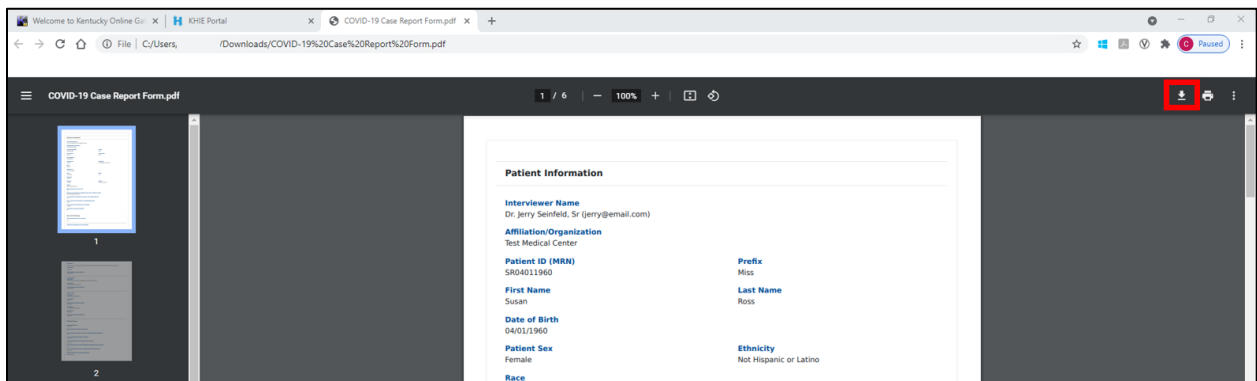


- Once the download is complete, a pop-up will display. Click **OK** to close out of the pop-up.
- To view the downloaded case report, click the **PDF icon** at the bottom left.

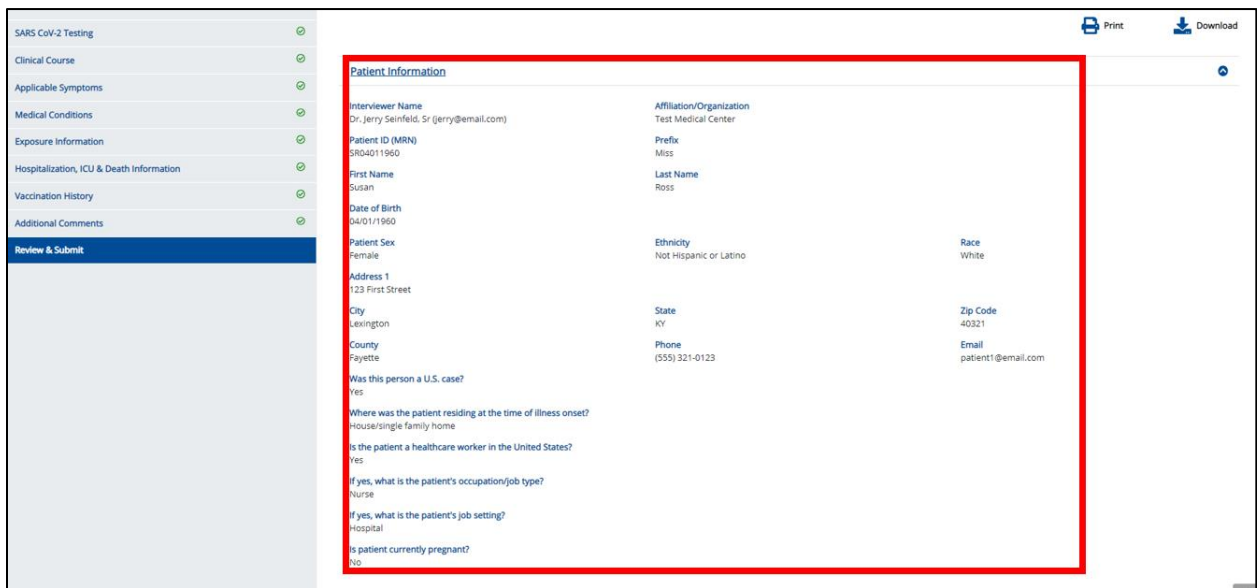


- A PDF of the case report will display in a separate tab. Click the **Download Icon** at the top right to download a PDF version of the case report to your computer.


3. Review the information.



4. Review the *Patient Information* section.



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

Patient Information 


Interviewer Name Dr. Jerry Seinfeld, Sr (jerry@email.com)	Affiliation/Organization Test Medical Center	
Patient ID (MRN) SR04011960	Prefix Miss	
First Name Susan	Last Name Ross	
Date of Birth 04/01/1960		
Patient Sex Female	Ethnicity Not Hispanic or Latino	Race White

Patient Information 

Sars CoV-2 Testing 

Does the patient have a lab test?
Yes

5. Review the *Sars CoV-2 Testing* section.

Sars CoV-2 Testing 

Does the patient have a lab test?
Yes

Molecular Amplification Test (RT PCR)

Test Name	Test Result	Filler Order/Accession Number
SARS coronavirus 2 E gene [Cycle Threshold #] In Unspecified specimen by NAA with probe detection	Negative	SR03012021

Serologic Test

Test Name	Test Result	Filler Order/Accession Number
SARS coronavirus 2 Ab [Interpretation] in Serum or Plasma	Undetermined/Inconclusive	SR03302021

Antigen Test

Test Name	Test Result	Filler Order/Accession Number
BinaxNOW COVID Test Kit	Positive	SR05082021
BinaxNOW COVID Test Kit	Pending	SR06222021

6. Review the *Clinical Course* section.

Clinical Course

Disease/Organism
COVID-19

Did the patient develop pneumonia?
Yes

Did the patient receive mechanical ventilation(MV)/intubation?
Yes

If yes, total days with MV (# of days):
1-15 Days

Did the patient have an abnormal chest X-ray?
Unknown

Did the patient have another diagnosis/etiology for their illness?
No

Did the patient have acute respiratory distress syndrome?
Unknown

Did the patient have an abnormal EKG?
No EKG Done

Did the patient receive ECMO?
No

7. Review the *Applicable Symptoms* section.

Applicable Symptoms

Were symptoms present during the course of illness?
Yes

Onset Date
06/10/2021

Did the patient's symptoms resolve?
No

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

Fever
Yes

Subjective fever (felt feverish)
Yes

Chills
Yes

Rigors
No

Muscle aches (myalgia)
No

Runny nose (rhinorrhea)
No

Sore throat
No

New olfactory and taste disorder(s)
No

Headache
Yes

Fatigue
Yes

Cough (new onset or worsening of chronic cough)
Yes

Wheezing
Yes

Shortness of breath (dyspnea)
Yes

Chest pain
No

8. Review the *Medical Conditions* section.

Medical Conditions

Did the patient have any underlying medical conditions and/or risk behaviors?
Yes

If yes, which one of the following underlying medical conditions and/or risk behaviors applies to the patient?

Diabetes Mellitus
No

Hypertension
No

Severe obesity (BMI>40)
No

Cardiovascular disease
No

Chronic renal disease
Unknown

Chronic liver disease
Unknown

Chronic lung disease (asthma/emphysema/COPD)
No

Immunosuppressive condition
No

Autoimmune condition
No

Current smoker
No

Former smoker
Unknown

Substance abuse or misuse
Unknown

Disability (neurologic, neurodevelopmental, intellectual, physical, vision or hearing impairment)
Yes

If yes, please specify:
Hearing impairment

Psychological/psychiatric condition
No

Other chronic diseases
No

9. Review the *Exposure Information* section.

Exposure Information

In the 14 days prior to illness onset, did the patient have any of the following exposures?

Yes

Domestic travel (outside state of normal residence)

Yes

If yes, please specify states:
CA, AR, NV

International Travel

Yes

If yes, please specify country(s):
BAHAMAS, THE, CANADA

Cruise ship or vessel travel as passenger or crew member

No

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

Yes

If yes, please specify workplace setting:
Hospital

Airport/airplane

Yes

If yes, please specify airline(s):
Delta

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

No

School/university/childcare center

No

Correctional facility

No

Community event/mass gathering

No

Animal with confirmed or suspected COVID-19

No

Contact with a known COVID-19 case (probable or confirmed)

Yes

If yes, please specify what type of contact?
Healthcare-associated (patient, visitor, healthcare worker), Community-associated

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

Hospitalization, ICU & Death Information

Was the patient hospitalized?

Yes

If hospitalized, was a translator required?

No

If hospitalized, please provide admission and discharge dates:

Admission Date	Discharge Date
04/21/2021	04/22/2021

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

No

Did the patient die as a result of this illness?

No

11. Review the *Vaccination History* section.

The screenshot shows the 'Vaccination History' section. A red box highlights the following information:

- Has the patient ever received a COVID-19 vaccine?
Yes
- If yes, please provide vaccine name/manufacturer:
Pfizer COVID-19 Vaccine
- Date Administered (1st dose): 05/30/2021
- Date Administered (2nd dose): 06/21/2021

12. Review the *Additional Comments* section.

The screenshot shows the 'Additional Comments' section. A red box highlights the text: 'Additional comments or notes, please specify: Patient Notes'. Below the text box are 'Previous' and 'Submit' buttons.

Click Hyperlinks to Edit

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

- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or on the side navigation bar.

The screenshot shows the 'REVIEW & SUBMIT' screen. On the left is a side navigation bar with tabs: Patient Information, SARS CoV-2 Testing, Clinical Course, Applicable Symptoms, Medical Conditions, Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The 'Patient Information' tab is highlighted with a red box. The main content area shows a 'Patient Information' section header, also highlighted with a red box, and a form with the following fields:

Interviewer Name Dr. Jerry Seinfeld, Sr (jerry@email.com)	Affiliation/Organization Test Medical Center
Patient ID (MRN) SR04011960	Prefix Miss
First Name Susan	Last Name Ross
Date of Birth 04/01/1960	
Patient Sex Female	Ethnicity Not Hispanic or Latino
Address 1 123 First Street	Race White

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

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

- 16. Review your edits on the **Review & Submit** screen.

17. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the COVID-19 Case Report Entry.

Additional comments or notes, please specify:
Patient Notes

Previous Submit

- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the COVID-19 Case Report or click **Submit** to submit the report.

Case Report Entry

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

Cancel Submit

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

18. Click **OK** to acknowledge the case report entry 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 to the **Case Report Entry User Summary** screen.

Congratulations! You have submitted the COVID-19 Case Report using KHIE’s Direct Data Entry Functionality.

Please visit the KHIE website at <https://khie.ky.gov/COVID-19/Pages/Electronic-Case-Reporting-.aspx> to access additional training resources and find information on reporting requirements from the Kentucky Department for Public Health.

18 Case Report User Entry Summary

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

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' page. At the top, there are navigation links for Home, Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, and Case Report Entry. Below the title, there is a 'LAST UPDATED DATE RANGE' section with 'Start Date' and 'End Date' both set to 06/24/2021. A 'Retrieve Data' button is visible. The main area shows 'SHOWING 2 ITEMS' with a table of case reports. The table has columns for ACTIONS, REPORT TYPE, AFFILIATION/OR GANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. Two rows are visible, one for Susan Ross and one for Cosmo Kramer. A pagination bar at the bottom shows 'First', 'Back', '1', 'Next', and 'Last', with 'Maximum 5 entries per page'.

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

This screenshot is similar to the previous one, but with a calendar pop-up for the 'Start Date' field. The calendar is for 'June 2021' and the date '24' is highlighted. The 'End Date' field also has a red box around it, indicating it is also being edited. The 'Retrieve Data' button is still present.

2. Click **Retrieve** to generate the case reports.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' page after clicking 'Retrieve Data'. The 'Start Date' is now 06/21/2021 and the 'End Date' is 06/24/2021. The 'Retrieve Data' button is highlighted in red. The table now only shows one item: Susan Ross, with a 'View' button in the 'ACTIONS' column.

Please Note: The **Start Date** must be within the last six months from the current date.

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

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date End Date [Retrieve Data](#)

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

SHOWING 2 ITEMS [REFRESH](#) [APPLY FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/OR GANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
Continue	COVID-19	Test Medical Center	GC05281960	George	Costanza	05/28/1960	Male	In Progress	06/25/2021 2:24 PM	
View	COVID-19	Test Medical Center	JD06201965	Jane	Doe	06/20/1965	Female	Complete	06/25/2021 1:53 PM	06/25/2021 1:53 PM

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

LAST UPDATED DATE RANGE Start Date End Date [Retrieve Data](#)

SHOWING 3 ITEMS [REFRESH](#) [APPLY FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/OR GANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View	COVID-19	Test Medical Center	SR04011960	Susan	Ross	04/01/1960	Female	Complete	06/24/2021 4:13 PM	06/24/2021 4:13 PM
Continue	COVID-19	Test Medical Center	CK01231955	Cosmo	Kramer	01/23/1955	Male	In Progress	06/24/2021 2:22 PM	
Continue	COVID-19	Test Medical Center	GC05281960	George	Costanza	05/28/1960	Male	In Progress	06/21/2021 3:04 PM	

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date End Date [Retrieve Data](#)

SHOWING 3 ITEMS [REFRESH](#) [HIDE FILTER](#)

ACTIONS	REPORT TYPE	AFFILIATION/OR GANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	Enter Report	Enter Affiliatic	Enter Patient	Enter First Na	Enter Last	Enter Date Of Bir	All	Enter Statu	All	All
View	COVID-19	Test Medical Center	SR04011960	Susan	Ross	04/01/1960	Female	Complete	06/24/2021 4:13 PM	06/24/2021 4:13 PM
Continue	COVID-19	Test Medical Center	CK01231955	Cosmo	Kramer	01/23/1955	Male	In Progress	06/24/2021 2:22 PM	

Review Previously Submitted Case Reports

- To review a summary of a complete 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	06/21/2021			End Date	06/24/2021				Retrieve Data
SHOWING 3 ITEMS											
REFRESH APPLY FILTER											
ACTIONS	REPORT TYPE	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE	
View	COVID-19	Test Medical Center	SR04011960	Susan	Ross	04/01/1960	Female	Complete	06/24/2021 4:13 PM	06/24/2021 4:13 PM	
Continue	COVID-19	Test Medical Center	CK01231955	Cosmo	Kramer	01/23/1955	Male	In Progress	06/24/2021 2:22 PM		
Continue	COVID-19	Test Medical Center	GC05281960	George	Costanza	05/28/1960	Male	In Progress	06/21/2021 3:04 PM		

First Back 1 Next Last Maximum 5 entries per page

- 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.
- Click **OK** to close out of the pop-up.

Case Report Details

Print **Download**

Patient Information

Interviewer Name: Dr. Jerry Seinfeld, Sr (jerry@email.com)
Affiliation/Organization: Test Medical Center

Patient ID (MRN): SR04011960
Prefix: Miss

First Name: Susan
Middle Name: Ann
Last Name: Ross

Date of Birth: 04/01/1960

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

Address 1: 123 First Street

City: Lexington
State: KY
Zip Code: 40321

County: Fayette
Phone: (555) 321-0123
Email: patient1@email.com

Was this person a U.S. case?

OK

Continue In-Progress Case Reports

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

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

SHOWING 3 ITEMS											REFRESH	APPLY FILTER
ACTIONS	REPORT TYPE	AFFILIATION/OR ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE		
View	COVID-19	Test Medical Center	SR04011960	Susan	Ross	04/01/1960	Female	Complete	06/24/2021 4:13 PM	06/24/2021 4:13 PM		
Continue	COVID-19	Test Medical Center	CK01231955	Cosmo	Kramer	01/23/1955	Male	In Progress	06/24/2021 2:22 PM			
Continue	COVID-19	Test Medical Center	GC05281960	George	Costanza	05/28/1960	Male	In Progress	06/21/2021 3:04 PM			

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

COVID-19 CASE REPORT FORM Section 4 of 10

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

<ul style="list-style-type: none"> Patient Information ✔ SARS CoV-2 Testing ✔ Clinical Course ✔ <li style="background-color: #0056b3; color: white; padding: 2px;">Applicable Symptoms 	<p>Were symptoms present during the course of illness?*</p> <p style="text-align: center;"> <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> </p> <p>Onset Date <small>mm/dd/yyyy</small></p> <p style="text-align: center;"> <input type="text"/> <input type="button" value="Unknown"/> </p>
---	---

19 Technical Support

Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

Email Support

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

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

