

# Kentucky Health Information Exchange (KHIE)

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

### User Guide

August 2022

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## Document Control Information

### Document Information

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## 1 Introduction

### Overview

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

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

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

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

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

### Supported Web Browsers

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

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

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

## Mobile Device Considerations

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

## Accessing the ePartnerViewer

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

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

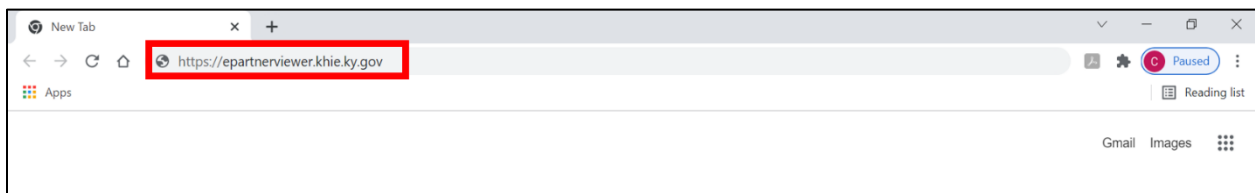
**Please Note:** For specific information about creating a KOG account and how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

## 2 Logging into the ePartnerViewer

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

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

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



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

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

**MYKY**  
MyKentucky.gov

FAQ | Help | English

## Welcome to the Kentucky Online Gateway

- Are you doing business in or with the Commonwealth of Kentucky?
- Are you a citizen or resident applying for or receiving benefits?
- Are you seeking government services from the Commonwealth?

If you answered "Yes" to any one of these questions, please sign into your existing Kentucky Online Gateway account or click on the button below to create an account.

**SIGN IN** **CREATE ACCOUNT**

### State Employee Gateway Login

Login to your State Employee account using:

**EMAIL ADDRESS**

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

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

**Citizen (or) Business Partner Sign In**

Sign in with your Kentucky Online Gateway Account.

**Email Address**  
Enter Email Address

**Password** [Forgot/Reset Password?](#)  
Enter Password

**SIGN IN**

[Resend Account Verification Email](#)

**WARNING**

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

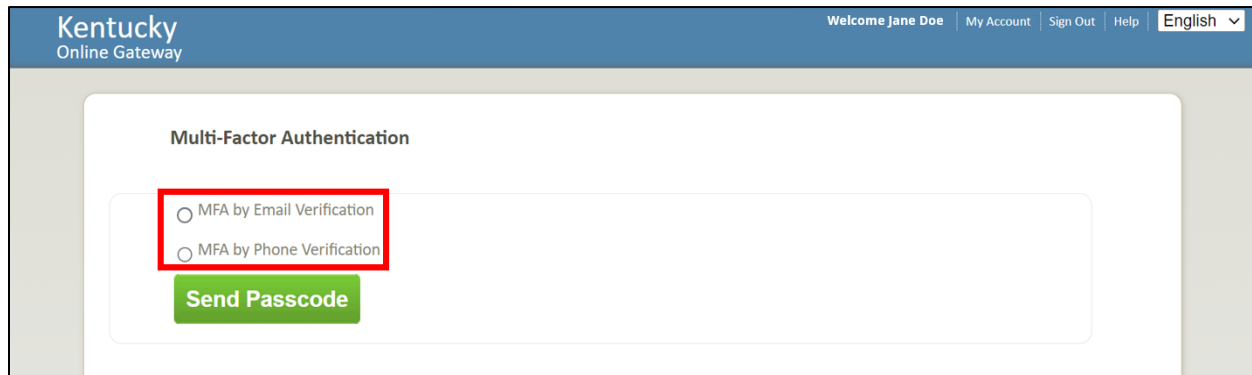
Don't already have a Kentucky Online Gateway Citizen Account?

**Create An Account**

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

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

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

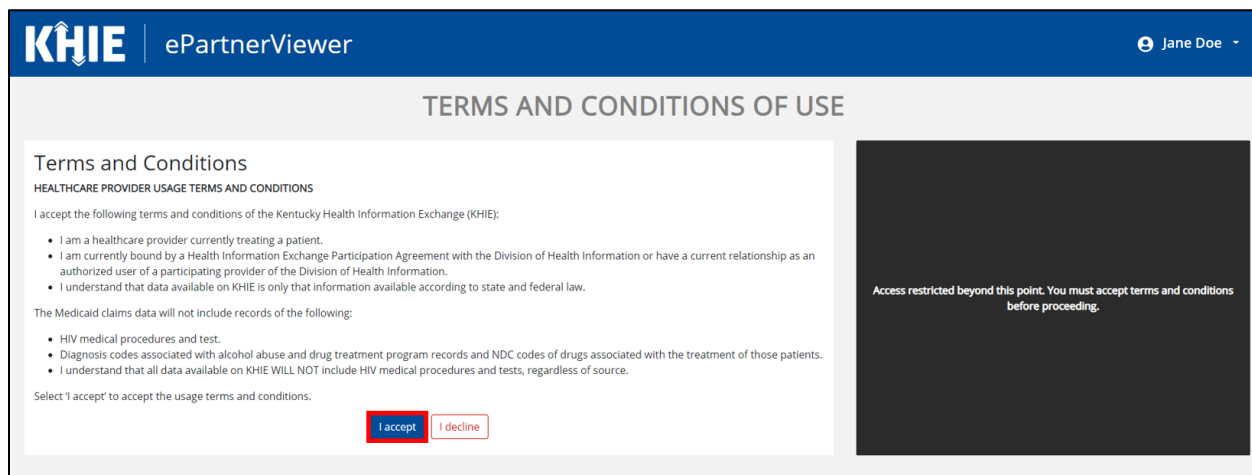


**Please Note:** For specific information on how to complete MFA, please review the *ePartnerViewer Login: Kentucky Online Gateway (KOG) and Multi-Factor Authentication (MFA) Quick Reference Guide*.

### Terms and Conditions of Use and Logging In

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

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



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

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

**KHIE** | ePartnerViewer Jane Doe ▾

### TERMS AND CONDITIONS OF USE

#### Terms and Conditions

**HEALTHCARE PROVIDER USAGE TERMS AND CONDITIONS**

I accept the following terms and conditions of the Kentucky Health Information Exchange (KHIE):

- I am a healthcare provider currently treating a patient.
- I am currently bound by a Health Information Exchange Participation Agreement with the Division of Health Information or have a current relationship as an authorized user of a participating provider of the Division of Health Information.
- I understand that data available on KHIE is only that information available according to state and federal law.

The Medicaid claims data will not include records of the following:

- HIV medical procedures and test.
- Diagnosis codes associated with alcohol abuse and drug treatment program records and NDC codes of drugs associated with the treatment of those patients.
- I understand that all data available on KHIE WILL NOT include HIV medical procedures and tests, regardless of source.

Select 'I accept' to accept the usage terms and conditions.

☒ Accepted

You are part of the below mentioned organization. Please click on proceed to continue.

KHIE Smoke Test Organization

**Proceed to Portal**

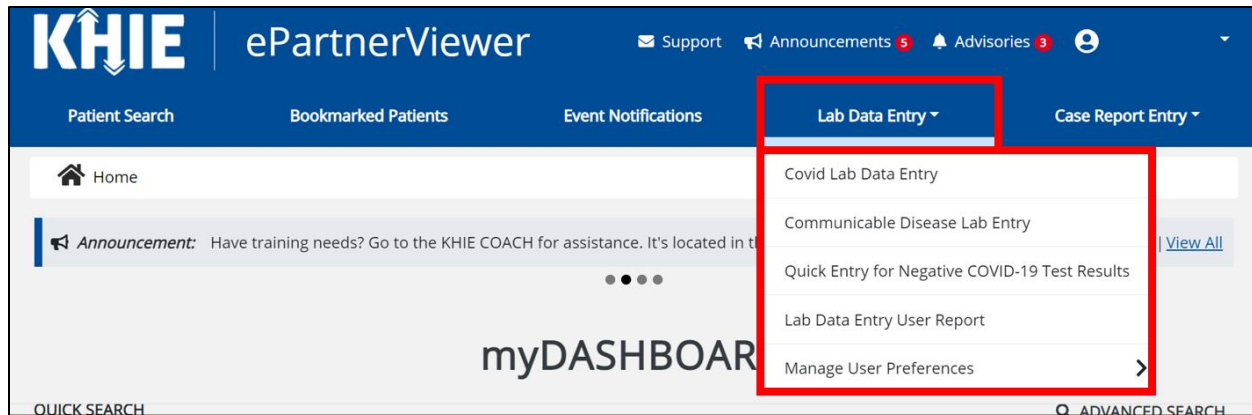
Copyright 2019 HealthInteractive HealthInteractive KHIE Version: 1.0.0

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

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

### 3 Understanding the Lab Data Entry Dropdown Menu

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



#### 1. COVID Lab Data Entry:

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

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

#### 2. Communicable Disease Lab Entry:

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

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

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

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

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

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

#### 5. Manage User Preferences:

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

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

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

The screenshot displays the ePartnerViewer web application interface. The top navigation bar includes the KHIE logo, 'ePartnerViewer' title, and links for Support, Announcements, Advisories, and a user profile icon. Below this, a secondary navigation bar contains links for Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry (which is expanded), and Case Report Entry. The 'Lab Data Entry' dropdown menu lists several options: Covid Lab Data Entry, Communicable Disease Lab Entry, Quick Entry for Negative COVID-19 Test Results, Lab Data Entry User Report, Manage User Preferences (highlighted with a red box), Create Ordering Provider Details, View & Edit Ordering Provider Details, Create Ordering Facility Details, and View & Edit Ordering Facility Details. The main content area shows a 'myDASHBOARD' with a 'QUICK SEARCH' section for patient information and a 'BOOKMARKED PATIENTS' section. An announcement banner at the top of the dashboard area reads: 'Announcement: Have training needs? Go to the KHIE COACH for assistance. It's located in the...'. The bottom of the dashboard features a table for 'EVENT NOTIFICATIONS (PAST 72 HOURS)' with columns for NOTIFICATION, EVENT, FACILITY, NAME, AGE, and ORGANIZATION.

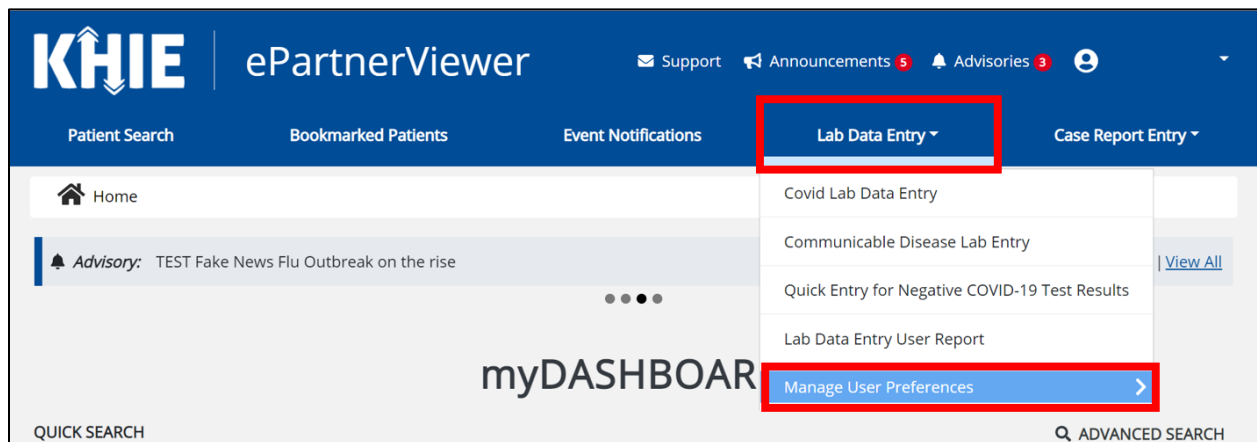


## 4 Manage User Preferences

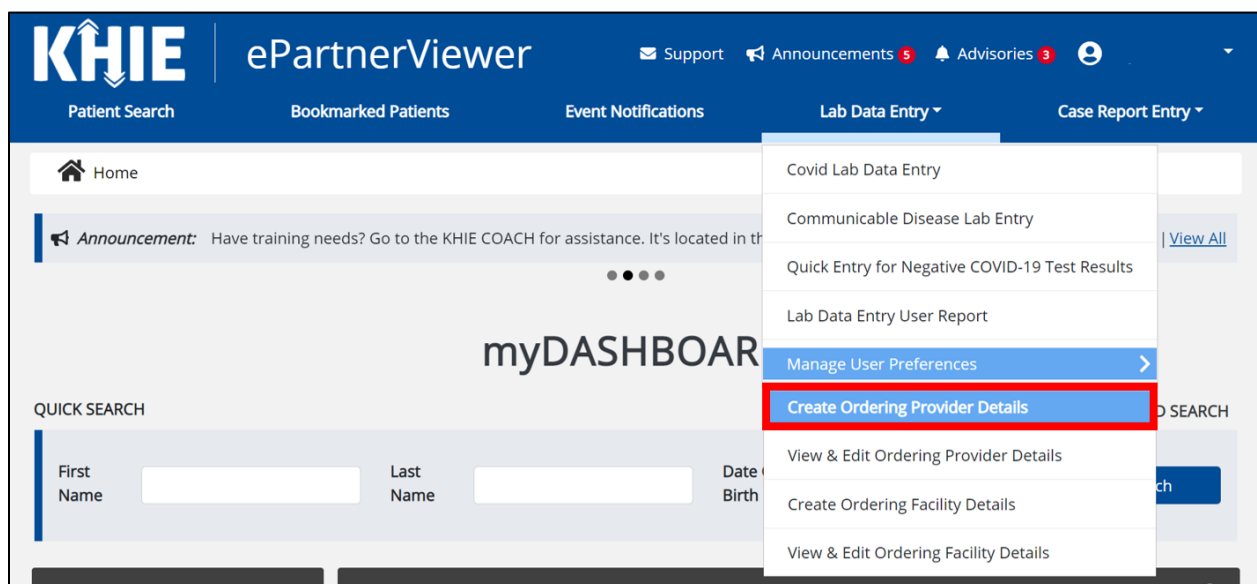
These are your User Preferences. Prior to entering your lab results, you are required to enter information about your Ordering Provider and Ordering Facility on the **Manage User Preferences** screen. By entering the Ordering Provider and Ordering Facility details here in your user preferences, you will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

### Create Ordering Provider Details

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



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



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

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

### CREATE ORDERING PROVIDER

Prefix  x | v

First Name\*  Last Name\*

Suffix  v

Address 1\*

Address 2

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

Home > Create ordering provider details

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

### CREATE ORDERING PROVIDER

Prefix  v

First Name\*

Last Name\*

Suffix  v

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

Address 1\*

Address 2

Unit,Suite,Building,etc.

City\*

State\*

Select... ▼

Zip Code\*

Phone Number

(XXX)XXX-XXXX

Provider NPI\*

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

Zip Code\*

40601

Phone Number

(555) 202-0102

Provider NPI\*

1098765432

Clear

Save

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

Home > Create ordering provider details

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

Create Ordering Provider Details

Ordering Provider Details saved successfully









OK

Clear

Save

**View & Edit Ordering Provider Details**

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

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

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

**Update Ordering Provider Details**

Provider NPI\* 1098765432

Prefix Dr. x v

First Name\* Niles Last Name\* Crane

Suffix Jr. x v

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

City\* Frankfort State\* KY x v

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

Cancel Save

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

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' page. A pop-up window titled 'Update Ordering Provider Details' is displayed in the center, showing the message 'Ordering Provider Details updated successfully' and an 'OK' button. The background table lists four providers with columns for ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER.

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

## Delete Ordering Provider Details

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

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' page. The 'ACTIONS' column for the first provider, Dr. Niles Crane, Jr, has the 'Trash Bin Icon' highlighted with a red box. The table lists four providers with columns for ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER.

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

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

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' page. A pop-up window titled 'Delete Ordering Provider Details' is displayed in the center, showing the message 'Are you sure?' and 'Cancel' and 'OK' buttons. The background table lists four providers with columns for ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER.

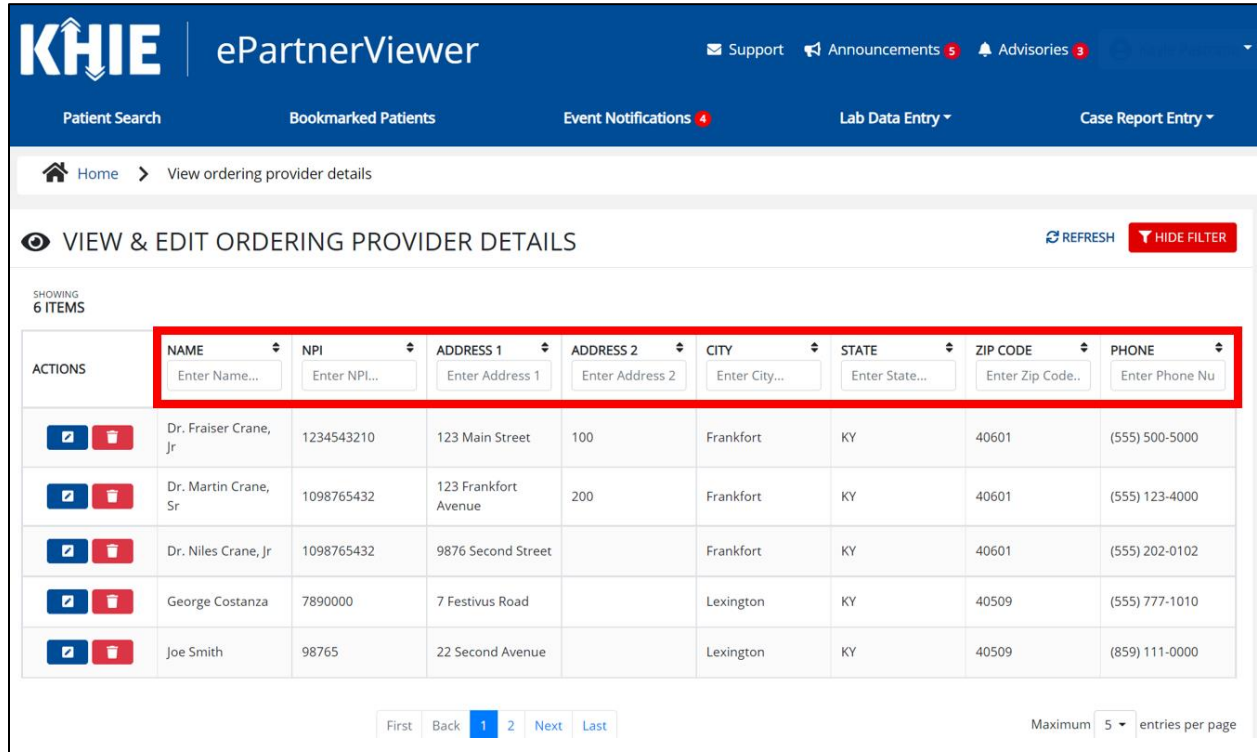
ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE NUMBER
	Dr. Niles Crane, Jr	1098765432	9876 Second Street		Frankfort	KY	40601	(555) 202-0102
	George Costanza	7890000	7 Festivus Road		Lexington	KY	40509	(555) 777-1010
	Joe Smith	98765	22 Second Avenue		Lexington	KY	40509	(859) 111-0000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

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

The screenshot shows the 'VIEW & EDIT ORDERING PROVIDER DETAILS' page. The 'APPLY FILTER' button in the top right corner is highlighted with a red box. The table lists four providers with columns for ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER.

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

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



**VIEW & EDIT ORDERING PROVIDER DETAILS**

SHOWING 6 ITEMS

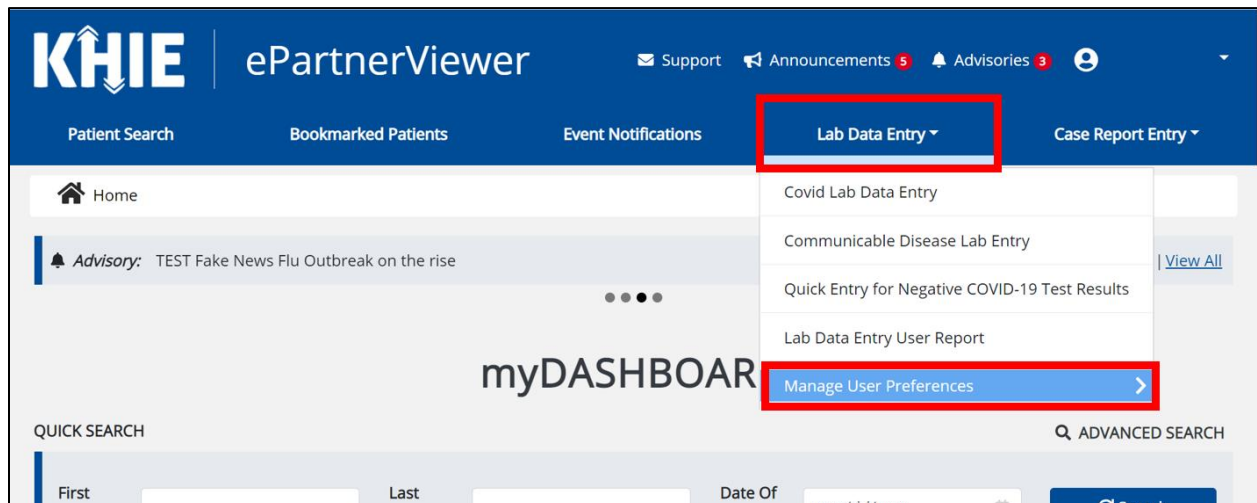
ACTIONS	NAME	NPI	ADDRESS 1	ADDRESS 2	CITY	STATE	ZIP CODE	PHONE
	Enter Name...	Enter NPI...	Enter Address 1	Enter Address 2	Enter City...	Enter State...	Enter Zip Code..	Enter Phone Nu
	Dr. Fraiser Crane, Jr	1234543210	123 Main Street	100	Frankfort	KY	40601	(555) 500-5000
	Dr. Martin Crane, Sr	1098765432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

First Back 1 2 Next Last

Maximum 5 entries per page

### Create Ordering Facility Details

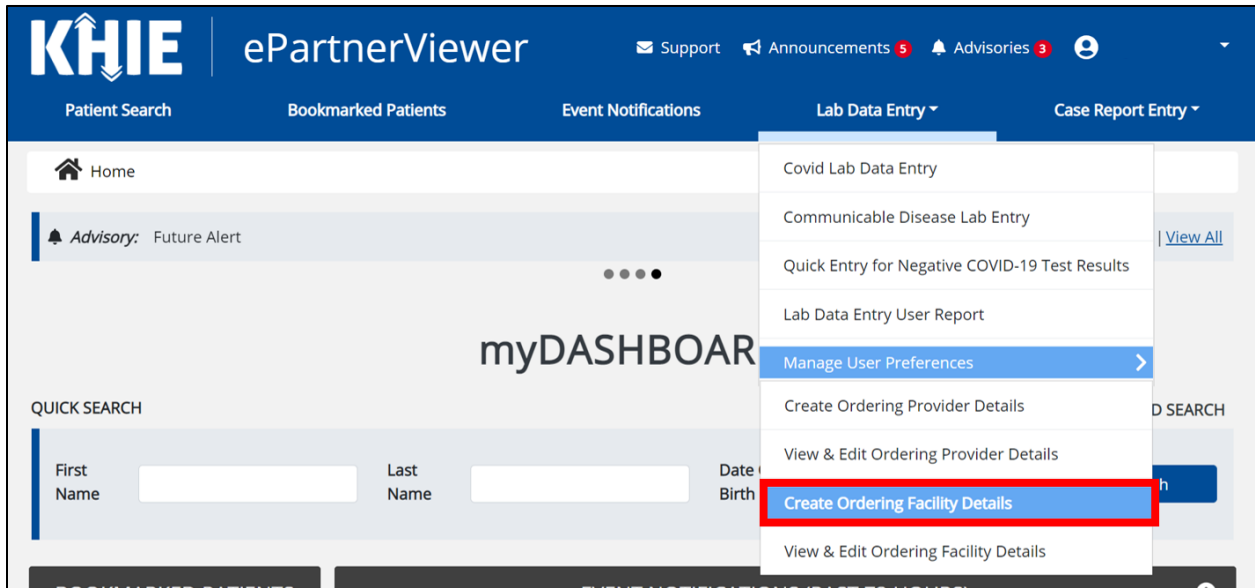
- When entering the ePartnerViewer, you must click the **Lab Data Entry** Tab located in the blue ribbon Navigation Bar at the top of the screen.
- From the **Lab Data Entry** Tab dropdown menu, select **Manage User Preferences**.



**Lab Data Entry**

- Covid Lab Data Entry
- Communicable Disease Lab Entry
- Quick Entry for Negative COVID-19 Test Results
- Lab Data Entry User Report
- Manage User Preferences**

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



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

The screenshot shows the 'CREATE ORDERING FACILITY' form. At the top, a message states: 'Please complete the form below to create an Ordering Facility. All fields marked with an asterisk(\*) are required.' The form contains the following fields:

- Facility Name\***: A text input field highlighted with a red border.
- Address 1\***: A text input field highlighted with a red border.
- Address 2**: A text input field with placeholder text 'Unit,Suite,Building,etc.'
- City\***: A text input field highlighted with a red border.
- State\***: A dropdown menu with 'Select...' highlighted with a red border.
- Zip Code\***: A text input field highlighted with a red border.
- Phone Number**: A text input field with placeholder text '(XXX)XXX-XXXX'.

At the bottom right, there are 'Clear' and 'Save' buttons.

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

**CREATE ORDERING FACILITY**

**Facility Name\***

---

**Address 1\***

**Address 2**

**City\***  **State\***

**Zip Code\***  **Phone Number**

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

Home > Create ordering facility details

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

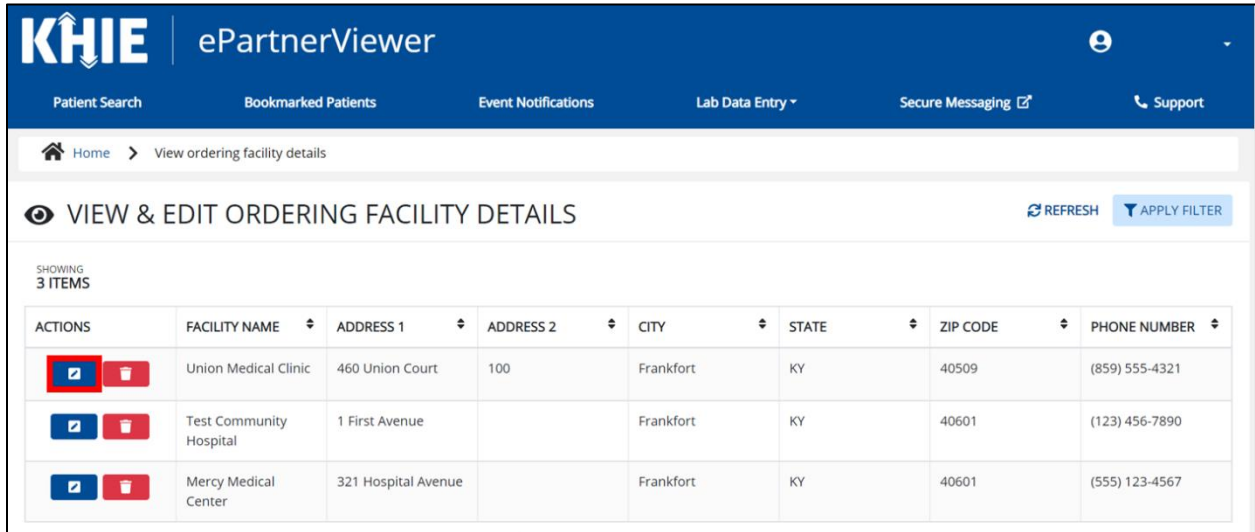
Create Ordering Facility Details

Ordering Facility Details saved successfully









## View & Edit Ordering Facility Details

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

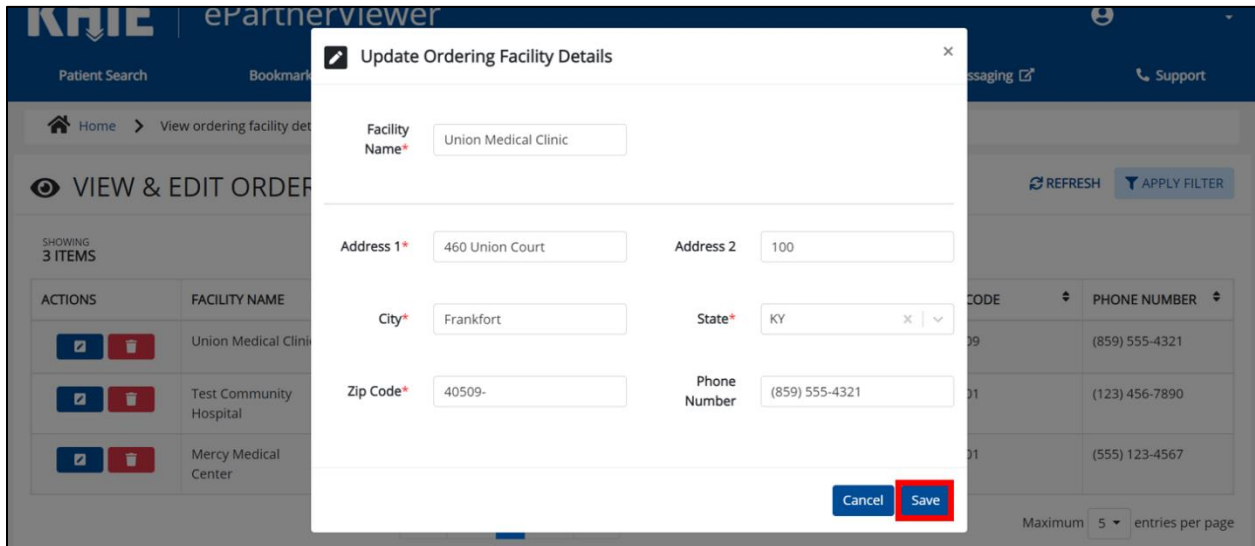


**VIEW & EDIT ORDERING FACILITY DETAILS**

SHOWING 3 ITEMS

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

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



**Update Ordering Facility Details**

Facility Name\* Union Medical Clinic

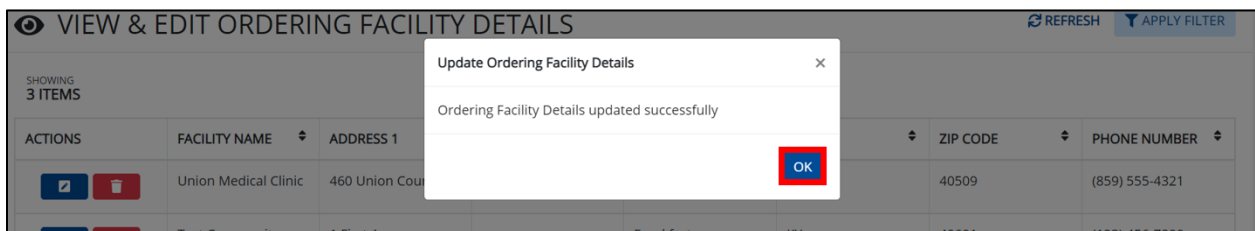
Address 1\* 460 Union Court Address 2 100

City\* Frankfort State\* KY

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

Cancel Save

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



**Update Ordering Facility Details**

Ordering Facility Details updated successfully

OK

**Delete Ordering Facility Details**

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

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

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

First Back 1 Next Last

Maximum 5 entries per page

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

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 3 ITEMS

**Delete Ordering Facility Details**

Are you sure?

Cancel OK

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

KHIE | ePartnerViewer

Support Announcements 5 Advisories 3

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

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS

SHOWING 4 ITEMS

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

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

ePartnerViewer

Support
Announcements 5
Advisories 3

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

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS

REFRESH
HIDE FILTER

SHOWING  
4 ITEMS

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

First
Back
1
Next
Last

Maximum 5 entries per page

## 5 Tips for Manually Entering Lab Data

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

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

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

### PATIENT INFORMATION

Performing Facility Name\*  
Select...

Patient MRN\* ?

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

1
2
3
4
5

Patient Information
Observation
Ask On Order
Enter Lab Data Review
Submit

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

### PATIENT INFORMATION

Performing Facility Name\*  
Test Medical Center

Patient MRN\* ?

An MRN or Medical Record Number is an Organization specific, unique identification number assigned to a patient by a healthcare organization. If your organization does not use an MRN, you MUST create a way to uniquely identify your patient.

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

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

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

The screenshot shows the same form as before, but the State dropdown is now set to 'AR'. The County dropdown is also set to 'Out Of System State'. Both the State and County dropdowns are highlighted with red boxes.

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

***Let's Get Started with Communicable Disease Lab Entry!***

## 6 Communicable Disease Lab Entry

### User Roles Overview

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

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

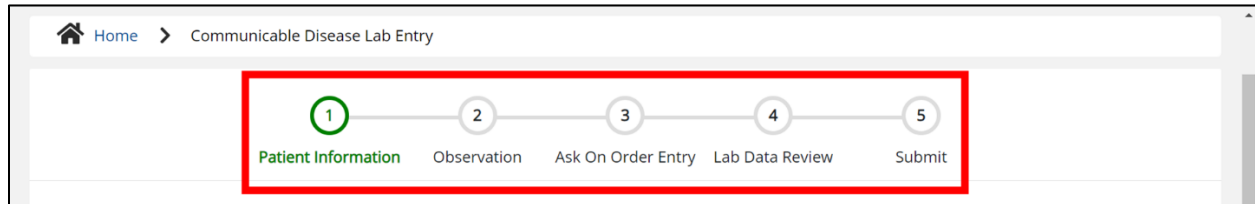
Only DDELR Submitter Role	Only Manual Case Reporter Role	Both DDELR Submitter and Manual Case Reporter Roles
<p>✓ User <b>can</b> access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition</p> <p>✗ User <b>cannot</b> submit any Case Reports for reportable conditions</p> <p>✗ User <b>cannot</b> initiate any Case Report from a previously submitted Communicable Disease Lab Entry</p>	<p>✗ User <b>cannot</b> access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition</p> <p>✓ User <b>can</b> submit any Case Report for reportable conditions</p> <p>✗ User <b>cannot</b> initiate any Case Report from a previously submitted Communicable Disease Lab Entry</p>	<p>✓ User <b>can</b> access the Communicable Disease Lab Entry functionality to submit test results for any reportable condition</p> <p>✓ User <b>can</b> submit any Case Report for reportable conditions</p> <p>✓ User <b>can</b> initiate any Case Report from a previously submitted Communicable Disease Lab Entry</p>

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

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

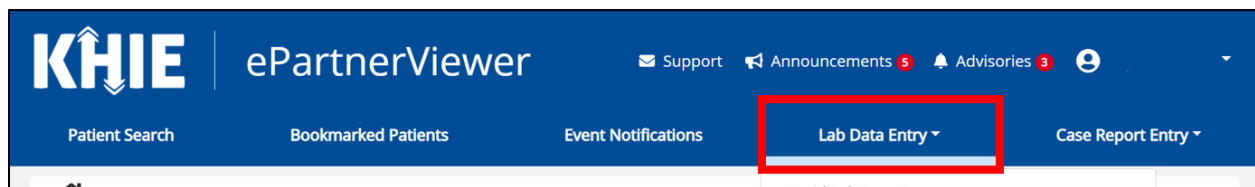
## Communicable Disease Lab Entry Overview

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

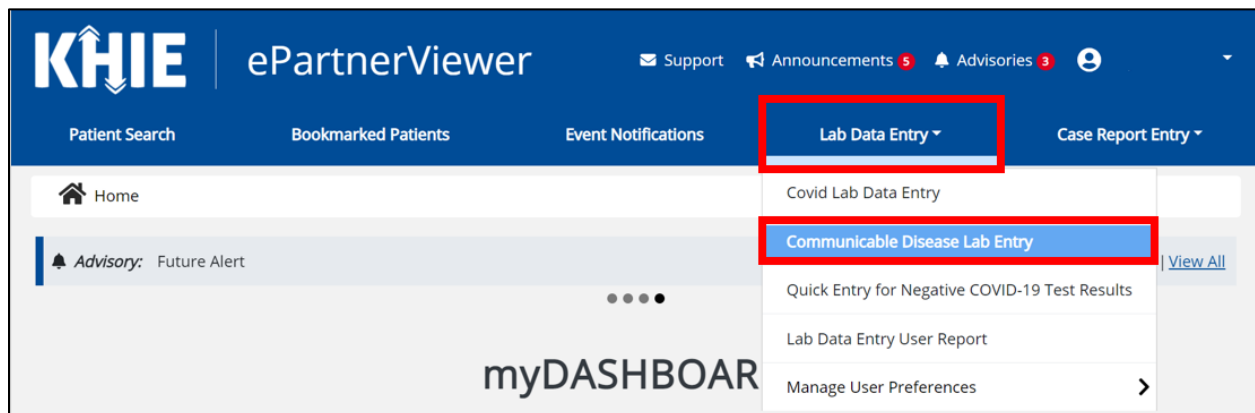


Users with the *DDELR Submitter* role are authorized to access the Communicable Disease Lab Entry functionality in the ePartnerViewer.

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



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



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

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

## 7 Patient Information

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

Communicable Disease Lab Entry

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

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

### PATIENT INFORMATION

<b>Performing Facility Name*</b> Select...	<b>Patient MRN*</b> ? _____ _____ _____
<b>Prefix</b> Select...	<b>First Name*</b> _____ _____
<b>Middle Initial</b> _____	<b>Last Name*</b> _____ _____
<b>Suffix</b> Select...	<b>Social Security Number</b> _____
<b>Date of Birth*</b> mm/dd/yyyy	<b>Patient Sex*</b> Select...
<b>Race*</b> Select...	<b>Ethnicity*</b> Select...

<b>Address 1</b> ? _____	<b>Address 2</b> Unit, Suite, Building, etc. _____
<b>City</b> _____	<b>State</b> Select...
<b>Zip Code</b> _____	<b>County</b> Select...
<b>Phone Number</b> (XXX) XXX-XXXX	<b>Email Address</b> name@domain.com

Next



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

The screenshot shows the 'PATIENT INFORMATION' section of a web form. The 'Performing Facility Name\*' dropdown menu is open, displaying a list of options including 'Diatherix Eurofins', 'eICR Onboarding Regression April', 'eICR Onboarding Regression Four', 'LABCORP', 'Quest Diagnostics', 'Solaris Diagnostics', and 'Test Medical Center'. The 'Test Medical Center' option is highlighted in blue. Other fields visible include 'Patient MRN\*?', 'First Name\*', 'Last Name\*', 'Social Security Number', and 'Patient Sex\*'.

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

The screenshot shows the 'PATIENT INFO' section of the web form. A tooltip is displayed over the 'Patient MRN\*?' field, stating: '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.' The 'Patient MRN\*?' field is highlighted with a red rectangle. The 'Performing Facility Name\*' dropdown menu is also visible, showing 'Test Medical Center' selected. A message at the top says 'Please complete the form below. All fields marked with \* are required.'

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

The screenshot shows the 'PATIENT INFORMATION' section of the web form. The 'Prefix' and 'Suffix' dropdown menus are highlighted with red rectangles. The 'Prefix' dropdown shows 'Select...' and the 'Suffix' dropdown shows 'Select...'. Other fields visible include 'First Name\*', 'Last Name\*', 'Social Security Number', and 'Patient MRN\*?'.

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

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

- Enter the patient's **Date of Birth** by clicking the *Date of Birth* field to bring up a calendar.
  - You can click a **date on the calendar** or use the field dropdown menu to select the month and year. You **should ensure** you selected the correct year when using the calendar function.

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

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

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

A screenshot of a web form showing the 'Patient Sex' dropdown menu. The menu is open, displaying options: 'Select...', 'Female', 'Male', 'Other', and 'Unknown'. The 'Female' option is highlighted. A red rectangle is drawn around the dropdown menu.

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

A screenshot of a web form showing the 'Race' and 'Ethnicity' dropdown menus. The 'Race' dropdown menu is open, displaying options: 'Select...', 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', 'Other Race', 'Unknown', and 'White'. The 'Other Race' option is highlighted. The 'Ethnicity' dropdown menu is also open, showing 'Select...'. Red rectangles are drawn around both dropdown menus.

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

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

A screenshot of a web form showing the address fields. A tooltip is displayed over the 'Address 1' field, providing instructions: 'Use the address of the patient tested. In cases of congregate care housing, utilize the address of the congregate care setting. Congregate care setting includes nursing homes, residential care for people with intellectual disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care, or other setting.' The address fields are: 'Address 1', 'Address 2', 'City', 'State', 'Zip Code', and 'County'. Red rectangles are drawn around the 'Address 1', 'Address 2', 'City', 'State', 'Zip Code', and 'County' fields.

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

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

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

Communicable Disease Lab Entry

1
2
3
4
5

Patient Information
Observation
Ask On Order Entry
Lab Data Review
Submit

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

PATIENT INFORMATION

Performing Facility Name\*
Test Medical Center
x
v

Prefix
Mr.
x
v

Middle Initial
A

Suffix
Select...
v

Date of Birth\*
01/01/1960

Race\*
Other Race
x
v

Address 1
123 Seinfeld Lane

City
Lexington

Zip Code
40509-

Phone Number
(555) 123-1234

Patient MRN\*
CK01011960

First Name\*
Cosmo

Last Name\*
Kramer

Social Security Number
400-12-3456

Patient Sex\*
Male
x
v

Ethnicity\*
Not Hispanic or Latino
x
v

Address 2
Unit, Suite, Building, etc.

State
KY
x
v

County
Fayette
x
v

Email Address
cosmokramer@email.com

Next

## 8 Observation

### Ordering Section

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

The screenshot displays the KHIE Observation screen with a progress bar at the top showing five steps: 1. Patient Information, 2. Observation (current step), 3. Ask On Order Entry, 4. Lab Data Review, and 5. Submit.

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

**ORDERING**

Facility Name <sup>?</sup>  
Select... Option 1: Select the appropriate **Facility Name**.

AND / OR

Provider Name <sup>?</sup>  
Select... Option 2: Select the appropriate **Provider Name**.

Provider NPI

**OBSERVATION**

Specimen Collection Date Time\*  
mm/dd/yyyy hh:mm a

Specimen Site  
Select...

Specimen Type\*  
Select...

Filler Order Number\* <sup>?</sup>

Test Order LOINC\*  
Select...

Test Order Name\*  
Select...

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

Observation 1 ➡

Select Disease Type\*  
Select...

Select Condition\*  
Select...

Observation LOINC\*  
Select...

Observation Name\*  
Select...

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

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

**ORDERING**

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

Ordering Facility details are required. Please enter your ordering facility details in the Manage User Preferences.

Facility Name ?

Select...

- General Hospital
- Mercy Medical Center
- Test Community Hospital
- Union Medical Clinic

Provider NPI

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

Ordering Provider details are required. Please enter your ordering provider details in the Manage User Preferences.

Facility Name ?

Provider Name ?

Select...

- Dr. Martin Crane, Sr
- Dr. Marty Crane, Jr
- Dr. Niles Crane, Jr
- Fraiser Crane
- George Costanza
- Joe Smith

Provider NPI

**Observation**

Specimen Site

Select...

Specimen Type\*

Filler Order Number\* ?

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

Provider Name ?

Dr. Niles Crane, Jr

Provider NPI

1098765432

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

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

**ORDERING**

**Facility Name ?** Select... v  
Please Enter Facility Name

**Provider Name ?** Select... v  
Please Enter Provider Name

**Provider NPI**

## Observation Section

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

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

**OBSERVATION**

**Specimen Collection Date Time\***  

mm/dd/yyyy hh:mm a
📅

**June 2022**  
June 2022

Su	Mo	Tu	We	Th	Fr	Sa
29	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

**Time**  

6:30 AM  
7:00 AM  
7:30 AM  
8:00 AM  
8:30 AM  
9:00 AM  
9:30 AM  
10:00 AM  
10:30 AM

**Specimen Site**  

Select...

**Filler Order Number\* ?**  
**Test Order Name\***  

Select...

**Observation 1** -

**Select Disease Type\***  

Select...

**Select Condition\***  

Select...

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

A screenshot of a web form showing the 'Specimen Site' dropdown menu. The menu is open, displaying a list of options: Bilateral Ears, Bilateral Eyes, Bilateral Nares, Buttock, Chest Tube, Left Antecubital Fossa, and Left Anterior Chest. The 'Specimen Site' label is at the top of the dropdown. To the left of the dropdown, other form fields are visible: 'Specimen Collection Date Time\*' with a date/time picker showing '07/01/2022 08:30 AM', 'Specimen Type\*' with a 'Select...' dropdown, 'Test Order LOINC\*' with a 'Select...' dropdown, and 'Test Order Date Time' with a date/time picker showing 'mm/dd/yyyy hh:mm a'. Below these fields is a label 'Observation 1'.

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

A screenshot of a web form showing the 'Specimen Type' dropdown menu. The menu is open, displaying a list of options: Abscess, Amniotic fluid, Aspirate, Bile fluid, Blood - cord, Blood arterial, and Blood bag. The 'Specimen Type\*' label is at the top of the dropdown. To the right of the dropdown, other form fields are visible: 'Filler Order Number\*' with a text input field, 'Test Order Name\*' with a 'Select...' dropdown, and 'Select Condition\*' with a 'Select...' dropdown. A blue minus sign icon is located below the 'Test Order Name\*' field.

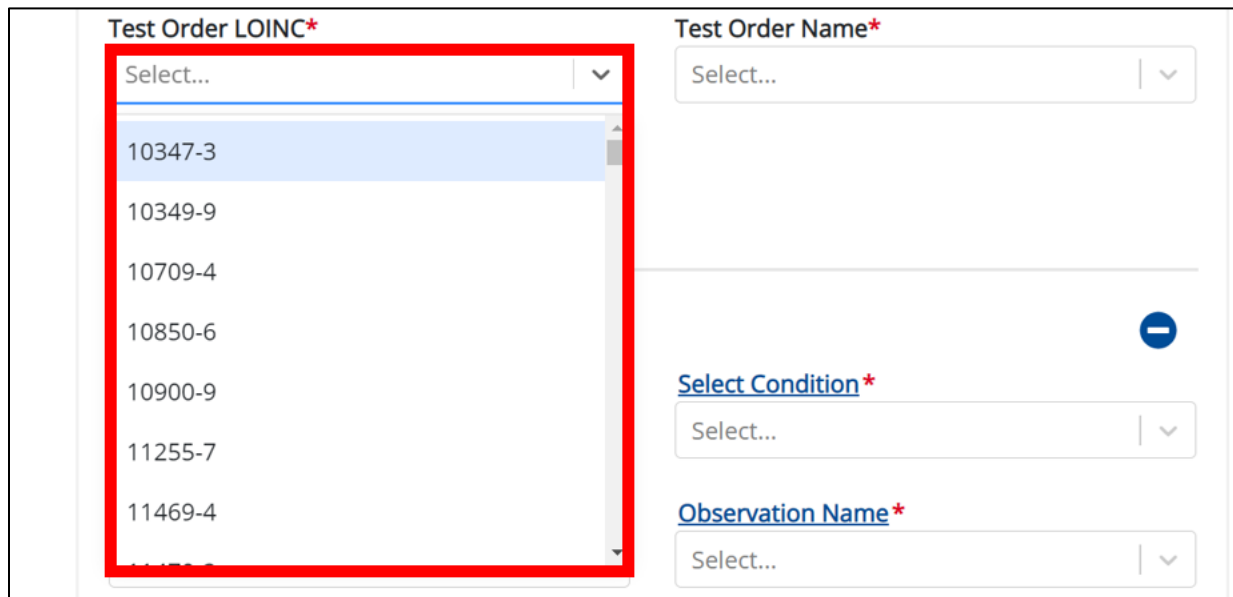
5. Enter the **Filler Order Number**.

A screenshot of a web form showing the 'Filler Order Number\*' field. The field is highlighted with a red border. Above the field, a tooltip box contains the text: 'A Filler Order Number is equivalent to an Accession Number and is used to log the receipt of a specimen.' To the left of the field, other form fields are visible: 'Specimen Collection Date Time\*' with a date/time picker showing '07/01/2022 08:30 AM', 'Specimen Type\*' with a dropdown showing 'Cornea', and 'Specimen Site\*' with a dropdown showing 'Bilateral'. A blue minus sign icon is located below the 'Specimen Type\*' field.



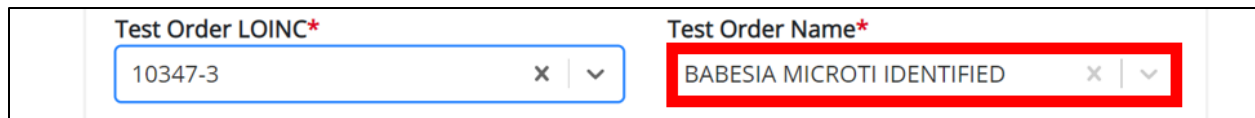
**Please Note:** The **Filler Order Number** or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen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

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



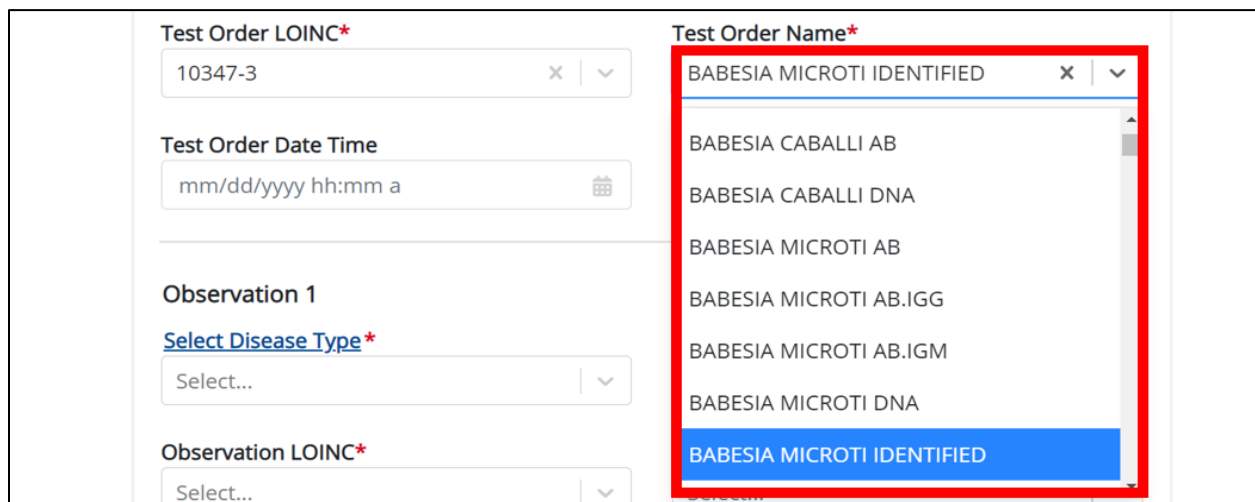
The screenshot shows a form with two main sections. The left section is titled "Test Order LOINC\*" and contains a dropdown menu with a "Select..." placeholder. The dropdown is open, showing a list of LOINC codes: 10347-3, 10349-9, 10709-4, 10850-6, 10900-9, 11255-7, and 11469-4. The right section is titled "Test Order Name\*" and contains a "Select..." dropdown. Below this, there are two more dropdowns: "Select Condition\*" and "Observation Name\*", both with "Select..." placeholders. A red rectangle highlights the Test Order LOINC dropdown menu.

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



The screenshot shows the form after selecting a Test Order LOINC. The "Test Order LOINC\*" dropdown now displays "10347-3". The "Test Order Name\*" dropdown is now populated with "BABESIA MICROTI IDENTIFIED". A red rectangle highlights the Test Order Name field.

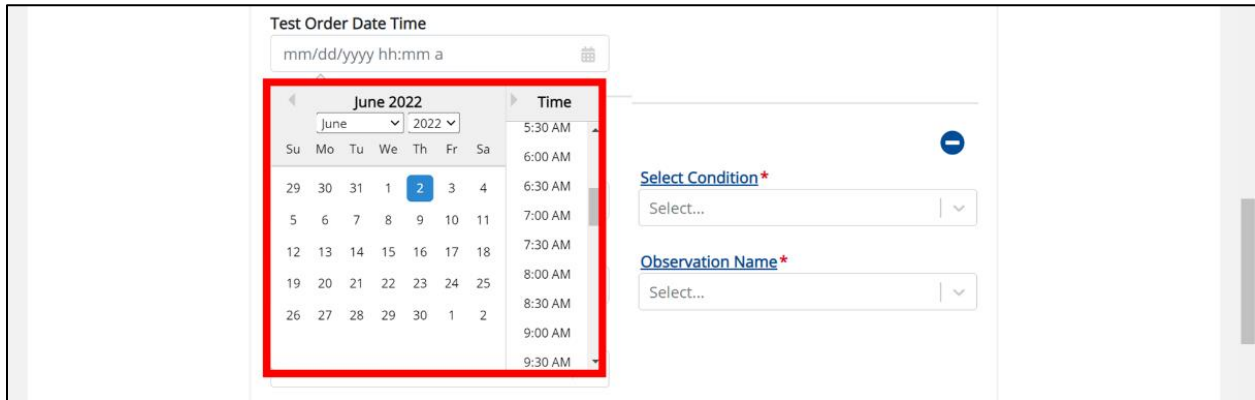
- You can select a different **Test Order Name** from the dropdown menu, if needed.



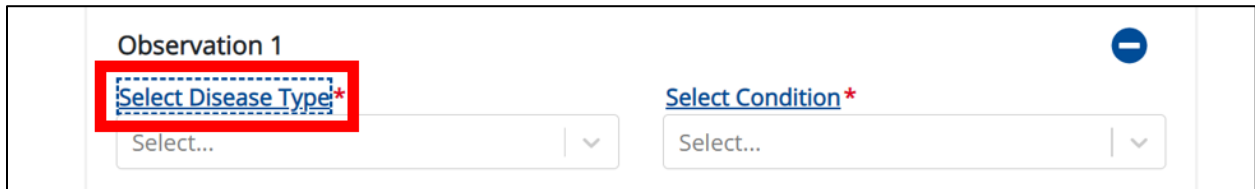
The screenshot shows the form with the "Test Order LOINC\*" dropdown set to "10347-3". The "Test Order Name\*" dropdown is open, showing a list of options: BABESIA MICROTI IDENTIFIED, BABESIA CABALLI AB, BABESIA CABALLI DNA, BABESIA MICROTI AB, BABESIA MICROTI AB.IGG, BABESIA MICROTI AB.IGM, BABESIA MICROTI DNA, and BABESIA MICROTI IDENTIFIED. A red rectangle highlights the Test Order Name dropdown menu. Below the Test Order Name dropdown, there are fields for "Test Order Date Time" (mm/dd/yyyy hh:mm a), "Observation 1" (Select Disease Type\*), and "Observation LOINC\*" (Select...).

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

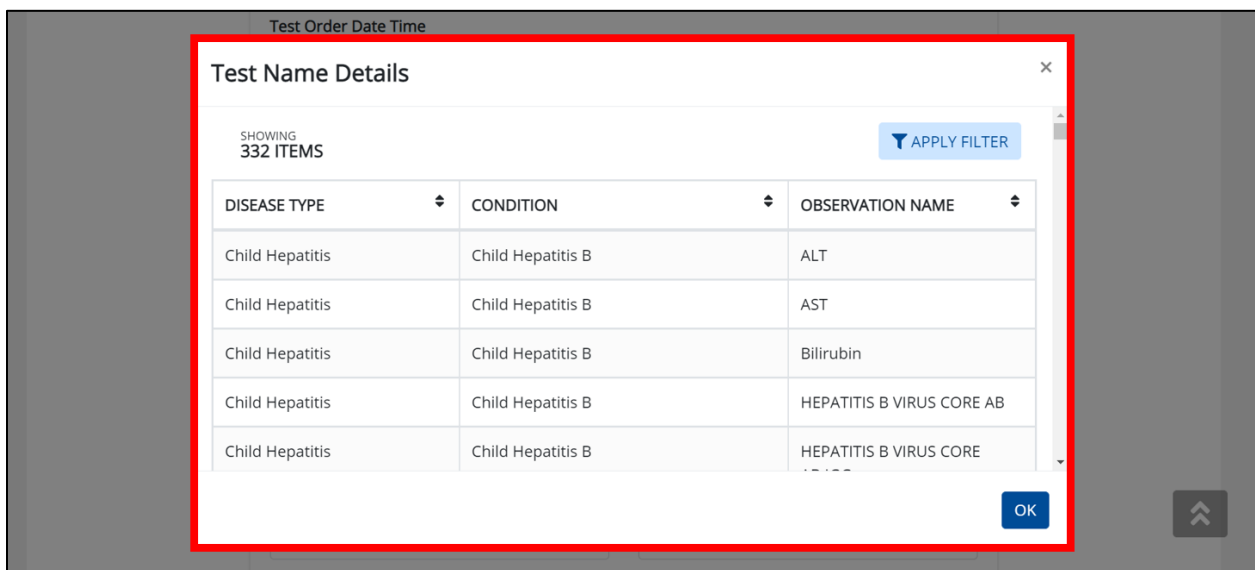
8. Select the **Test Order Date Time** from the calendar and time function.



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



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



DISEASE TYPE	CONDITION	OBSERVATION NAME
Child Hepatitis	Child Hepatitis B	ALT
Child Hepatitis	Child Hepatitis B	AST
Child Hepatitis	Child Hepatitis B	Bilirubin
Child Hepatitis	Child Hepatitis B	HEPATITIS B VIRUS CORE AB
Child Hepatitis	Child Hepatitis B	HEPATITIS B VIRUS CORE

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

**Test Name Details**

SHOWING 332 ITEMS

**APPLY FILTER**

DISEASE TYPE	CONDITION	OBSERVATION NAME
Child Hepatitis	Child Hepatitis B	ALT
Child Hepatitis	Child Hepatitis B	AST
Child Hepatitis	Child Hepatitis B	Bilirubin
Child Hepatitis	Child Hepatitis B	HEPATITIS B VIRUS CORE AB
Child Hepatitis	Child Hepatitis B	HEPATITIS B VIRUS CORE

**OK**

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

**Test Name Details**

SHOWING 332 ITEMS

**HIDE FILTER**

DISEASE TYPE	CONDITION	OBSERVATION NAME
Enter Disease Type...	Enter Condition...	Enter Observation Name..
Child Hepatitis	Child Hepatitis B	ALT
Child Hepatitis	Child Hepatitis B	AST
Child Hepatitis	Child Hepatitis B	Bilirubin

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

**Test Name Details**

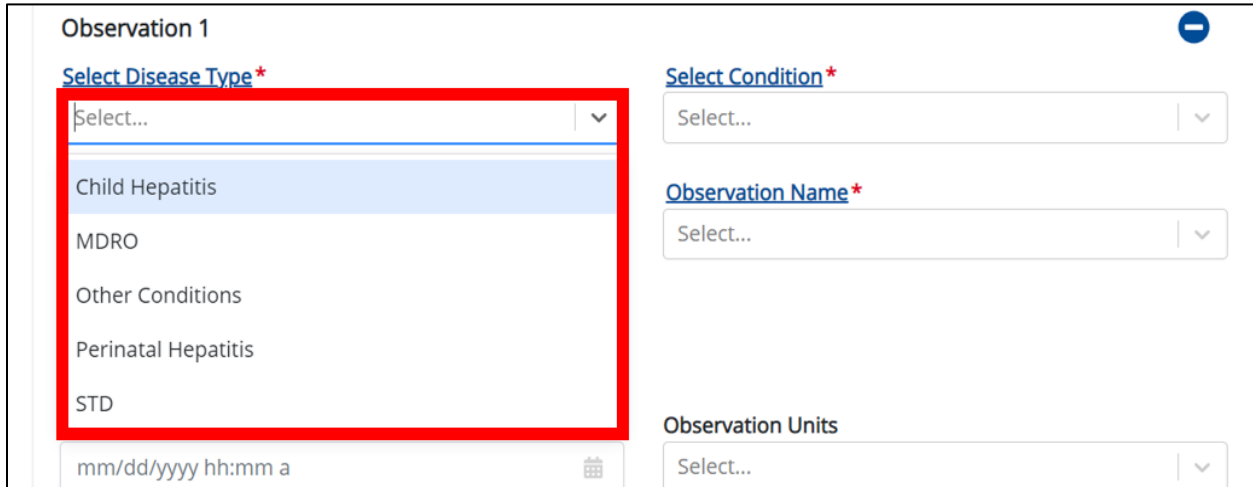
SHOWING 5 ITEMS

**HIDE FILTER**

DISEASE TYPE	CONDITION	OBSERVATION NAME
Other	Babesiosis	Babesia Microti
Other Conditions	Babesiosis	BABESIA MICROTI AB
Other Conditions	Babesiosis	BABESIA MICROTI AB.IGG
Other Conditions	Babesiosis	BABESIA MICROTI AB.IGM
Other Conditions	Babesiosis	BABESIA MICROTI DNA

**OK**

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



Observation 1

**Select Disease Type\***

Select...

Child Hepatitis

MDRO

Other Conditions

Perinatal Hepatitis

STD

**Select Condition\***

Select...

**Observation Name\***

Select...

**Observation Units**

Select...

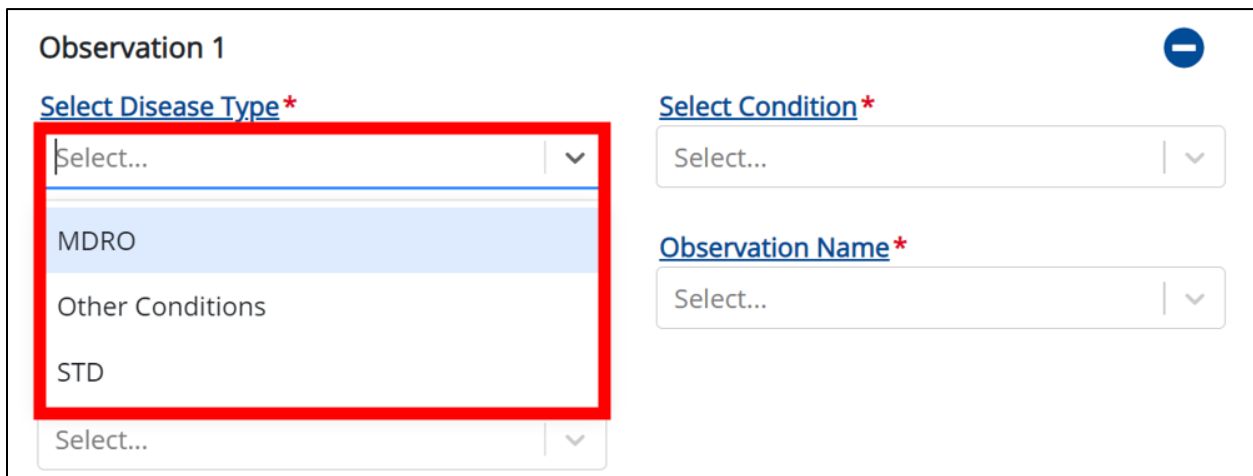
mm/dd/yyyy hh:mm a

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

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

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

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



Observation 1

**Select Disease Type\***

Select...

MDRO

Other Conditions

STD

**Select Condition\***

Select...

**Observation Name\***

Select...

Select...

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

Observation 1

**Select Disease Type\***

Select...

**Select Condition\***

Select...

No options

Observation LOINC\*

Select...

15. Select the appropriate **Disease Condition** from the *Select Condition* dropdown menu.

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

Observation 1

**Select Disease Type\***

Child Hepatitis

**Select Condition\***

Select...

Child Hepatitis B

Child Hepatitis C

Observation LOINC\*

Select...

Result Type\*

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

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

The screenshot shows the 'Select Disease Type' dropdown menu with 'MDRO' selected. The 'Select Condition' dropdown menu is open, displaying a list of conditions. The conditions listed are: Candida auris, clinical; Candida auris, colonization/screening; Carbapenem Resistant Acinetobacter baumannii (CRAB); Carbapenem resistant Enterobacteriaceae (CRE); Carbapenem-resistant Pseudomonas species (CRPA); and Carbapenemase-producing carbapenem...

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

The screenshot shows the 'Select Disease Type' dropdown menu with 'Other Conditions' selected. The 'Select Condition' dropdown menu is open, displaying a list of conditions. The conditions listed are: Adult Botulism; Anaplasmosis; Anthrax; Babesiosis; Brucellosis; Campylobacteriosis; and Chikungunya, Neuroinvasive.

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

The screenshot shows the 'Select Disease Type' dropdown menu with 'Perinatal Hepatitis' selected. The 'Select Condition' dropdown menu is open, displaying a list of conditions. The conditions listed are: Perinatal Hepatitis B and Perinatal Hepatitis C.

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

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

**Select Disease Type\***

STD

**Select Condition\***

Select...

Chancroid

Chlamydia Trachomatis Infection

Gonorrhea

Syphilis

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

**Observation 1**

**Select Disease Type\***

Other Conditions

**Select Condition\***

Select...

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

**Observation LOINC\***

Select...

10347-3

16117-4

21089-8

22106-9

22107-7

22850-2

22853-6

**Observation Name\***

Select...

**Observation Units**

Select...

**Abnormal Flag**

Select...

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

Observation 1

Select Disease Type\*

Select...

Select Condition\*

Select...

Observation LOINC\*

Select...

No options

Observation Name\*

Select...

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

Observation LOINC\*

10347-3

Observation Name\*

BABESIA MICROTI IDENTIFIED

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

Observation LOINC\*

10347-3

Result Type\*

Select...

Observation Result Date Time\*

mm/dd/yyyy hh:mm a

Reference Range

Notes

Observation Name\*

BABESIA MICROTI IDENTIFIED

BABESIA CABALLI AB

BABESIA CABALLI DNA

BABESIA MICROTI AB

BABESIA MICROTI AB.IGG

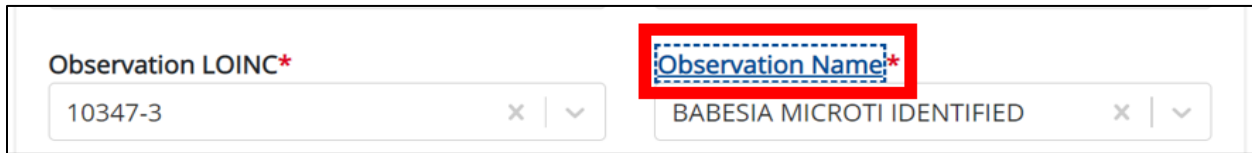
BABESIA MICROTI AB.IGM

BABESIA MICROTI DNA

BABESIA MICROTI IDENTIFIED



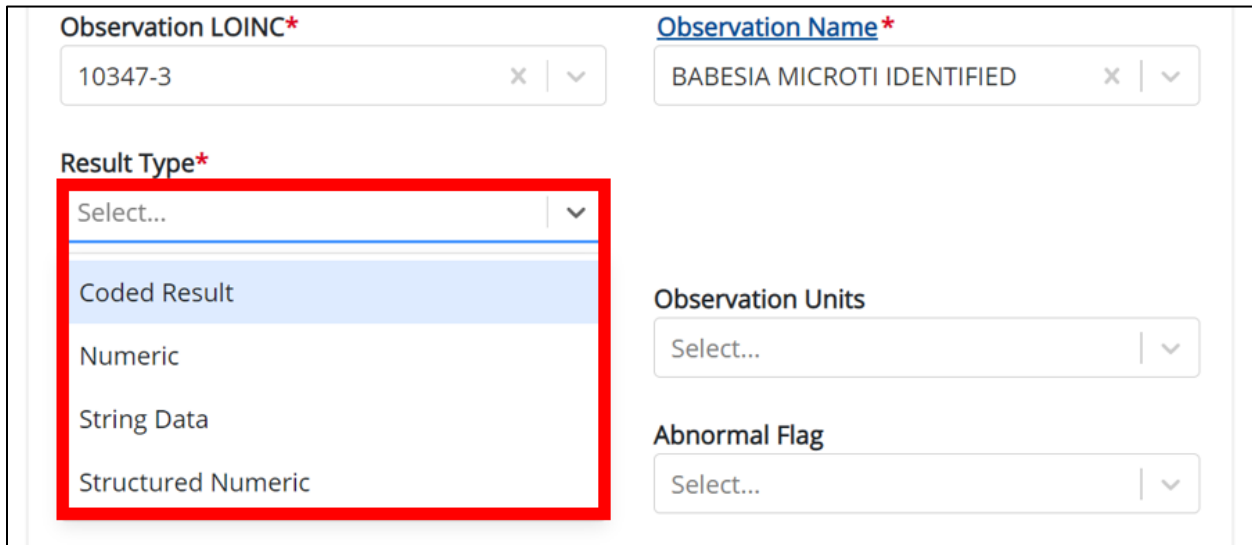
- Click the **Observation Name** hyperlink to view a filterable and categorized list of disease types and disease names. This is the same *Test Name Details* pop-up that displays upon clicking the **Select Disease Type** hyperlink.



Observation LOINC\*  
10347-3

Observation Name\*  
BABESIA MICROTI IDENTIFIED

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



Observation LOINC\*  
10347-3

Observation Name\*  
BABESIA MICROTI IDENTIFIED

Result Type\*  
Select...  
Coded Result  
Numeric  
String Data  
Structured Numeric

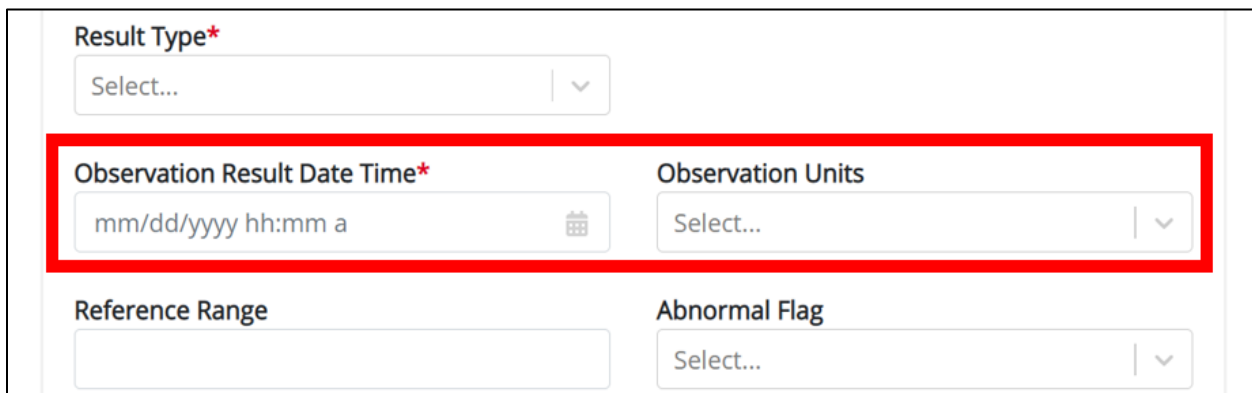
Observation Units  
Select...

Abnormal Flag  
Select...

### Result Type Dynamic Fields

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

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



Result Type\*  
Select...

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

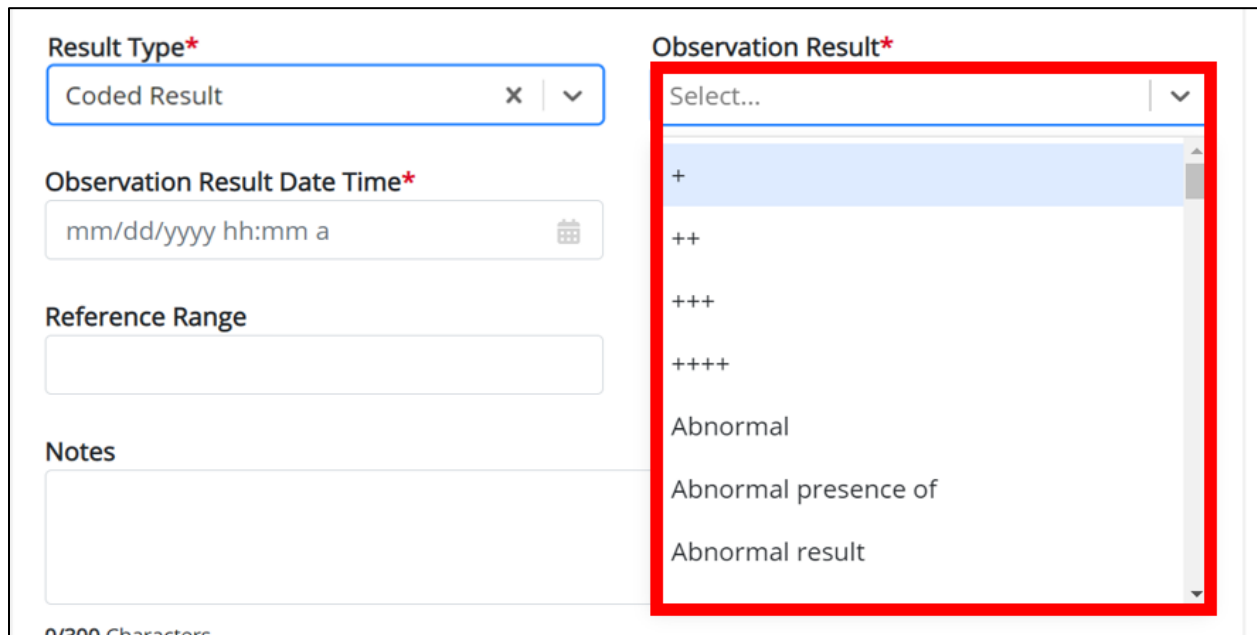
Observation Units  
Select...

Reference Range  
[Empty field]

Abnormal Flag  
Select...

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

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

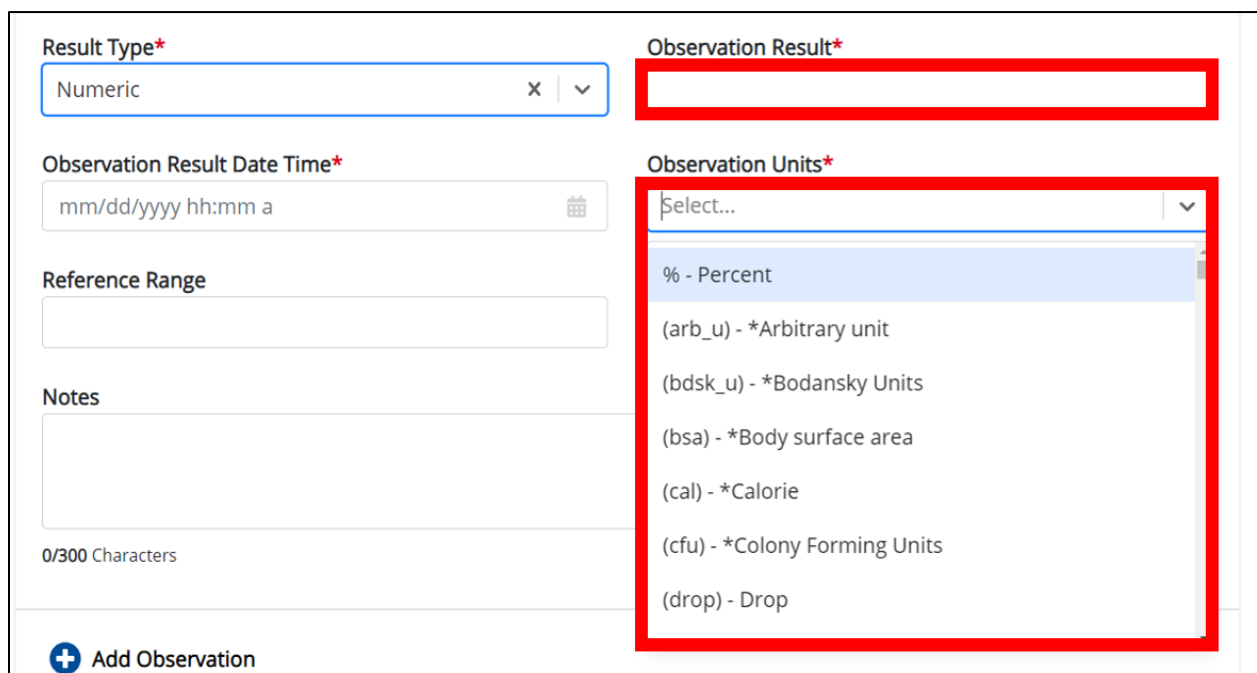


The screenshot shows a form with the following fields:

- Result Type\***: A dropdown menu with 'Coded Result' selected.
- Observation Result Date Time\***: A date and time input field with a calendar icon.
- Reference Range**: A text input field.
- Notes**: A text area with a character count '0/300 Characters'.
- Observation Result\***: A dropdown menu with a red border. The menu is open, showing options: '+', '++', '+++', '++++', 'Abnormal', 'Abnormal presence of', and 'Abnormal result'.

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

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



The screenshot shows a form with the following fields:

- Result Type\***: A dropdown menu with 'Numeric' selected.
- Observation Result Date Time\***: A date and time input field with a calendar icon.
- Reference Range**: A text input field.
- Notes**: A text area with a character count '0/300 Characters'.
- Observation Result\***: A text input field with a red border.
- Observation Units\***: A dropdown menu with a red border. The menu is open, showing options: 'Select...', '% - Percent', '(arb\_u) - \*Arbitrary unit', '(bdsk\_u) - \*Bodansky Units', '(bsa) - \*Body surface area', '(cal) - \*Calorie', '(cfu) - \*Colony Forming Units', and '(drop) - Drop'.
- + Add Observation**: A button at the bottom left.

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

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

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

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

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

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

Result Type\*

Structured Numeric

Comparator

<

Result Value 1\*

Result Value 2

Separator

Select...

+

:

-

/

Observation Units\*

Select...

Abnormal Flag

Select...

Notes

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

Observation Result Date Time\*

mm/dd/yyyy hh:mm a

Observation Units

Select...

Reference Range

Abnormal Flag

Select...

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

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

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

The screenshot shows a web form for entering lab data. Two red boxes highlight specific fields:

- Specimen Collection Date Time\***: Contains '06/30/2022 08:30 AM' with a calendar icon and an error message 'Invalid Specimen Collection Date Time.'
- Observation Result Date Time\***: Contains '06/29/2022 08:00 AM' with a calendar icon and an error message 'Invalid Observation Result Date Time.'

Other visible fields include:

- Specimen Site**: Bilateral Eyes
- Specimen Type\***: Cornea
- Test Order LOINC\***: 10347-3
- Test Order Date Time**: 06/30/2022 12:00 AM
- Filler Order Number\***: 07012022
- Test Order Name\***: BABESIA MICROTI IDENTIFIED
- Observation 1** (expanded):
  - Select Disease Type\***: Other Conditions
  - Select Condition\***: Babesiosis
  - Observation LOINC\***: 10347-3
  - Observation Name\***: BABESIA MICROTI IDENTIFIED
  - Result Type\***: Coded Result
  - Observation Result\***: Positive
  - Observation Units**: % - Percent
- Reference Range**: (empty)
- Abnormal Flag**: (empty)

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

The screenshot shows the 'Observation Units' dropdown menu open. The list of units includes:

- Select...
- % - Percent (highlighted)
- (arb\_u) - \*Arbitrary unit
- (bds\_k\_u) - \*Bodansky Units
- (bsa) - \*Body surface area
- (cal) - \*Calorie
- (cfu) - \*Colony Forming Units
- (drop) - Drop

Other visible fields in the background include:

- Observation Result Date Time\***: 06/29/2022 08:00 AM
- Reference Range**: (empty)
- Notes**: (empty)
- 0/300 Characters**
- + Add Observation** button

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

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

<b>Reference Range</b> <input type="text"/>	<b>Abnormal Flag</b> <input type="text" value="Select..."/>
--	--

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

<b>Reference Range</b> <input type="text"/>  <b>Notes</b> <input type="text"/> 0/300 Characters  <input type="button" value="+ Add Observation"/>	<b>Abnormal Flag</b> <div> <input type="text" value="Select..."/> <ul style="list-style-type: none"> <li>Abnormal</li> <li>Above absolute high</li> <li>Above high normal</li> <li>Above upper panic limits</li> <li>Below absolute low</li> <li>Below low normal</li> <li>Below lower panic limits</li> </ul> </div>
--	--

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

<b>Reference Range</b> <input type="text"/>	<b>Abnormal Flag</b> <input type="text" value="Abnormal"/>
<b>Notes</b> <input type="text"/> 0/300 Characters  <input type="button" value="+ Add Observation"/>	

## Adding Multiple Observations

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



Notes

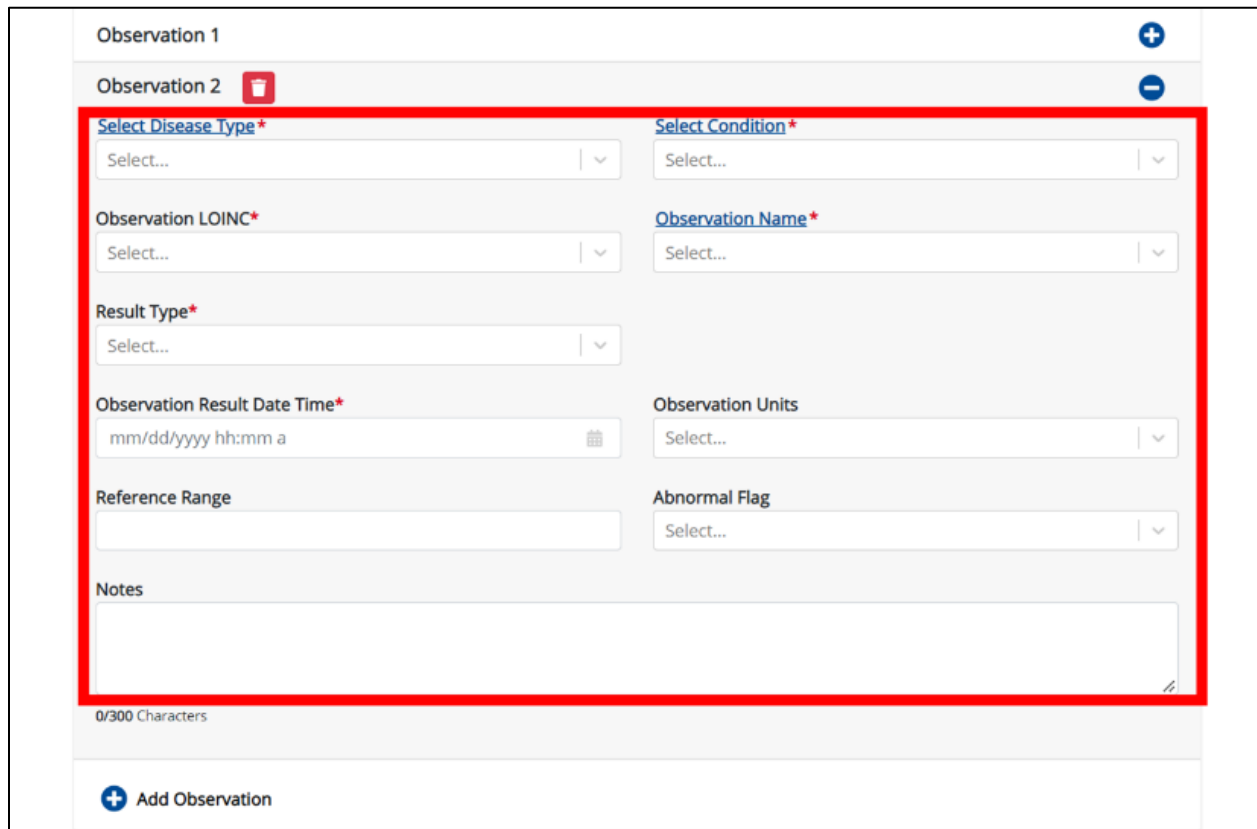
Observation 1 details

21/300 Characters

**+ Add Observation**

Previous Next

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



Observation 1

Observation 2

**Select Disease Type\***

Select...

**Select Condition\***

Select...

**Observation LOINC\***

Select...

**Observation Name\***

Select...

**Result Type\***

Select...

**Observation Result Date Time\***

mm/dd/yyyy hh:mm a

**Observation Units**

Select...

**Reference Range**

**Abnormal Flag**

Select...

Notes

0/300 Characters

**+ Add Observation**

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

1
2
3
4
5

Patient Information
Observation
Ask On Order Entry
Lab Data Review
Submit

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

ORDERING

Facility Name

Test Community Hospital

Provider Name

Dr. Niles Crane, Jr

Provider NPI

1098765432

OBSERVATION

Specimen Collection Date Time

07/01/2022 08:30 AM

Specimen Site

Other

Specimen Type

Body fluid, unsp

Filler Order Number

EB07012022

Test Order LOINC

10347-3

Test Order Name

BABESIA MICROTI IDENTIFIED

Test Order Date Time

06/30/2022 12:00 PM

Observation 1

Select Disease Type

Other Conditions

Select Condition

Babesiosis

Observation LOINC

10347-3

Observation Name

BABESIA MICROTI IDENTIFIED

Result Type

Coded Result

Observation Result

Identified

Observation Result Date Time

07/01/2022 02:30 PM

Observation Units

% - Percent

Reference Range

Abnormal Flag

Abnormal

Notes

Observation 1 details

21/300 Characters

Observation 2

Observation 3

Observation 4

Add Observation

Previous

Next



## 9 Ask on Order Entry

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

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

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

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

This screenshot shows the 'Symptoms' dropdown menu. A tooltip above the dropdown reads: 'Yes, if patient has symptoms related to the condition(s) of interest.' The dropdown menu is open, showing three options: 'No', 'Unknown', and 'Yes'. The 'Yes' option is highlighted in blue. Other dropdown menus for 'HCW', 'Hospitalization', 'Congregate', and 'Pregnant' are visible in the background.

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

This screenshot shows the 'Symptoms' dropdown menu set to 'Yes'. Below it, the 'Onset Date' field is active and contains the text 'mm/dd/yyyy' with a calendar icon. A red box highlights the 'Onset Date' field. Other dropdown menus for 'Hospitalization', 'Congregate', 'ICU', and 'Pregnant' are visible.

This screenshot shows the 'Onset Date' field with the date '06/15/2022' entered. A calendar picker is open, showing the month of June 2022. The date '15' is selected. A red box highlights the 'Onset Date' field and the calendar. A tooltip above the field reads: 'Date that symptoms began for the patient'. Other dropdown menus for 'Hospitalization', 'Congregate', 'Pregnant', and 'ICU' are visible. At the bottom, there are 'Previous' and 'Next' buttons.

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

This screenshot shows the 'Symptoms' dropdown menu set to 'No'. The 'Onset Date' field is grayed out and disabled, showing the text 'mm/dd/yyyy' and a calendar icon. A red box highlights the 'Onset Date' field. Other dropdown menus for 'Hospitalization', 'Congregate', 'ICU', and 'Pregnant' are visible.

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

The screenshot shows a form with several dropdown menus. A tooltip points to the 'ICU' dropdown menu, stating: "Yes, if patient has been admitted/transferred to the ICU at any time during the encounter for the reportable illness/condition that the order has been placed for (suspected or diagnosed)." The 'ICU' dropdown menu is open, showing the following options: "Select...", "No", "Unknown", and "Yes". The "No" option is highlighted. Other dropdown menus visible include "Hospitalization", "Congregate", and "Pregnant". At the bottom right, there are "Previous" and "Next" buttons.

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

The screenshot shows a form titled "Please provide additional details." with a section labeled "ASK ON". A tooltip points to the 'HCW' dropdown menu, stating: "Yes, if the person tested is a first responder, front line clinician, environmental staff, therapist, in direct contact with patients or in their location". The 'HCW' dropdown menu is open, showing the following options: "Select...", "No", "Unknown", and "Yes". The "No" option is highlighted. Other dropdown menus visible include "First Test", "Symptoms", "Onset Date", "ICU", and "Pregnant".

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

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

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

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

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

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

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

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

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

## 10 Lab Data Review

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

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

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

**LAB DATA REVIEW**

[Patient Information](#)

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

[Ordering](#)

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

[Observation](#)

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

[Observation 1](#)

Select Disease Type Perinatal Hepatitis	Select Condition Perinatal Hepatitis B	Observation LOINC 10900-9
Observation Name HEPATITIS B VIRUS SURFACE AB	Result Type Coded Result	Observation Result <span style="background-color: #f44336; color: white; padding: 2px 5px; border-radius: 3px;">+ DETECTED</span>

38. Review the *Patient Information* section.

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

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

### LAB DATA REVIEW

[Patient Information](#)

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

[Ordering](#)

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

[Observation](#)

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

### LAB DATA REVIEW

[Patient Information](#)

[Ordering](#)

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

[Observation](#)

39. Review the *Ordering* section.

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

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

40. Review the *Observation* section.

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

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



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

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

### Click Hyperlinks to Edit

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

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

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

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

Observation 1

Select Disease Type\*  
Other Conditions

Select Condition\*  
Babesiosis

Observation LOINC\*  
10347-3

Observation Name\*  
BABESIA MICROTI IDENTIFIED

Result Type\*  
Coded Result

Observation Result\*  
Identified

Nothing  
Null  
Numerous  
Peak  
Positive  
Present  
Reactive

Observation Result Date Time\*  
07/01/2022 02:00 PM

Reference Range

Notes  
Observation 1 details

21/300 Characters

Observation 2

+ Add Observation

Previous Next

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

Observation 1

Select Disease Type  
Other Conditions

Select Condition  
Babesiosis

Observation LOINC  
10347-3

Observation Name  
BABESIA MICROTI IDENTIFIED

Result Type  
Coded Result

Observation Result  
+ POSITIVE

Observation Result Date Time  
07/01/2022 2:00 PM

Observation Units  
% - Percent

Abnormal Flag  
Abnormal

Notes  
Observation 1 details

Observation 2

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

[Ask On Order Entry](#)

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

Previous
Submit

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

Onset Date  
06/15/2022

ICU  
No

Communicable Disease Lab Entry

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

Cancel
Submit

Previous
Submit

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

## 11 Initiate Case Report from Communicable Disease Lab Entry

### Initiate Feature Overview

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

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

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

### Communicable Disease Lab Entry Submission

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

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

First Test No	HCW No	Symptoms Yes
Onset Date 2021/03/24	Hospitalization No	Congregate No
ICU No	Pregnant Not pregnant	
		<div>Previous</div> <div>Submit</div>

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

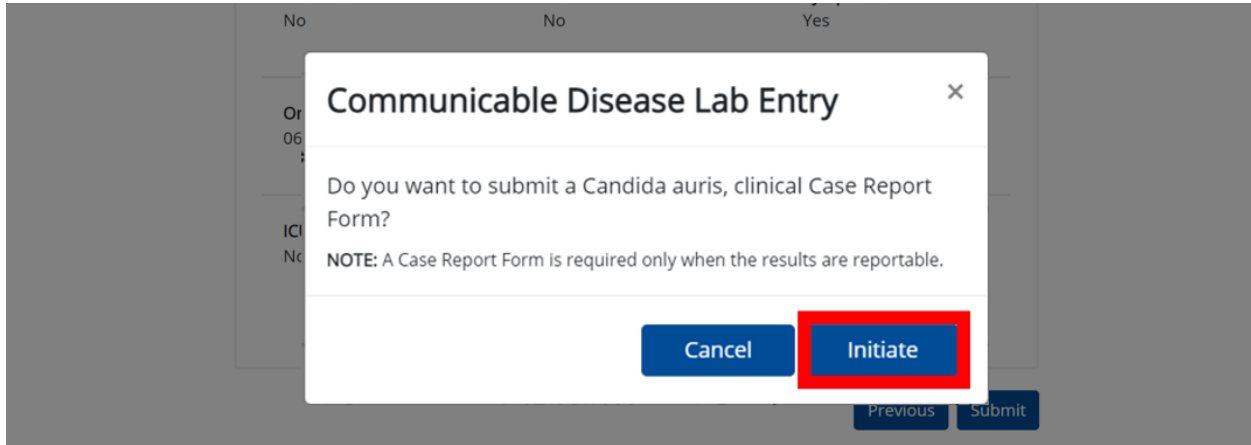
3. Upon clicking **Submit**, the *Communicable Disease Lab Entry* pop-up notification displays to provide the option to initiate an applicable Case Report for the patient .

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

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

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

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



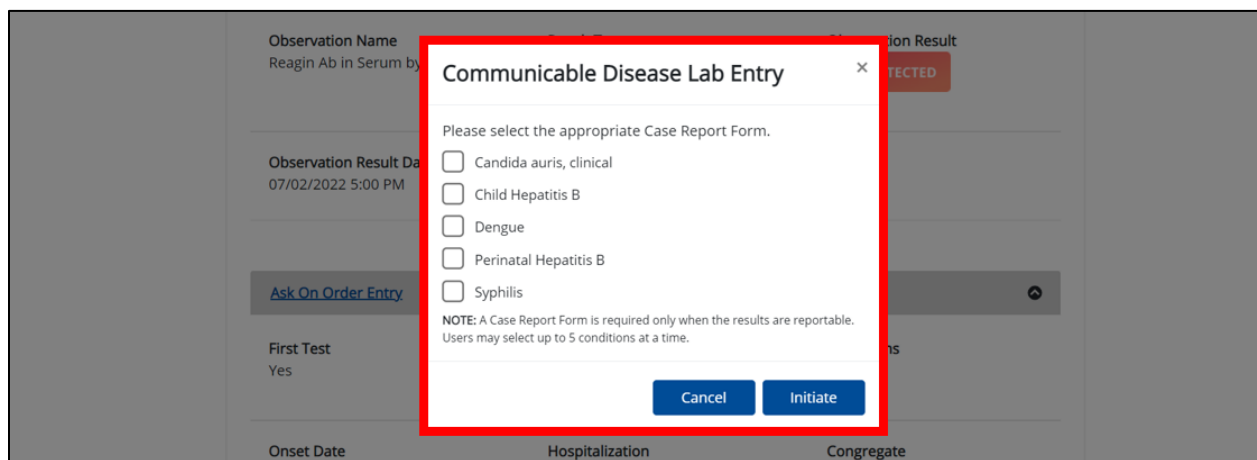
**Please Note:** Upon clicking **Cancel** on the *Communicable Disease Lab Entry* pop-up notification, you are automatically navigated to the **Patient Information** screen of a blank Communicable Disease Lab Entry. From here, you can start a new Communicable Disease Lab Entry.

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

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

- If the Communicable Disease Lab Entry had **multiple** observations for **different conditions**, the pop-up notification will display the applicable Case Report options with a message that states:

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



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

The screenshot shows a 'Communicable Disease Lab Entry' pop-up window. The title bar says 'Communicable Disease Lab Entry' with a close button. The main text says 'Please select the appropriate Case Report Form.' Below this is a list of conditions with checkboxes: 'Candida auris, clinical', 'Child Hepatitis B', 'Dengue', 'Perinatal Hepatitis B', and 'Syphilis'. A red rectangle highlights this list. At the bottom, there is a 'NOTE: A Case Report Form is required only when the results are reportable. Users may select up to 5 conditions at a time.' and two buttons: 'Cancel' and 'Initiate'.

**Please Note:** If you clicked **Initiate** but did not select a condition on the *Communicable Disease Lab Entry* pop-up notification, the following error message will display:

*Please select at least one condition to initiate eICR form.*

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

This screenshot shows the same 'Communicable Disease Lab Entry' pop-up window as before, but with an error message. The error message, 'Please select at least one condition to initiate eICR form', is displayed in a red box below the list of conditions. The 'NOTE' and buttons remain the same.

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

**Communicable Disease Lab Entry**

Please select the appropriate Case Report Form.

- ☒ Candida auris, clinical
- ☒ Child Hepatitis B
- ☒ Dengue
- ☒ Perinatal Hepatitis B
- ☒ Syphilis

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

**Cancel** **Initiate**

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

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE Start Date: 07/02/2022 End Date: 07/02/2022 Retrieve Data

SHOWING 5 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">Continue</a> <a href="#">Delete</a>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

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

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



## Case Report Entry User Summary

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

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date07/02/2022

End Date07/02/2022

Retrieve Data

SHOWING  
5 ITEMS

APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<div>Continue</div> <div>Delete</div>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<div>Continue</div> <div>Delete</div>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<div>Continue</div> <div>Delete</div>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<div>Continue</div> <div>Delete</div>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<div>Continue</div> <div>Delete</div>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

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

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

Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM

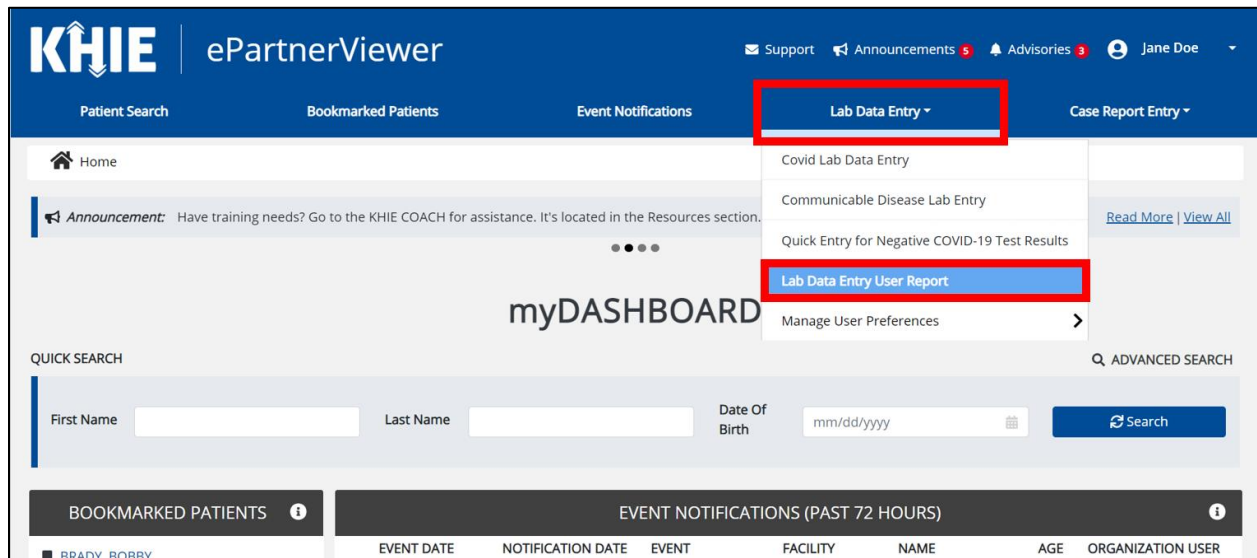
**Please Note:** Upon clicking **Continue**, you will be automatically navigated to the **Patient Information** screen of the selected Case Report.

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

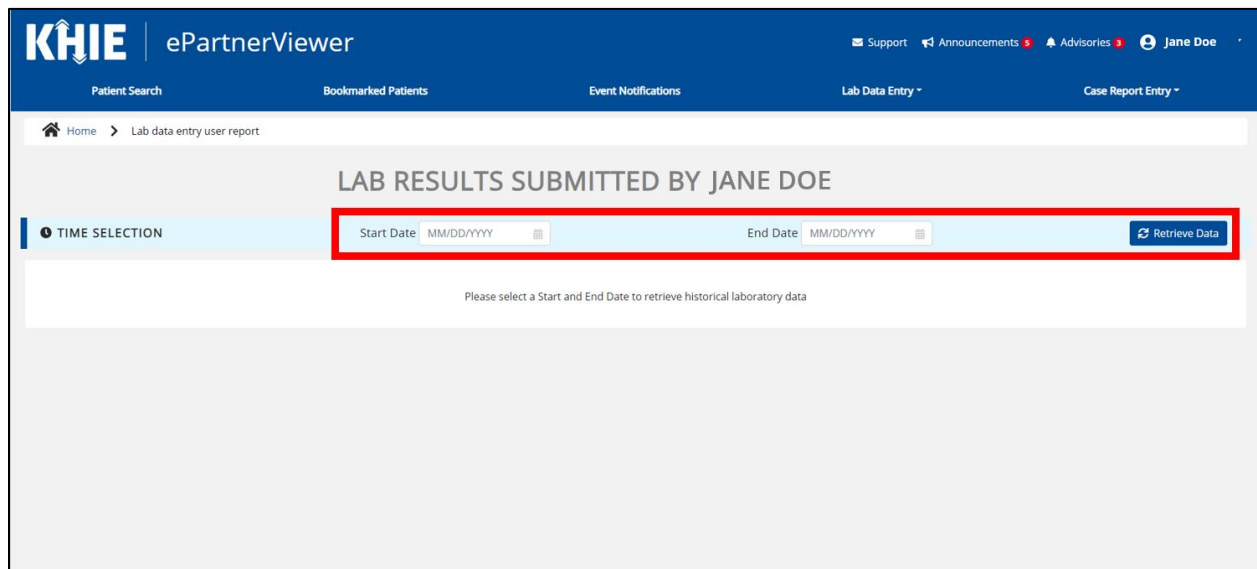
## Lab Results Submitted by User

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

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



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



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

The screenshot displays the KHIE ePartnerViewer interface. At the top, there's a navigation bar with 'Support', 'Announcements', 'Advisories', and a user profile 'Jane Doe'. Below this, a secondary bar contains 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. The main content area is titled 'LAB RESULTS SUBMITTED BY JANE DOE'. Underneath, a 'TIME SELECTION' bar features a 'Start Date' field set to '06/01/2022' and an 'End Date' field set to 'MM/DD/YYYY'. A 'Retrieve Data' button is located to the right of these fields. A calendar dropdown for 'June 2022' is open, showing a grid of dates from 29 to 2. The interface also includes a 'Home' link and a 'Lab data entry user report' breadcrumb.

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

ePartnerViewer

Support
Announcements
Advisories
Jane Doe

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

Home > Lab data entry user report

### LAB RESULTS SUBMITTED BY JANE DOE

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

Click on any row to view more details
APPLY FILTER

SHOWING  
4 ITEMS

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

First Back 1 Next Last
Maximum 5 entries per page

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

**KHIE | ePartnerViewer** Support Announcements 9 Advisories 3 Jane Doe

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

Home > Lab data entry user report

### LAB RESULTS SUBMITTED BY JANE DOE

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

Click on any row to view more details

SHOWING 4 ITEMS

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

First Back 1 Next Last Maximum 5 entries per page

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

Home > Lab data entry user report

### LAB RESULTS SUBMITTED BY JANE DOE

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

Click on any row to view more details

SHOWING 7 ITEMS

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

First Back 1 2 Next Last Maximum 5 entries per page

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

DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	WB07071987	Will	Byers	07/07/1987	Male	MDRO, Other Conditions	CLOSTRIDIUM BOTULINUM TOXIN	07/02/2022 12:30 PM	<div>Partially Initiated</div>
	Test Medical Center	NW03251989	Nancy	Wheeler	03/25/1989	Female	MDRO, Other Conditions, Perinatal Hepatitis, STD	ANAPLASMA PHAGOCYTOPHILUM AB.IGG	07/01/2022 8:15 AM	<div>Initiate</div>

CONDITION	TEST NAME	TEST RESULT
Carbapenem resistant Enterobacteriaceae (CRE)	Carbapenemase [Presence] in Isolate	Detected
Chancroid	Haemophilus ducreyi culture	Positive
Babesiosis	BABESIA MICROTI IDENTIFIED	Identified
Perinatal Hepatitis C	ALT	Negative

	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Child Hepatitis, MDRO, Other Conditions, Perinatal Hepatitis, STD	HEPATITIS B VIRUS SURFACE AB	06/10/2022 3:00 PM	Initiated
--	---------------------	------------	------	--------	------------	--------	---	------------------------------	--------------------	-----------

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

LAB RESULTS SUBMITTED BY JANE DOE

TIME SELECTION

Start Date07/01/2022

End Date07/01/2022

Retrieve Data

Click on any row to view more details

APPLY FILTER

SHOWING  
4 ITEMS

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

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

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

SHOWING 4 ITEMS										
DETAILED VIEW	PERFORMING FACILITY NAME	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	eICR REPORT	TEST NAME	SUBMITTED DATE	CASE REPORT FORM
	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	MDRO	BACILLUS ANTHRACIS IDENTIFIED	07/02/2022 12:30 PM	Initiate
	Test Medical Center	SR07061980	Susan	Ross	07/06/1980	Female	Hepatitis, STD	BABESIA MICROTI IDENTIFIED	07/02/2022 10:00 AM	Partially Initiated

Communicable Disease Lab Entry

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

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

Cancel Initiate

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

**Communicable Disease Lab Entry**

Please select the appropriate Case Report Form.

- ☐ Babesiosis
- ☐ Carbapenem resistant Enterobacteriaceae (CRE)
- ☐ Chancroid
- ☐ Perinatal Hepatitis C

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

**Cancel** **Initiate**

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

**Communicable Disease Lab Entry**

Please select the appropriate Case Report Form.

- ☒ Babesiosis
- ☒ Carbapenem resistant Enterobacteriaceae (CRE)
- ☐ Chancroid
- ☐ Perinatal Hepatitis C

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

**Cancel** **Initiate**

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

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

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

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

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

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



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

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

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

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

**Communicable Disease Lab Entry**

Please select the appropriate Case Report Form.

☒ Gonorrhea

☐ Perinatal Hepatitis B

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

**Cancel** **Initiate**

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

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



## 12 Initiate Other Reportable Conditions Case Report

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

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

**OTHER REPORTABLE CONDITIONS CASE REPORT FORM**

Section 1 of 8

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

**PATIENT INFORMATION**

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

Disease/Organism\*  
Babesiosis

Date of Diagnosis\*  
mm/dd/yyyy

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

Yes No

Patient ID (MRN)\*  
EB02151970

Affiliation/Organization\*  
Test Medical Center

Person Completing Form\*  
Select...

Affiliation/Organization\*  
Select...

Attending Physician/Clinician\*  
Select...

Affiliation/Organization\*  
Select...

Prefix  
Miss

First Name\*  
Elaine

Middle Name

Last Name\*  
Benes

Suffix  
Select...

Date of Birth\*  
02/15/1970

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

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

## Patient Information

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

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

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

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

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

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

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

The screenshot shows the 'Patient Information' form. Red boxes highlight the following fields: 'Ethnicity' (Not Hispanic or Latino), 'Race' (White), 'Address 1' (123 Peterman Way), 'Address 2' (Apt. A), 'City' (Lexington), 'State' (KY), 'Zip Code' (40509-), 'County' (Fayette), 'Phone' ((555) 222-2222), 'Email' (elainebenes@email.com), and the 'Is the patient currently pregnant?' field with 'No' selected.

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

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

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

This close-up shows the 'Is the patient currently pregnant?' field with 'Yes' selected. Below it, the 'If yes, please enter the due date (EDC):' field is highlighted with a red box, showing a date input field with 'mm/dd/yyyy' and a calendar icon, and an 'Unknown' checkbox.

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

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

**PATIENT INFORMATION**

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

**Disease/Organism\*** ?

**Date of Diagnosis\***  
 ☐ Unknown

---

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

**Patient ID (MRN)\*** ?

**Affiliation/Organization\*** ?

**Person Completing Form\***

**Affiliation/Organization\*** ?

If other, please specify: ?

**Attending Physician/Clinician\***

**Affiliation/Organization\*** ?

If other, please specify: ?

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

**Person Completing Form\***

**Affiliation/Organization\*** ?

If other, please specify: ?

**PERSON COMPLETING FORM**

Prefix  
Select...

First Name\* Last Name\*

Suffix  
Select...

Address 1\* Address 2  
Unit, Suite, Building, etc.

City\* State\* Zip Code\*  
Select...

Phone\* Email\*  
(xxx) xxx-xxxx name@domain.com

Cancel Save

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

**Attending Physician/Clinician\***

Select...

Affiliation/Organization\* ?

Select...

If other, please specify: ?

**ATTENDING PHYSICIAN/CLINICIAN**

Prefix  
Select...

First Name\* Last Name\*

Suffix  
Select...

Address 1\* Address 2  
Unit, Suite, Building, etc.

City\* State\* Zip Code\*  
Select...

Phone\* Email\*  
(xxx) xxx-xxxx name@domain.com

Cancel Save

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

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

<b>Person Completing Form*</b> Mr. Arthur Vandela... x v	<b>Affiliation/Organization* ?</b> Other x v	<b>If other, please specify:* ?</b> <div></div>
---	---	--

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

**OTHER REPORTABLE CONDITIONS CASE REPORT FORM**
Section 1 of 8

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

**PATIENT INFORMATION**

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

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

Disease/Organism\* ?  
Babesiosis v

Date of Diagnosis\*  
mm/dd/yyyy ☐ Unknown

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

Yes **No**

Patient ID (MRN)\* ?  
EB02151970

Affiliation/Organization\* ?  
Test Medical Center v

**Person Completing Form\***  
 Select... v

**Affiliation/Organization\* ?**  
 Select... v

**If other, please specify: ?**

**Attending Physician/Clinician\***  
 Select... v

**Affiliation/Organization\* ?**  
 Select... v

**If other, please specify: ?**

Prefix  
Miss v

First Name\*  
Elaine

Middle Name

Last Name\*  
Benes

Suffix  
Select... v

Date of Birth\*  
02/15/1970

Patient Sex\*  
Female v

**Ethnicity\***  
 Not Hispanic or Latino x v

**Race\***  
 White x v

**Address 1\***  
 123 Peterman Way

**Address 2**  
 Apt. A

**City\***  
 Lexington

**State\***  
 KY x v

**Zip Code**  
 40509-

**County\***  
 Fayette x v

**Phone\* ?**  
 (555) 222-2222

**Email**  
 elainebenes@email.com

Is the patient currently pregnant?\*

Yes **No** Unknown

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

Save

**Next**

## Laboratory Information

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

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 2 of 8

Please provide laboratory information related to this case.

### LABORATORY INFORMATION

**Patient Information** ✓

**Laboratory Information**

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Does the patient have a lab test?\*

Yes No Unknown

Laboratory Information

**Laboratory Name\***

General Hospital

**Test Name\***

Dengue virus IgM Ab [Titer] in Serum

If other, please specify:

**Filler Order/Accession Number**

JH07012022

**Specimen Source\***

Abscess

If other, please specify:

**Test Result\***

Other

If other, please specify:

Detected

**Test Result Date\***  ☐ Unknown **Specimen Collection Date\***  ☐ Unknown

**Additional Information**

Observation 3 - Other Conditions details

40/300 Characters

[+ Add Test](#)

[Save](#)
[Previous](#)
[Next](#)

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

The image shows two side-by-side screenshots of the 'LABORATORY INFORMATION' screen. Both screens display the question 'Does the patient have a lab test?'. In the left screenshot, the 'Yes' button is highlighted with a red box, and a red arrow points to it. In the right screenshot, the 'No' button is highlighted with a red box, and a red arrow points to it. The 'Unknown' button is also visible in both.

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

The image shows a full screenshot of the 'LABORATORY INFORMATION' screen. The left sidebar contains a list of sections: Patient Information, Laboratory Information (selected), Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main content area shows the question 'Does the patient have a lab test?' with 'No' selected. Below this, several fields are visible, including Laboratory Name, Test Name, Filler Order/Accession Number, Specimen Source, Test Result, Test Result Date, and Specimen Collection Date. The 'No' selection has disabled these subsequent fields.

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

The image shows a screenshot of the 'LABORATORY INFORMATION' screen with a pop-up notification. The notification has a yellow warning icon and the text: 'Please note that all selections on the screen will be reset. Are you sure you want to change your response?'. At the bottom of the pop-up are 'Yes' and 'No' buttons. The background shows the 'LABORATORY INFORMATION' screen with the 'No' button selected for the conditional question.



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

**Additional Information** ?

Lab Test Result Details

23/300 Characters

**+ Add Test**

Save Previous Next

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

**Laboratory Information**

**Laboratory Name\***

**Test Name\***

Select...

If other, please specify: ?

**Filler Order/Accession Number** ?

**Specimen Source\***

Select...

If other, please specify: ?

**Test Result\***

Select...


If other, please specify: ?

Test Result Date mm/dd/yyyy ☐ Unknown Specimen Collection Date\* mm/dd/yyyy ☐ Unknown

**Additional Information** ?

0/300 Characters

**+ Add Test**



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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 2 of 8

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information ✓

**Laboratory Information**

Applicable Symptoms 🔒

Additional Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

Does the patient have a lab test?\*

**Laboratory Information**

**Laboratory Name\***  
General Hospital

**Test Name\***  
Dengue virus IgM Ab [Titer] in Serum ✕ | ▾

If other, please specify: ⓘ

**Filler Order/Accession Number** ⓘ  
JH07012022

**Specimen Source\***  
Abscess ✕ | ▾

If other, please specify: ⓘ

**Test Result\***  
Other ✕ | ▾

If other, please specify: ⓘ  
Detected

**Test Result Date\***  
07/02/2022 🗑 ☐ Unknown

**Specimen Collection Date\***  
07/01/2022 🗑 ☐ Unknown

**Additional Information** ⓘ  
Observation 3 - Other Conditions details

40/300 Characters

+ Add Test
Save
Previous
Next

## Applicable Symptoms

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

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM

Section 3 of 8

Please select applicable symptoms that the patient experienced during illness.

### APPLICABLE SYMPTOMS

Patient Information ☒

Laboratory Information ☒

**Applicable Symptoms** ☒

Additional Information ☐

Hospitalization, ICU & Death Information ☐

Vaccination History ☐

Additional Comments ☐

Review & Submit ☐

Were symptoms present during the course of illness?\*

Onset Date\*

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

Fever\*

If yes, please enter the highest temperature:

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

If yes, please enter # of days of diarrhea:

Abdominal pain\*

Nausea\*

Plasma leakage\*

Rash\*

Restlessness/irritable\*

Tiredness\*

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

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

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

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

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

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

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 3 of 8

Please select applicable symptoms that the patient experienced during illness.

### APPLICABLE SYMPTOMS

Patient Information ✓

Laboratory Information ✓

**Applicable Symptoms**

Additional Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

Were symptoms present during the course of illness?\*

Onset Date\* 📅

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

**Fever\***

If yes, please enter the highest temperature: 📏

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

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

**Chills\***

**Myalgia\***

**Rash\***

**Rigors\***

**Thrombocytopenia\***

Did the patient have any other symptoms?\*

If yes, please specify: 📝

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

## Additional Information

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

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM

Section 4 of 8

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

**ADDITIONAL INFORMATION**

Does any of the following apply to the patient:\*

Yes No Unknown

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

Yes No Unknown

If yes, please specify state(s):

Select...

International Travel within the last 30 days\*

Yes No Unknown

If yes, please specify country(s):

Select...

Food handler\*

Yes No Unknown

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

Healthcare worker\*

Yes No Unknown

If yes, please specify the name of healthcare facility: ?

Long-term care facility resident\*

Yes No Unknown

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

Long-term care facility employee\*

Yes No Unknown

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

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

**ADDITIONAL INFORMATION**

Does any of the following apply to the patient:\*

Yes No Unknown

**ADDITIONAL INFORMATION**

Does any of the following apply to the patient:\*

Yes No Unknown

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

The screenshot shows the 'Additional Information' screen in the application. A pop-up notification is displayed in the center, stating: 'Please note that all selections on the screen will be reset. Are you sure you want to change your response?'. The pop-up has a yellow warning icon and two buttons: 'Yes' (highlighted with a red box) and 'No'. The background shows the 'Additional Information' section of the form, which includes fields for 'Hospitalization, ICU & Death Information', 'Vaccination History', and 'Additional Comments'.

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

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

The outbreak-related question at the bottom of the screen is not impacted by the selected answer for the conditional question: *Does any of the following apply to the patient?*

The screenshot shows a section of the form titled 'Did the patient use street drugs, but not inject?'. Below this, there is a question: 'Is this part of an outbreak?\*' with three buttons: 'Yes', 'No', and 'Unknown'. The 'No' button is highlighted with a red box. Below the question, there is a text input field for 'If yes, please specify the name of the outbreak:?'.

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

- *Healthcare Worker*

- *Long-term care facility resident*

The screenshot shows two fields: 'Healthcare worker\*' and 'Long-term care facility resident\*'. Both fields have three buttons: 'Yes', 'No', and 'Unknown'. In both cases, the 'Yes' button is highlighted with a red box. Below each field, there is a text input field for 'If yes, please specify the name of healthcare facility:?' and 'If yes, please specify the name of long-term care facility:?' respectively.

The screenshot shows the same two fields: 'Healthcare worker\*' and 'Long-term care facility resident\*'. In this case, the 'No' button for both fields is highlighted with a red box. The text input fields for specifying the facility name are still present but are disabled.

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

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

Healthcare worker\*

Yes
No
Unknown

If yes, please specify the name of healthcare facility:\* ?

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

Applicable Symptoms
Additional Information
Hospitalization, ICU & Death Information
Vaccination History
Additional Comments
Review & Submit

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

Yes
No
Unknown

If yes, please specify state(s): ?

International Travel within the last 30 days\*

Yes
No
Unknown

If yes, please specify country(s): ?

School/daycare attendee\*

Yes
No
Unknown

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

School/daycare employee\*

Yes
No
Unknown

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

Food handler\*

Yes
No
Unknown

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

Healthcare worker\*

Yes
No
Unknown

If yes, please specify the name of healthcare facility: ?

Long-term care facility resident\*

Yes
No
Unknown

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

Long-term care facility employee\*

Yes
No
Unknown

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

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

Yes
No
Unknown

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

Yes
No
Unknown

Is this part of an outbreak?\*

Yes
No
Unknown

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



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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 4 of 8

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

ADDITIONAL INFORMATION	
Patient Information	Does any of the following apply to the patient?*
Laboratory Information	Yes No Unknown
Applicable Symptoms	
<b>Additional Information</b>	Domestic travel within the last 30 days (outside state of normal residence)*
Hospitalization, ICU & Death Information	Yes No Unknown
Vaccination History	If yes, please specify state(s):*
Additional Comments	CA AK
Review & Submit	International Travel within the last 30 days*
	Yes No Unknown
	If yes, please specify country(s):*
	BAHAMAS, THE
	School/daycare attendee*
	Yes No Unknown
	If yes, please specify the name of school/daycare:
	School/daycare employee*
	Yes No Unknown
	If yes, please specify the name of school/daycare:
	Food handler*
	Yes No Unknown
	If yes, please specify the name of food handler service:
	Healthcare worker*
	Yes No Unknown
	If yes, please specify the name of healthcare facility:
	Long-term care facility resident*
	Yes No Unknown
	If yes, please specify the name of long-term care facility:*
	Test Facility
	Long-term care facility employee*
	Yes No Unknown
	If yes, please specify the name of long-term care facility:
	Did the patient inject drugs not prescribed by a doctor?*
	Yes No Unknown
	Did the patient use street drugs, but not inject?*
	Yes No Unknown
	Is this part of an outbreak?*
	Yes No Unknown
	If yes, please specify the name of the outbreak:*
	Unknown

Save
Previous
Next
⬆

## Hospitalization, ICU & Death Information

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

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Admission Date\*  ☐ Unknown

Discharge Date\*  ☐ Unknown

☐ Still hospitalized

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

Admission Date to ICU\*  ☐ Unknown

Discharge Date from ICU\*  ☐ Unknown

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

If yes, please provide the date of death:

Date of Death  ☐ Unknown

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

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

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

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

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

Admission Date to ICU\*

Discharge Date from ICU\*

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Patient Information ☒

Laboratory Information ☒

Applicable Symptoms ☒

Additional Information ☒

**Hospitalization, ICU & Death Information**

Vaccination History ☐

Additional Comments ☐

Review & Submit ☐

Was the patient hospitalized?\*

If yes, please specify the hospital name:

Admission Date

Discharge Date

☐ Still hospitalized

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

Admission Date to ICU

Discharge Date from ICU

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

If yes, please provide the date of death:

Date of Death

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

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

Admission Date to ICU\*

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

Admission Date to ICU

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

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

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

Admission Date to ICU\* mm/dd/yyyy  ☐ Unknown

Discharge Date from ICU\* mm/dd/yyyy  ☐ Unknown

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Admission Date\* 06/27/2022  ☐ Unknown

Discharge Date\* 06/29/2022  ☐ Unknown

☐ Still hospitalized

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

Admission Date to ICU\* mm/dd/yyyy  ☐ Unknown

Discharge Date from ICU\* mm/dd/yyyy  ☐ Unknown

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

If yes, please provide the date of death:

Date of Death mm/dd/yyyy  ☐ Unknown

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

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

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

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

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM Section 5 of 8

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

### HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information	✓
Laboratory Information	✓
Applicable Symptoms	✓
Additional Information	✓
<b>Hospitalization, ICU &amp; Death Information</b>	
Vaccination History	🔒
Additional Comments	🔒
Review & Submit	🔒

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Test

Admission Date\*  ☐ Unknown

Discharge Date\*  ☐ Unknown

☐ Still hospitalized

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

Admission Date to ICU\*  ☐ Unknown

Discharge Date from ICU\*  ☐ Unknown

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

If yes, please provide the date of death:

Date of Death  ☐ Unknown

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

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

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

**Review and Submit: Other Reportable Conditions Case Report**

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

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

OTHER REPORTABLE CONDITIONS CASE REPORT FORM

Section 8 of 8

Please review your information before submitting.

**REVIEW & SUBMIT**

Print Download

**Patient Information**

Disease/Organism	Date of Diagnosis	
Babesiosis	07/01/2022	
Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?		
No		
Patient ID (MRN)	Affiliation/Organization	
CX01011960	Test Medical Center	
Person Completing Form	Affiliation/Organization	
Mr. Arthur Vandelay, II (arthur@email.com)	Test Medical Center	
Attending Physician/Clinician	Affiliation/Organization	
Dr. Frank Costanza, Sr (frank@email.com)	Test Medical Center	
Prefix		
Mr.		
First Name	Middle Name	Last Name
Cosmo	A	Kramer
Suffix	Date of Birth	
II	01/01/1960	
Patient Sex	Ethnicity	Race
Male	Not Hispanic or Latino	White
Address 1	Address 2	
123 Seinfeld Lane	Apt. 1	
City	State	Zip Code
Lexington	KY	40509-
County	Phone	Email
Fayette	(123) 456-7890	cosmokramer@email.com

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

**Additional Comments**

Additional comments or notes, please specify:

Additional patient notes

Previous **Submit**

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

**Case Report Entry**

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

Cancel **Submit**

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

The screenshot shows a 'Case Report Entry' dialog box with a close button (X) in the top right corner. The message inside says 'Case Report Entry Saved Successfully'. Below the message is a red 'OK' button. In the background, a form is visible with fields for 'Admission Date to ICU' (10/01/2021), 'Discharge Date from ICU' (10/02/2021), 'Did the patient die as a result of this illness?' (No), and 'Vaccination History'.

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

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

The screenshot shows the 'Case Report Entry User Summary' screen. At the top, there's a header with 'KHIE | ePartnerViewer' and navigation links like 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. Below the header, there's a search bar and a 'Retrieve Data' button. The main content area shows a table with one entry. The table has columns for 'ACTIONS', 'REPORT TYPE', 'DISEASE/ ORGANISM', 'AFFILIATION/ ORGANIZATION', 'PATIENT MRN', 'FIRST NAME', 'LAST NAME', 'DATE OF BIRTH', 'PATIENT SEX', 'STATUS', 'LAST UPDATED', and 'SUBMISSION DATE'. The entry is for 'Jane Hopper' with MRN 'JH05052020', born '05/05/2020', and status 'Complete'. The 'View' and 'Copy' buttons in the 'ACTIONS' column are highlighted with a red box.

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:00 PM	07/02/2022 1:00 PM



### 13 Initiate Sexually Transmitted Disease Case Report

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

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

**SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM**

Section 1 of 10

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

**PATIENT INFORMATION**

**Patient Information**

Laboratory Information

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU & Death Information

Additional Information

Treatment Information

Additional Comments

Review and Submit

Disease/Organism\* Chlamydia Trachomatis Infection

Date of Diagnosis\* mm/dd/yyyy

Unknown

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

Yes No

Patient ID (MRN)\* EB02151970

Affiliation/Organization\* Test Medical Center

Person Completing Form\*

Select...

Affiliation/Organization\*

Select...

If other, please specify:

Attending Physician/Clinician\*

Select...

Affiliation/Organization\*

Select...

If other, please specify:

Prefix

Miss

First Name\* Elaine

Middle Name

Last Name\* Benes

Suffix

Select...

Date of Birth\* 02/15/1970

Patient Sex\* Female

Ethnicity\* Not Hispanic or Latino

Race\* White

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

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

## Patient Information

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

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

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

PATIENT INFORMATION

Disease/Organism\* ?

Syphilis

Date of Diagnosis\*

mm/dd/yyyy

Unknown

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

Yes

No

Patient ID (MRN)\* ?

JH05052020

Affiliation/Organization\* ?

Test Medical Center

Person Completing Form\*

Select...

Affiliation/Organization\* ?

Select...

If other, please specify: ?

Attending Physician/Clinician\*

Select...

Affiliation/Organization\* ?

Select...

If other, please specify: ?

Prefix

Select...

First Name\*

Jane

Middle Name

Last Name\*

Hopper

Suffix

Select...

Date of Birth\*

05/05/2020

Patient Sex\*

Female

Ethnicity\*

Not Hispanic or Latino

Race\*

White

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

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

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

The screenshot shows the Patient Information form. Red boxes highlight the following fields: Ethnicity (Not Hispanic or Latino), Race (White), Address 1 (123 Hawkins Lane), Address 2 (Unit, Suite, Building, etc.), City (Frankfort), State (KY), Zip Code (40601-), County (Fayette), Phone ((555) 555-5555), Email (eleven@email.com), and the Is the patient currently pregnant? field (Yes, No, Unknown). Below the pregnancy field, there is a sub-field for the due date (EDC) with a date picker and an Unknown checkbox.

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

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

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

The screenshot shows the Is the patient currently pregnant? field with the Yes button highlighted. Below it, the due date (EDC) field is highlighted, showing a date picker and an Unknown checkbox.

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

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

The screenshot shows the 'PATIENT INFORMATION' form. Red boxes highlight the following fields: 'Disease/Organism\*' (containing 'Syphilis'), 'Date of Diagnosis\*' (with a calendar icon and 'Unknown' checkbox), 'Patient ID (MRN)\*' (containing 'JH05052020'), 'Affiliation/Organization\*' (containing 'Test Medical Center'), 'Person Completing Form\*' (a dropdown menu), 'Attending Physician/Clinician\*' (a dropdown menu), and the 'Affiliation/Organization\*' dropdowns for both the Person Completing Form and the Attending Physician/Clinician.

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

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

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

This close-up shows the 'Person Completing Form\*' and 'Attending Physician/Clinician\*' dropdown menus, both of which are highlighted with red boxes. To the right of each dropdown is an 'Affiliation/Organization\*' dropdown and a text field labeled 'If other, please specify: ?'.

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

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM

Section 1 of 10

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

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Travel Information

Hospitalization, ICU & Death Information

Additional Information

Treatment Information

Additional Comments

Review and Submit

PATIENT INFORMATION

Disease/Organism\*

Chlamydia Trachomatis Infection

Date of Diagnosis\*

mm/dd/yyyy

Unknown

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

Yes No

Patient ID (MRN)\*

EB02151970

Affiliation/Organization\*

Test Medical Center

Person Completing Form\*

Select...

Affiliation/Organization\*

Select...

If other, please specify: ?

Attending Physician/Clinician\*

Select...

Affiliation/Organization\*

Select...

If other, please specify: ?

Prefix

Miss

First Name\*

Elaine

Middle Name

Last Name\*

Benes

Suffix

Select...

Date of Birth\*

02/15/1970

Patient Sex\*

Female

Ethnicity\*

Not Hispanic or Latino

Race\*

White

Address 1\*

123 Peterman Way

Address 2

Apt. A

City\*

Lexington

State\*

KY

Zip Code

40509-

County\*

Fayette

Phone\*

(555) 222-2222

Email

elainebenes@email.com

Is the patient currently pregnant?\*

Yes No Unknown

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

mm/dd/yyyy

Unknown

Save

Next

## Laboratory Information

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

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

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

LABORATORY INFORMATION

**Does the patient have a lab test?\***

---

**Laboratory Information**

**Laboratory Name\***

General Hospital

**Test Name\***

Reagin Ab in Serum by RPR

If other, please specify: ?

**Filler Order/Accession Number ?**

JH07012022

**Specimen Source\***

Abscess

If other, please specify: ?

**Test Result\***

Other

If other, please specify: \* ?

Detected

**Test Result Date\***

07/02/2022 ☐ Unknown

**Specimen Collection Date\***


07/01/2022 ☐ Unknown

**Additional Information ?**

Observation 5 - STD details

27/300 Characters

Additional Information

 Add Test

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

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

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

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

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

Laboratory Information

Laboratory Name\*

Test Name\*

Select...

If other, please specify: ?

Filler Order/Accession Number ?

Specimen Source\*

Select...

If other, please specify: ?

Test Result\*

Select...

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

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM

Section 2 of 10

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Does the patient have a lab test?\*

Yes No Unknown

Laboratory Information

Laboratory Name\*

General Hospital

Test Name\*

Reagin Ab In Serum by RPR

If other, please specify: ?

Filler Order/Accession Number ?

JH07012022

Specimen Source\*

Abscess

If other, please specify: ?

Test Result\*

Other

If other, please specify: \*

Detected

Test Result Date\*

07/02/2022

Unknown

Specimen Collection Date\*

07/01/2022

Unknown

Additional Information ?

Observation 5 - STD details

27/300 Characters

+ Add Test

Save

Previous

Next



## Applicable Symptoms

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

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

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

**APPLICABLE SYMPTOMS**

**Were symptoms present during the course of illness?\***

Yes
No
Unknown

**Onset Date\* ?**

☐ Unknown

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

**Rash\***

Yes
No
Unknown

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

Select...

If other, please specify: ?

**Fever\***

Yes
No
Unknown

If yes, please enter the highest temperature: ?

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

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

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

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

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

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

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

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

**APPLICABLE SYMPTOMS**

Were symptoms present during the course of illness?\*

---

Onset Date\*

☐ Unknown

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

**Rash\***

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

If other, please specify:

**Fever\***

If yes, please enter the highest temperature:

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

If yes, please enter # of days of diarrhea:

**Alopecia\***

**Condylomata lata of vulva\***

**Inguinal lymphadenopathy\***

**Rash of secondary syphilis\***

**Uveitis\***

**Did the patient have any other symptoms?\***

If yes, please specify:

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

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

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 3 of 10

Please select applicable symptoms that the patient experienced during illness.

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

Were symptoms present during the course of illness?\*

Onset Date\*

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

Rash\*

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

If other, please specify:\*

Fever\*

If yes, please enter the highest temperature:\*

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

If yes, please enter # of days of diarrhea:\*

Alopecia\*

Condylomata lata of vulva\*

Inguinal lymphadenopathy\*

Rash of secondary syphilis\*

Uveitis\*

Did the patient have any other symptoms?\*

If yes, please specify:\*

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

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

## Hospitalization, ICU & Death Information

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

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

Yes No Unknown

If yes, please specify the hospital name:\*

Admission Date\* mm/dd/yyyy Unknown

Discharge Date\* mm/dd/yyyy Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU\* mm/dd/yyyy Unknown

Discharge Date from ICU\* mm/dd/yyyy Unknown

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

Yes No Unknown

If yes, please provide the date of death:

Date of Death mm/dd/yyyy Unknown

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

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

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

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

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

☒ Yes ☐ No ☐ Unknown

Admission Date to ICU\*

mm/dd/yyyy  ☐ Unknown

Discharge Date from ICU\*

mm/dd/yyyy  ☐ Unknown

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

☒ Yes ☐ No ☐ Unknown

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

☐ Yes ☒ No ☐ Unknown

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

- Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*
- You can change the selection from **Yes** to **No** or **Unknown**, or vice versa for the ICU-related question: *Was the patient admitted to an intensive care unit (ICU)?*

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

☒ Yes ☐ No ☐ Unknown

Admission Date to ICU\*

mm/dd/yyyy  ☐ Unknown

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

☐ Yes ☒ No ☐ Unknown

Admission Date to ICU\*

mm/dd/yyyy  ☐ Unknown

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

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

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

☒ Yes ☐ No ☐ Unknown

Admission Date to ICU\*

mm/dd/yyyy  ☐ Unknown

Discharge Date from ICU\*

mm/dd/yyyy  ☐ Unknown

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

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

The screenshot shows the 'Hospitalization, ICU & Death Information' form. Several fields are highlighted with red boxes to indicate they are mandatory:

- A text field for 'If yes, please specify the hospital name: \*' with a question mark icon.
- An 'Admission Date \*' date picker with a calendar icon and an 'Unknown' checkbox.
- A 'Discharge Date \*' date picker with a calendar icon, an 'Unknown' checkbox, and a 'Still hospitalized' checkbox.
- Buttons for 'Yes', 'No', and 'Unknown' for the question 'Was the patient admitted to an intensive care unit (ICU)? \*'.
- An 'Admission Date to ICU \*' date picker with a calendar icon and an 'Unknown' checkbox.
- A 'Discharge Date from ICU \*' date picker with a calendar icon and an 'Unknown' checkbox.
- Buttons for 'Yes', 'No', and 'Unknown' for the question 'Did the patient die as a result of this illness? \*'.
- A 'Date of Death' date picker with a calendar icon and an 'Unknown' checkbox, which is only visible if 'Yes' is selected for the death question.

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

This screenshot shows the same form as the previous one, but with the 'Still hospitalized' checkbox selected. The 'Did the patient die as a result of this illness?' section is now disabled, as indicated by the red box around the question and its options.

- The 'Admission Date \*' is set to 01/03/2022.
- The 'Discharge Date \*' is a date picker.
- The 'Still hospitalized' checkbox is checked.
- The 'Was the patient admitted to an intensive care unit (ICU)? \*' section is visible.
- The 'Admission Date to ICU' and 'Discharge Date from ICU' sections are visible but disabled.
- The 'Did the patient die as a result of this illness?' section is disabled.

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

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

If yes, please provide the date of death:

Date of Death\*

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

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM Section 6 of 10

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Patient Information ☒   
Laboratory Information ☒   
Applicable Symptoms ☒   
Medical Conditions ☒   
Travel Information ☒   
**Hospitalization, ICU & Death Information**   
Additional Information ☐   
Treatment Information ☐   
Additional Comments ☐   
Review and Submit ☐

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Test Hospital

Admission Date\*    Discharge Date\*

☐ Still hospitalized

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

Admission Date to ICU\*    Discharge Date from ICU\*

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

If yes, please provide the date of death:

Date of Death

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

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

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



**Review and Submit: STD Case Report**

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

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

SEXUALLY TRANSMITTED DISEASES CASE REPORT FORM

Section 10 of 10

Please review your information before submitting.

**REVIEW & SUBMIT**

Print Download

**Patient Information**

Disease/Organism: Syphilis  
Date of Diagnosis: 07/01/2022

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

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

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

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

First Name: Jane  
Last Name: Hopper

Date of Birth: 05/05/2020

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

Address 1: 123 Hawkins Lane  
City: Frankfort  
State: KY  
Zip Code: 40601

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

**Additional Comments**

Additional comments or notes, please specify:  
Additional patient notes

Previous Submit

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

**Case Report Entry**

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

Cancel Submit

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

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

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

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:00 PM	07/02/2022 1:00 PM

## 14 Initiate Multi-Drug Resistant Organism Case Report

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

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

The screenshot displays the 'MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM' with a progress bar indicating 'Section 1 of 6'. A red box highlights the 'Patient Information' section in the left sidebar and the corresponding form fields. The form includes the following fields:

- MDRO Type\***: Dropdown menu with 'Candida auris, clinical' selected.
- If other, please specify:** Text input field.
- Organism Name\***: Dropdown menu with 'Select...' selected.
- Date of Diagnosis\***: Date input field (mm/dd/yyyy) and a checkbox for 'Unknown'.
- If other, please specify:** Text input field.
- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?\***: Radio buttons for 'Yes' and 'No'.
- Patient ID (MRN)\***: Text input field with 'JH05052020' entered.
- Affiliation/Organization\***: Dropdown menu with 'Test Medical Center' selected.
- Person Completing Form\***: Dropdown menu with 'Select...' selected.
- Affiliation/Organization\***: Dropdown menu with 'Select...' selected.
- Attending Physician/Clinician\***: Dropdown menu with 'Select...' selected.
- Affiliation/Organization\***: Dropdown menu with 'Select...' selected.
- Prefix**: Dropdown menu with 'Select...' selected.
- First Name\***: Text input field with 'Jane' entered.
- Middle Name**: Text input field.
- Last Name\***: Text input field with 'Hopper' entered.
- Suffix**: Dropdown menu with 'Select...' selected.
- Date of Birth\***: Date input field with '05/05/2020' entered.

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

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

## Patient Information

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

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

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

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

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

PATIENT INFORMATION		
<b>Patient Information</b>	<b>MDRO Type*</b> Candida auris, clinical	
Laboratory Information	If other, please specify:	
Exposure Information	<b>Organism Name*</b> Select...	<b>Date of Diagnosis*</b> mm/dd/yyyy
Hospitalization, ICU, Disposition & Death Information	If other, please specify:	
Additional Comments	<b>Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*</b> Yes No	
Review and Submit	<b>Patient ID (MRN)*</b> JH05052020	<b>Affiliation/Organization*</b> Test Medical Center
	<b>Person Completing Form*</b> Select...	<b>Affiliation/Organization*</b> Select...
	<b>Attending Physician/Clinician*</b> Select...	<b>Affiliation/Organization*</b> Select...
	<b>Prefix</b> Select...	
	<b>First Name*</b> Jane	<b>Middle Name</b> 
	<b>Suffix</b> Select...	<b>Last Name*</b> Hopper
	<b>Patient Sex*</b> Female	<b>Date of Birth*</b> 05/05/2020
	<b>Ethnicity*</b> Not Hispanic or Latino	<b>Race*</b> White
	<b>Address 1*</b> 123 Hawkins Lane	<b>Address 2</b> Unit, Suite, Building, etc.

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

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

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

Prefix  
Select...

First Name\*  
Jane

Middle Name

Last Name\*  
Hopper

Suffix  
Select...

Date of Birth\*  
05/05/2020

Patient Sex\*  
Female

Ethnicity\*  
Not Hispanic or Latino

Race\*  
White

Address 1\*  
123 Hawkins Lane

Address 2  
Unit, Suite, Building, etc.

City\*  
Frankfort

State\*  
KY

Zip Code  
40601-

County\*  
Fayette

Phone\*  
(555) 555-5555

Email  
eleven@email.com

Is the patient currently pregnant?\*

Yes No Unknown

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

Unknown

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

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

Is the patient currently pregnant?\*

Yes No Unknown

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

mm/dd/yyyy

Unknown

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

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

**PATIENT INFORMATION**

**MDRO Type\***

Candida auris, clinical
▼

If other, please specify: ?

**Organism Name\***

Select...
▼

Infection caused by Candida auris

**Date of Diagnosis\***

mm/dd/yyyy

☐ Unknown

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

Yes
No

**Patient ID (MRN)\* ?**

JH05052020
▼

**Affiliation/Organization\* ?**

Test Medical Center
▼

**Person Completing Form\***

Select...
▼

**Affiliation/Organization\* ?**

Select...
▼

**Attending Physician/Clinician\***

Select...
▼

**Affiliation/Organization\* ?**

Select...
▼

If other, please specify: ?

If other, please specify: ?

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

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

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

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

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

**MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM**

Section 1 of 6

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

**PATIENT INFORMATION**

**Patient Information**

Laboratory Information

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

**MDRO Type\***

Candida auris, clinical

If other, please specify:

**Organism Name\***

Infection caused by Candida auris

**Date of Diagnosis\***

07/01/2022

If other, please specify:

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

Yes No

**Patient ID (MRN)\***

JH05052020

**Affiliation/Organization\***

Test Medical Center

**Person Completing Form\***

Mr. Arthur Vandelay, II (arthur@email.co...)

**Affiliation/Organization\***

Test Medical Center

**Attending Physician/Clinician\***

Dr. Frank Costanza, Sr (frank@email.com)

**Affiliation/Organization\***

Other

**Prefix**

Select...

**First Name\***

Jane

**Middle Name**

**Last Name\***

Hopper

**Suffix**

Select...

**Date of Birth\***

05/05/2020

**Patient Sex\***

Female

**Ethnicity\***

Not Hispanic or Latino

**Race\***

White

**Address 1\***

123 Hawkins Lane

**Address 2**

Unit, Suite, Building, etc.

**City\***

Frankfort

**State\***

KY

**Zip Code**

40601-

**County\***

Fayette

**Phone\***

(555) 555-5555

**Email**

eleven@email.com

Is the patient currently pregnant?\*

Yes No Unknown

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

mm/dd/yyyy

Unknown

Save

Next



## Laboratory Information

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

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

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 2 of 6

Please provide laboratory information related to this case.

**LABORATORY INFORMATION**

Patient Information

**Laboratory Information**

Exposure Information

Hospitalization, ICU, Disposition & Death Information

Additional Comments

Review and Submit

Does the patient have a lab test?\*

Yes No Unknown

Laboratory Information

Laboratory Name\*

General Hospital

Ordering Provider/Clinician\*

Select...

Test Name\*

Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection

If other, please specify:

Filler Order/Accession Number \*

JH07012022

Specimen Source\*

Abscess

If other, please specify: \*

Test Result\*

Other

If other, please specify: \*

Detected

Test Result Date\*

07/02/2022

Unknown

Specimen Collection Date\*

07/01/2022

Unknown

Type of Culture

Select...

Location of the patient at the time of specimen collection\*

Select...

If other, please specify: \*

Facility Name/Location\*

Facility County\*

Select...

Additional Information \*

Observation 2 - MDRO details

+ Add Test

Is this part of an outbreak?\*

Yes No Unknown

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

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

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

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

**Please Note:** If **Other** is selected from the *Test Name*, *Specimen Source*, or *Test Result* dropdown menus, the subsequent textbox fields are enabled.

To proceed, you must **enter the appropriate details** in the subsequent textbox field(s), if enabled: *If other, please specify.*

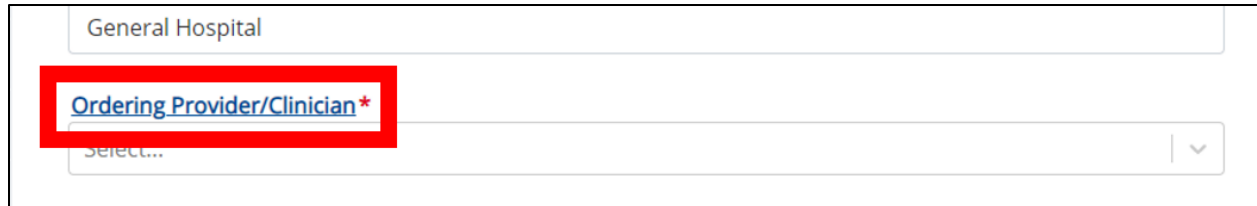
Test Name\*  
Other x | v  
If other, please specify:\*

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

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

Laboratory Name\*  
General Hospital  
Ordering Provider/Clinician\*  
Select... v  
Test Name\*  
Candida auris ITS2 gene [Presence] in Unspecified specimen by NAA with probe detection x | v  
If other, please specify:  
Filler Order/Accession Number ?  
JH07012022  
Specimen Source\*  
Abscess x | v  
If other, please specify: ?  
Test Result\*  
Other x | v  
If other, please specify:\* ?  
Detected  
Test Result Date\*  
07/02/2022 Unknown  
Specimen Collection Date\*  
07/01/2022 Unknown  
Type of Culture  
Select... v  
Location of the patient at the time of specimen collection\*  
Select... v  
If other, please specify: ?  
Facility Name/Location\* ?  
Facility County\* ?  
Select... v  
Additional Information ?  
Observation 2 - MDRO details  
+ Add Test

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



**Please Note:** If **Other healthcare setting** is selected from the *Location of the patient at the time of specimen collection* dropdown menu, the subsequent textbox field is enabled.

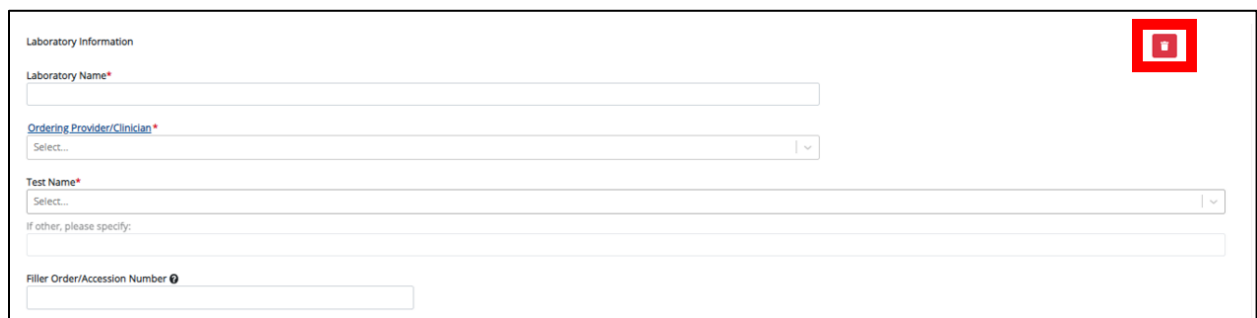
To proceed, you must **enter the name of the healthcare setting** in the subsequent textbox field: *If other, please specify*.



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



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



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

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

**+ Add Test**

Is this part of an outbreak?\*

Yes No Unknown

If yes, please specify the name of the outbreak.\*

Was the organism previously identified?\*

Yes No Unknown

If yes, please provide the date.

mm/dd/yyyy ☐ Unknown

Save Previous Next

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

Is this part of an outbreak?\*

Yes No Unknown

If yes, please specify the name of the outbreak.\*

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

Was the organism previously identified?\*

Yes No Unknown

If yes, please provide the date:\*

mm/dd/yyyy ☐ Unknown

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

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

Please provide laboratory information related to this case.

**LABORATORY INFORMATION**

**Patient Information** ☒

**Laboratory Information** ☒

**Exposure Information** ☐

**Hospitalization, ICU, Disposition & Death Information** ☐

**Additional Comments** ☐

**Review and Submit** ☐

Does the patient have a lab test? ☒ Yes ☐ No ☐ Unknown

**Laboratory Information**

**Laboratory Name\***  
General Hospital

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

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

If other, please specify:

**Filler Order/Accession Number**  
JH07012022

**Specimen Source\***  
Abscess

If other, please specify:

**Test Result\***  
Other

If other, please specify:

**Test Result Date\***  
07/02/2022 ☐ Unknown

**Specimen Collection Date\***  
07/01/2022 ☐ Unknown

**Type of Culture**  
Clinical

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

If other, please specify:

**Facility Name/Location\***  
General Hospital

**Facility County\***  
Fayette

**Additional Information**  
Observation 2 - MDRO details

28/300 Characters

**Add Test**

Is this part of an outbreak? ☒ Yes ☐ No ☐ Unknown

If yes, please specify the name of the outbreak:

Was the organism previously identified? ☒ Yes ☐ No ☐ Unknown

If yes, please provide the date:

06/27/2022 ☐ Unknown

**Save** **Previous** **Next**

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

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

## Hospitalization, ICU, Disposition & Death Information

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

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

- *Was the patient hospitalized at the time of specimen collection?*
- *Was the patient admitted to an intensive care unit (ICU)?*

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 4 of 6

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

**HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION**

[Patient Information](#)
[Laboratory Information](#)
[Exposure Information](#)
[Hospitalization, ICU, Disposition & Death Information](#)
[Additional Comments](#)
[Review and Submit](#)

Was the patient hospitalized at time of specimen collection?\*

If yes, please specify the hospital name:\*

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

Facility Name:\*

Admission Date\*

☐ Unknown

Discharge Date\*

☐ Unknown

☐ Still hospitalized
 ☐ Expired

If expired, please provide the date of death:

Date of Death

☐ Unknown

If discharged, please specify the location:

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

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

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

Admission Date to ICU\*

☐ Unknown

Discharge Date from ICU\*

☐ Unknown

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

If yes, please specify the hospital name:\*

If yes, please provide admission and discharge dates:

Admission Date

☐ Unknown

Discharge Date

☐ Unknown

Add Additional Hospitalization Date

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

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

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

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

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

**Yes** No Unknown

Admission Date to ICU\* mm/dd/yyyy Unknown

Discharge Date from ICU\* mm/dd/yyyy Unknown

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

Was the patient hospitalized at time of specimen collection?\*

**Yes** No Unknown

Was the patient hospitalized at time of specimen collection?\*

Yes **No** Unknown

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

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



Patient Information
Laboratory Information
Exposure Information
**Hospitalization, ICU, Disposition & Death Information**
Additional Comments
Review and Submit

### HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Was the patient hospitalized at time of specimen collection?\*

Yes No **Unknown**

If yes, please specify the hospital name: ?

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

Select...

Facility Name: ?

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

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

Yes No Unknown

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

Yes No Unknown

Admission Date to ICU mm/dd/yyyy ☐ Unknown

Discharge Date from ICU mm/dd/yyyy ☐ Unknown

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

Yes No **Unknown**

If yes, please specify the hospital name: ?

9. You must **enter the appropriate information** in the mandatory fields marked with **red asterisks (\*)**, if enabled:

- *If yes, please specify the hospital name*
- *If hospitalized, please specify the type of facility that the patient was admitted from.*
- *Facility Name*
- *Admission Date*
- *Discharge Date*

### HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION

Was the patient hospitalized at time of specimen collection?\*

Yes No Unknown

If yes, please specify the hospital name: \* ?

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

Select...

Facility Name: \* ?

Admission Date\* mm/dd/yyyy ☐ Unknown

Discharge Date\* mm/dd/yyyy ☐ Unknown

☐ Still hospitalized ☐ Expired

If expired, please provide the date of death:

Date of Death

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

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

Long Term Care Facility x | v

Facility Name: \* ?

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

If discharged, please specify the location:\*

Home x | v

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

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

☐ Still hospitalized ☒ Expired

If expired, please provide the date of death:

Date of Death\*

mm/dd/yyyy ☐ Unknown

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

Date of Death

mm/dd/yyyy ☐ Unknown

If discharged, please specify the location:\*

Select...

Home

Long Term Care Facility

Other Health Care Facility

Other

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

If discharged, please specify the location:\*

Long Term Care Facility

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

General Hospital

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

Yes No Unknown

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

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

If discharged, please specify the location:\*

Home

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

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

Yes No Unknown

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

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

Yes No Unknown

Admission Date to ICU\*

mm/dd/yyyy

Unknown

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

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

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

Admission Date to ICU\*

☐ Unknown

Discharge Date from ICU\*

☐ Unknown

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

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

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

Admission Date to ICU\*

☐ Unknown

Discharge Date from ICU\*

☐ Unknown

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

If yes, please specify the hospital name:

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

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

If yes, please specify the hospital name:\*

If yes, please provide admission and discharge dates:

Admission Date\*

☐ Unknown

Discharge Date\*

☐ Unknown

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

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

Yes No Unknown

If yes, please specify the hospital name: ?

If yes, please provide admission and discharge dates:

Admission Date mm/dd/yyyy ☐ Unknown Discharge Date mm/dd/yyyy ☐ Unknown

+ Add Additional Hospitalization Date

Save Previous Next

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

If yes, please provide admission and discharge dates:

Admission Date\* mm/dd/yyyy ☐ Unknown Discharge Date\* mm/dd/yyyy ☐ Unknown

+ Add Additional Hospitalization Date

Save Previous Next

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

Yes No Unknown

If yes, please specify the hospital name: ?

Test Hospital

If yes, please provide admission and discharge dates:

Admission Date\* mm/dd/yyyy ☒ Unknown Discharge Date\* 04/01/2021 ☐ Unknown

Admission Date\* mm/dd/yyyy ☐ Unknown Discharge Date\* mm/dd/yyyy ☐ Unknown

+ Add Additional Hospitalization Date

Save Previous Next

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

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

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

**HOSPITALIZATION, ICU, DISPOSITION & DEATH INFORMATION**

☐ Patient Information  
☐ Laboratory Information  
☐ Exposure Information  
☒ Hospitalization, ICU, Disposition & Death Information  
☐ Additional Comments  
☐ Review and Submit

Was the patient hospitalized at time of specimen collection?\*

If yes, please specify the hospital name:\*

General Hospital

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

Long Term Care Facility

Facility Name:\*

Test Facility

Admission Date:\*

06/30/2022  ☐ Unknown

Discharge Date:\*

07/02/2022  ☐ Unknown

☐ Still hospitalized
 ☐ Expired

If expired, please provide the date of death:

Date of Death

mm/dd/yyyy  ☐ Unknown

If discharged, please specify the location:\*

Long Term Care Facility

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

General Hospital

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

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

Admission Date to ICU:\*

07/01/2022  ☐ Unknown

Discharge Date from ICU:\*

07/02/2022  ☐ Unknown

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

If yes, please specify the hospital name:\*

General Hospital

If yes, please provide admission and discharge dates:

Admission Date:\*

06/15/2022  ☐ Unknown

Discharge Date:\*

06/16/2022  ☐ Unknown

+ Add Additional Hospitalization Date

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

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

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

## Review and Submit: MDRO Case Report

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

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

MULTI-DRUG RESISTANT ORGANISM CASE REPORT FORM

Section 6 of 6

Please review your information before submitting.

**REVIEW & SUBMIT**

Print Download

**Patient Information**

MDRO Type  
Candida auris, clinical

Organism Name  
Infection caused by Candida auris

Date of Diagnosis  
07/01/2022

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

Patient ID (MRN)  
JH05052020

Affiliation/Organization  
Test Medical Center

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

Affiliation/Organization  
Test Medical Center

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

Affiliation/Organization  
Other

If other, please specify:  
General Hospital

First Name  
Jane

Last Name  
Hopper

Date of Birth  
05/05/2020

Patient Sex  
Female

Ethnicity  
Not Hispanic or Latino

Race  
White

Address 1  
123 Hawkins Lane

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

**Additional Comments**

Additional comments or notes, please specify:  
Additional patient notes

Previous **Submit**

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

**Case Report Entry**

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

Cancel **Submit**

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

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

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

ACTIONS	REPORT TYPE	DISEASE/ORGANISM	AFFILIATION/ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:00 PM	07/02/2022 1:00 PM



## 15 Initiate Perinatal Hepatitis Case Report

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

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

The screenshot displays the 'PERINATAL HEPATITIS CASE REPORT FORM' with a progress indicator showing 'Section 1 of 9'. The form is titled 'PATIENT INFORMATION' and includes a sidebar with nine steps: Patient Information, Laboratory Information, Applicable Symptoms, Medical Conditions, Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The 'Patient Information' step is highlighted. The main form area contains the following fields:

- Disease/Organism\***: Perinatal Hepatitis B
- Date of Diagnosis\***: mm/dd/yyyy, with an 'Unknown' checkbox.
- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?\***: Yes/No buttons.
- Patient ID (MRN)\***: EB02151970
- Affiliation/Organization\***: Test Medical Center
- Person Completing Form\***: Select...
- Affiliation/Organization\***: Select... (with a note: 'If other, please specify:')
- Attending Physician/Clinician\***: Select... (with a note: 'If other, please specify:')
- Prefix**: Miss
- First Name\***: Elaine
- Middle Name**:
- Last Name\***: Benes
- Suffix**: Select...
- Maiden Name**:

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

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

## Patient Information

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

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

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

PATIENT INFORMATION

Disease/Organism\*
Perinatal Hepatitis B

Date of Diagnosis\*
mm/dd/yyyy
☐ Unknown

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

Patient ID (MRN)\*
JH05052020
Affiliation/Organization\*
Test Medical Center

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

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

Prefix
Select...

First Name\*
Jane
Middle Name
Last Name\*
Hopper

Suffix
Select...
Maiden Name

Date of Birth\*
05/05/2020

Ethnicity\*
Not Hispanic or Latino
Race\*
White

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

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

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

The screenshot shows the 'Patient Information' form. Red boxes highlight the following fields: Suffix (dropdown), Date of Birth (calendar icon), Patient Sex (dropdown, set to 'Female'), Ethnicity (dropdown, set to 'Not Hispanic or Latino'), Race (dropdown, set to 'White'), Address 1 (text input, '123 Hawkins Lane'), Address 2 (text input, 'Unit, Suite, Building, etc.'), City (text input, 'Frankfort'), State (dropdown, 'KY'), Zip Code (text input, '40601-'), County (dropdown, 'Fayette'), Phone (text input, '(555) 555-5555'), Email (text input, 'eleven@email.com'), and 'Is the patient currently pregnant?' (radio buttons, 'Yes' is selected). Below this, there is a field for 'If yes, please enter the due date (EDC):' with a calendar icon and a checkbox for 'Unknown'.

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

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

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

This close-up shows the 'Is the patient currently pregnant?' section. The 'Yes' radio button is selected and highlighted with a red box. Below it, the 'If yes, please enter the due date (EDC):' field is highlighted with a red box, showing a calendar icon and the text 'mm/dd/yyyy'. There is also an 'Unknown' checkbox.

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

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

**PATIENT INFORMATION**

Disease/Organism\* ?  
Perinatal Hepatitis B

Date of Diagnosis\*  
mm/dd/yyyy ☐ Unknown

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

Patient ID (MRN)\* ?  
JH05052020

Affiliation/Organization\* ?  
Test Medical Center

[Person Completing Form](#)\*  
Select...

Affiliation/Organization\* ?  
Select...

If other, please specify: ?

[Attending Physician/Clinician](#)\*  
Select...

Affiliation/Organization\* ?  
Select...

If other, please specify: ?

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

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

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

Patient ID (MRN)\* ?  
JH05052020

Affiliation/Organization\* ?  
Test Medical Center

[Person Completing Form](#)\*  
Select...

Affiliation/Organization\* ?  
Select...

If other, please specify: ?

[Attending Physician/Clinician](#)\*  
Select...

Affiliation/Organization\* ?  
Select...

If other, please specify: ?

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

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

Is the patient currently pregnant?\*

Yes No Unknown

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

mm/dd/yyyy Unknown

Is the patient postpartum?\*

Yes No Unknown

If yes, please enter the date of delivery: ?

mm/dd/yyyy Unknown

Does the patient have a history of incarceration?\*

Yes No Unknown

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

Is the patient currently pregnant?\*

Yes No Unknown

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

11/12/2021 Unknown

Is the patient postpartum?

Yes No Unknown

If yes, please enter the date of delivery: ?

mm/dd/yyyy Unknown

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

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

Is the patient currently pregnant?\*

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

Is the patient postpartum?\*

If yes, please enter the date of delivery: ?

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

PERINATAL HEPATITIS CASE REPORT FORM

Section 1 of 9

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

**PATIENT INFORMATION**

**Patient Information**

Disease/Organism\*  
Perinatal Hepatitis B

Date of Diagnosis\*  
06/02/2022

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

Patient ID (MRN)\*  
JH05052020

Affiliation/Organization\*  
Test Medical Center

**Person Completing Form\***

Dr. Estelle Costanza (estelle@email.com) x

Affiliation/Organization\*  
Test Medical Center x

If other, please specify: ?

**Attending Physician/Clinician\***

Dr. Fraiser Crane (fraisercrane@email.c... x

Affiliation/Organization\*  
Other x

If other, please specify: ?  
General Hospital

Prefix  
Select...

First Name\*  
Jane

Middle Name  
Hopper

Last Name\*  
Hopper

Suffix  
Select...

Maiden Name

Date of Birth\*  
06/02/2022

Ethnicity\*  
Non-Hispanic or Latino

Race\*  
White

Address 1\*  
123 Hawkins Lane

Address 2  
Unit, Suite, Building, etc.

City\*  
Frankfort

State\*  
KY

Zip Code  
40601-

County\*  
Fayette x

Phone\*  
(555) 555-5555

Email  
eleven@email.com

Is the patient currently pregnant?

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

Is the patient postpartum?\*

If yes, please enter the date of delivery: \*

Does the patient have a history of incarceration?\*

Save

Next

## Laboratory Information

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

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

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

PERINATAL HEPATITIS CASE REPORT FORM Section 2 of 9

Please provide laboratory information related to this case.

### LABORATORY INFORMATION

**Patient Information** ✓

**Laboratory Information**

Applicable Symptoms 🔒

Medical Conditions 🔒

Exposure Information 🔒

Hospitalization, ICU & Death Information 🔒

Vaccination History 🔒

Additional Comments 🔒

Review & Submit 🔒

**Does the patient have a lab test?\***

Yes No

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

**Hepatitis Marker\***

HEPATITIS B VIRUS CORE AB,IGM ✕ ▼

If other, please specify:

**Results\***

Positive ✕ ▼

If applicable, please enter the viral load: ?

**Test Result Date\*** 07/02/2022 📅 Unknown ☐

**Specimen Collection Date\*** 07/01/2022 📅 Unknown ☐

**Laboratory Name:\***

General Hospital

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

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

**LABORATORY INFORMATION**

Does the patient have a lab test?\*

Yes No Unknown

**LABORATORY INFORMATION**

Does the patient have a lab test?\*

Yes No Unknown

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

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

The screenshot displays a web form for entering laboratory data. At the top, there's a 'Results\*' dropdown menu set to 'Positive'. Below it is a text field for 'If applicable, please enter the viral load:'. Further down are two date fields: 'Test Result Date\*' (07/02/2022) and 'Specimen Collection Date\*' (07/01/2022), each with an 'Unknown' checkbox. A 'Laboratory Name\*' field contains 'General Hospital'. A red box highlights a blue '+ Add Hepatitis Marker' button. Below this, another red box highlights a detailed view of the 'Hepatitis Marker\*' entry form. This sub-form includes a 'Select...' dropdown, a text field for 'If other, please specify:', another 'Results\*' dropdown, a viral load text field, and date fields for 'Test Result Date' and 'Specimen Collection Date\*' with 'Unknown' checkboxes. A 'Laboratory Name\*' field is also present. Below the highlighted sub-form, there's another '+ Add Hepatitis Marker' button, followed by the text 'ALT' and a '+ Add ALT' button.

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



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

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

+ Add Hepatitis Marker

Results:\*

Units/Liter

Reference:\*

Units/Liter

Test Result Date\*

mm/dd/yyyy

☐ Unknown

Specimen Collection Date\*

mm/dd/yyyy

☐ Unknown

Laboratory Name:\*

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

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

+ Add ALT

AST

+ Add AST

Bilirubin

+ Add Bilirubin

+ Add ALT

AST

Results:\*

Units/Liter

Reference:\*

Units/Liter

Test Result Date\*

mm/dd/yyyy

☐ Unknown

Specimen Collection Date\*

mm/dd/yyyy

☐ Unknown

Laboratory Name:\*

+ Add AST

Bilirubin

+ Add Bilirubin

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

+ Add AST

Bilirubin

+ Add Bilirubin

Save

Previous

Next

+ Add Hepatitis Marker

ALT

+ Add ALT

AST

+ Add AST

Bilirubin

Results:\*

mg/dL

Reference:\*

mg/dL

Test Result Date\*

mm/dd/yyyy

☐ Unknown

Specimen Collection Date\*

mm/dd/yyyy

☐ Unknown

Laboratory Name:\*

+ Add Bilirubin

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

PERINATAL HEPATITIS CASE REPORT FORM Section 2 of 9

Please provide laboratory information related to this case.

### LABORATORY INFORMATION

**Patient Information** ✓

**Laboratory Information**

Applicable Symptoms

Medical Conditions

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

**Does the patient have a lab test?\***

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

**Hepatitis Marker\***

HEPATITIS B VIRUS CORE AB

If other, please specify:

**Results\***

Positive

If applicable, please enter the viral load: ?

Unknown

**Test Result Date\***  ☐ Unknown **Specimen Collection Date\***  ☐ Unknown

**Laboratory Name:\***

General Hospital

**+ Add Hepatitis Marker**

ALT

**+ Add ALT**

AST

**+ Add AST**

Billirubin

**+ Add Billirubin**

## Applicable Symptoms

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

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

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

PERINATAL HEPATITIS CASE REPORT FORM Section 3 of 9

Please select applicable symptoms that the patient experienced during illness.

### APPLICABLE SYMPTOMS

Patient Information	✓
Laboratory Information	✓
<b>Applicable Symptoms</b>	
Medical Conditions	🔒
Exposure Information	🔒
Hospitalization, ICU & Death Information	🔒
Vaccination History	🔒
Additional Comments	🔒
Review & Submit	🔒

Were symptoms present during the course of illness?\*

Onset Date\*

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

Jaundice\*

Fever\*

Nausea\*

Abdominal Pain\*

Dark Urine\*

Light Colored Stools\*

Fatigue\*

Myalgia\*

Loss of Appetite\*

Did the patient have any other symptoms?\*

If yes, please specify:

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

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

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

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

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

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

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

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

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

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

If yes, please specify:

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

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

PERINATAL HEPATITIS CASE REPORT FORM Section 3 of 9

Please select applicable symptoms that the patient experienced during illness.

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

### APPLICABLE SYMPTOMS

Were symptoms present during the course of illness?\*

Onset Date\*

06/20/2022

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

**Jaundice\***

**Fever\***

**Nausea\***

**Abdominal Pain\***

**Dark Urine\***

**Light Colored Stools\***

**Fatigue\***

**Myalgia\***

**Loss of Appetite\***

Did the patient have any other symptoms?\*

If yes, please specify:\*

Unknown

**Please Note:** The subsequent **Medical Conditions** screen of the Perinatal Hepatitis Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry.

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

## Exposure Information

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

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

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

PERINATAL HEPATITIS CASE REPORT FORM

Section 5 of 9

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

EXPOSURE INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Exposure Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

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

Yes No Unknown

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

Yes No Unknown

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

Correctional facility\*

Yes No Unknown

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

IV Drug Use\*

Yes No Unknown

Sexually Transmitted Infections History\*

Yes No Unknown

Multiple Sex Partners\*

Yes No Unknown

Intranasal Drug Use\*

Yes No Unknown

HIV Exposure\*

Yes No Unknown

HBV Contact Exposure\*

Yes No Unknown

HCV Contact Exposure\*

Yes No Unknown

Tattoos\*

Yes No Unknown

If yes, please specify the setting: \*

Select...

If other, please specify: \*

Piercings\*

Yes No Unknown

If yes, please specify the setting: \*

Select...

If other, please specify: \*

Foreign Born\*

Yes No Unknown

If yes, please specify country: \*

Select...



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

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

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

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

The outbreak-related question at the bottom of the screen is not impacted by the selected answer for the conditional question: *Does any of the following apply to the patient?*

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

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

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

To proceed, you must enter the **name of the living facility** in the subsequent field: *If yes, please specify the nursing, assisted living or long-term care facility.*

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

**Yes** No Unknown

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

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

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Correctional facility\*

Yes No Unknown

If yes, please specify name of correctional facility: ?

IV Drug Use\*

Yes No Unknown

Sexually Transmitted Infections History\*

Yes No Unknown

Multiple Sex Partners\*

Yes No Unknown

Intranasal Drug Use\*

Yes No Unknown

HIV Exposure\*

Yes No Unknown

HBV Contact Exposure\*

Yes No Unknown

HCV Contact Exposure\*

Yes No Unknown

Tattoos\*

Yes No Unknown

If yes, please specify the setting: ?

Select...

If other, please specify: ?

Piercings\*

Yes No Unknown

If yes, please specify the setting: ?

Select...

If other, please specify: ?

Foreign Born\*

Yes No Unknown

If yes, please specify country: ?

Select...

Is this part of an outbreak?\*

Yes No Unknown

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

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

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

Correctional facility*	
<input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, please specify name of correctional facility:* ?	
<input type="text"/>	

Tattoos*	
<input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, please specify the setting:* ?	
<input type="text" value="Select..."/>	
If other, please specify: ?	
<input type="text"/>	

Piercings*	
<input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, please specify the setting:* ?	
<input type="text" value="Select..."/>	
If other, please specify: ?	
<input type="text"/>	

Foreign Born*	
<input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, please specify country:* ?	
<input type="text" value="Select..."/>	

Is this part of an outbreak?*	
<input checked="" type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown
If yes, please specify the name of the outbreak:* ?	
<input type="text"/>	

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

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

**Tattoos\***

If yes, please specify the setting:\*

Other

If other, please specify:\*

**Piercings\***

If yes, please specify the setting:\*

Other

If other, please specify:\*

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

**PERINATAL HEPATITIS CASE REPORT FORM** Section 5 of 9

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

**EXPOSURE INFORMATION**

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

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

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

Long-Term Care Facility

Correctional facility\*

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

Unknown

IV Drug Use\*

Sexually Transmitted Infections History\*

Multiple Sex Partners\*

HBV Contact Exposure\*

HCV Contact Exposure\*

Tattoos\*

If yes, please specify the setting:\*

Licensed parlor

If other, please specify:

Piercings\*

If yes, please specify the setting:\*

Other

If other, please specify:\*

Unknown

Foreign Born\*

If yes, please specify country:

Select...

Is this part of an outbreak?\*

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

Unknown

## Hospitalization, ICU & Death Information

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

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

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

PERINATAL HEPATITIS CASE REPORT FORM

Section 6 of 9

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

### HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information ☒

Laboratory Information ☒

Applicable Symptoms ☒

Medical Conditions ☒

Exposure Information ☒

**Hospitalization, ICU & Death Information**

Vaccination History ☐

Additional Comments ☐

Review & Submit ☐

**Was the patient hospitalized?\***

If yes, please specify the hospital name:\*

Admission Date\*  ☐ Unknown

Discharge Date\*  ☐ Unknown

☐ Still hospitalized

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

Admission Date to ICU\*  ☐ Unknown

Discharge Date from ICU\*  ☐ Unknown

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

If yes, please provide the date of death:

Date of Death  ☐ Unknown

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

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

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

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

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

**Yes** No Unknown

Admission Date to ICU\* mm/dd/yyyy ☐ Unknown

Discharge Date from ICU\* mm/dd/yyyy ☐ Unknown

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

**Yes** No Unknown

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

Yes **No** Unknown

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Patient Information ☒

Laboratory Information ☒

Applicable Symptoms ☒

Additional Information ☒

**Hospitalization, ICU & Death Information**

Vaccination History ☐

Additional Comments ☐

Review & Submit ☐

Was the patient hospitalized?\*

Yes **No** Unknown

If yes, please specify the hospital name:

Admission Date mm/dd/yyyy ☐ Unknown

Discharge Date mm/dd/yyyy ☐ Unknown

☐ Still hospitalized

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

Yes No Unknown

Admission Date to ICU mm/dd/yyyy ☐ Unknown

Discharge Date from ICU mm/dd/yyyy ☐ Unknown

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

Yes No Unknown

If yes, please provide the date of death:

Date of Death mm/dd/yyyy ☐ Unknown

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

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

**Yes** No Unknown

Admission Date to ICU\* mm/dd/yyyy ☐ Unknown

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

Yes **No** Unknown

Admission Date to ICU mm/dd/yyyy ☐ Unknown

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

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

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

Admission Date to ICU\*  ☐ Unknown

Discharge Date from ICU\*  ☐ Unknown

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

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

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Admission Date\*  ☐ Unknown

Discharge Date\*  ☐ Unknown

☐ Still hospitalized

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

Admission Date to ICU\*  ☐ Unknown

Discharge Date from ICU\*  ☐ Unknown

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

If yes, please provide the date of death:

Date of Death  ☐ Unknown

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

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

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

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



17. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Vaccination History** screen.

PERINATAL HEPATITIS CASE REPORT FORM

Section 6 of 9

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

### HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Medical Conditions

Exposure Information

**Hospitalization, ICU & Death Information**

Vaccination History

Additional Comments

Review & Submit

Was the patient hospitalized?\*

Yes No Unknown

If yes, please specify the hospital name:\*

General Hospital

Admission Date\*

06/27/2022 Unknown

Discharge Date\*

06/30/2022 Unknown

Still hospitalized

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

Yes No Unknown

Admission Date to ICU\*

06/29/2022 Unknown

Discharge Date from ICU\*

06/30/2022 Unknown

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

Yes No Unknown

If yes, please provide the date of death:

Date of Death

mm/dd/yyyy Unknown

Save

Previous

**Next**

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

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

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

**Review and Submit: Perinatal Hepatitis Case Report**

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

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

PERINATAL HEPATITIS CASE REPORT FORM

Section 9 of 9

Please review your information before submitting.

**REVIEW & SUBMIT**

Print Download

**Patient Information**

Disease/Organism: Perinatal Hepatitis B Date of Diagnosis: 06/02/2022

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

Patient ID (MRN): JH05052020 Affiliation/Organization: Test Medical Center

Person Completing Form: Dr. Estelle Costanza (estelle@email.com) Affiliation/Organization: Test Medical Center

Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com) Affiliation/Organization: Other If other, please specify: General Hospital

First Name: Jane Last Name: Hopper

Date of Birth: 05/05/2020 Ethnicity: Not Hispanic or Latino Race: White

Address 1: 123 Hawkins Lane

City: State: Zip Code:

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

**Additional Comments**

Additional comments or notes, please specify:

Additional patient notes

Previous Submit

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

Case Report Entry

All data submissions are final. Please ensure that your data is accurate before clicking on the Submit button. If you would like to make changes now, please click the Cancel button.

Cancel Submit

21. Click **OK** to acknowledge the case report has been submitted successfully.

**Please Note:** Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">View</a> <a href="#">Copy</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:00 PM	07/02/2022 1:00 PM

## 16 Initiate Child Hepatitis Case Report

Upon initiating a Child Hepatitis Case Report on the *Communicable Disease Lab Entry* pop-up notification, Users are automatically navigated to the **Patient Information** screen of the Child Hepatitis Case Report.

The Child Hepatitis Case Report Form is a seven-step process where Users enter (1) Patient Information, (2) Laboratory Information, (3) Exposure Information, (4) Hospitalization, ICU, & Death Information, (5) Vaccination History, and (6) Additional Comments. (7) **Review and Submit** is where Users must review the information entered and submit the Child Hepatitis Case Report.

**CHILD HEPATITIS CASE REPORT FORM**

Section 1 of 7

Please complete the form below. All fields marked with an asterisk(\*) are required.

**PATIENT INFORMATION**

**Patient Information**

Disease/Organism\* Child Hepatitis B Date of Diagnosis\* mm/dd/yyyy

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician\* Yes No

Patient ID (MRN)\* j405052020 Affiliation/Organization\* Text Medical Center

Person Completing Form\* Select... Affiliation/Organization\* Select... If other, please specify: @

Attending Physician/Clinician\* Select... Affiliation/Organization\* Select... If other, please specify: @

Prefix Select...

First Name\* Jane Middle Name Last Name\* Hopper

Suffix Select... Date of Birth\* 05/05/2020 Birth Weight lbs 005

Patient Sex\* Female Ethnicity\* Not Hispanic or Latino Race\* White

Mother's Current Legal Name and Address

First Name\* Middle Name Last Name\*

Address 1\* 123 Hawkins Lane Address 2 Unit, Suite, Building, etc.

City\* Frankfort State\* KY Zip Code 40601-

County\* Fayette Phone\* (555) 555-5555 Email eleven@email.com

Does the patient have Neonatal Abstinence Syndrome? Yes No Unknown

The following Child Hepatitis Case Report screens display certain fields of information that have been auto-populated based on the information entered on the previously submitted Communicable Disease Lab Entry. When necessary, you can change the auto-populated information and enter different details in any of the enabled fields.

- **Patient Information** screen
- **Hospitalization, ICU & Death Information** screen
- **Laboratory Information** screen

## Patient Information

The **Patient Information** screen auto-populates with the existing patient demographic details entered on the previously submitted Communicable Disease Lab Entry. Users can change the auto-populated information in any of the enabled fields, as applicable. Users cannot change auto-populated details in grayed out and disabled fields.

Users **cannot** edit the following auto-populated *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields which are grayed out and disabled:

- *Disease/Organism*
- *Patient ID (MRN)*
- *Middle Name*
- *Is the Affiliation/Organization the same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?*
- *Affiliation/Organization for Patient MRN*
- *Last Name*
- *Date of Birth*
- *Prefix / Suffix*
- *First Name*
- *Patient Sex*

The screenshot shows the 'PATIENT INFORMATION' form. Several fields are highlighted with red boxes to indicate they are disabled for editing:

- Disease/Organism\***: A dropdown menu showing 'Child Hepatitis B'.
- Date of Diagnosis\***: A date field showing 'mm/dd/yyyy' and an 'Unknown' checkbox.
- Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?\***: A question with 'Yes' and 'No' buttons.
- Patient ID (MRN)\***: A text field showing 'JH05052020'.
- Affiliation/Organization\***: A dropdown menu showing 'Test Medical Center'.
- Person Completing Form\***: A dropdown menu showing 'Select...'.
- Affiliation/Organization\***: A dropdown menu showing 'Select...'.
- Attending Physician/Clinician\***: A dropdown menu showing 'Select...'.
- Affiliation/Organization\***: A dropdown menu showing 'Select...'.
- Prefix**: A dropdown menu showing 'Select...'.
- First Name\***: A text field showing 'Jane'.
- Middle Name**: A text field showing 'Hopper'.
- Last Name\***: A text field showing 'Hopper'.
- Suffix**: A dropdown menu showing 'Select...'.
- Date of Birth\***: A date field showing '05/05/2020'.
- Birth Weight**: A text field showing 'lbs' and '025'.
- Patient Sex\***: A dropdown menu showing 'Female'.
- Ethnicity\***: A dropdown menu showing 'Not Hispanic or Latino'.
- Race\***: A dropdown menu showing 'White'.

At the bottom, there is a field for 'Mother's Current Legal Name and Address'.

**Please Note:** The *Disease/Organism*, *Patient ID (MRN)*, *Affiliation/Organization* for Patient ID (MRN), and patient demographic fields are the only disabled fields. All other fields on the **Patient Information** screen and all subsequent screens are enabled. You have the option to edit any of the enabled fields on all screens of the Child Hepatitis Case Report.

1. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Ethnicity*
- *Race*
- *Address, City, State, Zip Code, County*
- *Phone*
- *Email*

A screenshot of a patient information form. Red boxes highlight the following fields: 'Ethnicity' (dropdown menu showing 'Not Hispanic or Latino'), 'Race' (dropdown menu showing 'White'), 'Address 1' (text field with '123 Hawkins Lane'), 'Address 2' (text field with 'Unit, Suite, Building, etc.'), 'City' (text field with 'Frankfort'), 'State' (dropdown menu showing 'KY'), 'Zip Code' (text field with '40601-'), 'County' (dropdown menu showing 'Fayette'), 'Phone' (text field with '(555) 555-5555'), and 'Email' (text field with 'eleven@email.com'). Other fields include 'Patient Sex' (dropdown menu showing 'Female'), 'Mother's Current Legal Name and Address' (text fields for 'First Name', 'Middle Name', and 'Last Name'), and 'Disease/Organism' (dropdown menu showing 'Child Hepatitis B').

2. To complete the **Patient Information** screen, you must **enter the appropriate information** in the mandatory blank fields marked with **red asterisks (\*)**, as applicable:

- *Date of Diagnosis*
- *Person Completing Form*
- *Affiliation/Organization of Person Completing Form*
- *Attending Physician/Clinician*
- *Affiliation/Organization of Attending Physician/Clinician*
- *Mother's First Name*
- *Mother's Last Name*

A screenshot of the 'PATIENT INFORMATION' screen. Red boxes highlight the following mandatory fields: 'Date of Diagnosis' (text field with 'mm/dd/yyyy' and a calendar icon), 'Person Completing Form' (dropdown menu), 'Attending Physician/Clinician' (dropdown menu), and 'Affiliation/Organization' (dropdown menu). Other fields include 'Disease/Organism' (dropdown menu showing 'Child Hepatitis B'), 'Patient ID (MRN)' (text field with 'JH05052020'), 'Affiliation/Organization' (dropdown menu showing 'Test Medical Center'), and 'Yes/No' buttons for 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?'. There are also 'If other, please specify:' text fields.

The screenshot shows a form with fields for Patient Sex (Female), Ethnicity (Not Hispanic or Latino), and Race (White). A red rectangular box highlights the section titled "Mother's Current Legal Name and Address", which includes fields for First Name, Middle Name, and Last Name. Below this are fields for Address 1 (123 Hawkins Lane), Address 2 (Unit, Suite, Building, etc.), City (Frankfort), State (KY), and Zip Code (40601-).

**Please Note:** If the appropriate name does not display in the *Person Completing Form* or *Attending Physician/Clinician* dropdown menus, you must create details for a new Person Completing Form or new Attending Physician/Clinician.

- To create details for a new Person Completing Form, click the **Person Completing Form** hyperlink. Upon clicking the hyperlink, the *Person Completing Form* pop-up displays.
- To create details for a new Attending Physician/Clinician, click the **Attending Physician/Clinician** hyperlink. Upon clicking the hyperlink, the *Attending Physician/Clinician* pop-up displays.

To proceed, enter the details in the appropriate fields of the pop-up and click **Save**.

The screenshot shows two dropdown menus. The first is labeled "Person Completing Form\*" and the second is labeled "Attending Physician/Clinician\*". Both have a "Select..." option. To the right of each dropdown is a field for "Affiliation/Organization\*" and a field for "If other, please specify:".

3. You must select the **appropriate answers** for the following mandatory fields:

- Does the patient have Neonatal Abstinence Syndrome?
- Who does the infant/child live with?

The screenshot shows two mandatory fields. The first is "Does the patient have Neonatal Abstinence Syndrome?" with buttons for Yes, No, and Unknown. The second is "Who does the infant/child live with?" with a dropdown menu showing options: Select..., Father, Grandparent, Mother, Other, and Unknown. To the right of the dropdown are fields for Middle Name and Last Name.

**Please Note:** If **Other** is selected in response to the question *Who does the Infant/Child live with?*, then the following subsequent field is enabled.

To proceed, you must enter the **description of the person with whom the infant/child is living** (i.e., Legal Guardian, etc.) in the subsequent field: *If other, please specify.*

Who does the infant/child live with?\*

Other x | v

If other, please specify:\*

Legal Guardian

**Please Note:** If **Mother** is selected in response to the question *Who does the Infant/Child live with?*, then the subsequent contact information fields for the person with whom the child is living are automatically populated with the patient's mother's contact information.

This means the patient's mother's contact information previously entered in the *Mother's Current Legal Name and Address* section is automatically populated in the *Please enter the contact info of person the child is living with* section.

Who does the infant/child live with?\*

Mother x | v

If other, please specify:

Please enter contact info of person the child is living with:

First Name	Middle Name	Last Name
Carol	Anne	Brady
Address 1		Address 2
123 Main Street		Apt. 1
City	State	Zip Code
Lexington	KY x   v	40511-
County	Phone ?	Email
Fayette x   v	(555) 123-1234	carol@email.com



**Please Note:** If **Father**, **Grandparent**, **Other**, or **Unknown** is selected in response to *Who does the infant/child live?*, then the subsequent section is enabled.

To proceed, you must complete the fields in the subsequent section: *Please enter the contact info of person the child is living with.*

**Who does the infant/child live with?\***

Father
 ×
▼

If other, please specify:

**Please enter contact info of person the child is living with:**

**First Name\***

**Middle Name**

**Last Name\***

**Address 1\***

**Address 2**

Unit, Suite, Building, etc.

**City\***

**State\***

Select... ▼

**Zip Code**

**County\***

Select... ▼

**Phone\*** ⓘ

(XXX) XXX-XXXX

**Email**

name@domain.com

- Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Laboratory Information** screen.

CHILD HEPATITIS CASE REPORT FORM
Section 1 of 7

Please complete the form below. All fields marked with an asterisk(\*) are required.

Patient Information
Laboratory Information
Exposure Information
Hospitalization, ICU & Death Information
Vaccination History
Additional Comments
Review & Submit

Disease/Organism\*
Child Hepatitis B

Date of Diagnosis\*
mm/dd/yyyy
Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician\*
Yes No

Patient ID (MRN)\*
jH05052020
Affiliation/Organization\*
Test Medical Center

Person Completing Form\*
Select...
Affiliation/Organization\*
Select...
If other, please specify:

Attending Physician/Clinician\*
Select...
Affiliation/Organization\*
Select...
If other, please specify:

Prefix
Select...

First Name\*
jane
Middle Name
Last Name\*
Hopper

Suffix
Select...
Date of Birth\*
05/05/2020
Birth Weight
lbs ozs

Patient Sex\*
Female
Ethnicity\*
Not Hispanic or Latino
Race\*
White

Mother's Current Legal Name and Address

First Name\*
Middle Name
Last Name\*

Address 1\*
123 Hawkins Lane
Address 2
Unit, Suite, Building, etc.

City\*
Frankfort
State\*
KY
Zip Code
40601-

County\*
Fayette
Phone\*
(555) 555-5555
Email
eleven@email.com

Does the patient have Neonatal Abstinence Syndrome\*
Yes No Unknown

Who does the infant/child live with\*
Select...

If other, please specify:

Please enter contact info of person the child is living with:

First Name\*
Middle Name
Last Name\*

Address 1\*
Address 2
Unit, Suite, Building, etc.

City\*
State\*
Zip Code

County\*
Phone\*
(000) XXX-XXXX
Email
name@domain.com

Save
Next

DDE: Communicable Disease Lab Entry

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Kentucky Health Information Exchange

## Laboratory Information

The **Laboratory Information** screen displays details about the laboratory test that have been auto-populated based on the information previously entered on the Communicable Disease Lab Entry.

5. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Does the patient have a lab test?*
- *Hepatitis Marker*
- *Results*
- *Test Result Date*
- *Specimen Collection Date*
- *Laboratory Name*

The screenshot shows the 'LABORATORY INFORMATION' screen. On the left is a sidebar with tabs: Patient Information, Laboratory Information (selected), Exposure Information, Hospitalization, ICU & Death Information, Vaccination History, Additional Comments, and Review & Submit. The main content area has a header 'LABORATORY INFORMATION' and a question 'Does the patient have a lab test?' with 'Yes' and 'No' buttons. Below this is a note: 'If yes, at least one Hepatitis Marker test is required. If you choose to enter additional test results such as ALT, AST, or Bilirubin, please ensure you complete all fields for that test.' The 'Hepatitis Marker' dropdown is set to 'HEPATITIS B VIRUS SURFACE AB'. The 'Results' dropdown is set to 'Positive'. Below these are fields for 'Test Result Date' (07/01/2022), 'Specimen Collection Date' (07/01/2022), and 'Laboratory Name' (General Hospital). A red box highlights the 'Test Result Date', 'Specimen Collection Date', and 'Laboratory Name' fields. Another red box highlights the 'Hepatitis Marker' and 'Results' dropdowns. A third red box highlights the 'Does the patient have a lab test?' question and its buttons. At the bottom left is a button '+ Add Hepatitis Marker'.

**Please Note:** If **No** or **Unknown** is selected for the *Does the patient have a lab test?* question at the top of the **Laboratory Information** screen, all subsequent fields are disabled and grayed out.

6. You have the option to click **Add Hepatitis Marker** to log multiple hepatitis markers.

The screenshot shows the 'Add Hepatitis Marker' form. At the top left is a button '+ Add Hepatitis Marker'. Below it is a form with a 'Hepatitis Marker' dropdown (set to 'Select...'), a text field for 'If other, please specify:', a 'Results' dropdown (set to 'Select...'), a text field for 'If applicable, please enter the viral load:', 'Test Result Date' (mm/dd/yyyy), 'Specimen Collection Date' (mm/dd/yyyy), and 'Laboratory Name'. A red box highlights the entire form area. Another red box highlights the '+ Add Hepatitis Marker' button. A red trash icon is in the top right corner.

7. You also have the option to click **Add ALT**, **Add AST**, and/or **Add Bilirubin**.

This screenshot shows three buttons stacked vertically, each with a blue plus icon and a red border. The buttons are labeled 'Add ALT', 'Add AST', and 'Add Bilirubin'.

8. Once the appropriate edits and additions have been made in the enabled fields, click **Next** to proceed to the **Exposure Information** screen.

This screenshot shows the 'CHILD HEPATITIS CASE REPORT FORM' at 'Section 2 of 7'. The 'LABORATORY INFORMATION' section is highlighted. A red box highlights the 'Does the patient have a lab test?' question with 'Yes' and 'No' buttons. Another red box highlights the 'Hepatitis Marker' section, which includes a dropdown menu for 'HEPATITIS B VIRUS SURFACE AB', a 'Results' dropdown set to 'Positive', and fields for 'Test Result Date' (07/01/2022) and 'Specimen Collection Date' (07/01/2022). Below this, there are buttons for 'Add Hepatitis Marker', 'Add ALT', 'Add AST', and 'Add Bilirubin'. At the bottom right, there are 'Save', 'Previous', and 'Next' buttons, with 'Next' highlighted in red.

**Please Note:** The subsequent **Exposure Information** screen of the Child Hepatitis Case Report does **not** include any auto-populated information from the Communicable Disease Lab Entry.

To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** to navigate to the **Hospitalization, ICU & Death Information** screen.

## Hospitalization, ICU & Death Information

The **Hospitalization, ICU & Death Information** screen displays details about a patient's hospitalizations that have been auto-populated based on the previously submitted Communicable Disease Lab Entry.

9. You have the option to **edit the auto-populated information** in the following enabled fields:

- *Was the patient hospitalized?*
- *Was the patient admitted to an intensive care unit (ICU)?*

**Please Note:** If the Communicable Disease Lab Entry indicated that the patient was hospitalized, the selection for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen is auto-populated as **Yes: Was the patient hospitalized?**

- If **Yes** is selected for the conditional question at the top of the screen, the subsequent hospitalization-related fields and ICU-related fields are enabled.

If the Communicable Disease Lab Entry indicated that the patient was admitted to the ICU, the selection for the ICU-related question is auto-populated as **Yes: Was the patient admitted to an intensive care unit (ICU)?**

- If **Yes** is selected for the ICU-related question, the subsequent *Admission Date* and *Discharge Date* fields are enabled. To proceed, you must enter the **Admission Date to ICU** and the **Discharge Date from ICU** in the appropriate fields.

**Please Note:** If **No** or **Unknown** is selected for the conditional question at the top of the **Hospitalization, ICU & Death Information** screen, the subsequent hospitalization-related fields and ICU-related fields are disabled.

- Death-related questions are not impacted by the selected answer for the conditional question: *Was the patient hospitalized?*

10. To complete the **Hospitalization, ICU & Death Information** screen, you must complete the following mandatory fields marked with **red asterisks (\*)**, if enabled:

- *If yes, please specify hospital name*
- *Admission Date*
- *Discharge Date*
- *Admission Date to ICU*
- *Discharge Date from ICU*
- *Did the patient die as a result of this illness?*

If yes, please specify the hospital name:

Test

Admission Date\* 06/27/2022 ☐ Unknown

Discharge Date\* 06/29/2022 ☐ Unknown

☐ Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?\*

Yes No Unknown

Admission Date to ICU\* mm/dd/yyyy ☐ Unknown

Discharge Date from ICU\* mm/dd/yyyy ☐ Unknown

Did the patient die as a result of this illness?\*

Yes No Unknown

If yes, please provide the date of death:

**Please Note:** If the **Still Hospitalized** checkbox is selected, the subsequent death-related field is disabled: *Did the patient die as a result of this illness?*

Admission Date\* 01/03/2022 ☐ Unknown

Discharge Date\* mm/dd/yyyy ☐ Unknown

☒ Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?\*

Yes No Unknown

Admission Date to ICU mm/dd/yyyy ☐ Unknown

Discharge Date from ICU mm/dd/yyyy ☐ 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 **Yes** is selected for the field: *Did the patient die as a result of this illness?*, the subsequent field is enabled.

To proceed, enter the **Date of Death** in the subsequent enabled field: *Date of Death*.

Did the patient die as a result of this illness?\*

If yes, please provide the date of death:

Date of Death\*

☐ Unknown

- Once the appropriate edits and additions have been made, click **Next** to proceed to the **Vaccination History** screen.

CHILD HEPATITIS CASE REPORT FORM Section 4 of 7

Please select any applicable hospitalization, ICU and death information related to this case.

**HOSPITALIZATION, ICU & DEATH INFORMATION**

Was the patient hospitalized?\*

If yes, please specify the hospital name:\*

Admission Date\*  ☐ Unknown Discharge Date\*  ☐ Unknown

☐ Still hospitalized

Was the patient admitted to an intensive care unit (ICU)?\*

Admission Date to ICU\*  ☐ Unknown Discharge Date from ICU\*  ☐ Unknown

Did the patient die as a result of this illness?\*

If yes, please provide the date of death:

Date of Death  ☐ Unknown

**Please Note:** The subsequent **Vaccination History** and **Additional Comments** screens of the Child Hepatitis Case Report do **not** include any auto-populated information from the Communicable Disease Lab Entry.

- To proceed, you must enter the **appropriate information** in the enabled fields on each screen. Once complete, click **Next** until you navigate to the **Review and Submit** screen.

### Review and Submit: Child Hepatitis Case Report

Once the appropriate edits and additions have been made on all the Child Hepatitis Case Report screens, you will be navigated to the **Review and Submit** screen. The **Review and Submit** screen displays the summary of the information you have entered. Prior to submitting the Other Reportable Conditions Case Report, review the information on this screen to verify its accuracy. You must click **Submit** to submit the case report.

12. Review the information on the **Review and Submit** screen.



CHILD HEPATITIS CASE REPORT FORM Section 7 of 7

Please review your information before submitting.

**REVIEW & SUBMIT**

Patient Information ✓

Laboratory Information ✓

Exposure Information ✓

Hospitalization, ICU & Death Information ✓

Vaccination History ✓

Additional Comments ✓

**Review & Submit**

Print Download

Patient Information

Disease/Organism: Child Hepatitis B      Date of Diagnosis: 06/02/2022

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?  
No

Patient ID (MRN): JH05052020	Affiliation/Organization: Test Medical Center	
Person Completing Form: Dr. Estelle Costanza (estelle@email.com)	Affiliation/Organization: Test Medical Center	
Attending Physician/Clinician: Dr. Fraiser Crane (fraisercrane@email.com)	Affiliation/Organization: Other	If other, please specify: General Hospital
First Name: Jane	Last Name: Hopper	
Date of Birth: 05/05/2020	Ethnicity: Not Hispanic or Latino	Race: White
Address 1: 123 Hawkins Lane		
City:	State:	Zip Code:

13. After verifying the information is accurate and/or the appropriate changes have been made, you must click **Submit** to submit the Child Hepatitis Case Report Entry.

Additional Comments

Additional comments or notes, please specify:  
Additional patient notes

Previous **Submit**

14. All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.

Admission Date to ICU: 10/01/2021

Did the patient die as a result of this illness?  
No

Vaccination History

**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**

Discharge Date from ICU: 10/02/2021

15. Click **OK** to acknowledge the case report has been submitted successfully.

Admission Date to ICU: 10/01/2021

Did the patient die as a result of this illness?  
No

Vaccination History

**Case Report Entry**

Case Report Entry Saved Successfully

**OK**

Discharge Date from ICU: 10/02/2021

**Please Note:** Clicking **OK** when the case report entry has been submitted successfully will automatically navigate you to the **Case Report Entry User Summary** screen.

- For specific information on the **Case Report Entry User Summary** screen, please review section 17: *Case Report Entry User Summary* of this guide.

ePartnerViewer

Support
Announcements
Advisories

Patient Search
Bookmarked Patients
Event Notifications
Lab Data Entry
Case Report Entry

Home > Case Report Entry User Summary

### CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE
Start Date: 07/02/2022
End Date: 07/02/2022
Retrieve Data

SHOWING 5 ITEMS
APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
View Copy	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

First Back 1 Next Last
Maximum 5 entries per page

## 17 Case Report Entry User Summary

The **Case Report Entry User Summary** screen displays all submitted and in-progress case reports you have entered. By default, the **Case Report Entry User Summary** screen displays the case reports from the last updated date. You can use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE Start Date: 07/02/2022 End Date: 07/02/2022 Retrieve Data

SHOWING 5 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">View</a> <a href="#">Copy</a>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 12:30 PM
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 11:00 AM	
<a href="#">Continue</a> <a href="#">Delete</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 10:30 AM	
<a href="#">Continue</a> <a href="#">Delete</a>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/01/2022 10:00 AM	
<a href="#">Continue</a> <a href="#">Delete</a>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 9:30 AM	

First Back 1 Next Last Maximum 5 entries per page

- Users are automatically navigated to the **Case Report User Summary** screen upon completing one of the following actions:
- Initiating multiple Case Report Forms when a Communicable Disease Lab Entry has been submitted successfully.

**Communicable Disease Lab Entry**

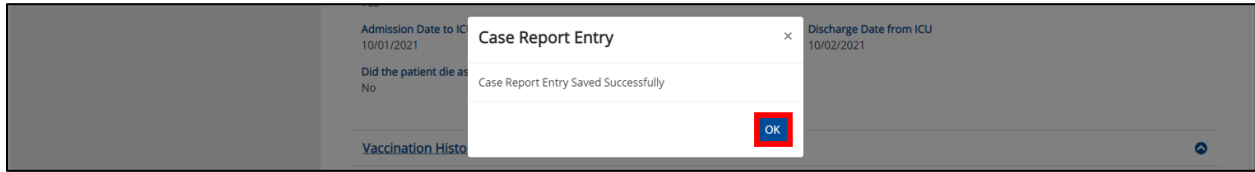
Please select the appropriate Case Report Form.

- ☒ Candida auris, clinical
- ☒ Child Hepatitis B
- ☒ Dengue
- ☒ Perinatal Hepatitis B
- ☒ Syphilis

NOTE: A Case Report Form is required only when the results are reportable. Users may select up to 5 conditions at a time.

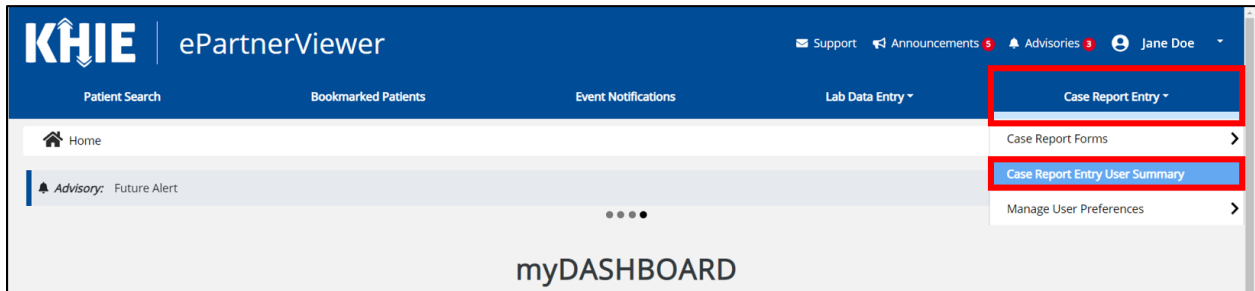
Cancel Initiate

- Clicking **OK** on the *Case Report Entry* pop-up when the Case Report has been submitted successfully from the **Review and Submit** screen.

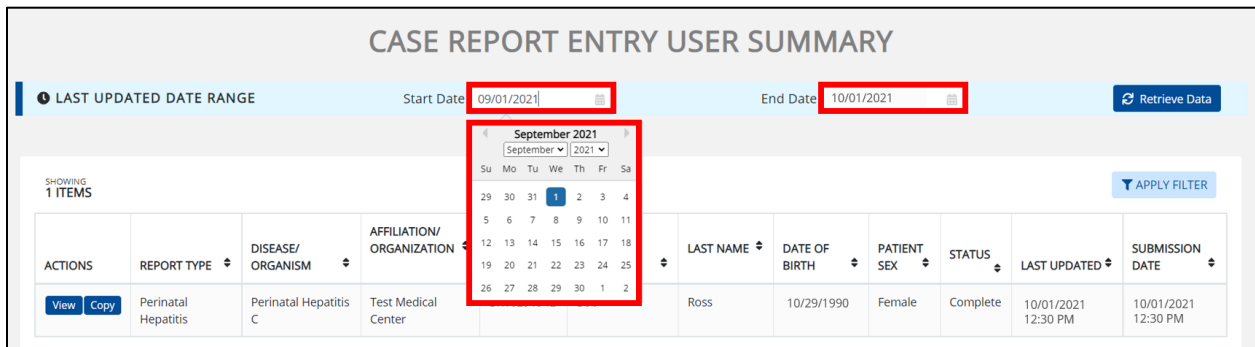


**Please Note:** Users with the *Manual Case Reporter* role have the access to the **Case Report Entry User Summary** screen at any time.

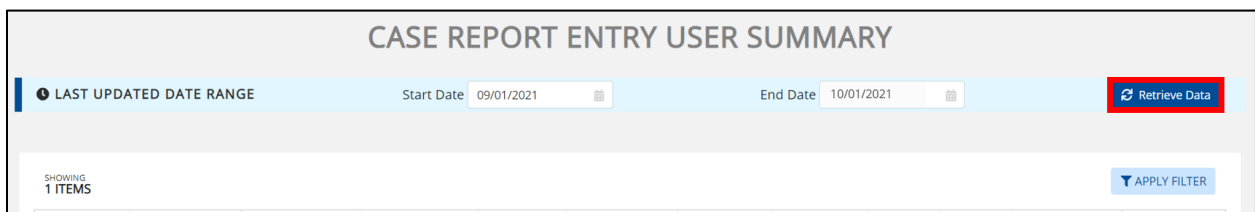
- To navigate to the **Case Report Entry User Summary** screen at any time, click the **Case Report Entry Tab** in the blue Navigation Bar at the top of the screen.
- Select **Case Report Entry User Summary** from the dropdown menu.



- To retrieve case reports for a specific date range within the last 6 months, enter the appropriate **Start Date** and **End Date**.



- Click **Retrieve Data** to generate the case reports.



6. To delete an initiated Case Report for the patient, click **Delete** next to the appropriate *Report Type*.

SHOWING 5 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">Continue</a> <a href="#">Delete</a>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

7. The *Case Report Deletion* pop-up displays. To delete the Case Report, click **Confirm**. Click **Cancel** if you do not want to delete the Case Report.

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">Continue</a> <a href="#">Delete</a>	Child Hepatitis	Child Hepatitis B	Test Medical Center	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

Case Report Deletion

Please confirm to delete

[Cancel](#) [Confirm](#)

8. To search for a specific Case Report, click **Apply Filter**.

**KHIE** | ePartnerViewer

Support Announcements Advisories

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Case Report Entry

Home > Case Report Entry User Summary

### CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date 07/02/2022 End Date 07/02/2022 Retrieve Data

SHOWING 14 ITEMS APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	GC12271965	George	Costanza	12/27/1975	Male	In Progress	07/02/2022 12:30 PM	

First Back 1 2 3 Next Last Maximum 5 entries per page

9. The Filter fields display. Search by entering the **Report Type**, **Disease/Organism**, **Affiliation/Organization**, **Patient MRN**, the patient's **First Name**, **Last Name**, **Date of Birth**, **Patient Sex**, **Status**, **Last Updated**, and/or **Submission Date** in the corresponding Filter fields.

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Support Announcements Advisories

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Case Report Entry

Home > Case Report Entry User Summary

### CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE Start Date 07/02/2022 End Date 07/02/2022 Retrieve Data

SHOWING 14 ITEMS HIDE FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
	Enter Report Ty	Enter Disease/ Or	Enter Affiliation/ C	Enter Patie	Enter First Nam	Enter Last N	Enter Date O	All	Enter St	All	All
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<a href="#">Continue</a> <a href="#">Delete</a>	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

**Review Previously Submitted Case Reports**

10. To review a summary of a completed case report that has been previously submitted, click **View** located next to the appropriate case report.

**CASE REPORT ENTRY USER SUMMARY**

LAST UPDATED DATE RANGE: Start Date: 07/02/2022, End Date: 07/02/2022. Retrieve Data

SHOWING 5 ITEMS. APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<b>View</b> Copy	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
Continue Delete	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	Other Conditions	Dengue	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
Continue Delete	STD	Syphilis	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

11. The *Case Report Details* pop-up displays a summary of the previously submitted case report.

- Click **Print** to print the case report.
- Click **Download** to download a PDF version of the case report.

12. Click **OK** to close out of the pop-up.

**Case Report Details**

Print Download

**Patient Information**

Disease/Organism: Child Hepatitis B  
Date of Diagnosis: Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? No

Patient ID (MRN): JH05052020  
Affiliation/Organization: Test Medical Center

Person Completing Form: Dr. Estelle Costanza (estelle@email.com)  
Affiliation/Organization: Test Medical Center

Attending Physician/Clinician: Dr. Fraiser Crane (fraiserccrane@email.com)  
Affiliation/Organization: Test Medical Center

First Name: Jane  
Last Name: Hopper

Date of Birth: 05/05/2020

Patient Sex: Female  
Ethnicity: Not Hispanic or Latino  
Race: White

Mother's Current Legal Name and Address:  
First Name: Terry  
Last Name: Ives

Address 1: 123 Hawkins Lane  
City: Frankfort  
State: KY  
Zip Code: 40601

OK

### Copy Previously Submitted Case Reports

The **Copy** feature allows Users to copy the information from a completed case report, make edits, then submit a new case report for the same patient. This means you can copy the information from a previously submitted case report into a new case report, update the appropriate information, then submit as a new case report for the patient.

- To copy the information from a completed case report that has been previously submitted, click **Copy** located next to the appropriate case report.

Home > Case Report Entry User Summary

### CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE      Start Date: 07/02/2022      End Date: 07/02/2022      Retrieve Data

SHOWING 5 ITEMS      APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<a href="#">View</a> <a href="#">Copy</a>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 12:30 PM	07/02/2022 1:45 PM
<a href="#">Continue</a> <a href="#">Delete</a>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

**Please Note:** Clicking **Copy** will automatically navigate you to the **Patient Information** screen of the appropriate Case Report. By default, the **Patient Information** screen displays auto-populated information entered on the previously submitted case report.

You have the option to edit the auto-populated information entered in any of the enabled fields and submit a new case report for the patient.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

By default, the **Patient Summary** screen displays the information entered on the previously submitted case report. Users can change the information entered in any of the enabled fields and submit a new case report for the patient. However, Users **cannot** change the disease/organism, affiliation/organization, and patient demographic fields which are grayed out and disabled:

- Disease/Organism*
- Patient ID (MRN)*
- Affiliation/Organization of the Patient ID (MRN)*
- Prefix*
- Suffix*
- First Name*
- Middle Name*
- Last Name*
- Date of Birth*



**PATIENT INFORMATION**

**Disease/Organism\*** ⓘ

Perinatal Hepatitis B

**Date of Diagnosis\***

mm/dd/yyyy  ☐ Unknown

Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?\*

Yes  No

**Patient ID (MRN)\*** ⓘ

JH05052020

**Affiliation/Organization\*** ⓘ

Test Medical Center

**Person Completing Form\***

Select...

**Affiliation/Organization\*** ⓘ

Select...

If other, please specify: ⓘ

**Attending Physician/Clinician\***

Select...

**Affiliation/Organization\*** ⓘ

Select...

If other, please specify: ⓘ

**Prefix**

Select...

**First Name\***

Jane

**Middle Name**

**Last Name\***

Hopper

**Suffix**

Select...

**Maiden Name**

**Date of Birth\***

05/05/2020

**Ethnicity\***

Not Hispanic or Latino

**Race\***

White

## Initiate Case Report

14. To complete a Case Report that has been previously initiated for the patient, click **Continue** next to the appropriate *Report Type*.

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE

Start Date07/02/2022

End Date07/02/2022

Retrieve Data

SHOWING 5 ITEMS

APPLY FILTER

ACTIONS	REPORT TYPE	DISEASE/ ORGANISM	AFFILIATION/ ORGANIZATION	PATIENT MRN	FIRST NAME	LAST NAME	DATE OF BIRTH	PATIENT SEX	STATUS	LAST UPDATED	SUBMISSION DATE
<div>View</div> <div>Copy</div>	Child Hepatitis	Child Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	Complete	07/02/2022 1:45 PM	07/02/2022 1:45 PM
<div>Continue</div> <div>Delete</div>	MDRO	Candida auris, clinical	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	
<div>Continue</div> <div>Delete</div>	Perinatal Hepatitis	Perinatal Hepatitis B	Test Medical Center	JH05052020	Jane	Hopper	05/05/2020	Female	In Progress	07/02/2022 12:30 PM	

**Please Note:** Upon clicking **Continue**, you will be automatically navigated to the **Patient Information** screen of the selected Case Report. By default, the **Patient Information** screen displays auto-populated information entered on the previously submitted Communicable Disease Lab Entry.

- For specific information on the **Patient Information** screen of each Case Report, please review the appropriate *Initiate Case Report* section of this guide.

## 18 Technical Support

### Toll-Free Telephone Support

For questions and assistance regarding the ePartnerViewer, please call 1 (800) 633-6283.

### Email Support

To submit questions electronically or request support regarding the ePartnerViewer, please email [KHIESupport@ky.gov](mailto: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.

