



Kentucky Health Information Exchange (KHIE)

Direct Lab Data Entry

User Guide

April 2021

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Document Control Information

Document Information

| | |
|-------------------------|---|
| Document Name | Direct Lab Data Entry |
| Project Name | KHIE |
| Client | Kentucky Cabinet for Health and Family Services |
| Document Author | Deloitte Consulting |
| Document Version | 3.0 |
| Document Status | Revised |
| Date Released | 4/20/2021 |

Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
|---------|------------|---|---------------------|
| 0.1 | 9/10/2020 | Initial Draft | Deloitte Consulting |
| 1.0 | 9/11/2020 | Version 1.0 | Deloitte Consulting |
| 1.1 | 9/29/2020 | Version 1.1 accounting for KHIE system updates implemented on 9/18/2020 | Deloitte Consulting |
| 1.2 | 02/03/2021 | Revisions to accommodate changes made to the functionality | Charlese Blair |
| 2.0 | 02/23/2021 | Version 1.3 accounting for KHIE system updates implemented on 2/26/2021 | Deloitte Consulting |
| 3.0 | 04/12/2021 | Version 3.0 accounting for KHIE system updates implemented on 4/26/2021 | Deloitte Consulting |
| 3.1 | 04/17/2021 | Version 3.1 | Charlese Blair |
| 3.2 | 04/20/2021 | Version 3.2 | Deloitte Consulting |

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1 Introduction

Overview

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

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

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

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

Supported Web Browsers

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

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

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

Mobile Device Considerations

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

Accessing the ePartnerViewer

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

1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
 - Details on creating a KOG account are in *Section 2 KOG Registration and Login* of this guide.
3. Users are required to complete Multi-Factor Authentication (MFA).
 - Details on MFA are included in the *Multi-Factor Authentication (MFA)* subsection in *Section 2 KOG Registration and Login* of this guide.

2 KOG Registration and Login

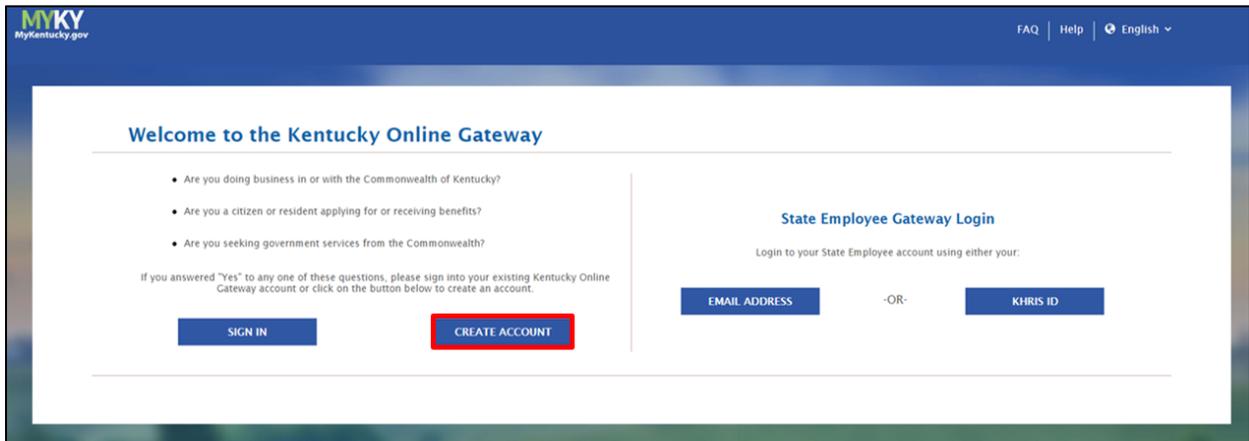
Create a KOG Account

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



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

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



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

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

The screenshot shows the 'Please complete your Kentucky Online Gateway Profile' registration form. It includes a header with the title. Below the header, there is a note: 'If you already have an existing Kentucky Online Gateway (KOG) Account, please click [here](#) to reset your password OR click on the CANCEL button below to log into your account.' The form instructions state: 'Please fill out the form below and click Sign Up when finished. All fields with * are required.' The registration fields are: '* First Name', 'Middle Name', '* Last Name', '* E-Mail Address', '* Verify E-Mail Address', '* Password', and '* Verify Password'. The 'Mobile Phone' and 'Language Preference' (set to English) fields are also visible. The registration fields are highlighted with a red box.

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

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

| | | |
|--|----------------------|----------------------|
| Mobile Phone | Language Preference | |
| <input type="text"/> | English | |
| Street Address 1 | Street Address 2 | |
| <input type="text"/> | <input type="text"/> | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Question | * Answer | |
| In what city were you born? (Enter full name of city only) | <input type="text"/> | |
| Question | * Answer | |
| What was the name of your first pet? | <input type="text"/> | |
| CANCEL | | SIGN UP |

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

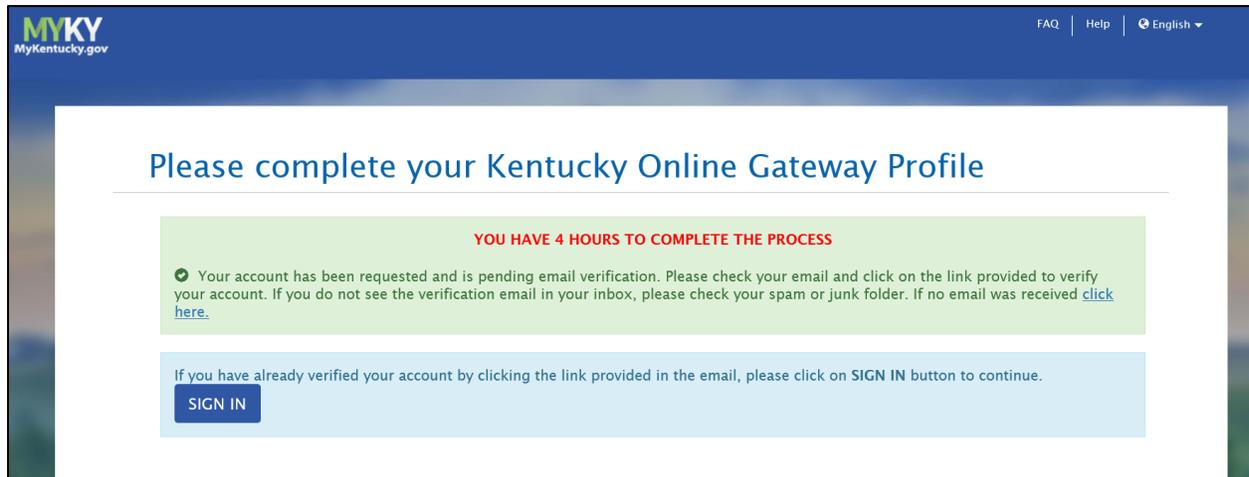
Please complete your Kentucky Online Gateway Profile

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

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

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

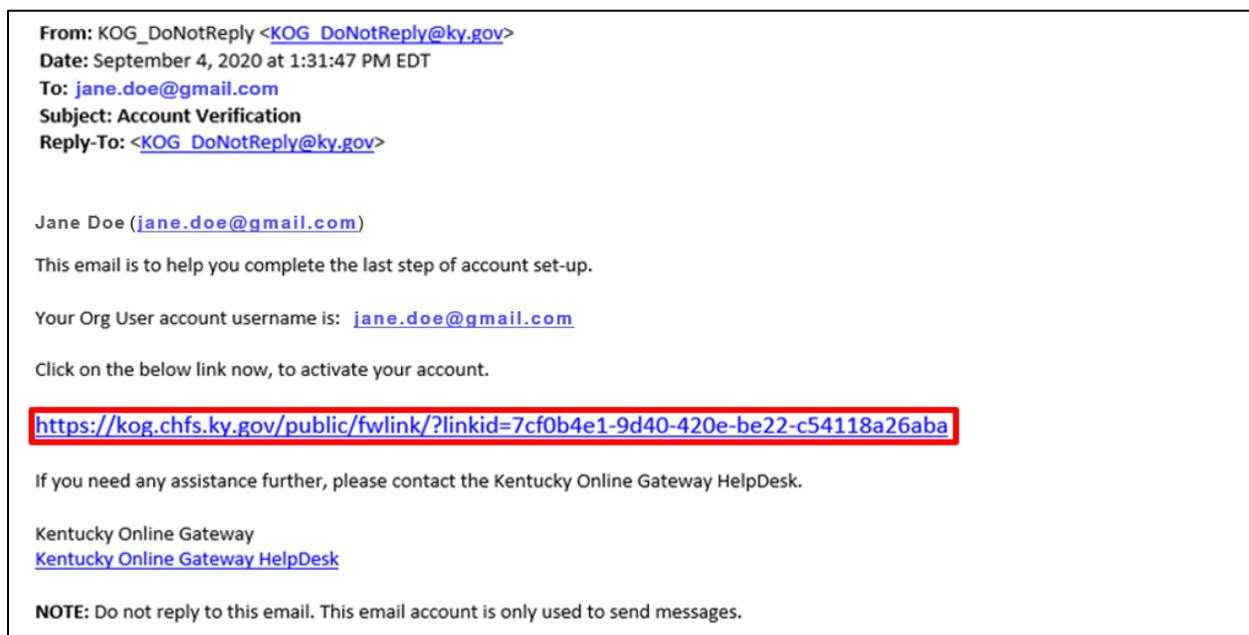
15. After clicking **Sign Up**, users will receive the following message: Your account has been requested and is pending email verification. Please check your email and click on the link provided to verify your account. Users must check their email to complete the KOG Account Validation process.



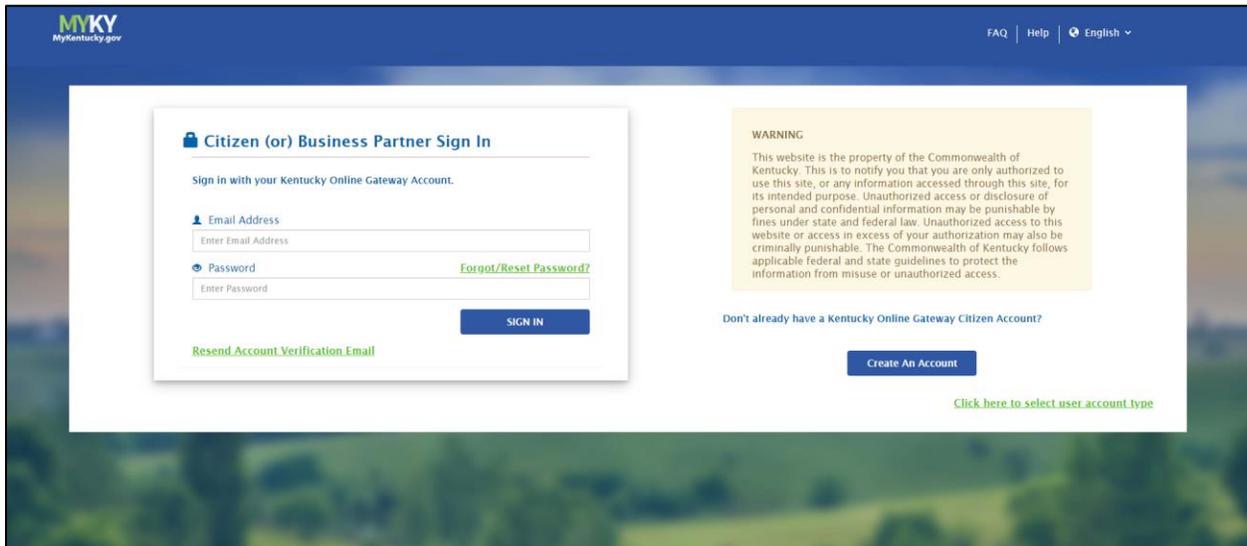
Please Note: If the verification email is not in the inbox, Users should check the *Junk* and *Spam* folders.

KOG Account Validation

16. Users will receive an email at the email address they provided when creating the account. This email is titled *Account Verification* from KOG_DoNotReply@ky.gov.
17. Users must click the **link** in the email to proceed.

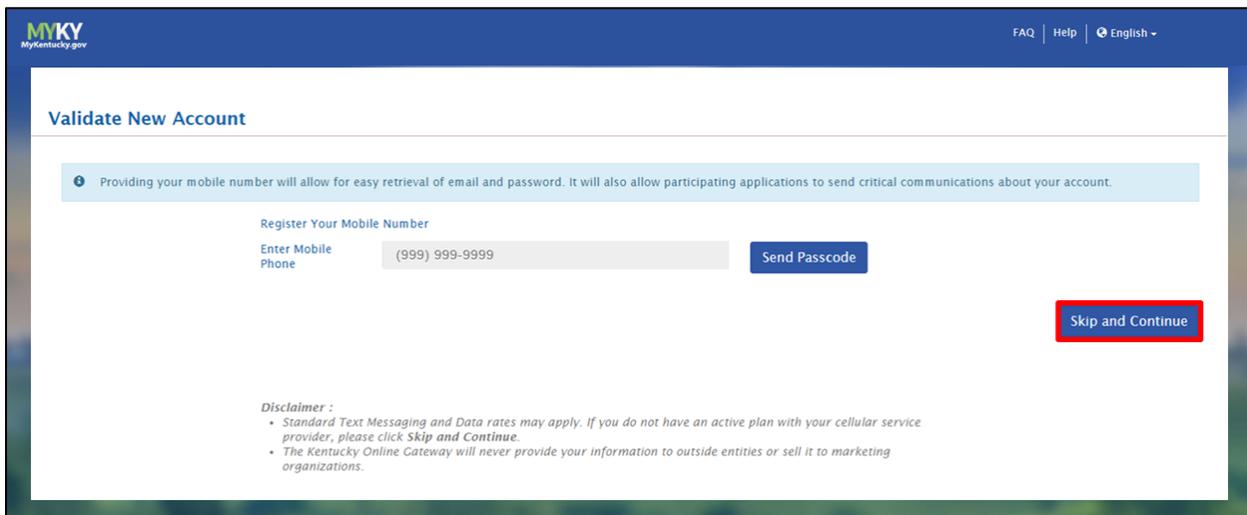


18. Clicking the **link** in the email takes you to the **KOG Login Page**.

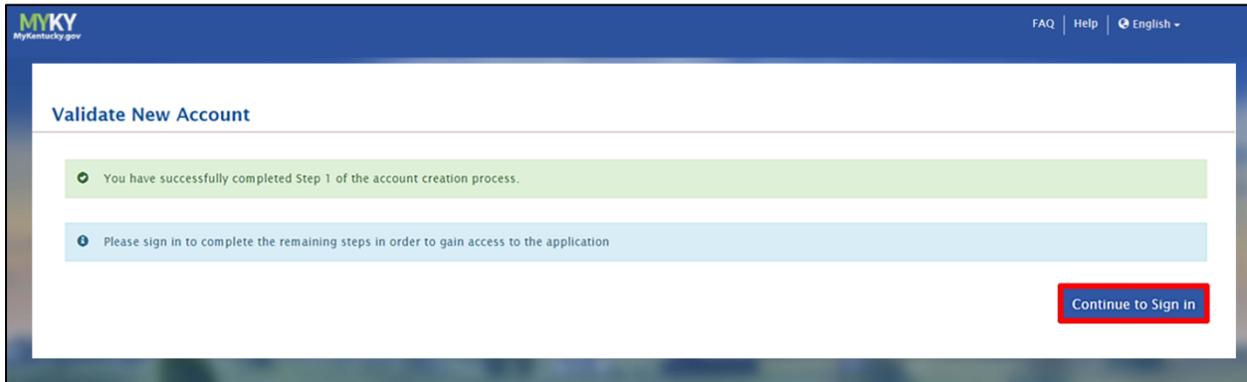


19. When Users choose to register their phone numbers, they will have the option to receive a passcode via text.

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



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



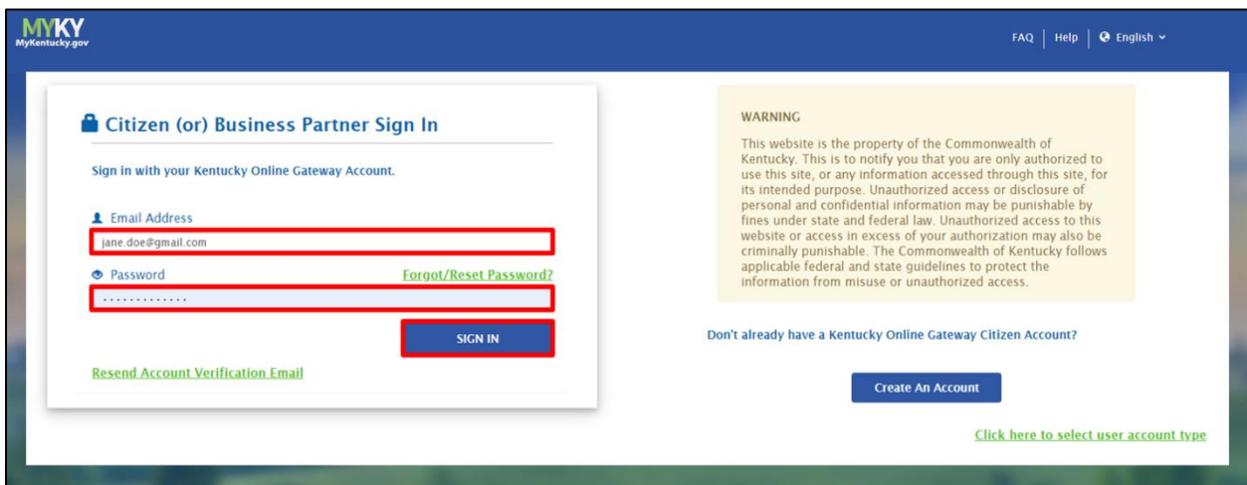
21. On the **KOG Login Page**, Users must enter their **Email Address**.

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

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

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

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



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

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

Kentucky Online Gateway Welcome Jane Doe | My Account | Sign Out | Help | English

Register as a Kentucky Organ Donor

With the passing of KY SB77 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created the below form for Kentuckians to join the Kentucky Organ Donor Registry. If you'd like to join the KYDR, please fill out the required fields below, select the consent checkbox, and click the "Register" button. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>.

* First Name:
Middle Name:
* Last Name:

Register as a Kentucky Organ Donor

Would you like to register as an organ donor?

With the passing of KY SB77 and in partnership with Donate Life Kentucky, the Kentucky Online Gateway has created an online portal for Kentuckians to join the Kentucky Organ Donor Registry. For more information on what it means to be an organ donor, please visit <https://donatelifeky.org/why-donate/>

Yes, Register Now **Remind me later**

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

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

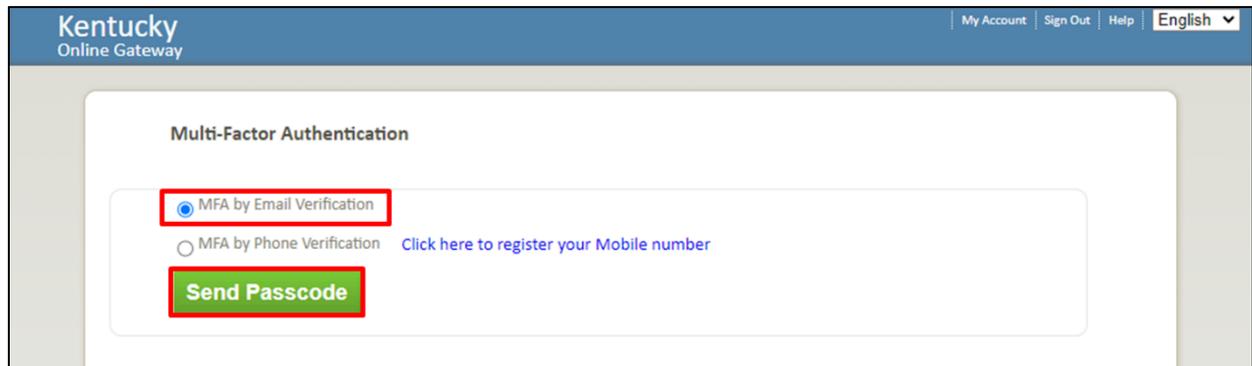
Register [Continue to the Application](#)

Multi-Factor Authentication

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

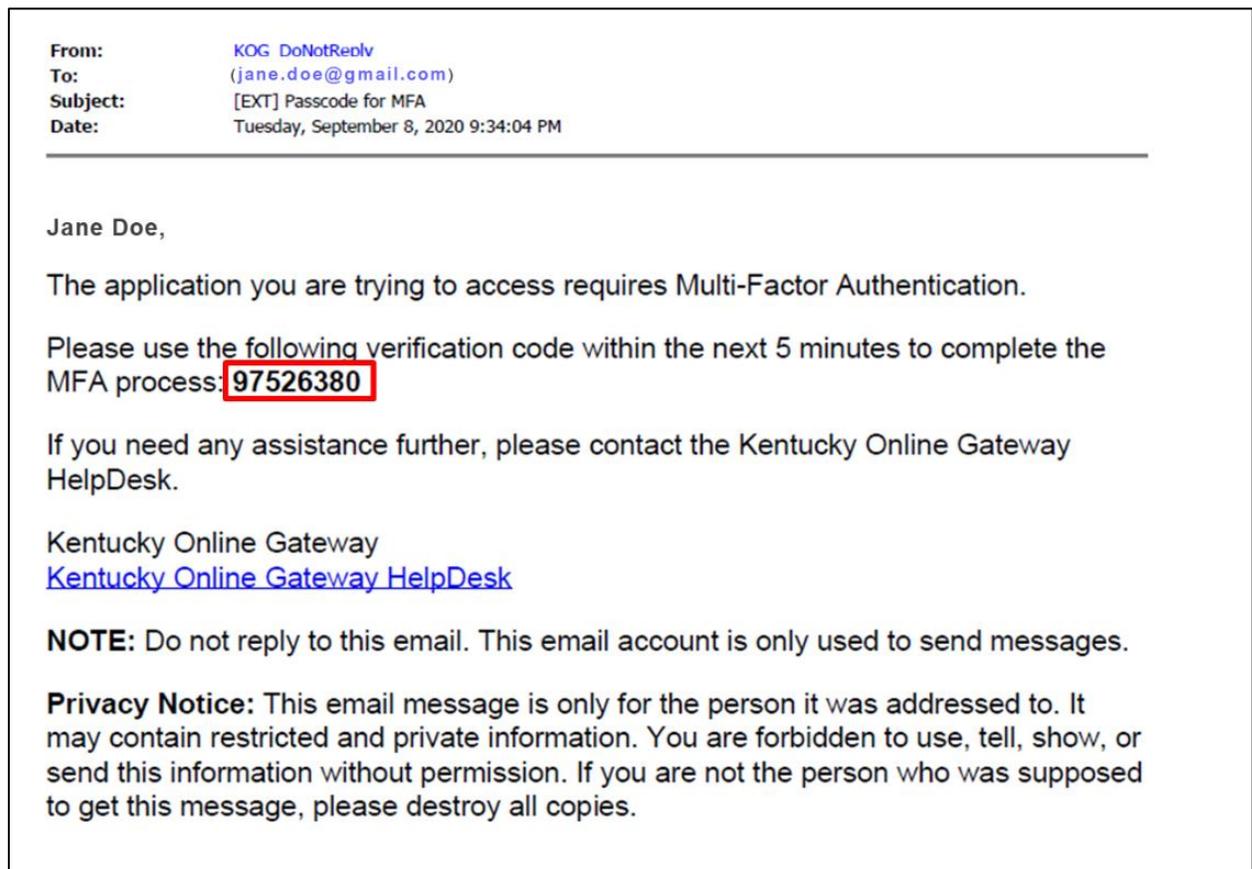
MFA by Email Verification

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



The screenshot shows the 'Multi-Factor Authentication' section of the Kentucky Online Gateway. At the top, there is a navigation bar with 'Kentucky Online Gateway' on the left and 'My Account | Sign Out | Help | English' on the right. The main content area has a title 'Multi-Factor Authentication' and two radio button options: 'MFA by Email Verification' (which is selected and highlighted with a red box) and 'MFA by Phone Verification' (with a link 'Click here to register your Mobile number'). Below these options is a green 'Send Passcode' button, also highlighted with a red box.

2. Users must open their email in a separate tab and open an email titled *Passcode for MFA* from [KOG DoNotReplay@ky.gov](mailto:KOG_DoNotReplay@ky.gov).



The screenshot shows an email from 'KOG DoNotReplv' to 'jane.doe@gmail.com'. The subject is '[EXT] Passcode for MFA' and the date is 'Tuesday, September 8, 2020 9:34:04 PM'. The email body addresses 'Jane Doe' and states: 'The application you are trying to access requires Multi-Factor Authentication. Please use the following verification code within the next 5 minutes to complete the MFA process: 97526380'. The code '97526380' is highlighted with a red box. The email also includes contact information for the Kentucky Online Gateway HelpDesk and a note: 'NOTE: Do not reply to this email. This email account is only used to send messages.' A privacy notice is also present at the bottom.

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

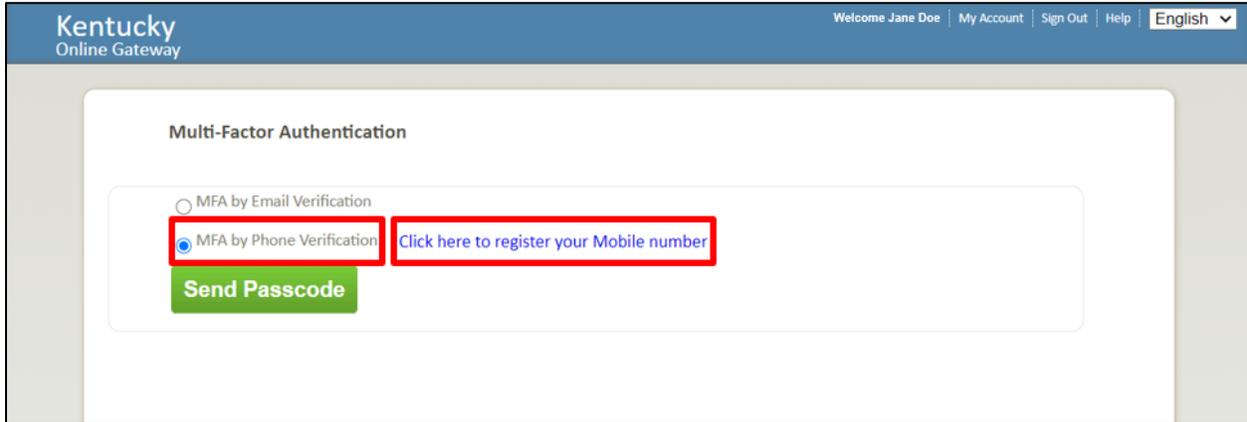
The screenshot shows the 'Multi-Factor Authentication' screen on the 'Kentucky Online Gateway'. At the top, there is a blue header with the text 'Kentucky Online Gateway' on the left and 'Welcome Mitch Cavallo | My Account | Sign Out | Help | English' on the right. Below the header, the main content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

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

This screenshot is identical to the one above, showing the 'Multi-Factor Authentication' screen. However, in this version, the 'Authenticate' button is highlighted with a red border, while the passcode field is no longer highlighted.

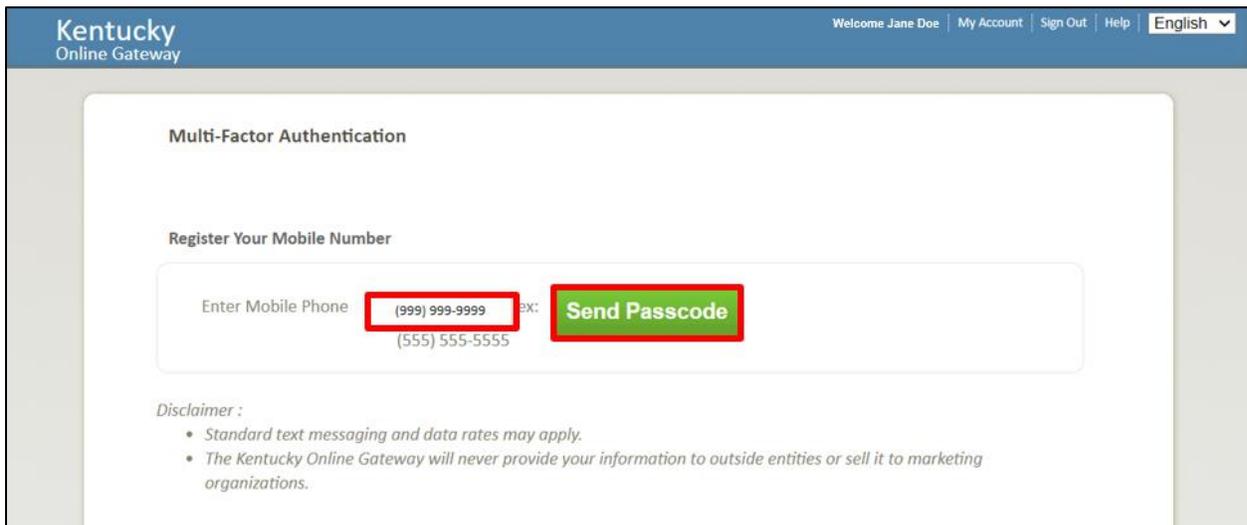
MFA by Phone Verification

1. To receive the MFA passcode by text, click the **MFA by Phone Verification** button.
2. Users who have not registered their phone number should select **Click here to register your Mobile number**.



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

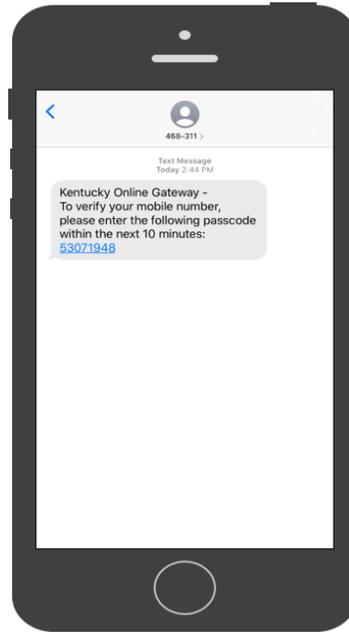
3. The **Register Your Mobile Number** screen displays for Users who have not registered their phone number. Users must enter their **mobile phone number** and click **Send Passcode**.



The screenshot shows the 'Register Your Mobile Number' screen. It features a text input field labeled 'Enter Mobile Phone' containing the number '(999) 999-9999'. Below the input field, the text '(555) 555-5555' is displayed. To the right of the input field is a green button labeled 'Send Passcode', which is highlighted with a red box. Below the input field is a 'Disclaimer' section with the following text: 'Standard text messaging and data rates may apply.' and 'The Kentucky Online Gateway will never provide your information to outside entities or sell it to marketing organizations.'

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

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



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

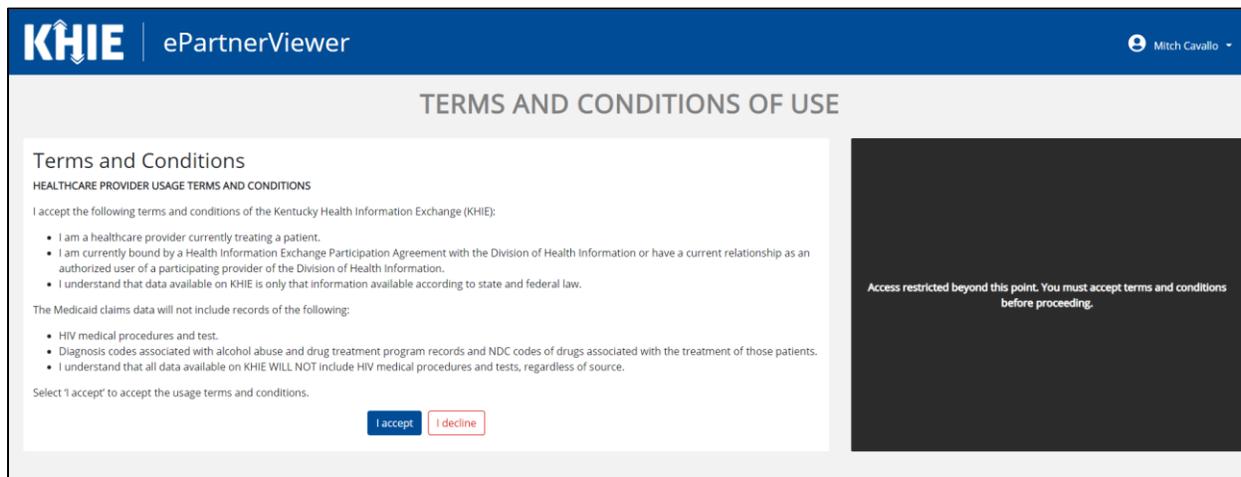
- To verify the mobile number, Users must enter the **8-digit code** from the text message into the *Enter Passcode* field on the **Multi-Factor Authentication** screen.
- Users must click **Validate & Verify** to be directed to the **Terms and Conditions of Use** page in the ePartnerViewer.

A screenshot of a web page titled 'Multi-Factor Authentication'. The page has a light gray background. At the top, it says 'Multi-Factor Authentication'. Below that, a green message reads: 'Your one-time passcode has been sent as a text message to your mobile number. You have 4 minutes to enter the passcode into the below field and click the "Validate & Verify" button.' Underneath, there is a section titled 'Verify Your Mobile Number'. It contains two input fields. The first is 'Enter Mobile Phone' with a placeholder '(999) 999-9999' and 'ex: (555) 555-5555'. To its right is a green button labeled 'Resend passcode'. The second input field is 'Enter Passcode' with the value '53071948' entered. To its right is a green button labeled 'Validate & Verify'. At the bottom, there is a link: 'Didn't get your passcode? Sometimes it can take up to 5 minutes. If it's been longer than that, try again.'

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

3 Terms of Use and Logging In

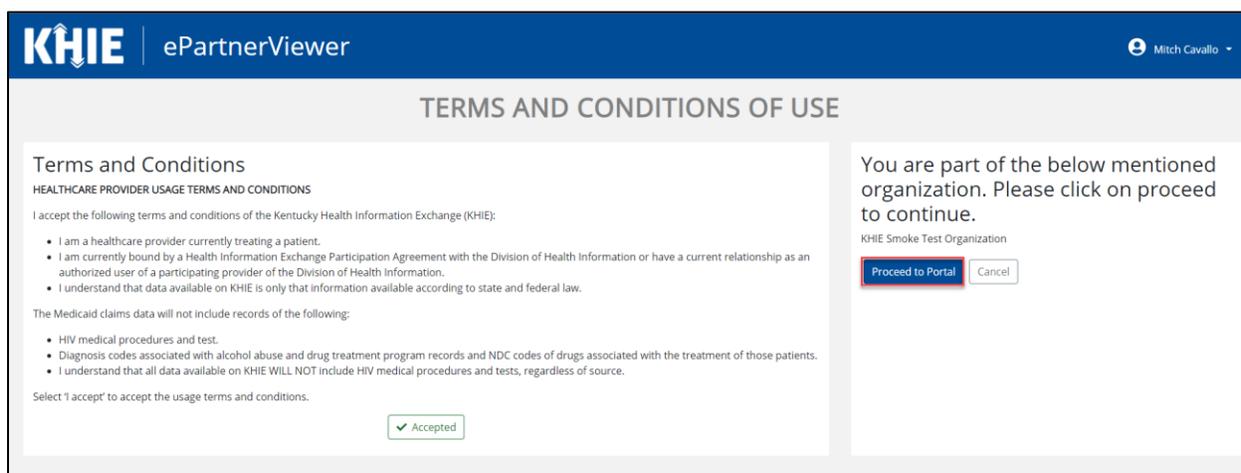
After logging into the Kentucky Online Gateway and completing Multi-Factor Authentication, the **Terms of Conditions and Use** page displays. Privacy and security obligations are outlined here.



Please Note: The right side of the Portal is grayed out and displays a message that states:

Access is restricted beyond this point. You must accept the terms and conditions before proceeding.

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



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

4 Understanding the Lab Data Entry Drop-down Menu

The **Lab Data Entry** tab drop-down menu includes the following items:

1. **COVID Lab Data Entry:**

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

2. **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).

3. **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.

4. **Manage User Preferences:**

- Designed as an efficient method for Users to enter repetitive data.
- Allows Users to enter the Ordering Provider and Ordering Facility details in their User Preferences which enables Users to quickly select an Ordering Provider or Ordering Facility from the drop-down options.

5 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 drop-down options. These drop-downs are located on the **Provider Details** screen for COVID Lab Data Entry and also on the **Observation** screen for Negative Lab Quick Entry.

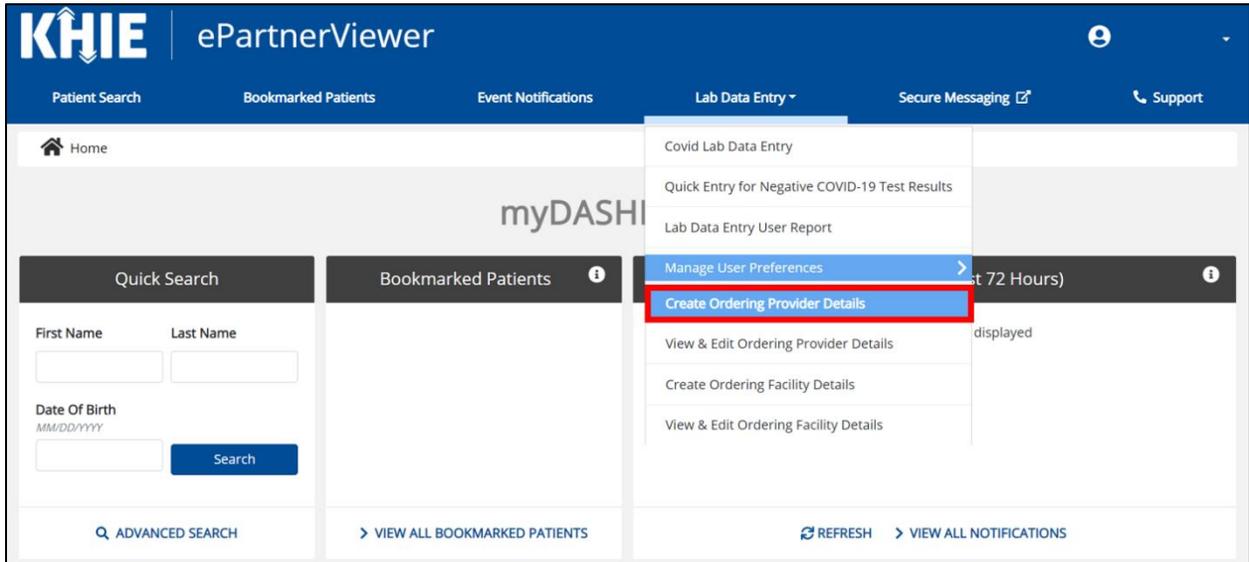
Please Note: Users are no longer required to enter Ordering Provider and/or Ordering Facility details for each COVID-19 Lab Data Entry.

Create Ordering Provider Details

1. When entering the ePartnerViewer, Users 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 drop-down menu, select **Manage User Preferences**.

The screenshot displays the ePartnerViewer interface. At the top, a blue navigation bar contains the KHIE logo, the text 'ePartnerViewer', and several menu items: 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry' (highlighted with a red box), 'Secure Messaging', and 'Support'. Below the navigation bar, a dropdown menu is open under 'Lab Data Entry', listing 'Covid Lab Data Entry', 'Quick Entry for Negative COVID-19 Test Results', 'Lab Data Entry User Report', and 'Manage User Preferences' (highlighted with a red box). The main content area is divided into three columns. The left column is titled 'Quick Search' and contains input fields for 'First Name', 'Last Name', and 'Date Of Birth' (MM/DD/YYYY), along with a 'Search' button and an 'ADVANCED SEARCH' link. The middle column is titled 'Bookmarked Patients' and contains a 'VIEW ALL BOOKMARKED PATIENTS' link. The right column is titled 'it 72 Hours)' and contains a 'REFRESH' button and a 'VIEW ALL NOTIFICATIONS' link. The text 'myDASHI' is visible in the background of the main content area.

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



4. The Create Ordering Provider screen displays. From here, Users must enter the Ordering Provider Details. Mandatory fields are marked with asterisks (*).
5. If available, select the appropriate **Prefix** and **Suffix** from the drop-downs.

The screenshot shows the 'CREATE ORDERING PROVIDER' form. The form includes the following fields and dropdowns:

- Prefix**: A dropdown menu with 'Dr.' selected and highlighted with a red box.
- First Name***: A text input field containing 'Niles'.
- Last Name***: A text input field containing 'Crane'.
- Suffix**: A dropdown menu with 'Select...' selected and highlighted with a red box. The dropdown list is open, showing options: 'II', 'III', 'IV', 'Jr', and 'Sr'.
- Address 1***: A text input field.
- Address 2**: A text input field.

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

Home > Create ordering provider details

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

CREATE ORDERING PROVIDER

Prefix

First Name*

Last Name*

Suffix

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

8. Enter the **Provider NPI**.

Address 1*

Address 2

City*

State*

Zip Code*

Phone Number

Provider NPI*

9. If available, enter the Ordering Provider's **Phone Number**.

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

Address 1* 9876 Second Street

Address 2 Unit,Suite,Building,etc.

City* Frankfort State* KY

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 Festivus Road | | Lexington | KY | 40509 | (555) 777-1010 |
|   | Joe Smith | 98765 | 22 Second Avenue | | Lexington | KY | 40509 | (859) 111-0000 |
|   | Fraiser Crane | 123456 | 123 Main Street | | Frankfort | KY | 40601 | (555) 500-5000 |

13. The **Update Ordering Provider Details** pop-up displays. Users may 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 a table with 4 items. A pop-up window titled "Update Ordering Provider Details" is centered over the table, displaying the message "Ordering Provider Details updated successfully" and an "OK" button. The table columns include ACTIONS, NAME, NPI, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER. The first row is for Dr. Niles Crane, Jr. and the second is for George Costanza.

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 same table as above. The trash bin icon in the ACTIONS column for the first row (Dr. Niles Crane, Jr.) is highlighted with a red box. The table has 4 items and includes pagination controls at the bottom: First, Back, 1, Next, Last. A dropdown menu shows "Maximum 5 entries per page".

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

The screenshot shows the table with a pop-up window titled "Delete Ordering Provider Details" centered over it. The pop-up contains a checked checkbox, the text "Delete Ordering Provider Details", and the question "Are you sure?". There are "Cancel" and "OK" buttons at the bottom of the pop-up. The trash bin icon in the table is still highlighted.

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

Home > View ordering provider details

VIEW & EDIT ORDERING PROVIDER DETAILS REFRESH **APPLY FILTER**

SHOWING 4 ITEMS

| 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 |

First Back 1 Next Last Maximum 5 entries per page

18. The Filter fields display. Users may 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 REFRESH **HIDE FILTER**

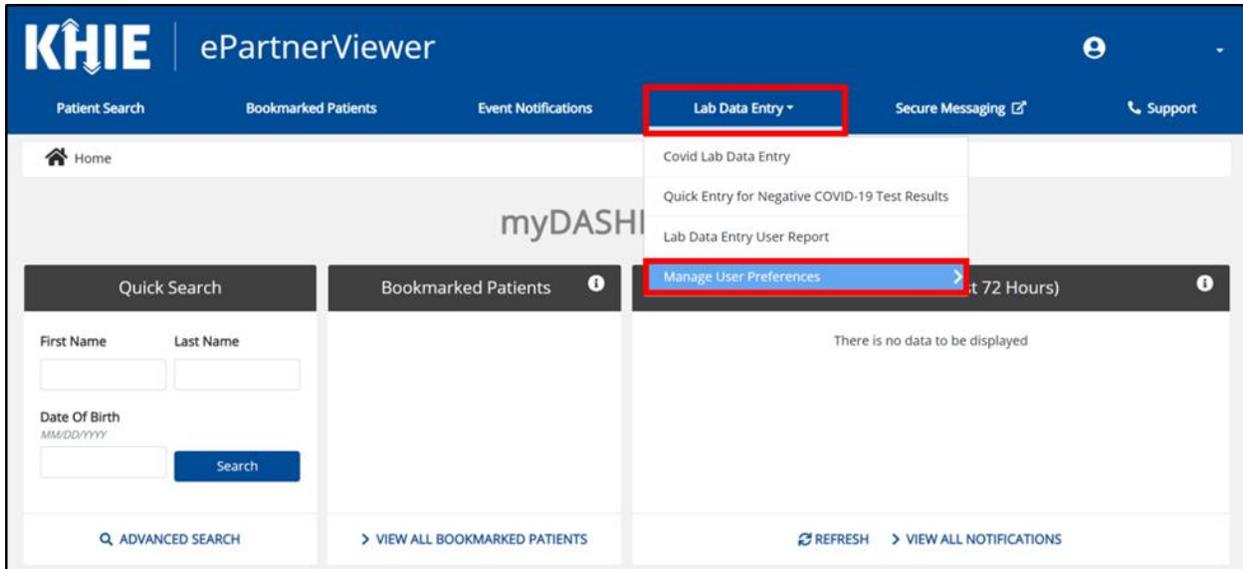
SHOWING 4 ITEMS

| ACTIONS | NAME | NPI | ADDRESS 1 | ADDRESS 2 | CITY | STATE | ZIP CODE | PHONE NUMBER |
|---------|--|---|---|---|--|---|--|--|
| | <input type="text" value="Enter Name..."/> | <input type="text" value="Enter NPI..."/> | <input type="text" value="Enter Address 1..."/> | <input type="text" value="Enter Address 2..."/> | <input type="text" value="Enter City..."/> | <input type="text" value="Enter State..."/> | <input type="text" value="Enter Zip Code..."/> | <input type="text" value="Enter Phone Numl..."/> |
| | 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 |

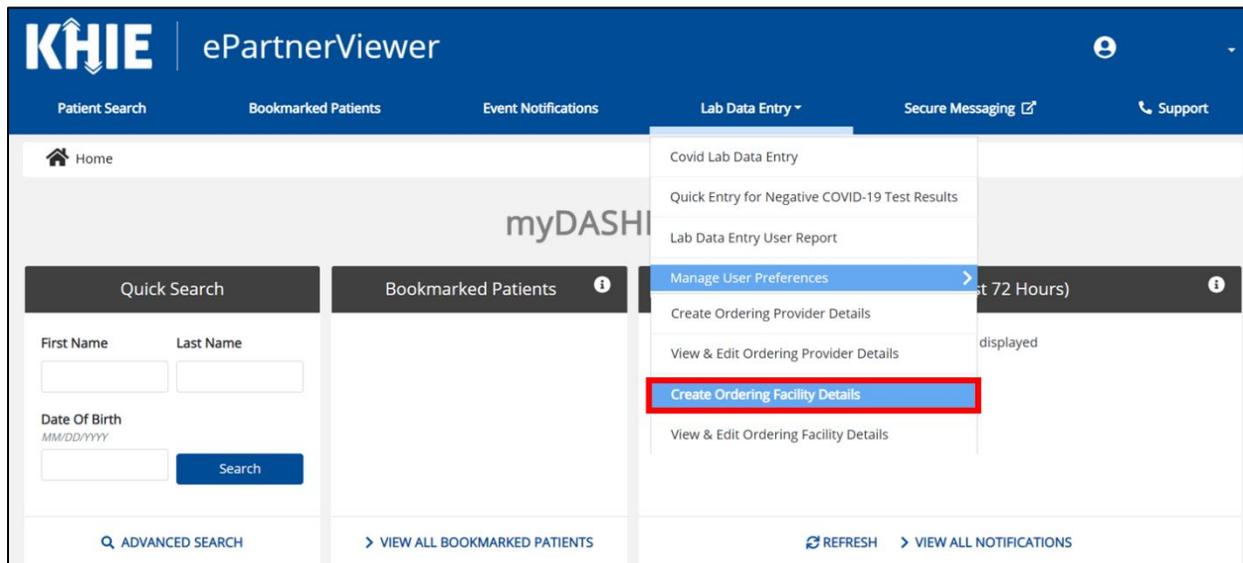
First Back 1 Next Last Maximum 5 entries per page

Create Ordering Facility Details

1. When entering the ePartnerViewer, Users 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 drop-down menu, select **Manage User Preferences**.



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



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

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

Facility Name*

Address 1*

Address 2

City* State*

Zip Code* Phone Number

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

CREATE ORDERING FACILITY

Facility Name* Union Medical Clinic

Address 1* 460 Union Court

Address 2 100

City* Frankfort State* KY

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

Clear Save

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

Home > Create ordering facility details

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

Create Ordering Facility Details

Ordering Facility Details saved successfully

OK

Clear Save

View & Edit Ordering Facility Details

- 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.

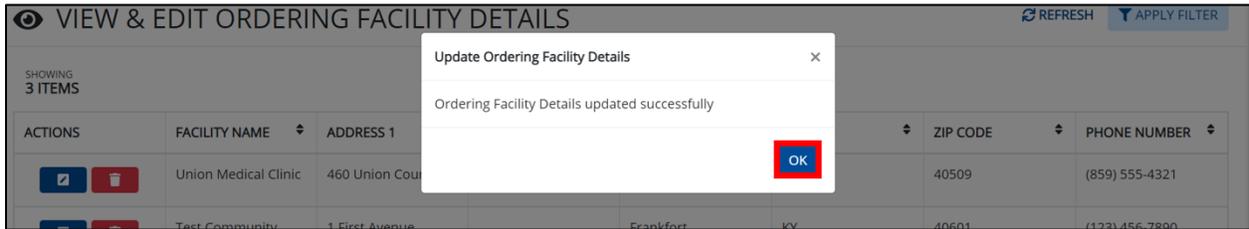
The screenshot shows the 'View & Edit Ordering Facility Details' screen in the ePartnerViewer application. The page header includes the KHIE logo and navigation links like Patient Search, Bookmarked Patients, Event Notifications, Lab Data Entry, Secure Messaging, and Support. The main content area displays a table of ordering facilities. The first row, 'Union Medical Clinic', has its edit icon (a blue square with a white pencil) highlighted with a red box. The table columns are: ACTIONS, FACILITY NAME, ADDRESS 1, ADDRESS 2, CITY, STATE, ZIP CODE, and PHONE NUMBER. Below the table are pagination controls (First, Back, 1, Next, Last) and a 'Maximum 5 entries per page' dropdown.

| 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 may edit the appropriate fields. Once complete, click **Save** to save the updates.

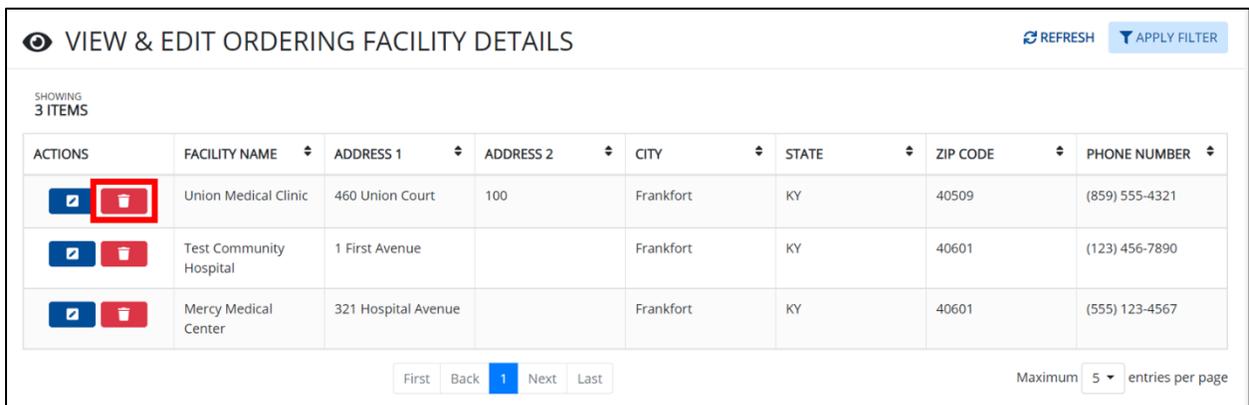
The screenshot shows the 'Update Ordering Facility Details' pop-up form. The form is overlaid on the main screen and contains the following fields: Facility Name (Union Medical Clinic), Address 1 (460 Union Court), Address 2 (100), City (Frankfort), State (KY), Zip Code (40509-), and Phone Number ((859) 555-4321). The 'Save' button is highlighted with a red box. The background shows the same table as the previous screenshot, but it is dimmed.

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

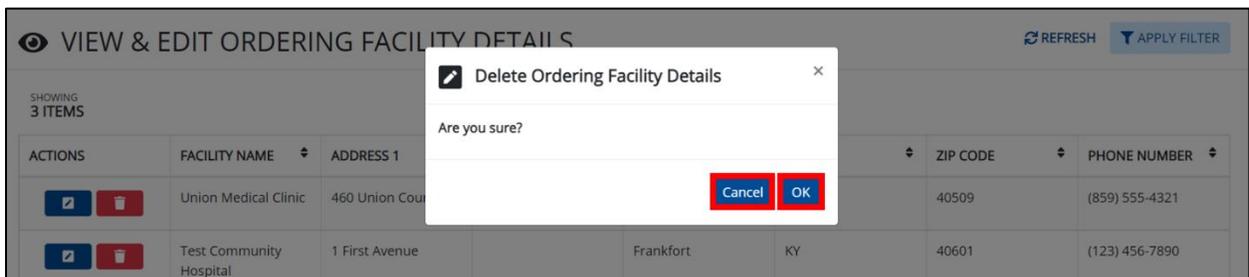


Delete Ordering Facility Details

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



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.



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

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS REFRESH **APPLY FILTER**

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

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

KHIE | ePartnerViewer Profile icon

Patient Search Bookmarked Patients Event Notifications Lab Data Entry Secure Messaging Support

Home > View ordering facility details

VIEW & EDIT ORDERING FACILITY DETAILS REFRESH **HIDE FILTER**

SHOWING 3 ITEMS

| ACTIONS | FACILITY NAME | ADDRESS 1 | ADDRESS 2 | CITY | STATE | ZIP CODE | PHONE NUMBER |
|---------|-------------------------|---------------------|--------------------|---------------|----------------|-------------------|-----------------|
| | Enter Facility Nam | Enter Address 1... | Enter Address 2... | Enter City... | Enter State... | Enter Zip Code... | Enter Phone Num |
| | 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

6 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 asterisk(*) are required.

PATIENT INFORMATION

| | | | |
|---------------------------|----------------------|----------------|----------------------|
| Performing Facility Name* | Select... v | Patient MRN* ? | <input type="text"/> |
| First Name* | <input type="text"/> | Middle Initial | <input type="text"/> |

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

Patient Information Observation Ask On Order Entry Lab Data Review Submit

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

PATIENT INFORMATION

| | | | |
|---------------------------|---------------|----------------|----------------------|
| Performing Facility Name* | Select... v | Patient MRN* ? | <input type="text"/> |
|---------------------------|---------------|----------------|----------------------|

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

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

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

- City:
- Zip Code:
- Phone Number:
- State: KY
- County: Select... (dropdown menu open showing: Adair, Allen, Anderson, Ballard, Barren, Bath, Bell)
- Email Address:

The County dropdown menu is highlighted with a red border. The footer of the form includes the text "HEALTH INTERACTIVE HIE" and "Version".

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

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

- City:
- Zip Code:
- State: AR
- County: Out Of System State

The State and County fields are highlighted with red borders.

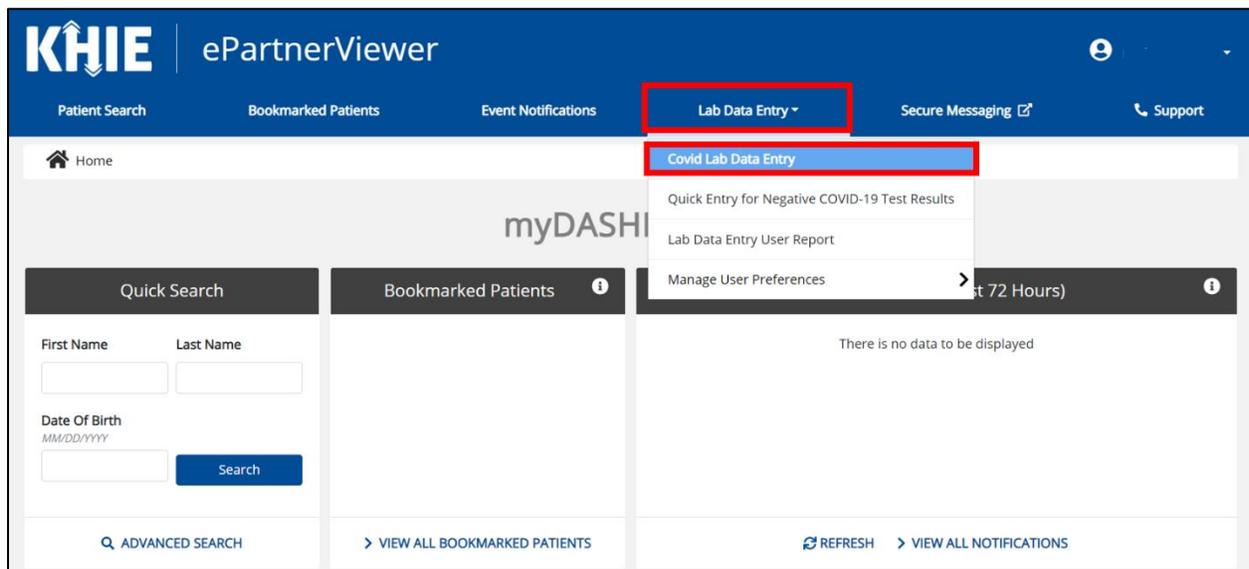
Please Note: The Kentucky Department for Public Health does not report test results to other states. If you are required to report results to other states, you will be responsible to do so.

Let's Get Started with COVID-19 Lab Data Entry!

7 Lab Data Entry

COVID Lab Data Entry

1. To enter positive COVID-19 test results, Users must click the **Lab Data Entry** Tab in the blue ribbon Navigation Bar at the top of the screen.
2. Users must select **COVID Lab Data Entry** from the drop-down menu.



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

8 Patient Information

COVID Lab Data Entry is a six-step process where Users enter (1) Patient Information, (2) Observation Results, (3) Provider Details, and answers to specific questions (4) Asked on Order Entry. The (5) **Lab Data Review** screen is where users must review the information they've entered. The final step is (6) Submitting the COVID-19 Lab Data Entry.

The screenshot shows the ePartnerViewer interface. At the top, there's a navigation bar with 'KHIE' and 'ePartnerViewer'. Below that, there are links for 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', 'Secure Messaging', and 'Support'. The main content area shows a progress bar with five steps: 1. Patient Information (highlighted with a red box), 2. Observation, 3. Ask On Order Entry, 4. Lab Data Review, and 5. Submit. Below the progress bar, there's a message: 'Please complete the form below. All fields marked with asterisk(*) are required.' The 'PATIENT INFORMATION' section is highlighted with a dark grey background. It includes a dropdown menu for 'Performing Facility Name*' with 'Select...' as the current selection, and a text input field for 'Patient MRN*'.

1. To start the COVID-19 Lab Data Entry, Users must complete the **Patient Information** section.
2. Users select the **Performing Facility Name** from the drop-down. This will be the name of the organization that resulted the lab for which you are entering results; this is usually the name of the organization with whom you are associated.

The screenshot shows the 'PATIENT INFORMATION' form. At the top, there's a message: 'Please complete the form below. All fields marked with asterisk(*) are required.' The form is titled 'PATIENT INFORMATION' in a dark grey header. Below the header, there are several fields: 'Performing Facility Name*' (a dropdown menu with 'Select...' as the current selection, highlighted with a red box), 'Patient MRN*' (a text input field), 'First Name*' (a text input field), 'Middle Initial' (a text input field), 'Last Name*' (a text input field), 'SSN Number' (a text input field), 'Date Of Birth*' (a text input field), 'Patient Sex*' (a dropdown menu with 'Select...' as the current selection), 'Race*' (a dropdown menu with 'Select...' as the current selection), and 'Ethnicity*' (a dropdown menu with 'Select...' as the current selection). The dropdown menu for 'Performing Facility Name*' is open, showing a list of options: 'Aegis Sciences Corporation', 'Afzal, Mohammad MD, Internal Medicine, LLC', 'Bluewater Diagnostics', 'DDE REGRESSION TEST UAT 2ND', 'DDE REGRESSION TEST UAT ONE', and 'DDE REGRESSION TEST UAT'.

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

PATIENT INFORMATION

| | | | |
|---------------------------|---|----------------|---|
| Performing Facility Name* | <input type="text" value="Test Medical Center"/> | Patient MRN* ? | <input style="border: 2px solid red;" type="text"/> |
| First Name* | <input style="border: 2px solid red;" type="text"/> | Middle Initial | <input style="border: 2px solid red;" type="text"/> |
| Last Name* | <input style="border: 2px solid red;" type="text"/> | SSN Number | <input style="border: 2px solid red;" type="text"/> |

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|----------------|--|----|----|----|----|----|----|----|----|----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----------------|---|--------------|--|
| Performing Facility Name* | <input type="text" value="Test Medical Center"/> | Patient MRN* ? | <input type="text" value="DM1234567"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name* | <input type="text"/> | Middle Initial | <input type="text" value="L"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name* | <input type="text"/> | SSN Number | <input type="text" value="444-32-1234"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Of Birth* | <div style="border: 2px solid red; padding: 5px;"> <div style="text-align: center;">April 2021</div> <table style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="text-align: center;">Su</td> <td style="text-align: center;">Mo</td> <td style="text-align: center;">Tu</td> <td style="text-align: center;">We</td> <td style="text-align: center;">Th</td> <td style="text-align: center;">Fr</td> <td style="text-align: center;">Sa</td> </tr> <tr> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> <td style="text-align: center;">31</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center; background-color: #007bff; color: white;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> <td style="text-align: center;">13</td> <td style="text-align: center;">14</td> <td style="text-align: center;">15</td> <td style="text-align: center;">16</td> <td style="text-align: center;">17</td> </tr> <tr> <td style="text-align: center;">18</td> <td style="text-align: center;">19</td> <td style="text-align: center;">20</td> <td style="text-align: center;">21</td> <td style="text-align: center;">22</td> <td style="text-align: center;">23</td> <td style="text-align: center;">24</td> </tr> <tr> <td style="text-align: center;">25</td> <td style="text-align: center;">26</td> <td style="text-align: center;">27</td> <td style="text-align: center;">28</td> <td style="text-align: center;">29</td> <td style="text-align: center;">30</td> <td style="text-align: center;">1</td> </tr> </table> </div> | Su | Mo | Tu | We | Th | Fr | Sa | 28 | 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 | Date Of Birth* | <input type="text" value="MM/DD/YYYY"/> | Patient Sex* | <input type="text" value="Select..."/> |
| Su | Mo | Tu | We | Th | Fr | Sa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28 | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

- 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. Users may not proceed to the next page until updating or confirming the patient's birth year.

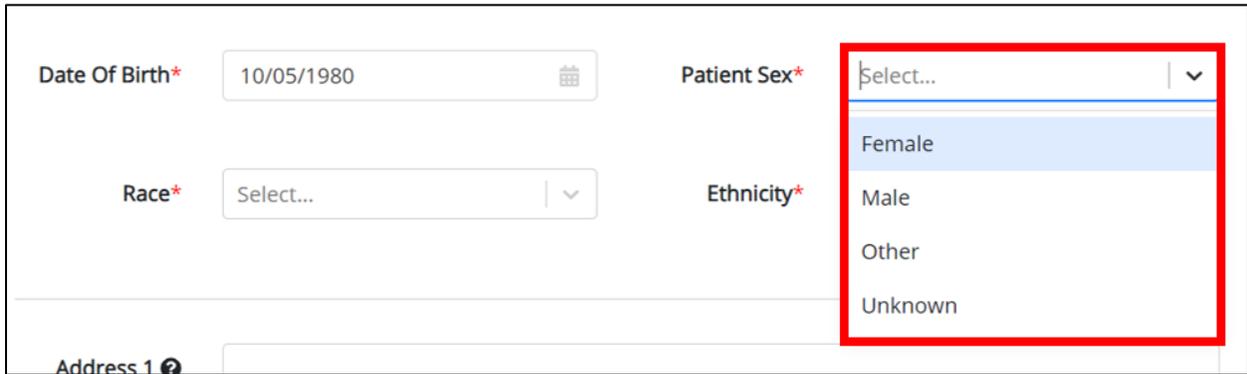
The screenshot shows a form with fields for Address 1 (123 Test St.), Address 2 (Unit, Suite, #), City (Frankfort), Zip Code, and County (Adair). A white pop-up window titled "Patient Information" is centered over the form. It contains a yellow warning icon and the text: "The Date of Birth entered indicates that the patient is under 1 year old. Is this correct?". At the bottom of the pop-up are two buttons: "Yes" (blue) and "No" (red with a white border).

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

The screenshot shows the same form as above. The pop-up window now contains the text: "The Date of Birth entered indicates that the patient is more than 100 years old. Is this correct?". The "Yes" button is now red with a white border, and the "No" button is blue.

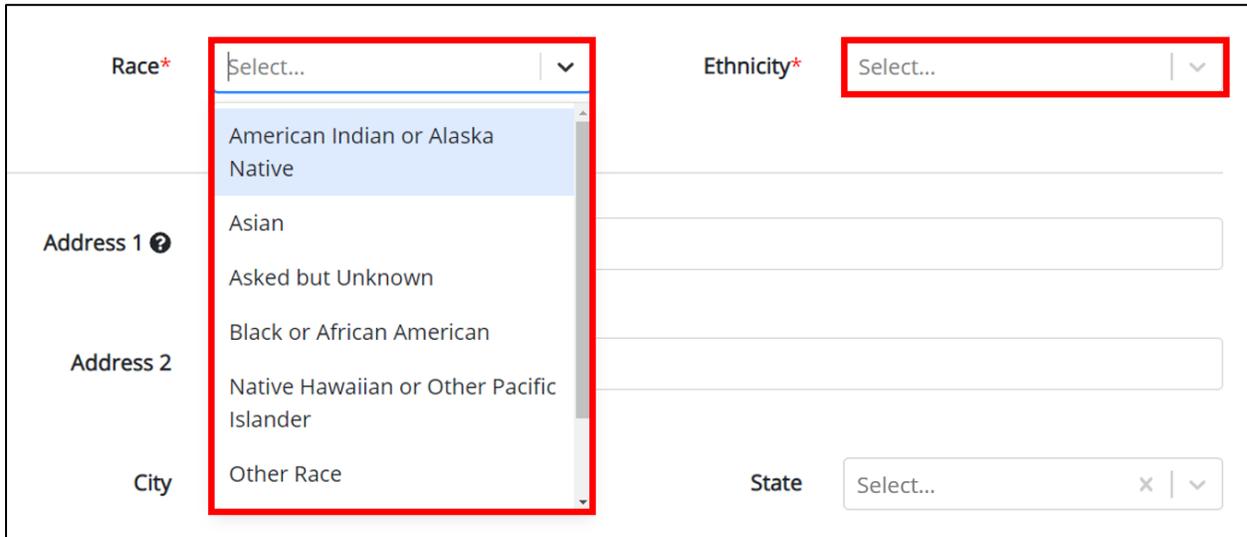
Please Note: If the date of birth is correct, Users may proceed by selecting **Yes** to confirm that the patient is either under one year old or more than 100 years old.

8. Users must select the **Patient Sex** from the drop-down.



The screenshot shows a form with several fields. The 'Date Of Birth*' field contains '10/05/1980'. The 'Patient Sex*' dropdown menu is open, showing options: 'Select...', 'Female', 'Male', 'Other', and 'Unknown'. The 'Race*' and 'Ethnicity*' fields are currently set to 'Select...'. The 'Address 1' field is partially visible at the bottom.

9. Users must select the patient's **Race** and **Ethnicity** from the appropriate field drop-downs.



The screenshot shows a form with several fields. The 'Race*' dropdown menu is open, showing options: 'Select...', 'American Indian or Alaska Native', 'Asian', 'Asked but Unknown', 'Black or African American', 'Native Hawaiian or Other Pacific Islander', and 'Other Race'. The 'Ethnicity*' field is currently set to 'Select...'. The 'Address 1', 'Address 2', 'City', and 'State' fields are also visible.

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

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

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

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

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

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

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

| | | | |
|--------------|----------------------|---------------|----------------------|
| Phone Number | <input type="text"/> | Email Address | <input type="text"/> |
|--------------|----------------------|---------------|----------------------|

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

PATIENT INFORMATION

| | | | |
|--|---|--|--|
| <p>Performing Facility Name* <input style="width: 90%;" type="text" value="Test Medical Center"/> x v</p> <p>First Name* <input style="width: 90%;" type="text" value="Daphne"/></p> <p>Last Name* <input style="width: 90%;" type="text" value="Moon"/></p> <p>Date Of Birth* <input style="width: 90%;" type="text" value="10/05/1980"/> </p> <p>Race* <input style="width: 90%;" type="text" value="White"/> x v</p> | <p>Patient MRN* ? <input style="width: 90%;" type="text" value="DM1234567"/></p> <p>Middle Initial <input style="width: 90%;" type="text" value="L"/></p> <p>SSN Number <input style="width: 90%;" type="text" value="444-32-1234"/></p> <p>Patient Sex* <input style="width: 90%;" type="text" value="Female"/> x v</p> <p>Ethnicity* <input style="width: 90%;" type="text" value="Not Hispanic or Latino"/> x v</p> | | |
| <p>Address 1 ? <input style="width: 95%;" type="text" value="236 Cedarwood Avenue"/></p> <p>Address 2 <input style="width: 95%;" type="text" value="Unit, Suite, Building, etc."/></p> <table style="width: 100%;"><tr><td style="width: 50%;"><p>City <input style="width: 90%;" type="text" value="Lexington"/></p><p>Zip Code <input style="width: 90%;" type="text" value="40511"/></p><p>Phone Number <input style="width: 90%;" type="text" value="(555) 212-9876"/></p></td><td style="width: 50%;"><p>State <input style="width: 90%;" type="text" value="KY"/> x v</p><p>County <input style="width: 90%;" type="text" value="Fayette"/> x v</p><p>Email Address <input style="width: 90%;" type="text" value="daphnemoon@test.com"/></p></td></tr></table> | | <p>City <input style="width: 90%;" type="text" value="Lexington"/></p> <p>Zip Code <input style="width: 90%;" type="text" value="40511"/></p> <p>Phone Number <input style="width: 90%;" type="text" value="(555) 212-9876"/></p> | <p>State <input style="width: 90%;" type="text" value="KY"/> x v</p> <p>County <input style="width: 90%;" type="text" value="Fayette"/> x v</p> <p>Email Address <input style="width: 90%;" type="text" value="daphnemoon@test.com"/></p> |
| <p>City <input style="width: 90%;" type="text" value="Lexington"/></p> <p>Zip Code <input style="width: 90%;" type="text" value="40511"/></p> <p>Phone Number <input style="width: 90%;" type="text" value="(555) 212-9876"/></p> | <p>State <input style="width: 90%;" type="text" value="KY"/> x v</p> <p>County <input style="width: 90%;" type="text" value="Fayette"/> x v</p> <p>Email Address <input style="width: 90%;" type="text" value="daphnemoon@test.com"/></p> | | |

Next

9 Observation

Ordering Section

On the **Observation** page, Users 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, Users who have the information are encouraged to select an option for both sections. The drop-down options display the Ordering Provider and Ordering Facility details entered by the User on the **Manage User Preferences** screen.

The screenshot shows the 'ePartnerViewer' interface for 'Lab Data Entry'. A progress bar at the top indicates 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.' Below this is the 'ORDERING' section with two dropdown menus: 'Facility Name' and 'Provider Name', both highlighted with red boxes. Callouts identify these as 'Option 1' and 'Option 2'. The 'OBSERVATION' section contains four input fields: 'Filler Order Number*' (text), 'Date Test Ordered' (calendar), 'Specimen Collection Date*' (calendar), and 'Specimen Type*' (dropdown).

1. On the **Observation** page, Users start by selecting 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 drop-down.

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

ORDERING

Facility Name  

Provider Name  Provider NPI

(The Facility Name dropdown menu is open, showing options: Mercy Medical Center, Test Community Hospital, and Union Medical Clinic. The entire dropdown menu is highlighted with a red border.)

- If applicable, select appropriate **Provider Name** from the drop-down.

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

ORDERING

Facility Name   

Provider Name   Provider NPI

(The Provider Name dropdown menu is open, showing options: Dr. Niles Crane, Jr, Fraiser Crane, George Costanza, and Joe Smith. The entire dropdown menu is highlighted with a red border.)

Filler Order Date Test Ordered

OBSERVATION

- Upon selecting the **Provider Name** from the drop-down, the *Provider NPI* field automatically populates.

ORDERING

Facility Name   

Provider Name    Provider NPI

Please Note: If the User clicks **Next** but did 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.

The User must select a **Facility Name** and/or **Provider Name** from the appropriate drop-down in order to add observations or proceed to the **Ask on Order Entry** page.

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

ORDERING

Facility Name  
Please Enter Facility Name

Provider Name  
Please Enter Provider Name

Provider NPI

OBSERVATION

Filler Order Number*  

Date Test Ordered 

Specimen Collection Date* 

Specimen Type*  

Observation 1 

 Add Observation

Observation Section

After completing the *Ordering* section, Users may enter observation results in the *Observation* section.

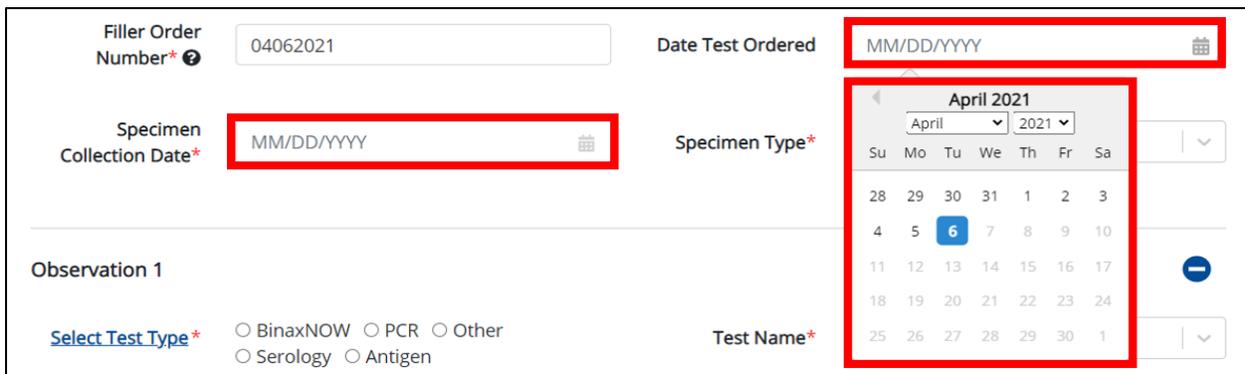
2. Users must enter the **Filler Order Number** or **Lab Accession Number**.



The screenshot shows the top section of the 'OBSERVATION' form. A dark header bar contains the word 'OBSERVATION' in white. Below the header, there is a text input field for 'Filler Order Number*' which is highlighted with a red rectangular box. To its right is a date input field for 'Date Test Ordered' with a placeholder 'MM/DD/YYYY' and a calendar icon.

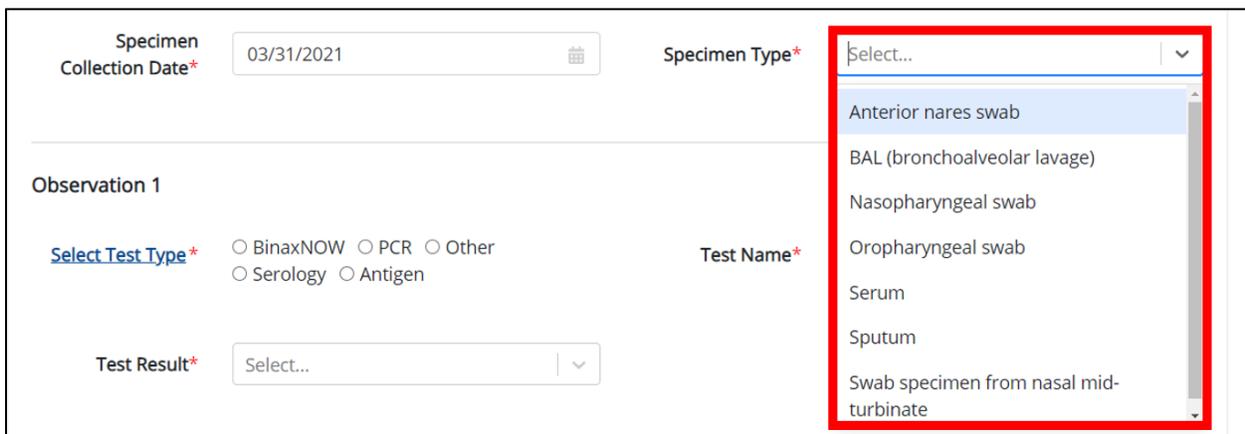
Please Note: The Filler Order Number or Lab Accession Number is typically utilized by laboratories and generally refers to the number assigned to a lab sample when it is checked in. If your organization does not log the receipt of specimens, you should create a system to uniquely track the specimen when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

3. Users must then enter the **Date Test Ordered** and the **Specimen Collection Date**.



The screenshot shows the 'OBSERVATION' form with several fields. The 'Filler Order Number*' field contains '04062021'. The 'Date Test Ordered' field is highlighted with a red box and shows a calendar for April 2021 with the 6th selected. The 'Specimen Collection Date*' field is also highlighted with a red box and contains a placeholder 'MM/DD/YYYY'. Below these fields are radio buttons for 'Select Test Type*' (BinaxNOW, PCR, Other, Serology, Antigen) and a 'Test Name*' field.

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



The screenshot shows the 'OBSERVATION' form with the 'Specimen Collection Date*' field containing '03/31/2021'. The 'Specimen Type*' dropdown menu is open, showing a list of specimen types: Anterior nares swab, BAL (bronchoalveolar lavage), Nasopharyngeal swab, Oropharyngeal swab, Serum, Sputum, and Swab specimen from nasal mid-turbinate. The dropdown menu is highlighted with a red box.

Please Note: If you administered the BinaxNOW COVID-19 Test, please select **Anterior Nares Swab** as the *Specimen Type*.

Test Type

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

Observation 1 -

Select Test Type* BinaxNOW PCR Other
 Serology Antigen

Test Name*

Test Result*

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

Test Type Category ×

SHOWING 101 ITEMS **APPLY FILTER**

| TEST TYPE | TEST NAME |
|-----------|--|
| Antigen | SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay |
| Antigen | SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay |
| Antigen | SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Immunoassay |
| BinaxNOW | BinaxNOW COVID Test Kit |
| Other | GISAID sequence accession number |
| Other | SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method |
| Other | SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method |
| Other | SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in Blood by Sequencing |
| Other | SARS-CoV-2 (COVID-19) variant [Type] in Specimen by Sequencing |
| Other | SARS-CoV-2 (COVID19) [Presence] in Unspecified specimen by Organism specific culture |
| PCR | ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection |

OK

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

| TEST TYPE | TEST NAME |
|-----------|---|
| PCR | ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection |
| PCR | Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection |
| PCR | Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection |
| PCR | SARS coronavirus 2 E gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection |
| PCR | SARS coronavirus 2 E gene [Presence] in Unspecified specimen by NAA with probe detection |
| PCR | SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by NAA with probe detection |
| PCR | SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N1 |
| PCR | SARS coronavirus 2 N gene [Cycle Threshold #] in Unspecified specimen by Nucleic acid amplification using primer-probe set N2 |

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

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

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

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

10. Select the appropriate **Test Type** by clicking one of the radio button options.

Observation 1 -

[Select Test Type*](#) BinaxNOW PCR Other
 Serology Antigen

Test Name*

Test Result*

Test Name

The **Test Name** drop-down will only display test name options that correspond with the selected *Test Type*.

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

[Select Test Type*](#) BinaxNOW PCR Serology Antigen
 Other

Test Name*

Please Note: When **BinaxNOW** is selected as the test type, the *Test Name* field is disabled and auto-populated with BinaxNOW COVID-19 Test Kit.

- When **PCR** is selected as the test type, the *Test Name* field displays PCR tests. Select the appropriate **Test Name** from the drop-down.

Observation 1 -

[Select Test Type*](#) BinaxNOW PCR Other
 Serology Antigen

Test Name*

Test Result*

Observation Result Date*

Name Of Testing Product?

Device Identifier?

- ARS-related coronavirus RNA [Presence] in Unspecified specimen by NAA with probe detection
- Middle East respiratory syndrome coronavirus (MERS-CoV) RNA [Presence] in Respiratory specimen by NAA with probe detection
- Respiratory viral pathogens DNA and RNA panel - Respiratory specimen Qualitative by NAA with probe detection

- When **Other** is selected as the test type, the *Test Name* field displays other tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name* Select...
 GISAID sequence accession number
 SARS-CoV-2 (COVID-19) S gene mutation detected [Identifier] in Specimen by Molecular genetics method
 SARS-CoV-2 (COVID-19) S gene mutation [Presence] in Specimen by Molecular genetics method
 SARS-CoV-2 (COVID-19) specific TCRB gene rearrangements [Presence] in

Test Result* Select...

Observation Result Date* MM/DD/YYYY

Name Of Testing Product?

Device Identifier?

- When **Serology** is selected as the test type, the *Test Name* field displays Serology tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name* Select...
 SARS coronavirus 2 Ab [Interpretation] in Serum or Plasma
 SARS coronavirus 2 IgA Ab [Presence] in Serum or Plasma by Immunoassay
 SARS coronavirus 2 IgA Ab [Units/volume] in Serum or Plasma by Immunoassay
 SARS coronavirus 2 IgG Ab [Presence] in Serum or Plasma by Immunoassay
 SARS coronavirus 2 IgG Ab [Presence]

Test Result* Select...

Observation Result Date* MM/DD/YYYY

Name Of Testing Product?

Device Identifier?

- When **Antigen** is selected as the test type, the *Test Name* field displays Antigen tests. Select the appropriate **Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name* Select...
 SARS coronavirus 2 Ag [Presence] in Respiratory specimen by Rapid immunoassay
 SARS-CoV+SARS-CoV-2 (COVID19) Ag [Presence] in Respiratory specimen by Rapid immunoassay
 SARS-CoV-2 (COVID-19) Ag [Presence] in Upper respiratory specimen by Immunoassay

Test Result* Select...

Observation Result Date* MM/DD/YYYY

Name Of Testing Product?

Device Identifier?

Test Result

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

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

Test Result* Select... ▼

Observation Result Date* Detected

Name Of Testing Product Negative

Not Detected

Other

Positive

Device Identifier ?

+ Add Observation

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

Select Test Type* BinaxNOW PCR Other
 Serology Antigen

Test Name* BinaxNOW COVID Test Kit ▼

Test Result* Other x ▼

'Other' Reason Value* ?

Required only if 'Other' is selected in Test Result

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

Observation Result Date* MM/DD/YYYY

Name Of Testing Product

Device Identifier

+ Add Observation

Previous Next

Please Note: The Specimen Collection Date **cannot** occur *after* the Observation Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Observation Result Date. If the User enters a Specimen Collection Date that occurs after the Observation Result Date, then both fields are marked as invalid. If the User clicks **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, the User must enter a valid Specimen Collection Date that occurs **on** or **before** the Observation Result Date.

Specimen Collection Date* 04/08/2021 Invalid Specimen Collection Date

Specimen Type* Anterior nares swab

Observation 1

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name* BinaxNOW COVID Test Kit

Test Result* Positive

Observation Result Date* 04/06/2021 Invalid Observation Result Date

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

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

The screenshot shows a form with the following fields: 'Test Result*' (dropdown menu with 'Positive' selected), 'Observation Result Date*' (calendar icon, date '04/02/2021'), 'Name Of Testing Product' (text input field, highlighted with a red border), and 'Device Identifier' (text input field with a help icon). A tooltip is displayed over the 'Name Of Testing Product' field, containing the text: 'The name of the testing product refers to the platform being used to conduct testing (i.e. Abbot ID Now, Sofia SARS Antigen FIA, etc.)'.

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

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

The screenshot shows a form with the following fields: 'Test Result*' (dropdown menu with 'Positive' selected), 'Observation Result Date*' (calendar icon, date '04/02/2021'), 'Name Of Testing Product' (text input field with 'Abbot ID Now' entered), and 'Device Identifier' (text input field, highlighted with a red border). A tooltip is displayed over the 'Device Identifier' field, containing the text: 'This refers to the unique ID given to the specific device that was used to perform the testing on that patient's specimen (i.e. serial number, barcode number)'.

Adding Multiple Observations for DDE

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

Observation 1 -

Select Test Type* BinaxNOW PCR Other
 Serology Antigen

Test Name* BinaxNOW COVID Test Kit | v

Test Result* Positive x | v

Observation Result Date* 04/02/2021 📅

Name Of Testing Product Abbot ID Now ? **Device Identifier** ?

+ Add Observation

- The name of the testing product entry on the first observation auto-populates in the subsequent observations; however, Users may edit, as necessary.
- To delete an observation, users may click the **Trash Bin Icon** located at the top left.

Name Of Testing Product Abbot ID Now ? **Device Identifier** ?

Observation 2 -

Select Test Type* BinaxNOW PCR Other
 Serology Antigen

Test Name* Select... | v

Test Result* Select... | v

Observation Result Date* MM/DD/YYYY 📅

Name Of Testing Product Abbot ID Now ? **Device Identifier** ?

- Users may click the **Minus Icon** or any of the Observations to hide or display the details for that observation.

Observation 2  

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name*

Test Result*

Observation Result Date*

Name Of Testing Product Device Identifier

- Users may display hidden observations by clicking the **Plus Icon**.

Observation 1 

Select Test Type* BinaxNOW PCR Other Serology Antigen

Test Name*

Test Result*

Observation Result Date*

Name Of Testing Product Device Identifier

Observation 2  

 Add Observation

17. Users must click **Next** to proceed to the **Ask on Order Entry** page.

OBSERVATION

| | | | |
|---------------------------|---|-------------------|--|
| Filler Order Number* | <input type="text" value="04062021"/> | Date Test Ordered | <input type="text" value="03/28/2021"/> |
| Specimen Collection Date* | <input type="text" value="03/31/2021"/> | Specimen Type* | <input type="text" value="Anterior nares swab"/> |

Observation 1 -

Select Test Type* BinaxNOW PCR Other Serology
 Antigen

Test Name*

Test Result*

Observation Result Date*

Name Of Testing Product*

Device Identifier

Observation 2 +

+ Add Observation

10 Ask on Order Entry

There are a series of questions that healthcare providers may ask patients regarding COVID-19 testing. Users will enter the answers to those questions on the **Ask on Order Entry** page.

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

Please provide additional details.

ASK ON ORDER ENTRY

First Test Select... | v

HCW Select... | v

Symptoms Select... | v

Hospitalization Select... | v

Onset Date MM/DD/YYYY

Congregate Select... | v

ICU Select... | v

Pregnant Select... | v

Previous Next

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

ASK ON ORDER ENTRY

First Test Select... | v

HCW Select... | v

Symptoms Select... | v

Hospitalization Select... | v

Onset Date MM/DD/YYYY

Congregate Select... | v

No

Unknown

Yes

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

The screenshot shows a multi-step process: 2. Observation, 3. Ask On Order Entry, 4. Lab Data Review, 5. Submit. The 'ASK ON ORDER ENTRY' section includes fields for Symptoms, Onset Date, ICU, HCW, Hospitalization, Congregate, and Pregnant. A tooltip on the left provides guidance: 'Here is the guidance that we use to determine if a patient has symptoms: At least two of the following symptoms: Fever (subjective or measured), Chills, Rigors, Myalgia, Headache, Sore throat, New olfactory and taste disorder(s). At least one of the following symptoms: Cough, Shortness of breath, Difficulty breathing OR Severe respiratory illness with at least one of the following: Clinical or radiologic evidence of pneumonia, or Acute respiratory distress syndrome (ARDS)'. The 'Symptoms' dropdown menu is open, showing options: No, Unknown, and Yes.

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

This screenshot shows the 'Symptoms' field set to 'Yes'. A tooltip points to the 'Onset Date' field, stating 'Date that symptoms began for the patient'. The 'Onset Date' field is highlighted with a red box and contains the placeholder text 'MM/DD/YYYY' and a calendar icon.

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

This screenshot shows the 'Symptoms' field set to 'No'. The 'Onset Date' field is highlighted with a red box and is grayed out, indicating it is disabled.

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

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

The screenshot shows a form with several fields: Hospitalization (No), Congregate (No), and Pregnant (Select...). The ICU field is highlighted with a red box, and its dropdown menu is open, showing the options: No, Unknown, and Yes. A tooltip points to the ICU field with the text: "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)".

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

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

The screenshot shows a form with several fields: First Test (Select...), Symptoms (Select...), Hospitalization (?), and HCW (?). The HCW field is highlighted with a red box, and its dropdown menu is open, showing the options: No, Unknown, and Yes. A tooltip points to the HCW field with the text: "Yes, if the person tested is a first responder, front line clinician, environmental staff, therapist, in direct contact with patients or in their location".

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

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

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

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

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

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

The screenshot shows the same "ASK ON ORDER" form. The "Congregate" field is highlighted with a red box, and its dropdown menu is open, showing the options "No", "Unknown", and "Yes". A tooltip is visible over the "Congregate" field, stating: "Yes, if is a resident in a congregated care setting such as: nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting". Other fields include "First Test" (No), "Symptoms" (Yes), "Onset Date" (03/24/2021), "ICU" (Select...), and "Pregnant" (Select...).

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

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

The screenshot shows a form with several fields: Onset Date (03/24/2021), Congregate (No), ICU (No), and Pregnant (Select...). A tooltip above the Pregnant field reads "Yes, if the individual is female and is pregnant". The Pregnant dropdown menu is open, showing four options: "Not pregnant", "Patient currently pregnant", "Possible pregnancy", and "Unknown". The "Not pregnant" option is highlighted.

Please Note: The *Pregnant* field is only enabled when the User selects **Female** from the *Gender* drop-down on the **Patient Information** screen.

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

The screenshot shows the "ASK ON ORDER ENTRY" screen with the following fields: First Test (No), HCW (No), Symptoms (Yes), Hospitalization (No), Onset Date (03/24/2021), Congregate (No), ICU (No), and Pregnant (Not pregnant). At the bottom right, there are two buttons: "Previous" and "Next". The "Next" button is highlighted with a red border.

11 Lab Data Review

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

1 — 2 — 3 — 4 — 5

Patient Information Observation Ask On Order Entry **Lab Data Review** Submit

Please confirm Lab data entry is accurate. To edit the information, click the appropriate hyperlink.

LAB DATA REVIEW

[Patient Information](#) ⌵

| | | |
|--|---|--|
| Performing Facility Name Test Medical Center | Patient MRN DM1234567 | SSN Number 444-32-1234 |
| Name Daphne L Moon | Date Of Birth 1980/10/05 | Patient Sex Female |
| Race White | Ethnicity Not Hispanic or Latino | Address 1 236 Cedarwood Avenue |
| City Lexington | State KY | Zip Code 40511 |
| County Fayette | Email Address daphnemoon@test.com | Phone Number (555) 212-9876 |

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

| LAB DATA REVIEW | | |
|---|---|--|
| Patient Information  | | |
| Performing Facility Name Test Medical Center | Patient MRN DM1234567 | SSN Number 444-32-1234 |
| Name Daphne L Moon | Date Of Birth 1980/10/05 | Patient Sex Female |
| Race White | Ethnicity Not Hispanic or Latino | Address 1 236 Cedarwood Avenue |
| City Lexington | State KY | Zip Code 40511 |
| County Fayette | Email Address daphnemoon@test.com | Phone Number (555) 212-9876 |

- Users may 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 |

2. Users should review the *Ordering* section.

| | | |
|---|---|-----------------------------------|
| Patient Information  | | |
| 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.

3. Users should review the *Observation* section.

| Observation | | |
|--|--------------------------------------|---------------------------------------|
| Specimen Collection Date 2021/03/31 | Specimen Type Anterior nares swab | Filler Order Number 04062021 |
| Date Test Ordered 2021/03/28 | | |
| Observation 1 | | |
| Test Name BinaxNOW COVID Test Kit | Test Result + POSITIVE | Observation Result Date 2021/04/02 |
| Observation 2 | | |
| Test Name BinaxNOW COVID Test Kit | Test Result + POSITIVE | Observation Result Date 2021/04/03 |

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

4. Users should 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

5. If after reviewing, changes are required, Users should click the **corresponding** hyperlink to navigate to the appropriate screen or section to edit the information.
- Users may click the **Section header** hyperlink to navigate to the appropriate page. For example, upon clicking the **Ask on Order Entry** section header hyperlink in the section header, the User will be navigated to the **Ask on Order Entry** screen.

| Ask On Order Entry | | |
|--------------------|-----------|-----------------|
| First Test No | HCW No | Symptoms Yes |

- If multiple observations are entered, Users may click the appropriate **numbered Observation** hyperlink to navigate directly to the specific Observation. For example, upon clicking the **Observation 2** hyperlink, the User will be navigated directly to the *Observation 2* section.

| Observation ⊖ | | |
|--|--|--|
| Specimen Collection Date 2021/03/31 | Specimen Type Anterior nares swab | Filler Order Number 04062021 |
| Date Test Ordered 2021/03/28 | | |
| Observation 1 ⊖ | | |
| Test Name BinaxNOW COVID Test Kit | Test Result + POSITIVE | Observation Result Date 2021/04/02 |
| Observation 2 ⊖ | | |
| Test Name BinaxNOW COVID Test Kit | Test Result + POSITIVE | Observation Result Date 2021/04/03 |

- Once the appropriate edits are completed, Users should click **Next** until they get back to the **Lab Data Review** screen.

Observation 2 -

Select Test Type* BinaxNOW PCR Other
 Serology Antigen

Test Name* BinaxNOW COVID Test Kit v

Test Result* Not Detected x | v

Observation Result Date* 04/03/2021 📅

Name Of Testing Product? **Device Identifier?**

+ Add Observation
Previous **Next**

- On the **Lab Data Review** screen, Users should review their edits.

Observation 1 -

| | | |
|---|---|--|
| Test Name BinaxNOW COVID Test Kit | Test Result <div style="background-color: #f44336; color: white; padding: 5px; display: inline-block;">+ POSITIVE</div> | Observation Result Date 2021/04/02 |
|---|---|--|

Observation 2 -

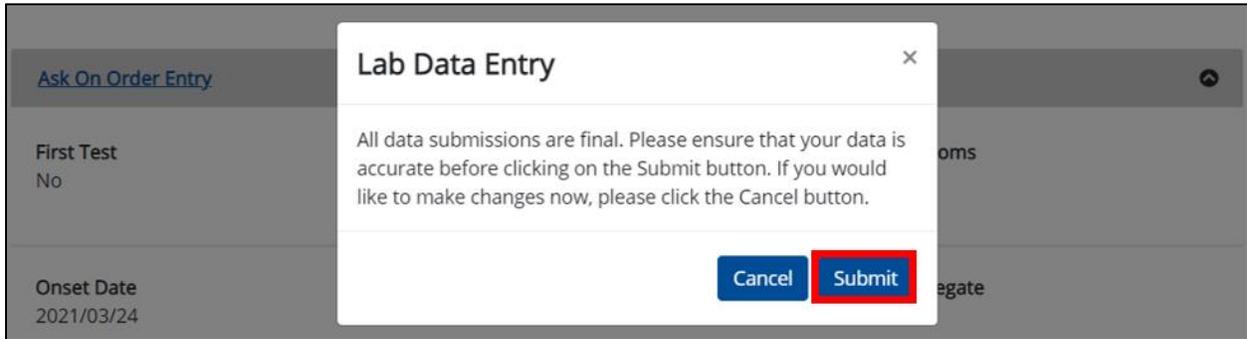
| | | |
|---|---|--|
| Test Name BinaxNOW COVID Test Kit | Test Result <div style="background-color: #4caf50; color: white; padding: 5px; display: inline-block;">- NON-DETECTED</div> | Observation Result Date 2021/04/03 |
|---|---|--|

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

| | | |
|---------------------------------|---------------------------------|-------------------------|
| Onset Date 2021/03/24 | Hospitalization No | Congregate No |
| ICU No | Pregnant Not pregnant | |

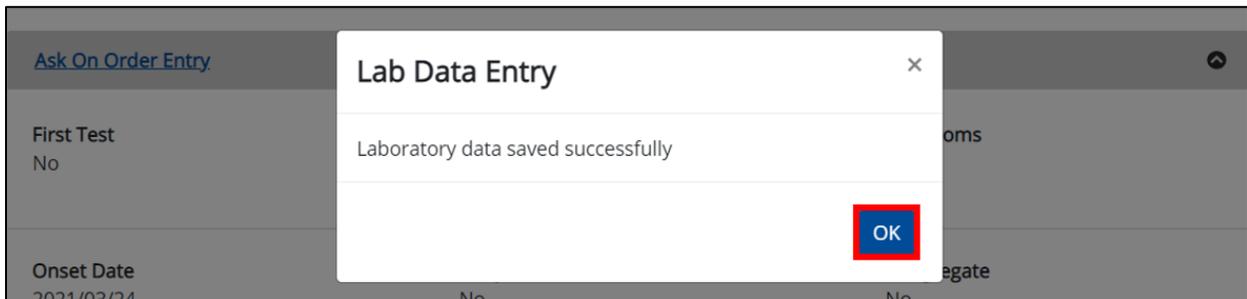
Previous **Submit**

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



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

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

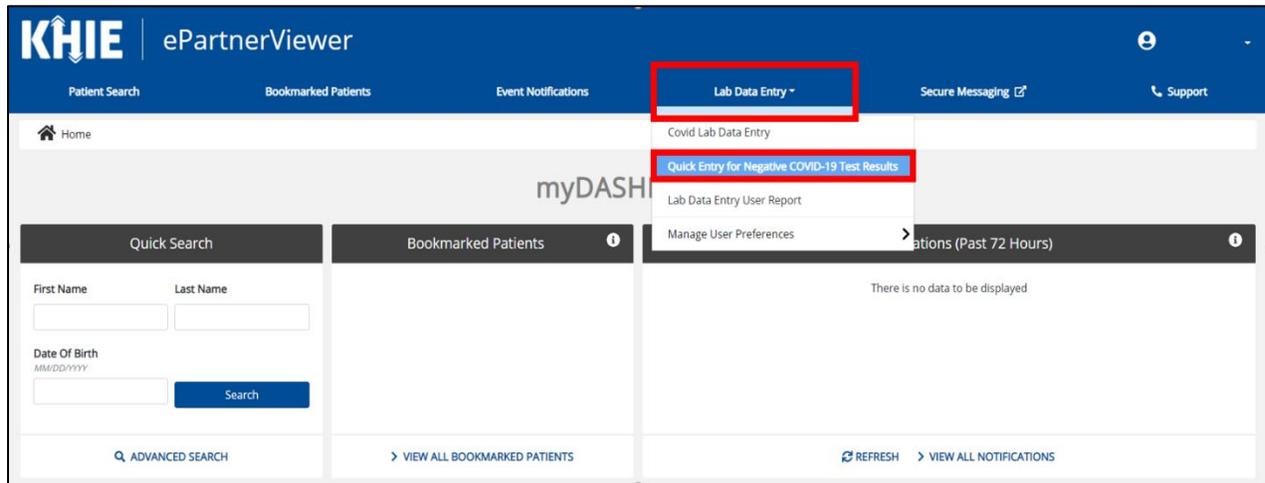


Congratulations! You have submitted a Manual Lab Data Entry using KHIE's Direct Lab Data Entry Functionality.

12 Quick Entry for Negative COVID-19 Test Results

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

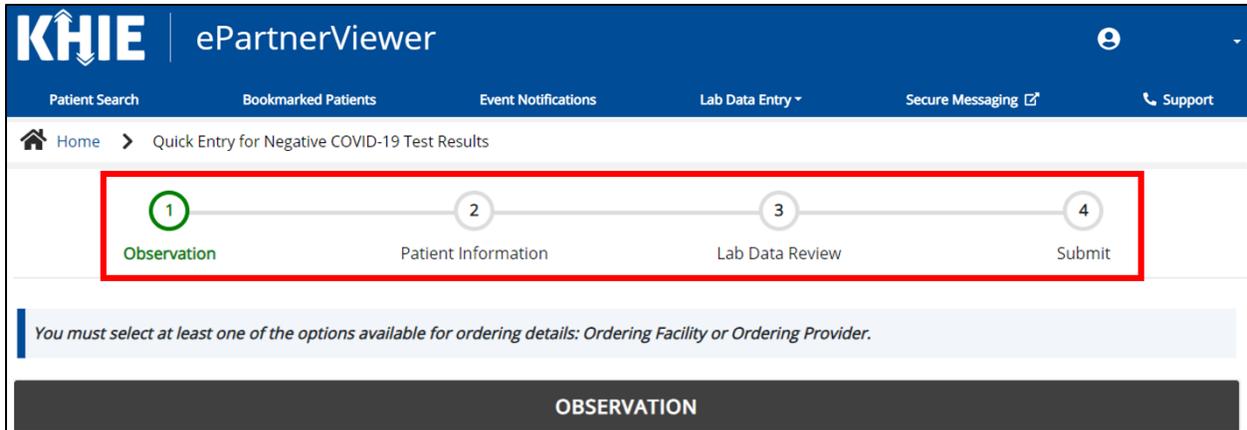
1. To submit a **Quick Entry for Negative COVID-19 Test Results**, Users must click the **Lab Data Entry** Tab in the blue ribbon Navigation Bar at the top of the screen.
2. From the **Lab Data Entry** Tab menu, select **Quick Entry for Negative COVID-19 Test Results**.



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

Observation for Negative COVID-19 Test Results

Quick Entry for Negative COVID-19 Test Results is a four-step process where Users enter (1) Observation Results and Provider Details, and (2) Patient Information. Prior to submitting the lab results, Users must review the information they've entered; it's presented on the (3) **Lab Data Review** screen. The final step is (4) Submitting the Negative Covid-19 Test Results.



1. To start the COVID-19 Negative Lab Quick Entry, Users must complete the **Observation** section.

The 'OBSERVATION' section contains the following form fields:

- Performing Facility Name* (Dropdown menu)
- Ordering Facility* (Dropdown menu)
- Ordering Provider* (Dropdown menu)
- Ordering Provider NPI (Text input)
- Specimen Type* (Dropdown menu)
- Specimen Collection Date* (Date picker, MM/DD/YYYY)
- Select Test Type* (Radio buttons: BinaxNOW, PCR, Other, Serology, Antigen)
- Test Name* (Dropdown menu)
- Test Result* (Dropdown menu)
- Observation Result Date* (Date picker, MM/DD/YYYY)

A blue 'Next' button is located at the bottom right of the form.

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

The screenshot shows the 'OBSERVATION' form with a dropdown menu for 'Performing Facility Name' open. The dropdown list includes the following options: DDERE SIT SC0010, Diatherix Eurofins, LABCORP, Quest Diagnostics, RAINBOW, RAPRO 35, Solaris Diagnostics, and Test Medical Center. The 'Test Medical Center' option is highlighted in blue. A red box highlights the entire dropdown menu area.

- Users must select at least one of the options available in the *Ordering* section: **Ordering Facility** or **Ordering Provider**.
 - If applicable, select the appropriate **Ordering Facility** from the drop-down.

The screenshot shows the 'OBSERVATION' form with a warning message at the top: "You must select at least one of the options available for ordering details: Ordering Facility or Ordering Provider." Below the warning, the 'Performing Facility Name' dropdown is set to 'Test Medical Center'. A tooltip message states: "Ordering Facility is required, configure the ordering facility details in Manage User Preferences to have it listed here." The 'Ordering Facility' dropdown menu is open, showing options: Mercy Medical Center, Test Community Hospital, and Union Medical Clinic. The 'Test Community Hospital' option is highlighted in blue. A red box highlights the dropdown menu area. The 'Ordering Provider NPI' field is empty. The 'Specimen Collection' field is partially visible at the bottom.

- If applicable, select the appropriate **Ordering Provider** from the drop-down. Upon selecting the **Ordering Provider** from the drop-down, the *Ordering Provider NPI* field automatically populates.

Ordering Provider is required, configure the ordering provider details in Manage User Preferences to have it listed here.

Test Community Hospital x | v

Ordering Provider **?** Select... | v

Ordering Provider NPI

Specimen Type* Fraiser Crane

George Costanza

Joe Smith

[Select Test Type*](#)

○ Antigen

Specimen Collection Date* MM/DD/YYYY

Test Name* Select... | v

Please Note: Prior to entering lab results, Users are required to enter information about their Ordering Provider and Ordering Facility on the **Manage User Preferences** screen. By entering the Ordering Provider and Ordering Facility details in their User Preferences, Users will be able to quickly select an Ordering Provider or Ordering

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

Specimen Type* Select... | v

[Select Test Type*](#)

Test Result* Anterior nares swab

BAL (bronchoalveolar lavage)

Nasopharyngeal swab

Oropharyngeal swab

Serum

Sputum

Swab specimen from nasal mid-turbinate

Specimen Collection Date* MM/DD/YYYY

Test Name* Select... | v

Observation Result Date* MM/DD/YYYY

Next

Please Note: If you administered the BinaxNow COVID-19 Test, please select **Anterior Nares Swab** as the *Specimen Type*.

4. Users must then enter the **Specimen Collection Date**.

Specimen Type* Anterior nares swab x | v

Specimen Collection Date* 04/05/2021

Select Test Type* BinaxNOW PCR Other Serology
 Antigen

Test Name* [dropdown]

Test Result* Select... | v

Observation Result Date* [calendar icon]

Calendar: April 2021. Date 04/05/2021 is selected.

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

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

Select Test Type* BinaxNOW PCR Other Serology
 Antigen

Test Name* Select... | v

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

6. Users must select the **appropriate Test Name** from the drop-down.

Select Test Type* BinaxNOW PCR Other Serology
 Antigen

Test Name* Select... | v

Please Note: When **BinaxNOW** is selected as the test type, the *Test Name* field is disabled and auto-populated with BinaxNOW COVID-19 Test Kit.

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

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

Test Result* Select... | v

Observation Result Date* MM/DD/YYYY [calendar icon]

Test Result options: Negative, Not Detected

8. Users must enter the **Observation Result Date**.

Ordering Provider: Fraiser Crane
Ordering Provider NPI: [blank]
Specimen Type: Anterior nares swab
Specimen Collection Date: [calendar icon]
Select Test Type: BinaxNOW PCR Other Serology
 Antigen
Test Name: [dropdown]
Test Result: Negative
Observation Result Date: MM/DD/YYYY [calendar icon]

Please Note: The Specimen Collection Date **cannot** occur *after* the Observation Result Date. The Specimen Collection Date must occur on the **same date** or any date **BEFORE** the Observation Result Date. If the User enters a Specimen Collection Date that occurs after the Observation Result Date, then both fields are marked as invalid. If the User clicks **Next**, then 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, the User must enter a valid Specimen Collection Date that occurs **on** or **before** the Observation Result Date.

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

OBSERVATION

Performing Facility Name: Test Medical Center
Ordering Facility: Test Community Hospital
Ordering Provider: Fraiser Crane
Ordering Provider NPI: 123456
Specimen Type: Anterior nares swab
Specimen Collection Date: 04/05/2021
Select Test Type: BinaxNOW PCR Other Serology
 Antigen
Test Name: BinaxNOW COVID Test Kit
Test Result: Negative
Observation Result Date: 04/07/2021
Next

Patient Information for Negative COVID-19 Test Results

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

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

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

PATIENT INFORMATION

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

Filler Order Number* Patient MRN*

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

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

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

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

PATIENT INFORMATION

Patient Information 1

Filler Order Number* Patient MRN*

First Name* Middle Initial

Last Name*

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

The screenshot shows a patient registration form. A date picker is open, displaying the month of April 2021. The date 04/09/2021 is selected. The date of birth field is highlighted with a red box and contains the text 'MM/DD/YYYY'. Other fields include Filler Order Number, Patient MRN (MC02151942), First Name, Last Name, Middle Initial, and Patient Sex (Select...).

Please Note: If patient's age is either under one year old or more than 100 years old, a notification pop-up will display to confirm the correct birth year has been entered or selected.

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

The screenshot shows the Patient Sex dropdown menu open. The options are Female, Male, Other, and Unknown. The date of birth field is filled with '02/15/1942'. The Patient Sex field is highlighted with a red box.

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

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

The screenshot shows the address fields of the patient registration form. Address 1 is '202 Whitman Avenue', Address 2 is '3C', City is 'Lexington', State is 'KY', Zip Code is '40509', and County is 'Fayette'. All fields are highlighted with red boxes.

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

Adding Multiple Patients for Negative COVID-19 Test Results

17. Users may also click **Add Patient** to enter the negative results for multiple patients who had the same test type. This means Users may easily enter additional patients with negative lab results.

Home > Quick Entry for Negative COVID-19 Test Results

1 Observation 2 Patient Information 3 Lab Data Review 4 Submit

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

PATIENT INFORMATION

Patient Information 1 +

+ Add Patient

Previous Next

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

Address 1 202 Whitman Avenue

Address 2 3C

City Lexington State KY

Zip Code 40509 County Fayette

+ Add Patient

Previous Next

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

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

Patient Information 2 

Filler Order Number* Patient MRN*

First Name* Middle Initial

Last Name*

Date Of Birth* Patient Sex*

Address 1

Address 2

City State

Zip Code County

 Add Patient

- Users may click the **Minus Icon** or click any of the numbered Patients or Patient Information hyperlinks to hide or display the details for that patient.

PATIENT INFORMATION

Patient Information 1 

Filler Order Number* Patient MRN*

First Name* Middle Initial

- Users may display hidden Patients by clicking the **Plus Icon**.

PATIENT INFORMATION

Patient Information 1 

Patient Information 2  

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

1 — 2 — 3 — 4
Observation Patient Information Lab Data Review Submit

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

PATIENT INFORMATION

Patient Information 1 

Patient Information 2  

Patient Information 3  

 Add Patient

Lab Data Review for Negative COVID-19 Test Results

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

The screenshot shows a progress bar at the top with four steps: 1. Observation, 2. Patient Information, 3. Lab Data Review (highlighted in green), and 4. Submit. Below the progress bar is a yellow confirmation message: "Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink." The main content area is titled "LAB DATA REVIEW" and contains an "Observation" section with the following details:

| | | |
|---|--|--------------------------------------|
| Performing Facility Name Test Medical Center | Specimen Collection Date 2021/04/05 | Specimen Type Anterior nares swab |
| Observation Result Date 2021/04/07 | Test Name BinaxNOW COVID Test Kit | Test Result NEGATIVE |

Below this is a table of patient information:

| Sno | Patient Name | Date of Birth | Gender |
|-----|-------------------------------|---------------|--------|
| 1 | Marty Crane | 02/15/1942 | Male |
| 2 | Susan Ross | 04/01/1970 | Female |
| 3 | John Peterman | 08/19/1961 | Male |

At the bottom right, there are "Previous" and "Submit" buttons.

19. Users should review the *Observation* section.

This screenshot is identical to the one above, but the "Observation" section is highlighted with a red rectangular border to emphasize the information that users should review.

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

| Sno | Patient Name | Date of Birth | Gender |
|-----|-------------------------------|---------------|--------|
| 1 | Marty Crane | 02/15/1942 | Male |
| 2 | Susan Ross | 04/01/1970 | Female |
| 3 | John Peterman | 08/19/1961 | Male |

[Previous](#) [Submit](#)

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

Click Hyperlinks to Edit Negative COVID-19 Test Results

21. If after reviewing, changes are required, Users should click the **appropriate hyperlink** to navigate to the appropriate screen or section to edit the information.

- Users may click the **Observation section header hyperlink** to navigate to the **Observation** page.

The screenshot shows a progress bar at the top with four steps: 1. Observation, 2. Patient Information, 3. Lab Data Review, and 4. Submit. Step 3 is currently active. Below the progress bar is a yellow warning box that reads: "Please confirm Lab data entries are accurate. To edit the information, click the appropriate Patient Name hyperlink." The main content area is titled "LAB DATA REVIEW" and contains a table with the following information:

| Observation | | |
|---|--|--------------------------------------|
| Performing Facility Name Test Medical Center | Specimen Collection Date 2021/04/05 | Specimen Type Anterior nares swab |
| Observation Result Date 2021/04/07 | Test Name BinaxNOW COVID Test Kit | Test Result NEGATIVE |

- If multiple patients are entered, Users may click the appropriate **Patient Name** hyperlink to navigate directly to the specific Observation. For example, upon clicking the **Patient Name 3** hyperlink, the User will be directed specifically to that Patient's Information.

| Sno | Patient Name | Date of Birth | Gender |
|-----|-------------------------------|---------------|--------|
| 1 | Marty Crane | 02/15/1942 | Male |
| 2 | Susan Ross | 04/01/1970 | Female |
| 3 | John Peterman | 08/19/1961 | Male |

22. Once the appropriate edits are completed, Users should click **Next** until they navigate back to the **Lab Data Review** screen.

Patient Information 3 

Filler Order Number* Patient MRN*

First Name* Middle Initial

Last Name*

Date Of Birth* Patient Sex*

Address 1*

Address 2

City State

Zip Code County

August 1963

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| | | | | 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 | 31 |

 Add Patient

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

LAB DATA REVIEW

Observation

Performing Facility Name: Test Medical Center
 Specimen Collection Date: 2021/04/05
 Specimen Type: Anterior nares swab
 Observation Result Date: 2021/04/07
 Test Name: BinaxNOW COVID Test Kit
 Test Result: NOT DETECTED

| Sno | Patient Name | Date of Birth | Gender |
|-----|-------------------------------|---------------|--------|
| 1 | Marty Crane | 02/15/1942 | Male |
| 2 | Susan Ross | 04/01/1970 | Female |
| 3 | John Peterman | 08/19/1963 | Male |

Previous Submit

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

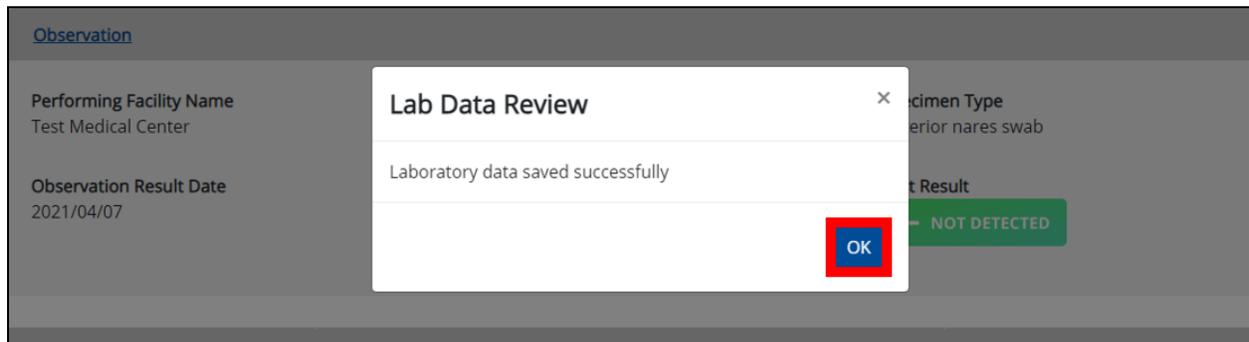
Lab Data Review

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

Cancel Submit

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

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



Congratulations! You have submitted the Quick Entry for Negative COVID-19 Test Results using KHIE’s Direct Lab Data Entry Functionality.

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

13 Technical Support

Toll-Free Telephone Support

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

Email Support

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