



Kentucky Health Information Exchange (KHIE)

Direct Data Entry for Tuberculosis Case Reports

User Guide

March 2024

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Document Control Information

Document Information

| | |
|-------------------------|---|
| Document Name | Direct Data Entry for Tuberculosis Case Report Forms User Guide |
| Project Name | KHIE |
| Client | Kentucky Cabinet for Health and Family Services |
| Document Author | Deloitte Consulting |
| Document Version | 1.0 |
| Document Status | Final Draft |
| Date Released | 03/07/2024 |

Document Edit History

| Version | Date | Additions/Modifications | Prepared/Revised by |
|---------|------------|---------------------------------|--------------------------|
| 0.1 | 02/28/2024 | Initial Draft | Deloitte Consulting |
| 0.2 | 03/06/2024 | Revised Draft per KHIE Review | KHIE/Deloitte Consulting |
| 1.0 | 03/07/2024 | Finalized Draft per KHIE Review | KHIE/Deloitte Consulting |

Table of Contents

| | | |
|-----------|---|-----------|
| 1 | Introduction | 5 |
| | Overview | 5 |
| | Supported Web Browsers | 5 |
| | Mobile Device Considerations | 6 |
| | Accessing the ePartnerViewer | 6 |
| 2 | Logging into ePartnerViewer | 7 |
| | Multi-Factor Authentication | 8 |
| | Security Code from Okta Verify App | 9 |
| | Push Notification from Okta Verify App | 10 |
| | Terms and Conditions of Use and Logging In..... | 13 |
| 3 | Understanding the Case Report Entry Dropdown Menu | 14 |
| 4 | Manage User Preferences | 19 |
| | Create Attending Physician/Clinician Details | 19 |
| | View & Edit Attending Physician/Clinician Details | 22 |
| | Delete Attending Physician/Clinician Details | 24 |
| | Filter Attending Physician/Clinician Details..... | 26 |
| | Create Person Completing Form Details..... | 27 |
| | View & Edit Person Completing Form Details | 30 |
| | Delete Person Completing the Form Details | 31 |
| | Filter Person Creating Form Details | 33 |
| 5 | Basic Features in the Case Report Entry Form | 34 |
| | Side Navigation Bar & Pagination | 34 |
| | Save Feature..... | 35 |
| | Case Report Entry Icons..... | 36 |
| | Conditional Questions | 36 |
| 6 | Affiliation/Organization Conditional Question | 39 |
| | Affiliation/Organization Conditional Answer: Yes | 40 |
| | Affiliation/Organization Conditional Answer: No | 41 |
| | Affiliation/Organization Validation | 43 |
| | Change Affiliation/Organization Conditional Answer: Yes to No | 46 |
| 7 | Tips for Manually Entering Case Report Data | 48 |
| 8 | Tuberculosis Case Report Form | 50 |
| 9 | Patient Information | 51 |
| | Person Completing Form Hyperlink..... | 56 |
| | Attending Physician/Clinician Hyperlink..... | 59 |
| 10 | Laboratory Information | 67 |
| | Adding Multiple Tests | 71 |

- 11 Applicable Symptoms.....73**
- 12 Additional Information79**
- 13 Hospitalization, ICU, & Death Information84**
- 14 Vaccination History88**
 - Adding Multiple Vaccines91
- 15 Treatment Information.....93**
 - Adding Multiple Treatments95
- 16 Additional Comments97**
- 17 Review and Submit.....98**
 - Print or Download Functionality.....98
 - Click Hyperlinks to Edit105
- 18 Case Report User Entry Summary..... 108**
 - Review Previously Submitted Case Reports.....110
 - Copy Previously Submitted Case Reports111
 - Continue In-Progress Case Reports117
- 19 Technical Support..... 118**
 - Toll-Free Telephone Support118
 - Email Support.....118

1 Introduction

Overview

This training manual covers KHIE’s Direct Data Entry for Tuberculosis Case Reports functionality in the ePartnerViewer. Users with the *Manual Case Reporter* role can submit case reports from the ePartnerViewer by completing an online case report. The process generates a manual electronic initial case report (eICR) which is routed to the Kentucky Department for Public Health (KDPH). All examples and screenshots used in this guide are simulated with mock data; no Protected Health Information (PHI) is present.

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

Supported Web Browsers

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

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

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

Mobile Device Considerations

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

Accessing the ePartnerViewer

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

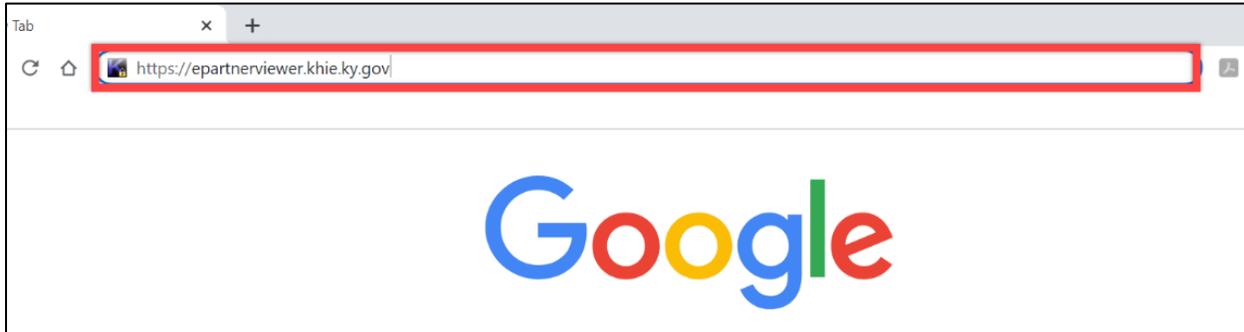
1. Users must be part of an organization with a signed Participation Agreement with KHIE.
2. Users are required to have a Kentucky Online Gateway (KOG) account.
3. Users are required to complete Multi-Factor Authentication (MFA).

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

2 Logging into ePartnerViewer

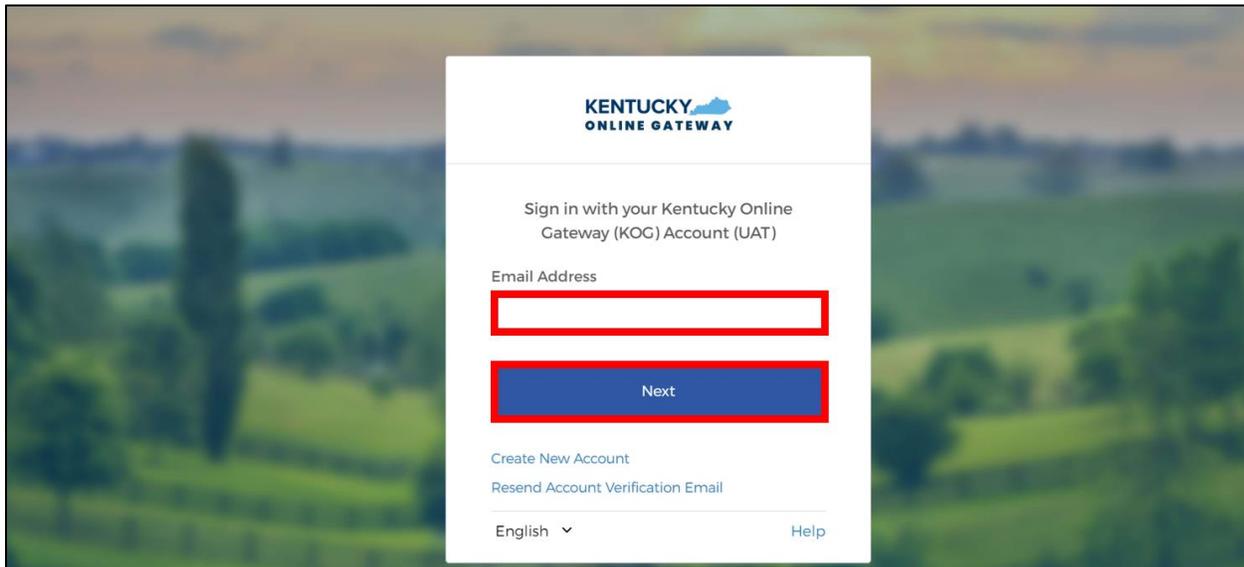
Users with the *Manual Case Reporter* role are authorized to access the Tuberculosis Case Report in the ePartnerViewer. You must log into your Kentucky Online Gateway (KOG) account to access the ePartnerViewer.

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



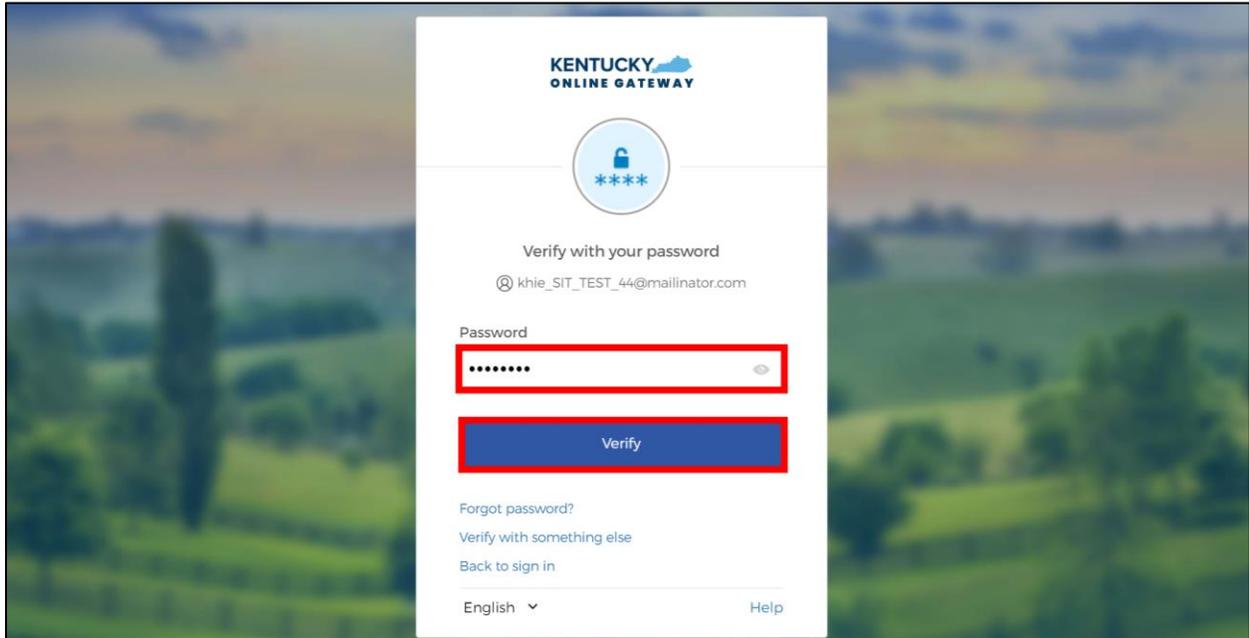
Please Note: The ePartnerViewer does **not** support Microsoft Internet Explorer. To access the ePartnerViewer, Users must use a modern browser such as Google Chrome, Microsoft Edge, Apple Safari, or Mozilla Firefox.

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



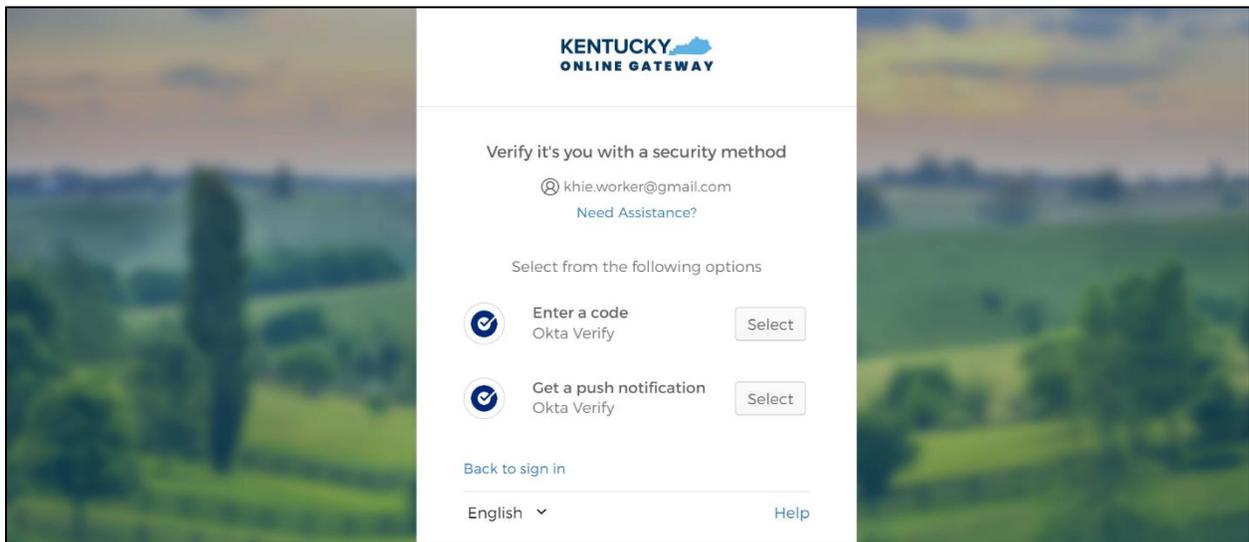
Please Note: You must enter the email address you provided when you created your KOG account.

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



Multi-Factor Authentication

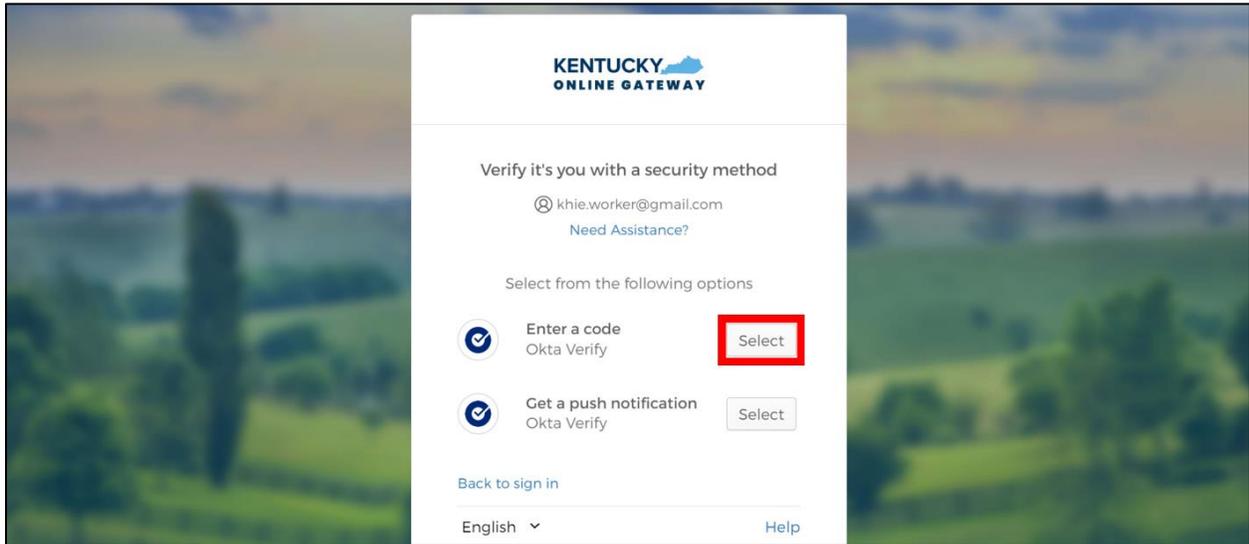
4. After logging into KOG and verifying your password, you are automatically navigated to the **Verify it's you with a security method** screen. You will be asked to complete Multi-Factor Authentication (MFA) using Okta Verify. Users have two (2) options for completing Okta Verify MFA:
- Use a security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



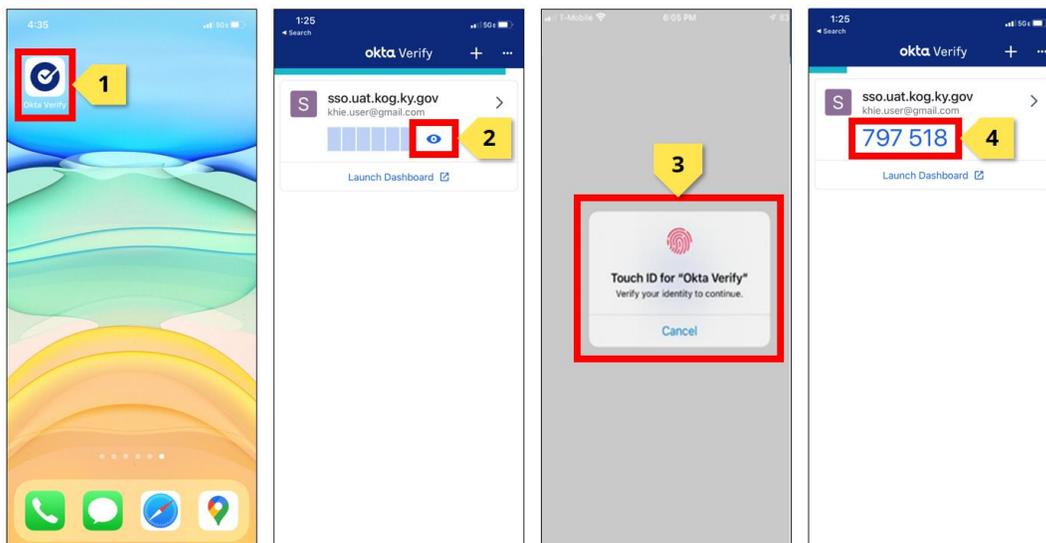
Security Code from Okta Verify App

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

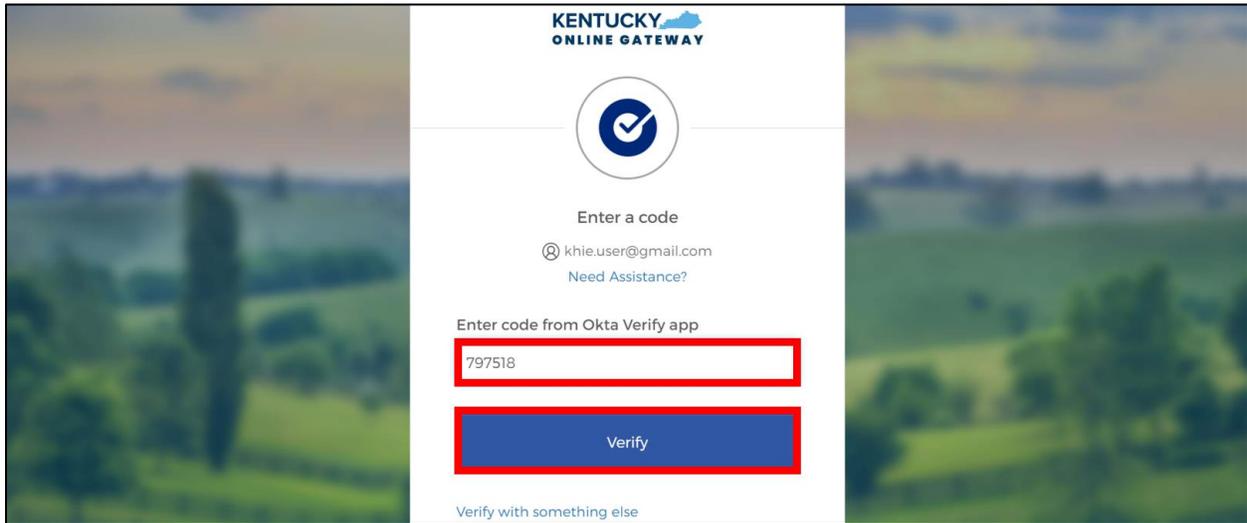
1. After logging into KOG, you are navigated to the **Verify it's you with a security method** screen. Click the **Select** button next to **Enter a code**.



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



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

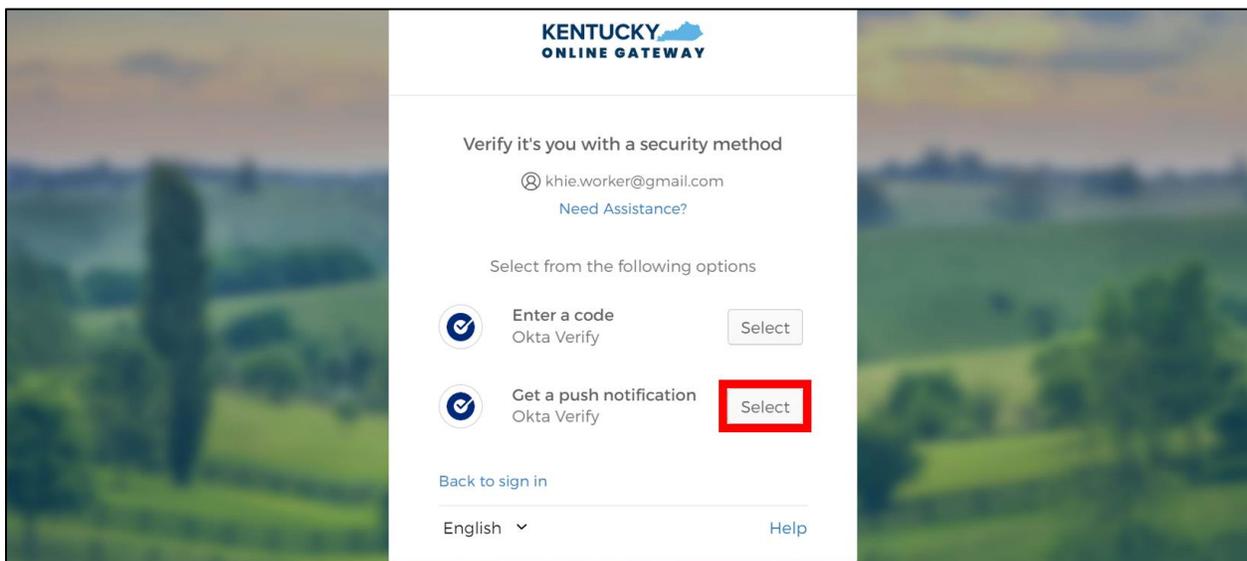


Please Note: Once you enter the code from the Okta Verify app, you are automatically navigated to the **Terms and Conditions of Use** screen. For more information, please review the *Terms and Conditions of Use and Logging In* sub-section of this chapter.

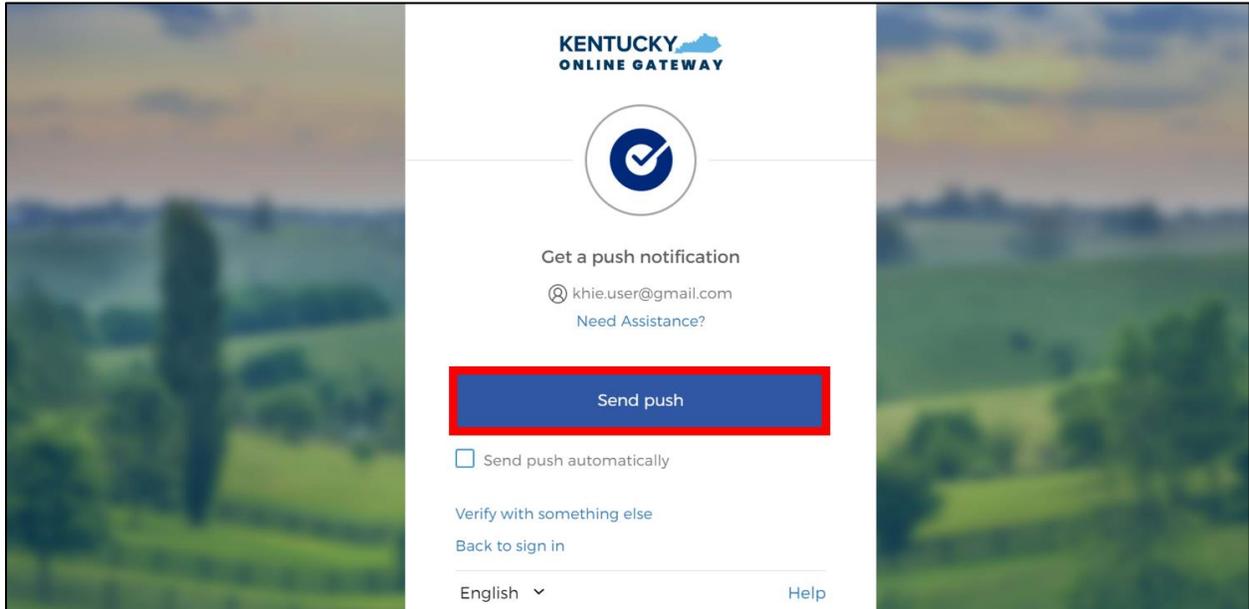
Push Notification from Okta Verify App

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

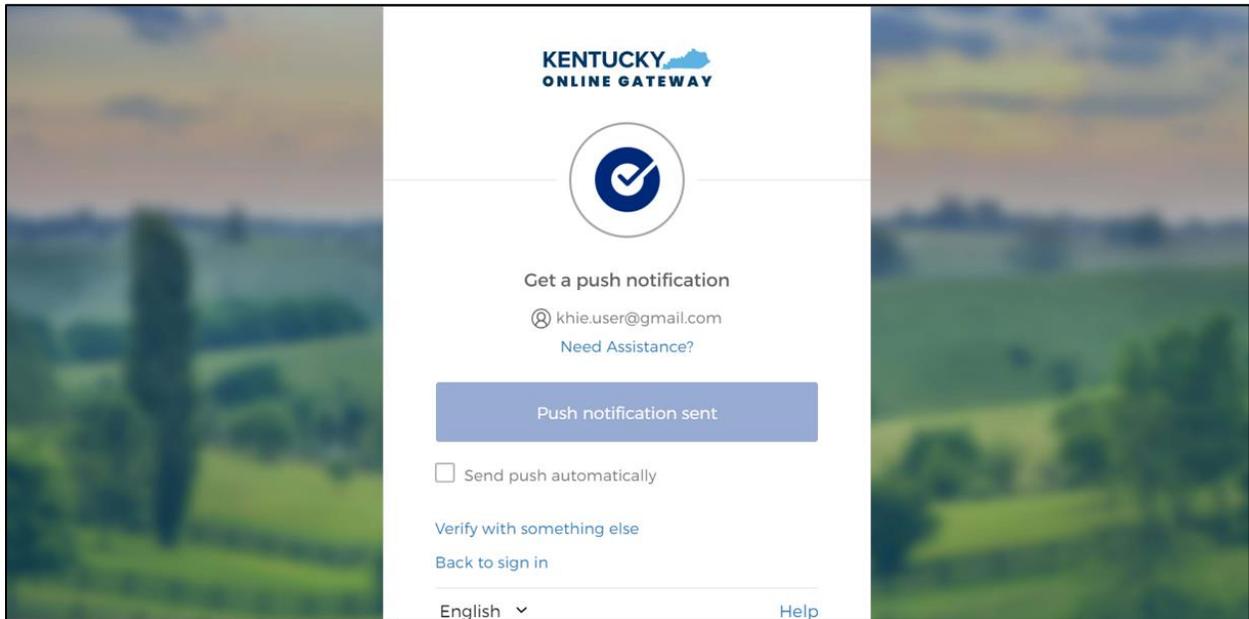
- After logging into KOG, you are navigated to the **Verify it's you with a security method** screen. Click the **Select** button next to **Get a push notification**.



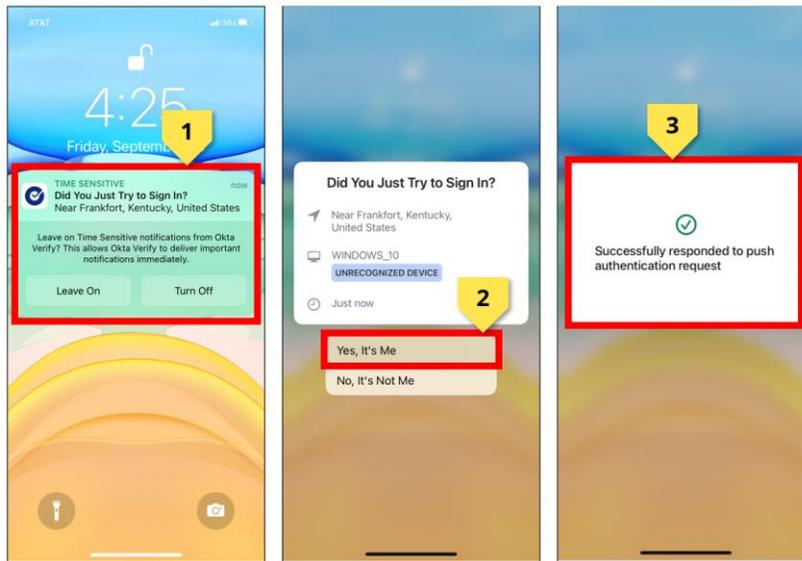
2. The **Get a push notification** screen displays. Click **Send Push**.



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



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

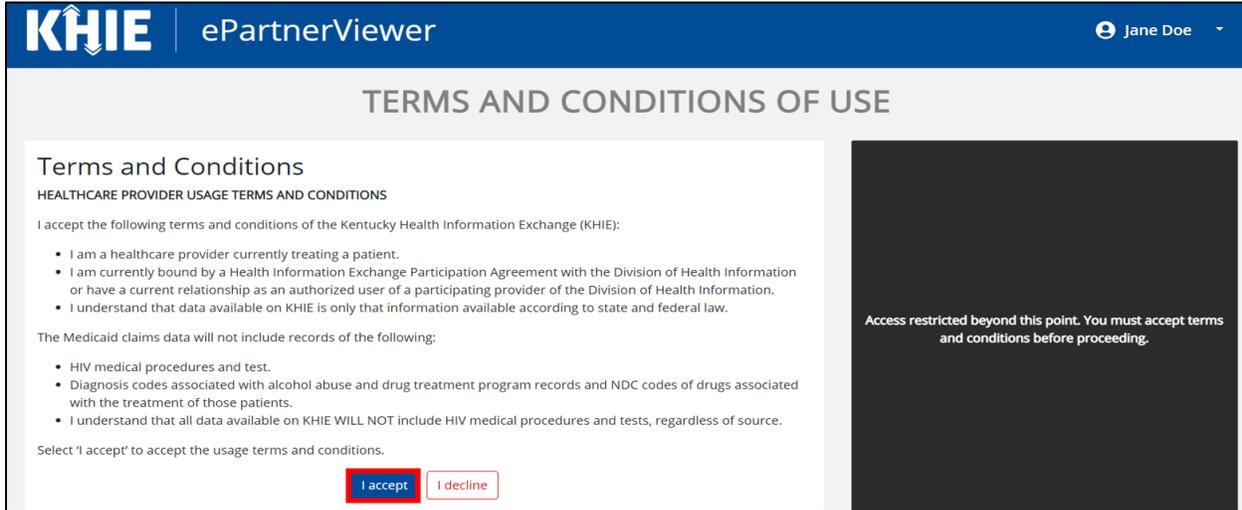


Please Note: Once you successfully respond to the Okta Verify push notification, you are automatically navigated to the **Terms and Conditions of Use** screen of the ePartnerViewer.

Terms and Conditions of Use and Logging In

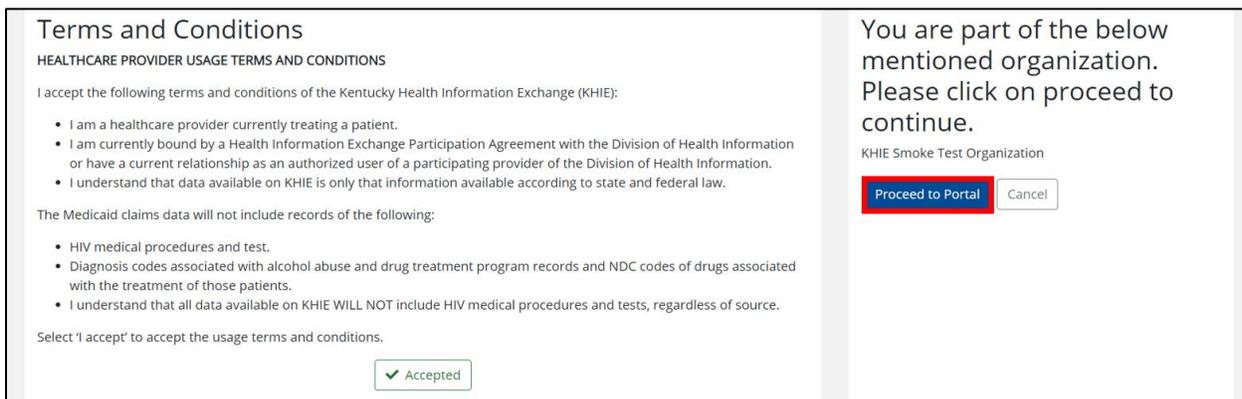
After logging into the Kentucky Online Gateway, launching the ePartnerViewer application, and completing Multi-Factor Authentication, the **Terms and Conditions of Use** page displays. Privacy and security obligations are outlined for review.

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



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

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

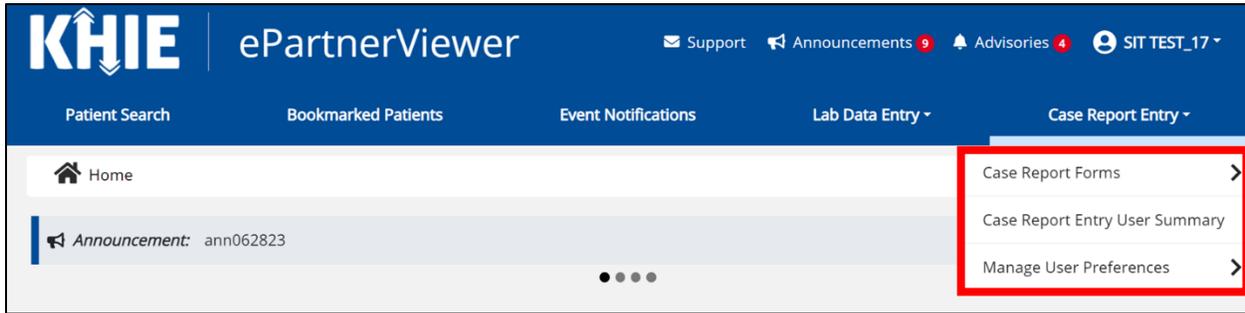


Please Note: If you click **Cancel**, a pop-up notification displays that indicates that you are *about to be logged out*. Use of the ePartnerViewer portal is subject to the acceptance of KHIE's Terms of Use. To proceed to the ePartnerViewer, click either **Logout Now** or **Cancel**.

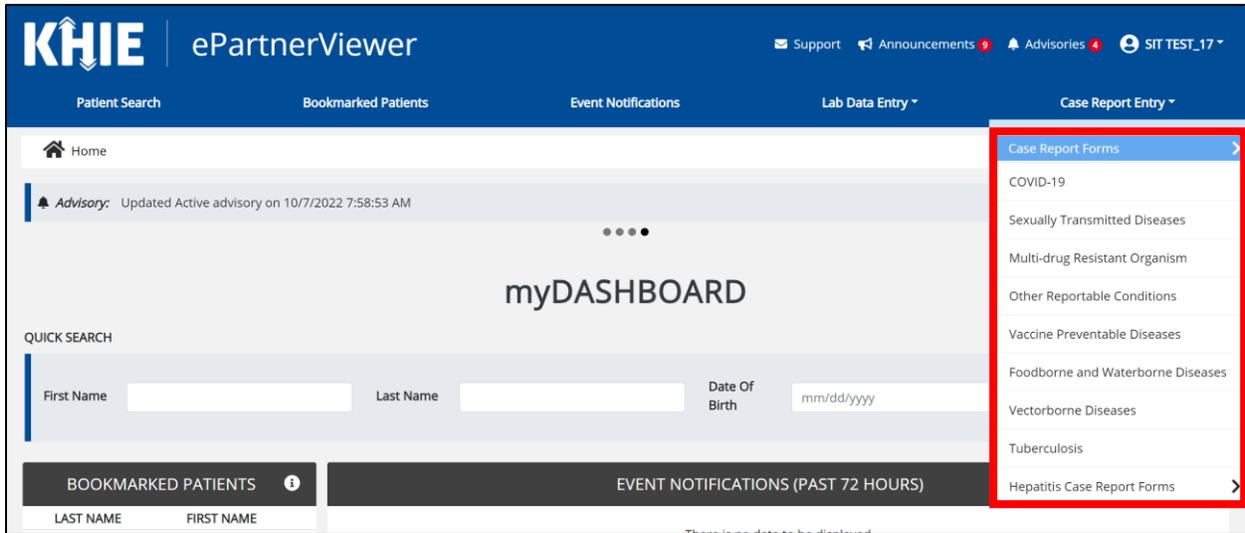
3 Understanding the Case Report Entry Dropdown Menu

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

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



1. Types of Case Reports:



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

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

- **Sexually Transmitted Disease (STD) Case Report:**

- Designed for Users to enter STD case reports.

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

- **Multi-drug Resistant Organism (MDRO) Case Report:**

- Designed for Users to enter MDRO case reports.

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

- **Other Reportable Conditions Case Report:**

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

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

- **Vaccine Preventable Diseases Case Report:**

- Designed for Users to enter Vaccine Preventable Diseases case reports.

Please Note: For specific information about Vaccine Preventable Diseases case reporting, please review the [Direct Data Entry for Case Reports: Vaccine Preventable Diseases User Guide](#).

- **Foodborne and Waterborne Diseases Case Report:**

- Designed for Users to enter Foodborne and Waterborne Diseases case reports.

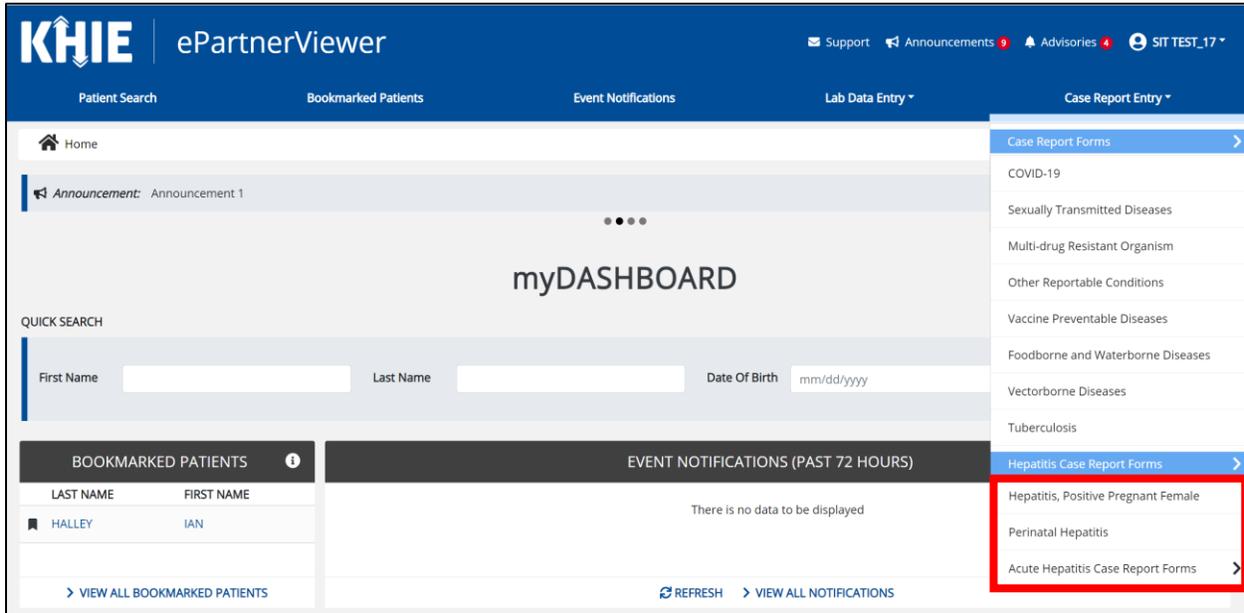
- **Vectorborne Case Report:**

- Designed for Users to enter Vectorborne Diseases case reports.

- **Tuberculosis Case Report:**

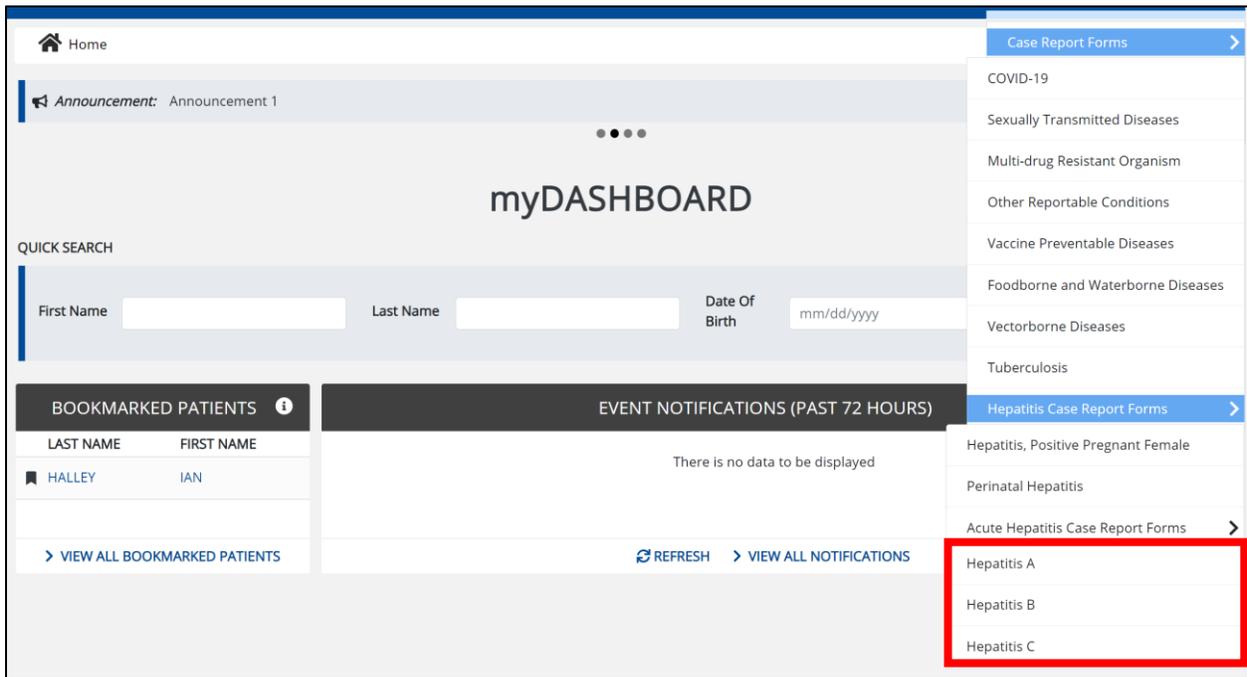
- Designed for Users to enter Tuberculosis case reports.

2. Types of Hepatitis Case Reports:



- **Hepatitis Positive Pregnant Female Case Report:**
 - Designed for Users to enter Hepatitis Positive Pregnant Female case reports.
- **Perinatal Hepatitis Case Report:**
 - Designed for Users to enter Perinatal Hepatitis case reports.
- **Acute Hepatitis Case Reports:**
 - Designed for Users to enter details for any one of the three (3) types of Acute Hepatitis case reports.

3. Types of Acute Hepatitis Case Reports:



- **Acute Hepatitis A Case Report:**

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

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

- **Acute Hepatitis B Case Report:**

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

Please Note: For specific information about Acute Hepatitis B case reporting, please review the [Direct Data Entry for Case Reports: Acute Hepatitis B User Guide](#).

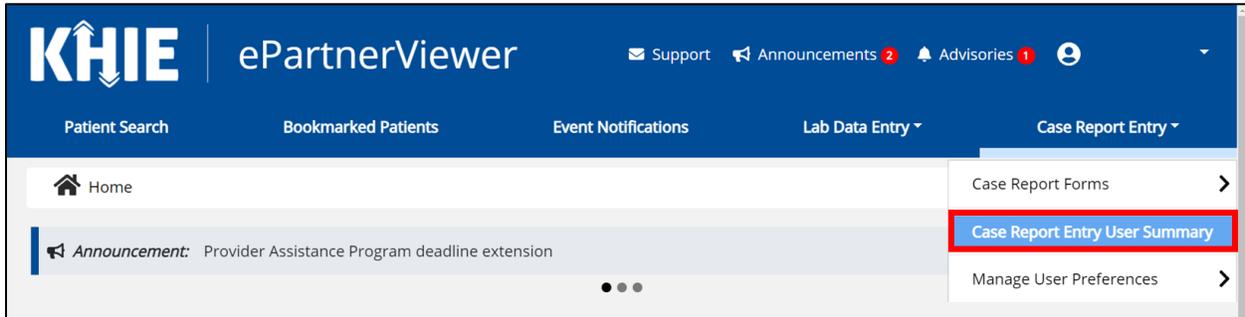
- **Acute Hepatitis C Case Report:**

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

Please Note: For specific information about Acute Hepatitis C case reporting, please review the [Direct Data Entry for Case Reports: Acute Hepatitis C User Guide](#).

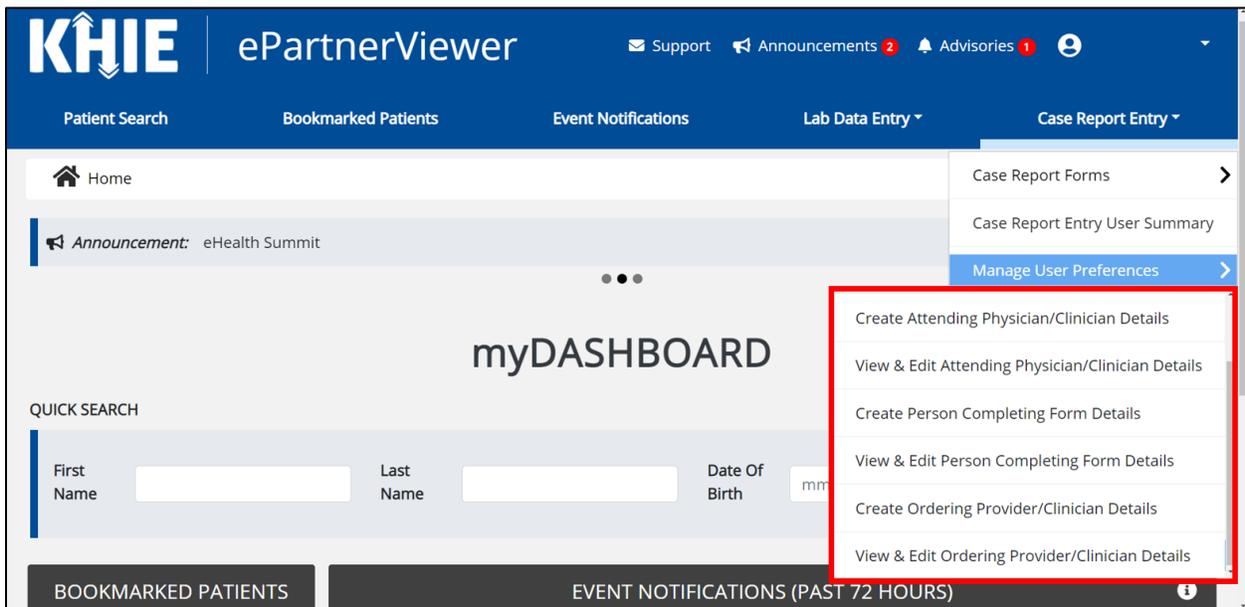
4. **Case Report Entry User Summary:**

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



5. **Manage User Preferences:**

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

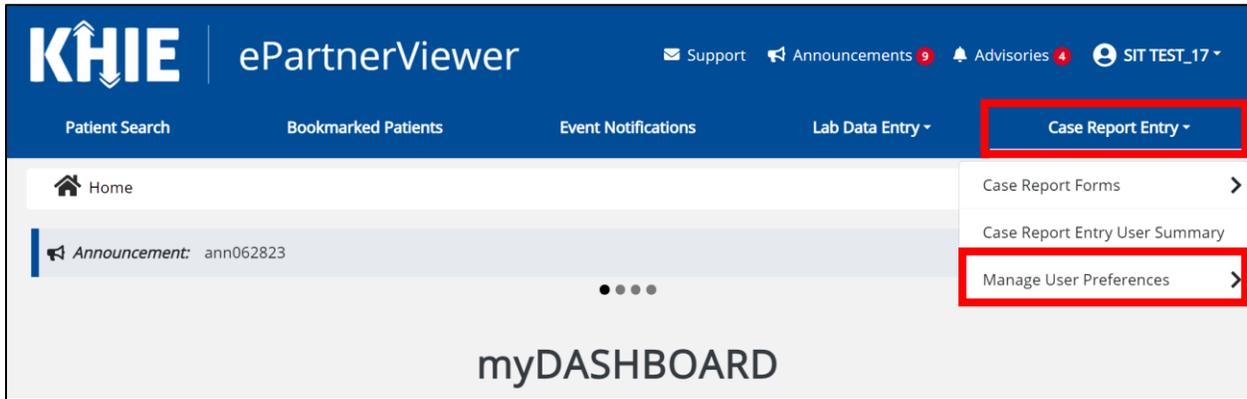


4 Manage User Preferences

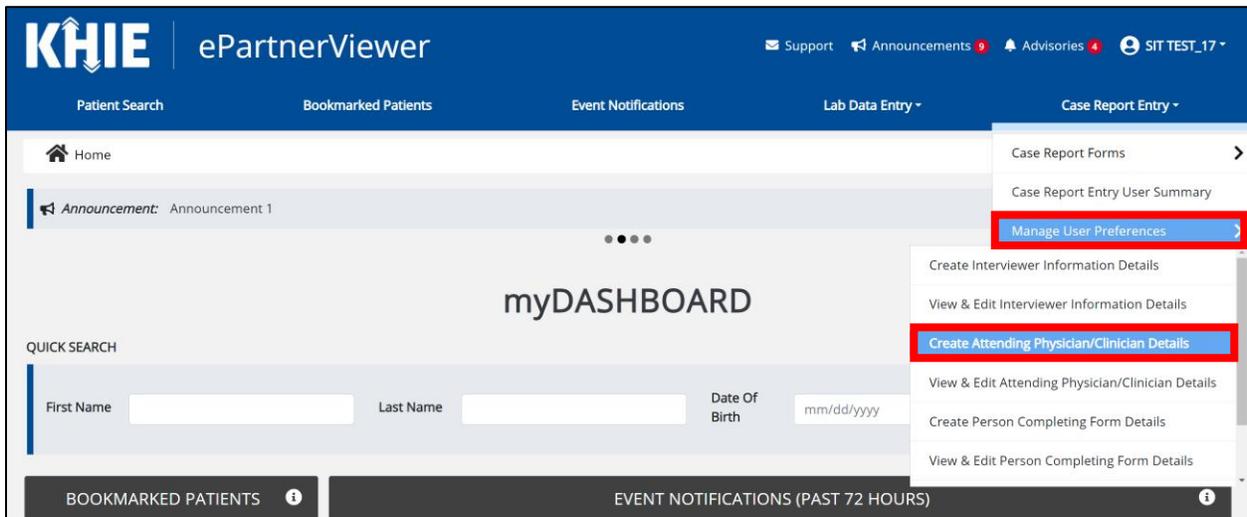
These are your User Preferences. Prior to entering your case report information, you are required to enter information about the Attending Physician/Clinician and the Person Completing Form on the **Manage User Preferences** screen. By entering these details here in your user preferences, you will be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

Create Attending Physician/Clinician Details

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



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



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

Home > Create Attending Physician/Clinician Details

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix
Select...

First Name* [] Last Name* []

Suffix
Select...
II
III
IV
Jr
Sr

Address 2
Unit, Suite, Building, etc. []

State* [Select...] Zip Code* []

Email
name@domain.com []

(XXX) XXX-XXXX []

Clear Save

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

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

Prefix
Dr. [x | v]

First Name* [] Last Name* []

Suffix
Sr [x | v]

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

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

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

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

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

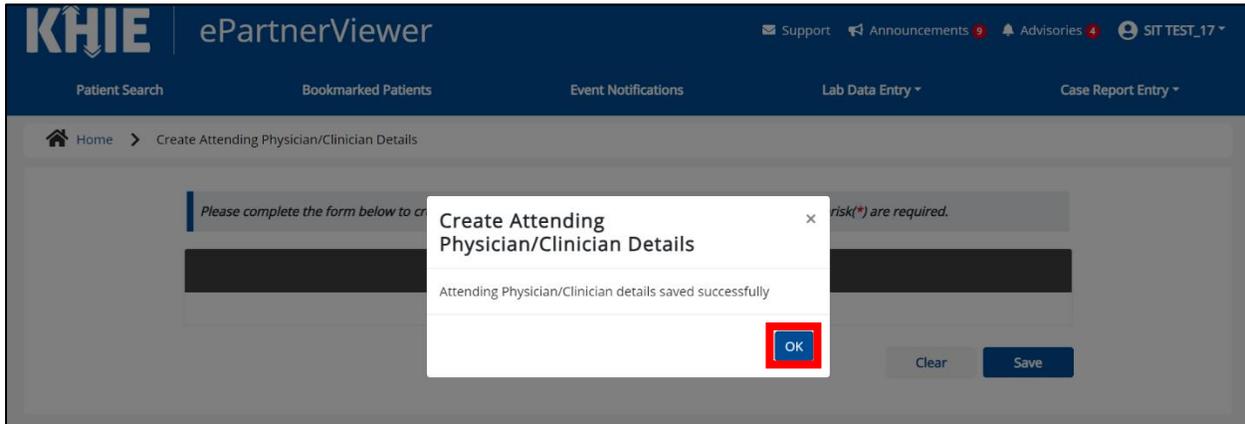
9. After completing the mandatory fields, click **Save.**

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

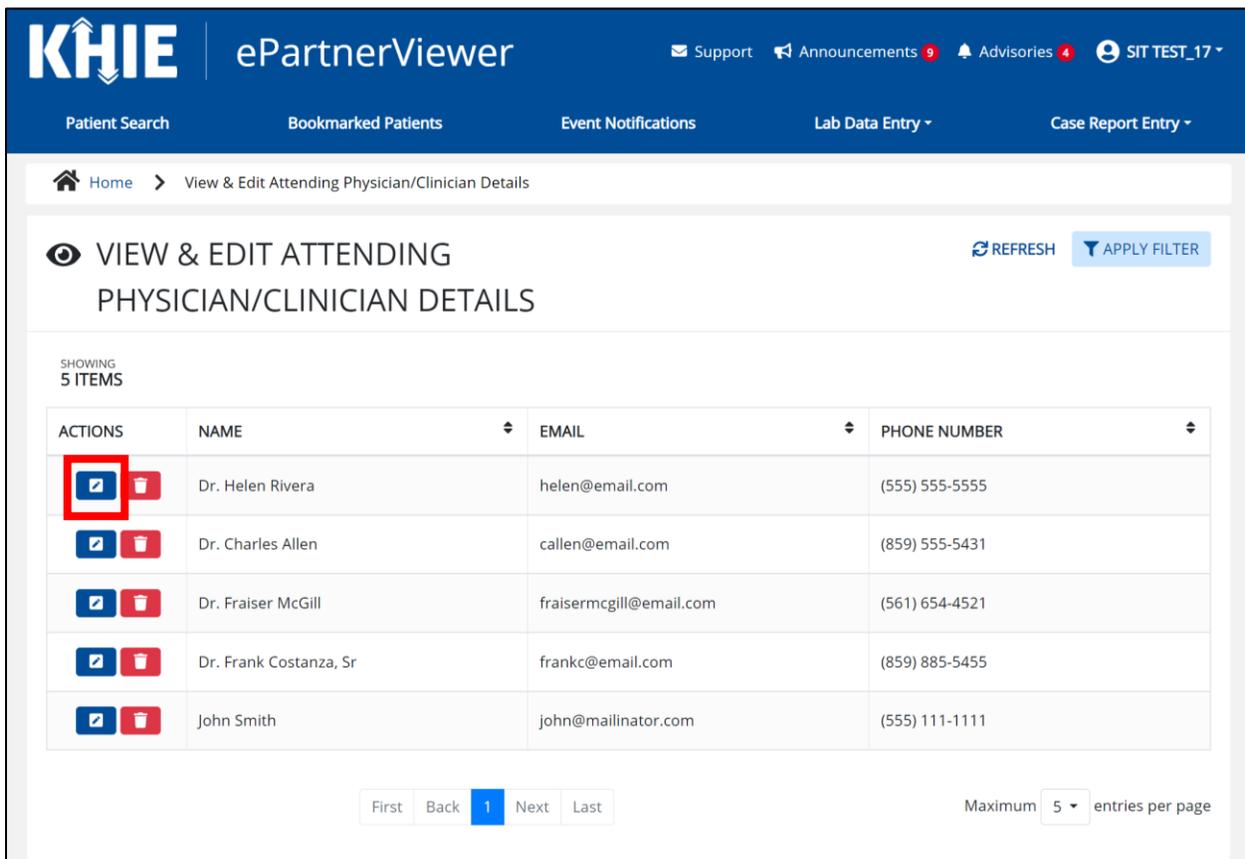
| | | |
|---|--|------------------------------------|
| Prefix | <input type="text" value="Dr."/> | |
| First Name* | <input type="text" value="Frank"/> | |
| Last Name* | <input type="text" value="Costanza"/> | |
| Suffix | <input type="text" value="Sr."/> | |
| Address 1* | <input type="text" value="1 First Street"/> | |
| Address 2 | <input type="text" value="1A"/> | |
| City* | State* | Zip Code* |
| <input type="text" value="Frankfort"/> | <input type="text" value="KY"/> | <input type="text" value="40123"/> |
| Phone* | Email | |
| <input type="text" value="(555) 555-5555"/> | <input type="text" value="frank@email.com"/> | |

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

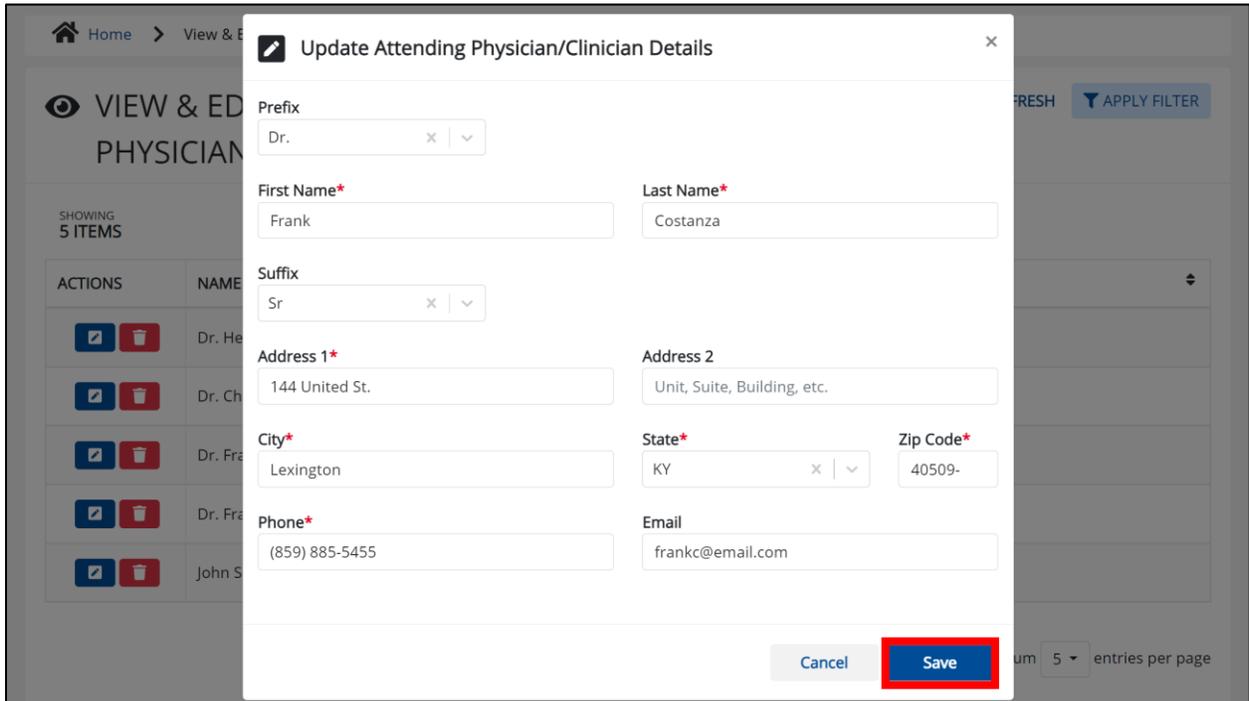


View & Edit Attending Physician/Clinician Details

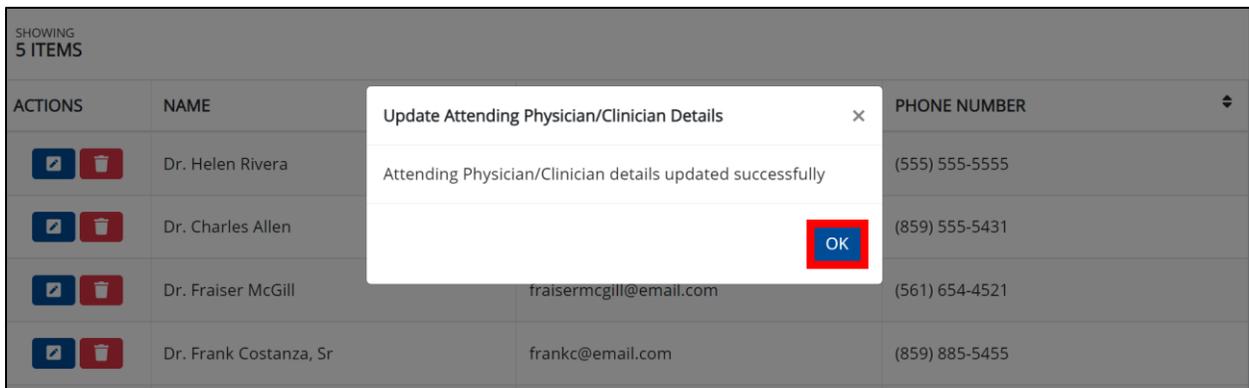
11. The **View & Edit Attending Physician/Clinician Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate physician/clinician.



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

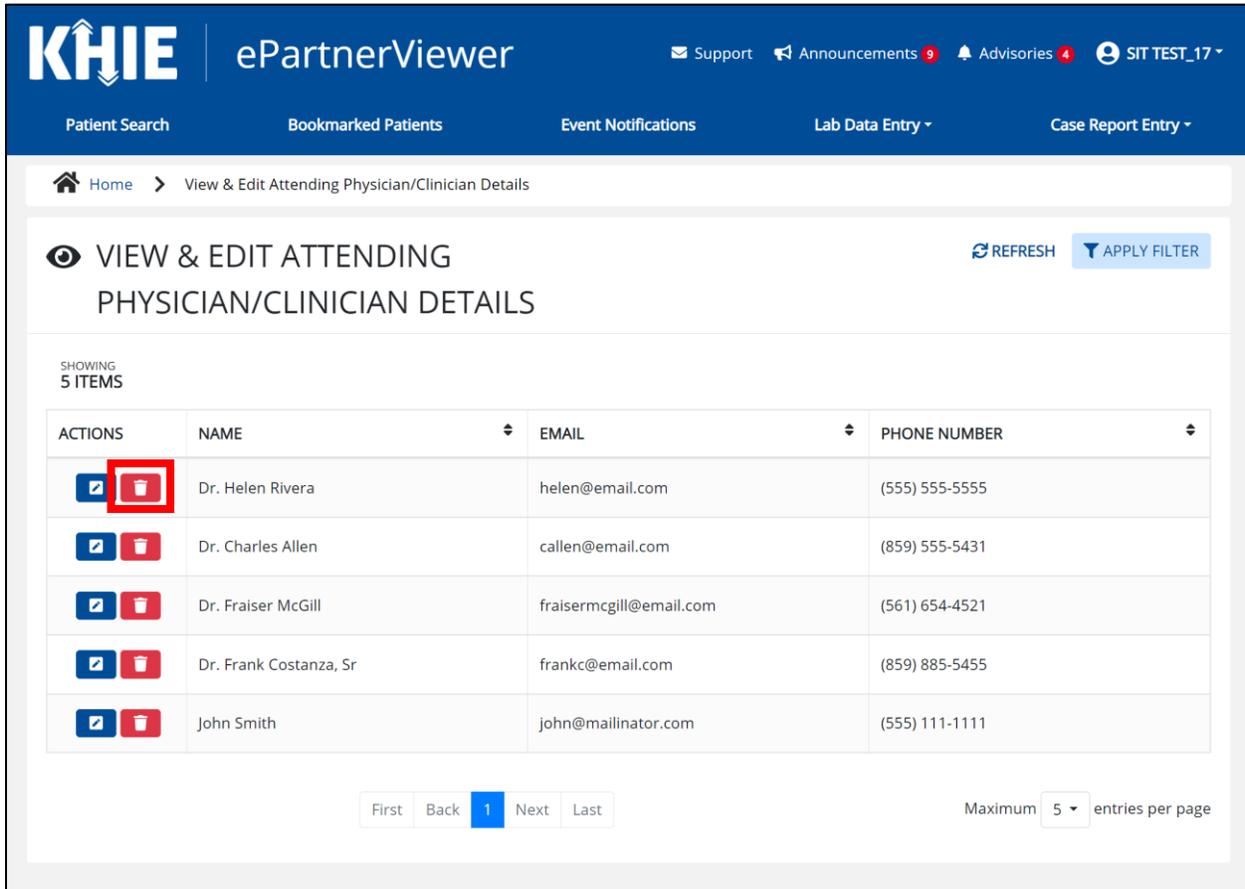


13. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

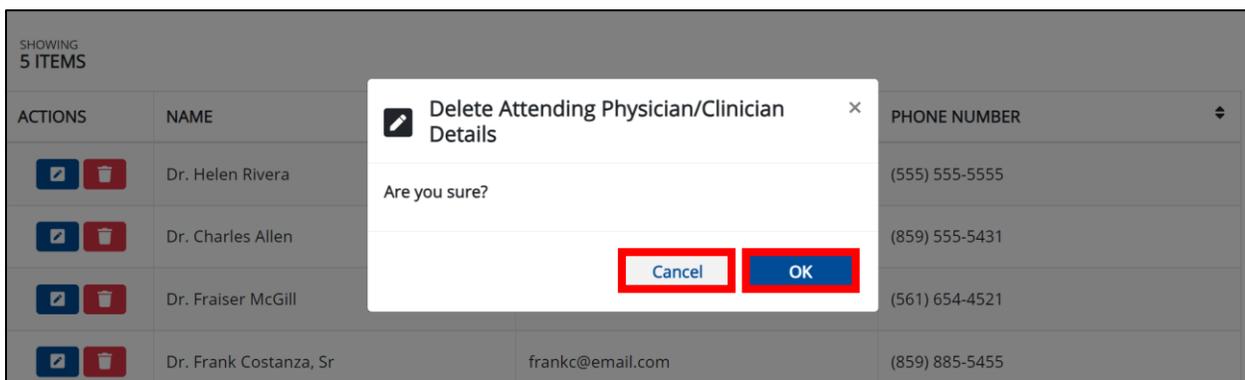


Delete Attending Physician/Clinician Details

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



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



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

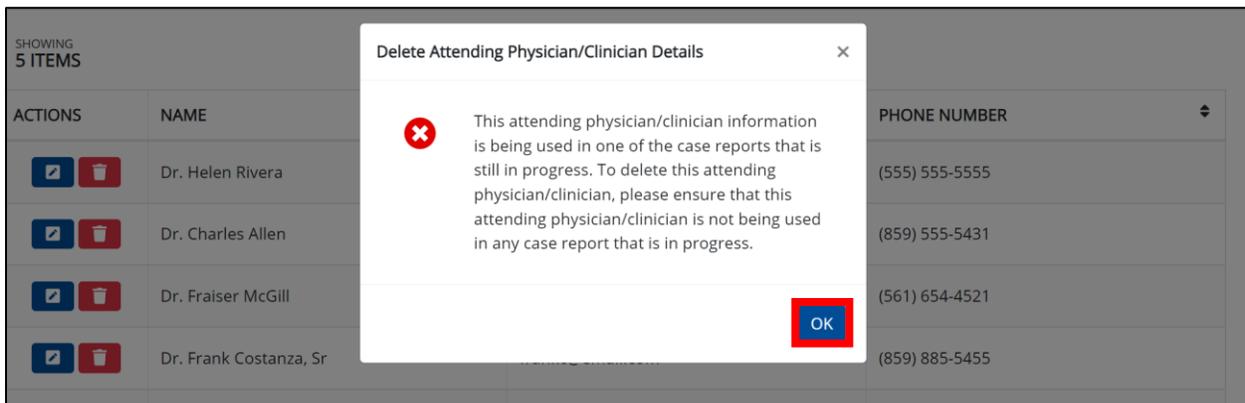
If you attempt to delete an attending physician/clinician who has been selected for use in a case report that has not been completed yet, a pop-up notification will display the following message:

This attending physician/clinician information is being used in one of the case reports that is still in progress. To delete this attending physician/clinician, please ensure that this attending physician/clinician is not being used in a case report that is in progress.

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

To delete the Attending Physician/Clinician used in a case report that is still in progress, you must first complete the case report.

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



Filter Attending Physician/Clinician Details

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

The screenshot shows the ePartnerViewer interface. At the top, there is a navigation bar with the KHIE logo, 'ePartnerViewer', and several notification icons. Below this is a secondary navigation bar with options like 'Patient Search', 'Bookmarked Patients', 'Event Notifications', 'Lab Data Entry', and 'Case Report Entry'. The main content area is titled 'VIEW & EDIT ATTENDING PHYSICIAN/CLINICIAN DETAILS'. It includes a 'REFRESH' button and an 'APPLY FILTER' button, which is highlighted with a red box. Below the title, it says 'SHOWING 5 ITEMS' and displays a table with columns for ACTIONS, NAME, EMAIL, and PHONE NUMBER. The table contains five rows of data for different physicians.

| ACTIONS | NAME | EMAIL | PHONE NUMBER |
|---------|------------------------|-------------------------|----------------|
| | Dr. Helen Rivera | helen@email.com | (555) 555-5555 |
| | Dr. Charles Allen | callen@email.com | (859) 555-5431 |
| | Dr. Fraiser McGill | fraisermcgill@email.com | (561) 654-4521 |
| | Dr. Frank Costanza, Sr | frankc@email.com | (859) 885-5455 |
| | John Smith | john@mailinator.com | (555) 111-1111 |

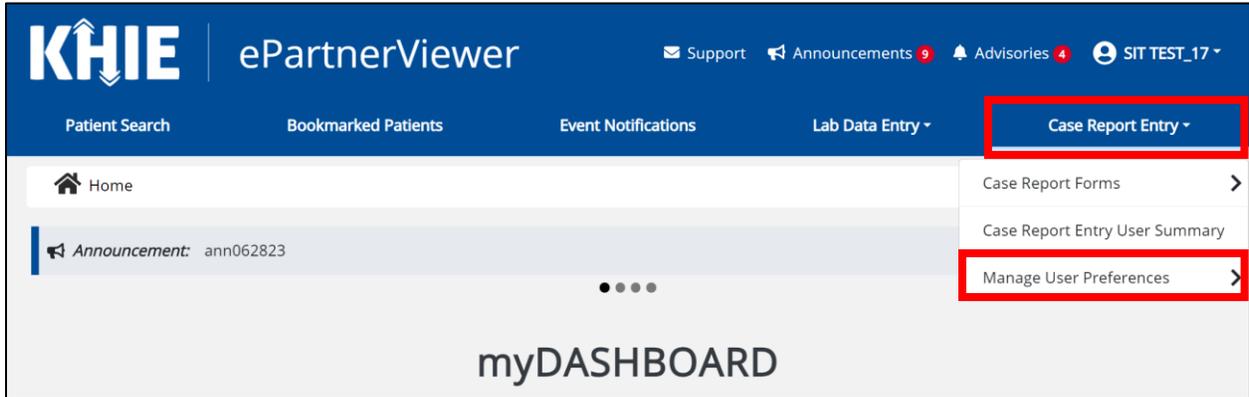
17. The Filter fields display. Search by entering the **Attending Physician/Clinician's Name, Email Address**, and/or **Phone Number** in the corresponding Filter fields.

This screenshot is similar to the previous one but shows the filter fields. The 'APPLY FILTER' button has been replaced by a 'HIDE FILTER' button, also highlighted with a red box. The table headers now include input fields for filtering: 'NAME' with 'Enter NAME...', 'EMAIL' with 'Enter EMAIL...', and 'PHONE NUMBER' with 'Enter PHONE NUMBER...'. Each of these input fields is highlighted with a red box. The table content below remains the same as in the previous screenshot.

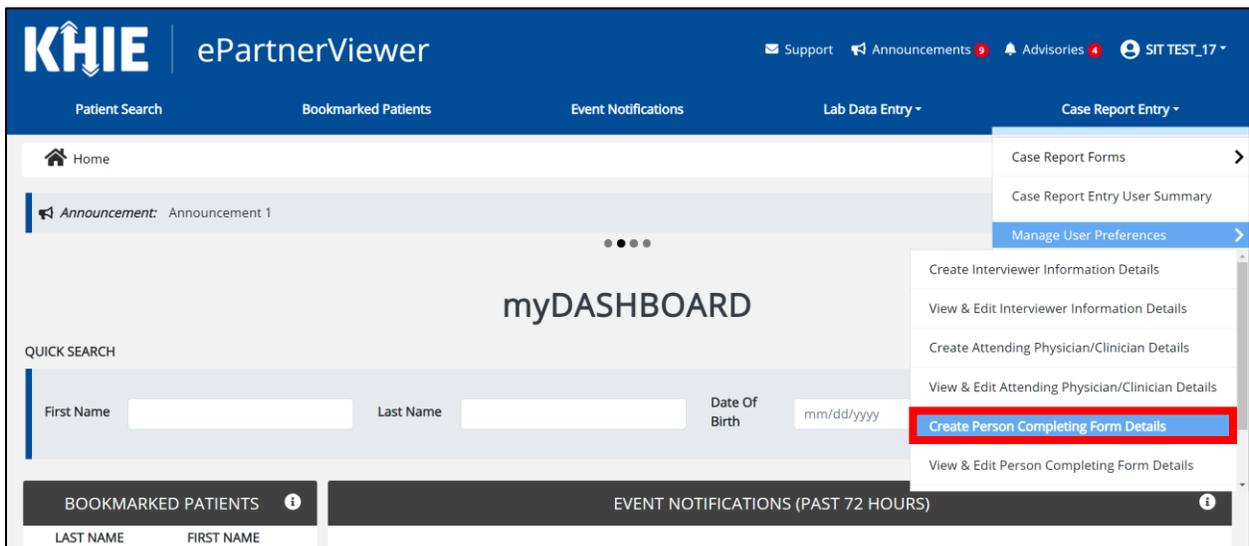
| ACTIONS | NAME <input data-bbox="418 1570 591 1612" type="text" value="Enter NAME..."/> | EMAIL <input data-bbox="764 1570 937 1612" type="text" value="Enter EMAIL..."/> | PHONE NUMBER <input data-bbox="1175 1570 1347 1612" type="text" value="Enter PHONE NUMBER..."/> |
|---------|---|---|---|
| | Dr. Helen Rivera | helen@email.com | (555) 555-5555 |
| | Dr. Charles Allen | callen@email.com | (859) 555-5431 |
| | Dr. Fraiser McGill | fraisermcgill@email.com | (561) 654-4521 |
| | Dr. Frank Costanza, Sr | frankc@email.com | (859) 885-5455 |

Create Person Completing Form Details

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



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



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

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

PERSON COMPLETING FORM

Prefix
Select... [v]

First Name* [] Last Name* []

Suffix
Select... [v]
II []
III []
IV []
Jr []
Sr []

Address 2
Unit, Suite, Building, etc. []

State* [Select... v] Zip Code* []

Address 1
(XXX) XXX-XXXX []

Email*
name@domain.com []

Clear Save

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

First Name* [] Last Name* []

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

Address 1* [] Address 2
Unit, Suite, Building, etc. []

City* [] State* [Select... v] Zip Code* []

- 8. Enter the **Phone Number**.
- 9. If available, enter the **Email Address**.

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

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

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

PERSON COMPLETING FORM

Prefix: Mr.
First Name*: Arthur
Last Name*: Vandelay
Suffix: II
Address 1*: 22 Second Avenue
Address 2: Unit, Suite, Building, etc.
City*: Bowling Green
State*: KY
Zip Code*: 42101
Phone*: (222) 222-2222
Email*: arhur@email.com

Clear Save

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

Home > Create Person Completing Form Details

Please complete the form below to create a new person completing form. Fields with an asterisk (*) are required.

Create Person Completing Form Details

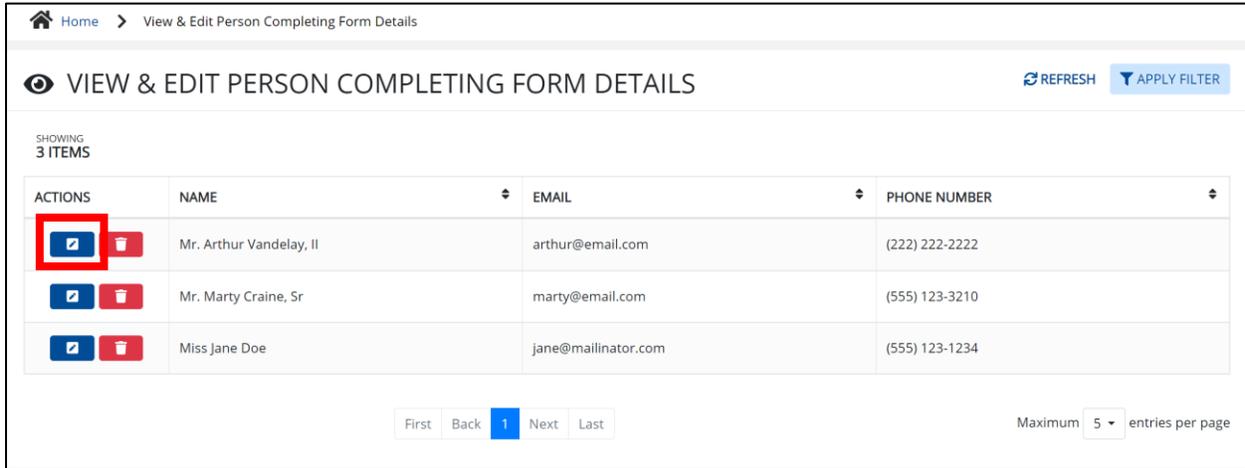
Person Completing Form details saved successfully

OK

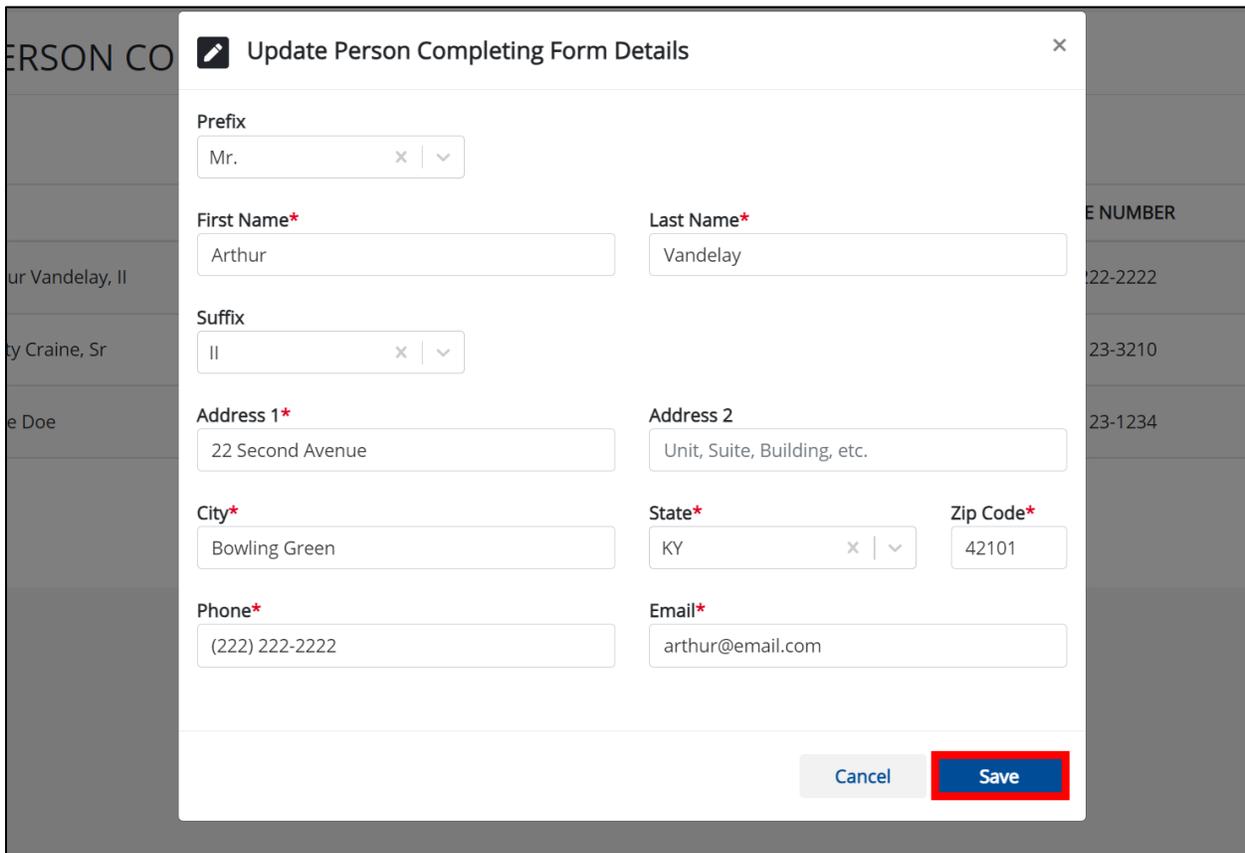
Clear Save

View & Edit Person Completing Form Details

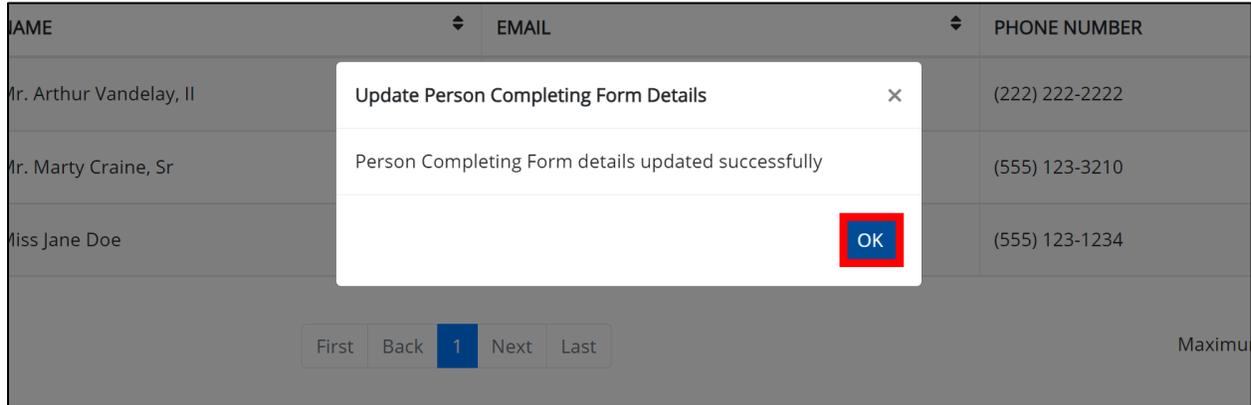
10. The **View & Edit Person Completing Form Details** screen displays. To edit details, click the **Edit** icon located next to the appropriate person.



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

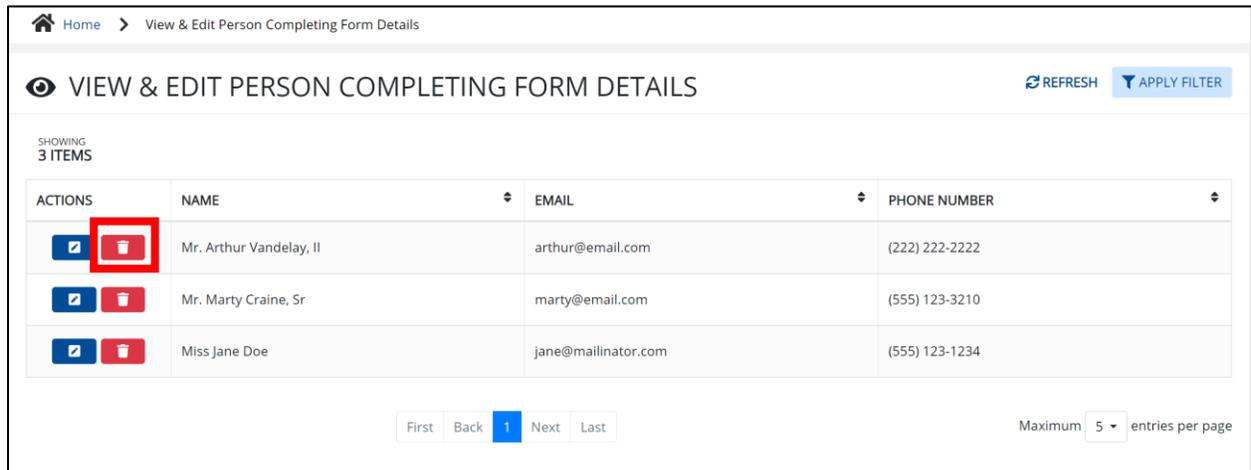


12. Once the update is successfully saved, a pop-up message displays. To proceed, click **OK**.

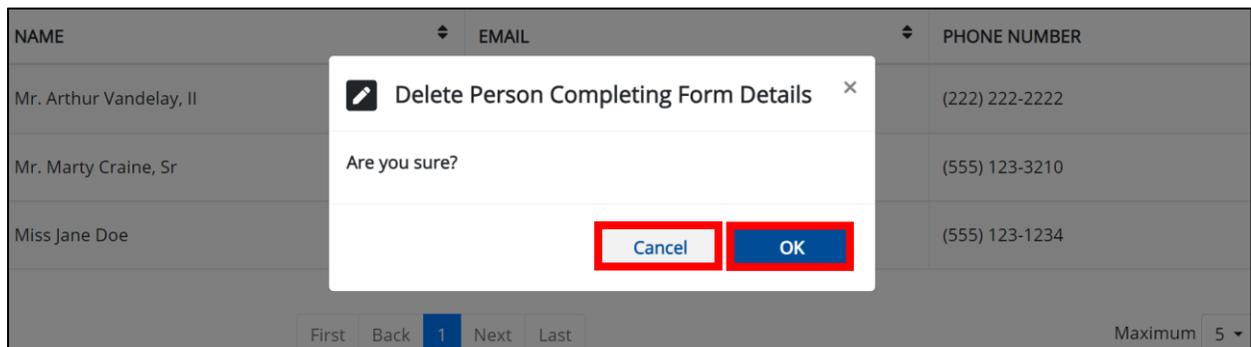


Delete Person Completing the Form Details

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



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

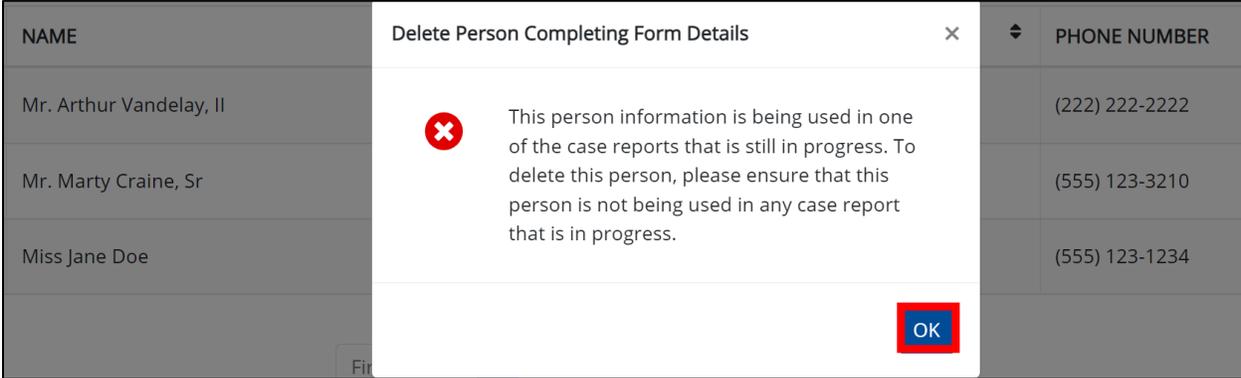


Please Note: You can delete a person on the **View & Edit Person Completing Form Details** screen as long as that person has not been selected for use in a case report that is still in progress. If you attempt to delete a person who has been selected for use in a case report that has not been completed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

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

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

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



Filter Person Creating Form Details

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

Home > View & Edit Person Completing Form Details

VIEW & EDIT PERSON COMPLETING FORM DETAILS REFRESH **APPLY FILTER**

SHOWING 3 ITEMS

| ACTIONS | NAME | EMAIL | PHONE NUMBER |
|---------|-------------------------|---------------------|----------------|
| | Mr. Arthur Vandelay, II | arthur@email.com | (222) 222-2222 |
| | Mr. Marty Craine, Sr | marty@email.com | (555) 123-3210 |
| | Miss Jane Doe | jane@mailinator.com | (555) 123-1234 |

First Back 1 Next Last Maximum 5 entries per page

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

VIEW & EDIT PERSON COMPLETING FORM DETAILS REFRESH **HIDE FILTER**

SHOWING 3 ITEMS

| ACTIONS | NAME <input data-bbox="402 1035 574 1077" type="text" value="Enter Name..."/> | EMAIL <input data-bbox="760 1035 932 1077" type="text" value="Enter Email..."/> | PHONE NUMBER <input data-bbox="1175 1035 1347 1077" type="text" value="Enter Phone Number..."/> |
|---------|---|---|---|
| | Mr. Arthur Vandelay, II | arthur@email.com | (222) 222-2222 |
| | Mr. Marty Craine, Sr | marty@email.com | (555) 123-3210 |
| | Miss Jane Doe | jane@mailinator.com | (555) 123-1234 |

First Back 1 Next Last Maximum 5 entries per page

5 Basic Features in the Case Report Entry Form

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

Side Navigation Bar & Pagination

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

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

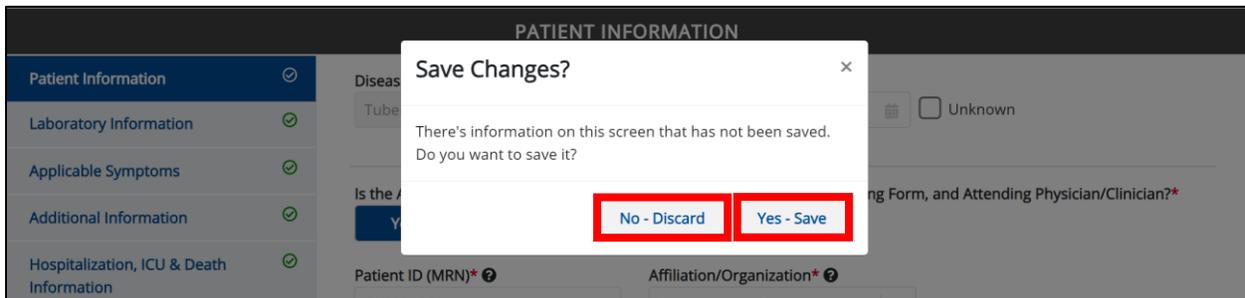
Save Feature

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

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



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



Case Report Entry Icons

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

Icon Descriptions:

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

Conditional Questions

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

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

LABORATORY INFORMATION

| | |
|---|--|
| <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Patient Information ✔</div> <div style="background-color: #0056b3; color: white; padding: 5px; border: 1px solid #ccc;">Laboratory Information</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Applicable Symptoms 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Additional Information 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Hospitalization, ICU & Death Information 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Vaccination History 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Treatment Information 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Additional Comments 🔒</div> <div style="background-color: #eee; padding: 5px; border: 1px solid #ccc;">Review & Submit 🔒</div> | <p>Does the patient have a lab test?*</p> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> Yes No Unknown </div> <hr/> <p>Laboratory Information</p> <p>Laboratory Name</p> <input style="width: 100%; border: 1px solid #ccc; background-color: #eee;" type="text"/> <p>Test Name</p> <div style="border: 1px solid #ccc; background-color: #eee; padding: 2px;">Select... ▼</div> <p>If other, please specify: ?</p> <input style="width: 100%; border: 1px solid #ccc; background-color: #eee;" type="text"/> <p>Filler Order/Accession Number ?</p> <input style="width: 100%; border: 1px solid #ccc; background-color: #eee;" type="text"/> |
|---|--|

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

The screenshot shows the 'LABORATORY INFORMATION' screen. On the left is a navigation menu with 'Laboratory Information' selected. The main content area has a question: 'Does the patient have a lab test?*' with three buttons: 'Yes' (highlighted in red), 'No', and 'Unknown'. Below this, a large red-bordered box contains the following fields: 'Laboratory Name*' (text input), 'Test Name*' (dropdown menu), 'If other, please specify:' (text input), 'Filler Order/Accession Number' (text input), 'Specimen Source*' (dropdown menu), and 'If other, please specify:' (text input).

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

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

The screenshot shows the 'APPLICABLE SYMPTOMS' screen. The left navigation menu has 'Applicable Symptoms' selected. The main content area has a question: 'Were symptoms present during the course of illness?*' with three buttons: 'Yes', 'No' (highlighted in red), and 'Unknown'. Below this, several fields are shown in a disabled state: 'Onset Date' (with a 'No' button), 'Fever' (with a 'No' button), 'Diarrhea (>3 loose stools/24hr period)' (with a 'No' button), and 'Weight Loss (lbs)' (with a 'No' button'). Each of these fields has a corresponding 'If yes, please enter...' text input field.

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

The screenshot shows the 'APPLICABLE SYMPTOMS' form. The left sidebar contains navigation tabs: Patient Information, Laboratory Information, Applicable Symptoms (selected), Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Treatment Information, Additional Comments, and Review & Submit. The main content area has the question 'Were symptoms present during the course of illness?*' with 'Yes', 'No', and 'Unknown' buttons. The 'Unknown' button is highlighted in red. Below this, the 'Onset Date' field is disabled and labeled 'Unknown'. The section 'If symptomatic, which of the following did the patient experience during their illness?' contains several symptom questions, all of which are disabled and labeled 'Unknown': 'Fever', 'Diarrhea (>3 loose stools/24hr period)', and 'Weight Loss (lbs)'. Each symptom question has 'Yes', 'No', and 'Unknown' buttons, with 'Unknown' highlighted in blue.

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

The screenshot shows the 'APPLICABLE SYMPTOMS' form with the 'Yes' button highlighted in red for the main question. The 'Onset Date' field is now enabled and shows 'mm/dd/yyyy'. The section 'If symptomatic, which of the following did the patient experience during their illness?' contains several symptom questions, all of which are enabled: 'Fever*', 'Diarrhea (>3 loose stools/24hr period)*', 'Weight Loss (lbs)*', 'Chest Pain*', and 'Chills*'. Each symptom question has 'Yes', 'No', and 'Unknown' buttons, with 'Unknown' highlighted in blue.

6 Affiliation/Organization Conditional Question

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

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

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

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

The screenshot shows a form titled "Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?*" with two radio buttons: "Yes" and "No". Below this are three rows of fields. The first row has a text input for "Patient ID (MRN)" and a dropdown for "Affiliation/Organization". The second row has a dropdown for "Person Completing Form", a dropdown for "Affiliation/Organization", and a text input for "If other, please specify:". The third row has a dropdown for "Attending Physician/Clinician", a dropdown for "Affiliation/Organization", and a text input for "If other, please specify:". A red box highlights the conditional question and its radio buttons.

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

Affiliation/Organization Conditional Answer: Yes

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

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

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

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

Patient ID (MRN)* Affiliation/Organization*

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

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

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

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

Patient ID (MRN)* Affiliation/Organization*

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

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

Affiliation/Organization Conditional Answer: No

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

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

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

Yes **No**

Patient ID (MRN)* Affiliation/Organization*

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

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

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

Patient ID (MRN)* Affiliation/Organization*

Person Completing Form* If other, please specify:

Attending Physician/Clinician* If other, please specify:

Prefix

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

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

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

Attending Physician/Clinician* If other, please specify:

Prefix

First Name* Last Name*

Suffix Date of Birth*

Affiliation/Organization* dropdown menu options:
eICR Onboarding Regression
Hilton Hospital
King's Daughters Medical Center
Murray-Calloway County Hospital
Test Medical Center
University Of Kentucky Chandler Medical Center
Other

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

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

Patient ID (MRN)* Affiliation/Organization*

[Person Completing Form](#)* Affiliation/Organization*

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

Patient ID (MRN)* Affiliation/Organization*

[Person Completing Form](#)* Affiliation/Organization*

[Attending Physician/Clinician](#)* Affiliation/Organization*

Prefix Last Name*

First Name*

Suffix Last Name*

Patient Sex* Ethnicity* Race*

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

[Attending Physician/Clinician](#)* Affiliation/Organization*

Affiliation/Organization Validation

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

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

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

Yes **No**

Patient ID (MRN)*
SK05051960

Affiliation/Organization*
Test Medical Center

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

Affiliation/Organization*
Other

If other, please specify:*
Test Hospital

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

Affiliation/Organization*
Test Medical Center

If other, please specify:

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

Yes **No**

Patient ID (MRN)*
SK05051960

Affiliation/Organization*
Test Medical Center

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

Affiliation/Organization*
Test Medical Center

If other, please specify:

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

Affiliation/Organization*
Test Medical Center

If other, please specify:

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

Yes **No**

Patient ID (MRN)*
SK05051960

Person Completing Form*
Mr. Arthur Vandelay,

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

Affiliation/Organization*
Test Medical Center

Patient Information

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

Yes **No**

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

Change Affiliation/Organization Conditional Answer: No to Yes

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

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

Yes **No**

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

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

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

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

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

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

PATIENT INFORMATION

| | | | |
|--|-----------------------------|-------------------------------|----------------------------------|
| Patient Information | Disease/Organism* Chlamydia | Date of Diagnosis* 07/23/2021 | <input type="checkbox"/> Unknown |
| Laboratory Information | | | |
| Applicable Symptoms | | | |
| Medical Conditions | | | |
| Travel Information | | | |
| Hospitalization, ICU & Death Information | | | |
| Additional Information | | | |

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

Yes **No**

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

Please Enter Affiliation/Organization

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

The screenshot shows a form with the following fields: "Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form and Attending Physician/Clinician?" with "Yes" and "No" buttons; "Patient ID (MRN)*" with value "SK05051960"; "Person Completing Form*" with value "Mr. Arthur Vandelay, II (arthur@email.com)"; "Attending Physician/Clinician*" with value "Dr. Frank Costanza, Sr (frank@email.com)"; and "Prefix" with value "Ms.". The "Affiliation/Organization*" dropdown menu is open, showing a list of options: "Select...", "Afzal, Mohammad MD, Internal Medicine, LLC", "eICR Onboarding Regression", "Hilton Hospital", "King's Daughters Medical Center", "Murray-Calloway County Hospital", "Test Medical Center" (highlighted), and "University Of Kentucky Chandler Medical Center". To the right of the dropdown are two "If other, please specify:" text boxes.

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

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

The screenshot shows the same form as above, but the "Affiliation/Organization*" dropdown menu is now closed and displays "Test Medical Center". The "Person Completing Form*" and "Attending Physician/Clinician*" dropdown menus are also closed and display "Test Medical Center". A red box highlights these two dropdown menus. The "If other, please specify:" text boxes remain empty.

Change Affiliation/Organization Conditional Answer: Yes to No

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

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

Patient ID (MRN)* Affiliation/Organization*

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

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

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

Patient Information

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

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

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

Patient ID (MRN)* Affiliation/Organization*

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

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

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

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

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

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

7 Tips for Manually Entering Case Report Data

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

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

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

PATIENT INFORMATION

Patient Information

Laboratory Information

Disease/Organism* Tuberculosis

Date of Diagnosis* 01/01/2024 Unknown

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

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

PATIENT INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Disease/Organism* Tuberculosis

Date of Diagnosis* 02/01/2024 Unknown

Is this patient's MRN/Unique Identifier?

Patient ID (MRN)* SK050501960

Affiliation/Organization* Baxter Hospital

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

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

City*

State* KY

Zip Code*

County*

Adair

Allen

Anderson

Ballard

Barren

Bath

Bell

Phone* (XXX) XXX-XXXX

Email name@domain.com

Encounter ID/Visit #* Generate

Unknown

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

City* [text input] State* [dropdown menu with 'AK' selected] Zip Code* [text input]

County* [dropdown menu with 'Out Of System State' selected] Phone* [text input with mask (XXX) XXX-XXXX] Email [text input with mask name@domain.com]

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

Admission Date* [mm/dd/yyyy] Unknown

Discharge Date* [mm/dd/yyyy] Unknown

Still hospitalized

intensive care unit (ICU)?* [dropdown menu with 'Unknown' selected]

Discharge Date from ICU [mm/dd/yyyy] Unknown

Calendar: January 2024. Date 22 is selected.

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

Admission Date* [mm/dd/yyyy] Unknown

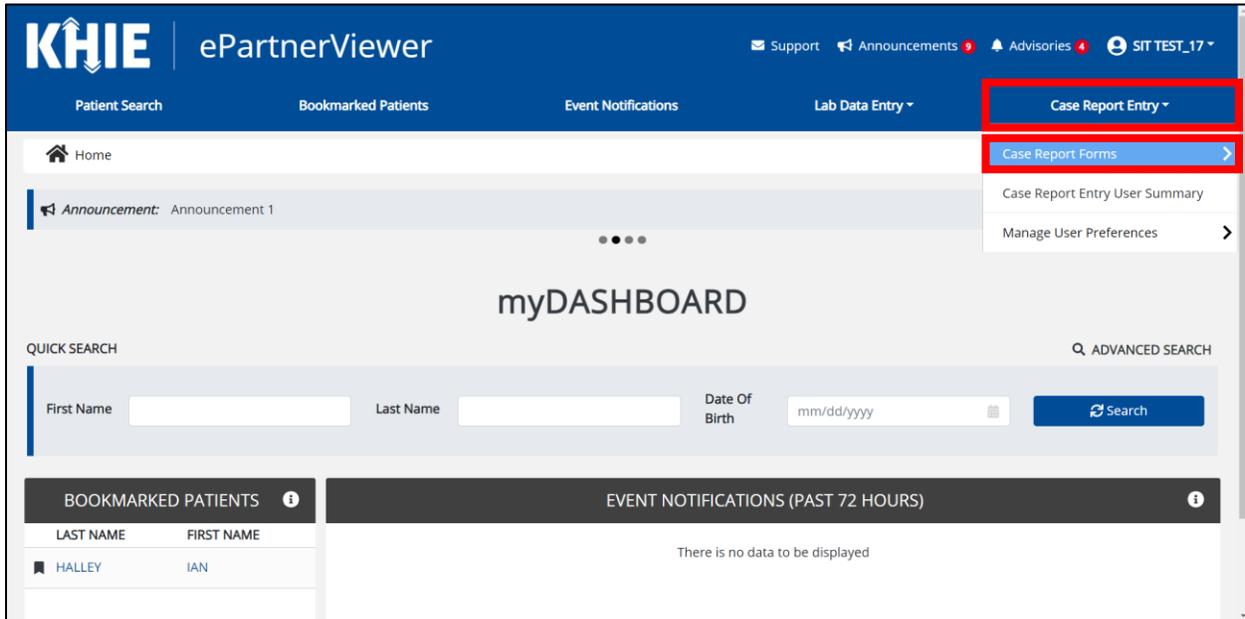
Discharge Date* [01/19/2024] Unknown

Still hospitalized

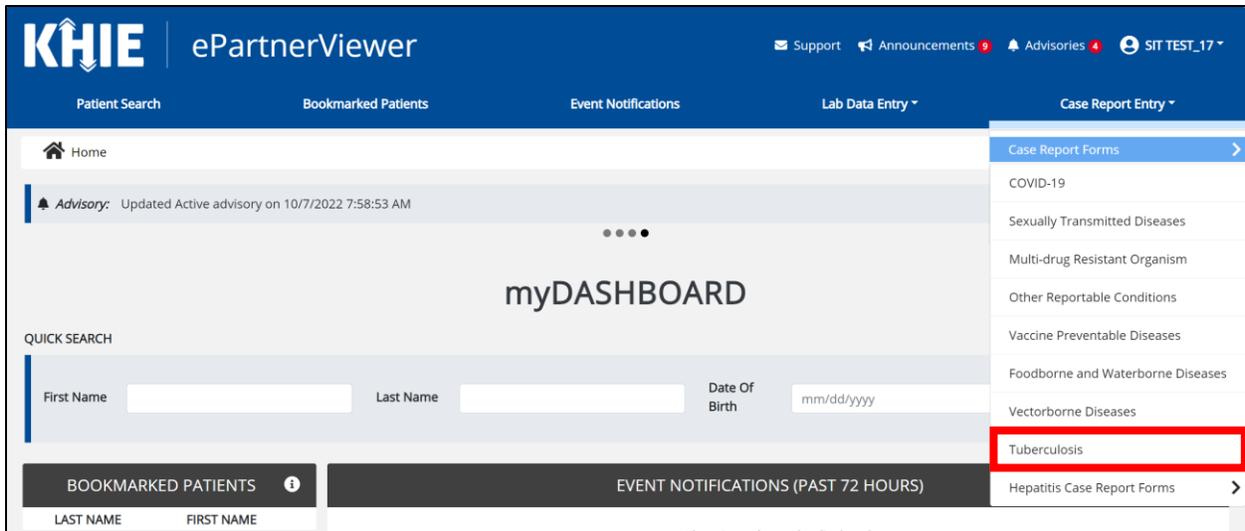
8 Tuberculosis Case Report Form

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

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



2. Select **Tuberculosis** from the dropdown menu.



9 Patient Information

The Tuberculosis Case Report Form is an nine-step process where Users enter (1) **Patient Information**, (2) **Laboratory Information**, (3) **Applicable Symptoms**, (4) **Additional Information**, (5) **Hospitalization, ICU, & Death Information**, (6) **Vaccination History**, (7) **Treatment Information**, and (8) **Additional Comments. Review and Submit** (9) is where Users must review the information they have entered **and** submit the Tuberculosis Case Report.

The screenshot displays the 'TUBERCULOSIS CASE REPORT FORM' interface. At the top right, a progress indicator shows 'Section 1 of 9' with a green bar. A red box highlights this indicator and the 'Patient Information' section in the left-hand navigation menu. The main form area is titled 'PATIENT INFORMATION' and contains various input fields. The 'Disease/Organism*' field is set to 'Tuberculosis'. The 'Date of Diagnosis*' field is empty with a calendar icon and an 'Unknown' checkbox. Below this, there are radio buttons for 'Yes' and 'No' for the question 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?'. The form includes fields for 'Patient ID (MRN)', 'Person Completing Form', and 'Attending Physician/Clinician', each with an 'Affiliation/Organization' dropdown and an 'If other, please specify:' text area. Other fields include 'Prefix', 'First Name*', 'Middle Name', 'Last Name*', 'Suffix', 'Date of Birth*', 'Patient Sex*', 'Ethnicity*', 'Race*', 'Address 1*', 'Address 2', 'City*', 'State*', 'Zip Code*', 'County*', 'Phone*', and 'Email'. At the bottom, there are fields for 'Visit Type*' and 'Encounter ID/Visit #*'. A red box highlights the 'Patient Information' menu item and the 'Section 1 of 9' progress indicator.

1. You must complete the mandatory fields on the **Patient Information** screen.

The screenshot shows the 'PATIENT INFORMATION' form with a sidebar on the left containing menu items like 'Patient Information', 'Laboratory Information', 'Applicable Symptoms', etc. The main form area contains several sections of input fields. Red boxes highlight the following fields: 'Disease/Organism' (set to Tuberculosis), 'Date of Diagnosis' (mm/dd/yyyy), 'Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician?' (Yes/No), 'Patient ID (MRN)', 'Affiliation/Organization', 'Person Completing Form', 'Attending Physician/Clinician', 'Prefix', 'First Name', 'Middle Name', 'Last Name', 'Suffix', 'Date of Birth' (mm/dd/yyyy), 'Patient Sex', 'Ethnicity', 'Race', 'Address 1', 'Address 2', 'City', 'State', 'Zip Code', 'County', 'Phone' (XXX-XXX-XXXX), 'Email' (name@domain.com), 'Visit Type', and 'Encounter ID/Visit #' (with a 'Generate' checkbox). At the bottom, there are 'Save' and 'Next' buttons.

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

Please Note: You are required to enter the details associated with the *Person Completing Form* and the *Attending Physician/Clinician* prior to entering Tuberculosis information. If you access the Tuberculosis Case Report without previously entering these details, the **Patient Information** screen is disabled and displays an error message. You must click the hyperlink associated with the **Person Completing Form** and the **Attending Physician/Clinician** located in the error message banner to navigate to the appropriate **User Preferences** screens and create the *Person Completing Form* and *Attending Physician/Clinician* before entering Tuberculosis Case Report details.

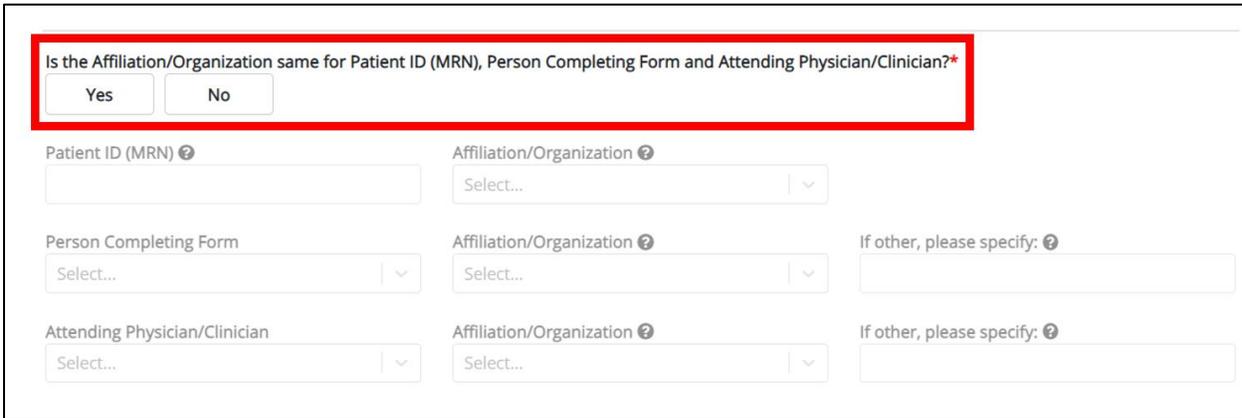


2. Enter the **Date of Diagnosis**.

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



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



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

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

| | | |
|---|--|---|
| Patient ID (MRN)* ? <input type="text"/> | Affiliation/Organization* ? <input type="text" value="Select..."/> | |
| Person Completing Form* <input type="text" value="Select..."/> | Affiliation/Organization ? <input type="text" value="Select..."/> | If other, please specify: ? <input type="text"/> |
| Attending Physician/Clinician* <input type="text" value="Select..."/> | Affiliation/Organization ? <input type="text" value="Select..."/> | If other, please specify: ? <input type="text"/> |

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

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

| | | |
|---|--|---|
| Patient ID (MRN)* ? <input type="text"/> | Affiliation/Organization* ? <input type="text" value="Select..."/> | |
| Person Completing Form* <input type="text" value="Select..."/> | Affiliation/Organization* ? <input type="text" value="Select..."/> | If other, please specify: ? <input type="text"/> |
| Attending Physician/Clinician* <input type="text" value="Select..."/> | Affiliation/Organization* ? <input type="text" value="Select..."/> | If other, please specify: ? <input type="text"/> |

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

| | |
|--|--|
| Patient ID (MRN)* ? <input type="text"/> | Affiliation/Organization* ? <input type="text" value="Select..."/> |
|--|--|

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

The screenshot shows a form with several dropdown menus. The 'Patient ID (MRN)*' field contains 'EB19039283'. The 'Affiliation/Organization*' dropdown is open, showing a list of hospitals: Eugene Hospital, Evergreen General Hospital, Green Hosp, Heartland Clinic, Hilton Hospital, Howell Hospital, Knight Hospital, and Knoll Hospital. The 'Eugene Hospital' option is highlighted. To the right of the dropdown are two 'If other, please specify:' text input fields.

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

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

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

The screenshot shows the form with the 'Person Completing Form*' dropdown menu open. The dropdown is highlighted with a red box and shows two options: 'Jane Doe (jane@mailinator.com)' and 'Mr. Marty Craine, Sr (marty@email.com)'. The 'Patient ID (MRN)*' field contains 'EB192465'. The 'Affiliation/Organization*' dropdown is set to 'Evergreen General Hospital'. To the right are two 'If other, please specify:' text input fields.

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

Person Completing Form Hyperlink

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

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

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

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

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

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

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

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

PERSON COMPLETING FORM

Prefix: Mr.

First Name*: Marty

Last Name*: Craine

Suffix: Sr

Address 1*: 123 Cheers Street

Address 2: Unit, Suite, Building, etc.

City*: Lexington

State*: KY

Zip Code*: 40123-

Phone*: (555) 123-3210

Email*: marty@email.com

Buttons: Cancel, Save

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

Person Completing Form*

Select...

- Miss Jane Doe (jane@mailinator.com)
- Mr. Arthur Vandelay, II (arthur@email.com)
- Mr. Marty Craine, Sr (marty@email.com)

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

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

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

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

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

Attending Physician/Clinician Hyperlink

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

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

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

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

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

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

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

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

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

Manage User Preferences

Please complete the form below to create an Attending Physician/Clinician. All fields marked with an asterisk(*) are required.

ATTENDING PHYSICIAN/CLINICIAN

| | | |
|-------------|--|---------------------|
| Prefix | <input type="text" value="Dr."/> | |
| First Name* | Charles | Last Name* Allen |
| Suffix | <input type="text" value="Select..."/> | |
| Address 1* | 189 Spruce Drive | |
| Address 2 | Unit, Suite, Building, etc. | |
| City* | Corbin | State* KY |
| | | Zip Code* 40701 |
| Phone* | (859) 555-5431 | |
| Email | callen@email.com | |

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

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

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

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

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

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

A screenshot of a patient information form. The 'Prefix' dropdown menu is highlighted with a red box. Below it are text input fields for 'First Name*', 'Middle Name', and 'Last Name*'. Below those are the 'Suffix' dropdown menu (also highlighted in red) and a 'Date of Birth*' field with a calendar icon.

27. Enter the patient's **First Name** and **Last Name**.

28. If available, enter the patient's **Middle Name**.

A screenshot of the name fields in the form. Three text input fields are shown: 'First Name*', 'Middle Name', and 'Last Name*'. Each of these fields is highlighted with a red box.

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

A screenshot of the patient information form focusing on the 'Date of Birth*' field. The field contains the text 'mm/dd/yyyy' and has a calendar icon. It is highlighted with a red box. The 'Suffix' dropdown menu is also visible to the left.

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

A screenshot of the patient information form. The 'Patient Sex*' dropdown menu is open and highlighted with a red box. The menu options are 'Female', 'Male', 'Other', and 'Unknown'. Other fields like 'Ethnicity*', 'Race*', 'Address 2', 'State*', and 'Zip Code*' are also visible.

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

A screenshot of the patient information form. The 'Ethnicity*' dropdown menu is open and highlighted with a red box, showing the selected option 'Not Hispanic or Latino'. The 'Race*' dropdown menu is also open and highlighted with a red box, showing a list of race categories including 'American Indian or Alaska Native', 'Asian', 'Black or African American', etc. Other fields like 'Patient Sex*', 'Address 1*', 'City*', 'State*', 'County*', and 'Phone*' are also visible.

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

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

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

35. Select the **type of patient visit** from the *Visit Type* dropdown menu.

- The *Encounter ID/Visit #* field allows Users to enter a **unique 20-digit Encounter ID/Visit #**.

- The ***Encounter ID/Visit #*** hyperlink allows Users to view the *Patient Case History* which includes the historical case report details and Encounter IDs (when available) that were previously submitted for the patient. The *Patient Case History* search is based on the **Patient First Name, Last Name, and Patient ID (MRN)** entered.

The screenshot shows a 'Patient Case History' pop-up window. At the top, it says 'SHOWING 2 ITEMS' and has an 'APPLY FILTER' button. Below is a table with the following data:

| CREATION DATE TIME | REPORT NAME | CONDITION NAME | VISIT TYPE | ENCOUNTER ID |
|---------------------|------------------|----------------|---------------------|----------------------|
| 05/31/2023 9:08 AM | Other Conditions | Adult Botulism | Inpatient Encounter | 10000000000000000073 |
| 05/30/2023 12:47 PM | COVID-19 | COVID-19 | Ambulatory | 10000000000000000072 |

At the bottom of the pop-up, there is a 'Generate' checkbox and an 'OK' button.

Please Note: The *Patient Case History* will display only those historical case reports that include the *Visit Type* and *Encounter ID/Visit #* field values.

The *Patient Case History* pop-up is a new feature and will **not** display case reports submitted before the *Visit Type* and *Encounter ID/Visit #* fields were included on all case reports.

- The **Generate** checkbox triggers the system to generate a **unique 20-digit Encounter ID/Visit #** if the Encounter ID/Visit # is unknown.

This screenshot shows the 'Generate' checkbox in the form, which is currently unchecked. The 'Encounter ID/Visit #' field is empty.

- Upon clicking the **Generate** checkbox, the *Encounter ID/Visit #* field will be grayed out and disabled. The *Encounter ID/Visit #* field will display the system-generated Encounter ID/Visit # only after the **Patient Information** screen has been completed and saved.

This screenshot shows the 'Generate' checkbox checked, and the 'Encounter ID/Visit #' field is now grayed out and contains a system-generated value.

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

Is the patient currently pregnant?*

Yes No Unknown

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

mm/dd/yyyy Unknown

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

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

Is the patient currently pregnant?*

Yes No Unknown

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

mm/dd/yyyy Unknown

Save

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

Is the patient currently pregnant?*

Yes No Unknown

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

mm/dd/yyyy Unknown

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

The screenshot shows a form with the following fields: City* (Lexington), State* (KY), Zip Code* (40511-), County* (Fayette), Phone* (859) 555-5555, Email (jode@email.com), Visit Type* (Ambulatory), and Encounter ID/Visit #* (with a Generate checkbox checked). Below these are radio buttons for pregnancy status (Yes, No, Unknown) and a due date (EDC) field. At the bottom, the 'Save' and 'Next' buttons are highlighted with red boxes.

38. Upon clicking **Save** or **Next**, the *Patient Information* pop-up displays the following messages to confirm the selected **Disease/Organism** and the **Encounter ID/Visit #** for the case report:

- o *Please note that you will not be able to change/update Encounter ID/Visit # after you save this screen or proceed to the next screen.*

39. To proceed, click **Yes** on the *Patient Information* pop-up to confirm the selected **Disease/Organism** and the **Encounter ID/Visit #**. Clicking **Yes** will save the completed **Patient Information** screen.

The screenshot shows a 'Patient Information' pop-up dialog box with a warning icon and the text: 'Please note that you will not be able to change/update Encounter ID/Visit # after you save this screen or proceed to the next screen.' The 'Yes' and 'No' buttons at the bottom are highlighted with red boxes. The background shows a blurred form with fields for gender (Male), ethnicity (Not Hispanic or Latino), address (220 W Main Street), city (Louisville), and county (Jefferson).

10 Laboratory Information

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

Please provide laboratory information related to this case.

LABORATORY INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Does the patient have a lab test?*

Laboratory Information

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

LABORATORY INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*

Test Name*

Select...

If other, please specify: ⓘ

Filler Order/Accession Number ⓘ

Specimen Source*

Select...

If other, please specify: ⓘ

Test Result*

Select...

If other, please specify: ⓘ

Test Result Date

mm/dd/yyyy Unknown

Specimen Collection Date*

mm/dd/yyyy Unknown

Additional Information ⓘ

0/300 Characters

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

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

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*

4. Select the appropriate **Test Name** from the *Test Name* dropdown menu.

Laboratory Information

Laboratory Name*

Lab-X

Test Name*

Select... | v

Mycobacterium sp identified in Isolate

Mycobacterium sp [Presence] in Blood by Organism specific culture

Mycobacterium tuberculosis complex species identified in Specimen by Sequencing

Mycobacterium tuberculosis DNA [Presence] in Specimen by NAA with probe detection

Mycobacterium tuberculosis genotype [Identifier] in Isolate

Mycobacterium tuberculosis stimulated gamma interferon release by CD4+ T-cells [Units/volume] corrected for background in Blood

Mycobacterium tuberculosis stimulated gamma interferon [Interpretation] in Blood Qualitative

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Name** in the subsequent textbox: *If other, please specify.*

Lab X

Test Name*

Other x | v

If other, please specify:* ?

Filler Order/Accession Number ?

5. If applicable, enter the **Filler Order/Accession Number** in the textbox.

The screenshot shows two input fields. The first is a text box labeled "If other, please specify:*" with a help icon, containing the text "Other Test". Below it is another text box labeled "Filler Order/Accession Number" with a help icon, which is highlighted with a red rectangular border.

6. Select the appropriate **Specimen Source** from the *Specimen Source* dropdown menu.

The screenshot shows a dropdown menu titled "Specimen Source*" with a "Select..." placeholder. The menu is open, showing a list of options: Abscess, Amniotic fluid, Aspirate, Bile fluid, Blood - cord, Blood arterial, and Blood bag. The entire dropdown menu is highlighted with a red rectangular border.

• If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Specimen Source** in the subsequent textbox: *If other, please specify*.

The screenshot shows a dropdown menu titled "Specimen Source*" with "Other" selected. Below it is a text box labeled "If other, please specify:*" with a help icon, which is highlighted with a red rectangular border.

7. Select the appropriate **Test Result** from the *Test Result* dropdown menu.

The screenshot shows a dropdown menu titled "Test Result*" with a "Select..." placeholder. The menu is open, showing a list of options: Negative, Pending, Positive, Undetermined/Inconclusive, and Other. The entire dropdown menu is highlighted with a red rectangular border.

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Test Result** in the subsequent textbox: *If other, please specify.*

Test Result*

Other

If other, please specify:* ?

8. Enter the **Specimen Collection Date**.

Test Result Date* mm/dd/yyyy Unknown

Specimen Collection Date* mm/dd/yyyy Unknown

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

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

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

Test Result Date* 01/01/2024 Unknown
Invalid Test Result Date

Specimen Collection Date* 01/04/2024 Unknown
Invalid Specimen Collection Date

9. If applicable, enter **additional notes about the lab tests** in the *Additional Information* textbox.

Test Result Date* 02/23/2024 Unknown

Specimen Collection Date* 01/15/2024 Unknown

Additional Information ?

0/300 Characters

Adding Multiple Tests

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

Please Note: When you click the **Add Test** button, at least one lab test section must be entered.

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

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

Laboratory Information

Laboratory Name*
Test

Test Name*
Other

If other, please specify:* ?
Other Test

Filler Order/Accession Number ?
010101010101010

Specimen Source*
Other

If other, please specify:* ?
Other Specimen Source

Test Result*
Other

If other, please specify:* ?
Abnormal Quantity detected greater than .009

Test Result Date*
01/01/2024 Unknown

Specimen Collection Date*
01/01/2024 Unknown

Additional Information ?

0/300 Characters

+ Add Test

Save Previous **Next**

11 Applicable Symptoms

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

Please select applicable symptoms that the patient experienced during illness.

APPLICABLE SYMPTOMS

- Patient Information
- Laboratory Information
- Applicable Symptoms**
- Additional Information

Were symptoms present during the course of illness?*

Onset Date Unknown

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

APPLICABLE SYMPTOMS

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

Were symptoms present during the course of illness?*

Onset Date* Unknown

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

Fever*

If yes, please enter the highest temperature:

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

If yes, please enter the number of days with diarrhea:

Weight Loss (lbs)*

If yes, please enter the number of lbs lost:

Chest Pain*

Chills*

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

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

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

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

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

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

| | | |
|-----|----|---------|
| Yes | No | Unknown |
|-----|----|---------|

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

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

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

| | | |
|-----|----|---------|
| Yes | No | Unknown |
|-----|----|---------|

If yes, please enter number of days with diarrhea:* ?

- 6. To report the patient had weight loss during the illness, select the **appropriate answer** for the field: *Weight Loss (lb)*

Weight Loss (lbs)*

| | | |
|-----|----|---------|
| Yes | No | Unknown |
|-----|----|---------|

- If **Yes** is selected, the subsequent field is enabled. Enter the **number of pounds lost** in the subsequent textbox: *If yes, please enter the number of pounds lost.*

Weight Loss (lbs)*

| | | |
|-----|----|---------|
| Yes | No | Unknown |
|-----|----|---------|

If yes, please enter the number of lbs lost:* ?

7. Select the **appropriate answers** for the following fields to indicate the symptoms the patient experienced during illness:

| | |
|--|---|
| Chest Pain* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> | Loss of appetite* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| Chills* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> | Night Sweats* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| Dry or Unproductive cough* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> | Weakness* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| Fatigue* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> | Did the patient have any other symptoms?* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| Hemoptysis* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> | |

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

| |
|---|
| Did the patient have any other symptoms?* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| If yes, please specify: <input type="text"/> |

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

| |
|--|
| Did the patient have any other symptoms?* <input checked="" type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| If yes, please specify: <input type="text"/> |

9. Select the **appropriate answer** for the conditional question: *Did the patient have a chest X-ray?*

Medical Imaging

Did the patient have a chest X-ray?*

Date of X-ray

mm/dd/yyyy Unknown

If yes, please specify X-ray result:

Select...

Please specify X-ray interpretation:

0/500 Characters

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

- If **Yes** is selected for the *Did the patient have a chest X-ray?* field, the subsequent field is enabled. Enter the **date of X-ray** in the subsequent field. If the date of X-ray is unknown, click the **Unknown** checkbox.

Did the patient have a chest X-ray?*

Date of X-ray*

mm/dd/yyyy Unknown

January 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|-----------|----|
| 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 | 31 | 1 | 2 | 3 |

n:

- If **Yes** is selected for the *Did the patient have a chest X-ray?* field, select the appropriate answer from the dropdown menu: *If yes, please specify X-ray result.*

Medical Imaging

Did the patient have a chest X-ray?*

Yes No X-Ray Done Unknown

Date of X-ray* ?

01/03/2024 Unknown

If yes, please specify X-ray result:*

Select...
Abnormal
Normal

0/500 Characters

10. If applicable, provide **X-ray interpretation details** in the subsequent field: *Please specify X-ray interpretation.*

11. Once complete, click **Next** to proceed to the **Additional Information** screen.

Medical Imaging

Did the patient have a chest X-ray?*

Yes No X-Ray Done Unknown

Date of X-ray* ?

01/03/2024 Unknown

If yes, please specify X-ray result:*

Abnormal

Please specify X-ray interpretation:

Lesions found in left lung.

27/500 Characters

Save Previous **Next**

12 Additional Information

1. On the **Additional Information** screen, select the **appropriate answer** for the conditional question at the top: *Does any of the following apply to the patient?*

TUBERCULOSIS CASE REPORT FORM Section 4 of 9

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

ADDITIONAL INFORMATION

| | | |
|-------------------------------|---|--|
| Patient Information | ✓ | Does any of the following apply to the patient:* <input type="button" value="Yes"/> <input type="button" value="No"/> <input type="button" value="Unknown"/> |
| Laboratory Information | ✓ | |
| Applicable Symptoms | ✓ | |
| Additional Information | ✓ | |

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

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

ADDITIONAL INFORMATION

| | |
|--|---|
| Patient Information | ✓ |
| Laboratory Information | ✓ |
| Applicable Symptoms | ✓ |
| Additional Information | ✓ |
| Hospitalization, ICU & Death Information | 🔒 |
| Vaccination History | 🔒 |
| Treatment Information | 🔒 |
| Additional Comments | 🔒 |
| Review & Submit | 🔒 |

Does any of the following apply to the patient:*

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

If yes, please specify state(s):📍

International travel within the last 30 days*

If yes, please specify country(s):📍

School/daycare attendee*

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

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

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

3. Select the **appropriate answer** for the field: *Domestic travel within the last 30 days (outside state of normal residence)*.

- If **Yes** is selected for the *Domestic travel (outside state of normal residence)* field, the subsequent *If yes, please specify state(s)*. field is enabled. From the multi-select dropdown menu, select the **state(s) in which the patient traveled**.

4. Select the **appropriate answer** for the field: *International travel within last 30 days*.

- If **Yes** is selected, the subsequent field *If yes, please specify country(s)*. is enabled. From the multi-select dropdown menu, select the **country or countries in which the patient traveled**.

5. Select the **appropriate answers** for the following fields to indicate descriptions that apply to the patient:

- *School/daycare attendee*
- *School/daycare employee*
- *Food handler*
- *Healthcare worker*
- *Long-term care facility resident*
- *Long-term care facility employee*
- *Correctional facility resident*
- *Correctional facility employee*
- *Homeless shelter resident*
- *Homeless shelter employee*
- *College/university student*
- *College/university teacher*
- *Substance abuse or misuse*
- *Military*
- *Other congregate setting resident*
- *Other congregate setting employee*

School/daycare attendee*

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

School/daycare employee*

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

Food handler*

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

Healthcare worker*

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

Long-term care facility resident*

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

Long-term care facility employee*

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

Correctional facility resident*

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

Correctional facility employee*

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

Homeless shelter resident*

If yes, please specify the name of homeless shelter: ?

Homeless shelter employee*

If yes, please specify the name of homeless shelter: ?

College/university student*

If yes, please specify the name of college/university: ?

College/university teacher*

If yes, please specify the name of college/university: ?

Military*

If yes, please specify the name of military base: ?

Other congregate setting resident*

If yes, please specify the name of other congregate setting: ?

Other congregate setting employee*

If yes, please specify the name of other congregate setting: ?

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

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

Healthcare worker*

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

6. Select the **appropriate answer** for the field: *Did the patient inject drugs not prescribed by a doctor?*

7. Select the **appropriate answer** for the field: *Did the patient use street drugs, but not inject?*

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

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

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

Is this part of an outbreak?*

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

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

Is this part of an outbreak?*

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

9. Once complete, click **Next** to proceed to the **Hospitalization, ICU, & Death Information** screen.

If yes, please specify the name of the outbreak:* ?
Unknown
Save Previous **Next** ↑

13 Hospitalization, ICU, & Death Information

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

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

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

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

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

Was the patient hospitalized?*

If yes, please specify the hospital name:*

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

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

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

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

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

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

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

Admission Date to ICU Unknown

Discharge Date from ICU Unknown

Did the patient die as a result of this illness?

If yes, please provide the date of death:

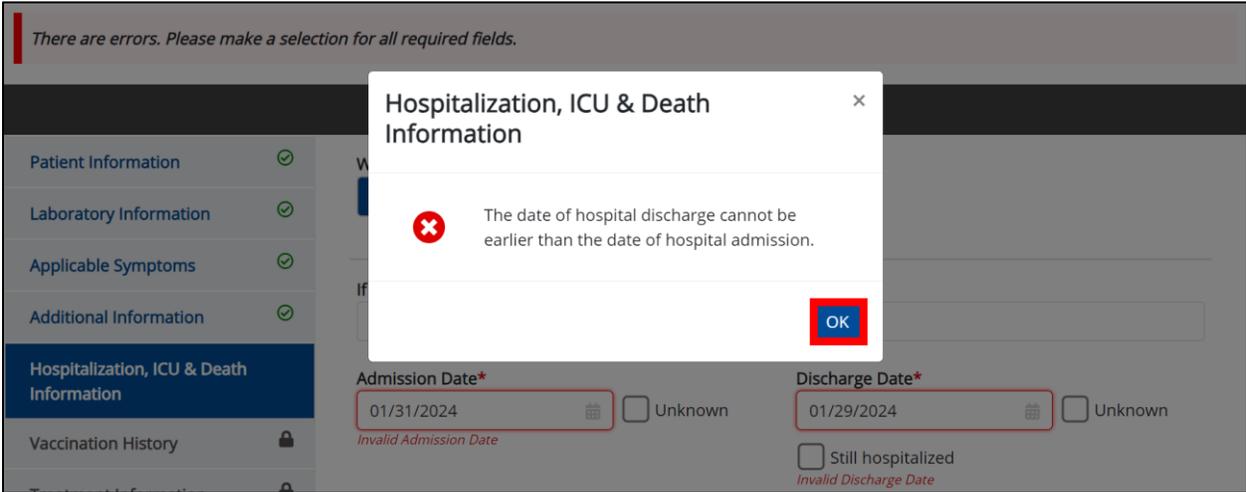
Date of Death Unknown

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

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

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

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



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



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

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

Admission Date to ICU* Unknown

Discharge Date from ICU* Unknown

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

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

If yes, please provide the date of death:

Date of Death Unknown

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

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

If yes, please provide the date of death:

Date of Death* Unknown

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

HOSPITALIZATION, ICU & DEATH INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Additional Comments

Review & Submit

Was the patient hospitalized?*

If yes, please specify the hospital name:*

Test Hospital

Admission Date* Unknown

Discharge Date* Unknown

Still hospitalized

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

Admission Date to ICU Unknown

Discharge Date from ICU Unknown

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

If yes, please provide the date of death:

Date of Death Unknown

14 Vaccination History

1. On the **Vaccination History** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient vaccinated for the condition being reported?*

The screenshot shows the 'VACCINATION HISTORY' form. On the left is a navigation menu with items: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History (highlighted), Treatment Information, Additional Comments, and Review & Submit. The main content area has a header 'VACCINATION HISTORY' and a question: 'Is the patient vaccinated for the condition being reported?*' with three radio buttons: 'Yes', 'No', and 'Unknown'. The 'Yes' button is highlighted with a red box. Below the question are fields for 'Vaccine Details', 'If yes, please provide vaccine name:?' (a dropdown menu), and 'If other, please specify:?' (a text input field).

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

This screenshot shows the 'VACCINATION HISTORY' form after the 'Yes' button has been selected. The 'Yes' button is highlighted with a red box. The subsequent fields are now enabled and highlighted with a red box: 'If yes, please provide vaccine name:?' (a dropdown menu), 'If other, please specify:?' (a text input field), 'If yes, please enter the number of doses:?' (a dropdown menu), and three date fields: 'Date Administered (1st dose)', 'Date Administered (2nd dose)', and 'Date Administered (3rd dose)', each with a calendar icon and an 'Unknown' checkbox. At the bottom, there is an 'Add Vaccine' button with a plus sign icon.

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

- 3. Select the **appropriate vaccine name** from the subsequent dropdown menu: *If yes, please provide vaccine name.*

Vaccine Details

If yes, please provide vaccine name:* ?

Select...

Bacillus Calmette-Guerin vaccine

Other

Select...

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

If yes, please provide vaccine name:* ?

Other

If other, please specify:* ?

If yes, please enter the number of doses:* ?

Select...

- 4. For the subsequent textbox field: *If yes, please enter the number of doses,* select the **number of doses received** from the dropdown menu: *If yes, please enter the number of doses.*

Vaccine Details

If yes, please provide vaccine name:* ?

Bacillus Calmette-Guerin vaccine

If other, please specify: ?

If yes, please enter the number of doses:* ?

Select...

1

2

3

- If **1** is selected as the number of doses, the *Date Administered (1st dose)* field is enabled. Enter the **Date Administered (1st Dose)**.

If yes, please enter the number of doses:* ?

1

Date Administered (1st dose)*
mm/dd/yyyy Unknown

Date Administered (2nd dose)
mm/dd/yyyy Unknown

Date Administered (3rd dose)
mm/dd/yyyy Unknown

+ Add Vaccine

- If **2** is selected as the number of doses, both of the subsequent fields are enabled: *Date Administered (1st dose)* and *Date Administered (2nd dose)*. Enter the **Date Administered (1st dose)** and **Date Administered (2nd dose)** in the appropriate fields.

If yes, please enter the number of doses:* ?

2

Date Administered (1st dose)*
mm/dd/yyyy Unknown

Date Administered (2nd dose)*
mm/dd/yyyy Unknown

Date Administered (3rd dose)
mm/dd/yyyy Unknown

- If **3** is selected as the number of doses, the following subsequent fields are enabled: *Date Administered (1st dose)*, *Date Administered (2nd dose)*, and *Date Administered (3rd dose)*. Enter the **Date Administered (1st dose)**, **Date Administered (2nd dose)**, and **Date Administered (3rd dose)** in the appropriate fields.

If yes, please enter the number of doses:* ?

3

Date Administered (1st dose)*
mm/dd/yyyy Unknown

Date Administered (2nd dose)*
mm/dd/yyyy Unknown

Date Administered (3rd dose)*
mm/dd/yyyy Unknown

Adding Multiple Vaccines

- 5. Click **Add Vaccine** to log the details for multiple vaccines.

Vaccine Details

If yes, please provide vaccine name:* ?

Bacillus Calmette-Guerin vaccine x | v

If other, please specify: ?

If yes, please enter the number of doses:* ?

1 x | v

Date Administered (1st dose)*

mm/dd/yyyy [calendar icon] Unknown

Date Administered (2nd dose)

mm/dd/yyyy [calendar icon] Unknown

Date Administered (3rd dose)

mm/dd/yyyy [calendar icon] Unknown

+ Add Vaccine

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

Date Administered (3rd dose)

mm/dd/yyyy [calendar icon] Unknown

Date Administered (4th dose)

mm/dd/yyyy [calendar icon] Unknown

Vaccine Details 

If yes, please provide vaccine name:* ?

Select... | v

If other, please specify: ?

If yes, please enter the number of doses:* ?

Select... | v

If yes, please specify the date administered: ?

Date Administered (1st dose)

mm/dd/yyyy [calendar icon] Unknown

Date Administered (2nd dose)

mm/dd/yyyy [calendar icon] Unknown

Date Administered (3rd dose)

mm/dd/yyyy [calendar icon] Unknown

Date Administered (4th dose)

mm/dd/yyyy [calendar icon] Unknown

+ Add Vaccine

Save Previous Next

6. Once complete, click **Next** to proceed to the **Treatment Information** screen.

Is the patient vaccinated for the condition being reported?*

Vaccine Details

If yes, please provide vaccine name: * ?

Bacillus Calmette-Guerin vaccine

If other, please specify: ?

If yes, please enter the number of doses: * ?

1

Date Administered (1st dose)* Unknown

Date Administered (2nd dose) Unknown

Date Administered (3rd dose) Unknown

Add Vaccine

15 Treatment Information

1. On the **Treatment Information** screen, select the **appropriate answer** for the conditional question at the top: *Is the patient undergoing any treatment for the condition being reported?*

The screenshot shows the 'TREATMENT INFORMATION' header. On the left is a sidebar with menu items: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Treatment Information (highlighted), Additional Comments, and Review & Submit. The main content area contains the conditional question: 'Is the patient undergoing any treatment for the condition being reported?*' with three buttons: 'Yes', 'No', and 'Unknown'. A red box highlights the question and its buttons.

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

This screenshot shows the 'TREATMENT INFORMATION' screen after 'Yes' has been selected. The 'Yes' button is highlighted in blue. Below the question, the 'Treatment Information' section is expanded and highlighted with a red box. It includes: 'Treatment Start Date*' with a date input field (mm/dd/yyyy) and an 'Unknown' checkbox; 'Medication*' with a dropdown menu; 'If other, please specify:' with a text input field; 'Frequency*' with a text input field; and 'Additional Information' with a large text area and a character count of '0/300 Characters'. An 'Add Treatment' button is at the bottom.

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

- 3. Enter the **Treatment Start Date** for Tuberculosis.
- If the onset date is unknown, click the **Unknown** checkbox.

Is the patient undergoing any treatment for the condition being reported?*

Treatment Information

Treatment Start Date*

mm/dd/yyyy Unknown

January 2024

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 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 | 31 | 1 | 2 | 3 |

Additional Information

- 4. Select the appropriate **Medication** from the *Medication* dropdown menu.

Medication*

Select...

- Ethambutol
- Isoniazid
- Other
- Pyrazinamide
- Rifabutin
- Rifampicin
- Rifapentine

- If **Other** is selected from the dropdown menu, the subsequent field is enabled. You must enter the **Name of the Medication** in the subsequent textbox: *If other, please specify.*

Medication*

Other

If other, please specify:*

5. Enter the **Frequency** in the textbox.

6. If applicable, enter **additional notes about the treatment** in the *Additional Information* textbox.

Adding Multiple Treatments

12. Click **Add Treatment** to log the details for multiple treatments. This means that you can easily enter additional treatment details on the same patient.

Please Note: When you click the **Add Treatment** button, you must enter the details for at least one treatment.

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

Treatment Information

Treatment Start Date*
mm/dd/yyyy Unknown

Medication*
Select... | v

If other, please specify:

Frequency*

Additional Information ?

0/300 Characters

+ Add Treatment

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

Treatment Start Date*
01/05/2024 Unknown

Medication*
Ethambutol x | v

If other, please specify:

Frequency*
Once a day for 60 days

Additional Information ?

0/300 Characters

+ Add Treatment

Save Previous **Next**

16 Additional Comments

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

TUBERCULOSIS CASE REPORT FORM Section 8 of 9

Please add any additional comments related to this case.

ADDITIONAL COMMENTS

| | |
|--|---|
| Patient Information | ✔ |
| Laboratory Information | ✔ |
| Applicable Symptoms | ✔ |
| Additional Information | ✔ |
| Hospitalization, ICU & Death Information | ✔ |
| Vaccination History | ✔ |
| Treatment Information | ✔ |
| Additional Comments | |
| Review & Submit | 🔒 |

Additional comments or notes, please specify:

0/1000 Characters

Save Previous Next

17 Review and Submit

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

Print or Download Functionality

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

TUBERCULOSIS CASE REPORT FORM Section 9 of 9

Please review your information before submitting.

REVIEW & SUBMIT

| | | |
|--|---|------------------------------|
| Patient Information | ✓ | Print Download |
| Laboratory Information | ✓ | |
| Applicable Symptoms | ✓ | |
| Additional Information | ✓ | |
| Hospitalization, ICU & Death Information | ✓ | |
| Vaccination History | ✓ | |
| Treatment Information | ✓ | |
| Additional Comments | ✓ | |
| Review & Submit | | |

Patient Information

| | |
|---|--------------------------|
| Disease/Organism | Date of Diagnosis |
| Tuberculosis | 2024/01/01 |
| Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? | |
| Yes | |
| Patient ID (MRN) | Affiliation/Organization |
| SK0501960 | Baxter Hospital |
| Person Completing Form | Affiliation/Organization |
| Mr. Arthur Vandelay, II (arthur@email.com) | Baxter Hospital |

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

Evergreen General Hospital

Attending Physician/Clinician
John Smith (john@emailinator.com)

Affiliation/Organization
Evergreen General Hospital

| | |
|------------------------------|-------------------------------------|
| First Name John | Last Name Doe |
| Date of Birth 12/19/1997 | |
| Patient Sex Male | Ethnicity Not Hispanic or Latino |
| Race White | |
| Address 1 123 Main Street | |
| City Lexington | State KY |
| Zip Code 40511 | |
| Country Fayette | Phone (555) 555-5555 |
| Visit Type Ambulatory | |
| Encounter ID/Visit # 0 | |

Laboratory Information

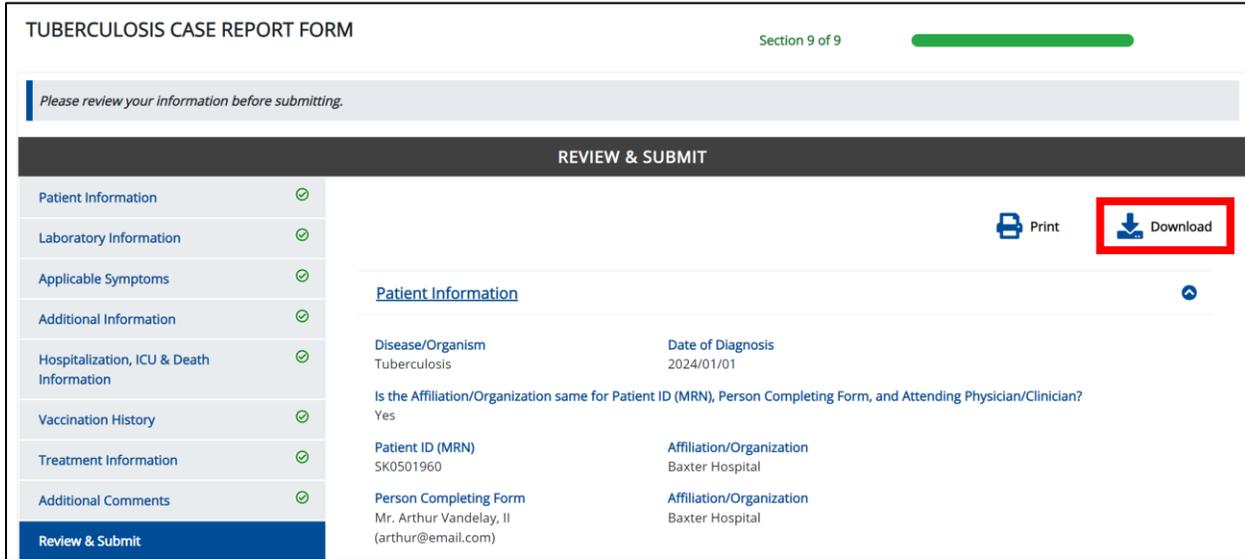
Color Color

More settings

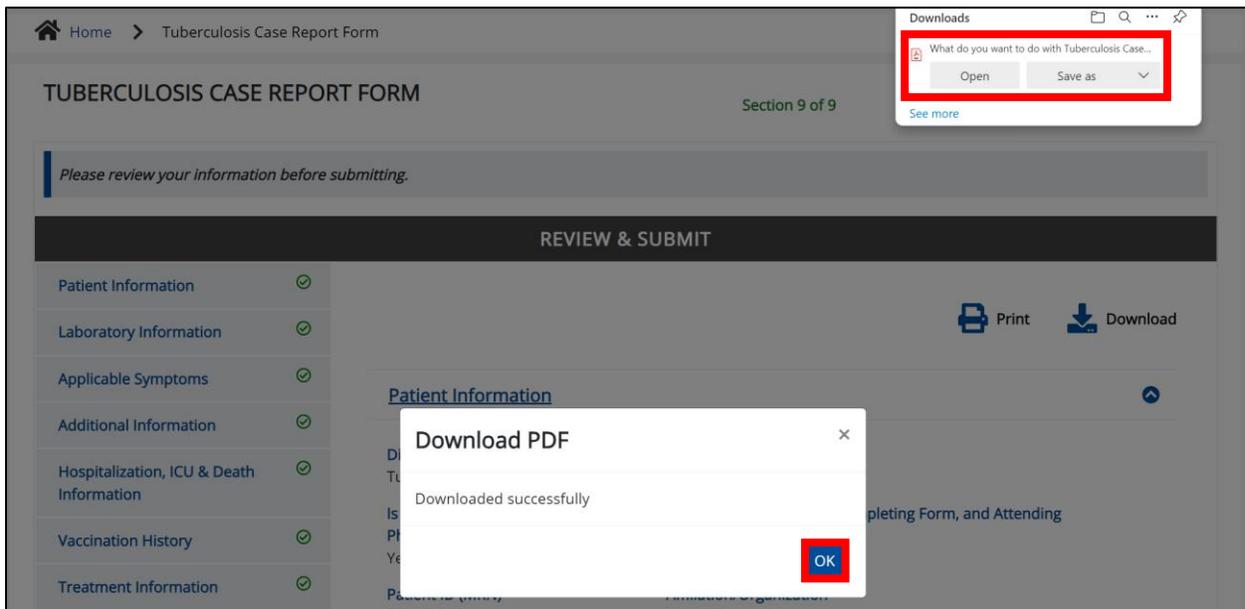
Print Cancel

First Name Last Name

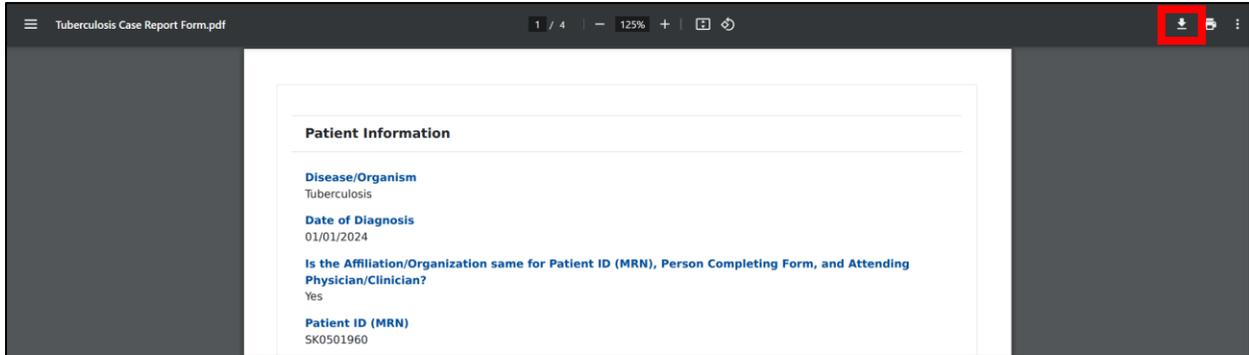
2. Click **Download** to download a PDF version of the case report.



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



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



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



3. Review the *Patient Information* section.

Patient Information ▲

| | | |
|---|---|--------------------------|
| Disease/Organism Tuberculosis | Date of Diagnosis 2024/01/01 | |
| Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? Yes | | |
| Patient ID (MRN) SK0501960 | Affiliation/Organization Baxter Hospital | |
| Person Completing Form Mr. Arthur Vandelay, II (arthur@email.com) | Affiliation/Organization Baxter Hospital | |
| Attending Physician/Clinician Dr. Charles Allen (callen@email.com) | Affiliation/Organization Baxter Hospital | |
| First Name John | Last Name Doe | |
| Date of Birth 1996/12/19 | | |
| Patient Sex Male | Ethnicity Not Hispanic or Latino | Race Asian |
| Address 1 220 W Main Street | Address 2 Ste 2100 | |
| City Louisville | State KY | Zip Code 40202 |
| County Jefferson | Phone (222) 222-2222 | |
| Visit Type Ambulatory | Encounter ID/Visit # 10000000000000000736 | |

4. Review the *Laboratory Information* section.

| | |
|--|---|
| Hospitalization, ICU & Death Information <input checked="" type="checkbox"/> | Laboratory Information ⬆ |
| Vaccination History <input checked="" type="checkbox"/> | Does the patient have a lab test? Yes |
| Treatment Information <input checked="" type="checkbox"/> | Laboratory Information |
| Additional Comments <input checked="" type="checkbox"/> | Laboratory Name Lab-X |
| Review & Submit | Test Name Mycobacterium sp identified in Isolate |
| | Filler Order/Accession Number 0101010 |
| | Specimen Source Abscess |
| | Test Result Positive |

5. Review the *Applicable Symptoms* section.

| |
|---|
| Applicable Symptoms ⬆ |
| Were symptoms present during the course of illness? Yes |
| Onset Date Unknown |
| If symptomatic, which of the following did the patient experience during their illness? |
| Fever No |
| Diarrhea (>3 loose stools/24hr period) No |
| Weight Loss (lbs) No |
| Chest Pain Yes |
| Chills Yes |
| Dry or Unproductive cough Yes |
| Fatigue Yes |
| Hemoptysis Unknown |
| Loss of appetite Yes |
| Night Sweats Yes |
| Weakness Yes |
| Did the patient have any other symptoms? No |
| Did the patient have a chest X-ray? Yes |
| Date of X-ray 2024/01/03 |
| If yes, please specify X-ray result: Abnormal |
| Please specify X-ray interpretation: Lesions found in left lung. |

6. Review the *Additional Information* section.

[Additional Information](#) ⤴

Does any of the following apply to the patient:
No

Domestic travel within the last 30 days (outside state of normal residence)
No

International Travel within the last 30 days
No

School/daycare attendee
No

School/daycare employee
No

Food handler
No

Healthcare worker
No

Long-term care facility resident
No

Long-term care facility employee
No

Correctional facility resident
No

Correctional facility employee
No

Homeless shelter resident
No

Homeless shelter employee
No

College/university student
No

College/university teacher
No

Military
No

Other congregate setting resident
No

Other congregate setting employee
No

Did the patient inject drugs not prescribed by a doctor?
No

Did the patient use street drugs, but not inject?
No

Is this part of an outbreak?
No

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

Hospitalization, ICU & Death Information

Was the patient hospitalized?
Yes

If yes, please specify the hospital name:
Test Hospital

| | |
|------------------------------|------------------------------|
| Admission Date 2024/01/31 | Discharge Date 2024/02/01 |
|------------------------------|------------------------------|

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

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

8. If applicable, review the *Vaccination History* section.

Vaccination History

Is the patient vaccinated for the condition being reported?
Yes

Vaccine Details

If yes, please provide vaccine name:
Bacillus Calmette-Guerin vaccine

If yes, please enter the number of doses:
1

Date Administered (1st dose)
2023/11/14

9. Review the *Treatment Information* section.

Treatment Information

Is the patient undergoing any treatment for the condition being reported?
Yes

Treatment Information

Treatment Start Date
2024/01/05

Medication
Ethambutol

Frequency
Once a day for 60 days

10. Review the *Additional Comments* section.

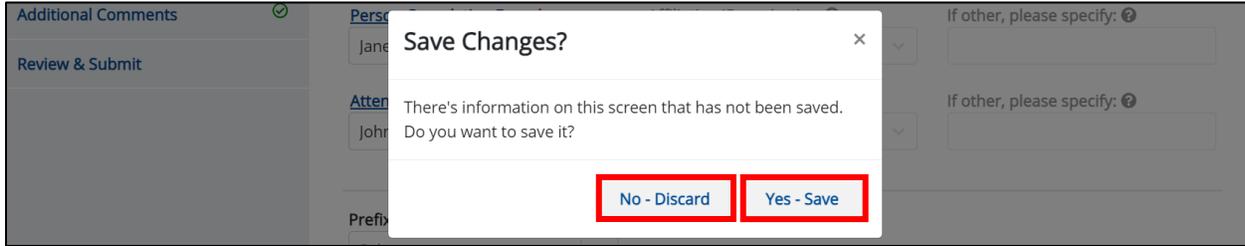
Click Hyperlinks to Edit

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

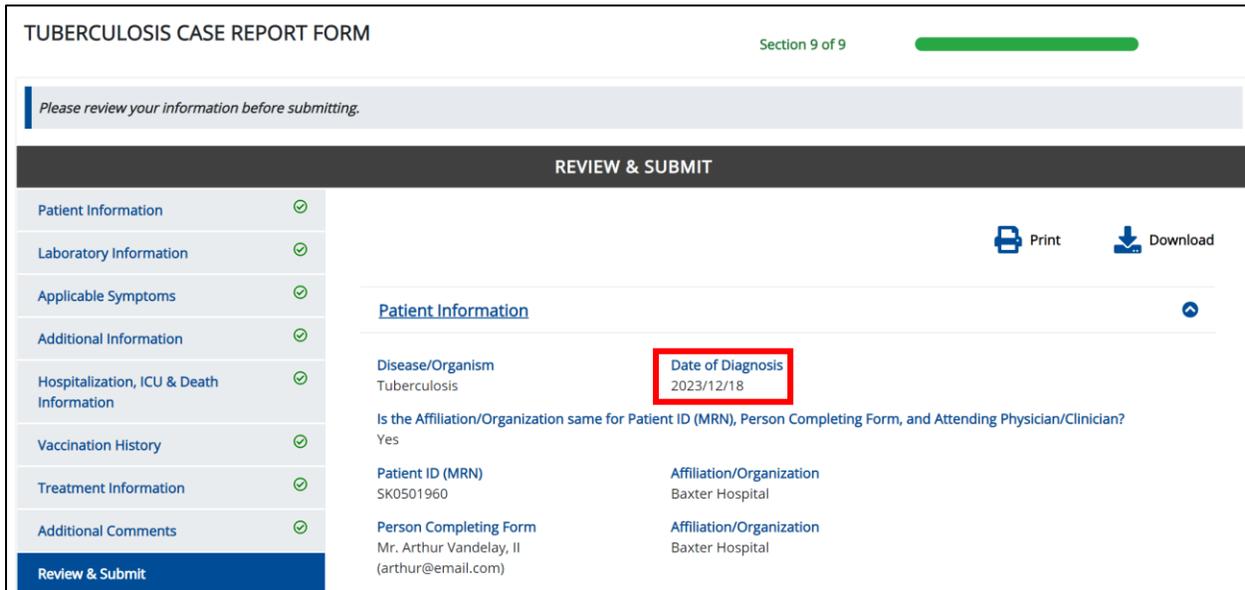
- Click the **section header hyperlink** or the **side navigation bar tab** to navigate to the intended page. For example, to navigate to the **Patient Information** screen, click the **Patient Information hyperlink** in the section header or the side navigation bar.

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

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



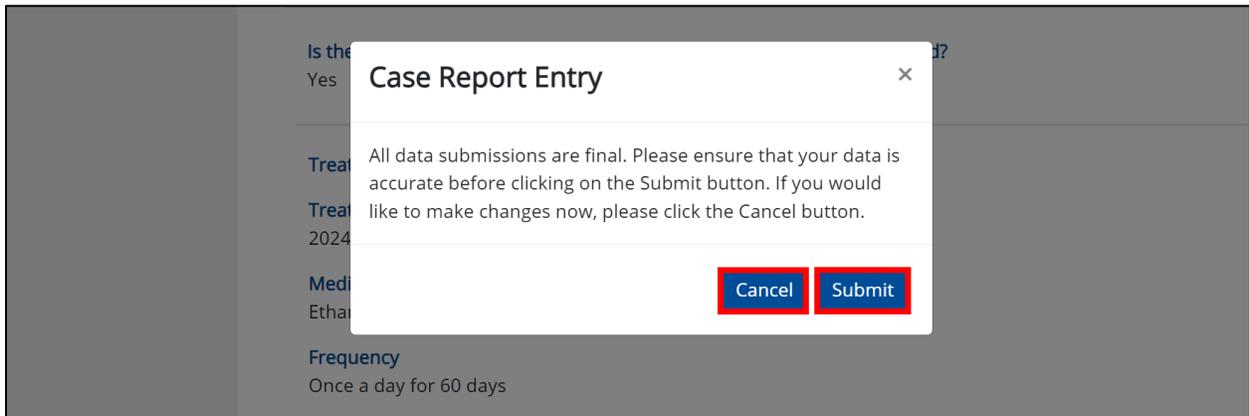
14. Review your edits on the **Review and Submit** screen.



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

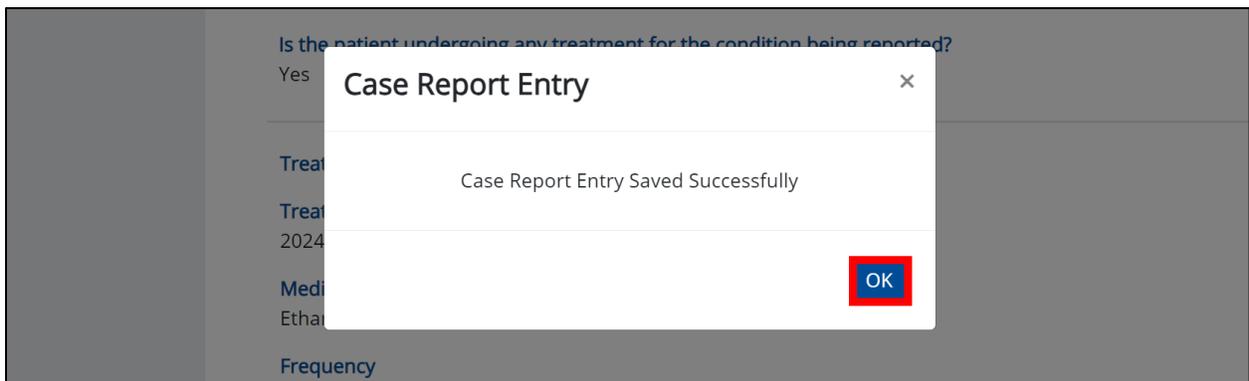


- All case report submissions are final. You have one more opportunity to select **Cancel** to continue reviewing the Case Report or click **Submit** to submit the report.



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

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



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

Congratulations! You have submitted the Tuberculosis Case Report using KHIE's Direct Data Entry Functionality.

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

18 Case Report User Entry Summary

The **Case Report Entry User Summary** screen displays all Submitted and In-Progress case reports you have entered. By default, the **Case Report Entry User Summary** screen displays the case reports from the last updated date. Use the Date Range buttons to do a custom search for previous case reports entered within the last 6 months.

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' interface. At the top, there is a breadcrumb 'Home > Case Report Entry User Summary'. Below the title, there is a filter section for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to '02/22/2024'. A 'Retrieve Data' button is on the right. Below this, it says 'SHOWING 3 ITEMS' and an 'APPLY FILTER' button. The main table has columns: ACTIONS, REPORT TYPE, DISEASE/ ORGANISM, AFFILIATION/ ORGANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. Three rows of case reports are visible, each with 'View' and 'Copy' buttons. At the bottom, there are navigation buttons: 'First', 'Back', '1', 'Next', 'Last', and a 'Maximum: 5 entries per page' indicator.

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

This screenshot is similar to the previous one but with a date picker open over the 'Start Date' field. The date picker shows 'February 2024' and a calendar grid with the date '22' highlighted. The 'End Date' field is also highlighted with a red box. The 'Retrieve Data' button is also highlighted with a red box. The table below shows the same three case reports as in the previous screenshot.

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE
Start Date 01/23/2020
End Date 01/23/2024
Retrieve Data

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

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

CASE REPORT ENTRY USER SUMMARY

LAST UPDATED DATE RANGE
Start Date 02/22/2024
End Date 02/22/2024
Retrieve Data

SHOWING 3 ITEMS
APPLY FILTER

| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE |
|--|--------------|-------------------|---------------------------|-------------|------------|-----------|---------------|-------------|----------|------------------|------------------|
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |

First Back 1 Next Last
Maximum 5 entries per page

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

SHOWING 3 ITEMS
HIDE FILTER

| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE |
|--|----------------|-------------------|---------------------------|-------------|-----------------|--------------|---------------|-------------|----------|------------------|------------------|
| | Enter Report T | Enter Disease/ C | Enter Affiliation | Enter Pati | Enter First Nar | Enter Last I | Enter Date | All | Enter S | All | All |
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |

Review Previously Submitted Case Reports

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

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' interface. At the top, there is a breadcrumb 'Home > Case Report Entry User Summary'. Below the title, there is a filter section for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to '02/22/2024'. A 'Retrieve Data' button is on the right. Below the filter, it says 'SHOWING 3 ITEMS' and an 'APPLY FILTER' button. The main content is a table with columns: ACTIONS, REPORT TYPE, DISEASE/ ORGANISM, AFFILIATION/ ORGANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE. The first row is highlighted, and its 'View' button is circled in red. The table contains three rows of case reports.

| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE |
|--|--------------|-------------------|---------------------------|-------------|------------|-----------|---------------|-------------|----------|------------------|------------------|
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |

At the bottom, there are navigation buttons: First, Back, 1, Next, Last. On the right, there is a 'Maximum 5 entries per page' dropdown.

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

The screenshot shows a 'Case Report Details' pop-up window. At the top right, there are 'Print' and 'Download' buttons, both circled in red. The main content is 'Patient Information' with a scrollable list of details. At the bottom right, there is an 'OK' button, also circled in red.

Case Report Details

Print **Download**

Patient Information

Disease/Organism: Tuberculosis
Date of Diagnosis: 2024/01/30

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

Patient ID (MRN): WQ8720434
Affiliation/Organization: Green Hosp

Person Completing Form: Mr. Marty Craine, Sr (marty@email.com)
Affiliation/Organization: Green Hosp

Attending Physician/Clinician: Dr. Frank Costanza, Sr (frankc@email.com)
Affiliation/Organization: Green Hosp

First Name: Henry
Last Name: Lee

Date of Birth: 1965/05/16

OK

Copy Previously Submitted Case Reports

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

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

The screenshot shows the 'CASE REPORT ENTRY USER SUMMARY' page. At the top, there is a navigation bar with 'Home' and 'Case Report Entry User Summary'. Below this is a filter section for 'LAST UPDATED DATE RANGE' with 'Start Date' and 'End Date' both set to '02/22/2024'. A 'Retrieve Data' button is on the right. The main area shows 'SHOWING 3 ITEMS' and an 'APPLY FILTER' button. A table lists three case reports. The first row has a 'Copy' button highlighted with a red box. The table columns are: ACTIONS, REPORT TYPE, DISEASE/ ORGANISM, AFFILIATION/ ORGANIZATION, PATIENT MRN, FIRST NAME, LAST NAME, DATE OF BIRTH, PATIENT SEX, STATUS, LAST UPDATED, and SUBMISSION DATE.

| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE |
|--|--------------|-------------------|---------------------------|-------------|------------|-----------|---------------|-------------|----------|------------------|------------------|
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |

At the bottom of the table, there are navigation buttons: 'First', 'Back', '1', 'Next', 'Last'. On the right, it says 'Maximum 5 entries per page'.

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

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

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

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

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

Disease/Organism* ?
Tuberculosis

Date of Diagnosis* ?
01/30/2024 📅 Unknown

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

Patient ID (MRN)* ?
WQ8720434

Affiliation/Organization* ?
Green Hosp

Person Completing Form*
Mr. Marty Craine, Sr (marty@email.com) x | v

Affiliation/Organization ?
Green Hosp

If other, please specify: ?

Attending Physician/Clinician*
Dr. Frank Costanza, Sr (frankc@email.c... x | v

Affiliation/Organization ?
Green Hosp

If other, please specify: ?

Prefix
Select...

First Name*
Henry

Middle Name
Last Name*
Lee

Suffix
Select...

Date of Birth*
05/16/1965 📅

Patient Sex*
Male

Ethnicity*
Not Hispanic or Latino x | v

Race*
Black or African American x | v

Address 1*
90 Hill Parkway

Address 2
Unit, Suite, Building, etc.

City*
Williamsburg

State*
KY x | v

Zip Code*
40769-

County*
Whitley x | v

Phone* ?
(898) 889-8899

Email
name@domain.com

Visit Type*
Short Stay

Encounter ID/Visit #* ?
10000000000000000793 Generate

Is the patient currently pregnant?

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

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

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

Is the patient currently pregnant?

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

Unknown

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

LABORATORY INFORMATION

Patient Information

Laboratory Information

Applicable Symptoms

Additional Information

Hospitalization, ICU & Death Information

Vaccination History

Treatment Information

Additional Comments

Review & Submit

Does the patient have a lab test?*

Laboratory Information

Laboratory Name*
Lab Q

Test Name*
Mycobacterium tuberculosis genotype [Identifier] in Isolate

If other, please specify:

Filler Order/Accession Number
0101020

Specimen Source*
Vomitus

If other, please specify:

Test Result*
Pending

If other, please specify:

Test Result Date Unknown

Specimen Collection Date* Unknown

Additional Information

0/300 Characters

Add Test

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

The screenshot shows the 'REVIEW & SUBMIT' interface. On the left is a sidebar with a list of sections, each with a green checkmark: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Treatment Information, and Additional Comments. The 'Review & Submit' section is highlighted in blue. The main content area displays the 'Patient Information' section with the following details:

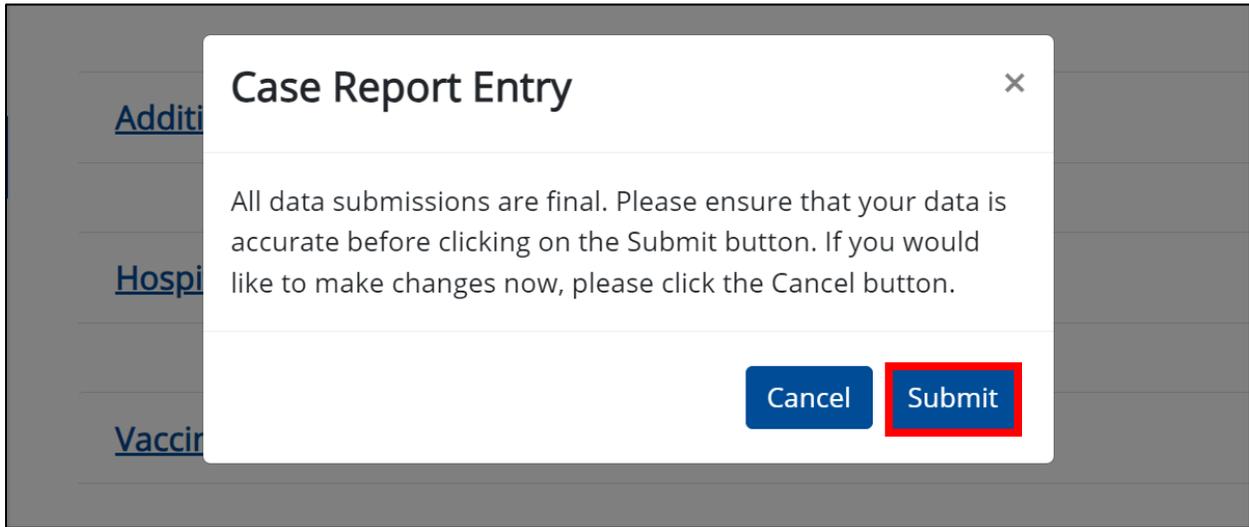
| | | | |
|---|---|--------------------------|---------------------------|
| Disease/Organism | Tuberculosis | Date of Diagnosis | 2024/01/30 |
| Is the Affiliation/Organization same for Patient ID (MRN), Person Completing Form, and Attending Physician/Clinician? | | | |
| Yes | | | |
| Patient ID (MRN) | WQ8720434 | Affiliation/Organization | Green Hosp |
| Person Completing Form | Mr. Marty Craine, Sr (marty@email.com) | Affiliation/Organization | Green Hosp |
| Attending Physician/Clinician | Dr. Frank Costanza, Sr (frankc@email.com) | Affiliation/Organization | Green Hosp |
| First Name | Henry | Last Name | Lee |
| Date of Birth | 1965/05/16 | | |
| Patient Sex | Male | Ethnicity | Not Hispanic or Latino |
| | | Race | Black or African American |
| Address 1 | 90 Hill Parkway | | |
| City | Williamsburg | State | KY |
| County | Whitley | Phone | (278) 423-6541 |
| Visit Type | Short Stay | Encounter ID/Visit # | 10000000000000000793 |
| | | Zip Code | 40769 |

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

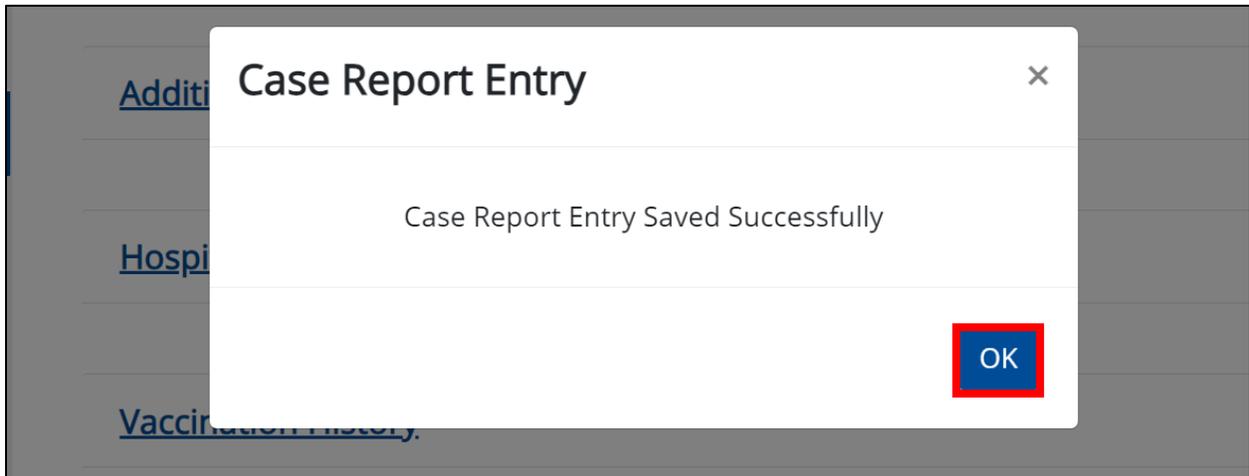
This screenshot shows the bottom portion of the form. It includes a 'Vaccination History' section with an upward arrow icon, and an 'Additional Comments' section with a downward arrow icon. Below the comments is a text area with the prompt 'Additional comments or notes, please specify:' and the text 'Additional Patient Notes'. At the bottom right, there are three buttons: 'Previous', 'Submit' (highlighted with a red border), and an upward arrow icon.

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

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



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



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

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

| CASE REPORT ENTRY USER SUMMARY | | | | | | | | | | | |
|--------------------------------|--------------|-------------------|---------------------------|-------------|------------|---------------|---------------|-------------|----------|------------------|------------------|
| LAST UPDATED DATE RANGE | | Start Date | 02/22/2024 | End Date | 02/22/2024 | Retrieve Data | | | | | |
| SHOWING 4 ITEMS | | | | | | | | | | | APPLY FILTER |
| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE |
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 12:03 | 2024/02/22 12:03 |
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 |

Continue In-Progress Case Reports

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

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

| SHOWING 4 ITEMS | | | | | | | | | | | | APPLY FILTER |
|--------------------|--------------|-------------------|---------------------------|-------------|------------|-----------|---------------|-------------|-------------|------------------|------------------|--------------|
| ACTIONS | REPORT TYPE | DISEASE/ ORGANISM | AFFILIATION/ ORGANIZATION | PATIENT MRN | FIRST NAME | LAST NAME | DATE OF BIRTH | PATIENT SEX | STATUS | LAST UPDATED | SUBMISSION DATE | |
| Continue Cancel | Tuberculosis | Tuberculosis | Knoll Hospital | KU45444544 | Tina | Lincoln | 1995/09/17 | Female | In Progress | 2024/02/22 11:34 | | |
| View Copy | Tuberculosis | Tuberculosis | Green Hosp | WQ8720434 | Henry | Lee | 1965/05/16 | Male | Complete | 2024/02/22 11:32 | 2024/02/22 11:32 | |
| View Copy | Tuberculosis | Tuberculosis | Baxter Hospital | SK0501960 | John | Doe | 1996/12/19 | Male | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 | |
| View Copy | Tuberculosis | Tuberculosis | Swanlake Clinic | KF2518763 | Jane | Doe | 2000/01/04 | Female | Complete | 2024/02/22 11:27 | 2024/02/22 11:27 | |

First Back 1 Next Last

Maximum 5 entries per page

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

The screenshot shows the 'TUBERCULOSIS CASE REPORT FORM' interface. At the top right, a progress indicator shows 'Section 7 of 9' with a green bar. Below this is a grey bar with the text 'Please provide any treatment information related to this case.' The main content area is titled 'TREATMENT INFORMATION'. On the left is a sidebar with a list of sections: Patient Information, Laboratory Information, Applicable Symptoms, Additional Information, Hospitalization, ICU & Death Information, Vaccination History, Treatment Information (highlighted in red), Additional Comments, and Review & Submit. The main form area contains the following fields: a question 'Is the patient undergoing any treatment for the condition being reported?' with 'Yes', 'No', and 'Unknown' buttons; a 'Treatment Information' section with a 'Treatment Start Date' field (format mm/dd/yyyy) and an 'Unknown' checkbox; a 'Medication' dropdown menu; an 'If other, please specify:' text area; a 'Frequency' text area; an 'Additional Information' text area with a character count of '0/300 Characters'; and an 'Add Treatment' button at the bottom.

19 Technical Support

Toll-Free Telephone Support

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

Email Support

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

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

