

**NYS DEPARTMENT OF HEALTH
ELECTRONIC CLINICAL LABORATORY REPORTING
SYSTEM - ECLRS**

**Reporting Manual for
Hepatitis C Point-of-Care Tests**

VERSION 4.2

ONLINE DATA ENTRY USER'S GUIDE

JANUARY 2025



Overview of Hepatitis C (HCV) Point-of-Care Test Result Reporting

This manual provides instructions for entering HCV Point-of-Care test results such as Cepheid HCV Xpert® into the New York State Department of Health Electronic Clinical Laboratory Reporting System (ECLRS). As this online platform was originally developed for laboratories, you will see reference to “Laboratory” or “Labs” in the platform and in the screenshots in this manual. For the HCV Point-of-Care test reporting, your Agency *is* the laboratory*.

Access to both the Health Commerce System (HCS) and ECLRS will be required:

- Information on creating an HCS account can be found here: https://apps.health.ny.gov/pub/ctrldocs/paperless_edoc2.pdf
- Information on requesting ECLRS access can be found here: https://commerce.health.state.ny.us/hpn/cgi-bin/applinks/comments/request_std.cgi or by emailing a completed ECLRS Access Form (paper). A request for a paper form can be sent to hepatabc@health.ny.gov.

The following Hepatitis C Point-of-Care test results are to be reported in ECLRS:

- All hepatitis C RNA **Positive/Detectable** results
- All hepatitis C RNA **Negative/Undetectable** results
- All rapid hepatitis C antibody **Reactive** results associated with the Point-of-Care RNA test result
- *Optional* Rapid hepatitis C antibody **Reactive** results with no RNA test result.

Once you log on to ECLRS, you see a Laboratory Home Page, like the one below, but customized for your user id. It is your starting point for manually entering individual test results online.

Welcome to the New York State Department of Health
Laboratory Home Page -- Version: v2024.29
User:dkd02

| Live Reporting -- Reports will be transmitted to counties or NYC | |
|--|---|
| Test Laboratory | |
| <input type="button" value="Submit Lab Report(s)"/> | Manual Data Entry <input type="button" value="Edit Provider/Facility/Susceptibility Info *"/> <input type="radio"/> General CD/Hepatitis/Covid-19 No Results To Report <input type="radio"/> Communicables (GSTB) <small>Last Check-In Dates</small> |
| <input type="button" value="Upload History"/> | Log of files and/or reports submitted by this user's labs. |
| <input type="button" value="Lab Submissions Reports/Address Updates"/> | Summary and detailed views of submitted lab reports. |
| <input type="button" value="Compliance Reports"/> | Search for Compliance Reports in Database. Instructions for Use: PDF VIDEO |
| <input type="button" value="County Lookup Utility"/> | Utility to determine county based on city and zip code. |
| <input type="button" value="Record Count Report"/> | Utility to determine Counts of messages by Lab, County, Program. |

The following pages are organized into different sections based on what information is needed for each program area. Please note: Before your agency starts entering any Patient and Test information, you will need to first complete the Facility and Provider tabs (one time only). This information will be saved on the platform for future reporting.

To submit the information:

1. On the Laboratory (or Agency*) Home Page, click the radio button for the appropriate program area and upload format for the results being entered, then click on the '**Submit Lab Reports**' button to the left. The appropriate Data Entry Form displays.
2. Complete as many fields as possible. Required fields are identified by an asterisk (*). When a field has predefined data from which you must select an item, an arrow is visible at the right side of the field. Click the **Down Arrow** to display the available data for that field and then click the desired item.
3. After you have completed filling in the data on the form, click the **Submit** tab at the top right of the screen.
4. If the result is successfully entered into ECLRS, the "Successful Insert Summary Screen" is displayed. If your agency would like to keep a paper copy of the results entered in ECLRS, this screen should be printed. If you have another result to enter, click the **Enter Another Test into ECLRS** button to get back to the Data Entry Form.
5. If more information is needed or data is entered incorrectly, an error message displays. Then the Data Entry Form re-displays with the cursor in the field of the missing or incorrect data. For example, if you enter the DOB as 07/02/51, you will see a message that says, "Invalid Date Format: use MM/DD/YYYY format and the cursor will move to the DOB field; click the **OK** button to close the error message box and change the date to 07/02/1951.
6. After you finish with the Data Entry Form, click **ECLRS Home** to return to your home page and select additional test results to enter or upload, or click **File-->Close** from the browser's menu to close your browser and log out of the system.

Patient Information Section

The first section of this screen is for Patient Information.

ECLRS
Electronic Clinical Laboratory Reporting System

Patient Facility Provider Test Info **Submit** ECLRS H

[Test Data](#)

Medical Record Number:

Medicaid Number:

*Patient Last Name:

*Patient First Name:

MI:

Suffix:

*Address Line 1:

Address Line 2:

*City:

*State:

*Zip Code:

*County:

Country:

*Home Phone (Area Code Required):

Work Phone (Area Code Required):

*Date of Birth (ex: mm/dd/yyyy):

Age:

Units:

Ethnicity:

*Gender:

*Pregnant or Postpartum:

Answer yes if any of the following are true:

- a. patient is currently pregnant
- b. patient is post-partum (pregnancy ended within past 4 weeks)
- c. patient MAY be considered pregnant or post-partum based on ancillary data (e.g. test ordered is specified for prenatal or labor/delivery patients, a pregnancy related to ICD-10 code as included as part of order, etc.)

Race (Check all that apply)

Black or African-American

White

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Unknown

Other

Ethnicity:

*Gender:

*Pregnant or Postpartum:

Patient Information - Field Definitions

The following table is a sequential listing of all the fields used in the Patient Information section of the General Communicable/STD/TB Data Entry Form.

| General Communicable Patient Information | |
|---|---|
| Name of Field | Definition |
| Patient Medical Record Number | The sending agency is the facility where the specimen is tested. The sending agency is responsible for reporting positive conditions based on New York State (NYS) public health code. Indicate a patient ID in this field if the sending agency assigns a patient ID different than the medical record number or AIDS Institute Reporting System (AIRS) TCID of the patient. |
| Medicaid Number | If the patient is on Medicaid, please provide Medicaid Insurance number |
| Patient Name Section | |
| Last Name | Patient's last name; REQUIRED FIELD |
| First Name | Patient's first name; REQUIRED FIELD |
| Middle | Patient's middle name or initial |
| Suffix | Abbreviation that follows the patient's last name; Select from list |
| Demographics Section | |
| Address Line 1 | First line of patient's mailing address (Highly Recommended) |
| Address Line 2 | Second line of patient's mailing address |
| City | Name of the patient's city of residence (Highly Recommended) |
| State | Name of the patient's state of residence; defaults to New York but you can select another from the drop-down box. All results for out-of-state patients will be assigned to the NYS STAT Unit for review. (Highly Recommended) |
| Zip Code | Zip code associated with patient's address; you must enter a zip code or a county; zip code is preferred over county; REQUIRED FIELD |
| County | Name of a county associated with patient's address; select one from the drop-down box; you must enter a county or a zip code; REQUIRED FIELD |
| Home Phone | Patient's home telephone number; enter an area code and a seven-digit phone number |
| Work Phone | Patient's work telephone number; enter an area code and a seven-digit phone number |
| Gender | Code to identify the patient's gender; select one from the drop-down box (Female, Male, Ambiguous, Transgender Unknown, Other, Unknown); REQUIRED FIELD |
| DOB (Date of Birth) | Patient's date of birth, entered in mm/dd/yyyy format. DOB is highly preferred over age. (Highly Recommended) |
| Age | Age of patient; If DOB is entered, you will be unable to enter Age. If DOB is not available, enter the numerical value for the age and then select a unit (Year, Month, or Day). A unit must be selected if an Age is entered. |
| Race | Code to identify the patient's race; select as many race choices as applies. (Highly Recommended) |
| Ethnic Code | Name of a patient's ethnicity; select one from the drop-down box (Hispanic, Non-Hispanic, Unknown) |
| Pregnant | Check if patient is currently pregnant (No, Yes, Unknown, Not Applicable). |

Ordering Facility Information Section

Ordering Facility Information is data specific to the facility that ordered the test if different from the reporting facility. Once a facility is entered and saved into the system, the information will be stored within the drop-down box for future entries.

The screenshot shows the ECLRS interface with a navigation bar containing 'Home', 'Patient', 'Facility', 'Provider', 'Test', 'Info', and a red 'Submit' button. Below the navigation bar, the 'Select a Facility:' dropdown menu is open, displaying a list of facility names and addresses. The first option is 'Please Select A Facility'. Other options include 'New Facility', 'Blood Suckers, 14 take it all', 'FacName, FacAdd1', 'Happy Hour Hospital, 484 Sonoma Blvd.', 'Hertz Hospital, 3520 New Washington Avenue Extension', 'JUMPIN JACK FLASH, 1456 HAPPY GOIN ROAD', 'Little Angel Clinic, 45 heaven street', 'OZ LAND, RAYLANE', 'One for One, 4567 any way lane', and 'Test New Name, Facility Address 1'.

Upon selecting the down arrow, the user will be able to choose a facility from the list or enter a new facility by selecting “New Facility”. The screen below will allow the user to enter information for a new facility and save it in the list.

The screenshot shows the ECLRS interface with a navigation bar containing 'Home', 'My Content', 'Search', 'Help', and 'Log out'. Below the navigation bar, the 'Select a Facility:' dropdown menu is set to 'New Facility'. The form contains the following fields: 'Facility NPI Number:', 'Facility Name:', 'Facility Phone Number:', 'Address 1', 'Address 2', 'City', 'State' (a dropdown menu), and 'Zip Code'.

Ordering Facility Information - Field Definitions

The following table is a sequential listing of all the fields used in the Ordering Facility Information section of the Data Entry Form.

| Request Information | |
|----------------------------|--|
| Name of Field | Definition |
| Facility NPI Number | The National Provider Identifier (NPI) number associated with this facility. |
| Facility Name | The goal of the New York State Department of Health is to obtain the health care facility and the provider ordering the test and their location information. The ordering facility may be the same as the sending agency (agency testing the specimen and reporting the result) or it may be the referring facility. |
| Facility Phone | Ordering facility's phone number; enter an area code and a seven-digit phone number. |
| Address 1 | First line of the ordering facility's mailing address. |
| Address 2 | Second line of the ordering facility's mailing address. |
| City | Name of the city associated with the ordering facility's address. |
| State | Name of the state associated with the ordering facility's address; defaults to New York but you can select another from the drop-down box. |
| Zip Code | Zip code associated with the ordering facility's address. |

Provider Information Section

Provider Information is data specific to the **physician who ordered the test OR another agency provider or supervisor who is regularly available to follow up with the Health Department should there be questions.** Your agency's testing policies and procedures should indicate who should be entered as the Provider. As with the ordering facility information, once a provider is entered and saved into the system, the information will be stored within the drop-down box for future entries.

The screenshot shows the ECLRS interface with a navigation bar containing 'Home', 'Patient', 'Facility', 'Provider', 'Test', 'Info', and 'Submit'. Below the navigation bar, the 'Select a Provider:' dropdown menu is open, displaying a list of providers. The list includes 'Please Select A Provider' (highlighted), 'New Provider', 'Berragfgf, Yogizasdf', 'CMRPlast.', 'Hertz, Frank, (518)763-4444', 'Jones, James, (518)223-5411', 'Mercer, Johnathan, (518)330-2555', 'NewProvLastName, NewProvFirstName, (666)777-8888', 'Roger, Marris', 'Smith, John, (518)333-8475', 'Testing, OMS, (555)666-6666', 'sobe, water, (555)444-6363', and 'testing,.'.

Upon selecting the down arrow, the user will be able to choose a provider from the list or enter a new provider by selecting "New Provider". The screen below will allow the user to enter information for a new provider and save it in the list.

The screenshot shows the ECLRS interface with a navigation bar containing 'Home', 'My Content', 'Search', 'Help', and 'Log out'. Below the navigation bar, the 'Select a Provider:' dropdown menu is set to 'New Provider'. The form contains the following fields:

- Provider ID Type:
- Provider ID:
- Provider Last Name:
- Provider First Name:
- Provider Middle Name/Initial:
- Provider Phone Number:
- Address 1:
- Address 2:
- City:
- State:
- Zip Code:

Provider Information - Field Definitions

The following table is a sequential listing of all the fields used in the Provider Information section of the Data Entry Form.

| Provider Information | |
|----------------------------|--|
| Name of Field | Definition |
| Provider ID Type | Select either Medical License Number (MD) or National Provider Identifier (NPI) . This field is required. If you do not have this information, select NPI and put a space in the following field (Provider ID). |
| Provider ID | Enter either the Medical License Number (MD) or the National Provider Identifier (NPI) . This field is required. If you do not have this information, enter a space in this field. If the name of the person completing the test is not a medical provider, put a space for this field. |
| Provider Last Name | Last name of provider; The goal of the New York State Department of Health is to obtain the health care facility and the provider ordering the test and their locating information. Every attempt should be made to obtain the name of the original provider ordering the test and their locating information. This field is required. |
| Provider First Name | First name of provider (Highly Recommended) |
| Phone | Provider's telephone number; enter an area code and a seven-digit phone number (Highly Recommended) |
| Address 1 | First line of the provider's mailing address (Highly Recommended) |
| Address 2 | Second line of the provider's mailing address (Highly Recommended) |
| City | Name of the city associated with the provider's address (Highly Recommended) |
| State | Name of the state associated with the provider's address; defaults to New York but you can select another from the drop-down box (Highly Recommended) |
| Zip Code | Zip code associated with the provider's address (Highly Recommended) |

Test Information Section

Use this section to communicate information about a specific, individual test performed and the specific results for that one test. Once the initial test information is entered and an organism is chosen, the user will be able to enter information about the results.

Test Information – Field Definitions

The following table is a sequential listing of all the fields used in the Test Information section of the Data Entry Form.

| General Communicable Result Information | |
|--|--|
| Name of Field | Definition |
| <i>Laboratory (or Agency*) Test Information Section</i> | |
| Accession / Specimen # | Specimen identification number assigned by the testing agency; REQUIRED FIELD . The number should be unique to the testing encounter, as client may be tested more than once in their life. |
| Specimen Collection Date | Date specimen is obtained; in mm/dd/yyyy format; REQUIRED FIELD |
| Specimen Source | Indicate the collection source from the body (use “Blood Capillary” for fingerstick testing); select the description from the drop-down box and Specimen source name is populated REQUIRED FIELD |
| Other/Unlisted Specimen Source | If specimen source is selected from drop down menu, specimen source name will automatically populate. If a specimen source is not chosen or is not available, free text the specimen source in this field. REQUIRED FIELD |
| Comments | If there are any comments or notes to be made for the test, type them here. |
| Organism | Choose the organism’s name from the drop-down list for the test that is being performed. REQUIRED FIELD |

Choose Hepatitis C from the Organism List

The screenshot shows the ECLRS web interface with the following fields filled in: Accession/Specimen #: 12345, Specimen Collection Date: 11/01/2024, Specimen Received Date: 11/01/2024, Specimen Source: Blood Capillary, and Other/Unlisted Specimen Source: Blood Capillary. The Organism dropdown menu is open, showing a list of organisms. A red arrow points to 'Hepatitis C virus' in the list. Other organisms listed include Hantavirus, Hemolytic uremic syndrome, Hepatitis A virus, Hepatitis B virus, Hepatitis C Negative, Hepatitis other/unspecified, Herpes simplex, and Herpes simplex type 1.

After choosing the organism, a field for Test Type will appear. Choose one of the two choices circled below for the Point of Care Tests performed*.

***Note:** If Point of Care Rapid Hepatitis C (HCV) antibody test was performed and is available, agencies are strongly encouraged to also report those results for the associated Point of Care HCV RNA test. It is not necessary to report negative Point of Care HCV antibody test results that do not accompany a Point of Care HCV RNA test.

The screenshot shows the ECLRS web interface with the following fields filled in: Accession/Specimen #: 12345, Specimen Collection Date: 11/01/2024, Specimen Received Date: 11/01/2024, Specimen Source: Blood Capillary, and Other/Unlisted Specimen Source: Blood Capillary. The Organism dropdown menu is set to 'Hepatitis C virus'. The Test Type dropdown menu is open, showing a list of test types. Two options are circled in red: 'HCV rapid antibody (point-of-care test)' and 'HCV RNA point-of-care test'. Other test types listed include ALT/SGPT, AST/SGOT, Anti-HCV screen, HCV Nucleic Acid Test (NAT) i.e., PCR,TMA,bDNA, HCV Genotype, 2nd anti-HCV of donor specimen, and Other.

Result Information Section

Use this section to communicate information about a specific, individual result for the test that was performed. Information that will be presented for the user to enter will be specific to the test and organism that was chosen. The user will need to choose a value from the Result Value field or the Numeric Results field. Both may be populated for the same test, but only one is required.

Result Information – Field Definitions

The following table is a sequential listing of all the fields used in the Result Information section of the General Communicable Data Entry Form.

| Test Result Information | |
|-------------------------|---|
| Name of Field | Definition |
| Test Type | Select a test from the dropdown list or select other if the appropriate test is not listed. If the user selects “Other” a pop-up box will display on the screen where the user can enter the appropriate test type. After populating the pop-up for test type, another pop-up box will display to allow the user to enter the result. REQUIRED FIELD |
| Test Date | Date the test was performed; enter in mm/dd/yyyy format. REQUIRED FIELD |
| Result Value | Indicate the result of the test (e.g., Presumptive Positive, Negative, or Indeterminate) from the drop-down list. REQUIRED FIELD |
| Numeric Results | If the result has a numeric value and is not listed in the “Result Value” field, the numeric result will be entered here. REQUIRED FIELD |
| Result Status | Choose the status of the result from the drop-down box. (Final or Correction) REQUIRED FIELD |
| Unit of Measure | Standard unit of measure applied to the test result. (Not applicable for Covid-19) |
| Reference Range | Normal range of values expected for the patient's sex, age, and clinical profile. (Not applicable for Covid-19) |

The screenshot shows the ECLRS (Electronic Clinical Laboratory Reporting System) interface for a Hepatitis C virus - HCV RNA point-of-care test. The form is populated with the following information:

- Accession/Specimen #: 12345
- Specimen Collection Date: 11/01/2024
- Specimen Received Date: 11/01/2024
- Specimen Source: Blood Capillary
- Other/Unlabeled Specimen Source: Blood Capillary
- Comments: (empty)
- Organism: Hepatitis C virus
- Test Type: HCV RNA point-of-care test
- Test Date: 11/01/2024
- Numeric Results: (empty)
- Result Value: Detected
- Result Status: Final Result
- Reference Range: (empty) to (empty)

A "Save Laboratory Information" button is located at the bottom center of the form.

When all data is entered, click the “**Save Laboratory Information**” button at the bottom. This will change the color on the “Submit” tab from red to green. If a result for another test for the same patient is to be entered, the user will click the drop-down arrow at the top of the screen and choose “Add Another Test”. This will refresh the page and allow the user to enter in the proper information for the next test.

Reviewing and Submitting Results

Clicking on the “**Info**” tab allows the user to review and edit the information entered before submitting it. To submit the result, the user will click the green “**Submit**” tab to the top right of the screen. The screen below is what displays when the user clicks on the Info tab,

The screenshot shows the ECLRS 'Info' tab interface. At the top, there is a navigation bar with tabs for Patient, Facility, Provider, Test, Info, and Submit. The 'Info' tab is currently selected. Below the navigation bar, the date and time are displayed as 11/25/2024, 1:51:00 PM. The main content area is divided into four sections, each with an 'Edit' link:

- Patient Information:** Medical Record Number: TestPidMedRecNum; Medicaid Number: TestPidMedNm; Name: TestPidLName, TestPidFName, TestPidMName Jr; Address: TestPidAddr1, TestPidAddr2, TestPidCity, NY 99999 0000; County: Albany; Country: United States; Home Phone: (518)555-1212; Work Phone: (518)666-1212; Date Of Birth: 11/25/1919; Age: 105 yr; Ethnicity: Hispanic; Gender: Female; Pregnant: No; Race:
- Facility Information:** Facility ID: 8028; Name: Bostwick Laboratories; Phone: (123)456-7890; Address: 123 main str, brooklyn, NY 11226
- Provider Information:** Name:; Provider ID:; State Of Licensure:; Phone:; Address:
- Test 1 Information:** Accession/Specimen #: 12345; Specimen Collection Date: 11/01/2024; Specimen Received Date: 11/01/2024; Test Date: 11/01/2024; Specimen Source: BLDC / Blood Capillary; Organism: 424 / Hepatitis C virus; Test Type: 10466 / HCV RNA point-of-care test; Result Value: Detected; Result Status: Final Result

Successful Insert Summary Screen

After clicking the “**Submit**” Tab on the Data Entry Form, a successful insert summary screen is displayed. This screen can be printed for record keeping purposes. This can serve as a record of what was entered in ECLRS. It includes a message stating that the insert was successful, who submitted the record, the date and time, and a display of every field that was populated on the data entry screen. To submit a new result, the user will click the “**Submit another report to ECLRS**” button. This will take the user back to the beginning of the form.

Submit another report to ECLRS Log out of ECLRS

Lab report submission by David DiCesare on 11/25/2024 02:05 PM ; Accepted by ECLRS.

Patient: TESTPIDLNAME Jr, TESTPIDFNAME TESTPIDMNAME

DOB: 11/25/1919 Age: 105 yr
 Sex: F Pregnancy: N Race: Unknown
 DIN: --
 Medical Record Number: TestPidMedRecNum

Reporting Information:
 Reporting Laboratory: Test Laboratory
 CLEP Lab Name: Test Laboratory
 Retrieval ID: --

Ordering Facility
 Bostwick Laboratories
 123 main str
 brooklyn, NY 11226
 (123)456-7890

Assigned County: Albany

Address: TestPidAddr1
 TestPidAddr2
 TestPidCity, NY 99999-0000

Home Phone: (518)555-1212
Work Phone: (518)666-1212

Date Reported to ECLRS: 11/25/2024

Date Retrieved from ECLRS: --

Ordering Physician
 Andrews, Janna
 400 E Main Street
 Mt Kisco, NY 10549
 (914)240-8115

Test: HCV RNA point-of-care test
 Specimen Source: Blood Capillary
 Request Status: Final

Accession Number: 12345
Collection Date: 11/01/2024
Specimen Received Date: 11/01/2024
Report Date: 11/01/2024

Relevant Clinical Data: Pregnant or Probably Pregnant:No

| Reportable Condition | Test | Test Equipment | Meth | Result | Analysis Date | Un | Ref Ran | Ab Fl | Res Stat |
|----------------------|----------------------------|----------------|------|----------|---------------|----|---------|-------|----------|
| HEPATITIS C | HCV RNA point-of-care test | -- | -- | Detected | 11/01/2024 | -- | -- | -- | Final |

Testing Lab: --, Testing Clia: --