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.

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.

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.

ECLRS
Electronic Clinical Laboratory Reporting System

| Home | Patient | Facility | Provider | Test | Info | Submit |

Select a Facility: Please Select A Facility

- Please Select A Facility
- New Facility
- Blood Suckers, 14 take it all
- FacName, FacAdd1
- Happy Hour Hospital, 484 Sonoma Blvd.
- Hertz Hospital, 3520 New Washington Avenue Extentsion
- JUMPIN JACK FLASH, 1456 HAPPY GOIN ROAD
- Little Angel Clinic, 45 heaven street
- OZ LAND, RAY LANE
- One for One, 4567 any way lane
- 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.

Health Commerce System

⌂ Home ▾   👤 My Content ▾   🔍 Search   ⊕ Help ▾   ⏻ Log out

ECLRS
Electronic Clinical Laboratory Reporting System

| Patient | Facility | Provider | Test | Info | Submit | ECLRS Home |

Select a Facility: New Facility

Facility NPI Number:
Facility Name:
Facility Phone Number:

Address 1

Address 2

City   State   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.

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.

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**
Laboratory (or Agency) Test Information Section*	
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

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.

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)

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,

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

Assigned County: Albany

DOB: 11/25/1919
Sex: F   **Pregnancy:** N
DIN: --
Medical Record Number: TestPidMedRecNum

Age: 105 yr

Race: Unknown

Address: TestPidAddr1
TestPidAddr2
TestPidCity, NY 99999-0000

Home Phone: (518)555-1212

Work Phone: (518)666-1212

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

Date Reported to ECLRS: 11/25/2024

Date Retrieved from ECLRS: --

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

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: --