

## Guidance for Standards-Based Electronic Laboratory Reporting of the Results of Influenza A and Influenza B Virus Test Results to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS) via File Upload or Manual Data Entry

This document has been prepared to help facilities using file upload or manual data entry to electronically report the results of influenza virus testing performed on site to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS). This guidance can be shared with your electronic medical record (EMR) vendor if you use the EMR as an interface to report to ECLRS

Specific reporting of influenza type and subtype/lineage should occur for **influenza testing that differentiates virus type (e.g., Influenza A or Influenza B), subtype (e.g., Influenza A/H3, Influenza A/H1N1, etc.) or lineage (Influenza B/Victoria, Influenza B/Yamagata).**

### **File Upload Utility:**

For facilities reporting influenza test results using the **ECLRS file upload utility**, we request use of the most specific and appropriate Logical Observation Identifiers Names and Codes<sup>1</sup> (LOINC®) code to report influenza type (e.g., Influenza A, Influenza B) and specimen type. **Please do not use LOINC codes that do not differentiate influenza virus types.**

We request use of standardized text verbiage for reporting differentiated influenza test results (e.g., Influenza A or Influenza B), as described within this document.

Please see the Attachment 1 for preferred LOINC codes and standardized result text verbiage for ECLRS reporting.

Facilities using multiplex testing platforms that include two or more of Influenza A, Influenza B, SARS-CoV-2, and/or RSV should report to ECLRS positive results of these tests for the **individual virus results**. **Do not use LOINC codes or result text verbiage associated with the overall or combined multi-pathogen test.**

### **Manual Data Entry:**

For facilities reporting influenza test results using the **ECLRS manual data entry portal**, the drop-down menus for test type and test result value now allow for the reporting of influenza subtype and lineage. Please see Attachment 2 for details.

Additional guidance regarding manually reporting Influenza A and Influenza B test results to ECLRS is available in the enclosed ECLRS user guide.

The ECLRS Help Desk (1-866-325-7743 or [ecdrs@health.ny.gov](mailto:ecdrs@health.ny.gov)) is available to assist with reporting procedures. The Bureau of Communicable Disease Control's Respiratory Surveillance unit (518-473-4439 or [RespVirusDOH@health.ny.gov](mailto:RespVirusDOH@health.ny.gov)) can assist with LOINC or result text verbiage selection for flu results.

Additional information regarding influenza and general communicable disease reporting can be found here: <https://www.health.ny.gov/professionals/diseases/reporting/communicable/>.

Detailed information regarding the reporting of influenza subtype (e.g., Influenza A/H3, Influenza A/H1N1, etc.) or lineage (Influenza B/Victoria, Influenza B/Yamagata) is available here: [https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza\\_guidance\\_clinical.pdf](https://www.health.ny.gov/professionals/diseases/reporting/communicable/docs/influenza_guidance_clinical.pdf)

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<sup>1</sup> <https://loinc.org/>

**Attachment 1: Guidance for Standards-Based Electronic Laboratory Reporting of the Results of Influenza A and Influenza B Virus Test Results to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS) via File Upload**

<b>Rapid Influenza Diagnostic Tests (RIDT)<sup>1</sup> - Antigen Detection Only</b>			
	<b>LOINC</b>	<b>LOINC LONG COMMON NAME</b>	<b>TEXT RESULT VERBIAGE</b>
			<b>REPORT POSITIVE / DETECTABLE RESULT TO ECLRS AS:</b>
<b>INFLUENZA A</b>	50697-2	Influenza virus A Ag [Identifier] in Isolate	Flu A (influenza A antigen present)
	46082-4	Influenza virus A Ag [Presence] in Nasopharynx by Immunoassay	Flu A (influenza A antigen present)
	44564-3	Influenza virus A Ag [Presence] in Nose by Immunoassay	Flu A (influenza A antigen present)
	80382-5	Influenza virus A Ag [Presence] in Upper respiratory specimen by Rapid immunoassay	Flu A (influenza A antigen present)
	44562-7	Influenza virus A Ag [Presence] in Bronchial specimen	Flu A (influenza A antigen present)
	5862-8	Influenza virus A Ag [Presence] in Specimen by Immunoassay	Flu A (influenza A antigen present)
<b>INFLUENZA B</b>	46083-2	Influenza virus B Ag [Presence] in Nasopharynx by Immunoassay	Flu B (influenza B antigen present)
	44575-9	Influenza virus B Ag [Presence] in Nose by Immunoassay	Flu B (influenza B antigen present)
	80383-3	Influenza virus B Ag [Presence] in Upper respiratory specimen by Rapid immunoassay	Flu B (influenza B antigen present)
	5866-9	Influenza virus B Ag [Presence] in Specimen by Immunoassay	Flu B (influenza B antigen present)
<b>Nucleic Acid Detection Based Tests<sup>2</sup></b>			
	<b>LOINC</b>	<b>LOINC LONG COMMON NAME</b>	<b>TEXT RESULT VERBIAGE</b>
			<b>REPORT POSITIVE / DETECTABLE RESULT TO ECLRS AS:</b>
<b>INFLUENZA A</b>	76078-5	Influenza virus A RNA [Presence] in Nasopharynx by NAA with probe detection	Flu A (influenza A virus present)
	100973-7	Influenza virus A RNA [Presence] in Nose by NAA with non-probe detection	Flu A (influenza A virus present)
	85477-8	Influenza virus A RNA [Presence] in Upper respiratory specimen by NAA with probe detection	Flu A (influenza A virus present)
	88599-6	Influenza virus A RNA [Presence] in Lower respiratory specimen by NAA with probe detection	Flu A (influenza A virus present)
	34487-9	Influenza virus A RNA [Presence] in Specimen by NAA with probe detection	Flu A (influenza A virus present)
<b>INFLUENZA B</b>	49535-8	Influenza virus B RNA [Presence] in Isolate by NAA with probe detection	Flu B (influenza B virus present)
	80591-1	Influenza virus B NS gene [Presence] in Nasopharynx by NAA with probe detection	Flu B (influenza B virus present)
	100974-5	Influenza virus B RNA [Presence] in Nose by NAA with non-probe detection	Flu B (influenza B virus present)
	85478-6	Influenza virus B RNA [Presence] in Upper respiratory specimen by NAA with probe detection	Flu B (influenza B virus present)
	92141-1	Influenza virus B RNA [Presence] in Respiratory system specimen by NAA with probe detection	Flu B (influenza B virus present)
	40982-1	Influenza virus B RNA [Presence] in Specimen by NAA with probe detection	Flu B (influenza B virus present)

<sup>1</sup> [www.cdc.gov/flu/hcp/testing-methods/table-ridt.html](http://www.cdc.gov/flu/hcp/testing-methods/table-ridt.html)

<sup>2</sup> [www.cdc.gov/flu/php/laboratories/nucleic-acid-detection.html](http://www.cdc.gov/flu/php/laboratories/nucleic-acid-detection.html)

**Attachment 2: Guidance for Standards-Based Electronic Laboratory Reporting of the Results of Influenza A and Influenza B Virus Test Results to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS) via Web Entry**

Select Influenza Type from Organism Pick List/Drop Down Menu	
Influenza A	Influenza B
Select Type of Influenza Test from Test Type Pick List/Drop Down Menu	
<b>Antigen Immunoassay Tests (RIDT/DFA/EIA/IFA/IHC)</b>	<b>Antigen Immunoassay Tests (RIDT/DFA/EIA/IFA/IHC)</b>
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A	Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza B
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A/H1	Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza B/Victoria
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A H1 2009 pandemic/pdm	Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza B/Yamagata
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A/H3	<b>Nucleic Acid Detection Based Tests (PCR/NAAT)</b>
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A(H3N2)	PCR – Influenza B RNA
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A/H5	PCR – Influenza B/Victoria RNA
Antigen immunoassay (RIDT/DFA/EIA/IFA/IHC) – Influenza A/H7PCR – Influenza A RNA	PCR – Influenza B/Yamagata RNA
<b>Nucleic Acid Detection Based Tests (PCR/NAAT)</b>	<b>Subtyping Tests</b>
PCR – Influenza A/H1 RNA	Influenza Subtyping – Influenza B/Victoria
PCR – Influenza A H1 2009 pandemic/pdm RNA	Influenza Subtyping – Influenza B/Yamagata
PCR – Influenza A H1N1 RNA	<b>Culture Tests</b>
PCR – Influenza A/H3 RNA	Culture – Influenza B
PCR – Influenza A(H3N2)	<b>Antibody Tests</b>
PCR – Influenza A/H5 RNA	Antibody – Influenza B
PCR – Influenza A/H5a RNA	
PCR – Influenza A/H5b RNA	
PCR – Influenza A/H7 RNA	
<b>Subtyping Tests</b>	
Influenza A HA Subtyping	
Influenza A HA/NA Subtyping	
Influenza Subtyping – Influenza A/H1	
Influenza Subtyping – Influenza A H1 2009 pandemic/pdm	
Influenza Subtyping – Influenza A H1N1	
Influenza Subtyping – Influenza A/H3	
Influenza Subtyping – Influenza A(H3N2)	
Influenza Subtyping – Influenza A/H5	
Influenza Subtyping – Influenza A/H5a	
Influenza Subtyping – Influenza A/H5b	
Influenza Subtyping – Influenza A/H7	
<b>Culture Tests</b>	
Culture – Influenza A	
<b>Antibody Tests</b>	
Antibody – Influenza A	
Select Influenza Test Result from Result Value Pick List/Drop Down Menu	
Positive for Influenza A	Positive for Influenza B
Positive for Influenza A/H1	Positive for Influenza B/Victoria
Positive for Influenza A H1 2009 pandemic/pdm	Positive for Influenza B/Yamagata
Positive for Influenza A H1N1	Positive for Influenza B, other lineage
Positive for Influenza A/H3	
Positive for Influenza A(H3N2)	
Positive for Influenza A/H5	
Positive for Influenza A/H5a	
Positive for Influenza A/H5b	
Positive for Influenza A/H7	
Positive for Influenza A, other subtype	
Positive for Influenza A, unsubtypeable	



Electronic Clinical Laboratory Reporting  
System (ECLRS)  
Entering Influenza Lab Results

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***Disclaimer***

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## 1 Introduction and Purpose

Once granted permission to access, the Electronic Clinical Laboratory Reporting System (ECLRS) can be used to submit lab results to the New York State Department of Health (NYSDOH).

The purpose of this document is to illustrate how to enter Influenza lab results into ECLRS via the Laboratory User Interface, which is organized by the following tabs:

- Patient
- Facility
- Provider
- Test
- Info

## 2 Entering Patient Information

The **Patient** tab holds the demographic information for the Patient who was tested for influenza.

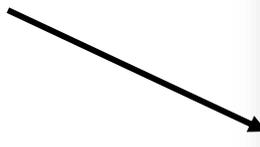
Complete the following steps to enter Patient information.

Step	Visual/Expected Result
1. From the <b>Health Commerce System Home</b> page, under the <b>My Applications</b> section, click on the <b>ECLRS Lab Live Reporting</b> link.	

The **Laboratory Data Entry Home** page displays.

Step	Visual/Expected Result
------	------------------------

2. In the **Manual Data Entry** section, click on the **General CD/Hepatitis/Covid-19** radio button, then click on the **Submit Lab Report(s)** button.



Welcome to the New York State Department of Health  
**Laboratory Home Page -- Version: v5.87**  
 User:dx36

**Trial Reporting -- Live data; will be transmitted to NYC but not upstate counties**

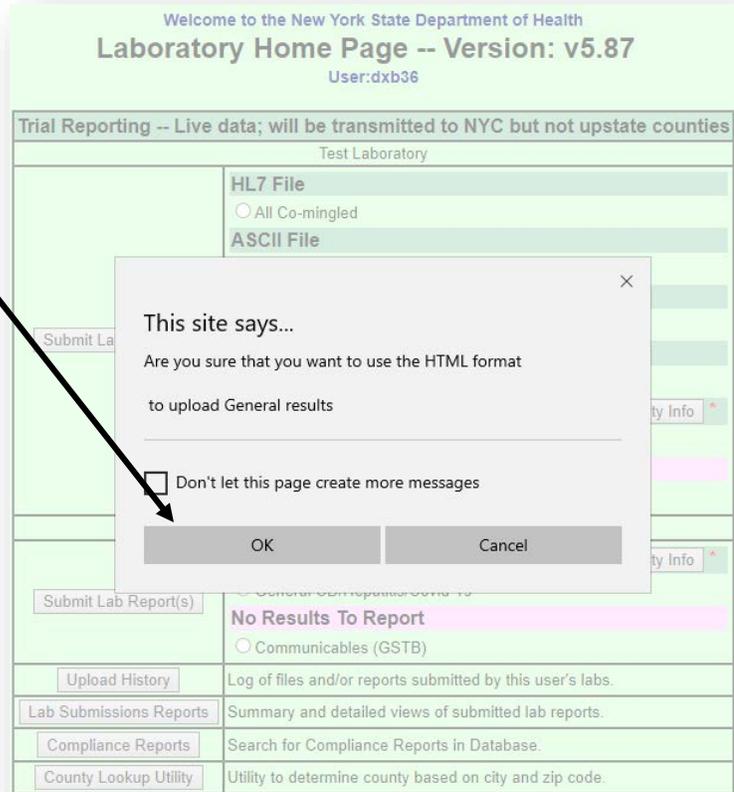
Test Laboratory	
	<p><b>HL7 File</b></p> <p><input type="radio"/> All Co-mingled</p> <p><b>ASCII File</b></p> <p><input type="radio"/> All Co-mingled</p> <p><b>ASCII File</b></p> <p><input type="radio"/> General CD <input type="radio"/> TB</p> <p><b>PHB File</b></p> <p><input type="radio"/> General CD</p> <p><b>Manual Data Entry</b> <input type="button" value="Edit Provider/Facility/Susceptibility Info"/></p> <p><input checked="" type="radio"/> General CD/Hepatitis/Covid-19 <input type="radio"/> STD <input type="radio"/> TB</p> <p><b>No Results To Report</b></p> <p><input type="radio"/> Communicables (GSTB) <small>Last Check-In Dates</small></p>
ECLRS Covid Manual Uploads	
	<p><b>Manual Data Entry</b> <input type="button" value="Edit Provider/Facility/Susceptibility Info"/></p> <p><input type="radio"/> General CD/Hepatitis/Covid-19</p> <p><b>No Results To Report</b></p> <p><input type="radio"/> Communicables (GSTB)</p>
<input type="button" value="Submit Lab Report(s)"/>	
<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"/>	Summary and detailed views of submitted lab reports.
<input type="button" value="Compliance Reports"/>	Search for Compliance Reports in Database.
<input type="button" value="County Lookup Utility"/>	Utility to determine county based on city and zip code.

A dialog box displays with the following text:

*'Are you sure that you want to use the HTML format to upload General results'*

**Step Visual/Expected Result**

3. Click the **OK** button.

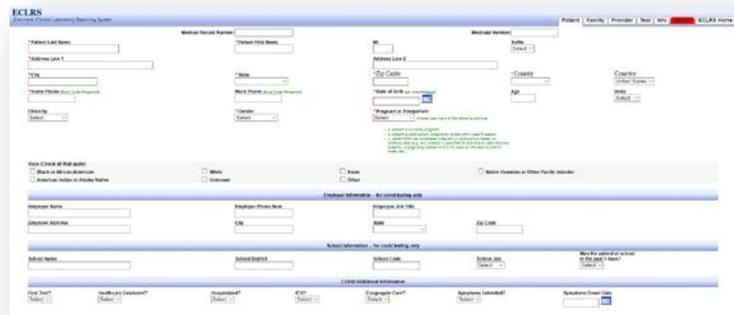


The **Patient Data Entry** page displays.

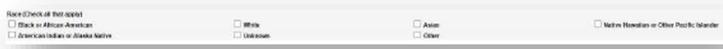
4. Enter all known information about the Patient.

**Note:** The following fields are required and denoted by a red asterisk (\*):

- **Patient Last Name**
- **Patient First Name**
- **Address Line 1**  
**Note:** If the Patient's address is unknown, enter *NA* or *Unknown*.
- **City**  
**Note:** If the Patient's City of Residence is unknown, enter *NA* or *Unknown*.



Step	Visual/Expected Result
<ul style="list-style-type: none"> <li> <b>State</b>  <b>Note:</b> NY is listed first in the drop-down list, by default; however, additional options are available.   <b>Note:</b> Results for out-of-State Patients are assigned to the NYSDOH Statistical Unit for further review.         </li> <li> <b>Zip Code</b>  <b>Note:</b> Users must enter a Zip Code or County; however, Zip Code is preferred.         </li> <li> <b>County</b>  <b>Note:</b> The system will automatically add the County to the report based on the Zip Code entered by the user.         </li> <li> <b>Home Phone</b>  <b>Note:</b> If the Patient's Home Phone Number is unknown, enter 9999999999 as numbers only.         </li> <li> <b>Date of Birth</b>  <b>Note:</b> Enter eight digits only or select a Date from the Date Picker [📅].   <b>Note:</b> It is not necessary to enter the Patient's age, if the <b>Date of Birth</b> is entered/selected.         </li> </ul>	 <p><b>Note:</b> Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the <b>Tab</b> key on your keyboard.</p>

Step	Visual/Expected Result
<ul style="list-style-type: none"> <li> <b>Gender</b>  <b>Note:</b> If <i>Male</i> is selected, the <b>Pregnant or Postpartum</b> field will be disabled.         </li> <li> <b>Pregnant or Postpartum</b>  <b>Note:</b> If <i>Female</i> is selected from the <b>Gender</b> drop-down list, the user is required to also choose an option from the <b>Pregnant or Postpartum</b> drop-down list.         </li> </ul>	
<p>5. In the <b>Race (Check all that apply)</b> section, click on the checkbox that is relevant to the Patient.</p> <p><b>Note:</b> Multiple choices can be selected for the Patient's Race.</p>	 <p>Race (Check all that apply)</p> <p><input type="checkbox"/> Black or African American      <input type="checkbox"/> White      <input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native      <input type="checkbox"/> Unknown      <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p>

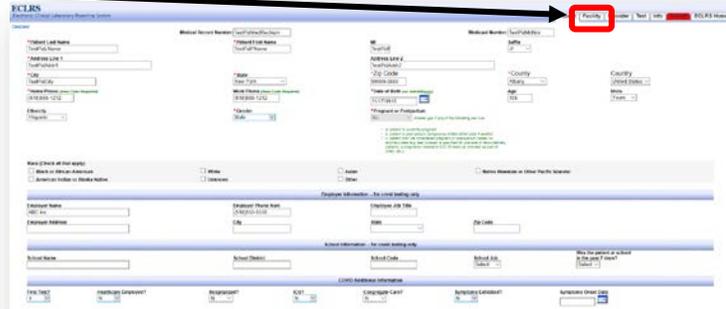
### 3 Entering Facility Information

The **Facility** tab holds the demographic information for the Facility that ordered the test(s) to be administered to the Patient.

Complete the following steps to select an existing or enter a new ordering Facility’s information to add to the Patient’s lab report.

Step	Visual/Expected Result
------	------------------------

1. Click on the **Facility** tab.



The **Facility Data Entry** page displays.

2. From the **Select a Facility** drop-down list, select the applicable Facility, if listed, OR select *New Facility*.



The selected Facility’s Data Entry page OR a blank **Facility Data Entry** page displays.

Step	Visual/Expected Result
------	------------------------

3. If *New Facility* was selected in *Step 2*, enter all known information about the Facility, as follows:

- **Facility NPI**
- **Facility Name**
- **Facility Phone Number**
- **Address 1**
- **Address 2**
- **City**
- **State**  
**Note:** *NY* is listed first in the drop-down list, by default.



**Note:** Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the **Tab** key on your keyboard.

**Note:** Data entered/selected in the current tab will be saved once the user clicks on a different tab.

## 4 Entering Provider Information

The **Provider** tab holds the demographic information for the Provider who ordered the test(s) for the Patient. A user can select an existing Provider or enter information for a new Provider.

Complete the following steps to add Provider information to the Patient’s lab report.

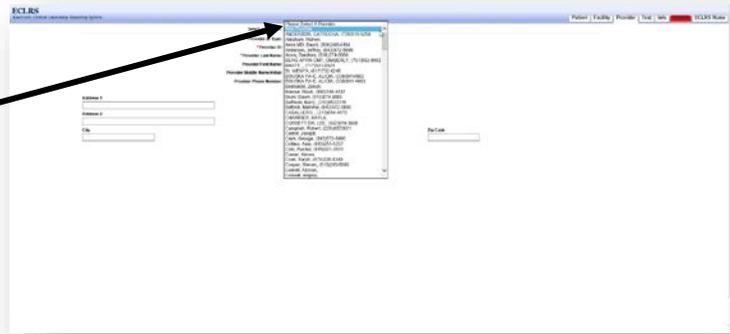
Step	Visual/Expected Result
------	------------------------

1. Click on the **Provider** tab.



The **Provider Data Entry** page displays.

2. From the **Select a Provider** drop-down list, select the applicable Provider, if listed, OR select *New Provider*.



The selected Provider’s Data Entry page or a blank **Provider Data Entry** page displays.

3. Enter all known information about the Provider who ordered the test(s) for the Patient.



**Note:** The following fields are required and denoted

by a red asterisk (\*):

- **Provider ID Type**
- **Provider ID**
- **Provider Last Name**

**Note:** Users can proceed from one data field to the next by clicking on the desired field with the mouse or by pressing the **Tab** key on your keyboard.

**Note:** Data entered/selected in the current tab will be saved once the user clicks on a different tab.

## 5 Entering Test Information

The **Test** tab holds the information related to the test that was administered to the Patient. This includes the type of test and results.

### 5.1 Entering Information for a Single Test

Complete the following steps to enter information for a single test.

Step	Visual/Expected Result
------	------------------------

1. Click on the **Test** tab.



The **Test Data Entry** page displays.

2. Enter the **Accession/Specimen #**.

**Note:** If the Accession/Specimen number is unavailable, use a combination of the Patient's ID and Collection Date (excluding any spaces or slashes)

OR

the first three letters of the Patient's Last Name and first two letters of the Patient's First Name with the Collection Date.



3. In the **Specimen Collection Date** field, enter or select the date the specimen was collected from the Patient by clicking on the **Date Picker** [📅] button.



**Step** **Visual/Expected Result**

- 4. In the **Specimen Received** field, enter or select the date the specimen was received by clicking on the **Date Picker** [📅] button.



- 5. From the **Specimen Source** drop-down list, select the applicable specimen source.



**Note:** The **Organism** drop-down list populates with choices specifically related to the selected **Specimen Source**.

- 6. From the **Organism** drop-down list, select the appropriate organism (e.g., Influenza A, Influenza B, etc.)

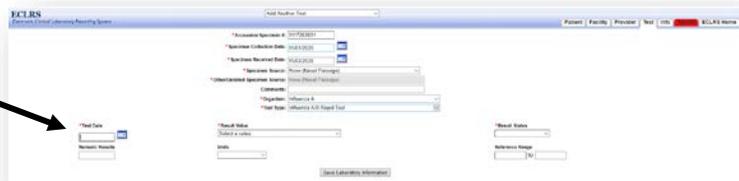


The **Test Type** field displays.

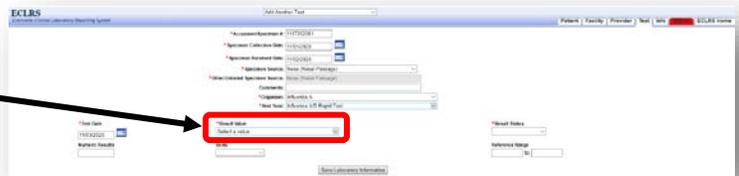
- 7. From the **Test Type** drop-down list, select the applicable type of test for the selected Organism.



- 8. Enter or select the **Test Date** (i.e., the date the test was performed).

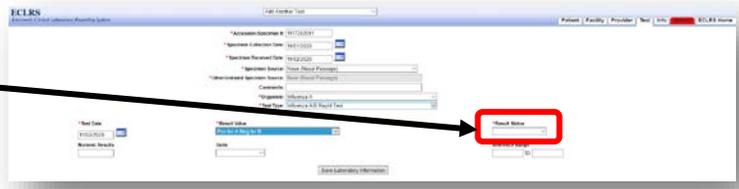


- 9. From the **Result Value** drop-down list, select the test result.

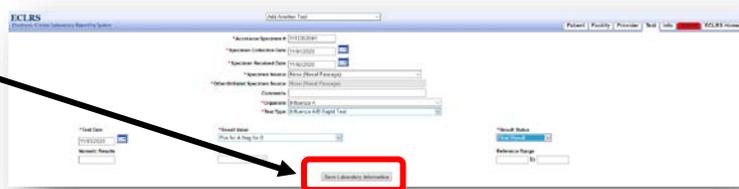


Step	Visual/Expected Result
------	------------------------

10. From the **Result Status** drop-down list, select *Final Result*.



11. Click the **Save Laboratory Information** button.

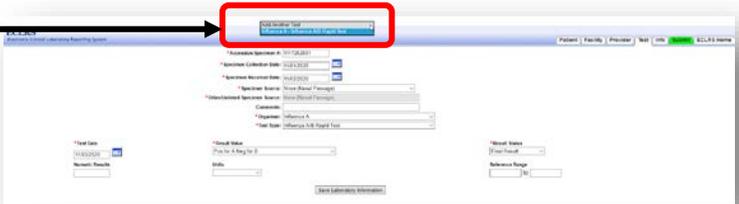


**Note:** The **Submit** tab turns green. Only click on the **Submit** tab if there are no other tests to enter for the Patient.



## 5.2 Entering Additional Tests for the Same Patient

Complete the following steps to enter additional tests for the same Patient (e.g., results that are part of a flu panel).

Step	Visual/Expected Result
<p>1. <u>Before</u> clicking the <b>Submit</b> tab (and while you are still on the <b>Test Data Entry</b> page), select <b>Add Another Test</b> from the drop-down list.</p>	

The **Test Data Entry** page is refreshed with blank fields.

2. Follow steps 2-11 in *Section 5.1*.



## 6 Reviewing and Submitting Results

Users are able to review all information entered for the Patient’s lab report and make any necessary changes before final submission into the system.

Complete the following steps to review, edit and submit the Patient’s lab report.

Step	Visual/Expected Result
------	------------------------

1. Click on the **Info** tab.



The **Info** page displays all information entered for the Patient.

2. Review the entry and click on the **Edit** link for any category where changes need to be made.



By clicking on an **Edit** link, the user is directed to the corresponding tab to make any necessary changes. Once the changes are made, the user can click on the **Info** tab again to review the report a second time.

3. Once all necessary edits are made, click on the **Submit** tab.

**Note:** The **Submit** tab must be green [ **Submit** ] for the report to be accepted by the system. If the **Submit** tab is red

[ **Submit** ], then the user must go back to the **Test** tab and click on the **Save Laboratory Information** button.



The **Lab report submission** page displays.

**Note:** This page can be printed to keep track of what was entered in ECLRS. It includes a message stating that the submission was successful, who submitted the report, the

**Step Visual/Expected Result**

date and time, and a display of every field that was populated on the data entry pages.

4. Click the **Submit another report to ECLRS** if you want to add a lab report for *another Patient* OR click on the **Log out of ECLRS** button.

Submit another report to ECLRS | Log out of ECLRS

Lab report submission by P Andrea Brooks on 11/17/2020 02:02 PM; Accepted by ECLRS.

Patient: TESTPIDNAME Jr, TESTPIDNAME TESTPIDMNAME  
 DOB: 11/17/1915 Age: 103 yr  
 Sex: M Race: UNKNOWN  
 Medical Record Number: TESTPIDCHECKNUM  
 Employer Name: ABC Spc Employer Phone: (318)555-5555  
 Reporting Information:  
 Reporting Laboratory: Test Laboratory  
 CLEP Lab Name: Test Laboratory  
 Retrieval ID: --  
 Ordering Facility:  
 Test Facility:  
 Test Facility Blvd.  
 Albany, NY 12213  
 (318)555-5555

Assigned County: Albany  
 Address: TestID4601  
 TestID4602  
 TestID676, NY 09999-9999  
 Home Phone: (318)555-1212  
 Work Phone: (318)555-1212  
 Employer Address: --  
 Date Reported to ECLRS: 11/17/2020  
 Date Retrieved from ECLRS: --  
 Ordering Physician:  
 Test Flag  
 No provider address reported  
 (318)555-5555

COVID-19 Related Information - Questions Answered - 11/17/2020  
 First Test: Y Healthcare Employee: N Hospitalized: N ICD: N Congenital Care: N  
 Symptoms Exhibited: N Symptoms Onset Date: --

Test: Influenza A/B Rapid Test  
 Specimen Source: Nose (Nasal Passage)  
 Request Status: Final  
 Accession Number: 1117202001  
 Collection Date: 11/01/2020  
 Specimen Received Date: 11/01/2020  
 Report Date: 11/03/2020

Reportable Condition	Test	Test Equipment	Mark	Result	Analysis Date	Un	Ref	AB	Res
INFLUENZA A	Influenza A/B Rapid Test	--	--	Pos for A Neg for B	11/03/2020	--	--	--	Final

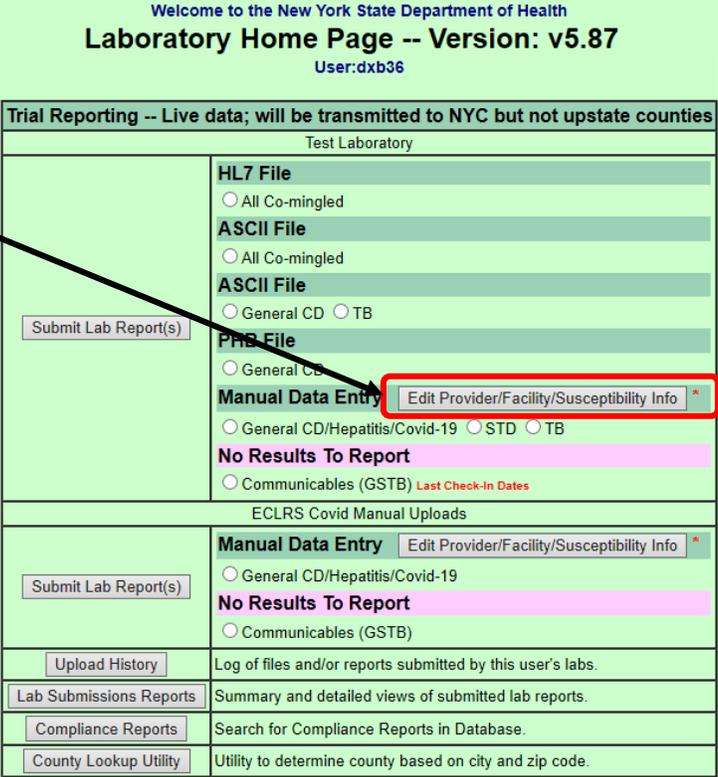
Testing Lab: --, Testing Ctr: --

## 7 Updating and Deleting Information

Users are able to update or delete some information previously entered into the system. This section illustrates how to update and delete existing Provider and Facility information.

### 7.1 Updating and Deleting Provider Information

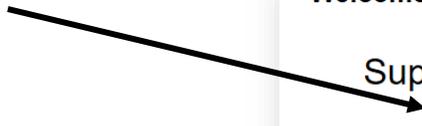
Users are able to update or delete a Provider’s information by completing the following steps.

Step	Visual/Expected Result
<p>1. In the <b>Manual Data Entry</b> section on the <b>Laboratory Home Page</b>, click on the <b>Edit Provider/Facility/Susceptibility Info</b> button.</p>	 <p>The screenshot shows the 'Laboratory Home Page -- Version: v5.87' for user 'dxb36'. It features a 'Test Laboratory' section with options for HL7 File, ASCII File, and PHB File. The 'Manual Data Entry' section is highlighted in pink and contains a red-bordered button labeled 'Edit Provider/Facility/Susceptibility Info *'. Below this is a 'No Results To Report' section with radio buttons for 'General CD/Hepatitis/Covid-19', 'STD', and 'TB'. The bottom section, 'ECLRS Covid Manual Uploads', also has a 'Manual Data Entry' section with a similar 'Edit Provider/Facility/Susceptibility Info *' button. Other sections include 'Submit Lab Report(s)', 'Upload History', 'Lab Submissions Reports', 'Compliance Reports', and 'County Lookup Utility'.</p>

The **Supporting Data [Your] Laboratory** page displays.

**Step** **Visual/Expected Result**

- 2. Click on the **Provider** radio button, if not already selected.



Welcome to the New York State Department of Health.

### Supporting Data For Test Laboratory

Provider    Facility    SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	
Create   Update   Delete	

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [ecirs@health.ny.gov](mailto:ecirs@health.ny.gov)

Step	Visual/Expected Result
------	------------------------

- 3. From the **Provider** drop-down list, select the applicable Provider you want to update or delete.

**Welcome to the New York State Department of Health.**

**Supporting Data For Test Laboratory**

Provider    Facility    SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	

Create   Update   Delete

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)

The subsequent fields become populated with any information that was previously saved in the system for the selected Provider.

Step	Visual/Expected Result
------	------------------------

4. Click the **Delete** button, if you want to delete the Provider  
 OR  
 make changes to the record (e.g., add a phone number or NPI for the Provider) and click the **Update** button.

**Welcome to the New York State Department of Health.**

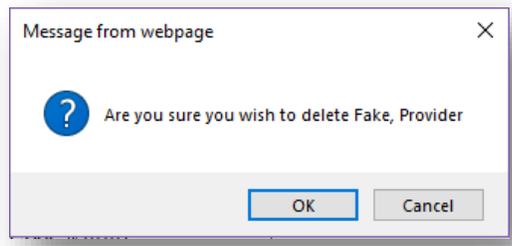
**Supporting Data For Test Laboratory**  
 Provider    Facility    SusceptibilityPanel

Provider:	ABC LABORATORIES, Test, (123)4567899
ID:	3456789
ID Type:	Medical License Number (MD)
*Last Name:	ABC LABORATORIES
First Name:	Test
Middle Name:	
Suffix:	
Phone:	(123)4567899
*Address Line 1:	2730 N MAIN ST
Address Line 2:	
*City:	LOS ANGELES
*State:	New York
State Of Licensure:	
*Zip Code:	90031

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)

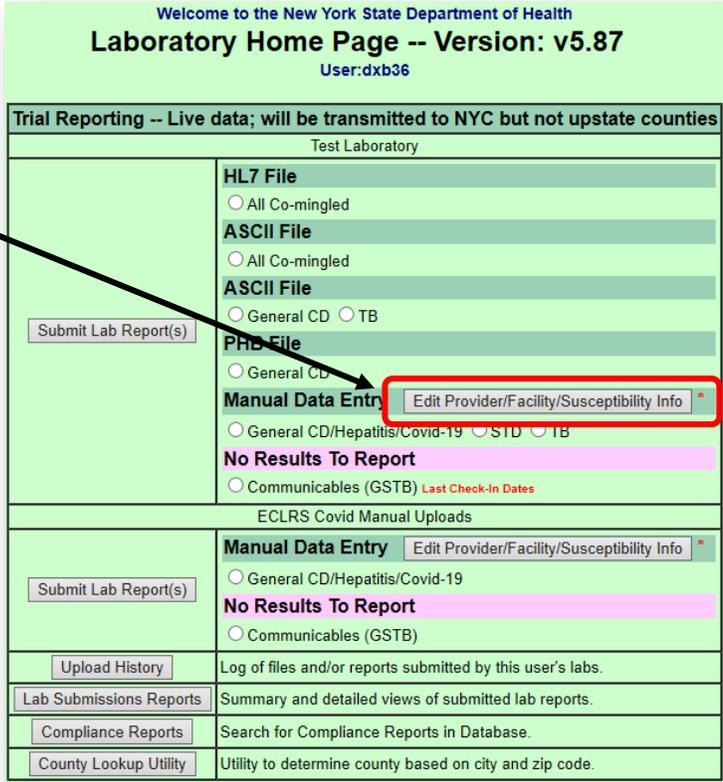
A dialog box displays to confirm the action, based on the button clicked on by the user.

5. Click the **OK** button.



## 7.2 Updating and Deleting Facility Information

Users are able to update or delete a Facility’s information by completing the following steps.

Step	Visual/Expected Result
<p>1. In the <b>Manual Data Entry</b> section on the <b>Laboratory Home Page</b>, click on the <b>Edit Provider/Facility/Susceptibility Info</b> button.</p>	 <p>The screenshot shows the 'Laboratory Home Page -- Version: v5.87' for user 'dxb36'. It features a 'Manual Data Entry' section with a red box around the 'Edit Provider/Facility/Susceptibility Info' button. Other sections include 'HL7 File', 'ASCII File', 'PHB File', 'ECLRS Covid Manual Uploads', 'Upload History', 'Lab Submissions Reports', 'Compliance Reports', and 'County Lookup Utility'.</p>

The Supporting Data For [Your] Laboratory page displays.

**Step** **Visual/Expected Result**

2. Click on the **Facility** radio button.

Welcome to the New York State Department of Health.

Supporting Data For Test Laboratory

Provider
  **Facility**
 SusceptibilityPanel

Provider:	Please Select A Provider
ID:	
ID Type:	
*Last Name:	
First Name:	
Middle Name:	
Suffix:	
Phone:	
*Address Line 1:	
Address Line 2:	
*City:	
*State:	
State Of Licensure:	
*Zip Code:	

Create Update Delete

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)

3. From the **Facility** drop-down list, select the applicable Facility you want to update or delete.

Welcome to the New York State Department of Health.

Supporting Data For Test Laboratory

Provider
  **Facility**
 SusceptibilityPanel

Facility:	Please Select A Facility
Facility Name:	
Facility ID Code:	
Phone:	
Address Line 1:	
Address Line 2:	
City:	
State:	
Zip Code:	

Create Update Delete

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)

The subsequent fields become populated with any information that was previously saved in the system for the selected Facility.

Step	Visual/Expected Result
------	------------------------

4. Click the **Delete** button, if you want to delete the Facility  
 OR  
 make changes to the record (e.g., add a phone number or NPI for the Facility) and click the **Update** button.

**Welcome to the New York State Department of Health.**

**Supporting Data For Test Laboratory**  
 Provider  Facility  SusceptibilityPanel

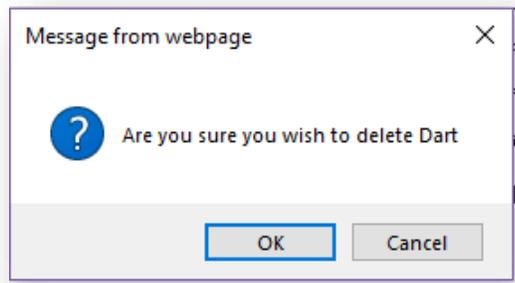
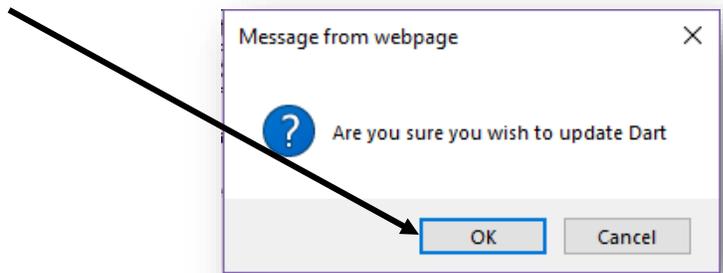
Facility:	Test Facility. (518)555-2777
Facility Name:	Test Facility
Facility ID Code:	
Phone:	(518)555-2777
Address Line 1:	Test Facility Blvd.
Address Line 2:	
City:	Albany
State:	New York
Zip Code:	12110

Buttons: Create, Update, Delete

ECLRS Help Desk Phone: [1-866-ECLRSHD](tel:1-866-ECLRSHD) Email: [eclrs@health.ny.gov](mailto:eclrs@health.ny.gov)

A dialog box displays to confirm the action, based on the button clicked on by the user.

5. Click the **OK** button.



## Appendix A: Patient Field Definitions

Field Name	Description	Comments
<b>Medical Record Number</b>	Patient ID, if the sending lab assigns a Patient ID different than the medical record number or referring laboratory/Facility ID	
<b>Medicaid Number</b>	If the Patient has Medicaid for insurance, enter the Medicaid number in this field.	
<b>Patient Last Name</b>	Patient's last name (Student or School staff person)	Required
<b>Patient First Name</b>	Patient's first name	Required
<b>MI</b>	Patient's middle name or initial	
<b>Suffix</b>	Abbreviation that follows the Patient's last name; drop-down list	
<b>Address Line 1</b>	First line of the Patient's mailing address	Required
<b>Address Line 2</b>	Second line of the Patient's mailing address	
<b>City</b>	Name of the Patient's city of residence	Required
<b>State</b>	Name of the Patient's State of residence; drop-down list; defaults to <i>New York</i>	Required
<b>Zip Code</b>	Zip code associated with Patient's address	Required
<b>County</b>	Name of a county associated with Patient's mailing address; drop-down list	Required
<b>Country</b>	The Patient's Country of Residence	
<b>Home Phone</b>	Patient's home telephone number; enter an area code and seven-digit phone number	Required
<b>Work Phone</b>	Patient's work telephone number; enter an area code and seven-digit phone number	
<b>Date of Birth</b>	Patient's date of birth; mm/dd/yyyy format	Required
<b>Age</b>	Patient's age	
<b>Units</b>	Patient's age as years, months, weeks, days or hours	
<b>Ethnicity</b>	Patient's ethnic group; drop-down list	Highly Recommended
<b>Gender</b>	Code used to identify the Patient's gender; drop-down list	Required

Field Name	Description	Comments
<b>Pregnant or Postpartum</b>	If the gender is <i>Female</i> , select Patient's pregnancy status from the drop-down list	Required
<b>Race</b>	Code used to identify the Patient's race; multiple options can be checked	Highly Recommended

## Appendix B: Facility Field Definitions

Field Name	Description
<b>Facility NPI Number</b>	NPI number associated with the Facility
<b>Facility Name</b>	Name of the ordering Facility
<b>Facility Phone</b>	Ordering Facility's phone number; enter an area code and seven-digit phone number
<b>Address 1</b>	First line of the ordering Facility's mailing address
<b>Address 2</b>	Second line of the ordering Facility's mailing address
<b>City</b>	Name of the city associated with the ordering Facility's address
<b>State</b>	Name of the State associated with the ordering Facility's address; defaults to <i>New York</i>
<b>Zip Code</b>	Zip code associated with the ordering Facility's address

## Appendix C: Provider Field Definitions

Field Name	Definition	Comments
<b>Provider ID Type</b>	Medical License Number (MD) or National Provider Identifier (NPI); drop-down list	Required
<b>Provider ID</b>	Medical License Number (MD) or the National Provider Identifier (NPI)	Required
<b>Provider Last Name</b>	Last name of the Provider	Required
<b>Provider First Name</b>	First name of the Provider	Highly Recommended
<b>Phone</b>	Provider's telephone number; enter an area code and seven-digit phone number	Highly Recommended
<b>Address 1</b>	First line of the Provider's mailing address	Highly Recommended
<b>Address 2</b>	Second line of the Provider's mailing address	Highly Recommended
<b>City</b>	Name of the city associated with the Provider's address	Highly Recommended
<b>State</b>	Name of the State associated with the Provider's address; defaults to <i>New York</i>	Highly Recommended
<b>Zip Code</b>	Zip code associated with the Provider's address	Highly Recommended

## Appendix D: Test Field Definitions

Field Name	Description	Comments
<b>Accession / Specimen #</b>	Typically, the specimen identification number assigned by the testing laboratory	Required
<b>Specimen Collection Date</b>	The Date the specimen was obtained from the Patient; mm/dd/yyyy format	Required
<b>Specimen Source</b>	How the specimen was obtained from the Patient (e.g., nasal passage, blood, etc.); drop-down list	Required
<b>Other/Unlisted Specimen Source</b>	The selected specimen source or a free text field to add a specimen source that is not listed in the <b>Specimen Source</b> drop-down list	Required
<b>Comments</b>	Any comments or notes related to the test	
<b>Organism</b>	Typically, Influenza A or Influenza B	Required

## Appendix E: Result Field Definitions

Field Name	Description	Comments
<b>Test Type</b>	Type of test administered to the Patient	Required
<b>Test Date</b>	Date the test was performed; mm/dd/yyyy format	Required
<b>Result Value</b>	Result of the test	Required
<b>Numeric Results</b>	If the result has a numeric value and is not listed in the <b>Result Value</b> field, the numeric result will be entered here.	
<b>Result Status</b>	Status of the result	Required
<b>Unit of Measure</b>	Standard unit of measure applied to the test result	
<b>Reference Range</b>	Normal range of values expected for the Patient's sex, age, and clinical profile	

## Appendix F: Figures

A screenshot of a web form titled "Patient Fields". The form is organized into several columns and rows of input fields. 
 

- Row 1:** \*Patient Last Name (text), Medical Record Number (text), \*Patient First Name (text), MI (text), Medicaid Number (text), Suffix (dropdown).
- Row 2:** \*Address Line 1 (text), \*State (dropdown), Address Line 2 (text), \*Zip Code (text), \*County (dropdown), Country (dropdown).
- Row 3:** \*City (text), \*Home Phone (Area Code Required) (text), Work Phone (Area Code Required) (text), \*Date of Birth (ex: mm/dd/yyyy) (text), Age (text), Units (dropdown).
- Row 4:** Ethnicity (dropdown), \*Gender (dropdown), \*Pregnant or Postpartum (dropdown).

 Below the "Pregnant or Postpartum" dropdown, there is a note: "Answer yes if any of the following are true:
 

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

Figure 1: Patient Fields

A screenshot of a web form titled "Race (Check all that apply)". It contains several checkboxes for selecting one or more race categories:
 

- Black or African-American
- American Indian or Alaska Native
- White
- Unknown
- Asian
- Other
- Native Hawaiian or Other Pacific Islander

Figure 2: Race Fields

A screenshot of a web form titled "Provider Fields". It includes a dropdown menu for "Select a Provider:" with "New Provider" selected. Below this are several input fields:
 

- \*Provider ID Type (dropdown)
- \*Provider ID (text)
- \*Provider Last Name (text)
- Provider First Name (text)
- Provider Middle Name/Initial (text)
- Provider Phone Number (text)
- Address 1 (text)
- Address 2 (text)
- City (text)
- State (dropdown)
- Zip Code (text)

Figure 3: Provider Fields

Select a Facility:

Facility NPI Number:

Facility Name:

Facility Phone Number:

Address 1

Address 2

City  State  Zip Code

Figure 4: Facility Fields

\* Accession/Specimen #:

\* Specimen Collection Date:  

\* Specimen Received Date:  

\* Specimen Source:

\* Other/Unlisted Specimen Source:

Comments:

\* Organism:

Figure 5: Test Fields

Date: 11/19/2020, 12:14:48 PM [\[Print\]](#)

**Patient Information** [|Edit](#)

Medical Record Number: TestPidMedRecNum  
 Medicaid Number: TestPidMdNm  
 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: 11/19/1915  
 Age: 105 yr  
 Ethnicity:  
 Gender: Female  
 Pregnant: No  
 Race:

**Facility Information** [|Edit](#)

Facility ID:  
 Name: Test Facility  
 Phone: [\(518\)555-2777](#)  
 Address: Test Facility Blvd., Albany, NY 12110

**Provider Information** [|Edit](#)

Name: testing, testingF  
 Provider ID: 123456789  
 State Of Licensure:  
 Phone: (555)555-5555  
 Address: MyHome, Hometown, NY 12134

**Test 1 Information** [|Edit](#)

Accession/Specimen #: 1115202001x  
 Specimen Collection Date: 11/16/2020  
 Specimen Received Date: 11/16/2020  
 Test Date: 11/17/2020  
 Specimen Source: NOS / Nose (Nasal Passage)  
 Organism: 534 / Influenza A  
 Test Type: 10452 / Influenza A/B Rapid Test  
 Result Value: Negative for A and B  
 Result Status: Final Result

Figure 6: Info (Review) Fields