Version date 29Aug2025

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[1] (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 eclrs@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) 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

[1] 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

Rapid Influenza Diagnostic Tests (RIDT)[1] - Antigen Detection Only			
	LOINC	**LOINC LONG COMMON NAME**	**TEXT RESULT VERBIAGE**
			REPORT POSITIVE / DETECTABLE RESULT TO ECLRS AS:
INFLUENZA A	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)
INFLUENZA 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)
Nucleic Acid Detection Based Tests[2]			
	LOINC	**LOINC LONG COMMON NAME**	**TEXT RESULT VERBIAGE**
			REPORT POSITIVE / DETECTABLE RESULT TO ECLRS AS:
INFLUENZA A	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)
INFLUENZA 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)

[1] www.cdc.gov/flu/hcp/testing-methods/table-ridt.html

[2] www.cdc.gov/flu/php/laboratories/nucleic-acid-detection.html

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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	
Antigen Immunoassay Tests (RIDT/DFA/EIA/IFA/IHC)	**Antigen Immunoassay Tests (RIDT/DFA/EIA/IFA/IHC)**
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	**Nucleic Acid Detection Based Tests (PCR/NAAT)**
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
Nucleic Acid Detection Based Tests (PCR/NAAT)	**Subtyping Tests**
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	**Culture Tests**
PCR – Influenza A/H3 RNA	Culture – Influenza B
PCR – Influenza A(H3N2)	**Antibody Tests**
PCR – Influenza A/H5 RNA	Antibody – Influenza B
PCR – Influenza A/H5a RNA	
PCR – Influenza A/H5b RNA	
PCR – Influenza A/H7 RNA	
Subtyping Tests	
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	
Culture Tests	
Culture – Influenza A	
Antibody Tests	
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	

Version Date 29August2025

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

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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:

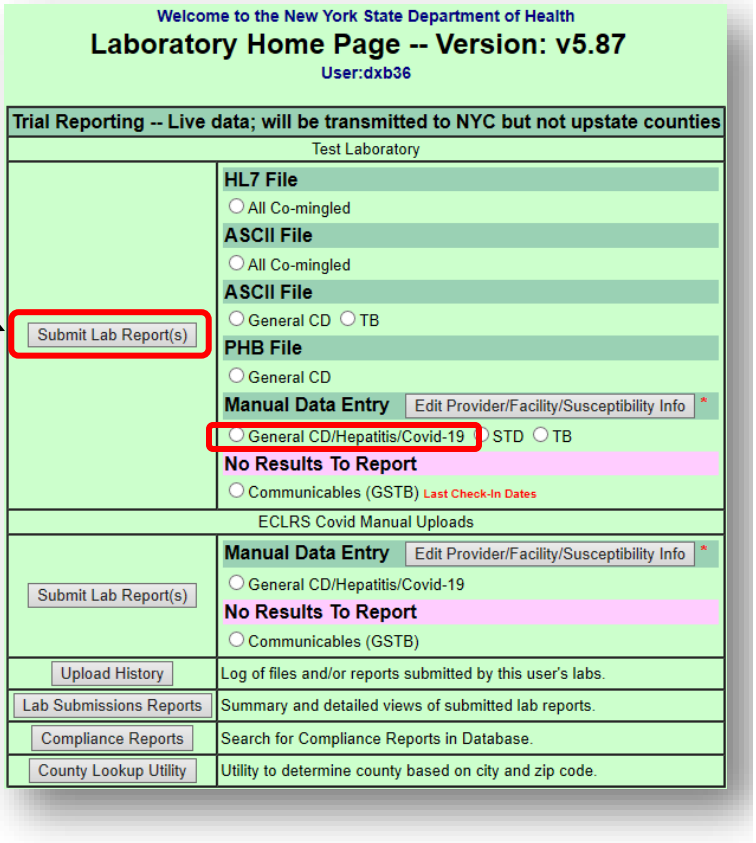
- **Patient**
- **Facility**
- **Provider**
- **Test**
- **Info**

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 **Health Commerce System Home** page, under the **My Applications** section, click on the **ECLRS Lab Live Reporting** link.	 The **Laboratory Data Entry Home** page displays.

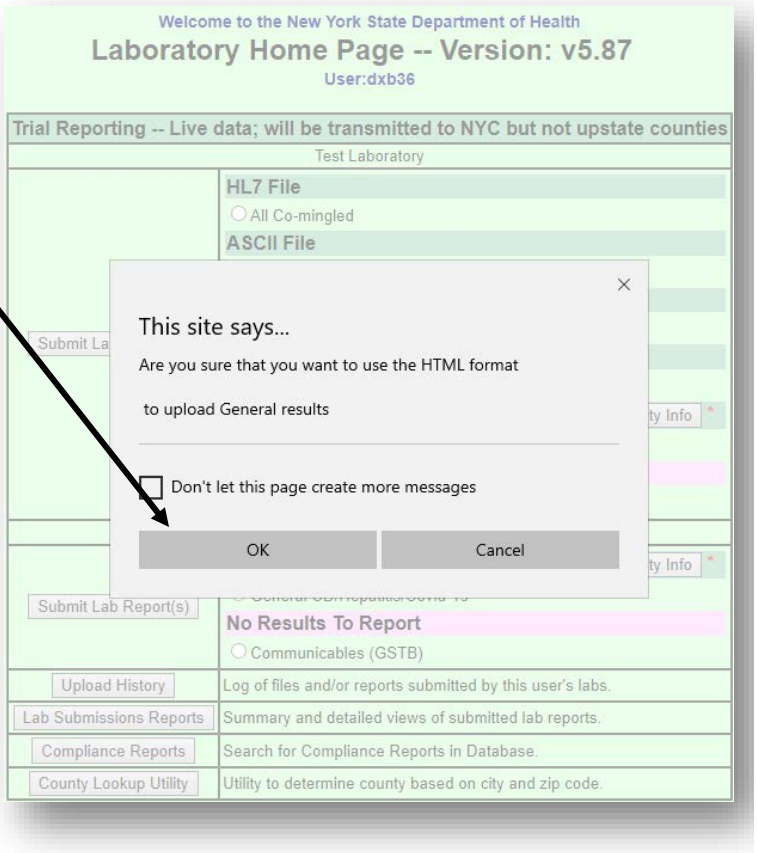
Step	Visual/Expected Result
2. In the **Manual Data Entry** section, click on the **General CD/Hepatitis/Covid-19** radio button, then click on the **Submit Lab Report(s)** button.	

A dialog box displays with the following text:

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

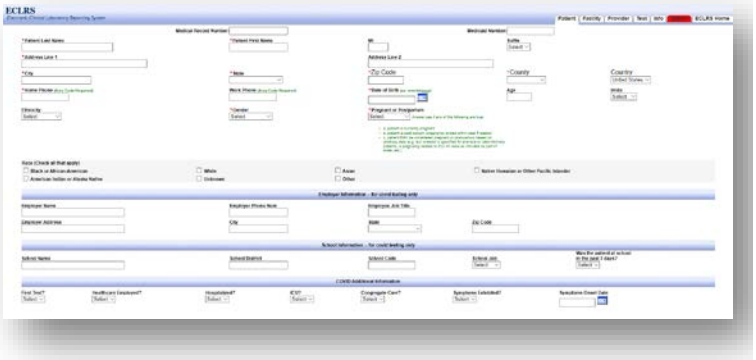
Step	Visual/Expected Result

3. Click the **OK** button.



The **Patient Data Entry** page displays.

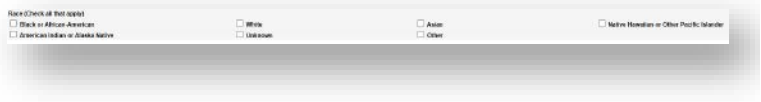
4. Enter all known information about the Patient.



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*.

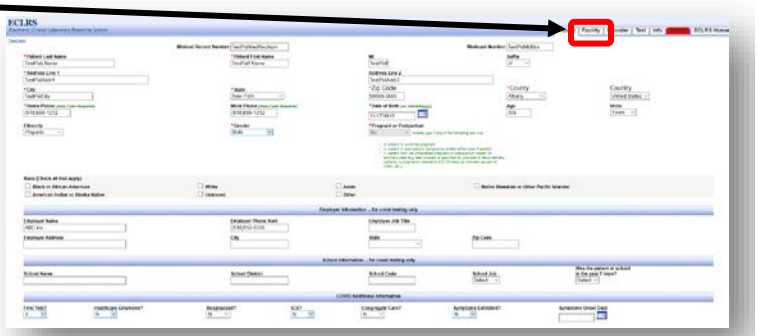
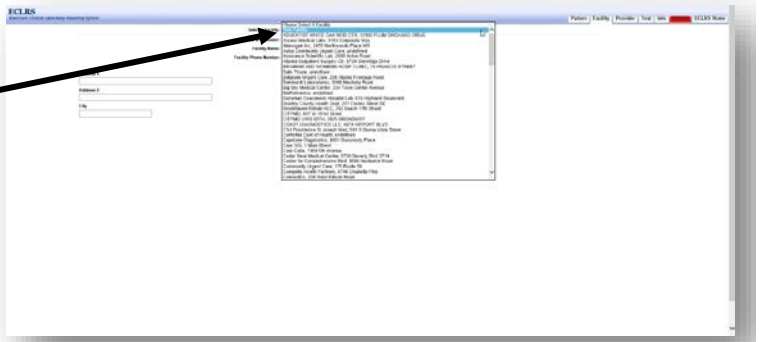
Step	Visual/Expected Result
• **State** **Note**: *NY* is listed first in the drop-down list, by default; however, additional options are available. **Note**: Results for out-of-State Patients are assigned to the NYSDOH Statistical Unit for further review. • **Zip Code** **Note:** Users must enter a Zip Code or County; however, Zip Code is preferred. • **County** **Note**: The system will automatically add the County to the report based on the Zip Code entered by the user. • **Home Phone** **Note**: If the Patient's Home Phone Number is unknown, enter *9999999999* as numbers only. • **Date of Birth** **Note**: Enter eight digits only or select a Date from the Date Picker [ ]. **Note:** It is not necessary to enter the Patient's age, if the **Date of Birth** is entered/selected.	 **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.

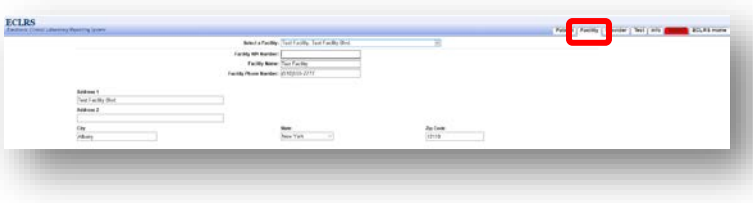
Step	Visual/Expected Result
• **Gender** **Note**: If *Male* is selected, the **Pregnant or Postpartum** field will be disabled. • **Pregnant or Postpartum** **Note**: If *Female* is selected from the **Gender** drop-down list, the user is required to also choose an option from the **Pregnant or Postpartum** drop-down list.	
5. In the **Race (Check all that apply)** section, click on the checkbox that is relevant to the Patient. **Note**: Multiple choices can be selected for the Patient's Race.	

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.

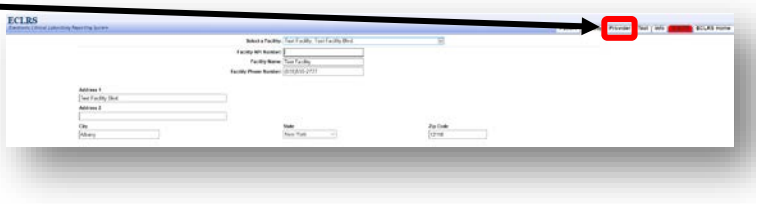
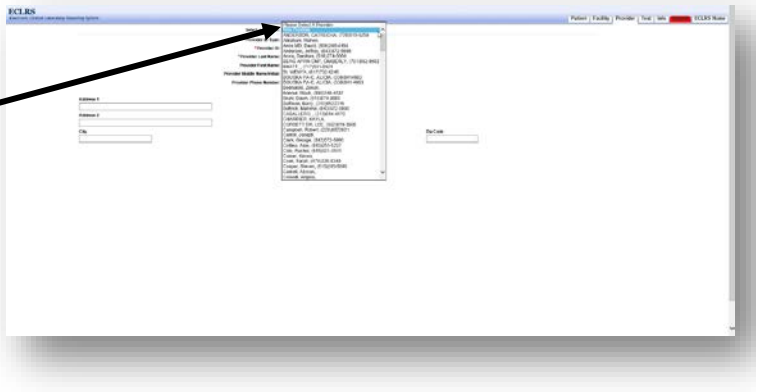
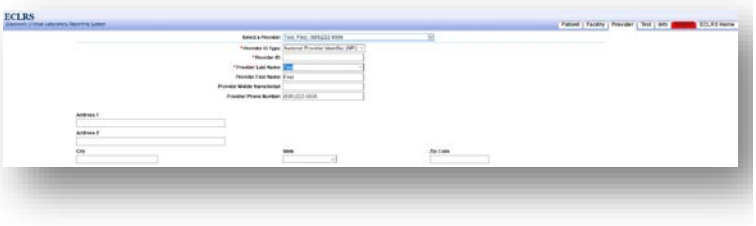
Step	Visual/Expected Result
1. Click on the **Facility** tab.	
	The **Facility Data Entry** page displays.
2. From the **Select a Facility** drop-down list, select the applicable Facility, if listed, OR select *New Facility*.	
	The selected Facility's Data Entry page OR a blank **Facility Data Entry** 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.

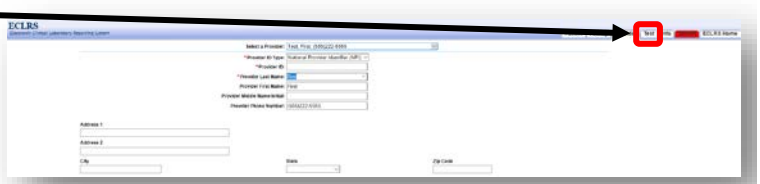
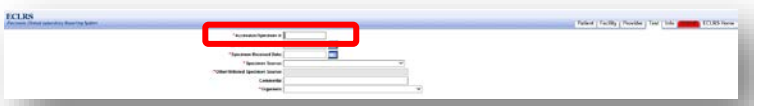
Step	Visual/Expected Result
1. Click on the **Provider** tab.	
	The **Provider Data Entry** page displays.
2. From the **Select a Provider** drop-down list, select the applicable Provider, if listed, OR select *New Provider*.	
	The selected Provider's Data Entry page or a blank **Provider Data Entry** 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.

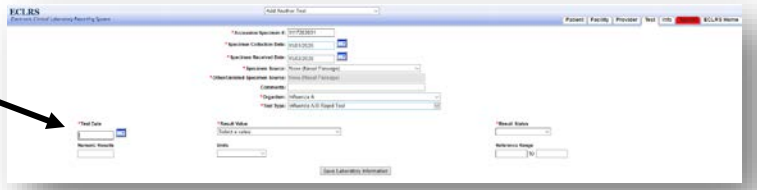
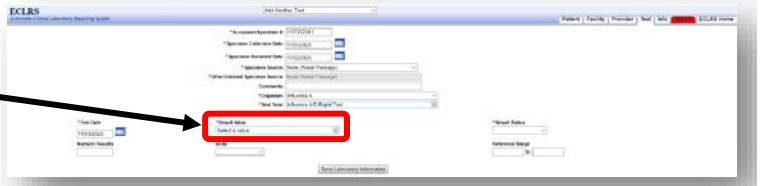
5 Entering Test Information

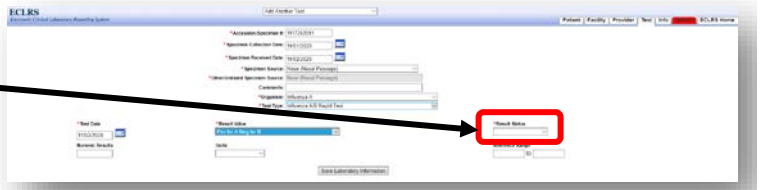
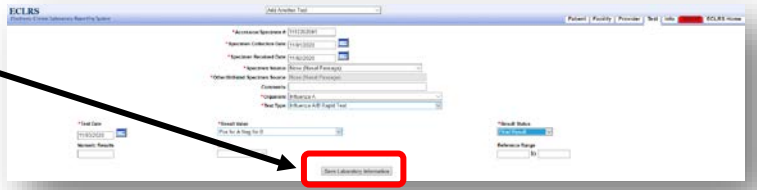
The **Test** tab holds the information related to the test that was administered to the Patient. This includes the type of test and results.

5.1 Entering Information for a Single Test

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

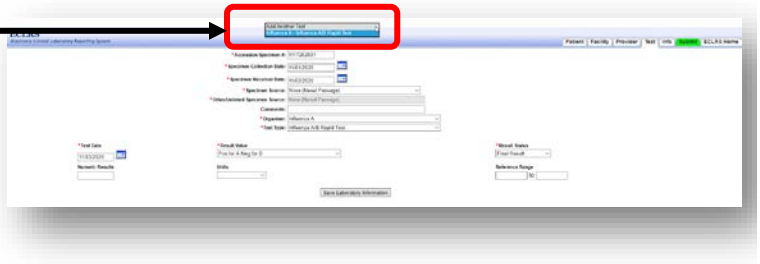
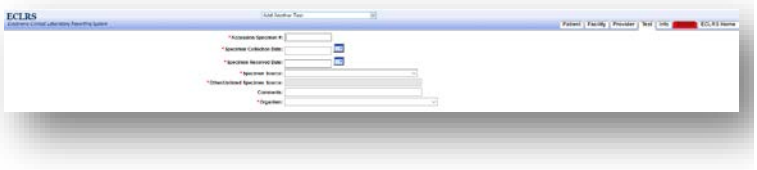
Step	Visual/Expected Result
1. Click on the **Test** tab.	
	The **Test Data Entry** page displays.
2. Enter the **Accession/Specimen #**. **Note**: If the Accession/Specimen number is unavailable, use a combination of the Patient's ID and Collection Date (excluding any spaces or slashes) OR the first 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

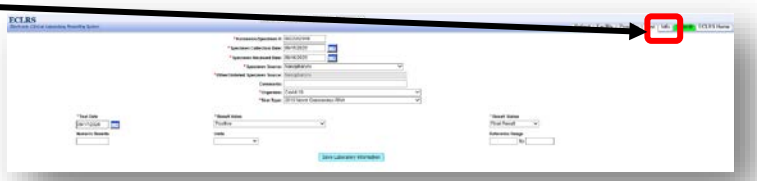
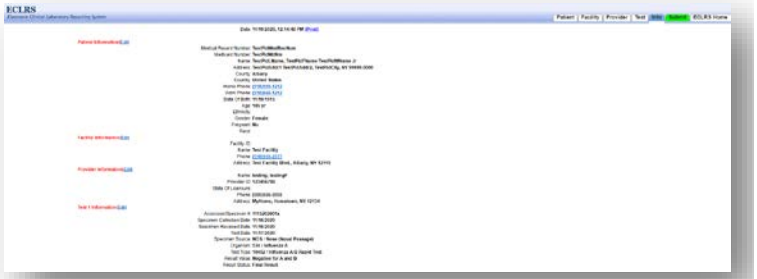
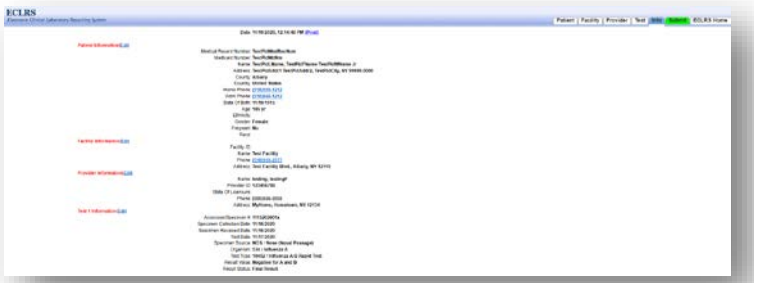
Complete the following steps to enter additional tests for the same Patient (e.g., results that are part of a flu panel).

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

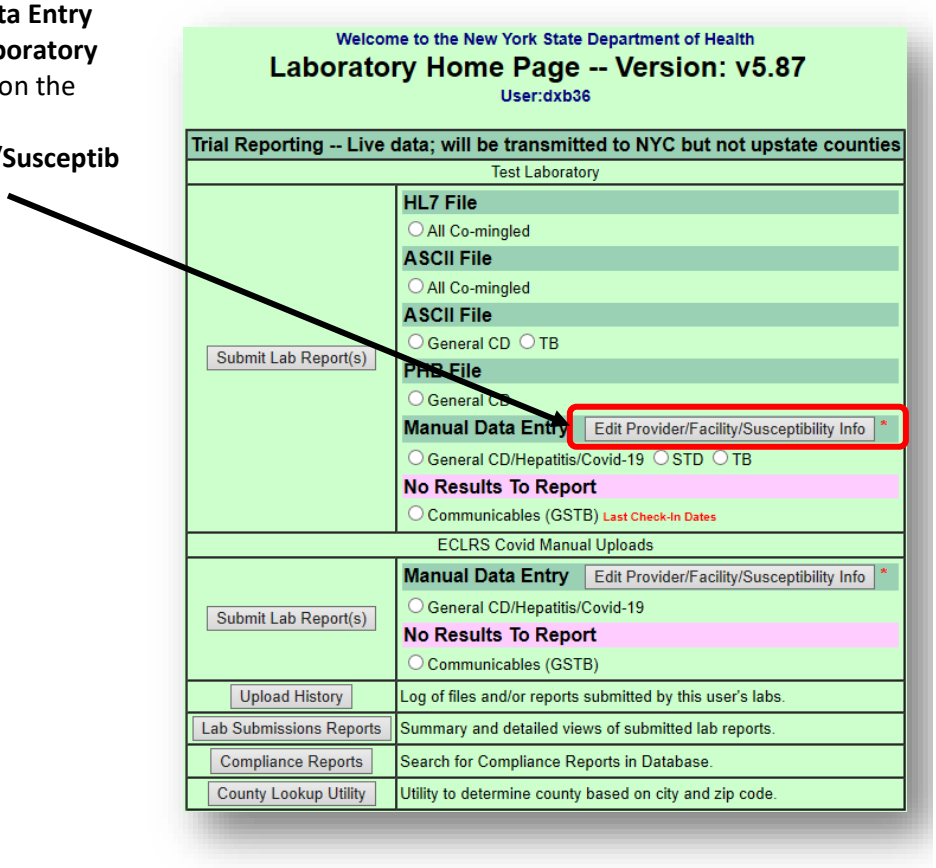
Step	Visual/Expected Result
	date and time, and a display of every field that was populated on the data entry pages.
4. Click the **Submit another report to ECLRS** if you want to add a lab report for *another* Patient OR click on the **Log out of ECLRS** button.	

7 Updating and Deleting Information

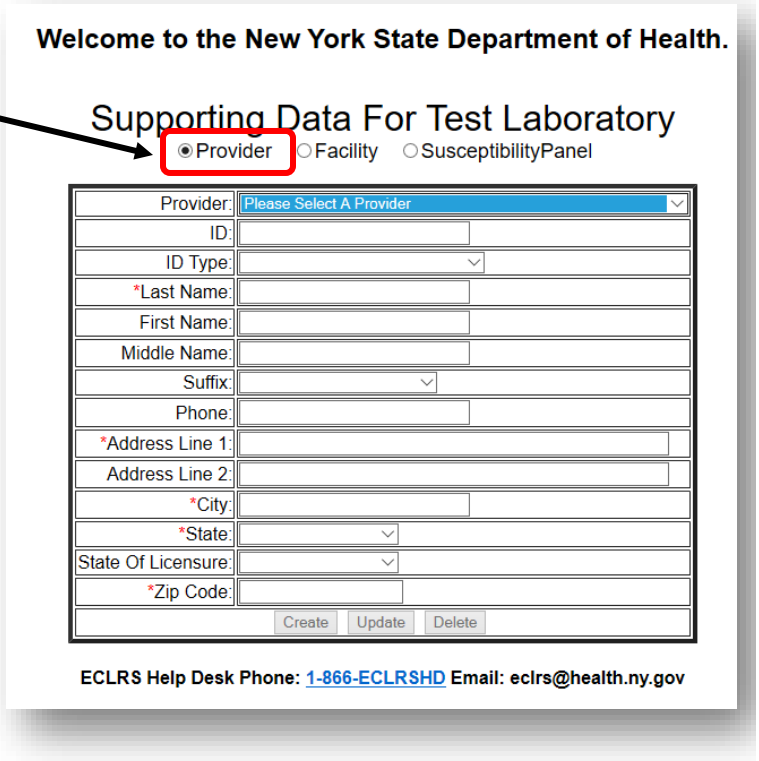
Users are able to update or delete some information previously entered into the system. This section illustrates how to update and delete existing Provider and Facility information.

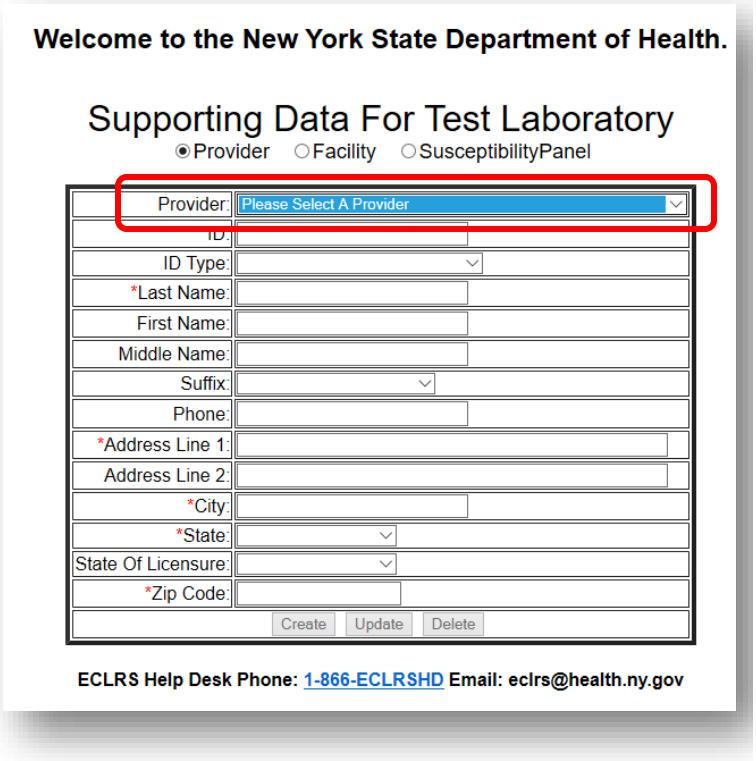
7.1 Updating and Deleting Provider Information

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

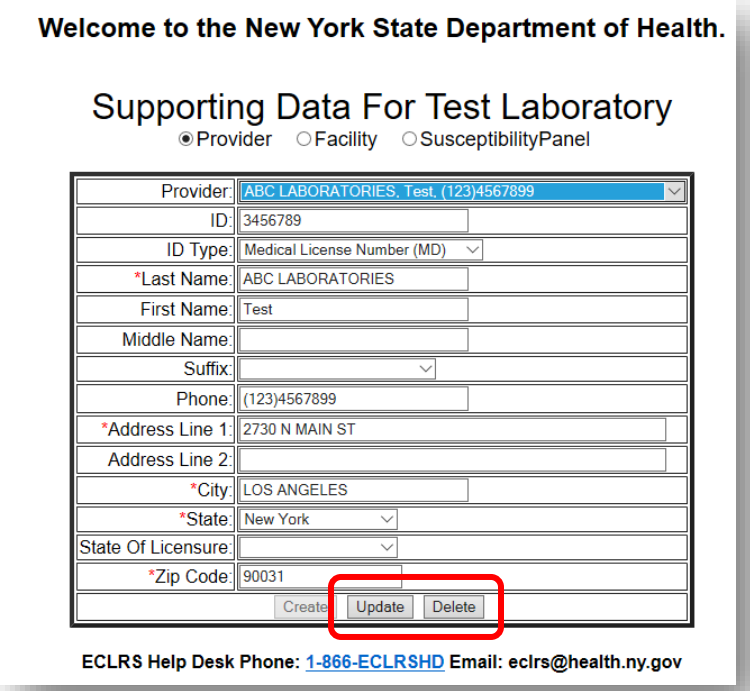
Step	Visual/Expected Result
1. In the **Manual Data Entry** section on the **Laboratory Home Page**, click on the **Edit Provider/Facility/Susceptibility Info** button.	

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

Step	Visual/Expected Result
2. Click on the **Provider** radio button, if not already selected.	

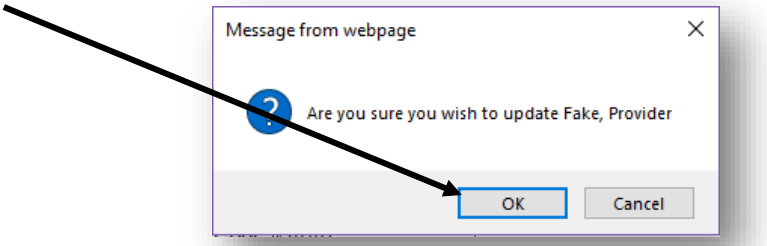
Step	Visual/Expected Result
3. From the **Provider** drop-down list, select the applicable Provider you want to update or delete.	

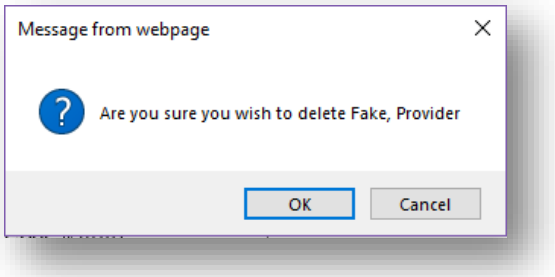
The subsequent fields become populated with any information that was previously saved in the system for the selected Provider.

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.	

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

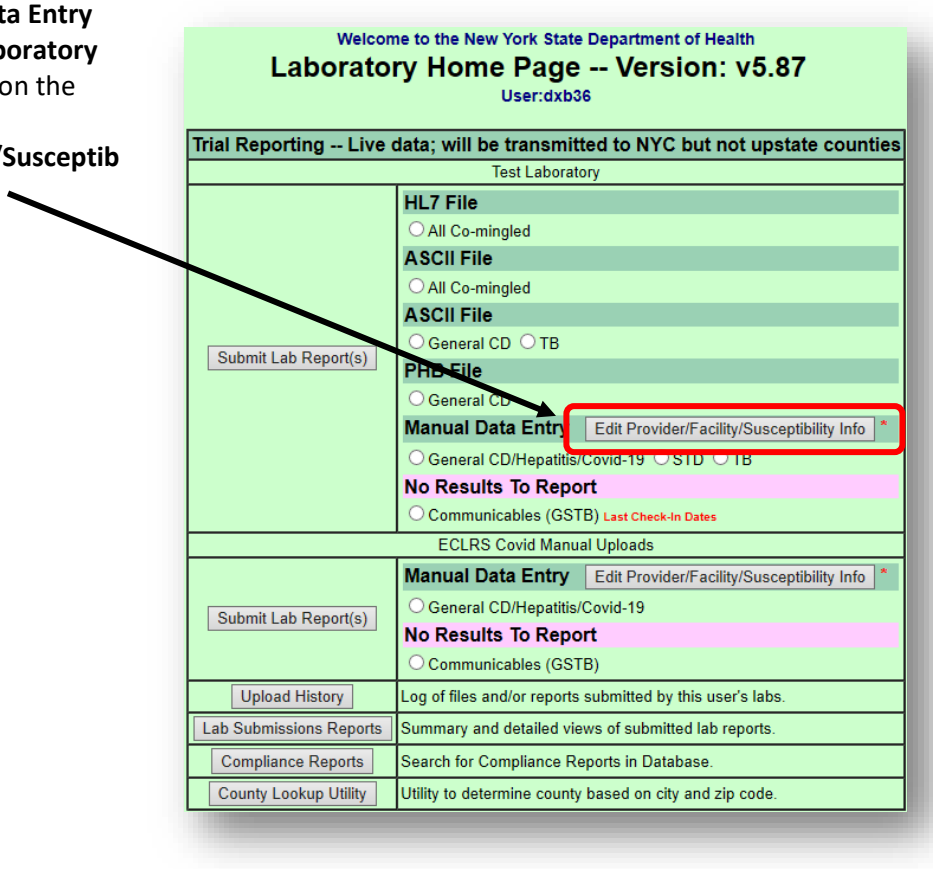
5. Click the **OK** button.





7.2 Updating and Deleting Facility Information

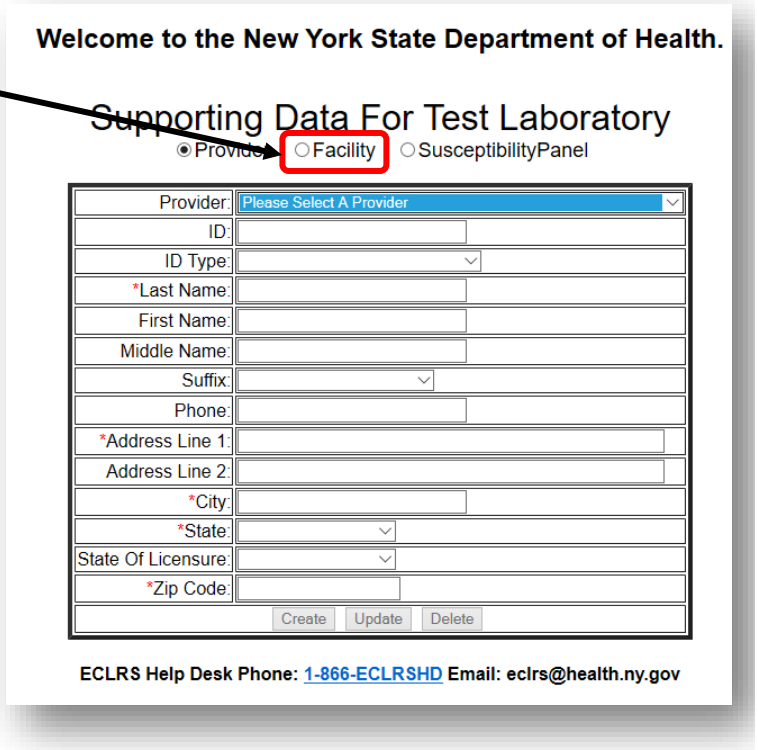
Users are able to update or delete a Facility's information by completing the following steps.

Step	Visual/Expected Result
1. In the **Manual Data Entry** section on the **Laboratory Home Page**, click on the **Edit Provider/Facility/Susceptibility Info** button.	

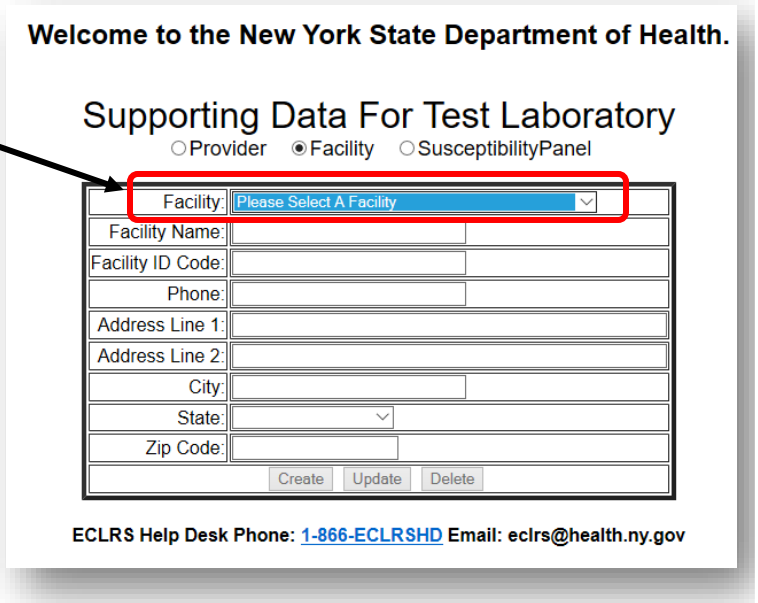
The **Supporting Data For [Your] Laboratory** page displays.

Step	Visual/Expected Result

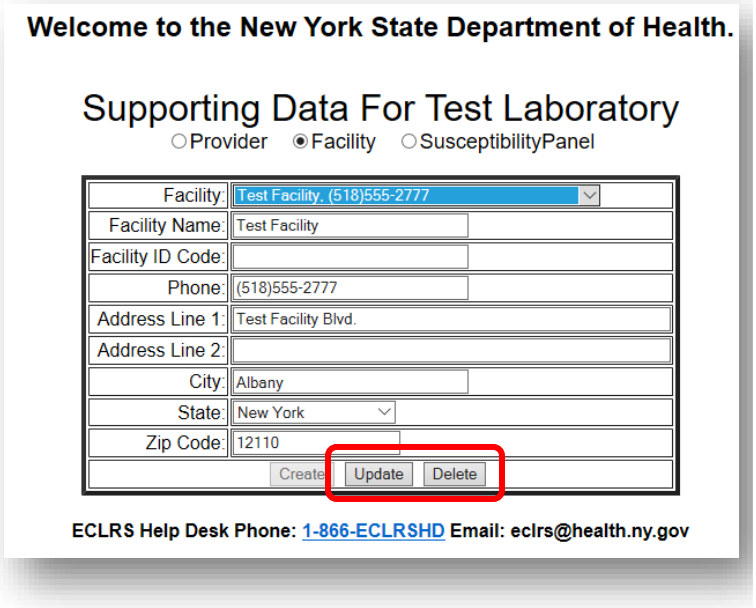
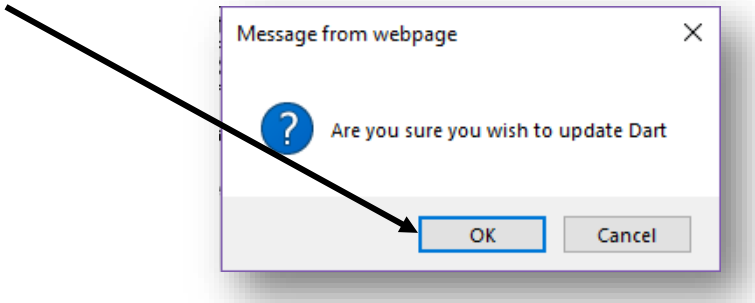
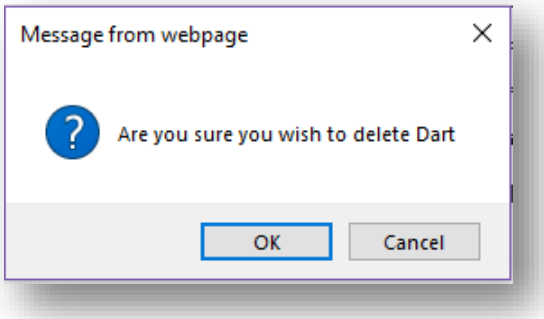
2. Click on the **Facility** radio button.



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



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

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

Appendix B: Facility Field Definitions

Field Name	Description
Facility NPI Number	NPI number associated with the Facility
Facility Name	Name of the ordering Facility
Facility Phone	Ordering Facility's phone number; enter an area code and 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*
Zip Code	Zip code associated with the ordering Facility's address

Appendix C: Provider Field Definitions

Field Name	Definition	Comments
Provider ID Type	Medical License Number (MD) or National Provider Identifier (NPI); drop-down list	Required
Provider ID	Medical License Number (MD) or the National Provider Identifier (NPI)	Required
Provider Last Name	Last name of the Provider	Required
Provider First Name	First name of the Provider	Highly Recommended
Phone	Provider's telephone number; enter an area code and 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*	Highly Recommended
Zip Code	Zip code associated with the Provider's address	Highly Recommended

Appendix D: Test Field Definitions

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

Appendix E: Result Field Definitions

Field Name	Description	Comments
Test Type	Type of test administered to the Patient	Required
Test Date	Date the test was performed; mm/dd/yyyy format	Required
Result Value	Result of the test	Required
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.	
Result Status	Status of the result	Required
Unit of Measure	Standard unit of measure applied to the test result	
Reference Range	Normal range of values expected for the Patient's sex, age, and clinical profile	

Appendix F: Figures

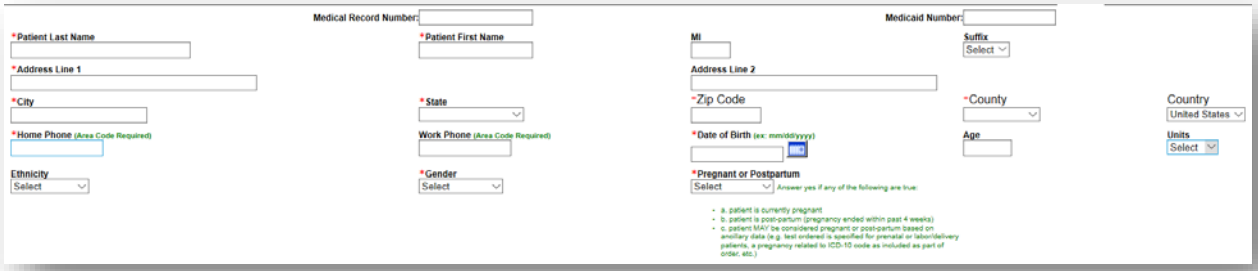


Figure 1: Patient Fields

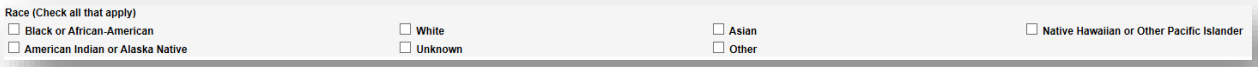


Figure 2: Race Fields

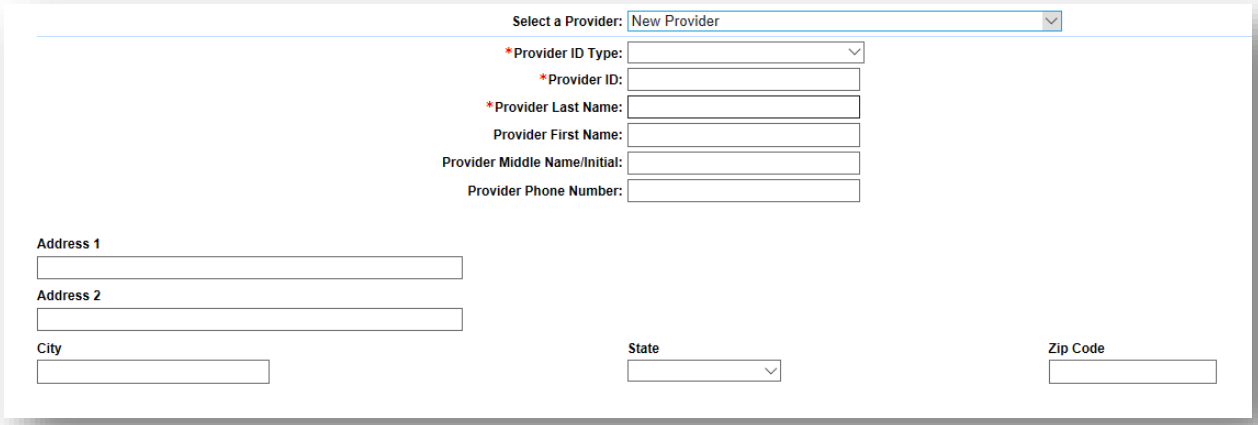


Figure 3: Provider Fields

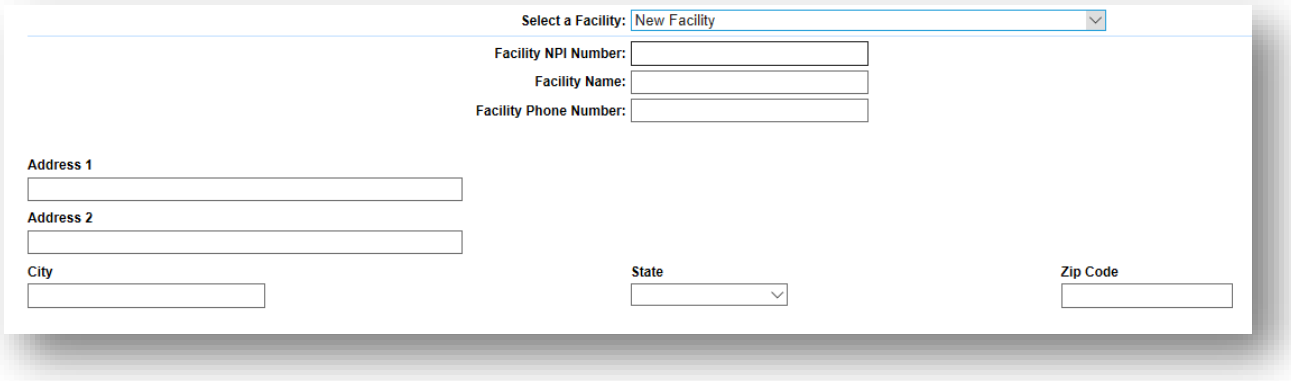


Figure 4: Facility Fields

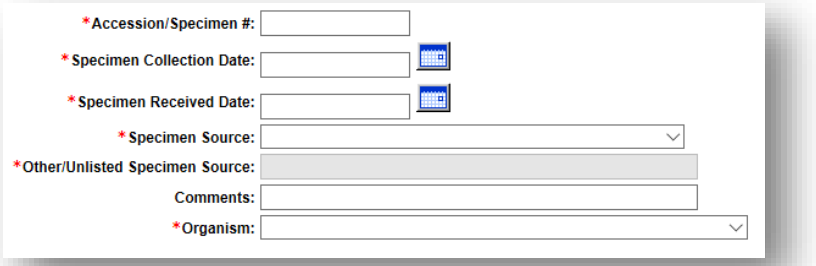
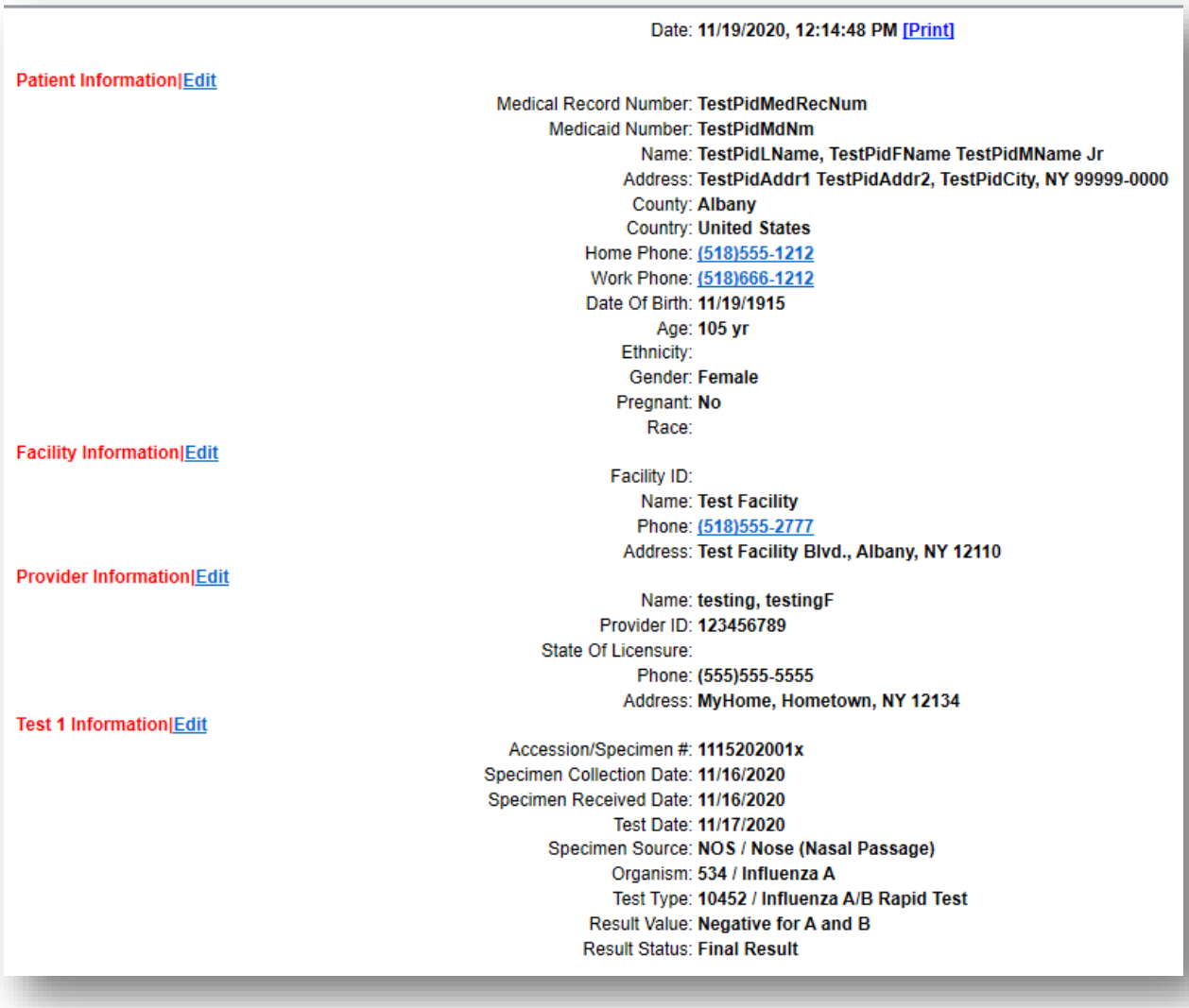


Figure 5: Test Fields



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