Electronic Test Orders and Results (ETOR)

Disease Investigation Branch Disease Outbreak Control Division Hawaii Department of Health



WELCOME TO ETOR!

Index:

- Create new account
- Navigate the Lab Web Portal (LWP)
- Order tests
- Save test orders
- Submit batch upload
- Access orders, reports, and patients



WELCOME TO ETOR!

Access the ETOR Lab Web Portal

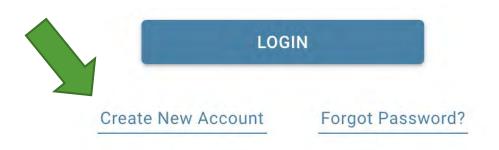
• https://lwp-web.aimsplatform.com/Hi/#/auth/login





Password	0
LOGI	N

• Click Create New Account link under the Login button

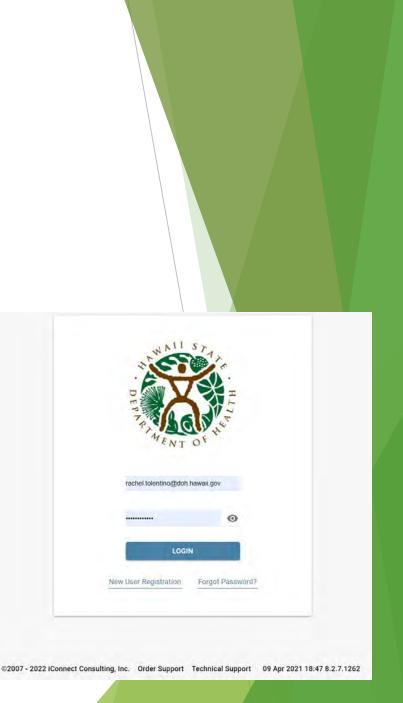




Click on Order Support link at the bottom of the page to view lab contact and information on where to send your specimens.

Click on **Technical Support** link at the bottom of the page for technical support contacts.







- New User Registration page is displayed.
 - Under the Email, add an active email address it will be used as a username.
 - Complete the rest of the fields.
 - Start typing the name of your submitting facility into the Organization field to see if it already exists in the portal. If a match is found, select your facility from the pop-up list.



New	User Registration
Account Details	
Email *	
Password *	©
Confirm Password *	C
First Name *	Last Name *
Title *	
Contact Details	
Address *	
City *	State* ✓ ZIP*
Primary Phone *	Fax*

- Review "Term of Use" and "Privacy Policy" documents by clicking on the links.
- Check the boxes next to "Terms of Use" and "Privacy Policy" to agree.

Terms of Use *

 I agree to the Terms of Use

 Privacy Policy *

 I agree to the Privacy Policy

• Agreement is required to request access.



- Click on Create Account to complete registration process. A New User Registration request will be sent to the portal admin for approval.
- Once the request is approved, the user will be notified via email and will be able to login to the Portal.

Navigate back to the login page, type in your username and password and click on **Login** button to access the portal.

Access the ETOR Lab Web Portal

• <u>https://lwp-web.aimsplatform.com/Hi/#/auth/login</u>



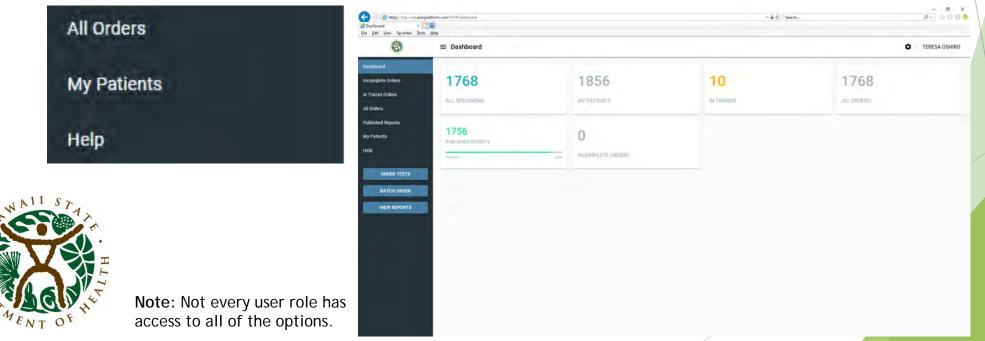


- Dashboard is the first page you will see after logging into the Portal. It is the "control center" of the LWP where you can view key performance indicators and charts, track status of the existing test order, and view published patient reports.
 - The Dashboard is editable by clicking on the icon in the upper right corner, next to your name.
- Incomplete Orders: started but not yet submitted orders.
- In Transit Orders: orders that have been submitted but not yet received by the lab.

Dashbo	oard)	Contractions of the second of	splatform.com/%/#/debb.evrd		- A C) (irð	- 0 ×
Incom	lete Orders	Deshboard	■ Dashboard			0	TERESA OSHIRO
moornp		Incomplete Orders	1768	1856	10	1768	
In Tran	sit Orders	All Orders Published Reports	1756			ALLONDERS	
		My Patients Help	PUBLISHED REPORTS				
		ORDER TESTS			-		
II STAT		BATCH ORDER VIEW REPORTS					
E							
CON XX	Note: Not every user role has	5					
NT OF	access to all of the options.						

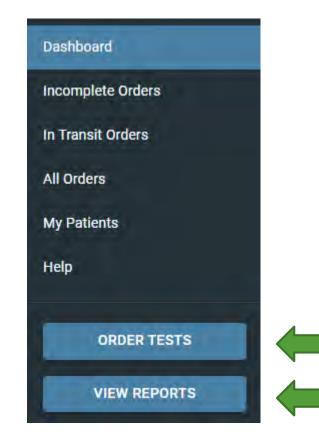
- All Orders: all samples submitted by user organization regardless of role status.
- **Published Reports**: orders with published reports. Shows all orders with published reports per user organization. Order with unread (not viewed) reports are shown in bold; orders with read (viewed) reports are shown in normal font.
- My Patients: view your patients' list.
- Help: view portal help.

Collapse the Navigation Panel by clicking the \equiv button next to the logo in the upper left corner. This functionality applies to other pages in the portal as well.



The Call-to-Action buttons: There are two(2) blue buttons on the bottom left side of the Navigation Panel.

Order Tests: order tests using a preconfigured Test Requisition Form (TRF). **View Reports:** view all "unread" reports published for user organization.





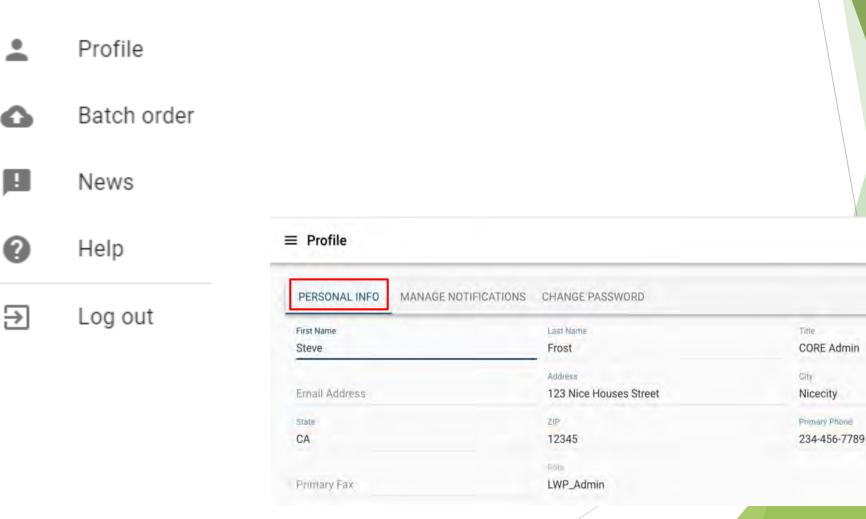
The Tiles you see on your Dashboard are your counters and key performance indicators.

- Click to open relevant data grids.
- Number on top indicates total number of published reports for user organization.
- Progress bar indicates percentage of the "viewed" reports vs. "not viewed".

19	76	0	15 PUBLISHED REPORTS	
Y PATIENTS	ALL ORDERS	PENDING REVIEW	VIEWED	47%
)				
EW ORDERS				

User Drop-Down Menu - Profile on the upper right corner offers additional resources.

• Personal Info: view and edit your personal information.



STEVE FROST

- Manage Notifications: add personal preferences for Portal notification events. = Profile
 - PERSONAL INFO
 MANAGE NOTIFICATIONS
 CHANGE PASSWORD

 *
 Event
 Type
 Prequency
 Enabled

 1
 New Report is available
 Email
 Immediately
 no

 *
 Enabled

 New Report is available
 *
 Email
 *

 *
 Enabled

 *
 Email
 *
 Immediately

 *
 Enabled

 *
 Email
 *

 </tab
- Change Password: use to change your password.

= Drofile

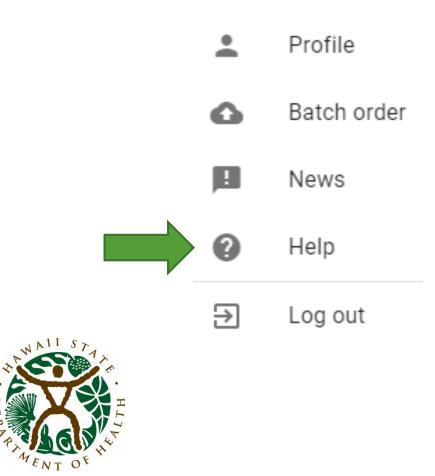
PERSONAL INFO	MANAGE NOTIFICATIONS	CHANGE PASSWORD
Current Password *		
New Password *		



Navigating the Lab Web Portal (LWP) Profile News: view portal news/announcements. • Batch order News Log out: to log out of Portal. • $\mathbf{2}$ Help Log out \rightarrow

Navigating the LWP

• Help: provides State Lab's contact form to request help and directs user to FAQs page.



Frequently Asked Questions How do I submit a test order? How do I track my test order? How to view published lab report? How to view submitted order? How do I setup to receive emails when i have new reports published? Contact Us Type* Subject * How can we help?* Attach a screenshot (optional). The following file formats are supported - gif, jpeg, jpg, png, Drag & drop a file to attach it, or Browse for a file

Fill out the Contact Us form if you would like to request help from the State Lab

Resour

CONTACT

- Click on the "Contact Us" link in the upper left under "Resources".
- A form will appear and fill out the following required fields:
 - Type (Question, Suggestion, Bug)
 - Subject
 - "How can we help"/ comments section
- Optional to attach screenshot.
- Click Submit.
 - A portal representative should get back to you via email or phone.

	How do I submit a test order?
Contact Us	
Type *	7
Subject *	
How can we he	p?*
How can we he	p?*
	p? * shot (optional). The following file formats are supported - gif, jpeg, jpg, png.

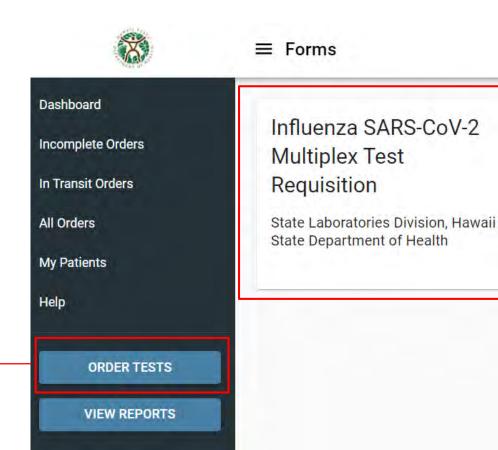


Test Requisition Form (TRF)

 Click ORDER TESTS Call-to-Action tile and choose the "Influenza SARS-CoV-2 Multiplex Test Requisition" button to order tests.
 Note: You may have access to one or multiple forms depending on your user role.

 Find the tile to the right of the Navigation Panel. Click on the "Influenza SARS-CoV-2 Multiplex Test Requisition" to open Test Requisition Form (TRF).





Note: The Fields that are required are indicated in red with an asterisk.

• Patient Information section of Test Requisition Form (TRF): type the patient's name in "Last Name" and select from the drop-down options.

Note: Confirm the DOB matches your patient's information.

PATIENT INFORMATION		^
Last Name *	+ Q	
SUBMITTER INFORMATION		~
Facility Name *		
Disease Investigation Branch	Q	
Phone Number	Fax Number	
Address		
	State	
City	н	Zip Code



- 3. Search: open more detailed lookup by clicking on the \bigcirc icon.
- 4. Add: if you confirmed that the patient is not in the system by using the detailed lookup, add a new patient with the + icon.

1 Name *	
	× + Q
Washington, George , 09/10/1910	
TAYLOR, ROGER , 12/31/1946	
SANCHEZ RODRIGUEZ, GERARDO AL	EXIS, 07/29/1983
LATHERS, GEORGETTA V, 12/15/198	2
JUNGLE, GEORGE , 01/09/2019	

n by using the	detailed		
Add new patient			
Last Name *	First Name *		Middle Initial
Date Of Birth *	Phone Nu	imber	
Address		City	
State v Z	ip Code County of	fResidence	
Sex*	Separated () Single () Widowed) Female () X () Transgender M		M 🔿 Unknown
	Native 🔿 Asian 🔿 Native Hawaiia	n or Other Pacific Islan	lder
 Black or African American 	🔿 White 🔿 Other 🔿 Unknown		



Add new patient

Use "Add new patient" form to enter all the necessary patient information and click **Submit**. New patient will be added to the system and related information propagated to the main form.

Last Name *	First Name *	Middle Initial
Date Of Birth *	Phone Number	
Address	City	
State 🗸 🗸 V Zip Code	County of Residence	
Marital Status		
Marital Status O Divorced O Married O Separated O S Sex *		F O X
Marital Status O Divorced O Married O Separated O S	Nale 🔿 Female 🔿 Transgender M-I	
Marital Status Divorced Married Separated S Sex* Not Specified Male Female M	Nale 🔿 Female 🔿 Transgender M-I	

Edit patient information by clicking on the 🖍 icon. Delete selected patient information by clicking on the × icon.

PATIENT INFORMATION				
Last Name *	× / Q	First Name		Middle Initial
Date Of Birth	Patient Information	Phone Number		
Address			City	
State	Zip Code	County		
Gender				
Pregnant or up to 6 weeks post-partum				
Marital Status				
Race		Ethnicity		
MRN				

Submitter Information section of Test Requisition Form (TRF):

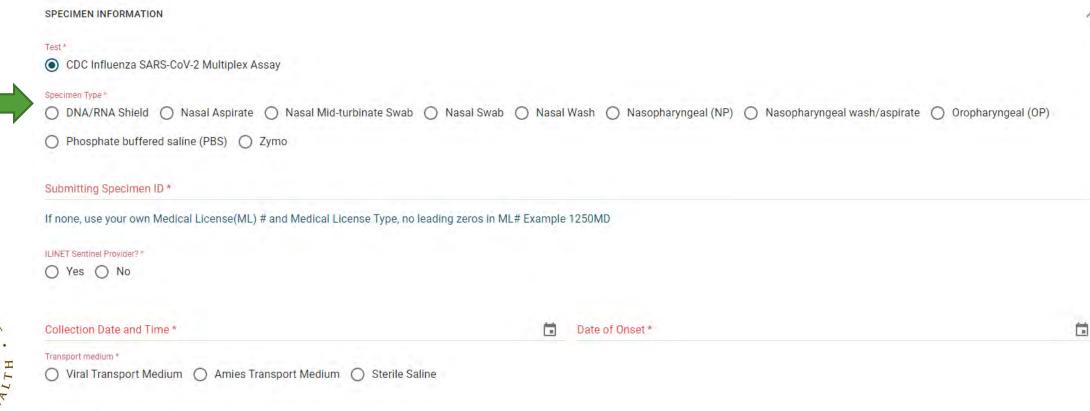
• Health Care Facility Name: will be based on your facility affiliation. If you are affiliated with a single facility, the name will automatically be displayed.

• If you are associated with multiple facilities, you can choose one associated with the test order by clicking the Q button, selecting a facility in the lookup, and clicking Apply.

SUBMITTER INFORMATION		
Facility Name * Internal	Q	
Phone Number	Fax Number	
Address		
	State	
City	HI	Zip Code
Ordering Physician/Clinician	+ Q	

Specimen Information section of Test Requisition Form (TRF):

- Select Specimen Type from the list of available values.
- Choose the Collection Date from calendar icon or type the desired date and time.







Requests for Respiratory Pathogen Panel (RPP) Tests <u>must submit</u> Nasopharyngeal (NP) swab and <u>must be selected</u> on the Test Requisition Form (TRF) under the Specimen Type section.

SPECIMEN INFORMATION Test * CDC Influenza SARS-CoV-2 Multiplex Assay Specimen Type* 🔿 DNA/RNA Shield 🔿 Nasal Aspirate 🔿 Nasal Mid-turbinate Swab 🔿 Nasal Swab 🔿 Nasal Wash 🔿 Nasopharyngeal (NP) O Nasopharyngeal wash/aspirate O Oropharyngeal (OP) O Phosphate buffered saline (PBS) O Zymo Submitting Specimen ID * If none, use your own Medical License(ML) # and Medical License Type, no leading zeros in ML# Example 1250MD ILINET Sentinel Provider?* ○ Yes ○ No Collection Date and Time * Date of Onset * Transport medium * O Viral Transport Medium O Amies Transport Medium O Sterile Saline

(T)

DENT OF



Respiratory Pathogen Panel (RPP) conducted if test's result is negative for both Influenza and COVID-19.

 The State Lab will automatically run a Respiratory Pathogen Panel RPP test if this is the outcome.



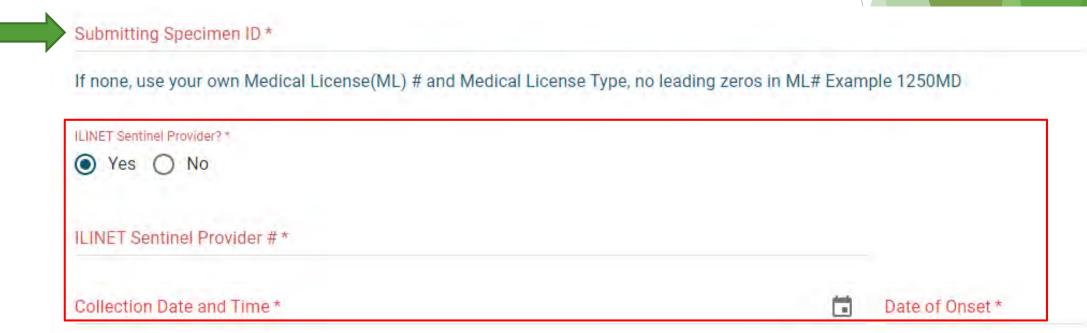


Under "Submitting Specimen ID", ensure:

• ILINet Sentinel Provider is selected "Yes"

Then fill out:

- ILINet Sentinel Provider #
- Collection Date and Time
- Date of Onset



Transport Medium:

• Select which transport medium is being used:

Transport medium *

Sterile Saline O Amies Transport Medium O Viral Transport Medium

Additional Comments/Information section of Test Requisition Form (TRF):

• Leave comment if necessary.

Additional Comments/Information



5. Click Submit button upon the completion to submit your order.

CLEAR

Note: If any of the required fields are not populated or populate incorrectly, an error will appear to show the missing fields. User can click on any field in the dialog and get navigated to the exact place where field is located on the form to correct the issue.

SAVE

The following fields are missing or filled incorrectly:

SUBMIT

CLOSE

Facility Name Last Name



Once test order is ready to be submitted, "Certification of Test Order" message is displayed. User needs to click "AGREE" to move forward.

Certification of Test Order

By submitting this order for testing, I hereby certify as follows:

- The ordering provider is an individual authorized under State law to order tests or receive test results, or both.
- I certify that the information submitted is true and correct to the best of my knowledge.





Finish placing the order by providing responses to the Asked-At-Order-Entry (AOE) questions.

Please respond to the following questions:

Justification for COVID-19 testing at State Laboratories Division (SLD):

Answer* Resident or employee of a congregate setting that serves vulnerable populations (e.g., long-term care facility, assisted-living facility, residential care home, homeless, shelter, residential treatment facility)

O Person involved in front-line COVID-19 response efforts (e.g., EMS, law enforcement, firefighter, public safety worker)

Close contact of a confirmed case Suspected to be part of a COVID-19 cluster

O Identified through airport screening O Patient of ILINet Sentinel provider

O Hospitalized patient with suspect COVID-19, if clinical laboratory testing is not readily available O Other

Symptoms
Answer
Fever Cough Sore throat Malaise Chills Muscle aches Diarrhea
Vomiting Headache No Symptoms



Symptoms, other:

Answer

Once test order has been submitted, confirmation message is displayed.

Note: The Portal Order ID (in bold below) uniquely identifies the test order in the system.

Order Placed Your test order DIDIL200000012 has been successfully submitted. Please check All Specimens section of your Dashboard for status updates. Click Print button below to view/print the completed submission form. Click Copy Order button to apply current order information to the new order. PRINT COPY ORDER CLOSE



- 1. Click **Copy Order** to continue adding more orders for your facility. It will copy all the information from the current order except patient and insurance information.
- 2. Click Print button to print the Order Manifest in a PDF format.

Order Placed Your test order **DIDIL200000012** has been successfully submitted. Please check All Specimens section of your Dashboard for status updates Click Print button below to view/print the completed submission form. Click Copy Order button to apply current order information to the new order. CLOSE PRINT COPY ORDER



Note: The barcode in the upper right corner represents the Portal Order ID. *A printed copy of the manifest should always accompany the specimen. The Order Manifest can be accessed at any point by clicking on the value under Portal ID column in the All Specimens data grid.

> STATE LABORATORIES DIVISION HAWAII STATE DEPARTMENT OF HEALTH 2725 WAIMANO HOME ROAD PEARL CITY, HAWAII 96782

Novel Coronavirus 2019 Real Time RT-PCR Requisition Submitted By: Teresa Oshiro Date Submitted: 7/17/2020 9:49:59 AM



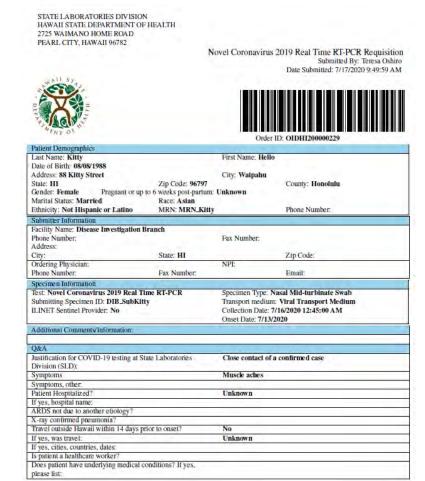
rder ID: OIDH1200000229

Patient Demographics				
Last Name: Kitty		First Name: Hello		
Date of Birth: 08/08/1988				
Address: 88 Kitty Street	and the state of the	City: Waipahu		
State: HI	Zip Code: 96797		County: Honolulu	
	to 6 weeks post-partum:	Unknown		
Marital Status: Married Race: Asian			15	
Ethnicity: Not Hispanic or Latino	MRN: MRN_Kitty		Phone Number:	
Submitter Information				
Facility Name: Disease Investigation B	ranch	and the second		
Phone Number:		Fax Number:		
Address:	Sector Car			
City:	State: HI		Zip Code:	
Ordering Physician:	12.02	NPI:		
Phone Number:	Fax Number:		Email:	
Specimen Information	Automation			
Test: Novel Coronavirus 2019 Real Time RT-PCR		Specimen Type: Nasal Mid-turbinate Swab		
Submitting Specimen ID: DIB_SubKitty		Transport medium: Viral Transport Medium		
ILINET Sentinel Provider: No		Collection Date: 7/16/2020 12:45:00 AM		
		Onset Date: 7/13/2020		
Additional Comments/Information:				
Q&A				
Justification for COVID-19 testing at State Laboratories		Close contact of a confirmed case		
Division (SLD):				
Symptoms		Muscle aches		
Symptoms, other.				
Patient Hospitalized?		Unknown		
If yes, hospital name:				
ARDS not due to another etiology?				
X-ray confirmed pneumonia?				
Travel outside Hawaii within 14 days prior to onset?		No		
If yes, was travel:		Unknown		
If yes, cities, countries, dates:				
Is patient a healthcare worker?				
Does patient have underlying medical co	onditions? If yes,			
please list:	and the second second			



ILINet Sentinel Providers no longer need to submit Specimen Submission Form if using ETOR to submit specimen.

The Order Manifest (left) supersedes the Specimen Submission Form (right).



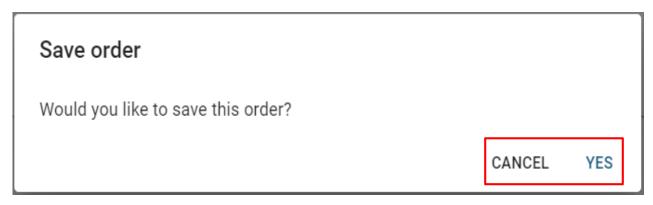
MEDICAL MICROBIOLOGY BRANCH HAWAII STATE DEPARTMENT OF HEALTH 2725 WAIMANO HOME ROAD PEARL CITY, HAWAII 95782	DATE RECEIVED BY STATE LABORATORY:		
SPECIMENS COLLECTED FOR INFLUENZA SURVEILLANCE ONLY	STATE DEPARTMENT OF HEALTH AGGESSION NUMBER.		
CLINICAL DIAGNOSIS: INFLUENZA LIKE ILLNESS			
SPECIMEN PRIORITY IDENTIFICATION (PLEASE FILL OUT COMPLETELY) :	NAME AND ADDRESS OF PHYSICIAN/SCHOOL/FACILITY:		
ILINET (SENTINEL) PROVIDER ID#	and the state of the		
*PATIENT HOSPITALIZED?			
7/F YES, HOSPITAL NAME:			
*ARDS NOT DUE TO ANOTHER ETIOLOGY?			
*X-RAY CONFIRMED PNEUMONIA?			
*TRAVEL OUTSIDE HAWAII WITHIN 10 DAYS PRIOR TO ONSET? */F YES, WAS TRAVEL	PATIENT IDENTIFICATION: PATIENT ID#		
DOMESTIC OR INTERNATIONAL?	NAME SEX		
"IF YES, CITIES, COUNTRIES & DATES:			
IP YES, CITIES, COUNTRIES & DATES.	DATE OF BIRTH (MM/DD/YY) AGE		
"IS PATIENT A HEALTHCARE WORKER?	HAWAII RESIDENT		
*DOES THE PATIENT HAVE UNDERLYING	CONTACT INFORMATION:		
MEDICAL CONDITIONS? IF YES, PLEASE	PHONE NUMBER:		
LIST:	ADDRESS		
1S THE PATIENT PREGNANT OR UP TO 6			
WEEKS POST-PARTUM?	CITY/STATE/ZIP: WORK / SCHOOL LOCATION		
*ANY UNUSUAL PRESENTATIONS OF SUSPECT INFLUENZA INFECTION?	OCCUPATION:		
	FOR NON-RESIDENTS ONLY (LOCAL CONTACT INFORMATION):		
LABORATORY SPECIMEN/RAPID TESTING INFORMATION:			
COLLECTION DATE (MM/DD/YY):	HOTEL NAME/ADDRESS:		
SPECIMEN	CITY/STATE/ZIP.		
ASOPHARYNGEAL SWAB			
THROAT SWAB NASAL ASPIRATE / WASH	CLINICAL SIGNS AND SYMPTOMS:		
NASAL SWAB OTHER (SPECIFY):	DATE OF ONSET (MM/DD/YY):		
	SYMPTOM YES NO UNK YES NO UNI		
SECTION BELOW FOR LABORATORY USE ONLY	FEVER (MAXIMUM TEMP: F)		
RAPID TESTING DATE (MM/DD/YY):	COUGH MUSCLE ACHES		
TEST KIT USED:	SORE THROAT DIARRHEA		
	MALAISE VOMITING		
BINAX OTHER (SPECIFY):	CHILLS HEADACHE		
RAPID TEST RESULTS	OTHER (SPECIFY):		
FLU A POS NEG			
FLU B POS NEG	VACCINATION AND VIRAL THERAPY HISTORY:		
	DID PATIENT RECEIVE SEASONAL FLU VACCINE IN THE LAST 6 MONTH		
LABORATORY TO PERFORM INFLUENZA PCR TESTING:			
PCR TESTING DATE (MM/DD/YY):	IS PATIENT RECEIVING ANTIVIRAL MEDICATIONS?		
INFLUENZA A & B RT-PCR RESULTS:			
FLU A RNA DETECTED NOT DETECTED OTHER			
FLU B RNA DETECTED NOT DETECTED OTHER	UPPICATION MANY		
INFLUENZA A SUBTYPING RT-PCR RESULTS:	MEDICATION NAME:		
H1 RNA DETECTED NOT DETECTED OTHER	DATE STARTED, DOSAGE:		
HI RNA DETECTED NOT DETECTED OTHER			
swH1 RNA DETECTED NOT DETECTED OTHER	A AND THE RELEASE		
FOR SLD USE ONLY: SPECIMEN TRANSPORTED BY CLH CDLS			
HDOH/ Disease Outbreak Control Division/ Influenza Surveillance Laboratory S	ubmission Form Rev. February, 2016		

FOR

Saving Test Orders

Incomplete test orders can be saved to be completed and submitted later.

- Click on the Save Order button in the bottom right corner of the Test Order form.
- Click Yes in the dialog below.



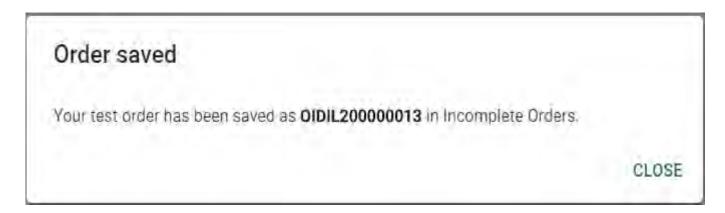
Confirmation message is displayed.

Note: The Portal Order ID uniquely identifies test order in the system.



Saving Test Orders

The saved order will be placed in the **Incomplete Orders**. A navigation link will be accessible on the **Dashboard**.



To retrieve the saved order, go to the **Incomplete Orders** navigation link, locate the order record, and click on it.

To discard the saved order, click on the **i** icon.



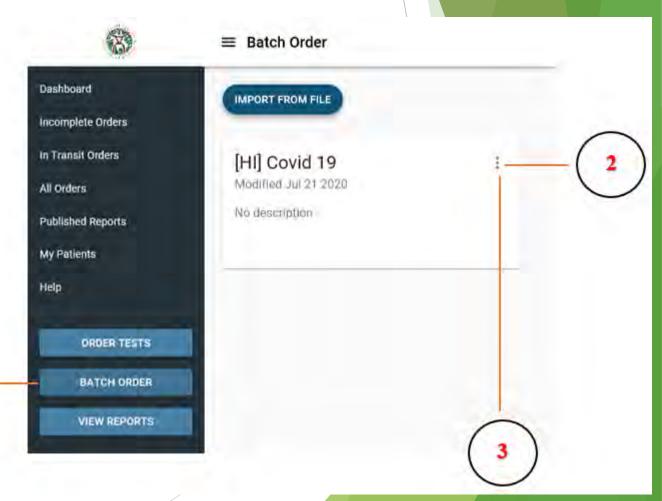
Upload multiple test orders at once.

Download the Import Template that has all the required fields and response options

required for the Batch Upload <u>prior</u> to specimen collection and submission. This is important in order to correctly gather the required order fields and patient information.

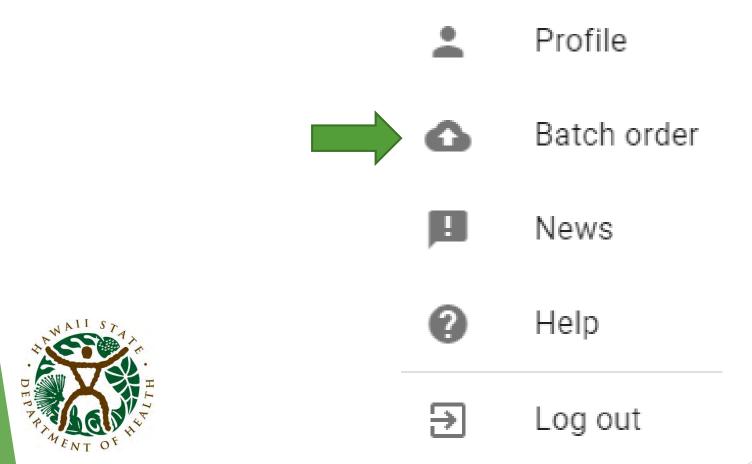
- To Download the Excel Spreadsheet
 - 1. Click **BATCH ORDER** button on the **Dashboard**.



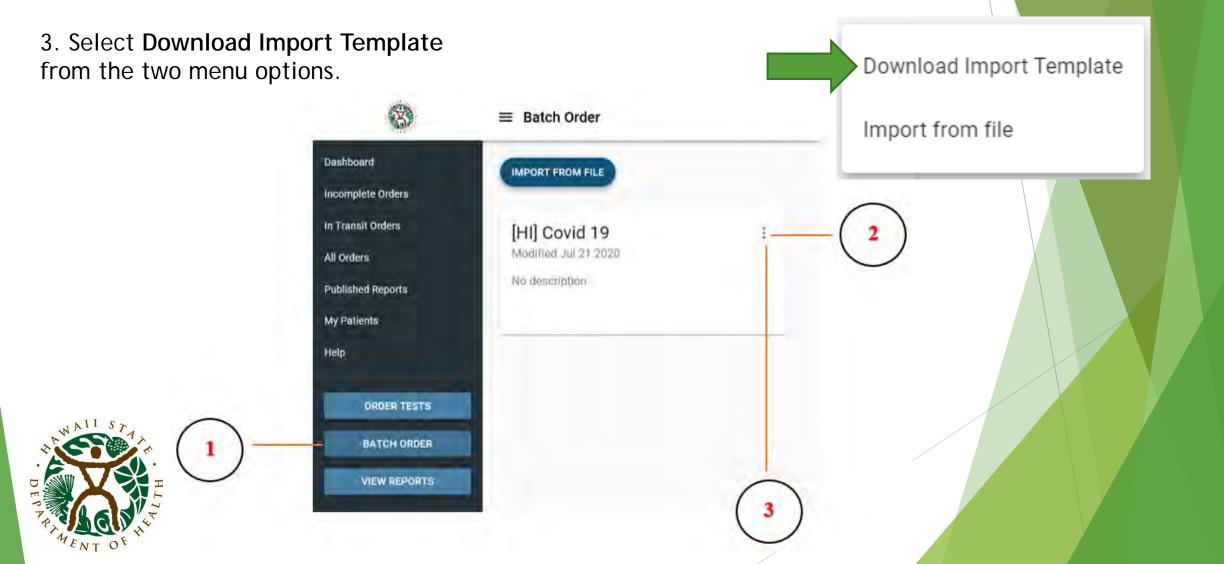


If the "Batch Order" Call-to-Action button is not on your Dashboard's Navigation Panel, it can be found by clicking on your name in the upper right hand corner.

Click on the "Batch order" tab to download the Excel Spreadsheet.



2. Click the three vertical dots button link on the upper right corner of the tile.



4. Select Download Import Template to save [HI] COVID-19.

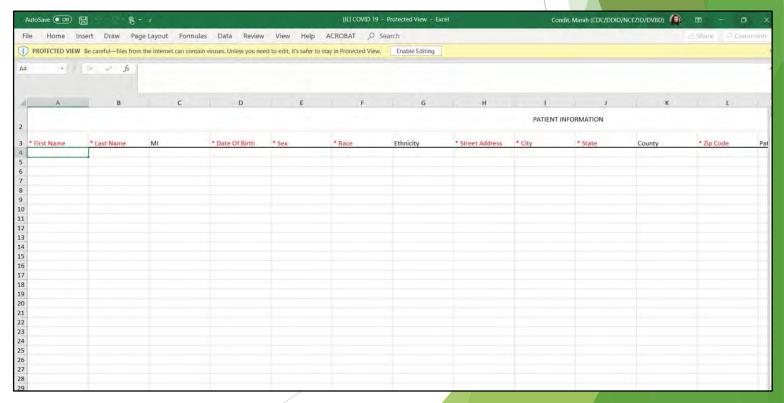
ave As:	[CDPH] Covid
Tags:	
Where:	Documents 😒 🗸
-	
Forma	t: Office Open XML spreadsheet ᅌ
	Cancel Save (



5. Open the saved Excel Spreadsheet and fill the required details in the fields. **Note:** There are dropdown menus for some of the required values.

6. Enter one line for each specimen that is being submitted.

- 7. Requirements of the Batch Upload template:
 - All fields in red are required
 - <u>ALWAYS</u> download for every use

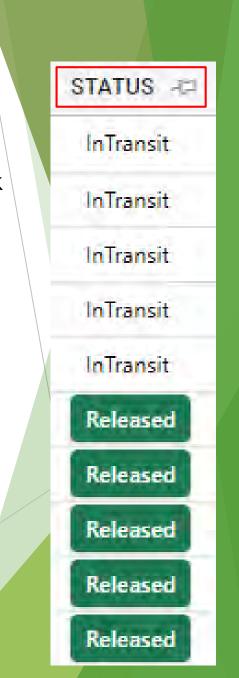




Tracking Order Status

To see a status of your test order, open All Specimens grid, locate your order, and look for a value in the Status column. It can be one of the following:

- InTransit order has been submitted but not yet received by the lab
- ReceivedInLab order has been received in lab but not yet tested
- InProcess order is being tested by the lab
- Released testing is done, order is released, results reports published
- Canceled order is canceled





Tracking Order Status

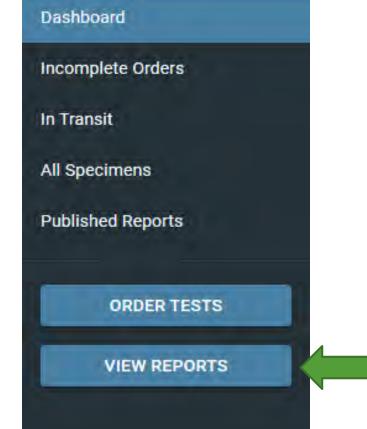
To view order related events across time, open All Specimens grid, locate your order and hover your mouse arrow over the \checkmark icon.





Viewing Reports

To view new (i.e. unread) published reports, click **VIEW REPORTS** button in the navigation panel.

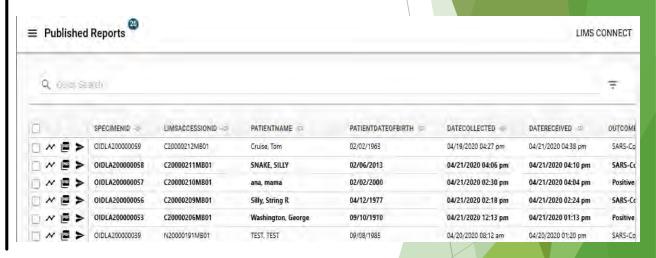




The Unread Reports grid is displayed.

- Not viewed orders are displayed in bold.
- Once report has been viewed, the order disappears from the Unread Reports grid and moves to the Published Reports grid.





Click on the 🔤 icon to view all published patient reports associated with an order.



Note: Latest report always appears on top. Unopened report will have a "NEW" tag in red and no checkmark inside the green circle. The type of the report (Final, etc.) will be displayed as part of the PDF name.

Use the \bigcirc icon to open the report history which provides an audit trail of all the actions taken on the report (viewing, sharing, etc.).





Click on the \geq icon to share published patient report with a third party.

- Populate:
 - Subject
 - Email addresses
 - Message
- Click Submit.

Note: Recipient will get temporary access to the portal to download shared reports.

Send to Physician

Subject

Isonitoo

Emails

Message

Colstional I

If you would like to share this patient report with another physician, please enter his or her email address below. Please note that you are responsible for verifying that the receiver has appropriate rights to see this patient's PHI. This email is not encrypted.

CLOSE

SUBMIT

To download or share multiple patient reports at once, select multiple orders and then click on \square to download a single PDF with multiple patient reports or \ge to share multiple patient reports at once. Results Reports can also be viewed in the All Specimens data grid.

3 selected	CANCEL 🛨 🚦	>		
	SPECIMENID -	LIMSACCESSIONID -	PATIENTNAME -C	PATIENTDATEOFBIRTH
🖂 🛩 🖻 🗲	OIDLA200000059	C20000212MB01	Cruise, Tom	02/02/1963
🖂 🛩 🖻 🗲	OIDLA200000058	C20000211MB01	SNAKE, SILLY	02/06/2013
🖂 🛩 🖻 🗲	OIDLA200000057	C20000210MB01	ana, mama	02/02/2000
🗆 ~ 🖻 >	OIDLA200000056	C20000209MB01	Silly, String R	04/12/1977
n 🗸 📾 🛌	0101420000053	C20000206MR01	Washington George	09/10/1910



Data Grids

Click on any column in the grid to order by it. To order by multiple columns, click and hold Shift button on keyboard and click on the columns to order.

Click on the 🖾 icon to pin one or multiple columns to the left side of the grid.

Q. Quick Se	earch						Ŧ
	SPECIMENID Ø	LIMSACCESSIONID 🗠	PATIENTNAME -@	PATIENTDATEOFBIRTH -	DATECOLLECTED	DATERECEIVED -44	OUTCOME
~ = >	OIDLA200000059	C20000212MB01	Cruise, Tom	02/02/1963	04/19/2020 04:27 pm	04/21/2020 04:38 pm	SARS-Co
~ • • >	OIDLA200000058	C20000211MB01	SNAKE, SILLY	02/06/2013	04/21/2020 04:06 pm	04/21/2020 04:10 pm	SARS-Co
~ @ >	OIDLA200000057	C20000210MB01	ana, mama	02/02/2000	04/21/2020 02:30 pm	04/21/2020 04:04 pm	Positive
~ .	OIDLA200000056	C20000209MB01	Silly, String R	04/12/1977	04/21/2020 02:18 pm	04/21/2020 02:24 pm	SARS-Co
~ @ >	OIDLA200000053	C20000206MB01	Washington, George	09/10/1910	04/21/2020 12:13 pm	04/21/2020 01:13 pm	Positive
~ @ >	OIDLA20000039	N20000191MB01	TEST, TEST	09/08/1985	04/20/2020 08:12 am	04/20/2020 01:20 pm	SARS-Co



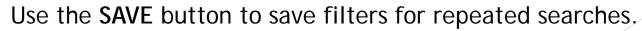
Quick Search

Use "Quick Search" box at the top to search across all columns in the grid:

■ All Specim	ens						LIMS CONNECT
Q Quick Sea	rch						₹
	PORTAL ID -CA	PATIENT NAME -C	PATIENT DOB -Ca	COLLECTED -52	SUBMITTED -	FACILITY NAME -Ca	SPECIMEN TYPE -CA
	OIDLA20000061	WINSTON, TONY	02/06/1974	04/21/2020 04:18 pm	04/21/2020	Test Health Unit	Original Material
🗆 🗖 🚧 🖻	OIDLA200000059	Cruise. Tom	02/02/1963	04/19/2020 04:27 pm	04/21/2020	Test Health Unit	Original Material
🗆 🗖 🛩 🖻	OIDLA200000058	SNAKE, SILLY	02/06/2013	04/21/2020 04:06 pm	04/21/2020	Test Health Unit	Swab
🗆 🗖 🛩 🖻	OIDLA20000057	ana. mama	02/02/2000	04/21/2020 02:30 pm	04/21/2020	Test Health Unit	Aspirate/Wash
		Silly String R	04/12/1977	0.4/21/2020 02-18 pm	04/21/2020	Test Health IInit	Swah

Click on the = button to open filter panel for advance search option like searching on multiple fields at the same time, use date ranges, etc.

X	Field Patient Name	Contains	-	Golovkin	
B	Field Submitted	Operator Greater Or Equals		Value 11/18/2019	
•					



Patient Information

Q Quick Search

LAST NAME -

FIRST NAME -

To access your patients at any time, click on **My Patients** link in the navigation bar. Search and click on the patient record to open patient information page.

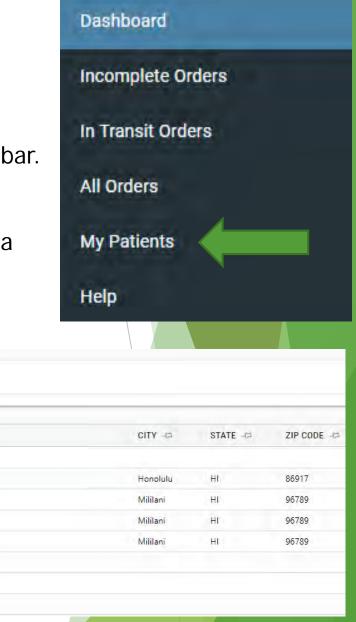
Note: Patient page can also be accessed from All Specimens grid by clicking on a Patient Name link.

DATE OF BIRTH

FACILITY NAME -

Disease Investigation Branch

ADDRESS -





Patient Information

Clicking on patient's name allows you to open the **Patient's Demographics** (patient's information) and review previous patient's **Orders**.

Last Name Washington		First Name George			N
Date Of Birth		George	Date Of Death		TV.
09/10/1910			04/19/2020		
Address				City	
123 American St				Monroe	
State	Zip Code		Partsh		
LA	71111		Madison		
Marital Status					
Gender					
🖲 Male 🔘 Female					
Race					
O Other					
thnicity Hispanic					
O mapping					
MRN			Medicald Number		
12345			65thg		

Patient Demographics page - displays patient demographic information which can be edited and saved.

Orders - displays all submitted orders for the patient. In addition to being patient specific, orders are also filtered by organizations user has access to.

Q Quick Search								Ę
	KEY -t	STATUS 🕫 S	Pecimen ID -72	COLLECTED 🕫	SUBMITTED 42	FACILITY NAME 🕫	SPECIMEN TYPE -원	TRF
	OID19200000377	InTransit		04/23/2020 03:17 pm	04/23/2020	Test Health Unit		-
	OID19200000376	InTransit		04/23/2020 02:15 pm	04/23/2020	Test Health Unit		
	OID19200000370	InTransit		04/23/2020 09:53 am	04/23/2020	Test Health Unit	Blood - Serum	
	OID19200000369	InTransit		04/23/2020 08:06 am	04/23/2020	Test Health Unit	Blood - Serum	
	OID1920000358	InTransit		04/23/2020 06:12 am	04/23/2020	Test Health Unit		
	OID19200000344	InTransit		04/23/2020 03:18 am	04/23/2020	Test Health Unit		
	OID19200000337	InTransit		04/14/2020 10:57 pm	04/22/2020	Test Health Unit		
	OID1920000336	InTransit		04/14/2020 10:57 pm	04/22/2020	Test Health Unit		
	OID19200000333	InTransit		04/22/2020 04:41 pm	04/22/2020	Test Health Unit	Nasopharyngeal	
	<u>OID19200000332</u>	InTransit		04/22/2020 04:41 pm	04/22/2020	Test Health Unit	Nasopharyngeal / Oropharyngeal (Combination)	
	OID19200000328	InTransit		04/22/2020 04:20 pm	04/22/2020	Test Health Unit	Swab	_
	<u>OID1920000326</u>	PendingReview		04/22/2020 04:20 pm	04/22/2020	Test Health Unit	Nasopharyngeal / Oropharyngeal (Combination) Swab	_
	OID19200000322	InTransit		04/22/2020 11:56 am	04/22/2020	Test Health Unit	Swab	
	<u>OID19200000320</u>	InTransit		04/22/2020 09:45 am	04/22/2020	Test Health Unit	Swab	
	QID1920000314	InTransit		04/22/2020 08:37 am	04/22/2020	Test Health Unit	Swab	
	OID19200000313	InTransit		04/22/2020 02:10 am	04/22/2020	Test Health Unit	Nasopharyngeal	
	OID1920000312	InTransit		04/22/2020 01:06 am	04/22/2020	Test Health Unit	Nasopharyngeal	



Questions?

Phone: 808-587-6556 | Email: DOH.flu.surveillance@doh.hawaii.gov



