Version 10/15/2021

Entry of Data into the SARS-CoV-2 / Influenza Specimen Submission Form

Background:

The Ohio Department of Health (ODH) created a universal specimen submission form, which can be accessed through an authenticated portal or through a web link. Information entered into this system is used to populate a .pdf form, which can be printed and sent along with the specimen. Additionally, if a user is accessing the authenticated portal, entered data is electronically transferred from that portal to the testing laboratory.

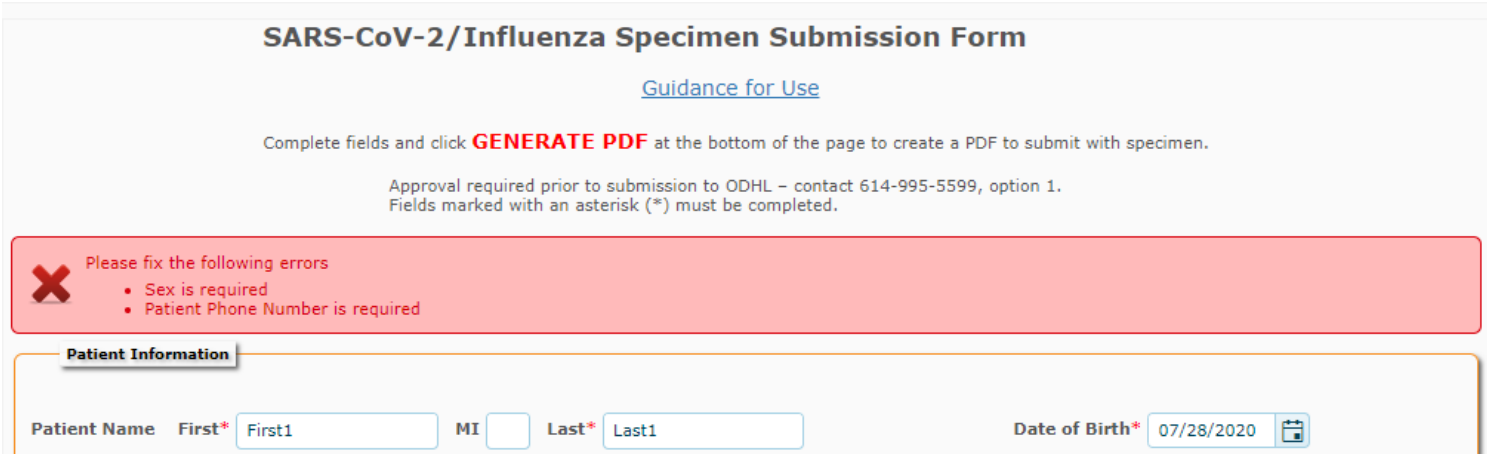
NOTE: Specimens submitted this season to the ODH Laboratory for SARS-CoV-2 or influenza testing will likely be tested for both. The ODH Laboratory is transitioning to a new multiplex assay that screens for both SARS-CoV-2 and influenza on the same testing platform.

General Instructions for Use:

1. Enter data for each specimen to be submitted into the **SARS-CoV-2 Specimen / Influenza Submission Form** screen. The fields that must be completed before a specimen are marked in the form with asterisks (*). Instructions for entry and reasons for collection of each data element are contained within a chart located at the end of this document.

2. Click **Generate** at the bottom of the screen to populate a prefilled .pdf form. This form should be printed and shipped to the testing laboratory with the specimen. If using the authenticated portal, **Generate** will also send the submitted data electronically to the laboratory indicated as the testing facility.

    a. If .pdf file does not generate, check the top of the form to ensure that no data errors are present. A data validation screen will appear if there are any issues.



3. Click on the **Reset for New Specimen** button at the bottom of the screen to clear patient information and specimen information from the form for entry of another patient's data. This button will allow you to retain the submitter information on the form to minimize data entry when submitting multiple specimens to a testing laboratory.

Instructions for Each Data Entry Field:

	Field in Electronic Form	How to Fill Out	Why is this Information Being Collected?
Section 1: Patient Information	Patient Name	Provide patient's full name. Ensure that patient name on form matches patient name on specimen collection tube.	Patient name and date of birth are necessary for linking specimen to patient at testing laboratory. Laboratories and public health authorities also use for public health reporting and follow-up. Age is commonly used to understand the distribution of disease in the population.
	Date of Birth	Provide patient's date of birth. Ensure that patient date of birth on form matches patient date of birth on specimen collection tube.	
	Sex	Provide patient's sex.	Patient sex is commonly used to understand the distribution of disease in the population.

	Phone Number	Provide patient's phone number, including area code.	Positive patients will be contacted by public health authorities (assigned based on address) for public health follow-up and contact tracing.
	Address of Patient	Provide patient's full address, including apartment numbers. No PO Box addresses, please.	
	County	Provide patient's county of residence.	
	Race	Provide patient's race. It is possible to select multiple choices.	Patient race and ethnicity are commonly used to understand the distribution of disease in the population.
	Ethnicity	Provide patient's ethnicity.	
Section 2: Submitter Information	Agency Name	Provide submitting agency's name.	The submitting agency is responsible for ensuring that all necessary information is sent to the testing laboratory on a particular specimen and is responsible for informing the patient of his or her results. The testing laboratory may contact a submitter point of contact if there are any issues with the specimen or with data sent to the laboratory (e.g., if the specimen leaked in transit, if the patient name on the collection tube does not match what is listed on the paperwork, if there is no collection date listed). Results will typically be faxed back to the submitter using the secure fax number provided.
	Address of Submitter	Provide submitting agency's full physical address (in Ohio). No PO Box addresses, please. No addresses of corporate headquarters, please.	
	Contact Name	Provide the contact information for the individual at the facility who would know the most about the specimens that were collected.	
	Secure Fax Number	Provide the facility's secure fax number, including area code.	
	Phone Number	Provide the point of contact's phone number, including area code.	

Section 3: Specimen Information	Order Date	Provide the date that the ordering provider ordered this SARS-CoV-2 test.	A physician or other appropriate medical professional, acting under their scope of practice, must order COVID-19 tests for screening and diagnostic purposes. The date of the order is use for record reconciliation and for understanding the course of a patient's illness.
	Collection Date	Provide the date that the specimen is collected.	Specimens are viable up to 72 hours after collection, if refrigerated. If specimens are frozen upon arrival at the testing laboratory, they are viable for longer than 72 hours. Collection date allows for testing laboratories to assess the viability of a specimen when it arrives for testing. Epidemiologists also use collection date time point for understanding the timing of infection in a patient.
	Symptomatic	Is the patient symptomatic at the time of specimen collection?	The following fields are used to understand the course of infection in a patient and to conduct necessary public health follow-up and contact tracing.
	Onset Date	If patient is symptomatic at the time of specimen collection, provide the date that symptoms started.	
	First Test	Is this the first SARS-CoV-2 test conducted for this patient?	
	Hospitalized	Is the patient hospitalized at the time of specimen collection?	
	ICU	If the patient is hospitalized, is the patient currently in the ICU?	

	ODH Outbreak #	Provide if applicable (would be provided to you by the ODH Bureau of Infectious Diseases).	
	Congregate Care Patient Type	Provide if the patient is affiliated with a congregate care facility (e.g., nursing facility).	
	Employed in Healthcare	Is the patient employed in healthcare?	
	Pregnant	If the patient is female, is the patient currently pregnant?	
	ODH Facility License #	If patient is affiliated with a congregate care facility, what is the facility's ODH facility license number (provided by the Bureau of Regulatory Operations)?	Facilities licensed by ODH are required to submit this number for appropriate follow-up by the Bureau of Regulatory Operations.
	Lab	Provide the laboratory where the specimens will be tested. Ensure that the testing laboratory is aware of your specimen and that proper approval is received prior to sending anything.	Specimens and their accompanying data will be transmitted to one testing laboratory. This field will be used to route the data to the correct testing laboratory.
Section 4: Specimen Site	Specimen Site	Provide which anatomical site the specimen is collected from. If ONG is collecting specimens, check with ONG on what type of specimen is being collected.	SARS-CoV-2 assays (tests) are often only validated for the testing of specific specimen types. Laboratory staff use specimen type to ensure that the specimen is tested appropriately.
Section 5: Insurance Information	Ordering Provider/Medical Director	If the Ordering Provider is not listed in Section 2, please provide the name of the ordering provider who ordered this SARS-CoV-2 test.	A physician or other appropriate medical professional, acting under their scope of practice, must order COVID-19 tests for screening and diagnostic purposes. The

	Order Provider Phone	If the Ordering Provider is not listed in Section 2, please provide the contact information for the ordering provider who ordered this SARS-CoV-2 test.	name and NPI of the ordering medical professional must be included on the lab requisition form.
	NPI	Provide the National Provider Identifier of the ordering provider who ordered this SARS-CoV-2 test.	
	Uninsured	Check uninsured if the patient does not have health insurance.	Patients' health insurance will be billed for all tests conducted using the state-supported testing process, and the State of Ohio will be the "payer of last resort" for costs not covered by other sources. Per CARES Act regulations, individuals with insurance should not be subject to cost sharing (deductible/co-payment) for COVID-19 tests.
	Policy Holder Name	Provide the name of the individual listed on the insurance policy that corresponds to this patient's coverage.	
	Relationship to Policy Holder	Select the relationship from the list that describes the relationship between the patient being tested and the policy holder.	
	Policy Holder DOB	Provide the date of birth for the policy holder.	
	Policy Effective Date	Enter the date in which the insurance policy takes effect.	
	Name of Insurance Company	Provide the name and address of the insurance company that provides the coverage.	
	Address of Insurance Company		
	Social Security Number	Provide the patient's SSN.	
	Group ID Number	Provide the patient's insurance group policy number.	
	Insurance ID Number	Provide the patient's insurance ID number (if not the patient's SSN).	

Version 10/15/2021

For Additional Technical Assistance:

For users needing further technical assistance, please contact mailto:odhlabportal@odh.ohio.gov.