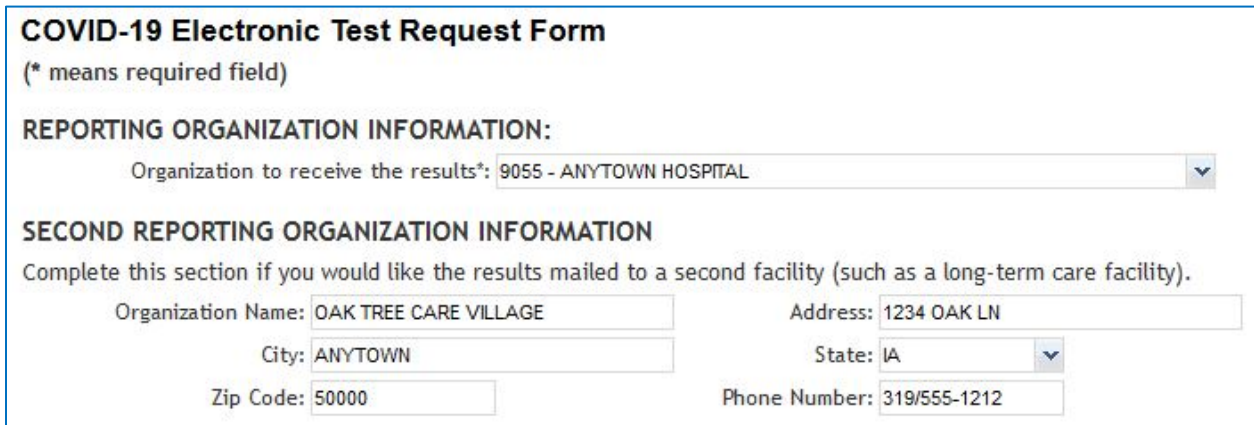


COVID-19 Electronic Test Request Form User Guide

Organizations can now order Coronavirus (COVID-19) tests electronically through the COVID-19 Electronic Test Request Form. This new electronic form is part of the OpenELIS Web Portal and anyone with an existing web portal account can use it. This form increases SHL's capability to deliver COVID test results faster to our clients since we do not have to enter this information manually into our information system. It also prevents transcription errors that can occur through manual data entry by our staff.

- Go to the State Hygienic Laboratory at The University of Iowa's web site at www.shl.uiowa.edu.
- Click on the green **Test Results** button on the left-hand side.
- Click on the green **OpenELIS** button.
- Login using your username and password. (This is a secure site. Your username and password are encrypted as they are sent for authorization.)
- If you do not have an OpenELIS Web Portal account, or cannot login to it, please call 319/335-4358.
- Supported web browsers are recent versions of Firefox, Chrome, Safari, and Microsoft Edge.
- Click on the **COVID-19 Test Request** icon.
- Fields marked with an * are required. You cannot submit the form without an entry in these fields.
- You can use the Tab key to move through the fields.
- You can enter one or two letters in the fields with dropdown lists and then press the Tab key to select the item or you can choose it immediately from the list.
- Select the organization that you want to receive the results in the **Reporting Organization Information** section. (See Figure 1.) Only one organization can receive the test results through the OpenELIS Web Portal.
- If you would like the results mailed to a second organization complete the **Second Reporting Organization Information** section. Although the second reporting organization will not be able to view these results through a web portal account, it will receive a printed copy by US Mail.



COVID-19 Electronic Test Request Form
(* means required field)

REPORTING ORGANIZATION INFORMATION:

Organization to receive the results*: 9055 - ANYTOWN HOSPITAL

SECOND REPORTING ORGANIZATION INFORMATION

Complete this section if you would like the results mailed to a second facility (such as a long-term care facility).

Organization Name: OAK TREE CARE VILLAGE Address: 1234 OAK LN

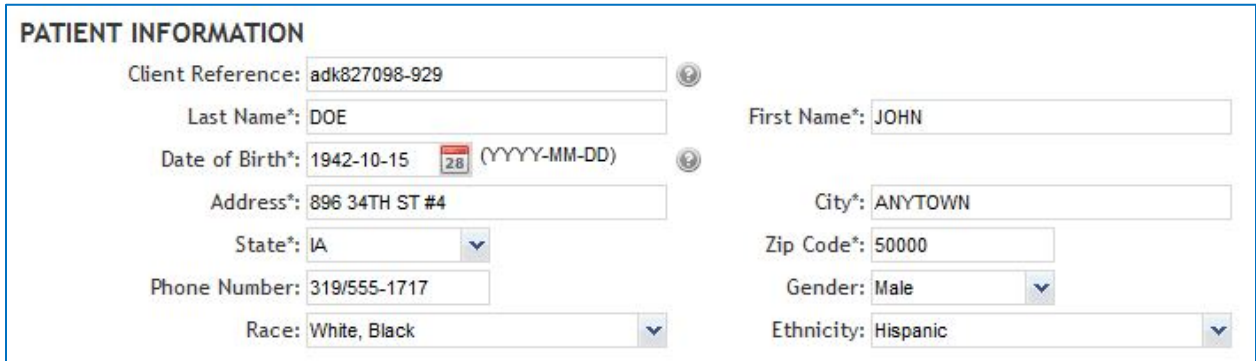
City: ANYTOWN State: IA

Zip Code: 50000 Phone Number: 319/555-1212

Figure 1 Reporting Organization and Second Reporting Organization Information

- If you would like to enter a Patient ID, MRN (Medical Record Number), Chart Number, or Account Number for the patient, enter it in the Client Reference field in the **Patient Information** section. (See Figure 2.) Those organizations that are testing multiple facilities (such as county health departments) could also use this field to identify the facility that is being tested (i.e., Oak Tree Care).

- The last name, first name, date of birth, and complete address of the patient must be entered. All dates have a format of YYYY-MM-DD. If you use the calendar to the right of a date field, the date will be formatted automatically for you. You must click out of the calendar for the date to be entered into the field. The patient's phone number, gender, race, and ethnicity are useful to IDPH epidemiologists. All phone numbers have a format of 111/111-1111.



PATIENT INFORMATION

Client Reference: adk827098-929

Last Name*: DOE First Name*: JOHN

Date of Birth*: 1942-10-15 (YYYY-MM-DD)

Address*: 896 34TH ST #4 City*: ANYTOWN

State*: IA Zip Code*: 50000

Phone Number: 319/555-1717 Gender: Male

Race: White, Black Ethnicity: Hispanic

Figure 2 Patient Information

- The last and first name of the ordering health care provider must be entered in the **Ordering Health Care Provider Information** section. (See Figure 3.) The provider's National Provider Identifier (NPI) and phone number are also useful to SHL staff and IDPH epidemiologists.



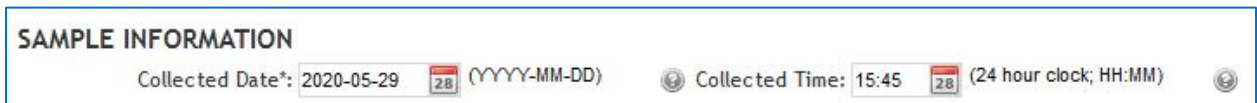
ORDERING HEALTH CARE PROVIDER INFORMATION

Last Name*: DOE First Name*: JANE

NPI (or Facility's Provider ID): 0123456789 Phone Number: 319/555-1818

Figure 3 Ordering Health Care Provider Information

- The date that the sample was collected must be entered in the **Sample Information** section. (See Figure 4.) It has a format of YYYY-MM-DD. The time of collection is optional. The time has a format of HH:MM and is in military (24 hour) time. If you use the calendar to the right of a date or time field, it will be formatted automatically for you. You must click out of the calendar for the date or time to be entered into the field.

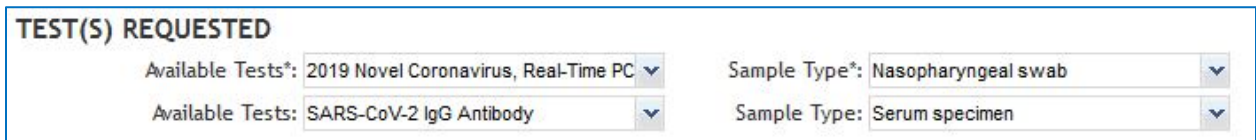


SAMPLE INFORMATION

Collected Date*: 2020-05-29 (YYYY-MM-DD) Collected Time: 15:45 (24 hour clock; HH:MM)

Figure 4 Sample Information

- At least one test must be selected along with its corresponding sample type in the **Test(s) Requested** section. (See Figure 5.) If you want to order a second type of COVID test on the patient, select the test and its corresponding sample type in the second row.



TEST(S) REQUESTED

Available Tests*: 2019 Novel Coronavirus, Real-Time PC Sample Type*: Nasopharyngeal swab

Available Tests: SARS-CoV-2 IgG Antibody Sample Type: Serum specimen

Figure 5 Test(s) Requested

- Noteworthy information is listed in the **Additional Information** section at the bottom of the screen.
- When you have finished entering the information click the **Submit Form** button. A PDF copy of the test request form should pop-up. Print it out and submit it with the sample. If it does not pop-up, you may have to allow pop-

ups to be displayed for this web site. Call 319/335-4358 or your IT staff for assistance, if needed. You may need to re-enter the information after pop-ups are allowed in order to receive the PDF version of your test request form.

- You can correct or change any of the information on the paper copy of the test request form, if necessary. You do not need to re-enter the information on this screen.
- After clicking the **Submit Form** button all of the information will remain in the fields except for the **Patient Information**. This allows the user to enter a series of samples with the same reporting organization(s), provider, collection date and time, and test(s) requested and corresponding sample type(s) without having to re-enter this information for every patient. If you want to clear all of the fields on the form click the **Reset** button.
- If you use a shared computer, please click the **Logout** button in the top right corner and then exit the browser after completing your session.
- For questions or assistance with this form please call 319/335-4358.