**KANSAS REPORTABLE DISEASE PORTAL RESULT TEMPLATE INSTRUCTIONS**

The template is to be used for COVID-19 results only. Please be careful with entering the data – remember what is entered here will be the in the COVID-19 case in the KDHE EpiTrax Surveillance System. Be consistent in the way you enter your data.

Thank you.  
KDHE Surveillance System Team

**Section 1 – Patient Information**



***Details:***

 - Enter your facility name the same as it appears in the Portal. This should be a static value for all your reports.

 - Enter the patient last name and first name. Enter middle names or initials in the first name field. **Do not put** **commas between the names or before a suffix (i.e. Jr).**

- Patient Date of Birth should be entered as **MM/DD/YYYY**. (i.e. 9/3/2010, 12/12/1982)

 - Enter **F** for Female, **M** for Male or **U** for Unknown

 - Enter the Patient Street Address in Address\_1. Any extensions can go into Address\_2.

 - Enter Patient City, Patient State (as **KS**) and Zip.

- Patient Area Code and Patient Phone are entered separately. **Do not put the dash (-) in the phone number.** (i.e 7777777)

**Section 2 – Ordering Information**



***Details:***

 - Enter the facility name that ordered the test. For POC, this will be your facility name (same as column A).

 - Enter the facility address. POC will be your address.

 - Enter State and Zip for the facility that ordered the test.

- Ordering Facility Area Code and Ordering Facility Phone are entered separately. **Do not put the dash (-) in the phone number.** (i.e 7777777)

- Enter the Provider (Clinician) who ordered the test. For POC facilities, enter the facility doctor, attending doctor, etc..

**Section 3 – Test and Result Information**



***Details:***

 - If you have an accession number, enter it here. This is not a required field.

 - Enter the date as MM/DD/YYYY. (i.e. 9/3/2010, 12/12/1982)

 - The approved Specimen Sources for COVID-19 are: **NP** for Nasopharyngeal, **NM** for Nasal Mid-turbinate, **OP** for Oropharyngeal Swab, **SP** for Sputum, **AL** for Bronchoalveolar lavage, **SE** for Serum, **AE** for Aspirate and **OT** for Other.   
**ONLY enter the two-letter code (highlighted).**

 - Enter the date as MM/DD/YYYY. (i.e. 9/3/2010, 12/12/1982). POC facilities, the Specimen Collection Date and Test Date will be the same.

- Enter the test performed from the table below based on the instrument being used. If unknown, enter **SARS-CoV-2 result**.

 - Enter one of the following results: **Positive** **Negative** **Inconclusive** **Positive Pooled** **Negative Pooled**

|  |  |
| --- | --- |
| **Manufacturer - FOR REFERENCE ONLY** | **Test Performed Values** |
| Abbott Alinity m SARS-CoV-2 assay | SARS-CoV-2 result |
| Abbott ARCHITECT™ SARS-CoV-2 IgG | SARS coronavirus 2 IgG Ab |
| Abbott ID NOW™ COVID-19 | SARS-CoV-2 RdRp gene result |
| Abbott RealTime SARS-CoV-2 assay for m2000 instrument | SARS-CoV-2 result |
| BD Veritor System for Rapid Detection of SARS-CoV-2\* | SARS-CoV-2 (COVID-19) Ag [Presence] |
| BioFire® COVID-19 Test | SARS-CoV-2 (COVID19) RNA [Presence] |
| bioMerieux ARGENE® | SARS-CoV-2 result |
| bioMerieux VIDAS® SARS-COV-2 IgG | SARS coronavirus 2 IgG Ab |
| bioMerieux VIDAS® SARS-COV-2 IgM | SARS coronavirus 2 IgM Ab |
| Bio-Rad Laboratories Platelia SARS-CoV-2 Total Antibody (IgA, IgM, IgG) Assay | SARS-CoV-2 Total Ab qualitative |
| Cepheid Xpert® Xpress SARS-CoV-2 | SARS-CoV-2 result |
| DiaSorin LIAISON® SARS-CoV-2 S1/S2 IgG | SARS coronavirus 2 IgG Ab |
| DiaSorin Molecular Simplexa™ COVID-19 Direct | SARS-CoV-2 result |
| GenMark Dx ePlex® SARS-CoV-2 Test | Respiratory virus DNA+RNA [Identifier |
| Luminex NxTAG CoV | SARS coronavirus 2 RNA panel |
| Luminex xMAP SARS-CoV-2 Multi-Antigen IgG Assay | SARS coronavirus 2 IgG Ab |
| Quidel Sofia 2 SARS Antigen FIA | SARS coronavirus+SARS coronavirus 2 Ag |
| Roche cobas® SARS-CoV-2 | SARS-CoV-2 result |
| Roche Elecsys Anti-SARS-CoV-2 | SARS coronavirus 2 Ab |
| Thermo Fisher Scientific TaqPath™ COVID-19 Combo Kit | SARS-CoV-2 result |

**Section 4 – Additional Data**



***Details:***

- Enter the Patient Race by the highlighted code in these options:  **A** for Asian, **B** for Black, **I** for American Indian or Alaskan Native, **O** for Other, **U** for Unknown and **W** for White.

- Enter the Patient Ethnicity by the highlighted code in these options: **H** for Hispanic or Latino, **N** for Not Hispanic or Latino, **U** for Unknown.

- Enter the Lab Name who completed the test on this specimen. For POC facilities, enter your facility name. **BE VERY CONSISTENT IN THE WAY YOU ENTER THE PERFORMING LAB.**