

# **Department of Health**

# **Bureau of Public Health Laboratories**



# WEBLIMS - USER GUIDE

Welcome to WebLIMS!

Department	LIMS		
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#### GENERAL INFORMATION

#### Purpose

This SOP provides guidelines on how to use the LabWare WebLIMS Module which gives authorized submitters and epidemiologists<sup>1</sup> access to LabWare to submit orders and to view and print reports for their patients or patients in their authorized territory/region.

#### Scope

This SOP is for all users of LabWare WebLIMS. Users consist of authorized personnel and sample submitters to Florida Department of Health Bureau of Public Health Laboratories as well as Florida Department of Health state and local epidemiologists.

<sup>&</sup>lt;sup>1</sup> To become an authorized user, please visit <u>http://www.floridahealth.gov/programs-and-</u> <u>services/public-health-laboratories/weblims-ra.html</u> complete and submit the Computer Use and Confidentiality and WebLIMS Access Request Forms.

#### BASIC CONVENTIONS USED

1. Blue field name: these are fields that require entry.

Tube Id:	

An example:

- 2. 🕗 : clicking this icon will display a list of options related to the field for selection.
- 3. Fields with drop down: generally these fields require user to enter the information by selecting from the drop down list.

	Insurance Type:	-	
An example:		_	
An example.			

- 4. There is a time-out function to the ordering process. This is approximately 10 minutes.
  - a. Once timed out, user will need to log back in and restart the process.

LabWare 7	
Create New Session	
Role _WEBLIMS	$\sim$
OK Cancel	

Click "Create New Session" to re-enter and start over.

### SYSTEM REQUIREMENTS

Browser options required for WebLIMS:

- 1. Allow session cookies
- 2. Allow pop-ups
- 3. Allow JavaScript

For help configuring your internet browser to allow these options, please refer to the <u>Troubleshooting</u> <u>section</u>.

# LOGGING IN

1. Click <u>https://weblims.floridapublichealthlab.com/</u>



- 2. In the login page, enter the user name and password received from BPHL.
- 3. Click the LOGIN button.

LabWare 7			
User Name			
Password			
Login			

4. Select your role from the drop down menu and select OK.

LabWare 7
Create New Session
Role
OK Cancel

5. Please note that the workflow selection screen after login will vary depending on your role. For a "\_WEBLIMS" role, the selection screen will be:

Hay 17 2018	FPH Web	User Menu	2
	Rej	ports	
	Sample Status Report	Monthly Statistics Reports	
	Patient Reports	Epidemiology Reports	

For a "\_WEBLIMS\_ORD\_RPT" role, the selection screen will be:

Hay 17 2018	Web Orders/Reports			
	Orders	Rep	orts	
	Create Order Reprint Order Regulsition	Sample Status Report	Monthly Statistics Reports	
		Patient Reports	Epidemiology Reports	

**PLEASE NOTE:** Users can only place orders for providers/practitioner authorized for the user. The user's professional organization and role dictate authorized providers/practitioners. If the providers/practitioners displayed are not consistent with those under the user's purview, please log out immediately and notify BPHL Help Desk at (904) 791-1567 or DLBPHLLAR@flhealth.gov

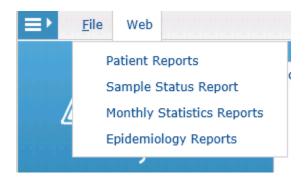
### REPORTS

#### REPORT SELECTION

- 1. To view reports in WebLIMS, you may either select from:
  - a. The buttons on the Workflow:

Hay 17 2018	FPH Web	User Menu	2 0
	Re	ports	
	Sample Status Report	Monthly Statistics Reports	
	Patient Reports	Epidemiology Reports	

b. Or select the "Web" tab to view the available reports.



- 2. Select the desired report to run.
  - a. Patient Reports: Allows access to individual test reports for patients.
  - b. Sample Status Report: Allows access to status of samples submitted.
  - c. Monthly Statistics Reports:
    - i. **Monthly Statistics Report**: Provides monthly statistics by submitter as number of samples submitted and number of tests performed for each analysis within a given time period.
    - ii. **Abnormal Report**: Provides monthly abnormal samples by submitter. This report lists total number of samples submitted, total normal and abnormal samples, and test summary noting number of normal and abnormal tests for each analysis within a given time period.
    - iii. **Unsatisfactory Report**: Provides the number of unsatisfactory samples received from a submitter for a given time period. Sample Unsatisfactory Reasons are noted in the report if requested with details.
  - d. **Epidemiology Reports**: Provides the number of samples submitted by program and county and number of tests by program, analysis and county within a given time period.

3. To run subsequent reports, begin again at the Web tab, select the report to run and enter the parameters. Within the same session, the report parameters will repopulate with parameters last entered.

**PLEASE NOTE:** Ensure the Explorer Window is minimized. If the window is maximized, reports run will not be visible until the window is minimized.

## PATIENT REPORTS

Searching under **Patient Reports** allows access to individual test reports for patients.

1. Enter the desired report parameters in the Patient Search Screen.

Submitter II	ALACHDA	ALA		Q	н	ledical Record Number:				
	ALACHU	JA COUNTY HEALTH DEI	ARTMENT -			SSN:				
		NW US HWY 441, STE 1				Street Address:				
		FL 32615				State ID:				
					Sam	pled or Received Date:	mm/dd/yyyy	mm/dd/yy	YY 🔯	
Practitioner II	ALAC01			A		Tube ID:				
	YANA B	ANKS				Patient Active Flag: 1				
						Sample Reported: 1	r			
First Nam	8:									
Last Nam	a:									
Birth Dat	e: 05/01/19	994 👩 05/0	1/2018	۲						
Sample Number First Nam	e Last Name	Birth Date	San	Street Address	Tests	Submitter	Practitioner	Sampled Recd Date	State Id Tabe Id	
			234567891					01/10/2018 12:00:00 AM	mtc1801190	

- 2. The Submitter ID and Practitioner ID fields are required fields.
- 3. Select Search when finished.
- 4. The search results available for selection will be displayed at the bottom of the screen.

Search Dialog Summary				a	
Submitter ID: Practitioner ID: First Name: Last Name:	- ALACHA COURTY HEALTH DEPARTMENT 15500 WW US HWY 441, STE 10010 Alachau FL 22015 Alachau FL 22015 Alachau FL 22015 Alachau FL 22015	55Re Street Address State ID: Sampled or Received Date: Tube ID:	r	) ) ) )	Search Results Panel
24729 userThree	Call Hand Call Ad	And Tanks Ta	Select a search	Table M mic10011905	Results Pallel

5. Search results may be sorted ascending or descending by clicking on any column header in the Search Results Panel. Results will be sorted by the information within the selected column.

						Birth Date: 01	/01/1900	g mm/dd/yyyy	1	80	
	For exan	nple, here	the res	sults	Medica	al Record Number:					
	For example, here the results have been sorted by Sample Number in descending order					SSN:					
	Number in descending order.					Street Address:					
	Number in descending order.					State ID:					
	Number in descending order. Click again and they will be				Sampled	or Received Date: m	n/dd/yyyy	mm/dd/yyyy			
1		in ascendir				Tube ID:					
	Sorreal	n ascendir	na orae	eror							
	sorreur	ascentan			Pi	atient Active Flag: T					
		ample Nun	-			atient Active Flag: T Sample Reported: T					
	Sa	ample Nun	nber.			Sample Reported: T					
			nber.	eet Address			Practitioner	Sampled Recd Date	State M	Tube M	
0	First Name Last Name	ample Nun	sas sav	reet Address	Trefs	Sample Reported: T Submitter	-	00102010 12 00 00 744	State Id	Tube M	
2696	Sa	Birth Date	5m 5m 5500 1111	reet Address	Teels Registre doct - Costanyase Advanta Culture	Sample Reported: T	JA BANKS, YANA S	00102010 12 00 00 744	State M	Tube M .	
2696 12604 12679	Kerren Kannen Last Namme Merren Kannen Last Namme Merren Kannen Kannen Kannen FELICA FARBANNAA BOAT BANNAA	Birth Date 01502/1900 12:00:00 AM 12/22/1907 12:00:00 AM	5m Street SSN010100 1111 422335000 2000	reet Address 111 MAIN RD 56 ATLWNTC BLVD 5 CHIQUITA WAY	Tests Adverse Coller Adverse Coller Adverse Coller Challengery 800	Sample Reported: T Submitter ALACHIA CHD ALACH ALACHIA CHD ALACH ALACHIA CHD ALACH	JA BANKS, YANA S JA BANKS, YANA S JA BANKS, YANA S	05/07/2016 12:00:00 AM 05/01/2016 12:00:00 AM 05/26/2016 12:00:00 AM	State ki	Tube M .	
Sarroly, Rumb	Viet Name Viet Name	Birth Date 0101/1500 12:00:00 AM 5 12/23/16/0 12:00:00 AM 12/24/1977 12:00:00 AM	580 5000 5800 1010 58001000 1111 422305300 2006 8X8124277 880 58001000 1111	reef Address 111 MAIN RD 56 ATLANTIC BLVD 56 ATLANTIC BLVD 111 MAIN RD	Texts Person Colors - Colleges Advance Culture Childrages JGO RPR with Conferentiatory 61/978 Reactive	Sample Reported: T Sabahitar ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH	JA BANKS, YANA S JA BANKS, YANA S JA BANKS, YANA S JA BANKS, YANA S	05/07/2016 12:00:00 AM 05/07/2016 12:00:00 AM 05/26/2016 12:00:00 AM 05/25/2016 12:00:00 AM	State M	Tabe M mit 1907 1907	
2696 12604 12679	Kerren Kannen Last Namme Merren Kannen Last Namme Merren Kannen Kannen Kannen FELICA FARBANNAA BOAT BANNAA	Birth Date 01502/1900 12:00:00 AM 12/22/1907 12:00:00 AM	5an 5ee 23400/000 1111 5580/0100 1111 52380/0100 1111 5580/01000 1111	reef Address 111 MAIN RD 5 CHOUTA WAY 111 MAIN RD 111 MAIN RD	Tests Adverse Coller Adverse Coller Adverse Coller Challengery 800	Sample Reported: T Sabahitar ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH ALACHIA CHO ALACH	JA BANKS,YANA S JA BANKS,YANA S JA BANKS,YANA S JA BANKS,YANA S JA BANKS,YANA S	05/07/2016 12:00:00 AM 05/07/2016 12:00:00 AM 05/26/2016 12:00:00 AM 05/25/2016 12:00:00 AM 05/18/2016 12:00:00 AM	State M	Table M	

6. Select the report and click "OK", or double click the selected record.

7. The report will be displayed.

LIMS Report #: 3813 Special Project: Program Component: Submitter: ALACHUA COUNTY HEALTH DEPARTMENT 15530 NW US HWY 441, STE 10010 Alachua, FL 32615 Social Security #: 234687891 Gender: Ambiguou Race: Sample #: MCJ18020501 (24729) Date Collected: 01/10/2018 Source: Urine Date Received: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Order ID: mitc18011905 State ID: Ordered Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Note: Test Result Reference Range Date Approved	Florida HEALTH		Departmen of Public Health L P.O. B Jacksonville	aborator ox 210	ries - Jacks	sonvill	e
Special Project:       Program Component:         Submitter:       ALACHUA COUNTY HEALTH DEPARTMENT 16530 NW US HWY 441, STE 10010 Alachua, FL 32615       Local Patient Id: Date of Birth:       02/02/1999 Social Security #:       234567891       Gender:       Ambiguou Race:         Sample #:       MCJ18020501 (24729)       Date Collected:       01/10/2018 02/05/2018       Social Security #:       234567891       Gender:       Ambiguou Race:         Source:       Urine       Date Received:       02/05/2018       Social Security #:       245672018         Source:       Urine       Date Reported:       02/05/2018       Social Security #:       24567301       Net         Order ID:       mtc18011905       State ID:       Onset Date:       Pregnant:       No         Practitioner:       YANA S BANKS       F Fasting:       Pregnant:       No         Note:       Test       Result       Reference Range       Date Approved         0430       Amplified Chlamydia       Negative       Negative       02/05/2018	Service ID:		Patien	t: userThree	test		
Submitter:       ALACHUA COUNTY HEALTH DEPARTMENT 16530 NW US HWY 441, STE 10010 Alachua, FL 32615       Local Patient Id: Date of Birth:       02/02/1999 Social Security #:       234567891       Gender:       Ambiguou Race:         Sample #:       MCJ18020501 (24729)       Date Collected:       01/10/2018       01/02/18         Source:       Urine       Date Reported:       02/05/2018       02/05/2018         Additional Info:       Date Reported:       02/05/2018       02/05/2018         Order ID:       mto18011905       State ID:       01/02/018         Ordered Testcode:       0430       Onset Date:       Pregnant:       No         Practitioner:       YANA S BANKS       F Sating:       Pregnant:       No         Test       Result       Reference Range       Date Approved         0430       Amplified Chlamydia       Negative       Negative       02/05/2018	LIMS Report #: 3	813					
15530 NW US HWY 441, STE 10010     Local Patent Idi:     02/02/1999       Alachua, FL 32615     Date of Birth:     02/02/1999       Social Security #:     234567891     Gender:     Ambiguou       Race:     Race:     34567891     Gender:     Ambiguou       Sample #:     MCJ18020501 (24729)     Date Collected:     01/10/2018       Source:     Urine     Date Received:     02/05/2018       Additional Info:     Date Reported:     02/05/2018       Order ID:     mto18011905     State ID:       Dracet Testcode:     0430     Onset Date:       Practitioner:     YANA S BANKS     Fasting:     Pregnant:       Note:     Test     Result     Reference Range     Date Approved       0430     Amplified Chlamydia     Negative     02/05/2018	Special Project:	Program Compon	ent:				
Source: Urine Date Received: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Drdere ID: mtc18011905 State ID: Drdered Testcode: 0430 Onset Date: Pregnant: No Note: Presting: Pregnant: No Note: Date Result Reference Range Date Approved 0430 Amplified Chlamydia Negative Negative 02/05/2018	15530 N	W US HWY 441, STE 10010	Local Date o Social	f Birth:		Gender:	Ambiguou
Source: Urine Date Received: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Drdere ID: mtc18011905 State ID: Drdered Testcode: 0430 Onset Date: Pregnant: No Note: Presting: Pregnant: No Note: Date Result Reference Range Date Approved 0430 Amplified Chlamydia Negative Negative 02/05/2018	Comple #	MC (18020501 (24720)	Data Collected:	01/10/201	•		
Additional Info: Date Reported: 02/05/2018 Drderel Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Test Result Reference Range Date Approved D430 Amplified Chlamydia Negative Negative 02/05/2018					-		
Order ID: mto18011905 State ID: Ordered Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Note: Test Result Reference Range Date Approved 0430 Amplified Chlamydia Negative Negative 02/05/2018		onne					
Ordered Testcode:     0430     Onset Date:       Practitioner:     YANA S BANKS     Fasting:     Pregnant:     No       Note:     Image: State Sta	Additional Info: Order ID:	mtc18011905		02/03/201	~		
Note: Test Result Reference Range Date Approved D430 Amplified Chlamydia Negative 02/05/2018	Ordered Testcode:						
Result         Reference Range         Date Approved           D430         Amplified Chlamydia         Negative         02/05/2018	Practitioner:	YANA S BANKS			Pregnant	: No	
0430 Amplified Chlamydia Negative 02/05/2018	Note:						
,	Test		Result		Reference Rang	e Date	Approved
Final			•			02/	05/2018
			Final				

8. Print or save the report if desired by following the steps on <u>Printing Reports</u> (P. 27).

## SAMPLE STATUS REPORT

The Sample Status Report provides status of samples submitted.

1. Enter the desired parameters and click Search in the Sample Status Search Dialog box. Note the Submitter ID and Practitioner ID fields are mandatory fields and require entries.

		Demographi	ic data entry must be c	omplete for			Last	Name:					
	59	imple selection	on availability				Birt	h Date: 05/01/	1991 05	/01/201	8		
	ple	If your samplease try again	ple is not available for in later	selection,			Medical Record N	umber:					
Sub	omitter ID: A	ALACHDALA		P	0			SSN:					
		ALACHUA CI	OUNTY HEALTH DEPAR	TMENT			Street A	ddress:					
		15530 NW I	JS HWY 441, STE 1001	0			St	ate ID:					
		Alachua FL					Sampled or Receiver	d Date: mm/de	Vyyyy 💿 m	m/dd/yy	~		
		Alachua FL .	32015				т	ube ID:					
							Patient Activ	re Flag: T					
Practi	itioner ID: 🗚	ALAC01		P									
		YANA BANK					Sample Data E	ntered: T					
Sample Number		YANA BANK		San	Street	Texts	Sample Data E	Practitioner	Sampled Recd Date	State M	Tube Id	Patient Id	
		Last Name	Birth Date		Street Address	Tests AFB Culture	*****	Practitioner		State Id	Tube M	Patient Id	
24726 24727	 First Name	Last Name TEST	Birth Date 01/31/1999 12:00:00 AM 01/31/1999 12:00:00 AM	123567895	Street Address	AFB Culture AFB Culture	Submitter ALACHUA CHD ALACHUA ALACHUA CHD ALACHUA	Practitioner BANKS,YANA S BANKS,YANA S	01/25/2018 12:00:00 AM 01/30/2018 12:00:00 AM			831 832	
24726 24727	 First Name USERFOUR	Last Name TEST	Birth Date 01/31/1999 12:00:00 AM	123567895	Street Address	AFB Culture	Submitter ALACHUA CHD ALACHUA ALACHUA CHD ALACHUA	Practitioner BANKS,YANA S BANKS,YANA S	01/25/2018 12:00:00 AM 01/30/2018 12:00:00 AM		Tube M mtc18011905	831 832	

2. Select the patient record to view in the Query Select Dialog box

immary													
		Democratic	ic data entry must be o				Last	Name:					
		ample selecti	ic data entry must be i ion availability,	comprete roi									
							Birt	Date: 05/01/	1991 00 05	/01/2018	3	0	
		If your sam clease try aga	ple is not available for	selection,			Medical Record N	umber:					
			im racers										
Sub	mitter ID:	ALACHDALA		2				SSN:					
							Street A	Idress:					
		- ALACHUA C	OUNTY HEALTH DEPAR	TMENT									
		- 15530 NW	US HWY 441, STE 1001	10			St	ate ID:					
							Sampled or Received	d Date: mm/dd	i/www.mim	m/dd/yyy	v		
		Alachua FL	32615								·		
							T	ibe ID:					
							Patient Activ	e Flag: T					
Practi	tioner ID:	ALAC01			0								
		- YANA BANK	-				Sample Data E	ntered: T					
		- YANA BANK	.5										
Sample Number	First Name	Last Name	Birth Date	Ssn	Street	Tests	Submitter	Practitioner	Sampled Recd Date	State Id	Tube Id	Patient Id	
24726	USERFOUR	TEST	01/31/1999 12:00:00 AM	123567895		AFB Culture	ALACHUA CHD ALACHUA	BANKS YANA S	01/25/2018 12:00:00 AM			831	
	userlowercas												
		e test	01/31/1999 12:00:00 AM			AFB Culture	ALACHUA CHD ALACHUA		01/30/2018 12:00:00 AM			832	
	userThree					AFB Culture Amplified GC/CT-Chlamydia					mtc18011905		
			01/31/1999 12:00:00 AM								mlc18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mtc18011906		
			01/31/1999 12:00:00 AM								mic18011906		
			01/31/1999 12:00:00 AM								mic18011905		
			01/31/1999 12:00:00 AM								mtc18011905		
			01/31/1999 12:00:00 AM								mic 180 1 1906		
			01/31/1999 12:00:00 AM								mic 180 1 1905		
24729	userThree	lest	01/31/1999 12:00:00 AM	234567891		Jampilied GCCT-Chianydia					mic 1801 1965		1 of 3
24729	userThree	lest	013311989 120000 AM	234567891		Jampilied GCCT-Chianydia			(91/10/2018 12:00:00 AM		mic 100 1 1905		1 of: 3
24729	userThree	lest	013311989 120000 AM	234567891		Jampilied GCCT-Chianydia			(91/10/2018 12:00:00 AM		mile 180 1 1903		1 of: 3 Select All

3. Click OK or double click to view the selected Sample Status reports.

4. The report will be displayed. Reports viewed under Sample Status Reports will always be labeled "Unofficial Report." Official reports may be viewed through the Patient Reports option.

Florida HEALTH		Departmen Public Health La P.O. Bo Jacksonville	aboratori x 210	ies - Jacks	onville
CLIA: 10D0645095 Service ID:			: USERFOUR		
.IMS Report #:		- ducin			
Special Project:	Program Component:		Miami, FL, 3	33152	
	COUNTY HEALTH DEPARTMENT US HWY 441, STE 10010 L 32815	Date of	Patient Id: Birth: Security #:	01/31/1999 123567895 White	Gender: Male
Sample #:	MTC18020101 (24726)	Date Collected:			
Source: Additional Info: Ordered Testcode:	Sputum	Date Received: Date Reported: Onset Date:	01/25/2018		
Practitioner: Note:	YANA S BANKS	Fasting:		Pregnant:	
fest	R	esult	F	Reference Range	Date Approved
110 AFB Smear (Co		ending			
5					
_SingleSampleFPH.rpt		Page 1 of 1		Print	t Date: 05/18/2018

#### MONTHLY STATISTICS REPORTS

*Monthly Statistics Reports* include the *Monthly Statistics Report*, the *Abnormal Report* and the *Unsatisfactory Report*.

- The Monthly Statistics Report provides monthly statistics by submitter as number of samples submitted and number of tests performed for each analysis within a given time period.
- The Abnormal Report provides monthly abnormal samples by submitter. This report lists total number of samples submitted, total normal and abnormal samples, and test summary noting number of normal and abnormal tests for each analysis within a given time period.
- The Unsatisfactory Report will list the number of unsatisfactory samples received from a submitter for a given time period. It can be run in two ways- with or without details. Sample Unsatisfactory Reasons are noted in the details.
- 1. In the displayed dialog box, enter desired parameters in all three fields as they are mandatory.

Submitter:	P		
ast Report Date (Begin): Sep/18/2017			
Last Report Date (End): Sep/18/2017	0		
	ок	Cancel	

- 2. Click OK to continue.
- 3. There are 3 different statistical reports available.
- 4. In the displayed Select Dialog box, select the desired statistical report, and click "OK."

Selec	t Dialog	-22
Pl	ease choose a statistical report to run:	
	Monthly Statistics Report	
	Abnormal Report	
	Unsatisfactory Report	
	OK	

## MONTHLY STATISTICS REPORT

The **Monthly Statistics Report** provides monthly statistics by submitter as number of samples submitted and number of tests performed for each analysis within a given time period.

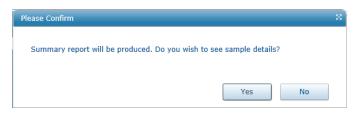
5. When selecting the Monthly Statistics Report, a report like the following will be displayed:

	Menu2 - Windows Internet Explore		A
Florida	DEPARTMENT BUREAU OF LA	BORATORIES	
HEALTH	Monthly Statistic	s by Submitter	
	Submitter: FAKE CUSTON Date Reported: 09/01/2	IER (ALACHDIMM) 017 - 09/22/2017	
otal Samples		4	
est Summary		# Tests	
Arbo Virus	Arbo Culture	2	
Rubella	Rubella Screen	2	
Syphilis	Syphilis TPPA	2	
Total Tests		6	

#### ABNORMAL REPORT

The **Abnormal Report** provides monthly abnormal samples by submitter. This report lists total number of samples submitted, total normal and abnormal samples, and test summary noting number of normal and abnormal tests for each analysis within a given time period

- 6. When selecting Abnormal Report:
  - a. Select whether to run the report with or without details.



b. The Abnormal Report (shown below) will be displayed.

abWare LIM5 WebMainMer	u2 - Windows Internet Expl	orer			_
	DEPARTMEN	NT OF HEAL	тн		
Florida	BUREAU OF L	ABORATOR	RIES		
HEALTH	Monthly Abnorn	nals by Su	bmitter		
	Submitter: FAKE CUST				
	Date Reported: 09/01	1/2017 - 09/22/	2017		
Sample Summary		Normal	Abnormal	Total	
Total Samples		2	2	4	
Test Summary		Normal	Abnormal	Total	
Arbo Virus	Arbo Culture	2	0	2	
Rubella	Rubella Screen	1	1	2	
Syphilis	Syphilis TPPA	1	1	2	
Total Tests		4	2	6	
Z_MonthlyAbnormalCustomer.rpt .50 x 11.00 in	Page 1 of 1			Print Date	9/22/2017

The following is the second page of the same Abnormal Report if requested with details:



#### DEPARTMENT OF HEALTH BUREAU OF LABORATORIES

#### Monthly Abnormals by Submitter

#### Submitter: FAKE CUSTOMER (ALACHDIMM) Date Reported: 09/01/2017 - 09/22/2017

		Abnormal D	etails (Abnormal Samples Only)		
Sample ID AMB1791812	25 (7170599)	Local Patient ID	Patient FRED D FLINTSTONE	Birth Date 04/04/1971	Date Sampled
0245	Syphilis TPPA		Reactive		
4000	Rubella Screen		Immune		
Sample ID AMB1791812	26 (7170600)	Local Patient ID	Patient FRED D FLINTSTONE	Birth Date 04/04/1971	Date Sampled
0245	Syphilis TPPA		Non-Reactive		
4000	Rubella Screen		Non-Immune		

2 MonthlyAbnormalCustomer.rpt 8.50 x 11.00 in Page 2 of 2

Print Date: 9/22/2017

## UNSATISFACTORY REPORT

The **Unsatisfactory Report** will list the number of unsatisfactory samples received from a submitter for a given time period. It can be run in two ways- with or without details. Sample Unsatisfactory Reasons are noted in the details.

- 7. When selecting Unsatisfactory Report:
  - a. Select whether to run the report with or without details.

Please Confirm	×
Summary report will be produced. Do you wish	to see sample details?
	Yes No

b. The Unsatisfactory Report without detail (shown below) will be displayed.

Florida	DEPARTMENT OF HEALTH BUREAU OF LABORATORIES Monthly Unsat by Submitter	
REALIN		
	Submitter: FAKE CUSTOMER (ALACHDIMM) Date Reported: 05/01/2016 - 09/27/2017	
Samples Unsat	Total	
Total Samples	21	
Tests Unsat		
Z_MonthlyUnsatCustomer.rpt	Page 1 of 1	Print Date: 9/27/2017

c. This is the second page of the same report if requested with details

Florida	BU	EPARTMENT OF HEALTH REAU OF LABORATORIES hthly Unsat by Submitte		
HEALIN	Submitter: FAK	E CUSTOMER (ALACHDIMM) ed: 05/01/2016 - 09/27/2017		
		Unsat Details		
Sample ID JSA17028298 (7144140)	Local Patient ID	Patient FIRSTNAME A LASTNAME	Birth Date 08/16/1995	Date Sampled 05/03/2017
Sample Unsat Reason:	Specimen in wrong/i	nappropriate collection kit.		
Test Amplified GC/CT	Unsat Reason Sample Unsat			
Sample ID JMM17000117 (7144141)	Local Patient ID	Patient FIRSTNAME A LASTNAME	Birth Date 08/16/1995	Date Sampled 05/03/2017
Test	Unsat Reason			
GC Culture	User canceled Test			
Sample ID JRU16000235 (6528344)	Local Patient ID	Patient FIRSTNAME A LASTNAME	Birth Date 09/04/1969	Date Sampled 05/20/2016
Sample Unsat Reason:	mismatched hx/spec	s. I.D.		
Test	Unsat Reason			
HIV 1/2 Ag/Ab Combo	Sample Unsat			
Sample ID JRU16000736 (6877575)	Local Patient ID	Patient FIRSTNAME B LASTNAME	Birth Date 09/27/1970	Date Sampled 11/21/2016
Sample Unsat Reason:	WRONG SPECIME	NRECEIVED		
Test	Unsat Reason			
CD4/CD8	Sample Unsat			
Sample ID JRU17000266 (7128656)	Local Patient ID	Patient FIRSTNAME D LASTNAME	Birth Date 03/12/1982	Date Sampled 04/25/2017
Sample Unsat Reason:	quantity not sufficien	t		
	Unsat Reason			
Test HIV-1 Viral Load	Sample Unsat			

#### EPIDEMIOLOGY REPORTS

*Epidemiology Reports* provide the number of samples submitted by program and county and number of tests by program, analysis and county within a given time period.

 Enter information for the mandatory fields (Last Reported Begin and End) and other parameters if desired in the displayed dialog box. If non-mandatory fields are left blank, the report will show all data within the date range entered.

Last Reported (Begin):	May/21/2018	
Last Reported (End):	May/21/2018	
Program Component:		
Submitter:	Q	
Patient:	٩	
Patient or Customer County:	<b>•</b>	
Common Name:	=	
ок	Cancel	

- 2. When entering filter for the Common Name (of the analysis type), a Quick Codes Selection Dialog box will appear.
- 3. LW allows a filter of one or more analysis via the Quick Codes Selection Dialog box.

Quick Codes Selection Dialog		22
Search Criteria	Search Codes	Full Search
Unassigned		
AFB Acid Fast Bacilli		^
ALBUMIN Albumin		
ALBUUMIN ALBUUMIN		
ALK_PHOSPHAT Alkaline Phosphatase		
ALT ALT - Alinie Aminotransferase		
AMYLASE Amylase		
ANION GAP Anion Gap		$\sim$
Assigned		
Assign All None Unassign	Ю	Cancel

- 4. Select the desired analyses by one of the following options:
  - a. Click on the desired analysis category you would like to select and that category will be highlighted. You may either
    - i. click the "Assign" button at the bottom of the window, to add the selection to the bottom pane of the window;
    - ii. or just double click the desired category to assign it for the report. The selection will be added to the bottom pane of the window.
  - b. To select more than one items
    - i. Choosing single item: Highlight the desired item and click Assign.

Search Criteria		Search Codes	Full Search
		Search Codes	V Full Search
	Unassigned		
AFB Acid Fast Bacilli Tests (AFB)			
3T Bioterrorism			
T_WORKUP BT Workups			
HEMISTRY Chemistry			
CT CT (CT)			
NVDW Environmental - Drinking Water	r		
IV HIV Tests			
IYCOLOGY Mycology			
QC QCs (All)			
	Assigned		
IROLOGY Virology			
into 2001 vilology			

ii. Choosing more than 1 item but not all: repeat the above step for the next item.

Quick Codes Selection Dialog				
Search Criteria		Search Codes	Full Search	
	Unassigned			
AFB Acid Fast Bacilli Tests (AFB)				
BT Bioterrorism				
BT_WORKUP BT Workups				
CHEMISTRY Chemistry				
CT CT (CT)				
ENVDW Environmental - Drinking Water				
HIV HIV Tests				
QC QCs (All)				
	Assigned			
VIROLOGY Virology				_
MYCOLOGY Mycology				
				_

iii. Choosing all the items: select the ALL button.

Quick Codes Selection Dialog			20
Search Criteria Unassigned	Search Codes	Full Search	
Assigned			
VIROLOGY Virology			
MYCOLOGY Mycology			
AFB Acid Fast Bacilli Tests (AFB)			
BT Bioterrorism			
BT_WORKUP BT Workups			
CHEMISTRY Chemistry			
CT CT (CT)			
ENVDW Environmental - Drinking Water			
HIV HIV Tests			
QC QCs (All)			
Assign All None Unassign	0	KCancel	

5. When all the desired analyses are selected, click OK. The selection(s) will appear in the Analysis field displayed in step 1 above.

Last Reported (Begin):		
Last Reported (End):	May/21/2016	
Program Component:		<b>(1)</b>
	L	<b>•</b>
Submitter:		Q
Patient:		Q
Patient or Customer County:		•
Common Name:	AFB, ALBUMIN, ALBUUN	=
ок	Cancel	

6. If the entered parameters are satisfactory, click "OK" to display the report.

7. The following is an example of an Epidemiology Report:

Floric	la TH	Ana	DEPARTMENT OF HEALTH BUREAU OF LABORATORIES Program Component by County Counties: Orange ysis Types: AFB, BT, BT_WORKUP, CHEMISTRY, CT, ENVDW, HIV, MYCOLOGY, QC, VIROLOGY Date Reported: 06/01/2016 - 06/02/2016	
			# Samples by Program and County	
Program	48 Orange	Total		
02	2	2		
03	32	32		
04	1	1		
18	4	4		
23	17	17		
Total	56	56		
Z_MonthlyP	rogramCounty.r	pt	Page 1 of 2	Print Date: 10/5/2017

				DEPARTMENT OF HEALTH BUREAU OF LABORATORIES	
<b>FIOT</b> HEA	ida LTH			Program Component by County	
				# Tests by Program and County	
rogram	Analysis	48	Total		
02	HIV 1/2 Ag/Ab Combo	2	2		
	Program Subtotal	2	2		
)3	HIV-1 Viral Load	32	32		
	Program Subtotal	32	32		
04	HIV 1/2 Ag/Ab Combo	1	1		
	HIV 1/2 Ag/Ab Diff	1	1		
	Program Subtotal	2	2		
18	HIV 1/2 Ag/Ab Combo	4	4		
	Program Subtotal	4	4		
23	HIV 1/2 Ag/Ab Combo	17	17		
	Program Subtotal	17	17		
Grand T	otal	57	57		
	yProgramCounty.rpt			Page 2 of 2	Print Date: 10/5/2017

## PRINTING REPORTS

1. If no print icon displays, right click on the report to display the shortcut menu.

abWare LIMS WebM	lainMenu2 - Windows Internet E	xplorer		
				<b>^</b>
Florida HEALTH	Bureau of Pu	Department of Iblic Health Labor P.O. Box 21 Jacksonville, FL	<b>ratories - Jackson</b> 10	ville
CLIA: 10D0845095 Service ID: LIMS Report #: 7322 Special Project:	1898 Program Component:	123	ED D FLINTSTONE 3 SILVERSTONE QUARY NNESVILLE, FL, 32607	
Submitter: FAKE CUST 224 SE 24TI Gainesville,	H STREET	Local Patient Date of Birth Social Secur Race:	c 04/04/1971	der: Male
Sample #: Source: Additional Info: Ordered Testcode: Practitioner: Note:	AMB17918123 (7170597) Blood 1670 BHUMI PATEL Virus isolation attempts are performed with this virus. A negative result (no v be due to inadequate sample collectio	Date Reported: 09/ Onset Date: Fasting: d in cell culture. A positive cu virus isolated) may be due to l	lack of current infection but it r	nay also
Test	Res	ult	Reference Range	Date Approved
1670 Arbovirus Culture Virus Isolated		s Isolated virus		09/19/2017
			✓ Select Tool Hand Tool Marquee Zoom	
			Previous <u>V</u> iew	Alt+Left Arrow
			<u>R</u> otate Clockwise <u>P</u> rint <u>E</u> ind	Shift+Ctrl+Plus Ctrl+P Ctrl+F
			Document Propert	ies
	E Contra de	inal	S <u>h</u> ow Navigation P	ane Buttons

2. SELECT "Save As" or "Print."

Available functions will depend upon the user's internet browser and PDF application.

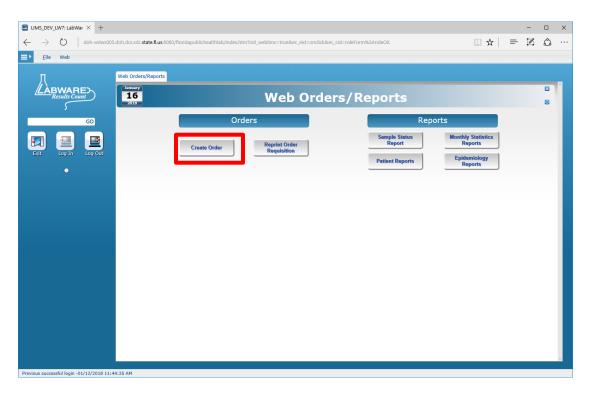
3. In the Print Dialog Window you may choose to save the document as a PDF, or to fax the document or send it to a printer.

Cuckontrine	
Print	×
Printer:       Microsoft Print to PDF (redirected 2)       Properties       Adva         Copies:       Fax (redirected 2)       Print in grayscale (b         Microsoft Print to PDF (redirected 2)       Print in grayscale (b         Pages to       Microsoft XPS Document Writer	lack and white)
Pages to Microsoft XPS Document Writer     All     Microsoft XPS Document Writer (redirected 2)     Curre Send To OneNote 2016 (redirected 2)     Pages     1	Comments & Forms Document and Markups
<ul> <li>More Options</li> <li>Page Sizing &amp; Handling (a)</li> <li>Size Poster (b) Multiple (c) Booklet</li> <li>Eit</li> <li>Actual size</li> <li>Shrink oversized pages</li> <li>Custom Scale: 100 %</li> <li>Choose paper source by PDF page size</li> </ul>	Scale: 100% 8.5 × 11 Inches
Orientation: Auto portrait/landscape Portrait Landscape	Final Very Page 1 of 1
Page <u>S</u> etup	Print Cancel

# ORDERING

#### CREATE ORDERS

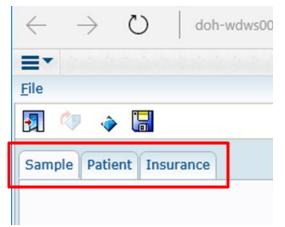
1. In WebLIMS, select Create Order



2. As an alternate, select the Create Order from the drop down



3. There are 3 tabs in the Clinical Testing Order Form page. Enter information in all the required fields in all the tabs. Detail of entries for the fields in the 3 tabs can be found in later sections.



- a. Sample tab: collects sample related information.
- b. Patient: collects patient related information.
- c. Insurance: collects patient insurance information. This is required entry if it is noted on the Patient tab that patient has insurance. Otherwise, this tab would not be available for entry.
- 4. Once all data are entered in all the tabs, in order for the order to be submitted, the order must be saved.
  - a. Note:
    - i. It is important to SAVE the order to submit.
    - ii. Selecting the CLOSE × on the upper right hand corner of the window would bypass a lot of programming and the order will **NOT** be submitted.
  - b. Select YES or NO as desired in the PLEASE CONFIRM dialogue box.

Please Confirm	5.5 173
The following order will be submitted:	
Tube ID: 3333 Submitter: ALACHUA COUNTY HEALTH DEPARTMENT Practitioner: YANA S BANKS Patient: userfour test	
Tests and panels ordered: - AFB Culture	
You will NOT be able to edit after submission. Continue?	
Yes	No

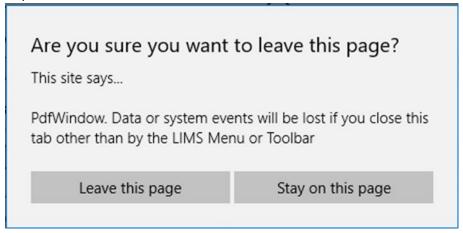
5. After selecting YES to submit the order, the requisition for the sample will be displayed.

Bureau of Public H	Health Laboratories (BPHL)
DH1847, 17	
Florida HEALTH	SUBMITTER: PLACE LABELS HERE
Submission No: 600 Receiving Lab: Jacksonville Lab	Submission Date: 05/21/2018 Submitted By: Test User1
Sample Information	
Tube ID: mtc999	ICD-10 Diagnosis Codes:
Specimen Type: Sputum	Program Component:
Date of Collection: 05/17/2018	Special Project ID:
Patient Information	Submitter/Health Care Provider
Patient ID:	Facility Name: ALACHUA COUNTY HEALTH
Name: user test	DEPARTMENT
Date of Birth: 01/01/2000 Gender: Female	Physician: YANA S BANKS
SSN: HMS State ID:	Phys-Sent ID:
Race:	Address: 15530 NW US HWY 441, STE 10010
Ethnicity:	Alachua FL 32615
Address:	
County: Phone:	
Insurance Information Primary Insurance	
Name: state	
Policy No: Ins1111	
Group No: 1111	
Address:	
Clinical History	
Fasting:	Pregnant: No
Symptoms:	Travel In US:
Onset Date:	Travel Outside US:
	Travel History:
Ordered Testing - TB/Mycobacteriology	
AFB Culture	
	Print Date: 05/21/2018

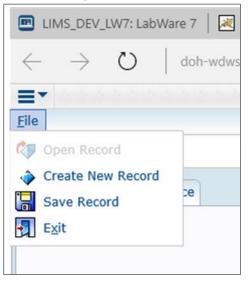
- 6. If desired, print or save the requisition by following the steps on Printing Reports (P. 27)
  - a. To exit, select , Or × on the tab
  - b. Select "Yes" if the following dialog box appears to close the Order window.

Web Browser	
The site you're on is trying to cl close this tab?	ose this tab. Do you want to
Yes	No
	EUV-3-3EULU/.

If the following dialog box appears, select "LEAVE THIS PAGE" if completely finished with the Requisition PDF, or select "STAY ON THIS PAGE" to keep open a tab for this requisition.



7. To create new order, go to FILE > Create New Record



8. Select the appropriate option at the following dialog box. The default information is specific to the user.

Sel	ect Dialog	
Next	t submission: Select information to	copy from
-	Copy provider info only (YANA S E	ANKS)
	Copy provider and patient info (YA	NA S BAN
	Do not copy (blank form)	
K		,
	OK	

- a. When selecting one of the "COPY ..." options, the provider (and the patient information) of the previous submitted order will be automatically populated in the new order.
- b. Otherwise repeat steps for creating new orders.

### SAMPLE TAB FIELD ENTRY INFORMATION

#### TUBE ID

Tube Id:	
	,

- 1. It is a required entry.
- 2. This identifies the sample submitted. Only unique numbers are to be used. If by chance a duplicate ID was entered, LabWare will not save the order and require correction.

Inf	ormation
	Order not submitted for the following reason(s):
	- Tube ID is already in use.
	ОК

- 3. The unique ID: these IDs must be unique in a global sense among all samples submitted to BPHL.
  - a. They can be generated by the submitter or
  - b. Interested providers may request a list of numbers unique from BPHL

SUBMITTER (HOSPITAL, CLINIC, OFFICE, ETC):

Submitter (Hospital, Clinic, Office, etc.):	ALACHDALA
	ALACHUA COUNTY HEALTH DEPARTMENT
	15530 NW US HWY 441, STE 10010
	Alachua FL 32615

- 1. This is a required entry.
- 2. It defaults to the LabWare code for the first of the submitters authorized to the user. The expanded information of the submitter will be listed below the field.
- 3. If a different submitter is desired, clicking the 🔎 on the right end of the field will display a list of available submitter for the particular users. Select the desired submitter and click OK.

Customer	Company Name	Address1
	ALACHUA COUNTY HEALTH DEPARTMENT	15530 NW US HWY 441, 5

# PRACTITIONER (DOCTOR, CLINICIAN, ETC.)

Practitioner (Doctor, Clinician, etc.): ALAC01	þ

- 1. This is a required entry.
- 2. It defaults to the LabWare code for the first of the practitioner authorized to the user. The expanded information of the practitioners will be listed below the field.
- 3. If a different practitioner is desired, clicking the 🧖 on the right end of the field will display a list of available submitter for the particular users. Select the desired practitioner and click OK.

Name	Description	National Provider ID	Practitioner Type	First Name	Last
ALAC01	BANKS, YANA S	1225140197		YANA	BANK

#### **RECEIVING LAB**



- 1. This is a required entry.
- 2. It defaults to the BPHL that is associated to the submitter.
- 3. It can be changed to any of the three BPHL by selecting P to expand the list of available options.

Name         Description           JACKSONVILLE         Jacksonville Lab           MIAMI         Miami Lab           TAMPA         Tampa Lab	JACKSONVILLE Jacksonville Lab MIAMI Miami Lab	ratory Groups		
MIAMI Miami Lab	MIAMI Miami Lab	Name	Description	
		JACKSONVILLE	Jacksonville Lab	
TAMPA Tampa Lab	TAMPA Tampa Lab	MIAMI	Miami Lab	
		TAMPA	Tampa Lab	

4. Select the desired lab and click OK.

## SPECIMEN COLLECTION DATE



- 1. This is a required entry.
- 2. Enter the date in the format listed.
- 3. Click to open the calendar.



4. Select the desired date to enter into the field.

## ICD-10 CODE

ICD-10 Code 2:

- This is a not a required entry field.
   There are 2 ICD-10 code for use.
- 3. Click to see available options of ICD-10 code.

Icd10 Code	Description	Category	Sub Category	Sub Class	Sub Sub Class
A00	Cholera	A00			
A00.0	Cholera due to Vibrio cholerae 01, biovar cholerae	A00	A00.0		
A00.1	Cholera due to Vibrio cholerae 01, biovar eltor	A00	A00.1		
A00.9	Cholera, unspecified	A00	A00.9		
A01	Typhoid and paratyphoid fevers	A01			
A01.0	Typhoid fever	A01	A01.0		
A01.00	Typhoid fever, unspecified	A01	A01.0	A01.00	
A01.01	Typhoid meningitis	A01	A01.0	A01.01	
A01.02	Typhoid fever with heart involvement	A01	A01.0	A01.02	
A01.03	Typhoid pneumonia	A01	A01.0	A01.03	
A01.04	Typhoid arthritis	A01	A01.0	A01.04	
A01.05	Typhoid osteomyelitis	A01	A01.0	A01.05	
A01.09	Typhoid fever with other complications	A01	A01.0	A01.09	
A01.1	Paratyphoid fever A	A01	A01.1		
A01.2	Paratyphoid fever B	A01	A01.2		
A01.3	Paratyphoid fever C	A01	A01.3		
A01.4	Paratyphoid fever, unspecified	A01	A01.4		
A02	Other salmonella infections	A02			
A02.0	Salmonella enteritis	A02	A02.0		
A02.1	Salmonella sepsis	A02	A02.1		

Q

#### OUTBREAK RELATED

Outbreak Related:	•

- 1. This is a not a required entry field.
- 2. Select from the drop down to indicate if the testing is related to an outbreak.

ρ

3. This information is helpful when there is an investigation of an outbreak.

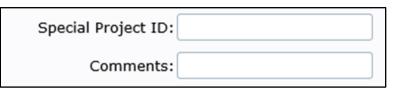
#### PROGRAM COMPONENT

Program Component:

- 1. This is a not a required entry field.
- 2. Click P to select from the list of available program component codes.

Prog	ram Coi	mponents	
	Name	Description	~
	00	Unknown	
	012B		
	012L		
	012N		
	019		
	01D		
	01M		
	01S		
	01X		
	01Z		
	02	STD	
	0202	std	
	0203		
	0213		
	022		
	0223		
	022A		
	022B		
	022C		
	022D		
	022E		
	022G		
	022H		/
		OK Cancel	

## SPECIAL PROJECT ID AND COMMENTS

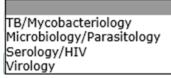


- 1. Neither of these fields are required entry field.
- 2. Enter information as desired in these fields.

## TEST CATEGORY

Testing Category:

- 1. This is a required entry field.
- 2. The drop down is empty if the RECEIVING LAB was not entered.
- 3. Select from the drop down one of the test category.



4. All available tests for ordering are grouped under one of these category.

#### SPECIMEN SOURCE

Specimen Source:

- 1. This is a required entry field.
- 2. The options available in this field is dependent on the Test Category selected.
- 3. Click oview available choices.

Amniotic fluid
Blood
Blood, Cord
Blood, EDTA
Blood, heart postmortem
Blood, Venous
Blood, Whole
Bowel
Bowel, Large
Bowel, Small
Brain
Bronichial, aspirate
Bronchial lavage
Bronchoalveolar lavage, lower lobe, left
Bronchoalveolar lavage, lower lobe, right
Bronchial Wash
Bronchus
Cervix
CSF
Feces
Fluid
Genital
Heart
Kidney
Labia
Lesion
Liver
Lung
Left Lung
Right Lung
Milk
Nasal Aspirate 🗸 🗸

4. The tests available for selection is dependent on the specimen source. Therefore, if the desired test is not available under one specimen source, you may need to select a different but similar specimen source.

## SELECT TESTS AND PANELS



- 1. This is a required entry.
- 2. The available options of tests and panels are dependent on the specimen source.
- 3. The list would be blank if either (or both) Test Category or (and) Specimen Source is (are) blank.
- 4. An example of the list displayed after clicking the button:

ens at JACKSONVILLE	
PANELS	
~	
Cancel	
	PANELS

- 5. Select ALL the tests and panels desired.
- 6. Click OK to save.

## PATIENT TAB FIELDS ENTRY INFORMATION

## SEARCH FOR PATIENT

Search for Patient

- 1. Click this button to search for Patient only AFTER at least one of the following information is entered on the Patient tab.
  - a. Social Security number
  - b. Patient ID this refers to the patient identifier created by LabWare
  - c. At least TWO of First Name, Last Name or Date of Birth
- 2. If not, the following informational dialogue box will appear.

Information
Cannot execute search. Please check the following:
At least ONE of the following is entered on Patient tab:
- Social Security Number
- Patient ID
- At least TWO of First Name, Last Name, or Date of Birth
ОК

- 3. Once the search conditions are met, all relevant patient information will be filled in if the patient existed in the LabWare database.
- 4. User may correct/update the information as appropriate.

## FIRST NAME, LAST NAME, DOB

First Name: user1	
Last Name: Test	
Birth Date: Jan/12/1999	1

- 1. These are required entry fields after the Patient Search Process.
- 2. Do not include the suffixes, such as Jr., Sr., II etc. in the Last name or the first name. There is a specific field for that piece of the information.
- 3. For the Birth Date, click to access the calendar for selection of date.

#### NAME SUFFIX

- 1. This is an optional entry field.
- 2. Select from the drop down for the appropriate suffix to use.
- 3. Leave blank if not applicable.

## PATIENT ID

Patient ID (MRN, Chart, Prison, etc.): med111

- 1. This is an optional entry field. However, if this is available, the Patient Search Process can be carried out with just this piece of information.
- 2. When search, this information and the submitter are searched as a pair.

#### SOCIAL SECURITY NUMBER

Social Security Number:

- 1. This is not a required entry field. However, if this is available, the Patient Search Process can be carried out with just this piece of information.
- 2. When entering this information, it is not important to include the "-".

## PREGNANT

Pregnant:	Yes	-

- 1. This is a required entry field.
- 2. Select dropdown to see all available options.

#### HAS INSURANCE

Has Insurance: Yes

- 1. This is a required entry field.
- 2. When selecting YES, entry of at least one Insurance on the Insurance tab is required.

#### INSURANCE TAB FIELDS ENTRY INFORMATION

When the HAS INSURANCE field on the Patient Tab is YES, the first set of insurance information on this tab is required. If patient has more than one insurance, fill out the INSURANCE 2 and INSURANCE 3 as appropriate.

•

INSURANCE TYPE

Insurance Type:

Primary Insurance Secondary Insurance Medicaid Insurance Medicare Insurance

INSURANCE NAME, POLICY NO., GROUP NO.

Insurance Name:	
Policy No:	
Group No:	

Complete the patient's insurance information in the above mandatory fields.

#### OTHER INSURANCE INFORMATION

Address:		]
Zipcode:	م	]
City:		]
State:		

The above fields are not mandatory, but should be completed if available.

## INSURANCE 2, INSURANCE 3

If the patient has secondary and/or tertiary insurance, fill in the same way as Insurance 1 as applicable.

## REPRINT ORDER REQUISITIONS

If a copy of a previous requisition is needed, the requisition may be reprinted through **Reprint Order** *Requisition.* 



1. Enter the desired report parameters in the Search Dialog. Please note "Customer" is a mandatory field.

Search Dialo	og										
Summary											
	Customer:	ALACHDALA		Q			Web Order Id:				
		ALACHUA COUNTY H	HEALTH DEPARTN	1ENT			Patient First Name:				
		15530 NW US HWY	441, STE 10010				Patient Last Name:				
		Alachua FL 32615	_				Patient Birth Date:	mm/dd/yyyy	mm/dd/yyyy	۵	
							Patient Med Rec No:				
F	Practitioner:	ALAC01		p			Tube Id:				
		YANA BANKS					Sampled Date:	mm/dd/yyyy	mm/dd/yyyy	۵	
Web Order Id	Patient First N	lame Patient Last Name	Patient Birth Date	Patient Med Rec No	Tube Id Sampled	I Date					
ок									Select a search		0 of: 0
Cancel	1								Save Search Disp	play Fields	Search Select All

2. Select Search when finished.

3. The search results available for selection will be displayed at the bottom of the se	screen.
---	---------

Search Dialog									
Summary									
Cus	omer: ALACHDA	LA	م			Patient Last Name:			
						Patient Birth Date:	01/01/2001	mm/dd/yyyy	
	ALACHU	A COUNTY HEAL	TH DEPARTMENT				01/01/2001	mm/dd/yyyy	
	15530 N	IW US HWY 441,	STE 10010			Patient Med Rec No:			
						Tube Id:			
	Alachua	FL 32615							
1						Sampled Date:	mm/dd/yyyy	mm/dd/yyyy	Ø
Due at									
Practi	tioner: ALAC01		٩						
	YANA BA	ANKS							
Web On	der Id:								
Patient First	Name:								
						*****			
Web Order Id	Patient First Name	Patient Last Name	Patient Birth Date	Patient Med Rec No	Tube Id	Sampled Date			~
546		test	01/02/2010 12:00:00 AM			01/20/2018 12:00:00 AM			
542		test	01/01/2018 12:00:00 AM			01/20/2018 12:00:00 AM			
602		Test	01/01/2001 12:00:00 AM			05/21/2018 12:00:00 AM			
603 604		Test	01/01/2001 12:00:00 AM			05/21/2018 12:00:00 AM			
605		Test	01/01/2001 12:00:00 AM 01/01/2001 12:00:00 AM			05/21/2018 12:00:00 AM 05/21/2018 12:00:00 AM			
606		Test	01/01/2001 12:00:00 AM			05/21/2018 12:00:00 AM			~
								Select a search	0 of: 10
ок								Select a search	0 01. 10
Cancel								Save Search Display F	ields Select All

4. Search results may be sorted ascending or descending by clicking on any column header in the Search Results Panel. Results will be sorted by the information within the selected column.

S	Search Dialog										
s	Summary										
	-			P		Patient Last Name					
				ARTMENT		Patient Birth Date	01/01/2001	🗴 mm/dd/y	ууу 📋		
For exam	ple, here	the resu	lts have	0010		Patient Med Rec No					
been sor	rted by V	Veb Orde	er ID in			Tube Id					
ascendin	-					Sampled Date	mm/dd/yyyy	mm/dd/y	ууу 🔯		
	-	-									
they will			-	٩							
orde	er of We	b Order II	D.								
	teb Or	der Id:									
	Po irst	Name:									
<b>Г</b>	Web Order Id	Patient First Name	Patient Last Name	Patient Birth Date	Patient Med Rec No Tube Id	Sampled Date					Search
	546	userrwo	test	01/02/2010 12:00:00 AM	2222	01/20/2018 12:00:00 AM					Results Panel
	542 602	userThree userOne	test	01/01/2018 12:00:00 AM 01/01/2001 12:00:00 AM	1111	01/20/2018 12:00:00 AM 05/21/2018 12:00:00 AM					
	602	userOne	Test	01/01/2001 12:00:00 AM	mtc888 mtc777	05/21/2018 12:00:00 AM					١
	604	userOne	Test	01/01/2001 12:00:00 AM		-2 05/21/2018 12:00:00 AM					<u> </u>
	605	userOne	Test	01/01/2001 12:00:00 AM		-3 05/21/2018 12:00:00 AM					
	000		(mart)			1 05010010 10 00 00 111					~ ·
	ок							Select a search		0 of: 10	

5. Select the requisition desired and click "OK", or double click the selected record.

6. The requisition will be displayed.

Florida HEALTH	SUBMITTER: PLACE LABELS HERE
Submission No: 609	Submission Date: 05/21/2018
Receiving Lab: Jacksonville Lab	Submitted By: Test User1
Sample Information	
Fube ID: mtc777-7	ICD-10 Diagnosis Codes:
Specimen Type: Serum	Program Component:
Date of Collection: 05/21/2018	Special Project ID:
Patient Information	Submitter/Health Care Provider
Patient ID: Name: userOne Test Date of Birth: 01/01/2001 Gender: Male SSN: HMS State ID: Race: Ethnicity: Address: County: Phone:	Facility Name: ALACHUA COUNTY HEALTH DEPARTMENT Physician: YANA'S BANKS Phys-Sent ID: Address: 15530 NW US HWY 441, STE 10010 Alachua FL 32615
Clinical History	
Fasting:	Pregnant: No
Symptoms: Onset Date:	Travel In US: Travel Outlade US: Travel History:
Ordered Testing - Serology/HIV	
Syphilis RPR Qual	
	Print Date: 05/21/2018

7. Print or save the requisition if desired by following the steps on <u>Printing Reports</u> (P. 27)

## TROUBLESHOOTING

## **BROWSER OPTION CONFIGURATION**

The following examples of how to configure your browser to allow session cookies, pop-ups and JavaScript are from Internet Explorer.

Steps to configure:

- 1. Copy the WebLIMS URL from the URL bar in Internet Explorer.
- 2. All settings are configured under the Tools | Internet Options menus
  - a. Allow session cookies: i. Privacy tab Internet Options  $\times$ ? General Securit Privacy ( ontent Connections Programs Advanced Settings Sites Advanced Location Never allow websites to request your physical location <u>C</u>lear Sites Pop-up Blocker -Turn on Pop-up Blocker S<u>e</u>ttings InPrivate Disable toolbars and extensions when InPrivate Browsing starts OK Cancel Apply

## ii. Click on Advanced

Internet Options		?	$\times$
General Security Privacy ontent Connections Pro	ograms	Advar	nced
Settings			-
Sites	Ad <u>v</u> a	anced	
Location			_
Never allow websites to request your physical location	<u>C</u> lea	r Sites	
Pop-up Blocker			- 1
Turn on Pop-up <u>B</u> locker	Set	tings	
InPrivate			- 1
Disable toolbars and extensions when InPrivate Brows	sing star	ts	
OK Cance	1	Арр	ly

iii. Select the checkboxes for "Override automatic cookie handing" and "Always allow session cookies"

Advanced Privacy Settings						
You can choose how c	ookies are handled.					
Cookies						
First-party Cookies	Third-party Cookies					
<u>Accept</u>	Accept					
O <u>B</u> lock	⊖ B <u>l</u> ock					
O Prompt	O Prompt					
Always allow session cook	cies					
	OK Cancel					

iv. Click OK

- b. Allow pop-ups:
  - i. While still in the Privacy tab
    - 1. Under the Pop-up Blocker section, deselect "Turn on Pop-up Blocker"
    - 2. If unable to do so due to business rules, Under Pop-up Blocker section, click on settings

Internet Options	?	×
General Security Privacy Content Connections Progra	ims Ad	dvanced
Settings		-
Sites	Ad <u>v</u> ano	ed
Location		
Never allow websites to request your physical location	<u>C</u> lear Si	tes
Pop-up Blocker		
Turn on Pop-up Blocker	S <u>e</u> tting	js
InPrivate		_
Disable toolbars and extensions when InPrivate Browsing	starts	
OK Cancel		Apply

- 3. Paste the WebLIMS URL from the URL bar in Internet Explorer from Step 1
- c. Allow JavaScript:
  - i. Security tab Internet Options ?  $\times$ ral Security Privacy Content Connections Programs Advanced Gen Select a zone to view or change security settings.  $\bigcirc$  $\checkmark$ Local intranet Trusted sites Restricted sites Internet This zone is for Internet websites, except those listed in trusted and restricted zones. Security level for this zone Custom Custom settings. - To change the settings, click Custom level. - To use the recommended settings, click Default level. Enable Protected Mode (requires restarting Internet Explorer) Custom level... Default level Reset all zones to default level Some <u>settings</u> are managed by your system administrator. Cancel <u>A</u>pply OK
  - ii. Click on "Custom Level"

Internet Options	?	×
General Security Privacy Content Connections Program	ns Adv	vanced
Select a zone to view or change security settings.		
🔍 🔮 🗸 🚫		
Internet Local intranet Trusted sites Restricted sites		
Internet	Sites	
This zone is for Internet websites, except those listed in trusted and restricted zones.	nics	
Security level for this zone		
Custom Custom settings. - To change the settings, click Custom level. - To use the recommended settings, click Defau	ılt level	
Enable Protected Mode (requires restarting Internet E	xplorer	<b>,</b>
	ult level	
Reset all zones to defa	ult level	1
Some <u>settings</u> are managed by your system administrate	or.	
OK Cancel	A	pply

Security Settings - Internet Zone	×
Settings	
<ul> <li>Enable</li> <li>Prompt</li> <li>Scripting</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow Programmatic dipboard access</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow status bar updates via script</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow status bar updates via script</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow websites to prompt for information using scripted winds</li> </ul>	
*Takes effect after you restart your computer	
Reset custom settings       Reset to:       Medium-high (default)	
OK Cancel	

iii. Scroll down to the "Scripting" section near the bottom

## iv. Enable "Active Scripting"

Security Settings - Internet Zone	<
Settings	
<ul> <li>Enable</li> <li>Prompt</li> <li>Scripting</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow Programmatic clipboard access</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> </ul>	
Allow status bar updates via script <ul> <li>Disable</li> <li>Enable</li> <li>Allow websites to prompt for information using scripted windd</li> <li>O Disable</li> <li>&lt; &gt;</li> </ul>	
*Takes effect after you restart your computer	
Reset custom settings <u>R</u> eset to: Medium-high (default) ~ Reset	
OK Cancel	

v. Enable "Scripting of Java applets".

Security Settings - Internet Zone	(
Settings	
<ul> <li>Disable</li> <li>Enable</li> <li>Enable XSS filter</li> <li>Disable</li> <li>Enable</li> <li>Scripting of Java applets</li> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>User Authentication</li> <li>Logon</li> <li>Anonymous logon</li> <li>Automatic logon only in Intranet zone</li> <li>Automatic logon with current user name and password</li> </ul>	
Prompt for user name and password	
*Takes effect after you restart your computer	
Reset custom settings	
Reset to: Medium-high (default) V Reset	
OK Cancel	

# CONTACT INFORMATION

lssue	Contact	Email	Tel	Fax
Access to WebLIMS	BPHL Help Desk	DLBPHLLAR@flhealth.gov	(904) 791 – 1744	(904) 791-1567
WebLIMS functionality	<u>"</u>	n	"	