

# **Department of Health**

# **Bureau of Public Health Laboratories**



# WEBLIMS - USER GUIDE

Welcome to WebLIMS!

Department	LIMS	
Prepared by	Angela Blanton	Date
Checked by	Mary Cook	Date
Approved by	Susanne Crowe	Date
Contacts:		

Susanne Crowe Bureau Chief, LIMS Administrator Susanne.Crowe@FLHealth.gov 904-791-1550

Doc. Ver. N	o. 03
05/29/2020	Replaces
05/29/2020	Date issued
05/29/2020	Review date



Jackie Sayers LIMS Administrator Jackie.Sayers@FLHealth.gov 904-791-1692

# TABLE OF CONTENT

Table of content	2
General information	4
Basic conventions used	5
System requirements	5
Logging in	6
Reports	
Report selection	
Patient reports	13
Sample status report	17
Monthly Statistics Reports	19
Monthly Statistics Report	20
Abnormal Report	21
Unsatisfactory Report	24
Epidemiology reports	
Printing reports	
Ordering	
Create orders	
Sample tab field Entry information	
Tube ID	
Submitter (Hospital, Clinic, Office, etc):	
Practitioner (doctor, Clinician, etc.)	
Receiving lab	
Specimen collection date	
ICD-10 code	
Outbreak related	
Program component	
Special project id and comments	
Test category	
Specimen source	46

Select tests and panels
Patient tab fields entry information
Search for patient
First name, Last name, DOB
Name suffix
Patient ID
Social Security Number
Pregnant
Has insurance
Insurance tab fields entry information51
Insurance Type51
Insurance Name, Policy No., Group No
Other insurance information
Insurance 2, Insurance 352
Reprint Order requisitions
Troubleshooting
Browser option configuration56
Contact information

#### 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. elicking 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	~
	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.



# PLEASE NOTE: To place orders, User MUST select the "\_WEBLIMS\_ORD\_RPT" Role

- 5. The workflow selection screen will be displayed.
  - a. Click "Set" under Preferences to choose Summary Tables and desired parameters for Selection Criteria. Summary Tables, Selection Criteria and Charts will appear blank until parameters are selected. Once set, these preferences will be the default preferences for the user. These may be reset at any time by clicking "Reset".



b. The User Preferences Window will appear. Select Tables and choose Date Ranges, Max Rows and Charts Displayed here.

e Web Data Entry Web Orders/Reports	Web Orders/Reports	۵ ۵
Performance     Summary Table       Sor     Sormary Table       Sormary Table     Latest Report Not viewed in Web (Human) Pending Final Report (Human)       Orders     Jatest Report Samples (Human)       Create an Order     Samples (Human)       Reportint Report     Samples (Human)       Sample     Samples Sub Satus Report       Batients Reports     Samples (Human)       Sample     Samples (Human)	V Tables Search: Use Preference: Select Tables: SAMPLES_UNRECY_SUMM_USEE Submitted Date Range: [ast 180 days Submitted Date Statt: Jaw / 101 / 2009 Submitted Date End: Jaw / 101 / 2019 Max. Table Rows: 1000 Charts Displayed: SAMPLES_SUBMITTED_DAILY_CO	Submitted - Monthly

c. The Summary Tables and Selection Criteria chosen will be listed.

Web Data Entry							
eb Orders/Repor							63
28	Web	Orders	/Re	eports			0
Preferences	Summary Tables	Search:			Selection Cri	teria	
3 🛋	Summary Table	#Total Records			Criteria	Value/Range	
Set Reset	Latest Report Not viewed in Web (Human)	57		Submitted Date Ra	nge	Last 180 days	
	Pending Final Report (Human)	31		Submitted Date Sta		11/30/2019	
Orders	All Submitted Samples (Human)	96		Submitted Date En	d	05/28/2020	
	Unreceived Samples (Human)	2	-	Max. Table Rows		1000	
Create an Order							
Reprint Requisition Report	Samples Submitted - Daily	1			Samples Submittee	i - Monthly	
Sample tatus Report							
Patient Reports							
Monthly Statistics Reports							
pidemiology Reports	Show 25 - entries					Search:	
		No data	available	in table			
	First Previous Next Last						

d. Select the desired Summary Table from the list to view.

Su	Immary Tables	Search:		
Summary Tab	le	#Total Records		
Latest Report Not viewed in Web	(Human)	57	-	1
Pending Final Report (Human)		31	- 1	
All Submitted Samples (Human)		96	-	1
Unreceived Samples (Human)	Select from this	2	-	2
	column the Sum	mary		
	Table desired.	J		

e. The Charts and Data for the Summary Table Selected will be displayed. The type of chart displayed will depend on the selection.



f. If desired, the data for the Summary Table selected may be exported as an Excel file.

	Summary Tables	Search:	
Summary Ta	able	#Total Records	
Latest Report Not viewed in We	eb (Human)	57	1
Pending Final Report (Human)		31	
All Submitted Samples (Human)	)	96	
Unreceived Samples (Human)		2	/- 🔛
	Click this icon the Summary Table	to export the data f selected as an Exce	

**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, select from the Reports buttons on the Workflow:



- 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

#### General Search Information:

Most search fields (except dates) do not have to be entered completely. Search may be performed by entering the first few characters; however, please note partial matches will be displayed which contain the characters in any position, not only at the beginning. For instance, for the last name "Test", if only "Te" is entered, "Martes" would also be displayed in the search results for potential matches.

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

	Select search type: Search	h by Patient			Last Name:	8			
		h by Patient h by Submitter	8			JAN /00 /0000 \$ JAN /0	0 0000 0		
	Searc	h by Submitter		N	ledical Record Number:				TÎ -
	22.2		-1		SSN:				
			1		Street Address:				
					State ID:	0			7
	Practitioners		م ا	Sampled o	r Received Date Range:	NOV/24/2019 🗘 MAK/2	22/2020 🕻		
					Tube ID:				1
	First Name:								
									T
Number Patient First Nam	e Patient Last Name	Patient Dob Patient Ssn	Fatient St Address	Tests Customer Desc	Z Practitioner Name	Sampled Recd Date	Z State Id	Tube Id	
Yuniber Patient First Nam	e Patient Last Name	Patient Dob Patient Ssn	Patient St Address	Tests Customer Desc	2 Practitioner Narte	Sampled Recd Date	Z State Id	Tube Id	
Nuniber Patient First Nam	e Fatient Last Name	Patient Dob Patient Ssn	Patient St Address	Tests Customer Desc	2 Praditioner Name	Sampled Recd Date	Z State Id	Tube Id	
Number Pablent First Nam	e Patient Last Name	Patient Dob Patient Son	Fatient St Address	Tests Customer Desc	2 Practitioner Name	Sampled Recd Date	Z State Id	Tube Id	
Suniber Patient First Nam	e Fatient Last Name	Patient Dob Patient Son	Patient St Address	Tests Customer Desc	Z. Practitioner Name	Sampled Recd Date	Z State Id	Tube Id	
Auniber Patient First Nam	e Potient Last Name	Patient Dob Patient Son	Folient St Address	Tests Customer Desc	2 Praditioner Name	Sampled Recd Date	Z State Id	Tube Id	
uniber Patient First Nam	e Patient Last Name	Patient Dob Patient Son	Patient St Address	Tests Customer Desc	2 Praditioner Name	Sampled Bend Date	Z State Id	Tubeld	
niber Patient First Nam	e Patient Last Name	Patient Dob Patient Son	Patient St Address	Tests Customer Desc	2 Praditioner Name	Sampled Rend Date	Z State Io	Tube ld	
nber   Patient First Nan	e Patient Last Name	Patient Dob Patient Son	Patient St Address	Tests Customer Desc	I Praditioner Name	Sampled Reod Date	Z State Id	Tube ld	
nber   Patient First Nan	e Patiert lad Name	Patient Dob Patient Son	Patient St Address	Tess Cuitoner Disc	7 Praditioner Name	Sampled Reod Date	Z State Id	Tube ld	
inber   Patient First Nan	e Patiert last kann	Patient Dob Patient Son	Patient St Address	Tets Cuitorer Disc	7 Praditioner Name	Sampled Recd Date	Z State Id	Tube ld	
inber –   Pablent First Nan	e Pattert Lait Name	Patient Dob Patient Son	Patient St Address	Tets Cuitorer Disc	7 Poditions Name	Sampled Recd Date	Z State Id	Tube Id	

1. Select one of the search options.

a. If searching by Patient, enter the desired report parameters in the Patient Search Screen. The Last Name and Sampled or Received Date Range fields are required fields.



b. If searching by Submitter, enter the desired report parameters in the Submitter Search Screen. The Submitter and Sampled or Received Date Range fields are required fields.

Search Dialog					
Summary					
Select search type: Search by Submitter	•	Last Name:			- II
Submitter	Q	Birth Date:	JAN /00/0000 🗘 JAN /00	/0000 0	
		Medical Record Number:			
	Required Fields	SSN:			
		Street Address:			
		State ID:			
Practitioner:	q	Sampled or Received Date Range:	NOV/29/2019 C MAY/27	/2020 🗘	- 1
		Tube ID:			
First Name:					
	1 I		1		
Sample Number Patient First Name Patient Last Name Patient Dob	Patient Ssn Patient St Address Tests	Customer Desc Z Practitioner Name	Sampled Recd Date	Z State Id Tube Id	

Clicking the Search Icon for the Submitter field will display all Submitters assigned to the user's access. If multiple locations are listed for the same Submitter name, care should be taken to select the Submitter entry with the correct address.

ALACHDAHEP AC ALACHDALA AL	Submitter:	2 Description	Mer	Birth Date: JAN /00/000	) 3AN /00/000	0 0	×	4
nitter Co ALACHDAHEP AC ALACHDALA AL	ompany Name	Description	Mer	dical Record Number:				
nitter Co ALACHDAHEP AC ALACHDALA AL		Description		nen nen service and an and a service of the				
ALACHDAHEP AC ALACHDALA AL		Description						
ALACHDAHEP AC ALACHDALA AL			DAU/External ID	Address	City	State	Zipcode +	L .
ALACHDALA AL		ACHD - HEPATITIS (ALACHUA)	0309AC	15530 NW US HWY 441 STE 10030	Alachua	FL	32615	
	LACHUA COUNTY HEALTH DEPARTMENT	ALACHUA CHD ALACHUA	030195	15530 NW US HWY 441_STE 10010	Alachua	EL	32615	н.
ALACHDALA1 AC	CHD-FAMILY PLANNING (ALACHUA)	ALACHUA CHD	03023A	15530 NW US HWY 441 STE 10030	Alachua	FL	32615	
	CHD-PRIMARY CARE (ALACHUA)	ALACHUA CHD ALACHUA	03041A	15530 NW US HWY 441 STE 10030	Alachua	FL	32615	
ALACHDALP AC	CHD-PEDIATRICS (ALACHUA)	Alachua CHD- Alachua Pediatrics	03029A	15530 NW US HWY 441 STE 10030	Alachua	FL	32615	L
ALACHDCOL AC	CHD-COLPOSCOPY CLINIC (MAIN)	ALACHUA CHD-COLPOSCOPY CLINEC	030FHM	224 SE 24TH STREET	Gainesville	FL	32641	E
ALACHDENV AL	LACHUA CHD ENVIRONMENTAL HEALTH /ANTHONY DENNIS	ALACHUA CHD ENVIRONMENTAL HEALTH/ANTHONY DENNIS		224 SE 24TH STREET	Gainesville	FL	32641	
	CHD - EPI (MAIN)	ALACHUA CHD EPIDEMIOLOGY	0306MC	224 SE 24TH STREET	Gainesville	FL	32641	
ALACHDEPII AC	CHD - EPI (ALACHUA)	ALACHUA CHD EPIDEMOLOGY-ALACHUA	0306AC	15530 NW US HWY 441 STE 10030	Alachua	FL	32615	
ALACHDEXT AC	CHD EXTENDED HOURS MAIN SITE	ACHD EXTENDED HOURS MAIN SITE	030EHM	224 SE 24TH STREET	Gainesville	FL	32641	
ALACHDEXTI AC	CHD EXTENDED HOURS ALACHUA CLINIC	ALACHUA CHD EXTENDED HOURS ALACHUA CLINIC	030EHA	15120 NW MAIN	Alachua	FL	32616	
ALACHDEAM AC	CHD-FAMILY PLANNING (MAIN)	ALACHUA CHD-FAMILY PLANNING(MAIN)	03023M	224 SE 24TH STREET	Gainesville	FL	32641	-
ALACHDEM FE	EARNSIDE MAIN	ALACHUA CHD - FEARNSIDE MAIN	030191	3600 NE 15th Street	Gainesville	FL	32609	
ALACHDESCA ES	SC ADULT HEALTH	ALACHUA CHD - FSC ADULT HEALTH	01F537	3600 NE 15th Street	Gainesville	FL	32609	-
ALACHDESCE ESI	SC FAMILY PLANNING	ALACHUA CHD - FSC FAMILY PLANNING	01F523	3600 15TH Street	Gainesville	FL	32608	
ALACHDESCE ES	SC PEDIATRICS	ALACHUA CHD - FSC PEDIATRICS	01F529	3600 NW 15TH Street	Gainesville	FL	32608	
ALACHDESCS ES	SC STD	ALACHUA CHD - FSC STD	01FS02	3600 NW 15TH Street	Gainesville	FL	32608	
ALACHDGAI HS	S ALACHUA	HS ALACHUA	03019G	224 SE 24TH ST	Gainesville	FL	32641	
ALACHDGAII AC	CHD-PRIMARY CARE (MAIN)	ALACHUA CHD GAINESVILLE	03041M	224 SE 24TH STREET	Gainesville	FL	32641	
ALACHDGAIN AL	LACHUA CHD SOUTHWEST SITE	ALACHUA CHD SOUTHWEST SITE	0301SW	816 SW 64TH TERRACE	Gainesville	FL	32607	
ALACHDHAW HA	AWTHORNE CLINIC	ALACHUA CHD HAWTHORNE	030193	PO BOX 1481	Hawthorne	FL	32640	
ALACHDHEP AC	CHD - HEPATITIS (MAIN)	ALACHUA CHD HEPATITIS	0309MC	224 SE 24TH ST	Gainesville	FL	32641	
ALACHDHIGH HIG	IGH SPRINGS CLINIC	ALACHUA CHD HIGH SPRINGS	030194	PO BOX 845	High Springs	FL	32655 -	
							1997	
	Next Page				OK	0	ancel	
Prev Page								

If the LIMS Submitter code is known, this may be entered in the Submitter field. If only a few characters are entered in this field, pressing "Enter" will display all relevant submitter codes assigned to the user's access.

Search Dialog				
Summary				
	Select search type: Search by Submitter	×	Last Name:	
	Submitter: ALA	Q	Birth Date:	JAN /00/0000 🗘 JAN /00/0000 🗘
ALACHDAHEP ALACHDALA			Medical Record Number:	
ALACHDALA1			SSN:	
ALACHDALA2 ALACHDALP ALACHDCOL		-1	Street Address:	
1		2	State ID:	
	Practitionen	Q	Sampled or Received Date Range:	NOV/29/2019 0 MAY/27/2020 0
			Tube ID:	
	First Name:			
L				

- 2. Select Search when finished.
- 3. The search results available for selection will be displayed at the bottom of the screen.

Search Dialog		Submitter CENTR 832 W CEN Orlando Practitioner			۲ م	Medical Reco	Last Name: test Birth Date: JAN 700 700 rd Number: SSN: State ID: Date Range: NOV 739 72 Tube ID:				Ś	Searc Results F	
Sample Number [7558754 852466 8524654	Palent First Mane TEST TEST TEST TEST TEST	Patient Last Name TEST TEST TEST	Patient Dob 12/17/2000 12/00/00 AM 12/17/2000 12/00/00 AM 12/17/2000 12/00/00 AM	Patient Ssn	Patient S Address OCHD 6101 LARE ELLENGR DR 6101 LARE ELLENGR DR	Tets HTV:12 Combo Ag/Ab Immunoassay Overall Anglitted GCCT-Chiamydia Anglitted GCCT-Chiamydia	Curtoner Derc DRANGE CHO CENTRAL ORANGE CHO CENTRAL ORANGE CHO CENTRAL	2 Practitioner Name SOLEDO,NICHARD DESANIA DESANIA	Sampled Reed Date. 0274-0281 120000 AM 10/24/0289 120000 AM 10/24/0299 1200000 AM 10/24/0299 1200000 AM	Z State Id 4861733462 4860633646 4860633646			
Cancel	VEBRPT_PTNT_BLANTO	NAM_BY_PATIENT ·	- My last search for WEB	RPT_PATIENT,	_RPT		Select a search	Display Fields	0 of:	3 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.

Summary	have been sor Number in asc Click again ar sorted in desce	ere the results ted by Sample cending order. nd they will be ending order of Number.		Medical Record	SSN: t Address: State ID:				
Sample Number 1758/34 8524646 8524654	Parent Plans         Plans Hala Nasa           US1         US1           US1         US1           US3         US3           US3         US3           US3         US3           US3         US3           US3         US3	Indext 0b         Potent 1           12/12/000 120:000 0 AM         12/12/12/000 0 120:000 AM           12/12/12/000 120:000 AM         12/12/12/000 120:000 AM	In Pariset 35 Address Oxfor SI31 LARE ELLENCE OR SI31 LARE ELLENCE OR SI31 LARE ELLENCE OR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	Curtamer Desc DIAMAGE (*10 CENTRAL DIAMAGE (*10 CENTRAL DIAMAGE (*10 CENTRAL	Z Poddioner Name SOLEKO NICHARD DESANIA DESANIA	Sampird Rect Date 0214/0219 12/0000 AM 0214/0219 12/0000 AM 10/04/0219 12/0000 AM	4860635646	
OK W	VEBRPT_PTNT_BLANTONAM_BY_PATIENT	- My last search for WEBRPT_PATI	ENT_RPT		Select a search	Display Fields	0 of: Search	3 Select All	

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

6. The report will be displayed.

Videred Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Note: Test Result Reference Range Date Approved	CLIA:	Iorida IEALTH	Bureau d	Departme of Public Health I P.O. f Jacksonvil	L <b>aborato</b> Box 210	ries - Jack	sonvill	e
special Project: Program Component: Submitter: ALACHUA COUNTY HEALTH DEPARTMENT 15530 NW US HWY 441, STE 10010 Alachua, FL 32615 Sample #: MCJ18020501 (24729) Social Security #: 234567891 Gender: Ambiguou Race: Sample #: MCJ18020501 (24729) Date Collected: 01/10/2018 Source: Urine Date Received: 02/05/2018 Urine Date Reported: 02/05/2018 Viditional Info: Drder ID: mic18011905 State ID: Drder ID: mic18011905 State ID: Drder ID: mic18011905 State ID: Drder ID: mic18011905 State ID: Pregnant: No Vide: Vide: Vide: Vide: Kesut Reference Range Date Approved Vide: Vid	Service ID:	:		Patie	nt: userThre	e test		
Submitter:       ALACHUA COUNTY HEALTH DEPARTMENT 15530 NW US HWY 441, STE 10010 Alachua, FL 32615       Local Patient Id: Date of Birth:       02/02/1999 Social Security #:       234687891       Gender: Ambiguou Race:         Sample #:       MCJ18020501 (24729)       Date Collected:       01/10/2018         Source:       Urine       Date Reported:       02/05/2018         Viditional Info:       Date Reported:       02/05/2018         Order ID:       mto18011905       State ID:         Orderd Testcode:       0430       Onset Date:         Practitioner:       YANA S BANKS       Fasting:       Pregnant:         Vide:       Result       Reference Range       Date Approved         V430       Amplified Chlamydia       Negative       Negative       02/05/2018	LIMS Repo	ort#: 381	3					
15530 NW US HWY 441, STE 10010     Local Patent Id: Date of Birth: 02/02/1999       Alachua, FL 32015     Date of Birth: 02/02/1999       Social Security #: 234507891     Gender: Ambiguou Race:       Sample #:     MCJ18020501 (24729)       Date Collected:     01/10/2018       Source:     Unine       Date Received:     02/05/2018       Order ID:     mto18011905       State ID:     Onset Date:       Order ID:     mto18011905       State ID:     Onset Date:       Varianticity:     Pregnant:       No     No       Vote:     Result       Result     Reference Range       Date Approved       V430     Anglified Chlamydia	Special Pro	oject:	Program Compone	nt:				
Source: Urine Date Received: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Date Reported: 02/05/2018 Date Reported: 02/05/2018 Date Reported: 02/05/2018 Pregnant: No Note: Pregnant: No Note: Pregnant: No Note: Date Approved	Submitter:	15530 NW	US HWY 441, STE 10010	Loca Date Soci	of Birth: al Security #:		Gender:	Ambiguou
Source: Urine Date Received: 02/05/2018 Additional Info: Date Reported: 02/05/2018 Date Reported: 02/05/2018 Date Reported: 02/05/2018 Date Reported: 02/05/2018 Pregnant: No Note: Pregnant: No Note: Pregnant: No Note: Date Approved	Sample #-		MC (18020501 (24720)	Data Collected	01/10/20	18		
Vaditional Info:     Date Reported:     02/05/2018       Order ID:     mic18011905     State ID:       Order ID:     01905     State ID:       Order ID:     0430     Onset Date:       Practitioner:     YANA S BANKS     Fasting:     Pregnant:     No       Vote:      Result     Reference Range     Date Approved       V430     Amplified Chlamydia     Negative     Negative     02/05/2018	•							
Vider ID: mto18011905 State ID: Drdered Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Fest Result Reference Range Date Approved 1430 Amplified Chlamydia Negative Negative 02/05/2018		Info:	onne					
Videred Testcode: 0430 Onset Date: Practitioner: YANA S BANKS Fasting: Pregnant: No Note: Test Result Reference Range Date Approved 1430 Amplified Chlamydia Negative Negative 02/05/2018	Order ID:	inio.	mtc18011905		OL/OU/LO			
Note: Test Result Reference Range Date Approved 1430 Amplified Chlamydia Negative 02/05/2018		estcode:						
Result         Reference Range         Date Approved           1430         Amplified Chlamydia         Negative         02/05/2018	Practitione	er:	YANA S BANKS	Fasting:		Pregnan	t: No	
1430 Amplified Chlamydia Negative 02/05/2018	Note:							
,	Test			Result		Reference Rang	je Date	Approved
Final				•			02/	05/2018
				Final				

7. Print or save the report if desired by following the steps on <u>Printing Reports</u> (P. 31).

# SAMPLE STATUS REPORT

The **Sample Status Report** provides status of samples submitted. Unofficial Reports would be displayed under this option. Status of Samples (i.e., Pending, Cancelled, etc.) is displayed under "Results" on the Unofficial Reports. Final, Official Reports are obtained under Patient Reports.

1. Select Search Type.

As with Patient Reports: when searching by Patient, the Last Name and Sampled or Received Date Range fields are mandatory; when searching by Submitter, the Submitter and Sampled or Received Date Range fields are mandatory.

Enter the desired parameters and click Search in the Sample Status Search Dialog box.

Search Dialog													
Summary													
Summary													1
	Demographic data	entry must be com	plete for sample selecti	on availabllity			Last Name: test						
	If your sample	is not available for	r selection, please try ag	ain later			Birth Date: MAY/01/19	91 CEC/31/2000	\$				
		Select search type	Search by Submitter		•	Medical Recor	d Number:						
		Submitter	ORACHDCEN		Q		SSN:						
		CENTR	AL SITE			Stree	et Address:						
		832 W CEN	TRAL BLVD				State ID:						
		Orlando	FL 32805			Sampled or Received D	ate Range: JAN /01/20	18 CEC/31/2019	÷ .				
							Tube ID:						
		Practitioner			٩								
		First Name	test										
			1										
Sample Number	Patient First Name	Patient Last Name	Patient Dob	Patient Ssn	Patient St Address	Tests	Customer Desc	Z Practitioner Name	Sampled Recd Date	Z State Id	Tube Id	Patient	Patient Rev No
7558754	TEST	TEST	12/31/2000 12:00:00 AM	Patient Ssn	OCHD	HIV-1/2 Combo Ag/Ab Immunoassay Overall	ORANGE CHD CENTRAL	SOLERO,RICHARD	02/14/2018 12:00:00 AM	4861733462	4810141295	1909593	20
	Patient First Name TEST TEST TEST	Patient Last Name TEST TEST TEST		Patient Ssn				SOLERO,RICHARD DESALNEA		4861733462 4860635646		1909593	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Ssn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Son	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Sn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient 5sn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient 5sn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO,RICHARD DESALNEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient 5sn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOEBO,BOHRD DESANA DESANA DESANEA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4861733462 4860635646	4810141295 4810185048	1909593 2481550	20 4 4
2558754 8524654 8524646	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	Patient Sn	OCHD 6101 LAKE ELLENOR DR	HV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOEBO,BOHRD DESANA DESANA DESANEA	0274.0019 120000 AM 1024.0019 120000 AM 1024.0019 120000 AM	4861733462 4860635646	40041295 4020185046 4020185046	1909983 2481550 2481550	20 4 4

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

iearch Dialog													
Summary													
	Demographic data	entry must be co	mplete for sample selecti	on availability			ast Name: test						
	If your sample	is not available f	or selection, please try ag	ain later			Birth Date: MAY/01/19	A1 C DEC/31/2000					
		Select search typ	e: Search by Submitter			Medical Recor	d Number:						
			ORACHDCEN		2		SSN						
		CENT	RAL SITE			Stree	t Address:						
		832 W CE	NTRAL BLVD				State ID:						
			FL 32805			Sampled or Received D		18 C DEC /31 /2019	:				
							Tube ID:						
		Practitione	ю		P								
		First Nam	w test										
		Fill St. Fillen	as less										
Sample Numb	per Patient First Name	Patient Last Name	Patient Dob	Patient Ssn Patient S	Address	Tests	Customer Desc	2 Practitioner Name	Sampled Recd Date	Z State Id	Tube Id	Patient Pa	tient Rev No
7558754	TEST	TEST	12/31/2000 12:00:00 AM	OCHD		HIV-1/2 Combo Ag/Ab Immunoassay Overall	ORANGE CHD CENTRAL	SOLERO, RICHARD	02/14/2018 12:00:00 AM	4561733462	4810141295	1909593 20	
	TEST			OCHD 6101 LAX	E ELLENOR DR			SOLERO, RICHARD DESALNILA		4561733462 4560635646	4810141295 4810185048		·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLERO, RICHARD DESALNILA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	·
7558754	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLED-ROTARD DESANA DESANA DESANA	0214-0205 122000 0 A	4561733462 4560635646	4810141295 4810185048	190998 20 2481550 4 2481550 4	
7558754 8524654	TEST	TEST	12/31/2000 12:00:00 AM 12/31/2000 12:00:00 AM	OCHD 6101 LAX	E ELLENOR DR	HIV-1/2 Combo Ag/Ab Immunoassay Overall Amplified GC/CT-Chlamydia	ORANGE CHD CENTRAL ORANGE CHD CENTRAL	SOLED-ROTARD DESANA DESANA DESANA	02/14/2018 12:00:00 AM 10/24/2019 12:00:00 AM	4561733462 4560635646	4810141295 4810185048	1909593 20 2481550 4	

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 CLIA: 10D0845095	Bureau of Po	Department of He ublic Health Labora P.O. Box 210 Jacksonville, FL 3	tories - Jacksonville	Florida HEALTH CLIA: 100844509		Department Public Health La P.O. Bo Jacksonville, 904-791	aboratories - Jacksonville x 210 , FL 32231
	Program Component: JNTY HEALTH DEPARTMENT HWY 441, STE 10010 015	Patient: USER Miami Local Patient Id Date of Birth: Social Security Race:	FL_ 33162 01/31/1999	LIMS Report #: Special Project: Submitter: CENTRAL	NTRAL BLVD	02CN Local P Date of	: TEST TEST 5191 LAKE ELLENOR DR EDGEWOOD, FL, 32809 watent Me: Bith: 1201 12000 Bith: 1201 12000 Bith: Gender: Male American Indian or Alaska Native
Source: Additional Info: Ordered Testcode:	MTC18020101 (24728) Sputum 3100 YANA S BANKS Ret	Date Collected: Date Received: 01/25 Date Reported: Onset Date: Fasting:	2018 Pregnant: Reference Range Date Approved	Sample #: Source: Sample External ID: Orderel Teatcode: Practitioner: Note:	REJ2019005913 (8524546) Urina 4810185046 0430 NILA DESAI Canoti Sampla Reason: Sample I automatically canceled.	Date Collected: Date Received: Date Reported: State ID: Onset Date: Fasting: logged more than 30 days a	10242019 11042019 486055646 10242019 <b>Pregnant:</b> ge and never received. Sampe
3110 AFB Smear (Conc., 3100 AFB Culture		nding		0430 Ampilfed Chia Ampilfed Gon		Canceled	

#### 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:	٩	
ast Report Date (Begin): Sep/18/2017		
Last Report Date (End): Sep/18/2017	0	
	OK 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:

	DEPARTMENT O	F HEALTH	
	BUREAU OF LAB	DRATORIES	
HEALTH	Monthly Statistics	by Submitter	
	Submitter: FAKE CUSTOME Date Reported: 09/01/201	R (ALACHDIMM) 7 - 09/22/2017	
Fotal Samples		4	
Test 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.

	u2 - Windows Internet Explo	orer				
	DEPARTMEN	T OF HEAL	гн			-
Florida	BUREAU OF L	ABORATOR	IES			
HEALTH	EALTH Monthly Abnormals by Submitter					
	Submitter: FAKE CUST Date Reported: 09/01					-
Sample Summary		Normal	Abnormal	Total		-
Total Samples		2	Abnormai 2	10tai 4		
Total Jampies		2	2	•		
						-
Test Summary		Normal	Abnormal	Total		
Arbo Virus	Arbo Culture	2	O	2		
Rubella	Rubella Screen	1	1	2		
Syphilis	Syphilis TPPA	1	1	2		
Total Tests		4	2	6		
					1	-
					I	-
					1	
					I	
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
					1	-
MonthlyAbnormalCustomer.rpt	Page 1 of 1			Print 0	I	_

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 Details (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.

	DEPARTMENT OF HEALTH BUREAU OF LABORATORIES				
Florida HEALTH	Monthly Unsat by Submitter				
	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:	ם	
Patient:	م	
Patient or Customer County:	-	
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		X
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 Gan		~
Assigned		
Assign All None Unassign	OH	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
	Unassigned		
FB Acid Fast Bacilli Tests (AFB)			
T Bioterrorism			
T_WORKUP BT Workups			
HEMISTRY Chemistry			
CT CT (CT)			
NVDW Environmental - Drinking Water			
IIV HIV Tests			
IYCOLOGY Mycology			
QC QCs (All)			
	Assigned		
IROLOGY Virology			

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

Quick Codes Selection Dialog				50
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				
Assign All None	Unassign	0	K Cancel	
Assign All None	Unassign	0	K Cancel	

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

Quick Codes Selection Dialog			50
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:

DEPARTMENT OF HEALTH BUREAU OF LABORATORIES           Program Component by County           Counties: Orange           Analysis 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

Florida HEALTH				DEPARTMENT OF HEALTH BUREAU OF LABORATORIES Program Component by County	
				# Tests by Program and County	
Program	Analysis	48	Total		
02	HIV 1/2 Ag/Ab Combo	2	2		
	Program Subtotal	2	2		
03	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 1	Fotal	57	57		
_Month	lyProgramCounty.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	kplorer		
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 MNESVILLE, FL, 32607	
Submitter: FAKE CUST 224 SE 24TI Gainesville,	H STREET	Local Patient Date of Birth Social Secur Race:	c 04/04/1971	ider: 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 rirus 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
			Rotate Clockwise Brint Eind	Shift+Ctrl+Plus Ctrl+P Ctrl+F
			Document Propert	ies
	F	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.

	CN30114IIIG. 1 E 02201
Print	×
Microsoft Print to PDF (redirected 2)	rayscale (black and white)
Pages to       Microsoft XPS Document Writer         Image: All Correct the second text of t	Comments & Forms Document and Markups
<ul> <li>More Options</li> <li>Page Sizing &amp; Handling (a)</li> <li>Size Poster (b) Multiple (c) B</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 Booklet Remaining and a scale of the scale
Orientation: Auto po <u>r</u> trait/landscape Portrait C Landscape	Final Commerce Final Final Final Page 1 of 1
Page Setup	Print Cancel

# ORDERING

#### CREATE ORDERS

1. In WebLIMS, select Create Order



2. 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.

- 3. 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  $\times$  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		
The following order will be submit	ted:	
Tube ID: 3333 Submitter: ALACHUA COUNTY HEA Practitioner: YANA S BANKS Patient: userfour test	ALTH DEPARTMENT	
Tests and panels ordered: - AFB Culture		
You will NOT be able to edit after	submission. Continue	e?
	Yes	No

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

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

- 5. If desired, print or save the requisition by following the steps on Printing Reports (P. 31)
  - 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 close this tab. Do you want to close this tab?					
Yes	No				

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.



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


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

Sel	ect Dialog	
Next	t submission: Select inform	nation to copy from
-	Copy provider info only (Y	ANA S BANKS)
	Copy provider and patient	t info (YANA S BAN
	Do not copy (blank form)	
<		2

- 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.

Infor	mation
O	rder not submitted for the following reason(s):
- 1	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.

	Company Name         Address1           LACHDALA         ALACHUA COUNTY HEALTH DEPARTMENT         15530 NW US HWY 441, STE	oct Customers	by User	5
LACHUA COUNTY HEALTH DEPARTMENT 15530 NW US HWY 441, STE	LACHDALA ALACHUA COUNTY HEALTH DEPARTMENT 15530 NW US HWY 441, STE	Customer	Company Name	Address1
		ALACHDALA	ALACHUA COUNTY HEALTH DEPARTMENT	15530 NW US HWY 441, STE
		Prev Page	Next Page OK	Cancel

# 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 Na
ALAC01	BANKS, YANA S	1225140197		YANA	BANKS

#### **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.

	Progra	am Cor	nponents	
Г		Name	Description	
1		00	Unknown	
2.6		012B		
		012L		
		012N		
		019		
		01D		
		01M		
		01S		
		01X		
		01Z		
		02	STD	
			std	
		0203		
		0213		
		022		
		0223		
		022A		
		022B		
		022C		
		022D		
		022E		
		022G		
L		022H		$\sim$
			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:

/irology Testing for BLOOD specin	nens at JACKSONVILLE
TESTS	PANELS
Referral	
Zika Virus RT-PCR	
ок	Cancel

- 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. 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:	٩
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 Dia	alog									55
Summary										
	Customer:	ALACHDALA		٩		Web Order Id:				
		ALACHUA COUNTY	HEALTH DEPARTM	ENT		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		
						Patient Med Rec No:				
	Practitioner:	ALAC01		٩		Tube Id:				
		YANA BANKS				Sampled Date:	mm/dd/yyyy	mm/dd/yyyy	۵	
Web Order In	Patient First N	ame Patient Last Name	Patient Birth Date	Patient Med Rec No Tu	be Id Sampled Date					
								1		
ок								Select a search		0 of: 0
Cancel								Save Search Displa	ay Fields Searc	h Select All

2. Select Search when finished.

3.	he search results available for selection will be displayed at the bottom of the 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.

	Search Dialog									8	
5	Summary										
	-			P		Patient Last Name:					
				ARTMENT		Patient Birth Date:	01/01/2001	mm/dd/yyyy	۵		
For exam	ple <b>,</b> here	e the resu	lts have	0010		Patient Med Rec No:					
been so	rted by N	Veb Orde	er ID in			Tube Id:					
ascendin						Sampled Date:	mm/dd/yyyy	mm/dd/yyyy	0		
	-	-									
they will			-	م							
orde	er of We	b Order II	D.								
	<u> </u>										
	(eb O	rder Id:									
	Po irst	Name:									
_ F	Web Order Id	Patient First Name	Patient Last Name	Patient Birth Date	Patient Med Rec No Tube Id	Sampled Date					Search
	546	useriwo	test	01/02/2010 12:00:00 AM	2222	01/20/2018 12:00:00 AM					Results Panel
	542	userThree	test	01/01/2018 12:00:00 AM	1111	01/20/2018 12:00:00 AM					
	602	userOne userOne	Test	01/01/2001 12:00:00 AM 01/01/2001 12:00:00 AM	mtc888 mtc777	05/21/2018 12:00:00 AM 05/21/2018 12:00:00 AM					
			Test								$\sim$
	603		Toot	01/01/2001 12:00:00 AM							
	603 604	userOne	Test	01/01/2001 12:00:00 AM		2 05/21/2018 12:00:00 AM					
	603		Test Test	01/01/2001 12:00:00 AM 01/01/2001 12:00:00 AM		05/21/2018 12:00:00 AM					
	603 604	userOne					s	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.

Buleau of Public H	lealth Laboratories (BPHL)
DH1847, 17	
Florida HEALTH	SUBMITTER: PLACE LABELS HERE
Submission No: 609	Submission Date: 05/21/2018
Receiving Lab: Jacksonville Lab	Submitted By: Test User1
Sample Information	
Tube 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 32815
Clinical History	
Fasting:	Pregnant: No
Symptoms: Onset Date:	Travel In US: Travel Outside 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. 31)

# 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	?	?	×
General Security Privacy ontent Connections P	rograms	Advano	ed
Settings			_
Sites	Ad <u>v</u> ar	nced	
Location			-
Never allow websites to request your physical location	Clear	Sites	
Pop-up Blocker			-
Turn on Pop-up <u>B</u> locker	Setti	ings	
InPrivate			-
Disable toolbars and extensions when InPrivate Brov	vsing starts	5	
OK Cano	el	Apply	/

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	OBlock		
O Prompt	O Prompt		
Always allow session cool	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		- 1
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	s Adva	anced	
Select a zone to view or change security settings.		_	
🥥 🗳 🗸 🚫			
Internet Local intranet Trusted sites Restricted sites			
Internet	lites		
This zone is for Internet websites, except those listed in trusted and restricted zones.	1023		
Security level for this zone			
<b>Custom</b> Custom settings. - To change the settings, click Custom level. - To use the recommended settings, click Default level.			
Enable Protected Mode (requires restarting Internet E	xplorer)		
<u>C</u> ustom level <u>D</u> efau	lt level		
Reset all zones to default level			
Some settings are managed by your system administrator.			
OK Cancel	Ар	ply	

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	
Enable     Prompt     Scripting     Oisable     Disable     Prompt     Enable     Prompt     Addive scription     Prompt     Prompt     Addive scription     Prompt     P	
<ul> <li>Disable</li> <li>Enable</li> <li>Prompt</li> <li>Allow status bar updates via script</li> <li>Disable</li> <li>Enable</li> <li>Allow websites to prompt for information using scripted windk</li> <li>Disable</li> <li>Allow websites to prompt for information using scripted windk</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	w	