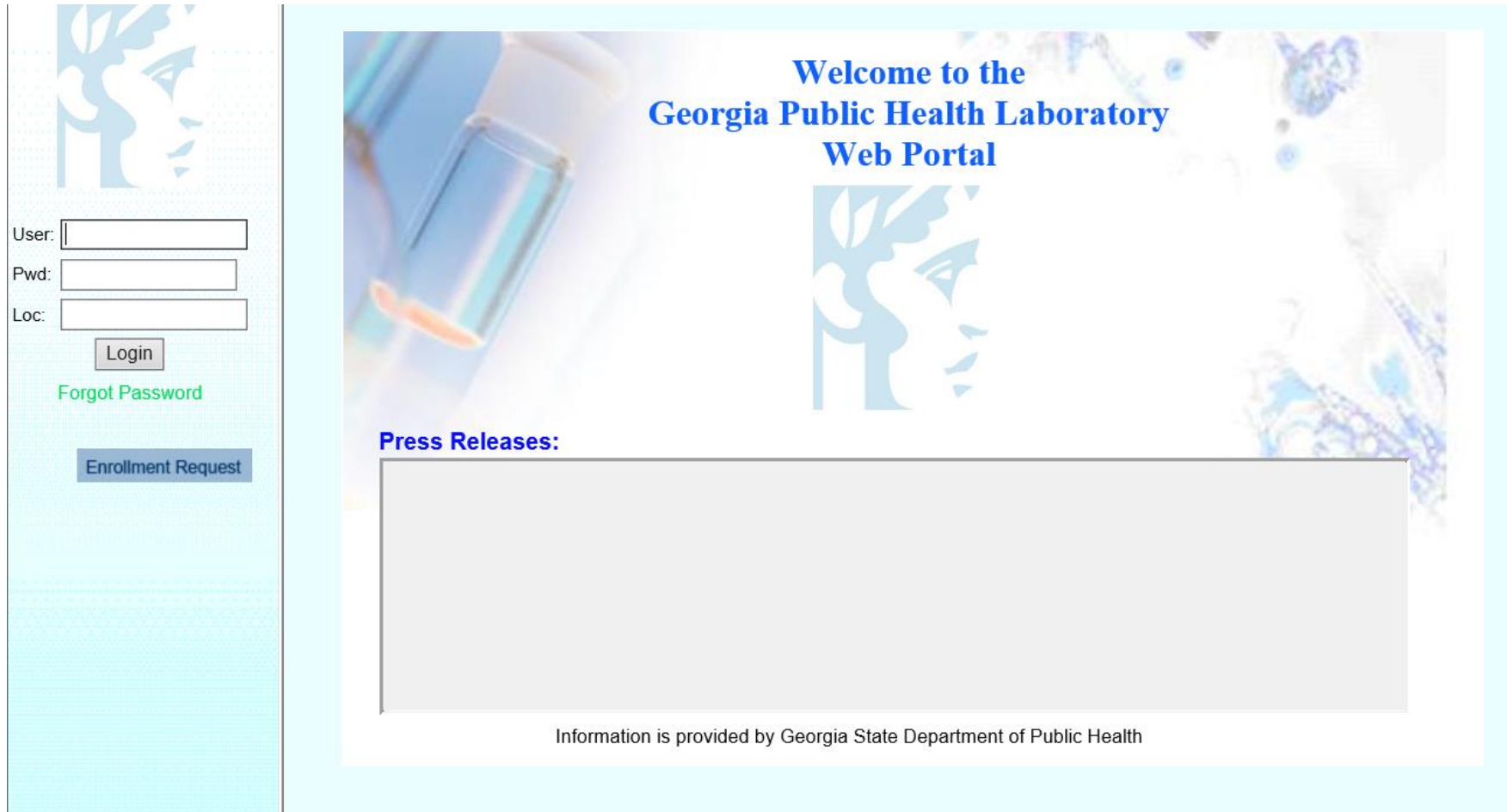


Web Portal


Instructions on creating an electronic test requisition



The image shows a screenshot of the Georgia Public Health Laboratory Web Portal. On the left side, there is a vertical sidebar with a logo at the top depicting a stylized human head profile with a tree-like structure inside. Below the logo are three input fields labeled 'User:', 'Pwd:', and 'Loc:'. Under the 'Loc:' field is a 'Login' button. Below the 'Login' button is a green link labeled 'Forgot Password'. At the bottom of the sidebar is a blue button labeled 'Enrollment Request'. The main content area on the right has a light blue background with a laboratory scene (test tubes, pipette) and a large version of the logo. The text 'Welcome to the Georgia Public Health Laboratory Web Portal' is centered at the top. Below this is a section titled 'Press Releases:' followed by a large, empty grey rectangular box. At the bottom of the main content area, it says 'Information is provided by Georgia State Department of Public Health'.

Enter your assigned User ID, Password and Location Code (LOC).
Your **USER ID** and **LOC Code** need to be entered in **ALL CAPS**.
- Click Login



User: NICH 
Site: TEST

- Main**
- Patient Registration
- Order Entry**
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out

Welcome to the Georgia Public Health Laboratory Web Portal



[What's New:](#) [Lab Dir:](#)

Important Changes to HCV Viral Load Assay:

[Letter to Apollo Submitters \(Test Change\)](#)

Important Changes to HIV-1 Viral Load Assay:

[Letter to Apollo Submitters \(Test Change\)](#)

08/13/2021

It has come to our attention that there has been an increase in samples received at room temperature outside of the acceptable time period. Therefore, we wanted to take the opportunity to send a reminder to all submitters regarding the specimen requirements for use with our current HIV assays. This is a CLIA requirement and we will have to reject samples that are not submitted in adherence to the manufacturer's instructions. Per assay package insert: Serum or plasma specimens should be stored for no longer than 3 days at room temperature or 7 days at 2 to 8°C following specimen collection. If a storage period greater than 7 days is anticipated, the specimens should be removed from the clot, red blood cells, or separator gel and the serum or plasma should be stored frozen at -20°C. Please note that the storage time includes the time that samples are in transit. Therefore, if samples cannot be received at GPHL within 72 hours, samples should be transported on cold packs.

Information is provided by Georgia State Dept of Public Health

This is your Main Page.
From here you will select:
Order Entry.



- User: NICH
- Site: TEST
- Main
- Patient Registration
- Order Entry**
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #:

Save Print

Choose Lab to Perform Test
 Decatur Waycross



HEALTH CARE PROVIDER INFORMATION

PATIENT INFORMATION

Submitter Code <input type="text" value="TEST: TEST SUBMIT"/>	COPYTO Code <input type="text"/>	Patient ID Number <input type="text"/>	Patient Number (LAB Unique ID): <input type="text"/>
Submitter Name <input type="text" value="TEST SUBMITTER"/>		PATIENT NAME (Last, First MI, Suffix) <input type="text"/>	
Address <input type="text"/>		County of Residence <input type="text"/>	
City <input type="text"/>		DOB <input type="text"/>	
State <input type="text"/>		Phone # (Home) <input type="text"/>	
Zip <input type="text"/>		Phone # (Work) <input type="text"/>	
Phone Number <input type="text"/>		Phone # (Cell) <input type="text"/>	
Fax Number <input type="text"/>		Address, City, State Zip <input type="text"/>	
Contact Name <input type="text"/>		Parent / Guardian (if applicable) <input type="text"/>	
		Relationship <input type="text"/>	
		Race <input type="checkbox"/> American Indian/Alaska Native	
		<input type="checkbox"/> Black/African-American	
		<input type="checkbox"/> Native Hawaiian/Pacific Islander	
		<input type="checkbox"/> White / Caucasian	
		<input type="checkbox"/> Multi Racial <input type="checkbox"/> Asian	
		Ethnicity <input type="checkbox"/> Hispanic or Latino	
		<input type="checkbox"/> Non-Hispanic or Latino	
		Sex <input type="checkbox"/> Male	
		<input type="checkbox"/> Female	
		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

SELF PAY (Submitter will be invoiced) APPROVAL CODE: (Submitter will be billed if a valid code is not provided)

INSURANCE INFORMATION - COPY OF PATIENT'S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

FOR FUTURE USE

TEST REQUESTED *All tests are performed at the Decatur Laboratory unless specified.*

<p>BLOOD LEAD (Waycross Only)</p> <p><input type="checkbox"/> W40500 Waycross</p> <p>COLLECTION METHOD</p> <p><input type="checkbox"/> Capillary <input type="checkbox"/> Venous</p> <hr/> <p>MOLECULAR BIOLOGY (Decatur Only)</p> <p>Consultation with epidemiologist required.</p> <p><input type="checkbox"/> 423000 2018-nCoV RT-PCR Panel BT agent rule out (RT-PCR)</p> <p><input type="checkbox"/> BTC01000b Bacillus anthracis</p> <p><input type="checkbox"/> BTC02000 Brucella spp.</p> <p><input type="checkbox"/> BTC03000 E. coli/pseudomonae</p> <p><input type="checkbox"/> BTC04000 Francisella tularensis</p>	<p>CHEMICAL THREAT (Decatur Only)</p> <p>Consultation with GPHL Emergency Response Coordinator required.</p> <p>24/7 contact number 404-855-3895 888-782-4584</p> <p><input type="checkbox"/> CT041100 Rapid Tox Screen (RTS) (Performed at the CDC)</p> <p><input type="checkbox"/> CT021500 Cadmium, mercury and lead (blood)</p> <p><input type="checkbox"/> CT021700 Toxic Element Screen (TES) (urine) (As, Ba, Be, Cd, Pb, Tl, U)</p> <p><input type="checkbox"/> CT021800 Mercury (urine)</p>	<p>MYCOBACTERIOLOGY</p> <p>Known TB Patient? <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> No</p> <p>Clinical Specimens</p> <p><input type="checkbox"/> 30100 Microscopic exam for AFB only</p> <p><input type="checkbox"/> 30000 Smear, Culture & Susceptibility testing (Susceptibility Performed on MTB only)</p> <p><input type="checkbox"/> 30800 Nucleic Acid Amplification Testing (NAAT) <small>This test is intended for use only with specimens from tubercle infected patients showing signs and symptoms of active pulmonary tuberculosis.</small></p> <p>AFB Isolates</p> <p><input type="checkbox"/> 34000 Identification</p> <p><input type="checkbox"/> 33950 Susceptibility testing (MTB only)</p> <p><input type="checkbox"/> 30750 Genotyping only</p>
---	---	--

To begin Order Entry click the **GREEN +**.



User: NICH
Site: TEST

- Main
- Patient Registration
- Order Entry**
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #: 22B003028!

Save

Print

Choose Lab to Perform Test

Decatur

Waycross

HEALTH CARE PROVIDER INFORMATION

PATIENT INFORMATION

Submitter Code TEST: TEST SUBMIT	COPYTO Code	Patient ID Number	Patient Number (LAB Unique ID):
Submitter Name TEST SUBMITTER		PATIENT NAME (Last, First MI, Suffix)	
Address		County of Residence	DOB
City	State	Zip	
Phone Number		Phone # (Home)	Phone # (Work)
Fax Number			Phone # (Cell)
Contact Name		Address, City, State Zip	
		Parent / Guardian (if applicable)	Relationship
		Race	Ethnicity
		Sex	
		<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic or Latino
		<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Non-Hispanic or Latino
		<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Male
		<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Female
		<input type="checkbox"/> Multi Racial	<input type="checkbox"/> Asian
		Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
<input type="checkbox"/> SELF PAY (Submitter will be invoiced)		APPROVAL CODE:	(Submitter will be billed if a valid code is not provided)

INSURANCE INFORMATION - COPY OF PATIENT'S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

FOR FUTURE USE

TEST REQUESTED

All tests are performed at the Decatur Laboratory unless specified.

Once you click the **GREEN +**, a 23B# will auto-populate into the submission form.

You will need to select your **submitter code** and under the **Copy to** select the **06013Z EPI submitter code**.



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #: 22B003028

Save

Print

Choose Lab to Perform Test

Decatur Waycross

HEALTH CARE PROVIDER INFORMATION

Submitter Code: TEST: TEST SUBMIT

Submitter Name: TEST SUBMITTER

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Contact Name: _____

PATIENT INFORMATION

Patient ID Number: _____

Patient Number (LAB Unique ID): _____

PATIENT NAME (Last, First MI, Suffix): _____

County of Residence: _____ DOB: _____

Phone # (Home): _____ Phone # (Work): _____ Phone # (Cell): _____

Address, City, State Zip: _____

To enter a new patient, select the pencil.

User: NICH

Site: TEST

Main

Patient Registration

Order Entry

Batch Build

Batch Print

Label Print

Inquiry

Reporting

Pending

Admin

User Guide

Log Out



User: NICH

Site: TEST

Main

Patient Registration

Order Entry

Batch Build

Batch Print

Label Print

Inquiry

Reporting

Pending

Admin

User Guide

Log Out

Lab #: 22B003028

Save Print

Choose Lab to Perform Test

Decatur Waycross

Submitter Code: TEST: TEST SUBMIT

Submitter Name: TEST SUBMITTER

Patient ID Number: 123456

Patient Number (LAB Unique ID): 2198353

PATIENT NAME (Last, First MI, Suffix): _____

[Patient Registration]

User Id: NICH
Site Id: TEST

Unique ID: 2198353

Demographics Guarantor Insurance

*Patient First Name: TEST *Last: TEST

*Race: UNKNOWN *Ethnicity: Unknown

*Sex/Gender: Female *Date of Birth: 01/01/2001

Patient Address: _____

City State Zip: _____

Patient Phone #: _____

*Patient ID: 123456

Billing Acct #: _____

Active

Cancel Save

Once you select the pencil, the Patient Registration box will pop-up.

You will need to fill in the required information highlighted with a red star*. Once you have completed entering in the patient information, Select SAVE.

You will then return to the Submission form.



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM

Complete a separate form for each test requested

Lab #:

Choose Lab to Perform Test
 Decatur Waycross

User: NICH
Site: TEST

- Main
- Patient Registration
- Order Entry
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

HEALTH CARE PROVIDER INFORMATION

PATIENT INFORMATION

<p>Submitter Code: <input type="text" value="TEST: TEST SUBMIT"/></p> <p>COPYTO Code: <input type="text" value="TEST SUBMITTER"/></p> <p>Submitter Name: <input type="text" value="TEST SUBMITTER"/></p> <p>Address: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>Contact Name: <input type="text"/></p>	<p>Patient ID Number: <input type="text" value="123456"/></p> <p>Patient Number (LAB Unique ID): <input type="text" value="2198353"/></p> <p>PATIENT NAME (Last, First MI, Suffix): <input type="text" value="TEST TEST"/></p> <p>County of Residence: <input type="text"/> DOB: <input type="text" value="01/01/2001"/></p> <p>Phone # (Home): <input type="text"/> Phone # (Work): <input type="text"/> Phone # (Cell): <input type="text"/></p> <p>Address, City, State, Zip: <input type="text"/></p> <p>Parent / Guardian (if applicable): <input type="text"/> Relationship: <input type="text"/></p> <p>Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African-American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White / Caucasian <input type="checkbox"/> Multi Racial <input type="checkbox"/> Asian</p> <p>Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino</p> <p>Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female</p> <p>Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
---	---

SELF PAY (Submitter will be invoiced) APPROVAL CODE: (Submitter will be billed if a valid code is not provided)

INSURANCE INFORMATION - COPY OF PATIENT'S INSURANCE ELIGIBILITY DOCUMENT MUST BE SUBMITTED WITH THIS FORM

TEST REQUESTED

All tests are performed at the Decatur Laboratory unless specified.

<p>BLOOD LEAD</p> <p><input type="checkbox"/> CT021800 Blood Lead Capillary <input type="checkbox"/> CT021810 Blood Lead Venous</p> <p>MOLECULAR BIOLOGY (Decatur Only) Consultation with epidemiologist required.</p> <p><input type="checkbox"/> 423000 2018-nCoV rRT-PCR Panel BT agent rule out (RT-PCR)</p> <p><input type="checkbox"/> BTC01000b <i>Bacillus anthracis</i> <input type="checkbox"/> BTC02000 <i>Brucella</i> spp. <input type="checkbox"/> BTC03000 <i>B. mallei/pseudomallei</i> <input type="checkbox"/> BTC04000 <i>Francisella tularensis</i> <input type="checkbox"/> BTC06000 <i>Yersinia pestis</i> <input type="checkbox"/> BT99000 BT send out CDC</p> <p><input type="checkbox"/> 414000 <i>Bordetella pertussis</i> (RT-PCR) <input type="checkbox"/> 400050 Influenza Panel (rRT-PCR) <input type="checkbox"/> H400050 Flu Hold <input type="checkbox"/> 413000 Mumps (RT-PCR) <input type="checkbox"/> 440000 <i>Wassilac</i> (RT-PCR) <input type="checkbox"/> 1305 Norovirus (rRT-PCR) <input checked="" type="checkbox"/> BTC05000 Rash Illness Panel (RT-PCR) <input type="checkbox"/> 421000 VZV (RT-PCR) <input type="checkbox"/> 491000 Miscellaneous Molecular <input type="checkbox"/> 499100 Refer to CDC</p>	<p>CHEMICAL THREAT (Decatur Only) Consultation with GPHL Emergency Response Coordinator required. 24/7 contact number: 404-855-3895 866-782-4584</p> <p><input type="checkbox"/> CT041100 Rapid Tox Screen (RTS) (Performed at the CDC)</p> <p><input type="checkbox"/> CT021500 Cadmium, mercury and lead (blood)</p> <p><input type="checkbox"/> CT021700 Toxic Element Screen (TES) (urine) (As, Ba, Be, Cd, Pb, Tl, U)</p> <p><input type="checkbox"/> CT021600 Mercury (urine)</p> <p><input type="checkbox"/> CT011100 Cyanide (blood)</p> <p><input type="checkbox"/> CT011200 Volatile Organic Compounds (VOC) (blood)</p> <p><input type="checkbox"/> CT011300 Tetramine (urine)</p> <p><input type="checkbox"/> CT031100 Organophosphate Nerve Agent metabolites (OPNA) (urine)</p> <p><input type="checkbox"/> CT031200 Metabolic Toxin Panel (MTP) (urine)</p> <p><input type="checkbox"/> CT031300 Atrazine and Ricinine (ABRC) (urine)</p> <p><input type="checkbox"/> Hold for testing</p> <p>Illness related to chemical exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name/ID of event: <input type="text"/></p>	<p>MYCOBACTERIOLOGY</p> <p>Known TB Patient? <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> No</p> <p>Clinical Specimens</p> <p><input type="checkbox"/> 30100 Microscopic exam for AFB only <input type="checkbox"/> 30000 Smear, Culture & Susceptibility testing (Susceptibility Performed on MTB only)</p> <p><input type="checkbox"/> 30800 Nucleic Acid Amplification Testing (NAAT) <small>This test is intended for use only with specimens from newly infected patients showing signs and symptoms of active pulmonary tuberculosis.</small></p> <p>AFB Isolates</p> <p><input type="checkbox"/> 34000 Identification <input type="checkbox"/> 33950 Susceptibility testing (MTB only) <input type="checkbox"/> 30750 Genotyping only</p> <p>PARASITOLOGY</p> <p>(Choose nearest location) Decatur Waycross</p> <p>Cryptosporidium (epidemiology only) <input type="checkbox"/> 2400 <input type="checkbox"/> W50100 Cyclospora (epidemiology only) <input type="checkbox"/> 2500 <input type="checkbox"/> W50800 Formalin Feces (Ova & Parasites) <input type="checkbox"/> 2100 <input type="checkbox"/> W50000 PVA Feces (Ova & Parasites) <input type="checkbox"/> 2300 <input type="checkbox"/> W50200 Pinworm Slide <input type="checkbox"/> 2200 <input type="checkbox"/> W50300</p> <p><input type="checkbox"/> 2150 PCR <input type="checkbox"/> 2610 Tissue / Tissue Smear for parasites <input type="checkbox"/> 2700 Whole Bld / Bld Smear - Malaria <input type="checkbox"/> 2710 Whole Bld / Bld Smear - Filaria <input type="checkbox"/> 2800 Miscellaneous Identification</p>
--	--	---

Once you return to the Submission Form, you will notice that your patient's information has been filled in.

Next, you need to select the test code to order on your patient.

For example:
For Monkeypox/Orthopoxvirus testing, SELECT test code BTC05000 under the Molecular Biology Section. See circled area.

SPECIMEN INFORMATION

Specimen Type: **BT-CLIN: BT Clinical Sample**

Specimen Source: **BTC-OTH_CLIN: Other - clinical**

Body Site:

SHIPPED
 Frozen
 Refrigerated
 Room Temperature

Date of Collection: **07/13/2022**

Time of Collection: **14:00**

Outbreak? Yes No
 If yes, name of outbreak:

Travel? Yes No
 If yes, Where?

COVID PUI#

Date of Onset:

Symptoms:

Specimen Notes:

All tests are performed at the Decatur Laboratory unless specified.



After selecting the test code, scroll to the bottom of the page and fill in the Specimen Information. Use the drop-down box to select the Specimen Type and Specimen Source then Fill in Date and Time of Collection.

Once you have entered all the Specimen Information click **SAVE**.

You will then be asked how many labels you want to print. If you do not have a Dymo label printer set-up, enter "0" and Select **OK**.

apollo.dph.ga.gov says

Enter # of Labels:

OK **Cancel**

PATIENT NAME
 Last: TEST First: TEST MI: Lab Specimen

BACTERIOLOGY

Enteric Isolates
 1100 Campylobacter
 1070 STEC
 1110 Salmonella
 1080 Shigella
 1150 Yersinia
 1120 Stool Culture - Preserved (Para-Pak CAS, Room Temp)
 Routine (Salmonella, Shigella, Campylobacter, Aeromonas, STEC and Yersinia)
 S. aureus [1]
 1140 Stool Culture - Fresh (Refrigerated)
 B. cereus [1]
 C. perfringens [1]
 1130 Special Bacterology
 Neisseria meningitidis
 Haemophilus influenzae
 Listeria monocytogenes
 Vibrio sp.
 Other - Suspected agent

1040 Pertussis Direct Fluorescent Antibody (DFA)
 1050 Pertussis Culture
 1030 Group A Streptococcus
 1010 Gonorrhea Culture
 1060 Decatur W10000 Waycross
 C. botulinum [1][2]
 100100 Decatur W100100 Waycross

1135 Forward to the CDC [1]
 C. botulinum [1][2]

[1] Special arrangement required CALL 404-327-7897
 [2] Epidemiology approval required CALL 404-657-2588
 1180 ENVIRONMENTAL / FOOD (Epidemiology Use Only)

IMMUNOLOGY

Routine RPR (Syphilis) (Choose nearest location)
 1610 Decatur W2000
 1630 VDRL (spinal fluid)
 1640 TPPA

Quantitative (Titer) and Confirm even if RPR
 16102 Decatur W2010

RPR - No Confirmation test even if RPR is Positive
 16101 Decatur W20300 Waycross

Arbovirus / WNV panel
 1595 Arbo IgS
 1600 Arbo IgM
 1580 WNV IgG
 1585 WNV IgM
 1590 WNV IgM (CSF)

Hepatitis Testing
 1411 Hep B (Prenatal) 1470 HCV Antibody
 1410 Hep B (Routine Sern) 1480 HCV Screening
 1635 Quantitative HBV 1490 HCV Viral Load
 1400 Anti HAV Total
 1405 Anti HAV IgM

14101 TORCH Panel
 15300 Toxoplasmosis IgG
 15350 Toxoplasmosis IgM
 15100 Rubella IgG
 15150 Rubella IgM
 15450 CMV IgG
 15500 CMV IgM
 15600 HSV1
 15650 HSV2



Miscellaneous Serology
 15550 Mumps 14100 MMR Panel



Once you Select OK for labels, the screen will clear and you will be able to start a new patient or build a batch.



GEORGIA PUBLIC HEALTH LABORATORY SUBMISSION FORM



Complete a separate form for each test requested

Lab #: 22B003030;  

Save  Print 

Choose Lab to Perform Test
 Decatur Waycross

HEALTH CARE PROVIDER INFORMATION **PATIENT INFORMATION**

Submitter Code: TEST: TEST SUBMIT COPYTO Code: Patient ID Number: Patient Number (LAB Unique ID):  


Submitter Name: TEST SUBMITTER PATIENT NAME (Last, First MI, Suffix):

Address: County of Residence: DOB:

Phone # (Home): Phone # (Work): Phone # (Cell):


City: State: Zip: Address, City, State Zip:


Phone Number: Parent / Guardian (if applicable): Relationship:

User: NICH 
Site: TEST

- Main
- Patient Registration
- Order Entry**
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out



INSU User: NICH 
Site: TEST



- Main
- Patient Registration
- Order Entry**
- Batch Build
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out

**GEORGIA PUBLIC HEALTH
LABORATORY SUBMISSION FORM**

Complete a separate form for each test requested

HEALTH CARE PROVIDER INFORMATION **PATIENT INFORMATION**

Submitter Code: TEST: TEST SUBMIT COPYTO Code: Patient ID Number: Patient Number (LAB Unique ID):  

Submitter Name: TEST SUBMITTER PATIENT NAME (Last, First MI, Suffix):

Address: County of Residence: DOB:

Phone # (Home): Phone # (Work): Phone # (Cell):

City: State: Zip: Address, City, State Zip:

Phone Number: Parent / Guardian (if applicable): Relationship:

Field: D.O.B. Starts with: Contains:

Search: 01/01/2001

Last	First	D.O.B.	Phone #	Addr	Zip	Patient ID	Unique ID
TEST	TEST	01/01/2001				123456	2198353

If you want to enter in an additional test for a previous patient:

Click the **GREEN +** to obtain a new Lab #, and instead of clicking the pencil, **SELECT** the **magnifying glass**.

A window will pop-up, and you can search the patient's information by Last Name, First Name, DOB or Patient ID.

Once you have found your patient, click the **blue link** under **Unique ID** and the patient information will auto-populate into the submission form.

MOLECULAR BIOLOGY
(Decatur Only)

Consultation with epidemiologist required.

423000 2019-nCoV rRT-PCR Panel
BT agent rule out (RT-PCR)

BTC01000b Bacillus anthracis
 BTC02000 Brucella spp.
 BTC03000 E.coli/pseudomonellae
 BTC04000 Francisella tularensis
 BTC06000 Yersinia pestis
 BT99000 BT send out CDC

414000 Bordetella pertussis (RT-PCR)
 400050 Influenza Panel (rRT-PCR)
 H400050 Flu Hold
 413000 Mumps (RT-PCR)
 416000 Measles (RT-PCR)
 1305 Norovirus (rRT-PCR)
 BTC05000 Rash Illness Panel (RT-PCR)
 421000 VZV (RT-PCR)
 421000 VZV (RT-PCR)
 421000 VZV (RT-PCR)
 499100 Refer to CDC
 ORTHOPOX

CT041100 Rapid Tox Screen (RTS)
(Performed at the CDC)

CT021500 Cadmium, mercury and lead (blood)
 CT021700 Toxic Element Screen (TES) (urine)
(As,Ba,Be,Cd,Pb,Tl,U)

CT021600 Mercury (urine)
 CT011100 Cyanide (blood)
 CT011200 Volatile Organic Compounds (VOC)
(blood)

CT011300 Tetramine (urine)
 CT031100 Organophosphate Nerve Agent
metabolites (OPNA) (urine)

CT031200 Metabolic Toxin Panel (MTP) (urine)
 CT031300 Atrazine and Ricinine (ABRC) (urine)

Hold for testing

Illness related to chemical exposure?
 Yes No

Name/ID of event:

30800 Nucleic Acid Amplification Testing (NAAT)
This test is intended for use only with specimens from likely infected patients showing signs and symptoms of active pulmonary tuberculosis.

AFB Isolates

34000 Identification
 33950 Susceptibility testing (MTB only)
 30750 Genotyping only

PARASITOLOGY

(Choose nearest location) Decatur Waycross

Cryptosporidium (epidemiology only) 2400 W50100
Cyclospora (epidemiology only) 2500 W50800
Formalin Feces (Ova & Parasites) 2100 W50000
PVA Feces (Ova & Parasites) 2300 W50200
Pinworm Slide 2200 W50300

2150 PCR
 2610 Tissue / Tissue Smear for parasites
 2700 Whole Bld / Bld Smear - Malaria
 2710 Whole Bld / Bld Smear - Filaria
 2800 Miscellaneous Identification

If there are 2 samples collected at every site, you will need to order test codes: BTC05000 and 499100 (Refer to CDC) for every sample.

Each sample will need their own 23B# and the samples need to be labeled with their own lab numbers.

For Refer to CDC - SELECT test code 499100 under the Molecular Biology Section and key in ORTHOPOX in the text box. See circled area.

After selecting the test code, scroll to the bottom of the page and fill in the Specimen Information.

Use the drop-down box to select the Specimen Type and Specimen Source then Fill in Date and Time of Collection.

Once you have entered all the Specimen Information click SAVE.

You will then be asked how many labels you want to print, enter "0" and Select OK.

HIV

CTS #

13700 HIV Ag/Ab Combo
 1380 HIV-1 Ab WB (DBS only)
 13550 HIV-1 RNA Qual (early infection)
 1340 HIV-1 Viral Load
 35000 Genotype (Program Approved)
 36000 Integrase (Program Approved)

VIRAL CULTURE

62050 CMV Culture / IFA
 60000 Mumps Culture / IFA
 1385 Enterovirus Culture / IFA
 15700 Herpes virus 1&2 by NAAT
 62000 VZV Culture / IFA
 6100 Respiratory Culture / IFA
 1375 Influenza Culture / IFA
 60040 Viral Culture/Identification

Gastrointestinal Outbreak Invest.

6030 Rotavirus EIA

Misc. Virology Send-out

60160 Virology CDC Sendout

Specimen Type:
SW: Swab

Specimen Source:
BUC: Buccal
 ENCX: Endocervical
 GEN: Genital
 LES: Lesion
 OTH: Other
 REC: Rectal
 SKIN: Skin
 TH: Throat
 UNK: Unspecified
 URETH: Urethral
 VAG: Vaginal
 VES: Vesicular
 WND: Wound

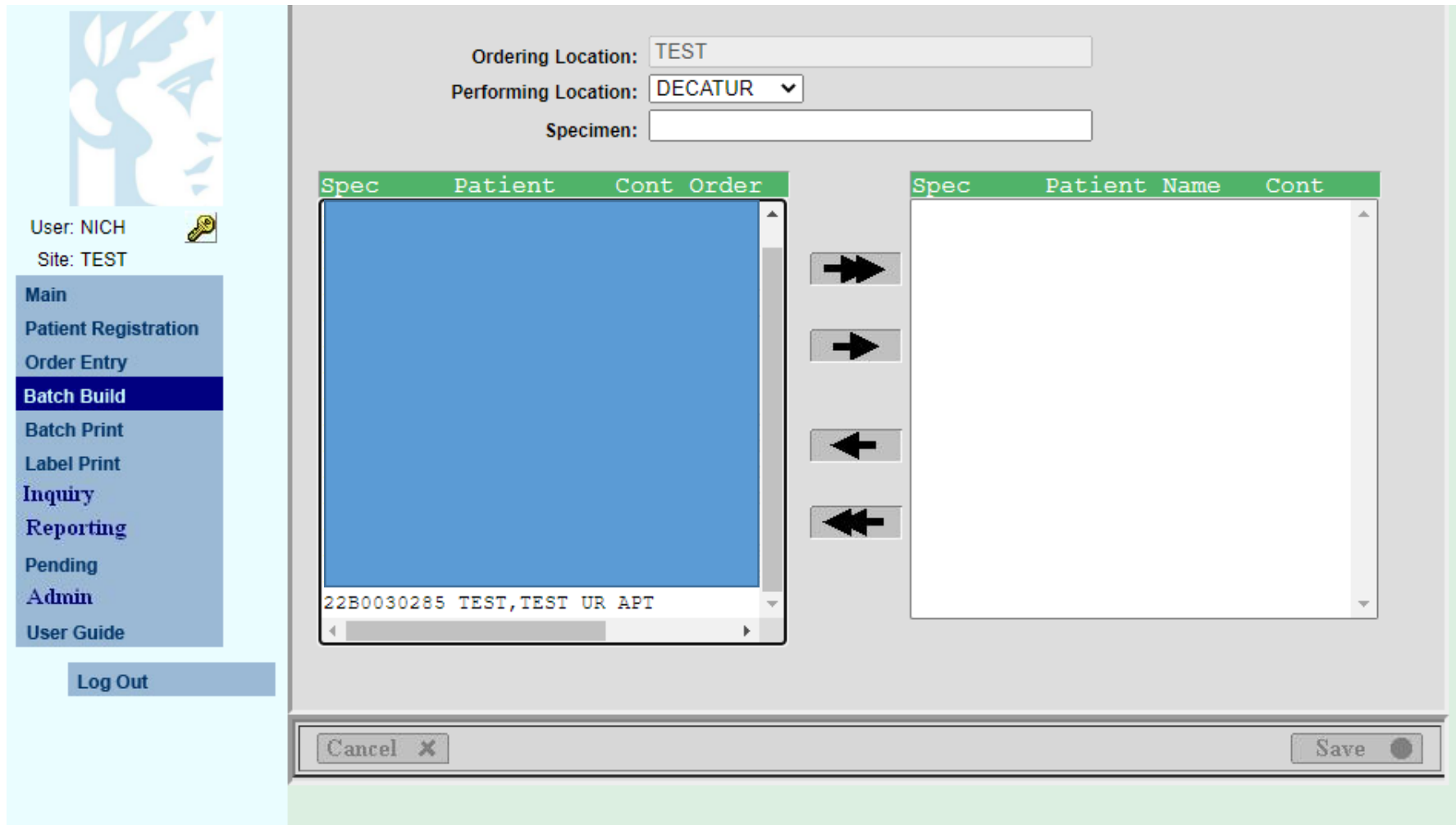
Date of Collection:

Time of Collection:

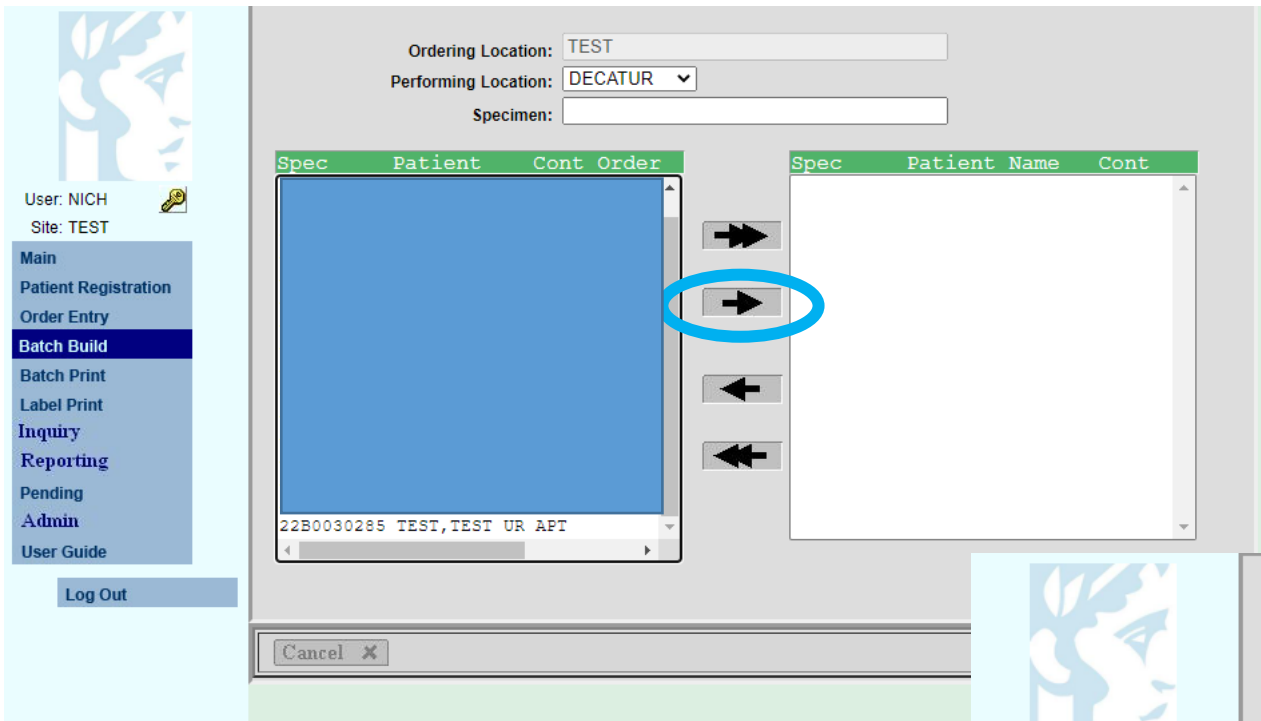
Outbreak? Yes No
If yes, name of outbreak:

Travel? Yes No
If yes, Where?

COVID PUI #



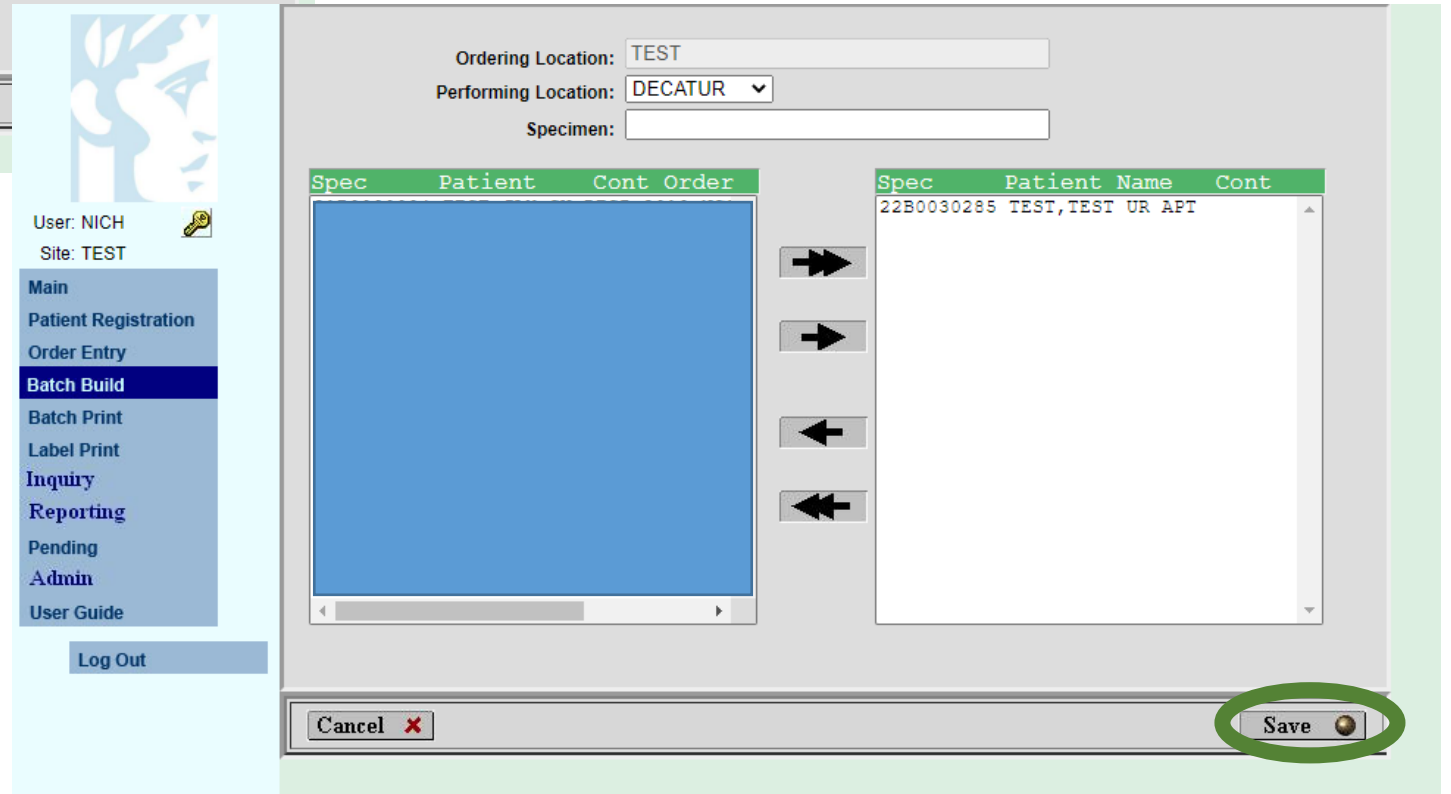
Once you have entered in all of your patients,
Select **BATCH BUILD** from the Menu on the left and the above screen will appear.



Click on the patient you want to put on the Batch List. It will be highlighted.

Once it is highlighted, click the **arrow pointing to the right** to move the patient to the Batch List.

Once you have selected all of your patients and moved them to the Batch List, click **SAVE**





User: NICH
Site: TEST

- Main
- Patient Registration
- Order Entry
- Batch Build**
- Batch Print
- Label Print
- Inquiry
- Reporting
- Pending
- Admin
- User Guide

Log Out

Ordering Location: TEST
Performing Location:
Specimen:

Spec	Patient	Cont	Order	Spec	Patient Name	Cont
05/11/2022, 15:39:08 Batch Shipment List: <input type="button" value="Print"/> <input type="button" value="Close"/>						
Ordering Location: TEST Performing Site: *MAIN Batch #:22051101						
Specimen #	Patient Name	Date of Birth	Coll Date	Container	Test(s)	
22B0030285	TEST, TEST	01/01/2001	05/11/2022	UR	APT	

Once you click SAVE,
your Batch list will pop up.

Click **PRINT**.

Your Print Box will appear. Be
sure to print 2 copies; 1 copy
for your records and 1 copy to
be sent with your specimens
to the Lab.

Put specimens in a BIOHAZARD BAG with absorbent material.
Ship to GPHL in a Category B Box on Ice.

Separate specimens by batch. Pack each batch together and include the Batch list in the package with the specimens. Do not mix batches when packing. Each Batch should be packed separately.