

# User's Guide for COVID-19 Point-of-Care Test Reporting Portal

## Version 2.1

### **Background and Reporting Requirements**

All Positive COVID-19 (SARS-CoV-2) test results for all test types, excluding home tests and antibody tests are reportable by law, per Georgia state code<sup>1,2</sup> and U.S. Department of Health and Human Services requirements.<sup>3</sup> This includes Positive point-of-care tests performed by physicians, health care providers, schools, employers, EMS and other first responder agencies, laboratories, or other facilities. The reporting of negative point-of-care test results (e.g., rapid, or antigen test results) are no longer required. Antibody test results, whether negative or positive no longer require reporting.

For many providers, individuals, or facilities performing point-of-care testing, reporting through a web-based form called the COVID-19 Point-of-Care Test Reporting Portal may be the best option. This guide contains step-by-step instructions for getting set up for reporting through this method and entering test results.

Please note that ONLY point-of-care test results should be reported through this web-based form. Other test results such as RT-PCR and serology that are performed in a CLIA-certified laboratory should be reported through other methods. Please email [contactpublichealth@dph.ga.gov](mailto:contactpublichealth@dph.ga.gov) for more information about how to report these types of test results, if applicable.

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<sup>1</sup> O.C.G.A. 31-12-2

<sup>2</sup> <https://dph.georgia.gov/epidemiology/disease-reporting>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/lab/HHS-Laboratory-Reporting-Guidance-508.pdf>

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## Register for a User Account

You will need to register for a user account to access the COVID-19 Point-of-Care Test Reporting Portal.

1. Go to [https://sendss.state.ga.us/sendss!/ncov\\_poc.login](https://sendss.state.ga.us/sendss!/ncov_poc.login).
2. Select “Register (New User)” to register for a user account.

**COVID-19 POC Test Reporting Portal Login**

Welcome to the COVID-19 Point of Care Test Reporting Portal

The COVID-19 Point of Care Test Reporting Portal is restricted to authorized personnel. You must be a registered User in order to access this site. If you are a new user and have not yet registered for an account, please [click Register \(New User\)](#) below to complete the registration form.

User ID:

Password:

- ▶ [Forgot Password](#)
- ▶ [Register \(New User\)](#)
- ▶ [Point-of-Care Test Reporting User's Guide](#)
- ▶ [COVID-19 Point-of-Care Test Reporting User's Guide](#)
- ▶ [COVID-19 Point-of-Care Test Reporting Training Video](#)

3. Read the information on the screen and select whether you would like to create a user account for a facility or for an individual. [**Note:** We recommend creating one account per facility.] Then click “Next.”

### COVID-19 POC Test Reporting

**Please read the information below before continuing**

Welcome to the COVID-19 Point of Care Test Reporting Portal

Thank you for registering for a user account to report point-of-care test results to the Georgia Department of Public Health. We recommend that one user account is created for each facility and that this user account is shared by a few select staff members who will be responsible for reporting results. However, if you wish to create separate user accounts for each person reporting, you may do so. In this case, please ensure that you indicate the same organization as results are displayed based on facility.

If you are part of a larger organization or company (e.g., Pruitt Health, a school district), please note that a separate user account should be created for each facility (e.g. City Elementary School, City High School) rather than one account for the entire organization.

Please select an option below and click Next.

I would like to create a user account for a facility.

I would like to create a user account for myself.

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4. If you selected ‘...create a user account for a facility,’ please select a User ID that reflects the name of your facility and complete the remainder of the registration form.

**New User Registration Form**

Please select an Id you can easily remember. Examples: Facility Name: Northside Hospital. Facility UserId: northh1960

**Facility User Id** ●  **Password** ●

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**Facility Information**

Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box."

**Type of Organization** ●  **Organization** ●

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**Primary Contact for COVID-19 Testing and/or Reporting**

**First Name** ●  **Last Name** ●

**Title/Position** ●  **Email Address** ●

**Phone** ●    Ext  **Fax**

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**Backup Contact for COVID-19 Testing and/or Reporting**

**First Name**  **Last Name**

**Title/Position**  **Email Address**

**Phone**    Ext  **Fax**

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**Tip:** Fields that are shaded light red and have a red dot next to the field name are REQUIRED fields. These must be completed in order to save.

5. If you selected ‘...create a user account for myself,’ please select a User ID that reflects your name and complete the remainder of the registration form.
6. Under “Facility Information,” select the type of organization that best reflects your facility, then check for the name of your facility in the “Organization” drop down list. If you do not see your facility in the list, select “Enter New Organization” and enter the necessary details.
7. Click “Save.”

**New User Registration Form**

Please select an Id you can easily remember. Examples: Name: John Smith UserId: jsmith1960  
Name: William B Hartsfield UserId: willyB

**User Id**  **Password**

---

**Facility Information**

Please choose your type of organization from the list below. Once your type is selected, select your organization. If you can not find your organization, please select "Enter New Organization" in the "Organization" drop down box."

**Type of Organization**

**Organization**

---

**User Information**

**First Name**  **Last Name**

**Title/Position**  **Email Address**

**Phone**    **Ext**  **Fax**

8. Once you have completed the registration form, you will see a confirmation screen.
9. Click on “Take me to Login Screen” to login and begin entering results.

## COVID-19 POC Test Reporting

Please read below information before you continue

### Welcome to the COVID-19 Point of Care Test Reporting Portal

Thank you for completing your registration. You now have access to the point-of-care test reporting form and can enter results. Please see the links below for more information.

- [Point-of-Care Test Reporting Requirements](#)
- [COVID-19 Point-of-Care Test Reporting User's Guide](#)
- [COVID-19 Point-of-Care Test Reporting Training Video](#)

If you have questions, please email [contactpublichealth@dph.ga.gov](mailto:contactpublichealth@dph.ga.gov)

Take me to Login Screen

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**Tip:** Resources are available on the log-in screen, including this user’s guide, a training video, and more!

## Log into Portal

1. Go to [https://sendss.state.ga.us/sendss/!ncov\\_poc.login](https://sendss.state.ga.us/sendss/!ncov_poc.login).
2. Enter your User ID and Password in the appropriate fields.
3. Click “Login.”

**COVID-19 POC Test Reporting Portal Login**

Welcome to the COVID-19 Point of Care Test Reporting Portal

The COVID-19 Point of Care Test Reporting Portal is restricted to authorized personnel. You must be a registered User in order to access this site. If you are a new user and have not yet registered for an account, please [click Register \(New User\)](#) below to complete the registration form.

User ID:  ?

Password:

▶ [Forgot Password](#) ▶ [Register \(New User\)](#)

▶ [Point-of-Care Test Reporting Requirements](#)

▶ [COVID-19 Point-of-Care Test Reporting User's Guide](#)

▶ [COVID-19 Point-of-Care Test Reporting Training Video](#)

[Login](#)

4. You will be required to read and agree to a HIPAA privacy statement. You must do this each time you log in.
5. Click “I agree with this statement.” You will then be directed to the reporting form.

**POC Portal Privacy Statement**

This system will allow persons authorized by DHR to access protected health information about individuals for reporting and treatment purposes. This information is entitled to significant privacy protections under federal and state law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) permits a covered entity to use and disclose protected health information without written authorization if the use or disclosure is for treatment, payment, or health care operations. However, HIPAA requires covered entities to have in place appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. The disclosure of this information to unauthorized persons or for unauthorized purposes is prohibited without the written consent of the person who is the subject of the information, unless specifically permitted by federal or state law. Unauthorized disclosures of this information may result in significant criminal or civil penalties, as well as punishment up to and including the termination of employment. Failure to properly log out of PHIP can result in an unauthorized disclosure. Any unauthorized disclosures will be investigated promptly and thoroughly prosecuted.

Agreeing with the Privacy Statement confirms your status as an authorized PHIP user who is accessing the database only for reporting and treatment purposes. Agreeing with the Privacy Statement also confirms that as an authorized PHIP user you will reasonably safeguard protected health information from any use or disclosure that is in violation of the Privacy Statement or state and federal law.

Source: HIPAA, 45 CFR §§ 164.502, 164.506, 164.530.

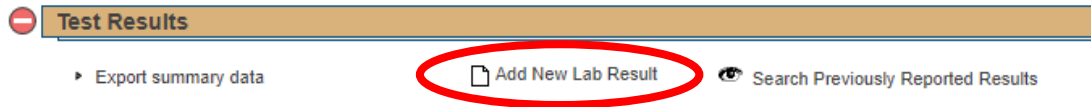
[I agree with this statement](#)

[I disagree with this statement](#)

# Enter New Test Results

1. Click "Add New Lab Result."

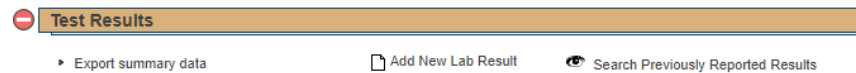
## COVID-19 POC Test Reporting



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2. You will see a blank form. Instructions for completing each section are provided in the following sections.

## COVID-19 POC Test Reporting



Please select from the list of providers or [Add a new one](#)

Provider Name	Facility Name	Facility Address	Phone	
<input type="radio"/> Test	Test University	1234 Test St, Atlanta, GA- 30308	1112223333	<a href="#">Edit</a> <a href="#">X delete</a>

### Patient Information

First Name <input type="text"/>	Middle Initial <input type="text"/>	Last Name <input type="text"/>
Date of Birth (mm/dd/yyyy) <input type="text"/>	Age <input type="text"/>	Medical Record No <input type="text"/>
Sex <input type="text"/>	Race <input type="text"/>	Ethnicity <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Zip Code <input type="text"/>	County <input type="text"/>	Phone <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email <input type="text"/>		

### Additional Patient Information

Is the patient employed in a healthcare setting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is/was the patient symptomatic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of symptom onset (mm/dd/yyyy)	<input type="text"/>
Is the patient hospitalized?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient admitted to an Intensive Care Unit (ICU)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient currently pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is this the patient's first COVID-19 test of any type?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

### Specimen/Test Information

Specimen ID Number <input type="text"/>	Specimen Type/Source <input type="text"/>	Date of Specimen Collection (mm/dd/yyyy) <input type="text"/>
	<input type="text"/>	<input type="text"/>
Date test performed (mm/dd/yyyy) <input type="text"/>	LOINC code associated with test performed <input type="text"/>	<a href="#">Today</a>
<input type="text"/>	<input type="text"/>	Test Performed <input type="text"/>
Device Identifier <input type="text"/>	Result <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>



## Provider Information

1. The first time you enter a new test result, you will not see any providers listed. Click on “Add a new one.”
2. The facility name and location will auto-fill based on the facility you selected during registration.
3. Add the Provider Name, National Provider Identifier (NPI), and Provider Phone. The Provider is the medical professional responsible for performing the POC test or the medical director or supervisor at the facility. [**Note:** You may report on behalf of multiple providers within one facility. Each can be added using the “Add a new one” link.]

## COVID-19 POC Test Reporting

**Test Results**

▸ [Export summary data](#)      Add New Lab Result      Search Previously Reported Results

Please select from the list of providers or [Add a new one](#)

**Provider Information**

Provider Name <input type="text"/>	National Provider Identifier (NPI) <input type="text"/>	Provider Phone <input type="text"/>
Facility Name Test University	Provider/Facility Street Address 1234 Test St	Provider/Facility City ATLANTA
Provider/Facility County	Provider/Facility State GA	Provider/Facility Zip code 30308-

4. Once you have entered information for a particular provider, this information will be saved for all future entries. [**Note:** You will only see providers that have been added for your facility.]
5. If you wish to report a test result that was ordered by a provider that you have already entered, click on the radio button to the left of the provider name that you wish to select.

## COVID-19 POC Test Reporting

**Test Results**

▸ [Export summary data](#)      Add New Lab Result      Search Previously Reported Results

Please select from the list of providers or [Add a new one](#)

Provider Name	Facility Name	Facility Address	Phone	
<input checked="" type="radio"/> Test	Test University	1234 Test St, Atlanta, ,GA- 30308	1112223333	Edit  delete

## Patient Information

1. Add all patient information requested.

Patient Information		
First Name ●	Middle Initial	Last Name ●
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy) ●	Age	Medical Record No
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
Sex ●	Race ●	Ethnicity ●
<input type="text"/> Choose One ▼	<input type="text"/> Choose One ▼	<input type="text"/> Choose One ▼
Street Address ●	City ●	State ●
<input type="text"/>	<input type="text"/> Choose One ▼	<input type="text"/> Choose One ▼
Zip Code ●	County	Phone ●
<input type="text"/> <input type="text"/>	<input type="text"/> Choose One ▼	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email		
<input type="text"/>		

## Additional Patient Information

1. Add all information requested.

Additional Patient Information	
Is the patient employed in a healthcare setting?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is/was the patient symptomatic?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date of symptom onset (mm/dd/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is the patient hospitalized?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient admitted to an Intensive Care Unit (ICU)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is the patient currently pregnant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Is this the patient's first COVID-19 test of any type?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

## Specimen/Test Information

1. Add all information requested.
2. Once you have completed this last section, click “Save.”

The screenshot shows a form titled "Specimen/Test Information" with a light blue header. The form contains several input fields and dropdown menus:

- Specimen ID Number:** A text input field.
- Specimen Type/Source:** A dropdown menu with "Choose One" selected.
- Date of Specimen Collection (mm/dd/yyyy):** A date picker with "Today" selected.
- Date test performed (mm/dd/yyyy):** A date picker.
- LOINC code associated with test performed:** A text input field.
- Test Performed:** A dropdown menu with "Choose One" selected.
- Device Identifier:** A text input field.
- Result:** A dropdown menu with "Choose One" selected.

At the bottom right of the form, there are two buttons: "Cancel" and "Save". The "Save" button is circled in red.

3. After you save, you will be redirected back to the home screen. Click on “Add New Lab Result” to report the next test result.

## COVID-19 POC Test Reporting

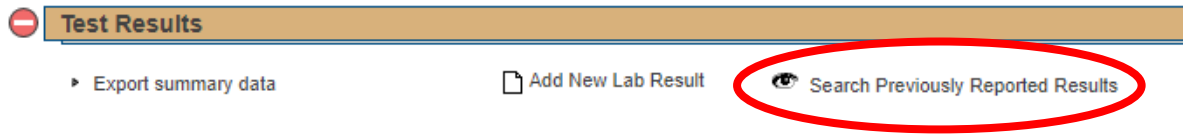
The screenshot shows the "COVID-19 POC Test Reporting" interface. At the top, there is a brown header bar with a red minus sign icon and the text "Test Results". Below the header, there are three navigation options:

- Export summary data
- Add New Lab Result** (This button is circled in red)
- Search Previously Reported Results

## Search Previously Reported Results

1. If you need to see the test results that you have previously reported, click “Search Previously Reported Results.” You can see all results that were entered by users associated with your facility, as indicated during registration.

### COVID-19 POC Test Reporting

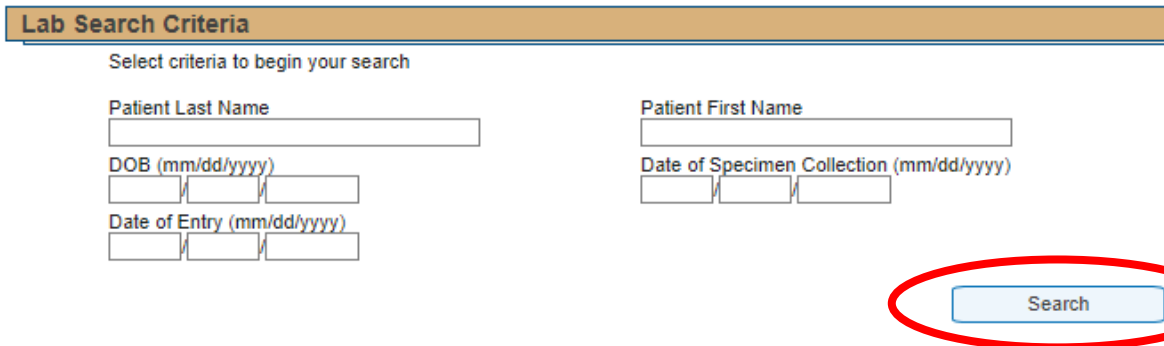


The screenshot shows a navigation bar with a minus sign icon on the left and the text "Test Results" in a brown box. Below the bar are three menu items: "Export summary data" with a right-pointing arrow, "Add New Lab Result" with a document icon, and "Search Previously Reported Results" with a magnifying glass icon. The "Search Previously Reported Results" item is circled in red.

2. After you click “Search Previously Reported Results,” you will see multiple fields which you can use to search the results that have been previously reported by users associated with your facility. Enter the information that you wish to search for (i.e., patient last name and first name, or all results with a particular date of specimen collection) and click “Search.”

### COVID-19 POC Test Reporting

[Log Out](#)



The screenshot shows a form titled "Lab Search Criteria" in a brown box. Below the title is the instruction "Select criteria to begin your search". There are four input fields: "Patient Last Name", "Patient First Name", "DOB (mm/dd/yyyy)", and "Date of Specimen Collection (mm/dd/yyyy)". Each of the last three fields has a date picker interface with three boxes for month, day, and year. Below these fields is a "Date of Entry (mm/dd/yyyy)" field with a date picker. At the bottom right of the form is a blue "Search" button, which is circled in red.

- You will also see a list of all test results which have been previously entered and are associated with your facility. If you do not add anything to the search criteria, you will see all results. If you use the search criteria and click "Search," you will only see those that meet the specified criteria. **[Note:** An individual may appear in the search results multiple times. This is because the data are stored by test rather than by individual. For example, if an individual has had three tests reported through this module, they will appear three times in the search results.]

## COVID-19 POC Test Reporting

[Log Out](#)

### Lab Search Criteria

Select criteria to begin your search

Patient Last Name

Patient First Name

DOB (mm/dd/yyyy)

Date of Specimen Collection (mm/dd/yyyy)





Date of Entry (mm/dd/yyyy)

Search

### Test Results

▶ Export summary data

 Add New Lab Result

 Search Previously Reported Results

▶ Export Linelist

Page: 1

Last Name ▲	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
⊕ Test	Test	02/05/1984	10/15/2020	Igm/Igg Panel	Inconclusive	10/15/2020

- To view the details of a test result that you have previously entered, click on the plus sign (+) to the left side of the last name.

## COVID-19 POC Test Reporting

[Log Out](#)

### Lab Search Criteria

Select criteria to begin your search

Patient Last Name

Patient First Name

DOB (mm/dd/yyyy)

Date of Specimen Collection (mm/dd/yyyy)

Date of Entry (mm/dd/yyyy)

Search



### Test Results

▶ Export summary data

Add New Lab Result

Search Previously Reported Results

▶ Export Linelist

Page: 1

Last Name ▲	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
Test	Test	02/05/1984	10/15/2020	Igm/Igg Panel	Inconclusive	10/15/2020

5. This will open the full form for this entry. If you need to make edits to this entry (meaning this specific test and test result), click “Edit.” This will open an editable version of the form where you can make the necessary changes and “Save” again. [Note: Once this result has been processed by SendSS, you will no longer be able to edit the result. Processing occurs each day at 8pm.]

**Test Results**

- ▶ Export summary data      Add New Lab Result      Search Previously Reported Results
- ▶ Export Linelist

Page: 1

Last Name ▲	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
<input type="checkbox"/> Test	Test	02/05/1984	10/15/2020	Pcr/Rna/Naa	Invalid	10/15/2020

Please select from the list of providers or [Add a new one](#)

Provider Name	Facility Name	Facility Address	Phone
<input checked="" type="checkbox"/> Test	Test University	1234 Test St, Atlanta, ,GA- 30308	1112223333 <span style="float: right;"><a href="#">X Delete</a></span>

**Patient Information**

First Name <b>Test</b>	Middle Initial	Last Name <b>Test</b>
Date of Birth (mm/dd/yyyy) 02/05/1984	Age 36	Medical Record No
Sex Female	Race American Indian/Alaska Native	Ethnicity Hispanic Or Latino
Street Address 1234 Test	City Waco	State Georgia
Zip Code 34567	County	Phone (112) 223-3344
Email		

**Additional Patient Information**

- Is the patient employed in a healthcare setting?
- Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)
- Is/was the patient symptomatic?
- Date of symptom onset (mm/dd/yyyy) //
- Is the patient hospitalized?
- Is the patient admitted to an Intensive Care Unit (ICU)?
- Is the patient currently pregnant?
- Is this the patient's first COVID-19 test of any type?

**Specimen/Test Information**

Specimen ID Number	Specimen Type/Source	Date of Specimen Collection (mm/dd/yyyy) 10/15/2020 <a href="#">Today</a>
Date test performed (mm/dd/yyyy) //	LOINC code associated with test performed	Test Performed PCR/RNA/NAA
Device Identifier	Result Invalid	

Edit
Add New Lab Result for this patient

## Adding Additional Test Results for the Same Person

1. In some situations and settings, persons are tested multiple times. Each of these test results should be reported as a separate, or new, entry. New, recent results should not replace previously reported results.
2. You can either go directly to “Add New Lab Result” and enter the information in a new form (see instructions above) OR you can search for a person whose results you have previously reported result by using “Search Previously Reported Results.”

### COVID-19 POC Test Reporting

The screenshot shows a navigation bar with a minus sign icon on the left and the text 'Test Results'. Below the bar are three options: 'Export summary data', 'Add New Lab Result', and 'Search Previously Reported Results'. The 'Search Previously Reported Results' option is circled in red.

3. Search for the person by last and/or first name. Click the plus sign (+) to the left side of the last name for the person you were searching for to expand the entry.

### COVID-19 POC Test Reporting

[Log Out](#)

The 'Lab Search Criteria' form has a header bar with a minus sign icon and the text 'Lab Search Criteria'. Below the header is the instruction 'Select criteria to begin your search'. There are four input fields: 'Patient Last Name' (containing 'Test'), 'Patient First Name', 'DOB (mm/dd/yyyy)', and 'Date of Specimen Collection (mm/dd/yyyy)'. A 'Search' button is located at the bottom right of the form. The 'Patient Last Name' field is circled in red.

The screenshot shows a navigation bar with a minus sign icon and the text 'Test Results'. Below the bar are four options: 'Export summary data', 'Export Linelist', 'Add New Lab Result', and 'Search Previously Reported Results'. Below the navigation bar is a table with the following data:

Last Name	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
Test	Test	02/05/1984	10/15/2020	Pcr/Rna/Naa	Invalid	10/15/2020

The 'Last Name' header and the first row of the table are circled in red.



4. Click "Add New Lab Result for this Patient."

## Test Results

- ▶ Export summary data
- ▶ Export Linelist
- 📄 Add New Lab Result
- 🔍 Search Previously Reported Results

Page: 1

Last Name ▲	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
☐ Test	Test	02/05/1984	10/15/2020	Pcr/Rna/Naa	Invalid	10/15/2020

Please select from the list of providers or [Add a new one](#)

Provider Name	Facility Name	Facility Address	Phone	
<input checked="" type="checkbox"/> Test	Test University	1234 Test St, Atlanta, , GA- 30308	1112223333	<input type="checkbox"/> Delete

### Patient Information

First Name <b>Test</b>	Middle Initial	Last Name <b>Test</b>
Date of Birth (mm/dd/yyyy) 02/05/1984	Age 36	Medical Record No
Sex Female	Race American Indian/Alaska Native	Ethnicity Hispanic Or Latino
Street Address 1234 Test	City Waco	State Georgia
Zip Code ● 34567	County	Phone ● (112) 223-3344
Email		

### Additional Patient Information

Is the patient employed in a healthcare setting?  
Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)  
Is/was the patient symptomatic?  
Date of symptom onset (mm/dd/yyyy) //  
Is the patient hospitalized?  
Is the patient admitted to an Intensive Care Unit (ICU)?  
Is the patient currently pregnant?  
Is this the patient's first COVID-19 test of any type?

### Specimen/Test Information

Specimen ID Number	Specimen Type/Source	Date of Specimen Collection (mm/dd/yyyy) 10/15/2020 <a href="#">Today</a>
Date test performed (mm/dd/yyyy) //	LOINC code associated with test performed	Test Performed PCR/RNA/NAA
Device Identifier	Result Invalid	

Edit

Add New Lab Result for this patient

5. This will open the form with pre-populated Provider and Patient Information. Please confirm this information is correct and then complete the remaining sections (Additional Patient Information and Specimen/Test Information). Click “Save.”

Pre-Populated Sections. Please confirm information is still correct.

This information must be completed each time.

Please select from the list of providers or [Add a new one](#)

Provider Name	Facility Name	Facility Address	Phone	
<input checked="" type="radio"/> Test	Test University	1234 Test St, Atlanta, , GA- 30308	1112223333	Edit  X Delete

#### Patient Information

First Name Test	Middle Initial 	Last Name Test
Date of Birth (mm/dd/yyyy) 02 / 05 / 1984	Age 36	Medical Record No 
Sex Female	Race American Indian/Alaska Native	Ethnicity Hispanic Or Latino
Street Address 1234 Test	City Waco	State Georgia
Zip Code 34567	County Choose One	Phone 112 - 223 - 3344
Email 		

#### Additional Patient Information

Is the patient employed in a healthcare setting?  Yes  No  Unknown

Is the patient a resident in a congregate setting? (e.g., long term care facility, jail or prison, shelter or group home)  Yes  No  Unknown

Is/was the patient symptomatic?  Yes  No  Unknown

Date of symptom onset (mm/dd/yyyy)

Is the patient hospitalized?  Yes  No  Unknown

Is the patient admitted to an Intensive Care Unit (ICU)?  Yes  No  Unknown

Is the patient currently pregnant?  Yes  No  Unknown

Is this the patient's first COVID-19 test of any type?  Yes  No  Unknown

#### Specimen/Test Information

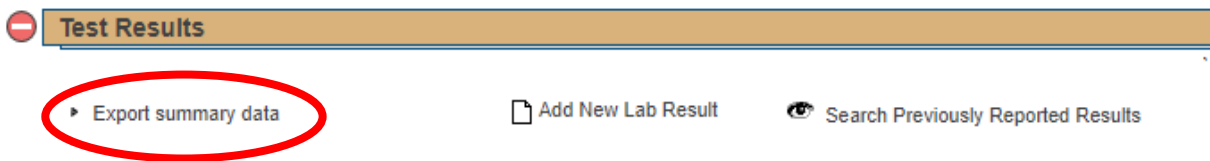
Specimen ID Number 	Specimen Type/Source Choose One	Date of Specimen Collection (mm/dd/yyyy) Today
Date test performed (mm/dd/yyyy) 	LOINC code associated with test performed 	Test Performed Choose One
Device Identifier 	Result Choose One	

## Exporting Your Data

1. There are two options for exporting data that has been reported by your facility: “Export summary data” and “Export Linelist”.
2. The option to “Export summary data” is available on the home screen after logging in.
3. When you click “Export summary data,” a .csv file will download. This file contains a summary of the data that has been entered to date. The number of positive, negative, inconclusive, and invalid results reported are shown by date of entry.

### COVID-19 POC Test Reporting

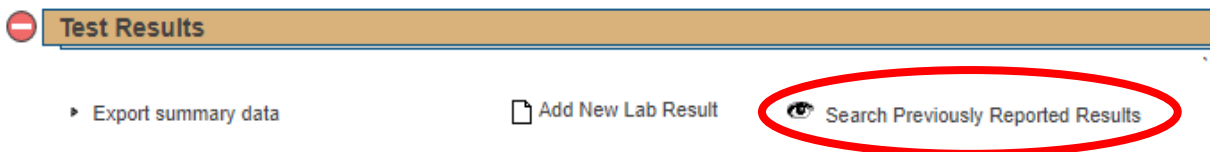
[Log Out](#)



4. The option to “Export Linelist” is available after selecting “Search Previously Reported Results.”

### COVID-19 POC Test Reporting

[Log Out](#)



5. You can use the search criteria to limit the line list to include only certain results, or click “Export Linelist” without any search criteria to receive a full line list of all results reported by your facility.

6. When you click “Export Linelist,” a .csv file will download. This file contains all of the information that has been entered for the selected results (using search criteria or full dataset), where each row is a unique result.

## COVID-19 POC Test Reporting

[Log Out](#)

### Lab Search Criteria

Select criteria to begin your search

Patient Last Name

Patient First Name

DOB (mm/dd/yyyy)

Date of Specimen Collection (mm/dd/yyyy)

Date of Entry (mm/dd/yyyy)

Search

### Test Results

Export summary data

Add New Lab Result

Search Previously Reported Results

Export Linelist

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Last Name	First Name	DOB	Date Collected	Test Performed	Result	Date of entry
Test	Test	02/05/1984	10/15/2020	Pcr/Rna/Naa	Invalid	10/15/2020