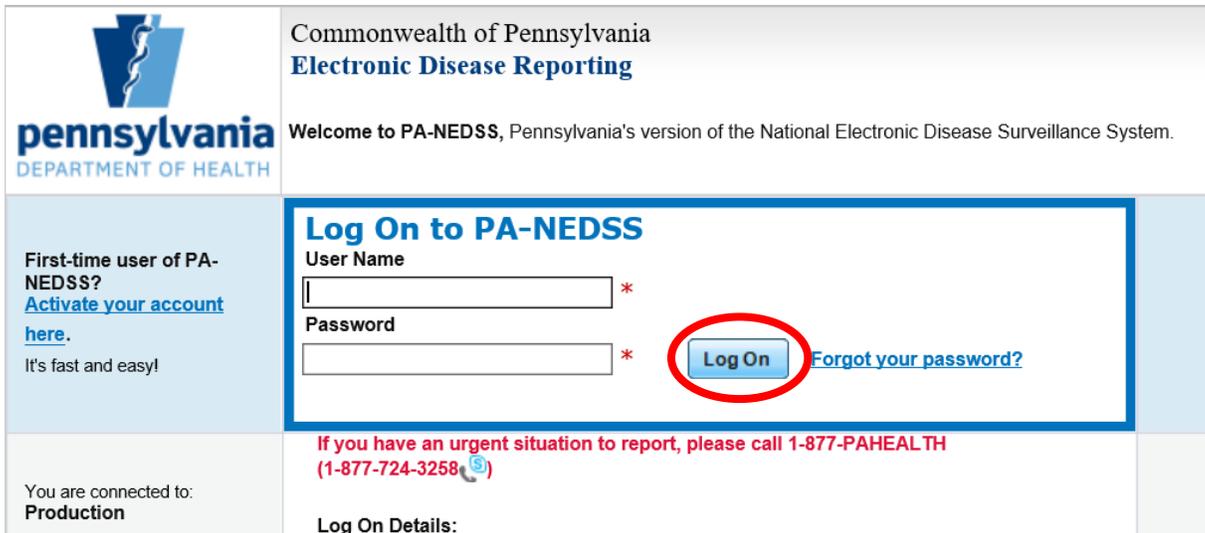


PA-NEDSS Manual Test Reporting Instructions for Point of Care (POC) Tests

Navigate to PA-NEDSS home page at <https://www.nedss.state.pa.us/nedss/> NOTE: PA-NEDSS can only be accessed through Internet Explorer. Enter your username and password. Click the Log On button.

PA-NEDSSWelcome to PA-NEDSS - Internet Explorer



Commonwealth of Pennsylvania
Electronic Disease Reporting

Welcome to PA-NEDSS, Pennsylvania's version of the National Electronic Disease Surveillance System.

Log On to PA-NEDSS

User Name *

Password *

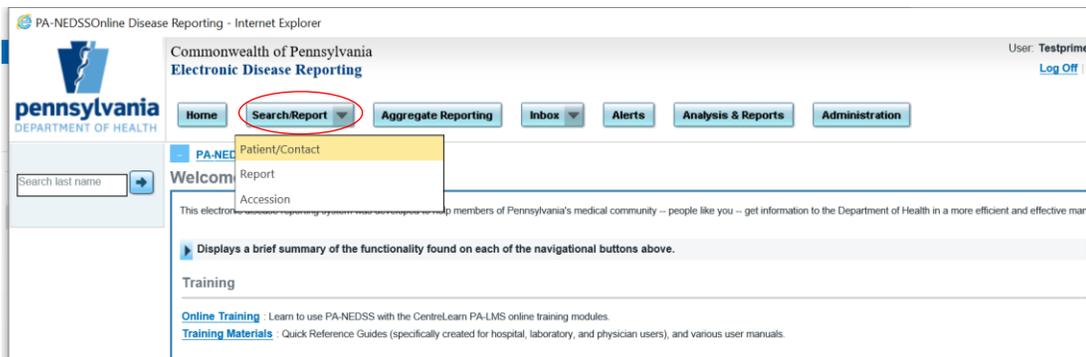
Log On [Forgot your password?](#)

If you have an urgent situation to report, please call 1-877-PAHEALTH (1-877-724-3258)

You are connected to:
Production

Log On Details:

Click the Search/Report down arrow. Click the Patient/Contact option.



PA-NEDSSOnline Disease Reporting - Internet Explorer

Commonwealth of Pennsylvania
Electronic Disease Reporting

User: Testprime
[Log Off](#)

Home **Search/Report** Aggregate Reporting Inbox Alerts Analysis & Reports Administration

PA-NEDSS Patient/Contact
Report
Accession

Search last name →

Welcome

This electronic disease reporting system helps members of Pennsylvania's medical community -- people like you -- get information to the Department of Health in a more efficient and effective manner.

▶ Displays a brief summary of the functionality found on each of the navigational buttons above.

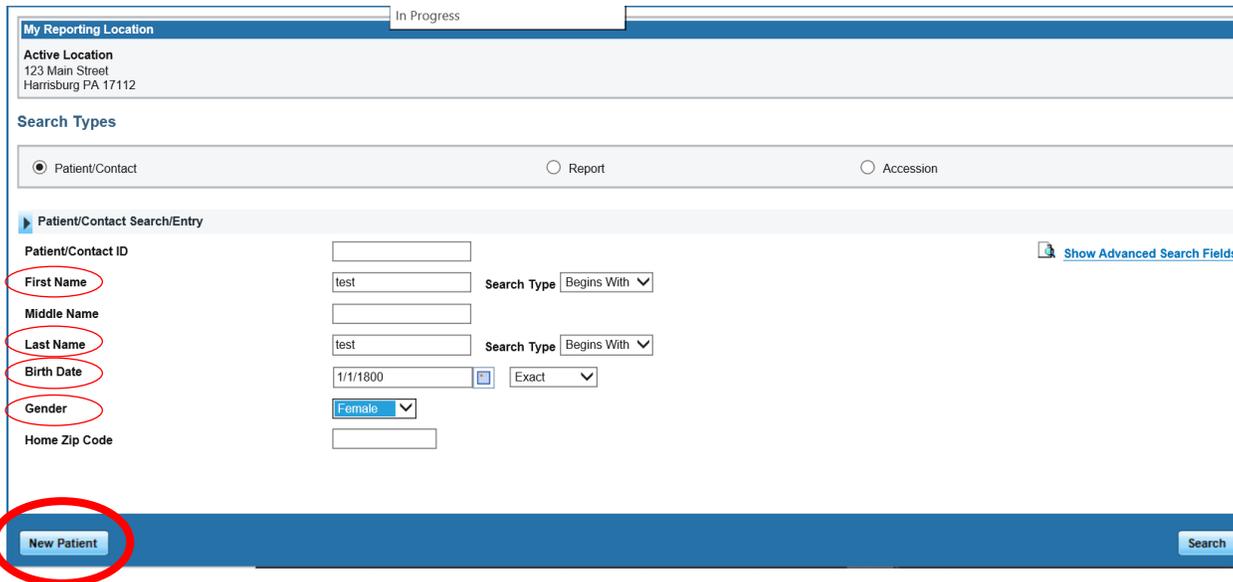
Training

[Online Training](#) : Learn to use PA-NEDSS with the CentreLearn PA-LMS online training modules.
[Training Materials](#) : Quick Reference Guides (specifically created for hospital, laboratory, and physician users), and various user manuals.

On the next screen fill out the following fields:

- First name
- Last name
- Birthdate. Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.
- Gender

Click New Patient (bottom left)



My Reporting Location In Progress

Active Location
123 Main Street
Harrisburg PA 17112

Search Types

Patient/Contact Report Accession

Patient/Contact Search/Entry

▶ [Show Advanced Search Fields](#)

Patient/Contact ID

First Name Search Type

Middle Name

Last Name Search Type

Birth Date

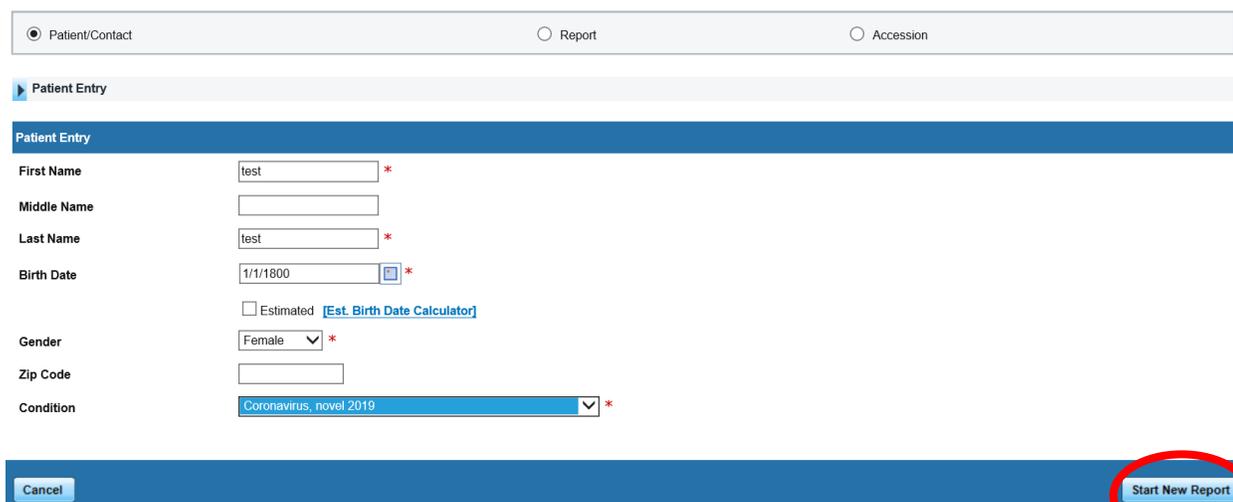
Gender

Home Zip Code

New Patient Search

Choose condition **Coronavirus, novel 2019**. Click Start New Report (bottom right).

NOTE: Even if the test is negative, please DO select *coronavirus, novel 2019* as the condition. That just indicates that the report pertains to COVID, it does not mean that the test indicates that the patient has COVID.



Patient/Contact Report Accession

▶ **Patient Entry**

Patient Entry

First Name *

Middle Name

Last Name *

Birth Date *

Estimated [\[Est. Birth Date Calculator\]](#)

Gender *

Zip Code

Condition *

Cancel **Start New Report**

Complete the Patient Demographics section. Name, birthdate, and gender will prepopulate from the initial entry screen. **Race and ethnicity** are high priority fields for COVID reporting and should be entered whenever possible. If race is unknown, choose “unknown.” If ethnicity is unknown, leave both fields unchecked.

PATIENT DEMOGRAPHICS

Fields on the patient demographics page with red asterisks are required by PA-NEDSS and a report will not be created if these fields are blank. This section header might also say Clinician Disease Reporting Short Form. This varies based upon registration designation (laboratory vs clinician/hospital).

Lab Reporting Short Form

Patient Demographics	
Prefix	- Prefix - ▾
First Name	test *
Middle Name	
Last Name	test *
Suffix	
Birth Date *	1/1/1890 <input type="button" value="📅"/> [Est. Birth Date Calculator]
Gender	<input type="checkbox"/> Estimate Female ▾ *
Race (check all that apply)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input checked="" type="checkbox"/> Other <input type="checkbox"/> Unknown
Ethnicity	<input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino

LOCATION (PRIMARY RESIDENCE)

Complete the **Location (primary residence) section**. This should be the residential address for the patient. If address unknown, use the zip code of the provider that ordered the test. **Zip code is a required field.**

Examples:

- Long-term care facility resident - facility address
- Long-term care facility staff - staff home address NOT the facility address
- University/college student - college associated address (either on campus or off campus)
- University/college staff-staff - home address

Complete the **home phone number**. This should be the phone number at which the patient is most likely to be reached.

Examples:

- Long-term care facility resident - facility phone number
- Long-term care facility staff - staff home or mobile number
- University/college student or staff - home or mobile number NOT the university main number

OTHER INFORMATION

The Other Information section can be left blank. We DO NOT need social security number, etc.

Location (Primary Residence)

Street Address 1	<input type="text" value="123 Test Ave"/>
Street Address 2 (Optional)	<input type="text"/>
City	<input type="text" value="Test"/>
State	<input type="text" value="Pennsylvania"/> *
Zip Code	<input type="text" value="12345"/> * If you do not know the patient's zip code, enter the zip code of your reporting location.
Home Phone	<input type="text" value="123-123-1234"/>
Alternate Phone Number	<input type="text"/>
Provide Non-US Location	<input type="checkbox"/> Provide a new Non-US Location for the patient

Other Information

Social Security Number	<input type="text"/>
Medical Assistance Number	<input type="text"/>
Occupation	<input type="text" value="Occupation -"/>
Employer	<input type="text"/>

CLINICAL INFORMATION

Complete the following fields in Clinical Information section, if information is available.

Date of onset- please complete, if known, and if the person had symptoms. Leave this blank for asymptomatic patients. Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.

Reported date- will be automatically generated

Hospitalization (Patient was hospitalized as a result of this condition)- if known

Death (Did patient die) and Date of death- if known. Other death information is not needed.

Clinical Information

Core Data

Suspected Condition/Infectious Agent	<input type="text" value="Coronavirus, novel 2019"/> *
Date of Onset	<input type="text" value="09/02/2020"/>
Date of Diagnosis	<input type="text"/>
Reported Date	<input type="text" value="9/10/2020"/>
Patient was hospitalized as a result of this condition	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown
Status at Diagnosis	<input checked="" type="radio"/> Dead <input type="radio"/> Alive <input type="radio"/> Unknown
Did Patient Die?	<input type="text" value="Yes"/>
Date of Death	<input type="text" value="09/07/2020"/>
Did illness contribute to death?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
Death Information Source	<input type="text" value="- Information Source -"/> Other Description <input type="text"/>
Death Certificate Number	<input type="text"/>
State where Death Occurred	<input type="text" value="- State -"/>

Special Circumstances

Not all reporters will see this section. The ability to see this section will vary depending upon type of registration designation. If you do have this section, complete the fields if known. "Patient is pregnant" must be answered for all females (as denoted by the red asterisk)

Special Circumstances

- Patient is a foodhandler Yes No Unknown
- Patient has contact with children in daycare Yes No Unknown
- Patient is a health care worker Yes No Unknown
- Patient is pregnant *** Yes No Unknown
- Patient condition is part of outbreak Yes No Unknown

SPECIMEN INFORMATION

THIS SECTION IS VERY IMPORTANT. PLEASE COMPLETE ALL CIRCLED SECTIONS.

If you have the **Abbott ID NOW** POC machine, the test is a nucleic acid detection test (PCR). You must fill out the following Specimen Information sections:

Specimen collection date- Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.

2019 novel coronavirus nucleic acid detection (rRT-PCR, probe) = yes

Test result - positive, negative, inconclusive, indeterminate. This should be whatever result the machine displays. Options are available by choosing the down arrow. DO NOT report patients if the result is listed as INVALID.

Test completed date- Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.

Specimen Information	
Specimen 1	
Accession number	<input type="text"/> Lookup...
Specimen source	-Select- ▼
Specimen collected date	09/03/2020 📅
Specimen received date	<input type="text"/> 📅
Laboratory name	PA Dept of Health - Epid Lookup...
Were the following tests ordered?	
2019 novel coronavirus nucleic acid detection (rRT-PCR, probe)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Test result	Positive ▼
Test method	-Select- ▼
Test completed date	09/04/2020 📅
Additional information	<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>
Abnormal test flag	-Select- ▼

If you have the **BD Veritor, Quidel Sofia 2, LumiraDX, or BinaxNOW** POC machine, the test is an ANTIGEN test. You must fill out the following Specimen Information sections:

Specimen collection date- Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.

2019 novel coronavirus ANTIGEN = yes

Test result - positive, negative, inconclusive, indeterminate. This should be whatever result the machine displays. Options are available by choosing the down arrow. DO NOT report patients if the result is listed as INVALID.

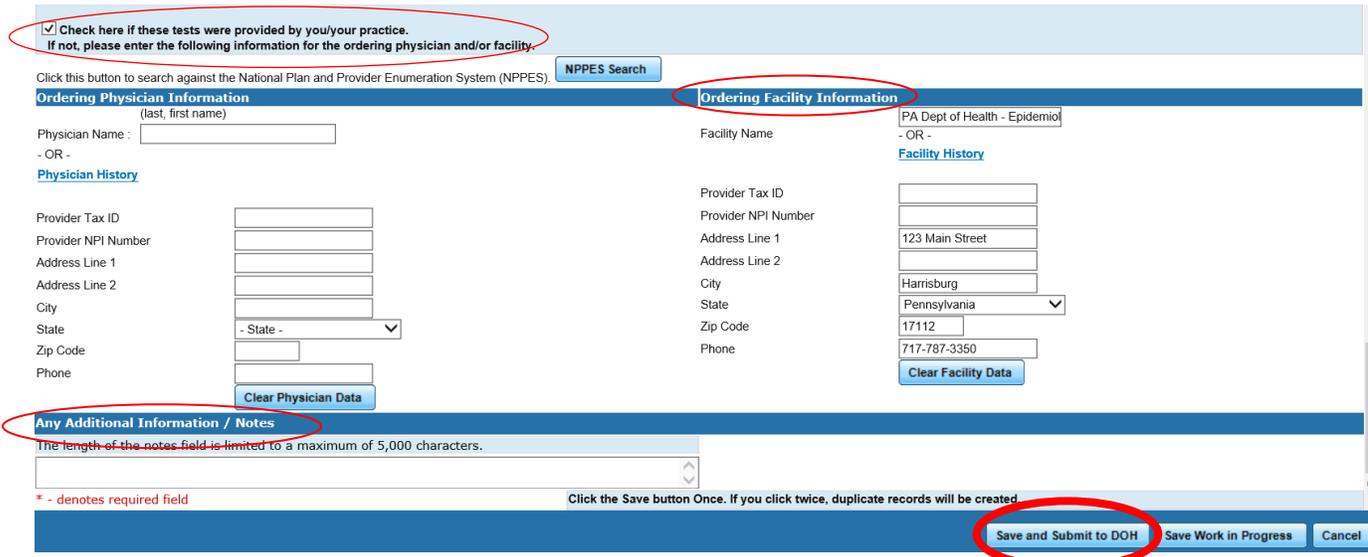
Test completed date-Format is MM DD YYYY (i.e., for July it has to be 07 not 7) if you prefer key entry rather than use of calendar.

Specimen Information	
Specimen 1	
Accession number	<input type="text"/> <input type="button" value="Lookup..."/>
Specimen source	-Select- <input type="button" value="v"/>
Specimen collected date	09/03/2020 <input type="button" value="c"/>
Specimen received date	<input type="text"/> <input type="button" value="c"/>
Laboratory name	PA Dept of Health - Epid <input type="button" value="Lookup..."/>
Were the following tests ordered?	
2019 novel coronavirus nucleic acid detection (rRT-PCR, probe)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
IgM antibody to 2019 novel coronavirus	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
IgG antibody to 2019 novel coronavirus	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Antibody (IgM, IgG not specified) to 2019 novel coronavirus	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2019 novel coronavirus ANTIGEN detection	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Test result	Negative <input type="button" value="v"/>
Test method	-Select- <input type="button" value="v"/>
Test completed date	09/08/2020 <input type="button" value="x"/> <input type="button" value="c"/>
Additional information	<input type="text"/>
Abnormal test flag	-Select- <input type="button" value="v"/>

ORDERING PHYSICIAN INFORMATION

Check the box that says “Check here if these tests were provided by you/your practice.” This will populate the Ordering Facility Information. Type any additional information or relevant notes into the Additional Information/Notes text box. This is not required and is only necessary if you have information you would like to share with DOH.

Click Save and Submit to DOH. You must click this button or the report will not be submitted and information will be lost.



Check here if these tests were provided by you/your practice.
If not, please enter the following information for the ordering physician and/or facility.

Click this button to search against the National Plan and Provider Enumeration System (NPES). **NPES Search**

Ordering Physician Information (last, first name) **Ordering Facility Information**

Physician Name: Facility Name: PA Dept of Health - Epidemiol
- OR -
[Physician History](#) [Facility History](#)

Provider Tax ID: Provider Tax ID:
Provider NPI Number: Provider NPI Number:
Address Line 1: Address Line 1: 123 Main Street
Address Line 2: Address Line 2:
City: City: Harrisburg
State: State: Pennsylvania
Zip Code: Zip Code: 17112
Phone: Phone: 717-787-3350

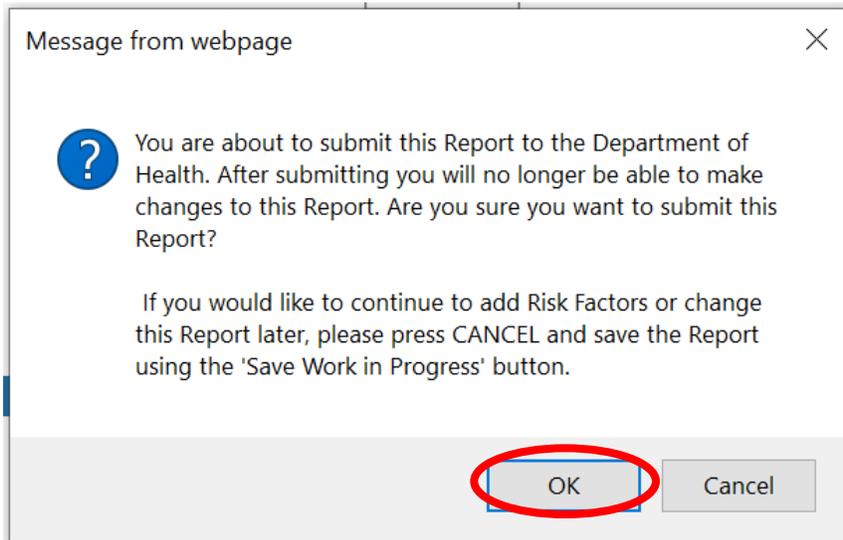
Clear Physician Data **Clear Facility Data**

Any Additional Information / Notes
The length of the notes field is limited to a maximum of 5,000 characters.

* - denotes required field **Click the Save button Once. If you click twice, duplicate records will be created.**

Save and Submit to DOH **Save Work in Progress** **Cancel**

You will receive the message below. Click OK when you are ready to submit.



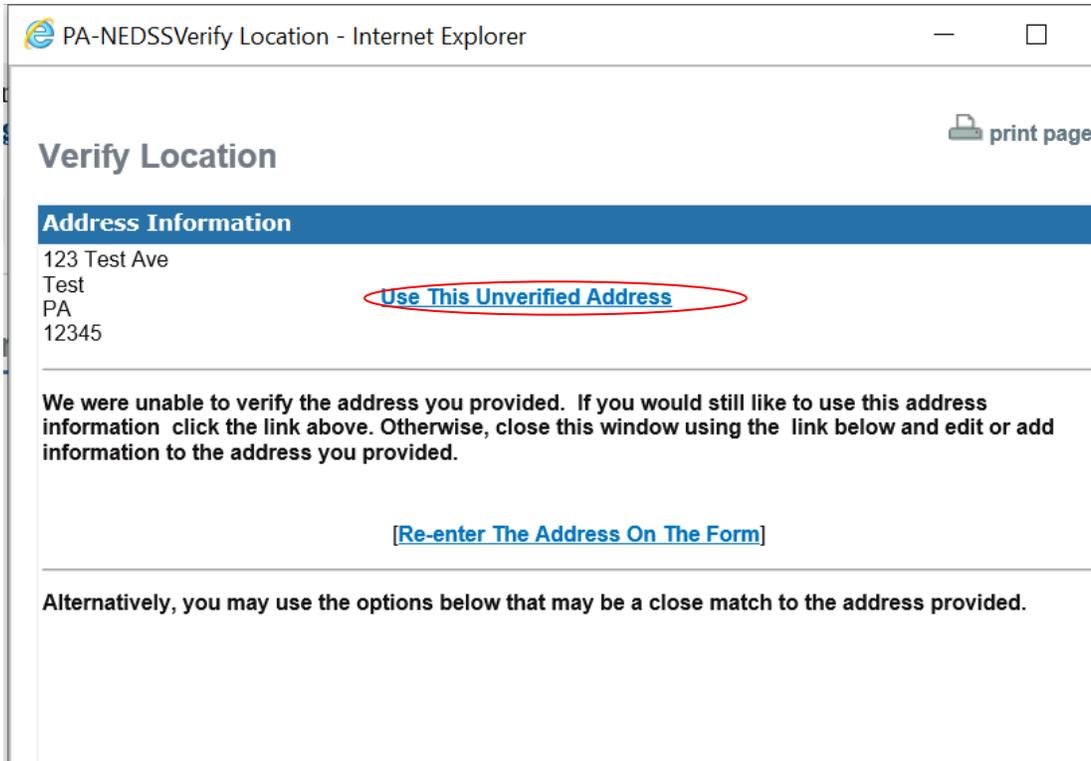
Message from webpage

? You are about to submit this Report to the Department of Health. After submitting you will no longer be able to make changes to this Report. Are you sure you want to submit this Report?

If you would like to continue to add Risk Factors or change this Report later, please press CANCEL and save the Report using the 'Save Work in Progress' button.

OK **Cancel**

If the address information is not verified in the PA-NEDSS system you will receive the pop-up below. Click Use this unverified address. The report will then be submitted into PA-NEDSS. If the address doesn't verify but is close, NEDSS will present the unverified version and the verified version and will ask the user to choose. If the verified version looks reasonable, choose the verified version.



PA-NEDSSVerify Location - Internet Explorer

print page

Verify Location

Address Information

123 Test Ave
Test
PA
12345

[Use This Unverified Address](#)

We were unable to verify the address you provided. If you would still like to use this address information click the link above. Otherwise, close this window using the link below and edit or add information to the address you provided.

[\[Re-enter The Address On The Form\]](#)

Alternatively, you may use the options below that may be a close match to the address provided.

DONE!