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

Refer to PAHAN 633 for reporting requirements.

This document is intended for facilities reporting point-of-care test results. **Note that “point-of-care” means that the test is performed in a non-laboratory setting, e.g., a nursing home, school, etc.**

Navigate to PA-NEDSS home page at [https://www.nedss.state.pa.us/nedss/](https://www.nedss.state.pa.us/nedss/) **NOTE:** PA-NEDSS can only be accessed through Internet Explorer or using Edge in Internet Explorer Compatibility mode (instructions located at end of document). Enter your username and password. Click the Log On button.

Click the Search/Report down arrow. Click the Patient/Contact option.
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 the calendar.
- Gender

Click New Patient (bottom left)

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

<table>
<thead>
<tr>
<th>Patient Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Middle Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Suffix</td>
</tr>
<tr>
<td>Birth Date *</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Race (check all that apply)</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
</tbody>
</table>

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.

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**: [Coronavirus, novel 2019] ✓
- **Date of Onset**: 09/02/2020
- **Date of Diagnosis**: 09/10/2020
- **Reported Date**: [Patient was hospitalized as a result of this condition]
- **Status at Diagnosis**: [Dead] ✓
- **Did Patient Die?**: Yes
- **Date of Death**: 09/07/2020
- **Did illness contribute to death?**
- **Death Information Source**: [Information Source -] Other Description
- **Death Certificate Number**
- **State where Death Occurred**

### 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)

<table>
<thead>
<tr>
<th>Special Circumstances</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is a food handler</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient has contact with children in daycare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient is a health care worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patient is pregnant</strong></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient condition is part of outbreak</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 the calendar.

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

- **Test result** - positive. Options are available by choosing the down arrow. DO NOT report patients if the result is listed as negative, inconclusive, indeterminate, or 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 the calendar.
If you have the BD Veritor, Quidel Sofia 2, LumiraDX, or BinaxNOW POC machine, or the test was a self-administered home test (i.e. BinaxNOW, QuickVue, Ellume, etc), 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. Options are available by choosing the down arrow. DO NOT report patients if the result is listed as negative, inconclusive, indeterminate, or 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 the calendar.

**Additional information (for self-administered home tests only)** - include the brand name of the home test, if available. **Example entry:** home test brand BinaxNow
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. **This section can be left blank if the test was a self-administered home test.**

Click Save and Submit to DOH. You must click this button or the report will not be submitted and information will be lost.
You will receive the message below. Click OK when you are ready to submit.

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.

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.

DONE!