



**PHIX Lab Training for the Department of Public Health
April 10, 2020**



Go to lab.phixnetwork.org

Login here with the username and password provided by PHIX.

Please use Internet Explorer v11 or the tool will NOT work.

Username:

Password:

Login

[Forgot Username](#)

[Forgot Password](#)



Login



After you enter your username/password, you will be asked to enter an authentication code

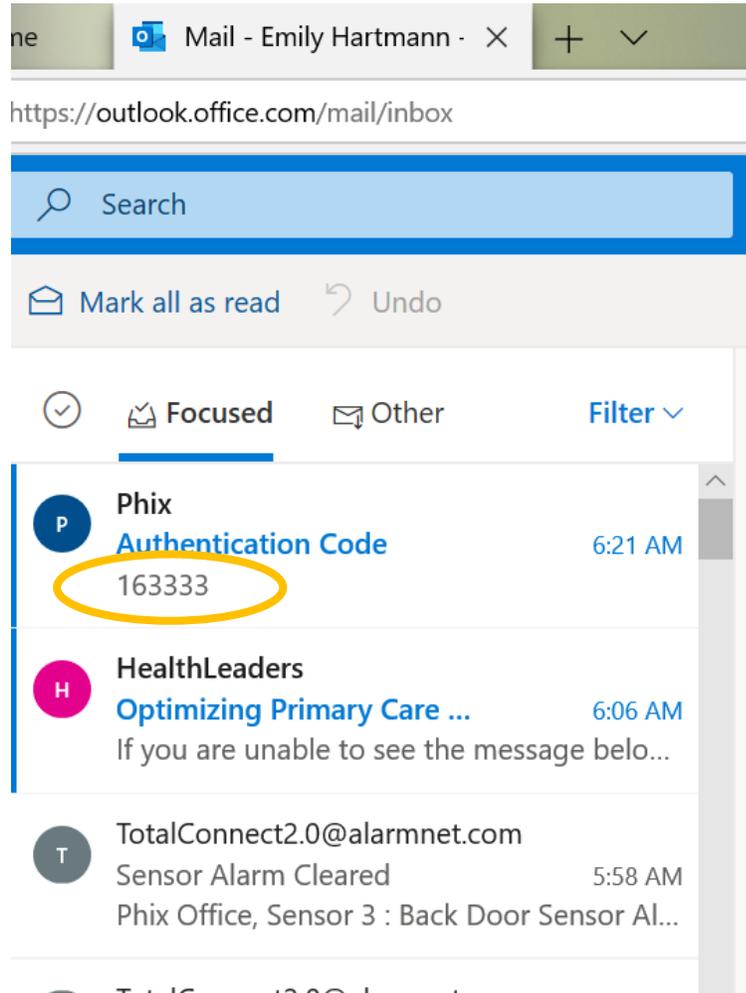
We've sent you an authentication code
Please check your email

Enter your 6 digit code here:

Didn't get a code?



You will receive the authorization code by regular email



Enter the code from your regular email into the screen below to complete your login.

The screenshot shows a login screen with the following text and elements:

- Text: "We've sent you an authentication code" and "Please check your email"
- Text: "Enter your 6 digit code here:" followed by a text input field containing "163333", which is circled in yellow.
- Buttons: "Enter" and "Cancel" buttons.
- Text: "Didn't get a code?" followed by a "Resend" button.

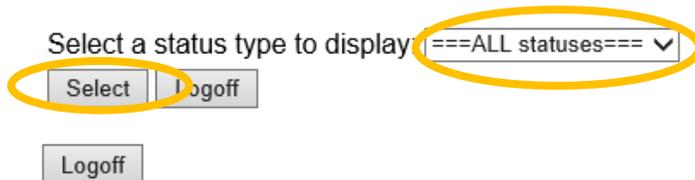


After you login, select a lab specimen status

You will manage which lab specimens that you would like to view and manage here by selecting the appropriate status and clicking “Select”

The options will be:

- In Transit
- Received
- In Testing
- Finalized
- Reject
- All Statuses



In Transit Status

When hospitals complete and submit the lab form electronically, two things will happen:

- (1) The lab form will be pushed to this lab tool and marked with an “In Transit” status. This indicates that the lab specimen is on its way to the lab.
- (2) The hospital will print a copy of the lab form, which will be included with the specimen. PHIX will assign an ascension number to each form, which will be included on the printed copy to help you match the specimen to the electronic lab form.



Match samples to the electronic lab forms

- To see the electronic form submitted by the hospital for each specimen that you receive, look at the Ascension Number.
- Note that this number is assigned by PHIX and will be included on the printed form that comes with the lab specimen.
- Patient name and date ordered are also listed for your reference.

Test/Request List

Select a status type to display: ▼

Assession #	Test Name	Patient	Date Ordered	Time Ordered
0000000019	COVID-19	Mary Jones	2020-04-06	07:20:04
0000000028	COVID-19	Alberto Garcia	2020-04-06	07:22:55
0000000055	COVID-19	Mary Jones	2020-04-06	08:15:22



Change the status to “Received”

When you confirm that a specimen is received by the lab, go into the “In Transit” queue in PHIX, and change the status for each lab specimen to “Received” on the right. Click submit.



Test/Request List

Test/Request List

Select a status type to display:

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By
0000000019	COVID-19	Mary Jones	2020-04-06	07:20:04	FINALIZED	2020-04-10	08:59:04	Emily Hartmann
0000000028	COVID-19	Alberto Garcia	2020-04-06	07:22:55	FINALIZED	2020-04-10	10:03:13	Test Labs



Changing the status to “Received” will:

- (1) Move the specimen to the “Received” queue in the electronic tool.
- (2) Generate a message to the hospitals indicating that the specimen has been received by your lab.



Review the lab form and the specimen

 COVID-19 Specimen Submission Form City of El Paso Department of Public Health Laboratory 4505 Alberta Ave., 2 nd Floor, El Paso, TX 79905-2818 Ph: (915) 212-0438 Fax: (915) 212-0439 CLIA # 45D066818		DPH Lab ID Use ONLY	
		Medical Director: Attilio Orazi, M.D., FRCPath (Engl.)	
SECTION 1. PATIENT INFORMATION (*REQUIRED)			
Patient name-Last*		First*	M.I.
PATENA		MARCOS	
Address-Number, street, apt #*		City**	State* ZIP Code*
Date of birth*	Age	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	Medical Record#
Does the patient live or has the patient recently traveled to an affected geographic area?*			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
When did the patient travel to an affected geographic area?*			
/ / to / / Place visited:			
Has the patient come in close contact with a person who is under investigation for COVID-19 while the person was ill? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the patient come in close contact with a laboratory-confirmed COVID-19 case while that case was ill? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the patient currently have or have they had (in the last 14 days) any of the following symptoms?*			
<input type="checkbox"/> Fever <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Muscle aches <input type="checkbox"/> Other, Specify _____ <input type="checkbox"/> Cough <input type="checkbox"/> Chills <input type="checkbox"/> Vomiting <input type="checkbox"/> Sore Throat <input type="checkbox"/> Headache <input type="checkbox"/> Abdominal pain Date of symptom onset: / /			
Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in an affected geographic area? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which COVID-19 is being evaluated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the patient hospitalized? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Admit Date: _____ Status: <input type="checkbox"/> ICU <input type="checkbox"/> Step Down <input type="checkbox"/> Medical Send specimen to reference laboratory Priority: #1 = ICU; #2 = Step Down; #3 = Medical			
SECTION 2. SUBMITTER INFORMATION (*REQUIRED)			
Hospital/Facility name*		Ordering physician's name*	
Address-Number, street, apt #		City	County State ZIP Code
Contact*	Phone*	Fax*	
SECTION 3. SPECIMEN INFORMATION (*REQUIRED)			
Date of collection*	Time of collection*	*Epidemiology Reference #:	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Test Requested	<input checked="" type="checkbox"/> COVID-19 rRT-PCR		Submit
Specimen will be rejected without this number			
Specimen source or type (2 upper respiratory, 1 lower respiratory)* (Each specimen is to have it's own form, unless NP/OP combined)			
<input type="checkbox"/> NP Swab <input type="checkbox"/> OP Swab <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> BALFluid <input type="checkbox"/> Tracheal Aspirate			
Samples that will arrive at the lab within 72 hours of collection can be stored at 2-8°C and shipped with cold packs.			
SECTION 4. SPECIMEN CONDITION (LABORATORY USE ONLY)			
Specimen condition: <input type="checkbox"/> Acceptable (Refrigerated/cold packs) <input type="checkbox"/> Reason Rejected:			
SECTION 5. rRT-PCR (LABORATORY USE ONLY)			
<input type="checkbox"/> No COVID-19 detected by rRT-PCR <input type="checkbox"/> Inconclusive for COVID-19 by rRT-PCR <input type="checkbox"/> Request recollection <input checked="" type="checkbox"/> Positive COVID-19 by rRT-PCR		*Negative results do not preclude the COVID-19 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. Testing with the COVID-19 rRT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing rRT-PCR assays. The CDC COVID-19 rRT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency for Use Authorization. *Results are for the identification of COVID-19 RNA. Inconclusive for COVID-19 specimens will be sent to the CDC for confirmatory testing. Positive results are indicative of active infection with COVID-19 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.	
Reference Range:		Contact Information: CEPDPH Laboratory El Paso County Specimen Delivery and Shipment CEPDPH Epidemiology Program ATTN: DPH LRN Laboratory Disease Reporting Hours: 24 hrs a day/7 days a week 4505 Alberta Ave. 2nd Floor P 915-212-6620 El Paso, TX 79905 P 915-212-0438 F 915-212-0439 Delivery 7:30AM-5:00PM M-Sun	
Report Date:	Report Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM	Analyst:



Rejecting lab

If you are rejecting the specimen, start by completing the lab form with the reason for the rejection and clicking Submit.

Clicking submit will save your changes to the form.

Jim Currey		11 / 41-5081		10 / 45-8888	
SECTION 3. SPECIMEN INFORMATION (**REQUIRED)					
Date of collection* 03 / 30 / 2020		Time of collection* 8 :00		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> *Epidemiology Reference #: 12345	
Test Requested <input checked="" type="checkbox"/> COVID-19 rRT-PCR				*Specimen will be rejected without this number.	
Submit					
Specimen source or type (2 upper respiratory, 1 lower respiratory)* (Each specimen is to have it's own form, unless NP/OP combined)					
<input type="checkbox"/> NP Swab <input type="checkbox"/> OP Swab <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> BALFluid <input type="checkbox"/> Tracheal Aspirate					
Samples that will arrive at the lab within 72 hours of collection can be stored at 2-8°C and shipped with cold packs.					
SECTION 4. SPECIMEN CONDITION (LABORATORY USE ONLY)					
Specimen condition: <input type="checkbox"/> Acceptable (Refrigerated/cold packs) <input checked="" type="checkbox"/> Reason Rejected: not on ice, specimen too warm					
SECTION 5. rRT-PCR (LABORATORY USE ONLY)					
<input type="checkbox"/> No COVID-19 detected by rRT-PCR		<i>*Negative results do not preclude the COVID-19 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. Testing with the COVID-19 rRT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing rRT-PCR assays. The CDC COVID-19 rRT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency for Use Authorization.</i> <i>*Results are for the identification of COVID-19 RNA. Inconclusive for COVID-19 specimens will be sent to the CDC for confirmatory testing. Positive results are indicative of active infection with COVID-19 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.</i>			
<input type="checkbox"/> Inconclusive for COVID-19 by rRT-PCR <input type="checkbox"/> Request recollection					
<input type="checkbox"/> Positive COVID-19 by rRT-PCR					
Reference Range:		Contact Information El Paso County CEPDPH Epidemiology Program Disease Reporting Hours: 24 hrs a day/7 days a week P:915-212-6520 CEPDPH Laboratory Specimen Delivery and Shipment ATTN: DPH LRN Laboratory 4505 Alberta Ave. 2nd Floor El Paso, TX 79905 P:915-212-0438 F:915-212-0439 Delivery 7:30AM-5:00PM M-Sun			
No COVID-19 detected by rRT-PCR					
Report Date: <input type="text"/>		Report Time: <input type="text"/>		<input type="checkbox"/> AM <input type="checkbox"/> PM Analyst: <input type="text"/>	



Rejecting lab

Then, go to the lab specimen in your “Received” queue and change the status to “Rejected.” Click Submit.

Test/Request List

Select a status type to display: RECEIVED ▼

Select Logoff

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By	
0000000019	COVID-19	Mary Jones	2020-04-06	07:20:04	RECEIVED	2020-04-10	16:51:49	Emily Hartmann	=== Select a Status === ▼ <input type="button" value="Submit"/>

Logoff



Changing the status to “Rejected” will:

- (1) Move the specimen to the “Rejected” queue in the electronic tool.
- (2) Generate a message to the hospitals indicating that the specimen was rejected. **Note that this message will include a copy of the electronic form with the reason for the rejection. Therefore, ensure that you have completed the pdf form first before changing the status to “Rejected”**



Accepting Lab

If the lab specimen is acceptable, check “Acceptable” in the electronic lab form. Click Submit. Clicking submit will save your changes to the form.

Contact* Jim Currey	Phone* (217) 741-5081	Fax* (218) 748-8888
SECTION 3. SPECIMEN INFORMATION (**REQUIRED)		
Date of collection* 03 / 30 / 2020	Time of collection* 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Epidemiology Reference #: 12345
Test Requested <input checked="" type="checkbox"/> COVID-19 rRT-PCR	^Specimen will be rejected without this number^	
Submit		
Specimen source or type (2 upper respiratory, 1 lower respiratory)* (Each specimen is to have it's own form, unless NP/OP combined)		
<input type="checkbox"/> NP Swab <input type="checkbox"/> OP Swab <input checked="" type="checkbox"/> Sputum <input type="checkbox"/> BALFluid <input type="checkbox"/> Tracheal Aspirate		
Samples that will arrive at the lab within 72 hours of collection can be stored at 2-8°C and shipped with cold packs.		
SECTION 4. SPECIMEN CONDITION (LABORATORY USE ONLY)		
Specimen condition <input checked="" type="checkbox"/> Acceptable (Refrigerated/cold packs) <input type="checkbox"/> Reason Rejected:		
SECTION 5. rRT-PCR (LABORATORY USE ONLY)		
<input type="checkbox"/> No COVID-19 detected by rRT-PCR <input type="checkbox"/> Inconclusive for COVID-19 by rRT-PCR <input type="checkbox"/> Request recollection <input type="checkbox"/> Positive COVID-19 by rRT-PCR		<i>*Negative results do not preclude the COVID-19 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. Testing with the COVID-19 rRT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing rRT-PCR assays. The CDC COVID-19 rRT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency for Use Authorization.</i> <i>*Results are for the identification of COVID-19 RNA. Inconclusive for COVID-19 specimens will be sent to the CDC for confirmatory testing. Positive results are indicative of active infection with COVID-19 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.</i>
Reference Range:		CEPDPH Laboratory Specimen Delivery and Shipment ATTN: DPH LRN Laboratory 4505 Alberta Ave. 2nd Floor El Paso, TX 79905 P: 915-212-6520 F: 915-212-0438 Delivery 7:30AM-5:00PM M-Sun
No COVID-19 detected by rRT-PCR		
Report Date:	Report Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM Analyst:



In Testing Status

When the acceptable samples go into testing, change the status of each specimen in the “Received” queue to “In Testing” on the right. Click Submit.



Test/Request List

Test/Request List

Select a status type to display:

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By	
0000000242	COVID-19	Emily Test	2020-04-09	08:22:00	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/> <input type="button" value="Submit"/>
0000000251	COVID-19	Emily A Test	2020-04-09	09:11:13	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000260	COVID-19	Emily Test3	2020-04-09	10:08:47	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000279	COVID-19	emily test3	2020-04-09	11:10:08	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>



Changing the status to “In Testing” will :

- (1) Move the specimen to the “In Testing” queue in the electronic tool.
- (2) Generate a message to the hospitals indicating that the specimen is in testing.



Finalizing lab results

- When the lab results are ready, go to the “In Testing” queue. Click “Select”



Test/Request List

Test/Request List

Select a status type to display:

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By	
0000000242	COVID-19	Emily Test	2020-04-09	08:22:00	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/> <input type="button" value="Submit"/>
0000000251	COVID-19	Emily A Test	2020-04-09	09:11:13	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000260	COVID-19	Emily Test3	2020-04-09	10:08:47	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000279	COVID-19	emily test3	2020-04-09	11:10:08	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>



Finalizing lab results

Use the ascension number link to navigate to the electronic lab form for each specimen



Test/Request List

Test/Request List

Select a status type to display:

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By	
0000000242	COVID-19	Emily Test	2020-04-09	08:22:00	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/> <input type="button" value="Submit"/>
0000000251	COVID-19	Emily A Test	2020-04-09	09:11:13	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000260	COVID-19	Emily Test3	2020-04-09	10:08:47	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000279	COVID-19	emily test3	2020-04-09	11:10:08	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>



Complete the lab form with the lab results

Complete the lab form by selecting the appropriate results and entering the report date, report time, and analyst name.

Click submit. This action will save the information that you have entered.

Address-Number, street, apt #		City	County	State	ZIP Code
Contact* Jim Currey		Phone* (217) 741-5081		Fax* (218) 748-8888	
SECTION 3. SPECIMEN INFORMATION (**REQUIRED)					
Date of collection* 03 / 30 / 2020		Time of collection* 8 : 00		<input checked="" type="checkbox"/> AM [^] Epidemiology Reference #: <input type="checkbox"/> PM 12345	
Test Requested		<input checked="" type="checkbox"/> COVID-19 rRT-PCR		^Specimen will be rejected without this number^	
Submit					
Specimen source or type (2 upper respiratory, 1 lower respiratory)* (Each specimen is to have it's own form, unless NP/OP combined)					
<input type="checkbox"/> NP Swab		<input type="checkbox"/> OP Swab		<input checked="" type="checkbox"/> Sputum	
<input type="checkbox"/> BALFluid		<input type="checkbox"/> Tracheal Aspirate			
Samples that will arrive at the lab within 72 hours of collection can be stored at 2-8°C and shipped with cold packs.					
SECTION 4. SPECIMEN CONDITION (LABORATORY USE ONLY)					
Specimen condition: <input checked="" type="checkbox"/> Acceptable (Refrigerated/cold packs) <input type="checkbox"/> Reason Rejected:					
SECTION 5. rRT-PCR (LABORATORY USE ONLY)					
<input checked="" type="checkbox"/> No COVID-19 detected by rRT-PCR		*Negative results do not preclude the COVID-19 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information. Testing with the COVID-19 rRT-PCR Diagnostic Panel is intended for use by trained laboratory personnel who are proficient in performing rRT-PCR assays. The CDC COVID-19 rRT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency for Use Authorization.			
<input type="checkbox"/> Inconclusive for COVID-19 by rRT-PCR		*Results are for the identification of COVID-19 RNA. Inconclusive for COVID-19 specimens will be sent to the CDC for confirmatory testing. Positive results are indicative of active infection with COVID-19 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease.			
<input type="checkbox"/> Request recollection		Contact Information El Paso County CEPDPH Epidemiology Program Disease Reporting Hours: 24 hrs a day/7 days a week P: 915-212-6520			
<input type="checkbox"/> Positive COVID-19 by rRT-PCR		CEPDPH Laboratory Specimen Delivery and Shipment ATTN: DPH LRN Laboratory 4505 Alberta Ave. 2nd Floor El Paso, TX 79905 P: 915-212-0438 F: 915-212-0439 Delivery 7:30AM-5:00PM M-Sun			
Reference Range:		No COVID-19 detected by rRT-PCR			
Report Date: 04/10/2020		Report Time: 3:00		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Analyst: Emily Hartmann	



Change status to “Finalized”

Then, go to the lab specimen in your “In Testing” queue and change the status to “Finalized.” Click Submit.



Test/Request List

Test/Request List

Select a status type to display:

Assession #	Test Name	Patient	Date Ordered	Time Ordered	Status	Date	Time	By	
0000000242	COVID-19	Emily Test	2020-04-09	08:22:00	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/> <input type="button" value="Submit"/>
0000000251	COVID-19	Emily A Test	2020-04-09	09:11:13	IN TESTING	2020-04-10	16:08:37	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000260	COVID-19	Emily Test3	2020-04-09	10:08:47	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>
0000000279	COVID-19	emily test3	2020-04-09	11:10:08	IN TESTING	2020-04-10	09:09:00	Emily Hartmann	<input type="text" value="=== Select a Status ==="/>



Changing the status to “Finalized” will:

- (1) Move the specimen to the “Finalized” queue in the electronic tool.
- (2) Generate a message to the hospitals indicating that the lab result was finalized. **Note that this message will include a copy of the electronic form with the lab results. Therefore, ensure that you have completed the pdf form with the results first before changing the status to “Finalized.”**
- (3) Positive results will also be sent to Epi.



Call PHIX with any questions

As always, call PHIX if you have any questions at 915-242-0674.

You can also reach PHIX's Executive Director, Emily Hartmann, on her cell phone at 217-741-5081 and by email at ehartmann@phixnetwork.org.

