

COVID-19 Testing Panel

COVID-19 testing panel is now available. See below for instructions.

Try It Out:

1. Go to the **Orders** activity.
2. Search for **COVID19** in the orders search field. Select and open the **COVID-19 Test Panel**.
3. **The BioReference COVID10 lab will automatically print a lab requisition form to the nearest printer.**
If the requisition does not automatically print, see pages 3-5 of this tipsheet for steps to reprint the requisition from chart review or launch a blank requisition form to complete and print to be sent with the specimen.
4. The order panel has both the **BioReference COVID-19 PCR Nasopharyngeal** and **Droplet and Contact and Eye Protection Isolation Status** orders checked by default. Providers should address any required fields and check any additional orders they need from the panel.
5. Click **Sign** to make the orders active.

The screenshot displays the 'COVID-19 Test Panel' interface. At the top, there are navigation tabs for 'Summary', 'Handoff', and 'Orders'. A search bar contains 'covid19' (circled 2). Below the search bar, a list of 'New Orders' is shown, with two items checked: 'BioReference COVID-19 PCR (SO) - Nasopharyngeal' and 'Droplet and Contact and Eye Protection Isolation Status'. A red box highlights the details of the PCR order, including its frequency ('Once'), starting time ('Today 1415'), and specimen type ('Nasopharyngeal') (circled 4). At the bottom right, a 'Sign' button is circled 5. The interface also includes 'Accept' and 'Cancel' buttons for the order.

The BioReference order requisition is setup to print automatically. The requisition form will print to the nearest printer in the format displayed below. Send this requisition form to the lab in the outer pocket of the specimen transport bag (*without the test req form, the lab will not be able to perform the test*). The account number must be correct (highlighted below), or the lab will not know where to send the results.

| BIOREFERENCE NYC COVID-19 REQUISITION | |
|---|-----------------------------|
| Patient | |
| Patient ID# | |
| 410 | |
| Last name, First name, Middle | |
| Willow, Nutella, B | |
| Address | DOB, Age, M/F |
| 555 Milky Way Drive New York NY 10016 | 2/4/1994 26 y.o. male |
| Patient Phone | Email |
| 555-555-5555 (home) | No e-mail address on record |
| Account | |
| Location: CV610 Bellevue 462 First Avenue, New York, NY 10016 Fax#212-263-8284 | |
| Ordering Provider | |
| Machelle Allen, M.D. 125 Worth Street New York, NY 10013 Phone: 212.442.4739 | |
| Re: NYC-COVID DOH | |

Collection Information

Collected: 3/20/2020 10:27 PM

Ordering test: TH68-0 Novel Coronavirus COVID19 Nasopharynx (source)

Bio Reference laboratories
An OPKO Health Company
Phone: 800.229.5227
Bioreference.com

Form #BRD004088 03/20

If the form does not print automatically, go to the Labs tab in the Chart Review activity, and select the BioReference order to display the order details report. In the BioReference order details report, click the Reprint Requisition link to print the requisition. Remember, this requisition must be sent to the lab in the outer pocket of the specimen transport bag.

BioReference COVID-19 PCR (SO) (Order 23825815)

Lab

Date: 3/23/2020 Department: RI IP A33 Released By: Vincent Yeh (auto-released)

Authorizing: Tatyana (3m Test) Dorogan, MD

Order Information

| Order Date/Time | Release Date/Time | Start Date/Time | End Date/Time |
|-------------------|-------------------|-------------------|-------------------|
| 03/23/20 10:10 AM | 03/23/20 10:10 AM | 03/23/20 10:10 AM | 03/23/20 10:10 AM |

Order Details

| Frequency | Duration | Priority | Order Class |
|-----------|--------------|----------|--------------|
| Once | 1 occurrence | Routine | Unit Collect |

| Specimen ID | Order ID | Specimen Date Collected | Specimen Time Collected | Specimen Collector | Specimen Received Date | Specimen Received Time | Test Report Date | Test Report Time |
|-------------|----------|-------------------------|-------------------------|--------------------|------------------------|------------------------|------------------|------------------|
| | 23825815 | | | | | | | |

Encounter

[View Encounter](#)

Reprint Requisition

BioReference COVID-19 PCR (SO) (Order #23825815) on 3/23/20



Original Order

| Ordered On | Ordered By |
|--------------------|-------------|
| 3/23/2020 10:10 AM | Vincent Yeh |

Order Providers

Authorizing Provider

Encounter Provider

ONLY USE A BLANK REQUISITION FORM IF THE REQUISITION DOES NOT PRINT AUTOMATICALLY AND YOU ARE UNABLE TO REPRINT FROM CHART REVIEW.

If the BioReference lab requisition does not print automatically and you are unable to reprint from the chart review activity, use the link listed below or the link in the order panel to open a blank requisition form.

Hyperlink to print blank requisition form:

<http://hccinsider.nychhc.org/PDFDocuments/BRD004088-NYC-COVID-19-Req-Interactive-vF.pdf>

The link to print a blank requisition form appears in the order panel as well:

The screenshot displays a web-based interface for managing medical orders. On the left, a 'COVID-19 Test Panel' order is shown with a status of 'Accept'. A red box highlights the 'BioReference Request Form' link, with a red arrow pointing to a callout box that says 'Click here to launch a blank form'. Below this, the order details for 'BioReference COVID-19 PCR (SO) - Nasopharyngeal' are visible, including frequency (Once), starting time (Today at 1415), and specimen type (Nasopharyngeal). On the right, a sidebar shows the order panel with a 'New Orders' section containing the same order details. At the bottom right, there are buttons for 'Remove All', 'Save Work', and 'Sign'. The time '2:15 PM' is displayed in the bottom right corner.

The blank requisition form has 3 sections that must be completed. Once the form is filled out, **print** and send to the lab in the outer pocket of the specimen transport bag.

| PATIENT | | | | | | |
|-----------------------------|-------------------|-----|-----------------------|-----|--|--|
| PATIENT ID# | COMMENTS | | | | | |
| ENTRIES WILL SHOW ON REPORT | | | | | | |
| NAME, LAST | FIRST | MI | | | | |
| STREET | | | | | APT. # | |
| CITY | STATE | ZIP | DATE OF BIRTH | AGE | M/F | |
| | | | MM/DD/YYYY | | | |
| PATIENT PHONE NO. | PATIENT EMAIL/FAX | | COLLECTED (DATE/TIME) | | <input type="checkbox"/> AM <input type="checkbox"/> PM | |

| ACCOUNT |
|--|
| Please Select a Location: |
| CV600 NYC Health & Hospital 125 Worth St., NY, NY 10013 Fax# - |
| ORDERING PROVIDER |
| Machelle Allen, M.D. |
| 125 Worth Street New York, NY 10013 |
| Phone: 212.442.4739 |
| Re: NYC-COVID DOH |

Nasopharynx (source)

- TH68-0 Novel Coronavirus COVID-19 Nasopharynx