

COVID-19 Testing Panel

COVID-19 (NYCDOHMH) 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 tabs for 'Summary', 'Handoff', and 'Orders'. The 'Orders' tab is active, showing a search bar with 'covid19' entered and a 'New' button. Below the search bar, a 'New Orders' section lists two default orders: 'BioReference COVID-19 PCR (SO) - Nasopharyngeal' and 'Droplet and Contact and Eye Protection Isolation Status'. Both are checked by default. A red box highlights the 'BioReference COVID-19 PCR (SO) - Nasopharyngeal' order form, which includes fields for frequency (set to 'Once'), starting date (3/20/2020), time (1415), specimen type (Nasopharyngeal), and specimen source (Nasopharyngeal). A red arrow points to the 'Frequency' field with the number '4'. At the bottom right, a red box highlights the 'Sign' button with the number '5'. The bottom status bar shows 'Next Required' and 'Accept' buttons.

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

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://hhcinsider.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:

COVID-19 Test Panel Accept

This order is a send-out test and will not be processed at your facility's local lab.

When ordering the BioReference test please remember to click on the forms link below, it must accompany the specimen.

IF ordering DOHMH - call 866-692-3641 for approval. Request forms must be filled out for each specimen sent. Submit Nasopharyngeal & Oropharyngeal swabs in a single viral transport tube.

BioReference Request Form Click here to launch a blank form

☒ **BioReference COVID-19 PCR (SO) - Nasopharyngeal** Accept Cancel

Once First occurrence Today at 1415 P
Nasopharyngeal

Process Inst: This order is a send-out test and will not be processed at your facility's local lab.

Frequency: Once Tomorrow AM STAT Add-On

Starting: Today Tomorrow At:

First Occurrence: **Today 1415**

Scheduled Times ⌵
03/20/20 1415

Specimen Type: Nasopharyngeal

Specimen Src: Nasopharyngeal

Location:

Comments: + Add Comments (F6)

Accept Cancel

☐ DOHMH COVID-19 Test - Nasopharyngeal + / - Oropharyngeal (SO) NYC PHL NP/OP Swab

☐ DOHMH COVID-19 Test - Lower Respiratory (SO) NYC PHL

☐ NW COVID-19 PCR (SO) - Nasopharyngeal Nasopharyngeal

☒ **Droplet and Contact and Eye Protection Isolation Status**
Routine, Continuous starting Today at 1415 Until Specified
Infection/Indication: COVID-19 (rule out)

Accept

COVID-19 Test Panel

BioReference COVID-19 PCR (SO) - Nasopharyngeal
P Once First occurrence Today at 1415
Nasopharyngeal

Droplet and Contact and Eye Protection Isolation Status
Routine, Continuous starting Today at 1415
Until Specified
Infection/Indication: COVID-19 (rule out)

Remove All Save Work Sign

Next Required Accept

2:15 PM

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