

COVID-19 PANDEMIC RESPONSE, Laboratory Data Reporting: CARES Act Section 18115

U.S. Department of Health and Human Services (HHS) published new requirements for patient data collection and reporting for COVID-19 test starting Aug 1, 2020.

The questions are subject to change as the regulatory body releases new requirements.

In addition to standardized test results and relevant demographic details, data in the form of answers to the following Ask at Order Entry (AOE) questions will be collected for reporting:

1. Symptomatic per CDC at the time of this COVID-19 test?
 - a. If Yes, When did your symptoms start?
2. Is the individual hospitalized with confirmed or suspected COVID-19?
 - a. If Yes, In Intensive Care Unit?
3. Is this your first COVID-19 test?
4. Do you currently work in a health care setting with direct patient contact?
5. Do you currently reside in a congregate (group) care setting?
6. Are you currently pregnant?

Questions are required for HHS reporting: recommend reviewing auto-populated information for accuracy and any remaining questions with your patients.

Additional required questions will cascade based on YES/NO/UNK responses to reduce screen clutter

iNPATIENT ORDER (Effective 7/29/2020):

Is this your first COVID-19 test?	YES	NO	UNK		
Reason for test	Pre-procedural screening	Admission screening	Discharge placement screening	Travel screening	
	Suspected infection or exposure				
! Date of Procedure	<input type="text"/>				
Symptomatic per CDC at the time of this COVID-19 test	YES	NO	UNK		
! When did your symptoms start?	<input type="text"/>				
Is the individual hospitalized with confirmed or suspected COVID-19?	YES	NO	UNK		
Intensive Care Unit	YES	NO	UNK		
! Do you currently work in a healthcare setting with direct patient contact?	YES	NO	UNK		
! Do you currently reside in a congregate (group) care setting?	YES	NO	UNK		
! Are you currently pregnant?	YES	NO	UNK		
Race	WHITE	BLACK OR AFRICAN AMERICAN	ASIAN	WHITE	AMERICAN INDIAN OR ALASKA NATIVE
		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	UNKNOWN	REFUSED	
Ethnicity	HISPANIC OR LATINO	HISPANIC OR LATINO	NON HISPANIC OR LATINO	UNKNOWN	REFUSED

AMBULATORY CLH ORDER (Effective 7/29/2020):

Is this your first COVID-19 test?

Testing Reason:

! Date of Procedure:

Symptomatic per CDC at the time of this COVID-19 test:

! When did your symptoms start?:

Is the individual hospitalized with confirmed or suspected COVID-19?

! Do you currently work in a healthcare setting with direct patient contact?

! Do you currently reside in a congregate (group) care setting?

! Are you currently pregnant?

Race:

Ethnicity:

Place REQL Label Here



PATIENT QUESTIONNAIRE — COVID-19 TESTING

PATIENT DEMOGRAPHIC INFO

Patient Name: _____ Date of Birth: _____

Collection Date: _____

PATIENT RACE (REQUIRED BY HHS AND CDC)

- | | | |
|--|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Refused to Answer |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Multiple/Other | |

PATIENT ETHNICITY (REQUIRED BY HHS AND CDC)

- Hispanic/Latino Non-Hispanic/Latino Unknown

COVID-19 CLINICAL HISTORY (REQUIRED BY HHS AND CDC)

- | | | | |
|--------------------------------|------------------------------|-----------------------------|----------------------------------|
| First COVID-19 test? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Employed in Healthcare? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Symptomatic as defined by CDC? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |

- If yes, date of symptom onset (mm/dd/yyyy): _____
- | | | | |
|--------------------------------------|------------------------------|-----------------------------|----------------------------------|
| Hospitalized for COVID-19? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| ICU for COVID-19? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Resident in congregate care setting? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |
| Pregnant? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> UNKNOWN |