Electronic COVID-19 Laboratory Reporting

Submission Instructions

Below you will find a step-by-step guide to completing and submitting your electronic COVID-19 laboratory data. Visit our website at www.health.mo.gov/labresults to learn more about the process and access information on reporting rules and statutes. You can reach our support team at ELR@health.mo.gov .

Formatting your Data

1. Download and save the attached Excel file from your welcome email (File name: lab_results_reporting_template).
   - *Note: Do not save over this file. This is your master file that you should always start from moving forward.* **It is very important that you do not change the layout of format of this spreadsheet in any way. It is formatted very specifically and any variation from that will cause validation to fail.**

2. Enter the COVID-19 laboratory test data in the format instructed within the Excel spreadsheet. Each cell has pop up instructions to guide you.
   - *Be sure and remove the data in row 2 of the spreadsheet. That is only there as an example to you and should not be submitted through MOFTP.*

   - The table below contains additional information regarding the data entry criteria. Row #2 in the Excel file contains example data to help you in completing the form. Replace this row with your data as you complete the form.
   Note: Avoid using special symbols (specifically commas) of any kind other than where indicated to help prevent data corruption.

Field	Data Required

Lab	The name of the physical location where the test is being performed.
	• If a school is doing the testing:
	    o Lab = The school district name
	    o Ordering_Facility = The school district name
	• If a local health department, hospital, or doctor's office, etc. is doing the testing for the schools:
	    o Lab = The local health department, hospital, doctor's office, etc. name
	    o Ordering_facility = School district name
	Note: Avoid using acronyms and use the same name each time you submit.

Patient_Last_Name	Enter Patient's Last Name. (ex. Doe) *Note: Avoid dashes in hyphenated names and no punctuation.*

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Patient_First_Name	Enter Patient's First Name. If a Middle Initial is supplied include it after the First Name (ex. Bob or Bob R) *Note: Avoid dashes in hyphenated names and no punctuation.*
Patient_DOB	Enter the Patient's Date of Birth. (ex. 01/01/1970) *Note: The date must be entered in the example format. Do not change.*
Patient_Gender	Select the gender from the list. *Note: Do not type it in. The single letter code indicated in the dropdown must be used.*
Patient_Address_1	Enter the Patient's Address. (ex. 123 Home Street) *NOTE: Do not include a number sign (#) in the value. No special characters. Do not use abbreviations for street, lane, drive, etc. Spell them out.*
Patient_Address_2	Enter the Patient's Address 2. (ex. Apartment 2) *NOTE: Do not include a number sign (#) in the value. No special characters. Do not use abbreviations for street, lane, drive, etc. Spell them out.*
Patient_City	Enter the Patient's City. (ex. Jefferson City or St Louis) *Note: No special characters, such as periods.*
Patient_State	Enter the Patient's State. (ex. MO) *NOTE: 2-digit postal abbreviation expected. Do not type out the full name of the state.*
Patient_Zip	Enter the Patient's Zip Code. (ex. 65102 or 65102-4568)
Patient_Area_Code	Enter the Patient's Area Code. (ex. 573)
Patient_Phone	Enter the Patient's Phone Number. (ex. 5555555) *NOTE: Do not include formatting in the value. No dashes. Only the 7-digit number should appear here.*
Ordering_Facility	Enter the Ordering Facility. This will be the facility where the patient lives or in the case of a school, it will be the school that the student attends or staffer works (ex. Shady Acres Nursing Home or Westview Elementary) *Note: If this is the same as the facility in the lab, be sure the names match perfectly.*
Ordering_Facility_Address_1	Enter the Ordering Facility's Address. (ex. 123 Street) *NOTE: Do not include a number sign (#) in the value. No special characters. Do not use abbreviations for street, lane, drive, etc. Spell them out.*
Ordering_Facility_Address_2	Enter the Ordering Facility's Address 2. (ex. Suite 200) *NOTE: Do not include a number sign (#) in the value. No special characters. Do not use abbreviations for street, lane, drive, etc. Spell them out.*
Ordering_Facility_City	Enter the Ordering Facility's City. (ex. Jefferson City) *Note: No special characters, such as periods.*
Ordering_Facility_State	Enter the Ordering Facility's State. (ex. MO) *NOTE: 2-digit postal abbreviation expected. Do not type out the full name of the state.*
Ordering_Facility_Zip	Enter the Ordering Facility's Zip Code. (ex. 65102 or 65102-4568)
Ordering_Facility_Area_Code	Enter the Ordering Facility's Area Code. (ex. 573)

Ordering_Facility_Phone	Enter the Ordering Facility's Phone Number. (ex. 5555555) *NOTE: Do not include formatting in the value. No dashes. Only the 7-digit number should appear here.*
Ordering_Provider_LName	Enter the Ordering Provider's Last Name. (ex. Gooddoc) K-12 Schools should use the name that appears on their Standing Order: **Williams**
Odering_Provider_FName	Enter the Ordering Provider's First Name. (ex. Bryan) K-12 Schools should use the name that appears on their Standing Order: **Randall**
Accession_Number	Enter the Specimen's Accession Number. An accession number is a unique identifier assigned to each sample being submitted by the reporting location. For instance, you could use the first letter of each word in the location name plus 1000. (ex. ABC Lab would be ABC1000, ABC1001 and so on) *NOTE: The Accession number is meant to allow a sample to be paired up with an order if they were to get separated for any reason. You can use any numbering convention you see fit. It should start with a letter or series of letters for validation purposes.*
Specimen_Collection_Date	Enter the Collection Date and Time of the specimen. The time should be in military (24 hour clock) time. (ex. 04/01/2020 13:06) *NOTE: Time is required. Do not edit the date format.*
Specimen_Source	Select the source of the specimen from the list. (ex. AN will always be the selection for BinaxNOW testing.) *Note: Do not type this information in. Must be a 2-digit code from the list.*
Test_Date	Enter the Date and Time that the testing was completed. The time should be in military (24 hour clock) time. The test date **MUST** be after the specimen date. (ex. 04/01/2020 13:20) *NOTE: Time is required.*
Test_Performed	Please select an option from the list. *Note: Do not manually type this information in. Only a selection from the list is acceptable.*
Result	Please select an option from the list. *Note: Do not manually type this information in. Only a selection from the list is acceptable.*
Race	Select the Race from the list. *Note: Do not type it in. A single letter code must be used.*
Ethnicity	Select the Ethnicity from the list. *Note: Do not type it in. A single letter code must be used.*
Symptomatic_for_disease	Please select a value from the list. If this selection is 'Yes', then Illness_onset_date is required. *Note: Do not type it in. Only a selection from the list should be used.*
Illness_onset_date	Enter the illness onset date if known. This will be entered only if Symptomatic_for_disease is 'Yes'. Otherwise, it will be left blank. (ex. 04/01/2020) *NOTE: Do not edit the date format.*
Consumer_Staff	Please select an option from the list to indicate if patient is a consumer or staff of the Reporting Entity. For schools,

|	Consumer = Student and Staff = Faculty. *Note: Do not type it in. Only a selection from the list should be used.*
Reporting_Facility_Type	Please select an option from the list. *Note: Do not type it in. Only a selection from the list should be used.*

3. Once you have filled in all the required data on your form, you will need to save it in the proper format. Click File > Save As in the upper left corner of the Excel screen.
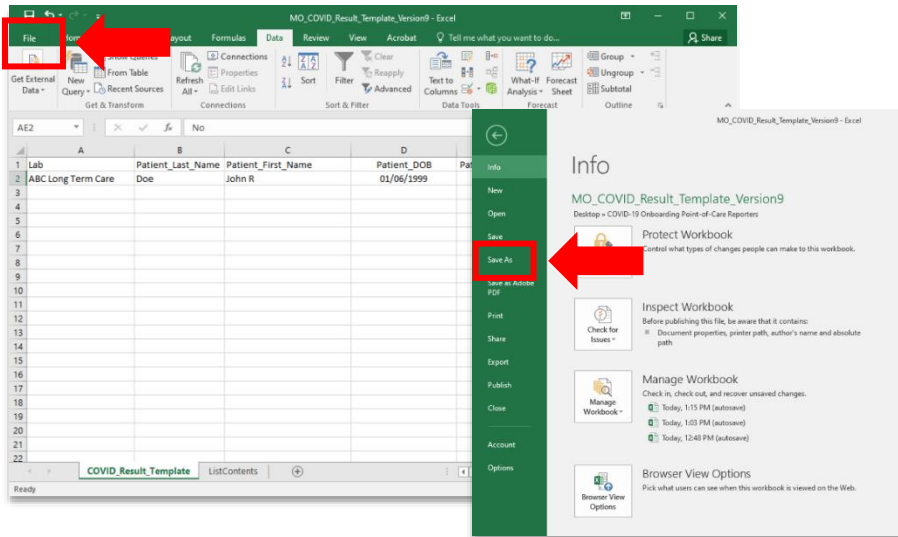

4. Select where you would like to save the file. Be sure and give it a unique file name and change the Save As Type to **CSV (MS-DOS)**.
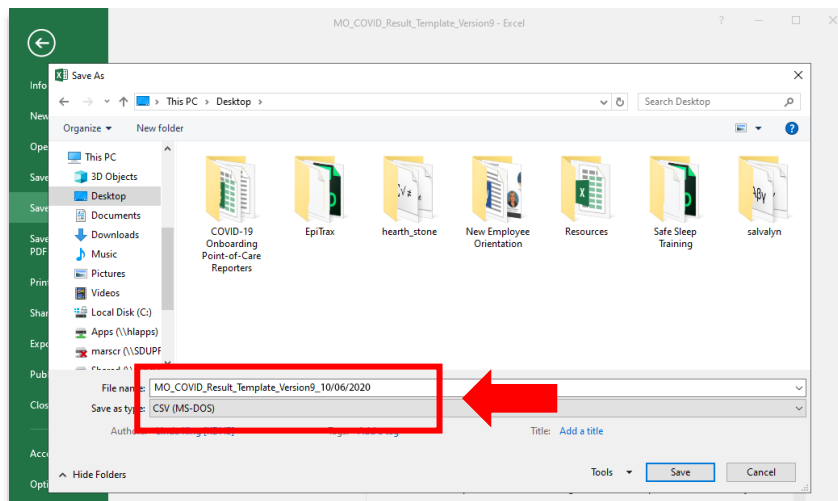
5. Once you have saved the CSV file, you're ready to upload your file to the Secure File Transfer Server for validation. Using an internet browser of your choice, navigate to https://moftp.mo.gov.

6. If this is your first time signing on to the site, you will need to set up your password. Click the "Forgot Password?" link. If you have already setup your password, skip ahead to Step 11.
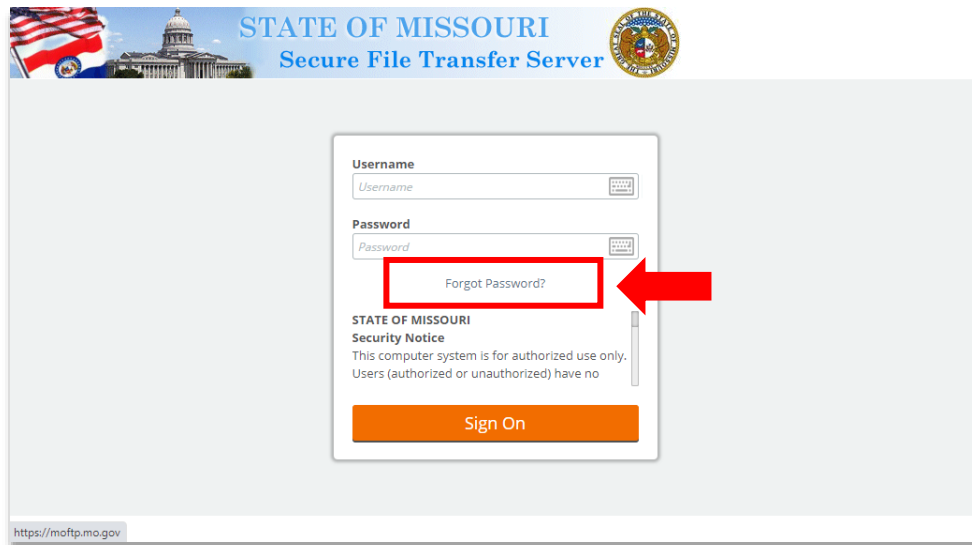
7. Enter the username associated with your MOFTP account, then click continue. *Note: Your username should have been included in your welcome email.*
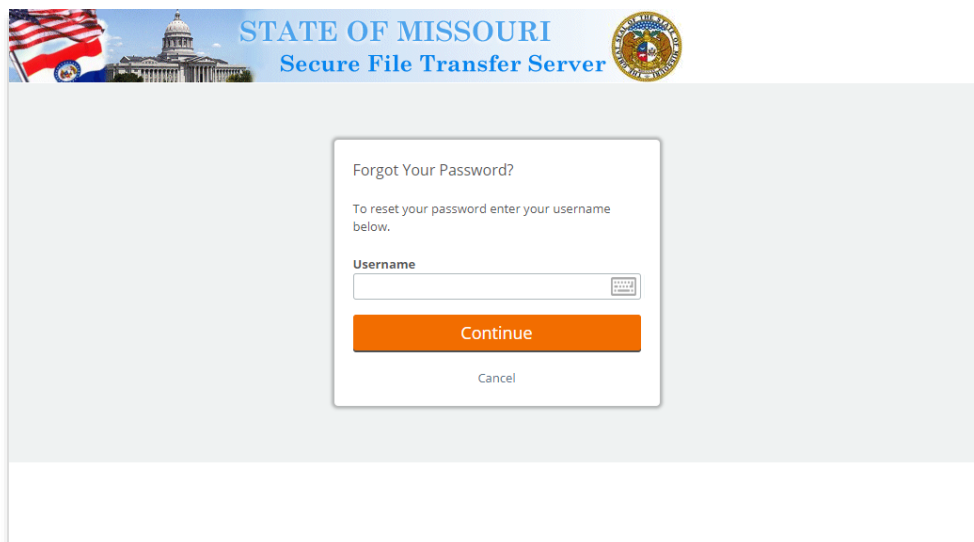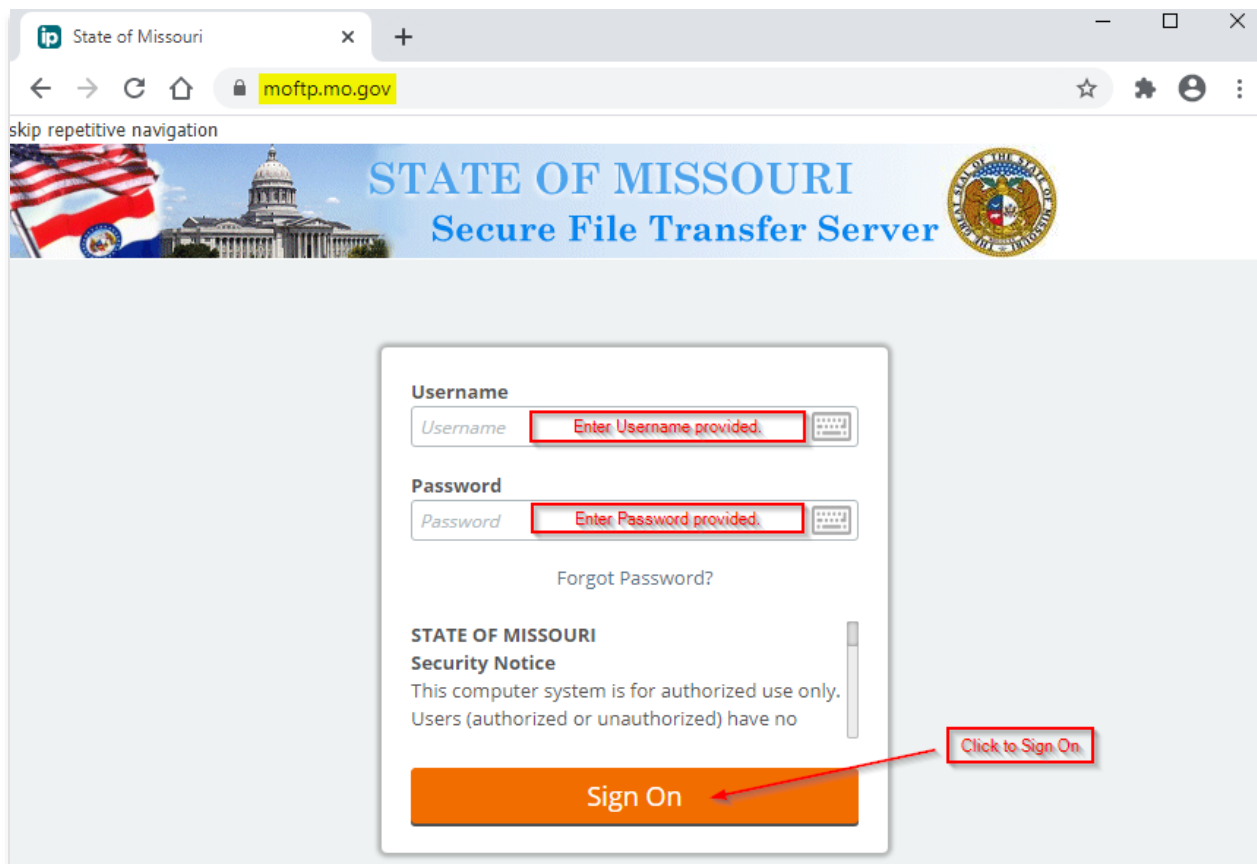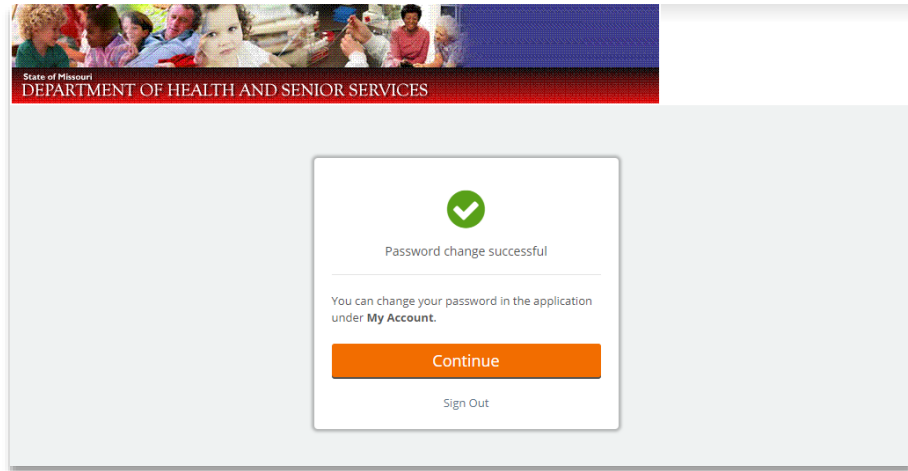
8. You will see a screen stating your Password Reset Request was successful. You may close your browser window. Next, you will receive an email with a link to the password reset page. **Please complete this request within 25 minutes of clicking the link in the email to avoid expiration of the link.**

9. Enter your password following the criteria listed on the screen then click "Change Password".

10. You will see a screen stating your password change was sucessful. Click on the "Continue" button to navigate to the MOFTP login screen.

11. Navigate to folder for upload by clicking the "Go To Folder" dropdown and clicking the folder that starts with **'Distribution/DHSS/Epitrax_ELR…'**

12. Select file(s) for upload by clicking on the "Upload Files" button and navigating to the files on your computer, or by dragging and dropping the files in the area designated on the screen.

13. You will now be able to view files in the folder. *NOTE: The file will disappear from the dialog when the ELR system has retrieved the file.*

14. The Onboarding Team will check your submission for errors. If your data passes validation without errors, you will be moved to the production environment.

   If your data is not validated, a representative from the Onboarding Team will reach out to assist you in troubleshooting any issues and work with you to resubmit your data.

   If you have any questions, please reach out to the DHSS Onboarding Team at ELR@health.mo.gov. Our website at www.health.mo.gov/labresults has helpful information on the ELR submission process and applicable reporting rules and statutes.