Wadsworth Center Laboratory Information Management System



User Guide

Division of Infectious Diseases 2024



Department of Health

Wadsworth Center The Wadsworth Center Laboratory Information Management System (CLIMS) is the electronic test ordering, specimen/sample tracking, and results reporting system used by the laboratories at the New York State Department of Health (NYSDOH) Wadsworth Center, Division of Infectious Diseases (DID) and Division of Environmental Health Sciences (DEHS).

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User Resources and CLIMS Help

Resources for CLIMS users, including Quick Start Guides, Video Tutorials, User Guides, and more, can be found by clicking "User Resources" on the CLIMS home page.

Specimen Reports	(Reports released by Wadsworth Center)						
Specimen Receipts	(Acknowledgement of specimens received and accessioned by Wadsworth Center)						
Management Reports	(Rabies specimen management reports)						
Remote Order	(Place and manage electronic orders for tests)						
Specimen Summary	(View all orders by status)						
My Preferences	(Enroll in email notification)						
User Resources	(User help page)						
For technical assistance with CLIMS, please email us at <u>clims@health.ny.gov</u> . Please do NOT send confidential information to this address.							
For questions involving Div	vision of Infectious Diseases confidential information, call (518) 474-4177.						
For questions involving Div	vision of Environmental Health Sciences information, call (518) 474-7161.						

Additional resources and answers to frequently asked questions can be found on the publicly accessible website at <u>www.wadsworth.org/clims</u> and on the pages of individual Division of Infectious Diseases Laboratories.

Further questions can be directed as follows; do NOT send confidential information via email.

- CLIMS user support, please contact <u>outreachsupport@health.ny.gov</u>
- CLIMS technical assistance, please contact clims@health.ny.gov
- Questions for the Division of Infectious Diseases (including confidential information), please call (518) 474-4177.
- Questions for the Division of Environmental Health Sciences information, please call (518) 474-7161.

If the HCS or the CLIMS application is unavailable for use, submitters can complete an Infectious Diseases Requisition Form and submit with the specimen/sample. The form can be accessed at <u>https://www.wadsworth.org/programs/id/idr</u>. To minimize delays in testing, ensure required fields are both complete and legible. The submitter information section should clearly indicate where results should be returned, including the PFI number for NYSDOH Clinical Laboratory Evaluation Program (CLEP) permitted laboratories.

Getting Started

The CLIMS application is accessed through NYSDOH's secure, web-based portal: Health Commerce System (HCS). For individuals to be able to access CLIMS, their organization must be affiliated with the HCS and have at least one designated HCS Coordinator. The HCS Coordinator is responsible for 1) setting up HCS accounts for new users and 2) granting access to CLIMS for users in their organization. Every user accessing the HCS and CLIMS must have their own account.

- If you know your organization does not have HCS, please contact outreachsupport@health.ny.gov for further instructions on affiliating your organization.
- If your organization is affiliated with HCS, but you do not know who your HCS Coordinator is, contact the Commerce Accounts Management Unit (CAMU) at 866-529-1890, option 1 (M-F 8:00AM 4:45PM).

At the following organizations, HCS Coordinators can grant access to CLIMS using the instructions provided in the Quick Start Guide – CLIMS Access.

- NYS CLEP Permitted Laboratories
- NYS County Health Departments
- NYS Licensed Nursing Homes

At other organizations other than those above, the 'Request for Access to the Wadsworth Center Laboratory Information Management System' form (<u>CLIMS Access Form DOH-4250</u>) must be completed and signed by both the new CLIMS user and the HCS Coordinator for the organization. The completed form can be e-mailed to clims@health.ny.gov or faxed to 518-474-8140.

Log in to HCS (<u>https://commerce.health.ny.gov</u>) and open CLIMS using the link under My Applications in the upper left corner (or use the Search feature). Multi-factor authentication (MFA) is required. Use the HCS Search feature to find documentation on MFA or access the MFA Enrollment application.

VORK STATE Health Commerce		Search	Q			
System		My Applications				
		Acronyms & Abbreviations				
User ID		CLIMS				
User ID	$ -] \setminus$	Comdir Search and Export Tool				
Password		FCLRS Lab Live Reporting				
Password Forgot Your User ID or Password Remember User ID		Emergency Contacts	~			
		ServNY				
LOGIN Don't Have An Account? Sign Up Here		Refresh My Applications List				

CLIMS Home Page and Legacy Navigation

The original CLIMS web interface uses links to navigate between pages. The list of available links on the CLIMS Home page may vary based on user permissions. The NEWS box in the upper right is used to communicate important information to CLIMS users. Links in the lower right-hand corner of the screen return the user to the CLIMS Home page or connect the user to other helpful pages.

Wadsworth	Wadsworth Center • NYS Department of Health								
	NEWS	May 12, 2023							
		No i	tems to display						
Specimen Reports Specimen Receipts Management Reports Remote Order Specimen Summary My Preferences	(Reports released by Wadsworth Center) (Acknowledgement of specimens received and accessioned by Wadsworth Center) (Rables specimen management reports) (Place and manage electronic orders for tests) (View all orders by status) (Enroll in email notification)								
User Resources	(User help page)								
For technical assistance with CLIMS, please email us at <u>clims@health.ny.gov</u> . Please do NOT send confidential information to this address. For questions involving Division of Infectious Diseases confidential information, call (518) 474-4177. For questions involving Division of Environmental Health Sciences information, call (518) 474-7161.									
		CLIMS Home	User Resources	DOH Home					

CLIMS Updated Navigation

As CLIMS features are updated and released, users will find additional system navigation tools on the different pages within CLIMS. Search boxes and filters are used to quickly find the desired test, specimen, patient, etc. Pagination controls can set the number of records displayed on a page and be used to move between pages. Accordion control arrows display or hide additional records. Clicking on the sorting arrows on the column headers changes the sort order of the table.

Q Search Suspected Organism, Agent or test ×
Q Global Filter X
Select a Specimen Source
< 1 2 3 4 5 ▷ 1 5 ♥
5 10 20 50

	Collapse All		Submitted Orders
	Track	ang Ic	Source \$
>	SHIP_EPL01_APR_13	3_2023_09_08_37_AM	IDR_SPREADSHEET New
~/	SHIP_EPL01_MAR_2	27_2023_01_33_51_PM	IDR_SPREADSHEET New
	Accession Id	Submitter Patient Id +	La
	IDR2300005418	M5028157	
	IDR2300005419	M5043636	
	IDR2300005420	M507C133	
	IDR2300005421	M5095535	
	IDR2300005422	M5098952	
Total Records: 3	4		
<u> </u>			
 Technologie (Contraction) Contract (Contraction) 			
Consultanti Care Novido.	Dr Joner	National Head In Care Provider Phone Numbers. (300, 5255)	00
10	123480/1000	Health are Provide 70' taxas	
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> Recol Breach			
> Paraset Address			
> Person West			
> Antenne for the second second			
			Under-

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CLIMS Icons

CLIMS icons provide additional information or links to other actions.

Icon	Name	Action
i Info	Yellow info	Provides additional information about tests, specimen types, etc.
1 Red error		Provides information about errors and how to correct them
1	Red trash can	Deletes tests, specimens, orders, etc.
₱	Green truck	Opens the Shipping Manifest for submitted orders for viewing or printing
8	Printer	Opens submitted Animal Rabies orders for viewing or printing
ľ	Edit	Opens the record to view and edit
📝 Edit Tests	Edit Tests	Opens the Assign Tests page to view and edit specimen and test details
♣ Edit Patient	Edit Patient	Opens the Patient page to view and edit patient details

CLIMS Data Validations

The system validates certain fields to ensure valid information is collected in the necessary format.

- Punctuation is automatically added when entering the digits for Phone Numbers and Collection Time.
- The pop-up calendar automatically formats the selected date or dates can be manually entered using the mm/dd/yyyy format.
- Dates are validated to ensure Patient Birthdate is on or before Onset Date, Collection Date and Date of Death; Date of Death is on or after Patient Birthdate and Onset Date; etc.
- Patient State, County, and Zip Codes are validated together based on the selected State. For New York, County may not be "Out-of-State" and if Zip Code is entered, it must be valid for the County. For non-New York residents, select "Out-of-State" in the County field and Zip Code is not validated.
- Specimen source is validated against the details in the test catalog.

Placing Orders

Remote Order Entry (ROE) is a feature that allows the submitter to electronically submit test orders to laboratories in the Division of Infectious Diseases and Division of Environmental Health Sciences. Placing orders electronically through CLIMS allows the submitter to safely and securely submit patient and testing information, minimizes delays in testing due to missing or invalid information, and guarantees access to results as soon as they are released by the lab. Individual requisition forms are not needed when an order is submitted electronically.

The Remote Order Menu is accessed from the CLIMS Home page. Ordering is separated by lab and specimen/sample type: 1) infectious disease testing of human specimens, animal, food, and environmental samples; 2) rabies virus testing of animals; and 3) environmental health testing. Modernization of the process for placing and managing orders for infectious disease testing is currently underway and will expand to all testing in CLIMS in the future. This guide covers testing in Division of Infectious Diseases laboratories. *Please use the Reference Guide under the Division of Environmental Health Sciences (DEHS) for environmental samples or clinical biomonitoring specimens tested in DEHS laboratories.*

Wadsworth Center • NYS Department of Health									
Remote Order Menu									
Order Testing									
Division of Infectious Diseases	3	Division of Environmental Health Sciences							
(Human, Animal, Food, Environmental)	(Animal Rabies)								
Place Order (DOH-4463)	Place Animal Rabies Order (DOH-487)	Place Order (DOH-246)							
Upload Files									
Upload IDR or COVID Spreadsheet									
Upload HL7 and Wastewater files									
Download IDR Spreadsheet Template (can be used for COVID test orders to Wadsworth Center)									
	Rabies Order Management	Show Orders Pending Receipt							
View/Edit Orders		<u></u>							
 <u>Order Management</u> - view/edit orders for human and food specimens 									
Legacy - Show Pre Collection Orders (animal, environmental and biomonitoring samples only									
use Order Management for all other human and food specimens)									
Legacy - Show Orders Pending Receipt (animal and environmental samples only									
use Order Management for human and food specimens)									
Legacy - Show Pending Shipments (animal and environmental samples only									
use Order Management for human and food specimens)									
Reference Guide 🔁 - ROE Update		Reference Guide 🖾							
Reference Guide 🔁 - legacy									
	Search Catalog								

Infectious Disease Testing of Human Specimens and Food Samples

Orders for infectious disease testing of human specimens and food samples can be placed by entering data directly by clicking **Place Order (DOH-4463)** or by uploading files containing the necessary data (IDR or COVID spreadsheet or HL7 file). With either method, the submitter has flexibility to order for one or more patients with one or more specimens and all the necessary tests. Orders can be viewed and edited through the Order Management feature.

File Upload

Wadsworth Center • NYS De	partment of Health
Remote Order Menu	
Order Testing	
Division o	of Infectious Diseases
(Human, Animal, Food, Environme	ntal)
Place Order (DOH-4463)	Place Order
Upload Files Upload IDR or COVID Spreadsheet (allows upload of orders via spreadsheet) Upload HL7 and Wastewater files Download IDR Spreadsheet Template (can be used for COVID test orders to Wadsword	th Center)

A Microsoft Excel spreadsheet can be used to upload one or more orders for infectious disease testing of human specimens or food samples. This feature can be convenient for bulk orders and for batched samples, but it is important that users are familiar with the tests being ordered including sample preparation, submission instructions, and required fields.

Current templates for human specimens or food samples

can be downloaded from the Download IDR Spreadsheet Template link. Because the templates support infectious disease testing of all human specimens and food samples, users may want to create a constrained template to make the spreadsheet easier to manage. Or for certain outbreaks, contracts, and special projects, Wadsworth Center laboratory staff may provide users with a constrained template that is pre-configured to streamline the submission process.

When creating a constrained template, follow these guidelines to ensure that the completed spreadsheets can be uploaded:

- Do NOT remove predefined cell formatting or validation rules.
- Do NOT insert or delete any columns. You can hide columns not needed during routine data entry.
- Do NOT modify or delete the first two rows of the spreadsheet; the data will start on row 3.
- The "Lists" tab of the template contains the set of currently supported codes (for Test, Specimen Type, etc.). Do NOT modify any entries in this tab.
- Use the "ShortLists" tab to limit the options available on the "IDR template" tab to those used most often for Test, SpecimenType, and SpSubmittedOn. Do NOT modify entries in the "ShortLists" tab.

For example: you can create a Short List containing Serum and Cerebral spinal fluid, if you only submit those two types of specimens.

Then enable the Short List for data entry by selecting the checkbox associated with the desired column on the "IDR template" tab (Test Name, Specimen Source Type, and Submitted in/on). Instead of the entire picklist, only the items selected for the Short List will be available for data entry.





When the file is ready for upload, click **Upload IDR or COVID Spreadsheet** from the Remote Order Menu page. Select the facility, if necessary, and click the **Choose File** button to open a dialog box and select the file.

Infectious Diseases Remote	Wadsworth Center • NYS Department of Health 9 Order Entry: PFI8523 - WADSWORTH CENTER - DAVID AXELROD INSTITUTE	Text entered on the Attention To field
Ordering Facility : Laboratory report will be sent Attention To :	PFI8523 - WADSWORTH CENTER - DAVID AXELROD INSTITUTE	will be assigned to all records in the order.
Download IDR template IDR User Guide	Choose File No file choose Choose File No file choose File No file No file Choose File No file No file Choose File No File No file Ch	

After clicking **Open**, data from the file is validated during the import and presented in a grid. Click the yellow "i" icon for more information and the red "i" icon to review validation errors. The "View Records with Error" checkbox can be used to select and display only records that need to be addressed. Values can be edited directly in the grid by clicking on the field of interest. Or click the Edit icon to the left of the record to view and edit additional details. The **Export** button can be used to download the spreadsheet with the changes made for a final record of submission.

View Records with Errors List of Human Records				🛓 Export						Q Search		×		
Action	D	Test Name*	Specimen Source Type*	Suspected Agent*	Submitter Specimen ID*	Submitter Patient ID*	Collection date*	Collection time	Patient name, Last*	Patient name, First*	Patient Birthdate*	Patient Sex*	Patient State*	NYS County*
Ľ	1 🚯	Viral Encephalitis Panel-Winter Dec 1 - May 31	Cerebral spinal fluid	ENCEPHALITIS CAUSING VIRUSES	123	456	05/01/2023		Monday	Amy	01/01/1950	Female	NY	Albany
ď	2	Arbovirus Screen, Serology, CSF	Serum	WEST NILE VIRUS	124	457	05/01/2023		Tuesday	Bill	02/02/1960	Male	NY	Albany
ď	з 🚯	Flavivirus Polyvalent MIA Serology	Serum	FLAVIVIRUS	125	458	05/01/2023		Wednesday	Cathy	03/03/1970	Please select 🗸	NY	Albany
ď	4	Flavivirus RNA by RT-PCR	Cerebral spinal fluid	FLAVIVIRUS	126	459	05/01/2023		Thursday	Douglas	04/04/1980	Please select	NY	Albany
4 of 4 r	ecords			·		⋈ ⊲ 1 ▷) DI 25 🗸				-	Ambiguous Female		
Male Non-Binary (X) Not applicable Other Uninown							Male Non-Binary (X) Not applicable Other Unknown	Submit Back C	Cancel					
								v1.0.8						

The **Submit** button becomes available when errors are corrected. Click it to receive the Shipping Manifest which indicates the order is finalized and ready to ship. Print the manifest to submit with the specimen(s) using the **Print Order** button in the upper right corner. Individual requisition forms are not needed.

NOTE: if any record in the order has a missing or future Collection Date, the entire order is treated as a Pre-Collection Order and the Shipping Manifest will <u>not</u> be created. Pre-Collection Orders are not ready to ship. Add the Collection Date(s) to finalize the order. See Collection Date and Pre-Collection Orders for more information.

Place Order (DOH-4463): Human and Food

After clicking **Place Order (DOH-4463)** from the Remote Order home page, select **Submit Human Specimen** or **Submit Food Sample**.

(Information on submitting animal or environmental samples can be found in the section on Infectious Disease Testing of Animal Samples and Environmental Samples.)



Submitter			HUMAN SPECIMI	EN
Name :	LCHD01 - ALBANY COUNTY HEALTH DEPT.	LCHD01		
Address :	T75 GREEN STREET ALBANY New York, 12202Phone:(518) 447-4589			
Laboratory report will be sent Attention to :				
Facility Contact Person :				
Contact Telephone Number :	(999) 999-9999? x99999			
Contact Email :	Enter an Email ID			
CC:				
NYS DOH Outbreak Num :				
Specimen report sent to ECLRS?				
If yes, Enter accession or Specimen	Import			
#				
			Create Test Template Add a Pa	tient
			Create Test Template Add a Pa	tient
			Create Test Template Add a Pa	tient
Submitter			Create Test Template Add a Pa	tient
Submitter Neme :	LCHD01 - ALBANY COUNTY HEALTH DEPT.	LCHD01	Create Test Template Add a Pa	tient
Submitter Name : Address :	LCHD01 - ALBANY COUNTY HEALTH DEPT. V 175 GREEN STREET ALBANY New York, 12202	LCHD01	Create Test Template Add a Pa	tient
Submitter Name : Address : Laboratory report will be sent Attention to :	LCHD01 - ALBANY COUNTY HEALTH DEPT. V 175 GREEN STREET ALBANY New York, 12202 Optional	LCHD01	Create Test Template Add a Pa	tient
Submitter Name : Address : Laboratory report will be sent Attention to : Contact Person :	Lob PFI: ITS GREEN STREET ALBANY New York 12202 Optional Optional	LCHD01	Create Test Template Add a Pa	tient
Submitter Name : Address : Laboratory report will be sent Attention to : Contact Person : Telephone Number :	Lab PFI: 175 GREEN STREET ALBANY New York, 12202 Optional Optional [999) 999-99997 x99999	LCHD01	Create Test Template Add a Pa	
Submitter Name : Address : Laboratory report will be sent Attention to : Contact Person : Telephone Number : Contact Emeil :	LCHD01 - ALBANY COUNTY HEALTH DEPT. T/5 GREEN STREET ALBANY New York 12202 Optional (999) 999-99997 x99999 [filter an Email ID Enter an Email ID	LCHD01	Create Test Template Add a Pa	
Submitter Name : Address : Laboratory report will be sent Attention to Contact Person : Telephone Number : Contact Email : CC :	LCHD01 - ALBANY COUNTY HEALTH DEPT. V Lob PFI: 175 GREEN STREET ALBANY New York (1202 Optional [1999) 993-9999? X99999 Enter on Emoil ID [Optional	LCHD01	Create Test Template Add a Pa	
Submitter Name : Address : Laboratory report will be sent Attention to : Contact Person : Telephone Number : Contact Emeil : CCC : NYS DOH Outbreak Num :	LchD01 - ALBANY COUNTY HEALTH DEPT. Leb PFI: T/5 GREEN STREET ALBANY New York, 12202 Optional Optional Enter an Email ID Optional Optional Optional Optional Optional	LCHD01	Create Test Template Add a Pa	

Select the facility, if needed, and complete the Submitter page.

Information entered in the "Laboratory report will be sent Attention to" field appears on the results report. Entering Facility Contact information (name, number, and email) reduces delays if questions need to be answered or critical results need to be communicated. Requesting a CC facilitates access to the results on HCS CLIMS for another organization/facility. The "NYSDOH Outbreak Num" is transmitted to ECLRS and appears on the results report.

From the Submitter page, there are three workflows for entering the necessary information about the patient/food item (collected on the Patient or Food page) and test/specimen/sample (collected on the Assign Tests pages):

- 1. ECLRS Import: (Human Specimens Only) patient and test/specimen information already reported to ECLRS by NYSDOH CLEP permitted clinical laboratories is transferred into the order (automatically completing the Patient and Assign Tests pages)
- 2. **Test Template**: test/specimen/sample information is entered first to create a common test template which is then assigned as each patient/food item is entered
- 3. Add a Patient | Add Food Sample: patient/food item is entered first and then associated test/specimen/samples are entered

ECLRS Import

This feature is only available for Human Specimen orders. ECLRS Import transfers patient and test information for a test result already reported to ECLRS by a clinical lab permitted by the NYSDOH CLEP program into CLIMS by users with permissions at the submitting clinical lab.

	EXAMPLE ECLRS REPORT	
Patient: SMITH, JON		Assigned County: Albany
DOB: 01/10/2000 Sex: M	Races Unknown	Address: 123 Fake Street Albany, NY 12205
Nedical Record Number: K	7637	Home Phone: (\$16)863-6366
Reporting Information Reporting Laboratory: Laboratory CLEP Lab Name: Laboratory Retrieval ID:	ratory Corporation of America - Raritan, NJ Corporation of America - Raritan, NJ	Date Reported to ECLRS: 05/25/2022 Date Retrieved from FCLRS:
Ordering Facility ABC Itospital 1232 main st alburry, NY 12205 (518)555-1414		Ordering Physician Tatal, Tyler No provider address reported (\$18)\$55-7777
Test: ELISA-IgG Specimen Source: Bone Request Status: Final		Accession Number: K76766 Collection Patter 501 a 2022 Specimen Received Date: (5):14/2022 Report Date: 501 (2022)
Reportable Condition Test Equ	lest ipment Meth Result Analysis Date Un Ref Ab Res	
S (or mul	tiple accessions / specime	n numbers

Enter the accession or specimen number reported to ECLRS (or multiple accessions / specimen numbers separated by commas) and click **Import**.

Submitter								
Name :	PFI3208 - LABORATORY	CORPORATION OF AMERICA	~	Leb PFI :	PFI3208			
Address :	69 FIRST AVENUE RARITAN New Jersey, 08869Phone	(908) 526-2400 ×2736						
Laboratory report will be sent Attention to								
: Facility Contact Person :								K 🖳
Contact Telephone Number :	(999) 999-9999? x99999							
Contact Email :	Enter on Emoil ID							
CC :								
NYS DOH Outbreak Num :								
Specimen report sent to ECLRS? If yes, Enter accession or Specimen #	K76766			Import				
					Creat	e Test Template	Add a Patient	

When a match is found, the Patient List page is presented. Patient and test information can be edited before submission by clicking **Edit Patient** or **Edit Tests**, respectively.

					Autogenerate Submitter Id
Q Search patients		×			
Patient #	First Name	Last Name	Collection Date	Collection Time	Action
1	JON	SMITH	05/13/2022	HEMM	💄 Edit Patient 📝 Edit Tests 🥤 Remove Patien
1 of 1 records			N C 1 D N 10 V		
					Add more Patient
	Attn : Biodefense Labo	ratory			
hipping Address : *	Please select Shipping A	ddress			~
	Shipping Address is requ	red			

Test Template

After clicking **Create Test Template** on the Submitter page, select the desired test(s) from the Test Catalog and complete a Test Template. Selected test(s) for one or more specimens/samples on the Test Template are applied to every patient/food item in the order. This allows multiple patients/food items to be entered without having to re-enter specimen/sample and test information multiple times. Test Templates can also be used for a single patient or food item, but the functionality is particularly helpful for swabbing campaigns, outbreak

investigations, or other scenarios when the same test is being ordered for multiple patients/food items. All information added to the Test Template is applied to each new patient or food item, including Collection Date if it is entered here. Test Templates do not collect the Specimen Submitter ID on the Test Template's Assign Tests page. This required field must then be addressed on the Patient List page.

Assign Tests			HUMAN S	PECIMEN
Suspected Organism / Agent : *	Norovirus ×			
Specimen #	Specimen Tune		Submitted on/in	Add more Specimens
× 1	Primary V	Specimen Source Stool/Fecal V OR Other	Please select V	
Test Requested				
Norovirus Molecular Testing Requires Wadsworth Center Lab app	roval. Call 518-474-4177 prior to submitting specimens.			
This test can only be ordered by a pu	ublic health laboratory with prior authorization. Call the Bureau	of Communicable Disease Control at 518-473-4439 (or after hours at 886-281-2803) for approval.		Add more Tests
Collection Date :	MM/DD/YYYY	Collection Time :	HH-MM	
Reason for Submission :	Identification	Comments :	Gl outbreak of unknown origin	
Back				anian Canadiman(a) ta Datiant
				ssign specimen(s) to Patient
Assign Tests			FOOL) SAMPLE
Assign Tests Suspected Organism / Agent : *	Cyclospora cayetar	ensis 🗙	FOOD) SAMPLE
Assign Tests Suspected Organism / Agent : *	Cyclospora cayetar Sample Type	ensis \star Sample Source 🖁 🔋	FOOD	Add more Samples
Assign Tests Suspected Organism / Agent : * Sample # Y 1	Cyclospora cayetar Sample Type Primary	ensis X Sample Source 6 Food V OR Other	FOOD Submitted on/In Please select	SAMPLE Add more Samples Action
Assign Tests Suspected Organism / Agent : * Sample # v 1 Test Requested	Cyclospora cayetar Sample Type Primary	ensis X Sample Source C Food CR Other	FOOD Submitted on/in Please select	Add more Samples
Assign Tests Suspected Organism / Agent : * Sample # v 1 Test Requested Test Requested Test Requested Test Requested	Cyclospora cayetar Sample Type Primary	ansis × Sample Source © 👔 Food V Ofter	FOOD Submitted on/in Please select	Add more Tests
Assign Tests Suspected Organism / Agent : * Sample #	Cyclospora cayatar Sample Type Primary	ensis X Sample Source ¹ (Food V OR Other	FOOD	Add more Tests
Assign Tasts Suspected Organism / Agent : * Sample # 1 Test Requested Intestinal Parasite Panel Collection Date :	Cyclospora cayetar Sample Type Primary	entis X Sample Source 3 Food OR Other Collection Time :	FOOD Submitted on/in Please select	Add more Tests
Assign Tests Suspected Organism / Agent : Sample # I Test Requested I Intestinal Parasite Panel Collection Date : Reason for Submission :	Cyclospora cayetar Sample Type Primary 💌	enss X Sample Source : Food V Ofter Collection Time : Comments :	FOOD	Add more Samples
Assign Tests Suspected Organism / Agent : * Sample # 1 Test Requested Test Requested Collection Date : Reeson for Submission :	Cyclospora cayetar Sample Type Primary V	ensis X Sample Source C Food OR Other Collection Time : Comments :	FOOD	Add more Tests

Example Test Templates

Test information automatically transferred from a Test Template can be edited from the Patient (Food) List page for any individual patient/food item without affecting others. Test Templates can only be created from the Submitter page when the order is initially started. Once the first patient/food item has been added (including via ECLRS import), the Test Template can no longer be modified on the Test Template screen.

Additional information about the fields on this screen can be found in the Assign Tests and Test Catalog section.

Add a Patient (Food Sample) and the Patient (Food) Page

To individually add patient(s) and associated tests/specimens, click **Add a Patient** and the Patient page is presented. Or for food, click **Add Food Sample** to reach the Food page. These pages collect relevant data such as ordering provider, patient demographics, clinical and exposure information, or food collection information. Data required for every order are indicated in red text and with an asterisk (*). Some tests require additional information such as onset date. To learn more about the fields on the Patient page, please see the Infectious Disease Requisition Form instructions at https://www.wadsworth.org/programs/id/idr.

Pationt				HUMAN SPECIMEN
Padent				
Back × Collapse All Accordions	5			Add a Test Continue Cancel
Ordering Provider Information Ordering Health Care Provider:		Patient Health Care Provider Phone Number:		
			(999) 999-99993 X99999	
NPt		Health Care Provider Zip:	99999	
✓ Patient Information				
	2 out 3 (Submitter Patient Id, Patient Last I	Name and Patient Birth Date) fields are n	equired	
	Not Available must be selec	cted if Date of Birth is not entered		
Submitter Patient ID:	Required	Datient Name First		
Patient Name, Last	Required	Patient Name, First:	Required	
Patient Sex:	Please select Patient Sex is required.	Patient Gender:		~
Patient Birthdate:	MM/DD/YYYY M Not Available			
Race / Ethnicity				
American Indian or Alaskan Native:	Black or African American:	Native Hawailan or Pacific Islander:	wnite:	
	Selected Races:		Selected Races:	
Patient Ethnicity:		~		
Y Patient Address				
Patient Address 1:		Patient Address 2:		
Patient City:		Patient State: *	Patient State is required	~
* Ratient County	Please select	Patient Zip:	99999	
Patient Bhone:	Patient County is required.	Eaclify of Residence:		
Fauent Fridite.	(999) 999-9999? x99999	Pacificy of Residence.		
✓ Patient Work				
Patient Occupation:		Patient Employer:		
Patient Work Address 1:	Patient Work Address 1	Patient Work Address 2:	Patient Work Address 2	
Patient Work City:		Patient Work State:		~
Patient work zip.	99999	Padent work Phone.	(999) 999-9999? x99999	
 Additional Patient Information 				
Pregnant:	Select One	Hospitalized:	Select One	~
Pregnant Trimester:		Hospital Name:		
Hospitalized Dates:		ICU:	Select One	×
Spec	cify details, including dates: Travel, Contact with a Known Case, Animal, Arthropod,	or Food/Water		
Relevant Exposure:				
		_		
Submitter Laboratory Results :		Autopsy :	Select One	~
Unset Date:	MM/DD/YYYY	Date of Death:	MM/DD/YYYY	
Relevant Treatment:		Relevant Treatment dates:		
Relevant Immunization:		Relevant Immunization dates:		
Notable Symptoms:		Max Fever:		
Clinical Diagnosis:				
CSE: Gurone	Protains no.	wee		
CSF: Glucose	Proteins RBC	WBC		
 Pediatric HIV Testing data 				
Other infant names used:		Baby birthweight:	lb	oz = gms
Infant Antiretroviral (ARV) treatment history:		Mother ARV:		v

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Food				FOOD SAMPLE
Beck				Add a Test Continue Cancel
✓ Food Item				
Brand Name:	Optional	Lot Number :	Optional	
USDA Number :	Optional	Sell By Date:	MM/DD/YYYY	
Sample Description:				
		10		
✓ Location				
Place Collected :	Optional			
Address Line 1 :	Optional	Address Line 2 :	Optional	
City :	Optional	State : *	Please select	~
Zip Code :		•	State is required.	
	Optional	NYS County :	County is required.	
Back				Add a Test Continue Cancel

Complete the page and click Add a Test (or Continue if using a Test Template).

Assign Tests and the Test Catalog

To enter specimen/sample information and associated tests, start by searching the test catalog for the most specific organism/agent for the first specimen/sample. Click the Info button to view additional details about the test including preferred and accepted specimens, methodology, tests included in the panel, etc.

			Test Information	
Assign Tests			Test Catalog Id Test Name	: 701 : Norovirus Molecular Testing
Q noro		×	Туре	Instructions
	Test Catalog Id	Test (s)	Performing Laboratory	Virus Reference and Surveillance
			Methodology	Molecular Detection (real-time PCR, PCR and/or sequencing)
	701	Norovirus Molecular Testing Info	Reference Range	Target RNA not detected
_			Preferred Specimens	Stool/Fecal
	5330	Wastewater HepA/Norovirus Info	Rejection Criteria	Stool stored in microbiological medium. Specimen received at room temperature. Specimen is stored in the refineerator for more than 14 days after collection.
	5330	Wastewater HepA/ <mark>Noro</mark> virus Info		Requires Wadsworth Center Lab annoval Call 518,474,4177 prior to submitting specimens
	5330	Wastewater HepA/ <mark>Noro</mark> virus Info	Special Instructions	This test can only be ordered by a public health laboratory with prior authorization. Call the Bureau of Communicable Disease Control at 518-473-4439 (or after hours at 886-281-2803) for approval.
4 of 242 records			Collection Instructions	Please refer to the collection instructions on our website at https://www.wadsworth.org/programs/id/virology/services/specimen-collection. Transfer unpreserved stool directly to a sterile, leakproof container.
			Specimen Volume	Stool 0.5 ml
Васк			Storage Prior to Shipping	Store previously unfrozen specimens at 2-8°C for a maximum of 14 days. For more than 14 days, store at -70°C.
				Close

Check the box to select the test and click Order Tests.

	Test Catalog Id	Test (s)	Suspected Organism / Agent
	701	Norovirus Molecular Testing Info	<mark>Noro</mark> virus (Matched text : genus <mark>noro</mark> virus)
	5330	Wastewater HepA/ <mark>Noro</mark> virus Info	<mark>Noro</mark> virus (Matcheol text : genus <mark>noro</mark> virus)
	5330	Wastewater HepA/Norovirus Info	Hepatitis A virus
	5330	Wastewater HepA Norovirus Info	Wastewater
of 242 records		N J 1 D N 25 🗸	

The second page of Assign Tests collects the specimen/sample details. Changes can be saved here without completing all the required fields, but the order will not be finalized for shipping until the following fields are completed:

- Suspected Organism/Agent (often auto-populated from the search screen),
- Specimen Source / Sample Source,
- Submitter Specimen ID / Submitter Sample ID, and
- Collection Date.

				Add more	e Specin
Specimen #	Specimen Type	Specimen Source * 🚺	Submitted on/in	Submitter Specimen #	Ac
1	Primary	Select a Specimen Source V OR Other Specimen Source is required	Please select 🗸	Submitter specimen Id Submitter specimen Id is required	
Norovirus Molecular Testin Iquires Wadsworth Center Lab ap	ng i pproval. Cell 518-474-4177 prior to submitti	ng specimens.			
Norovirus Molecular Testin quires Wadsworth Center Lab ap lis test can only be ordered by a p	ng i pproval. Call 518-474-4177 prior to submitti public health laboratory with prior authori:	ng specimens. atlon. Cell the Bureau of Communicable Disease Control at 518-473-4439 (or after hours at 886-2	81-2803) for approval.	Add more	e Tests
Norovirus Molecular Testir quires Wadsworth Center Lab ep is test can only be ordered by a p Collection Date :	ng i proval. Call 518-474-4177 prior to submitti public health laboratory with prior authori: MM/DD/YYYYY	ng specimens. etion. Cell the Bureau of Communicable Disease Control at 518-473-4439 (or after hours at 886-2 Collection Time	81-2803) for approval.	Add more	e Tests
Norovirus Molecular Testir equires Wedsworth Center Lab ap his test can only be ordered by a p Collection Date : eason for Submission :	ng i pproval. Call 5/8-474-4177 prior to submitt. public health laboratory with prior euthori: MM/DD/YYYY Select One	ng specimens. ation. Call the Bureau of Communicable Disease Control at 518-473-4439 (or after hours at 886-2 Collection Time Comments	St-2803) for approval.	Add more	e Tests

Assign Tests						FOOD	SAMPLE
* vspected Organism / Agent :	No	rovirus X					Add more Samples
Sample #	Sample Type	Samp	le Source [*] i		Submitted on/in	Submitter Sample Id	Action
✓ 1	Primary	Food	OR Other		Please select	Submitter Sample Id Submitter Sample Id is required	i 🔳
Test Requested	, i						Add more Tests
Collection Date :	MM/DD/YYYY			Collection Time	e: HH:MM		
Reason for Submission :	Select One	~		Comments	3:	ß	
						Save C	hanges Cancel

Additional tests can be added to the same specimen/sample by clicking **Add more Tests** or additional specimens/samples for the same patient/food item can be added by clicking **Add more Specimens** (or **Add more Samples**). When all the specimens/samples and tests have been entered, click **Save Changes**. *NOTE: if specimens/samples have different Collection Dates, add them on the Patient (Food) List page.*

Patient (Food) List

When at least one patient/food item and test/specimen/sample has been entered through any of the three workflows (ECLRS Import, Test Template, or Add a Patient), the Patient (Food) List is presented. From this screen, additional patients/food items can be added to the order by clicking **Add more Patients** or **Add more Foods.** If the order is complete, select the shipping address and correct any missing or invalid data generating an error.

				Can be use "Submitter Sample Id"	d to assign a unique Specimen #" or "Submitter to those without one
Click to vi	ew error details	Please resolve all o	errors for patient(s) to proceed to Review p	age	Autogenerate Submitter los
Q th patients		×			
Pativ (#	First Name	Last Name	Collection Date	Collection Time	Action
1 🕄	TESTFIRST	TESTLAST	05/19/2023	HH:MM	🛃 Edit Patient 📝 Edit Tests 🥤 Remove Patient
Shipping Address : * Back Food List	Attn : Virus Reference and S David Axeirod Institute - Waday	orveillance worth Center NYS Department of Health 120 New S	Click to vie Assign Tes to delete a	ew/edit the Pa ts page, or us all the informa	e the red trash icon ation in that record
Q Search foods		×			
Food #	Brand Name	Sample Description	Collection Date	Collection Time	
1 1 of 1 records		test food sample		HH:MM	Edit Food Z Edit Tests Remove Food
Shipping Address : * Back	Devid Axelrod Institute - Waday	worth Center NYS Department of Health 120 New Si	colland Avenue Albary, NY 12208		Add more Foods Save Continue to Review

Review Page

The Review page provide a final opportunity to check the order. Click on the hyperlink in the "SpecimenId #" column (or Sample #) to view additional details. Click the **Submit** button to finalize the order and receive the Shipping Manifest.

nemote order Entry Revie						
SpecimenId #	Specimen Source	Patient Name (MRN)	DOB	Sex	Collection Date	Tests
123456	Stool/Fecal	TESTLAST, TESTFIRST ()	05/01/2023	Unknown	05/19/2023	Norovirus Molecular Testing
1 of 1 records			м 4	1 🗅 🕅 10	~	
	Attn : Virus Reference and !	Surveillance				
Shipping Address :	David Axelrod Institute - Wadsv	vorth Center NYS Department of Health 120	New Scotland Avenue Alb	any, NY 12208		
Back						
Review						
Remote Order Entry Revie	ew Screen					
SpecimenId #	Specimen Source	Patient Name (MRN)	DOB	Sex	Collection Date	Toste
<u>123456</u>	Stool/Fecal	TESTLAST, TESTFIRST ()	05/01/2023	Unknown	05/19/2023	Norovirus Molecular Testing
123456 1 of 1 records	Stool/Fecal	TESTLAST, TESTFIRST ()	05/01/2023 ⋈ ⊲	Unknown	05/19/2023	Norovirus Molecular Testing
123456 1 of 1 records	Stool/Fecal Attn : Virus Reference and	TESTLAST, TESTFIRST () Surveillance	05/01/2023 k d	Unknown	05/19/2023 ✓	Norovirus Molecular Testing
123456 1 of 1 records Shipping Address :	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023	Unknown 1 D D 10	05/19/2023	Norovirus Molecular Testing
123456 1 of 1 records Shipping Address :	Stool/Fecal Attn : Virus Reference and David Axelrod Institute - Wads	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023 신 이	Unknown 1 D D 10 Ibany, NY 12208	05/19/2023	Norovirus Molecular Testing
123455 1 of 1 records Shipping Address : TESTLASTJESTFIRST ()	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023 네 그	Unknown 1 D D 10	05/19/2023	Norovirus Molecular Testing
123455 1 of 1 records Shipping Address : TESTLASTLESTFIRST () X Collapse All According	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads ons	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023	Unknown 1 D R 10	05/19/2023	Norovirus Molecular Testing
123455 1 of 1 records Shipping Address : TESTLAST/LESTFRST () X Collapse All According Submitter Information	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads ons	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023	Unknown 1 D D 10	05/19/2023	Norovirus Molecular Testing
123455 1 of 1 records Shipping Address : TESTLAST/IESTFRST () X Collapse All Accordit Submitter Information Facility Name :	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads ons ALBANY COUNTY HEALTF	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12	05/01/2023 N C	Unknown 1 D D 10 bany, NY 12208 aclity PFI :	05/19/2023	LCHD01
123455 1 of 1 records Shipping Address : TESTLASTLESTFIRST () X Collapse All Accordin Submitter Information Facility Name : Facility Address :	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads ons ALBANY COUNTY HEALT P75 GREEN STREET, null, A Phone, (210) 427-4599	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12 HDEPT. LBANY, New York, 12202	05/01/2023	Unknown 1 D D 10 bany, NY 12208 aclilty PFI :	05/19/2023	Norrovirus Molecular Testing
123456 1 of 1 records Shipping Address : TESTLAST,TESTFIRST () X Collapse All Accordit Submitter Information Facility Name : Facility Name : Facility Name : Facility Address : Y Patient Information	Stool/Fecal Attn : Virus Reference and David Axeirod Institute - Wads ans ALBANY COUNTY HEALT- 175 GREEN STREET, null, A Phone: (519) 447-4599	TESTLAST, TESTFIRST () Surveillance worth Center NYS Department of Health 12 4 DEPT. LEANY, New York, 12202	05/01/2023	Unknown 1 D D To 10 10 10 10 10 10 10 10 10 10	05/19/2023	LCHD01

Shipping Manifest

After finalizing and submitting an order, the Shipping Manifest is presented. To ensure a properly formatted Shipping Manifest, use the **Print Order** button to open a print dialogue box.

Shipping Manifest for ALBANY COUNTY HEALT	Wadsworth Ce	e nter • NYS Department	t of Health	J			Print order		\backslash		
Fedly: ALBAY COUNTY-HEALTH COTT. 17 OREN/STREET ALBAYC, New York, 12022Hone (516) 447 4589				Ship to: Attn: Virus Refs David Aveirod in NYS Departmen 120 New Scotlar Albany NY 122/08	vence and Surveillance sitfuit - Wedsworth Center to I - waith vid Avenue						
Tuesing KI: SHP_SPLICLMIC_SD_202L.0L.SL.OK_PH	Commen the Shipp	its are printe ping Manifes	ed on st	Stipping Connents: Outbreek IDs:		Ø Pr © Sl	rint tab - Google Chrome aboutblank Negrig National A MAXY ON NY BLAIMEE Ref. 2007 (2014) 2014 (2014)	NT. State: 20: 20: 20: 20: 20: 20: 20: 20: 20: 20	Print	- I sheet of pap	x
Accession Id	Specimen Id	Spectmen Source Patient Stock/Fecal TESTLA	nt Name (MRN) AST, TESTFIRST 0	DOB County	Collection Date	- 1		New Const. New R. Yesselsen Factor M. M. (as) (databat Sada 10151) (databat) (databat)	Pages	HP LaserJet MFP M22	
Suspected agent : Noronnus Tetal Records : 1			Test	& Comments :		1	And age Series	krown	Copies More settings	1	v.
Include the printed copy of the Shippin individual requisiti	d manifest ng Manife ion forms	t with the s st is neede are not ne	shipm ed in t eded.	ient. On he box a.	ly one and	l St				Prist Cance	da.

Required Fields

Required fields on the Submitter page:

• Facility

Required fields on the Patient page:

- Patient identifiers: Last Name, First Name, and Date of Birth (DOB). Submitter Patient ID (ex: MRN) can be substituted for Last Name or DOB to meet the requirement for two patient identifiers
- County and State (select "Out-of-State" in the County field for non-New York residents)
- Onset date (x,y,z)
- Ordering provider (HIV tests)

Required fields on the Food page:

• County and State (select "Out-of-State" in the County field for samples originating outside NY) Required fields on the Assign Tests page:

- Specimen Source
- Submitter Specimen (Sample) #
- Suspected agent

• Collection Date (see Collection Date and Pre-Collection Orders for more information) Required fields on the Patient (Food) List page:

• Shipping Address

Collection Date and Pre-Collection Orders

Collection Date is required before an order can be finalized, submitted, and ready for shipment. Because some workflows benefit from having data entry completed before specimen collection occurs, CLIMS allows Pre-Collection Orders and therefore does not indicate Collection Date as a required field on the Assign Tests page nor on the Patient (Food) List page. When continuing to review from the Patient (Food) List page, orders with any missing or future collection dates will be treated as Pre-Collection Orders and clearly marked on the Review page.

						Autogenerate Submitter Ids	
Search patients		×					
atient #	First Name	Last Name		Collection Date	Collection Time	Action	
1	TESTFIRST	TESTLAST		MM/DD/YYYY	HEMM	🍰 Edit Patient 📝 Edit Tests 🍍 Remove Patient	
of 1 records			⊲	1 🗅 🕅 10 🗸			
						Add more Patients	
	Atta : Maio Deference and	Funcillance					
	Aut Vitas Reference and	Surveinance	0.11	hp/ (2200			
oing Address : *	David Acterod Institute - Wads	worm Center MTS Department of Health 12	O New Scotland Avenue Alt	Dany, NT 12200		<u> </u>	
ack						Save Continue to Review	
lew							
iaw	inu Secon						
iew iote Order Entry Revi	iew Screen						
iov note Order Entry Revi records in this ship	iew Screen oment will be treated as a	Pre-Collection Order base	ed on Collection	Dates in the file			
eew note Order Entry Revi records in this ship specimenid #	iew Screen oment will be treated as a Specimen Source	Pre-Collection Order base Peters Name (MRN)	ed on Collection	Dates in the file	n Date	Tests	
ever tote Order Entry Revi records in this ship Specimental # 122456	iew Screen oment will be treated as a Spectmen Source StoolFecal	Pre-Collection Order base Petert Name (MR0) TESTLAST, TESTRRST ()	ed on Collection	Dates in the file Sex Collectio	n Date	Tests Norovinus Molecular Testing	
ecords in this ship specimental # 122455 f1 records	iew Screen oment will be treated as a Specimen Source Stool/Fecal	Pre-Collection Order base Petient Name (MRN) TESTLAST, TESTFIRST ()	ed on Collection DOB 05/01/2023 ାଧ ସ	Dates in the file Sex Collectio Unknown 1 D R 100 ♥	n Date	Tests Norovirus Molecular Testing	
see tote Order Entry Revi records in this ship Specimenta # 122455 11 records	iew Screen oment will be treated as a Specimen Source Stool Fecal Attr: - Virus Reference and	Pre-Collection Order base Petert Name (MRN) TESTLAST, TESTFIRST () Surveillence	ed on Collection Do8 05/01/2023 ⊮ ⊲	Dates in the file Sex Collectio Unknown I D H To V	n Dete	Tests Norovinus Molecular Testing	
ww ote Order Entry Revi records in this ship Spectment of 122355 11 neords 2003 Address :	iew Screen oment will be treated as a Specimen Source Stool/Fecal Attn: Virus Reference and Devid Avenod Institute - Wass	Pre-Collection Order base Patient Name (MRN) TESTLAST, TESTIRIST () Surveillance worth Center NYS Department of Health 120	ed on Collection Dote 05/01/2023 R d 0 New Scotland Avenue AR	Dates in the file	n Date	Tests Norovirus Molecular Testing	

Infectious Disease Testing of Animals for Rabies Virus (Animal Rabies)

To place an order for Animal Rabies testing, click **Place Rabies Order (DOH-487)** on the Remote Order Menu. Enter the relevant data; required fields are indicated in red text and with an asterisk (*). Click **Submit**.

Rabies	
✓ Submitter	
*	
County: Specimen Preparer	
Address:	PO BOX 110
Contact Information for a New	RAYBROOK, NY 12977
Specimen Preparer :	
✓ Animal	
Species: *	Please select
Other Species:	Species is required.
Submitter's Specimen Number	
Animal Habitat	
Age:	Select One
Sex	Verene ve
Rables Vaccination Status:	Filed One
Animal sick/ Acting strange:	Select One
Sign of Rabies:	Neurologic Parabosic Difficulty Unusual
	Disorder Swallowing Agression
Other signs of Rabies:	
Date of Death:	MM/DD/YYYY
If killed, how:	Please select 🗸
Owner/Complainant :	
Phone Number:	Owner cannot exceed 255 characters.
V Location	
Street:	
City:	
State: *	New York
Zip:	99999
Nearest Cross Street:	
Collection Site:	
County: *	Albany
* Town:	Please select
Latitude:	Town is required.
Longitude:	
Please check this box if Emergency tes Exposure	ting - outside of regular business hours is requested for this specimen. Contact the New York State Bureau of Communicable Disease Control for approval at: (518) 473-4439.
Person Bitten:	Select One Date of Bite: MM/DD/YYYY
Person scratched or contact with saliva or nervous tissue:	Select One
Domestic Animal Contact:	Select One
Species of domestic animal:	Please select 🗸
If the animal is a bat, is there a	Select One
could have been exposed?	
Example: a bat was found near an unattene Rabies post exposure prophylaxis (PEP)	Select One Date Initiated: MM/ID.IV/V/V A
initiated:	
Commenter	
Comments:	
	Cancel Submr

CLIMS User Guide (2024) Page 19 of 30 To ensure a properly formatted Shipping Manifest, use the **Print** button to open a print dialogue box.

The **Duplicate Order** link can be used if more than one animal is being submitted from the same incident.

	Wadsworth Center • NYS Department of Health							
Please print this page and	d submit with your package. 📮 Duplicate Or	der 📝 Edit Order					Print	
	NEW YORK STATE DEPARTMENT OF HEALTH Wadsworth Center, Griffin Laboratory Se68 State Farm Road, Singerlands, NY 12159 Rabies Specimen History	Date Received:	Ordered By: Ordered On: 240014003	EPL01 2024-04-11				
Submitter Submitter County: Specimen Preparer : Animal Species:	LHUOOIRAB BAT			<text></text>		Print Destination Pages Copies More settings	1 steet of	paper
				Bendard Set und s			Pissi Ca	ncel

Infectious Disease Testing of Animal and Environmental Samples

Orders for infectious disease testing of animal and environmental samples can be placed by entering data directly by clicking "Place Order (DOH-4463)." Orders for testing animals for rabies must be ordered through "Place Order (DOH-487)" link. See the Infectious Disease Testing of Animals for Rabies Virus (Animal Rabies) section.

The legacy method of entering orders has many parallels to the modernized placement of orders for human specimens and food samples but has a different feel and fewer features. After the sample origin is selected, the screens for entering data will appear. The fields on each screen can vary depending on the sample type, but the process for submitting the order is the same for animal and environmental samples. Across all the remote order screens a red asterisk (*) indicates a required field. Use the buttons in the lower right or navigate using the tabs.

Submitter tab

The first screen collects Submitter information.

Infectious Diseases Remote Order Entry Environmental Sample				
Submitter Environmental Tests Review	/ Place Order	* denotes required information		
Name: *	ALBANY COUNTY HEALTH DEPT. Lab PFI:			
Address:	175 GREEN STREET, ALBANY, NY 12202			
Laboratory report will be sent Attention To:				
Contact Person:				
Telephone Number:	5184474589			
CC:				
Delete order		Next		

Users with permissions to access to more than one facility must select the desired facility from the drop-down list to populate the Name, Address, and Lab PFI fields.

Laboratory report will be sent Attention To:

Person's name(s) will appear on the Result report.

Contact Person & Telephone Number

Name and phone number of a person we can contact if there is a question concerning the specimen or testing.

<u>CC</u>

This field is used for additional distribution of the Result report that will be available on the Health Commerce System (HCS). If a copy of this report should be sent to another doctor/facility, enter name and address information here.

Animal and Environmental tabs

The next screen collects information about where and when the Animal / Environmental sample was collected.

- If the sample was collected outside of New York State, choose the appropriate State and select "Out-of-State" for NYS County.
- If an outbreak number has been assigned by a state or local health department, enter the number in the NYS DOH Outbreak Number field. The outbreak number will be printed on the report and transmitted to ECLRS.
- Submitter's Patient Reference Number is an identifying number assigned by the submitter. This number will also print on the result report.

Infectious Disc Envir	eases Remote Order Entry onmental Sample	
Submitter Environmental Tests Review / Place Order		* denotes required information
Collection Date (applies to all samples in this order) (MM/DDYYYY); *	Time Collected (if applicable for test) _(HHMM) :	Shipment Id:
Submitter's Reference Number:	NYS DOH Outbreak Number:	
Sample description:		<i>"</i> "
Collection Site or Facility Name:		
Address line 1 Address line 2 City: State: New York (NY) v NYS County * v		
Delete order		Previous Next

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Tests tab

The Tests tab is used for scheduling testing, it allows the user to search the test catalog, find details and requirements of testing, and provide specimen attributes.

The first screen that appears lets the user search for and select testing. Search for an organism name such as *'Clostridium'* or a disease such as *'anthrax'* or test such as *'Candida auris* Surveillance Environmental Testing.'

- Enter the search term(s) and click search. A list of possible matches will display.
- Click "Show Details" to review testing information including methods, specimen requirements and shipping information.
- Check the box to select the desired test.
- If you are ordering the same test for multiple samples, specify the sample count.
- Click "Order tests."

Order test for sample # 01 Enter suspected organism, agent or test:
legionella
Search Return If you are unable to find the testing you need please call (518) 474-4177 for assistance or you can visit <u>http://www.wadsworth.org/docs/infectious_phs.shtml</u>

Following suspected organism/agent(s) match your criteria.					
	Suspected organism/agent Test(s)				
1	Legionella species	Legionella Identification Isolate	Show Details		
		Legionella Identification Primary	Show Details		
Ar	e you entering multiple sam rder tests	ples?. If yes, specify the sample cou	nt: 1		

Legionella Identification Primary / Bacteriology	
Test Catalog Id: 2750	
Performing Laboratory	
Bacteriology	
Methodology:	
Molecular detection and conventional microbiological methods wh	en appropriate.
Preferred Specimens	
Sputum	
Tracheal aspirate	
Bronchial wash	
Alternate Specimens	
Water	
Storage Prior to Shipping:	
Store specimens at 2-8°C	
Shipping Instructions:	
Ship refrigerated specimens on freezer packs.	
Ship to address:	
David Axelrod Institute - Wadsworth Center NYS Department of H	ealth 120 New Scotland Avenue Albany, NY 12208
Return	

After selecting testing, add details for the specimen per testing requested.

Submitter	iubmitter [Environmental] [Tests] Review / Place Order					
Suspected O	rganism / Agent * LEGIONELLA SPECIES					
Sp#	Sample Type		Submitter's Sample Id			
01	Primary 🗸	Delete	SINK ROOM A			
	Some of the test(s) you requested re — Tests Requested	quire pre-approval.				
	Legionella Identification Primary / Ba	cteriology (Requires pr	e-approval) Get Details Delete			
				Add additional tests to current S	ample	
02	Primary 🗸	Delete	SHOWER ROOM A			
	Some of the test(s) you requested re	quire pre-approval.				
	Legionella Identification Primary / Ba	teriology (Requires pr	e-approval) Get Details Delete			
	,,					
				Add additional tests to current S	Sample	
02						
03	Primary V	Delete	COMMON SPACE B			
	- Tests Requested	quire pre-approval.				
	Legionella Identification Primary / Ba	cteriology (Requires pr	e-approval) Get Details Delete			
				Add additional tests to current S	ample	
				·		
				Add Sample		
Reason for S	ubmission: Identification 🗸					
Comments:						
Delete order						 Previous Next

Suspected Organism / Agent

Enter the suspected organism / agent if not auto-populated; this field is editable.

Sample Type

Indicate either a Primary sample (direct from collection) or Isolate (isolated in a laboratory).

Sample Source

Enter from where the sample was originally collected.

Submitter's Sample Id

Identifier assigned by the submitter; if specified, will be included on the specimen report.

Sample submitted on/in

Specify the media or preservative the sample is submitted on/in.

Get Details button

Displays information on the testing details and requirements.

Delete buttons

Allows for the test, the sample, or the order itself to be deleted

Add additional tests to current Sample button

Allows the user to search for additional tests and schedule them on the same sample.

Add Sample button

Allows the user to order testing on a different sample. **Note:** All samples submitted on the request must have same collection date and time (if entered).

Comments

Can be used to further elaborate on what kind of sample is being sent or clarify the type of testing requested. There is a 255 character limit on the comments.

Review and Place Order Tab

Review the data that was entered. Any required fields that were missed at entry are flagged in **red**. Use the **Edit** button to go back to any of the previous tabs to enter or edit information. Select a shipping address, if needed. Click the green **PLACE THIS ORDER** button on the right at the bottom to finalize the order.

Submitter Environmental Tests Review / Place Order						
Submitter Edt	Submitter Ear					
Nome and Address: ALBANY COUNTY HEALTH DEPT., 175 GREEN STREET, ALBANY, NY 12202						
Telephone Number: (51)	Telephone Number: (\$18)447-4589					
Environmental Sample	e Information Eat					
Collection Date (MMCD)	Collection Date Innecessive, 07/10/2023					
Source descrip	10001: 3 WATER SAMPLES COLLECTED - 2 FROM ROOM A AND 1 FROM THE COMMON AREA B					
Place colle	lected: NURSING HOME Z					
Address in	Ine 1/100 MAIN ST					
	State: NEW YORK (NY)					
Co	ounty: ALBANY					
Laboratory Examinatio	on Requested: Edt					
Suspected Organiam / /	Agent: LEGIONELLA SPECIES					
50# 58	ampie type Subn	Inters sampe la				
Sor	ome of the test(s) you requested require pre-approval.	NO IL A				
- T	Tests Requested					
L	Legionella Identification Primary / Bacteriology (Requires pre-approval)					
02 PR	RIMARY SHOP	NER ROOM A				
-7	Tests Requested					
L	Legionella Identification Primary / Bacteriology (Requires pre-approval)					
03 PR	RIMARY COM	MON SPACE B				
50	ome of the test(s) you requested require pre-approval. Tests Requested					
1	Legionella (dentification Primary / Bacteriology (Requires pre-approval)					
Reason for Submission:	: IDENTIFICATION					
Chinese Address						
Attr: (Bacteriology)						
David Axelrod Institute -	Wadsworth Center NYS Department of Health 120 New Scotland Avenue Albany, NY 12208					
Tablete coster		Distance THE APPENDING STORE DOILED				
Losters U.S.C.		PEORODE PEOROD				

CLIMS User Guide (2024) Page 23 of 30 When the request is submitted, a Wadsworth accession number assigned. This number will stay with the order through testing and reporting. The number is located at the top of the form. Print the form to submit with the sample using the "Print this Order" button in the top right corner of the screen and include with the shipment.

Modify this	Order Delete this Order New Order	Go Back to list of orders	Print this Order
	Wa	dsworth Center • NYS Departm	ent of Health
		(ENVIRONMENTAL)	
Ordered B	y: EPL01		
Wadswor	rth Center		
New York	k State Department of Health	NYS Accession Number	
Biggs Lal	boratory State Plaza	ID	R2300030550
Albany, N	VY 12237-0012		
Shipping	g Address: Attn: [Bacteriology]		
DAVID A	AXELROD INSTITUTE - WADSWOI	RTH CENTER NYS DEPARTMENT OF HEALTH	H 120 NEW SCOTLAND AVENUE ALBANY, NY 12208
Cubmittee	(test and read by).		
Attention	(test ordered by):		
Name and	d Address:		Laboratory PEI:
ALBAN	NY COUNTY HEALTH DEPT.		
175 GR	EEN STREET, ALBANY, NY 12202		
Contact P	Person:	Telephone Number: (518)447-4589
CC:			
Sample Int	formation:		
Collection	Date (MI/DD/MM). Time Collected (if appli	cable for test) (HEAM): Shipment Id:	NYS DOH Outbreak Number
07/10/20	023		
Laboratory	y Examination Requested:		
Suspecte	ed Organism / Agent: LEGIONELLA SI	PECIES	
Sp#	Sample Type	Submitter's Sample Id	
	Tests Requested	SINK ROOM A	
	Legionella Identification Prima	n// Bacteriology	
	Logionalia racinalication i fina	, Ductoriology	
02	PRIMARY	SHOWER ROOM A	
02	Tests Requested	SHOWER ROOWIA	
	Legionella Identification Prima	n// Racteriology	
	Legionena Identification i filma	y / Dactenology	
03	PRIMARY Tests Requested	COMMON SPACE B	
	Lesis Requested	n / Destavialanu	
	Legionella Identification Prima	y / Bactenology	
Reason	for Submission: IDENTIFICATION		
Environme	ental:		
Submitter	's Reference Number		
Source de	escription		
3 WATE	R SAMPLES COLLECTED - 2 FROM RO	OM A AND 1 FROM THE COMMON AREA B	
	Dite on Franklin Manage		
NURSI	NG HOME Z		
Address li	ine 1	Address line :	2
100 MA	AIN ST		NVS County
ALBAN	Y NEW	YORK (NY)	ALBANY
Modify this	Order Delete this Order New Order	Go Back to list of orders	Print this Order

Tracking Orders and Accessing Results

Order Management for Human Specimens and Food Samples

To allow submitters to track a specimen/sample through the testing and reporting process, an accession number is automatically generated and assigned to the specimen/sample. The accession number uniquely identifies the specimen/sample through the entire process.

The Order Management screen displays all the orders for a facility on one screen, separated into different tabs based on the status:

 In Progress
 Submitted
 Image: Submitted

- In Progress orders saved by the user or automatically saved by the system before submission as a Pre-Collection or finalized order.
- Pre-Collection Orders orders submitted with missing or Collection Dates in the future. When specimen collection has been completed, the order can be updated and finalized for shipping.
- Submitted finalized orders that are ready to ship or have been shipped to Wadsworth Center, but have not yet been Received/Accessioned.
- Received/Accessioned orders that have been physically received accessioned by the laboratory at Wadsworth Center, but results are not yet available.

Users with permissions at more than one facility must select a facility to view the orders. The default Summary View displays orders grouped by Tracking ID and sorted by Last Updated. The "Filter Orders by" radio buttons can be used to limited orders to only Human specimens or Food samples. All columns are sortable by clicking the column header. The Global Filter search box can be used to filter to display matching records. Open or close the accordion control arrows to display or hide nested records.

			Ord	er Management								
rders for LCHD01 - ALBANY COUNTY HEALTH DEPT.												
Colort Facility												
Select Pacinty .	LCHD01 - ALE	HD01 - ALBANY COUNTY HEALTH DEPT.										
Displaying orders in Summary Vie	ew											
Filter Orders by :	🔿 Human 🤇) Food 📵 All										
💩 In Progress (5) 💩 Pre Collection Ord	ders (3) 👗 Submi	tted 🕢 🍶 Received / Accessioned 2										
	AU		Submitted Orders									
			Submitted Orders				2		×			
	Tracking Id 🗢		Source ¢	Order Type 🗢	Total Accessions 🗢		Total Specimens/Samples	Staff \$	Last updated 🗢	Actio	n ¢	
> SHIP_EPL	.01_JUL_11_2023_	_09_16_08_AM	ROE Order	FOOD	FOOD 2		2	EPL01	07/11/2023		T	
✓ SHIP_EP	L01_JUN_1_2023_	_02_13_19_PM	IDR_SPREADSHEET New	HUMAN	4		4	EPL01	06/01/2023		T	
Accession Id		Submitter Patient Id	Last Name 🗢			Submitter Specimen Id 🗢			Action \$			
IDR2300028051		456		MONDAY			123		T			
IDR2300028052		457		TUESDAY			124					
IDR2300028053	IDR2300028053 458			WEDNESDAY			125		T			
IDR2300028054		459		THURSDAY			126		Ť			
Total Records: 4												
> SHIP_EPL	.01_JUN_1_2023_	02_09_24_PM	ROE Order	HUMAN	1		1	EPL01	06/01/2023		T	
> SHIP_EPL	01_MAY_19_2023	_03_10_28_PM	ROE Order	HUMAN	1		2	EPL01	05/19/2023		T	
Total Submitted Records: 4												

Click on the Tracking ID to open the order for additional viewing or editing. Orders become read-only once they are Received/Accessioned. The Source column indicates how the order was placed and the Staff column displays

the HCS User ID of the individual who last made updates to order. The green truck icon provides quick access to the Shipping Manifest. Entire orders or individual specimens/samples can be deleted until the order is Received/Accessioned at Wadsworth Center using the red trash can icons.

NOTE: When final results have been released by the laboratory, the order will no longer be available in Order Management. Results can be accessed by selecting "Specimen Reports" on the CLIMS home page.

Order Management of Animals Tested for Rabies Virus (Animal Rabies)

Tracking of Animal Rabies specimens is available by clicking the **Rabies Order Management** link under Animal Rabies on the Remote Order Menu page.

			Rabies Orders					
						Q Search		×
Tracking Id † ↓	Species †	Submitter Specimen # ↑↓	Owner / Complainant ↑↓	County † ↓	Submitter †↓	Staff †↓	Last updated ↑↓	Action 1
240014003	BAT		JANE SMITH	Albany	LHU001RAB	EPL01	04/11/2024	🖶 🍵
240013966	ALPACA		1321	Allegany	LHU003RAB	MYA55	04/11/2024	🖶 🍍
240013955	African Wild Dog	11102	TEST	Onondaga	LHU011RAB	NMC01	04/11/2024	🖶 🍍
240013863	BAT		34567	Bronx	LHU005RAB	MYA55	04/11/2024	⊖ ≢
240013841	BAT		3456	Bronx	LHU005RAB	MYA55	04/11/2024	🖶 🍵
240013756	BAT CANYON	23321	TEST DUPLICATED	Allegany	LHU003RAB	AXP19	04/11/2024	₽ ≡

Submitted rabies orders are displayed with a few key fields. All columns are sortable by clicking the column header. The Global Filter search box can be used to filter to display matching records. Click on the **Tracking ID** to open the order for additional viewing or editing. The green truck icon provides quick access to the Shipping Manifest. Entire orders or individual specimens/samples can be deleted until the order is Received/Accessioned at Wadsworth Center using the red trash can icons.

NOTE: When final results have been released by the laboratory, the order will no longer be available in this area. Results can be accessed by selecting "Specimen Reports" on the CLIMS home page.

Legacy Tracking of Animal and Environmental Samples

Tracking of Animal and Environmental samples is available through legacy views. Remote orders for animal or environmental samples that have been submitted but have not been received at Wadsworth Center are displayed individually by clicking **"Legacy – Show Orders Pending Receipt"** on the Remote Order Menu page.

	Orders Pending Receipt												
NYS Accession #	Last Name	Shipment Id	Submitter Sample Id	Submitter Patient/Reference #	Ordered By	Order Placed On	Specimen/Sample						
IDR2300030556		TEST WATER SHIPMENT			EPL01	07/11/2023	ENVIRONMENTAL	Delete	View	Edit			
IDR2300030555		TEST WATER SHIPMENT			EPL01	07/11/2023	ENVIRONMENTAL	Delete	View	Edit			
IDR2300030550		TESTSHIP	COMMON SPACE B, SHOWER ROOM A, SINK ROOM A		EPL01	07/10/2023	ENVIRONMENTAL	Delete	View	Edit			
IDR2300025926					JSM02	05/19/2023	ANIMAL	Delete	View	Edit			
EU00000000000000			0.0000000111/000/000000/		101100	0010510000							

To display the same orders grouped by Shipment ID, click **"Legacy – Show Pending Shipments"** on the Remote Order Menu page.

Pending Shipments]	Pending Shipments	
Display pending shipments for facility *:		Displaying shipments for: (LCHD01)	
Continue		• <u>2441521 - TESTSHIP</u> • <u>2441532 - TEST WATER SHIPMENT</u>	
		Show Pending Shipments For a Different Facility	

Shipment N	Shipment Number: 2441532													
			1	Orders Pending Receipt										
NYS Accession #	Last Name	Shipment Id	Submitter Sample Id	Submitter Patient/Reference #	Ordered By	Order Placed On	Specimen/Sample							
IDR2300030556		TEST WATER SHIPMENT			EPL01	07/11/2023	ENVIRONMENTAL	Delete	View	Edit				
IDR2300030555		TEST WATER SHIPMENT			EPL01	07/11/2023	ENVIRONMENTAL	Delete	View	Edit				
Delete All														
Back To Pending	Shipments													

Remote orders for animal or environmental samples that have not yet been collected or were submitted with a future collection date are accessed by clicking **"Legacy – Show Pre Collection Orders"** on the Remote Order Menu page.

	Pre Collection Orders (Orders marked 'Not Yet Collected')												
NYS Accession #	Last Name	Shipment Id	Submitter Sample Id	Submitter Patient/Reference #	Ordered By	Order Placed On	Specimen/Sample						
IDR2300030557					EPL01	07/11/2023	ENVIRONMENTAL	Delete	View	Edit			

From these screens the user can:

- **Delete** the order. If you decide not to submit the specimen you will need to delete the order.
- View and/or print a copy of the remote order submitted.
- Edit a limited number of fields before we receive the specimen. Information on the Animal, Environmental, and Additional Info tabs can be edited until the specimen is received in our lab.

NOTE: When final results have been released by the laboratory, the order will no longer be available in this area. Results can be accessed by selecting "Specimen Reports" on the CLIMS home page.

Specimen Reports

All test results, regardless of lab or specimen/sample type, are accessed by clicking **Specimen Reports** on the CLIMS home page. Users can only access reports for facilities where that user has report permissions.

Specimen Reports Specimen Receipts Management Reports	(Reports released by Wadsworth Center) (Acknowledgement of specimens received and accessioned by Wadsworth Center) (Rabies specimen management reports)	
Specimen Summary My Preferences	(Place and manage electronic orders for tests) (View all orders by status) (Enroll in email notification)	
User Resources	(User help page)	
For technical assistance w Please do NOT send confi	ith CLIMS, please email us at <u>clims@health.ny,gov</u> . dential information to this address.	Per
For questions involving Div For questions involving Div	vision of Infectious Diseases confidential information, call (518) 474-4177. vision of Environmental Health Sciences information, call (518) 474-7161.	<u>S</u> or

The default sort order is by date posted to the HCS (newest to oldest) and grouped by Facility, if applicable.

The list of reports can be sorted (newest to oldest for dates and numbers or alphabetically for text) by:

- HCS Post Date/Time: date posted to the HCS
- Accession ID: Wadsworth Center accession number
- Patient Name/ID: patient name or identifier
- Lab: Wadsworth Center lab where the sample was tested
- Report Date: date the report was generated
- Received Date: date the sample was received at Wadsworth Center
- Collection Date: date the sample was collected
- Facility: submitting facility
- County: country from which the specimen/sample was take

The default time period used to search for posted reports is the previous 8 days. Adjust the "From" and "To" dates to search for reports posted earlier.

Reports are available as either a PDF document or in a CSV spreadsheet for 90 days after they have been posted and can be printed or saved as needed. Click the report's hyperlink to view a single report or the section header to view all the reports under it at the same time.

The NEW! designation is specific to each user, not the overall facility/organization. After User-A views results, those results will no longer be marked "NEW!" for User-A. But there will be no change for User-B at the same facility – the report will be marked "NEW!" until User-B views the results.

Requests to repost results after 90 days can be made by emailing <u>clims@health.ny.gov</u>.

Permission Help									
Sort by: HCS Post Date/Time → Specimen Reports HTML version									
Date [mm/dd/yyyy]: From: 02/27/2024 To: 03/05/2024									
Retrieve									
Permission Help									
Sort by: HCS Post Date/Time Specimen Reports HTML vers	sion								
Date [mm/dd/yyyy]: From: 02/27/2024 To: 03/05/2024									
Retrieve Download all results as CSV									
03/05/2024 - LCHD01 (All) 🔁 PDF 🔬 CSV									
• IDR2400000970 🛛 🔂 PDF 🌄 CSV 02:30:33 PM NEW!	MOUSE, MINNIE								
• IDR2400000971 🛛 🔂 PDF 🌄 CSV 02:30:33 PM NEW!	MOUSE, MICKEY								
• IDR2400000972 🛛 🔁 PDF 🌄 CSV 02:30:33 PM NEW! DUCK, DONALD									
02/29/2024 - LCHD44 (All) 🔁 PDF 🐻 CSV									
• IDR2400000941 🛛 🔁 PDF 🌄 CSV 12:00:33 PM 🛛 TEST, KINDRA									
02/28/2024 - LCHD01 (All)									

Other Notable CLIMS Features

Search Catalog

Users can search the test catalog without submitting a remote order by clicking **Search Catalog** from the bottom of the Remote Order Menu page. The catalog can be used to find tests offered along with details of the testing such as specimen requirements, methods, collection, storage and shipping instructions. The Assign Tests and Test Catalog section has more information.

• If you are unable to find the testing you need, please visit <u>https://www.wadsworth.org/programs/id</u> or call (518) 474-4177 for assistance.

Email notification

Email notification can be enabled or disabled by clicking the **My Preferences** link on the CLIMS main page. Notifications are sent twice a day (8:00 am and 2:00 pm) to the email address associated with the user's HCS account. To confirm or change the email address, click the **Account Settings** link.



Legacy Specimen Receipts and Specimen Summary

The legacy view of acknowledgements of samples received by and accessioned in the Wadsworth Center laboratories can be accessed by clicking **Specimen Receipts** on the CLIMS home page. A list of accessions sorted by the "Received Date" (default) is presented. When a sample is received in the lab, a sample acknowledgement is posted to HCS and remains until results have been released. When the results are posted to HCS the acknowledgement is removed. Demographic data and testing requested is included in the acknowledgement.



CLIMS User Guide (2024) Page 29 of 30 The legacy view of the list of all Requests, Receipts, or Reports for samples submitted, received, or reported in the last 90 days can be accessed by clicking "Specimen Summary" on the CLIMS home page. Reports can be sorted by clicking on the column headers. Open and view a report by clicking a "Wadsworth accession #" link.

All current specimens and specimens released within the last 90 days.												
Sort by clicking the column headers												
Submitter Sample Id	Submitter Patient/Reference #	<u>Wadsworth</u> accession #	Patient/Subject •	Tracking #	<u>County</u> +	<u>Status</u>						
202307111512_EPL01_1		IDR2300030553	PATIENT: ,		Albany	SUBMITTED	2023- 07-11					
202307111512_EPL01_2		IDR2300030554	PATIENT: ,		Albany	SUBMITTED	2023- 07-11					
20230711915_EPL01_1		IDR2300030551	PATIENT: ,		Albany	SUBMITTED	2023- 07-11					
20230711915_EPL01_2		IDR2300030552	PATIENT: ,		Albany	SUBMITTED	2023- 07-11					
COMMON SPACE B,SHOWER ROOM A,SINK ROOM A		IDR2300030550	NURSING HOME Z		Albany	SUBMITTED	2023- 07-10					
			OTHER SADEASDE	220043254	Albany	SUDMITTED	2022					

Management Reports

Clicking **Management Reports** on the CLIMS home page provides access to Animal Rabies submission and result data to users with the required permissions.

