Los Angeles County Instructions for Laboratory Reporting of COVID-19 Non-Positive Test Results

Introduction

Below are instructions for creating, formatting, and submitting files of non-positive SARS-CoV-2 test results for submission to Los Angeles County Department of Public Health.

Non-positive files could include the following results: SARS-CoV-2 molecular (PCR) or antigen tests with a result of negative, undetected, inconclusive, indeterminate, or invalid results. All results from serology tests can be included in these files.

File Format & Naming

It is required that the reports follow the same order and formatting as described below. Please follow the template provided, **LAC_COVID19ImportLabSubmittersTemplate** (MS Excel worksheet). Please note that any deviations from the instructions below may result in data-processing errors and delay reporting.

Please include in the name of each file the following details: **LAC_ Lab Name_Neg_Date Sent.** For example, see the following:

- LAC_Lab Name_Neg_062720 *for sending on 06/27/20*

The table on pages 2-4 describes the data elements expected for sending non-positive COVID-19 files. The first column in the table (seq) refers to the field order, the second (use) describes whether the field is required (R) or optional (O), the third (name) describes the name of the field, and the last two columns (guidance and data format) provides instructions for how to fill that field.

File Submission

Email the files to COVID19@ph.lacounty.gov using encryption and password-protection. Choose one password to use (which we will keep on file) and email that password in a separate email the first time you submit a file.

If you are asked to correct a file, please submit the corrected version to Covid19TestQI@ph.lacounty.gov.

Seq	Use	Name	Guidance/Description	Data Format
1	R	FirstName	**Must have a value-cannot be blank**	Text
2	R	LastName	**Must have a value-cannot be blank**	Text
3	R	PatientIdentifier	Patient identifiers may include the following: medical record number, social security number, account number, etc.	Text
4	R	DOB	Patient Date of Birth	MM/DD/YYYY or YYYYMMDD
5	R	Gender	CDC suggested: Female, Male, Other, Transgender (F to M), Transgender (M to F), Transgender Unknown, Undifferentiated, Unknown Note: Declined to State is not accepted	Text
6	R	Race	CDC Suggested: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, Unknown	Text
7	R	Ethnicity	CDC Suggested: Hispanic or Latino, Not Hispanic or Latino, Unknown	Text
8	R	Patient_Street_Address	Include house number, direction, and street name. Do **not** include city, state and zip code. Also allowed: 1) "Homeless" or 2) "*" if lab tried to correct invalid or wrong address in a returned/rejected file but couldn't	Text
9	R	Apartment_Number	If applicable	Text
10	R	City	Do not include Pasadena or Long Beach. Please send test results to those cities' public health departments.	Text
11	R	State	Only California residents	Two-letter abbreviation (i.e. "CA")
12	R	Zip	**Include only Los Angeles County (LAC) residents, excluding Pasadena and Long Beach. See website link for LAC zip codes.**	5 digits

Seq	Use	Name	Guidance/Description	Data Format
13	R	PatientPhoneNumber		###-###-#### or ##########
14	O	Patient Email		Text
15	R	OrderingFacility	Name of the ordering facility.	Text
16	R	ReferringPhysician	Name of referring physician.	Last name, First name
17	R	Physician Address		Text
18	R	Physician City		Text
19	R	Physician State		Text
20	R	Physician Zip		Text
21	R	Physician Phone Number		###-###-#### or ##########
22	R	Accession #	Testing facility assigned accession number. This is a unique number that does not repeat in any other files. **Must have a value-cannot be blank. Do not include any spaces in the text.**	Text
23	R	Specimen Collection Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}
24	R	Specimen Received Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}}
25	R	Specimen Type	**Must have a value-cannot be blank** E.g., blood, tissue, nasal, etc.	Text
26	R	Test Reported Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}
27	R	Test Code_LOINC	LOINC Test Code for performed test, not the panel test. For more info you may refer to https://loinc.org/prerelease/ for up-to-date special use terms. **Must have a value-cannot be blank**	Text
28	R	Test Name	Test name. **Must have a value-cannot be blank**	Text

Seq	Use	Name	Guidance/Description	Data Format
29	R	Result	Test result. Typical results= positive, detected, presumptive positive, negative, undetected/not detected/non detected, presumptive negative, inconclusive, indeterminate, TNP (test not performed), or invalid. **Must have a value-cannot be blank**	Text
30	R	PerformingFacility	Performing facility. **Must have a value-cannot be blank**	Text
31	R	CLIA	CLIA number for the sending laboratory facility. Upon certification, each laboratory is assigned an individual and unique CLIA number. **Must have a value-cannot be blank**	ten alphanumeric positions
32	R	Pregnancy Status	Yes, No, Unknown	Text

This document was adapted from the CDPH COVID-19 csv flat file standard for submission to CalREDIE ELR for facilities that are not able to send standardized messages.