

# Los Angeles County Instructions for Provider Reporting of COVID-19 Non-Positive Point-of-care Test (POCT) 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.

## File Format & Naming

It is required that the reports follow the same order and formatting as described below. Please follow the template provided, **LAC\_COVID19ImportPOCTSubmittersTemplate.xlsx** (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\_POCT\_Clinic

**Name\_Neg\_Date Sent.** For example, see the following:

- POCT\_ClinicName\_Neg\_062720 *for sending on 06/27/20*

The table on pages 2-4 describes the data elements expected for sending non-positive POCT COVID-19 reports. 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](mailto: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.

## Data Elements

Seq	Use	Name	Guidance/Description	Data Format
1	R	FirstName	<b>Must have a value-cannot be blank</b>	Text
2	R	LastName	<b>Must have a value-cannot be blank</b>	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
5	R	Gender	Female, Male, Other, Transgender (F to M), Transgender (M to F), Transgender Unknown, Undifferentiated, Unknown	Text
6	R	Race	American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, Unknown	Text
7	R	Ethnicity	Hispanic or Latino, Not Hispanic or Latino, Unknown	Text
8	R	Patient_Street_Address	Include house number, direction, and street name Note – Homeless if known	Text
9	R	Apartment_Number	If applicable	Text
10	R	City		Text
11	R	State	Only California residents	Two-letter abbreviation (i.e. "CA")

Seq	Use	Name	Guidance/Description	Data Format
12	R	Zip	<b>Include only Los Angeles County (LAC) residents, excluding Pasadena and Long Beach. CDPH zip list for LAC residents available per request.</b>	5 digits
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.	Text
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 or a number where each specimen is a unique number. <b>Must have a value-cannot be blank</b>	Text
23	R	Specimen Collection Date	<b>Must have a value-cannot be blank</b>	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS...}
24	R	Specimen Received Date	For point-of-care test, Specimen Collection Date can be used here. <b>Must have a value-cannot be blank</b>	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS...}
25	R	Specimen Type	<b>Must have a value-cannot be blank</b> E.g., blood, nasal, saliva	Text
26	R	Test Reported Date	For point-of-care, Specimen Collection Date can be used here. <b>Must have a value-cannot be blank</b>	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS...}

Seq	Use	Name	Guidance/Description	Data Format
27	R	Test Code_LOINC	LOINC Test Code. Obtain LOINC code from test kit package insert. For more info you may refer to <a href="https://loinc.org/prerelease/">https://loinc.org/prerelease/</a> for up-to-date special use terms. <b>Must have a value-cannot be blank</b>	Text
28	R	Test Name	Test name. Refer to test kit package insert. <b>Must have a value-cannot be blank</b>	Text
29	R	Result	Test result. <b>Must have a value-cannot be blank</b>	Text
30	R	PerformingFacility	Performing facility. This could be a laboratory name or the clinic name if no laboratory is involved.	Text
31	R	CLIA	CLIA (Clinical Laboratory Improvement Amendments) number for the sending laboratory facility. Upon certification, each laboratory is assigned an individual and unique CLIA number. Consult with laboratory if applicable. <b>This number is required if the Performing Facility has a laboratory.</b>	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.