

## LimsNet Quick Guide for ISDHL COVID-19 Submitters

### Required fields (marked with a red asterisk in LimsNet):

#### Patient Information:

Patient's First Name	City	County of Residence	Sex
Patient's Last Name	State	Date of Birth	Race
Street Address	ZIP		Hispanic Ethnicity

Patient Information			
<b>*Patient's First Name:</b>	<input type="text" value="John"/>	<b>Middle Init:</b>	<input type="text"/>
<b>*Patient's Last Name:</b>	<input type="text" value="Smith"/>		
<b>*Street Address:</b>	<input type="text" value="1234 ABC Lane"/>		
<b>*City:</b>	<input type="text" value="Indianapolis"/>	<b>*State:</b>	<input type="text" value="IN"/> <b>*ZIP:</b> <input type="text" value="46112"/>
<b>*County of Residence:</b>	<input type="text" value="Marion"/> ▾	<b>Phone Number:</b>	<input type="text"/>
<b>*Date of Birth:</b>	<input type="text" value="01/01/11"/>	<b>*Sex:</b>	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Unknown
<b>*Race:</b>	<b>*Hispanic Ethnicity:</b>		
<input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input checked="" type="radio"/> Unknown <input type="radio"/> Multiracial	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input checked="" type="radio"/> Unknown		

#### Institution Information:

Deceased?

Institution Information	
<b>*Deceased?</b>	<b>Date Of Death:</b>
<input type="radio"/> No <input type="radio"/> Yes	<input type="text"/>

#### Clinical Information:

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Specimen Information	Anatomical Source	Collection Date
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Clinical Information	
<p><b>*Specimen Information:</b></p> <p> <input type="radio"/> Fluid             <input type="radio"/> Isolate             <input type="radio"/> Stool             <input checked="" type="radio"/> Swab (including NP, OP, or NP/OP combo)             <input type="radio"/> Tissue             <input type="radio"/> Other         </p> <p>If Other: (Do not submit serum) <input style="width: 150px;" type="text"/></p>	
<p><b>*Anatomical Source:</b> <input style="width: 150px;" type="text" value="NP"/></p>	
<p>Date Of Onset: <input style="width: 150px;" type="text"/></p>	<p><b>*Collection Date:</b> <input style="width: 150px;" type="text"/> </p>

*Note: For anatomical source, please write in "NP", "NP/OP", "Sputum", etc. This helps speed up the accessioning process.*

**Virus Suspected:**

Virus Suspected	COVID-19 authorization code
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Virus Suspected
<p><b>*Virus Suspected?</b></p> <p> <input type="checkbox"/> Adenovirus             <input type="checkbox"/> Enterovirus             <input type="checkbox"/> Herpes Simplex             <input type="checkbox"/> Influenza             <input type="checkbox"/> Measles  <input type="checkbox"/> MERS-CoV             <input type="checkbox"/> Mumps             <input type="checkbox"/> Parainfluenza             <input type="checkbox"/> Respiratory Syncytial Virus  <input type="checkbox"/> Varicella             <input type="checkbox"/> Community-Acquired Pneumonia   <input checked="" type="checkbox"/> COVID-19   <input type="checkbox"/> Other         </p> <p>If Other: <input style="width: 100px;" type="text"/></p> <p>Suitable viruses for "Other" include other respiratory viral agents, such as rhinovirus. Norovirus should be submitted on the Enterics/Norovirus form</p>
<p><b>* COVID-19 authorization code required:</b> <input style="width: 200px;" type="text" value="IN103XXXXXX"/></p>

*Note: COVID-19 authorization code should be obtained from REDCap prior to LimsNet submission. To request access to REDCap please contact [RedCapAdmin@isdh.IN.gov](mailto:RedCapAdmin@isdh.IN.gov).*