PHEL Orders and Reporting

How to Submit STD Test Order

Step 1: Log into the <u>MyNewJersey</u> portal, look for DOH Apps and click on "PHEL Orders and Reporting."



DOH Applications	
PHEL Orders and Reporting	

Step 2: Click the "Manage Orders" menu and then click the "Order Patient Samples" submenu link.



Step 3: Enter the "Ordering Location" and "Ordering Provider"





Step 4: Click in the "Patient" field, then click on "New Patient"

New Order													9			Sea
Please Select a Pa	tient															
Order ID: NEW	ORDERS	tatus	S: NEW ORI	DER	Entere	ed b	y: Trai	inin	g, PHEL	L On	line O	rde	ring using	temp	late Defau	lt Template
Ordering Location*	NJ DOH	PHEL	. Lab			C	9									
Ordering Provider*						6	90									
Patient*						1	2									
Order Date*	Type at le	east .	3 characters	to s	earch.											
Collection Date*	🗆 sł	now A	Advanced Sea	arch	I											
Outbreak #	Name ¹	•	Patient ID	\$	SSN	\$	MRN	\$	DOB ²	•	Sex	\$	Address	PCP	Practice	Сору
I hereby certify ti I understand that							No m	atch	ing reco	ords f	found					
Acknowledgemen	φ							-	1	Ð						ę
Order Choices															New P	atient

Step 5: In the **"Demographics"**, fill out all the required fields and any other information the patient has provided, then click **"Save"**.

Domographics									2 V I
Demographics									- <u> </u>
				CDRSS Number					
Practice*	NJ DOH PHEL Lab	P		Address 1					
Patient ID		More		ZIP/Postal Code					
Last Name*		Į		City					
First Name*		Į		State*	UJ CIN				
Middle Name		J		Email					
Date of Birth (mm/dd/yyyy)*				Phone					
Sex for Clinical Purpose*					atient is Deceas	ed			
Race			8 2						
Ethnicity			0		Name	Patient ID	SSN	Patient Match Rule	
				Match List		Nom	tabing roco	rda found	
						NOTIN	sterning reco	us touriu	
Comments Aler	ts			L					
Results To Linked	Docs Aliases								
* Poquired field									
Required field									



Save Discard Changes Cancel

Step 6: Enter the **"Collection Date"** and **"Chart #"**. Read the **"Acknowledgement"** statement and click the "Yes" box if you agree the information is correct.

Order ID: NEW OR	RDER S	Status: NEW ORDER
Ordering Location*	STDLVAL	0 4
Ordering Provider* Patient*	Test,	
Order Date*	02 / 21 / 2024 09 : 47	
Collection Date*	02 / 21 / 2024 09 : 47	AM Now Clear
Chart #*	Results To Con	nments
Acknowledgement*	I hereby certify that the above pa information is correct to the best of I understand that improper inform such information to be on the fina	tient and ordering of my knowledge. nation would result in I report.

Step 7: In the "Order Choices" section:

- Click in the **"Order Choice Search"** field, type in the order choice needed (you can type in the order choice abbreviation or profile name)

Order ID: NEW OR	DER	Status: NEW ORDER	Entered by:
Ordering Location*	STDLVAL	9	
Ordering Provider*	STDLVAL	99	
Patient*	Test,	9	
Order Date*	02 / 21 / 2024 09 :	48 AM Now	
Collection Date*	02 / 21 / 2024 09 :	47 AM Now Clear	
Chart #*	1234		
	Results To	omments	
Acknowledgement*	I hereby certify that the above p information is correct to the bes I understand that improper infor such information to be on the fir Yes	atient and ordering t of my knowledge. mation would result in nal report.	
Order Choices			
Order Chain	Court	Abbreviation list	[Add
Order Choice	Search ID	Sample Type	Careal
Order Choice	Sample ID	Sample Type	Cancer
To select an order ch	oice, type in the text box or select a	n order choice list.	



Step 8: Select the "Order Choice" needed. You can select more than one test.

•••	•				
Order	Choice Searc	h			3
Order	Choice Name:			 Search All Order Choices Search Order Choice List: STD Tes Search Profiles 	ts 🗸
φ.	Show 20	entries	← 1 →	Showing 1 to	o 6 of 6 entries
Select	Abbreviation	Name	Alternate ID1	Collection Information	Host Codes
	<u>40003</u>	C. trachomatis/N. gonorrhoeae	40003	*Not Specified in Not Specified	
	<u>40001</u>	Chlamydia trachomatis	40001	*Not Specified in Not Specified	
	GON	GC Culture	GON	*Not Specified in Inoculated Agar Plate	
	<u>40002</u>	Neisseria gonorrhoeae	40002	*Not Specified in Not Specified	
	<u>30001</u>	Syphilis Serology	30001	Serum in Not Specified	
	<u>40004</u>	Trichomonas vaginalis	40004	*Not Specified in Not Specified	
¢	Show 20	entries	← 1 →	Showing 1 to	o 6 of 6 entries

Step 9: When you click in the "Order Choices" box, the choice(s) will move down to the "Selected Items" section. Click the "Add Selected Items" button located at the bottom of the page once all choices are selected. Order Choice Search

Orde	r Choice Name:				 Search All Order C Search Order Choi Search Profiles 	hoices ce List: STD Tes	its	~
φ	Show 20	entries		1 →		Showing 1 to	o 5 of 5	entries
Selec	t Abbreviation	Name	Alte	rnate ID1	Collection Information		Host	Codes
	<u>40003</u>	C. trachomatis/N. gonorrho	eae 400	03	*Not Specified in Not Spe	cified		
	GON	GC Culture	GOI	4	*Not Specified in Inoculat	ed Agar Plate		
	<u>40002</u>	Neisseria gonorrhoeae	400	02	*Not Specified in Not Spe	cified		
	<u>30001</u>	Syphilis Serology	300	01	Serum in Not Specified			
	<u>40004</u>	Trichomonas vaginalis	400	04	*Not Specified in Not Spe	cified		
¢	Show 20	entries		1 →	M	Showing 1 to	o 5 of 5	entries
_								
Sele	cted Items							
Selec	t Abbreviation	Name	Alternate ID1	Collectio	on Information	Host Codes	Count	Remove
	<u>40001</u>	Chlamydia trachomatis	40001	*Not Sp	ecified in Not Specified		1	×

Add Selected Items Cancel



Note: Depending on the order choice, you can change the **"Count"** # to how many tests you need.

Se	lect	ted Items						
Se	lect	Abbreviation	Name	Alternate ID1	Collection Information	Host Codes	Count	Remove
ł	✓	40001	Chlamydia trachomatis	40001	*Not Specified in Not Specified		1	×

Step 10: Click on the **"Sample Type"**. Select the **"Sample Type"** needed. Note: The selection of multiple sample types for the same test will create individual SID#.

Order Choices			
Order Choice Search		Abbreviation list	Add
Order Choice	Sample ID	Sample Type	Cancel
Chlamydia trachomatis	T.B.D.	•	
Detailed Sample Collection Info	ormation can be found by cl	- Default - Cervical swab	
Package and Ship all specimens	according to USDOT Hazard	c <u>Rectal swab</u>	71-178.
Package and ship all Category A i Package and ship all Category B i	nfectious substances followin nfectious substances followin	Throat swab	
Overnight deliveries are accepted Ground deliveries are accepted M For further questions regarding p State Courier Service Info	Tuesday through Friday 8:30 onday through Friday 8:30 a ackaging and shipping please	y <u>Vaginal swab</u> n octact PHEL Receiving at (609) 530	-8387.

Step 11: Answer any required information under **"Clinical Information"** at the bottom of the page.

Documentatio	on and Actions				
Print Labels	Clinical Info	Requisition(s)	Lab Report	Cancel Order	Linked Docs
Clinical Inform	nation		? 🖻 🗙]	
Clinical Info					
Order Choices	Clinical Info	Response			
40001	S1. Reason for Visit*		~	Save	

