PHEL Orders and Reporting
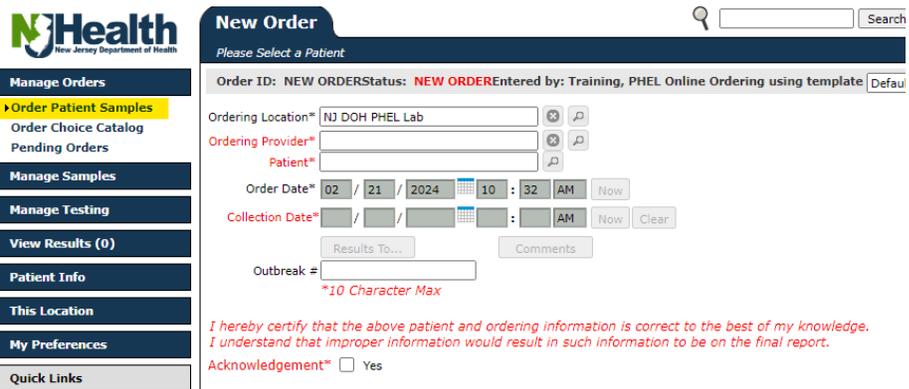
How to Submit STD Test Order
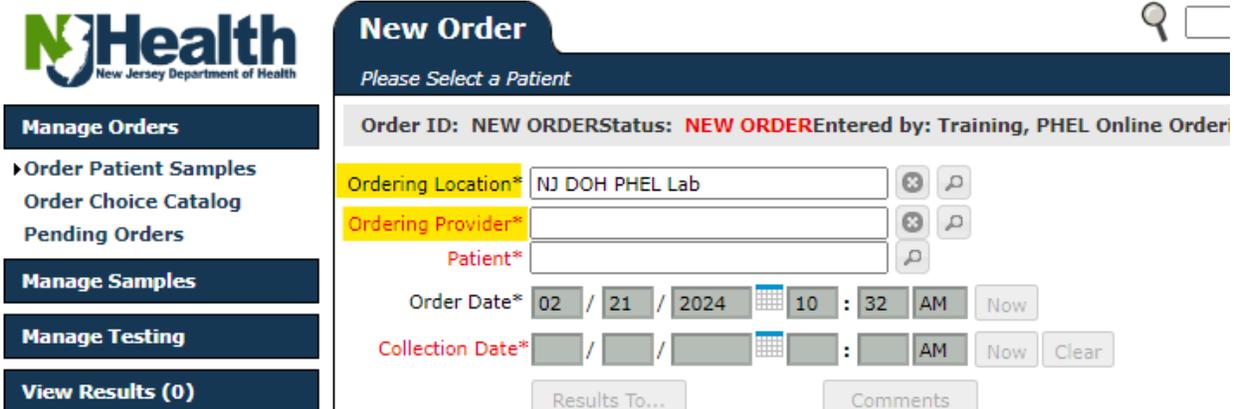
Step 1: Log into the MyNewJersey portal, look for DOH Apps and click on "PHEL Orders and Reporting."

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

Please Select a Patient

Order ID: NEW ORDER Status: **NEW ORDER** Entered by: Training, PHEL Online Ordering using template `Default Template`

Ordering Location* `NJ DOH PHEL Lab`
Ordering Provider*
Patient*

Order Date* *Type at least 3 characters to search.*

Collection Date* ☐ Show Advanced Search

Name[1]	▲	Patient ID	⬍	SSN	⬍	MRN	⬍	DOB[2]	▲	Sex	⬍	Address	PCP	Practice	Copy

Outbreak #

No matching records found

I hereby certify t
I understand that

Acknowledgemen ↻ |◄ ← `1` → ►|

Order Choices   New Patient

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

Demographics   ? ✖

Practice* `NJ DOH PHEL Lab`   CDRSS Number
Patient ID   More   Address 1
Last Name*   ZIP/Postal Code
First Name*   City
Middle Name   State* `NJ`
Date of Birth (mm/dd/yyyy)* __/__/__   Email
Sex for Clinical Purpose* ▾   Phone
Race   ☐ Patient is Deceased
Ethnicity

Name	Patient ID	SSN	Patient Match Rule

Match List

No matching records found

| Comments | Alerts |
| Results To... | Linked Docs | Aliases |

* 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 ORDER   Status: NEW ORDER

Ordering Location* STDLVAL
Ordering Provider* STDLVAL
Patient* Test,
Order Date* 02 / 21 / 2024   09 : 47   AM   Now
Collection Date* 02 / 21 / 2024   09 : 47   AM   Now   Clear
Chart #*

Results To...   Comments

I hereby certify that the above patient and ordering information is correct to the best of my knowledge. I understand that improper information would result in such information to be on the final report.

Acknowledgement* ☐ Yes

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 ORDER   Status: NEW ORDER   Entered by:

Ordering Location* STDLVAL
Ordering Provider* STDLVAL
Patient* Test,
Order Date* 02 / 21 / 2024   09 : 48   AM   Now
Collection Date* 02 / 21 / 2024   09 : 47   AM   Now   Clear
Chart #* 1234

Results To...   Comments

I hereby certify that the above patient and ordering information is correct to the best of my knowledge. I understand that improper information would result in such information to be on the final report.

Acknowledgement* ☑ Yes

Order Choices

Order Choice Search   Abbreviation list   Add

Order Choice   Sample ID   Sample Type   Cancel

To select an order choice, type in the text box or select an order choice list.

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

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.

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

Selected Items							
Select	Abbreviation	Name	Alternate ID1	Collection Information	Host Codes	Count	Remove
☑	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.	[ ] ⊙		✗ 🗩

- Default -
Cervical swab
Rectal swab
Throat swab
Urethral swab
Urine Specimen
Vaginal swab

Detailed **Sample Collection Information** can be found by cli...

Package and Ship all specimens according to USDOT Hazard... 71-178.

Package and ship all Category A infectious substances following...
Package and ship all Category B infectious substances following...

Overnight deliveries are accepted Tuesday through Friday 8:30...
Ground deliveries are accepted Monday through Friday 8:30 an...
For further questions regarding packaging and shipping please contact PHEL Receiving at (609) 530-8387.
State Courier Service Info

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

Documentation and Actions

Print Labels	Clinical Info	Requisition(s)	Lab Report	Cancel Order	Linked Docs

Clinical Information	? ⧉ ✗

Clinical Info

Order Choices	Clinical Info	Response	
40001	S1. Reason for Visit*	[ ] ⌄	Save

Then, click **"Save"** at the bottom of the screen.   New Order | Save | < Back to Set Location