## PHEL Orders and Reporting

### How to Submit Rabies 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.

N Health	New Order	
New Jersey Department of Health	Please Select an Ordering Location	
Manage Orders	Order ID: NEW ORDER Status: NEW ORDER	Ent
→Order Patient Samples Order Choice Catalog Pending Orders	Municipality*	
Manage Samples	Add Animal Demographics	
View Results (0)	Species*	
Patient Info	Order Date* 02 / 21 / 2024 01 : 24 PM Now	
This Location	Collection Date* / / AM Now Clear	
My Preferences	LHD#	
Quick Links	The below fields are related to where the animal (specin Specimen Owner/Origin Name*	men) re
	Specimen Origin Address*	

### Step 3: Enter the "Municipality".





**Step 4:** Click in the **"Attending Veterinarian**" box and start typing the Veterinarian's last name, Veterinarian hospital, etc. *If you click in the box only, a drop-down will appear with a list of Veterinarians.* 

**Step 5:** Select the Veterinarian's name from list. If the Veterinarian's name is not listed or not applicable, select one of these options: **"Veterinarian Not Listed, Veterinarian Not Provider, or No Veterinarian Involved"**.

Nev	v Order								9		
Please	e Select an Ordering Loca	ation									
Orde	r ID: NEW ORDER	Status: NEW	ORDER			Entered	by: Tr	raini	ng, PHEL	Onl	ine Orderi
	Municipality*	Test Municipality	8	p							
	Attending Veterinarian*		8	ρ							
		Show Advanced Search									
	Species	Name 🔺	Address 1	\$	City	\$	ID	٥	Phone	\$	Fax 🗘
	Order Date*						PRO5	824			
	Collection Date*	*No Veterinarian Involved*					U22- 0088				
	LHD#	*Veterinarian Not Listed*					PRO3	745			
	LIID#	*Veterinarian Not Provided*					PRO3	746			

Step 6: Click "Add Animal Demographics" to add demographics.

New Order	
Please Select an Ordering Location	
Order ID: NEW ORDER	Status: NEW ORDER
Municipality* Test Munic Attending Veterinarian* test, Rabie	ipality S P es S
Add Anim	al Demographics
Species	۹ 🕄
Order Date* 02 / 21	/ 2024 01 : 32 PM Now
Collection Date* /	/ AM Now Clear
LHD#	



Step 7: Fill out the required "Demographics" and any other information provided. (Leave "Patient ID" blank. This is for PHEL internal use only.)

- 1) Select the "Species"
- 2) Enter the specimen **origin**, **owner address**, **and phone number**. If unknown, enter N/A. Note: This information is related to where the animal (specimen) resides or was found.
- 3) Click "Save" when complete.

Demographics	? 🗙
Patient ID:	More
Species:*	
The below t	ields are related to where the animal (specimen) resides or was found:
Specimen Origin Address:*	
Specimen Origin Zip:*	
Specimen Origin City:*	
Specimen Origin State:*	
Specimen Owner/Origin Phone:*	
Comments Alerts Linked D	105
* Required field	



**Step 8:** The **"Order Date"** will automatically be set as the current date and time. You can change it, if needed.

**Step 9:** Enter the **"Collection Date"**. The **"Collection Date"** will be the date/time you collected the specimen (date of death or date of capture).

**Step 10:** Enter the "**LHD#**" (Local Health Department #), if applicable.



Order ID: NEW ORDER	Status: NEW ORI	DER	Entered by: Training, PHEL Online Ordering
Municipality*	Test Municipality	9	
Attending Veterinarian*	test, Rabies	9	
	Add Animal Demographics		
Species		<b>Q</b>	
Order Date*	02 / 21 / 2024 01	: 46 PM Now	
Collection Date*		: AM Now Clear	
LHD#			
	The below fields are related t	o where the animal (specim	en) resides or was found:
Specimen Owner/Origin Name*			
Specimen Origin Address*	123 Sesame St		
Specimen Origin ZIP*	08854		
Specimen Origin City*	PISCATAWAY		
Specimen Origin State*	LN		
Specimen Owner/Origin Phone*	111111111		

#### Step 11: Enter the "Specimen/Owner Name".

Step 12: Enter the "Animal Control Officer" name, if applicable.

#### To Add Animal Control Officer (ACO):

- Click in the Animal Control Officer box
- Click "Add Owner"

Animal Control Officer			
	٩		
Select Name	-	ID	\$ Edit
	No records selec	ted	
Results to		Comments	

- Enter the ACO's first and last name. If the ACO do not have a first and last name, enter half the name in the "first name" field, and the rest in the "last name" field. (This will be fixed in the future)
- Click "Contact Info"
- Enter the ACO's contact info by clicking on the appropriate tab (address, phone number and email address), then click **"Add**".
- Once completed, click **"Save**" located at the bottom right.



**Step 13:** Check the **"Acknowledgement"** box if the information is correct to the best of your knowledge.

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

**Step 14:** In the **"Order Choices**" section, click in the **"Order Choice Search**" box, then hit the **"Enter key**" on your keyboard to see a list of the order choices. You can also type the name of the order choice needed.

Order Choices		
Order Choice Search (		Abbreviation list Add
	'	
Order Choice	Sample ID	Cancel
To select an order choice, type	in the text box or select an order choice list.	



# **Step 15:** Select the order choice needed by clicking in the **"Select"** box. **(Select ONE order choice only)**

Order Choice Search				x
Order Choice Name:		<ul> <li>Search All</li> <li>Search Or</li> <li>Search Pro</li> </ul>	Order Choices der Choice List: Rabies Tests 🗸	·]
ඉ Show 20 ent	ries 🛛 🖬 🖬		Showing 1 to 5 of 5 entries	s
Select Abbreviation	Name	Alternate ID1	Collection Information Host Codes	s
90610 (Animal)	Rabies Examination (Animal Exposu	ure) 90610 (Animal)	Tissue in Not Specified	
<u>90600 (Human)</u>	Rabies Examination (Human Expos	ure) 90600 (Human)	Tissue in Not Specified	
90620 (Both)	Rabies Examination (Human/Anima	l Exposure) 90620 (Both)	Tissue in Not Specified	
90630 (None)	Rabies Examination (No Bite/No Ex	posure) 90630 (None)	Tissue in Not Specified	
90640 (Unknown)	Rabies Examination (Unknown Bite,	/Exposure) 90640 (Unknowr	) Tissue in Not Specified	
ې Show 20 ent	ries R		Showing 1 to 5 of 5 entrie	25
Selected Items				
Select Abbreviation	Name Alternate ID1	Collection Information	Host Codes Count Remov	ve
	No	selected records		



**Step 16:** When you click in the **"Order Choices**" box, the order choice(s) will move down to the **"Selected Items**" section. Click the **"Add Selected Items**" button located at the bottom right of once all choices are selected.

Order	Choice Search						X
Order	Choice Name:			<ul> <li>Search All Ord</li> <li>Search Order</li> <li>Search Profile</li> </ul>	der Choices Choice List: Rabies s	Tests	~
¢ :	Show 20 er	ntries 🛛 🕞 🦛			Showing 1 to	o 4 of 4	entries
Select	Abbreviation	Name	AI	lternate ID1	Collection Informatio	n Hos	st Codes
	<u>90600 (Human)</u>	Rabies Examination (Human Exposur	e) 90	0600 (Human)	Tissue in Not Specifie	ed	
	<u>90620 (Both)</u>	Rabies Examination (Human/Animal I	Exposure) 90	0620 (Both)	Tissue in Not Specifie	ed	
	<u>90630 (None)</u>	Rabies Examination (No Bite/No Expo	osure) 90	0630 (None)	Tissue in Not Specifie	ed	
	90640 (Unknown)	Rabies Examination (Unknown Bite/E	xposure) 90	0640 (Unknown)	Tissue in Not Specifie	ed	
¢ :	Show 20 er	ntries 🖪 🗲			Showing 1 to	o 4 of 4	entries
Selec	ted Items						
Select	Abbreviation	Name	Alternate ID1	Collection Inform	nation Host Codes	Count	Remove
	<u>90610 (Animal)</u>	Rabies Examination (Animal Exposure)	90610 (Animal)	Tissue in Not Spe	ecified	1	×

Add Selected Items Add Miscellaneous Ca



**Step 17**: Answer all the required **"Clinical Information**" questions at the bottom of the page, then click **"Save**".

Docume	entation and Actions	
Print I	abels Clinical In	
Clinical 1	Information	? 🖉 🗶
Clinical	Info	
Order Choices	Clinical Info	Response
90610 (Animal)	R03-Was Animal Vaccinated for Rabies?*	<b></b>
90610 (Animal)	R04-Animal Submitted?*	
90610 (Animal)	R05-Cause of Death*	Euthanized Found dead Not Provided Illness Other
	Additional Note	
90610 (Animal)	R05a-Animal Death Date:*	
90610 (Animal)	R05-Animal Behavior Before Death*	Apparently normal         Appeared sick         Aggressive         Lethargic or in coma         Drooling saliva         Overly friendly         Wobbly gait         Paralysis         Wild animal out in daylight         Other         Not afraid of humans or domestic animals         Other         Not Provided         Unknown
	A DECEMBER OF A	
		Save Cancel

Click "Save" at the bottom right corner of the page.



#### YOUR ORDER HAS NOW BEEN SUBMITTED.



**Step 18:** The **"Requisition**" form will pop-up for you to print and submit with specimen. Click **"OK**" located at the bottom right after printing form.

1 — 72%	+   🗄 🕎		± 🙃
REQUISITION Order Information:			NJ Health
Order ID: 22-024716 Municipality: Test Municipality LHD:RABIESLVAL Outbreak # Species: Cat		Ordered I Collection Ordering Ordering Ordering	Date: 04/26/2022 6:38PM Date: 04/26/2022 6:08PM Provider: "No Veterinarian Involved" Location Phone: Location Fax:
Patient Comments: Order Comments:			
Patient Information:			
Name: Patient ID: Phone:	2022-011019		Click the "printer"
Address:	123 Merry Street TRENTON, NJ 08625		icon to print
ACO:	Tyco Animal Control		Requisition

Note: If more than one order choice is selected, you will get the pop-up message below, asking you to remove one of the older choices. The system <u>will not</u> let you submit the order with more than one order choice selected.

njdohorchard.netsmartcloud.co	om	says
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Date of Death:. Both order choices Rabies Examination (Human Exposure) and Rabies Examination (Animal Exposure) could result the test Owner Animal Origin:				
<ol> <li>Both order choices Rabies Examination (Human Exposure) and Rabies Examination (Animal Exposure) could result the test County/ Muncipality Where Exposure Occurred:.</li> <li>Both order choices Rabies Examination (Human Exposure) and Rabies Examination (Animal Exposure) could result the test Comment</li> </ol>				
You must fix the Conflict in order to save.	~			
ок				

- 1. Click "OK" on the pop-up message.
- 2. In the "Order Choices" section, click on the "X" under "Cancel" to remove the order choice.
- 3. Click "Save".
- 4. Click "Save" again if the clinical questions pop-up.

