Novel Coronavirus (COVID-19)
Instructions for Laboratory Reporting of
COVID-19 Non-Positive Results

Introduction
Below are instructions for creating, formatting, and submitting reports of non-positive SARS-CoV-2 test results for submission to Long Beach Department of Health and Human Services.

Note: If you are reporting a positive SARS-CoV-2 test, please complete a COVID-19 Case Report Form.

Non-positive reports should include the following results: SARS-CoV-2 nucleic acid amplification/molecular (NAAT) tests or antigen tests with a result of negative, undetected, inconclusive, indeterminate, or invalid results. All results from serology tests can be included in these files.

Report File Format & Naming
Use this template to create the daily report: COVID-19 Import Lab Submitters Template (MS Excel worksheet). This template must be used to submit the list of results. Do not change the order or format of the file.

Follow the instructions in the Data Elements section (below) regarding how to enter the data into the file and what elements are required or optional.

Re-name the template when creating each report. The new name should be specific to your laboratory and the date the report was sent, i.e: Lab Name_Neg_Date Sent.

For example, Lab Name_Neg_062720 *for report being sent on 06/27/20*

Report Submission
Email the report file to LBEpi@longbeach.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
The following table provides instructions for how to complete the report file. Please note that any deviations from the instructions below may result in data-processing errors and delay reporting.

- Seq refers to the field order.
- Use describes whether the field is required (R) or optional (O).
- Name describes the name of the field
- Guidance/Description and Data format provides instructions for how to fill that field.

Seq	Use	Name	Guidance/Description	Data Format
1	R	FirstName	**Must have a value-cannot be blank**	Text

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Seq	Use	Name	Guidance/Description	Data Format
2	R	LastName	**Must have a value-cannot be blank**	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	CDC suggested: Female, Male, Other, Transgender (F to M), Transgender (M to F), Transgender Unknown, Undifferentiated, Unknown	Text
6	R	Race	CDC Suggested: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, Other, Unknown	Text
7	R	Ethnicity	CDC Suggested: 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")
12	R	Zip	**Zip Code**	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. **Must have a value-cannot be blank**	Text
23	R	Specimen Collection Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS...

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Seq	Use	Name	Guidance/Description	Data Format
				}
24	R	Specimen Received Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS... }
25	R	Specimen Type	**Must have a value-cannot be blank** E.g., blood, tissue, body fluid	Text
26	R	Test Reported Date	**Must have a value-cannot be blank**	MM/DD/YYYY or {YYYY-MM-DD}T{HH:MM:SS.SSS... }
27	R	Test Code_LOINC	LOINC Test Code. For more info you may refer to https://loinc.org/prerelease/ for up-to-date special use terms. **Must have a value-cannot be blank**	Text
28	R	Test Name	Test name. **Must have a value-cannot be blank**	Text
29	R	Result	Test result. **Must have a value-cannot be blank**	Text
30	R	PerformingFacility	Performing facility. **Must have a value-cannot be blank**	Text
31	R	CLIA	CLIA number for the sending laboratory facility. Upon certification, each laboratory is assigned an individual and unique CLIA number. **Must have a value-cannot be blank**	ten alphanumeric positions
32	R	Pregnancy Status	Yes, No, Unknown	Text

This document was adapted from the Los Angeles County and CDPH COVID-19 csv flat file standard for submission to CalREDIE ELR for facilities that are not able to send standardized messages.

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