

Urine Drug Screen Protocol & Guide



SENDING YOUR URINE SPECIMENS TO
THE LABORATORY



Preparing specimens for the laboratory

Specimen labeling and shipping

We ask that you refer to the training materials provided when preparing specimens for laboratory testing.

You can send specimens collected using an appropriate urine container.

Please ensure the specimen is collected, labeled, and packaged correctly before releasing it to the shipper. Improper labeling and packaging may result in your specimens being rejected by the shipping carrier or excluded from testing at the laboratory.

Preparation

URINE SPECIMENS

- Provide patient with an clean and unused collection container.
- Instruct patient on proper urine specimen collection procedures.
- Instruct patient to fill cup to at least $\frac{1}{2}$ full and put lid on cup after collection.



Instruct patient on proper collection process.



Fill collection container up at least $\frac{1}{2}$ full or 30mL.

Instruction - Patient Urine Collection

URINE SPECIMENS

Health care professional hands the urine collection cup to patient:

- Instruct patient to be careful not to touch inside of cup after removing the lid. Caution to not touch the needle.
- Place lid on the counter with "transfer device" facing upwards.
- Instruct patient to fill cup to at least $\frac{1}{2}$ full and put lid on cup after collection, touching **ONLY** the outside surfaces of the cap and cup.



Place lid on counter with "transfer device" facing upwards. Do not touch inside of the lid or transfer device. Do not remove the yellow label on top of the lid.

Ensure sufficient volume of specimen

URINE SPECIMENS

- Peel off the protected label off the Vac Lid. Transfer the urine from the collection container to the tube while the patient is watching. Caution to not touch the needle.
- Urine specimen must be transferred from the cup to the tube within 20 minutes of collection.



Provide at least half full or 5mL of urine. Otherwise, the laboratory may be unable to process the specimen—resulting in a quantity not sufficient (QNS) charge.

Instruct patient on proper collection process and sufficient volume requirements.

Urine collection devices vary. Refer to the instructions provided with your urine collector.





Ensure containers are tightly sealed

Secure collection containers

With the patient watching, tightly seal the container lid/cap.

URINE COLLECTION TUBES:

Double check to make sure the cap is tighten. Press down on the cap.



Urine collection tube



Prepare test request forms

MCI Laboratory Information System (LIS) Portal

Test requisition forms will be provided when ordering tests through the laboratory information system (LIS) web portal.

The sample cannot be processed without the information supplied on the test request form. If the test request form does not accompany the specimen, testing will be delayed.



The screenshot displays the login interface for the MCI Diagnostic Laboratory LIS Portal. At the top left is the logo for MCI DIAGNOSTIC LABORATORY, featuring a red stylized 'M' and 'C' above the text. At the top right, it says 'For Information Call: 918.895.6652'. The central login area is a dark blue box with white text. It contains the labels 'Enter Your Lab Client Code:' and 'Enter Your Lab Password:' above their respective input fields, and a 'Login' button below. Below the login box, there are three lines of small text: 'In regards to account details and results inquiries please contact the lab directly.', 'In regards to technical issues or website inquiries, please [contact our webmaster](#).', and 'You are welcome to read our [Privacy Policy](#).'

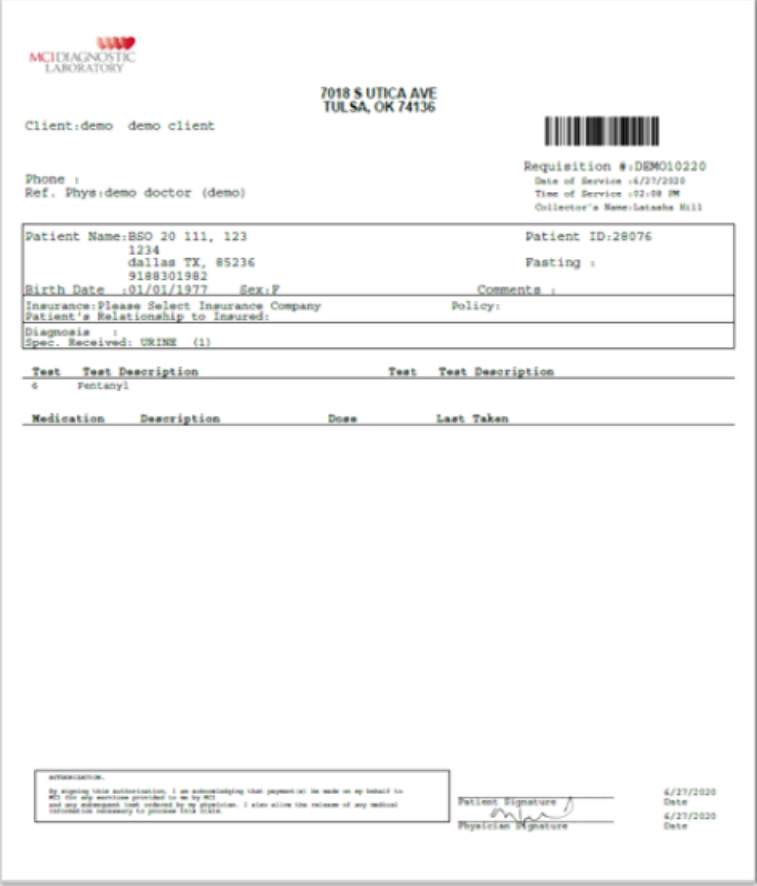
MCI LIS Test requisition form

Requisition forms for use with the Web Portal

Secure, easy-to-use, comprehensive drug test management solution. Order lab tests and print chain of custody (COC) forms from your printer—no special hardware required.

Only authorized and individuals granted with permission have the access to the portal.

Please contact our Customer Service Department for more information at: 800.364.7287.



MCI DIAGNOSTIC LABORATORY

7018 S. UTICA AVE
TULSA, OK 74136

Client: demo demo client

Phone :
Ref. Phys: demo doctor (demo)

Requisition #: DEMO10220
Date of Service : 4/27/2020
Time of Service : 02:08 PM
Collector's Name: Lataasha Hill

Patient Name: BSO 20 111, 123
1234
dallas TX, 85236
Birth Date : 01/01/1977 Sex: F
Insurance: Please Select Insurance Company
Patient's Relationship to Insured:
Diagnosis :
Spec. Received: URINE (1)

Patient ID: 28076
Fasting :
Comments :

Test	Test Description	Test	Test Description
6	Fentanyl		

Medication	Description	Dose	Last Taken
------------	-------------	------	------------

ATTENTION:
By signing this authorization, I am authorizing that payment be made on my behalf to MCI for the services rendered by MCI. I also agree the release of any medical information is necessary to provide such data.

Patient Signature
Physician Signature

4/27/2020
Date
4/27/2020
Date

For more information on shipping methods and instructions visit:
<https://mcidiagnostics.com/wp-content/uploads/2020/01/CLIS-Training-Video.mp4>

- 1.Clinic Information
- 2.Patient Information
- 3.Specimen Information
- 4.Drug / Drug Classifications
5. Urine Drug **Results**
 - **POSITIVES** in red
 - **NEGATIVE** in black



**MCI DIAGNOSTIC
LABORATORY**

Laboratory Report

Laboratory Director Chitra Kohli, M.D.
 CLIA Number: 37D2011460
 7024 S. UTICA AVE
 TULSA, OK 74136
 918-744-1001

1. Clinic Information

Client: Test Clinic
 123 Test Street
 San Antonio, TX 78260
Requesting Physician / Practitioner:
 Test, Physician MD

2. Patient Information

Patient Name: TEST, TEST
Patient ID: MAJTRABR
Date of Birth: 7/5/1985
Male/Female: Male
Race:

3. Specimen Information

Lab Sample ID: 2009300036
Specimen Type:
Collected: 09/30/2020
Received: 09/30/2020
Reported: 09/30/2020

LABORATORY RESULT SUMMARY

4. DRUG / DRUG CLASSIFICATIONS

Toxicology Test: Entrance

IMMUNOASSAY SCREENING

Marijuana (Cannabinoids)	NEGATIVE
Cocaine (Benzococgonine)	POSITIVE
Opiates	NEGATIVE
Amphetamines	NEGATIVE
Phencyclidine (PCP)	NEGATIVE
Barbiturates	NEGATIVE
Benzodiazepines	NEGATIVE
Fentanyl	NEGATIVE
Hydrocodone/Hydromorphone	NEGATIVE
Oxycodone/Oxymorphone	NEGATIVE

5. FINAL RESULTS

Toxicology Urine Drug Screens are analyzed utilizing immunoassay testing that measures the presence of a substance. MCI Diagnostic Center utilizes the following cut-off values: Marijuana (Cannabinoids) - 50 ng/mL; Cocaine (Benzococgonine) - 300 ng/mL; Opiates - 2000 ng/mL; Amphetamines - 1000 ng/mL; Phencyclidine (PCP) - 25 ng/mL; Barbiturates - 300 ng/mL; Benzodiazepines - 300 ng/mL; Fentanyl - 2 ng/mL; Hydrocodone / Hydromorphone - 300 ng/mL; Oxycodone / Oxymorphone - 100 ng/mL

Disclaimer

MCI Diagnostic Center is certified by Clinical Laboratory Improvement Amendment (CLIA) and accredited by College of American Pathology (CAP). We follow all requirements and comply with all the mandated regulations of these governing bodies for laboratory services to provide the best quality practices and efficient medical laboratory services. In accordance to Health Insurance Portability and Accountability Act of 1996 (HIPAA), we provide secure, safe, and careful handling of patient samples and report of results in accordance to all required guidelines of HIPAA.

LCMS Confirmation Tests are laboratory developed tests and are not approved by the FDA

Report Status: Pending



Specimen labeling

Specimen labeling – *Urine*

URINE COLLECTION TUBE

Place the security seal over the top of the tube.

Collector be sure to verify the information provided by the patient and validate that the specimen was collected correctly.

Place the specimen label over the belly of the tube, so that it covers each end of the security seal.

Easy-to-read patient information, and straight bar-code. Label should be smoothed around the tube gracefully.

(The specimen I.D. label can be prepared during or after specimen collection.)

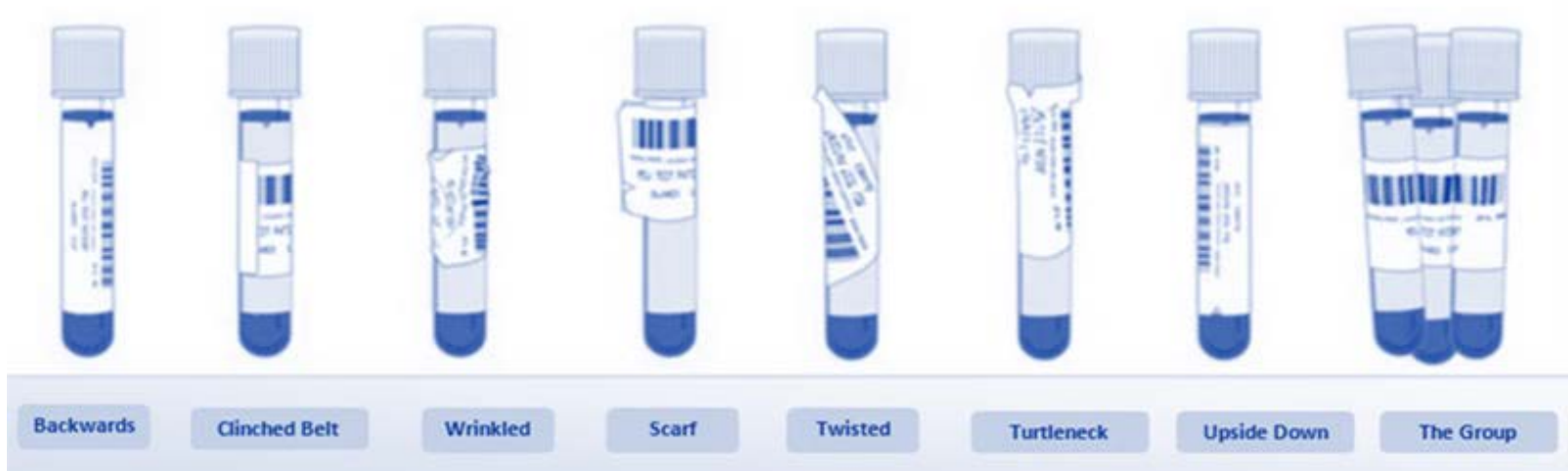


Incorrect Specimen labeling – *Urine*

URINE COLLECTION TUBE

Specimen not labeled according to requirements will not be accepted for testing by our laboratory.

(The specimen I.D. label can be prepared during or after specimen collection.)



Place collection device into MCI plastic baggie

A bio-hazard baggie with absorbent material is provided for shipment to the laboratory.

Place individual urine specimen tube into separate plastic bio-hazard baggies with absorbent material.

Do not remove the absorbent material from the baggie. Seal the baggie.



Store in a secure area until the specimen is ready to be shipped to the laboratory.



Shipping methods

Important notice

It is required that all agencies utilize the packaging materials provided by MCI to ensure the specimen's delivery.

Do not use supplies intended for other laboratories. Failure to utilize the packaging materials provided by MCI may result in your specimens being rejected by FedEx® or rejected for testing.

In particular, do not use supplies labeled UN3373 (see right). UN3373 supplies are intended for shipping Category “B” Infectious Substances. Improper use of this packaging may result in citation from the Federal Aviation Administration.



Do not use shipping supplies with UN3373 marking when sending specimens to MCI.

FedEx (5 or more) – *Send via FedEx Express services*

- 1 Place the large zip-top bag inside the FedEx® Clinical Pak.



- 2 Place COC/test request forms in the Clinical Pak (outside zip-top bag). The COC's must be shipped in the same Clinical Pak as the specimens. Sending them in a separate Clinical Pak may result in a delay of processing the specimens and may invalidate the chain of custody.

- 3 Place 5 or more individually sealed specimens into the zip-top bag. All specimens must be secured within the zip-top bag.



- 4 Seal the FedEx® Large Clinical Pak and attach a preprinted FedEx Express® Return Label for FedEx Standard Overnight® shipping.

For more information on shipping methods and instructions visit:
<https://mcidiagnostics.com/>

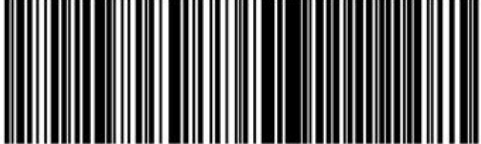
* Certain clients use UPS. Refer to the instructions provided in your supplies.

Shipping urine specimens

Label urine specimen shipments properly to ensure fast processing.

When sending urine specimens to the laboratory, please follow the instructions below. Any package containing must be labeled with a MCI return label to ensure the samples are received and processed as soon as they arrive at the laboratory.

Failure to do so may result in a 1-2 day delay in processing or shipping errors.

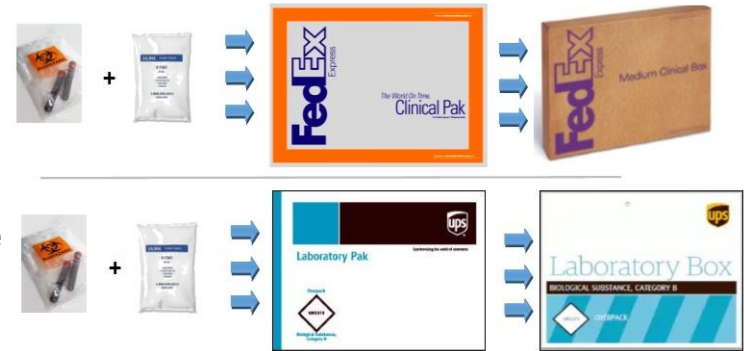
ORIGIN ID:TULA LABORATORY MCI DIAGNOSTIC CENTER 7018 S UTICA AVENUE TULSA, OK 74136 UNITED STATES US	(918) 744-1001	SHIP DATE: 29SEP20 ACTWGT: 1.00 LB CAD: 0121941/CAFE3407
TO LABORATORY MCI DIAGNOSTIC CENTER 7018 S. UTICA AVENUE		
TULSA OK 74136		
(918) 744-1001	REF:	DEPT:
RMA:		
		
RETURNS MON-FR PRIORITY OVERNIGHT		
TRK# 0223	9117 2529 0042	7413
OK-US		
		

Less than 5 specimens—Send U.S. Postal Services

Per U.S. Postal Service regulations, use the box provided specifically for each type of test as indicated on the Pre-paid Label.

- 1 Seal specimen(s) tightly. Place into the baggie with absorbent material and seal.
- 2 Place specimen contained in the baggie and the chain of custody into the Pre-paid U.S. Mailer box.
- 3 Write the return mailing address in the upper left corner of the Pre-Paid Label.

Please do not mix blood and urine specimens in the same Pre-paid Mailer box.



Ship to MCI Diagnostic Center

The specimen may now be shipped to MCI Diagnostic Center. For questions or telephonic training, please contact us at 800.364.7287. You may also visit our website at www.mcidiagnostics.com.

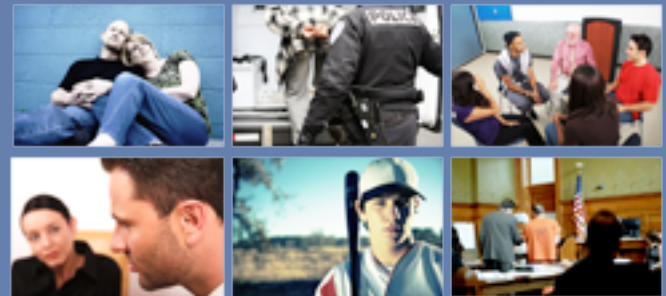
MCI Diagnostic Center
7018 S. Utica Avenue
Tulsa, OK 74136-3907

CUSTOMER SERVICE

Phone: 800.364.7287
Email: info@mcidiagnostics.com

FedEx Customer Service # 1 (800) 463-3339
UPS # 1 (800) 742-5877

Knowing now matters.™



Laboratory services: 800.364.7287

www.mcidiagnostics.com



Laboratory Information System Ordering

Login Page:

Portal Link:

<https://mci.diagnostics.com>

Enter the following
Client information

- 1. Lab **Client Code**
- 2. Lab **Password**

Only authorized users will
receive Lab Client Code &
Passwords that are
location specific.



For Information Call:
[918.895.6657](tel:918.895.6657)

Enter Your Lab Client Code:

Enter Your Lab Password:

Login

Client Code

Lab Password

In regards to account details and results inquiries please contact the lab directly.

In regards to technical issues or website inquiries, please [contact our webmaster](#).

You are welcome to read our [Privacy Policy](#).

Results for Review:

Note: The Front Page of the portal will always default to the – RESULTS for REVIEW

Important Icons:

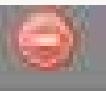
ICONS:



To Search



To Add / New



To Remove / Delete



To Filter

For Information Call:
[918.895.6657](tel:918.895.6657)

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Results For Review

View 25 Results Per Page

Print detailed results

Flag All

Filter Results

Accession#	Patient Name	Birth Date	Client Code	Ref.Physician Name	Collection Date	Status	Outcome	Consistency
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1

Requisition Entry:

Purpose: To establish new patient orders

Requesting Physician

Purpose: To ensure the physicians gives authorization for test(s) to be performed.

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Patient Maintenance

Requisition Entry

Physician Signatures

Requisition Number:

New Requisition

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020

Time:

05:29 PM

Collector's Name:*

Add Collector

Patient Number:

New Patient

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Fasting:

Clinical Information:

Specimens Received:

Specimens Recieved:

Quantity:

URINE

Diagnosis Codes:

Diagnostic Codes:

Description:

Test Codes:

Test Codes:

Description:

Physician Signatures:

Purpose: To ensure the physician gives authorization for test(s) to be performed.

- 1. Select the appropriate physician from the drop-down list.
- 2. Have the physician electronically sign their signature with the curser; select Accept and Save.

Note: Signatures are good for 30 days and the physician will need to be resigned once expired

Expired Physician Signatures:

- 1. Select the appropriate physician from the drop-down list.
- 2. Have the physician electronically resign their signature with the curser; select Accept and Save.

Note: Signatures are good for 30 days and the physician will need to be resigned once expired

To return to the Requisition Entry page, select the “Requisition Entry” tab

Physician Signatures

Requesting Physician:

[Select Requesting Physician]

demo doctor (demo)

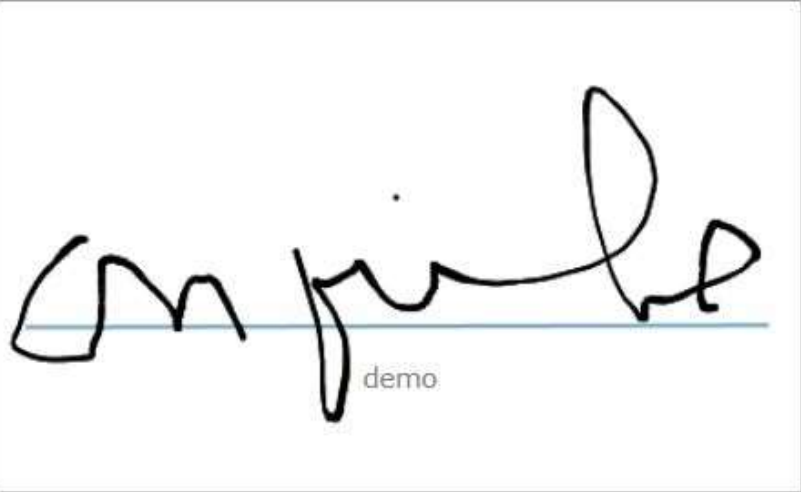
Expiration Date:

02/15/2020

Signed Date:

01/16/2020

Physician Signature:



demo

RESIGN

Drop-Down List: Requesting Physician

Requisition Entry:

To Search, To Add, To Remove, & Filter

ICONS:



To Search



To Add / New



To Remove / Delete

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Requisition Entry

Requisition Number:

New Requisition

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020

Time:

05:29 PM

Collector's Name:*

Add Collector

Patient Number:

New Patient

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Category:

Clinical Information:

Specimens Received:

Specimens Received:

Quantity:

URINE

Diagnosis Codes:

Diagnostic Codes:

Description:

Test Codes:

Test Codes:

Description:

Requisition Entry:

New Test Order / Requisition Order

1) Select the New Requisition icon 

2) Requesting Physician:

One Doctor. If there is only one doctor listed on under the clinical site, the physician's name will auto fill on the Requisition Physician.

Multiple Doctors. If there are multiple doctors under the clinical site, the collector will select the appropriate physician from the drop-down list.

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Requisition Entry

Requisition Number:

New Requisition

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020

Time:

05:29 PM

Collector's Name: *

Add Collector

Patient Number:

New Patient

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Fasting:

Clinical Information:

Specimens Received:

+

Specimens Recieved:

Quantity:

-

URINE

Diagnosis Codes:

+

Diagnostic Codes:

Description:

-

Test Codes:

+

Test Codes:

Description:

-

Physician Signatures

Continue....
Requisition Entry

- 3) Collection Date: The collection date auto fills at the time of the order entry. Modification can be made by selecting the calendar icon or manually entering desire date.
- 4) Time: The order is time stamped at the time of the order entry. Modification can be made by manually entering the desire time.
- 5) Collector's Name: Select the collector's name from the drop-down list. If the collector is not listed. Add the new collector to the list.

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Requisition Entry

Physician Signatures

Requisition Number:

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020

Time:

05:29 PM

Collector's Name: *

Add Collector

Patient Number:

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Fasting:

Clinical Information:

Specimens Received:

Specimens Recieved:

Quantity:

URINE

Diagnosis Codes:

Diagnostic Codes:

Description:

Test Codes:

Test Codes:

Description:

Medications:

Medications:

Description:

Dose:

Unit Taken:

Add New Collector:

1. Select icon to add a new collector

2. Collector's Code: Input collector's initials

3. Collector's Name: Input collector's first/last name.

4. Add Collector to add

Continue....
Requisition Entry

6) Patient Number: Auto generated patient number from the portal. Patient numbers are assigned to each patient when initially established in the LIS Portal.

Search Establish Patient:

1. Select icon to search patient
2. Options to search by last name, address, city, state, zip code
3. Select the appropriate patient

Add New Patient:

1. Select icon to add a new patient.
2. Complete the necessary demographic fields for the patient.
 - Name (Last, First, Middle)
 - Address
 - City, State, Zip
 - Date of Birth & Gender

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Requisition Entry

Physician Signatures

Requisition Number:

 [New Requisition](#)

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020



Time:

05:29 PM

Collector's Name:

 [Add Collector](#)

Patient Number:

 [New Patient](#)

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Fasting:

Clinical Information:

Specimens Received:

 Specimens Recieved:

Quantity:

 URINE

Diagnosis Codes:

 Diagnostic Codes:

Description:

Test Codes:

 Test Codes:

Description:

Medications:

Continue....
Requisition Entry

- 7) Specimen Received:
1. Input specimen type:
Utilized the drop-down list to indicated what specimen type
 2. Indicated how many tubes per specimen type
 3. Diagnosis Codes: Skip the diagnosis codes. Not necessary.

LABORATORY

Welcome demo, demo | [Sign Out](#)

Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Requisition Entry

Physician Signatures

Requisition Number:

New Requisition

Client Number:

Requesting Physician:

(Please Select Requesting Physician)

Collection Date:

01/15/2020

Time:

05:29 PM

Collector's Name:*

Add Collector

Patient Number:

New Patient

Name (Last, First, Middle):

Address:

City, State, Zip:

Florida

Phone:

Date of birth:

Sex:

Male

Patient's Relation To Insured:

Bill To:

Select One

Order Type:

Routine

Fasting:

Clinical Information:

Specimens Received:

Specimens Recieved:

Quantity:

URINE

Diagnosis Codes:

Diagnostic Codes:

Description:

Test Codes:

Test Codes:

Description:

Medication:

Prescription:

Dose:

Test Tubes:

Continue....
Requisition Entry

9) Test Codes:

Selecting Test Codes Option 1:

- 1. Select Icon to search test codes

The main test code screen lists the Most Common test codes specific to each site location for easy use and convenience.

- 2. Check the box for the desire test(s) and submit selection for order.

Test Codes:

Test Codes:

Search Test Codes

Name (Last, First, Middle):
Address:
City, State, Zip:
Date of birth:
Bill To:

Specimens Received:

Diagnosis Codes:

Test Codes:

Select Test Code

Filter

Common

Code

Description

☒

Find

Clear

Code	Description	Select
703004	Iron	☒
b541	Iron	☐
703003	Iron + TIBC	☐
703003RML	Iron + TIBC	☐
B54	Iron Profile	☐

Submit Selection

Clear All

Check the box for the desire test

Continue....
Requisition Entry

Selecting Test Codes Option 2:

If you already know your test codes, codes can be manually inputted into the test code column.

Tab over to the description and test description will auto populate into the field.

Test Codes:

	Test Codes:	Description:
		Type Test Code

	Medication:	Description:	Dose:	Last Taken:

Test Codes:

	Test Codes:	Description:
	703004	Iron

Continue....
Requisition Entry

10) Medication:

Selecting Medication Option 1:

- 1. Select Icon to search Medication

Front Screen/Page lists the Most Common medications specific to each site location for easy use and convenience.

Test Codes:

	Test Codes:	Description:
+	703004	Iron
-		

Medications:

Misc. Test Info:

Misc. Dx Info:

☐ Hold Clear Submit Print Label

To search full medication list:

- 1. Uncheck the common box
- 2. Type in the medication
- 3. Select find

Check the box for the desire medication (s) and submit selection for order.

Name (Last, First, Middle):

Address:

City, State, Zip:

Date of birth:

Bill To:

Specimens Received:

Diagnosis Codes:

Select Medication

Filter

Common ☒ Code Description Find Clear

Code	Description	Select
0001	6-Acetylmorphine	☐
0003	7-Aminoclonazepam	☐
629	Abilify	☐
0336	Abstral	☐
1300	AccuHist DM Pediatric Syrup	☐
1295	AccuHist PDX Syrup	☐
3021	Accupril	☐
5011	Accuretic	☐

Check the box for the desire medication

Continue....
Requisition Entry

Selecting Test Codes Option 2:

If you already know your medication code, medication code can be typed into the medication column. Tab over to the description and the medication description will auto-populate into the field.

Tab over to the description and medication will auto populate into the field.

Medications:	+ Medication:	Description:	Dose:	Last Taken:
	-	Type Medication Code		

Medications:	+ Medication:	Description:	Dose:	Last Taken:
	- 629	Abilify		
Misc. Test Info:				

Continue....
Requisition Entry

11) To Print Labels

- 1. Select Print labels
- 2. Label all specimens and tubes with a label per patient.

12) Submit order

- 1. Select Submit
- 2. Properly package the specimens for delivery for testing.

Note: **HOLD** check box:
Orders can be placed on hold and return to if the physician is needing to add additional testing within the same day or collector is seeking clarification of order. Order accessions can be reviewed in the daily log tab.

Test Codes:

	Test Codes:	Description:
	703004	Iron

Medications:

	Medication:	Description:	Dose:	Last Taken:

Misc. Test Info:

Misc. Dx Info:

☐ Hold

Clear

Submit

Print Label

Daily Log

Daily log provides accountability for all current, previous and prior patient that have been accessed or ordered. Already accessioned patients can be search within the filter.

Order Status:

- Waiting: Specimen has not been received by laboratory.
- Sent: Specimen has been received and pending for testing.



For Information Call:
[918.895.6657](tel:918.895.6657)

Welcome demo, demo | [Sign Out](#)

Results For ReviewRequisition EntryResults InquiryDaily LogPatient Maintenance

Daily Log

Print

Start Date01/10/2020End Date01/17/2020SubmitDate RangeViewAllRows Per Page

Accession	Patient Name	Date Drawn	Time Drawn	Order Status	Insurance	Test	Test Name
DEMO10109	test, test	01/17/2020	11:18 AM	Sent		706210	HIV 1/2 Ab
						Screen2	Screen Flex
						7060721	Chlamydia Trachomatis - Urine
DEMO10100	test, patient	01/16/2020	12:46 PM	Sent		Screen2	Screen Flex
						705957	Lipid Panel
						706210	HIV 1/2 Ab
DEMO10099	test, test	1/15/2020	10:00 PM	Sent	Please Select Insurance Company	Screen2	Screen Flex
						7060721	Chlamydia Trachomatis - Urine
						706210	HIV 1/2 Ab
						705957	Lipid Panel
DEMO10098	test, patient	1/15/2020	10:00 AM	Sent	Please Select Insurance Company	706210	HIV 1/2 Ab
						7060721	Chlamydia Trachomatis - Urine
						Screen2	Screen Flex
						705957	Lipid Panel
DEMO10096	test, test	1/15/2020	10:25 AM	Sent		706210	HIV 1/2 Ab
						7060721	Chlamydia Trachomatis - Urine
						Screen2	Screen Flex

Patient Maintenance

Purpose: To search established patients and update demographics or add new patients to the portal.

Add new patient 

- 1. Select icon to add a new patient.
- 2. Complete the necessary demographic fields for the patient.
- 3. Select Save

Search Established Patient 

- 1. Search by utilizing the icon
- 2. Update the desired fields
- 3. Select save



For Information Call:
[918.895.6657](tel:918.895.6657)

Welcome demo, demo | [Sign Out](#)

Results For ReviewRequisition EntryResults InquiryDaily LogPatient Maintenance

Patient Maintenance

Client Number:demo (demo client)

Patient Number:

Name (Last, First Middle):, ,

Address:

City, State, Zip:, Florida, Phone:

Date of birth:Sex: MalePatient's Relation To Insured:

Bill To:Please select

Insurance Company:Or SelectPlease Select Insurance Company

Insurance ID:

Insurance Name:

Clear

Save

Delete

Results for Review

Purpose: Shows the most recent orders that have been finalized and ready for results for review. Results will be stored on this page up to 30 days or until reviewed and flagged. Once results have been flagged, results will move to the results inquiry page for future reviews.

Results can be search by the filter icon. 🔍



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Results For ReviewRequisition EntryResults InquiryDaily LogPatient Maintenance

Results For ReviewView 25Results Per PagePrint detailed resultsFlag All

Filter Results

NameRef. PhysicianStart DateEnd DateAccession #Outcome

All12/16/201901/15/2020-- or --AllSubmitClear

Accession#	Patient Name	Birth Date	Client Code	Ref.Physician Name	Collection Date	Status	Outcome	Consistency
1912160001	TEST, TEST	5/8/2000	DEMO	TEST, PHYSICIAN MD	12/16/2019	FINAL		

1

Results Inquiry

Purpose: Results Inquiry stores all prior finalized test results as well as current and recent orders.

Status:

- Final: All test(s) that has been order per patient has been completed and ready for review.
- Pending: All test(s) have not been completed and is in the process to the final stages of test completion.

Results can be search by the filter icon. 



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Results For Review

Requisition Entry

Results Inquiry

Daily Log

Patient Maintenance

Results Inquiry

View 25Results Per Page

Print detailed results

Filter Results

Name

Ref. Physician

Start Date:

End Date:

Accession #

Outcome:

All

12/16/2019

01/15/2020

-- Or --

All

Submit

Clear

Seq #	Accession#	Patient Name	Birth Date	Client Code	Ref.Physician Name	Collection Date	Status	Outcome	Consistency
1	2001150165	TEST, TEST	6/4/1977	DEMO	TEST, PHYSICIAN MD	01/15/2020	FINAL		
2	1912160001	TEST, TEST	5/8/2000	DEMO	TEST, PHYSICIAN MD	12/16/2019	FINAL		

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