

ASSAY CHANGE:

Test 907080		SARS-CoV-2 RNA (COVID-19), Qualitative, NAAT	
Effective:	7/30/20		
Interface Mapping:	Result Code 30907080	Result Name COVID-19 SWB	
	Ask at order entry question (Per Health and Human Services Requirement):		
	Result Code 90907080	Result Name Source:	Response Options Nasopharyngeal Swab/Oropharyngeal Swab/ NP Swab/OP Swab/No Source Provided/NASOPHARYNGEAL/ OROPHARYNGEAL /NP/OP/NOT GIVEN/Nasal/See Comment/Sputum/NP/NPS/B.A.L./ Bronchoalveolar lavage or Wash/Nasopharyngeal aspirate or wash/Trach. Asp./Bronch. Wash/Bronch. Lavage/Tracheal Aspirate.
	80907080	Patient Symptomatic	Yes/No/Unknown/No (Pre procedure test)
	99981238	If yes, date of symptom onset	Date in format (dd/mm/yy)
	99981235	First Test?	Yes/No/Unknown
	99981236	Employed in Healthcare?	Yes/No/Unknown
	99981239	Hospitalized?	Yes/No/Unknown
	99981240	ICU?	Yes/No/Unknown
	99981241	Congregate care setting?	Yes/No/Unknown
	99981233	Pregnant?	Yes/No/Unknown/Not Applicable
	99981231	Patient Race	White/Black or African American/American Indian or Alaska Native/Asian Native Hawaiian or Other Pacific Islander/Unknown
	99981232	Ethnicity	Hispanic/Non-Hispanic /Unknown
	99981230	County of Residence	Free Text
	99981242	Is Patient Uninsured?	Yes/No/Unknown
	99981243	ID Type	SSN/DL/State ID/Refused

Test 907097	Coronavirus COVID-19 SARS-CoV-2 Antibody IgG		
Effective:	7/30/20		
Interface Mapping:	Result Code	Result Name	
	10907097	Coronavirus COVID-19 SARS-CoV-2 Antibody IgG	
	Ask at order entry question (Per Health and Human Services Requirement):		
	Result Code	Result Name	Response Options
	80907080	Patient Symptomatic	Yes/No/Unknown/No (Pre procedure test)
	99981238	If yes, date of symptom onset	Date in format (dd/mm/yy)
	99981235	First Test?	Yes/No/Unknown
	99981236	Employed in Healthcare?	Yes/No/Unknown
	99981239	Hospitalized?	Yes/No/Unknown
	99981240	ICU?	Yes/No/Unknown
	99981241	Congregate care setting?	Yes/No/Unknown
	99981233	Pregnant?	Yes/No/Unknown/Not Applicable
	99981231	Patient Race	White/Black or African American/American Indian or Alaska Native/Asian Native Hawaiian or Other Pacific Islander/Unknown
	99981232	Ethnicity	Hispanic/Non-Hispanic /Unknown
	99981230	County of Residence	Free Text
	99981242	Is Patient Uninsured?	Yes/No/Unknown
	99981243	ID Type	SSN/DL/State ID/Refused