

Clinical Laboratory Information Management System (CLIMS) Quick Start Guide – Individual Remote Orders

Getting Started

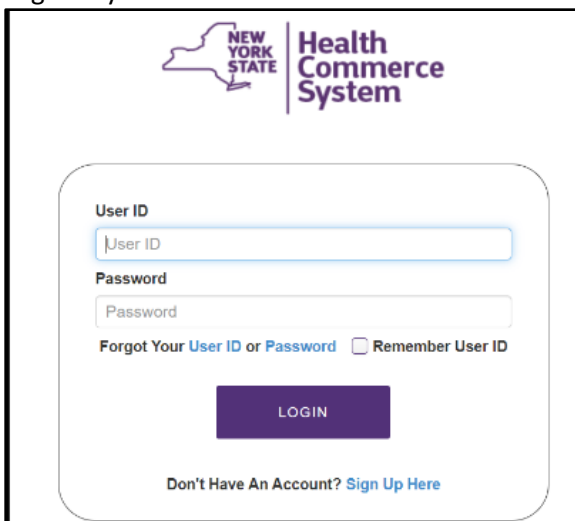
What do I need?

Health Commerce System (HCS) account and access to the CLIMS application.

Remote Orders

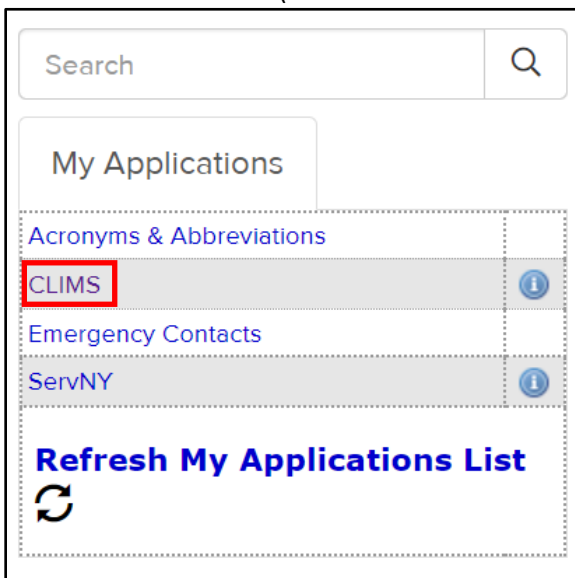
How do I use Remote Order Entry (ROE) to request testing?

1. Login to your HCS account.



The screenshot shows the login page for the Health Commerce System. At the top left is the New York State logo. To its right is the text "Health Commerce System". Below this is a login form with two input fields: "User ID" and "Password". Below the "Password" field is a checkbox labeled "Remember User ID" and a link "Forgot Your User ID or Password". A purple "LOGIN" button is centered below the form. At the bottom of the form area is a link: "Don't Have An Account? Sign Up Here".

2. Click on the CLIMS link (or use the Search feature) to open the CLIMS application.



The screenshot shows the "My Applications" section of the HCS interface. At the top is a search bar with the text "Search" and a magnifying glass icon. Below the search bar is a list of applications. The first application is "Acronyms & Abbreviations". The second application is "CLIMS", which is highlighted with a red rectangular box. The third application is "Emergency Contacts". The fourth application is "ServNY". Below the list is a button labeled "Refresh My Applications List" with a circular refresh icon.

3. Select "Remote Order" from the menu.

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Welcome to the Wadsworth Center's web interface to CLIMS

[Specimen Reports](#)
[Specimen Receipts](#)
[Management Reports](#)
[Remote Order](#)
[Specimen Summary](#)
[My Preferences](#) (Enroll in email notification)

For technical assistance with CLIMS, please email us at clims@health.ny.gov.
Please do NOT send confidential information to this address.

For questions involving Division of Infectious Diseases confidential information, call (518) 474-4177.
For questions involving Division of Environmental Health Sciences information, call (518) 474-7161.

4. Select "Place Order (DOH-4463)" to order tests via the web interface.

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Remote Order Menu

Order Testing

Division of Infectious Diseases
(Human, Animal, Food, Environmental)

[Place Order \(DOH-4463\)](#)

Upload Files

- [Upload IDR or COVID Spreadsheet](#) - allows upload of orders via spreadsheet
- [Upload HL7 File](#)
- [Download IDR Spreadsheet Template](#) - can be used for COVID test orders to Wadsworth Center

View/Edit Orders

- [Order Management](#)
- [Show Pre Collection Orders](#)
- [Show Orders Pending Receipt](#)
- [Show Pending Shipments](#)

[Reference Guide](#) 📄 - ROE Update
[Reference Guide](#) 📄 - legacy

[Search Catalog](#)

5. Click "Submit Human Specimen."

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Infectious Diseases Remote Order Entry

Please select the specimen/sample you are submitting:

[Submit Human Specimen](#) [Submit Animal Sample](#) [Submit Food Sample](#) [Submit Environmental Sample](#)

| [CLIMS Home](#) | [FAQ](#) | [DOH Home](#) |

6. Complete the Submitter fields. Then click “Add a Patient.”

Submitter

Name: PFI3208 - LABORATORY CORPORATION OF AMERICA Lab PFI: PFI3208

Address: 69 FIRST AVENUE
RARITAN
New Jersey, 08869

Laboratory report will be sent Attention to: Optional

Contact Person: Optional

Telephone Number: (999) 999-9999? x99999

CC: Optional

NYS DOH Outbreak Num: Optional

Specimen report sent to ECLRS? Optional Import

If yes, Enter accession or Specimen #

Create Test Template Add a Patient

7. Enter the provider information, patient demographics, clinical presentation, and exposure data. Then click “Add a Test.”

Patient

Back Collapse All Accordions Add a Test Continue Cancel

Provider Information

Patient Health Care Provider

MPH

Patient Work

Patient Occupation: Optional Patient Employer: Optional

Patient Work Address 1: Optional Patient Work Address 2: Optional

Patient Work City: Optional Patient Work State: Optional

Patient Work Zip: 08869 Patient Work Phone: (999) 999-9999? x99999

Patient

Submitter Patient ID: *

Patient Name, LAST: *

Patient Sex: *

Patient Birthdate: *

Patient Address

Patient Address 1: *

Patient City: *

Patient County: *

Patient Phone: *

Additional Patient Information

Program: *

Health Care Worker: *

KID: *

Travel: *

Exposure to Illness Case

Illness? *

Activity: *

Date of Death: *

Exposure Information

Exposure Food/Water: Exposure Nosocomial:

Exposure Animal: Animal Type of Exposure: Optional

Exposure Airborne: Airborne Type of Exposure: Optional

Exposure Antropod: Antropod Type of Exposure: Optional

Symptoms

Relevant Treatment: Optional Relevant Treatment date: MM/DD/YYYY *

Relevant Immunization: Optional Relevant Immunization date: MM/DD/YYYY *

Symptoms: Optional Max Fever: Optional

Symptoms Severity: Optional Clinical Diagnosis: Optional

CSP: Mucosa: Other: MHC: WBC:

Clinical Diagnosis

Cardiac/Neuro/Respiratory: Abnormal Mental Status Encephalitis Myocarditis Pericarditis Myocardial Infarction Myocarditis Pericarditis Myocarditis


Gastrointestinal: Diarrhea Hemorrhagic Colitis Nausea Vomiting Abdominal Pain Hemorrhagic Colitis Nausea Vomiting

Respiratory: Cough Hemoptysis Pleuritic Pain Upper Respiratory Infection Hemoptysis Pleuritic Pain Upper Respiratory Infection

Other: Hemoptysis Pleuritic Pain Upper Respiratory Infection Hemoptysis Pleuritic Pain Upper Respiratory Infection

Miscellaneous: Rash Conjunctivitis Impetigo Desquamation Hematocrit Hemoglobin Hemoglobinopathy Hemoglobinopathy Hemoglobinopathy Hemoglobinopathy Hemoglobinopathy Hemoglobinopathy


Back Add a Test Continue Cancel

8. Enter the most specific organism or agent that would be appropriate into the search box to find the needed test. Details for the test can be accessed by clicking the yellow  icon.

Check the box to select the test and then click “Order Tests.”

Assign Tests

Search: sal


		Suspected Organism / Agent	Test (s)
<input checked="" type="checkbox"/>	1	Salmonella	Salmonella Identification/serotyping 

1 of 225 records

Order Tests

- Add additional details to the test request. Changes can be saved here without completing all the required fields, but the order will not be finalized for shipping until the following fields are completed: Suspected Organism/Agent, Specimen Source, Submitter Specimen ID, and Collection Date.

Additional tests can be added to the same specimen by clicking “Add more Tests” or additional specimens for the same patient can be added by clicking “Add more Specimens.” When all the specimens and tests have been entered, click “Save Changes” to continue.

- Select the Shipping Address and correct any errors. Clicking on the red  icon provides additional error details.

Two common errors are missing Onset Date and missing Submitter Specimen ID.

- Onset Date is located on the Patient Page and can be accessed by clicking Edit Patient.
- Submitter Specimen ID is located on the Assign Tests page and can be accessed by clicking Edit Tests. Alternatively, the “Autogenerate Submitter Ids” button can be used to create unique identifiers for each specimen.

When there are no more errors, the “Continue to Review” button becomes available; click it to continue.

The screenshot shows a 'Patient List' interface with a search bar and a table of patient records. The table has columns for Patient #, First Name, Last Name, Collection Date, Collection Time, and Action. A single record is shown with Patient # 1, First Name Patient, Last Name Example, and Collection Date 07/12/2022. Below the table, there is a shipping address field and a 'Continue to Review' button highlighted with a red box.

11. **About Pre-Collection Orders:** If “Continue to Review” is clicked before all Collection Dates have been entered, the order will be treated as a Pre-Collection Order and a message in orange font will state this on the Review Screen. Clicking submit at this point, will save the Order as a Pre-Collection order and the shipping manifest will ***not*** be created. These orders are not yet ready to ship.

The top screenshot shows the 'Remote Order Entry Review Screen' with a warning message: "All records in this shipment will be treated as a Pre-Collection Order based on Collection Dates in the file". A table with columns for Specimen #, Specimen Source, Patient Name (DOB), DOB, Sex, Collection Date, and Tests is displayed. The 'Collection Date' column is circled in red. A 'Submit' button is visible at the bottom right.

The bottom screenshot shows the same screen after submission, with a success message: "Remote Order has been successfully submitted". The table and 'Collection Date' column are still visible, with the 'Collection Date' column circled in red. A 'Submit' button is also present at the bottom right.

Use the Back button to return to the Review screen and add Collection Dates, if available. Alternatively, when specimen collection has been completed and the order is ready to be finalized, find the Pre-Collection order through the Order Management feature.

- When all errors have been corrected and Collection Dates for all specimens have been entered, clicking "Submit" finalizes the order and displays the Shipping Manifest.

Remote Order Entry Review Screen

SpecimenID #	Specimen Source	Patient Name (MRN)	DOB	Sex	Collection Date	Tests
202205161635_EPL01_1	Axilla/Grain Swab	Harrison, George J	01/01/1950	Male	05/19/2022	Candida auris Surveillance Patient Testing
202205161635_EPL01_2	Axilla/Grain Swab	Start, Ringo J	01/01/1960	Male	05/19/2022	Candida auris Surveillance Patient Testing
202205161635_EPL01_3	Axilla/Grain Swab	Lennan, John J	01/01/1970	Male	05/19/2022	Candida auris Surveillance Patient Testing

3 of 3 records

Shipping Address: David Axelrod Institute, Wadsworth Center, NYS Department of Health, 100 New Scotland Avenue, Albany, NY 12208

Back Submit

Order Management SDE Menu CLIMS Home

- The Shipping Manifest indicates the order is finalized and ready to ship. Print the manifest to submit with the specimen(s) using the "Print Order" button in the upper right corner. Individual requisition forms are not needed.

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Shipping Manifest for ALBANY COUNTY HEALTH DEPT.

Facility: ALBANY COUNTY HEALTH DEPT.
100 NEW SCOTLAND AVENUE
ALBANY, NY 12208
PHONE: 518 487 4889

Tracking ID: SHIP_EP101_NY12_2022_05_19

SHIP1213489

Accession ID	Specimen ID
EDC2208804311	202205161635_EPL01_1
EDC2208804312	202205161635_EPL01_2
EDC2208804313	202205161635_EPL01_3

Total Records: 3

Shipping Manifest for ALBANY COUNTY HEALTH DEPT.

Address: ALBANY COUNTY HEALTH DEPT.
100 NEW SCOTLAND AVENUE
ALBANY, NY 12208
PHONE: 518 487 4889

Order: 202205161635_EPL01_1, 202205161635_EPL01_2, 202205161635_EPL01_3

Order Date: 05/19/2022

Order Time: 10:00:00 AM

Order Status: Finalized

Order Type: Patient Specimen

Order Category: Candida auris

Order Subcategory: Candida auris

Order Description: Candida auris

Order Comments:

Shipping Address:

Shipping Date: 05/19/2022

Shipping Time: 10:00:00 AM

Shipping Method: Standard

Tracking ID: SHIP1213489

Tracking Status: In Transit

Tracking URL: https://www.usps.com/track/SHIP1213489

Network ID:

Accession ID	Specimen ID	Specimen Source	Patient Name	DOB	Sex	Collection Date	Tests
EDC2208804311	202205161635_EPL01_1	Axilla/Grain Swab	Harrison, George J	01/01/1950	Male	05/19/2022	Candida auris Surveillance Patient Testing
EDC2208804312	202205161635_EPL01_2	Axilla/Grain Swab	Start, Ringo J	01/01/1960	Male	05/19/2022	Candida auris Surveillance Patient Testing
EDC2208804313	202205161635_EPL01_3	Axilla/Grain Swab	Lennan, John J	01/01/1970	Male	05/19/2022	Candida auris Surveillance Patient Testing

Total Records: 3

Print 1 sheet of paper

Destination: HP LaserJet MFP M32

Pages: All

Copies: 1

More settings

Print Cancel