

Wadsworth Center Laboratory Information Management System (CLIMS) Health Commerce System CLIMS Application User Start-Up Guide

A guide to sending Remote Orders

Getting Started

What do I need?

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

Remote Orders

How do I submit Remote Order Entry (ROE) testing?

1. Login to your HCS account.
2. Click on the CLIMS link (under “All Applications”) to open the CLIMS application.
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](#)

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.

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No items to display

- 4. Select 'Place Order' and then select the type of order being submitted.

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Remote Order Menu

Order Testing

Division of Infectious Diseases	
(Human, Animal, Food, Environmental)	(Animal Rabies)
Place Order (DOH-4463)	Place Order (DOH-487)
Upload a File	Show Orders Pending Receipt
Show Orders Pending Receipt	
Search Catalog	
Reference Guide	

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Infectious Diseases Remote Order Entry

Please select the specimen/sample you are submitting:

- 5. Enter all available information into the form on the "Submitter" tab. If results on the specimen being submitted were reported to ECLRS per Laboratory Reporting and Specimen Submission Requirements for Communicable Diseases guidance, enter the associated accession number in the ECLRS field. If a match is found in ECLRS, the patient and test fields will be populated.

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Infectious Diseases Remote Order Entry

Human Specimen

Submitter | Patient | Tests | Additional Info | Review / Place Order

* denotes required information

Name: * WADSWORTH CENTER - DAVID AXELROD INSTITUTE ▾ Lab PFI: 8523
Address: 120 NEW SCOTLAND AVE, ALBANY, NY 12208

Laboratory report will be sent Attention To:
Contact Person:
Telephone Number:
CC:

Specimen report sent to ECLRS? If yes, enter accession/specimen #:

Delete order Next

6. Complete the patient information by clicking on the "Patient" tab.

Any two of Name, DOB or Submitter's Patient Reference Number is required
 NYS County is required
 Collection Date is required
 If DOB is unknown then select the Not Available checkbox

Submitter | **Patient** | Tests | Additional Info | Review / Place Order * denotes required information

(Note: Submitter's Reference # is required if Name or DOB is not available)

Name * [Last Name] [First Name] [MI]
 Last Name First Name MI
 DOB (MM/DD/YYYY): * [] Not Available
 Sex: []
 Submitter's Patient Reference Number: * []
 (e.g. MRN, not SSN)

Address line 1 []
 Address line 2 []
 City: []
 State: New York(NY) []
 Zip Code: []
 NYS County * []

NYS DOH Outbreak Number: []
 CDESS Case Number: []

Collection Date (applies to all specimens in this order) (MM/DD/YYYY): * [] []
 Time Collected (if applicable for test)(HH:MM): [] []
 Shipment Id: []

7. Next, click on the "Tests" tab and search desired testing using suspected organism, agent or test. Select tests by clicking the check boxes and select "Order tests".

Order test for specimen # 01

Enter suspected organism, agent or test:

zika virus []
 Search Return

Following suspected organism/agent(s) match your criteria.

Suspected organism/agent	Test(s)
1 Zika Virus	<input type="checkbox"/> Arbovirus Plaque Reduction Neutralization (PRNT) Show Details
	<input type="checkbox"/> Arbovirus Screen, Serology, Serum Show Details
	<input checked="" type="checkbox"/> Zika Serology Show Details
	<input checked="" type="checkbox"/> Zika virus RNA by real-time RT-PCR Show Details

Note "Show Details" will provide information on specimens types acceptable, shipping and storage info along with other related details.

Order tests

8. Enter specimen type and source. Special instructions will appear in red. Enter your specimen number in the box labeled "Submitter's Specimen #".
Note Additional testing can be added to a specimen as well as additional specimens if collected on same date.

Submitter | Patient | Tests | Additional Info | Review / Place Order * denotes required information

Suspected Organism / Agent
* ZIKA VIRUS

Sp#	Specimen Type	Specimen Source *	Submitter's Specimen #
01	Primary	Serum <input type="button" value="Other"/> <input type="button" value="Delete"/>	<input type="text"/>

For multiple tests on the same specimen, specify priority in comments field
Tests Requested

Zika Serology / Diagnostic Immunology

Special Instructions: If the specimen is being submitted for the serologic laboratory diagnosis of infection, the following information must be provided: patient name, date of birth, address or county of residence, collection date and onset date.

Zika virus RNA by real-time RT-PCR / Viral Encephalitis Lab

Special Instructions: Please list any relevant travel history, including location and date, and/or potential arthropod exposures.

Comments:

9. Complete any additional required information by clicking on the "Additional Info" tab.

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Infectious Diseases Remote Order Entry
Human Specimen

• If Onset Date is unknown then select the Not Available checkbox
Note: Information requested in this screen is based on the tests you selected.

Submitter | Patient | Tests | **Additional Info** | Review / Place Order

Onset of symptoms (MM/DD/YYYY): *
 Not Available

Autopsy Specimen

Submitting lab findings: Smear/Stain/Other results

Relevant Exposure:

Travel (Location & Dates)

Contact known case

Food/water

Nosocomial

Animal (Type)

Arthropod (Type)

10. Review the patient information and testing ordered by clicking on the “Review/Place Order” tab. Select a Shipping Address and place the order. If any required information is missing, a warning will appear in red. Click the “Edit” button which will allow you to modify the data in the associated tab.

Additional Info:

Required fields missing

Onset of Symptoms (MM/DD/YYYY): **MISSING**

11. After submission, an “IDR#” accession number will be assigned.
12. Print the form and submit it with the specimen.