

LimsNet Coroner's Guide for COVID-19 Test Ordering



Indiana State
Department of Health

Objectives

- Demonstrate how to successfully log in to LimsNet and change and update personal information
- Successfully and correctly log specimens into LimsNet
- Successfully print cover page and ship specimens to ISDH laboratories
- Show how to troubleshoot cover page
- Successfully search for results in LimsNet
- Discuss appropriate transit times and specimen rejection criteria

Contact Information



EMAIL:

LIMSAppSupport@isdh.in.gov

Help Desk Phone: **(317) 921-5506**

- **DO NOT** leave a voicemail message
- Please email or call again

LOGGING IN

Logging In to LimsNet

<https://eportal.isdh.in.gov/LimsNet/Login.aspx>

- Log in to LimsNet with your username and password acquired from the LimsNet Helpdesk.

Your password **MUST** be reset every **2 MONTHS.**

- Below the login are announcements that may be important to your work; please read these **daily** for updates.


**Indiana State
Department of Health**

User Name:

Password:

IP Address=10.170.67.107
[Forgot Your Password?](#)

3/22/20 - COVID-19 update
Some samples are showing as "In Transit" even though they have been received. We are working on a fix.

3/22/20 - COVID-19 update
Please make sure to include your LimsNet cover sheet with every package that you send to ISDH Lab or to Lilly.

3/19/20 - COVID-19 update
Certain coronavirus samples should now be sent to Eli Lilly for testing. Pay attention to the destination address listed on the LimsNet cover sheet when shipping.

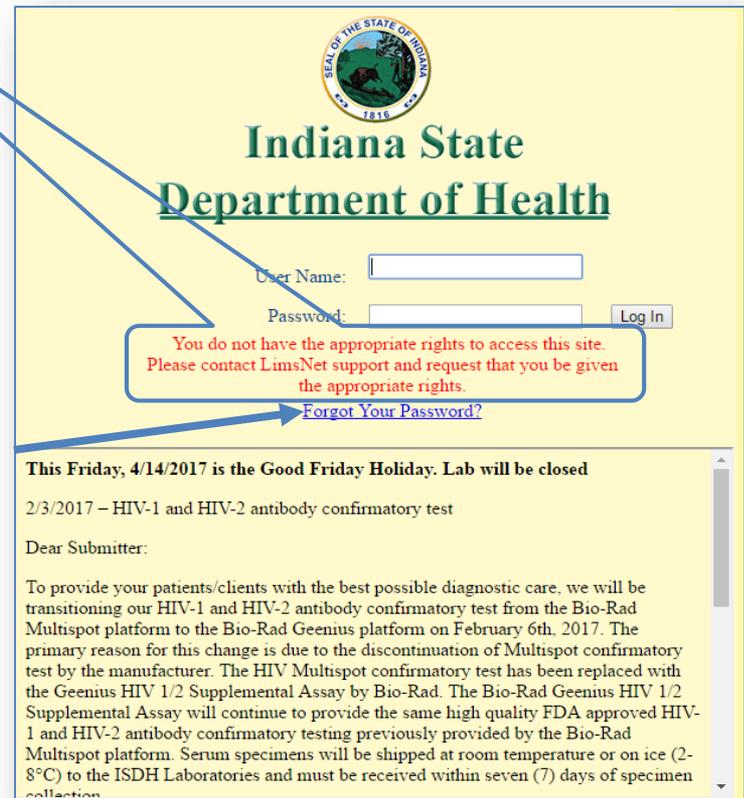
3/11/20 - Important COVID-19 update: All specimens submitted to ISDH Laboratory for SAR-COV-2 (COVID-19) testing require a PUI #. Please remember to enter the patient PUI # into LimsNet at this time.

Problems? [Email LimsNet Support](#) or call 317-921-5506.
[LimsNet Training\(PDF\)](#) [LimsNet Manual](#)

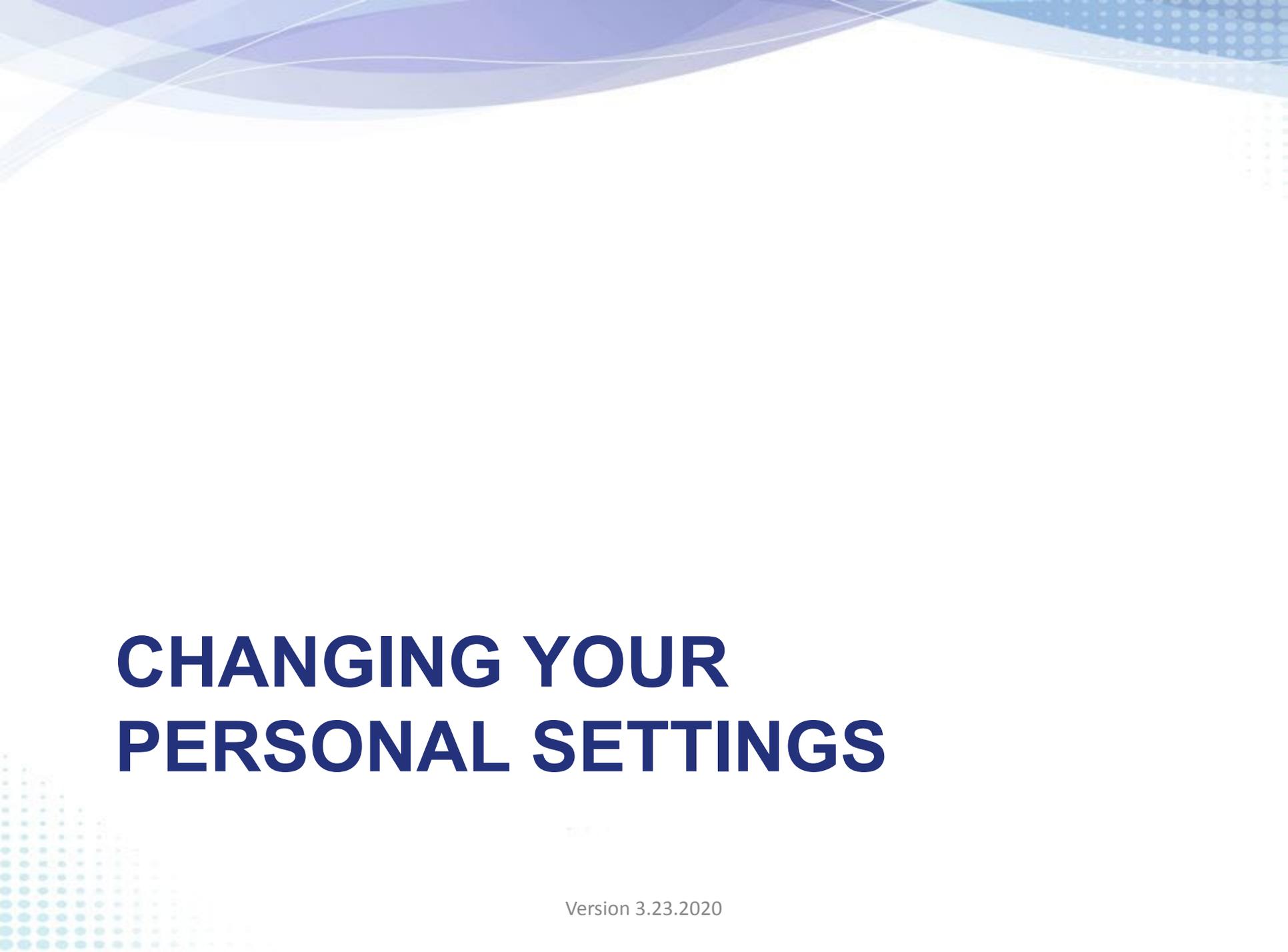
Problems Logging In

If you see the following error message:

- Your username and/or password may be incorrect
- OR
- Your password has expired
 - **Click** here for a password reset email to be sent to you
 - OR
 - **Call** the Help Desk at **317-921-5506**



The screenshot shows the login page for the Indiana State Department of Health. At the top center is the state seal of Indiana, featuring a landscape with a plow, a sheaf of wheat, and a rising sun, surrounded by the text "SEAL OF THE STATE OF INDIANA" and "1816". Below the seal, the text "Indiana State Department of Health" is displayed in a green, serif font. Underneath, there are two input fields: "User Name:" and "Password:". To the right of the password field is a "Log In" button. A red error message box is overlaid on the page, containing the text: "You do not have the appropriate rights to access this site. Please contact LimsNet support and request that you be given the appropriate rights." Below this message is a blue link that says "Forgot Your Password?". A blue arrow points from the error message box to the "Forgot Your Password?" link. Below the login form, there is a notice: "This Friday, 4/14/2017 is the Good Friday Holiday. Lab will be closed". Below that is a date and test type: "2/3/2017 – HIV-1 and HIV-2 antibody confirmatory test". The main body of the page is addressed to "Dear Submitter:" and contains a paragraph of text explaining a transition from the Bio-Rad Multispot platform to the Bio-Rad Geenius platform for HIV-1 and HIV-2 antibody confirmatory testing, effective February 6th, 2017. The text mentions that the primary reason for this change is the discontinuation of the Multispot platform and that the new platform will continue to provide high-quality FDA-approved testing.



CHANGING YOUR PERSONAL SETTINGS

Version 3.23.2020

Personalized Settings

319 unsubmitted tests. JylMadlem Site: ABC TESTING SITE

Log new test: [Packages](#) [Test Results](#) [Personalized Settings](#)

[AdminCreateUser](#) [AdminUserSiteTree](#) [Groups](#) [Audit](#) [Log Off](#)

In **Personalized Settings**, you have 3 options:

1. Change My Password
2. Change My Personal Information
3. Change My Password Recovery Question

319 unsubmitted tests. Jyl Madlem Site: ABC TESTING SITE

Log new test: [Packages](#) [Test Results](#) [Personalized Settings](#)

[AdminCreateUser](#) [AdminUserSiteTree](#) [Groups](#) [Audit](#) [Log Off](#)

Profile Settings

1 **2** **3**

[Change My Password](#) [Change My Personal Information](#) [Change My Password Recovery Question](#)

Changing Your Password

Profile Settings

[Change My Password](#)

[Change My Personal Information](#)

[Change My Password Recovery Question](#)

Passwords must contain all of the following:

- 1 Lowercase letter
- 1 Uppercase letter
- 1 Number
- 1 Character (non-letter or number)

Enter your current password **BEFORE**
you enter your new password.

And be a minimum of 8 characters long.

*All fields are required

Current Password:

New Password (15 characters max):

Verify Password:

Change My Password

Changing Your Personal Information

Profile Settings

[Change My Password](#) [Change My Personal Information](#) [Change My Password Recovery Question](#)

*All fields are required

First Name:

Last Name:

Email Address:

[Subscribe To Email Notifications](#)

Your name/
email may be
updated here

You may also **Subscribe to Email Notifications**, allowing you to receive an email when a test result is posted.

If any changes are made, you must click **Update My Information** here.

Changing Your Password Recovery Question

Profile Settings

[Change My Password](#)

[Change My Personal Information](#)

[Change My Password Recovery Question](#)

*All fields are required

Current Password:

Password Recovery Question:

Password Recovery Answer:

Update

To change your recovery question/answer:

1. Enter your current password.
2. Choose your question from the list.
3. Provide your recovery answer.

When finished, click "**Update**".

ENTERING A SPECIMEN

EXAMPLE: COVID-19 Specimen

Using LimsNet

The screenshot shows the LimsNet interface. At the top, there is a navigation bar with the following elements: "320 unsubmitted tests.", "Jessica Gentry", "Site: ABC TESTING SITE", "Log new test: Virology" (with a dropdown arrow), "Submit Tests", "Packages", "Test Results", "Personalized Settings", and "Log Off". Below the navigation bar is a yellow box containing the text "VIROLOGY REQUEST FORM" and "INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES", with a link for "Specimen Collection, Packaging & Shipping Instructions". A red box highlights the "Log new test: Virology" dropdown menu, and a red arrow points from it to a text box below.

Click the drop-down menu under **Log New Test**
– Choose the desired test (in this example we will be completing a Virology request form)

IMPORTANT: Verify that the patient's ID, first/last name and date of birth entered into LimsNet match **EXACTLY** what is on the specimen label.
Labeling mismatches will result in specimen rejection.

Patient Demographic Information

Include a patient ID number.
This allows for future search
function.

Patient Information	
Patient's Clinic ID Number:	<input type="text"/> <input type="button" value="Lookup Info"/>
Opscan Number:	<input type="text"/>
*Patient's First Name:	<input type="text"/> Middle Init: <input type="text"/>
*Patient's Last Name:	<input type="text"/>
*Street Address:	<input type="text"/>
*City:	*State: <input type="text"/> *ZIP: <input type="text"/>
*County of Residence:	Select County ▼
*Date of Birth:	*Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown
*Race: <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Unknown <input type="radio"/> Multiracial	*Hispanic Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown

Enter all **required** data
noted by **red asterisks** "*" .

Institution Information

Institution Information	
Name of:	
<input type="radio"/> Employer <input type="radio"/> School <input type="radio"/> Care Facility <input type="radio"/> Institution	
Name:	<input type="text"/>
Occupation:	<input type="text"/>
Facility Phone Number:	<input type="text"/>
Institution Resident?	
<input type="radio"/> No <input type="radio"/> Yes	
Institution Type:	
<input type="radio"/> None <input type="radio"/> Prison <input type="radio"/> Nursing Home <input type="radio"/> Other	
If Other:	<input type="text"/>
Hospitalized? <input type="radio"/> No <input type="radio"/> Yes	Location: <input type="text"/> Date Hospitalized: <input type="text"/>
*Deceased? <input type="radio"/> No <input type="radio"/> Yes	Date Of Death: <input type="text"/>

Select **Yes** for autopsy specimen testing.

Specimen Information

Enter the Specimen Type by clicking the Fluid or Swab radio button in the **Clinical Information** section.

Enter the Fluid Type (**BAL, Trach Aspirate**) OR Swab type (**NP, lung**) in the **Anatomical Source** box.

Clinical Information	
*Specimen Information: <input checked="" type="radio"/> Fluid <input type="radio"/> Isolate <input type="radio"/> Stool <input type="radio"/> Swab (including NP, OP, or NP/OP combo) <input type="radio"/> Tissue <input type="radio"/> Other If Other: (Do not submit serum) <input type="text"/>	
*Anatomical Source: <input type="text" value="Trach aspirate"/>	
Date Of Onset: <input type="text"/>	*Collection Date: <input type="text"/> 

Clinical Information	
*Specimen Information: <input type="radio"/> Fluid <input type="radio"/> Isolate <input type="radio"/> Stool <input checked="" type="radio"/> Swab (including NP, OP, or NP/OP combo) <input type="radio"/> Tissue <input type="radio"/> Other If Other: (Do not submit serum) <input type="text"/>	
*Anatomical Source: <input type="text" value="NP"/>	
Date Of Onset: <input type="text"/>	*Collection Date: <input type="text"/> 

Virus Suspected

Enter the Virus Suspected by selecting the **COVID-19** radio button.

Virus Suspected	
*Virus Suspected?	
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Enterovirus
<input type="checkbox"/> MERS-CoV	<input type="checkbox"/> Mumps
<input type="checkbox"/> Varicella	<input type="checkbox"/> Community-Acquired Pneumonia
<input type="checkbox"/> Herpes Simplex	<input type="checkbox"/> Influenza
<input type="checkbox"/> COVID-19	<input type="checkbox"/> Other
<input type="checkbox"/> Measles	<input type="checkbox"/> Parainfluenza
<input type="checkbox"/> Respiratory Syncytial Virus	
If Other:	<input type="text"/>
Suitable viruses for "Other" include other respiratory viral agents, such as rhinovirus. Norovirus should be submitted on the Enterics/Norovirus form	
COVID-19 authorization code required:	<input type="text" value="CORONER"/>

Enter the **COVID-19** authorization code: **CORONER**

Specimen Information

Enter required information as indicated by red asterisks "*", along with any other relevant information; click Save.

Patient Information	
Patient's Clinic ID Number:	<input type="text"/> <input type="button" value="Lookup Info"/>
*Patient's First Name:	<input type="text"/> Middle Init: <input type="text"/>
*Patient's Last Name:	<input type="text"/>
*Street Address:	<input type="text"/>
*City:	<input type="text"/> *State: <input type="text"/> *ZIP: <input type="text"/>
County of Residence:	<input type="text" value="Select County"/> Phone Number: <input type="text"/>
*Date of Birth:	<input type="text"/> *Sex: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Unknown
*Race: <input type="radio"/> Asian <input type="radio"/> Black or African-American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other <input type="radio"/> Unknown	*Hispanic Ethnicity: <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Unknown

When submitted correctly, this message will display.

*** Successfully created test ***

NOTE: If you do not see this message, please review the form/enter missing required information; then click Save.

SUBMITTING A SPECIMEN

Printing Cover Page

Submitting a Test/Submit Checked Samples

Click Submit Tests

You may **Edit** or **Delete** a test request form here.

Log new test: --- Select One --- **Submit Tests** Packages Test Results Personalized Settings
Log Off

Unsubmitted Samples

Select All

Send	Edit	Delete	Date Created	Collection Date	Patient ID	First Name	Last Name	Test Type	User Name	Provider Code
<input checked="" type="checkbox"/>	Edit	Delete	12/20/2018 8:21 AM	12/18/2018	123	testFName	testLName	HIV/Hep	hfu	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:57 AM	11/27/2018	0000000001	Influenza	12	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:57 AM	11/27/2018	0000000001	Influenza	11	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:56 AM	11/27/2018	0000000001	Influenza	10	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:56 AM	11/27/2018	0000000001	Influenza	9	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:55 AM	11/27/2018	0000000001	Influenza	8	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:55 AM	11/27/2018	0000000001	Influenza	7	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:53 AM	11/27/2018	0000000001	Influenza	6	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:52 AM	11/27/2018	0000000001	Influenza	5	Virology	bpopel	990
<input type="checkbox"/>	Edit	Delete	11/27/2018 10:48 AM	11/27/2018	0000000001	Influenza	4	Virology	bpopel	990

1 2 3 4 5 6 7

Records Per Page: 10

Carrier: Tracking Number:

Submit Checked Samples

When you are ready to send a specimen(s) to the ISDH Laboratories, **select** the desired entries under the **Send** column and click **Submit Checked Samples**.

Printing Cover Page

- After clicking **Submit Checked Samples**, a pop-up containing the **cover page** will appear.
- It contains a **bar code** and patient information for each specimen marked as shipped.
- Please note mailing address.
- Ship specimens accordingly.

Barcode print page Page 1 of 1

LimsNet Virology Samples
Requested
By
EAST CHICAGO HEALTH
DEPARTMENT

Package ID: 293554 3/22/2020
EAST CHICAGO HEALTH DEPARTMENT
Submitter Org: HEALTH DEPARTMENT
Submitter ID: 309
Submitter Name: Jyl Madlem Phone: 219-391-8268

C20017420		
First Name	Patient	
Last Name	Test	
Est ID	0	
Date of Birth	01/1950	
Virus Suspected	COVID-19	
Collection Date	03/22/2020	

Mailing Address:
Indiana State Department of Health Laboratories
550 W 16th Street, Suite B
Indianapolis, IN 46202

PLEASE CHECK TO BE SURE ALL THE SAMPLES ON THE PRE-LOGGED LIST ARE IN THIS SHIPMENT - Thank you.

<http://ep.portal.isdh.in.gov/LIMSNET/PackageCoverPageVirology.aspx> 3/22/2020

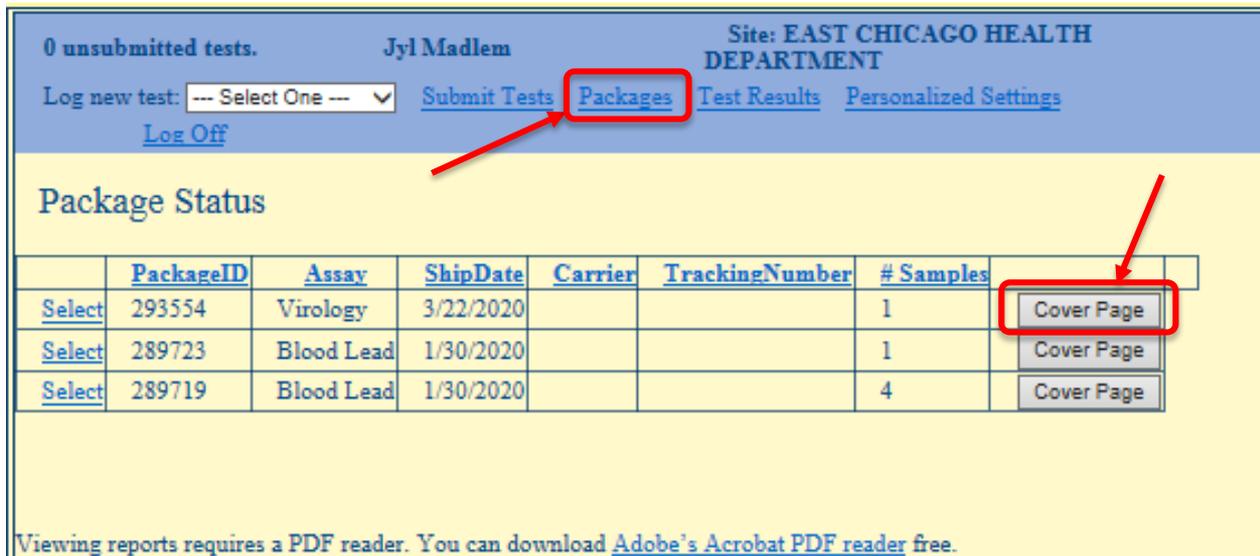
PRINT this page and include it with your specimen submission.

NOTE: No other paperwork is necessary with a specimen submission.

Troubleshooting Cover Page

If your cover page pop-up doesn't appear, the pop-up blocker on your computer may be turned on. You can either turn it off or follow these instructions:

1. Click **Packages**.
2. Click **Cover Page** for the appropriate specimen or ship date.
3. Check the pop-up blocker on your computer, and allow pop-ups for this site.



0 unsubmitted tests. Jyl Madlem Site: EAST CHICAGO HEALTH DEPARTMENT

Log new test: --- Select One --- [Submit Tests](#) **Packages** [Test Results](#) [Personalized Settings](#)

[Log Off](#)

Package Status

	<u>PackageID</u>	<u>Assay</u>	<u>ShipDate</u>	<u>Carrier</u>	<u>TrackingNumber</u>	<u># Samples</u>	
Select	293554	Virology	3/22/2020			1	Cover Page
Select	289723	Blood Lead	1/30/2020			1	Cover Page
Select	289719	Blood Lead	1/30/2020			4	Cover Page

Viewing reports requires a PDF reader. You can download [Adobe's Acrobat PDF reader](#) free.

Ordering Other Tests

- Follow the same steps to order other tests.
- Simply select your desired test(s).



TEST RESULT SEARCH

Version 3.23.2020

Test Result Search

Click **Test Results**.

308 unsubmitted tests. User: jmadlem Site: ABC TESTING SITE
Log new test: --- Select One --- Submit Tests Packages **Test Results** Personalized Settings
Log Off

Search Test Results

Collection Date: From 12/12/2018 To 1/11/2019

1. Patient Name: First Mickey Last Mouse

Patient ID: ID
Opscan: ID
Testtype: Name --- All test types ---
Site: Name ABC TESTING SITE (990)

Status
 Unshipped
 In Transit
 Pending
2. Released
 All statuses

3. Search

Enter a collection date range and search using the first and last name of the patient.

Click the **Released** radio button for a completed results search only.

Click the **Search** button.

Test Result Search

0 unsubmitted tests. Jyl Madlem Site: EAST CHICAGO HEALTH DEPARTMENT
Log new test: --- Select One --- Submit Tests Packages Test Results Personalized Settings
Log Off

Search Test Results

New Search

Open Reports in a new window
 Open Reports in this window

Select	Report	Status	Date Created	Collection Date	Patient ID	First Name	Last Name	Test Type	User Name	Provider Name
<input type="checkbox"/>	View	Released	2/2/2017 10:11 AM	1/19/2017				Blood Lead	manaya	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/31/2017 5:07 PM	1/31/2017	01312017-11			CT/GC V10	lhunter	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/31/2017 2:11 PM	1/31/2017	01312017-10			CT/GC V10	lhunter	EAST CHICAGO HEALTH DEPARTMENT
<input checked="" type="checkbox"/>	View	Released	1/30/2017 4:30 PM	1/30/2017				Blood Lead	eherrera	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/30/2017 3:00 PM	1/30/2017	01302017-09			CT/GC V10	eherrera	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/30/2017 11:03 AM	1/30/2017				Blood Lead	jrvera	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/25/2017 3:40 PM	1/23/2017				Blood Lead	manaya	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/25/2017 3:35 PM	1/23/2017				Blood Lead	manaya	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/25/2017 3:31 PM	1/23/2017				Blood Lead	manaya	EAST CHICAGO HEALTH DEPARTMENT
<input type="checkbox"/>	View	Released	1/25/2017 3:24 PM	1/23/2017				Blood Lead	manaya	EAST CHICAGO HEALTH DEPARTMENT

1 2 3 4 5 6 7 8 9 10 ...
Records Per Page: 10
[View Selected Reports](#)

Select the report from the list, and click **View** to print. Be sure the status is **Released**. A pop-up window will appear with your report. You can print from that screen by hovering your mouse at the bottom or by right-clicking.

Report Pop-up

The screenshot shows a web browser window titled "PDFOutput.aspx - Google Chrome". The address bar displays "State of Indiana [US] | https://portal.isdh.in.gov/LIMSNET/PDFOutput.aspx". The report content includes the Indiana State Department of Health Laboratories logo and contact information for Judith C. Lovchik, Ph.D., D(ABMM), Laboratory Director. The report is titled "Laboratory Report" and "Final Report". The submitter is the East Chicago Health Department. A table lists patient information and test results for CT and GC assays.

INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
550 West 16th Street, Suite B, Indianapolis, IN 46202
Judith C. Lovchik, Ph.D., D(ABMM)
Laboratory Director

Laboratory Report
Final Report

Submitter: EAST CHICAGO HEALTH DEPARTMENT
100 WEST CHICAGO AVENUE SUITE 100 A
---FAX TO 219-391-8299---
EAST CHICAGO, IN 46312-

Patient Name:	XXXXX	ISDH Lab Number:	C16000476
Patient ID:	XXXX	Date Collected:	01/06/2016
Birth Date:	XX/XX/XXXX	Date Received:	01/11/2016
Source of Specimen:	XXXXX		

<u>Nucleic Acid Amplification</u>	<u>Results</u>	<u>Interpretation:</u>
<u>Probe DNA Assay</u>		
CT	Negative	Chlamydia trachomatis rRNA NOT detected. A negative result does not preclude infection since a result is dependent upon adequate specimen collection and sufficient, detectable RNA.
GC	Negative	Neisseria gonorrhoeae rRNA NOT detected. A negative result does not preclude infection since a result is dependent upon adequate specimen collection and sufficient, detectable RNA.

Comments:

Right-click to print.

SPECIMEN INTEGRITY

Version 3.23.2020

Common Causes of Specimen Rejection

- Mismatch of patient name/ID:
 - Name on specimen tube and submission form (LimsNet) **must match exactly**.
- Lack of 2 patient identifiers on specimen tube:
 - Specimen tube is completely blank (**MUST** be labeled with patient **full name and date of birth**).
- Wrong specimen type collected.
- No specimen sent with submission form.
- Specimen tube is leaking or broken.

Keys to Successful Submissions

Verify that the patient ID, first/last name and date of birth entered into LimsNet match the specimen label ***EXACTLY***.

If you have any questions regarding specimen labeling:

Brian Pope

Virology Laboratory Supervisor

317-921-5843

Labeling mismatches will result in specimen rejection.

Contact Information

Virology Supervisor: Brian Pope

bpoppe1@isdh.in.gov / 317-921-5843

Outreach and Training Team: Jyl Madlem

isdh-lab-info@isdh.in.gov / 317-495-4177