

Bulk results upload guide

How to format and upload a CSV file to report COVID-19, flu, and RSV test results in bulk through SimpleReport (Alaska, California, New York, Rhode Island, and Virginia senders only)

SimpleReport's bulk results uploader lets you report multiple test results — including COVID-19, influenza A and B, and RSV — at once using a CSV file. When you submit your results, the uploader tool verifies the data, then sends the results to your public health department.

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Resources

- [SimpleReport spreadsheet template with example data \[CSV download\]](#)
- [Spreadsheet results uploader training \[Youtube video\]](#)
- [Device code lookup tool](#) (COVID-19 and multiplex devices only)
- [List of influenza LOINC codes \[LOINC.org\]](#)
- [SimpleReport support email](#)

Data formatting guide

The SimpleReport results spreadsheet template is a blend of the Department of Health and Human Services' (HHS) [requirements for COVID-19 test data](#), as well as those of many jurisdictions. This standard data format will be accepted by your public health department.

Formatting rules

Include all SimpleReport columns

Include all columns in the SimpleReport template, with no extras. The order doesn't matter.

Match SimpleReport field names exactly

Write column headers exactly as they are in the guidelines and the template. For example, if you have a "date of birth" column, you must rename it "patient_dob" to match our template.

Include data for all required fields

The data template has three field types: required, requested, and optional. SimpleReport won't accept files with missing or incorrect headers and values in required fields. Requested fields are not required by HHS, but the data is helpful to jurisdictions. The tags next to data element names listed below show field type:

Required

Requested

Optional

Data elements

- [Patient](#)
- [Order and result](#)
- [Specimen](#)
- [Ordering provider](#)
- [Testing facility](#)
- [Ask on entry \(AOE\)](#)
- [Ordering facility](#)
- [Additional data and notes](#)

Patient

Patient ID

Requested

Column header	patient_id
Description	Unique identifier, typically the Medical Record Number. Do not use a Social Security Number. <i>Some jurisdictions may require this field, ReportStream will notify you if this is the case.</i>
Examples	<ul style="list-style-type: none"> • 1234 • P2300

Patient last name

Required

Column header	patient_last_name
Description	Last name, separated from first name

Patient first name

Required

Column header	patient_first_name
Description	First name, separated from last name

Patient middle name

Optional

Column header	patient_middle_name
Description	Middle name, if known

Patient street address

Required

Column header	patient_street
Description	Patient's street address or one of the accepted values below
Accepted values	<ul style="list-style-type: none"> • Example: <i>1234 America Ln</i> • ** Unknown / Not Given ** • ** Homeless **

Patient street address line 2

Optional

Column header	patient_street2
Description	Address
Example	<i>Apartment 4C</i>

Patient city

Required

Column header	patient_city
Description	If a patient's city is unknown or they're experiencing homelessness, use ordering facility city
Examples	<ul style="list-style-type: none"> • <i>Los Angeles</i> • <i>Madison</i>

Patient state

Required

Column header	patient_state
Format	Two-character state abbreviation

Examples	<ul style="list-style-type: none"> • NV • CA
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Patient county Required

Column header	patient_county
Description	County or parish name
Examples	<ul style="list-style-type: none"> • <i>Kings County</i> • <i>Allen Parish</i>

Patient zip code Required

Column header	patient_zip_code
Description	If no address is given or a patient is experiencing homelessness, use ordering facility zip code
Format	5 or 9-digit zip code
Examples	<ul style="list-style-type: none"> • 12345 • 12345-6789

Patient phone number Required

Column header	patient_phone_number
Description	If no phone number is given or a patient is experiencing homelessness, use ordering facility phone number
Format	000-000-0000

Example	123-456-7890
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Patient date of birth

Required

Column header	patient_dob
Format	M/D/YYYY
Examples	<ul style="list-style-type: none"> • 3/30/1972 • 12/8/2002

Patient gender

Required

Column header	patient_gender
Description	Use one of the LOINC codes listed below, which come from the PHIN VADS system
Accepted values	<ul style="list-style-type: none"> • M or Male • F or Female • O or Other • U or Unknown • A or Ambiguous • N or Not applicable

Patient race

Required

Column header	patient_race
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Description	Use one of the LOINC codes listed below, which come from the PHIN VADS system
Accepted values	<ul style="list-style-type: none"> • 1002-5 or American Indian or Alaska Native • 2028-9 or Asian • 2054-5 or Black or African American • 2076-8 or Native Hawaiian or Other Pacific Islander • 2106-3 or White • 2131-1 or Other • ASKU or Ask, but unknown • UNK or Unknown

Patient ethnicity

Required

Column header	patient_ethnicity
Description	Use one of the LOINC codes list below, which come from the PHIN VADS system
Accepted values	<ul style="list-style-type: none"> • 2135-2 or Hispanic or Latino • 2186-5 or Not Hispanic or Latino • UNK or Unknown

Patient preferred language

Optional

Column header	patient_preferred_language
Description	Look up a Language Concept Code or Name from the ISO-639 table in the PHIN VADS system

Examples	<ul style="list-style-type: none"> • <i>Eng</i> or <i>English</i> • <i>Spa</i> or <i>Spanish</i>
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Patient email Optional

Column header	patient_email
Format	Email address
Example	<i>janedoe@person.com</i>

Order and result

Accession number Required

Column header	accession_number
Description	A unique ID that identifies a single result, which allows public health departments to refer back to a test event
Example	<i>ID12345-6789</i>

Equipment model name Required

Column header	equipment_model_name
Description	<p>The name of the device or test kit used for testing.</p> <p>You can find COVID-19 and multiplex or panel devices on the device code lookup tool.</p>
Examples	<ul style="list-style-type: none"> • <i>ID NOW</i>

- *BD Veritor System for Rapid Detection of SARS-CoV-2**
- *BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A+B**
- *RightSign COVID-19 IgG/IgM Rapid Test Cassette**

Test performed LOINC code

Required

Column header	test_performed_code
Description	<p>Find your COVID-19 or multiplex/panel device on the device code lookup tool, then copy the value for this field.</p> <p>For flu- or RSV-only values, you may need to contact the manufacturer to ask for the correct LOINC code if you don't know it.</p>
Format	00000-0
Examples	<ul style="list-style-type: none"> • 94534-5 • 94558-4 • 97097-0 • 94507-1 • 94508-9

Test ordered LOINC code

Optional

Column header	test_ordered_code
Format	00000-0
Examples	<ul style="list-style-type: none"> • 94505-5 • 94558-4 • 95209-3

- 95409-9

Test result

Required

Column header	test_result
Description	Use one of the common values below, or find the test result for your COVID-19 or multiplex/panel device on the device code lookup tool
Accepted values	<ul style="list-style-type: none"> • Positive • Negative • Not Detected • Detected • Invalid Result • SNOMED code from lookup table, ex: 260373001

Order test date

Required

Column header	order_test_date
Description	<p>Include the time and time zone if possible. Time zones can be any common US time zone abbreviation, such as AKDT, AKST, CT, ET, HST, MT, or PT.</p> <p>If you don't include a time, SimpleReport will default to 12 PM. If you don't include a time zone, it will default to the time zone of the testing lab address (if available), or ET (Eastern Time).</p>
Format	M/D/YYYY HH:mm TZ is preferred, but M/D/YYYY HH:mm and M/D/YYYY are acceptable

Examples

- 5/23/2023 4:30 CT
 - 11/2/2022 14:17
 - 9/21/2022
-

Specimen collection date

Required

Column header

specimen_collection_date

Description

Leave this field blank if it's the same as [order_test_date](#). SimpleReport will default to the [order_test_date](#) value.

For any values you do add for this field, include the time and time zone if possible. Time zones can be any common US time zone abbreviation, such as AKDT, AKST, CT, ET, HST, MT, or PT.

If you don't include a time, SimpleReport will default to 12 PM. If you don't include a time zone, it will default to the time zone of the testing lab address (if available), or ET (Eastern Time).

Format

M/D/YYYY HH:mm TZ is preferred, but M/D/YYYY HH:mm and M/D/YYYY are also acceptable

Examples

- 5/23/2023 4:30 CT
 - 11/2/2022 14:17
 - 9/21/2022
-

Testing lab specimen received date

Required

Column header

testing_lab_specimen_received_date

Description	<p>Leave this field blank if it's the same as order_test_date. Simple report will default to order_test_date.</p> <p>For any values you do add for this field, include the time and time zone if possible. Time zones can be any common US time zone abbreviation, such as AKDT, AKST, CT, ET, HST, MT, or PT.</p> <p>If you don't include a time, SimpleReport will default to 12 PM. If you don't include a time zone, it will default to the time zone of the testing lab address (if available), or ET (Eastern Time).</p>
Format	M/D/YYYY HH:mm TZ is preferred, but M/D/YYYY HH:mm and M/D/YYYY are also acceptable
Examples	<ul style="list-style-type: none"> • 5/23/2023 4:30 CT • 11/2/2022 14:17 • 9/21/2022

Test result date

Required

Column header	test_result_date
Description	<p>Include the time and time zone if possible. Time zones can be any common US time zone abbreviation, such as AKDT, AKST, CT, ET, HST, MT, or PT.</p> <p>If you don't include a time, SimpleReport will default to 12 PM. If you don't include a time zone, it will default to the time zone of the testing lab address (if available), or ET (Eastern Time).</p>
Format	<ul style="list-style-type: none"> • M/D/YYYY HH:mm TZ is preferred, but M/D/YYYY HH:mm and M/D/YYYY are also acceptable

Examples

- 5/23/2023 4:30 CT
- 11/2/2022 14:17
- 9/21/2022

Date result released

Required

Column header

date_result_released

Description

Leave this field blank if it's the same as [test_result_date](#).
Simple report will default to [test_result_date](#).

For any values you do add for this field, include the time and time zone if possible. Time zones can be any common US time zone abbreviation, such as AKDT, AKST, CT, ET, HST, MT, or PT.

If you don't include a time, SimpleReport will default to 12 PM. If you don't include a time zone, it will default to the time zone of the testing lab address (if available), or ET (Eastern Time).

Format

M/D/YYYY HH:mm TZ is preferred, but M/D/YYYY HH:mm and M/D/YYYY are also acceptable

Examples

- 5/23/2023 4:30 CT
- 11/2/2022 14:17
- 9/21/2022

Specimen type

Specimen type

Required

Column header

specimen_type

Description	<p>The SNOMED code representing the type of biological sample used for testing.</p> <p>Use one of the accepted values below. You can also find the specimen type for your COVID-19 or multiplex device on the device code lookup tool and copy the SNOMED code for the given specimen.</p>
Accepted value(s)	<ul style="list-style-type: none"> Anterior Nares Swab Anterior Nasal Swab Bronchoalveolar Lavage Lower Respiratory Fluid Sample Mid-Turbinate Nasal Swab Nasal Aspirate Nasal Swab Nasopharyngeal Aspirate Nasopharyngeal Swab Nasopharyngeal Wash Oropharyngeal Swab Plasma Serum Sputum Swab of Internal Nose Throat Swab Whole Blood SNOMED code from lookup table, ex: 697989009

Ordering provider

Ordering provider ID Required

Column header ordering_provider_id

Description	Enter the National Provider Identifier (NPI), the unique 10-digit number that identifies a healthcare provider. You can find NPIs at the NPI Registry . If you don't know the NPI, you can enter local coding. <i>Some jurisdictions may not accept a local code.</i>
Format	NPI number or local code
Examples	<ul style="list-style-type: none"> • NPI: 1013012657 • Local code: muc1290

Ordering provider last name

Required

Column header	ordering_provider_last_name
Description	Last name, separated from first name

Ordering provider first name

Required

Column header	ordering_provider_first_name
Description	First name, separated from last name

Ordering provider middle name

Optional

Column header	ordering_provider_middle_name
Description	Middle name, if known

Ordering provider street address**Required**

Column header	ordering_provider_street
Example	1234 America Ln

Ordering provider street address line 2**Optional**

Column header	ordering_provider_street2
Example	Suite 5C

Ordering provider city**Required**

Column header	ordering_provider_city
Examples	<ul style="list-style-type: none">Los AngelesMadison

Ordering provider state**Required**

Column header	ordering_provider_state
Format	Two-character state abbreviation
Examples	<ul style="list-style-type: none">NVCA

Ordering provider zip code**Required**

Column header	ordering_provider_zip_code
Format	5 or 9-digit zip code
Examples	<ul style="list-style-type: none"> • 12345 • 12345-6789

Ordering provider phone number

Required

Column header	ordering_provider_phone_number
Format	000-000-0000
Example	123-456-7890

Testing facility

Testing lab CLIA number

Required

Column header	testing_lab_clia
Description	CLIA number from the CDC Laboratory Search
Example	11D2030855

Testing lab name

Required

Column header	testing_lab_name
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Description	Name of facility that processed test results
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Testing lab street address

Required

Column header	testing_lab_street
Example	1234 America Ln

Testing lab street address line 2

Optional

Column header	testing_lab_street2
Example	Unit 3

Testing lab city

Required

Column header	testing_lab_city
Examples	<ul style="list-style-type: none"> Los Angeles Madison

Testing lab state

Required

Column header	testing_lab_state
Format	Two-character state abbreviation
Examples	<ul style="list-style-type: none"> NV CA

Testing lab zip code

Required

Column header	testing_lab_zip_code
Format	5 or 9-digit zip code
Examples	<ul style="list-style-type: none">• 12345• 12345-6789

Testing lab phone number

Optional

Column header	testing_lab_phone_number
Format	000-000-0000
Example	123-456-7890

Ask on entry (AOE)

Pregnancy status

Requested

Column header	pregnant
Description	Use one of the accepted values listed below
Accepted values	<ul style="list-style-type: none">• Y or YES• N or NO• U or UNK

Employed in healthcare

Requested

Column header

employed_in_healthcare

Description	Use one of the accepted values below
Accepted values	<ul style="list-style-type: none">• Y or YES• N or NO• U or UNK

Symptomatic for disease

Requested

Column header

symptomatic_for_disease

Description	Use one of the accepted values below
Accepted values	<ul style="list-style-type: none">• Y or YES• N or NO• U or UNK

Illness onset date

Requested

Column header

illness_onset_date

Description	Date
Format	M/D/YYYY
Examples	<ul style="list-style-type: none">• 9/2/2022• 10/13/2021

Resident congregate setting

Requested

Column header	resident_congregate_setting
Format	<p>If the patient lives in a setting with shared group spaces, such as assisted living or a prison.</p> <p>Use one of the accepted values below.</p>
Accepted values	<ul style="list-style-type: none"> • Y or YES • N or NO • U or UNK

Residence type Optional

Column header	residence_type
Description	If the resident congregate setting is “Y” or “Yes,” then provide residence type
Value type	Use one of the accepted values listed below
Accepted values	<ul style="list-style-type: none"> • 22232009 or Hospital • 2081004 or Hospital Ship • 32074000 or Long Term Care Hospital • 224929004 or Secure Hospital • 42665001 or Nursing Home • 30629002 or Retirement Home • 74056004 or Orphanage • 722173008 or Prison-based Care Site • 20078004 or Substance Abuse Treatment Center • 257573002 or Boarding House • 224683003 or Military Accommodation • 284546000 or Hospice • 257628001 or Hostel

- 310207003 or Sheltered Housing
- 57656006 or Penal Institution
- 285113009 or Religious Institutional Residence
- 285141008 or Work (environment)
- 32911000 or Homeless

Hospitalized

Requested

Column header

hospitalized

Format

If the patient tested was admitted to a hospital for treatment.

Use one of the accepted values below.

Accepted values

- Y or YES
- N or NO
- U or UNK

Intensive care unit

Requested

Column header

icu

Format

Use one of the accepted values below

Accepted values

- Y or YES
- N or NO
- U or UNK

Ordering facility

Ordering facility name

Optional

Column header	ordering_facility_name
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Description	You can leave this field blank if it's the same as testing lab name
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Ordering facility street address

Optional

Column header	ordering_facility_street
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Description	You can leave this field blank if it's the same as testing lab street address
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Ordering facility street address line 2

Optional

Column header	ordering_facility_street2
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Description	Address
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Ordering facility city

Optional

Column header	ordering_facility_city
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Description	You can leave this field blank if it's the same as testing lab city
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Ordering facility state

Optional

Column header	ordering_facility_state
Description	You can leave this field blank if it's the same as testing lab state
Format	Two-character state abbreviation
Examples	<ul style="list-style-type: none">• NV• CA

Ordering facility zip code

Optional

Column header	ordering_facility_zip_code
Description	You can leave this field blank if it's the same as testing lab zip code
Format	5 or 9-digit zip code
Examples	<ul style="list-style-type: none">• 12345• 12345-6789

Ordering facility phone number

Optional

Column header	ordering_facility_phone_number
Description	You can leave this field blank if it's the same as testing lab phone number
Format	000-000-0000
Example	123-456-7890

Additional data elements and notes

Comment Optional

Column header	comment
Description	If there are comments from a physician or lab technician you want to relay to your public health department, enter them here. This field isn't meant for characteristics of COVID-19 tests or statements about false positive or negative results.
Format	Do not include commas (,) in any comments

Test result status Optional

Column header	test_result_status
Description	Enter test result status using the accepted format listed below. If left blank, value will default to F for final.
Format	Use one of the accepted values below
Accepted values	<ul style="list-style-type: none">F = Final resultC = Corrected result

Preparing and uploading a spreadsheet

1. Create or export your spreadsheet

If your organization already uses a set spreadsheet format for results, you need to adjust it to match the SimpleReport template. If you don't have one, use the [spreadsheet template](#) as a starting point.

2. Format using the SimpleReport requirements

In your spreadsheet, include all column headers in the spreadsheet, exactly as written in the template and guidelines, with no extras. Copy column header names exactly. Be sure to include every column in the template, even if you don't have data for every field.

3. Enter your data

Following the [spreadsheet guidelines](#), enter properly formatted values in the relevant fields. Some fields require data, while others don't.

4. Export or save your CSV

Make sure your spreadsheet is in a CSV format. SimpleReport doesn't accept .XLS, .XLXS, or other formats.

5. Use the uploader on SimpleReport

Visit the **Upload spreadsheet** tab under "Results" in the main SimpleReport navigation. Select your CSV by dragging the file from a folder to the upload area, or browse your computer to find and open it. Once you click Upload your CSV, SimpleReport will check your file to see if it matches the template. If it accepts the file, you'll see a confirmation message.

6. Fix any errors

If SimpleReport finds any errors in the spreadsheet formatting or data, it will recommend how to fix them. Once you've made the recommended changes in your spreadsheet, save it, and then upload it again.

