

Bulk results upload guide

How to format and upload a CSV file to report test results in bulk through SimpleReport

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Data formatting guide

The SimpleReport results spreadsheet template is a blend of the Department of Health and Human Service's (HHS) [requirements for COVID-19 test data](#), as well as those of many jurisdictions. This standard data format will be accepted by state, tribal, local, or territorial (STLT) [health departments partnered with SimpleReport](#).

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 provide](#)
- [Testing facility](#)
- [Ask on entry \(AOE\)](#)
- [Ordering facility](#)
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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"> • <i>NV</i> • <i>CA</i> |

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 address is given or a patient is experiencing homelessness, use ordering facility phone number |
| Format | 000-000-0000 |
| Example | 123-456-7890 |

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 |
| 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"> • Eng or English • Spa or Spanish |

Patient email

Optional

| | |
|---------------|--------------------|
| Column header | patient_email |
| Format | Email address |
| Example | janedoe@person.com |

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 | ID12345-6789 |

Model name

Required

To find your equipment model name, you need to look it up in the Department of Health and Human Services' (HHS) LOINC mapping tool:

1. Visit [the CDC website](#)
2. Click on the mapping tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file
3. Open the file on your computer and go to the "LOINC Mapping" tab
4. Search for your device name
5. For your device, find the corresponding value in column B, "Model," and copy it to your spreadsheet

| | |
|---------------|--|
| Column header | equipment_model_name |
| Description | LIVD SARS-CoV-2 Test Codes spreadsheet , "LOINC Mapping" tab, column B |
| Examples | <ul style="list-style-type: none">• <i>ID NOW</i>• <i>BD Veritor System for Rapid Detection of SARS-CoV-2*</i>• <i>BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A+B*</i>• <i>RightSign COVID-19 IgG/IgM Rapid Test Cassette*</i> |

Test performed LOINC code

Required

To find your test performed code, you need to look it up in the Department of Health and Human Services' (HHS) LOINC mapping tool:

1. Visit Go to [the CDC website](#)
2. Click on the mapping tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file
3. Open the file on your computer and go to the "LOINC Mapping" tab
4. Search for your device name
5. For your device, find the corresponding value in column F, "Test Performed LOINC Code," and copy it to your spreadsheet

| | |
|---------------|---|
| Column header | test_performed_code |
| Description | LIVD SARS-CoV-2 Test Codes spreadsheet , "LOINC Mapping" tab, column F |
| Format | 00000-0 |
| Examples | <ul style="list-style-type: none">● 94534-5● 94558-4● 97097-0● 94507-1● 94508-9 |

Test result

Required

For your test result value, you can either use a common value from the chart below or you can look it up in the Department of Health and Human Services' (HHS) LOINC mapping tool. To look up the value:

1. Visit [the CDC website](#)
2. Click on the mapping tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file

3. Open the file on your computer and go to the "LOINC Mapping" tab
4. Search for your device name
5. For your device, find the corresponding value in column E, "Vendor Result Description"
6. Copy the SNOMED code to your spreadsheet (example: Positive = 260373001)

| | |
|-----------------|--|
| Column header | test_result |
| Description | Use one of the common values listed below; or look up the SNOMED code in LIVD SARS-CoV-2 Test Codes spreadsheet , "LOINC Mapping" tab, column E |
| 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 |
| Format | M/D/YYYY HH:mm is preferred, but M/D/YYYY is acceptable |
| Examples | <ul style="list-style-type: none"> • 11/2/2022 14:17 • 9/21/2022 |

Specimen collection date

Required

| | |
|---------------|--------------------------|
| Column header | specimen_collection_date |
|---------------|--------------------------|

| | |
|-------------|--|
| Description | If the collection date is unknown, use the order_test_date value. In most cases, these are the same. You can leave this blank if it's the same as order_test_date. |
| Format | M/D/YYYY HH:mm is preferred, but M/D/YYYY is acceptable |
| Examples | <ul style="list-style-type: none"> • 11/2/2022 14:17 • 9/21/2022 |

Testing lab specimen received date

Required

| | |
|---------------|---|
| Column header | testing_lab_specimen_received_date |
| Description | If unknown, use the order_test_date value. In most cases, these are the same. You can leave this blank if it's the same as order_test_date. |
| Format | M/D/YYYY HH:mm is preferred, but M/D/YYYY is acceptable |
| Examples | <ul style="list-style-type: none"> • 11/2/2022 14:17 • 9/21/2022 |

Test result date

Required

| | |
|---------------|--|
| Column header | test_result_date |
| Format | M/D/YYYY HH:mm is preferred, but M/D/YYYY is acceptable |
| Examples | <ul style="list-style-type: none"> • 11/2/2022 14:17 • 9/21/2022 |

Date result released

Required

| | |
|---------------|--|
| Column header | date_result_released |
| Description | If unknown, use the test_result_date value. In most cases, these are the same. You can leave this blank if it's the same as order_test_date. |
| Format | M/D/YYYY HH:mm is preferred, but M/D/YYYY is acceptable |
| Examples | <ul style="list-style-type: none">• 11/2/2022 14:17• 9/21/2022 |

Specimen type

Required

Specimen type

For your specimen type, you can either use a common value from the chart below or you can look it up in the Department of Health and Human Services' (HHS) LOINC mapping tool. To look up the value:

7. Visit [the CDC website](#)
8. Click on the mapping tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file
9. Open the file on your computer and go to the "LOINC Mapping" tab
10. Search for your device name
11. For your device, go to column D, "Vendor Specimen Description"
12. Copy either the SNOMED code OR the text value (example: *Anterior Nares Swab* or 697989009)

| | |
|---------------|---------------|
| Column header | specimen_type |
|---------------|---------------|

| | |
|-------------------|---|
| Description | Use one of the common values listed below; or look up SNOMED code in the LIVD SARS-CoV-2 Test Codes spreadsheet , “LOINC Mapping” tab, column D |
| Accepted value(s) | <ul style="list-style-type: none"> Nasal Swab Nasopharyngeal Swab Anterior Nares Swab Throat Swab Oropharyngeal Swab Whole Blood Plasma Serum 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, ReportStream will work with you if this is the case.</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">• <i>Los Angeles</i>• <i>Madison</i> |

Ordering provider state

Required

| | |
|---------------|---|
| Column header | ordering_provider_state |
| Format | Two-character state abbreviation |
| Examples | <ul style="list-style-type: none">• <i>NV</i>• <i>CA</i> |

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">• <i>12345</i>• <i>12345-6789</i> |

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 |
| Description | Name of facility that processed test results |

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

- *Los Angeles*
 - *Madison*
-

Testing lab state

Required

Column header

testing_lab_state

Format

Two-character state abbreviation

Examples

- *NV*
 - *CA*
-

Testing lab zip code

Required

Column header

testing_lab_zip_code

Format

5 or 9-digit zip code

Examples

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

Ordering facility

Ordering facility name

Optional

| | |
|---------------|---|
| Column header | ordering_facility_name |
| Description | You can leave this field blank if it's the same as testing lab name |

Ordering facility street address

Optional

| | |
|---------------|--------------------------|
| Column header | ordering_facility_street |
|---------------|--------------------------|

| | |
|-------------|---|
| Description | You can leave this field blank if it's the same as testing lab street address |
|-------------|---|

Ordering facility street address line 2

Optional

| | |
|---------------|---------------------------|
| Column header | ordering_facility_street2 |
| Description | Address |

Ordering facility city

Optional

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

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 result• C = 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 does'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. [See a list of common errors below.](#)