# ReportStream

# Programmer's Guide for Organizations and Testing Facilities

VERSION 4.2 - November 2023

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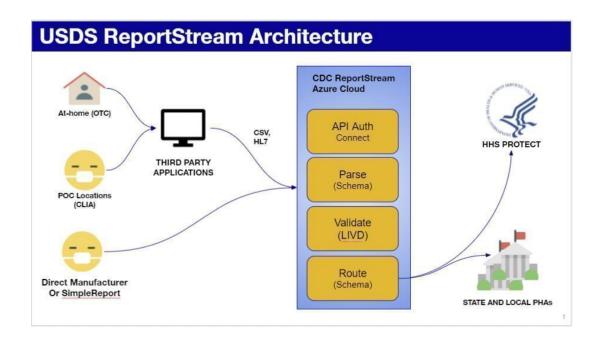
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# Introduction

#### About ReportStream

ReportStream is a free, open-source data platform that makes it easy for public health data to be transferred from testing facilities to public health departments.

ReportStream will automatically filter, transform, batch, and forward data to local, state, and federal jurisdictions based on both geographical and data quality filters provided by those jurisdictions.



ReportStream is not a permanent repository, EMR, or registry for health data. We only keep the data long enough to ensure it gets to the proper local, state, and federal jurisdictions.

# **About this guide**

This programmer's guide enables those who are writing automated systems and tools to send laboratory and other health-related data to local, state, and federal jurisdictions. It helps you, the technical user at the testing facility or sending location, learn how to send data using the ReportStream Restful (REST) API.

Examples in this guide use curl commands for simplicity with the assumption you'll be coding these calls into your sending system. You can also use a program like Postman to test submissions.

# **About our API**

The Waters API — the primary secure entry point to ReportStream — is named in memory of Dr. Michael Stephan Waters (1973-2020). His tireless work at the U.S. Food and Drug Administration championed diagnostic data interoperability efforts nationwide. ReportStream honors Dr. Waters through continuation and elevation of his work.

# **Release notes**

# Onboarding

## **Overview**

- **1.** <u>Kickoff</u>: As you get started, a ReportStream engineer will set up a kickoff call to review the process outlined in this guide and answer any questions.
- 2. Validate and test your data: There are three rounds of testing: validating formatting with fake data, testing the API connection with fake data, and testing PII data in production.
- 3. <u>Start sending your data</u>: Now that we know your files and connection will work, you can start sending your data through the API.

## 1. Kickoff

Before setting up your data, you will:

- 1. Attend a kickoff call with a ReportStream engineer
- 2. Get an Okta account
- 3. Agree to our Terms of Service

If you haven't connected with us yet, reach out so we can help you begin onboarding.

# 2. Validate and test your data

#### Test 1: Testing your formatting with fake data

To prepare your file for testing, review our data models and set up a sample file with fake data (artificially created, non-PII data). We have <u>fake data you can use</u>, if needed.

Currently, ReportStream can accept either a CSV file or HL7 input data. It's often easier to look at sample data in a file than to work from a schema. We can send you a file with fake data to review that will always successfully validate against the schema used to generate it. Note that because the data in those files are computer-generated, it may not feel realistic in some places.

#### View the data model and field requirements

#### **Note for HL7 OTC Tests:**

For this step, refer to the <u>RADx MARS Getting started guide</u>. Within that guide, you'll find information on field requirements, a tool outlining manufacturer-specific values, and a COVID-19 OTC-specific profile of the NIST HL7 v2 validator. To configure the validator, refer to NIST HL7v2 validator instructions at the bottom of the RADx MARS Getting started guide.

When you've formatted your fake (non-PII) data file, test your data model using ReportStream's file validation tool, and correct any errors you receive.

## Test 2: Testing your API connection in staging

After you have finalized a data model that works for you and ReportStream, the ReportStream team will begin onboarding you to our staging environment.

As part of the onboarding process, the ReportStream team will assign your unique client-id and set up your ReportStream account with the type of data you will be submitting. ReportStream will use the client-id to look up the associated data model and format (CSV, CSV OTC, or HL7) and validate the attached payload.

Your first step in this phase is to set up your authentication.

## Set up authentication with a public/private key pair

ReportStream uses token-based authentication with a public/private key pair.

The example below uses the fake client-id healthy-labs, that you will change for your submissions. The example submits the payload contained in the file ./healthy-labs-nonPII-data.csv (or .hl7). In the example, data are submitted via an HTTP POST to the ReportStream staging system reports endpoint. The data submitted are sent as the payload of the POST, as is, with no changes.

#### Step 1: Prior to submission, send your public key to ReportStream.

1. Prior to connecting to the endpoint, you'll need a public/private keypair. There are many ways to do this. The steps below show how to create a key pair using openssl.

EC

```
openssl ecparam -genkey -name secp384r1 -noout -out my-es-keypair.pem
openssl ec -in my-es-keypair.pem -pubout -out my-es-public-key.pem

RSA

openssl genrsa -out my-rsa-keypair.pem 2048
openssl rsa -in my-rsa-keypair.pem -outform PEM -pubout -out my-rsa-public-key.pem
```

2. Send the public key to the ReportStream team using our <u>public key tool</u>. Note: you'll need to login to use that feature. If you do not have a login contact ReportStream support at reportstream@cdc.gov. ReportStream will associate the key with your configuration within ReportStream.

You only need to do this step once, not every time you submit reports. If you need to change your keys at any time, contact ReportStream support.

#### Step 2: At the time of submission, generate a signed JWT using your private key.

A JWT is a base64 encoded string that has three parts: header, payload, and signature.

You can find an example python program to generate a valid JWT on GitHub.

If you receive errors, reference this list of error types for explanations and instructions.

Here is an example, using the fake client-id healthy labs, of header and payload data that should appear in a ReportStream JWT, prior to signature:

```
{
    "header": {
        "kid": "healthy-labs.default",
        "typ": "JWT",
        "alg": "RS256"
},
    "payload": {
        "iss": "healthy-labs.default",
        "sub": "healthy-labs.default",
        "aud": "staging.prime.cdc.gov",
        "exp": 1660737164,
        "jti": "4b713fcd-2514-4207-b310-620b95b749c5"
}
```

#### Note:

• The exp (expiration time) should be a Unix time, five minutes after the time the token was generated.

- The jti (JWT ID) should be a random unique string, new with every call.
- Generate the signed JWT using your private key.

#### Step 3: Send the signed JWT to ReportStream to get a temporary bearer token

POST to the token URL, as in the example below, noting the following:

- 1. Use Content-Type: application/x-www-form-urlencoded.
- 2. In the scope parameter, replace the dummy string 'healthy-labs' with your client-id, as assigned to you by ReportStream staff.
- 3. The grant\_type and client\_assertion\_type parameters are always fixed values. The grant\_type should be client\_credentials and client\_assertion\_type should be urn:ietf:params:oauth:client-assertion-type:jwt-bearer, as in the example curl below.
- 4. In the client\_assertion parameter, replace the <token-signing-secret> below with your JWT from above.
- 5. All the parameters are sent in the body/payload of the post (when using curl, via the -d option), not in the URL.

Here is an example 'curl' POST:

```
curl -X POST -H "Content-Type: application/x-www-form-urlencoded" -d
"scope=healthy-labs.default.report&grant_type=client_credentials&client_assertion_type=urn:ietf:
params:oauth:client-assertion-type:jwt-bearer&client_assertion=<token-signing-secret>"
"https://staging.prime.cdc.gov/api/token"
```

You should get something like this back, which will be valid for five minutes:

```
{"access_token":"<long-access-token>","token_type":"bearer","expires_in":300,"expires_at_seconds ":1625260982,"scope":"healthy-labs.default.report"}
```

#### Step 4: Submit data to ReportStream using the bearer token.

Use the access token returned above as the bearer token for the submission:

#### CSV example

```
curl -H "authorization:bearer <long-bearer-token>" -H "client:healthy-labs" -H
"content-type:text/csv" --data-binary "@./healthy-labs-nonPII-data.csv"
```

```
"https://staging.prime.cdc.gov/api/waters"
```

#### HL7 example

```
curl -H "authorization:bearer <long-bearer-token>" -H "client:healthy-labs" -H
"content-type:application/hl7-v2" --data-binary "@./healthy-labs-nonPII-data.hl7"
"https://staging.prime.cdc.gov/api/waters"
```

Again, always remember to replace the healthy-labs client-id with the client-id supplied to you by ReportStream staff.

#### Test in staging

Once authentication is complete, you can test your automation code as well as your code that handles responses using the staging API. Data is sent in the HTTP payload, either in CSV or HL7 2.5.1 format. You can use curl commands, Postman or another method of your choosing to post test submissions to the staging environment.

**Note:** Do not send any PII or PHI to the staging system — only fake (dummy, example, synthetic) data is acceptable.

Let us know when you send submissions to the staging environment. We'll review that data and work with you to correct any issues. You may send as many fake data submissions to staging as is helpful.

For troubleshooting on your own, here is the complete endpoint input and response <a href="OpenAPI specification">OpenAPI specification</a>.

# Test 3: Testing a file with PII in production

The ReportStream team will onboard you to the production system in training mode. If using a shared secret key, you'll receive API keys or tokens and the URL via Keybase. ReportStream won't forward or transport data received in training mode. However, the response message provides detailed information on where your data would have flowed if production mode was active.

# 3. Start sending your data

When you are ready, the ReportStream team will move you out of training mode and enable full production mode. Once in production, you can send a single record or up to 10,000 records in a single submission.

Data will automatically flow to appropriate state, local, and federal jurisdictional systems.

**Note:** Some jurisdictions require additional validation before sending data to their systems. If this affects your data submission, the ReportStream team will assist you in the process. Currently, the following states require additional validation:

- California
- Illinois
- Washington

# Responses from ReportStream

ReportStream responds to each API call with a response (JSON formatted) about the disposition of your data.

## **Errors and warnings**

The ReportStream response may include warnings and/or errors based on validation of the submission against the expected format.

An accepted submission returns a 201 "httpStatus" code. Submissions with warnings but no errors will still be accepted. While ReportStream will accept a submission with warnings, we encourage you to fix those issues to ensure you will not have future problems sending to public health departments. However, one or more errors fail the entire submission.

#### **Common validation errors**

- Missing or mislabeled required columns/fields
- Missing or malformed data in required columns/fields
- CSV with "jagged" rows differing number of columns within the payload
- Empty payload (an empty response is often a sign of a failed authorization, with a 401 response status). Make sure your token or key and the URL are correct.
- Incorrect client-id or other headers
- Incorrect data types (e.g. a character string when a numeric value is expected)

#### Common validation warnings

Missing optional columns/fields

**Note:** There's a flag allowing partial submissions. With this flag, successful elements in a batch will succeed, and the unsuccessful ones won't. This flag requires extra code on your part to handle partial failures.

# Response messages

### **Asynchronous processing**

In most cases, we'll ask you to submit via ReportStream asynchronous (async) processing. This configuration setting is automatically enabled for users. Upon submitting data via ReportStream async processing, the REST endpoint returns almost immediately. However, ReportStream doesn't return information about where the tests will be sent.

In exchange for speed, the async submission response provides less initial information in the JSON. The initial response will provide errors and warnings, but no destination or filter information. The History Details API can be queried later to get full information about expected and actual destinations.

Example ReportStream response to an async submission:

```
{
  "submissionId":1604,
  "timestamp":"2022-02-10T13:50:19.162694Z",
  "sender":"simple_report.default",
  "httpStatus":201,
  "id":"3597ad7d-b92c-4bc0-a8fc-d909ed87bc90",
  "reportItemCount":2,
  "destinationCount":0,
  "destinations": [],
  "errors": [],
  "warnings": [],
  "topic":"covid-19",
  "warningCount":0,
  "errorCount":0
}
```

#### Synchronous processing

Example JSON response to a successful synchronous submission:

```
{
    "submissionId": 1588,
    "timestamp": "2022-02-09T16:59:33.789532Z",
    "sender": "simple_report",
    "reportItemCount": 2,
    "httpStatus": 201,
    "id": "e8880dcf-a201-4690-8e02-2871da739b61",
    "destinationCount": 2,
    "destinations": [
        {
            "organization id": "de-dph",
            "service": "elr",
            "filteredReportRows": [],
            "sending at": "2022-02-09T17:00:00.000000Z",
            "itemCount": 1,
            "sentReports": [ ],
            "organization": "Delaware Division of Public Health"
        },
            "organization_id": "hi-phd",
            "service": "elr",
            "filteredReportRows": [],
            "sending_at": "2022-02-09T19:00:00.000000Z",
            "itemCount": 1,
            "sentReports": [ ],
            "organization": "Hawaii Public Health Department"
        }
    ],
    "errors": [],
    "warnings": [],
    "topic": "covid-19",
    "warningCount": 0,
    "errorCount": 0
}
```

Since the response is returned in real-time, the "destinations" section supplies information about where the submission is *expected* to be sent. The exact time that the public health department receives that data depends on the settings for that jurisdiction.

ReportStream features a History Details API that can be later queried to obtain the actual destinations and relevant detail. If you'd like to use this API, let the ReportStream team know, and we'll provide you with additional information about requirements for Okta authentication.

The request is made with the submissionld in the earlier example.:

#### Response:

```
{
    "submissionId": 1588,
    "timestamp": "2022-02-09T16:59:33.789532Z",
    "sender": "simple_report",
    "reportItemCount": 2,
    "httpStatus": 201,
    "id": "e8880dcf-a201-4690-8e02-2871da739b61",
    "destinationCount": 2,
    "destinations": [
        {
            "organization_id": "de-dph",
            "service": "elr",
            "filteredReportRows": [],
            "sending_at": "2022-02-09T17:00:00.000000Z",
            "itemCount": 1,
            "sentReports": [
                {
                    "reportId": "38c84ec2-5741-4f2f-b234-25d774ec8caf",
                    "externalName":
"covid-19-43d64e18-ce56-482a-9134-f9f84a2c9d6f-20220209170000.hl7",
                    "createdAt": "2022-02-09T17:00:02.825148Z",
                    "itemCount": 1
                }
            ],
            "organization": "Delaware Division of Public Health"
        },
            "organization_id": "hi-phd",
            "service": "elr",
            "filteredReportRows": [],
            "sending_at": "2022-02-09T17:00:00.000000Z",
            "itemCount": 1,
            "sentReports": [
                {
                    "reportId": "d9fae107-ef89-4fc0-b9b9-517219a4d2bb",
                    "externalName":
"covid-19-3560b0e8-c183-4132-ad0c-487a837f0e77-20220209170000.hl7",
                    "createdAt": "2022-02-09T17:00:02.822125Z",
                    "itemCount": 1
                }
            "organization": "Hawaii Public Health Department"
        }
    ],
    "errors": [],
    "warnings": [],
    "topic": "covid-19",
    "warningCount": 0,
    "errorCount": 0
}
```

The sentReports sections contain details about where and when the reports were transmitted.

## **JSON Error responses**

In error cases, no report "id" UUID is returned, because no report was created based on the submission.

Example failure response and identical HistoryAPI response (Note the "id" is null, and the "httpStatus" is not 201):

```
{
    "submissionId": 1594,
    "timestamp": "2022-02-09T20:44:55.055545Z",
    "sender": "simple_report",
    "destinationCount" : 0,
    "httpStatus": 400,
    "id": null,
    "destinations": [],
    "errors": [
            "scope": "item",
            "index": 1,
            "trackingId": "abcde",
            "type": "error",
            "message": "Blank value for element 'Patient_last_name' ('patient_last_name')"
        }
    ],
    "warnings": [],
    "topic": null,
    "warningCount": 0,
    "errorCount": 1
}
```

#### Example of a report level error:

```
{
    "submissionId": 1599,
    "timestamp": "2022-02-09T20:56:16.82117Z",
    "sender": "strac",
    "httpStatus": 400,
    "id": null,
    "destinationCount" : 0,
    "destinations": [],
    "errors": [
        {
            "scope": "report",
            "index": null,
            "trackingId": null,
            "type": "error",
            "message": "CSV file has an inconsistent number of columns on row: 3"
        }
    "warnings": [],
    "topic": null,
    "warningCount": 0,
    "errorCount": 1
}
```

# Data model

# **API CSV and HL7 Field Requirements**

#### **Contents:**

Patient data elements

Order and result data elements

Specimen data elements

Ordering provider data elements

Testing facility data elements

Ask-On-Entry (AOEs)

Reporting and ordering facility data elements

#### Legend:

Yes: Required field for acceptance

**Yes – Conditional**: Required, but only under certain circumstances. Review the field's Data Requirements and Additional Guidance for more information.

**Requested:** Field should be populated if available. In addition, some states may treat this as a required field.

**No**: Not a hard requirement. In the interest of providing complete information to public health agencies, please populate the field if data is available. For CSV implementations please provide the CSV column header even if no data is entered.

#### Note about OTC reporting:

- For CSV implementations, include only the columns marked with "(OTC)" in the CSV Column Names below.
- For HL7 implementations, do not use this table. Refer to the RADx MARS OTC information in 2. Validate and test your data.

#### Common errors:

Two of the most important and often overlooked pieces of required data are the
deviceIdentifier (OBX-17.1) and testPerformed (OBX-3.1). These fields must match
exactly to the appropriate row in the LOINC In Vitro Diagnostic (LIVD) test code mapping.

This is the most updated LIVD mapping from the CDC. Specifics about each field are
detailed in the tables below.

• The preferred timestamp formatting for CSV and HL7 is yyyyMMddhhmmss+/-zzzz. If the UTC offset (+/-zzzz) is not present, results should be normalized to a single time zone that's agreed upon during the onboarding process.

## **Patient data elements**

| CSV Column              | HL7 Field / | Fed       | State     | Data Requirements   | Additional Guidance  |
|-------------------------|-------------|-----------|-----------|---|--|
| Names                   | Component   | Required? | Required? |   |  |
| patient_id (OTC)        | PID-3.1     | No        | Requested | Optional - Requested: Enter unique patient identifier. This is typically the Medical Record Number. Do not send a Social Security Number. | This value is optional and can be left blank if no information is provided. Some jurisdictions may require this field, ReportStream will notify you if this is the case. |
| patient_last_na<br>me   | PID-5.1     | No        | Yes       | Enter patient's last name.  | File will fail if field left blank.  |
| (OTC)                   |             |           |           |   |  |
| patient_first_na<br>me  | PID-5.2     | No        | Yes       | Enter patient's first name.   | File will fail if field left blank.  |
| (OTC)                   |             | ļ         |           |   |  |
| patient_name_<br>middle | PID-5.3     | No        | No        | Optional: Enter patient's middle name, if known.  | This value is optional and can be left blank if no information is provided.  |
| (OTC)                   |             |           |           |   |  |
| patient_street (OTC)    | PID-11.1    | No        | Yes       | Enter patient's home address.   | File will fail if field left blank. If no address given or homeless, populate this field with ** Unknown / Not Given ** or ** Homeless **.                               |
| patient_street2 (OTC)   | PID-11.2    | No        | No        | Optional: Enter patient's additional address information, if applicable.  | This value is optional and can be left blank if no information is provided.  |
| patient_city (OTC)      | PID-11.3    | No        | Yes       | Enter patient's city.   | File will fail if field left blank. If no city given or homeless, populate this field with the ordering facility information.  |
| patient_state (OTC)     | PID-11.4    | No        | Yes       | Enter patient's state using the two-character abbreviation.   | File will fail if field left blank. If no state given or homeless, populate this field with the ordering facility information.   |
| patient_county (OTC)    | PID-11.9    | Yes       | Yes       | Enter patient's county/parish name.   | Required for reporting to certain jurisdictions.   |
| patient_zip_cod e       | PID-11.5    | Yes       | Yes       | Enter patient's zip code.   | File will fail if value is not entered using acceptable format or field is left blank. If  |
| (OTC)                   |             |           |           | Accepted Format:<br>12345<br>12345-6789   | no zip code given or homeless, populate field with the ordering facility information.  |

|  | DID 12.7 | l No   |                      | Enter national a phone number if   | If no phone number given or  |
|--|----------|--------|----------------------|--|--|
| patient_phone_<br>number<br>(OTC)                    | PID-13.7 | No     | Yes -<br>Conditional | Enter patient's phone number, if known.  Accepted Format: 000-000-000  | If no phone number given or<br>homeless, populate field<br>with the ordering<br>facility information.  |
| patient_dob (OTC)                                    | PID-7.1  | No     | Yes                  | Enter patient's date of birth.  Accepted Format: yyyyMMdd  | File will fail if value is not entered using accepted format or field is left blank.   |
| patient_gender (OTC)                                 | PID-8.1  | Yes    | Yes                  | Enter patient's gender.  Accepted Values (HL70001):  | File will fail if value not entered using accepted values or field is left blank. Accepted values come from values mapped to LOINC codes you can find in the PHIN VADS system.   |
| patient_race (OTC)                                   | PID-10.1 | Yes    | Yes                  | Enter patient's race.  Accepted Values (HL70005):   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 | File will fail if numeric values or text values are not entered using acceptable values or field is left blank. Accepted values come from values mapped to LOINC codes you can find in the PHIN VADS system.   |
| patient_ethnicity (OTC)  patient_preferre d_language | PID-22.1 | Yes No | Yes                  | Enter patient's ethnicity.  Accepted Values:   2135-2 or H or Hispanic or Latino 2186-5 or N or Not Hispanic or Latino UNK or U or Unknown  Optional: Enter patient's preferred language, if known.  Example Accepted Values: eng OR English spa OR Spanish                    | File will fail if numeric values or text values are not entered using acceptable values or field is left blank. Accepted values come from values mapped to LOINC codes you can find in the PHIN VADS system.  Use the Concept Code or Concept Name from the PHIN VADS ISO-639 table, which can be found at https://phinvads.cdc.gov/va ds/ViewValueSet.action?id= D0858308-9AB3-EA11-818 |
| patient_email (OTC)                                  | PID-13.4 | No     | No                   | fre OR French jpn OR Japanese  Optional: Enter patient's email address, if known.  Accepted Value: Numeric or text   | F-005056ABE2F0#.  This value is optional and can be left blank if no information is provided.  |

# Order and result data elements

| CSV Column<br>Names               | HL7 Field /<br>Component                                      | Fed<br>Required? | State<br>Required? | Data Requirements  | Additional Guidance  |
|-----------------------------------|---|------------------|--------------------|--|--|
| accession_num ber (OTC)           | ORC-3.1<br>OBR-3.1<br>SPM-2.2<br>MSH-10<br>ORC-2.1<br>OBR-2.1 | Yes              | Yes                |  | An accession number is a unique ID that identifies a single result. This field is important for public health departments to refer back to a test event. File will fail if field left blank. For OTC a value is generated by ReportStream based on the patient id.   |
| equipment_mod<br>el_name<br>(OTC) | OBX-17.2  | Yes              | Yes                | Enter equipment model name value from Department of Health and Human Services' (HHS) LOINC Mapping spreadsheet.  Examples: 1) "ID NOW"  2) "BD Veritor System for Rapid Detection of SARS-CoV-2*"  3) "BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A+B*"  4) "RightSign COVID-19 IgG/IgM Rapid Test Cassette*" | File will fail if value not entered using accepted values or field is left blank. Go to https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html.  Click on the Mapping Tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file.  Locate the saved file on your computer and open it. Click on the "LOINC Mapping" tab.  Go to Column B, labeled "Model" to locate the corresponding value to enter. |
| n/a                               | OBX-17.1  | Yes              | Yes                | Enter device identifier from Department of Health and Human Services' (HHS) LOINC Mapping spreadsheet.  Examples: 1) "10811877011269"  2) "BD Veritor System for Rapid Detection of SARS-CoV-2_Becton, Dickinson and Company (BD)"  3) "BD Veritor System for Rapid Detection of SARS-CoV-2 & Flu A+B_Becton, Dickinson      | File will fail if value not entered using accepted values or field is left blank. Go to https://www.cdc.qov/csels/dls/sars-cov-2-livd-codes.html.  Click on the Mapping Tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file.  Locate the saved file on your computer and open it.  |

|                           | •        | •   |          |  |   |
|---------------------------|----------|-----|----------|--|---|
|                           |          |     |          | and Company (BD)"  4) "RightSign COVID-19 IgG/IgM Rapid Test Cassette_Hangzhou Biotest Biotech Co., Ltd."  | Click on the "LOINC Mapping" tab. Go to Column M, labeled "Testkit Name ID" to locate the corresponding value to enter.   |
| equipment_uid (OTC)       | OBX-18.1 | Yes | Yes      | Enter Equipment UID information from Department of Health and Human Services' (HHS) LOINC Mapping spreadsheet.  Examples: 1) "00811877010616"  2) "BD Veritor Plus System_Becton Dickinson"  3) "BD Veritor Plus System_Beckton Dickinson"  4) "(Test kit device)" | File will fail if value not entered using accepted values or field is left blank. Go to https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html.  Click on the Mapping Tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file.  Locate the saved file on your computer and open it. Click on the "LOINC Mapping" tab.  Go to Column O, labeled "Equipment UID" to locate the corresponding value to enter.            |
| test_performed_code (OTC) | OBX-3.1  | Yes | Yes      | Enter TestPerformed Code value from Department of Health and Human Services' (HHS) LOINC Mapping spreadsheet.  Examples: 1) "94534-5" 2) "94558-4" 3) "97097-0" 4) "94507-1" "94508-9"   | File will fail if value not entered using acceptable values or field is left blank. Go to https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html.  Click on the Mapping Tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file. Locate the saved file on your computer and open it.  Click on the "LOINC Mapping" tab. Go to Column F, labeled "Test Performed LOINC Code". Locate the corresponding value to enter. |
| test_result (OTC)         | OBX-5.1  | Yes | Yes      | Enter a numeric SNOMED code (preferred) or common text value listed.  Examples: "260373001"  | File will fail if value is not entered using accepted text values or SNOMED codes, or if the field is left blank.   |
| L                         | L        | L   | <u> </u> |  |   |

|                     | i         | 1   | 1   | <b>"-</b> "                                   |   |
|---------------------|-----------|-----|-----|---|---|
|                     |           |     |     | "Positive"                                    |   |
|                     |           |     |     | "Negative"                                    |   |
|                     |           |     |     | "Not Detected"                                | Enter a value from the                                  |
|                     |           |     |     | "Detected"                                    | common values listed.                                   |
|                     |           |     |     | "Invalid Result"                              |   |
|                     |           |     |     |   | Go to   |
|                     |           |     |     |   | https://www.cdc.gov/csels/                              |
|                     |           |     |     |   | dls/sars-cov-2-livd-codes.h                             |
|                     |           |     |     |   | tml.  |
|                     |           |     |     |   | _   |
|                     |           |     |     |   | Click on the Mapping Tool                               |
|                     |           |     |     |   | labeled "LIVD SARS-CoV-2                                |
|                     |           |     |     |   | Test Codes.xlsx" to                                     |
|                     |           |     |     |   | download the file.                                      |
|                     |           |     |     |   | download the life.                                      |
|                     |           |     |     |   |   |
|                     |           |     |     |   | Locate the saved file on                                |
|                     |           |     |     |   | your computer and open it.                              |
|                     |           |     |     |   | Click on the "LOINC                                     |
|                     |           |     |     |   | Mapping" tab. Go to                                     |
|                     |           |     |     |   | Column E, labeled "Vendor                               |
|                     |           |     |     |   | Result Description". Locate                             |
|                     |           |     |     |   | SNOMED code value and                                   |
|                     |           |     |     |   | enter into field (Example:                              |
|                     |           |     |     |   | Positive = 260373001).                                  |
|                     | ORC-15.1  | Vac |     | Catan toot and and data                       | File will fail if value is not                          |
| order_test_date     | ORG-15.1  | Yes | Yes | Enter test ordered date.                      |   |
|                     |           |     |     | Accepted Formet                               | entered using acceptable format or field is left blank. |
| (OTC)               |           |     |     | Accepted Format:                              | Torritat or field is left blank.                        |
|                     | ODM 17.1  | Van |     | yyyyMMddhhmmss+/-zzzz                         | lfl   |
| specimen_collec     | SPM-17.1  | Yes | Yes | Enter specimen collection date.               | If unknown, populate field                              |
| tion_date           |           |     |     | A country of Comments                         | with the order_test_date                                |
|                     |           |     |     | AcceptedFormat:                               | value. In most cases, these                             |
| (OTC)               |           |     |     | yyyyMMddhhmmss+/-zzzz                         | are the same. Can be left                               |
|                     |           |     |     |   | blank for CSV if same as                                |
|                     | 0014 40 4 |     |     | F   | order_test_date.  |
| testing_lab_spe     | SPM-18.1  | No  | No  | Enter testing lab specimen                    | If unknown, populate field                              |
| cimen_received_     |           |     |     | received date.                                | with the order_test_date                                |
| date                |           |     |     |   | value. In most cases, these                             |
|                     |           |     |     | AcceptedFormat:                               | are the same. Can be left                               |
| (OTC)               |           |     |     | yyyyMMddhhmmss+/-zzzz                         | blank for CSV if same as                                |
|                     |           |     |     |   | order_test_date.  |
|                     | OPV 14.1  | Voc |     | Enter test receilt data                       | File will feil if volve in and                          |
| test_result_date    | OBX-14.1  | Yes | Yes | Enter test result date.                       | File will fail if value is not                          |
|                     |           |     |     | Accepted Formet                               | entered using acceptable format or field is left blank. |
| (OTC)               |           |     |     | Accepted Format:                              | TOTTIAL OF HEID IS TELL DIATIK.                         |
|                     | OBR-22    | Yes |     | yyyyMMddhhmmss+/-zzzz Enter test report date. | File will fail if value is not                          |
| date_result_rele    | OBN-22    | 165 | Yes | Liner test report date.                       | entered using acceptable                                |
| ased                |           |     |     | Accepted Formati                              | format or field is left blank.                          |
|                     |           |     |     | Accepted Format:                              | TOTTIAL OF HEID IS IEIL DIATIK.                         |
| (OTC)               |           |     |     | yyyyMMddhhmmss+/-zzzz                         |   |
| aammar <sup>1</sup> | NTE-3     | No  | No  | Any comments from a                           | This value is optional and                              |
| comment             |           |     | No  | physician or lab technician you               | can be left blank if no                                 |
|                     |           |     |     | want to relay to your public                  | information is provided.                                |
|                     |           |     |     | health department can be                      | ,   |
|                     |           |     |     | entered here.                                 | Do not include commas (,)                               |
|                     |           |     |     |   | in any CSV comments                                     |
|                     |           |     |     | This field is not intended for                | unless the field is                                     |
|                     | !         |     |     |   |   |

|                                 |                  |     |     | characteristics of COVID-19<br>tests or statements about false<br>positive or negative results. | encapsulated in quotes (").   |
|---------------------------------|------------------|-----|-----|---|---|
| test_result_statu<br>s<br>(OTC) | OBX-11<br>OBR-25 | Yes | Yes | Accepted Values:  • "F" for Final Result.  • "C" for Corrected  Result                          | Enter test result status using the accepted format. If left blank, value will default to "F" for CSV. |

# Specimen data elements

| CSV Column<br>Names | HL7 Field /<br>Component | Fed<br>Required? | State<br>Required? | Data Requirements   | Additional Guidance  |
|---------------------|--------------------------|------------------|--------------------|---|--|
| specimen_type (OTC) | SPM-4                    | Yes              | Yes                | Enter a numeric SNOMED code (preferred) or common text value listed.  Examples: "697989009"  "Nasal Swab" "Nasopharyngeal Swab" "Anterior Nares Swab" "Throat Swab" "Oropharyngeal Swab" "Whole Blood" "Plasma" "Serum" | File will fail if value not entered using acceptable text values or SNOMED codes or field is left blank.  Go to https://www.cdc.gov/csels/dls/s ars-cov-2-livd-codes.html. Click on the Mapping Tool labeled "LIVD SARS-CoV-2 Test Codes.xlsx" to download the file.  Locate the saved file on your computer and open it. Click on the "LOINC Mapping" tab. Go to Column D, labeled "Vendor Specimen Description". Locate the corresponding text value or SNOMED code and enter into field (example: Anterior Nares Swab = "697989009"). |
| n/a                 | SPM-8                    | Requested        | Requested          | Enter a numeric SNOMED code for the specimen source site code.  | For CSV, this is populated by ReportStream based on the specimen_type value.   |

# Ordering provider data elements

| CSV Column Names                          | HL7 Field /<br>Component | Fed<br>Required? | State<br>Required? | Data Requirements  | Additional Guidance  |
|---|--------------------------|------------------|--------------------|--|--|
| ordering_provider_id (OTC)                | ORC-12.1                 | Yes              | Yes                | Enter National Provider Identifier (NPI). ReportStream prefers this value, however if NPI is unknown enter local coding.  Examples:  NPI example: 1013012657 Local code example: muc1290 | NPI is a 10-character all-numeric identification number to uniquely identify a health care provider. NPIs can be found at https://npiregistry.cms.hhs.gov/.  Some jurisdictions may not accept a local code, ReportStream will work with you if this is the case.  This field may be left blank for OTC tests. |
| ordering_provider_last<br>_name<br>(OTC)  | ORC-12.2                 | No               | Yes                | Enter the last name of the ordering provider.  | File will fail if field left blank<br>for non-OTC tests. May be<br>left blank for OTC.   |
| ordering_provider_mid dle_name (OTC)      | ORC-12.4                 | No               | No                 | Optional: Enter ordering provider's middle name, if known.   | This value is optional and can be left blank if no information is provided.  |
| ordering_provider_first<br>_name<br>(OTC) | ORC-12.3                 | No               | Yes                | Enter the first name of the ordering provider.   | File will fail if field left blank<br>for non-OTC tests. May be<br>left blank for OTC.   |
| ordering_provider_stre et (OTC)           | ORC-24.1                 | Requested        | Yes                | Enter the street address of the ordering provider.   | File will fail if field left blank<br>for non-OTC tests. May be<br>left blank for OTC.   |
| ordering_provider_stre et2 (OTC)          | ORC-24.2                 | No               | No                 | Optional: Enter ordering provider's additional address information, if applicable.   | This value is optional and can be left blank if no information is provided.  |
| ordering_provider_city (OTC)              | ORC-24.3                 | Requested        | Yes                | Enter ordering provider's city.  | File will fail if field left blank for non-OTC tests. May be left blank for OTC.   |
| ordering_provider_stat e (OTC)            | ORC-24.4                 | Requested        | Yes                | Enter ordering provider's state using the two-character abbreviation.  | File will fail if field left blank<br>for non-OTC tests. May be<br>left blank for OTC.   |
| ordering_provider_zip<br>_code (OTC)      | ORC-24.5                 | Requested        | Yes                | Enter ordering provider zip code.  Accepted Format:  | File will fail if value is not entered using accepted format or field is left blank.   |

|                                    |          |           |                      | 12345<br>12345-6789                     |  |
|------------------------------------|----------|-----------|----------------------|---|--|
| ordering_provider_ph<br>one_number | ORC-14.7 | Requested | Yes -<br>Conditional | Enter ordering provider's phone number. | File will fail if value is not entered using accepted format or field is left blank. |
| (OTC)                              |          |           |                      | Accepted Format:<br>000-000-000         |  |

# Testing facility data elements

| CSV Column<br>Names          | HL7 Field /<br>Component | Fed<br>Required? | State<br>Required? | Data Requirements  | Additional Guidance   |
|------------------------------|--------------------------|------------------|--------------------|--|---|
| testing_lab_clia (OTC)       | OBX-23.10                | Yes              | Yes                | Enter testing facility's CLIA number.  | File will fail if left blank. CLIA numbers can be found at https://www.cdc.gov/clia/L |
|                              |                          |                  |                    |  | abSearch.html.  For OTC, use 00Z0000014   |
|                              |                          |                  |                    |  | For prescription, use 00Z0000015  |
| testing_lab_nam<br>e         | OBX-23.1                 | No               | Yes                | Enter testing facility's name.   | File will fail if field left blank.   |
| testing_lab_stree<br>t       | OBX-24.1                 | No               | Yes                | Enter the street address of the testing facility.  | File will fail if field left blank.   |
| testing_lab_stree<br>t2      | OBX-24.2                 | No               | No                 | <b>Optional:</b> Enter testing facility's additional address information, if applicable. | This value is optional and can be left blank if no information is provided.           |
| testing_lab_city             | OBX-24.3                 | No               | Yes                | Enter testing facility's city.   | File will fail if field left blank.   |
| testing_lab_state            | OBX-24.4                 | Yes              | Yes                | Enter testing facility's state using the two-character abbreviation.                     | File will fail if field left blank.   |
| testing_lab_zip_c<br>ode     | OBX-24.5                 | Yes              | Yes                | Enter testing facility's zip code.  Accepted Format: 12345 12345-6789                    | File will fail if value is not entered using accepted format or field is left blank.  |
| testing_lab_phon<br>e_number | N/A                      | No               | No                 | Enter testing lab's phone number, if known.  Accepted Format:                            | File will fail if value is not entered using accepted format.                         |
|                              |                          |                  |                    | • 000-000-0000   |   |

# Ask-On-Entry (AOEs)

| CSV Column<br>Names                  | HL7 Field /<br>Component | Fed<br>Required? | State<br>Required? | Data Requirements  | Additional Guidance   |
|--------------------------------------|--------------------------|------------------|--------------------|--|---|
| pregnant                             | OBX-3.1<br>OBX-5.1       | Requested        | Requested          | Optional - Requested: Enter patient's pregnancy status.  OBX-3.1 82810-3  OBX-5.1 77386006 (Yes) 60001007 (No) 261665006 (Unknown)  CSY Y (Yes) N (No) U (Unknown) | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
| employed_in_he<br>althcare           | OBX-3.1<br>OBX-5.1       | Requested        | Requested          | Optional - Requested: Enter patient's employment in healthcare status.  OBX-3.1 95418-0  OBX-5.1/CSV Y (Yes) N (No) U (Unknown)                                    | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
| symptomatic_for<br>_disease<br>(OTC) | OBX-3.1<br>OBX-5.1       | Requested        | Requested          | Optional - Requested: Enter patient's symptomatic for disease status.  OBX-3.1 95419-8  OBX-5.1/CSV Y (Yes) N (No) U (Unknown)                                     | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
| illness_onset_dat<br>e<br>(OTC)      | OBX-3.1<br>OBX-5.1       | Requested        | Requested          | Enter patient's illness onset date.  OBX-3.1 65222-2  OBX-5.1 Accepted Format: yyyyMMdd  | Field is not required, but requested for thorough reporting.  |

| resident_congreg<br>ate_setting | OBX-3.1<br>OBX-5.1 | Requested | Requested | Optional - Requested: Enter patient's congregate housing status.  OBX-3.1 95421-4  OBX-5.1/CSV Y (Yes) N (No) U (Unknown)   | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
|---------------------------------|--------------------|-----------|-----------|---|---|
| residence_type                  | N/A                | Requested | Requested | Optional - Requested: Enter the type of facility providing care for patient.  Accepted Values: 22232009 (Hospital) 2081004 (Hospital ship) 32074000 (Long Term Care Hospital) 224929004 (Secure Hospital) 42665001 (Nursing Home) 30629002 (Retirement Home) 74056004 (Orphanage) 722173008 (Prison-based care site) 20078004 (Substance Abuse Treatment Center) 257573002 (Boarding House) 224683003 (Military Accommodation) 284546000 (Hospice) 257628001 (Hostel) 310207003 (Sheltered Housing) 57656006 (Penal Institution) 285113009 (Religious institutional residence) 285141008 (Work environment) 32911000 (Homeless) 261665006 (Unknown) | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
| hospitalized                    | OBX-3.1<br>OBX-5.1 | Requested | Requested | Optional - Requested: Enter patient's hospitalization status.  OBX-3.1 77974-4  OBX-5.1/CSV Y (Yes) N (No) U (Unknown)  | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |
| icu                             | OBX-3.1<br>OBX-5.1 | Requested | Requested | Optional - Requested: Enter patient's intensive care unit (ICU) status.  OBX-3.1  | Field is not required, but requested for thorough reporting. Enter one of the acceptable values exactly as displayed. |

|  |  | 77974-4     |  |
|--|--|-------------|--|
|  |  | OBX-5.1/CSV |  |
|  |  | Y (Yes)     |  |
|  |  | N (No)      |  |
|  |  | U (Unknown) |  |
|  |  |             |  |

# Reporting and ordering facility data elements

All Reporting and Ordering Facility Data Elements can be left blank for CSV if same as Testing Facility Data Elements

| CSV Column<br>Names                | HL7 Field /<br>Component | Fed<br>Required? | State<br>Required?   | Data Requirements  | Additional Guidance   |
|------------------------------------|--------------------------|------------------|----------------------|--|---|
| reporting_facility<br>_name        | MSH-4.1                  | Yes              | Yes                  |  | Can be left blank for CSV if same as testing_lab_name.                      |
| reporting_facility<br>_clia        | MSH-4.2                  | Yes              | Yes                  |  | Can be left blank for CSV if same as testing_lab_clia.                      |
| ordering_facility_<br>name         | ORC-21.1                 | No               | Yes –<br>Conditional | Enter ordering facility name.  | Can be left blank for CSV if same as testing_lab_name.                      |
| ordering_facility_<br>street       | ORC-22.1                 | No               | Yes –<br>Conditional | Enter the street address of the ordering facility.                                 | Can be left blank for CSV if same as testing_lab_street.                    |
| ordering_facility_<br>street2      | ORC-22.2                 | No               | No                   | Optional: Enter ordering facility's additional address information, if applicable. | This value is optional and can be left blank if no information is provided. |
| ordering_facility_<br>city         | ORC-22.3                 | No               | Yes –<br>Conditional | Enter ordering facility's city.  | Can be left blank for CSV if same as testing_lab_city.                      |
| ordering_facility_<br>state        | ORC-22.4                 | No               | Yes –<br>Conditional | Enter ordering facility's state using the two-character abbreviation.              | Can be left blank for CSV if same as testing_lab_state.                     |
| ordering_facility_<br>zip_code     | ORC-22.5                 | No               | Yes –<br>Conditional | Enter ordering facility zip code.  Accepted Format:  12345 12345-6789              | Can be left blank for CSV if same as testing_lab_zip_code.                  |
| ordering_facility_<br>phone_number | ORC-23                   | No               | Yes –<br>Conditional | Enter ordering facility phone number.  Accepted Format:  000-000-0000              | Can be left blank for CSV if same as testing_lab_phone_number.              |

# Sample payloads and output

# Sample CSV payload and output

Input

}

#### Download a sample file

```
Response
 "id": "dbfbb65f-f6f0-4d85-a723-32b63283f068",
 "submissionId": 2412,
 "overallStatus": "Waiting to Deliver",
 "timestamp": "2022-05-16T14:39:02.159Z",
 "plannedCompletionAt": "2022-05-16T14:40:00.000Z",
 "actualCompletionAt" : null,
 "sender": "csvuploadertest.default",
 "reportItemCount": 5,
 "errorCount": 0,
 "warningCount": 0,
 "httpStatus": 201,
 "destinations" : [ {
  "organization": "Alabama Public Health Department",
  "organization id": "al-phd",
  "service": "elr",
  "itemCount": 5,
  "itemCountBeforeQualityFiltering": 5,
  "sending_at": "2022-05-16T14:40:00.000Z",
  "filteredReportRows" : [],
  "filteredReportItems" : [],
  "sentReports" : [],
  "downloadedReports" : []
 }],
 "errors" : [ ],
 "warnings" : [],
 "topic": "covid-19",
 "externalName" : null,
 "destinationCount": 1
```

# Sample HL7 2.5.1 payload and output

#### Input

FHS|^~\&|CDC PRIME - Atlanta,^2.16.840.1.114222.4.1.237821^ISO|CDC PRIME -

Atlanta,^2.16.840.1.114222.4.1.237821^ISO|||202108031315+0000

BHS|^~\&|CDC PRIME - Atlanta, ^2.16.840.1.114222.4.1.237821^ISO|CDC PRIME -

Atlanta,^2.16.840.1.114222.4.1.237821^ISO|||202108031315+0000

MSH|^~\&|CDC PRIME - Atlanta,^2.16.840.1.114222.4.1.237821^ISO|Winchester House^05D2222542^ISO|CDPH CA

REDIE^2.16.840.1.114222.4.3.3.10.1.1^ISO|CDPH\_CID^2.16.840.1.114222.4.1.214104^ISO|20210803131511.0147+0000||O

RU^R01^ORU\_R01|1234d1d1-95fe-462c-8ac6-46728dba581c|P|2.5.1|||NE|NE|USA|UNICODE

UTF-8|||PHLabReport-NoAck^ELR\_Receiver^2.16.840.1.113883.9.11^ISO

SFT|Centers for Disease Control and Prevention|0.1-SNAPSHOT|PRIME Data Hub|0.1-SNAPSHOT||202107260000

PID|1||09d12345-0987-1234-1234-111b1ee0879f^^^Winchester

House&05D2222542&ISO^PI^&05D2222542&ISO||Bunny^Bugs^C^^^^L||19000101|M||2106-3^White^HL70005^^^^2.5.1|12 345 Main St^San Jose^CA^95125^USA^^^06085||(123)456-7890^PRN^PH^^1^123^4567890||||||||N^Non Hispanic or

Latino^HL70189^^^2.9||||||N

ORC|RE|1234d1d1-95fe-462c-8ac6-46728dba581c^Winchester

House \ 05D2222542 \ ISO | 1234d1d1 - 95fe - 462c - 8ac6 - 46728dba581c \ Winchester

House^05D2222542^ISO||||||||1679892871^Doolittle^Doctor^^^^^CMS&2.16.840.1.113883.3.249&ISO^^^^NPI||(123)456-7

890^WPN^PH^^1^123^4567890|202108020000+0000||||||Winchester House|6789 Main St^^San

Jose^CA^95126^^^^06085|(123)456-7890^WPN^PH^^1^123^4567890|6789 Main St^^San Jose^CA^95126

OBR|1|1234d1d1-95fe-462c-8ac6-46728dba581c^Winchester

House ^ 05D2222542 ^ ISO | 1234d1d1-95fe-462c-8ac6-46728dba581c ^ Winchester

House ^05D2222542 ^ISO 94558-4 ^SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid

immunoassay^LN^^^2.68|||202108020000-0500||202108020000-0500|||||||1679892871^Doolittle^Doctor^^^^^CMS&2.16.

840.1.113883.3.249&ISO^^^^NPI|(123)456-7890^WPN^PH^^1^123^4567890|||||202108020000-0500|||F

OBX|1|CWE|94558-4^SARS-CoV-2 (COVID-19) Ag [Presence] in Respiratory specimen by Rapid

immunoassay^LN^^^2.68||260415000^Not detected^SCT|||N^Normal (applies to non-numeric

results)^HL70078^^^2.7|||F|||202108020000-0500|05D2222542^ISO||BD Veritor System for Rapid Detection of

SARS-CoV-2\_Becton, Dickinson and Company (BD)^BD Veritor System for Rapid Detection of

SARS-CoV-2^99ELR^^^^2.68^^BD Veritor System for Rapid Detection of SARS-CoV-2\_Becton, Dickinson and Company

(BD)\_EUA||202108020000-0500||||Winchester House^^^^\ISO&2.16.840.1.113883.19.4.6&ISO^XX^^^05D2222542|6789 Main St^^San Jose^CA^95126^^^^06085

OBX|2|CWE|95418-0^Whether patient is employed in a healthcare

setting^LN^^^2.69||N^No^HL70136||||||F|||202108020000-0500|05D2222542||||202108020000-0500||||Winchester

House^^^^ISO&2.16.840.1.113883.19.4.6&ISO^XX^^^05D2222542|6789 Main St^^San

Jose^CA^95126-5285^^^06085|||||QST

OBX|3|CWE|95417-2^First test for condition of

interest^LN^^^2.69||N^No^HL70136||||||F|||202108020000-0500|05D2222542||||202108020000-0500||||Winchester

House^^^^ISO&2.16.840.1.113883.19.4.6&ISO^XX^^^05D2222542|6789 Main St^^San

Jose^CA^95126-5285^^^06085|||||QST

OBX|4|CWE|95421-4^Resides in a congregate care

setting^LN^^^2.69||Y^Yes^HL70136||||||F|||202108020000-0500|05D2222542||||202108020000-0500||||Winchester

House^^^^ISO&2.16.840.1.113883.19.4.6&ISO^XX^^^05D2222542|6789 Main St^^San

Jose^CA^95126-5285^^^06085|||||QST

OBX|5|CWE|95419-8^Has symptoms related to condition of

interest^LN^^^2.69||N^No^HL70136||||||F|||202108020000-0500|05D2222542||||202108020000-0500||||Winchester

House^^^^ISO&2.16.840.1.113883.19.4.6&ISO^XX^^05D2222542|6789 Main St^^San

Jose^CA^95126-5285^^^06085|||||QST

SPM|1|1234d1d1-95fe-462c-8ac6-46728dba581c&&05D2222542&ISO^1234d1d1-95fe-462c-8ac6-46728dba581c&&05D222

2542&ISO||445297001^Swab of internal nose^SCT^^^2.67||||53342003^Internal nose structure (body

structure)^SCT^^^2020-09-01|||||||||202108020000-0500|20210802000006.0000-0500

DTOI

## Response

```
"id": "f08ccba0-c5ff-4ef5-924c-f72747603f02",
 "timestamp": "2021-08-05T11:33:01.060209Z",
 "topic": "covid-19",
 "reportItemCount": 1,
 "destinations" : [ {
  "organization": "California Department of Public Health",
  "organization_id" : "ca-dph",
  "service" : "elr",
  "sending_at": "2021-08-05T07:34-04:00",
  "itemCount" : 1
 }],
 "destinationCount": 1,
 "warningCount": 0,
 "errorCount": 0,
 "errors" : [ ],
 "warnings" : []
}
```

# **Example data models**

- COVID-19 data matching HHS Guidance
- A simple schema meant for testing and demos
- A complex real-life schema used by our sister project, SimpleReport, for submitting COVID-19 data
- Other examples of COVID-19 schemas