Guidelines to Upload Patient CSV Files

Hawaii Lab Reporting Portal

Updated on 10/12/2021

1. Overview

The document provides guidelines to upload CSV Files. All CSV files with patient data should have valid data (Acceptable Format/Values below) in mandatory fields. Data provided in the CSV file needs to conform to the standards in Acceptable Format/Values.
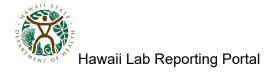
2. Upload CSV File

- The following are guidelines to upload CSV Files. All CSV files with patient data should have valid data (Acceptable Format/Values below) in **mandatory fields**. For optional fields, if data is provided in a CSV file, it needs to conform to the standards in Acceptable Format/Values. Any available data that is not mandatory, should still be filled in if the data is accessible and/or available. All fields need to be filled out as information presents itself.

- A lab can upload a maximum of 10 files per day. A CSV file can have up to 5,000 patient records.

- A CSV file should have Headers conforming to the CSV Template and Patient Data according to the format and values specified inthis guide.

- A CSV file name must have no space, contain only letters, numbers, and underscore (_), and cannot exceed 20 characters.

- Only Lab Manager role can upload CSV files.

3. Patient Data Guidelines

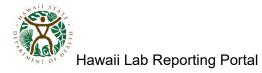| #	COLUMN HEADERS	ACCEPTABLE FORMAT/VALUES	COMMENTS
1	PATIENT LAST NAME	75 character limit	PATIENT LAST NAME is a **mandatory field** and itcan be up to 75 characters. Please refrain from using special characters.
2	PATIENT FIRST NAME	75 character limit	PATIENT FIRST NAME is **mandatory field** and itcan be up to 75 characters. Please refrain from using special characters.
3	PATIENT MIDDLE NAME	75 character limit	PATIENT MIDDLE NAME can be up to 75 characters. Please refrain from using special characters.
4	PATIENT SUFFIX	75 character limit	PATIENT SUFFIX can be up to 75 characters. Please refrain from using special characters.
5	PATIENT BIRTH DATE	YYYYMMDD	PATIENT BIRTH DATE is a **mandatory field** andshould be in YYYYMMDD format.
6	PATIENT SEX	<table><tr><td>**Description**</td><td>**Code**</td></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>(Self-Identified)</td><td>X</td></tr><tr><td>Other</td><td>O</td></tr><tr><td>Unknown</td><td>U</td></tr></table>	PATIENT SEX is a **mandatory field** and it should have only one of the following values - M or Male, F or Female, X (Self-Identified), O or Other, U or Unknown (stand-in for declined to specify and/or refused to answer) (You can report either "Description" or "Code")
7	PATIENT ID	75 AlphaNumeric character limit	PATIENT ID can be up to 75 alphanumeric characters. Please refrain from using special characters.

8	PATIENT RACE			PATIENT RACE is a **mandatory field** and should have only one of the following values – (American Indian or Alaska Native or I), (Asian or A), (Black or African American or B), (Native Hawaiian or Other Pacific Islander or P), (White or W), (Other or O), (Unknown, Refused to Answer or U). (You can report either "Description" or "Code")
		Description	**Code**	
		American Indian or Alaska Native	I	
		Asian	A	
		Black or African American	B	
		Native Hawaiian or Other Pacific slander	P	
		White	W	
		Other	O	
		Unknown	U	
		Refused to Answer	U	
9	PATIENT ETHNICITY			PATIENT ETHNICITY is a **mandatory field** and should have only one of the following values – (Hispanic or Latino or H), (Not Hispanic or Latino or N), (Unknown, Refused to Answer or U). (You can report either "Description" or "Code")
		Description	**Code**	
		Hispanic or Latino	H	
		Not Hispanic or Latino	N	
		Unknown	U	
		Refused to Answer	U	
10	PATIENT STREET ADDRESS	75 AlphaNumeric character limit		PATIENT STREET ADDRESS can be up to 75 alphanumeric characters. Please refrain from using special characters. PO Boxes are not an acceptable substitute.
11	PATIENT CITY	75 character limit		PATIENT CITY can be up to 75 characters. Please refrain from using special characters.
12	PATIENT STATE	2-letter abbreviation		PATIENT STATE should be a 2-letter abbreviation

13	PATIENT ZIP CODE	5-digit numeric	PATIENT ZIP CODE should be a 5-digit numeric
14	PATIENT COUNTY	75 character limit	PATIENT COUNTY can be up to 75 character. Please refrain from using special characters.
15	PATIENT PHONE NO	10-digit numeric	PATIENT PHONE NO should be a 10-digit numeric
16	PATIENT EMAIL	Limited special character such as dash (-), period (.), or @ are acceptable	PATIENT EMAIL should be valid email address format.
17	SPECIMEN COLLECTION DATE	YYYYMMDD	SPECIMEN COLLECTION DATE is a **mandatory field** and should be in YYYYMMDD format. This value must always precede the receive date.
18	SPECIMEN RECEIVED DATE	YYYYMMDD	SPECIMEN RECEIVED DATE should be in YYYYMMDD format.
19	ACCESSION NUMBER	75 AlphaNumeric character limit	ACCESSION NUMBER is a **mandatory field** that can be up to 75 alphanumeric characters. The number must be a unique value (to each specimen), that is used not only once per report, but once per all reports.
20	SPECIMEN SOURCE	75 character limit	SPECIMEN SOURCE is a **mandatory field** that can be up to 75 characters. Please refrain from using special characters. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html
21	SPECIMEN SNOMED CODE	Numeric (25 character limit)	SPECIMEN SNOMED CODE per standard SNOMED CT dictionary. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html

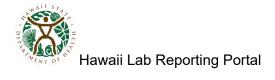| 22	TEST RESULT DATE	YYYYMMDD	TEST RESULT DATE is a **mandatory field** andshould be in YYYYMMDD format.
23	TEST NAME	150 character limit	TEST NAME is a **mandatory field** and it can be up to 150 characters. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html Under "Test Performed LOINC Long Name"
24	TEST LOINC CODE	Numeric (75 character limit)	TEST LOINC CODE is a **mandatory field**. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html
25	RESULT DESCRIPTION OR VALUE	- Positive - Negative - Indeterminate - Invalid - Detected - Not Detected - Reactive - Non Reactive - Presumptive Positive Specimen Unsatisfactory forEvaluation	RESULT DESCRIPTION OR VALUE is a mandatory field. It should have one of the following values - Positive, Negative, Indeterminate, Invalid, Detected, Not Detected, Reactive, Non Reactive, Presumptive Positive, Specimen Unsatisfactory for Evaluation
26	RESULT SNOMED CODE	Numeric (75 character limit)	RESULT SNOMED CODE per standard SNOMED CT dictionary. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html
27	TESTING LAB NAME	75 character limit	TESTING LAB NAME is a mandatory field and it can be up to 75 characters. Please refrain from using special characters.
28	TESTING LAB CLIA	10-digit AlphaNumeric	TESTING LAB CLIA is a mandatory field and it should be a 10-digit alphanumeric.

29	TESTING LAB STREET ADDRESS	75 AlphaNumeric character limit	TESTING LAB STREET ADDRESS can be up to 75 alphanumeric characters. Please refrain from using special characters.
30	TESTING LAB CITY	75 character limit	TESTING LAB CITY can be up to 75 characters. Please refrain from using special characters.
31	TESTING LAB STATE	2-letter abbreviation	TESTING LAB STATE should be a 2-letter State abbreviation.
32	TESTING LAB ZIP CODE	5-digit numeric	TESTING LAB ZIP CODE should be a 5-digit numeric.
33	TESTING LAB PHONE NO	10-digit numeric	TESTING LAB PHONE NO should be a 10-digit numeric.
34	ORDERING PROVIDER LAST NAME	75 character limit	ORDERING PROVIDER LAST NAME can be up to 75 characters. Please refrain from using special characters.
35	ORDERING PROVIDER FIRST NAME	75 character limit	ORDERING PROVIDER FIRST NAME can be up to 75 characters. Please refrain from using special characters.
36	ORDERING PROVIDER STREET ADDRESS	75 AlphaNumeric character limit	ORDERING PROVIDER STREET ADDRESS can be up to 75 characters. Please refrain from using special characters.
37	ORDERING PROVIDER CITY	75 character limit	ORDERING PROVIDER CITY can be up to 75 characters. Please refrain from using special characters.
38	ORDERING PROVIDER STATE	2-letter abbreviation	ORDERING PROVIDER STATE should be a2-letter State Abbreviation.
39	ORDERING PROVIDER ZIP CODE	5-digit numeric	ORDERING PROVIDER ZIP CODE should be a 5-digit numeric.
40	ORDERING PROVIDER PHONE NO	10-digit numeric	ORDERING PROVIDER PHONE NO should be a 10-digit numeric.
41	ORDERING FACILITY NAME	75 character limit	ORDERING FACILITY NAME can be up to 75 characters. Please refrain from using special characters.

42	ORDERING FACILITY STREET ADDRESS	75 AlphaNumeric character limit	ORDERING FACILITY STREET ADDRESS can be up to 75 alphanumeric characters. Please refrain from using special characters.
43	ORDERING FACILITY CITY	75 character limit	ORDERING FACILITY CITY can be up to 75 characters. Please refrain from using special characters.
44	ORDERING FACILITY STATE	2-letter abbreviation	ORDERING FACILITY STATE should be 2-letter State abbreviation.
45	ORDERING FACILITY ZIP CODE	5-digit numeric	ORDERING FACILITY ZIP CODE should be a 5-digit numeric.
46	ORDERING FACILITY PHONE NO	10-digit numeric	ORDERING FACILITY PHONE NO should be a 10-digit numeric.
47	PATIENT FIRST COVID TEST	<table><tr><th>Description</th><th>Code</th></tr><tr><td>Yes</td><td>Y</td></tr><tr><td>No</td><td>N</td></tr><tr><td>Unknown</td><td>U</td></tr><tr><td>Unknown</td><td>UNK</td></tr></table>	PATIENT FIRST COVID TEST should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK) (You can report either "Description" or "Code")
48	PATIENT EMPLOYED IN HEALTHCARE	<table><tr><th>Description</th><th>Code</th></tr><tr><td>Yes</td><td>Y</td></tr><tr><td>No</td><td>N</td></tr><tr><td>Unknown</td><td>U</td></tr><tr><td>Unknown</td><td>UNK</td></tr></table>	PATIENT EMPLOYED IN HEALTHCARE should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK) (You can report either "Description" or "Code")

49	PATIENT SYMPTOM ONSET DATE	**YYYYMMDD**	PATIENT SYMPTOM ONSET DATE should be in YYYYMMDD format.
50	PATIENT SYMPTOMATIC AS DEFINED BY CDC	<table><tr><td>**Description**</td><td>**Code**</td></tr><tr><td>Yes</td><td>Y</td></tr><tr><td>No</td><td>N</td></tr><tr><td>Unknown</td><td>U</td></tr><tr><td>Unknown</td><td>UNK</td></tr></table>	PATIENT SYMPTOMATIC AS DEFINED BY CDC should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK) (You can report either "Description" or "Code")
51	PATIENT HOSPITALIZED	<table><tr><td>**Description**</td><td>**Code**</td></tr><tr><td>Yes</td><td>Y</td></tr><tr><td>No</td><td>N</td></tr><tr><td>Unknown</td><td>U</td></tr><tr><td>Unknown</td><td>UNK</td></tr></table>	PATIENT HOSPITALIZED should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK) (You can report either "Description" or "Code")
52	PATIENT IN ICU	<table><tr><td>**Description**</td><td>**Code**</td></tr><tr><td>Yes</td><td>Y</td></tr><tr><td>No</td><td>N</td></tr><tr><td>Unknown</td><td>U</td></tr><tr><td>Unknown</td><td>UNK</td></tr></table>	PATIENT IN ICU should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK) (You can report either "Description" or "Code")

53	PATIENT PREGNANT	Description	Code	PATIENT PREGNANT should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK)
		Yes	Y	
		No	N	
		Unknown	U	(You can report either "Description" or "Code")
		Unknown	UNK	

54	PATIENT RESIDENT IN A CONGREGATE CARE SETTING	Description	Code	PATIENT RESIDENT IN A CONGREGATE CARE SETTING should only be one of the following – (Yes or Y), (No or N), (Unknown or U,UNK)
		Yes	Y	
		No	N	
		Unknown	U	(You can report either "Description" or "Code")
		Unknown	UNK	

55	PATIENT AGE AT TIME OF COLLECTION (Years)	Numeric (3 character limit)	PATIENT AGE AT TIME OF COLLECTION (Years) can be up to 3 numeric characters

56	DEVICE IDENTIFIER INFO	150 AlphaNumeric character limit	DEVICE IDENTIFIER INFO can be up to 150 characters. Please refrain from using special characters. Please refer to "LOINC In Vitro Diagnostic (LIVD) Test Code Mapping for SARS-CoV-2 Tests" available at https://www.cdc.gov/csels/dls/sars-cov-2-livd-codes.html Under "Testkit Name ID"

57	TRAVEL TEST	75 character limit	TRAVEL TEST can be up to 75 characters. Please refrain from using special characters. * Please note this field is only applicable for pre/post travel tests. Please leave it blank if this field doesn't apply to the test results being reported.

58	Additional Fields (if present)		No validations on Additional fields

In case of any errors, you will get an alert with all the validation errors.