

**Connecticut Department of Public Health
Electronic Laboratory Reporting Registration Form**

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This is the registration form for engaging in Electronic Laboratory Reporting (ELR) with the Connecticut Department of Public Health (CT DPH). Please note that completing this registration form is the first step of the process to gain access to CTELR (electronic laboratory reporting for CT required reportable diseases and conditions). After you complete and submit this form you will be contacted by the CTELR Team to continue the process. You will not be automatically granted access to CTELR by completing this form only.

You can submit the form by **fax** to Nancy Barrett, 860-509-8242 or **email** to dph.elr@ct.gov with subject ELR Registration ATTN: Nancy Barrett. If you have questions, please email dph.elr@ct.gov.

Directions: provide **ALL** information and answers to the questions.

Note: incomplete forms will not be processed.

Organizational Information

➤ Organization Name *(include Health System Name if applicable)*

➤ Address Line 1:

➤ Address Line 2:

➤ City:

State:

Zip:

➤ Phone *(ex. (999) 999-9999)*:

extension:

Note: please put the phone of someone who we are able to reach during regular business hours.

➤ Is your organization part of a RHIO (regional health information organization) or other network?

Yes

No

○ If yes, name of RHIO/network:

➤ Person who completed this assessment:

Phone *(ex. (999) 999-9999)*:

Laboratory Contact Information

➤ Primary Laboratory Contact Name:

➤ Lab Contact Title:

➤ Phone *(ex. (999) 999-9999)*:

extension:

➤ Lab Contact Email:

- Secondary Lab Contact Name:
 - Lab Contact Title:
 - Phone (*ex. (999) 999-9999*): extension:
 - Lab Contact Email:
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Organization's Information Technology Contact Information

- Primary IT Contact Name:
- IT Contact Title:
- IT Contact Phone (*ex. (999) 999-9999*): extension:

If there is a different or additional person for the Laboratory LIS, please include their information below.

- IT Contact Name:
- IT Contact Title:
- IT Contact Phone (*ex. (999) 999-9999*): extension:
- IT Contact Email:

Does this person work for the organization or the LIS Vendor? Yes No

Does your organization have PHINMS (CDC's secure transport system) set up?

- Yes No Don't know

LIS Vendor Contact information (if not provided above)

- LIS Vendor Contact Name:
 - LIS Vendor Contact Title:
 - LIS Vendor Contact Phone (*ex. (999) 999-9999*): extension:
 - LIS Vendor Contact Email:
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Laboratory ELR Capacity Assessment

- Is your laboratory planning on sending ELR directly to CTDPH or via a third party (vendor group, etc.)?
 Directly Third party

- If a third party, please specify who and what this is:
 - Name of Organization:
 - Contact Name:
 - Contact Phone: Contact email:
- Please list the CLIA ID that you will use for reporting to public health (DPH):
 - If the sending organization has an OID, please provide that here:
- Which Laboratory Information System (LIS) is the primary reporting laboratory using?
Name of LIS: Version:

Date last updated (if known):
- Does your organization have plans to transition to a new LIS anytime in the near future?
 - Yes If yes, when?
 - Not at this time
- Are any reportable findings generated from a different system? If yes, please give
Name of LIS: Version:
- Is your LIS able to generate a HL7 2.5.1 ORU^R01 compliant message to report laboratory results based on the national HL7 2.5.1 ELR messaging guidelines?
 - Yes No – go to next two questions.

If no, what type of file formats can your LIS generate? Please check all that apply.

 - HL7 2.3.1 HL7 2.3z
 - Delimited flat file – what delimiter (e.g., csv, tab, pipe):
 - Other, describe:

If no, does your lab have any plans to update to be able to generate HL7 2.5.1 compliant ELR messages?

 - Yes If yes, when?
 - Not at this time
- Which standard code sets does your system utilize? (check all that apply)
 - LOINC ISO+ (ISO Customary Units)
 - SNOMED CT UCUM (Unified Code for Units of Measure)
 - HL7 Other, specify:
- Please complete the table below for test results that are reportable to CT DPH.

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Type of Tests by Disease group	Estimated Number of Test Results Sent to DPH by day/week/month (choose one)		Are results send via paper or in electronic file (if electronic indicate format and how sent)
Infectious Diseases	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv, txt): How is file sent:
STD	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv): How is file sent:
Lead	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv): How is file sent:
HIV	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv): How is file sent:
TB	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv): How is file sent:
Other, specify	# tests:	Per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month	<input type="checkbox"/> Paper (mail or fax) <input type="checkbox"/> Electronic file, please indicate Format (e.g., csv): How is file sent:

- If a reference laboratory used for testing from any disease group, specify group(s)

- Which reference lab/labs are used?

- Type of clients from whom this laboratory processes reportable finding specimens (check all that apply):
 - Private provider group(s) – please name
 - Specimens collected at independent draw stations
 - Hospitals – please name
 - Other – please describe (general terms):