

# **NM Laboratory Reporting Alternative to HL7 reporting for COVID19 test results**

May 17, 2020  
Version 2

# New Mexico HL7 alternative for Electronic Laboratory Reporting

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For Information about New Mexico Electronic Laboratory Reporting submission, visit us on the web at:

[DOH-ELR-Onboard@state.nm.us](mailto:DOH-ELR-Onboard@state.nm.us)

To learn more about ELR in New Mexico, contact the Informatics and Data Management Unit of the NMDOH Infectious Disease Epidemiology Bureau (IDEB) at [DOH-ELR-Onboard@state.nm.us](mailto:DOH-ELR-Onboard@state.nm.us) or the New Mexico Health Information NMHIC at (505) 938-9999 / [help@nmhic.org](mailto:help@nmhic.org).

Revision History	Issue Date	Summary of Changes
	April 13, 2020	First unpublished version.
V1	April 24, 2020	Published
V2	May 17, 2020	Revisions of requirements and field explanations

## Electronic Laboratory Reporting in New Mexico

Thank you for your interest in electronic data exchange with the New Mexico Electronic Laboratory Reporting (ELR) project. Getting timely and accurate information on reportable conditions is critical for Public Health disease surveillance and improving population health. In New Mexico, licensed laboratories are required to report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified by statute. New Mexico encourages the least burdensome method for laboratories to submit data.

Participating in ELR allows incoming laboratory data to be translated, processed, and routed to appropriate public health programs for swift public health action. Standardized HL7 messaging is the preferred format for ELR in New Mexico. **However, we understand that not every facility has the capability to submit data structured in this way.** Therefore, we are providing an alternate method for data submission for certain facilities. This method includes the ability to record and send data to us with the provided Excel CSV file format.

## Scope of This Document

This guide is designed for use by analysts and developers who are unable to send HL7 messages but would like to switch to an electronic data exchange method in lieu of faxing reportable conditions. Sending data in the method outlined in this document is not appropriate for large volume laboratories. It is not an acceptable method to meet federal Meaningful Use (MU) requirements. Further, information on message transport is not included in this document. New Mexico ELR accepts messages via secure file transfer protocol (FTPS) or the Public Health Informatics Network Messaging System (PHIN-MS). Questions regarding transport of ELR messages should be addressed to at [DOH-ELR-Onboard@state.nm.us](mailto:DOH-ELR-Onboard@state.nm.us)

## File Format – Comma Separated Values (CSV)

The table below describes the data elements expected for sending CSV laboratory reports. The first column in the table (seq) refers to the field order, the second (use) describes whether the field is required (R) or optional (O), the third (name) describes the name of the field, and the last column (guidance) provides instructions for how to populate that field.

Seq	Use	Name	Spreadsheet	Guidance
1	O	Sending Application	SendingApp	Name of the application used to generate the record. If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
2	R	Reporting Facility	RptFacName	Name of the reporting facility. If not provided in the file, this must be provided to the ELR Coordinator prior to testing. Please spell out name (i.e. not GHMC but General Hospital Medical Center)
3	R	Reporting Facility CLIA	SenderCLIA	CLIA number for the sending facility. If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
4	RE	Ordering facility name	OrdFacName	Enter the ordering facility name if it is different than the reporting facility
5	R	Ordering Facility Street Address	OrdFacAddrStreet	Number, direction, and street name. If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
6	R	Ordering Facility City	OrdFacCity	If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
7	R	Ordering Facility State	OrdFacState	If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
8	R	Ordering Facility Zip	OrdFacZip	If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
9	R	Ordering Facility Phone	OrdFacPhone	If not provided in the file, this must be provided to the ELR Coordinator prior to testing.
10	R	Date/Time of Message	Date/Time message	Date of message creation formatted as <b>YYYYMMDD</b>
11	RE	Patient Identifier	PtID	If the person being tested is a patient, please enter MRN.
12	R	Patient First Name	PtFirstName	Patient first name on the test result
13	R	Patient Last Name	PtLastname	Patient last name on the test result
14	R	Patient Date of Birth	PtDOB	Formatted as <b>YYYYMMDD</b>
15	R	Patient Sex	PtSex	Female ( <b>F</b> ), Male ( <b>M</b> ), Other ( <b>O</b> ), or Unknown ( <b>U</b> )
16	RE	Race	ptrace	American Indian/Alaska Native ( <b>AI</b> ), Asian ( <b>A</b> ), Black ( <b>B</b> ), Hawaiian/Pacific Islander ( <b>PI</b> ), White ( <b>W</b> ), Other ( <b>O</b> ), or Unknown ( <b>U</b> )

17	RE	Ethnicity	ptethnic	Hispanic ( <b>H</b> ), not-Hispanic ( <b>N</b> ), or Unknown ( <b>U</b> )
18	RE	Tribal Affiliation	PtTribe	If known, Tribal Affiliation
19	RE	Primary Language	PtLanguage	Primary language if Available
20	R	Patient Street Address	PtAddrStreet	Include house number, direction, and street name
21	R	Patient City	PtAddrCity	City of residence of Patient, can be out of state city
22	R	Patient State	PtAddrState	Usually, we should only be receiving results for residents. During the COVID19 pandemic, we are requesting results for all persons whose test is ordered from a New Mexico facility.
23	R	Patient Zip	PtAddrZip	Five digits
24	RE	Patient County	Ptcounty	County of residence if available
25	R	Patient Phone Number	PtPhone	Patient phone number Required For contact of Positive cases
26	RE	Patient Social Security Number	PtSSN	This field should be populated if you have this information. It is required if available.
27	RE	Ordering Provider First Name	OrdProvFirstName	Provider to contact if there is need for follow-up
28	RE	Ordering Provider Last Name	OrdProvLastName	Provider to contact if there is need for follow-up
29	RE	Ordering Provider Phone Number	OrdProvPhone	Contact phone for the Provider
30	R	Specimen ID	AccessionNum	Unique identifier for the specimen (accession number)
31	R	Collection Date	SpecCollDt	Specimen collection date formatted as <b>YYYYMMDD</b>
32	R	Specimen Type	Spectype	E.g., blood, tissue, body fluid, NP, nasopharyngeal
33	R	Resulted test code	ResultTestCode	Please use LOINC if possible. If not, use your facilities' internal system code
34	R	Resulted test name	ResultTestDesc	For non-culture tests, ensure that the following information is in the test name: the condition, the method, and if it is rapid or not. (for example, <b>COVID19 PCR</b> , <b>COVID19 Rapid PCR</b> , <b>COVID19 Ab.IgM</b> )
35	R	Result	Result	<b>Detected, Positive, Not Detected, Negative</b>
36	O	Notes	ResultNotes	

R=Required RE=Required if available O=Optional

## Sending Files to New Mexico Department of Health

After configuring your system to generate the test results in the above CSV format, you will be provided FTP credentials from DOH. When created, FTP account details will be delivered via email to the listed email address. Your FTP account will allow you access to only one folder, where your location alone will be able to upload and/or view files. The FTP connection details are below.

Host	164.64.82.115
Port	990
Encryption Type	Implicit FTP over TLS
Login Type	Normal

## Naming Convention

<Site Name>\_YYYYMMDD.CSV

## Concluding Remarks

This document was developed as an New Mexico specific non HL7 Implementation Guide. This guide represents the minimum expectation for message construction and submission to New Mexico ELR for facilities that are not able to send standardized messages. Modifications to this specification may be approved on a case by case basis.