Procedure for Ordering Samples in HHS Lab Portal

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Ordering Samples

- Sign in with your username and password.
- Under "manage orders" click "Order patient samples"
 - Start typing the patient's name. (Last name first)
 - If the patient is in the system under your practice, the patient will pop up under a dropdown menu.
 - Select the correct patient from this menu. Confirm the patient's information is correct after selecting the patient.

	New Order						
1	Please Select a Patien	¢					+ 1
Manage Orders	Order ID: NEW ORL	DER	Status	NEW ORDER		Entered by:Test User, Laboratory	
Order Patient Samples Pending Orders	The second se	ZZTE P		Patient MRN:			
Batch Orders Manage Samples	Collection Date:*	Type at least 3 characters to search.					
View Results	Ordering Location:* Order Date:			1000 CONTRACTOR 1000 CONTRACTOR	A 0 A		
Patient Info	Ordering Provider:*	Name ¹ * Patient ID © SSN ©	MRN © DOB ² * Sex ©	Address PCP Practice 123 Main			
This Location	Submitter Order ID:	Zztest22, Patient C20211771885	123456 06/01/1995 M	StTest Helena,MT Practice 59601			
My Preferences	Newborn Screening Only:			1234 South 6th Text Urer Text			
Reports		Zztest33, Patient C20211811886	1234566 03/15/1986 F	St. W Laboratory Practice	a itjent		
Quick Links				Falls, MT			
Location Inbox Change Password Laboratory Services Manual	Order Choices		08188	New Patient			

- If the patient is not in the system click "new patient" at the bottom of the drop-down menu.
 - The "new patient" button will bring up the demographics page to fill out.
 - Type your MR for the patient in the "Practice MRN" Field.
 - The required fields are "Last Name", "First Name", "Date of Birth", and "Sex".
 - Please provide all other available information such as race, ethnicity, and address.
 - Additional fields are required for newborn screening.

	Zztest, Cougar	Mabel, Jensen Machel, Parent Production and Product Action and Product
	47y F PID: HAR0000799375 Pati	n une une constant de la constant de
Manage Orders	Order ID: NEW ORDER	Demographics ? ***********************************
Order Patient Samples	-	
Pending Orders	Patient:" Zzte	Practices PLALE HALTH LABORATORY (2)
Batch Orders	Collection Location:	MTML [0] More
Manage Samples	Collection Date:	
View Results	Ordering Location:* PUB	Last Kaner Smith Address 1
Patient Info	Order Date: 08 Ordering Provider:*	Pirch Rumer [®] Parther Address 2 Middle Name [®] City
	Submitter Order ID:	State/Province // T
This Location		Date of Birth:" 08 // 09 // 1996 ZIP/Postal Code:
My Preferences	Newborn Screening Only: NB	Sext Male Country U.S.A. O D
Reports	NB	Race
+ AdminCenter	ND	Ethnidiy
		Required For Newborn Screening:
Quick Links	Order Choices	Patient Bith Time: 12 : 10 0 P9
Location Inbox Change Password		notife sinaite:
Laboratory Services Manual	Search Order Choice L	Birthweight (gms):
MT PHI. Web Site	Order Choice Sear	
MT PHL Newsletters	order enoice Sear	Comments Alerts Linked Docs Allases
Mashek, Jenna PUBLIC HEALTH LABORATORY	Order Choice	* Required field
Message Center (0)		
Quick Links		
Fix Orders	Please select an ordening p	
Match Results		
Inbound Queue		
Outbound Queue		
Hide Menu	Documentation and Acti	
	Documentation and Act	
	Print Labels Pa	
	Clinical Info	
		Save Discard Changes Cancel
an an ann an an an A		
物物物物物	Sign Out	Rew Order Categories Control C

Newborn Screening addition information

- For Newborns:
 - If the baby has yet to be named, the first name should be entered as "Boy/Girl mother's name". (ex. BoyJane)
 - In the case of multiple babies (twins) please add the birth order letter in front of the first name (ex. ABoyJane). Only use these letters for multiple births, not single births.
 - Fill out "Patient Birth Time", "Mother's name", "Birth Order", and "Birthweight".
 - "Mother's name" should be entered as Last name, First name.

, ·(L111011.]
	Required For Ne	wborn Screen	ing:		
Patient Birth Time:	07 : 00 AM				
Mother's Name:	Smith, Jane				
Birth Order:	Single 🖌				
Birthweight (gms):	3000				
	Comments	Alerts	Linked Docs	Aliases	
* Required field					

- Once all the patient information has been entered click "Save". This will save the patient in the system for future use.
 - Once you click "Save" it will close the demographics page and return to the order screen.

Sample Information

- Fill out the "Collection Date" and the "Ordering Provider."
 - If the provider you would like to use is not on the list please use "..Laboratory." AFTER saving the order, a message will pop up saying "You have selected ..Laboratory as a provider. A ticket has automatically been opened for you. Please put the Providers name (last name, first name) and NPI number in the description of the open ticket. Click view ticket to add this information into the ticket. Please select the Reason in the ticket as "Correction-Pending Order". (see p. 18 for detailed instructions).
 - The Submitter ID field is an optional field for your sample/accessioning number.

	Zztest22, Patient	9	Search Recent	Test User, Laboratory	
	26y M PID: C20211771885 Patient MRN: 123456	Demographics Insura	hics Insurance Order History Options + E		
Manage Orders	Order ID: NEW ORDER	Status: NEW ORDER		Entered by:Test User, Laboratory	
Order Patient Samples Pending Orders Batch Orders Batch Orders View Results This Location Hy Preferences Reports	Order 1D: NEW ORDER Patient: " (Zztest22, Patient ()) Collection Location: (], rest Location Collection and () Order 1D: Status () Newborn Screening Only: Networn Network () Network ()	Patient MRN: 123456 Date of Birth: 00_1/01_/1995 Rew: Ree: Mail Row: Exe: Mail Now Ethnicity		For Newborn Screening having the correct collection date and time is	
Quick Links Location Inbox Change Password Laboratory Services Manual MT PHL Web Site MT PHL Newsletters Test User, Laboratory Test User, Laboratory Test User, Laboratory	Order Choices Search Order Choice List: All Lists Order Choice Search:	Diagnosis required for Medicaid Diagnoses: Search, Summary.		very important.	
Kide Neru	Other Okoio ICD Cades Sam				
	Documentation and Actions Print Labels Requisition(s) Lab Report Clinical Info Liniked Docs Cancel Order	Commenta Collect Samples			
学学学学	Sign Out			New Order	

Please ensure the correct collection time and date are entered on the order screen for newborn screening orders.

For newborn orders, "NBS Form No", "NBS Repeat", and "NICU:" are required. Click on these buttons to enter this information.



- "NBS From No:" is the serial number from the NBS bloodspot collection card.
- "NBS Repeat:" is yes or no.
 - If the sample is a repeat this should be marked as a yes.
- "NICU" is yes or no.
 - If the baby is in the NICU this should be marked as a yes.

Searching for tests

 Once all the required information is entered, the system will then allow typing in the "Order Choice Search". Start typing in the order choice Search field or select a list to filter by. (See the document <u>How to Search for Tests (mt.gov)</u> for more detailed instructions)

Order Choices		
Order Choice	Type in the field below to search for a to Search:	est
	or search by selecting a list below:	
Filter	by List: All Lists	
Order Choice	Order Choice Received Date/Time	

- This will then open a smaller screen where you can choose from the order choices available to your practice.
- Select the test/tests you would like for this patient sample. Press "Add Selected Items".

	Zztest22, Patient	Search Recent	Test (
	26y M PID: C20211771885 Patient MRN: 123456	Order Choice Search	
Manage Orders	Order ID: NEW ORDER	Entered by: 2	Fest User, Laboratory
Order Patient Samples Pending Orders Batch Orders Manage Samples	Patient:" Zztest22, Patient Collection Location:Test Location Collection Date:" 08 //04 //2021	Order Choice Name: Ova Search All Order Choices Search Order Choice List: Orderable Tests Search Profiles	
View Results	Ordering Location:*Test Location	φ Show 20 entries COC 1 COC Showing 1 to 1 of 1 entries	
Patient Info	Order Date: 08 / 04 / 2021	Select Abbreviation Name(s) Collection Information Storage CPT Collection Information Codes	
This Location	Submitter Order ID: 5635465	DandP Ova & Parasite Exam; Amebiasis Detection, Giardia Detection, Stool in Formalin & PVA Ambient 87177, Fixatives Temperature 87209	
My Preferences Reports Quick Links	Newborn Screening Only: NBS Form No: NBS Report: NICU		
Location Inbox Change Password Laboratory Services Manual MT PHL Web Site	Order Choices		
MT PHL Newsletters	Search Order Choice List: All Lists		
Test User, Laboratory Test Location	Order Choice Search:	of Show 20 entries O C 1 C Showing 1 to 1 of 1 entries	
Hide Menu	Order Choice ICD Codes	Selected Items Select Abeveration Name(s) Collection Information Storage Temperature CPT Codes Count Remove	
	To select an order choice, type in the text box (Enteric Panel Stool in Cary-Blair Transport Refrigerated 87045, 870468, 870468, 87049 1	
	Documentation and Actions		
	Print: Labels Requisition(s) Clinical Info		
		Add Selected Items Cancel	
动物动物物	Sign Out		Net

- If the test that is to be performed on this sample is not on the choice list, please choose "Misc. test 2" and use the Additional Order Information button to tell us what you are trying to order.
- If tests are being requested on two different specimen/sample types, please put these on separate orders. Make sure to provide ALL requisitions for any testing that needs to be done with the sample.
- If you need to enter Medicaid billing information, see p. 13 for instructions.
- If you need to provide any additional information about the order for our staff, use the "Additional Order Information" button below the order choice list. This information will appear at the top of the requisition.
- > Once the order choice/choices are selected and added to the patient's order, click "Save."
 - This will bring up the clinical questions for you to answer.
 - Depending on the specimen source, you may need to enter an additional note for this question. For example, if you choose "Lesion Swab," please indicate the site of the lesion in the additional note. Only type something in this field if it pertains to the specimen itself. A source like "Nasopharyngeal Swab" needs no further information.
 - If the Date of Onset question appears:
 - Select Onset or Exposure if there is an exposure or symptom onset date; and type the date in the Additional Note field.
 - For serology testing, use "serology screen only" if there is no exposure/onset date.
 - For covid testing select the appropriate choice: screen, surveillance, onset, exposure, etc.
 - After answering all clinical information questions, click Save. (see p. 6 for exceptions that may occur at this point.

ciest, couga						`			
y F): HAR0000799375	Patient MRN: HAR0000)799375		Clinical Info	rmation	? 🖉	×	istory Options	
der ID: NEW ORI	DER			Clinical Info)		1		Entered by: Mashek, Jenna
ection Location: Collection Date: ering Location:= Order Date:	Zztest, Cougar PUBLIC HEALTH LABOR ///// PUBLIC HEALTH LABOR 08 //13 //2021	ATORY 09:31	AM No	Order Choices SARS-CoV-2	Specimen Source: Additional Note	Response Nasal Swab			
lering Provider:* mitter Order ID: vborn eening Only:	Laboratory NBS Form No: NBS Repeat: NICU			SARS-CoV-2	Date of Onset	Exposure Soreen Surveillance Acute Serology Specimen Convalescent Serology Specimen			
ter Choices Jearch Order Cho Order Choice er Choice		Sample ID	Priority			Serology Screen Only Convalescent Only Serology Specimen Acute Only Serology Specimen Otox Convalescent Serology Specimen Baseline Serology Screen Not Applicable	1		
<u>RS Coronavirus 2</u>	None selected	T.B.D.	Routine		Additional Note	Not Given 8/10/2021			
Print Labels	Requisition(s) Linked Docs	Lab Report Cancel Order	Col	SARS-CoV-2	COVID Info	 Initial Test Healthcare Hospitalized ICU Symptomatic Resident Contact 	•		
						Save Cano	el		
Out			1.						New Order

Printing Requisitions

 If there are no exceptions, the requisition will be displayed on the screen and will need to be printed and sent with each sample. Make sure to provide ALL requisitions for any testing that needs to be done with the sample. Please do not print requisitions for newborn screening orders. (The paper filled out on the blood spot card is the requisition.)



Once all the requisitions have been printed, you are done placing orders for the day, and you have all the orders that will be sent to the state lab together, a manifest must be created to be sent with the samples to MT State Public Health Laboratory. See p. 7 for how to create a manifest.

Exceptions that may occur when clicking "Save":

Newborn Screening Error Message

- If required information is missing on an order, a message will pop up.
 - Click okay.
 - > Once the missing information is input then click "save".

obcat	10.195.52.78:443 says
1889 Patient MRN: C20212081889	1. Order-level required information is missing for Newborn Screening. er History Options
W ORDER	Enter missing information at the bottom of the screen (NBS Form No., Repeat status).
ient:* Smith, Bobcat	ок
Date: 07 / 27 / 2021 11:17 AM Now	City:
ider:*Test User, Laboratory	State: MT
er ID:	ZIP/Postal Code:
y: NBS Form No:	Save Patient

- The clinical questions will appear. Click "save" again.
- if there are multiple tests on the same order but they are for different sections in our lab, a screen will pop up with a warning that a split order choice rule was applied. Press "continue save".
 - The system will split the orders, and separate requisitions will be displayed for each in sequence.
 Print each requisition and include all of them with the sample.

MTPHL ON LINE REQUISITION								
CI A Split (Order Rule has created an additional order							
A Split O	A Split Order Rule has created an additional order.							
	Continue Save							
O								
P ₄ Name: Zztest22, Patient Patient ID: C20211771885 MRN: 123456								

Creating a Manifest

- Under manage samples click "create manifest"
 - This will bring up all the orders that have been created from your location that have not been placed on a manifest yet.
 - Other criteria can be selected if a sample is not found on this list, including samples that are on other manifest or from past collection dates that are on other manifests.
 - If you have access to multiple locations, print a separate manifest for each location. Make sure the location is listed in the Collection Location field (it should not say "All"). This ensures the location prints on the manifest.

	Create Manifest	٩
Manage Orders	View Existing Manifest	
Manage Samples Collect Samples Collection List • Create Manifest Pending Collection Release Samples Waiting Room	Manifest Filter (hide filter) Collection LocationTest Location Entered By Lab * - All - Show cancelled orders	
View Results	○ Show samples ordered v in the past 2 weeks v	
Patient Info	 Show samples ordered v in the date range Show collected samples not on a manifest 	
This Location	Exclude samples with results	
My Preferences	Select samples manually Order ID/SID Add Clear Samples	
Reports	Manifest	

- Please create separate manifests for Newborn Screening samples vs all other samples.
 - When creating a manifest for Newborn Screening, look at the Order Choice column, and select all Newborn orders by clicking in the select box. Click "Create Manifest".

	Create Manifest	Search Recent	Test User, Laboratory
Manage Orders	View Existing Manifest		
Manage Samples	Manifest Filter (hide filter)		
Callect Samples Callection List - Create Manifest Pending Collection Refores Samples Walting Room View Results Patient Infe This Location	Collection LocationTest Location		
My Preferences	Select samples manually Order ID/SID Add Clear Samples	/	
Reports			
Quick Links	Manifest		
Location Inbox Change Password Laboratory Services Manual MT PHL Web Site	3 Show 10 entries 00 1 0 1	Create Manifest Refresh Total rows selected: 3 Clear Showing 1 to 6 of 6 entries	
MT PHL Newsletters	Sample Collection Location © Select Order ID © Patient © Sample ID © Collection Date/Time	Order Date/Time Order Choices Host Codes Proposed Collection Location	
Test User, Laboratory Test Location	Test Location9841-on-21229 Zztest, Patient5 C21229750 08/17/2021 2:35PM	08/17/2021 2:41PM OandP OandPTest Location	
Kide Manu	Test Location 9845:cm:21232 Zratest, Patients MIC2100008 0/17/2001 2:33941 Test Location C F142:cm:21232 Zratest, Patients MS211000146 0/12/2021 2:02047 Test Location C F142:cm:21232 Zratest, Patients MS211000146 0/12/2021 2:02047 Test Location E142:cm:21235 Zratest, Patients MS211000147 0/12/2021 2:12941 Test Location 9844:cm:21235 Zratest 22, Patients MIC21000009 0/12/2021 2:12941 Test Location 9844:cm:21235 Zratest22, Patient C121235752 0/12/2021 2:13941 Test Location 9844:cm:21235 Zratest22, Patient C121235752 0/12/2021 2:13941 Test Location 9844:cm:21235 Zratest22, Patient C12123752 0/12/2021 2:13941 Test Location 9845:cm:21235 Zratest22, Patient C12123752 0/12/2021 2:13941 Test Location 9845:cm:21235 Zratest22, Patient C12123752 0/12/2021 2:13941 Test Location 9845:cm:21235 Zratest22, Patient C12123752 0/12/2021 2:13941 <	08/23/2021 2:1294 EnterICP EnterIcPTest Location 08/23/2021 2:1694 SARS-CoV-2 2019nCoVTest Location	
动物的动物	Sign Out		

This will bring up a manifest just for Newborn Screening. Print and send this manifest in the envelope with the dried blood spot cards.

Print Manifest					•Test Location
					+ +
Manifest ID 21235140401					Print Manifest
1 of 1 Q	-	- + 🤉 🕶 🗅 Page view	A [®] Read aloud │ ☆ Draw	🗸 🗟 Highlight 🕤 🖉 Erase	🗢 🖻 🖈 î
	MANIFEST Collection LocationTest Location Manifest ID: 2123514001 Date: 0822021:29-94 Mame: Zetest, Patient6 DOB / Gender: 08/20/2021 / / F Sib: NBS21000146 Order: Ohioe Name Newborn Screening Panel Name: Zetest, Patient10 DOB / Gender: 08/20/2021 / / M Sib: NBS21000146 Order: 08/21/2021 / M Name: Zetest, Patient10 DOB / Gender: 08/21/2021 / M Newborn Screening Panel Newborn Screening Panel	MONTANA PUBLIC HEALTH LABORA 1400 BROADWAY HELENA, MT 5960- 1-800-821-7284 Order ID: 9842- Patient ID: C20212351893 Tube(s)/Container(s) (1) Dried Blood Spot Card (1) Dried Blood Spot Card (1) Dried Blood Spot Card	Collected 08/21/2021 6 00PM		
					-
Sign Out				Review Manifest	< Back to Create Manifest

- Then select all other orders that will be sent to the MT State Public Health Laboratory. If this is all the orders on this page the word "select" can be pressed to select them all.
- Once all samples (other than Newborn Screening) are selected click the "create manifest" button. This will open a screen from where the manifest can be printed.
- Print this manifest and send it with the samples to the MT State Public Health Laboratory.

	Print Manifest							PUBLIC F		Release RM
										+
Manage Orders	Manifest ID 21202092901									Print Manifes
Manage Samples	1 of 1 Q		+ 🤉 🖽 🛛	🖻 Page view 丨	A ^N Read aloud	│ ∀ Draw	Highlight -	& Erase	0	
View Results									1	
Patient Info										
This Location			MONTANA PUBLIC HE 1400 BROADWAY HEL	ENA, MT 59604-43	RY 369					
My Preferences		MANIFEST	1-800-82	21-7284						
		Collection Location: PUBLIC HEALTH LAI Manifest ID: 21202092901 Date: 07/21/2021 9:31AM	BORATORY							
		Name: Zztest22, Patient		rder ID: 9823-on-3	21201					
		DOB / Gender: 06/01/1995 / M		atient ID: 20211771885						
		SID: C21201737								
		Order Choice Name	Tube(s)/Container(s)		Collected					
		Influenza A and B Virus Detection (PCR) (1) Universal Transport N	fedia	07/20/2021 9:21AM					
MTPHL, Release		Name: Zztest22, Patient		rder ID: 9822-on-	21201					
PUBLIC HEALTH LABORATORY		DOB / Gender: 06/01/1995 / M	Pi	atient ID: 20211771885						
- How many		SID: MIC21000007								
		Order Choice Name	Tube(s)/Container(s)		Collected					
		Enteric Panel	(1) Cary-Blair Transport		07/20/2021 9:21AM					
		Name: Zztest33, Patient		rder ID: 9824-on-	21201					
		DOB / Gender: 03/15/1986 / F	Pi	atient ID: 20211811886						
		SID: NBS21000144								
		Order Choice Name	Tube(s)/Container(s)		Collected					
		Newborn Screening Panel	(1) Dried Blood Spot Car	d	07/20/2021 1:46PM					
物学学学	Sign Out							Review Manifest	< Back to (Create Manife
1 1 1 1 1										

Canceling and Adding on tests

Canceling Tests

✤ ANY TIME YOU CANCEL, ADD OR RE-ACTIVATE A TEST FOR A SAMPLE THAT HAS ALREADY BEEN RECEIVED BY OUR LAB YOU MUST CALL or FAX TO LET US KNOW

- > You can cancel an order or a test up until the point that it has been completed.
- > To cancel an order or test, open the order (see the procedure for how to search for an order).
- Once you've opened the order, you can cancel the entire order by clicking the "Cancel Order" button.
- You can cancel an individual test on an order by clicking on the X in the cancel column next to the order you want to cancel.

Zztest22, Pat	tient				۲ 🗆		Search Recent
PID: C20211771885	Patient MRN: 123456				Demographics	Insurance	Order History Options
Order ID: 9832-on-	21217			Status: NO RESULTS			Entered b
Patient:*	Zztest22, Patient	م ا		Patient MRN:	123456		
Collection Location:	Test Location	8	Q	Date of Birth:*	° 06 / 01 / 1995		
Collection Date:*	08 / 05 / 2021	03 : 49 PI	Now Clear	Sex:*	* Male 🗸		
Ordering Location:*	Test Location	٩		Race:		0 2	
Order Date:	08 / 05 / 2021	03 : 49 PI	Now	Ethnicity:		8 P	
Ordering Provider:*	Test User, Laborato	ry P		Address:	123 Main St		
Submitter Order ID:				City:	HELENA		
				State:	MT		
Newborn Screening Only:	NBS Form No:			ZIP/Postal Code:	59601		
	NBS Repeat:				Save Patient		
	NICU						
Order Choices							
	L. L. L. All Links						
Search Order Cho			Ξ	Diagnosis required for Medic			
Order Choice	Search:		Diagnoses:	Sear	ch Summary		
Order Choice	ICD Codes	Sample ID	Priority	Billing	Cancel		
Lyme Disease Total Ab	None selected	C21217743	Routine	Client Bill		To can	cel test
(<u>EIA)</u>						TO Call	certest
Documentation and	Actions						
Documentation and	Actions						
				1			
Print Labels Clinical Info	Requisition(s) Linked Docs	Lab Report Cancel Order	Comments Collect Samples	ł			
Clinical Info	Linked Docs		Collect Samples	J			
		Δ					
		To cancel orde	r				

- Note the status of the order at the top. You can cancel a test or order up to the point that it has been completed. Once the status is Complete, the cancel buttons will be greyed out.
- When you click cancel, you will be asked to enter a reason. Pick a reason from the drop down list.
 You can enter additional info in the box.

Cano	el Order		
Ord	der ID: 9832-on-21217		
	Name: Zztest22, Patient		
	ent ID: C20211771885		
	ID(s): C21217743		
	led By:Test User, Laboratory		
Cancelled	d Date:		
Enter the	reason for cancelling this order:	*	
Reason*		0	P
Preview	Reason 🔺	Active	
	Canceled by ordering provider	Yes	System
	Duplicate order	Yes	System
	Ordered in error	Yes	System
	Other (specify in add'l info)	Yes	System
	Sample never collected	Yes	System
	Test patient order	Yes	System
Additiona	Unsatisfactory sample	Yes	System
	ø 🗖 🗖 📘	→ ►1	ę
			_//
I	nsert Date/Time		

• Once you've entered a reason, click Proceed with Cancellation at the bottom of the screen.

Proceed With Cancellation Don't Cancel Order

It will take you back to the order screen. If you've canceled a test, you need to click save. If you've canceled the order, the status will have changed to Canceled.

Canceled tests appear with lines through them in OEL.

Zztest22,	Patient					9		Search Recent
	1885 Patient M	RN: 123456				Demogra	phics Insurance	Order History Options
Order History	Filter (show fil	<u>ter)</u>						
								Cumulativ
Task Bunchise	a Zabart22 Dat	tiont / Datiant ID, C20211	77100E / MDNI. 1	22455				·
Test Practice	: ZZtestZZ, Pa	tient / Patient ID: C202113	771885 / MKN: 1.	23456				
								View Archiv
							Tota	al rows selected: 0 Clear
ф Show 20	entries			1	BB		si	nowing 1 to 12 of 12 entri
Order ID 🛛 🗘	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection 🗘	Sample Collection Date	Order Date 🔹	Ordering Provider	Status
9822-on-21201	MIC21000007	EntericP (R), PDF (R)	Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	Laboratory	Complete
9832-on-21217	C21217743	Lyme (EIA) (R)	Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	Test User, Laboratory	Cancelled (more)
9827-on-21216	C21216738	OandP (R)	Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	Laboratory	Accession Pending, No Res
9823-on-21201	C21201737	Inf A-B PCR (R)	Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	Laboratory	Accession Pending, No Res
818-on-21188	C21188733	SARS-CoV-2 (R)	Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	Test User, Laboratory	Accession Pending, No Res
817-on-21188	C21188732	CT-GC Combo (Public) (R)	Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	Test User, Laboratory	Accession Pending, No Res
9816-on-21188	SER21000004	Syphilis IgG (R)	Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	Test User, Laboratory	Accession Pending, No Res
9812-on-21181	MIC21000006	EntericP (R)	Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	Test User, Laboratory	Accession Pending, No Res
813-on-21181	SER21000003	Syphilis IgG (R)	Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	Test User, Laboratory	Accession Pending, No Res
9807-on-21181	C21181731	EntericP (R)	Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	Test User, Laboratory	Accession Pending, No Res
9805-on-21179	C21179729	SARS-COV-2 IgG (R)	Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	Test User, Laboratory	Accession Pending, No Resu
9804-on-21177	C21177728	SARS-CoV-2 (Panther) (R)	Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	Test User, Laboratory	Accession Pending, No Res
ග Show 20	entries						st	nowing 1 to 12 of 12 entri

You may re-activate a canceled test (not an order), by clicking on the check mark next to a canceled test.

Zztest33, Patient		Q Search Recent
PID: C20211811886 Patient MRN: 1234566		Demographics Insurance Order History Options
Order ID: 9806-on-21181	Status: NO RESULTS	Entered b
Ordering Location:*Test Location	Patient MR Date of Birth 46 PM Now Clear Sex Race 50 PM Now Ethnicity Address City State ZIP/Postal Code	15 1986 *: Female *: 6 *: 1234 South 6th St. W *: 1234 South 6th St. W *: Great Falls *: MT
Order Choices Search Order Choice List: All Lists Order Choice Search:		licaid earch Summary
Order Choice ICD Codes Sample ID	Priority Billing	Cancel
C. trachomatis (Aptima) None selected C21181730	Routine Client Bill	
Syphilis Serology. None selected C21181730	Routine Client Bill	View Cancellation Information/Reactivate
Documentation and Actions Print Labels Requisition(s) Clinical Info Linked Docs		

Select a reason for re-activation (use other and explain in the box.) Then click Proceed with Reactivation.



Add-on Testing

You may add-on a test to an existing order if it is not yet complete. If the order is complete you will need to create another order. To add a test, look up the order, and once in the order add order choices and save the same way that you would if you were entering a new order.

ANY TIME YOU CANCEL, ADD OR RE-ACTIVATE A TEST FOR A SAMPLE THAT HAS ALREADY BEEN RECEIVED BY OUR LAB YOU MUST CALL or FAX TO LET US KNOW

Samples that have not yet been received have a status of "Accession Pending".

Zztest22,	Patient					9		Search Recent
26y M PID: C2021177	1885 Patient M	RN: 123456				Demogra	phics Insurance	Order History Options
Order History	Filter (show fil	ter)						
								Cumulative
in the second								Cumulative
Test Practice	: Zztest22, Pa	tient / Patient ID: C202113	771885 / MRN: 13	23456				
								View Archive
							-	al rows selected: 0 Clear
and the second second				-				and the second second second second
ආ <mark>Show</mark> 20	entries		*				SI	nowing 1 to 12 of 12 entries
Order ID 🔷	Sample ID List	Order Choice Abbreviations	Ordering Location	Proposed Collection 🗘	Sample Collection Date	Order Date 🔹 🔻	Ordering Provider	Status
9822-on-21201	MIC21000007	EntericP (R), PDF (R)	Test Location	07/20/2021 9:21AM	07/20/2021	08/06/2021 2:15PM	Laboratory	Complete
9832-on-21217	C21217743	Lyme (EIA) (R)	Test Location	08/05/2021 3:49PM	08/05/2021	08/05/2021 3:49PM	Test User, Laboratory	Cancelled (more)
9827-on-21216	C21216738	OandP (R)	Test Location	08/04/2021 8:04AM	08/04/2021	08/04/2021 8:20AM	Laboratory	Accession Pending, No Results
9823-on-21201	C21201737	Inf A-B PCR (R)	Test Location	07/20/2021 9:21AM	07/20/2021	07/20/2021 9:21AM	Laboratory	No Results
9818-on-21188	C21188733	SARS-CoV-2 (R)	Test Location	07/07/2021 3:09PM	07/07/2021	07/07/2021 3:10PM	Test User, Laboratory	Accession Pending, No Results
9817-on-21188	C21188732	CT-GC Combo (Public) (R)	Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	Test User, Laboratory	Accession Pending, No Results
9816-on-21188	SER21000004	Syphilis IgG (R)	Test Location	07/07/2021 3:03PM	07/07/2021	07/07/2021 3:04PM	Test User, Laboratory	Accession Pending, No Results
9812-on-21181	MIC21000006	EntericP (R)	Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:32PM	Test User, Laboratory	Accession Pending, No Results
9813-on-21181	SER21000003	Syphilis IgG (R)	Test Location	06/30/2021 3:28PM	06/30/2021	06/30/2021 3:31PM	Test User, Laboratory	Accession Pending, No Results
9807-on-21181	C21181731	EntericP (R)	Test Location	06/30/2021 2:55PM	06/30/2021	06/30/2021 2:56PM	Test User, Laboratory	Accession Pending, No Results
9805-on-21179	C21179729	SARS-COV-2 IgG (R)	Test Location	06/28/2021 1:08PM	06/28/2021	06/28/2021 1:08PM	Test User, Laboratory	Accession Pending, No Results
<u>9804-on-21177</u>	C21177728	SARS-CoV-2 (Panther) (R)	Test Location	06/26/2021 10:18AM	06/26/2021	06/26/2021 10:24AM	Test User, Laboratory	Accession Pending, No Results
ආ Show 20	entries			1			sł	nowing 1 to 12 of 12 entries

- To fax, just print the requisition from the system and make a note as to what you are doing, then fax to us at 406-444-5527
- To print a requisition, from the order history screen right click on the order and select requisition, or from within the order, click on the requisition button.

Entering Medicaid Information

- From the Order Patient Samples Screen, Click Insurance in the top menu bar.
- > On the Insurance screen, if Medicaid is not already listed, Click "Add an Insurance Plan"

Zztest33, Patient 35y F PID: C20211811886 Patient MRN: 1234566			Demographics Insurance	Search Recent
Order ID: NEW ORDER	St	atus: NEW ORDER	13	Entered by:Test User, La
Ordering Location: *Test Location Order Date: 08 //06 //2021 Ordering Provider: *Test User, Laborator Submitter Order ID: Newborn Screening Only: NBS Form No:	Patient Insurance Choose existing insurance information, or Insurance Summary No insurance information exists for this pa	iecondary Tertiary Guarantor	// <u>1986</u> V	2 🗙
NBS Repeat: NICU Order Choices Search Order Choice List: All Lists Order Choice Search:	Select this insurance for ZZTEST33, Pati			
Order Chaice ICD Code: To select an order choice, type in the text b				
Documentation and Actions				
Print Labels Requisition(s)				Save Discard Changes Cancel

It will take you to the Primary Insurance Tab. Start typing "Medicaid" in the Insurance Plan field.
 The Medicaid Plan should then appear in the list. Click the Medicaid plan.

Search for and select a primary plan. Insurance Summary Primary Secondary Tertiary Guarantor Insurance Company Insurance Plan	Patient Insurance							
Insurance Company Copy from Previous Copy from Previous Insurance Plan me Address 1 Insurance Plan med Address 2 Insurance Plan med Address 2 Insurance Type Saved data X MEDI Country Company Address Medicaid Medicaid Medicaid 00000000	Search for and select a primary plan.							
Insurance Plan	Insurance Summary	Primary	Secondary T	ertiary Gua	rantor			
Insurance Plan Insurance Company Address 1 Insurance Plan Address 2 Insurance Type Saved data MEDI MEDI Company1 Plan2 Phone Contact Medicaid 000000000	Insurance Company			Copy from Prev	ious		0	
Insurance Plan medi Insurance Type Saved data X MEDI Company ¹ Plan ² Phone Contact Phone Address Medicaid 00000000	Insurance Plan me		P					
Insurance Type Saved data X MEDI Country Company ¹ Plan ² Phone Contact Phone Address Medicaid 000000000	Ins	surance Company			Address 1			
MEDI Country Company ¹ Plan ² Phone Contact Medicaid 000000000		Insurance Plan	medi		Address 2			
Country Country Contact Phone Address Medicaid Medicaid 00000000		Insurance Type	Saved data			×		
Country Country Contact Phone Address Medicaid Medicaid 00000000			MEDI					
Company ¹ Plan ² Phone Contact Contact Phone Address Medicaid Medicaid 000000000 000000000					[ๅ	
Medicaid 00000000					Country]	
	Com	npany ¹	▲ Plan ²	 Phone 	Contact	Contact Phone	Address	
	Med	licaid	Medicaid				000000000	
	ф				1 →	14		ę

Click Select when the Medicaid plan information pops up.

Insurance Compa	ny Information	1			Change Log	
Company Name*	Medicaid					
Company ID	Medicaid		Insurance	Type No Insurar	ice Type 🗸	
Company ID Type	National Insuran	ce Organization Identifie	er 🗸 Edit Comp	any Entity IDs		
Insurance Plan Ir	formation				Change Log	
Plan Nam	* Medicaid		Address Type Hon	ne	~	
	D Medicaid		Address 1			
Phone Numbe			Address 2			
Contact Last Nan		ZI	P/Postal Code 000	000000		
Contact First Nan			City			
Contact Middle Nan		State/Re	gion/Province			
Contact Phone Numb			Country		0 0	
			County Code			
• Enter the policy Insurance ary plan information.	number in th	ne Policy field (this f	field is required)). Then click Sa	Select	Cancel
Insurance ary plan information.). Then click Sa		Cancel
Insurance ary plan information. nce Summary* Prima). Then click Sa		
Insurance ary plan information. nce Summary* Prima Company Medicaid						Cancel Fill with Patie Clear
Insurance ary plan information. nce Summary* Prima Company Medicaid		y Tertiary Guarante		Det	ve.	Fill with Patie
Insurance ary plan information. nce Summary* Prima Company Medicaid Plan Medicaid		y Tertiary Guarante		Employe	ve. ails	Fill with Patie
Insurance ary plan information. Ince Summary* Prime Company Medicaid Plan Medicaid I Information Policy* 12345678 Group		y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2		Employe	ve. ails er Information	Fill with Patie
Insurance ary plan information. Acce Summary* Prime Company Medicaid Plan Medicaid d Information Policy* 12345678 Group Group #	rry* Secondar	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1		Employe	ve.	Fill with Patie
Insurance ary plan information. nce Summary* Prima Company Medicaid Plan Medicaid d Information Policy* 12345678 Group Group # ship to Insured None		y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1 Address 2		Employe	ve.	Fill with Patie
Insurance ary plan information. Ance Summary* Prime Company Medicaid Plan Medicaid d Information Policy* 12345678 Group	rry* Secondar	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1		Employe	ve.	Fill with Patie
Insurance ary plan information. Ace Summary* Prima Company Medicaid Plan Medicaid d Information Policy* 12345678 Group Group # Ship to Insured None First Name	rry* Secondar	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1 Address 2 City		Employer Employer Employer Employer	ve.	Fill with Patie
Insurance ary plan information. Ary plan information. Ary plan Medicaid Plan Medicaid Plan Medicaid Information Policy* 12345678 Group Group # Ship to Insured None First Name Middle Name	rry* Secondar	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1 Address 2 City State	or	Employer A Employer A Employer A Employer A Employer A Employer A Employer A	ve.	Fill with Patie
Insurance ary plan information. Ary plan information. Ary plan Medicaid Plan Medicaid Plan Medicaid d Information Policy* 12345678 Group Group # Ship to Insured None First Name Middle Name Last Name	rry* Secondar	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1 Address 2 City State ZIP Code	or	Employer Employer Employer Employer Employer Employer Employer Employer Employer Employer Employer	ve.	Fill with Patie
Insurance ary plan information. Ance Summary* Prime Company Medicaid Plan Medicaid d Information Policy* 12345678 Group Group # Ship to Insured None First Name Last Name Subscriber ID	secondary Secondary	y Tertiary Guarante Copy from Previous Phone # 1 Phone # 2 Address 1 Address 2 City State ZIP Code Country U.S	or	Employer Employer Employer P Employer A Employer A Employer A Employer A Employer 3	ve.	Fill with Patie

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Save Discard Changes Cancel

 Once all the rest of the order information is filled in, you must enter at least one diagnosis code for Medicaid billing.

Zztest33, Pat	ient						9		
35y F PID: C20211811886	Patient MRN: 1234566						Demograp	hics Insur	ance
Order ID: NEW ORD	DER				Status: NEW ORD	ER			
Patient:*	Zztest33, Patient		P			Patient MRN:	1234566		
Collection Location:	Test Location		8		D	ate of Birth:*	03 / 15 / 1986		
Collection Date:*	08 / 06 / 2021	01:47	PM No	ow Clear		Sex:*	Female 🗸		
Ordering Location:*	Test Location		0			Race:		8	P
Order Date:	08 / 06 / 2021	01:38	PM No	w		Ethnicity:		8	P
Ordering Provider:*	Test User, Laboratory	¢	8			Address:	1234 South 6th St. W		
Submitter Order ID:						City:	Great Falls		
						State:	MT		
Newborn Screening Only:	NBS Form No:				ZIP/I	Postal Code:			
Screening only.	NBS Repeat:						Save Patient		
	NICU								
Order Choices									
Search Order Cho	ice List: All Lists		~		Diagnosis require	d for Medica	id		
Order Choice	Search:			Diagnoses:		Searc	h Summary		
				-	· · · · · · · · · · · · · · · · · · ·				
Order Choice	ICD Codes	Sample ID	Priority		Billing		Cancel		
Ova & Parasite Exam	None selected	T.B.D.	Routine	0	Client Bill				
Documentation and	Actions								
Documentation and	Actions								
Print Labels	Requisition(s)	Lab Report		Comments	J				
Clinical Info	Linked Docs	Cancel Order	Col	lect Samples					

• You can type the code directly in the field or use the search button to find a code.

Diagno	sis Search	
fever, uns	Search	-
Search	Patient's Previous User's Frequent	
Select Co	de Description	
<u> </u>	11.00 Typhoid fever, unspecified	Use the search feature
	1.4 Paratyphoid fever, unspecified	to find a code. Click
<u> </u>	5.9 Rat-bite fever, unspecified	the box next to it and
<u> </u>	8.9 Relapsing fever, unspecified	then click "Add All
<u>A7</u>	75.9 Typhus fever, unspecified	Selected Items"
<u>A7</u>	7.9 Spotted fever, unspecified	
<u>A9</u>	2.9 Mosquito-borne viral fever, unspecified	
<u>A9</u>	5.9 Yellow fever, unspecified	
<u>A9</u>	6.9 Arenaviral hemorrhagic fever, unspecified	
R5	0.9 Fever, unspecified	

• Once you've entered diagnosis codes, they will appear under the Order Choice(s) you entered on the order.

Zztest33, Pa	tient					(₹	
35y F PID: C20211811886	Patient MRN: 123456	6				Demog	raphics Insi	urance O
Order ID: NEW OF	RDER			Status: NE	W ORDER			
Patient:	Zztest33, Patient		٥		Patient MRN:	1234566		
Collection Location:			3 2		Date of Birth:*			
Collection Date:*			PM Now Clear	ו		Female V		
Ordering Location:				J	Race:			3 0
Order Date:		L 01 : 38	PM Now		Ethnicity:			3 2
Ordering Provider:	*Test User, Laborato	pry			Address:	1234 South 6th St. W		
Submitter Order ID	:				City:	Great Falls		
					State:	MT		
Newborn Screening Only:	NBS Form No:				ZIP/Postal Code:			
	NBS Repeat:					Save Patient		
	NICU							
Order Choices								
Search Order Ch	oice List: All Lists		~	Diagnosis r	equired for Medica	id		
Order Choice			Diagnose		Search			
			Diagnost		Searc	Summary		
Order Choice	ICD Codes	Sample ID	Priority	Billing		Cancel		
Ova & Parasite Exam	R50.9	T.B.D.	Routine	Client Bill	0			
Documentation an	d Actions							
Print Labels	Requisition(s)	Lab Report	Comments					
Clinical Info	Linked Docs	Cancel Order	Collect Sample	es				

✤ NEW – Enter Patient Class

Select Inpatient or Outpatient from the drop-down menu (default is Outpatient)

Order Choices						
Order Choice Sea		field below to se	earch for a test	F Diagnoses:	Required for Medicaid	Search Summary
	or search b	y selecting a list	below:	Patient Class*		
Filter by I	List: All Lists		~		<u>Outpatient</u>	
Order Choice	ICD Codes	Sample ID	Order Choice	e Received Date/Tim	<u>Inpatient</u>	

New Provider

- After saving the order, a message with pop up at the top of the page if you used "..laboratory" as the ordering provider. This message says:
 - "You have selected ..Laboratory as a provider. A ticket has automatically been opened for you. Please
 put the Providers name (last name, first name) and NPI number in the description of the open ticket.
 Click view ticket to add this information into the ticket."
 - Click ok on the message. Follow the message instructions after printing the requisition.

all laboratory testing and n	labportal-test.hhs.mt.gov says 1. You have selectedLaboratory as a p automatically been opened for you. Ple (last name, first name) and NPI number ticket. Click view ticket to add this infor	ase put the Providers name in the description of the open	arch Recent er History Options Entered by:T r audit purposes.
P 12:09 PM Now 12:10 PM Now	Address:	ОК	6 A 6 A
1	City:		i
		MT	i
	ZIP/Postal Code:		i
	Create Ticket	Save Patient View Tickets	
	C	,	

> The "view ticket" button will become available after saving the order and highlighted green. Click the "view ticket" button.

Order ID: 20240300001	1	S	tatus: NO RESULTS		Entered by:Tes
A signed physician's or	order is required for all laborator	y testing and must be	e provided to MTPHL upon request	as necessary for Medicaid billing or	audit purposes.
Patient:* Zzte	test, Jenna	P	Patient MRN:	363598	
Collection Location:Te	est Location	۹ 🕄	Date of Birth:*	01 / 18 / 2024	
Collection Date:* 01	/ 30 / 2024 12 : 33	PM Now Clear	Sex:*	Female 🗸	
Ordering Location:*Te	est Location	Q	Race:		9
Order Date: 01	/ 30 / 2024 12 : 36	PM Now	Ethnicity:		8 2
Ordering Provider:*La	aboratory	P	Address:		
Submitter SID:			City:		
			State:	MT	
Newborn Screening Only:	BS Form No		ZIP/Postal Code:		
	IBS Repeat			Save Patient	
NI	IICU		Create Ticket	View Tickets	

- > A client Services Tickets screen will open.
 - Click "View details" next to the right side of the ticket with the summary "..Laboratory used as Provider"

D: C202215782735 Patient MRN: 363598				Demographics	s Insuran	ce Order	History Option
ient Services Tickets							
Showing Tickets for 20240300001 (Current Order) ✓ Hide closed Tickets							
		_	_				
	_						to 1 of 1 entries
D 🔶 Client 🗢 Summary	Status 🗘	Priority 🗘	Reason 🗘		Assignee 🗘	Contact 🗘	
ase-00001197Test LocationLaboratory used as Provider (2024030000	1) New	Routine		01/30/2024 12:33PM	1		View Details

- In the "Description (No PHI)" field please put the ordering provider's name (last name, first name) and their NPI number. Then click "Save". This will take you back to the "Client Services Tickets" screen. Close this screen to continue.
- This ticket will be linked to this order, and we will work this ticket as soon as possible to get the doctor in our system.

Item ID Case-00001197 Client*Test Location Reason* Correction - Pending Order Summary*Laboratory used as Provider (20240300001) escription (No PHI)Laboratory was used as a provider. Please put provider's name and NPI in this field. Order ID: 20240300001 Dee, John NPI:85966588 Status: New Priority: Noutine Create New Ticket Pickup STAT Pickup Supply Shipment Link			
Clert* Trest Location Reason* Correction - Pending Order Summary*boratory used as Provider (20240300001) escription (No PH)bobratory used as a provider. Please put provider's name and NPI in this field. Order ID: 20240300001 De. John NYI: Spesses Status: New New Notify: Roturne Control Control Notify: Roturne Control Notify: Status: New Notify: Status: Notify: Not	Edit Ticket		
Reason* Summary* Laboratory used as Provider (20240300001) escription (No PHI) <td>Item ID</td> <td>Case-00001197</td> <td></td>	Item ID	Case-00001197	
Summary*Laboratory used as Provider (20240300001) escription (No PHI)Laboratory was used as a provider. Please put provider's name and NPI in this field. Order ID: 2024030001 Dec.John NPI:05565588 The secret and the	Client*	Test Location	
escription (No PHI) Laboratory was used as a provider. Please put provider's name and NPI in this field. Order ID: 20240300001 Des. John NHI: 55965388 Status: New Priority: Routine Priority: Routine Priorit	Reason*	Correction - Pending Order	
escription (No PH) L:Laboratory was used as a provider. Please put provider's name and NPI in this field. Order ID: 2024030001 Dec. John Wel:SS98588 Status: New Priority: New Priority: New Treate New Ticket Pickup StAT Pickup Supply Shipment Link Note Links Add Entered Date (MST © Modified Date (MST) © Note Text No matching records found	Summary*	Laboratory used as Provider (20240300001)	
order ID: 20240300001 Deg. John NNT:8508588 Image: Status: Note: Status: Note: Index Index Index Add Index Index <			
Dec. John MP1: S5965358 Status: New Priority: Routine Priority: Routine Picket <	Description (No PHI)	Laboratory was used as a provider. Please put provider's name and NPI in this field.	
Status: Notes Links Cattered By © Entered Date (MST) © Modified Date (MST) © Note Text		Order ID: 20240300001	
Status: Notes Links Cattered By © Entered Date (MST) © Modified Date (MST) © Note Text			
Status: New Priority: Routine Stat Pickup Stat Pickup Supply Shipment Link Notes Links +Add Intered By © Entered Date (MST) © Modified Date (MST) © Note Text Edit No matching records found			
Priority: Routine Star Pickup Star Pickup Supply Shipment Link Notes Links Add Intered By © Entered Date (MST) © Modified Date (MST) © Note Text Edit No matching records found			
create New Ticket Pickup STAT Pickup Supply Shipment Link Notes Links Add Intered By © Entered Date (MST) © Modified Date (MST) © Note Text Edit No matching records found	Status:	New C P	
Notes Links Add Intered By © Entered Date (MST) © Modified Date (MST) © Note Text No matching records found	Priority:	Routine 8 A	
Notes Links Add intered By Entered Date (MST) Modified Date (MST) Note Text Edit No matching records found		Pidum CTAT Pidum Cumula Chimanak Link	
intered By Entered Date (MST) Modified Date (MST) Note Text Edit No matching records found Edit	Create New TICKet	Pickup STAT Pickup Supply Snipment Link	
No matching records found	Notes Links	+ Add	
	Entered By 🗘 Ent	ered Date (MST) 🗘 Modified Date (MST) 🗘 Note Text Edit	
Save Print Close		No matching records found	
Save Print Close			Eave Drint Close
			Save Fint Close