

Welcome to the Lab Web Portal!

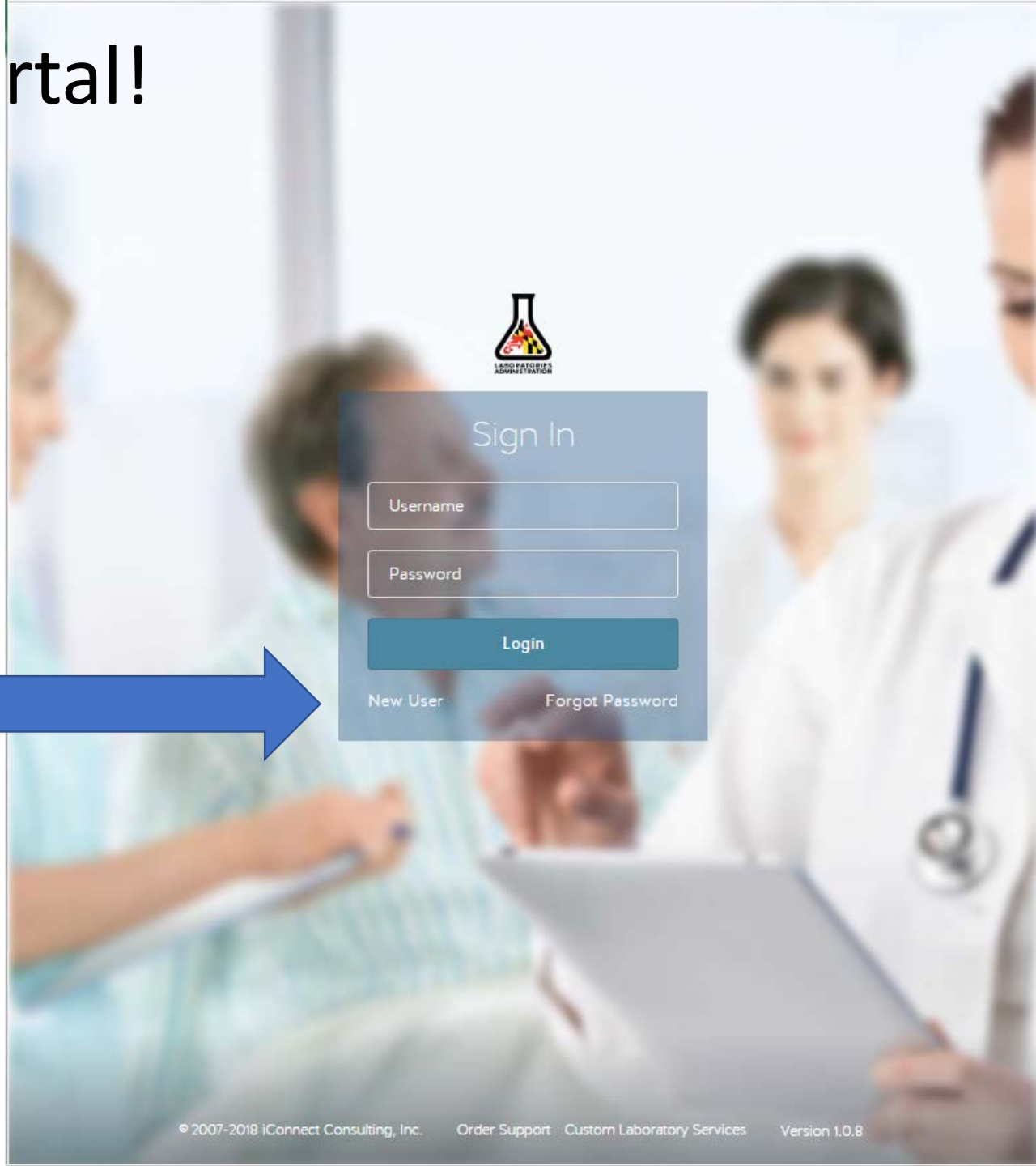
Please contact Maryland Department of Health prior to setting up an account:

Richard Brooks, MD
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<https://lwp-web.aimsplatform.com/md/#/login>

Once you are approved by the lab click
New User to begin registering your account



Sign In

Username

Password

Login

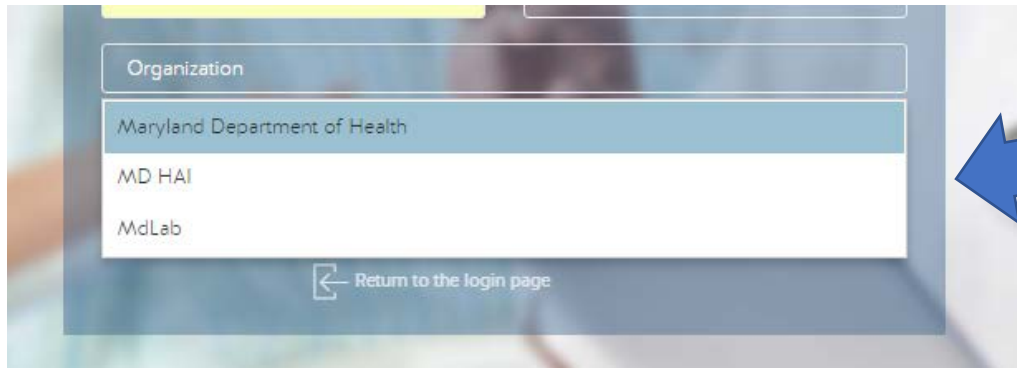
New User Forgot Password

Create a user account

Enter user details and create a password

Each individual that will be requesting tests will need to create a user account

Begin typing your organization and select from the drop-down menu or add new organization



Organization

- Maryland Department of Health
- MD HAI
- MdLab

[Return to the login page](#)



Register

Account Details

Profile Details

Create an account

[Return to the login page](#)

Click "create an account"

Your homepage

Log in with your new username and password

-**Click to order:** enter test requests

-**Published reports:** view results returned from the lab

-**All specimens:** view all orders

-**Incomplete orders:** view orders that you have saved but not submitted to the lab

The screenshot shows the Maryland Laboratories Administration dashboard. At the top, there is a navigation bar with the following items: **DASHBOARD** (highlighted in red), **TEST ORDER**, **INCOMPLETE ORDERS**, **ALL SPECIMENS**, and **PUBLISHED REPORTS**. The user's name, **CATEY E DOMINGUEZ**, is visible in the top right corner.

The main content area features a **Welcome Message** in a purple box, followed by three summary cards: **All Specimens** (43), **PUBLISHED REPORTS** (21), and **ORDERS** (0 Incomplete Orders). Below these cards are three action buttons: **Click To Order** (with a flask icon), **PUBLISHED REPORTS**, and **ORDERS**. A blue arrow points from a text box at the bottom, **To place an order Click to Order**, to the **Click To Order** button.

Category	Count
All Specimens	43
PUBLISHED REPORTS	21
ORDERS	0

<https://lwp-web.aimsplatform.com/md/#/login>

Test Ordering

Enter approved investigation code provided by Maryland Epidemiologists

Enter submitting facility information:

Depending on your jurisdiction, this may be:

- Collection site facility
- State Public Health Lab

Note: the submitting facility must match the organization with which you created your account. States wishing to be submitters will have to order tests.

Reports will be shared with State Labs, State Epidemiologists and collection sites.

Maryland Laboratories Administration HELP CATEY E DOMINGUEZ

[DASHBOARD](#) [TEST ORDER](#) [INCOMPLETE ORDERS](#) [ALL SPECIMENS](#) [PUBLISHED REPORTS](#)

CRE Colonization Screening Requisition

* Approved Investigation Code

Submitting Facility/Public Health Department Requestor (Point-of-Contact)

* Public Health Department

Last Name First Name

Phone Email

Investigation ID (eg. Outbreak code)

* Contacts Screening Initiated by

patient with confirmed CRE on shared ward/unit

first identification of CRE in a facility

other

contaminated instrument

repeat point prevalence survey to confirm clearance

Confirmed Carbapenemase Resistance Gene in Index Case

KPC

IMP

OXA

VIM

NDM

Other (please specify)

Genus species

HAI Coordinator

Test Ordering

Maryland will pre-populate HAI coordinators from your region; select from a dropdown menu

Enter submitting facility information:

If the submitter is the collection site facility, this section will have the same name as the “submitting facility”

Click in box to enter information



Maryland Laboratories Administration HELP CATEY E DOMINGUEZ

[DASHBOARD](#) [TEST ORDER](#) [INCOMPLETE ORDERS](#) [ALL SPECIMENS](#) [PUBLISHED REPORTS](#)

CRE Colonization Screening Requisition

Genus species

HAI Coordinator

* Name Email

Phone Fax

Health Care Facility (Specimen Collection Site)

* Facility Name

Address

City State Zip Code

Point-of-Contact

Last Name First Name

Phone Fax Email

Clinical Lab ID (CLIA Number) Facility Type

Test Request Authorization by

* Last Name * First Name

* Title

Patient Demographics

Test Ordering Details

Previous facilities will load or you can create a new facility

“Apply” to select pre-populated site



“Add New” to create another site



The screenshot shows the Maryland Laboratories Administration web application. A modal window titled "Select facility from the list below" is open, displaying a table of facilities. The table has columns for Institution Name, Address, and Phone. One facility is listed: "Retirement house1" with address "yay dr" and phone "1234567891". The modal includes a search bar, pagination controls (showing page 1 of 10 items per page), and buttons for "Apply", "Add New", "Edit", and "Close". The background shows a form for "Point-of-Contact" with fields for Last Name, First Name, Phone, Fax, Email, Clinical Lab ID (CLIA Number), and Facility Type. At the bottom, there are buttons for "Clear Values", "Save Order", and "Submit".

Creating A Facility

Maryland Laboratories Administration HELP CATEY E DOMINGUEZ

Edit facility

* Facility Name Retirement house1

Address yay dr

City happy State Select a value Zip Code 21212

Point-of-Contact

Last Name Trees First Name Alex

Phone (123) 456-7891 Fax (234) 567-8912 Email alex@trees.com

Clinical Lab ID (CLIA Number) 22222

* Facility Type Short Term Acute Care Long Term Acute Care Skilled Nursing/Nursing Home Inpatient Rehab Other

Submit Close

Maryland Laboratories Administration HELP CATEY E DOMINGUEZ

DASHBOARD TEST ORDER INCOMPLETE ORDERS ALL SPECIMENS PUBLISHED REPORTS

CRE Colonization Screening Requisition

Genus species Enterobacter cloacae

HAI Coordinator

* Name Maria, Ana Email ana@test.com

Phone 4356643566 Fax

Health Care Facility (Specimen Collection Site)

* Facility Name Retirement house1

Address yay dr

City happy State MD

Point-of-Contact

Last Name Trees

Phone (123) 456-7891 Fax (234) 567-8912

Clinical Lab ID (CLIA Number) 22222 Facility Type Skilled Nursing/Nursing Home

Test Request Authorization by

* Last Name * First Name

* Title Select a value

Patient Demographics

Clear Values Save Order Submit

Details can be edited with the pencil icon or a different facility selected with the magnifying glass icon

Entering Patient Information

TRAB must be a qualified health care professional (select credentials from the drop down menu)

Click in the box to begin entering patient demographic information

Maryland Laboratories Administration

HELP CATEY E DOMINGUEZ

DASHBOARD TEST ORDER INCOMPLETE ORDERS ALL SPECIMENS PUBLISHED REPORTS

CRE Colonization Screening Requisition

Clinical Lab ID (CLIA Number) Facility Type Short Term Acute Care

Test Request Authorization by

* Last Name Doctor * First Name Authorizing

* Title MD

Patient Demographics

* Last Name Press space or enter to search... + Q First Name

Date of Birth

Race Ethnicity

Specimen information

* Submitting Facility Specimen ID State PHL Specimen ID

* Collection Date 03/15/2018

* Specimen Rectal Swab Fecal Swab

Type

Previous Testing Results

Clear Values Save Order Submit

Patient Demographics


Please enter as much information as possible

Manvland Laboratories Administration HELP CATEY E DOMINGUEZ

DASHBOA

Add new patient

* First Name Middle Name * Last Name

* Date of Birth 

Gender

Male Transgender Transgender F-M

Female Transgender M-F Unknown

* Race

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

Black or African American Other Race

Asian Other

White

* Ethnicity Hispanic Non-Hispanic

Address

City State ZipCode

Phone

* Submitting

* Collection date 03/13/2018

* Specimen Rectal Swab Fecal Swab

Type

Previous Testing Results

Specimen information

Submitting facility specimen ID is a required field

Please include unique specimen IDs for each sample submitted

State Public Health Labs may not have an ID for these samples, but if they are tracking specimens and have an ID please include it as well

Note: orders can be saved at any time and resumed later, by clicking “save”

The screenshot shows a web form for entering specimen information. At the top, there are fields for 'Date of Birth' (05/12/1956), 'Race' (Asian), and 'Ethnicity' (Non-Hispanic). Below these is a section titled 'Specimen information' with a dropdown arrow. This section contains several required fields marked with an asterisk: '* Submitting Facility Specimen ID' (containing 'FACILITY1'), '* State PHL Specimen ID' (empty), '* Collection Date' (03/15/2018 with a calendar icon), and '* Specimen Type' (with radio buttons for 'Rectal Swab' (selected) and 'Fecal Swab'). There is also a 'Previous Testing Results' text area. At the bottom right of the form are three buttons: 'Clear Values', 'Save Order', and 'Submit'.

When all information is complete click submit

Submitting requests

When submitting, please review the following information:

The screenshot shows a 'Submit Order' dialog box with the following text:

Submit Order

A completed test request form must accompany each specimen submitted for testing.

At least two patient identifiers (e.g. patient name, medical record number or date of birth) written on the specimen container must completely match patient identifiers on the test request form.

Indicate the healthcare provider who is legally authorized to order the test on the request form. (For a list of types of healthcare providers who are authorized to order clinical laboratory tests see the drop down menu on the "Test Request Authorized Field" of the ordering interface).

Accurately complete the date of collection field on the test request.

If any of the above mentioned information is missing from the specimen container and/or test request form specimens will be rejected.

Please attach any previous CRE test results that are associated with this specimen.

Are you ready to proceed?

The screenshot shows an 'Order Placed' dialog box with the following text:

Order Placed

Your test order **OIDMD180000051** has been successfully submitted. Please check the Specimens section of your Dashboard for status updates.

Click Print button below to view/print the completed submission form.

Click Copy Order button to apply current order information to the new order.

A blue arrow points from the 'Copy Order' button in this dialog box to the 'Copy Order' button in the dialog box shown in the next image.

After submitting an order, "Copy Order" will allow you to quickly enter subsequent specimen requests

All information entered will be carried over to a new test request form

Submitting subsequent requests

After “Copy Order” is selected, given that all samples are coming from the same collection facility, only the following information must be updated:

- Patient Demographic information – Add new patient or search for an existing one
- Specimen information

Copied Order

Patient Demographics

* Last Name: First Name:

Date of Birth:

Race: Ethnicity:

Specimen information

* Submitting Facility Specimen ID: State PHL Specimen ID:

* Collection Date:

* Specimen: Rectal Swab Fecal Swab

Type:

Previous Testing Results:

Click magnifying glass to create a new patient

Select a patient from the list below

Q Search...

First Name	Last Name	Date Of Birth	Gender
45	45	3/16/2018	
46	46	2/15/2018	
Pseudomonas	Aeruginosa	2/24/2016	
Testings	Again	1/1/1978	
Bilbo	Baggins	3/11/2015	Male
Donald	Daffy	6/19/2017	
Jane	Doe	12/12/1915	
Mickey	Dolan	3/18/1981	Male
SAMWISE	GAMGEE	3/28/1929	Male
Jack	Hill	12/12/1912	

10 items per page

Select existing patient **new patient**

Submitting subsequent requests

After “Copy Order” is selected, given that all samples are coming from the same collection facility, only the following information must be updated:

- Patient Demographic information – Add new patient or search for an existing one
- Specimen information

Updated

The screenshot displays a web form with two main sections: "Patient Demographics" and "Specimen information".

Patient Demographics:

- * Last Name: Two (with edit, search, and close icons)
- First Name: Patient
- Date of Birth: 06/29/1981
- Race: White
- Ethnicity: Hispanic

Specimen information:

- * Submitting Facility Specimen ID: FACILITY2
- State PHL Specimen ID: (empty)
- * Collection Date: 03/15/2018 (with calendar icon)
- * Specimen Type: Rectal Swab Fecal Swab
- Previous Testing Results: (empty text area)

At the bottom right, there are three buttons: "Clear Values", "Save Order", and "Submit".

Viewing requests

Click “All Specimens” tab at the top of the page to see requests

Requests will be listed in a table

Maryland Laboratories Administration

HELP CATEY E DOMINGUEZ

DASHBOARD TEST ORDER INCOMPLETE ORDERS **ALL SPECIMENS** PUBLISHED REPORTS

All Specimens 45

Search...

Previous 1 2 Next 25

Key	PatientName	Patient DOB	DateCollected	Status	FacilityName	DateSubmitted	DateReceived	SpecimenType	View Order Last Report All Re
OIDMD180000052	Two, Patient	06/29/1981	03/15/2018	InTransit	Maryland Department of Health	03/15/2018 10:39 AM	01/01/0001 12:00 AM	Rectal Swab	Q
OIDMD180000051	Doe, John	05/12/1956	03/15/2018	InTransit	Maryland Department of Health	03/15/2018 10:34 AM	01/01/0001 12:00 AM	Rectal Swab	Q

To obtain a PDF of the request, click the magnifying glass

PDF will pop up at the bottom of window or in downloads folder

Maryland Laboratories Administration

HELP CATEY E DOMINGUEZ

DASHBOARD TEST ORDER INCOMPLETE ORDERS **ALL SPECIMENS** PUBLISHED REPORTS

All Specimens 45

Search...

Previous 1 2 Next 25

Key	PatientName	Patient DOB	DateCollected	Status	FacilityName	DateSubmitted	DateReceived	SpecimenType	View Order Last Report All Re
OIDMD180000052	Two, Patient	06/29/1981	03/15/2018	InTransit	Maryland Department of Health	03/15/2018 10:39 AM	01/01/0001 12:00 AM	Rectal Swab	Q
OIDMD180000051	Doe, John	05/12/1956	03/15/2018	InTransit	Maryland Department of Health	03/15/2018 10:34 AM	01/01/0001 12:00 AM	Rectal Swab	Q

(1)OIDMD1800000....pdf

Show all

Completed test request

Please print the final PDF of the test request and include it in the box with all specimens being submitted

Maryland Department of Health Laboratories Administration
1770 Ashland Avenue, Baltimore, MD 21205
(443) 681-3800
MDPHL.ARLN@maryland.gov

CRE Colonization Screening Requisition



Specimen ID: **OIDMD18000052**

Approved Investigation Code: **MD2018-601**

Submitting Facility /Public Health Department Requestor (Point-of-Contact)

Public Health Department: **Maryland Department of Health**

Name: **Dominguez, Catherine**

Phone: **4436814595**

Email:

Investigation ID (eg. Outbreak code): **internal or**

MD2018-601

Contacts Screening Initiated by: **patient with confirmed CRE on shared ward/unit**

Other:

Confirmed Carbapenemase Resistance Gene in Index Case:

Other:

Genus Species:

Enterobacter cloacae (organism)

HAI Coordinator

Name: **Maria, Ana**

Email: **ana@test.com**

Phone: **4356643566**

Fax:

Sample Collection Site

Facility Name: **New Hospital**

Address: **123 Cherry Dr**

City: **Baltimore**

State: **MD**

Zip Code: **21212**

Point-of-Contact: **Contact, Hospital**

Phone: **2345678912**

Email: **new@email.com**

Clinical Lab ID (CLIA Number):

Facility Type: **Short Term Acute**

Other:

Care

Test Request Authorization by: **Doctor, Authorizing**

Title: **MD**

Patient Demographics

Last Name: **Two**

First Name: **Patient**

Date of Birth: **06/29/1981**

Gender:

Race: **White**

Ethnicity: **Hispanic**

Address:

City:

State:

Zip Code:

Specimen Information

Submitting Facility Specimen ID: **FACILITY2**

State PHL Specimen ID:

Collection Date: **3/15/2018**

Specimen Type: **Rectal Swab**

Previous Testing Results: