

<b>Variable Name</b>	<b>Description</b>	<b>Format or response options</b>	<b>Notes</b>
<b>TestName</b>	Test name		Please make sure the test name is specific and includes information about the type of test being performed
<b>Result</b>	Result (i.e., reactive, non-reactive, indeterminate, or numeric value)		Text or Numeric. Please do not abbreviate results.
<b>Unit</b>	Numeric result unit		Can be left blank if result is not numeric
<b>Order#</b>	Accession number		
<b>Collect_Date</b>	Specimen collection date	mm/dd/yyyy	
<b>Date_Verified</b>	Date/time of testing	mm/dd/yyyy	
<b>Pt_Number</b>	Unique patient identifier used by the lab		Can be the same as Order# if no other unique patient ID exists
<b>Pt_Fname</b>	Patient first name		
<b>Pt_Lname</b>	Patient last name		
<b>Date_of_Birth</b>	Patient date of birth	mm/dd/yyyy	
<b>Sex</b>	Patient sex	Male: M Female: F Other: O Unknown: U Ambiguous: A	Please use capitalized 1 letter responses only

Variable Name	Description	Format or response options	Notes
<b>Pt_Race</b>	Patient race	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other Unknown	Please use exact responses
<b>Pt_Phone</b>	Patient phone number	###-###-####	Please only include the phone number in this field (no words)
<b>Pt_St1</b>	Patient street address		
<b>Pt_St2</b>	Patient street address 2		
<b>Pt_City</b>	Patient city		
<b>Pt_ST</b>	Patient state	Two character abbreviation (i.e., TN)	
<b>Pt_Zip</b>	Patient zip	5 or 9 digit	
<b>Ordering_Facility</b>	Ordering facility/client name		
<b>Dr_Name</b>	Ordering provider name	Last name,First name	
<b>Dr_St1</b>	Ordering provider street address		
<b>Dr_St2</b>	Ordering provider street address 2		
<b>Dr_City</b>	Ordering provider city		
<b>Dr_ST</b>	Ordering provider state	Two character abbreviation (i.e., TN)	
<b>Dr_Zip</b>	Ordering provider zip	5 or 9 digit	
<b>Dr_Ph#</b>	Ordering provider phone number	###-###-####	

<b>Variable Name</b>	<b>Description</b>	<b>Format or response options</b>	<b>Notes</b>
<b>Ref_range</b>	Reference range for result	Not detected or Negative	This is what the result would be in a patient that is not infected with COVID-19
<b>SpecimenSource</b>	Source of the Specimen		
<b>Reporting_Facility</b>	Reporting Facility Name		
<b>Reporting_CLIA</b>	CLIA of Reporting Facility		
<b>Order_Date</b>	Date test ordered	mm/dd/yyyy	
<b>Test_Code</b>	LOINC code (LOINC list provided)		
<b>Result_Code</b>	SNOMED code (SNOMED list provided)		
<b>Device_Identifier</b>	Identifies the device being used for testing (LIVD list provided)		The device identifier can be found on the LOINC mapping tab of the LIVD document (column M)
<b>Pt_Ethnicity</b>	Ethnic Group	Hispanic: H or 2135-2 Non-Hispanic: N or 2186-5 Unknown: U	Please use either Letter codes or Standard Codes for Ethnicity. Do not use both.
<b>Ordering_Provider_NPI</b>	Provider Identifier		
<b>Patient_County</b>	Patient County of Residence	County FIPS Code or county name	If using the FIPs code, please make sure MD codes start with 24
<b>Performing_Facility</b>	Performing Facility Name		
<b>Performing_Facility_CLIA</b>	Lab CLIA ID of performing facility		
<b>Performing_Facility_Zip</b>	Zip Code of Performing Facility		

<b>Variable Name</b>	<b>Description</b>	<b>Format or response options</b>	<b>Notes</b>
<b>First_test</b>	Is this the patient's first test?	Y/N/UNK	AOE question
<b>Healthcare_Worker</b>	Is the patient employed in healthcare?	Y/N/UNK	AOE question
<b>Symptomatic</b>	Is the patient symptomatic?	Y/N/UNK	AOE question
<b>Symptom_Onset</b>	If so, when was the symptom onset?	mm/dd/yyyy	AOE question; if the patient is not symptomatic, leave blank
<b>Hospitalized</b>	Is the patient hospitalized?	Y/N/UNK	AOE question
<b>ICU</b>	Is the patient in the ICU?	Y/N/UNK	AOE question
<b>Congregate_Care_Setting</b>	Is the patient a resident in a congregate care setting (including nursing homes, residential care for people with intellectual and developmental disabilities, psychiatric treatment facilities, group homes, board and care homes, homeless shelter, foster care or other setting)?	Y/N/UNK	AOE question
<b>Pregnant</b>	Is the patient pregnant?	Y/N/UNK	AOE question