



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT

San Luis Obispo County Public Health Laboratory:
Apollo Web Portal User Guide



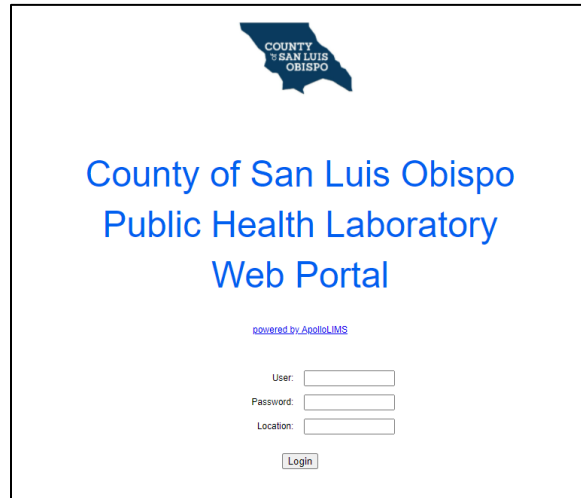
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I. Web Portal Access

- a. The web portal URL and login instructions will be sent by the San Luis Obispo County Public Health Laboratory. A link to the portal can also found on the laboratory website: <https://www.slocounty.ca.gov/LabWebPortal.aspx>.
 - i. Note: The location field should automatically be set to “DEFAULT”. If not, please type in “DEFAULT” (all capitals).



II. Initial Login

- a. First-time users will be prompted to create a challenge question for your login. In addition, you must agree to the Data Privacy Statement.
- b. A temporary password should be changed at initial login.
- c. **Note:** Create a strong password using letters, numbers, and symbols (minimum length = 12 characters; maximum length = 20 characters).



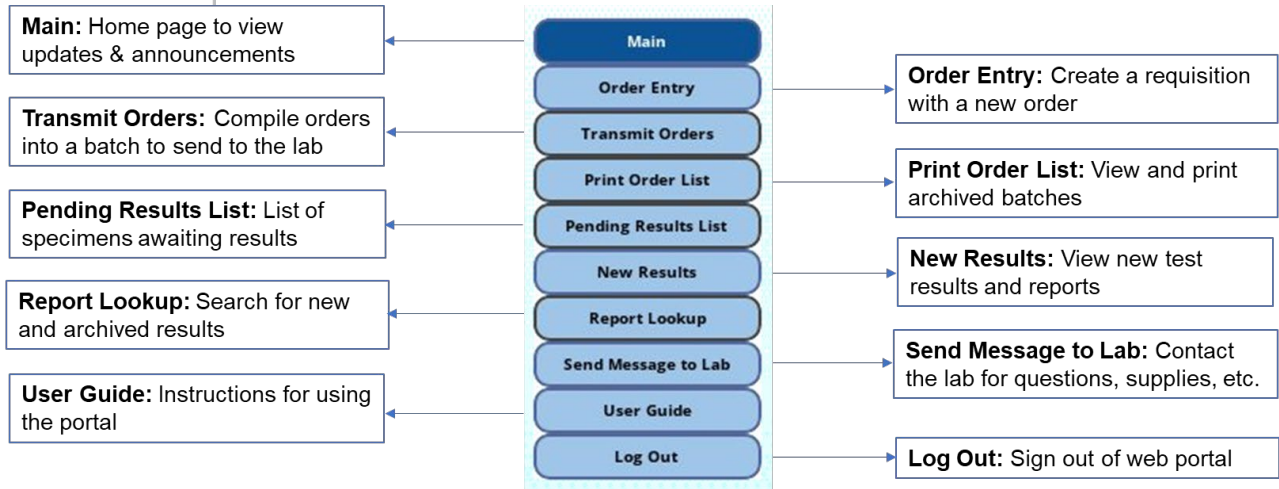
- i. To reset your password or if you have forgotten your password, contact the Public Health Laboratory.

III. Web Portal Overview

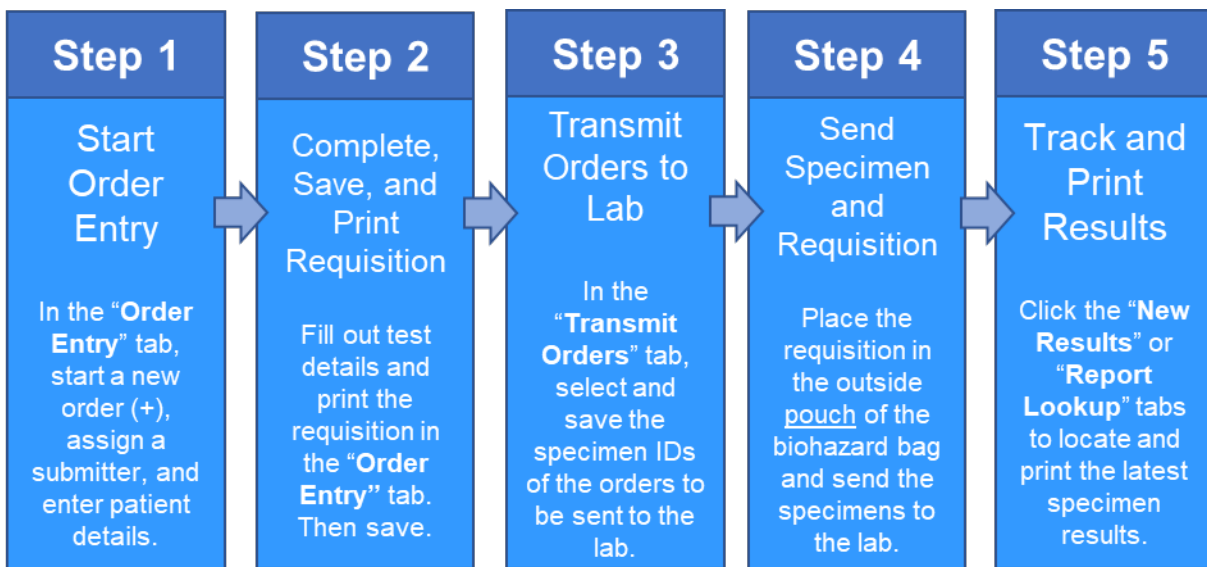
- a. Menu Options



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
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b. Steps to creating an order



Please note: To confirm the order has been sent to the San Luis Obispo Public Health Lab, the specimen ID of the requisition must be listed in a sent batch.

IV. Order Entry

- a. To begin creating an order, click on the "Order Entry" menu item. A blank requisition will appear as shown below.



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
PUBLIC HEALTH DEPARTMENT



COUNTY OF SAN LUIS OBISPO
PUBLIC HEALTH LABORATORY
2191 Johnson Ave. San Luis Obispo, CA 93401
Phone (805)781-5507 Fax (805) 781-1023
CLIA: 05D0695770

Specimen #:

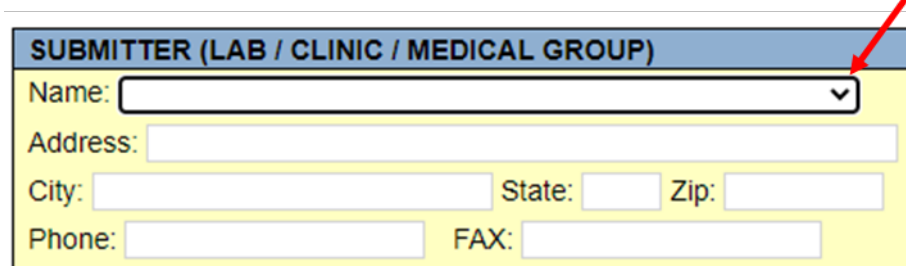
PATIENT Name (Last,First): <input type="text"/> MRN #: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> DOB: <input type="text"/> Gender: <input type="text"/> Phone: <input type="text"/> Pregnancy Status: <input type="text"/> Race: <input type="text"/> Ethnicity: <input type="text"/> <input type="checkbox"/> Patient consents to receive test results by text at the phone number listed above		SUBMITTER (LAB / CLINIC / MEDICAL GROUP) Name: <input type="text"/> Address: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Phone: <input type="text"/> FAX: <input type="text"/> Ordering/Supervising Physician: <input type="text"/> NPI: <input type="text"/> Last Name: <input type="text"/> First Name: <input type="text"/> Submitter's Accessioning #: <input type="text"/>																																																					
CLINICAL HISTORY Date of Onset: <input type="text"/> Symptoms: <input type="text"/> Reason for Today's Visit: <input type="text"/> <input type="checkbox"/> Case <input type="checkbox"/> Contact <input type="checkbox"/> Carrier <input type="checkbox"/> TOC		BILLING Insurance Company: <input type="text"/> Policy #: <input type="text"/> Group #: <input type="text"/> Payment type (if NOT billed to Insurance) <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Check# <input type="text"/> <input type="checkbox"/> Cash Amount Paid \$ <input type="text"/> <input type="checkbox"/> Fee Waived (add reason under COMMENTS)																																																					
SPECIMEN Collection Date: <input type="text"/> Collection Time: <input type="text"/> Collected By: <input type="text"/> ICD10 Codes Include add'l codes for urine & herpes cultures for FFACT patients. ICD10: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																							
SPECIMEN SOURCE <input type="checkbox"/> Aspirate <input type="checkbox"/> Nasal Swab (VTM) <input type="checkbox"/> Stool <input type="checkbox"/> Vaginal Swab <input type="checkbox"/> Other Swab (specify type): <input type="checkbox"/> Blood, Whole <input type="checkbox"/> Nasopharynx Swab (VTM) <input type="checkbox"/> Throat Swab (VTM) <input type="checkbox"/> * Nails <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Urethral Swab <input type="checkbox"/> * Skin <input type="checkbox"/> Other/Location (specify): <input type="checkbox"/> Cervical Swab <input type="checkbox"/> Serum <input type="checkbox"/> Urine (Sterile Cup) <input type="checkbox"/> * Tissue <input type="checkbox"/> CSF <input type="checkbox"/> Sputum <input type="checkbox"/> Urine (Cobas)																																																							
TEST ORDER (NUMERIC CODES FOR LAB USE ONLY AND SUBJECT TO CHANGE) <table border="1"> <thead> <tr> <th>STD & Urine</th> <th>Respiratory</th> <th>Gastrointestinal</th> <th>Rash & Mycology</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Chlamydia NAAT 2900</td> <td><input type="checkbox"/> Acid Fast Culture / Smear 3545</td> <td><input type="checkbox"/> Gastro Pathogen PCR panel 6500</td> <td><input type="checkbox"/> Enterovirus NAAT 6300</td> </tr> <tr> <td><input type="checkbox"/> Gonorrhea NAAT 2910</td> <td><input type="checkbox"/> AFB Isolate for ID 3555</td> <td><input type="checkbox"/> Norovirus NAAT 6100</td> <td><input type="checkbox"/> Measles NAAT 6180</td> </tr> <tr> <td><input type="checkbox"/> Trichomonas NAAT 2920</td> <td><input type="checkbox"/> MTB Complex NAAT 3530</td> <td><input type="checkbox"/> Stool Culture - Standard 2200</td> <td><input type="checkbox"/> Mumps NAAT 6170</td> </tr> <tr> <td><input type="checkbox"/> Mycoplasma genitalium NAAT 2930</td> <td><input type="checkbox"/> AFB DNA Probe: 8800</td> <td><input type="checkbox"/> Salmonella Culture 2220</td> <td><input type="checkbox"/> Varicella Zoster NAAT 6000</td> </tr> <tr> <td><input type="checkbox"/> Herpes virus NAAT 6840</td> <td><input type="checkbox"/> Quantiferon Plus 8800</td> <td><input type="checkbox"/> Shigella Culture 2230</td> <td><input type="checkbox"/> VZV Antibody 5100</td> </tr> <tr> <td><input type="checkbox"/> HCV Antibody, Qualitative 5800</td> <td><input type="checkbox"/> Influenza NAAT 51005</td> <td><input type="checkbox"/> Campylobacter Culture 2240</td> <td><input type="checkbox"/> Mycology Primary Culture 3905</td> </tr> <tr> <td><input type="checkbox"/> HCV Antibody, Serum 5500</td> <td><input type="checkbox"/> Influenza NAAT with RP Reflex 50010</td> <td><input type="checkbox"/> E. 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Please contact the Laboratory for questions, reference specimens, and other tests. COMMENTS: <input type="text"/>																																																							

b. Click on the "New" button in the upper right-hand corner of the requisition.



Specimen #: 

- c. Next, select the submitter from the dropdown menu.
 - i. Note: The submitter field should automatically populate with location-specific information.
 - 1. If any submitter information is incorrect, please notify the Public Health Laboratory to make a change.



SUBMITTER (LAB / CLINIC / MEDICAL GROUP)

Name:

Address:

City: State: Zip:

Phone: FAX:

- d. Create a new patient or select an existing patient.
 - i. Use the new patient option (pencil) to create a patient.
 - ii. Use the lookup option (magnifying glass) to select an existing patient.
 - 1. Note: At least two letters from the patient's last name must be entered to begin searching.
- e. The following "Patient Registration" window will appear.



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Patient Details User Id:
Site Id:

Unique ID: 150900 **NEW**

Demographics | Guarantor | Insurance * indicates required fields

* First Name: MI: * Last Name:
 * Sex/Gender: * Date of Birth: (MM/DD/YYYY)
 * Ethnicity: Race:
 * Patient Address:
 * City State Zip:
 County:
 Patient Phone #: (###-###-#### or ###-###-####)
 Medical Record #:

Copy of Insurance Attached

Active

Cancel Save

- f. Make sure that all the required demographic fields are entered correctly.
- g. For insurance, it is preferred to include a printed copy of insurance with the specimen. If this is possible, click the option below. No further insurance details are required.

Copy of Insurance Attached

- h. If a copy of insurance cannot be included, click on the “Insurance” button to add insurance and payment information.
 - i. Select from private insurance, Medicare, and Medicaid/Medi-Cal.
 1. Note: Medi-Cal includes SOFP and CenCal.

Unique ID: 150900 **NEW**

Demographics | Guarantor | Insurance * indicates required fields

Private Insurance:

Medicare:

Medicaid/Medi-Cal:



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- i. Once the patient entry is complete, click “Save”.

Be sure to Save  after adding or editing a patient’s chart!

- j. Once patient information has been entered, populate all other fields on the requisition as completely as possible:
 - i. Mandatory fields include:
 1. Physician: If the physician does not appear in the dropdown menu, type in the NPI number and first and last name of the physician.
 2. Specimen collection date and time
 3. ICD-10 diagnosis code
 4. Specimen source
 5. Test order
- k. **After completing the requisition, print a copy.**
 - i. The requisition must accompany the specimen, and it should be placed in the outside pouch of the biohazard bag.
- l. After printing, be sure to click the save button at the top right-hand corner of the requisition.



Be sure to Print and Save the requisition. The paper copy should accompany the specimen.

V. Editing an Existing Order (not yet transmitted)

- a. To edit a saved order, return to the “Order Entry” tab.
 - i. **Note: For an order to be edited, it must have been created in the portal. An order cannot be edited once it has been transmitted to the lab using the “Transmit Orders” function.**
- b. Use the magnifying tool (upper right corner) to search for an existing order.



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COUNTY OF SAN LUIS OBISPO PUBLIC HEALTH LABORATORY
2191 Johnson Ave, San Luis Obispo, CA 93401
Phone (805)781-5507 Fax (805) 781-1023
CLIA: 05D0695770

PATIENT
Name (Last,First):
MRN #:
Address:

SUBMITTER (LAB / CLINIC / MEDICAL GROUP)
Name:
Address:
City: State: Zip:

c. Click on the “Specimen #” of the order to be edited.

Field: Specimen # Starts with: Contains: Search: Get Data

Specimen #	Type	Pat ID	First	Last	D.O.B.	Sex	Collect Dt
W21-000051	O		PATTY	TEST3	08/19/1984	F	12/19/2022
W21-000048	O		PATTY	TEST	08/19/1984	F	12/19/2022

d. Make any changes to the requisition, and then click “Save”.

VI. Transmitting Electronic Orders to the Laboratory

- a. To send orders to the laboratory, click on the “Transmit Orders” tab in the left-hand menu.
 - i. Note: Once orders are sent to the laboratory, they can no longer be edited. Before transferring, an order can be edited by returning to the “Order Entry” tab and looking up an existing order.
- b. Using the arrows, move any orders from the “Pending Specimens” list to the “Specimens to be batched” list.
 - i. Note: Single arrows move selected specimens whereas double arrows move all specimens.

Batch Electronic Orders for Transmission to Lab
User Id: GMMILLER Site Id: DEFAULT

Ordering Location: DEFAULT
Performing Location: MAIN
Specimen:

Pending Specimens: W21-000048 STL SPCS, W21-000051 STL SPCS

Specimens to be batched:



Batch Electronic Orders for Transmission to Lab
User Id: GMMILLER Site Id: DEFAULT

Ordering Location: DEFAULT
Performing Location: MAIN
Specimen:

Pending Specimens: W21-000048 STL SPCS

Specimens to be batched: W21-000051 STL SPCS



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- c. Once the orders have been moved, click “Save” to complete the request.

VII. Printing Lists of Specimens Sent to the Laboratory

- a. To track which specimens were sent to the lab, click the “Print Order List” tab in the left-hand menu.
- b. Use the magnifying class icon to look up batches of specimens.

Field: Starts with: Contains:

Search:

VIII. Locating Specimens with Pending Results

- a. To view a list of specimens that have pending results, click the “Pending Results List” tab in the left-hand menu.
- b. Use the search criteria to view specific specimens that are still being processed by the laboratory.

Specimens with Pending Results

Client Account:

Starting Collection Date (MM/DD/YYYY):

Ending Collection Date (MM/DD/YYYY):

Patient's Name (last,first):

Patient's DOB (MM/DD/YYYY):

Requisition Number:

<u>Acct. No.</u>	<u>Spec. No.</u>	<u>Req. No.</u>	<u>Collect Date</u>	<u>Patient Name (last,first)</u>	<u>Patient DOB</u>	<u>Pending Test</u>	<u>Message Lab</u>
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IX. Locating New Results

- a. To view and print the most recent results reported by the laboratory, click on the “New Results” tab in the left-hand menu.
- b. It is possible to narrow results by clicking the “All Abnormals” button.

New Reports (Web)

<u>Selected</u>	<u>Account No.</u>	<u>Spec. No.</u>	<u>Req. No.</u>	<u>Collect Date</u>	<u>Patient Name</u>	<u>Patient DOB</u>	<u>Abnormal</u>
<input type="checkbox"/>	152511H	21-25002		08/30/2021	TEST,TEST	02/02/1990	Yes
<input type="checkbox"/>	152511H	21-25001		08/30/2021	TESTING,TESTING		Yes



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- c. To print reports, select the reports of interest then click the “Print Selected” button.
 - i. After printing remove the results from the “Reports” tab by clicking “OK” and marking them as reviewed.
 - ii. Note: All archived results will still be searchable in the “Inquiry” tab.

X. Locating Archived Reports (including new reports)

- a. To access new and archived reports, click on the “Report Lookup” tab in the left-hand menu.
- b. Complete the collection date, patient’s name, patient’s date of birth, or the requisition number fields to search for a report. Then click the “Search” button.
- c. Click on the “Report” link for a specimen to view and print the report.

Report Lookup

Client Account:

Starting Collection Date (MM/DD/YYYY):

Ending Collection Date (MM/DD/YYYY):

Patient’s Name:

Patient’s DOB (MM/DD/YYYY):

Requisition Number:

All Results Abnormal Results Only



Report Lookup

Client Account:

Starting Collection Date (MM/DD/YYYY):

Ending Collection Date (MM/DD/YYYY):

Patient’s Name:

Patient’s DOB (MM/DD/YYYY):

Requisition Number:

All Results Abnormal Results Only



Specimen Inquiry

<u>Account No.</u>	<u>Spec. No.</u>	<u>Req. No.</u>	<u>Collect Date</u>	<u>Patient Name</u>	<u>Patient DOB</u>	<u>Abnormal</u>	<u>Report Status</u>
152511H	21-25002		08/30/2021	TEST,TEST	02/02/1990	Yes	Report



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XI. Request an Order Correction

- a. To correct demographic, insurance, or test details for a specimen, locate the specimen in “Pending Results List” or “Report Lookup”.
 - i. Go to “Pending Results List” if an order has been submitted but testing has not been done.
 - ii. Go to “Report Lookup” if testing is completed.
- b. Use the search criteria to find the specimen.

Report Lookup

Client Account:

Starting Collection Date (MM/DD/YYYY):

Ending Collection Date (MM/DD/YYYY):

Patient’s Name (last,first):

Patient’s DOB (MM/DD/YYYY):

Requisition Number:

Specimen ID:

All Results Abnormal Results Only

- c. Confirm that the specimen details are correct.
- d. Click on the link for the specimen under “Message Lab”.

Specimen Inquiry

Account No.	Spec. No.	Req. No.	Collect Date	Patient Name	Patient DOB	Abnormal	Report Status	Message Lab
152511H	21-25002		08/30/2021	TEST,TEST	02/02/1990	Yes	Report	21-25002

- e. In the text box, type in the information that needs to be corrected for the specimen, providing as much detail as needed to communicate the change.

Message:

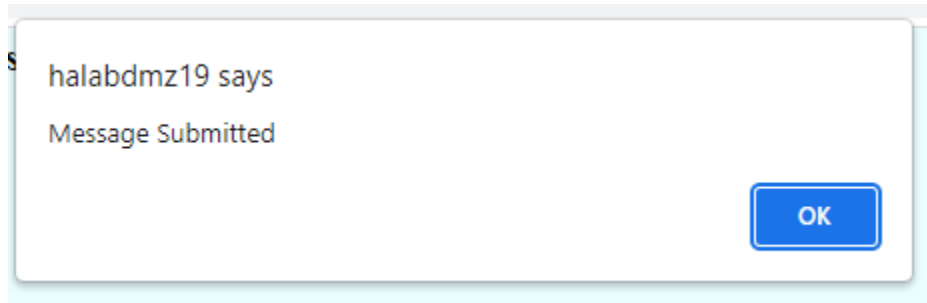
Specimen Number: 21-25002	REQ:
Patient Name: TEST, TEST	DOB: 02/02/1990
Gender: F	DX Code(s):
Collected: 08/30/2021	Received:
Submitting Account: 152511H-SAN LUIS OBISPO HEALTH DEAcct Phone: 805-781-5500	

- f. Click the button, “Submit Message”.



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- g. You will receive a popup that a message has been sent to the laboratory. Click, "OK".



- h. After clicking, "OK", click the "Back" button to return to the search criteria.
i. A message will be sent to the laboratory, and a representative will reach out to you if there are any questions.

XII. Sending Messages to the Laboratory

- a. Click on the "Send Message to Lab" button to communicate to the lab. Options for different request types are:
- i. Add test to an existing order
 - ii. Change to existing order or patient record
 1. Note: To bypass entering all of the patient details, look up the patient record in "Pending Results List" or "Report Lookup". Refer to section XI on Request an Order Correction.
 - iii. Order supplies
 - iv. Report an error
 - v. Request a specimen pickup
 - vi. Other
- b. After selecting the type of request from the drop down, click in the lower text box area to begin typing.
- c. **Note: Each message type includes instructions on what information is needed in the message. Please include all necessary information to expedite your request.**



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Messaging:

Type of Request:
Request a Specimen Pickup

Clear Message

Submit Message

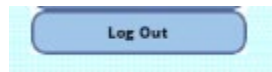
Message:
Information to be included: Your organization, address, type of specimens, amount of specimens

[Empty text area for message content]

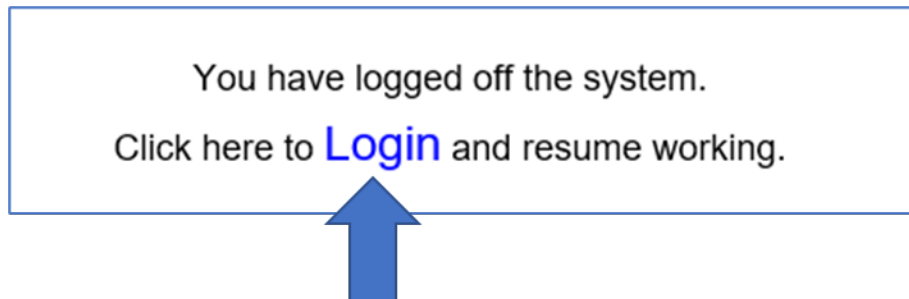
d. Once the message is complete, click the “Submit Message” button.

XIII. Logging Off

a. Once you have completed all order placement and report retrievals, be sure to select the “Log Out” button. This will end your session.



b. To log in again, click on the Login link or return to the main web portal page.



XIV. Contact Information

a. For Apollo Web Portal Support, contact the main laboratory line: (805) 781-5507.



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
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