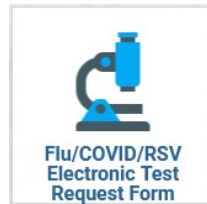


Instructions for ordering Influenza SARS-CoV-2 RSV, Real-Time PCR and SARS-CoV-2, Next Generation Sequencing tests from the State Hygienic Laboratory

1. Login to your [OpenELIS Web Portal](#) account. If you do not have an account, [apply online](#). If you have an account but cannot login, contact shl-webportalsupport@uiowa.edu or 319/335-4358.
2. Click on the Flu/COVID/RSV Electronic Test Request Form button.



3. Select the Reporting Organization, enter the Ordering Health Care Provider Information, and the Collected Date of the sample.

| REPORTING ORGANIZATION INFORMATION | |
|---|---------------------------|
| Organization: * | 9055 - ANYTOWN HOSPITAL ▼ |
| ORDERING HEALTH CARE PROVIDER INFORMATION | |
| Last Name: * | WELBY |
| NPI: | 111111111 ? |
| First Name: * | MARCUS |
| Phone Number: | 888/565-4333 |
| SAMPLE INFORMATION | |
| Collected Date: * | 2025-11-13 ? |

4. Select the Test(s) Being Requested and the sample type that is being submitted.

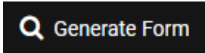
| TEST(S) BEING REQUESTED | |
|-------------------------|---|
| 1. Available Tests: * | Influenza SARS-CoV-2 RSV, Real-Time PCR ▼ |
| Sample Type: * | Nasopharyngeal swab ▼ |
| 2. Available Tests: | Select a test... ▼ |
| Sample Type: | Select a sample type... ▼ |

5. Enter the Patient Information.

| PATIENT INFORMATION | |
|---------------------|---------------------------------|
| Client Reference: | 716531809 ? |
| Last Name: * | DOE |
| Middle Name: | NANCY |
| Address: * | 212 MAIN ST |
| State: * | IA ▼ |
| Phone Number: | 888/627-5655 |
| Race: | White, Black, Asian, Hawaiian ▼ |
| Legal First Name: * | JANE ? |
| Date of Birth: * | 1956-03-18 ? |
| City: * | ANYTOWN |
| Zip Code: * | 59999-9999 |
| Sex: | Female ▼ |
| Ethnicity: | Hispanic ▼ |

6. Please answer the Requested Information questions.

| REQUESTED INFORMATION | |
|--|---------------|
| Question | Response |
| Hospitalized (inpatient/admitted) | Yes |
| Is the patient in an intensive care unit | No |
| Influenza Rapid Test Result | Positive |
| SARS-CoV-2 Rapid Test Result | Not Performed |
| Resident in a congregate care setting | Yes |
| PCR Performed? | No |
| Viral Ct values | |

7. Click the  button. If the Test Request form does not pop-up as a PDF document, allow pop-ups for this website and try again.
8. Print the test request form and package it with the sample. Send to SHL.