

**State of Illinois
At-Home COVID Testing Program RFP
Appendix A**

The following data elements are required to be reported to IDPH via Electronic Laboratory Reporting (ELR):

Reporting Lab Name	Provider Zip Code
Reporting Lab CLIA Number	Provider Phone Number
Message Identification Number	Ordering Facility Name
Patient Identification Number	Ordering Facility Street Address Line 1
Patient Last Name	Ordering Facility Street Address Line 2
Patient First Name	Ordering Facility City
Patient Middle Name or Initial	Ordering Facility State or Province
Patient Date of Birth	Ordering Facility Zip Code
Patient Sex	Ordering Facility Phone Number
Patient Race	Specimen Collection Date and Time
Patient Ethnicity	Specimen Received Date and Time
Patient Street Address Line 1	Specimen Source
Patient Street Address Line 2	Specimen Source Description
Patient City	Specimen Source type (HL7 table 0070, 0487 or
Patient State or Province	Systematized Nomenclature of Medicine
Patient Zip Code	(SNOMED) code
Patient Phone Number	Accession Number
Provider Last Name	Logical Observation Identifiers Names and
Provider First Name	Codes (LOINC) Code
Provider Middle Name or Initial	LOINC Code Description
Provider Degree	SNOMED Code
Provider Street Address Line 1	SNOMED Code Description
Provider Street Address Line 2	Result Date (Observation Date)
Provider City	Performing Lab CLIA Number
Provider State or Province	Performing Lab Name