Illinois Department of Public Health

COVID-19 Test Results Notification Call Center

Request for Proposals

Data Fields

Appendix C

Fields from EPIC.

IntakeNumber
LabName
DateTimeCollected
BirthDate
FirstName
LastName
HomePhone
WorkPhone
MobilePhone
EMAIL_ADDRESS
AddressLine1
AddressLine2
City
Zip
State
LanguagePrefer
TestingSiteName
TestingSiteAddressLine1
TestingSiteAddressLine2
TestingSiteCity
TestingSiteState

TestingSiteZip
DoNotCall?

Lab Fields

LabID
MRN
NPI
Ordering
Physician
Site
SiteAddress
Beaker
SpecimenID
Beaker
Test
TestResult
LabName
LabAddress