

Entering Lead Data into SCIONx

Results of all lead tests are reportable to DHEC, regardless of type of test *(capillary finger stick or venous) or where performed.

Providers do not need to enter results of lead tests that were sent to hospital or reference laboratories (e.g., ARUP, LabCorp, Quest) for analysis; these reports come directly to DHEC.

After logging onto SCIONx, choose **Submit a Disease Reporting Form** under **Reporting**.

The screenshot shows the SCIONx web portal. The header includes the DHEC logo, the text 'SCIONx', and the user's role 'Immunization Division' and email 'myerml@dhec.sc.gov'. The left sidebar contains links: 'SCIAPPS Dashboard', 'Logoff', 'SCIONx' (with a sub-link 'SCIONx Home'), 'User Agreement', 'Disease Reporting Form', 'Frequently Asked Questions', and 'Reportable Conditions Help Desk 800-917-2093'. The main content area has three sections: 'Overview' (describing SCIONx as a web-based portal for reporting diseases), 'Enrollment' (stating 'Your User Agreement is complete.'), and 'Reporting' (with a link to 'Submit a Disease Reporting Form.').

Select **“Lead”** from the drop-down menu. This selection will limit some of the options later on the page.

The screenshot shows the 'South Carolina Department of Health and Environmental Control Disease Reporting Form'. It includes a header with the department name and a paragraph explaining that disease reporting is required by SC Code of Laws and Federal HIPAA legislation. A note states: '* Denotes a required field.' Below this is a large text input field labeled 'Reportable Condition'. At the bottom, there is a label '* Disease/Condition:' followed by a dropdown menu currently showing 'Lead', a 'Reset' button, and a small downward arrow icon.

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If you accidentally select a different condition, click **Reset** and then select Lead. Note, clicking **Reset** will erase all data you may have already entered into the page.

Patient Information

* Last Name:

Simpson

* First Name:

Bartholomew

Middle Name:

J.

Medical Record #:

123456789

Last 5 SSN: X-XXXX

9-8765

* DOB:

04/24/2016

Street Address:

742 Evergreen Terrace

City:

Springfield

State:

South Carolina

Zip Code:

29200-1234

* County:

Richland

Preferred Contact Number:

(803) 867-5309

Patient Information

- Enter the demographic data that you have.
- Include Apartment, Lot, or Unit numbers in the Street Address field.
- For lead cases, it is important to use a street address, not a PO Box, since these locations are geo-coded and mapped.

Demographics

Ethnicity:

Not Hispanic or Latino

Race:








☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White ☐ Other Race

* Sex:

Male

Demographics

- For ethnicity, select Hispanic, Non-Hispanic, or Unknown.
- For race, check all which apply.
- Since reference values for lead do not vary by sex, enter client's current sex.
- If female is selected, a box will appear to report pregnancy status. This is not required by the Lead Program, but a positive may be reported for an elevated level.

Diagnosis/Symptoms 	
Date of Diagnosis:	<input type="text"/>
Date of Symptom Onset:	<input type="text"/>
Symptoms:	<input type="text"/>
Visit 	
Hospitalized?	--Select One-- 
Emergency Room:	--Select One-- 
Died:	--Select One-- 
Treatment 	
Treated?	--Select One-- 

Diagnosis/Symptoms, Visit, Treatment

These sections are skipped in lead reporting through SCIONx. If a test results in a hospitalization or treatment, contact the DHEC Lead Line at 1-866-4NO-LEAD promptly to report the case and initiate an investigation.

Laboratory Results Information

Laboratory Results Information

Specimen

* Collection Date:

04/17/2017 X

Specimen

Received Date:

* Specimen Type:

Accession Number

* Test Result Date:

* Lab Test Status:

Select One

* Lab Test Name:

--Select Lab Test Name--

- The Specimen Collection Date is required.
- For specimens processed using the Lead Care II point-of-care analyzer, the Specimen Received Date is not needed.

Laboratory Results Information

Specimen

* Collection Date:

04/17/2017

Specimen

Received Date:

* Specimen Type:

Capillary Blood

Accession Number

- For capillary blood lead testing done with the Lead Care II analyzer in the medical office or Head Start, tab into the Specimen Type box and select (or start typing) Capillary Blood.
- There are many other types of blood tests available in the drop-down box, but providers should report ONLY Capillary Blood or Venous Blood.
- Any other lead tests from urine, hair, etc., are not reportable to DHEC.

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Report Results from each test.

For Test Result Date, if using the Lead Care II point-of-care analyzer, enter the Specimen Collection Date.
This is not the date when the test is reported to DHEC.

Lead tests are not preliminary, so report Final as the Lab Test Status.

For Lab Test Name, select one of the following:

- Lead [Mass/volume] in Capillary blood
- Lead [Mass/volume] in Venous blood







The screenshot shows a web-based data entry form for lead tests. It includes fields for Test Result Date (04/17/2017), Lab Test Status (Final), Lab Test Name (with a dropdown menu open showing options: --Select Lab Test Name--, Lead [Mass/volume] in Capillary blood: MCnc: Pt: BldC: Qn:, Lead [Mass/volume] in Unspecified specimen, and Lead [Mass/volume] in Venous blood), Coded Result (with a dropdown menu), Numeric Result, and Reference Range.


- Tests performed on the Lead Care II in the medical office will always be performed on capillary blood.
- Avoid reporting Unspecified as a specimen type.
- *Note*” Mass/volume refers to micrograms per deciliter, abbreviated as mcg/dL. You do not need to write the units in when reporting blood lead results.

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Results:

The Coded Result box is grayed out for lead. This box would be used for interpretive statements about test results.

* Test Result Date:	<input type="text" value="04/17/2017"/>
* Lab Test Status:	<input type="text" value="Final"/> 
* Lab Test Name:	<input type="text" value="Lead [Mass/volume] in Capillary blood: MCnc: Pt: BldC: Qn:"/> 
Coded Result:	<input type="text" value="--Select Coded Result--"/> 
Numeric Result:	<input type="text" value="<3.3"/> 
Reference Range:	<input type="text"/> 
Species/Serotype:	<input type="text"/> 
Comments:	<div></div>



Enter the number/value reported by the Lead Care II analyzer.

- If the analyzer shows “Low,” enter <3.3 (less than 3.3). Do not include a space between the “less-than sign” and the number.
- If the analyzer gives a result of “High,” which indicates a reading 66 or greater, enter >65 and call the lead program at 1-866-4NO-LEAD. Wash the patient’s hands thoroughly with soap and water and repeat the test promptly.

You do not need to enter the Reference Range. This value changes every few years based upon national data.

The Species/Serotype field does not apply to lead testing.


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Numeric Result:	<input type="text" value="9.7"/>
Reference Range:	<input type="text"/>
Species/Serotype:	<input type="text"/>
Comments:	<div>Venous specimen drawn 4/17 - sent to LabCorp.</div>

+

If a venous specimen is drawn following an elevated capillary specimen and sent off for analysis at a hospital or reference laboratory, indicate this in the Comment field.

The Plus sign (+) allows you to enter another test, typically performed on the same specimen. This would rarely happen in point-of-care lead testing. If there is concern about contamination, a second specimen of the same type may be collected for in-office analysis, and reported in the screen that appears once the (+) sign is selected.

Sensitivities	
Patient Status	

The Sensitivities and Patient Status fields are not required for reporting of lead tests.

Reporting Information	
Ordering Provider Name:	<input type="text" value="--Select Ordering Provider Name--"/>
Ordering Provider Phone:	<input type="text" value="(803) 555-1212"/>
Performing Facility:	<input type="text" value="--Select Performing Facility--"/>
Comments:	<div></div>
<input type="button" value="Save"/>	<input type="button" value="Reset"/>

Indicate an ordering provider name, phone number for the practice, and performing facility name.

Check the page for accuracy before submitting. DHEC staff cannot edit lab values/results of reports submitted via SCIONx.

Choose **SAVE** to submit the report, or **RESET** to delete all information entered on the page.

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The SCIONx system may time out if data entry takes over 15 minutes for a single record.

If this happens, the data entry process will have to be done all over.

Success

The Disease Reporting Form has been submitted.

Your Case Number is: **53443**.

A successful report will result in the above message from SCIONx.

At that point, you may begin entering another record into SCIONx.

SC DHEC Lead Program Staff will be able to retrieve the data entered by your office and initiate a lead investigation as needed

Event Summary												
Basic Information												
Event ID:	100014408											
Disease:	Lead											
Person:	Bartholomew J. Simpson Birth Date: 04/24/2016 (1 yrs 0 mos 0 dys Male) Phone: (803) 867-5309											
Investigation Status:	Open											
Linked Events (Contact)												

Event Data	Lab Results	Concerns	Persons	Tasks	Event Properties	Event History																																			
<table border="1"><thead><tr><th colspan="13">Labs</th></tr><tr><th>Lab No.</th><th>Specimen Collection Date</th><th>Specimen Source</th><th>Test</th><th>Test Result</th><th>Result Value</th><th>Result</th><th>Abnormal Flag</th><th>Performing Facility</th><th>Ordering Facility</th><th>Last Update</th></tr></thead><tbody><tr><td>1</td><td>04/17/2017</td><td>Capillary Blood</td><td>Lead [Mass/volume] in Capil...</td><td></td><td>9.7</td><td></td><td></td><td>Abbeville Area Medical Center</td><td></td><td>04/24/2017</td></tr></tbody></table>							Labs													Lab No.	Specimen Collection Date	Specimen Source	Test	Test Result	Result Value	Result	Abnormal Flag	Performing Facility	Ordering Facility	Last Update	1	04/17/2017	Capillary Blood	Lead [Mass/volume] in Capil...		9.7			Abbeville Area Medical Center		04/24/2017
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Details	
Last Update:	04/24/2017
Updated By:	SCIONx PortalUser [SCIONxPortalUser]
Report Info	
Report Type:	Provider web entry
Received Date:	04/24/2017
Reporting Facility:	Dhec
Reporting Facility (Other):	Form ID: 53443 E-Mail: myermi@dhec.sc.gov User Name: Michelle Myer User Phone: (803)898-0097 Entered: 04/24/2017 12:46:26
Patient Identifier:	123456789
Sending Date:	04/24/2017
Inserted Date:	04/24/2017
Specimen Info	
Specimen Collection Date:	04/17/2017
Specimen Source:	Capillary Blood
Tests	
Test:	Lead [Mass/volume] in Capillary blood: MCnc: PT: BldC: Qn:
Result Value:	9.7
Result Status:	F
Comments:	Venous blood drawn and sent to LabCorp
Result Date:	04/17/2017
Ordering Provider	
Ordering Provider:	Sayed Mohd Aamir
Phone:	(803) 555-1212
Performing Facility:	Abbeville Area Medical Center