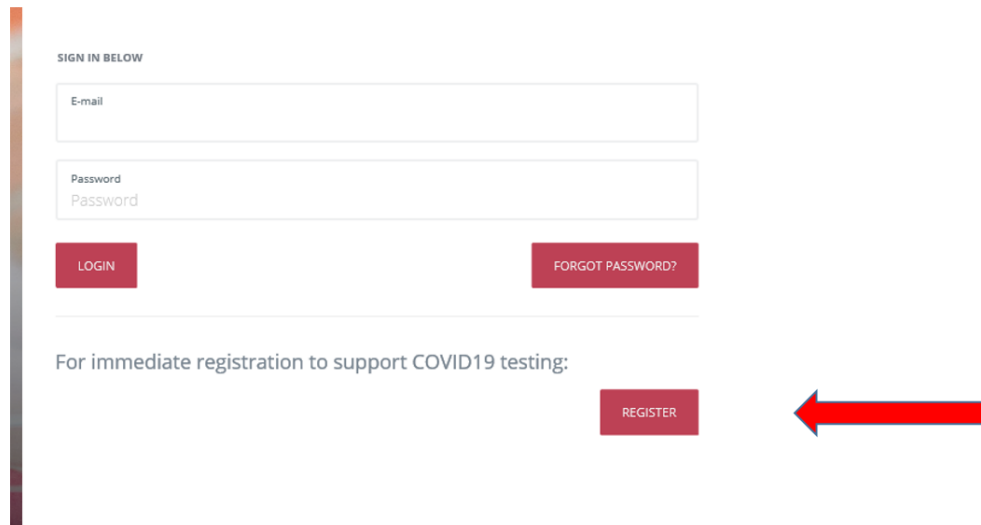


# **ORDERING NPHL COVID FLU RSV PCR TEST FOR INFLUENZA AND OTHER RESPIRATORY VIRUS SURVEILLANCE**

Use your existing NPHL/NUlirt account or create a new account through this link:  
<https://nulirt.nebraskamed.com>

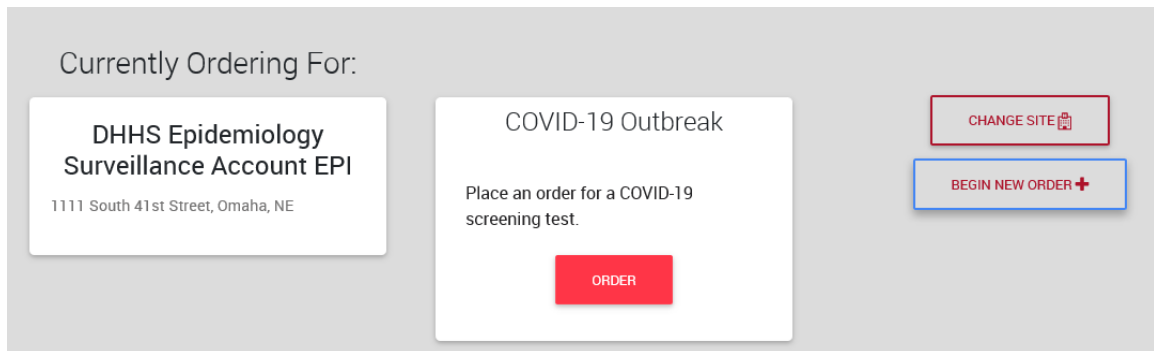
A Help Desk is available for those encountering problems with enrolling in or ordering through the NUlirt system: NPHL Client Services: 402-559-2440; or toll free: 1-866-290-1406

 <https://nulirt.nebraskamed.com/login>



[FOR HELP -- https://nulirt.nebraskamed.com/help \(must be logged in\)](https://nulirt.nebraskamed.com/help)

Select BEGIN NEW ORDER



Currently Ordering For:


**DHHS Epidemiology Surveillance Account EPI**  
1111 South 41st Street, Omaha, NE

**COVID-19 Outbreak**  
Place an order for a COVID-19 screening test.  
**ORDER**

**CHANGE SITE**

**BEGIN NEW ORDER +**

Search for patient or create a new patient by clicking the green + person icon.



Robin Williams

Results Per Page: 10 Go

« 1 2 3 4 5 6 7 8 ... 14 15 »

Enter patient information. Click Save Changes at bottom of the page. Click New Order towards top right of the page.

### Editing Patient: Test, Dee

\* Select a Site for this patient  
DHHS Epidemiology Surveillance Account EPI

Test: Last Name: Dee: First Name: Middle Name:

2 18 1949 Not Hispanic or Latino  
Birth Month Birth Day Birth Year Ethnicity

Female White  
Administrative Sex Primary Race

123 Main Street  
Street Address 1

Street Address 2

Street Address 3

(712) 344-4444  
Primary Phone: (XXX) XXX-XXXX

51501 COUNCIL BLUFFS IA  
ZIP (populates remaining fields) City State

FIPS code Health District County  
POTTAWATTAMIE

Assigned NUIirt MRNs  
PLA00253-9100000

SAVE CHANGES

**Patient Actions**

- Return to List
- View Results
- New Order
- Point of Care/Antigen

Select Ordering Provider Timothy Tesmer, Account (Epidemiology Program), and the lab test [NCOV4] NPHL COVID Flu RSV.

New Lab Order

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New Order

**Test, Dee**

**Birth Date:** 1949-02-18 **Gender:** F

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Location

**Location:** DHHS Epidemiology Surveillance Account EPI **Ordering Provider:**  **Enter Alternate Provider:** Timothy Tesmer

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Test Name	Account	Specimen Source	Collection Date	Collection Time
[NCOV4] NPHL COVID Flu RSV				

Select specimen source, which should be NASOSW/nasopharyngeal swab, and enter collection date, collection time, and tube type. Click CONTINUE.

Test Name	Account	Specimen Source	Collection Date	Collection Time	Priority	Tube Type	Comments	Client Patient ID
[NCOV4] NPHL COVID Flu RSV	PDA00120	<input type="text" value="NASOSW / Nasopharyngeal Swab"/>	9/6/2024	12 : 59	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Please answer the epidemiologic questions as completely as possible. This is important information during flu season and especially during the summer when flu is not commonly circulating. These will be reordered to flow a little better. Click **UPDATE AOE ANSWERS**.

Symptom Onset Date (MM/DD/YYYY)

Submitting Facility

Influenza A test results:

Influenza B test results:

If the patient was vaccinated, what type of vaccine was given?

Specimen Related to Outbreak?

Patient receiving influenza antiviral?

Patient Location Facility Type

Is patient hospitalized in the ICU?

Is patient pregnant?

Is patient a healthcare worker?

Was there swine exposure?

Was patient vaccinated for influenza this season (at least 14 days prior to onset of symptoms)?

If the patient was vaccinated, how many doses?

Name of rapid antigen test used:

If other rapid antigen test was used, please list it here:

Did patient travel?

If the patient travelled, what was their destination?

You will get a review page. **Print this page to send with the specimen.** If it looks good, click **SUBMIT ORDER** at the bottom of the screen.

### Review/Submit Order

This order is not complete until "Submit" is selected

 [PRINT](#) 

#### Patient Info

Name: Test, Dee  
DOB: 1949-02-18  
Gender: F  
Address: 123 Main Street,  
Council Bluffs, IA 51501  
Primary Race: White  
Ethnicity: Unknown  
Phone: 7123444444  
Email:

#### Ordering Provider

Name: Tesmer, Timothy  
Location: DHHS Epidemiology Surveillance Account EPI  
Address: 1111 South 41st Street,  
Omaha, NE 68105  
Phone: 4024710550

### Lab Tests

[EDIT](#)

Account	Client Patient ID	Test	Specimen	Collection Date	Comments	Tube Type	FCID
PDA00120 - DHHS Epidemiology Surveillance Account EPI		[NCOV4] NPHL COVID Flu RSV	[NASOSW] Nasopharyngeal Swab	2024-09-06 12:59:00		NPHL	