

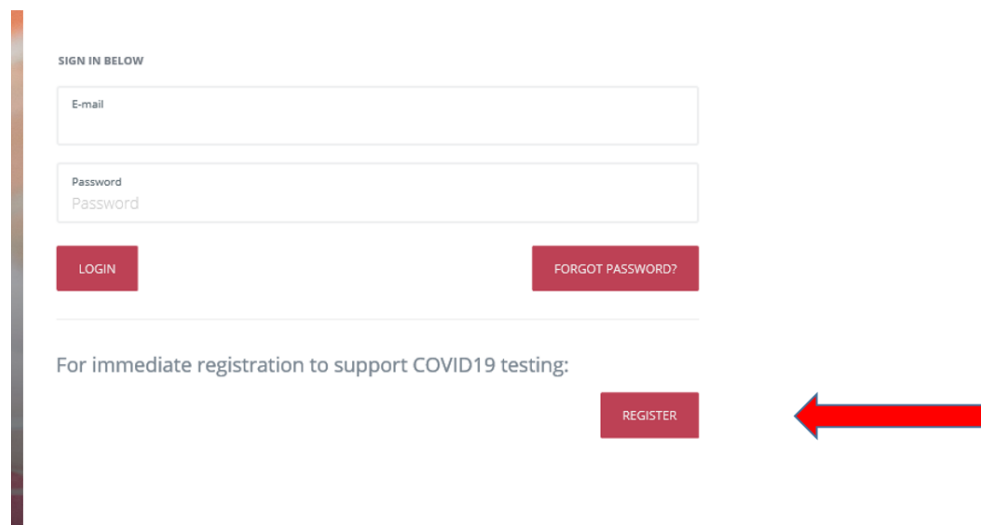
ORDERING A FLU PCR TEST FOR ILINET (INFLUENZA) SURVEILLANCE

Use your existing NPHL/NUlirt account or create a new account through this link:

<https://nulirt.nebraskamed.com>

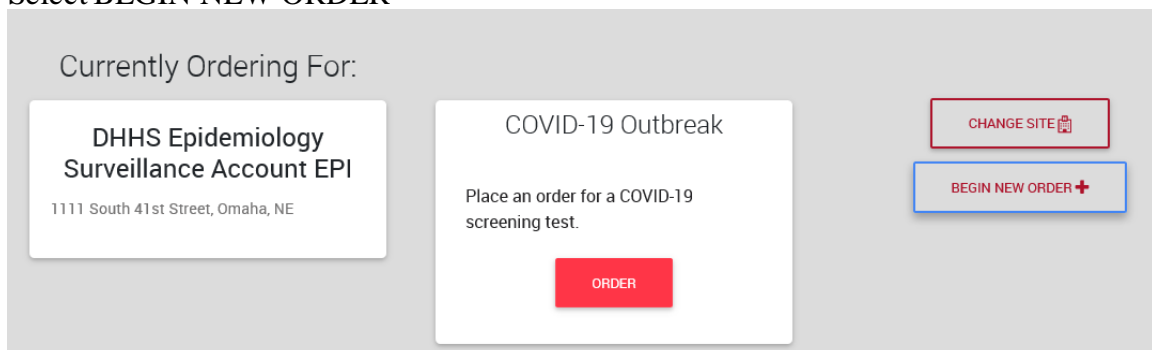
A Help Desk is available for those encountering problems with enrolling in or ordering through the NUlirt system: NPHL Client Services: 402-559-2440; or toll free: 1-866-290-1406

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





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

Select BEGIN NEW ORDER



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



Robin Williams 

Results Per Page:

« **1** 2 3 4 5 6 7 8 ... 14 15 »

Enter patient information. Click Save Changes. Click New Order

Williams	Robin	
* Last Name	* First Name	Middle Name
1928-10-03	Not Hispanic or Latino	
* Date of Birth (MM/DD/YYYY)	Ethnicity	
Female	White	
* Biological Sex	Primary race	
jones street		
*Street Address 1		
Street Address 2		
Street Address 3		
Primary Phone: (XXX) XXX-XXXX		
68509	LINCOLN	NE
* ZIP (populates remaining fields)	* City	* State
109	Lincoln - Lancaster County	LANCASTER
FIPS Code	Health District	County
<input type="button" value="RETURN TO LIST"/>	<input type="button" value="SAVE CHANGES"/>	<input type="button" value="VIEW RESULTS"/> <input type="button" value="NEW ORDER"/>

Select Ordering Provider, Account (Epidemiology Program) and the [FLUPCR] Influenza PCR Panel.

Williams, Robin

Birth Date:

1928-10-03

Gender:

F

Location:

DHHS Epidemiology Surveillance Account
EPI

Ordering Provider:

Safranek, Thom...

Enter Alternate Provider:

First name

Last name

Test Name	Account	Specimen Source	Collection Date	Collection Time	Comments	Client Patient ID	Remove?
[FLUPCR] Influenza PCR Panel	PDA00120 - DHHS Epidemiology Surveillance Account						

CANCEL

CONTINUE

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

Test Name	Account	Specimen Source	Collection Date	Collection Time	Comments	Client Patient ID	Remove?
[FLUPCR] Influenza PCR Panel	PDA00120	NASOSW / Nasopharyngeal Swab	3/27/2020	18 : 59			

CANCEL

CONTINUE

Please answer the epidemiologic questions as completely as possible. This is important information during flu season and especially during the summer when flu should not be 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**.

PRINT 

Patient Info

Name [Williams, Robin](#)
DOB 1928-10-03
Gender F
Address jones street,
LINCOLN, NE 68509
Phone
Primary Race White
Ethnicity Not Hispanic or Latino

Ordering Provider

Name Safranek, Thomas
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
PDA00120 - DHHS Epidemiology Surveillance Account EPI		[FLUPCR] Influenza PCR Panel	[NASOSW] Nasopharyngeal Swab	2020-03-27 18:59:00	

AOE Questions [EDIT](#)

SUBMIT ORDER

Mark Received by NPHL