

## 1. NYC.ID Account Creation

To access eOrder, all non-City of New York employees must create an NYC.ID account. To do so, users can visit the NYC.ID login website URL at <https://a816-phleorder.nyc.gov/PHLeOrder/>. The user should follow the steps outlined on the website to create their NYC.ID account.

Please note: Employees of New York City Health and Hospital Corporation (HHC) do not need to create a NYC.ID. If you are an HHC employee, please login on the right side of the screen and click “NYC Employees”.

PHL recommends the following browsers when using eOrder:

Browser	Supported Versions
Google Chrome	78
Safari	13
Firefox	71
Internet Explorer	11
Microsoft Edge for Windows 10	18

The screenshot shows the NYC.ID login page. At the top, there is a navigation bar with the NYC logo and 'NYC.ID'. Below this, it says 'The Official Website of the City of New York' and 'Select Language | Text Size'. The main heading is 'NYC Health Public Health Laboratory eOrder System'. The 'Login' section has two options: 'Log in using your NYC account' and 'Log in using one of these options:'. The first option has input fields for 'Email Address or Username' and 'Password', followed by a 'Log In' button. The second option has a button for 'NYC Employees'. There are three callout boxes: one on the left pointing to the 'Create Account' link, one at the bottom right pointing to the 'Report an Issue' link, and one at the bottom right containing the contact email 'PHLeOrdersupport@health.nyc.gov'.

**Create your account here and use your work email address for your NYCID username.**

**Note: To report issues, please contact [PHLeOrdersupport@health.nyc.gov](mailto:PHLeOrdersupport@health.nyc.gov).**

Once completed, the system will display a message indicating that the NYC.ID account has been created and that the user will need to confirm their email address.

## Confirmation Email Sent

Welcome! Your account was created. You cannot log in until your email address is confirmed. To confirm your email address, click on the link in the email that was sent to you. If you have not received the email, check your spam/junk folder.

## 2. eOrder Registration

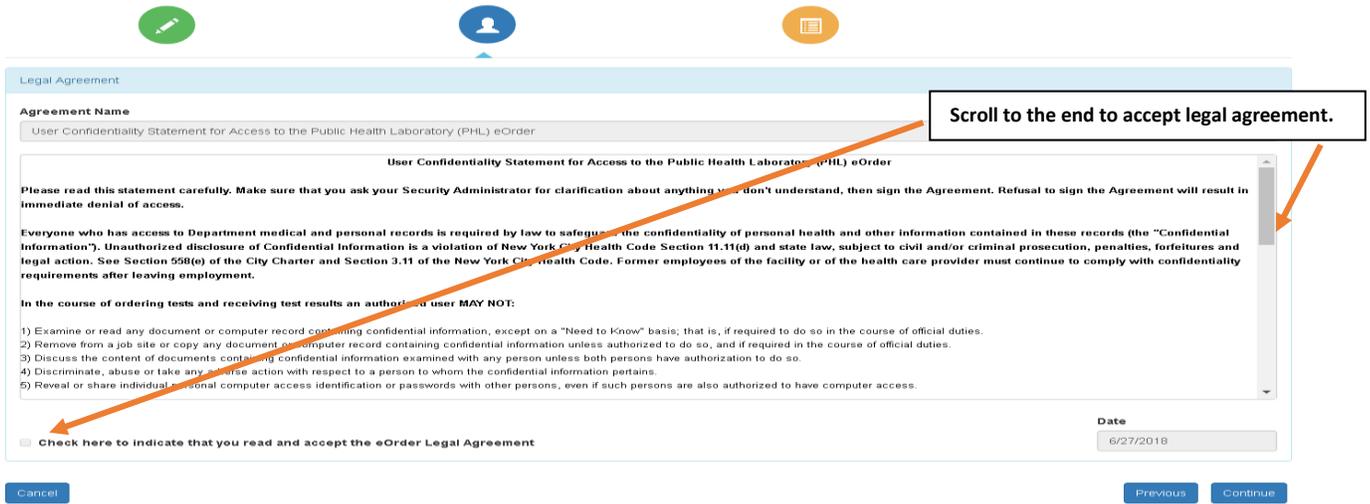
When the user logs into the eOrder application for the first time they will be required to register within eOrder itself if eOrder Support staff or your Site Admin has not done so for you already. To register, you must enter the specific information for your facility, accept the legal agreement and confirm registration through an automatic email.

### User Registration Form

The registration form is divided into several sections:

- Login Information:** Includes fields for First Name (with 'User' as a placeholder), Last Name (with 'Testing' as a placeholder), and User Name (NYCID). A callout box with an arrow points to this field with the text: "Reminder: This should be your work email address."
- Contact Information:** Includes fields for Street Address, Street Address 2, City, State (a dropdown menu with "Select a State" as the current selection), Zip Code, Phone #, Fax #, and Mobile Phone #.
- Identification:** A question asks "Do you have a valid form of identification (i.e., NPI #, PFI #, or Medical License #)?" with radio buttons for Yes and No. Below this, there are radio buttons for "Clinical Lab PFI #", "Medical License", and "National Provider ID #", along with an "Identification Number" field.

Buttons for "Cancel" and "Continue" are located at the bottom of the form.



Legal Agreement

**Agreement Name**  
User Confidentiality Statement for Access to the Public Health Laboratory (PHL) eOrder

**User Confidentiality Statement for Access to the Public Health Laboratory (PHL) eOrder**

Please read this statement carefully. Make sure that you ask your Security Administrator for clarification about anything you don't understand, then sign the Agreement. Refusal to sign the Agreement will result in immediate denial of access.

Everyone who has access to Department medical and personal records is required by law to safeguard the confidentiality of personal health and other information contained in these records (the "Confidential Information"). Unauthorized disclosure of Confidential Information is a violation of New York City Health Code Section 11.11(d) and state law, subject to civil and/or criminal prosecution, penalties, forfeitures and legal action. See Section 59b(e) of the City Charter and Section 3.11 of the New York City Health Code. Former employees of the facility or of the health care provider must continue to comply with confidentiality requirements after leaving employment.

**In the course of ordering tests and receiving test results an authorized user MAY NOT:**

- 1) Examine or read any document or computer record containing confidential information, except on a "Need to Know" basis; that is, if required to do so in the course of official duties.
- 2) Remove from a job site or copy any document or computer record containing confidential information unless authorized to do so, and if required in the course of official duties.
- 3) Discuss the content of documents containing confidential information examined with any person unless both persons have authorization to do so.
- 4) Discriminate, abuse or take any adverse action with respect to a person to whom the confidential information pertains.
- 5) Reveal or share individual personal computer access identification or passwords with other persons, even if such persons are also authorized to have computer access.

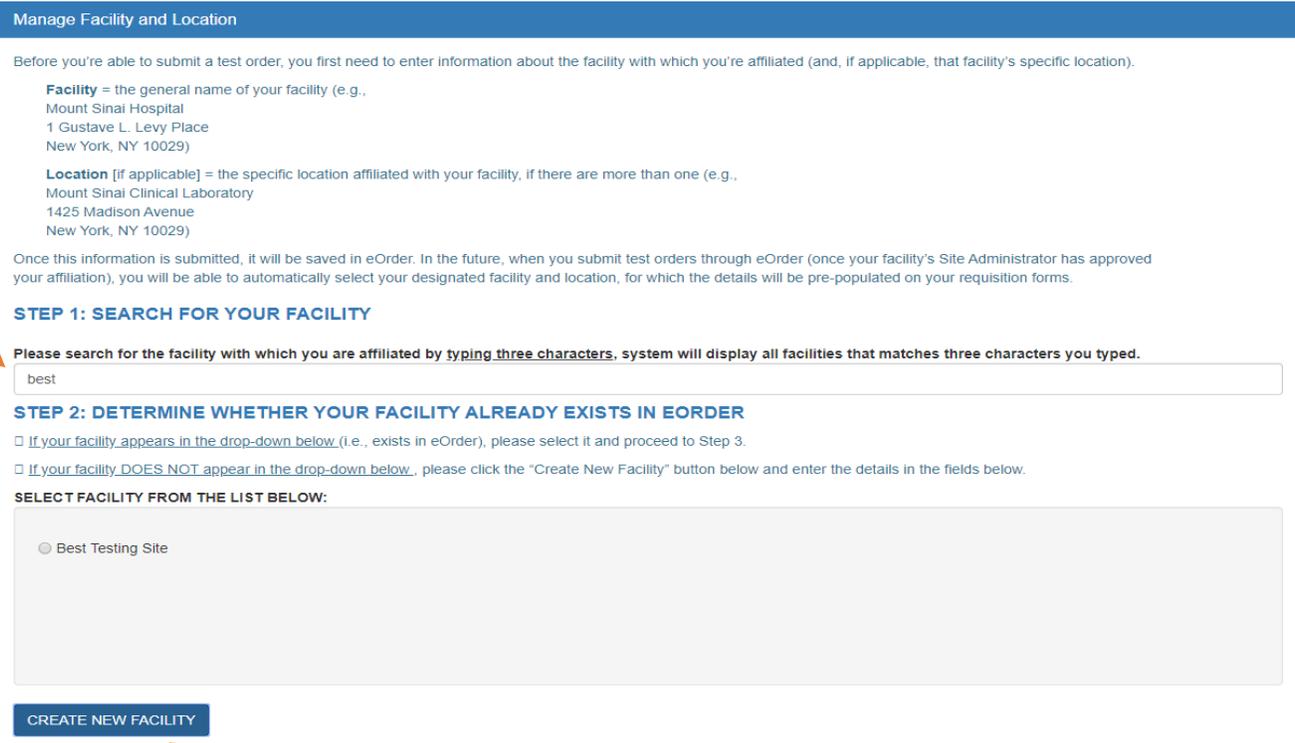
Check here to indicate that you read and accept the eOrder Legal Agreement

Date  
6/27/2018

Cancel Previous Continue

Scroll to the end to accept legal agreement.

### 3. Existing Facility/Location Selection



**Manage Facility and Location**

Before you're able to submit a test order, you first need to enter information about the facility with which you're affiliated (and, if applicable, that facility's specific location).

**Facility** = the general name of your facility (e.g.,  
Mount Sinai Hospital  
1 Gustave L. Levy Place  
New York, NY 10029)

**Location** [if applicable] = the specific location affiliated with your facility, if there are more than one (e.g.,  
Mount Sinai Clinical Laboratory  
1425 Madison Avenue  
New York, NY 10029)

Once this information is submitted, it will be saved in eOrder. In the future, when you submit test orders through eOrder (once your facility's Site Administrator has approved your affiliation), you will be able to automatically select your designated facility and location, for which the details will be pre-populated on your requisition forms.

**STEP 1: SEARCH FOR YOUR FACILITY**

Please search for the facility with which you are affiliated by typing three characters, system will display all facilities that matches three characters you typed.

best

**STEP 2: DETERMINE WHETHER YOUR FACILITY ALREADY EXISTS IN EORDER**

If your facility appears in the drop-down below (i.e., exists in eOrder), please select it and proceed to Step 3.

If your facility DOES NOT appear in the drop-down below, please click the "Create New Facility" button below and enter the details in the fields below.

**SELECT FACILITY FROM THE LIST BELOW:**

Best Testing Site

CREATE NEW FACILITY

Enter your facility name

*\*If the user wants to be associated with a facility and location that is not already in eOrder they may create a new facility and location for which they will be provisionally assigned as the Site Admin until PHL staff verify the user.*

Please visit <https://www1.nyc.gov/assets/doh/downloads/pdf/labs/phl-eorder-new-facility-flowchart.pdf> to learn how to create a new facility and location.

Facility Details EDIT Facility

**Facility Name \***  
Best Testing Site

**Street Address \***  
455 1st Ave

**Street Address 2**  
12 Floor

**City \*** New York City **State \*** New York **Zip Code \*** 10016

**Phone # \*** 212-999-9999 **Fax #** 212-888-8888

Confirm facility details



Select your location



**STEP 3: CHOOSE A SPECIFIC LOCATION (IF APPLICABLE)**

Please select a location affiliated with your facility from the drop-down menu below (note: if there is only one location affiliated with your facility, the location details below will be automatically pre-populated):

Select Location

2nd Perfect Testing site

Perfect Testing Site

Create New Location

Location Details EDIT Location SAME AS FACILITY

**Location Name \***  
Perfect Testing Site

**Street Address \***  
456 First Ave

**Street Address 2**

**City \*** New York City **State \*** New York **Zip Code \*** 10016

**Phone # \*** 212-444-4444 **Fax #** 212-555-5555

**Test Profile \***  
Medical License #

Confirm location details



Cancel

**Note:**

- New users will need to request access from their designated Site Admin for approval. Once the Site Admin approves the user, the person requesting access will receive an email notifying them of their approval.
- You may order tests while awaiting approval from your Site Admin.
- If you do not receive approval you will not receive test results for the order submitted.
- Contact your Site Admin or PHL eOrder Support if you are having issues obtaining results.

## 4. Creating a new facility

After completing eOrder registration the user will be required to **select** or **create** their facility and then choose or add their location with which to be associated.

**CREATE NEW FACILITY**  **Add a new facility**

Facility Details

**Facility Name \***  
Enter Name

**Street Address \***  
Street Address

**Street Address 2**

**City \*** **State \*** **Zip Code \***  
City Select a State Zip

**Phone # \*** **Fax #**  
phone Fax

**STEP 3: CHOOSE A SPECIFIC LOCATION (IF APPLICABLE)**

Please select a location affiliated with your facility from the drop-down menu below (note: if there is only one location affiliated with your facility, the location details below will be automatically pre-populated):

Select Location

Location Details SAME AS FACILITY

**Location Name \***  **Add the specific location associated with your lab or submitting facility (if one exists)**

**Street Address \***  
Street Address

**Street Address 2**

**City \*** **State \*** **Zip Code \***  
City Select a State Zip

**Phone # \*** **Fax #**  
phone Fax

**Test Profile \***  
Select a Test Profile

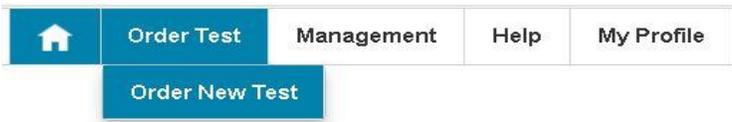
Cancel Reset Submit

### Note:

- New facilities are subject to approval by PHL staff. **If your site is not approved you will not receive results for any orders placed.**
- Always check if your facility already exists in eOrder before attempting to create a new one. (See Section 3)
- Existing sites will not be approved for access as a new facility.

## 5. Submitting an eOrder

To place an order, hover over “Order Test” and click on “Order New Test”.



Sharifah Suleiman

### Order New Test - Submitter Information

Submitter Information

Select Facility \*  
Best Testing Site(455 1st Ave)

Select Location \*  
Perfect Testing Site(456 First Ave )

Select Submitter \*  
test User(PFI 111111)

First Name \*  
test

Last Name \*  
User

Medical License #  
PFI 111111

Email Address \*  
tnewuser77@gmail.com

Street Address \*  
456 First Ave

Street Address 2

City \*  
New York City

State \*  
New York

Zip Code \*  
10016

Phone # \*  
212-444-4444

Fax #  
212-555-5555

Mobile Phone #  
212-000-0005

Is the ordering provider the same person as the submitter?  Yes  No

Cancel Continue

Select your facility from the drop-down menu

Select your submitter from the drop-down menu

Remaining fields will auto-populate

### Order New Test - Test Information

Test Information

Test \*  
Enter the test or disease related to the test that you want to submit

- Measles IgG Ab
- Measles IgM Ab
- Measles RT-PCR

Send Out Tests

Specimen Container  
Select a Container

Collection Date

Collection Time

Specimen Source  
Select a Source

Submitter Sample ID

Note: If you are ordering multiple tests for the same patient, you must order the tests all at once on this page by clicking "add new test" each time a new test needs to be ordered. Do not enter patient information each time when requesting multiple tests for the same patient.

Note: Some tests require pre-approval from DOHMH. If the test you need to order appears in the drop-down menu and pre-approval is indicated, please select the test and follow the instructions that appear. If you need to order a "send-out" test that does not appear in the drop-down menu and that requires pre-approval (e.g., RT-PCR for Zika on placental or fetal tissues), please call DOHMH at 1-866-692-3641 to arrange testing.

Specimen Container	Specimen Source	Test Name	Submitter Sample ID	Collection Date	Collection Time	Survey	Isolate Name

Outbreak ID: \*

Specimen Comments (0/255)

Cancel Previous Continue

Search the name of your test.

Select a valid container and specimen source. All information is pre-populated based on the test selected.

Check here for send out tests (i.e. tests that are conducted at the CDC or New York State)

Add each test

All tests ordered will be listed here.

PHL may assign an outbreak identifier in some scenarios. However, this field is not required.

**Review the details of your order on the “Preview Data” page.**

Preview Data  
To edit any of the information below, either click on one of the icons above to navigate or scroll to the bottom of this page and click on the “Previous” button

**Submitter Information**

Select Facility: test 2(222)      Select Location: test 5(423 Excaulbor st)      Select Submitter: DR Doom(546165155)

First Name: DR      Last Name: Doom      Medical License #: 546165155

Email Address: Doom101@gmail.com

Street Address: 423 Excaulbor st      Street Address 2:

City: Las Vegas      State: New York      Zip Code: 07109

Phone #: 911-911-0911      Fax #:      Mobile Phone #:

---

**Patient Information**

First Name: Dr      Last Name: Doom      M.I.:      Suffix:

Date of Birth: 06/04/2018      Sex: Male      Race:      Ethnicity:

Is the patient pregnant or post-partum?      Pregnancy Trimester?      Estimated Date of Delivery?:

Street Address: 423 Excaulbor st      Street Address 2:

City:      State:      Zip Code:

Country:      Country:      Phone #:      Mobile Phone #:

Email Address:      Date of Symptom Onset:      Patient Medical Record Number (0/100):

Additional Comments (0/255):

---

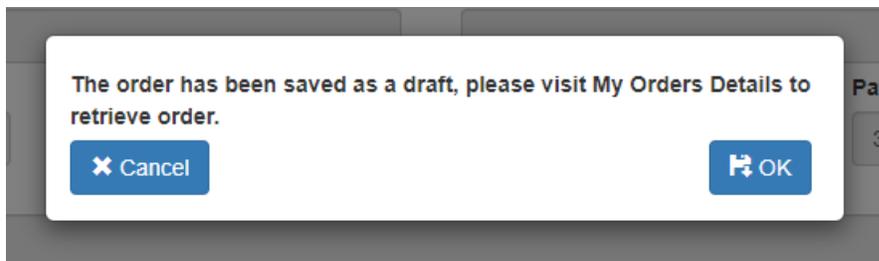
**Test Information**

Specimen Container	Specimen Source - Other	Test Name	Submitter Sample ID	Collection Date	Collection Time	Survey	Isolate Name
Plate	Stool	Campylobacter spp ID		09/01/2019			
Slant	Stool	Campylobacter spp ID		09/02/2019			

Outbreak ID:

Specimen Comments:

\*Before submitting, save orders as **DRAFT** if your specimen is not in hand and ready to ship. Once an order is saved as a draft or submitted, you may only edit the patient’s demographic information.



## 6. eOrder Dashboard

- a) After submitting an order, the user will have up until the moment the submitted sample is accessioned by PHL staff to edit their order for any submitter or patient information (test information cannot be edited after the sample is accessioned).
- b) If an order is saved as a draft, it can be stored and edited indefinitely until the user decides to submit the order, after which it can be edited subject to the criteria stated above.
- c) If changes are required **after** PHL has received the sample, a corrected test order must be edited (by hand or electronically in eOrder) and faxed to 212-447-6170. PHL must be notified of the corrections via telephone in these scenarios.

**Samples Accessioned:** Displays the number of physical samples received by PHL that were sent by the user and have been accessioned.

Welcome to eOrder

ORDER NEW TEST

### My Orders

Samples Accessioned : 157

Order Sent : 253

Cancelled by User : 206

Cancelled by PHL : 112

Draft : 7

**Order Sent:** Displays the number of orders submitted by the user but have not yet been accessioned by PHL staff.

Start Date  End Date  Search

### My Results

Preliminary Report : 129

Final Report : 7619

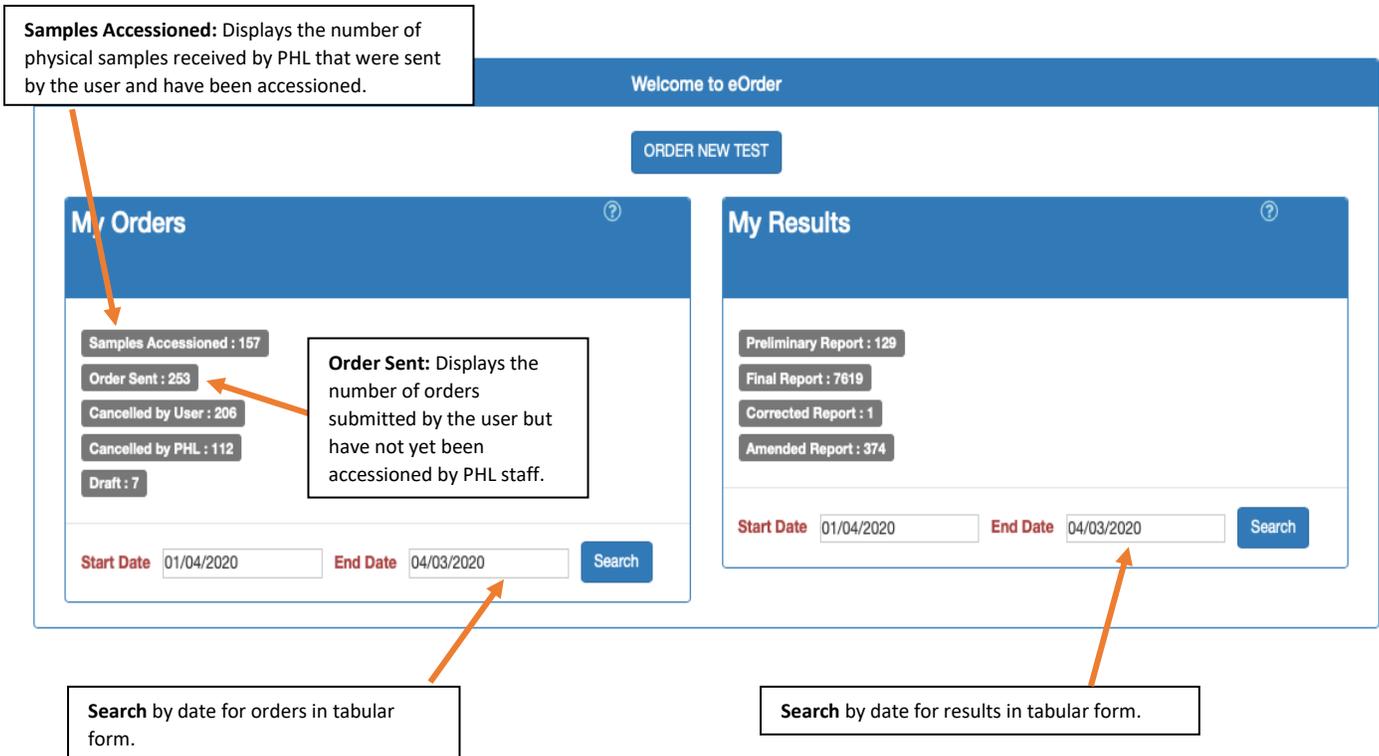
Corrected Report : 1

Amended Report : 374

Start Date  End Date  Search

**Search** by date for orders in tabular form.

**Search** by date for results in tabular form.



## MY ORDERS:

My Orders

Please select the date range for which you would like to view the status of your previous test orders.

Start Date: 04/09/2020 End Date: 04/09/2020 Search

Export to Excel

Test Order Id	PHL Lab Number	Created By	Created On	Facility Name	Location Name	Submitter Full Name	Patient Full Name	Ordering Provider Full Name	Specimen Source	Specimen Container	Test Name	Status
700769	S00849062	Sharifah Suleiman	4/9/2020 10:03:00 AM	Best Testing Site	Perfect Testing Site	User Testing	Mickey Mouse		NASPX	VTMSW	2019-nCoV real-time RT-PCR	Order Sent
700768	S00849061	Sharifah Suleiman	4/9/2020 10:03:00 AM	Best Testing Site	Perfect Testing Site	User Testing	Mickey Mouse		NASAL	VTMSW	Influenza by rRT-PCR	Order Sent

Showing 1 to 2 of 2 entries

Edit order

Cancel

Cancel order

Edit order

## MY RESULTS:

Result History

Please select the date range for which you would like to view the status of your previous test orders.

Start Date: 04/08/2020 End Date: 04/09/2020 Search

Export to Excel

Test Order Id	PHL Lab Number	Created On	Facility Name	Location Name	Submitter Full Name	Patient Full Name	Ordering Provider Full Name	Specimen Source	Specimen Container	Test Name	Status	Last Report seen
700767	S00849054-01	4/8/2020 9:52:00 AM	Best Testing Site	Perfect Testing Site	User Testing	Mickey Mouse		NASPX	VTMSW	Influenza by rRT-PCR	Final Report	

Showing 1 to 1 of 1 entries

Cancel

Select Test Order ID to retrieve order requisition form.

Select PHL Lab Number to view test results.

## Important eOrder Facts

1. Once your order is **saved** you can only **edit** the patient's demographic information. If you want to make other changes to your test, you will need to create and submit a new requisition form. PHL **MUST** be notified of all modifications.
2. If you need to order multiple tests for the same patient, click "add new test" after ordering the first test, then repeat the steps of choosing a test, a specimen source and container, etc.
3. Only fields in **red** are required for ordering.
4. Some tests may require a mandatory survey.
5. Any order placed without a specimen being sent to the lab will be cancelled after 3 business days.

### Contact Us:

eOrder Support E-Mail [PHLeOrderSupport@health.nyc.gov](mailto:PHLeOrderSupport@health.nyc.gov)