

**CareDx Customer Web Portal Restricted
PSC User Guide
Version 3.7.5**

Table of Contents

- Overview..... 3
- Login..... 4
- Change Accounts 5
- Quick Patient Search..... 7
- Advanced Patient Search 7
- Order/Result List..... 9
- Complete an Existing Order..... 11
- Next Patient or Order 15
- Reset Password 16

Overview

The Patient Service Center (PSC) location type allows the PSC user to **View**, **Complete** Orders for multiple accounts through restricted access. The general workflow for a PSC user is as follows:

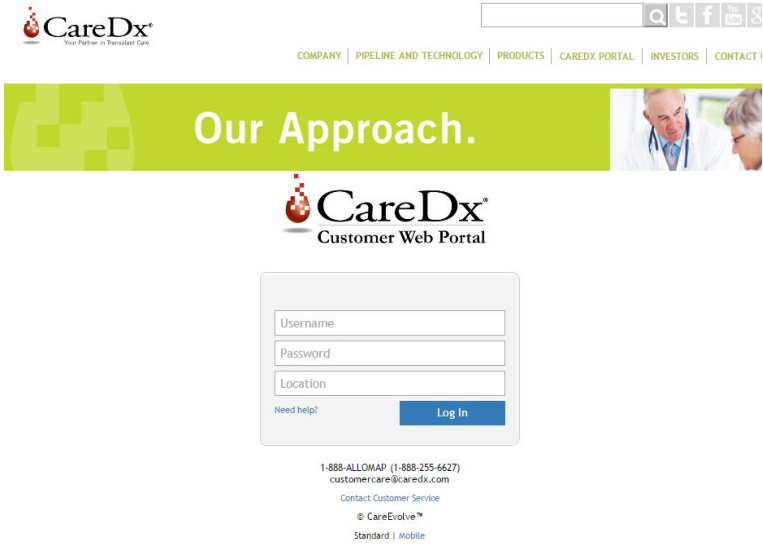
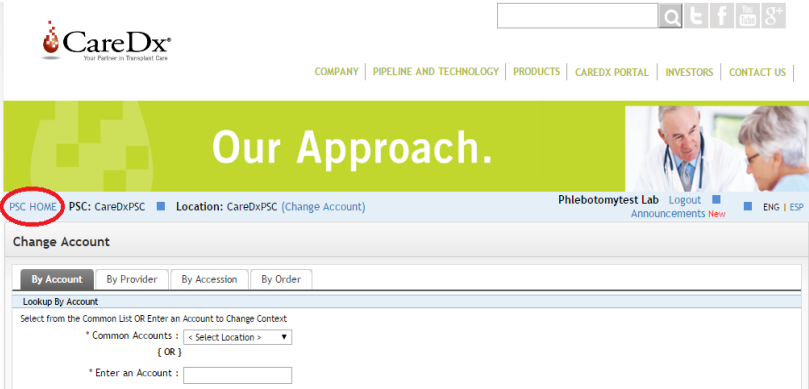
- Login
- Change Accounts
- Search Patient
- View existing order
- Complete/Print the order
- Search the next patient, or change accounts to search the next patient

Note:

- The PSC Restricted location and PSC Users initial setup is implemented by *CareDx Customer Care* admin user
 - All users for PSC restricted location are set as *Office/Lab Ordering only* users
 - There is an assumption that a Draw site (referred as PSC) is associated with one or more Medical Centers, referred as *account* in this document.
 - PSC Users are not allowed to **Create** and/or **Cancel** Orders. It must be done by **Medical Center** only.
-


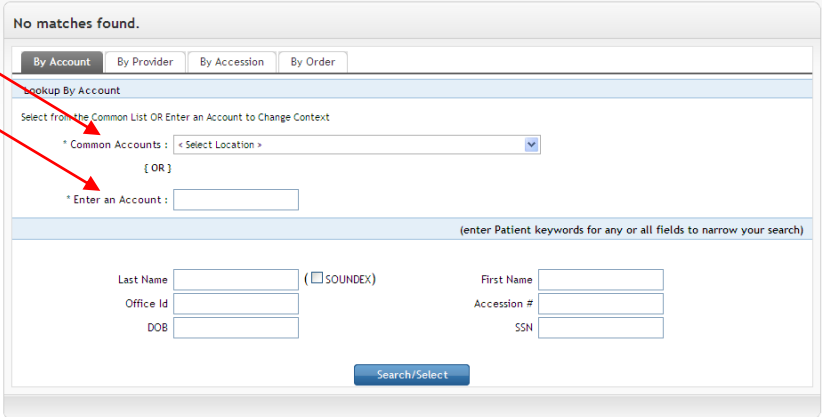
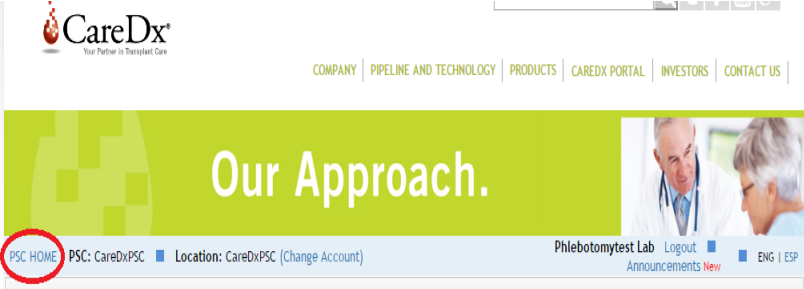
Login

Login to the PSC.

Step	Action
1	Open a web browser and enter the URL: https://caredx.careevolve.com/doctors/framepage.asp
2	Login with your username, password, and location. If you have any questions about your login credentials, contact CareDx Customer Care (customer care@care dx.com) 
3	After logging in, your location will be PSC Home by default and you will see the Change Account screen. 

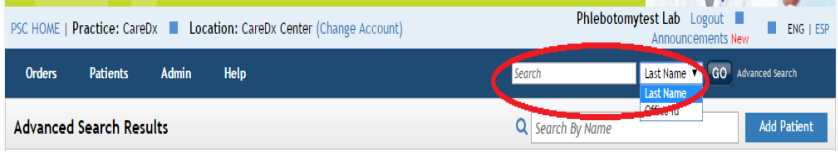
Change Accounts

Follow these steps to search for and access different accounts.

Step	Action
1	<p>There are four ways to change accounts from a PSC login:</p>  <p>The recommended method is to use search By Account. <i>Note: Options By Provider, By Accession, and By Order are also available but are not recommended for switching accounts.</i></p>
2	<p>To change accounts using By Account, use either the dropdown arrow to select an account, or type the account information into the designated field.</p> 
3	<p>Repeat this step to change to another account. At any time, click the PSC Home link to return to your home location.</p> 

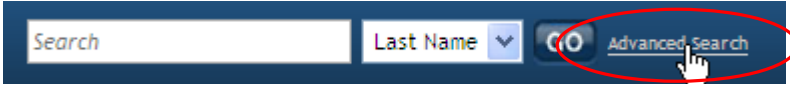
Quick Patient Search

After the location (account) is selected, follow these steps to use the quick search feature to locate a patient.

Step	Action
1	Locate the <u>quick search box</u> at the right side of the Lab Center Header. 
2	Type the patient's Last Name and click the Go button. The search will locate any matches beginning with the entered string of text.
3	A list of matches will display from which you may make a selection.

Advanced Patient Search

Follow these steps to use the Advanced Search feature to locate a patient.

Step	Action
1	Click on the Advanced Search link on the Lab Center Header menu. 

2

The Advanced Search window will open. Complete or partially complete as many fields as necessary and click the **Search** button.

Advanced Search

Last Name (SOUNDEX) First Name

Office ID Requisition #

DOB SSN

3

A list of matches will display from which you may make a selection. Click the **Start Search Over** link to return to the Advanced Search.

PSC HOME | Practice: CareDx | Location: CareDx Center (Change Account) Phlebotomytest Lab Logout Announcements New ENG | ESP

Orders Patients Admin Help Search Last Name GO Advanced Search

Advanced Search Results [Start Search Over](#) Search By Name Add Patient

Name	Office Id	Gender	DOB	SSN
Test, Test		F	01/01/1980	
Test1, First1		M	01/01/1987	
Test1306, Allomap		M	06/08/1950	
Test303, Startims		M	03/04/1966	
Test376, Allomap		F	07/21/1972	
Test743, Startims		F	02/17/1984	
Test743UU, StartimsUU		F	03/18/1987	

Order/Result List

Once a patient has been selected, the **Order/Result** list for the patient will be displayed. One or more individual orders placed by practitioner from the Medical Center will be shown in tabular form. Place the cursor over the Order numbers to quickly view tests included in that order.

Note:

- Choose the order to process from the bottom of the list
- *Demographics* and *Cumulative Reporting* tab are not accessible for Office users

PSC HOME | Practice: Memorial Hermann Hospital | Location: Memorial Hermann Hospital | Phlebotomytest Lab | Logout | Announcements | ENG | ESP

Orders Patients Admin Help Search Last Name GO Advanced Search

Order 1, Order 1 Office Id: Phone Number: -- Primary Insurance: Anthem BC/BS Of Ohio
 DOB: 11/02/1940 Gender: M Notes: Click Here

Order/Result List Demographics Cumulative Reporting

View: All Reports Create New Order

Order Date	Order #	Template #	Status	Report Date	Requisition	Status	Flag	Viewed	Reviewed	Printed
11/30/2016 06:00:00 AM	1661	1644	Incomplete	--	--	--	--	--	--	--
11/29/2016 06:00:00 AM	1660	1644	Incomplete	--	--	--	--	--	--	--
11/28/2016 06:00:00 AM	1659	1644	Incomplete	--	--	--	--	--	--	--
11/27/2016 06:00:00 AM	1658	1644	Incomplete	--	--	--	--	--	--	--
11/26/2016 06:00:00 AM	1657	1644	Incomplete	--	--	--	--	--	--	--
11/25/2016 06:00:00 AM	1656	1644	Incomplete	--	--	--	--	--	--	--
11/24/2016 06:00:00 AM	1655	1644	Incomplete	--	--	--	--	--	--	--
11/23/2016 06:00:00 AM	1654	1644	Incomplete	--	--	--	--	--	--	--
11/22/2016 06:00:00 AM	1653	1644	Incomplete	--	--	--	--	--	--	--
11/21/2016 06:00:00 AM	1652	1644	Incomplete	--	--	--	--	--	--	--
11/20/2016 06:00:00 AM	1651	1644	Incomplete	--	--	--	--	--	--	--
11/19/2016 06:00:00 AM	1650	1644	Incomplete	--	--	--	--	--	--	--
11/18/2016 06:00:00 AM	1649	1644	Incomplete	--	--	--	--	--	--	--
11/17/2016 06:00:00 AM	1648	1644	Incomplete	--	--	--	--	--	--	--
11/16/2016 06:00:00 AM	1647	1644	Incomplete	--	--	--	--	--	--	--
11/15/2016 06:00:00 AM	1646	1644	Incomplete	--	--	--	--	--	--	--
11/14/2016 06:00:00 AM	1645			--	--	--	--	--	--	--
11/13/2016 09:08:00 PM	1643			--	--	--	--	--	--	--

Order #1643
100 AlloMap HTx

**Classic
Ordering**

Transplant centers that are set up for classic ordering will still be required to use the paper AlloMap Test Requisition Form (TRF) in conjunction with the electronic order placed in the Web Portal. This is the default set up until requested. In this configuration, the Review step in the ordering workflow will have a subset of Ask at Order Entry (AOE) questions. The AOE questions for Classic Ordering are:

- Patient Status
- Statement of Medical Necessity
- Mobile Phlebotomy

**Full-Electronic
Ordering**

Transplant centers that are set up for full-electronic ordering will not be required to use the paper AlloMap Test Requisition Form (TRF). As a result, the Review step in the ordering workflow will have an expanded set of Ask at Order Entry (AOE) questions. The AOE questions for Full-Electronic Ordering are:

- Patient Status
- Statement of Medical Necessity
- Mobile Phlebotomy
- Collected Date / Time
- Accession ID
- In Freezer Date
- In Freezer Time
- Phlebotomy Initials
- Processor Initials

Complete an Existing Order

In order to complete an existing order for the selected patient click the **Order #** on the patient's **Order/Result** list and click **Draw Now**.



The order will go to the **Demographics** tab. If all of required fields are complete there will be green checkmark.

Test, Test MRN: FIRST NAME: FAMILY HISTORY: ASC CONCEPT WORKERS COMP
DOB: 01/01/1980 Gender: F Notes: Click Here

Edit Order 10503 Order Type: Draw Now Bill Type: Third Party Save Draft Cancel Order

1. Demographics 2. Tests 3. Diagnosis 4. Review Complete

Please confirm the following required information is correct.

Order Information ✓
Ordering Provider: Prescriber0115, Test Fasting: No Yes

Patient Demographics ✓ Edit
Last Name: Test First Name: Test
Date of Birth: 01/01/1980 Gender: Female
MRN: 3213132132131
Zip/Postal Code: 95136
Transplant Date: 01Jan2000

Guarantor ✓ Edit
Relation: Self
Last Name: Test First Name: Test
Date of Birth: 01/01/1980 Gender: Female
Zip/Postal Code: 95136

Insurance - 1 ✓ Edit
Insurance: [91353] ASC Concept Workers Comp
Policy ID: 123
Zip/Postal Code: 95136

Next

Any fields appearing in **red** need to be completed before proceeding with order. Complete any missing information indicated by a red field.

Date of Birth:

Note: To edit order information Click **Edit** button to change any of Patient, Guarantor, Insurance information for the order.

Order1, Order1 | Office Id: DOB: 11/02/1940 | Phone Number: -- Gender: M | Primary Insurance: Anthem BC/BS Of Ohio Notes: Click Here

Edit Order 1645 | Order Type: Draw Now | Bill Type: Third Party | Save Draft | Cancel Order

1. Demographics | 2. Tests | 3. Clin Info | 4. Diagnosis | 5. Documents | 6. Review | Complete

Please confirm the following required information is correct.

Order Information Ordering Provider: Kar, Biswajit | Fasting: No Yes

Patient Demographics **Edit**

Last Name: Order1 | First Name: Order1 | Middle Name: |
Date of Birth: 11/02/1940 | Gender: Male | Email: |
MRN: 001 | MRN: 001 | SSN: |
Zip/Postal Code: 95136 | City: SAN JOSE |
Transplant Date: 12/3/2010 | Language: English

Update and Click **Save** for the changes to be permanently saved for the order.

Order1, Order1 | Office Id: DOB: 11/02/1940 | Phone Number: -- Gender: M | Primary Insurance: Anthem BC/BS Of Ohio Notes: Click Here

Edit Order 1645 | Order Type: Draw Now | Bill Type: Third Party | Save Draft | Cancel Order

1. Demographics | 2. Tests | 3. Clin Info | 4. Diagnosis | 5. Documents | 6. Review | Complete

Please confirm the following required information is correct.

Order Information Ordering Provider: Kar, Biswajit | Fasting: No Yes

Patient Demographics **Save** | Cancel

Last Name: Order1 | First Name: Order1 | Middle Name: |
Date of Birth: 11/02/1940 | Gender: Male | Email: |
Office Id: | MRN: 001 | SSN: |
Country: UNITED STATES |
Street 1: |
Street 2: |
Zip/Postal Code: 95136 | City: SAN JOSE |
State/Province/Region: CA |
Home Phone: | Work Phone: | Fax: |
Mobile Phone: |
Transplant Date: 12/3/2010 |
Language: English

Continue through the other tabs **Tests & Diagnosis** to review Test and Diagnosis for selected order by clicking **Next**.



For “Classic Ordering” (AlloMap paper TRF required), the Review tab screenshot below will be presented. The blue circle below highlights the importance of completing the Coll. Date and Time fields and the fact that they are now required fields for the **Draw Now** workflow. If you do not know this information, input the current date and time. Select **non-patient** for *Patient Status*, select **Yes** for *Statement of Medical Necessity* and click the Mobile Phlebotomy checkbox if applicable.

The screenshot shows the 'Review' step of an order for 'Draw Now - Third Party'. The 'Coll. Date' and 'Coll. Time' fields are circled in blue. Red text indicates required fields for the workflow.

General Information

*Order Date: 03/20/2017 15:02
 (MM/DD/YYYY) (HH:MM)

*Coll. Date: MM/DD/YYYY HH:MM
 (MM/DD/YYYY) (HH:MM)

Coll. by: obstanford

Ordering: Browne, Amanda
 Report Comments: [Text Area]

Insurance: Teamsters Benefit Trust
 Lab Comments: [Text Area]

Fasting: No
 *Priority: Routine

Copy to: < none > Add
 Referring: < none > Add

Diagnosis (Unchecking items will remove them from this order)

Z94.1 Heart transplant status

Clinical Information

Patient Status: [Dropdown]

Statement of medical necessity and Authorization: This test is medically necessary in the management of this patient for its intended use. [Dropdown]

Mobile Phlebotomy

Test Specific Information

100 AlloMap HTx

Documents Documents scanned by Symantec

Add a new document or drag files over this space to upload. All documents which do not satisfy the conditions below will be ignored. Upload Document

The maximum file upload size is 10MB. You can upload file types: .pdf .xlsx .docx .xls .doc .txt .jpg .png .gif .bmp

Filename	Document Type	Notes
----------	---------------	-------

< Back Complete

For “Full-Electronic Ordering” (No AlloMap TRF required), the Review tab screenshot below will be presented. The blue circle below highlights the importance of completing the Coll. Date and Time fields and the fact that they are now required fields for the FEO workflow. Complete all of the required fields indicated in red font. Select **non-patient** for *Patient Status*, select **Yes** for *Statement of Medical Necessity* and click the Mobile Phlebotomy checkbox if applicable.

Mistle, Tom	Office Id: D08: 09/09/1960	Phone Number: 111-111-1111 Gender: M	Primary Insurance: VA Central Iowa Healthcare System Notes: Click Here
-------------	-------------------------------	---	---

Edit Order 7899 - Draw Now - Third Party Save Draft Cancel Order

1. Demographics 2. Tests 3. Diagnosis **4. Review** Complete

General Information

*Order Date <input type="text" value="03/20/2017"/> <input type="text" value="06:00"/> <small>(MM/DD/YYYY) (HH:MM)</small>	*Coll. Date <input type="text" value="MM/DD/YYYY"/> <input type="text" value="HH:MM"/> <small>(MM/DD/YYYY) (HH:MM)</small>	Coll. by <input type="text" value="shall1"/>	
Ordering <input type="text" value="Hall, Shelley"/>	Insurance <input type="text" value="VA Central Iowa Healthcare System"/>	Fasting <input type="text" value="No"/>	*Priority <input type="text" value="Routine"/>
Report Comments <input type="text"/>	Lab Comments <input type="text"/>		
Copy to <input type="text" value="< none >"/> <input type="button" value="Add"/>			
Referring <input type="text" value="< none >"/> <input type="button" value="Add"/>			

Diagnosis (Unchecking items will remove them from this order)

Z94.1 Heart transplant status

Clinical Information

Patient Status

Statement of medical necessity and Authorization: This test is medically necessary in the management of this patient for its intended use.

Mobile Phlebotomy

Accession ID

Baylor Phlebotomy Initials

Baylor Processor Initials

In-Freezer Date (MM/DD/YYYY)

In-Freezer Time(HH:MM 24hr)

Test Specific Information

100 AlloMap HTx

Documents Documents scanned by Symantec.

Add a new document or drag files over this space to upload. All documents which do not satisfy the conditions below will be ignored.
The maximum file upload size is 10MB. You can upload file types: .pdf .xlsx .docx .xls .doc .txt .jpg .png .gif .bmp

Filename	Document Type	Notes

Use **Complete** button to complete an order. The Order Requisition window will open and then use the **Print** button to print out requisition.

Next Patient or Order

Continue to the next patient. If the patient is in same location, click the **Search For Patient** button from bottom of **Order Summary** page.

Orders Patients Admin Help Search Last Name GO Advanced Search

Last8, First8 Office Id: DOB: 09/09/1965 Phone Number: 650-888-8888 Gender: U Primary Insurance: AAL Notes: Click Here

Order 7373 - Draw Now - Third Party

Order Requisition Print

General Information

Order Date 08/21/2016 06:00 AM (MM/DD/YYYY HH:MM AM/PM)	Coll. Date 07/21/2016 11:13 AM (MM/DD/YYYY HH:MM AM/PM)	Coll. by obpsc1
Ordering Prescriber 0115, Test	Insurance AAL	Fasting No
Report	Lab	Priority Routine
Comments	Comments	

Diagnosis (Unchecking items will remove them from this order)

Z94.1	Heart transplant status
-------	-------------------------

Clinical Information

Patient Status Non-patient

Statement of medical necessity and Authorization: This test is medically necessary in the management of this patient for its intended use. Yes

Tests (Unchecking items will remove them from this order)

100	AlloMap HTx
-----	-------------

Return To Order/Result List Search For Patient Change Account

If the patient is from another location click **Change Account** link located at the top of the page or **Change Account** button from bottom of **Order Summary** page.

PSC HOME | Practice: CareDx Location: CareDx Cente (Change Account) Phlebotomytest Lab Logout Announcements New ENG | ESP

Orders Patients Admin Help Search Last Name GO Advanced Search

Test, Test Office Id: DOB: 01/01/1980 Phone Number: -- Gender: F Primary Insurance: ASC Concept Workers Comp Notes: Click Here

Order 7373 - Draw Now - Third Party

Order Requisition

General Information

Order Date 08/21/2016 06:00 AM (MM/DD/YYYY HH:MM AM/PM)	Coll. Date 07/21/2016 11:13 AM (MM/DD/YYYY HH:MM AM/PM)	Coll. by obpsc1
Ordering Prescriber0115, Test	Insurance AAL	Fasting No
Report	Lab	Priority Routine
Comments	Comments	

Diagnosis (Unchecking items will remove them from this order)

Z94.1 Heart transplant status

Clinical Information

Patient Status

Statement of medical necessity and Authorization: This test is medically necessary in the management of this patient for its intended use.

Tests (Unchecking items will remove them from this order)

100 AlloMap HTx

Reset Password

Follow these step to Reset your own Password.

Step	Action
1	Change from PSC Locations to PSC Home
2	From the Admin tab select Reset Password link.

The screenshot shows the PSC Home interface. At the top, there are navigation tabs: Orders, Patients, Admin (selected), and Help. Below the tabs is a search bar and a dropdown menu for 'Last Name'. In the main content area, there is a 'List Patients' section with a search bar and an 'Add Patient' button. Below this, there is a 'Downloads' section with a 'Reset Password' link circled in red.

3

Reset Password page is displayed with option to change password for PSC Users.

The screenshot shows the 'Reset Password' page for a PSC user. The page header includes navigation links for 'Orders', 'Patients', 'Admin', and 'Help', along with a search bar and a 'Last Name' dropdown menu. The main content area displays the following information and form fields:

- Username: plab11
- Location: caredxpsc
- *Old Password:
- *New Password:
- *Confirm New Password:
- Password Hint:

A note below the form states: "NOTE: Passwords must be at least 6 characters long containing letters and digits." A blue 'Submit' button is located at the bottom of the form.