

Public Health ELR Submitter Enrollment Form

Public Health Services, Health & Human Services Agency, County of San Diego

Please complete this form and return to the Epidemiology & Immunization Services Branch (EISB) via fax (858-715-6458) or e-mail (Jeffrey.Johnson@sdcounty.ca.gov). Upon receipt of the completed and signed form, EISB staff will contact you to discuss next steps to be taken. For questions, please contact Jeffrey Johnson at 619-692-8499.

Please specify: Add New Account Change Existing Account Delete Existing Account

Please complete:

1. Name of submitting organization: _____
Organization Object Identifier (OID): _____
Mailing address (headquarters): _____
City, state, zip: _____
2. Is the interface intended to satisfy Meaningful Use requirements? Yes No
If yes, which stage: _____
3. Name of ELR contact person: _____
Phone number: _____ E-mail: _____
4. Name of Electronic Health Record (EHR) Product and Vendor: _____
5. Name of LIS Product and Vendor: _____
6. Name of Integration Engine or Middleware Product and Vendor: _____
7. Software or system sending ELR: _____
System Object Identifier (OID) (sending application): _____
8. Is the LIS or software or system sending ELR capable of aggregating public health reportable results to be sent? Yes No
(California Code of Regulations Title 17, including Section 2505, as well as local requirements. Labs are also encouraged to send results for all diseases listed in Section 2500.)
9. Does your facility currently submit electronic lab reports (ELR) to another entity via HL7 and secure transport? Yes No
10. What version of HL7 is currently being used? _____
Do you have the HL7 2.5.1 ELR Implementation Guide (US Realm)? Yes No
11. Have LOINCs and SNOMEDs been assigned to test names and results? Yes No

Please list all labs within your system that will be sending results (list additional labs on next page)

12. Name of lab: _____
Lab CLIA number: _____
Lab address: _____

Name & Title: _____ Signature & Date: _____

Additional Labs

Name of lab: _____

Lab CLIA number: _____

Lab address: _____

Name of lab: _____

Lab CLIA number: _____

Lab address: _____

Name of lab: _____

Lab CLIA number: _____

Lab address: _____

Name of lab: _____

Lab CLIA number: _____

Lab address: _____

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