



**SoftWebplus™**

***End User Manual***

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Rationale</b>
0.1	30 July 2021	SCC	Initial document
0.2	31 August 2021	Sharafat(Sherry) Hussain	Updated/Added steps with more descriptions and screenshots.
0.3	11 September 2021	Sharafat(Sherry) Hussain	Refinements
0.4	20 October 2021	Sharafat(Sherry) Hussain	Additional features
0.5	31 January 2022	Sharafat(Sherry) Hussain	Refinements and additional features
0.6	20 February 2022	Ayaz Ahmad	Document reviewed

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## Contents

User Log-in: .....	3
Create a New Patient:.....	4
Select +Add New Patient to create a new patient. ....	6
Regular-Order entry.....	8
Recurring (Standing Order) test order .....	13
Order Info: .....	14
Viewing/Printing Patient Results .....	15
How to Order Supplies: .....	17
Changing Your Password .....	20

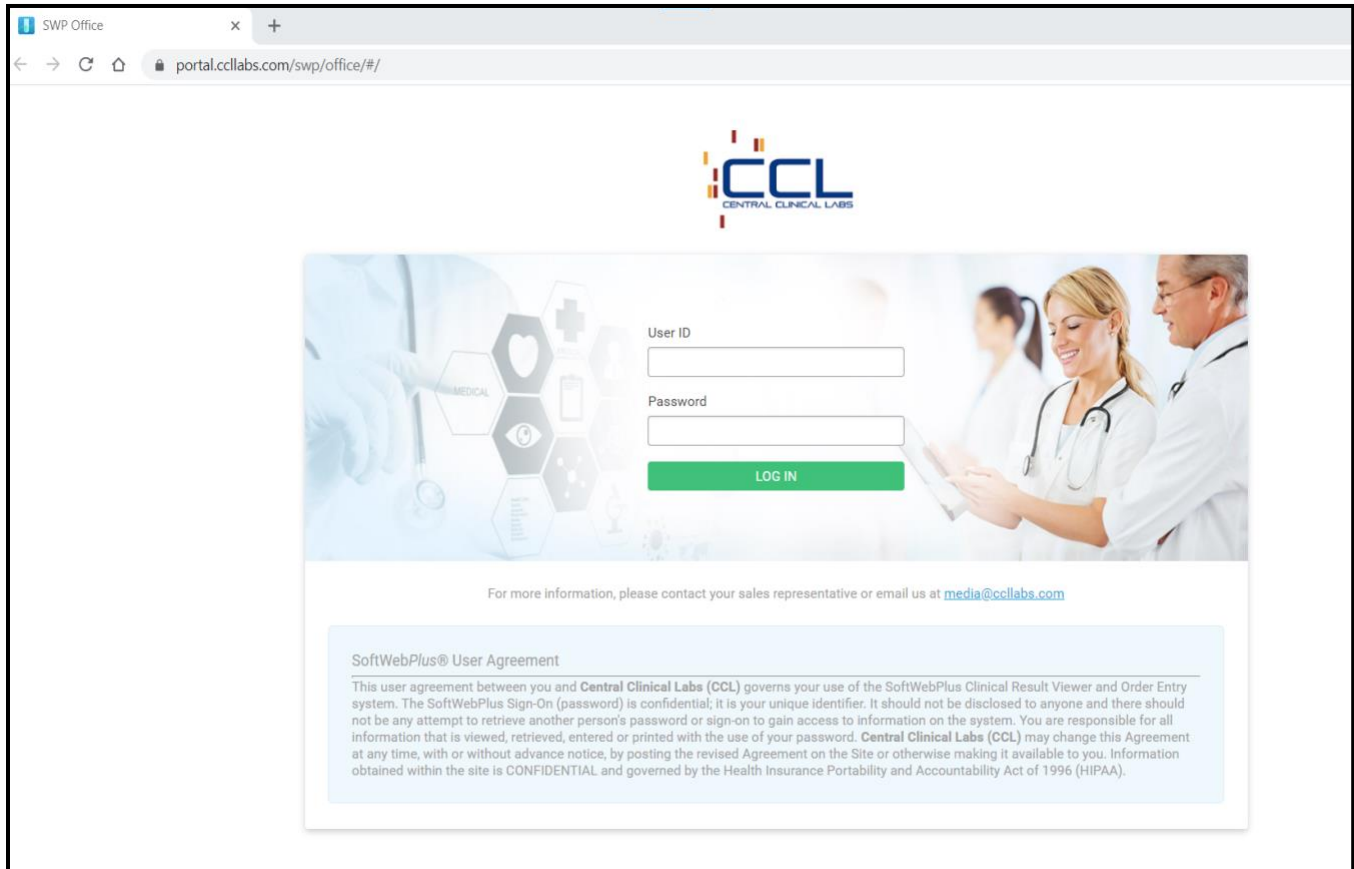
## User Log-in:

Access SoftWebplus via a browser at:

<https://ccllabs.com> >>> *Click Client Portal Login:*

*OR*

<https://portal.ccllabs.com>



SWP Office

portal.ccllabs.com/swp/office/#/

**CCL**  
CENTRAL CLINICAL LABS

Medical icons: MEDICAL, heart, cross, eye, stethoscope, microscope, pills, DNA helix.

User ID

Password

**LOG IN**

For more information, please contact your sales representative or email us at [media@ccllabs.com](mailto:media@ccllabs.com)

**SoftWebPlus® User Agreement**

This user agreement between you and Central Clinical Labs (CCL) governs your use of the SoftWebPlus Clinical Result Viewer and Order Entry system. The SoftWebPlus Sign-On (password) is confidential; it is your unique identifier. It should not be disclosed to anyone and there should not be any attempt to retrieve another person's password or sign-on to gain access to information on the system. You are responsible for all information that is viewed, retrieved, entered or printed with the use of your password. Central Clinical Labs (CCL) may change this Agreement at any time, with or without advance notice, by posting the revised Agreement on the Site or otherwise making it available to you. Information obtained within the site is CONFIDENTIAL and governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

1. Log in using your unique User ID and Password. (Your User ID and Password is provided by Central Clinical Labs) If you DO NOT have ID/Password, reach out to CCL Labs by calling your respective location.

2. Click/Enter on the  button:

- a. Highlight or enter your location ID and hit enter (If you have access to multiple Clinics/Facilities):

SELECT LOCATION

SEARCH

ID	Name	Address
000CL	OUTPATIENT-UNSPECIFIED	
10009	OCCUPATIONAL HLTH SERV	
101	ER -EMERGENCY MEDICINE	Phone: (410)955-2280
ZB11W	11 WEST UROLOGY & THORACIC	Phone: (410)955-5420
MIKI	MIKIKO's Location	
LA'WD	LA'WD Ward	
RAA1	Regional Memorial Clinic	
MIKP1	MIKIKO's Private Clinic1	Phone: (813)444-1111
MIKP2	MIKIKO's Private Clinic2	Phone: (813)222-5555
DUDRW	Uptown Draw Station	
DEDRW	Downtown Draw Station	

b. Otherwise, you will reach ORDERS page:

PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS

Hi, MD24 H AZ1

Last Name  First Name  DOB  MRN

Order#

SOUNDEX SEARCH

**Create a New Patient:**

1. Select the ORDERS from menu bar (or ORDERS from side bar).

MD24 HOUSECALLS (MD24)  
MD24 House Call (AZ1045)

PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS

First Name DOB MRN

SOUNDINDEX SEARCH

2. Enter the patient information (one or all) into the search field. CCL recommends always searching by Patient Date of Birth


PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS

Last Name First Name DOB MRN

LASTNAME FIRSTNAME

Order#

SOUNDINDEX **SEARCH**

3. Select the  button. If the patient is not in the system user will be notified with **Patient Not Found.**

The screenshot shows a patient search form with the following fields: Last Name (shaded yellow, containing 'LASTNAME'), First Name (shaded yellow, containing 'FIRSTNAME'), DOB (shaded yellow, containing '\_\_\_/\_\_\_/\_\_\_'), and MRN. There is also an Order# field. The form includes a '+ Add New Patient' link, a 'SOUNDEX' button, and a 'SEARCH' button. A yellow banner at the bottom of the form area displays the text 'Patient Not Found'.

Select [+Add New Patient](#) to create a new patient.

This screenshot is identical to the one above, but the '+ Add New Patient' link is highlighted in yellow. The 'Patient Not Found' message is now in red text.

1. Enter the correct patient demographics. These demographics should match the patient’s legal name and the DOB (as found on the insurance card(s) or driver’s license). Fields that are shaded yellow are required.
2. You can also enter “PATIENT COMMENT” >>CCL will notify this comment to our remote teams.

TEST SUBMIT ORDER ENTRY

Last Name: TEST First Name: Middle Name:

DOB: / / Marital: Title: Suffix: Ethnicity: MRN: PATIENT COMMENT

Sex: Language: Race:

Species: Religion:

**ADDRESS**

Street: Suite/Apartment: City:

State: Zip: Country: UNITED STATES Phone:

**EMERGENCY CONTACT**

Last Name: First Name: Middle Name:

Patient's Relationship: Title: Suffix: Language:

**ADDRESS**

3. Start typing insurance to open insurance and make your selection.

PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS Hi, MD24 HQ AZ10

SHERRY Back SUBMIT ORDER ENTRY

State: Zip: Country: UNITED STATES Phone:

**EMERGENCY CONTACT**

Last Name: First Name: Middle Name:

Patient's Relationship: Title: Suffix: Language:

**ADDRESS**

Street: Suite/Apartment:

State: Zip: Country: UNITED STATES Phone:

**INSURANCES** (0) (0)

**MOTHER'S MAIDEN NAME**

Last Name: First Name: Middle Name:

ALBMY - LIBERTY MUTUAL

ALHPL - LIFESTYLE HEALTH PLANS

ALIBERTY - LIBERTY HEALTHSHARE

ILBMU - LIBERTY MUTUAL

ILHPL - LIFESTYLE HEALTH PLANS

LIBERTY - LIBERTY HEALTHSHARE

4. Enter the insurance Policy # and Group # (if applicable). Fields which are shaded in yellow are required. Enter the patient's relationship to the insurance policy holder.

INSURANCES (1) (0)

1. ALBMU - LIBERTY MUTUAL

Policy #  Group ID  INSURANCE COMMENT

INSURANCE CARRIER ADDRESS:  
Address: PO BOX 9099, DOVER, NH, 03821-9099 Phone: (800)437-1180

POLICY HOLDER [COPY FROM CONTACT](#)

Last Name  First Name  Middle Name

Patient's Relationship  DOB  Sex  Title  Suffix  Language

Employer Name

POLICY HOLDER ADDRESS

Street  Suite/Apartment  City

State  Zip  Country  UNITED STATES Phone

**SUBMIT**

5. When all fields have been entered correctly, select the button

\*If any required fields were missed you will see a **RED** border around the field. The system scrolls down automatically to show the missing fields to complete the registration.

MANAGE PATIENT

**SUBMIT** **ORDER ENTRY**

Patient's Relationship  DOB  Sex  Title  Suffix  Language   Translator Needed


Employer Name  SSN

**Regular-Order entry.**

1. If the patient is previously registered search for patient in the system then highlight patient from drop down list and enter.



Patient	DOB	Age	Sex	MRN
TEST, ABBY	10/11/1977	43 Y	F	AZ00000044
TEST, ABE	01/01/1966	55 Y	F	AZ00000058
TEST, APRIL	05/01/1976	45 Y	F	AZ00000052
TEST, ARIZONA	06/06/1988	33 Y	F	AZ00000056
TEST, ILLINOIS	03/03/1965	56 Y	F	IL00000010
TEST, IMTIAZ	01/01/1950	71 Y	M	IL00000002
TEST, INSRUANCE	01/01/1999	22 Y	F	AZ00000043
TEST, MARILYN	09/09/1978	43 Y	F	AZ00000030
TEST, PID	07/04/1976	45 Y	F	M9
TEST, SARMAD ALI	01/01/2001	20 Y	M	AZ00000061
TEST, SCC	10/10/1988	32 Y	F	AZ00000021
TEST, SCC1	10/10/1966	54 Y	F	AZ00000023

2. The patient Order Entry screen presents itself. User **MUST** verify that all information is correct for the **Patient & Payor/Insurance** field. If any information needs updating, select the  to edit (see next page)

TEST, ARIZONA DOB: 06/06/1988 Age: 33 Y Sex: Female MRN: AZ00000056 Phone: Address: 66 Clear Avenue, CLEARWATER, FL, 33755- Insurance: A11 - ALLIED BENEFIT SYSTEMS INC Policy/Account: 9988 Group ID:

Ordering location: [Dropdown] Requested by: [Dropdown] Priority: Routine [Dropdown]

Room: [Text] Bed: [Text] EXT MRN: [Text]

Copy To: [Text] ORDER INFO [Button]

Order Type: Regular [Selected] Recurring [Unselected] X-DO NOT USE [Unselected] Collect Now [Unselected] Collection Date: 09/10/2021 [Calendar] Collection Time: [Time] Collect by: [Dropdown]

DIAGNOSES: [Text]

TESTS: [Text]

SUMMARY [Button] REQUISITION [Button]

PANELS	INDIVIDUAL TESTS 1	INDIVIDUAL TESTS 2	MICROBIOLOGY
<input type="checkbox"/> 304 - Electrolyte Panel	<input type="checkbox"/> AMM - Ammonia, Plasma	<input type="checkbox"/> A1C - GlycoHemoglobin (HBA1C)	<input type="checkbox"/> 264 - MICROALBUMIN, Quantitative
<input type="checkbox"/> 602 - BASIC METABOLIC PNL	<input type="checkbox"/> AMYL - Amylase	<input type="checkbox"/> A1CAG - Hemoglobin HBA1C With eAG	<input type="checkbox"/> 156 - Chlamydia/Gonococcus by AMP
<input type="checkbox"/> 603 - Renal Function	<input type="checkbox"/> LIP - Lipase	<input type="checkbox"/> HEPC - Hep. C Virus Antibody	<input type="checkbox"/> CDIF - C-DIFF A/B AB & AG
<input type="checkbox"/> 601 - COMP. METABOLIC PANEL	<input type="checkbox"/> 176 - Blood Grouping w/ Rh Typing	<input type="checkbox"/> HIV - HIV 1/2 w/ Reflex: LC: 083935	<input type="checkbox"/> OP - Ova & Parasites
<input type="checkbox"/> 305 - HEPATIC FUNCTION	<input type="checkbox"/> BNP - B-Type Natriuretic Peptide (BNP)	<input type="checkbox"/> LDH - LDH, LC: 001115	<input type="checkbox"/> FECAL - Fecal Fat, Qualitative
<input type="checkbox"/> 351 - Hepatitis Panel	<input type="checkbox"/> B12 - VITAMIN B12, SM	<input type="checkbox"/> LDLOR - LDL Direct, LC: 120295	<input type="checkbox"/> CXST - Stool Culture

3. Click on the 'PHONE' icon >Select Fax in the Method drop-down, enter a 10-digit Number (no +1),

click Apply (System will send additional fax to this fax#, in addition, to the Ordering Location fax#)

The screenshot shows a web interface titled "CALL/FAX INFO". At the top, there are two tabs: "REQUESTS" (active) and "HISTORY". Below the tabs is a table with columns: "Status", "To", "Method", and "Number". Under the "To" column, there is a "New Request" section. This section contains a "To" dropdown menu, a "Method" dropdown menu (set to "Phone"), a "Number" input field, and an "Ext." input field. Below these is a "Reason" text area. At the bottom of the form, there are two buttons: "CANCEL" and "APPLY".

4. Enter Ordering Location, if necessary, (This field will be grayed-out based on User Access)
5. Enter Ordering Physician in the “Requested by” field
  - a. If Physician is not listed, please call the appropriate CCL Location, CCL staff will add it.
6. Select Priority
  - a. Routine should be selected for ALL future orders
  - b. Stat/Urgent CANNOT be ordered for future dates
  - c. Timed can be selected for drugs ONLY (i.e. Vancomycin)
7. Enter Room/Bed, if available
8. Enter comments in “ORDER INFO” to provide notes to CCL Labs for this specific order
9. Select Regular for One-time orders (Today or Future), Recurring for Standing Orders
10. Select “Collection Date” by clicking on the calendar icon
11. Enter the ICD-10 diagnosis code in Diagnosis field.

The screenshot shows a "DIAGNOSES" field with a search bar. The text "D64.9 - ANEMIA, UNSPECIFIED X" is entered in the search bar. To the right of the search bar is an "Expand" button.

12. User can enter the name of the diagnosis code in the diagnosis field which shows available choices.

Select the correct diagnosis code (ICD-10) by highlighting the code and enter.

DIAGNOSES Expand

diabetes

- E08.01 - DIABETES DUE TO UNDERLYING CONDITION W HYPROSM W COMA
- E08.10 - DIABETES DUE TO UNDERLYING CONDITION W KETOACIDOSIS W/O COMA
- E08.11 - DIABETES DUE TO UNDERLYING CONDITION W KETOACIDOSIS W COMA
- E08.21 - DIABETES DUE TO UNDERLYING CONDITION W DIABETIC NEPHROPATHY
- E08.22 - DIABETES DUE TO UNDRL COND W DIABETIC CHRONIC KIDNEY DISEASE
- E08.29 - DIABETES DUE TO UNDERLYING CONDITION W OTH DIABETIC KIDNEY COMP

13. CCL has built a Test Template to facilitate in placing Lab Orders - If you choose to utilize the template,

Click the box next to the test you want to order.

PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS Hi, Sherry Hussain | LIVE AZTEST Log Out

TEST, SHERRY DOB: 01/01/1995 Age: 27 Y Sex: Male MRN: AZ0000163 Phone: Alt. Phone: Address: 3720 E LA SALLE ST, STE 103, PHOENIX, AZ, 85003-, UNITED STATES Insurance: ACLIENT - Client/Facility Billing Policy/Account: Group ID: SUBMIT

TESTS

304 - Electrolyte Panel x

SUMMARY REQUISITION

PANELS	INDIVIDUAL TESTS 1	INDIVIDUAL TESTS 2	MICROBIOLOGY
<input checked="" type="checkbox"/> 304 - Electrolyte Panel	<input type="checkbox"/> AMM - Ammonia, Plasma	<input type="checkbox"/> A1C - GlycoHemoglobin (HBA1C)	<input type="checkbox"/> 264 - MICROALBUMIN, Quantative
<input type="checkbox"/> 602 - BASIC METABOLIC PNL	<input type="checkbox"/> AMYL - Amylase	<input type="checkbox"/> A1CAG - Hemoglobin HBA1C With eAG	<input type="checkbox"/> 156 - Chlamydia/Gonococcus by AMP
<input type="checkbox"/> 603 - Renal Function	<input type="checkbox"/> LIP - Lipase	<input type="checkbox"/> HEPC - Hep. C Virus Antibody	<input type="checkbox"/> CDIF - C-DIFF A/B AB & AG
<input type="checkbox"/> 601 - COMP. METABOLIC PANEL	<input type="checkbox"/> 176 - Blood Grouping w/ Rh Typing	<input type="checkbox"/> HIV - HIV AB/P24 AG W Reflex, LC: 083935	<input type="checkbox"/> OP - Ova & Parasites
<input type="checkbox"/> 305 - HEPATIC FUNCTION	<input type="checkbox"/> BNP - B-Type Natriuretic Peptide (BNP)	<input type="checkbox"/> LDH - LDH, LC: 001115	<input type="checkbox"/> FECAL - Fecal Fat, Qualitative
<input type="checkbox"/> 351 - Hepatitis Panel	<input type="checkbox"/> B12 - Vitamin B12, Serum	<input type="checkbox"/> LDLDR - LDL Direct, LC: 120295	<input type="checkbox"/> CXST - Stool Culture
<input type="checkbox"/> 600 - CBC W, DIFF, & PLAT	<input type="checkbox"/> CEA - Carcinoembryonic Antigen (CEA)	<input type="checkbox"/> LI - Lithium Level, LC: 007708	<input type="checkbox"/> 302 - Urinalysis
<input type="checkbox"/> 310 - LIPID PROFILE	<input type="checkbox"/> CRPHS - CRP High Sensitivity	<input type="checkbox"/> MG - Magnesium	<input type="checkbox"/> CXUC - Urine Culture
<input type="checkbox"/> 462 - IRON PANEL	<input type="checkbox"/> ESR - ESR - Sedimentation Rate	<input type="checkbox"/> PHOS - PHOSPHOROUS	<input type="checkbox"/> CXWDC - Wound Culture
<input type="checkbox"/> 2092 - THYROID PANEL	<input type="checkbox"/> DIG - Digoxin, Serum	<input type="checkbox"/> PI - PRO TIME W/ INR	<input type="checkbox"/> BLC - Blood Culture, X2
<input type="checkbox"/> 2090 - TESTOSTERONE PANEL (Total and Free)	<input type="checkbox"/> Dil - Phenytoin (Dilantin), Total, Serum	<input type="checkbox"/> PTT - PTT	<input type="checkbox"/> TH - Throat Culture
<input type="checkbox"/> PSAPN - PSA Panel (Total & Free)	<input type="checkbox"/> FERR - Ferritin	<input type="checkbox"/> FT3 - Free T3	<input type="checkbox"/> CXGIT - Genital Culture, Routine
<input type="checkbox"/> 350 - VIT. B12/FOLATE SERUM	<input type="checkbox"/> FOL - Folate (Folic Acid)	<input type="checkbox"/> T3TOT - Triiodothyronine, T3 Total	<input type="checkbox"/> INFL - Influenza (Flu) A/B, Rapid
	<input type="checkbox"/> HSV1 - Herpes Simplex (HSV), 1 IgG, LC#164897	<input type="checkbox"/> FT4 - Free T4	
	<input type="checkbox"/> HSV2 - Herpes Simplex HSV, 2 IgG, LC: 163033	<input type="checkbox"/> T4 - Thyroxine, T4 Total	
		<input type="checkbox"/> TSH - TSH	

OR

14. In the “TESTS” search field – type the Test Name and select the test ordered by the physician.

TESTS

basic

BMP - Basic Metabolic Panel

BMPE - Ela's Basic Metabolic Panel

Q0561 - Myelin Basic Protein (CSF)

15. Highlight the test and enter:

TESTS

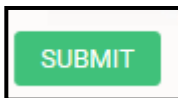
BMP - Basic Metabolic Panel x |

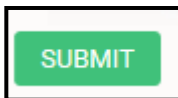
SUMMARY JHH - LABS JHML TEST MPHC (MP200) SERGE SHARI TESTING GENE-VAL DAVIS GENE QUICK TEMPLATE SPACE1 SPACE1 PREADMISSION

DAVIS BB

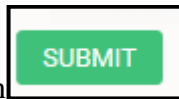
BMP - Basic Metabolic Panel

16. NOTE: If patient is Fasting. User MUST ENTER “FP – Fasting Patient” test code in the order



17. Click  Button > Requisition Summary page shall display



18. Review the order summary then . For example,

Hi, Sherry Hussain | LIVE AZTEST Log Out

PATIENTS ORDER ENTRY COLLECTIONS **ORDERS** RESULTS REPORTS

TEST, SHERRY DOB: 01/01/1995 Age: 27 Y Sex: Male MRN: AZ00000163 Phone: Alt. Phone: Address: 3720 E LA SALLE ST, STE 103, PHOENIX, AZ, 85003, UNITED STATES Insurance: ACLIENT - Client/Facility Billing Policy/Account: Group ID: Back SUBMIT

REQUISITION SUMMARY

TESTS

304 - Electrolyte Panel

DIAGNOSES

I10 - ESSENTIAL (PRIMARY) HYPERTENSION

GENERAL INFO

Ordering location: AZTEST - Test Clinic - ayaz Requested by: A1003002866 - SHARI MYORAKU

Billing#: AZ00000163, 01/10/2022 16:58, AZTEST Priority: Routine

Copy To: Order Pat. Type: H - Home Care

COLLECTION

To Be Collected D&T: 01/31/2022 Collect by:

BILLING INFO

Compliance Status: Not Performed ABN Form Attached: No

# Recurring (Standing Order) test order

1. On the Order Entry Screen, instead of “Regular” Select Order Type as “Recurring”:

TEST\_AR2 DOB: 02/02/1972 Age: 50 Y Sex: Male MRN: AZ00000095 Phone: Alt. Phone:  
Address: 456 Rocky Road, CLEARWATER, FL, 33761- Insurance: A27 - TRICARE WEST REGION Policy/Account: 508044050 Group ID: SUBMIT

Ordering location: [Dropdown] Requested by: [Dropdown] Priority: Routine [Dropdown]

Room: [Text] Bed: [Text] Order Pat. Type: [Dropdown]

Copy To: [Text] ORDER INFO

Order Type: Regular **Recurring** X-DO NOT USE Start Date: 02/19/2022 [Calendar] End Date: 02/19/2024 [Calendar]

Valid For: # of Occurrences: no limit  
Skip Weekend: Assign Holiday: Autogenerated:

Pattern: [Dropdown menu open showing options: E1WK - WEEKLY STANDING ORDER, E2WK - EVERY 2 WEEKS STANDING ORDER, E3WK - EVERY 3 WEEKS STANDING ORDER, E4WK - EVERY 4 WEEKS STANDING ORDER, M1SO - MONTHLY STANDING ORDER, M2SO - EVERY 2 MONTHS SO]

# of Occurrences: [Input] [Left Arrow] [Right Arrow]

INDIVIDUAL TESTS 1:  600 - CBC W. DIFF. & PLAT  A1CAG - Hemoglobin HBA1C With eAG  601 - COMP. METABOLIC PANEL  A1C - GlycoHemoglobin (HBA1C)

INDIVIDUAL TESTS 2:  HEPA - Hep. A Antibody  HEPB - Hep. B. Core Antibody Total

MISC/MICROBIOLOGY:  264 - MICROALBUMIN Quantative  156 - Chlamydia/Gonococcus by AMP

2. Standing Orders can be placed with two methods.

- a. Select Start Date and End Date.
  - i. End Date must be Selected per the CMS Medical Records requirements
- b. As per #1: Select the Pattern drop-down menu
- c. Select “Pattern”, i.e. Daily, Weekly, Fortnightly, Monthly etc:
- d. *NOTE: Rest of tests order details would be same as regular order explained in above “Regular test order”.*
- e. Submit and then Submit after review of the Requisition Summary page

3. Method#2 for placing Standing Order:

- a. Click on the Pencil next to the Pattern Field

Pattern [Dropdown] [Pencil Icon]

- b. Custom Recurring Pattern screen shall pop-up (see next page)

c. **FREQUENCY:** DAILY, WEEKLY, MONTHLY, YEARLY

d. Follow the steps

e. **EXCLUDE:** You can ignore this area if Patient does not have any special circumstances

- i. i.e. Patient is out of town for a month (From and to period could be selected to exclude those dates, if needed)

The screenshot displays a 'CUSTOM RECURRENCE PATTERN' dialog box. At the top, there is a checked 'Autogenerate' checkbox. Below this, the 'FREQUENCY' section has four tabs: 'DAILY' (selected), 'WEEKLY', 'MONTHLY', and 'YEARLY'. Under 'DAILY', there are three options: 'Every' (with a numeric input '1' and 'day(s)'), 'Every weekday' (selected), and 'Hourly' (with a dropdown set to 'every 4 hours'). The 'Every weekday' option includes a grid for selecting days of the week. The 'EXCLUDE' section contains 'Period from' and 'to' date pickers, both currently empty. Below these are 'Skip' (dropdown set to 'Weekend') and 'Assign Holidays' (dropdown set to 'Next Day'). At the bottom of the dialog are 'CANCEL' and 'APPLY' buttons. The background interface shows a test order page with 'Recurring' selected under 'Order Type'. The 'TESTS' section lists '600 - CBC W. DIFF. & PLAT' and '264 - MICROALBUMIN, Quantative'.

*NOTE: Rest of tests order details would be same as regular order explained in above "Regular test order".*

## Order Info:

1. Order info button is available in test order page to add notes and comments: For example,

**PATIENTS**   **ORDER ENTRY**   **COLLECTIONS**   **ORDERS**   **RESULTS**   **REPORTS**   Hi, Sherry Hussain | LIVE   AZTEST   Log Out

**TEST, SHERRY**   DOB: 01/01/1995   Age: 27 Y   Sex: Male   MRN: AZ00000163   Phone: Alt. Phone:  
 Address: 3720 E LA SALLE ST, STE 103, PHOENIX, AZ, 85003, UNITED STATES   Insurance: ACLIENT - Client/Facility Billing   Policy/Account:   Group ID:

Ordering location: [Dropdown]   Requested by: [Dropdown]   Priority: Routine [Dropdown]

Room: [Text]   Bed: [Text]   Order Pat. Type: [Dropdown]

Copy To: [Text]   **ORDER INFO**

Order Type: **Regular**   Recurring   X-DO NOT USE    Collect Now   Collection Date: 01/31/2022   Collection Time: [Dropdown]   Collect by: [Dropdown]

Check Compliance   **DIAGNOSES** [Text]

**TESTS**  
 304 - Electrolyte Panel X

**SUMMARY**   **REQUISITION**

**PANELS**   **INDIVIDUAL TESTS 1**   **INDIVIDUAL TESTS 2**   **MICROBIOLOGY**

- 304 - Electrolyte Panel
- AMM - Ammonia Plasma
- A1C - GlycoHemoglobin (HBA1C)
- 264 - MICROALBUMIN Quantative

2. Once you click, user can free-type Order notes for CCL team

## Call/Fax Info

1. If you want to send request to multiple clients then you can click  next to submit button:

**PATIENTS**   **ORDER ENTRY**   **COLLECTIONS**   **ORDERS**   **RESULTS**   **REPORTS**   Hi, Sherry Hussain | LIVE   AZTEST   Log Out

**TEST, SHERRY**   DOB: 01/01/1995   Age: 27 Y   Sex: Male   MRN: AZ00000163   Phone: Alt. Phone:  
 Address: 3720 E LA SALLE ST, STE 103, PHOENIX, AZ, 85003, UNITED STATES   Insurance: ACLIENT - Client/Facility Billing   Policy/Account:   Group ID:

**CALL/FAX INFO**

**REQUESTS**   **HISTORY**

Status	To	Method	Number
Requested	A1003002866 - MYORAKU, SHARI A - Requested By	Phone	(520)731-0566
	To	Method	Number   Ext.
	A1003002866 - MYORAKU, SHARI A - Requested By	Phone	(520)731-0566
	Reason	[Text]	

[+ Add New Request](#)

**CANCEL**   **APPLY**

## Viewing/Printing Patient Results

1. Select the Results menu icon.

Patient	DOB	Age	Sex	MRN
TEST, ABBY	10/11/1977	43 Y	F	AZ00000044
TEST, ABE	01/01/1966	55 Y	F	AZ00000058
TEST, APRIL	05/01/1976	45 Y	F	AZ00000052
TEST, ARIZONA	06/06/1988	33 Y	F	AZ00000056
TEST, ILLINOIS	03/03/1965	56 Y	F	IL00000010
TEST, IMTIAZ	01/01/1950	71 Y	M	IL00000002

2. The Patient list is by sorting order with STAT/Urgent, Timed order will be at the top then normal patients by names in ascending. Highlight your patient.

3. To view a patient information click on person  icon beside the order.

**PATIENT INFO**

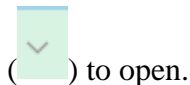
TEST, ARIZONA [View Patient](#) Documents: [Add](#)

DOB: 06/06/1988 Age: 33 Y Sex: Female  
 MRN: AZ00000056  
 Address: 66 Clear Avenue, CLEARWATER, FL, 33755-  
 Phone:


**INSURANCE / PAYOR** A11, ALLIED BENEFIT SYSTEMS INC  
 Policy/Account: 9988 Group ID:  
 Address: PO BOX 909786-60690, CHICAGO, IL, 60690-  
 Phone: (800)288-2078

[Edit Patient](#) [Order Entry](#) [Collections](#) [Orders](#) [Results](#) [Reports](#)

4. To see the components of a group test, view comments, micro sources for example click on down arrow



Priority / Order ID	Tests	Physician	Location	Service Date:
532500002	CMP	SCC	000CL	02/25/2016

5. To view PDF Report, click on (  ) beside the order to open.



- PDF report shall open >Click on the Printer Icon (Do not use the “PRINT” button >System will default to the local printer
- User can print report or close report. Click on Close button to go back to Results.

TEST, ARIZONA DOB: 06/06/1988 Age: 33 Y Sex: Female MRN: AZ00000056 Phone:  
Emergency Contact: Phone:

TEST STATUS ● ● ⊗ ⌵ ✓ 📊 🔍 🔄 ⋮

Order ID	Tests	Physician	Location	Service Date	
09100001	302, 603, BNP, CXUC	T1922545482	AZ1002	09/10/2021	🔍 ⌵
09100000	HGB	A1003007048	AZ1066	09/10/2021	● ⌵
09080005	GLU	A1003008814	AZ1017	09/08/2021	● ⌵
09080004	GLU	A1003007949	AZ1066	09/08/2021	● ⌵
09080003	GLU	A1003003807	AZ1050	09/08/2021	● ⌵
08230010	BUN	A1003009705	AZ2713	08/23/2021	● ⌵
08200010	CERP	A1003015918	AZ1003	08/20/2021	🔍 ⌵
08120008	CERP	SCC	AZ1006	08/12/2021	● ⌵
08090007	600	AZ1006	AZ1006	08/09/2021	● ⌵

## How to Order Supplies:

- Click on side bar button and then SUPPLY MANAGEMENT as highlighted in picture below. System will bridge into CCL Inventory Management system automatically.

☰ < PATIENTS ORDER ENTRY COLLECTIONS ORDERS RESULTS REPORTS Hi, St AZTE

STEVEN SMITH (SS)  
Test Clinic - ayaz (AZTEST)

First Name  DOB  MRN

- PATIENTS
- ORDER ENTRY
- COLLECTIONS
- ORDERS
- RESULTS
- REPORTS
- SUPPLY MANAGEMENT**
- CHANGE LOCATION
- SETTINGS
- ABOUT
- LOG OUT

- At next page (as shown below) verify user details and press Continue button.

Call#: 10740    CSR F/L Name: User SWP    Time: 09/10/2021 15:33

Account Info

Acc.Setup RO

Call Details:

Caller:

Account Data:

Account #:

Name: Test Clinic - ayaz  
 Address: 7330 E. Earll Drive, Suite H  
 Scottsdale, AZ 85251

Last Calls:

Call Category:

- Supply
- Courier/Phlebotomy
- Case/Problem
- Other Call Type

Account Contact:

Phone:  Ext:   
 Fax #:  Ext:   
 E-Mail:   
 LAN Printer #:

Call Description:

... Clear Add

Continue

Cancel

**NOTE:**

Once CCL receives the Supply Order form, order shall be reviewed against internal utilization report and supplies shall be dispatched based on your volume.

3. At next page (as shown below) select supplies

Select Supplies

Call#: 10740    DDTM: 09/10/2021 15:33    Caller: Smith Steven    CSR: User SWP  
 Account: AZTEST    Name: Test Clinic - ayaz    Street: 7330 E. Earll Drive,...    City: Scottsdale    State: AZ

Account Info

Acc.Setup RO

Recurrence     Floor:     Stat

Select Supplies

Supplies Ord Hist

Outreach Inventory

Account Inventory

#	Item ID	Description	Pack	# of Packs	It / Pack	Qty Comment	Qty	Tot Req	Tot Req	MTD(R)	YTD(R)	MTD(F)	YTD(F)
*1	<input type="checkbox"/>		default										

Rows in table: 1 | Selected: 0

Total Requested Not Filled: 0

Back

Complete

Cancel

- You can edit/delete supply details by double clicking on each item or from menu at the bottom of the list.

SCC SoftExpress **Supply Request for AZTEST**

Call#: 10740 DDTM: 09/10/2021 15:33 Caller: Smith Steven CSR: User SWP Account Info Acc.Setup RO  
 Account: AZTEST Name: Test Clinic - ayaz Street: 7330 E. Earl Drive,... City: Scottsdale State: AZ

Recurrence  Floor:  Stat

Select Supplies Supplies Ord Hist Outreach Inventory Account Inventory

#	Item ID	Description	Pack	# of Packs	It / Pack	Qty	Comment	Qty	Tot Req	Tot Req	MTD(R)	YTD(R)	MTD(F)	YTD(F)
*1	FLU SWABS	Flu Swabs	EA (1)	1	1	1		0	101	1	0	0	0	0
*2		default												

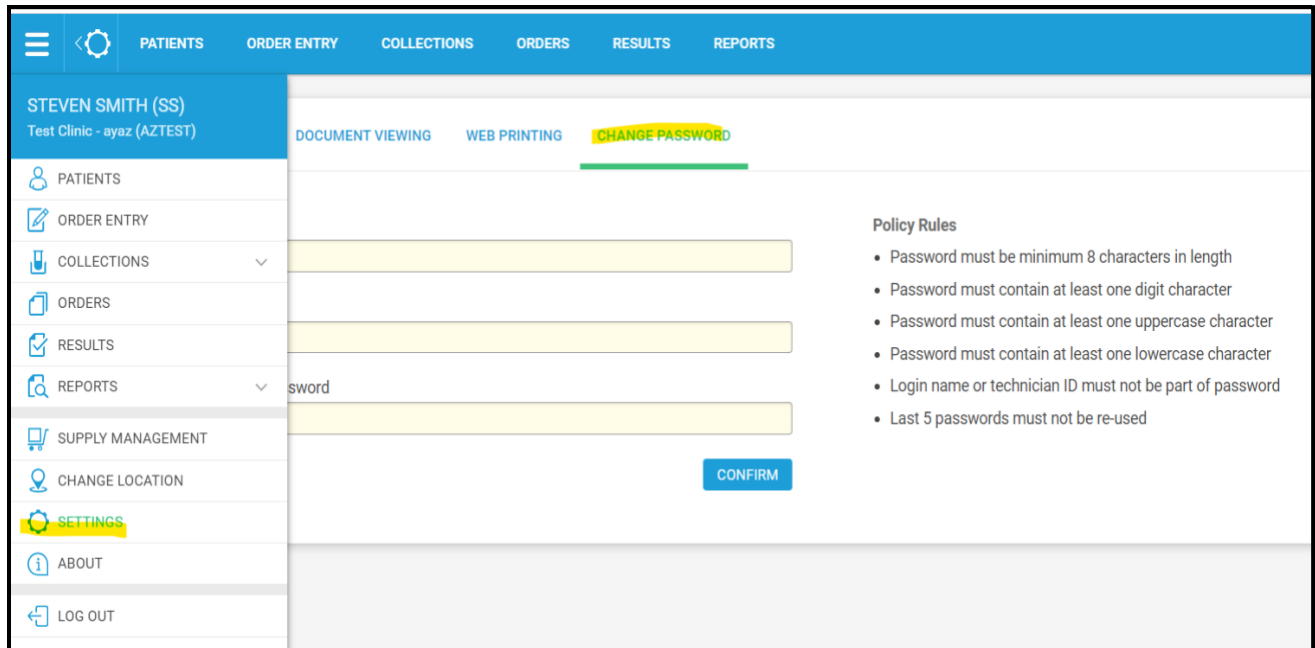
Rows in table: 2 | Selected: 0 1 Total Requested Not Filled: 1

Back Complete Cancel


- Once all supplies are complete then press **Complete** button. It will process the request and load main page where you can proceed with other tasks you want.

## Changing Your Password

1. **Settings** tab from the main menu.



The screenshot shows a web application interface for changing a password. At the top, there is a blue navigation bar with tabs for PATIENTS, ORDER ENTRY, COLLECTIONS, ORDERS, RESULTS, and REPORTS. Below this, a user profile for STEVEN SMITH (SS) is visible, along with the text 'Test Clinic - ayaz (AZTEST)'. The main content area has three tabs: DOCUMENT VIEWING, WEB PRINTING, and CHANGE PASSWORD (which is highlighted in yellow). The 'CHANGE PASSWORD' form consists of three input fields: 'Old Password', 'New Password', and 'Confirm New Password'. A 'CONFIRM' button is located at the bottom right of the form. To the right of the form, there is a 'Policy Rules' section with a list of requirements: Password must be minimum 8 characters in length, Password must contain at least one digit character, Password must contain at least one uppercase character, Password must contain at least one lowercase character, Login name or technician ID must not be part of password, and Last 5 passwords must not be re-used.

2. Click on **CHANGE PASSWORD** to open.
  - a. With your cursor in the “**Old Password**” box, type your current password.
  - b. Move your cursor to the “**New Password**” box and enter a new password.
  - c. Move your cursor to the “**Confirm New Password**” box and re-type the
  - d. New password
  - e. Click on the  button and then apply.
  - f. If fails review Policy Rules.