TN Manual Lab Submission Data Elements:

Below is a list of data elements that the TN Department of Health requires, if known, to be submitted with each manually submitted lab report:

-Patient Name (First Name, Last Name, and Middle Initial)
-Patient Date of Birth
-Patient Address*
-Patient Phone Number*
-Patient Race
-Patient Ethnicity (Hispanic or Non-Hispanic)
-Patient Gender
-Patient Death Status
-Patient Pregnancy Status
-Patient Identifier & Identifier Type (e.g. Medical Record Number)
-Patient Social Security Number
-Ordering Provider Name, Phone Number, Address*
-Ordering Facility Name, Phone Number, Address*
-Performing Lab Name, Phone Number, Address* (May be the same as reporting facility)
-Reporting Facility Name, Phone Number, Address* (May be the same as performing facility)
-Report Date
-Reason for Order or Testing
-Ordered Test
-Accession Number
-Order Date
-Resulted Test Performed
-Resulted Test Performed Date (include the start date and, if necessary, the end date)
-Resulted Test Observation (or result)
-Result Date
-Specimen Site
-Specimen Type
-Specimen Collection Date

*For addresses, please include Street, City, State, Zip Code, and County if known. For phone numbers, please include the area code.

For more information, please contact the Communicable and Environmental Diseases and Emergency Preparedness Surveillance Systems and Informatics Program team at CEDS.Informatics@tn.gov and please include 'Manual lab submission' in the subject line.

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