

## Tip Sheet: Recording 719 TB Screening Test

Children under specified circumstances will be required to complete a 719 TB screening test and where required the 719 test will be present on a child's health case in eMedical. This examination can be conducted by completing a Tuberculin Skin Test (TST) or an Interferon Gamma Release Assay (IGRA) test.

**Note:** The **719 TB screening test** is included under the 'Pathology' service and will be automatically referred to your clinic if your clinic offers the 'Pathology' service. You should proceed to record the results.

Once the health case is at Exam in Progress status, you can start recording these examinations.

**Note:** If your health case is ready to proceed to the examination state, it should be available in the **In progress** tab in your clinic's **inbox**.

Note: Throughout the examination a red asterisk \* will display for mandatory fields.

- Step 1. Search the health case using the Case search screen or locate the health case in the In progress folder of the clinic's inbox
- Step 2. Select the check box next to the health case and press the Manage Case button

| Case search                                   |   |                  |                 |         |      |             |     |     |       |       |        |           |         |        |
|---|---|------------------|-----------------|---------|------|-------------|-----|-----|-------|-------|--------|-----------|---------|--------|
|   |   |                  |                 |         |      |             |     |     |       |       |        |           |         |        |
| Search  | Using Health Case Ider                          | ntifier OUsing A | pplicant Detail | s       |      |             |     |     |       |       |        |           |         |        |
| Using Health Case Identifier<br>ID type<br>ID | CEAC Barcode plus suffix<br>RIZ_CEAC_SUF_15120( | V                |                 |         |      |             |     |     |       |       |        |           |         | 0      |
| Set as my default screen                      |   |                  |                 |         |      |             |     |     |       |       |        |           |         |        |
|   |   |                  |                 |         |      |             |     |     |       |       |        |           | Reset   | Search |
| Select: All None                              |   |                  |                 |         |      |             |     |     |       |       |        |           |         |        |
| ID Applicant nam                              | ne  | Date of birth    | Doc. Num.       | Visa    | Туре | Visit date  | 501 | 502 | 707 7 | '08 7 | 12 716 | Other     | Country | Action |
| RIZ_CEAC_SUF_1512091504606 KELMJFJNHJM        | MOAOD, Cdbncdgddghjoii                          | 13 Nov 2005      | heeaibjajh      | Adoptee | -    | 17 Oct 2017 | 0   | Ø   | ⊝     |       | ⊖ ⊝    | $\ominus$ |         | View   |
| Manage Case Create Group Add to group         |   |                  |                 |         |      |             |     |     |       |       |        |           |         |        |

The Health case details screen displays.

| Health Case:  | 504506           | Pre exam: Health cas   | e details   |                  |   |         |  |   |
|---|------------------|--|---|------------------|---|---------|--|---|
| RIZ_CEAC_SUF_1512091504606  |                  | Panel Physician Report on Medical Examination and Vaccination Record<br>OMB Control Number TODO: prod val<br>Form Number DS-7794<br>Expiration Date 30 Nov 2020<br>Estimated Burden 60 minutes |   |                  |   |         | 4<br>2020  | 8 |
| KELMJFJNHJMOAOD,<br>Cdbncdgddghjoit<br>MALE, 13 Nov 2005<br>Pre exam<br>Health case details<br>Manage Photo<br>Confirm identity | 8<br>9<br>9<br>9 | Applicant perso<br>Family name<br>Given name(s)<br>Sex<br>Date of birth<br>Country of birth<br>City of birth<br>Prior Country of<br>Residence  | Denal details<br>KELMJFJNHJMOAOD<br>cdbncdgddghjoii<br>MALE<br>13 Nov 2005<br>RWANDA<br>AUSTRALIA |                  | Applicant ider<br>Identity document pr<br>Identity Document N<br>Issuing country<br>Date of issue<br>Date of expiry<br>Source | esented | ailS<br>Original Passport<br>heeaibjajh<br>RWANDA<br>01 Dec 2022<br>United States of America | 0 |
| <ul> <li>All Exams</li> <li>All exams summary</li> <li>Current exams</li> </ul>   |                  | Other Identifier   | s   |                  |   |         |  | 0 |
| 501 Medical<br>Examination  | 0                | Identifier type  |   |                  | er value  |         |  |   |
| <ul> <li>502 Chest X-Ray<br/>Examination</li> </ul>   | 0                | Alien Number<br>Case Number  |   | -                | I1512091504606<br>N1512091504606  |         |  |   |
| <ul> <li>712 Syphilis test<br/>(VDRL or RPR)</li> </ul>   | θ                | CEAC Barcode<br>Beneficiary ID   |   | RIZ150<br>RIZ_BN | 4606<br>IFID1512091504606   |         |  |   |
| <ul> <li>719 TB screening<br/>test - TST or IGRA</li> </ul>   | θ                | Applicant visa   | details   |                  |   |         |  | 0 |
| <ul> <li>106 Mental health<br/>report</li> </ul>  | θ                | Applicant Category   |   | Adoptee          |   |         |  | • |
| 951 Vaccinations  | •                | Applicant Decla  | aration   |                  |   |         |  | 0 |

## Step 3. Expand the 719 TB screening test – TST or IGRA in navigation pane

| Health Case:<br>RIZ CEAC SUF 151209  | 1504606 | Pre exam: Health c  | ase details   |           |                               |   |       |  |   |
|--|---------|---|---|-----------|-------------------------------|---|-------|--|---|
|  |         | Panel Physici   | an Report on Me   | dical Exa | amination and                 | Expiration Date   |       | t<br>2020  | 8 |
| KELMJFJNHJMOAOD,<br>Cdbncdgddghjoii<br>MALE, 13 Nov 2005<br>Pre exam<br>Health case details<br>Manage Photo<br>Casfer ideath | 8       | Applicant pers<br>Family name<br>Given name(s)<br>Sex<br>Date of birth<br>Country of birth<br>City of birth | KELMJFJNHJMOAOE<br>cdbncdgddghjoii<br>MALE<br>13 Nov 2005<br>RWANDA | )         | •                             | Applicant identit<br>Identity document prese<br>Identity Document Num<br>Issuing country<br>Date of issue<br>Date of expiry<br>Source | ented | ails<br>Original Passport<br>heealbjajh<br>RWANDA<br>01 Dec 2022<br>United States of America | 0 |
| Confirm identity<br>All Exams  | •       | Prior Country of<br>Residence   | AUSTRALIA   |           |                               |   |       |  |   |
| All exams summary<br>Current exams   |         | Other Identifie   | ers   |           |                               |   |       |  | 0 |
| 501 Medical  | 0       | Identifier type   |   |           | ldentifier value              |   |       |  |   |
| Examination<br>502 Chest X-Rav   | 0       | Alien Number  |   |           | RIZ_AN1512091504              |   |       |  |   |
| Examination  | 0       | Case Number   |   |           | RIZ_CSN15120915               | 04606   |       |  |   |
| <ul> <li>712 Syphilis test<br/>(VDRL or RPR)</li> </ul>  | θ       | CEAC Barcode<br>Beneficiary ID  |   |           | RIZ1504606<br>RIZ BNFID151209 | 150/606   |       |  |   |
| <ul> <li>719 TB screening<br/>test - TST or IGRA</li> </ul>  | •       | Applicant visa  | details   |           | 112_511151203                 | 1304000   |       |  | 0 |
| Refer Applicant  | •       | Applicant Category  |   | Adoptee   |                               |   |       |  |   |
| Record results   | θ       | Applicant Dec   | laration  |           |                               |   |       |  | ~ |
| Review exam detail   | s       | Applicant Dec   | alaliuli  |           |                               |   |       |  | 0 |

The TB screening test – TST or IGRA: Refer Applicant displays.

| 719 TB screening test -  | TST or IGRA: Refer App      | plicant   |                             |
|--------------------------|-----------------------------|---|-----------------------------|
| Exam code                | 719                         | )   | 0                           |
| Exam name                | TB                          | Screening test - TST or IGRA  | •                           |
| Exam description         | Plea                        | ase provide current results of tuberculin skin test (TST) or Interferon G | Gamma Release Assay (IGRA). |
| Referred by              | eMe                         | edical  |                             |
| Referred to              | This                        | s clinic  |                             |
| Select other exams that  | t will be referred to the s | selected clinic.  |                             |
| Exam code Exa            | m name                      | Exam description  | Referred to                 |
| ☑ 712 Syp                | hilis Test (VDRL or RPR)    | Syphilis testing and results are required                                 | This clinic                 |
|                          |                             |   | Page 1 🗸                    |
|                          |                             |   | Refer                       |
| Other exams that will be | e included on the referra   | al letter   |                             |
| Exam code Exam na        | ame E                       | xam description   |                             |
| 712 Syphilis             | Test (VDRL or RPR) S        | yphilis testing and results are required                                  |                             |
|                          |                             |   | Page 1 ∨ ≪ < > »            |
|                          |                             |   | Generate Referral letter    |
| Back Close               |                             |   | Next                        |

# **Note:** If the required service to complete the **719** test is already present for your clinic then the exam will be automatically referred. You may however, refer the applicant (if required) to an externally linked specialist clinic.

To refer applicant to an external specialist clinic:

#### Step 4. Press the Refer Applicant button

- Step 5. In the Refer Applicant window, select the name of the referring doctor from the Referred by drop down list
- Step 6. Select the button for the clinic you want to refer the applicant to and press the Save button

| Refer Applicant                                     |  | + ×         |
|---|--|-------------|
| Referred by<br>You can choose to refer the sele     | • Mr Doctor USA  |             |
| Refer to ?  | Services offered at the clinic ?                                       |             |
| O This clinic                                       | Psychiatry<br>Radiology<br>Pathology<br>Medical<br>Endocrinology       |             |
| Avengers Clinic     123 Sesame ST     UNITED STATES | Pathology<br>Radiology<br>Tuberculosis specialist<br>Medical           |             |
|   |  | Cancel Save |
| Note: The Referred by will                          | I default to the doctor themselves if user is a panel doctor/radiologi | st.         |
| Refer Applicant                                     |  |             |
| Referred by<br>You can choose to refer the selecte  | Mr Doctor USA<br>ed exams to any of these clinics.                     |             |

The Refer Applicant screen displays with a success message.

| 719 TB screening test - TST or IGRA: Refer Applicant  |  |                             |  |  |  |
|---|--|-----------------------------|--|--|--|
| Success   |  |                             |  |  |  |
| The exam has been successfully referred to the selected clinic. Please print the referral letter and instruct the applicant that they need to see the specialist. Record the results and attach the reports once they are received. |  |                             |  |  |  |
| Exam code 71  | 9  | 2                           |  |  |  |
| Exam name TE  | 3 Screening test - TST or IGRA   |                             |  |  |  |
| Exam description PI   | ease provide current results of tuberculin skin test (TST) or Interferon ( | Gamma Release Assay (IGRA). |  |  |  |
| Referred by M   | r Doctor USA   |                             |  |  |  |
|   | rengers Clinic   |                             |  |  |  |
|   | 3 Sesame Street  |                             |  |  |  |
|   | ited States  |                             |  |  |  |
| Select other exams that will be referred to the   |  |                             |  |  |  |
| Exam code Exam name   | Exam description   | Referred to                 |  |  |  |
| ☑ 712 Syphilis Test (VDRL or RPF)   | <ol> <li>Syphilis testing and results are required</li> </ol>              | This clinic                 |  |  |  |
|   |  | Page 1 ✓ 《 〈 〉 》            |  |  |  |
|   |  | Refer                       |  |  |  |
| Other exams that will be included on the refer  | ral letter   |                             |  |  |  |
| Exam code Exam name   | Exam description   |                             |  |  |  |
| 712 Syphilis Test (VDRL or RPR)   | Syphilis testing and results are required                                  |                             |  |  |  |
|   |  | Page 1 🗸 < < > »            |  |  |  |
|   |  | Generate Referral letter    |  |  |  |
| Back Close  |  | Next                        |  |  |  |

Step 7. Press the Generate Referral letter button to print the Referral letter and provide to the applicant to provide to the specialist

Upon receiving the results and test reports, proceed to record the results.

Step 8. To record the results, press the Record results button in the navigation pane

## The 719 TB screening test – TST or IGRA: Record results screen displays.

| 719 TB screening test - TST or IGRA: Rec                             | ord results  |
|--|--|
| Confirm identity<br>Was the applicant's identity confirmed?          | °● Not selected ○ Yes ○ No   |
| Record results<br>Exam Date (date drawn/applied)<br>Exam description | * 30 Apr 2018 🗃 🕜<br>Please provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay<br>(IGRA). |
| Type of exam conducted   | $^{st}$ ${f O}$ Not selected $\bigcirc$ Tuberculin Skin Test (TST) $\bigcirc$ Interferon Gamma Release Assay (IGRA)            |
| General Supporting Comments  | $\bigcirc$   |
| Attachments<br>Link to existing<br>No documents have been attached   | Add New 3  |
| Delete Document Type   | etails Attachment type Sending method File name Edit   |
| Back Close Save  | Next   |

Step 9. Select Yes or No button for Was the applicant's identity confirmed?

Step 10. Edit the Exam date (It will default to today's date)

Step 11. Select Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) for the Type of exam conducted

| 719 TB screening test - TST or IGRA: Re | cord results   |
|---|--|
|   | 3  |
| Confirm identity                        |  |
| Was the applicant's identity confirmed? | *     Not selected ○ Yes ○ No  |
| Record results                          |  |
| Exam Date (date drawn/applied)          | * 30 Apr 2018 🗰 🕜  |
| Exam description                        | Please provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). |
| Type of exam conducted                  | *● Not selected ○ Tuberculin Skin Test (TST) ○ Interferon Gamma Release Assay (IGRA)                   |
| General Supporting Comments             |  |
| Attachments                             |  |
| Link to existing                        | Add New 🕜  |
| No documents have been attached         |  |
| Delete Document Type                    | Details Attachment type Sending method File name Edit  |
| Back Close Save                         | Next   |

## If Tuberculin Skin Test (TST) was conducted:

Step 1. Select the Tuberculin Skin Test radio button

- a. Enter Date of reading
- b. Enter Millimetres of induration
- c. Enter any information in the General Supporting Comments text box (only if required)
- d. Press the Next button

**Note:** If the **Millimetres of Induration** is 10 or more, then the **502 Chest X-ray Examination** will be automatically added to the health case.

| 719 TB screening test - TST or IGRA: R  | ecord results |                                      |                                       |                                  |
|---|---------------|--------------------------------------|---------------------------------------|----------------------------------|
|   |               |                                      |                                       | 2                                |
| Confirm identity                        |               |                                      |                                       | 0                                |
| Was the applicant's identity confirmed? |               | * Not selected • Yes                 | ONO                                   |                                  |
| Record results                          |               |                                      |                                       |                                  |
| Exam Date (date drawn/applied)          |               | * 30 Apr 2018                        | 1                                     |                                  |
| Exam description                        |               | Please provide current re<br>(IGRA). | sults of tuberculin skin test (TST) o | r Interferon Gamma Release Assay |
| Type of exam conducted                  |               | *O Not selected 🖲 Tube               | erculin Skin Test (TST) O Interfer    | ron Gamma Release Assay (IGRA)   |
| Date of reading                         |               | *                                    |                                       |                                  |
| Millimetres of induration               |               | *                                    | ]                                     |                                  |
| General Supporting Comments             |               |                                      |                                       | $\bigcirc$                       |
| Attachments                             |               |                                      |                                       |                                  |
| Link to existing                        |               |                                      |                                       | Add New 🔇                        |
| No documents have been attached         |               |                                      |                                       |                                  |
| Delete Document Type                    | Details At    | tachment type                        | Sending method                        | File name Edit                   |
| Back Close Save                         |               |                                      |                                       | Next                             |

## If IGRA was conducted:

### Step 1. Select the Interferon Gamma Release Assay (IGRA) radio button

- a. Select an option from the Type of IGRA test drop down list
- b. Select the appropriate radio button for the Result
- c. Press the Next button

**Note:** If IGRA result is **Positive** or **Indeterminate, Borderline or Equivocal** test results the test report <u>must</u> be attached.

**Note:** For **Indeterminate, borderline or Equivocal** or **Positive** test results IGRA the **Provide details** box will display but details are optional.

| Result          | ○ Not selected ○ Negative |  |
|-----------------|---------------------------|--|
| Provide details | $\sim$                    |  |
|                 |                           |  |

#### Step 12. Press Add New button in the Attachments section (if required)

| Attachments      |           |
|------------------|-----------|
| Link to existing | Add New 🕜 |

## The Add New Attachment window displays.

| Add New Attachment |          |   |        | + ×  |
|--------------------|----------|---|--------|------|
| Attachment type: * | Uploaded | ~ |        |      |
| Document type: *   |          |   | ~      |      |
| Browse:            |          |   | Browse |      |
| Details            |          |   |        | ^    |
| S Link to another  | exam     |   |        | ~    |
|                    |          |   | Cancel | Save |

Step 13. Select a test report from the Document type drop down list

Step 14. Press the Browse button to locate and upload the attachment file

Step 15. Press the Save button

The uploaded files are listed in the Attachments section.

| General Supporting Comments |         |                 |                |                      | $\bigcirc$ |
|-----------------------------|---------|-----------------|----------------|----------------------|------------|
| Attachments                 |         |                 |                |                      |            |
| Link to existing            |         |                 |                |                      | Add New 🕜  |
| Delete Document Type        | Details | Attachment type | Sending method | File name            | Edit       |
| TST/IGRA test report        | -       | Uploaded        | -              | IGRA test report.pdf | /          |
| Back Close Save             |         |                 |                |                      | Next       |

Note: To Link to existing refer to Understanding attachments tip sheet

Step 16. Record comments in General Supporting Comments text box, if required

Step 17. Press the Next button

The 719 TB screening test – TST or IGRA: Review exam details screen displays.

| <b>Note:</b> All details in <b>719 TB screening test – TST or IGRA: Review exam details</b> screen are view only. To edit them, return to the <b>719 TB screening test – TST or IGRA: Record results</b> screen where the information was initially entered. |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  | Step 19. Press the Submit Exam button                        |  |  |  |  |  |
|  | General Supporting Comments                                  |  |  |  |  |  |
|  | Back   |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Note: Clerical (Medical) users will need to provide a declaration and select the name of the panel physician   |  |  |  |  |  |  |
| (  | on behalf of whom they are submitting the exam.              |  |  |  |  |  |
|  | Declaration  |  |  |  |  |  |
|  | I have completed this examination report on Select an Option |  |  |  |  |  |

Submit Exam

This submits the exam, and returns you to The **719 TB screening test – TST or IGRA**: **Review exam details** screen with a success message being displayed on the top of the screen.

| Success                                   |  |  |
|---|--|--|
| 719 TB Screening test - TST or IGRA ha    | is been successfully submitted.                      |  |
|   |  |  |
| Health Case:<br>RIZ2CEAC SUF1519340322189 | 719 TB screening test - TST or IGRA: Review exam det | ails   |
|   |  | 0  |
| $\square$                                 | Exam details   | -  |
|   | Exam code  | 719  |
| d a a                                     | Exam description                                     | Please provide current results of tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA). |
|   | Exam added by  | DoS  |
| \ ÷                                       | Reason requested                                     | Required under policy  |
|   | Exam date  | 23 Jul 2018  |
| MIHJCNHKFGDKBBE,                          | Exam status  | Finalized  |
| Hgfbjmjmdjakfbn                           | Exam expiry date                                     | 23 Jan 2019  |
| MALE, 25 Jan 2008                         | Referred to  | This clinic  |
| 🛇 Pre exam 🛛 😡                            |  | 0  |
| Health case details 🛛 🕢                   | Confirm identity                                     | 0  |
| Manage Photo 🛛 🕢                          | Was the applicant's identity confirmed?              | * Not selected  Yes  No  |
| Confirm identity 🛛 😡                      | was are applicants identity commeter                 | ○ Not selected ♥ Yes ○ No  |

Note: The 719 test will be added to the health case if the existing 719 test has expired at the time of 501 Classification.

Back