

eReports® Congenital Cytomegalovirus (cCMV) Testing Module Data Entry At-A-Glance

Enter CMV Results Here:

Date of Test (MM/DD/YYYY)	<input type="text"/>	Date Results Received (MM/DD/YYYY)	<input type="text"/>
Hearing Screening Results:	<input type="text"/>	CMV Test Result	<input type="text"/>
CMV Test Method	<input type="text"/>	Not Screened Reason	<input type="text"/>
Facility Transfer Name	Any Facility	Ordering Physician	<input type="text"/>
Not Screened Reason Comment	<input type="text"/>	Inpatient/Outpatient	<input type="text"/>
Overall Comment	<input type="text"/>		

Date of Test*: The date the specimen was collected for cCMV testing.
Date Results Received*: The date the test result was returned by the lab to the hospital.

Enter CMV Results Here:

Date of Test (MM/DD/YYYY)	<input type="text"/>	Date Results Received (MM/DD/YYYY)	<input type="text"/>
Hearing Screening Results:	<input type="text"/>	CMV Test Result	<input type="text"/>
CMV Test Method	<input type="text"/>	Not Screened Reason	<input type="text"/>
Facility Transfer Name	Not Tested	Ordering Physician	<input type="text"/>
Not Screened Reason Comment	Parent Refused	Inpatient/Outpatient	<input type="text"/>
Overall Comment	Pass		
	Refer/Fail		
	Unknown		

Hearing Screening Results: The results of Newborn Hearing Screening.

- *Not tested* – Baby has not yet received a hearing screening.
- *Parent Refused* – Parents refused hearing screening.
- *Pass* – Baby has passed hearing screen in both ears.
- *Refer/Fail* – Baby has a refer/failed result in at least one ear.
- *Unknown* – Hearing screen results are unknown.

cCMV Test Result*: The result returned after lab testing.

- *Inconclusive* – The test did not provide enough information to determine a result.
- *Negative* – The test indicates that the baby does not have cCMV.
- *Positive* – The test indicates that the baby does have cCMV.
- *Unsatisfactory Sample* – The sample was unusable/could not be tested (i.e., sample was too small, sample was corrupted, sample was damaged or lost in transit).

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Date of Test (MM/DD/YYYY)	<input type="text"/>		
Hearing Screening Results:	<input type="text"/>		
CMV Test Method	<input type="text"/>		
Facility Transfer Name	<input type="text"/>		
Not Screened Reason Comment	Saliva		
Overall Comment	Urine		

cCMV Test Method*: The test method used.

- *Saliva* – A saliva swab was used to test.
- *Urine* – A urine sample was used to test.

Not Screened Reason – The reason a patient was not tested for cCMV. There are seven options:

- *Expired* – Baby expired prior to cCMV test being completed.
- *Facility Transfer* – Baby was transferred to another facility prior to a cCMV test being completed.
- *Greater than 21 days of age* – Baby failed newborn hearing screen after 21 days of age; therefore, a cCMV test is not required.
- *Missed* – Baby failed newborn hearing screening before 21 days of age, but a cCMV test was not completed prior to discharge.
- *Not Ordered, Medical Reasons* – cCMV test was not ordered due to medical reasons (i.e.- drug interference, hospice).
- *Parent Refused* – Parent refused cCMV test.
- *Other* – Any other reason a cCMV test was not completed. Do not select Other if a baby was missed.

Date Results Received (MM/DD/YYYY)	<input type="text"/>
CMV Test Result	<input type="text"/>
Not Screened Reason	<input type="text"/>
Ordering Physician	<input type="text"/>
Inpatient/Outpatient	<input type="text"/>

- Expired
- Facility Transfer
- Greater than 21 days of age
- Missed
- Not Ordered, Medical Reasons
- Parent Refused
- Other

Enter CMV Results Here:

Date of Test (MM/DD/YYYY)	<input type="text"/>	Date Results Received (MM/DD/YYYY)	<input type="text"/>
Hearing Screening Results:	<input type="text"/>	CMV Test Result	<input type="text"/>
CMV Test Method	<input type="text"/>	Not Screened Reason	<input type="text"/>
Facility Transfer Name	Any Facility	Ordering Physician	<input type="text"/>
Not Screened Reason Comment	<input type="text"/>	Inpatient/Outpatient	<input type="text"/>
Overall Comment	<input type="text"/>		

Facility Transfer Name: The facility newborns are transferred to prior to cCMV testing.

Ordering Physician*: The attending physician who writes the cCMV test order.

Not Screened Reason Comment: An explanation of a not screened reasons. A comment is required when Other is chosen as the not screened reason.

Inpatient/Outpatient Flag*:

- *Inpatient* – cCMV test performed prior to discharge for the hospital.
- *Outpatient* – cCMV test performed after discharge from the hospital.

Overall Comment: Other notable information about the newborn or test.

* Required