

LIMSNET: A HOW-TO GUIDE FOR SAMPLE SUBMISSION



Indiana State
Department of Health



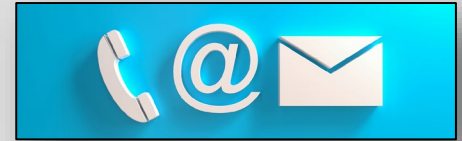
Indiana
Laboratory
System

.....
Get Connected

Objectives

- Demonstrate how to successfully log in to LIMSNet
- Successfully and correctly log samples into LIMSNet
- Successfully print cover-page and ship samples to ISDH Laboratories
- Show how to troubleshoot cover-page
- Successfully search for results in LIMSNet
- Demonstrate how to change and update personal information

Contact Information



EMAIL: LIMSAppSupport@isdh.in.gov

Help Desk Phone: **(317) 921-5506**

- **DO NOT** leave a message
- Please email or call again





LOGGING IN

Logging Into LIMSNet

<https://eportal.isdh.in.gov/LIMSNET/Login.aspx>

- Login to LIMSNet with your User Name and Password acquired from the LIMSNet Helpdesk

Your password **MUST** be reset every **2 MONTHS**

- Below the Login, are announcements which may be important to your work; please read these **daily** for updates

Indiana State
Department of Health

User Name:

Password:

[IP Address=10.19.152.10](#)
[Forgot Your Password?](#)

This Friday, 4/14/2017 is the Good Friday Holiday. Lab will be closed
2/3/2017 – HIV-1 and HIV-2 antibody confirmatory test

Dear Submitter:

To provide your patients/clients with the best possible diagnostic care, we will be transitioning our HIV-1 and HIV-2 antibody confirmatory test from the Bio-Rad Multispot platform to the Bio-Rad Geenius platform on February 6th, 2017. The primary reason for this change is due to the discontinuation of Multispot confirmatory test by the manufacturer. The HIV Multispot confirmatory test has been replaced with the Geenius HIV 1/2 Supplemental Assay by Bio-Rad. The Bio-Rad Geenius HIV 1/2 Supplemental Assay will continue to provide the same high quality FDA approved HIV-1 and HIV-2 antibody confirmatory testing previously provided by the Bio-Rad Multispot platform. Serum specimens will be shipped at room temperature or on ice (2-8°C) to the ISDH Laboratories and must be received within seven (7) days of specimen collection.

Problems Logging In



If you see the following error message:

- Your user name and/or password is incorrect, or
- Your password has expired
 - **Click** here for a password reset email to be sent to you, or
 - **Call** the Helpdesk at 317-921-5506

A screenshot of the Indiana State Department of Health website. At the top is the state seal and the text 'Indiana State Department of Health'. Below that are input fields for 'User Name:' and 'Password:', and a 'Log In' button. A red box highlights an error message: 'You do not have the appropriate rights to access this site. Please contact LimsNet support and request that you be given the appropriate rights.' Below the error message is a blue link that says 'Forgot Your Password?'. A red arrow points from the text 'Your user name and/or password is incorrect, or' to the error message. Another red arrow points from the text 'Your password has expired' to the 'Forgot Your Password?' link. Below the login area, there is a notice: 'This Friday, 4/14/2017 is the Good Friday Holiday. Lab will be closed' followed by '2/3/2017 - HIV-1 and HIV-2 antibody confirmatory test' and 'Dear Submitter:'. The main body of the page contains a detailed notice about the transition of HIV-1 and HIV-2 antibody confirmatory tests from the Bio-Rad Multispot platform to the Bio-Rad Geenius platform on February 6th, 2017.



ENTERING A SAMPLE

(EXAMPLE: Rabies)



Using LIMSNet

288 unsubmitted tests Jyl Madlem Site: ABC TESTING SITE

Log new test: **Rabies** [Submit Tests](#) [Packages](#) [Test Results](#) [Personalized Settings](#)

[Log On](#)

Rabies Examination
INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
[Specimen Collection, Packaging & Shipping Instructions](#)
Samples will be analyzed by *Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing*
(Rabies Fluorescent Antibody, CDC Protocol).

Submitter Information

Type of Submitter: * **Animal Control** Sample Id:

Exposure Information

Human Exposure? No Yes

First Name: Last Name:

Street Address:

City: State: ZIP:

Phone:

Date of Exposure: Type Of Exposure:
 Scratch Bite Handling
 Proximity Other

Additional Persons Exposed

First Name: Last Name:

Click the drop down menu under “**Log new test**”.

Choose desired test (in this example we will be completing Rabies request form)

Sample Demographic Information

288 unsubmitted tests. User: jmadlem Site: ABC TESTING SITE
Log new test: Rabies Submit Tests Packages Test Results Personalized Settings
Log Off

Rabies Examination
INDIANA STATE DEPARTMENT OF HEALTH LABORATORIES
[Specimen Collection, Packaging & Shipping Instructions](#)
Samples will be analyzed by *Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing* (Rabies Fluorescent Antibody, CDC Protocol).

Submitter Information

Type of Submitter : * Animal Control Sample Id : A123456

Exposure Information

Human Exposure? No Yes

First Name: Mickey Last Name: Mouse

Street Address: 123 Main Street

City: Orlando State: FL ZIP: 32830

Phone: 300-555-1212

Date of Exposure: 2/2/2018

Type Of Exposure:
 Scratch Bite Handling
 Proximity Other

If you have an internal Sample ID, or name of pet, enter it here.

Enter all required data noted by red asterisks “*”

Note: LIMSNet updates may result in additional red asterisks “*”

Sample Information

****Please provide as much sample information as possible.
If unknown, please type UNKNOWN****

Enter required information as indicated by **red asterisks “*”**, along with any other relevant information.

The screenshot shows a form with the following fields and annotations:

- If No Human Exposure, Why is this sample being submitted?**: Empty text field.
- Type Of Animal***: Dropdown menu with "Dog" selected. A red box highlights the dropdown, and a red arrow points from the asterisk to it.
- Specimen Type***: Dropdown menu with "Animal head" selected. A red arrow points from the asterisk to it.
- Street Address Where animal was collected:** Text field containing "123 Main Street".
- City:** Text field containing "Orlando".
- State:** Text field containing "FL".
- ZIP:** Text field containing "32830".
- County***: Dropdown menu with "1 -- Out of State" selected. A red arrow points from the asterisk to it.
- GPS Coordinates**: Fields for "Longitude:" and "Latitude:".
- Date of Death of Animal:** Empty text field.
- Date Specimen Shipped:***: Text field containing "2/2/2018". A red arrow points from the asterisk to it.
- Date Collected :***: Text field containing "2/2/2018". A red arrow points from the asterisk to it.
- Identify breed, Color Marking***: Text field containing "Mixed Breed/Pluto-like ma". A red arrow points from the asterisk to it.

Additional text in the form includes: "Note: If animal species is not found on the list, please call the Rabies Laboratory supervisor at 317-921-5842."



SUBMITTING A SAMPLE

Printing Cover Page

Submitting a Sample

Click on **Submit Tests**

You may **EDIT/DELETE** a test request from here

287 unsubmitted tests. Site: ABC TESTING SITE
Log new test: --- Select One --- **Submit Tests** Packages Test Results Personalized Settings
Log Off

Unsubmitted Samples

Select All

Send	Edit	Delete	Date Created	Collection Date	Patient ID	First Name	Last Name	Test Type	User Name	Provider Code
<input type="checkbox"/>	Edit	Delete	3/9/2018 4:18 PM	3/7/2018	123	sophia	black	Blood Lead	sithra	990
<input type="checkbox"/>	Edit	Delete	3/7/2018 10:19 AM	3/6/2018	123	sophia	black	Blood Lead	sithra	990
<input type="checkbox"/>	Edit	Delete	7/12/2017 8:10 AM	7/12/2017	123	Test	Test	Bacterial VPDs	sithra	990
<input type="checkbox"/>	Edit	Delete	5/25/2017 9:38 AM	5/25/2017	174560	asdfasdf	asdfads	HIV/Hep V10	sithra	990
<input type="checkbox"/>	Edit	Delete	2/1/2017 9:13 AM	1/30/2017	123	a	a	Blood Lead	hfu	990
<input type="checkbox"/>	Edit	Delete	10/24/2016 3:49 PM	10/19/2016		dfgadfg	asdfsdf	Enterics/Norovirus	avayl	990
<input checked="" type="checkbox"/>	Edit	Delete	2/8/2016 11:15 AM	2/1/2018	A228571			Rabies	sithra	990
<input type="checkbox"/>	Edit	Delete	5/29/2015 12:19 PM	5/13/2015		reece	crawford	Blood Lead	sithra	990
<input type="checkbox"/>	Edit	Delete	5/19/2015 2:11 PM	5/19/2015		sophia	black	Blood Lead	sithra	990
<input type="checkbox"/>	Edit	Delete	5/19/2015 11:03 AM	5/5/2015		sophia	black	Blood Lead	sithra	990

1 2 3 4 5 6

Records Per Page: 10

Carrier: Tracking Number:

When you are ready to send a sample(s) to the ISDH Laboratories, **select** the desired entries under the **SEND** COLUMN and click on **SUBMIT CHECKED SAMPLES**

Printing Cover Page

- After clicking **Submit Checked Samples**, a “Pop-Up” containing the **Cover Page** will appear.
- It contains a **bar code** and information for each sample.

Barcode print page - Test Submission System - Login

Rabies Samples Requested
By
ABC TESTING SITE

Samples will be analyzed by *Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing* (Rabies Fluoresc

Package ID: 247613
Submitter ID: 990
Submitter Name: Jyl Madlem

2/5/2018

Submitter Org: ABC TESTING SITE
Phone: (317)921-5500

C18005160	
First Name	Mickey
Last Name	Mouse
Sample ID	A111110
Date of Birth	
Test Type	Rabies
Collection Date	02/02/2018

Mailing Address:

Indiana State Department of Health Laboratories
550 W 16th Street, Suite B
Indianapolis, IN 46202

PLEASE CHECK TO BE SURE ALL THE SAMPLES ON THE PRE-LOGGED LIST ARE IN THIS SHIPMENT - Thank you.

****PRINT** this page and include it with your sample submission.

PLEASE DO NOT WRITE ON THIS COVER PAGE.

***NOTE**: No other paperwork is necessary with sample submission.

Troubleshooting Cover Page

If your cover page pop-up doesn't appear, the pop-up blocker on your computer may be turned on. You may either turn it off, or follow these instructions

1. Click on **Packages**
2. Click on **Cover Page** for appropriate sample or ship date
3. Check Pop-Up blocker on your computer, allow pop-ups for this site

287 unsubmitted tests. Jyl Madlem Site: ABC TESTING SITE
Log new test: --- Select One --- Submit Test Packages Test Results Personalized Settings
Log Off

Package Status

	PackageID	Assay	ShipDate	Carrier	TrackingNumber	# Samples	
Select	247613	Rabies	2/5/2018			1	Cover Page
Select	246874	HIV/Hep V10	1/24/2018			1	Cover Page
Select	246765	Bacterial VPDs	1/22/2018			1	Cover Page
Select	245453	Rabies	12/28/2017			1	Cover Page
Select	245451	Antibiotic Resistance (AR)	12/28/2017			1	
Select	245450	Antibiotic Resistance (AR)	12/28/2017			1	
Select	243768	HIV/Hep V10	11/28/2017			1	Cover Page
Select	243767	HIV/Hep V10	11/28/2017			1	Cover Page
Select	243224	Rabies	11/16/2017			1	Cover Page
Select	242890	Syphilis	11/9/2017			1	Cover Page

1 2

CollectionDate	PatID	FirstName	LastName	TestName	StaffID	SiteID	Status		
2/2/2018	A123456	Mickey	Mouse	Rabies	jm	1	In Transit		

Viewing reports requires a PDF reader. You can download [Adobe's Acrobat PDF reader](#) free.



TEST RESULT SEARCH

Test Result Search

Click on "Test Results"

287 unsubmitted tests. Jyl Madlem Site: ABC TESTING SITE
Log new test: -- Select One -- Submit Tests Packages **Test Results** Personalized Settings
Log Off

Search Test Results

1. Collection Date: From 7/1/2017 To 2/5/2018

Patient Name: First Last

Patient ID: ID

Opscan ID

Testtype Name: Rabies

Site Name: ABC TESTING SITE (90%)

Status

Unshipped

In Transit

Pending

Released

All statuses

3. Search

1. Enter Collection Date range and first and last name of exposed person (if applicable). Select test type.

2. Click Released radio button for completed results search only

3. Click **Search** button

Test Result Search (cont.)

287 unsubmitted tests. Jyl Madlem Site: ABC TESTING SITE
Log new test: --- Select One --- [Submit Tests](#) [Packages](#) [Test Results](#) [Personalized Settings](#)
[Log Off](#)

Search Test Results

Open Reports in a new window
 Open Reports in this window

Select	Report	Status	Date Created	Collection Date	Patient ID	First Name	Last Name	Test Type	User Name	Provider Name
<input checked="" type="checkbox"/>	<input type="button" value="View"/>	Released	12/08/2017 9:00 AM	12/24/2017		Test	Test	Rabies	hfu	ABC TESTING SITE
<input type="checkbox"/>	<input type="button" value="View"/>	Released	11/13/2017 12:15 PM	11/13/2017				Rabies	sithra	ABC TESTING SITE

1

Records Per Page: 10

Viewing reports requires a PDF reader. You can download [Adobe's Acrobat PDF reader](#) free.

Select report from list, and click “view” to print. Be sure status is “Released”. A pop-up window will appear with your report. You may print from that screen by hovering at the bottom, or by right-clicking.



SAMPLE INTEGRITY

Sample Collection



Sample Types:

- Animal head
- Bats (whole animal)

Packaging:

- Place sample in leak-proof container
- Place leak-proof container in insulated shipping carton with cold packs (do not use wet ice)
- Place LIMSNet Cover Page in separate zipper baggie, then place in shipping container
- Ship to laboratory ASAP, via courier, UPS, or FedEx

Sample Storage



All samples should be stored refrigerated (2-8°C) until shipped

- *Freezing is not recommended, thawing may delay testing for up to 24 hours*
- *Samples should be submitted via LIMSNet*
- *ISDH Rabies sample collection and transport guidance:*
 - http://in.gov/isdh/files/CLI_Rabies.pdf



CHANGING YOUR PERSONAL SETTINGS

Change my Password

288 unsubmitted tests. User: jmadlem Site: ABC TESTING SITE
Log new test: --- Select One --- [Submit Tests](#) [Packages](#) [Test Results](#) [Personalized Settings](#)
[Log Off](#)

Profile Settings

[Change My Password](#) [Change My Personal Information](#) [Change My Password Recovery Question](#)

Passwords must contain all of the following:

- 1 Lowercase letter
- 1 Uppercase letter
- 1 Number
- 1 Character (non-letter or number)

And be a minimum of 8 characters long.

*All fields are required

Current Password:

New Password (15 characters max):

Verify Password:

Enter your current password
BEFORE you enter your new
password

Change My Personal Information

288 unsubmitted tests. User: jmadlem Site: ABC TESTING SITE
Log new test: --- Select One --- Submit Tests Packages Test Results Personalized Settings
Log Off

Profile Settings

[Change My Password](#) [Change My Personal Information](#) [Change My Password Recovery Question](#)

*All fields are required

First Name: Jyl
Last Name: Madlem
Email Address: jmadlem@isdh.in.gov
Subscribe To Email Notifications:
Update My Information

Your name/email may be updated here.

If any changes are made, you must click on "**UPDATE MY INFORMATION**" here.

You may also check this box to **SUBSCRIBE TO EMAIL NOTIFICATIONS**, allowing you to receive an email when a test result is posted.

Change My Password Recovery Question

288 unsubmitted tests. User: jmadlem Site: ABC TESTING SITE
Log new test: --- Select One --- [Submit Tests](#) [Packages](#) [Test Results](#) [Personalized Settings](#)
[Log Off](#)

Profile Settings

[Change My Password](#) [Change My Personal Information](#) [Change My Password Recovery Question](#)

*All fields are required

Current Password:

Password Recovery Question:

Password Recovery Answer:

- To change your recovery question/answer;
1. Enter your current password
 2. Choose your question from the list
 3. Provide your recovery answer.
- When finished, click "**UPDATE**".

Contact Information



- Rabies Supervisor: Mark Glazier
 - mglazier@isdh.in.gov / 317-921-5842
- Rabies Microbiologist: Rhonda Stidham
 - rstidham@isdh.in.gov / 317-921-5834

