ORDER CODE	TEST NAME	AOE Value	ASKED AT ORDER ENTRY OBSERVATIONS	TYPE	PICK LISTS (for coded AOEs)
ALL	Refer to Test Order List	AOE13	Onset Date	date	
		AOE03	Organism Suspected, if applicable	free text	
		AOE02	Comment/Other:	free text	
1010	Aerobic Isolate ID	AOE16	Growth:	coded	AEROBE, MICROAEROPHILE
		AOE19	Gram Stain:	coded	POSITIVE, NEGATIVE
		AOE22	Gram Stain - Shape:	coded	VARIABLE, ROD, COCCUS, DIPLOCOCCUS
		AOE20	MacConkey:	coded	POSITIVE, NEGATIVE
		AOE21	Oxidase:	coded	POSITIVE, NEGATIVE
		AOE18	Catalase:	coded	POSITIVE, NEGATIVE
		AOE17	Dextrose:	coded	OXIDATION, FERMENTATION
1030	AFB Nucleic Acid Amplification	AOE01	MDHHS Prior Approval Name	free text	
1050	Arbovirus Encep Panel (IgM)	AOE01	MDHHS Prior Approval Name	free text	
1050, 1100, 1380, 1410, 1440, 1610, 1760	Refer to Test Order List	AOE33	Serum Status:	coded	ACUTE, CONVALESCENT
1060	Arbovirus PRNT	AOE01	MDHHS Prior Approval Name	free text	
1070	Bacillus anthracis - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	
1080	Botulism Toxin	AOE01	MDHHS Prior Approval Name	free text	
1090	Brucella - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	
1110	Burkholderia - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	
1120, 1130	C. trachomatis & N. gonorrhoeae Non-Culture - Billing,	AOE23	Gender of Sex Partner in last year:	coded	MALE, FEMALE, BOTH MALE AND FEMALE
	C. trachomatis & N. gonorrhoeae Non-Culture - Prepaid	AOE24	Justification:	coded	UNINSURED, UNDERINSURED, CONFIDENTIAL SERVICES
1120, 1130, 1140, 1150, 1160, 1290, 1280, 1260, 1270, 1300, 1310, 1320, 1330, 1340, 1680, 1690, 1700, 1710, 1720, 1730	Refer to Test Order List	AOE25	Pregnant?	coded	YES, NO
1130	C. trachomatis & N. gonorrhoeae Non-Culture - Prepaid	AOE04	Form Control Number (please list)	free text	
1140, 1150	C. trachomatis Non-Culture - Billing,	AOE23	Gender of Sex Partner in last year:	coded	MALE, FEMALE, BOTH MALE AND FEMALE
	C. trachomatis Non-Culture - Prepaid	AOE24	Justification:	coded	UNINSURED, UNDERINSURED, CONFIDENTIAL SERVICES
1150	C. trachomatis Non-Culture - Prepaid	AOE04	Form Control Number (please list)	free text	
1170	Coxiella burnetii - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	
1180	Ebola Virus	AOE01	MDHHS Prior Approval Name	free text	
1190	Enteric Bacterial Culture	AOE05	Outbreak Identifier	free text	
1220	Francisella tularensis - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	
1260	Hepatitis A Antibody (IgM)	AOE05	Outbreak Identifier	free text	
1280, 1290	Hepatitis B Surface Antigen (HBsAg) - Exposure, Hepatitis B Surface Antigen (HBsAg) - Pregnancy	AOE26	Indications for Testing	coded	EXPOSURE TO SOMEONE WITH HEPATITIS B
1320	HIV Ag/Ab - Serum	AOE06	Results of RTR - if done	free text	
1350	Influenza (PCR/Culture)	AOE14	Date of Last Influenza Vaccination	date	
		AOE27	Type of Last Influenza Vaccination:	coded	FLU MIST, TRIVALENT (SHOT), OTHER
		AOE05	Outbreak Identifier	free text	
1400	Lyme Disease - EIA	AOE07	State/County/Country of Exposure	free text	
		AOE28	Early Disease: Erythema Migrans (5 cm at least in diameter)?	coded	Y, N
		AOE32	Symptoms (Example - Rash, Fever, Headache, Joint Pain)?	coded	Y, N
		AOE08	Symptoms (Specify)	free text	
		AOE29	Late Disease: Neurologic?	coded	Y, N
		AOE30	Late Disease: Cardiologic?	coded	Y, N
		AOE31	Late Disease: Rhematologic?	coded	Y, N
1420	Measles IgM	AOE01	MDHHS Prior Approval Name	free text	
1430	Mumps - PCR	AOE01	MDHHS Prior Approval Name	free text	
1450	Mumps IgM	AOE01	MDHHS Prior Approval Name	free text	
1480	Norovirus PCR	AOE05	Outbreak Identifier	free text	
		AOE01	MDHHS Prior Approval Name	free text	
1490	Novel Coronavirus 2012 (MERS-CoV)	AOE01	MDHHS Prior Approval Name	free text	
1500, 1510, 1520	Refer to Test Order List	AOE05	Outbreak Identifier	free text	
1530	Pertussis Culture	AOE01	MDHHS Prior Approval Name	free text	
1550	Poxvirus	AOE01	MDHHS Prior Approval Name	free text	
1570	Rabies Ab Serology	AOE15	Date of Last Rabies Vaccination	date	
1590	Respiratory PCR Panel - Bacterial	AOE05	Outbreak Identifier	free text	
1600	Respiratory PCR Panel - Viral	AOE05	Outbreak Identifier	free text	
1620	Rubella IgM	AOE01	MDHHS Prior Approval Name	free text	
1640	Salmonella/Shigella Serotyping - Human	AOE05	Outbreak Identifier	free text	
1670	Student/Employee Immune Status Panel	AOE35	Patient Occupation	coded	MEDICAL STUDENT, NURSING STUDENT, HEALTH CARE WORKER, OTHER
		AOE09	Accounting Control#	free text	
1690	Syphilis (USR test) + Syphilis TP-PA	AOE12	Results of RPR - if done	free text	
1700	Syphilis DFA	AOE10	Duration of Lesion - # of	free text	
		AOE34	Duration of Lesion - time period	coded	DAYS, MONTHS, YEARS
		AOE11	Specify Site	free text	
1710	Syphilis FTA - ABS DS	AOE01	MDHHS Prior Approval Name	free text	
1720	Syphilis IgM Western Blot	AOE01	MDHHS Prior Approval Name	free text	
1740	Toxic Shock Testing	AOE01	MDHHS Prior Approval Name	free text	
1780	Yersinia pestis - Clinical Specimen	AOE01	MDHHS Prior Approval Name	free text	

Red = Reject ORL if data missing	