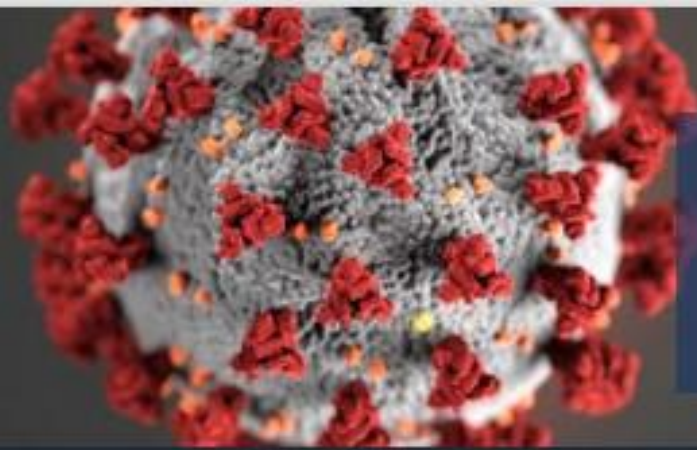




Michigan COVID Antigen Reporting

October 2021



Emergency Order Pursuant to MCL 333.2253 - Instructions to Hospitals, Laboratories, and Health Professionals

[Michigan.gov/Coronavirus](https://www.michigan.gov/Coronavirus)

Updated 3-31-2021

Reporting Requirements for COVID-19 Diagnostic Testing

All polymerase chain reaction (PCR) tests conducted for COVID-19 must be reported to the Michigan Department of Health and Human Services (the "Department") in a manner directed by the Department via the Michigan Disease Surveillance System (i.e., electronic laboratory reports or manual case entry) within 4 hours of completion of the test, whether positive or negative.

Antigen tests for COVID-19 must be reported to the Department in a manner directed by the Department within 4 hours of completion of the test if the result is positive to the [Michigan Antigen Testing Results Portal](#). On a day when testing occurs the total number of negative antigen tests completed must be reported within 24 hours. Facilities that wish to may continue to provide individual negative results.



[Reporting Requirements](#)



[Michigan Antigen Testing Results Portal](#)

Antigen Website Reporting Updates



[Michigan Antigen Testing Results Portal](#)

As of Sep. 23, there are some updates to the **Michigan Antigen Testing Results** portal.

Still have the ability to enter by either **Online Form** or **File Upload** (*via the provided Template in csv format*). Slides showing guidance for each capability follows.

NEW:

- **Aggregate Negative** section on Online Form – if desired, can simply report all the negatives you have for day/submission together and not individually (*so if 100 tests and only 2 positives, still must report all positives by individual, but can enter '98' in the Aggregate Negative box*) (*no longer have to do previous work around of entering an Individual named ALL NEGATIVES which will no longer be aggregated*)
- **File Upload Submitter Info** – must provide name, email, phone # (*so can be contacted if any issues with file submission*)
- **File Upload Confirmation Email** – after submission (*not immediate, could be 1-2 hours*) will receive an email advising if file was processed successfully or not (*and typical failure reasons so can try to resubmit*)

****Please do NOT include testing data files or any protected health information (PHI) in your email communication.**




Entering by FORM *(Search for Facility)*

- * AFC
- * HFA
- * Jail
- * LHD
- * MDOC
- * Neighborhood
- * School
- * SNF


New **Search** Capability for some Organizations* can select from list and will autofill **Org. Type, Org. ID & Building ID** (if applicable), **Facility Name** and **Address**

Can update any fields if desired and still add **Phone #** and **Description** (i.e. sport "soccer", or type "staff", "visitors", "prom", "AT HOME", etc.)



Michigan Antigen Testing Results

Select how you would like to enter information:



Recommended when you're adding just a few individuals

Open Form

First, Search for your Facility or enter Facility Information manually

Search By Org ID (District Code), Building ID (School Entity), Facility Name and/or Facility Address

Q Waverly

Verify Your Facility

Please select your Facility.

Organization ID: 33215
Building ID: 05685
Waverly Middle School
620 Snow Rd
Lansing, MI 48917
Phone #

Organization ID: 33215
Building ID: 04403
Waverly Senior High School
160 Snow Rd
Lansing, MI 48917
Phone #

Organization ID: 7875
...

Confirm

Search

Facility Information

* = Mandatory/Required

Organization Type: *	Organization ID (i.e. District Code):	Building ID (i.e. School Entity):
School	33215	04403
Facility Name: *	Facility Street Address: *	
Waverly Senior High School	160 Snow Rd	
City: *	Zip Code: 5 digit (XXXXX) *	
Lansing	48917	
Phone: (XXX-XXX-XXXX) *	Description:	

Entering by FORM *(Manually Enter Facility Info)*


Organization Type: *


Select One


- AFC (Adult Foster Care)
- HFA (Home for Aged)
- Jail
- LHD (Local Health Dept)
- MDOC (Mi. Dept of Corrections)
- Migrant Workers
- Neighborhood Testing
- Public Facing (i.e. Drive Thru or Pop Up)
- Public Venue
- School
- Shelter
- SNF (Skilled Nursing Facility)
- Training
- OTHER - STATE AGENCY (i.e. DMVA or Psych. Hospital)
- OTHER - NON STATE AGENCY

Michigan Antigen Testing Results

Select how you would like to enter information:

 Recommended when you're adding just a few individuals

 Recommended when you're adding many individuals



First, Search for your Facility or enter Facility Information manually

Search By Org ID (District Code), Building ID (School Entity), Facility Name and/or Facility Address

Facility Information

* = Mandatory/Required

Organization Type: * Organization ID (i.e. District Code): Building ID (i.e. School Entity):

Facility Name: * Facility Street Address: *

City: * Zip Code: 5 digit (XXXXX) *

Phone: (XXX-XXX-XXXX) * Description:

- **Select Org Type** (i.e. "School"; or non-school youth sports use "Public Venue")
- **Org ID** (i.e. School District # or LTC license)
- **Bldg ID** (i.e. School Entity #)
- **Facility Name, Address, Phone**
- **Description** (i.e. sport "soccer", or type "staff", "visitors", "prom", "AT HOME")

Next, enter Test and Ordering Provider Information:

Test Information

* = Mandatory/Required

Testing Date: *

Test Type: *

Ordering Provider Information

Provider First Name:

Provider Last Name:

Provider Affiliation (or "Standing Order"):

- Select **Testing Date** (calendar picker 📅)
- Select **Test Type** (mostly "**BinaxNOW**" being sent)
- Enter **Ordering Provider Info** (if have qualified licensee (PARN, RN, LNP, PA, Physician or Dentist) Name or if using the State "**Standing Order**" type in Provider Affiliation (i.e. Schools))

Test Type: *

- BinaxNOW
- BD Veritor
- CareStart



Entering by **FORM** (Test Info & Ordering Provider Info)



Entering by FORM *(NEW! Aggregate Negative Cases)*

Finally, enter all test results below, there are 2 sections available for use. When all results have been entered, click **Submit** at the bottom of this page:

- **Aggregate Negative Cases** - optional, only if want to enter Total negatives and not negatives by each individual or any positives
- **Individual Information** - required for each Positive Result; can also enter negatives by individual if desired (*but don't double report anyone in both sections*)

Aggregate Negative Cases

- Optional - enter total number of Negative cases below, can skip this section if no negatives or if prefer to enter negatives by Individual instead

Number of Negative Cases:

Individual Information

- Click on **Report Individual Tests** to open up this section which is required for any positive results;
- if negative results were not reported in the previous Aggregate Negative section, then enter by individual here;
- if reported all negatives in Aggregate Negative section and no positives, can skip this section and click Submit at the bottom of this page

NEW *Optional* section to report **Total Negative Cases** (*instead of entering by Individual*)

- i.e. if 100 tests and only 2 positives, still must report all positives by Individual, but can enter '98' in # of Negative Cases
- No longer do previous work around of entering an Individual named 'ALL NEGATIVES' (will no longer be aggregated)
- Can skip if no negatives or if prefer to enter them by Individual
- If no positives, after enter Aggregate Negative Cases can skip to Submit at bottom



Entering by FORM (Individual Entry)

- **Individual ID** – unique (*not SS #, i.e. badge #, employee ID, patient ID, student ID*)
- **Name & Birthdate** 📅
- can check if Address same as Facility (*i.e. nursing home*)
- **Address & Phone**
- **Select Sex, Race & Ethnicities**
- **Select COVID symptoms**
- **Card #** - lot code on card's wrapper
- **Select Test Result**

continue to **Add Individuals**
(Click Submit at bottom when done)

For all positive results and negatives prefer to enter instead of by aggregate

- **NEW** Click on **Report Individual Tests** to open section

Individual Information

Click on **Report Individual Tests** to open up this section which is required for any positive results;

- If negative results were not reported in the previous Aggregate Negative section, then enter by Individual here;
- If reported all negatives in Aggregate Negative section and no positives, can skip this section and click Submit at the bottom of this page

Individual 1

Individual ID: *
Enter a unique Identifier that will be the same each time you enter Information for this Individual. Please do NOT enter a Social Security Number.

First Name: * Middle Name: *

Last Name: * Date of Birth: *

Same as Facility:
Note: Only select if the Individual resides at the facility entered above

Home Address: * City: *

Zip Code: 5 digit (XXXXX) * Phone: (XXX-XXX-XXXX) *

Sex: * Race: *

Ethnicity: Hispanic/Latino: * Ethnicity: Arab/Middle Eastern: *

COVID-19 symptoms (e.g., fever, cough, shortness of breath, sore throat, vomiting, diarrhea): *

Card Number (i.e. lot code on card's wrapper): *


Test Results: *

Remove Individual


Need to add another individual?


Add Individual

Entering by **FILE** (*Download File*)

 Michigan Antigen Testing Results

Select how you would like to enter information:

 Recommended when you're adding just a few individuals

 Recommended when you're adding many individuals

When you finish entering your data in the excel document, save it as a .CSV and attach. Your file must be under 1 MB.

- Select **Download File** – open the Excel document downloaded and fill in per directions
- **DIRECTIONS** tab has column information and instructions on file use
- Must “Save As” a ***.CSV** file from **CSV File** tab to upload (clicking **Attach Completed File**) *under 1MB*
- Can save your file roster for reuse, just remember to update Date, Symptoms, Card # and Results as appropriate for each submission (*as well as adding individuals as necessary or removing if not appropriate for that day's submission*)



Entering by FILE (*DIRECTIONS* tab)

Directions on Use

Important Notes

• Column Info

- Form Section
- Descriptions
- if Required

• First row set up for Aggregate

Negatives (*if want to use, put Total Negatives in cell AC2*)

- Must be on **CSV** File tab and **Save as *.csv** for file to upload (*note pop up must click "OK" – see screenshot*)

Do NOT save as CSV from this tab, MUST be on CSVfile tab with your data

After completed entering/updating data, MUST be on "CSVfile" tab and Save As *.CSV and select OK on the pop up (shown on the right) and upload on website

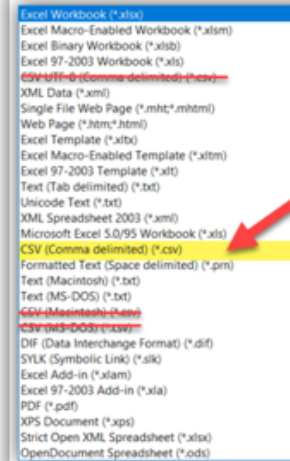
See Cell Notes (red triangle in top right corner - hover to see) for helpful descriptions on certain columns

RED CELLS are REQUIRED fields

Once select Org Type (A) and Facility Name (B) from list [or can manually enter columns (B)-(H)] can copy down as many rows as needed for different individuals and just update TEST DATE and Symptoms, CARD # and RESULTS for each person for each submission.

First row has the INDIVIDUAL INFO filled in as needed for reporting TOTAL NEGATIVES [E don't want to do by person]

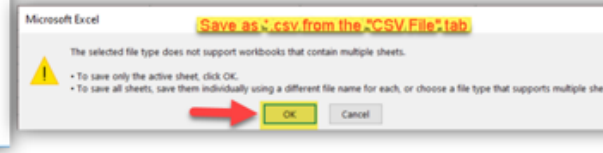
Column	Form Section	Field Name	Description	Required Field
A	FACILITY INFORMATION	OrganizationType	Select from drop-down list choices only Drop-down choices available for AFC, HFA, Jail, LHD, MDOC, Neighborhood Testing, School or SNF - if choose Facility Name from drop-down list columns C-G will auto populate; but you can overwrite if anything needs updating or if your Facility is not listed.	Y
B		FacilityName	For example School District 5 digit code or Building within an Org.	Y
C		OrganizationID	For example School District 5 digit code or Facility License	Y
D		BuildingID	For example School Entity 5 digit code or Building within an Org.	Y
E		FacilityStreetAddress	Street Address of your Facility	Y
F		FacilityCity	Michigan City Facility located in	Y
G		FacilityZipCode	5 digit MI Zip Code between 48000-49999	Y
H		FacilityPhoneNumber	Facility Phone # with area code	Y
I		FacilityDescription	Extra information - for example Sport reporting on; or specific event or type of people testing (staff, students, visitors, etc.) - optional	Y
J	TEST INFO	TestingDate	make sure to update for each submission	Y
K		TestType	Select from drop-down list only - BinaxNOW, BD Veritor or CareStart	Y
L	ORDERING PROVIDER	ProviderFirstName	is using Ordering Provider, their First Name (optional)	Y
M		ProviderLastName	is using Ordering Provider, their Last Name (optional)	Y
N		ProviderAffiliation	can type "Standing Order" if under the state's standing order; or if using Ordering Provider, their Affiliation	Y
O	INDIVIDUAL INFORMATION	IndividualID	Unique ID like employee #, student #, patient # or something assigned (not social security #); "ALL NEGATIVES" for Total Negatives	Y
P		FirstName	Individual First Name; "ALL" for Total Negatives	Y
Q		MiddleName	Individual Middle Name (optional)	Y
R		LastName	Individual Last Name; "ALL" for Total Negatives	Y
S		DateOfBirth	Individual Date of Birth (mm/dd/yy); "01/01/2000" for Total Neg.	Y
T		HomeAddress	Individual Home Street Address; "Negative Street" for Total Neg.	Y
U		City	Individual Home City (assume Michigan); "Negative" for Total Neg.	Y
V		ZipCode	5 digit MI zip code (between 48000-49999); "49999" for Total Neg.	Y
W		Phone	Individual Phone # with area code; "555-555-1212" for Total Neg.	Y
X		Sex	Select from drop-down list only - M, F, Unknown; "Unknown" for Total	Y
Y		Race	Select from drop-down list choices only; "Unknown" for Total Neg.	Y
Z		EthnicityHispanicLatino	Select from drop-down list only - Hispanic/Latino, Non-Hispanic/Latino, Unknown; "Unknown" for Total Negatives	Y
AA		EthnicityArabMiddleEastern	Select from drop-down list only - Arab/Middle Eastern, Non-Arab/Middle Eastern, Unknown; "Unknown" for Total Negatives	Y
AB		COVID19Symptoms	For example fever cough, shortness of breath, sore throat, vomiting or diarrhea; "Unknown" for Total Negatives	Y
AC	CardNumber	I.e. lot code on card's wrapper; make sure to update on each submission; Enter TOTAL # of NEGATIVES for Total Negatives	Y	
AD	TestResults	Select from drop-down list only - Positive, Negative, Invalid, Unknown; make sure to update on each submission; "Negative" for Total Negatives	Y	



Save As *.CSV only
MUST be on "CSV File" tab

(do not use CSV UTF 8 or other versions)

Click OK on pop up message below



- **Notes** with info. if hover over cells with red triangles in top right corner of Column Header Names in row 1
- Red Cells/Columns are **required fields***

A	B	C	D	E	F	G	H	I	J	K	L	M	N
OrganizationType	FacilityName	OrganizationID	BuildingID	FacilityStreetAddress	FacilityCity	FacilityZipCode	FacilityPhoneNumber	FacilityDescription	TestingDate	TestType	ProviderLastName	ProviderAffiliation	
School	btt Middle School	63160	6292	3380 Orchard Lake Rd	Orchard Lake	48324							
Public Facing (i.e. Drive Thru or Pop Up)													
Public Venue													
School													
Shelter													
SNF (Skilled Nursing Facility)													
Training													
OTHER - STATE AGENCY (i.e. DMVA or F)													
OTHER - NON STATE AGENCY													

- Select **Organization Type** – if AFC, HFA, Jail, LHD, MDOC, Neighborhood, School or SNF; the **Facility Name** will have drop-down choices to pick from and if select will autofill **OrgID, BuildingID, Street Address, City, Zip**
- Can type in all **Facility Info** if not in list or want to update (must add **Phone #; Description can be sport i.e. “soccer”, or type “staff”, “visitors”, “prom”, “AT HOME”, etc.)**
- Enter **Testing Date** and select **Test Type** – majority sent have been **“BinaxNOW”**
- **Provider Info** - if have qualified licensee (*PARN, RN, LNP, PA, Physician or Dentist*) Name or if using the State **“Standing Order”** type in Provider Affiliation column N (*i.e. Schools*)
- Can copy down **Facility Info** and **Provider Info** for as many rows as need

O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
IndividualID	FirstName	MiddleName	LastName	DateOfBirth	HomeAddress	City	ZipCode	Phone	Sex	Race	EthnicityHispanicLatino	EthnicityArabMiddleEastern	COVID19Symptoms	CardNumber	TestResults
ALL NEGATIVES	ALL		NEGATIVE	01/01/2000	Negative Street	Negative	49999	#####	Unknown	Unknown	Unknown	Unknown	No		Negative

- Enter **Individual Info** – first row has entries if want to use for **TOTAL NEGATIVES** (*enter TOTAL # in Card Number column AC*)
- Enter all **Name, Birthdate, Address, Card #** select **Sex, Race, Ethnicities, Symptoms, Results**

 Entering by **FILE** (*CSV File tab*)

Entering by **FILE** (*Upload File*)


Attach Completed File When you finish entering your data in the excel document, save it as a .CSV and attach. Your file must be under 1 MB.

UploadTemplateAntigenSubmissions_good.csv (3.70K) X

* = Mandatory/Required

First Name: * Last Name: *

Phone: (XXX-XXX-XXXX) * Email: *

I'm not a robot  [Privacy](#) [Terms](#)

Submit

Note: If you don't see a confirmation after clicking "Submit", please scroll up and enter missing information as highlighted.

- Must "Save As" a *.CSV file from **CSV File** tab to upload (clicking **Attach Completed File**) *under 1MB*
- **NEW** Enter **Submitter Info**: Name, Phone # and Email so can contact if any issues with file
- Click on Submit
- **NEW** After submission (*not immediate could be 1-2 hours*) will receive an **email** advising if file was processed successfully or not (*with typical failure reasons so can try to resubmit*)

****Please do NOT include testing data files or any protected health information (PHI) in your email communication.**

Antigen Reporting Site:

[!\[\]\(bd1a142de767a21e5362c595f844a4ff_img.jpg\) Michigan Antigen Testing Results Portal](#)

More Info or Questions

[!\[\]\(74d4806277d7e73349d8e8c0897931e9_img.jpg\) Coronavirus - Resources \(michigan.gov\)](#)

[!\[\]\(0aff635c4179ba9e710b00f4b01d3b20_img.jpg\) Coronavirus - K-12 School Opening Guidance \(michigan.gov\)](#)

[!\[\]\(830769b31eeeaca920791081939ff8ba_img.jpg\) Antigen Testing](#)

Email:



MDHHS-COVIDTestingSupport@michigan.gov

*****Please do NOT include testing data files or any protected health information (PHI) in your email communication.***