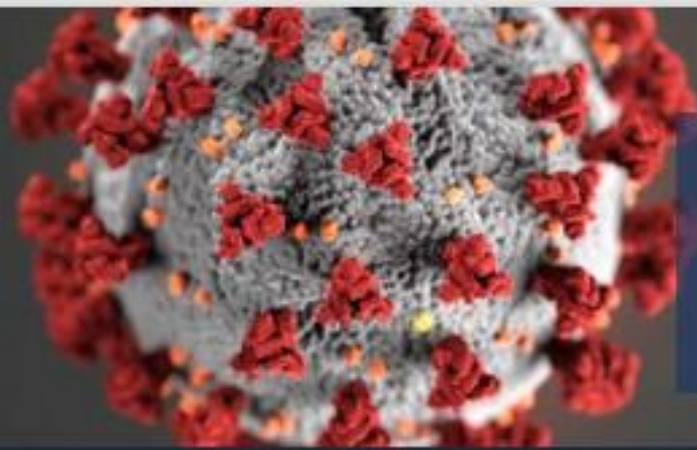# Michigan COVID Antigen Reporting

April 2021

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

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

* 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.)*

🧪 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

🔍 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: ✱
School

Organization ID (i.e. District Code):
33215

Building ID (i.e. School Entity):
04403

Facility Name: ✱
Waverly Senior High School

Facility Street Address: ✱
160 Snow Rd

City: ✱
Lansing

Zip Code: 5 digit (XXXXX) ✱
48917

Phone: (XXX-XXX-XXXX) ✱

Description:

Entering by FORM *(Manual 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

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

Open Form

Download File

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

🔍 Enter Info   **Search**

Facility Information

- 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")*

* = Mandatory/Required

Organization Type: *
Select One

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:

Next, enter Test and Ordering Provider Information:

Test Information

* = Mandatory/Required

Testing Date: *

[📅]

Test Type: *

[Select One   ▼]

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: *

[Select One   ▼]

BinaxNOW

BD Veritor

CareStart

</> Entering by FORM *(Test Info & Ordering Provider Info)*

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**
*(can just do Positives, **Total Negatives** next)*

Finally, enter Individual Information for all tested individuals, regardless of the result. When all individuals ha bottom of this page.

Individual Information

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:*
Select One

Race:*
Select One

Ethnicity: Hispanic/Latino:*
Select One

Ethnicity: Arab/Middle Eastern:*
Select One

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

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

Test Results:*
Select One

Finally, enter Individual Information for all tested individuals, regardless of the result. When all individuals hav bottom of this page.

Individual Information

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.

> ALL NEGATIVES

First Name:*

> ALL

Middle Name:

Last Name:*

> NEGATIVES

Date of Birth:*

> Jan 1, 2000

☐ **Same as Facility:**
Note: Only select if the individual resides at the facility entered above

Home Address:*

> Negative Street

City:*

> Negative

Zip Code: 5 digit (XXXXX)*

> 49999

Phone: (XXX-XXX-XXXX)*

> 555-555-1212

Sex:*

> Unknown

Race:*

> Unknown

Ethnicity: Hispanic/Latino:*

> Unknown

Ethnicity: Arab/Middle Eastern:*

> Unknown

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

> Unknown

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

> 25

Total Negatives

Test Results:*

> Negative

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*If choose to do one Individual entry for **TOTAL NEGATIVES** for day*

Entering by FORM
(Individual Entry)

- **Individual ID** – "*ALL NEGATIVES*"
- **Name** – "*ALL*" "*NEGATIVES*"
- **Birthdate** – *1/1/20*
- **Address** – "*Negative Street*" "*Negative*" "*49999*"
- **Phone** – "*555-555-1212*"
- **Sex, Race & Ethnicity** – "*Unknown*"
- **COVID symptoms** – "*Unknown*"
- **Card #** - enter **TOTAL # of Negatives**
- **Test Result** – "*Negative*"

▦ Entering by FILE *(Download File)*

🧪 Antigen Testing Results

Select how you would like to enter information:

Recommended when you're adding just a few individuals

Open Form

Recommended when you're adding many individuals

Download 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.

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

After completed entering/updating data, save file as *.CSV from the "CSV File" tab and select OK on the pop up (shown on right) and upload on website
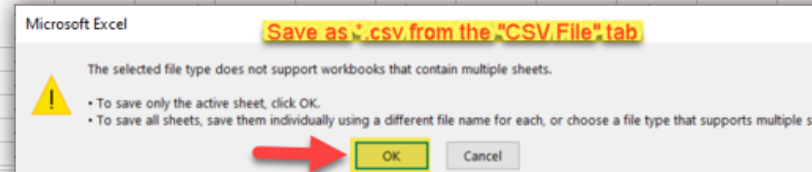
See Cell Notes *(red triangle in top right corner - hover to see)* for helpful descriptions on certain columns

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*

First row has the INDIVIDUAL INFO filled in as needed for reporting **TOTAL NEGATIVES** if not doing by person

Column	Form Section	Field Name	Description	Required Field
A	FACILITY INFORMATION	OrganizationType	Select from drop-down list 14 choices only	Y
B		FacilityName	Drop-down choices available for ARC, HFA, Jail, LHD, MDOC, Neighborhood Testing, School or SNF - if choose Facility Name from drop-down list columns C-H will auto populate; but you can overwrite if anything needs updating or if your Facility is not listed. Can search the available list on the "Organizations" tab	Y
C		OrganizationID	For example School District or Facility License	
D		BuildingID	For example School Entity Code or Building within an	
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.) -	
J	TEST INFO	TestingDate	make sure to update for each submission	Y
K		TestType	Select from drop-down list only - BinaxNOW, BD Veritor or	Y
L	ORDERING PROVIDER	ProviderFirstName	is using Ordering Provider, their First Name (optional)	
M		ProviderLastName	is using Ordering Provider, their Last Name (optional)	
N		ProviderAffiliation	can type "*Standing Order*" if under the state's standing order; or if using Ordering Provider, their Affiliation	
O	INDIVIDUAL INFORMATION	IndividualID	Unique ID like employee #, student #, patient # or something assigned (*not social security #*); "***ALL NEGATIVES***" for Total	Y
P		FirstName	Individual First Name; "*ALL*" for Total Negatives	Y
Q		MiddleName	Individual Middle Name (optional)	
R		LastName	Individual Last Name; "*ALL*" for Total Negatives	Y
S		DateOfBirth	Individual Date of Birth (mm/dd/yy); "*01/01/00*" for Total	Y
T		HomeAddress	Individual Home Street Address; "*Negative Street*" for Total	Y
U		City	Individual Home City (assume Michigan); "*Negative*" for Total	Y
V		ZipCode	5 digit MI zip code (between 48000-49999);"*49999*" for Total	Y
W		Phone	Individual Phone # with area code; "*555-555-1212*" for Total	Y
X		Sex	Select from drop-down list only - M, F, Unknown; "*Unknown*" for	Y
Y		Race	Select from drop-down list choices only; "*Unknown*" for Total	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	Y

Microsoft Excel

Save as *.csv from the "CSV File" tab

The selected file type does not support workbooks that contain multiple sheets.
- To save only the active sheet, click OK.
- To save all sheets, save them individually using a different file name for each, or choose a file type that supports multiple s...

OK   Cancel

Reporting **TOTAL NEGATIVES** *(instead of each Individual person)* - screenshot from web form; first row of "CSV File" for use if desired (can still report individually if prefer or f...

Individual 1

Individual ID #: (i.e. Employee or Student #)*
ALL NEGATIVES

First Name:*
ALL

Middle Name:

Last Name:*
NEGATIVES

Date of Birth:*
Jan 1, 2000

Home Address:*
Negative Street

City:*
Negative

CSV File | Organizations | **DIRECTIONS**

- **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
1	OrganizationType	FacilityName	OrganizationID	BuildingID	FacilityStreetAddress	FacilityCity	FacilityZipCode	FacilityPhoneNumber	FacilityDescription	TestingDate	TestType		ProviderLastName	ProviderAffiliation
2	School	ott Middle School	63160	6292	3380 Orchard Lake Rd	Orchard Lake	48324							Stading Order

Drop-down list (column A):
- 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

Drop-down list (TestType column): Select from drop-down list only
- BinaxNOW
- BD Veritor
- CareStart

- 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
1	IndividualID	FirstName	MiddleName	LastName	DateOfBirth	HomeAddress	City	ZipCode	Phone	Sex	Race	EthnicityHispanicLatino	EthnicityArabMiddleEastern	COVID19Symptoms	CardNumber	TestResults
2	ALL NEGATIVES	ALL		NEGATIVE	01/01/2000	Negative Street	Negative	49999	###########	Unknown	Unknown	Unknown	Unknown	No		Negative
3																
4																

- 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)*

Antigen Reporting Site:
🖥 Michigan Antigen Testing Results Portal

More Info or Questions

🖥 Coronavirus - Resources (michigan.gov)

🖥 Coronavirus - K-12 School Opening Guidance (michigan.gov)

🖥 Coronavirus - Sports and Athletics (michigan.gov) & FAQ

Email:

📧 MDHHS-COVIDTestingSupport@michigan.gov

📧 MDHHS-SportsCOVIDinfo@michigan.gov