| AOE Value | ASKED AT ORDER ENTRY OBSERVATIONS | TYPE | PICK LISTS (for coded AOEs) | APPLICABLE ORDER CODES (refer to Test Order List for test names) |
|---|---|---|---|---|
| AOE01 | MDHHS Prior Approval Name/Date | free text | | 1260, 1420, 1425, 1430, 1450, 1480, 1530, 1580, 1740, 1770 |
| AOE01 | MDHHS Prior Approval Name/Date | free text | | 1050, 1165, 1350, 1355 |
| AOE02 | Comment/Other: | free text | | ALL |
| AOE03 | Organism Suspected, if applicable | free text | | ALL |
| AOE04 | Form Control Number (please list) | free text | | 1130 |
| AOE05 | Outbreak Identifier | free text | | 1165, 1190, 1260, 1350, 1355, 1500, 1510, 1520, 1580, 1640 |
| AOE05 | Outbreak Identifier | free text | | 1480 |
| AOE06 | Results of RTR - if done | free text | | 1320 |
| AOE07 | State/County/Country of Exposure | free text | | N/A |
| AOE08 | Symptoms (Specify) | free text | | N/A |
| AOE09 | Accounting Control# | free text | | 1670 |
| AOE10 | Duration of Lesion - # of | free text | | N/A |
| AOE11 | Specify Site | free text | | N/A |
| AOE12 | Results of Syphilis Testing Performed | free text | | 1725 |
| AOE13 | Onset Date | date | | ALL |
| AOE14 | Date of Last Influenza Vaccination | date | | 1350, 1355 |
| AOE15 | Date of Last Rabies Vaccination | date | | 1570 |
| AOE16 | Growth: | coded | AEROBE, MICROAEROPHILE | 1010 |
| AOE17 | Dextrose: | coded | OXIDATION, FERMENTATION | 1010 |
| AOE18 | Catalase: | coded | POSITIVE, NEGATIVE | 1010 |
| AOE19 | Gram Stain: | coded | POSITIVE, NEGATIVE | 1010 |
| AOE20 | MacConkey: | coded | POSITIVE, NEGATIVE | 1010 |
| AOE21 | Oxidase: | coded | POSITIVE, NEGATIVE | 1010 |
| AOE22 | Gram Stain - Shape: | coded | VARIABLE, ROD, COCCUS, DIPLOCOCCUS | 1010 |
| AOE23 | Gender of Sex Partner in last year: | coded | MALE, FEMALE, BOTH MALE AND FEMALE | 1120, 1130, 1270, 1275, 1300, 1330, 1335, 1725 |
| AOE24 | Justification: | coded | UNINSURED, UNDERINSURED, CONFIDENTIAL SERVICES | 1130 |
| AOE25 | Pregnant? | coded | YES, NO | 1050, 1070, 1120, 1130, 1160, 1165, 1240, 1250, 1260, 1270, 1275, 1300, 1310, 1320, 1330, 1335, 1340, 1350, 1355, 1400, 1420, 1425, 1430, 1450, 1480, 1570, 1580, 1725, 1728, 1730, 1770 |
| AOE26 | Indications for Testing | coded | EXPOSURE TO SOMEONE WITH HEPATITIS B | N/A |
| AOE27 | Type of Last Influenza Vaccination: | coded | FLU MIST, QUADRAVALENT (SHOT), OTHER | 1350, 1355 |
| AOE28 | Early Disease: Erythema Migrans (5 cm at least in diameter)? | coded | Y, N | N/A |
| AOE29 | Late Disease: Neurologic? | coded | Y, N | N/A |
| AOE30 | Late Disease: Cardiologic? | coded | Y, N | N/A |
| AOE31 | Late Disease: Rhematologic? | coded | Y, N | N/A |
| AOE32 | Symptoms (Example - Rash, Fever, Headache, Joint Pain)? | coded | Y, N | N/A |
| AOE33 | Serum Status: | coded | ACUTE, CONVALESCENT | N/A |
| AOE34 | Duration of Lesion - time period | coded | DAYS, MONTHS, YEARS | N/A |
| AOE35 | Patient Occupation | coded | MEDICAL STUDENT, NURSING STUDENT, HEALTH CARE WORKER, OTHER | 1670 |
| AOE36 | Patient Status | coded | OUTPATIENT, INPATIENT, UNKNOWN | 1350, 1355 |
| AOE37 | Symptomatic? | coded | YES, NO | 1165, 1355 |
| AOE38 | MIDAP # | free text | | 1160, 1340 |
| AOE39 | Gender Identity | coded | MALE, FEMALE | 1050, 1070, 1120, 1130, 1240, 1250, 1260, 1270, 1275, 1300, 1310, 1320, 1330, 1335, 1340, 1400, 1420, 1425, 1430, 1450, 1480, 1570, 1725, 1728, 1730, 1770 |
| AOE40 | Results of Influenza Testing Performed | free text | | 1350, 1355 |
| AOE41 | Influenza Test/Assay Used | free text | | 1350, 1355 |
| AOE42 | HIV # | free text | | 1320, 1330, 1335 |

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| Red = Reject ORL if data missing |
| N/A = No longer in use |