Facilities and Groups – Importing COVID-19 Test Results using a .csv file for Long Term Care Facilities for NHSN release 12.1.0 and going forward. NHSN COVID-19 Test Results Long Term Care Facility Import File Format for .csv.

<table>
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<th>Format and Notes</th>
<th>Description of Field</th>
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<td>This field is used to provide the version of the result being reported</td>
<td>Integer (2)</td>
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<td>Either version number or date result released should be populated. Not both</td>
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<td>Enter ‘1’ if this is an initial test result for the patient</td>
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<td>Note: Increment version number for each subsequent correction to the existing test result (e.g., 2, 3…)</td>
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<td>Military: MM/DD/YYYY HH:MM</td>
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<td>Supports both 12 hour and Military time formats and may include seconds</td>
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| staffID | Conditional | Required/populate only if reporting test results for a Staff
Note: Do not enter value for resID and visitorID if this field is valued | Character (15)    | Staff ID Number      |
| resID   | Conditional | Required/populate only if reporting test results for a Resident
Note: Do not enter value for staffID and visitorID if this field is valued | Character (15)    | Resident ID Number   |
| visitorID | Conditional | Required/populate only if reporting test results for a Visitor
Note: Do not enter value for staffID and resID if this field is valued | Character (15)    | Visitor ID Number    |
| gname   | Required    | Only use Alpha Characters (A-Z)                                       | Character (30)    | First Name           |
| mname   | Optional    | Only use Alpha Characters (A-Z)                                       | Character (15)    | Middle Name          |
| surname | Required    | Only use Alpha Characters (A-Z)                                       | Character (30)    | Last Name            |
| dob     | Required    | Date (MM/DD/YYYY)                                                     |                   | Date of Birth        |
| gender  | Required    | F for Female
M for Male
O for Other | Character (1)            | Gender               |
| race    | Required    | Multiple race entries are allowed – separate with a forward slash “/” (e.g., AAB/WHITE)
AMIN for American Indian or Alaska Native
ASIAN for Asian
AAB for Black or African American
NH-PI for Native Hawaiian or Other Pacific Islander
WHITE for White
UNK for Unknown
DEC for Declined to Respond | Character (5)    | Race                   |
| ethnicity| Required    | HISP for Hispanic or Latino
NOHISP for Not Hispanic or Not Latino
UNK for Unknown
DEC for Declined to Respond | Character (6)    | Ethnicity              |
<p>| addr1   | Required    | Only populate if reporting test results for a Staff or Visitor       | Character (30)    | Street Address 1     |
| addr2   | Optional    | Only populate if reporting test results for a Staff or Visitor       | Character (30)    | Street Address 2     |
| City    | Required    | Only populate if reporting test results for a Staff or Visitor       | Character (30)    | City                 |</p>
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<th>Description of Field</th>
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<td>Only populate if reporting test results for a Staff or Visitor Reporting is allowed for Staffs and Visitors with addresses in the United States and only the following states/provinces in Canada and Mexico: <strong>CAN:</strong> AB for Alberta BC for British Columbia MB for Manitoba ON for Ontario QC for Quebec SK for Saskatchewan YT for Yukon <strong>MEX:</strong> BC for Baja California SO for Sonora CH for Chihuahuac CH for Chihuahua NL for Nuevo Leon TM for Tamaulipas</td>
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<td>Format and Notes</td>
<td>Description of Field</td>
</tr>
<tr>
<td>--------</td>
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</tr>
<tr>
<td>ANTNARSW</td>
<td>for “Anterior nares swab”</td>
<td><strong>OSANG</strong>&lt;br&gt;ANTNARSW for “Anterior nasal swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;PBiomc2ag:&lt;br&gt;Nasopharsw for “Nasopharyngeal Swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;PHASE:&lt;br&gt;ANTNARSW for “Anterior nares swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Qorvo:&lt;br&gt;ANTNARSW for “Anterior nares swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Quidel:&lt;br&gt;ANTNARSW for “Anterior nares swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Quidhome:&lt;br&gt;ANTNARSW for “Anterior nasal swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Salofa:&lt;br&gt;Nasopharsw for “Nasopharyngeal swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Sekisuihm:&lt;br&gt;ANTNARSW for “Anterior nares swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Sekisurip:&lt;br&gt;Midtursw for “Mid-turbinate nasal swabs”&lt;br&gt;&lt;br&gt;&lt;br&gt;Sgifigg:&lt;br&gt;Plasma for “Plasma”&lt;br&gt;Serum for “Serum”&lt;br&gt;Venwb for “Venous whole blood”&lt;br&gt;&lt;br&gt;&lt;br&gt;Siemc19ag:&lt;br&gt;ANTNARSW for “Anterior nares swab”&lt;br&gt;&lt;br&gt;&lt;br&gt;Siennaig and or siennaigm:&lt;br&gt;Plasma for “Plasma”&lt;br&gt;Serum for “Serum”&lt;br&gt;Wb for “Whole blood”&lt;br&gt;&lt;br&gt;&lt;br&gt;Sofia:&lt;br&gt;Nasalsw for “Nasal Swab”</td>
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<td>Values</td>
<td>Format and Notes</td>
<td>Description of Field</td>
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<td>----------------------</td>
</tr>
<tr>
<td>result</td>
<td>Required</td>
<td>Enter only one test result for EACH TEST performed. Record POS for positive or NEG for Negative (NOTE. Some devices offer more than one test result).</td>
<td>Character (3)</td>
<td></td>
</tr>
<tr>
<td>specID</td>
<td>Required</td>
<td>Enter specimen number from POC device; if available. Otherwise, provide a unique generated</td>
<td>Character (18)</td>
<td></td>
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<tr>
<td>Fields</td>
<td>Requirement</td>
<td>Values</td>
<td>Format and Notes</td>
<td>Description of Field</td>
</tr>
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</tr>
<tr>
<td>specimen ID</td>
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<td>Note: The same specimen ID MUST be used when sending an update for an existing record</td>
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<tr>
<td>symptomatic</td>
<td>Required</td>
<td>Y for Yes&lt;br&gt;N for No&lt;br&gt;U for Unknown</td>
<td>Character (1)</td>
<td>Was person symptomatic?</td>
</tr>
<tr>
<td>pregnant</td>
<td>Required</td>
<td>Y for Yes&lt;br&gt;N for No&lt;br&gt;U for Unknown</td>
<td>Character (1)</td>
<td>Was person pregnant?</td>
</tr>
<tr>
<td>physician_gname</td>
<td>Required</td>
<td>Only use Alpha Characters (A-Z)</td>
<td>Character (30)</td>
<td>Physician first name</td>
</tr>
<tr>
<td>physician_surname</td>
<td>Required</td>
<td>Only use Alpha Characters (A-Z)</td>
<td>Character (30)</td>
<td>Physician last name</td>
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<tr>
<td>physician_addr1</td>
<td>Optional</td>
<td></td>
<td>Character (30)</td>
<td>Street Address 1</td>
</tr>
<tr>
<td>physician_addr2</td>
<td>Optional</td>
<td></td>
<td>Character (30)</td>
<td>Street Address 2</td>
</tr>
<tr>
<td>physician_city</td>
<td>Optional</td>
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<td>Character (30)</td>
<td>City</td>
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<tr>
<td>physician_state</td>
<td>Optional</td>
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<td>Character (2)</td>
<td>State</td>
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<tr>
<td>physician_zip</td>
<td>Required</td>
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<td>Character (10)</td>
<td>Zip</td>
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<tr>
<td>physician_zipExt</td>
<td>Optional</td>
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<td>Character (4)</td>
<td>Zip Extension</td>
</tr>
<tr>
<td>physician_physician_workPhone</td>
<td>Optional</td>
<td>Character (25)&lt;br&gt;Include hyphen (-) in phone number Format: XXX-XXX-XXXX (10)</td>
<td>Work Phone</td>
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</tr>
<tr>
<td>physician_workPhoneExt</td>
<td>Optional</td>
<td>Character (4)</td>
<td>Work Phone Extension</td>
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