

Accessioning Specimens Remotely

- 1) Use the FireFox web browser to log into Copia at <https://orchard.gravitydiagnostics.com>
- 2) Enter the username and password that you received from info@gravitydiagnostics.com

WELCOME TO THE GRAVITY DIAGNOSTICS ORDERING AND REPORTING MANAGEMENT SYSTEM

User Name

Password





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- 3) Once credentials are entered, the patient's information will need to be entered into Copia
- On the left of the Copia "New Order" screen, the first field to verify the "Ordering Location" name. Ensure your hub location is in this field.
- b) Start typing in the patient name starting with the patient last name, first name.
 - 4) If the patient is an existing patient that has been previously entered into the system, the patient name should appear in the blue drop down box as option to select.
 - 5) FOR ALL PATIENTS MAKE SURE TO VERIFY PATIENT'S DOB TO ENSURE THAT YOU ARE ENTERING IN DATA FOR THE CORRECT PATIENT.
 - a) If the patient name has a "No Matching Records" result, in the blue drop down box, select the "New Patient" option on the bottom right corner of the drop-down box.
 1. Patient Name
 2. Patient DOB
 3. Patient Gender
 4. Patient Phone Number
 5. Patient Address
 6. After you have entered in the patient name, select the "Provider" field, and select the provider's name. It should appear in the drop-down menu.

7. All highlighted fields below should be completed in Copia thus far.

New Order Search Recent

Please Select a Patient

Order ID: NEW ORDER Status: **NEW ORDER** Entered by: Test, Collector

Ordering Location* MEDICAL CONSULTANTS Insurance(s) No Payor

Patient* Eligibility Check

Provider* PGX Medical Necessity

Order Date 06 / 20 / 2019 04 : 06 PM Now QC User

8. Enter the insurance information for the patient. Select "Insurance" and "proceed"

TEST, TEST Search Recent

18y F
PID: P2022501187 MRN: Demographics | **Insurance** | Order History | Options

Order ID: NEW ORDER Status: **NEW ORDER** Entered by: TEST, BEKAH

Ordering Location* ATLANTA PSYCHIATRY AND SLEEP ME

Patient* TEST, TEST

Provider* MEHDI, ASAD, MD

Order Date 08 / 26 / 2020 01 : 31 PM Now

Collection Date** 08 / 26 / 2020 01 : 31 PM Now Clear

Collection Location* ATLANTA PSYCHIATRY AND SLEEP ME

TEST, TEST Search Recent AT

18y F
PID: P2022501187 MRN: Demographics | Insurance | Order History | Options

Order ID: NEW ORDER Status: **NEW ORDER** Entered by: TEST, BEKAH

Ordering Location* ATLANTA PSYCHIATRY AND SLEEP ME

Patient* TEST, TEST

Provider* MEHDI, ASAD, MD

Order Date 08 / 26 / 2020 01 : 31 PM

Collection Date** 08 / 26 / 2020 01 : 31 PM

Collection Location* ATLANTA PSYCHIATRY AND SLEEP ME

Proceed with Action?

Unsaved changes exist on this page. If you proceed with this action, you may lose your changes.

Proceed

Order Choices

No diagnosis codes selected ICD-10

9. Select “Add an Insurance Plan”
10. Type in the name of the insurance company and match the address in our system with the address on the back of the insurance card. Select the blue hyperlink under “plan” for the correct insurance plan.
11. Type in the insurance Policy #/Group/Group#, and select “self” for “relationship to insured” if the insurance belongs directly to the patient. Select “save”. For effective date, put 01/01/2020 if you are unsure.
(1) If the you are billing the facility, type in “employer invoice,” select it, and hit “save.”

TEST, TEST
18y F
PID: P2022501187 MRN: [redacted]

Demographics | Insurance | Order History | Options

Choose insurance information to view/edit.

Insurance Summary Primary Secondary Tertiary Guarantor

Primary: CIGNA; PO BOX 46270, EDEN PRAIRIE, MN 55344; Policy: 123456789, Group: 123456789; Insured: test, test [Rearrange]

Secondary: none selected

Tertiary: none selected

Guarantor: none

☒ This is the currently selected insurance for test, test [Select Different Insurance] [Add an Insurance Plan]

Sign Out [Save] < Back to Order Patient Samples

12. Go “Back to order patient samples” at the bottom right-hand corner, this will take you back to the order screen.

13. Next, start entering the appropriate test orders.

- a. **Order Choice Search** No diagnosis codes selected ICD-1C
- b) You will type in "SARS2RTPCR" into the order choice search box. The order choice will pop up.
- c) Select the check box to the left of SARS2RTPCR.

Order Choice Search

Order Choice Name:

☒ Search All Order Choices
☐ Search Order Choice List:
☐ Search Profiles

Show 20 entries Showing 1 to 1 of 1 entries

Select	Abbreviation	Name	CPT Codes	Container Type	Sample Type	Storage Temperature	Collection Information	Host Codes
<input type="checkbox"/>	SARS2RTPCR	SARS-CoV-2 RT-PCR	87635	eswab	eswab	Refrigerate	eswab in eswab	ID0046

Show 20 entries Showing 1 to 1 of 1 entries

SelectedItems

Select	Abbreviation	Name	CPT Codes	Container Type	Sample Type	Storage Temperature	Collection Information	Host Codes	Count	Remove
No records selected										

9. Select “add selected items” at the bottom right hand corner.

Order Choice Search

Order Choice Name:

☒ Search All Order Choices
☐ Search Order Choice List: My Frequent
☐ Search Profiles

Show 20 entries

Showing 0 to 0 of 0 entries

Select	Abbreviation	Name	CPT Codes	Container Type	Sample Type	Storage Temperature	Collection Information	Host Codes
No matching records found								

Show 20 entries

Showing 0 to 0 of 0 entries

SelectedItems

Select	Abbreviation	Name	CPT Codes	Container Type	Sample Type	Storage Temperature	Collection Information	Host Codes	Count	Remove
<input checked="" type="checkbox"/>	SARS2RTPCR	SARS-CoV-2 RT-PCR	87635	eswab	eswab	Refrigerate	eswab in eswab	ID0046	1	

Add Selected Items

Advanced Search

Cancel

10. Next, enter the proper ICD-10 code(s) and hit “search.” For this example, we will use R05.
11. Save the order in the bottom right-hand corner.

Order Choices

No diagnosis codes selected ICD-10 ▾

Order Choice Search Diagnoses*

Order Choice	Diagnoses	Sample ID	Priority	Lab	Billing	Account	ABN Status	Cancel
SARS-CoV-2 RT-PCR	None selected	T.B.D.	<input type="text" value="Routine"/>	<input type="text" value="Harvest"/>	<input type="text" value="Insurance Bill"/>		<input type="text" value="Not Required"/>	<input type="button" value="X"/> <input type="button" value="Heart"/>

Documentation and Actions

Sign Out



Required Sample Information

▪ **2 Patient Identifiers on Vial**

- Valid Identifiers are:
 - Patient Name (must match what is listed on requisition form)
 - Patient Date of Birth (must match what is listed on requisition form)
- Not having 2 patient identifiers does not confirm that the specimen is truly that patient's specimen and will be rejected for not meeting compliance standards.

▪ **Selected Test Panel**

- Without a Test Panel selected (COVID10), sample is not able to be accessioned and lab is not able to process the sample.

▪ **Diagnosis Codes (DX codes)**

- Copia System will not let order be entered without a valid DX code.

▪ **Patient Demographics**

- Required Patient Demographics include:
 - Patient First and Last Name
 - Patient Date of Birth
 - Patient Address
- Patient Demographics not required but is helpful to have include:
 - Patient Phone Number
 - Patient Social Security Number
 - Both of the above can be used as another patient identifier and is helpful for investigating insurance information such as the patient's eligibility with insurance.

**** IF ANY OF THE ABOVE INFORMATION IS NOT PROVIDED OR INCOMPLETE, THE MISSING INFORMATION TEAM WILL CONTACT THE APPROPRIATE PERSONEL (COLLECTOR, SALES REP, OR OFFICE CONTACT) TO OBTAIN THE REQUIRED INFORMATION.**