



EPTS OpenMRS

EPTS Requirements Release Version 2.1.4 EPTS Reports Module Version 1.2.3 9th April, 2019

Version 1.65





Version

Date	Versi on	Description	Author(s)
March 20, 2019	1.0	Initial creation of document	Pinki Meggi
March 20, 2019	1.1	Overall revision	Zainabe Dadá
March 22, 2019	1.2	Updated with Maria's feedback: - Removed tx-curr2.1 - Added 10 additional fields "label"	Zainabe Dadá Pinki Meggi
March 26, 2019	1.3	Additional edits from PEPFAR	Maria Rein
March 29, 2019	1.4	Final revision	Maria Rein
April 5, 2019	1.5	Added Cyclone Fields. 3b. Removed it was duplicated in 7.	Lalitha Moodley Pinki Meggi
April 5, 2019	1.6	Edits and comments	Maria Rein

Approvals and Sign-off

Approvals Panel

Version	Approver	Approved by	Date
1.5	CDC		

Approvals Panel

The Approver signatures signify that this document has been reviewed and satisfies the project governance, business and system needs.

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I Purpose

The purpose of this document is to define the requirements of **EPTS Release version 2.1.4** and modifications to the EPTS Reports Module version 1.2.3 scheduled for 9th April, 2019. This includes the definition of all contents that need to be in this release as per approved workplan and also a summary of test plan for each content.

II Release Contents

	Content	Description
1	Inclusion of FSR Laboratory Form	New form in EPTS to record contents from FSR paper form which contains information related to laboratory test orders and results that are submitted into the DISA and DISA Link laboratory management information system (LMIS). Attached the FRS Form.
2	Laboratory Form /Ficha De Laboratorio Revisions	The Laboratory Form will contain the following fields Viral Load (Carga Viral) Results: a. Qualitative result: i. Detectável with a field to add quantity ii. Indetectável iii. Nível de Detecção Baixo b. Label for Reference Range: "cópias/mml" near Quantitative Result Field c. The display will align with the CD4 results where copies/ml and log are in bold above where the result is entered Additionally, the following fields will be captured for all laboratory results: a. Specimen Collection Date b. The date the test was ordered or requested by the clinician - Order Date

	OpenMRS Entrou no sistema como Super User San do Sistema March Peril March
	Página Inicial Procurar/Registar Paciente Dicionário Cohort Builder Reporting Administração
	Descartar alterações Imprimir One Test Patient LABORATORIO GERAL (MISAU: LABORATORIO) (Formulário não salvo)
	FICHA DE LABORATÓRIO
	PACIENTE Nome One Test Patient
	sexo M
	NICD 041.49902/13/00001 EXAME
	Data do Pedido ADD here Specimen Collection
	Data do Resultado Unidade Santária Escolha uma localização T
	Técnico Entrac
	Figure 1 Laboratory Form in EPTS with indication where to add the fields: Specimen Collection Date and Order Date
	RESULTADOS
	HEMATOLOGIA
	Globulos Brancos (WBC)
	Globulos Vermelhos (RBC) Hemoglobina (HGB ou HB)
	Hematócrito (HCT, PCV)
	Volume Corpuscular Médio (HCV, VCM, VGM)
	Volume Corpuscular Hemoglobina (MCH, HGM, HCM)
	Concentração Média de Hemoglobina Corpuscular (MCHC, CHCM, CMHG)
	Plaquetas (PLT)
	Largura de Distribuição de Globulos Vermelhos (RDW)
	Velocidade de Sedimentação dos Globulos Vermelhos (VS, VHS) Volume médio de Plaquetas (MPV)
	Tipagem Sanguinea ▼
	Percentual (%) Absoluto (#)
	Linfocitos (LYM)
	Neutrofilos (NEUT)
	Eosinofilo Basofilo
	Monocito Monocito
	Teste de VDRL Opositivo Negativo
	RPR Positivo Negativo
	Absoluto Percentual
	CD4
	Add here the Qualitative Result and Reference Range FieldsCarga Viral Baciloscopia Positivo Negativo
	Figure 2 Laboratory Form in EPTS with the indication where to add the fields Qualitative Result and Reference Range (cópias/ml)
3 Patient Registration Form Updated to allow the capture of the NUIC identifier	 The Patient Information Form will allow users to capture the NUIC identifier: a. NUIC (in Identifiers section) to be added in Drop Down List for "Tipo de Identificadores" • Format for National: 13 digits number, PPDDSSSSSSSSG, where PP refers to Province code, DD to district Code, SSSSSSSS is sequential number and G is a control digit. • Format for Foreigners: 13 digits number, PPNNSSSSSSSSG, where PP refers to Foreigner Province code, NN is the foreigner Country Code, SSSSSSSS is sequential number and G is a control digit. • The system will provide an error message if a user enters a NUIC that does not follow the format.

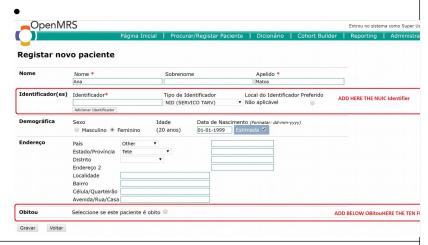
		whatever the message says here in Portuguese"
4	PEPFAR MER 2.3 Semi- Annual Report (New)	Reporting module with new Report named "PEPFAR MER 2.3 Semi-Annual Report" with the following indicators: a. TX TB (Denominator and Numerator)
		b. TB_PREV (Denominator and Numerator) c. TX_ML (Numerator)
5	PEPFAR MER 2.3 Quarterly Report (Updated)	Reporting module with updated report "PEPFAR MER 2.3 Quarterly Report" which contains the following indicators:
		a. TX_NEW b. TX_CURR c. TX_PVLS
		The changes will include:
		 Bug fixes for TX_NEW and TX_CURR Refactor code for all indicators to improve the run-time
		 Inclusion of TX_PVLS which is currently being produced as a SQL script outside of the Reports module. The TX_PVLS script
		includes clarifications for breastfeeding and pregnancy
6	Early Retention Monitoring Reports	 Reporting module update to reports Script to remo Remove ve IM ER 2 and IM ER4 from legacy UCSF Monitoring report AVALIAÇÃO_DE_RETENÇÃO_CDC
		 and toRemove remove UAT Early_Retention_Monitoring_Report

Patient Registration Form Updated to include ten fields for local use

Ten fields with 50 characters in length with the title;

> Identificadores definidos i. localmente1-10

See image below:



Ficha Individual de 8 Levantamento de ARVs (FILA):

> Updated to add 2 new fields, to monitor patients impacted by **Cyclone Idai who have** moved to camps and are receiving treatment.

On FILA, Users will be able to capture:

- 1. If the patient is being seen at an accommodation camp;
- 2. Which accommodation camp.

Data Field Properties:

1. Name: ART pick up at an accommodation

camp?

Options List: Yes/No

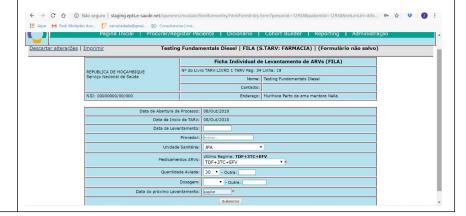
Parameter: Dropdown Menu 2. Name: If Yes, at which camp?

Options List: 001-299

Parameters: Text Field that will allow values

001-299

This information will be displayed in FILA at the bottom of the form, see image below:



III Test Plan

	Content	Test Plan
1	FSR New Form	FSR FORM UAT performed by • PEPFAR • FGH • JEMBI
2	Laboratory Form Updated	Laboratory Form UAT: test the new fields added: a. Qualitative result: i. Detectável with a field to add quantity ii. Indetectável iii. Nível de Detecção Baixo b. Reference Range c. Specimen Collection Date d. Order Date FORM UAT performed by • PEPFAR • FGH • JEMBI
3	Patient Information Form Updated	Patient Information Form UAT, test the new added fields a. NUIC (in identifiers section) • Format for National: 13-digit number, PPDDSSSSSSSSG, where PP refers to Province code, DD to district Code, SSSSSSSS is sequential number and G is a control digit. • Format for Foreigners: 13-digit number, PPNNSSSSSSSG, where PP refers to Foreigner Province code, NN is the foreigner Country Code, SSSSSSSS is sequential number and G is a control digit. b. ten 50 character in length fields;
4	PEPFAR MER 2.3 Semi- Annual Report (New)	Testing according to defined protocol. TX_TB (Denominator and Numerator) TB_PREV (Denominator and Numerator) TX_ML (Numerator)
5	PEPFAR MER 2.3 Quarterly Report (Updated)	Testing according to defined protocol. TX_NEW TX_CURR

	TX_PVLS
Early Retention Monitoring Reports	Check if IM ER2 and IM ER4 are removed from the legacy UCSF Monitoring report AVALIAÇÃO_DE_RETENÇÃO_CDC
	Check if UAT Early_Retention_Monitoring_Report is removed.
Provide ten local fields to be captured at the patient level	Provide ten local fields fifty characters in length to allow clinical partners to capture information of interest to their program.
	The fields will be labeled as "xxxx_n"
	They will be displayed in the
	Monitoring Reports Provide ten local fields to be captured at the

IV Annexes - FSR

Versão	01.	Tunho	de	2015	



I						
]		ICA DE MOÇAMBIQI	U E	
			MINI	STÉRIO DA SAÚDE		
				FSR		
	FORMULA	RIO DE S	OLICITA	ÇAO DE TESTE DE O	CARGA VIRAL DE HI	
N° de ordem:]1	N° de Laboı	atório de Carga Viral:	Data:	Nome do técnico que solicita o teste:
		1. A P	REENCH	ER PELO POSTO DE CO	LHEITA	•
Provincia:	Distrito:	1	Unidade Sa	nitária:	Consulta:	
NT A 1' 1	Dillo 1	lc E/		mação sobre o paciente		Ta
Nome e Apelido:	NID do paciente:	Sexo: F()		Data de Nascimento:		Contacto telefónico:
				Menor de 5 anos? Sim () N	Vão ()	
				Idade(em anos)		
Actualmente encontra-se grávida			te está a am	amentar? Sim () Não ()	Consentimento para conta	cto? Sim () Não ()
	Regime actual TARV	:		Primeira Carga Viral? Sim () Não ()	Razão da solicitação de carga viral actual:
	Primeira Linha? Sim	() Não ()) [Data do último teste de carga	viral:/	1. Rotina
Data de início do TARV	Qual:					Suspeita de falência viral
//						
	Segunda Linha? Sim	() Não ()) 	Resultado do último teste de	carga viral:	
	Qual:			Có	pias/m1Log	
		2. A PREE	NCHER P	ELO LABORATÓRIO DE	COLHEITA	
Local de colheita:	Data de colheita:		Tipo de coll		Nome do técnico:	
			1. Punção v	enosa		
	Hora :	_	2. Punção d	igital		
				_		
	3	. A PREEN	CHER PE	LO LABORATÓRIO DE 1	REFERÊNCIA	
Amostra recebida por:]	Data da rece	pção da amostra:/	/	
Amostra processada? Sim () Nã	0()		Se a amostra	a nao foi processada, qual foi	o motivo da Recusa?	
Timosau processauu. Sim () Tiu				s técnicos no laboratório		
Data de processamento:/_	,			ılidade da amostra ção inadequada	\vdash	
Data de processamento:/_			4. Outras ra			
Tipo de Amostra:	Resultado do teste de				Data do resultado:/	
DBS		_	Cópias/ml			
Plasma					Aprovado por:	
_			Log			
Comentários do Laboratório:						
Laboratórios de Referênci	_					
Departamento de Imunologia		de Saúde	recinto do	Hospital Central de Mar	nuto Telefay: 21300317	Cidade de Manuto
Laboratório de Biologia Mo				-		_
Laboratório de Biologia Mo			_			
Laboratório de Biologia Mo	lecular de Quelimane	e, Avenida	Samora N	fachel n° 98, Hospital Pr	ovincial de Quelimane, ce	ell: 825112978 ou 822276450,
Laboratório de Retrovirolog	ia Molecular de Nan	ıpula, Aveı	nida Samo	ra Machel, Hospital Cen	tral de Nampula, Telefax:	26218619, Nampula
		ED ENT	DECLE	O DA CIENTE A DÁS	4 COLHEIT	
Nama a analida da masi man		SER ENT	REGUE A	Data de colhei		
Nome e apelido do paciente:			Data de colheita		ta da amostra:	
				/ /		
N° de ordem:				Data de volta:		
. 30 0100111				, ,		
Nome de técnico que colheu						
riome de tecinco que comen						