



EPTS OpenMRS

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

Version 1.65



Version

Date	Version	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: <ul style="list-style-type: none">- 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.

Table of Contents

Version	1
Approvals and Sign-off	2
Table of Contents	3
I Purpose	4
II Release Contents	4
III Test Plan	7
IV Annexes - FSR	9

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	<p>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). <i>Attached the FRS Form.</i></p>
2	Laboratory Form /Ficha De Laboratorio Revisions	<p>The Laboratory Form will contain the following fields Viral Load (Carga Viral) Results:</p> <ul style="list-style-type: none"> a. Qualitative result: <ul style="list-style-type: none"> 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 <p>Additionally, the following fields will be captured for all laboratory results:</p> <ul style="list-style-type: none"> a. Specimen Collection Date b. The date the test was ordered or requested by the clinician - Order Date

Figure 1 Laboratory Form in EPTS with indication where to add the fields: Specimen Collection Date and Order Date

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, PPDDSSSSSSSSSG, 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, PPNNSSSSSSSSSG, 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.**
 - **The message will state “please put**

		<u>whatever the message says here in Portuguese</u>
4	PEPFAR MER 2.3 Semi-Annual Report (New)	<p>Reporting module with new Report named “PEPFAR MER 2.3 Semi-Annual Report” with the following indicators:</p> <ul style="list-style-type: none"> a. TX_TB (Denominator and Numerator) b. TB_PREV (Denominator and Numerator) c. TX_ML (Numerator)
5	PEPFAR MER 2.3 Quarterly Report (Updated)	<p>Reporting module with updated report “PEPFAR MER 2.3 Quarterly Report” which contains the following indicators:</p> <ul style="list-style-type: none"> a. TX_NEW b. TX_CURR c. TX_PVLS <p>The changes will include:</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • <u>Reporting module update to reports Script-to-remo</u> • <u>Remove ve</u>-IM ER 2 and IM ER4 from legacy UCSF Monitoring report AVALIAÇÃO_DE_RETENÇÃO_CDC • <u>and toRemove -remove</u>-UAT Early_Retention_Monitoring_Report

7 Patient Registration Form Updated to include ten fields for local use

Ten fields with 50 characters in length with the title;

i. Identificadores definidos localmente 1-10

See image below:

8 Ficha Individual de 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	<p>FSR FORM UAT performed by</p> <ul style="list-style-type: none"> • PEPFAR • FGH • JEMBI
2	Laboratory Form Updated	<p>Laboratory Form UAT: test the new fields added:</p> <ol style="list-style-type: none"> a. Qualitative result: <ol style="list-style-type: none"> 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 <p>FORM UAT performed by</p> <ul style="list-style-type: none"> • PEPFAR • FGH • JEMBI
3	Patient Information Form Updated	<p>Patient Information Form UAT, test the new added fields</p> <ol style="list-style-type: none"> a. NUIC (in identifiers section) <ul style="list-style-type: none"> • 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, PPNSSSSSSSSG, 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)	<p>Testing according to defined protocol.</p> <ul style="list-style-type: none"> • TX_TB (Denominator and Numerator) • TB_PREV (Denominator and Numerator) • TX_ML (Numerator)
5	PEPFAR MER 2.3 Quarterly Report (Updated)	<p>Testing according to defined protocol.</p> <ul style="list-style-type: none"> • TX_NEW • TX_CURR

		<ul style="list-style-type: none"> • TX_PVLS
6	<p>Early Retention Monitoring Reports</p>	<p>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.</p>
7	<p>Provide ten local fields to be captured at the patient level</p>	<p>Provide ten local fields fifty characters in length to allow clinical partners to capture information of interest to their program.</p> <p>The fields will be labeled as “xxxx_n”</p> <p>They will be displayed in the</p>

IV Annexes - FSR



REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE
FSR

FORMULÁRIO DE SOLICITAÇÃO DE TESTE DE CARGA VIRAL DE HIV

Nº de ordem:		Nº de Laboratório de Carga Viral:		Data:	Nome do técnico que solicita o teste:
1. A PREENCHER PELO POSTO DE COLHEITA					
Provincia:	Distrito:	Unidade Sanitária:	Consulta:		
Informação sobre o paciente					
Nome e Apelido:	NID do paciente:	Sexo: F () M ()	Data de Nascimento: ____/____/____ Menor de 5 anos? Sim () Não ()	Contacto telefónico:	
Actualmente encontra-se grávida? Sim () Não ()		Actualmente está a amamentar? Sim () Não ()		Consentimento para contacto? Sim () Não ()	
Data de início do TARV ____/____/____	Regime actual TARV: Primeira Linha? Sim () Não () Qual: _____ Segunda Linha? Sim () Não () Qual: _____	Primeira Carga Viral? Sim () Não () Data do último teste de carga viral: ____/____/____ Resultado do último teste de carga viral: _____ Cópias/ml _____ Log	Razão da solicitação de carga viral actual: 1. Rotina <input type="checkbox"/> 2. Suspeita de falência viral <input type="checkbox"/>		
2. A PREENCHER PELO LABORATÓRIO DE COLHEITA					
Local de colheita:	Data de colheita: ____/____/____ Hora ____ : ____	Tipo de colheita: 1. Punção venosa <input type="checkbox"/> 2. Punção digital <input type="checkbox"/>	Nome do técnico:		
3. A PREENCHER PELO LABORATÓRIO DE REFERÊNCIA					
Amostra recebida por:		Data da recepção da amostra: ____/____/____			
Amostra processada? Sim () Não ()		Se a amostra não foi processada, qual foi o motivo da Recusa? 1. Problemas técnicos no laboratório <input type="checkbox"/> 2. Baixa qualidade da amostra <input type="checkbox"/> 3. Identificação inadequada <input type="checkbox"/> 4. Outras razões: _____			
Data de processamento: ____/____/____		Tipo de Amostra: DBS <input type="checkbox"/> Plasma <input type="checkbox"/>		Resultado do teste de Carga Viral: _____ Cópias/ml _____ Log	
Comentários do Laboratório:		Data do resultado: ____/____/____		Aprovado por: _____	

Laboratórios de Referência

Departamento de Imunologia, Instituto Nacional de Saúde, recinto do Hospital Central de Maputo, Telefax: 21309317, Cidade de Maputo
Laboratório de Biologia Molecular de Xai-Xai, Bairro 13, Hospital Provincial de Xai-Xai, cell: 827172949 ou 28225472, Xai-Xai
Laboratório de Biologia Molecular da Beira, Avenida Eduardo Mondlane, Centro de Saúde da Ponta Gêa, cell: 842769199, Beira
Laboratório de Biologia Molecular de Quelimane, Avenida Samora Machel nº 98, Hospital Provincial de Quelimane, cell: 825112978 ou 822276450,
Laboratório de Retrovirologia Molecular de Nampula, Avenida Samora Machel, Hospital Central de Nampula, Telefax: 26218619, Nampula

A SER ENTREGUE AO PACIENTE APÓS A COLHEITA

Nome e apelido do paciente:	Data de colheita da amostra: ____/____/____
Nº de ordem:	Data de volta: ____/____/____
Nome de técnico que colheu:	