

How to Use the OHA COVID-19 Reporting Portal (OCRP)

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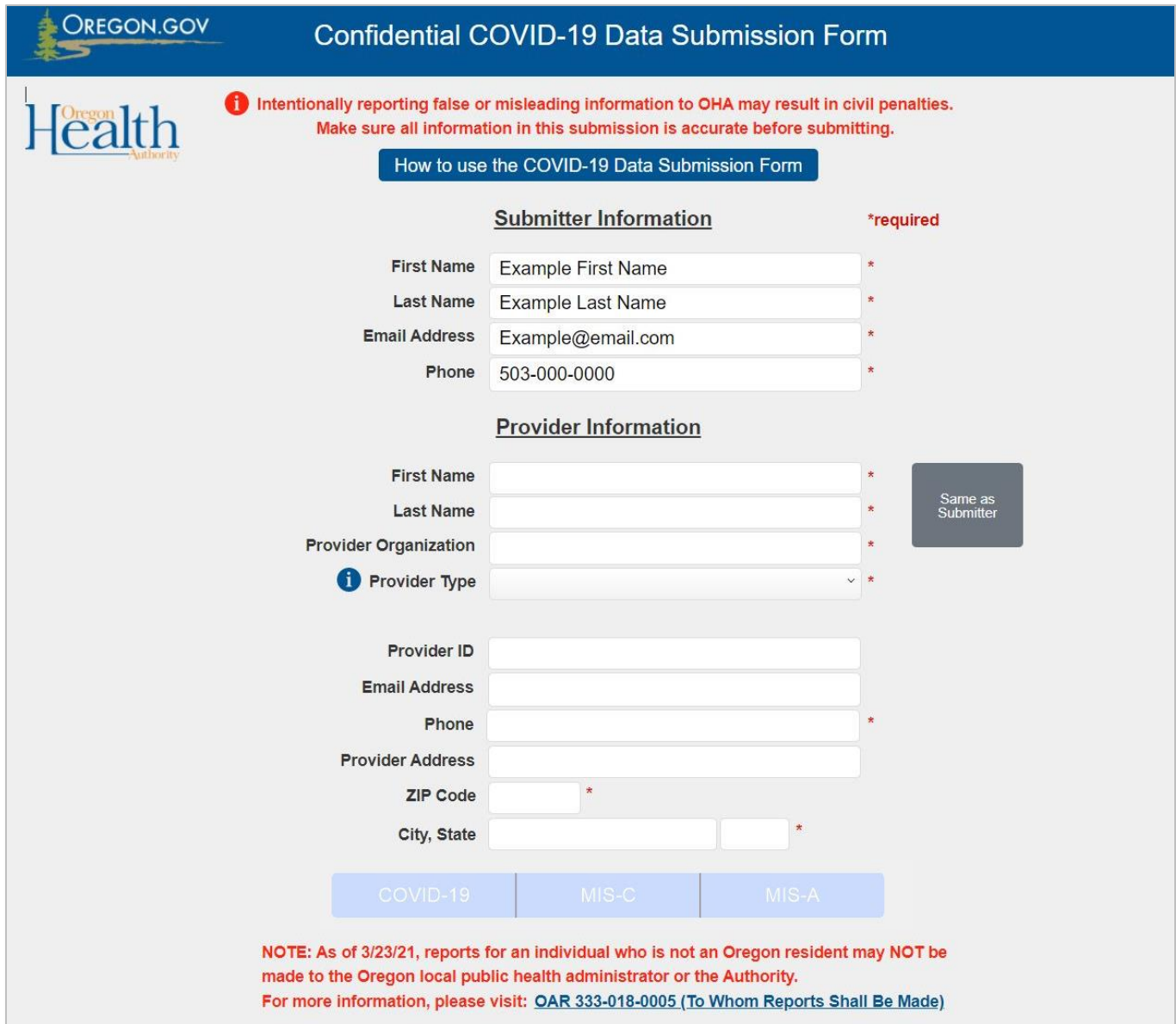
You can get this document in other languages, large print, braille, or a format you prefer. Contact ACDP Opera and Orpheus Support at 971-673-1111 or email ORPHEUS.ODPE-TECH@odhsoha.oregon.gov. We accept all relay calls, or you can dial 711.

How to Use the OHA COVID-19 Reporting Portal (OCRP)


The OHA COVID-19 Reporting Portal (OCRP) is located here: [OHA COVID-19 Reporting Portal](#)
Other methods to report COVID-19 cases are located here: [The Oregon ELR Project](#)

Submitter Information

1. Enter in Submitter's **First Name**
2. Enter in Submitter's **Last Name**
3. Enter in Submitter's **Email Address**
4. Enter in Submitter's **Phone**



OREGON.GOV Confidential COVID-19 Data Submission Form

 **i** Intentionally reporting false or misleading information to OHA may result in civil penalties.
Make sure all information in this submission is accurate before submitting.

How to use the COVID-19 Data Submission Form

Submitter Information *required

First Name *

Last Name *

Email Address *

Phone *

Provider Information

First Name *

Last Name *

Provider Organization *

i Provider Type *

Provider ID

Email Address

Phone *

Provider Address

ZIP Code *

City, State *

Same as Submitter

COVID-19 MIS-C MIS-A

NOTE: As of 3/23/21, reports for an individual who is not an Oregon resident may NOT be made to the Oregon local public health administrator or the Authority.
For more information, please visit: [OAR 333-018-0005 \(To Whom Reports Shall Be Made\)](#)

Provider Information

1. Enter in Provider's **First Name**

2. Enter in Provider's **Last Name**

NOTE: If the submitter and provider is the same, you can use the **Same as Submitter** button.

3. Enter in **Provider Organization**

4. Select the **Provider Type**

NOTE: Click on the white and blue *i* button to see the definitions of each provider type.

5. Enter in **Provider ID**

6. Enter in Provider's **Email Address**

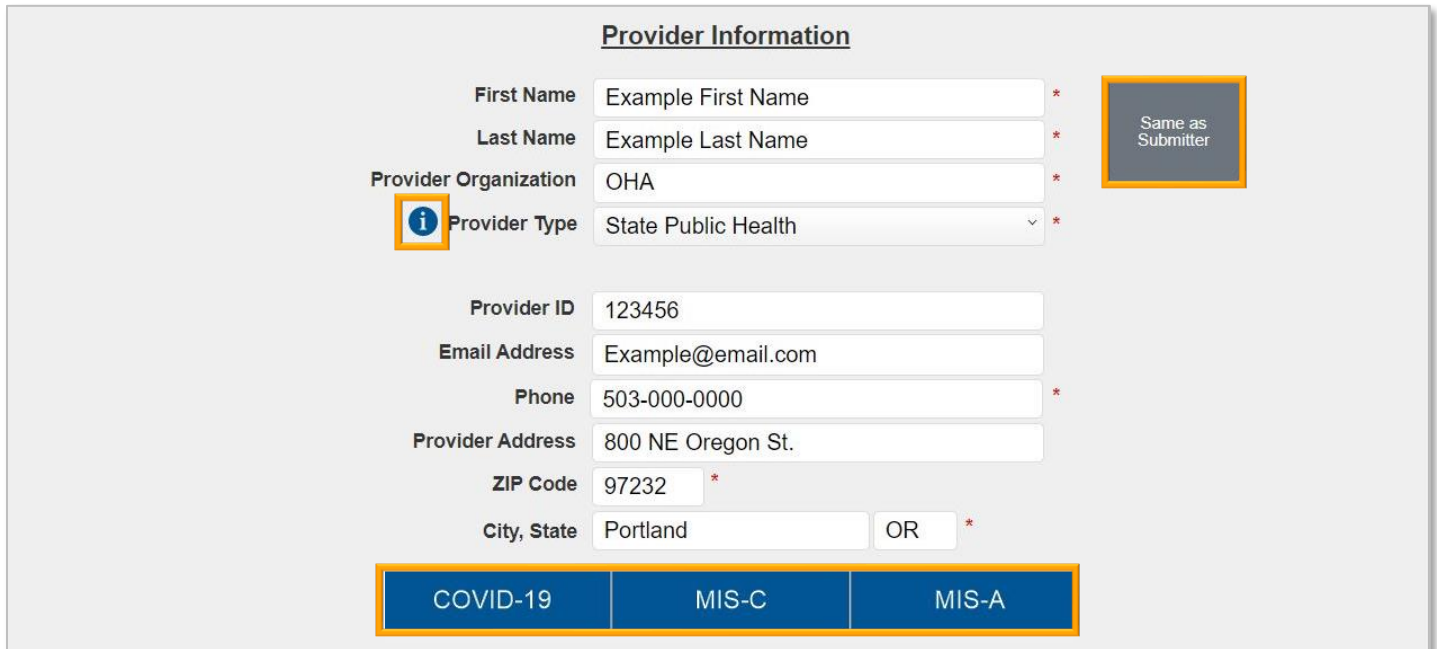
7. Enter in Provider's **Phone**

8. Enter in **Provider's Address**

9. Enter in Provider's **ZIP Code**

NOTE: **City** and **State** will automatically populate based on the **ZIP Code**.

10. If you're entering in COVID-19 information, click on the **COVID-19** button. If you're entering in information regarding Multisystem Inflammatory Syndrome in Children (MIS-C) or Multisystem Inflammatory Syndrome in Adults (MIS-A), click on either the **MIS-C** or **MIS-A** button.



The screenshot shows a web form titled "Provider Information". It contains several input fields with labels: "First Name" (Example First Name), "Last Name" (Example Last Name), "Provider Organization" (OHA), "Provider Type" (State Public Health), "Provider ID" (123456), "Email Address" (Example@email.com), "Phone" (503-000-0000), "Provider Address" (800 NE Oregon St.), "ZIP Code" (97232), and "City, State" (Portland OR). A "Same as Submitter" button is located to the right of the first two fields. A blue information icon is next to the "Provider Type" dropdown. At the bottom, there are three buttons: "COVID-19", "MIS-C", and "MIS-A". Red asterisks indicate required fields.

Patient Information

1. Enter in Patient's **First Name**
2. Enter in Patient's **Middle Name**
3. Enter in Patient's **Last Name**
4. Enter in Patient's **Date Of Birth**

NOTE: If the date of birth is unknown, click the **unknown** checkbox, and enter in the **approximate age**.

NOTE: If the patient is under 15 years old, enter in **Parent / Guardian** information.

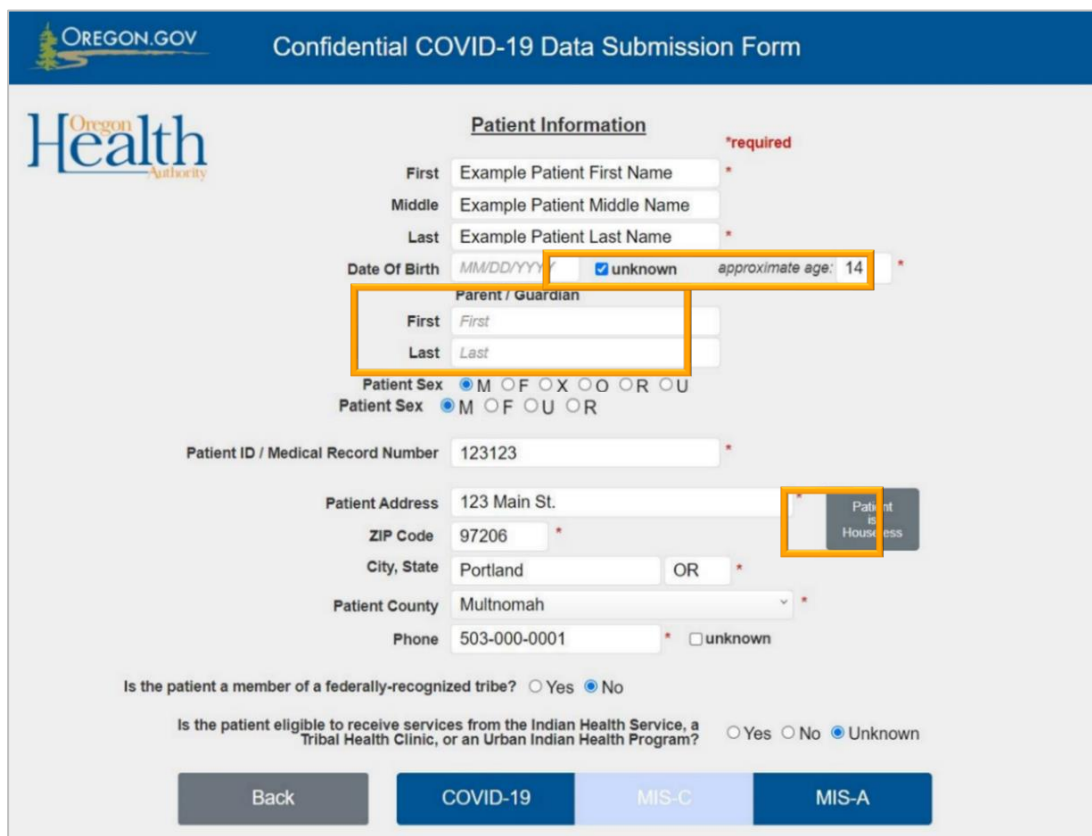
5. Select the **Patient's Sex**

NOTE: F will prompt a yes/no pregnancy question

6. Enter in **Patient ID, Medical Record Number or other applicable ID.**
7. Enter in **Patient's Address, ZIP Code, City, State, and County**

NOTE: If the patient is houseless, please use the **Patient is Houseless** button. Uncheck 'unknown' next to phone if person has a phone number.

8. Enter in Patient's **Phone**
9. Select whether the patient is a member of a federally recognized Tribe and/or whether the patient is eligible to receive tribal health services
10. Click on **Continue**



The screenshot shows the 'Confidential COVID-19 Data Submission Form' with the 'Patient Information' section highlighted. The form includes fields for First Name, Middle Name, Last Name, Date Of Birth (with an 'unknown' checkbox and 'approximate age' field), Parent/Guardian information (First and Last Name), Patient Sex (radio buttons for M, F, X, O, R, U), Patient ID / Medical Record Number, Patient Address, ZIP Code, City, State, Patient County, and Phone. There are also checkboxes for 'Patient is Houseless' and 'Is the patient a member of a federally-recognized tribe?'. At the bottom, there are buttons for 'Back', 'COVID-19', 'MIS-C', and 'MIS-A'.

Questions? Contact your
Organization Administrator or



ORPHEUS.ODPE-TECH@odhsoha.oregon.gov

Race, Ethnicity, Language, and Disability (REALD)

1. Start by clicking on the blue and white arrow “**CLICK HERE to enter REALD/SOGI data if available**”
2. Users are also able navigate to the pages by clicking the **Race, Language, Disability, and SOGI** tab.
3. Clicking **Continue** will bypass REALD/SOGI collection and go directly to the clinical details section.

Confidential COVID-19 Data Submission Form


Patient Information
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

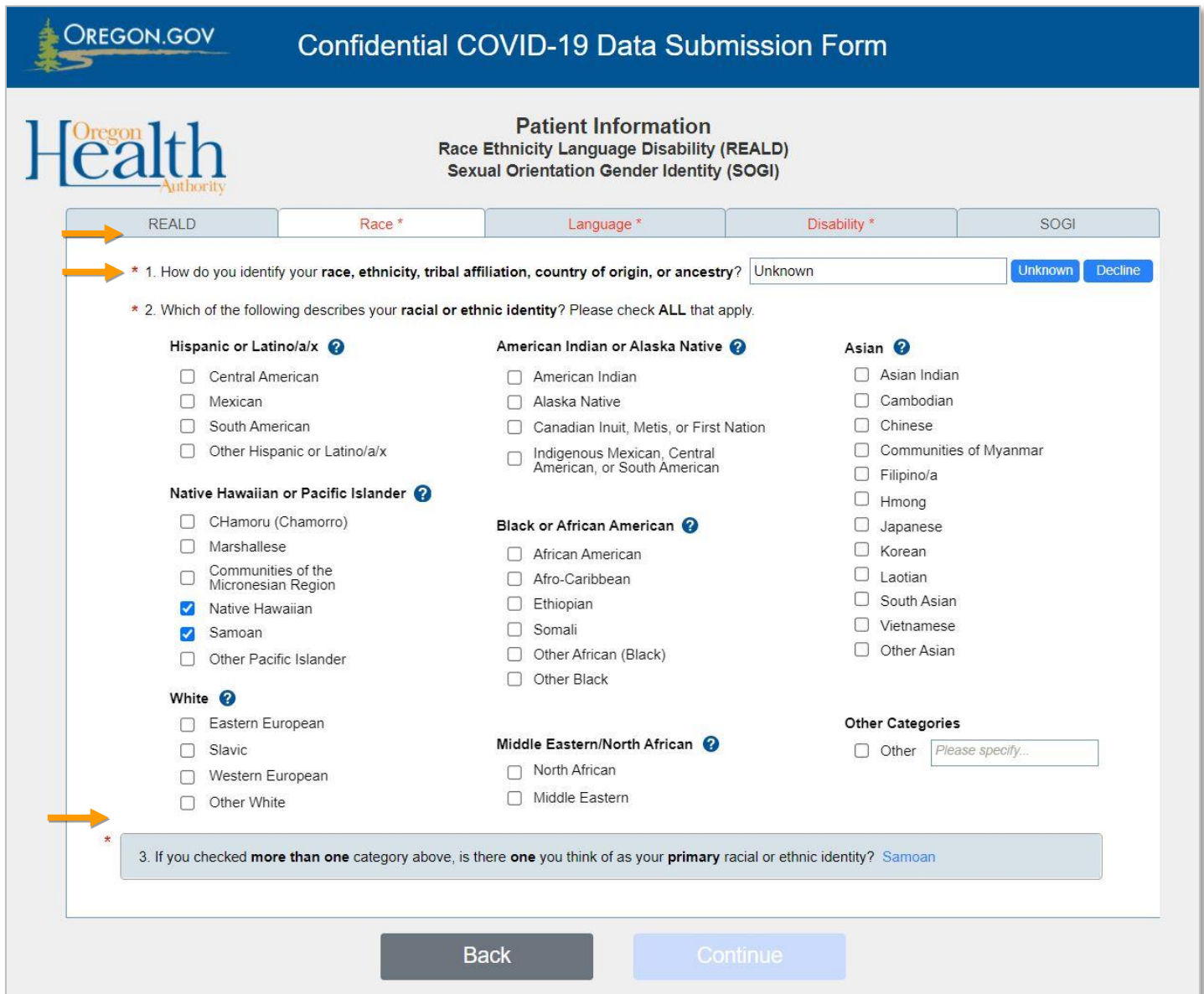
REALD	Race *	Language *	Disability *	SOGI
<div>What is REALD? REALD is an effort to increase and standardize Race, Ethnicity, Language, and Disability data collection across the Department of Human Services (DHS) and the Oregon Health Authority (OHA). REALD (sometimes referred to as REAL+D, as the original effort focused on race, ethnicity and language) was advanced through the passage of House Bill 2134 passed by the Oregon legislature in 2013. HB 2134 required DHS and OHA to develop a standard for collection of race, ethnicity, language, and disability (REALD) data in conjunction with community stakeholders. The statutory authority for these rules is codified in the Oregon Revised Statutes (ORS 413.042 and 413.161). In 2014 the administrative rules detailing the data collection standards were completed (OARs 943-070-0000 thru 943-070-0070).</div> <div>https://www.oregon.gov/oha/OEI/Pages/REALD.aspx</div> <div> CLICK HERE to enter REALD/SOGI data if available </div>				

Back

Continue

REALD – Race Questions

1. Enter in how the patient identifies their race, ethnicity, tribal affiliation, county of origin or ancestry for question 1
2. Select how the patient describes their racial or ethnic identity for question 2
3. If two or more racial or ethnic identities were selected, select the patient's primary racial or ethnic identity for question 3
4. Click on the **Language** tab or the navigation arrow  to move to the next screen.



OREGON.GOV Confidential COVID-19 Data Submission Form

Patient Information
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD Race * Language * Disability * SOGI

* 1. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry**?

* 2. Which of the following describes your **racial or ethnic identity**? Please check **ALL** that apply.

Hispanic or Latino/a/x ? <input type="checkbox"/> Central American <input type="checkbox"/> Mexican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic or Latino/a/x	American Indian or Alaska Native ? <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Canadian Inuit, Metis, or First Nation <input type="checkbox"/> Indigenous Mexican, Central American, or South American	Asian ? <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Communities of Myanmar <input type="checkbox"/> Filipino/a <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> South Asian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian
Native Hawaiian or Pacific Islander ? <input type="checkbox"/> CHamoru (Chamorro) <input type="checkbox"/> Marshallese <input type="checkbox"/> Communities of the Micronesia Region <input checked="" type="checkbox"/> Native Hawaiian <input checked="" type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander	Black or African American ? <input type="checkbox"/> African American <input type="checkbox"/> Afro-Caribbean <input type="checkbox"/> Ethiopian <input type="checkbox"/> Somali <input type="checkbox"/> Other African (Black) <input type="checkbox"/> Other Black	Other Categories <input type="checkbox"/> Other <input type="text" value="Please specify..."/>
White ? <input type="checkbox"/> Eastern European <input type="checkbox"/> Slavic <input type="checkbox"/> Western European <input type="checkbox"/> Other White	Middle Eastern/North African ? <input type="checkbox"/> North African <input type="checkbox"/> Middle Eastern	

* 3. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

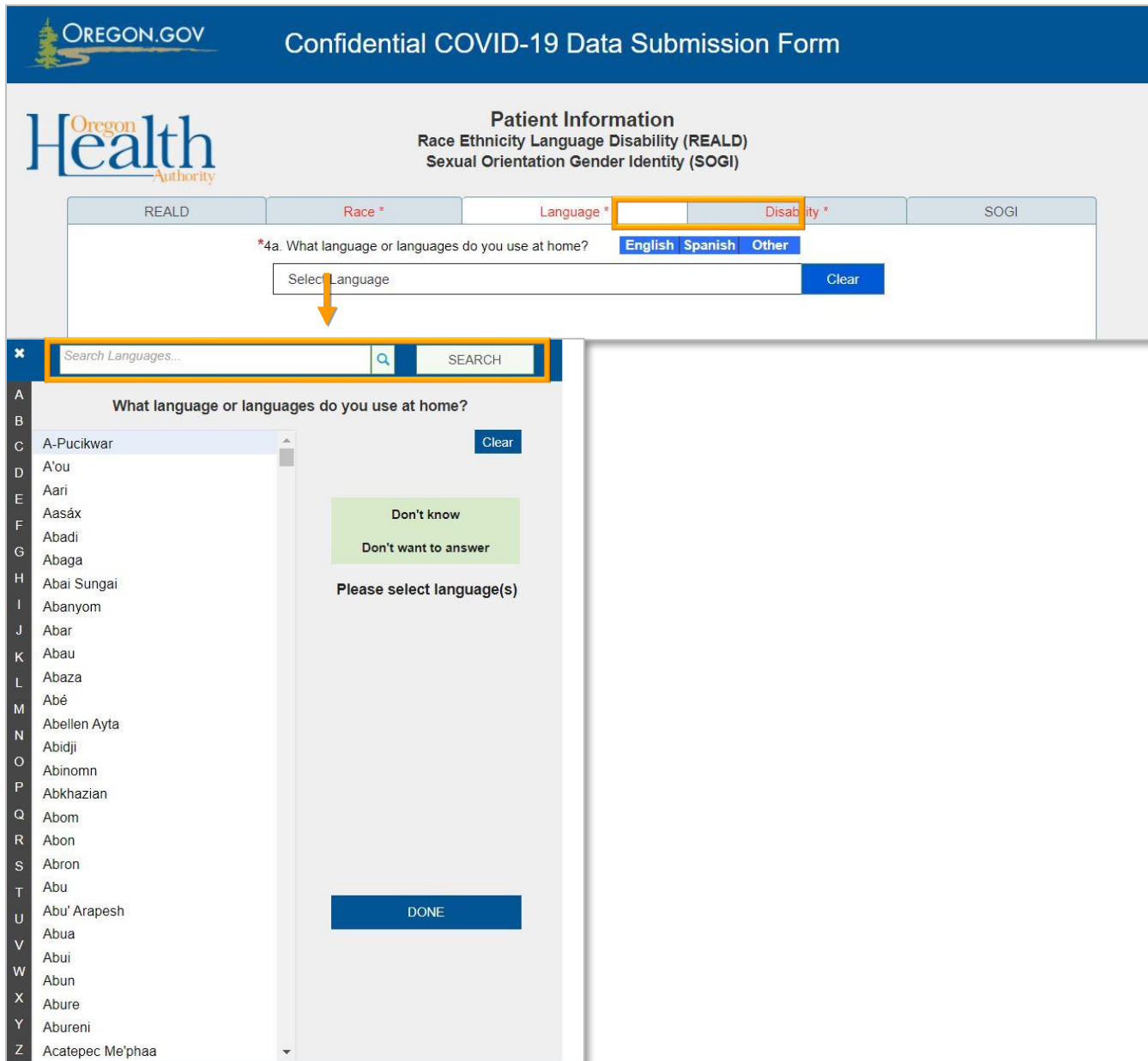
REALD – Language Questions

1. Select an answer for **What language or languages the patient uses at home?**

NOTE: You can select multiple languages for this question.

NOTE: If just **English** is selected, you do not need to answer the rest of the Language questions.

NOTE: You can use the **English**, **Spanish**, and **Other** buttons to quickly select **English** and/or **Spanish**.





The screenshot displays the "Confidential COVID-19 Data Submission Form" with the "Patient Information" section. The "REALD" tab is active, and the "Language *" field is highlighted. Below it, the question "*4a. What language or languages do you use at home?" is shown with buttons for "English", "Spanish", and "Other". A "Select Language" dropdown menu is open, showing a search bar and a list of languages. The list includes "A-Pucikwar", "A'ou", "Aari", "Aasáx", "Abadi", "Abaga", "Abai Sungai", "Abanyom", "Abar", "Abau", "Abaza", "Abé", "Abellen Ayta", "Abidji", "Abinomn", "Abkhazian", "Abom", "Abon", "Abon", "Abu", "Abu' Arapesh", "Abua", "Abui", "Abun", "Abure", "Abureni", and "Acatepec Me'phaa". A "Clear" button is next to the search bar, and a "DONE" button is at the bottom of the list.

Questions? Contact your
Organization Administrator or

ORPHEUS.ODPE-TECH@odhsoha.oregon.gov

2. Select a language for **In what language do you want us to communicate in person, on the phone, or virtually with you?**
NOTE: You can only select one language for this question.
3. Select a language for **In what language do you want us to write to you?**
NOTE: You can only select one language for this question.
4. Select an answer for **Do you need or want an interpreter for us to communicate with you?**
NOTE: If the patient needs or wants an interpreter, select what type of interpreter is preferred.
5. Select an answer for **How well do you speak English?**
6. Click the **Disability** tab or the navigation arrow to move to the next screen.


Confidential COVID-19 Data Submission Form



Patient Information
 Race Ethnicity Language Disability (REALD)
 Sexual Orientation Gender Identity (SOGI)

REALD	Race *	Language *	SOGI
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> *4a. What language or languages do you use at home? English Spanish Other * </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> *4b. In what language do you want us to communicate in person, on the phone, or virtually with you? English Spanish Other * </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> *4c. In what language do you want us to write to you? English Spanish Other * </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> * 5a. Do you need or want an interpreter for us to communicate with you? English Spanish Other * </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> * 5b. If you need or want an interpreter, what type of interpreter is preferred? English Spanish Other * </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid #ccc; margin-bottom: 10px;"> * 6. How well do you speak English? English Spanish Other * </div>			

*4a. What language or languages do you use at home?
English, Spanish Clear

*4b. In what language do you want us to communicate in person, on the phone, or virtually with you?
Don't know Clear

*4c. In what language do you want us to write to you?
Don't know Clear

* 5a. Do you need or want an interpreter for us to communicate with you?

☒ Yes
 ☐ No
 ☐ Don't know
 ☐ Don't want to answer

* 5b. If you need or want an interpreter, what type of interpreter is preferred?

☐ Spoken language interpreter
☐ American Sign Language interpreter
☐ Deaf Interpreter for DeafBlind, additional barriers, or both
☐ Contact sign language (PSE) interpreter
☒ Other (please list):

* 6. How well do you speak English?

☐ Very Well
 ☐ Not Well
 ☐ Don't Know
☒ Well
 ☐ Not at all
 ☐ Don't want to answer

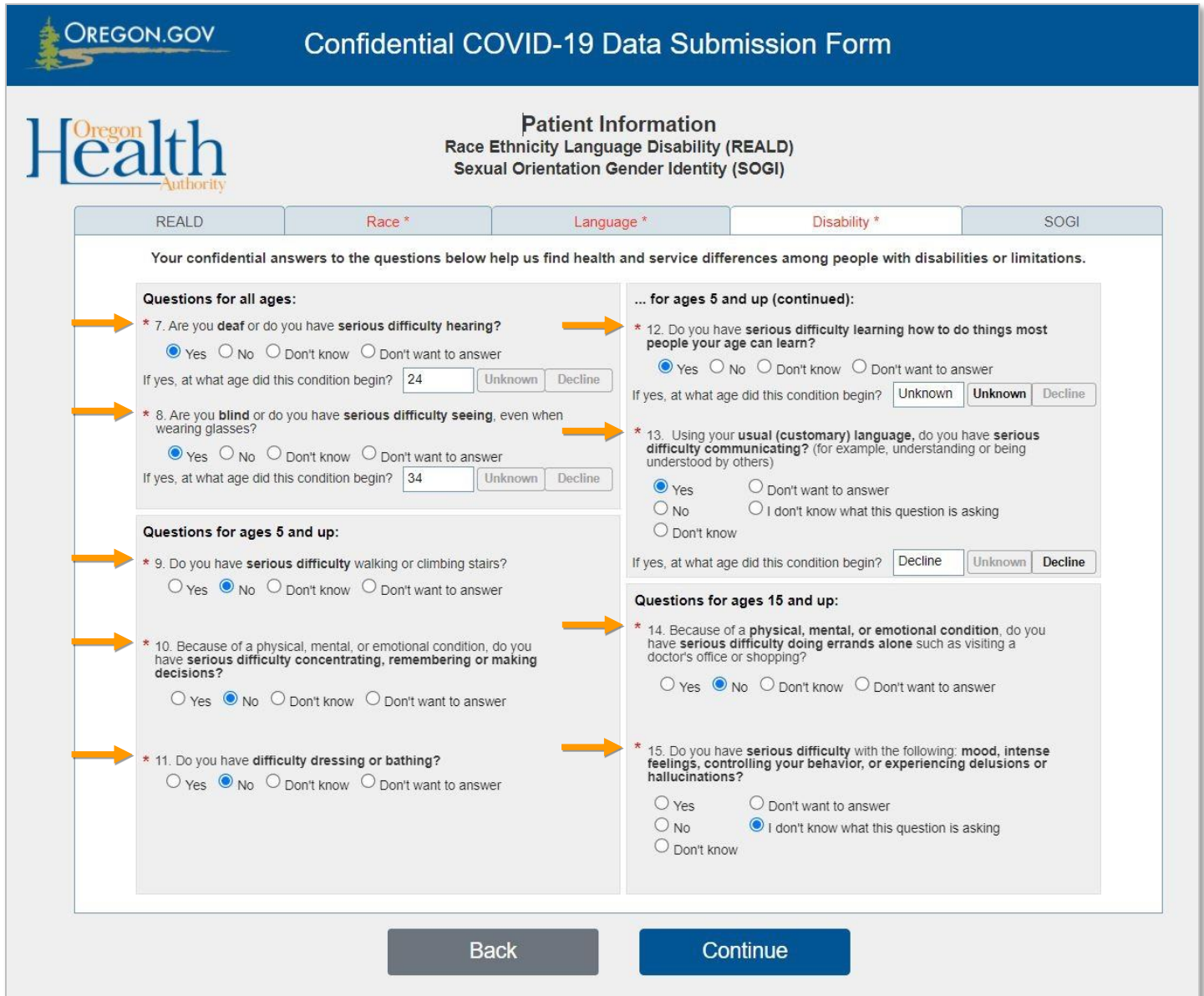
Back
Continue

REALD – Disability Questions

1. Answer all disability questions

NOTE: If the patient's age is less than 5 or 15 years old, you do not need to answer the questions for ages 5 and/or 15 years and up.

2. Click on the **SOGI** tab or the navigation arrow to move to the next screen.



OREGON.GOV Confidential COVID-19 Data Submission Form

Oregon Health Authority

Patient Information
Race Ethnicity Language Disability (REALD)
Sexual Orientation Gender Identity (SOGI)

REALD Race * Language * Disability * SOGI

Your confidential answers to the questions below help us find health and service differences among people with disabilities or limitations.

Questions for all ages:

* 7. Are you **deaf** or do you have **serious difficulty hearing**?
☒ Yes ☐ No ☐ Don't know ☐ Don't want to answer
 If yes, at what age did this condition begin? 24 Unknown Decline

* 8. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?
☒ Yes ☐ No ☐ Don't know ☐ Don't want to answer
 If yes, at what age did this condition begin? 34 Unknown Decline

Questions for ages 5 and up:

* 9. Do you have **serious difficulty** walking or climbing stairs?
☐ Yes ☒ No ☐ Don't know ☐ Don't want to answer

* 10. Because of a physical, mental, or emotional condition, do you have **serious difficulty concentrating, remembering or making decisions**?
☐ Yes ☒ No ☐ Don't know ☐ Don't want to answer

* 11. Do you have **difficulty dressing or bathing**?
☐ Yes ☒ No ☐ Don't know ☐ Don't want to answer

... for ages 5 and up (continued):

* 12. Do you have **serious difficulty learning** how to do things most people your age can learn?
☒ Yes ☐ No ☐ Don't know ☐ Don't want to answer
 If yes, at what age did this condition begin? Unknown Unknown Decline

* 13. Using your **usual (customary) language**, do you have **serious difficulty communicating**? (for example, understanding or being understood by others)
☒ Yes ☐ Don't want to answer
☐ No ☐ I don't know what this question is asking
☐ Don't know
 If yes, at what age did this condition begin? Decline Unknown Decline

Questions for ages 15 and up:

* 14. Because of a **physical, mental, or emotional condition**, do you have **serious difficulty doing errands alone** such as visiting a doctor's office or shopping?
☐ Yes ☒ No ☐ Don't know ☐ Don't want to answer

* 15. Do you have **serious difficulty** with the following: **mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations**?
☐ Yes ☐ Don't want to answer
☐ No ☒ I don't know what this question is asking
☐ Don't know

Back Continue

Questions? Contact your
Organization Administrator or


ORPHEUS.ODPE-TECH@odhsos.oregon.gov


Sexual Orientation and Gender Identity (SOGI)

3. Answer all 7 SOGI questions

NOTE: You can use the **Same as Patient Name** button to populate the patient's name for the question **What first and last name does the patient want to use?**

4. Click on **Continue**


Confidential COVID-19 Data Submission Form



Patient Information
 Race Ethnicity Language Disability (REALD)
 Sexual Orientation Gender Identity (SOGI)


REALD	Race *	Language *	Disability *	SOGI
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>➔ What first and last name does the patient want to use?</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; padding: 2px 5px; background-color: #f0f0f0; display: inline-block; font-size: 0.8em;">Same as Patient Name</div> </div> <div style="width: 50%; text-align: right; color: #005596; font-weight: bold;">Sexual Orientation and Gender Identity</div> </div> <p>➔ What pronouns does the patient use? (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> She/Her <input type="checkbox"/> No pronouns, use my name <input type="checkbox"/> He/Him <input type="checkbox"/> Not listed. Please specify: <input type="checkbox"/> They/Them <input type="checkbox"/> Don't know <input type="checkbox"/> Ella <input type="checkbox"/> I don't know what this question is asking <input type="checkbox"/> Éi <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Elles </div> <div style="width: 50%;"> <p>➔ Is the patient transgender?</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> I don't know what this question is asking <input type="checkbox"/> Not listed. Please specify: <input type="checkbox"/> I don't want to answer </div> </div> </div> <p>➔ How does the patient describe their gender?</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p>➔ What is the patient's gender? (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Woman/Girl <input type="checkbox"/> Man/Boy <input type="checkbox"/> Agender/No Gender <input type="checkbox"/> Questioning <input type="checkbox"/> Don't know <input type="checkbox"/> Not listed. Please specify: <input type="checkbox"/> I don't know what this question is asking <input type="checkbox"/> I don't want to answer </div> <div style="width: 50%;"> <p>➔ How does the patient describe their sexual orientation or sexual identity?</p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 10px;"></div> <p>➔ What is the patient's sexual orientation or sexual identity? (Check all that apply)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Same-gender loving <input type="checkbox"/> Same-sex loving <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Pansexual <input type="checkbox"/> Straight (attracted mainly to or only to other gender(s) or sex(s)) <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Don't know <input type="checkbox"/> Not listed. Please specify: <input type="checkbox"/> I don't know what this question is asking <input type="checkbox"/> I don't want to answer </div> <div style="width: 50%;"></div> </div> </div> </div>				


Back

Continue

Clinical Details / Clinical Status / Exposure Risks

1. Select whether the patient has symptoms compatible with COVID-19
2. Enter in **Date of Symptom Onset**
3. Select all symptoms that apply
4. Select **Patient Classification**
5. Enter in the **Facility Name**
6. Select whether the patient has been admitted to a hospital
7. Enter in **Admit Date**
8. Select whether the patient has been admitted to ICU
9. Select whether the patient has died
10. Enter in **Date of Death**
11. Select whether the patient is a close contact of a known case
12. Click on **Continue**


Confidential COVID-19 Data Submission Form



Clinical Details

Does the patient have symptoms compatible with COVID-19? ☒ Yes ☐ No

Date of Symptom Onset ☒ unknown

Symptoms

<input type="checkbox"/> Cough	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Feeling feverish	<input checked="" type="checkbox"/> Muscle pain	<input checked="" type="checkbox"/> Sore throat	<input type="checkbox"/> Nausea
<input type="checkbox"/> Fever >=100.3F	<input type="checkbox"/> Headache	<input type="checkbox"/> Chills	<input type="checkbox"/> Loss of sense of taste	<input type="checkbox"/> Nasal congestion	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Difficulty breathing	<input checked="" type="checkbox"/> Loss of sense of smell	<input type="checkbox"/> Nasal Discharge	

Clinical Status

Patient Classification	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Healthcare Worker	<input checked="" type="checkbox"/> Resides in Congregate Setting
	<input type="checkbox"/> Outpatient	<input type="checkbox"/> Other	<input type="checkbox"/> Works in Congregate Setting

Facility Name

Has the patient been admitted to the hospital? ☒ Yes ☐ No

Patient admitted to ICU? ☒ Yes ☐ No

Did the patient die? ☒ Yes ☐ No

Exposure Risks


Is this patient a close contact of a known case? ☒ Yes ☐ No


Enter additional comments here...

Back
Continue

Testing Details

1. Select the **COVID Test Result**
2. Select the **Test Type**
3. Select whether if it was the patient's first COVID-19 test
4. Enter in **Laboratory Name**
5. Enter in **Specimen Collection Date**
6. Select whether the patient has already been notified of the diagnosis lab result
7. Enter in **Device Identifier**
8. Review all information from all sections and confirm the information is correct and accurate
NOTE: Once you click on **Submit**, you will not be able to edit your submission. Please review your submission first.
9. Click on **Submit**
10. Skip ahead to [Printing the Report for Your Records](#)



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Confidential COVID-19 Data Submission Form

Testing Details
**required*

*

COVID Test Result

☒ Positive
☐ Negative
☐ No Result/Result Pending
☐ Clinical or only suspect at this time

*

Test Type


☒ PCR
☐ NAAT
☐ Antigen
☐ Antibody

Is this the patient's first COVID-19 Test?

☒ Yes ☐ No ☐ Unknown

Laboratory Name

Specimen Collection Date



Has the patient already been notified of the diagnosis lab result?

☒ Yes ☐ No ☐ Unknown

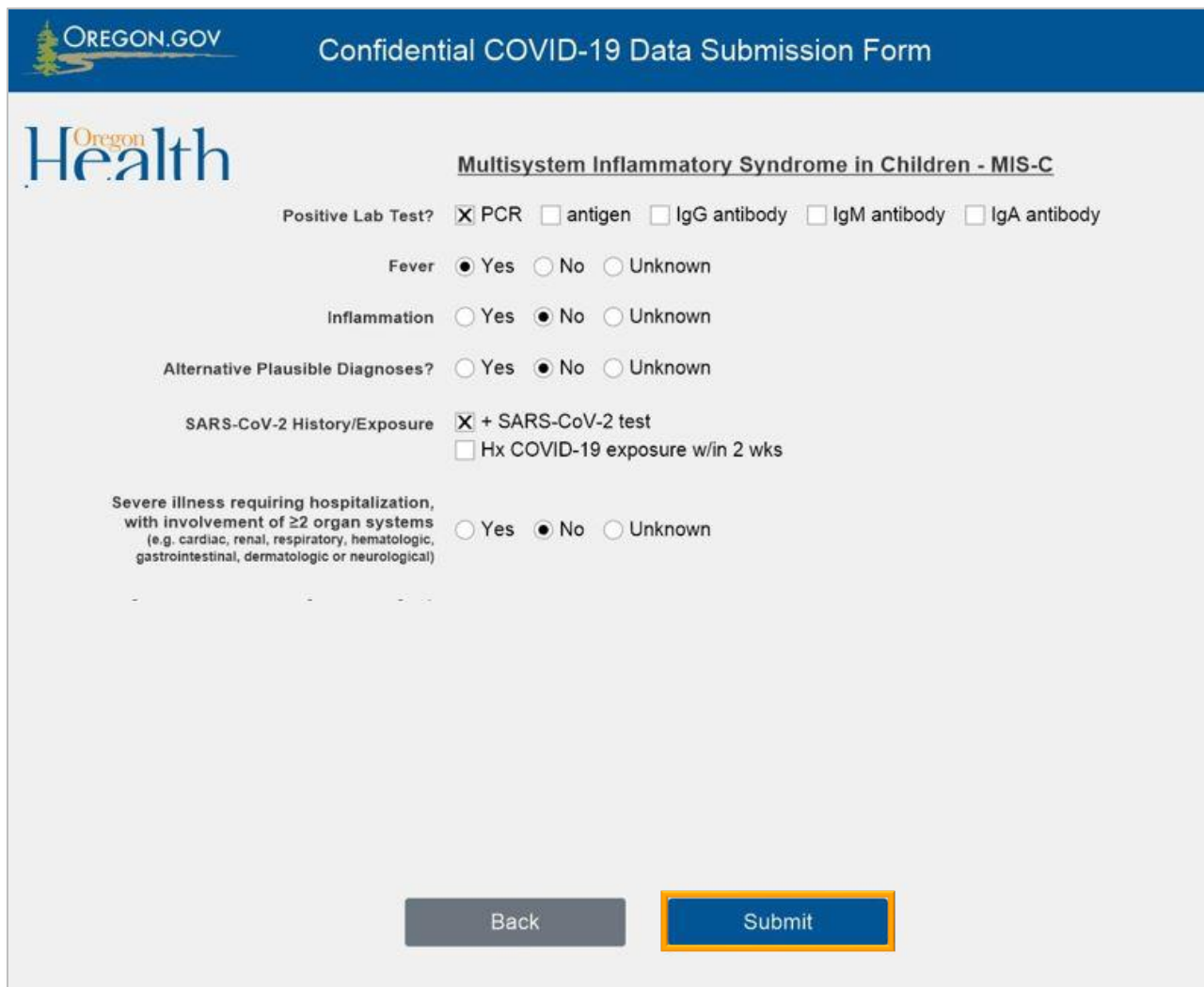
Device Identifier

Back

Submit

Multisystem Inflammatory Syndrome in Children (MIS-C)

1. Select the **Positive Lab Test**
2. Select whether the patient had a **Fever**
3. Select whether the patient had an **Inflammation**
4. Select whether the patient had an **Alternative Plausible Diagnoses**
5. Select the **SARS-CoV-2 History/Exposure**
6. Select whether the patient had a **Severe illness requiring hospitalization with involvement of ≥ 2 organ systems**
7. Review all information from all sections and confirm the information is correct and accurate
NOTE: Once you click on **Submit**, you will not be able to edit your submission. Please review your submission first.
8. Click on **Submit**
9. Skip ahead to [Printing the Report for Your Records](#)



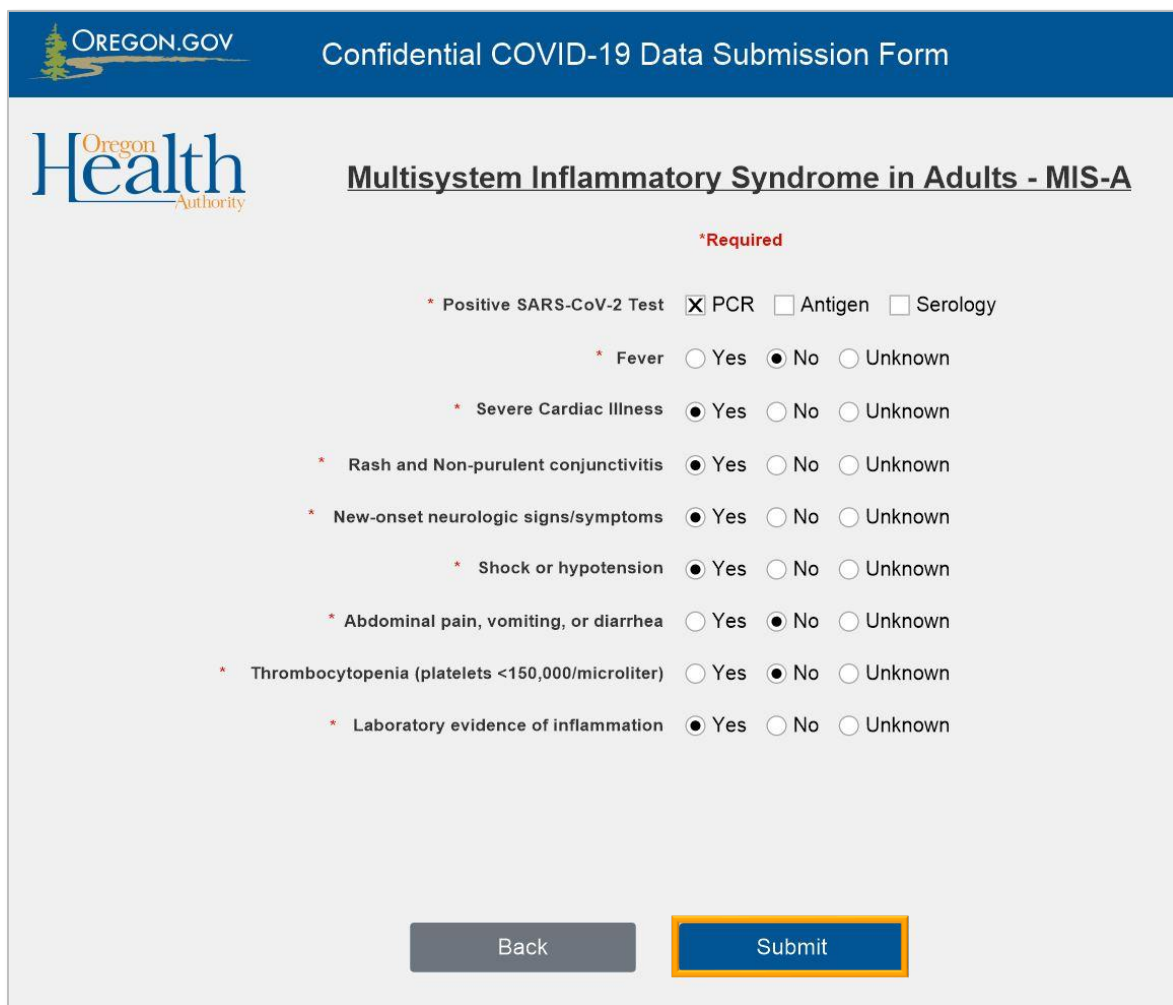
The screenshot shows a web form titled "Confidential COVID-19 Data Submission Form" with the Oregon Health Authority logo. The form is for "Multisystem Inflammatory Syndrome in Children - MIS-C". It contains several sections with radio button options:

- Positive Lab Test?**: ☒ PCR, ☐ antigen, ☐ IgG antibody, ☐ IgM antibody, ☐ IgA antibody
- Fever**: ☒ Yes, ☐ No, ☐ Unknown
- Inflammation**: ☐ Yes, ☒ No, ☐ Unknown
- Alternative Plausible Diagnoses?**: ☐ Yes, ☒ No, ☐ Unknown
- SARS-CoV-2 History/Exposure**: ☒ + SARS-CoV-2 test, ☐ Hx COVID-19 exposure w/in 2 wks
- Severe illness requiring hospitalization, with involvement of ≥ 2 organ systems (e.g. cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological)**: ☐ Yes, ☒ No, ☐ Unknown

At the bottom, there are two buttons: "Back" and "Submit". The "Submit" button is highlighted with a yellow border.


Multisystem Inflammatory Syndrome in Adults (MIS-A)

1. Select the **Positive SARS-Cov-2 Test**
2. Select whether the patient had a **Fever**
3. Select whether the patient had a **Severe Cardiac Illness**
4. Select whether the patient had a **Rash and Non-purulent conjunctivitis**
5. Select whether the patient had a **New-onset neurologic signs/symptoms**
6. Select whether the patient had **Shock or hypertension**
7. Select whether the patient had **Abdominal pain, vomiting, or diarrhea**
8. Select whether the patient had **Thrombocytopenia (platelets <150,000/microliter)**
9. Select whether the patient had **Laboratory evidence of inflammation**
10. Review all information from all sections and confirm the information is correct and accurate
NOTE: Once you click on **Submit**, you will not be able to edit your submission. Please review your submission first.
11. Click on **Submit**



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Confidential COVID-19 Data Submission Form

 **Multisystem Inflammatory Syndrome in Adults - MIS-A**

***Required**

* Positive SARS-CoV-2 Test ☒ PCR ☐ Antigen ☐ Serology

* Fever ☐ Yes ☒ No ☐ Unknown

* Severe Cardiac Illness ☒ Yes ☐ No ☐ Unknown

* Rash and Non-purulent conjunctivitis ☒ Yes ☐ No ☐ Unknown

* New-onset neurologic signs/symptoms ☒ Yes ☐ No ☐ Unknown

* Shock or hypotension ☒ Yes ☐ No ☐ Unknown

* Abdominal pain, vomiting, or diarrhea ☐ Yes ☒ No ☐ Unknown

* Thrombocytopenia (platelets <150,000/microliter) ☐ Yes ☒ No ☐ Unknown

* Laboratory evidence of inflammation ☒ Yes ☐ No ☐ Unknown

Back Submit

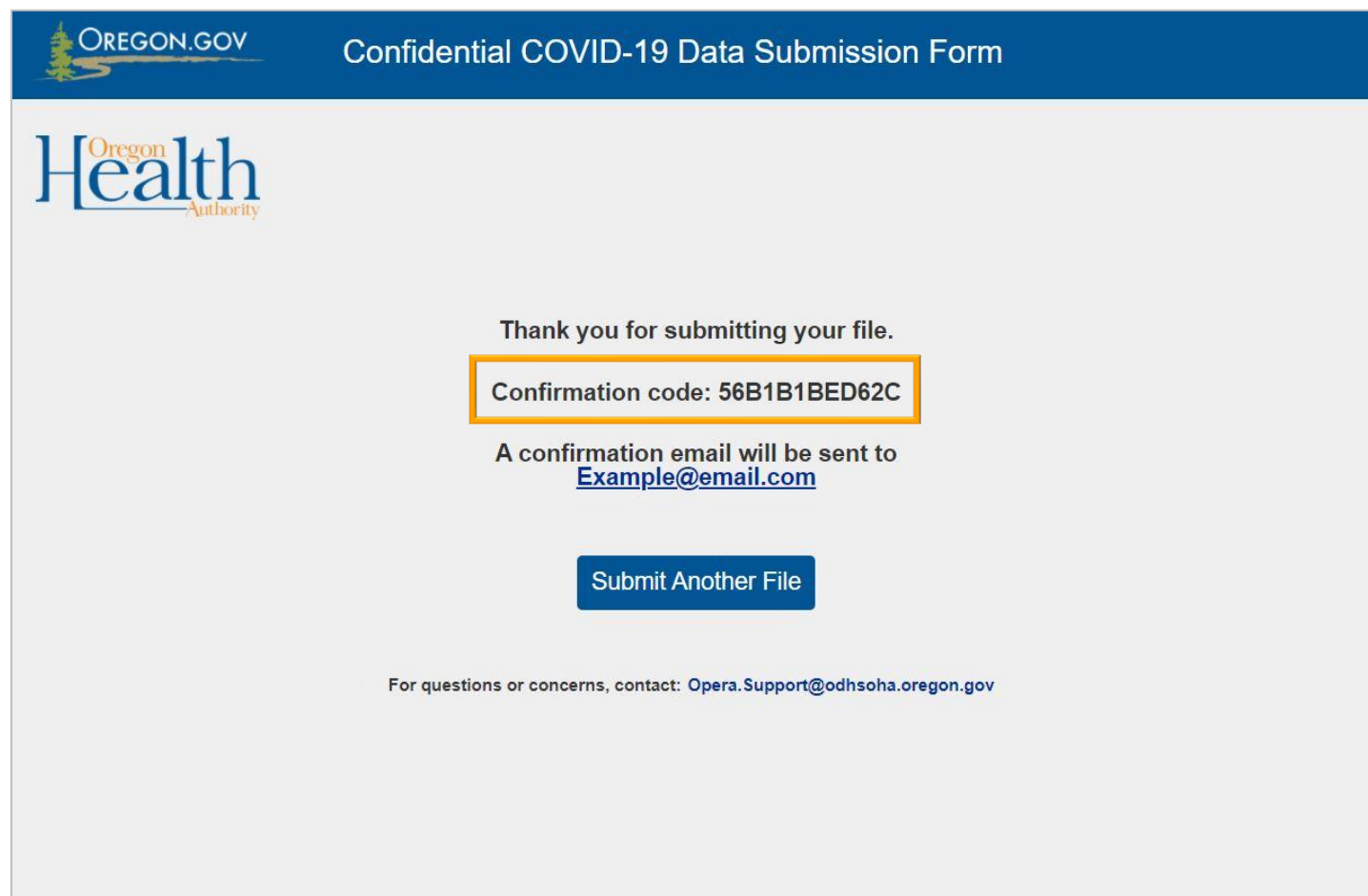
Printing the Report for Your Records

1. To print the report for your records, click **Yes** in the popup box
2. Once you have printed the report, click **Done**
3. To exit or submit another report, click **No thanks**

The screenshot shows a web interface for the 'Confidential COVID-19 Data Submission Form'. At the top, there is a dark blue header with the 'OREGON.GOV' logo and the text 'Confidential COVID-19 Data Submission Form'. Below the header, the 'Oregon Health Authority' logo is visible on the left. The main content area is a light gray rectangle with the text 'Processing...' centered. In the center of this area is a white popup box with a black title bar that reads 'Print Report for your Records'. The popup contains the text: 'Do you want to print a copy of this report for your records? You will not be able to retrieve this information after it's been submitted.' At the bottom of the popup are two buttons: 'No thanks' (a light gray button) and 'Yes' (a blue button).

Submitting Another File / Confirmation Code

1. Keep track of the **Confirmation code**
NOTE: For assistance with your submission, you will need this confirmation code.
2. To submit another file, click on **Submit Another File**
3. To exit, close your browser
4. Thank you!



The screenshot shows a web page titled "Confidential COVID-19 Data Submission Form" with the Oregon Health Authority logo. The page displays a confirmation message: "Thank you for submitting your file." Below this, the confirmation code "56B1B1BED62C" is highlighted in an orange box. A message states that a confirmation email will be sent to "Example@email.com". A blue button labeled "Submit Another File" is visible. At the bottom, contact information for Opera.Support@odhsoha.oregon.gov is provided.

OREGON.GOV

Confidential COVID-19 Data Submission Form

Oregon Health Authority

Thank you for submitting your file.

Confirmation code: 56B1B1BED62C

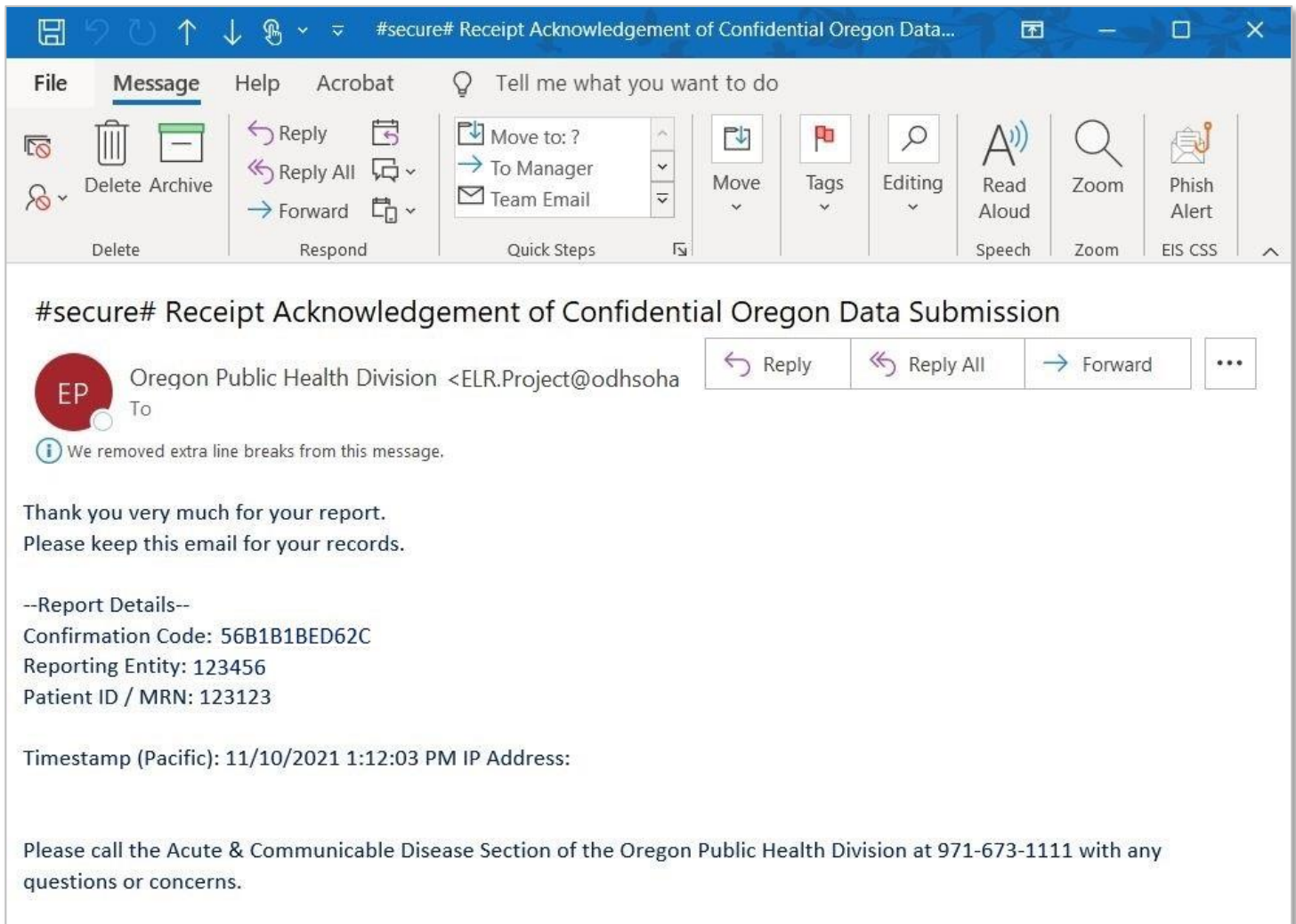
A confirmation email will be sent to Example@email.com

[Submit Another File](#)

For questions or concerns, contact: Opera.Support@odhsoha.oregon.gov

Email Notification

- Once you have submitted a report, you will receive a secure email with the subject: **#secure# Receipt Acknowledgement of Confidential Oregon Data Submission**
- This email is automatically sent from ELR.Project@odhsoha.oregon.gov after each submission.
- If you have trouble opening this secure email, please contact Opera.Support@odhsoha.oregon.gov



Other Questions?

For any technical assistance, please contact Opera.Support@odhsoha.oregon.gov.

Please include the confirmation code of the submission (you can find this code in the secure email that was sent to you after your OCRP submission).

You can get this document in other languages, large print, braille, or a format you prefer. Contact the Coronavirus Response and Recovery Unit (CRRU) at 503-979-3377 or email CRRU@odhsoha.oregon.gov. We accept all relay calls, or you can dial 711.
