

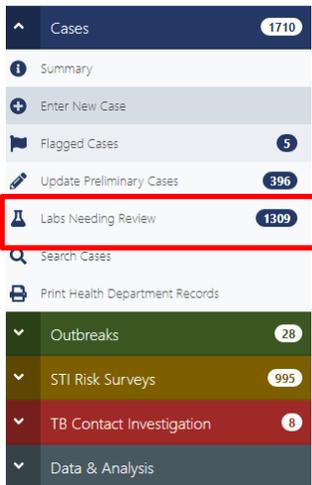


## Quick Start Guide: LNR Module for MHS GENESIS Users

We are pleased to announce that the Labs Needing Review Module in DRSi has been updated to ingest MHS GENESIS data. Data imports will be weekly for MHS GENESIS data until further notice. The first set of data to be imported will be for the following medical conditions: COVID-19, Chlamydia, Gonorrhea, Syphilis, Salmonella, and Typhoid Fever. We are working to add new potentially reportable diseases for import over the next several months. This is a new feature, so we would like to hear from you. Please do communicate any problems you encounter, what you like or do not like, or any other comments.

### Using the Labs Needing Review Module for MHS GENESIS Users:

1. Log into DRSi using your CAC at <https://data.nmcphc.med.navy.mil/ndrsi/>
2. Select 'Labs Needing Review' from Cases menu drop down list.



3. Using the available search parameters create a list of the labs (potential reportable cases) that you wish to review.

Labs Needing Review

<b>Medical Event</b> <input type="text" value="Medical Event"/>	<b>Reporting Units</b> <input type="text" value="All"/>
<b>Public Health Classification</b> <input type="text" value="Public Health Classification"/>	<b>Reported in DRSi</b> <input type="button" value="Any"/> <input type="button" value="Reported"/> <input type="button" value="Not Reported"/>
<b>Date Filter Mode</b> <input type="button" value="Days from Today"/> <input type="button" value="Date Range"/>	<b>Days From Import (90 day limit)</b> <input type="text" value="90"/>
<input type="button" value="Search"/> <input type="button" value="x"/>	



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4. MHS GENESIS data will display for locations that have transitioned to MHS GENESIS. Temporarily, both CHCS data and MHS GENESIS data may be mixed together for locations that have both feeds available during the MTF's transition.
5. The MHS GENESIS data does not contain FMP and for most rows in the LNR module there will be N/A in that column. You will need to enter the patient FMP in the profile in cases when you select 'Report Case'.
  - For sponsors, FMPs are automatically set to 20 when Sponsor SSN equals Patient SSN in the data.

Report/View Case	Delete	Sponsor SSN	FMP	Patient SSN	Patient DODID	Medical Event	Requesting Facility	Date of Event	Date Imported
Report Case	Delete	[Redacted]	N/A	[Redacted]	[Redacted]	Chlamydia	NH CAMP PENDLETON	02/12/2021	10/26/2021
Report Case	Delete	[Redacted]	N/A	[Redacted]	[Redacted]	Chlamydia	NH CAMP PENDLETON	12/16/2020	10/26/2021
Report Case	Delete	[Redacted]	N/A	[Redacted]	[Redacted]	Chlamydia	NH TWENTYNINE PALMS	04/30/2021	10/26/2021
Report Case	Delete	[Redacted]	N/A	[Redacted]	[Redacted]	Chlamydia	NH TWENTYNINE PALMS	08/19/2021	10/26/2021

6. Determine if the event is reportable according to the Armed Forces RME case definition.
  - If the case is not reportable, click 'Delete'. Note: When you click on 'Delete', this deletes the records from your view, not from the underlying database. When a record is 'deleted' from a user's view, it cannot be undone by that user.
  - If the case is reportable, click 'Report Case'.

Report/View Case	Delete	Sponsor SSN	FMP	Patient SSN	Patient DODID	Medical Event	Requesting Facility	Date of Event	Date Imported
Report Case	Delete	[Redacted]	20 - Sponsor	[Redacted]	[Redacted]	Salmonellosis	NH NAPLES	06/09/2020	06/17/2021
Report Case	Delete	[Redacted]	20 - Sponsor	[Redacted]	[Redacted]	Malaria	LANDSTUHL REGIONAL...	06/10/2020	06/17/2021
Report Case	Delete	[Redacted]	20 - Sponsor	[Redacted]	[Redacted]	Hepatitis B	IA-N CHICAGO VETERA...	06/09/2020	06/17/2021
Report Case	Delete	[Redacted]	30 - Spouse of Sponsor	[Redacted]	[Redacted]	Hepatitis A	NH CAMP PENDLETON	06/04/2020	06/17/2021



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7. Once clicking on “Report Case”, you may be taken to a demographic or a MER screen depending on the circumstances of the case you are reporting, as described in the scenarios below. For each scenario, be sure to enter all required information in order to advance to the next screen.
  - **Scenario #1: Reporting a case for a dependent whose sponsor is not registered in DRSi.** In this scenario very few of the patient’s and their sponsor’s information is prepopulated.
    - Complete the Dependent and/or Sponsor demographics, then click Submit and Continue.
    - You will need to scroll down to complete and review the Sponsor’s Demographics section.



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## IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

**Edit Dependent with Sponsor for Case** Close Submit and Continue

Create Medical Event

Medical Event: Chlamydia trachomatis infection      Date of Onset \*: 12/16/2020

**Notice:**  
Please compare the Dependent information with the "Related Family Members" table found below.  
1. If the correct Family Member has been selected, complete the Dependent and/or Sponsor demographics, then click *Submit and Continue*.  
2. If the Dependent matches a Family Member below, click "Select" next to the Family Member to report this case under this Family Member. Complete the necessary fields, then click *Submit and Continue*.  
3. If the Dependent does not match an existing Family Member, complete the Dependent and/or Sponsor demographics, then click *Submit and Continue*.

**Dependent**

Dependent SSN: [ ]      Dependent DODID: [ ]      FMP Type \*: FMP Type  
\*FMP Type is required.

First Name \*: [First Name]      MI: [MI]      Last Name \*: [Last Name]  
\*First Name is required.      \*Last Name is required.

Race \*: African American      Date of Birth \*: [ ]      Gender \*: Male  
\*Gender is required.

Beneficiary Category: Auto-Assigned

**Related Family Members**

Select	Sponsor SSN	FMP	Patient SSN	Patient DODID	Name	DOB	Gender	Race
No related family members.								

**Sponsor Demographics**

Selecting 'Close' will exit this screen, and return you to the LNR search menu. None of your changes will be saved.

It is good practice to insert DODIDs when available, as DRSi will be moving towards being a DODID central system in the near future.

Do verify date of onset above and the prepopulated information in the dependent section. Fill in all remaining required fields, marked with "\*" .

**Do not forget to scroll down!**  
There are more required fields in the Sponsor Demographics and Service Information sections below.



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## IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

### Sponsor Demographics

**Attention:** Cannot create a Case for this Sponsor unless more than the minimum is completed. Indicated with the \* symbol.

**Sponsor SSN \***  **Sponsor DODID**

**First Name \***  **MI**  **Last Name \***

**Race \***  **Date of Birth \***  **Gender \***  Male  Female  
Race is required.

### Sponsor Service Information

**Rank \***  **Duty Status \***  **Service Branch \***  **Duty Station**   **Beneficiary Category**

Rank is required.

### Sponsor Contact Information

**Email**  **Phone**

**Address**

**City**  **State**  **Zip**

**Country**

Complete and verify information in the sponsor sections seen here, including the Sponsor DODID. Be sure to accurately fill in all remaining required fields marked with "\*" and "\*\*".

When complete, scroll back up to the top of the page and select 'Submit and Continue'. This will take you to the 'Create Medical Event' page, and the MER can be completed as described in the Quick Start Guide to Using the New DRSi for the Medical Event Recorder.



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## IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

- **Scenario #2: Reporting a case for a dependent whose sponsor is registered in DRSi.** If a sponsor (and perhaps the dependent) is already in DRSi, then please scroll to the “Related Family Member’s section” and do the following:
  - If the correct Family Member has been pre-selected by the system, complete the Dependent and/or Sponsor demographics, then click Submit and Continue.
  - If the incorrect Family Member has been pre-selected by the system, click ‘Select’ next to the correct Family Member. Complete the remaining necessary fields, then click ‘Submit and Continue’.
  - If the Dependent does not match an existing Family Member, complete the Dependent and/or Sponsor demographics, then click ‘Submit and Continue’.



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## IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

### Edit Dependent with Sponsor for Case

Close

Submit and Continue

#### Dependent

Dependent SSN     Dependent DODID     FMP Type \*   
         30 - Spouse of Sponsor

First Name \*     MI     Last Name \*

Race \*     Date of Birth \*     Gender \*   
 Unknown        Male  
Female

Beneficiary Category   
 Spouse of an Active Duty Service Member

#### Related Family Members

Select	Sponsor SSN	FMP	Patient SSN	Patient DODID	Name	DOB	Gender	Race
<input type="button" value="Select"/>	<input type="text"/>	30 - Spouse of Sponsor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Male	Unknown

#### Sponsor Demographics

**Attention:** Cannot create a Case for this Sponsor unless more than the minimum is completed, indicated with the \* symbol.

Sponsor SSN \*     Sponsor DODID

First Name \*     MI     Last Name \*

Race \*     Date of Birth \*     Gender \*   
 African American        Male  
Female

In this case, the dependent information matched the Related Family Member and it is already selected. You will not be able to click 'Select' again. Where there are multiple and the wrong member is selected, click 'Select' next to the correct family member profile and the fields will be prepopulated with the selected profile's data. Complete the remaining required fields, then click 'Submit and Continue' at the top of the screen. This will take you to the 'Create Medical Event' page.



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- **Scenario #3: Reporting a case for a sponsor.** The patient may or may not be in the system already.
  - If the patient is not previously in the system, many of the Sponsor's demographics fields will be blank and need to be filled in. Complete the demographics and then click 'Submit and Continue' to go to the 'Create Medical Event' page.

**Edit Sponsor for Case** [Close] [Submit and Continue]

Create Medical Event

Medical Event: Syphilis Date of Onset: 05/13/2021

Demographics

Sponsor SSN: [ ] Sponsor DODID: [ ]

First Name: [ ] MI: [ ] Last Name: [ ]

Race: African American Date of Birth: [ ] Gender: Male Female

Service Information

Rank: [ ] Duty Status: [ ] Service Branch: Navy Duty Station: [ ] Beneficiary Category: Auto-Assigned

Contact Information

Email: [ ] Phone: [ ]

Address: [ ] [ ]

City: [ ] State: [ ] Zip: [ ]

Country: [ ]

Complete and verify information in the sponsor sections seen here, including the Sponsor DODID. Be sure to accurately fill in all remaining required fields marked with "\*". Then click 'Submit and Continue' at the top of the screen to go to the 'Create Medical Event' page.

- If the patient was already registered in the system, you will skip the demographic entry screen and be taken to the next screen.
  - If the patient has had prior cases, the 'Patient's Latest Cases' section seen below will appear, and you will have the ability to view the patient's previous cases to help decide whether the new case should be reported.



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## IMPROVING READINESS THROUGH PUBLIC HEALTH ACTION

- If the patient has had no prior cases then, the 'Patient's Latest Cases' section will not appear.
- Verify the date of onset and click 'Set Event Details' to go to the 'Create Medical Event' page.

Labs Needing Review - Select Medical Event

Patient

Full Name	Patient SSN	Patient DODID	FMP
			20 - Sponsor

If the patient's data is not correct, you will need to go to the patient's profile, correct it there, then return to this screen to confirm that this is a case.

You will be able to select 'View' to review each case. Note: To return to this screen from the case, you will need to click back on your browser, selecting 'Close' will take you back to the LNR Search screen.

Patient's Latest Cases

View	Case ID	Medical Event	Onset	First Report Date	Status	Reporting Unit	POC
<input type="button" value="View"/>		COVID-19	09/11/2021	09/12/2021	Confirmed	00259 - NMC San Diego	isalah.velasquezclark@mail.mil
<input type="button" value="View"/>		Syphilis	12/21/2020	12/29/2020	Not a Case	00259 - NMC San Diego	joseph.rangel13@mail.mil
<input type="button" value="View"/>		Syphilis	03/13/2020	03/18/2020	Not a Case	00259 - NMC San Diego	joseph.rangel13@mail.mil
<input type="button" value="View"/>		Syphilis	08/15/2018	08/21/2018	Not a Case	00259 - NMC San Diego	joseph.a.rangel6@mail.mil
<input type="button" value="View"/>		Syphilis	06/18/2018	06/25/2018	Confirmed	00259 - NMC San Diego	joseph.a.rangel6@mail.mil
<input type="button" value="View"/>		Chlamydia trachomatis infection	05/09/2014	05/22/2014	Confirmed	47536 - NBHC NSA MID-SOUTH	adrian.weldon@usmc.mil
<input type="button" value="View"/>		Chlamydia trachomatis infection	05/09/2014	05/22/2014	Confirmed	47536 - NBHC NSA MID-SOUTH	adrian.weldon@usmc.mil

Records to Display: 10 records | Total Records: 7

Create Medical Event

Medical Event: Syphilis

Date of Onset: 07/13/2021

Verify date of onset.

Click 'Set Event Details'. This will take you to the 'Create Medical Event' page.

8. Complete the Medical Event Report. Refer to the Quick Start Guide to Using the New DRSi for the Medical Event Recorder for more information.

If you have questions or other feedback on the LNR Module's MHS GENESIS data entry process or data feed, please contact the DRSi Help Desk at 757-953-0737 or [usn.hampton-roads.navmcpubhlthcenpors.list.nmcpbc-ndrs@mail.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcpbc-ndrs@mail.mil)