

CMV eReports System Screenshots

Enter CMV Results Here:

Date of Test (MM/DD/YYYY)	<input type="text"/>	Date Results Received (MM/DD/YYYY)	<input type="text"/>
Hearing Screening Results:	<input type="text" value="v"/>	CMV Test Result	<input type="text" value="v"/>
CMV Test Method	<input type="text" value="v"/>	Not Screened Reason	<input type="text" value="v"/>
Facility Transfer Name	Any Facility <input type="text" value="v"/>	Ordering Physician	<input type="text"/>
Not Screened Reason Comment	<input type="text"/>	Inpatient/Outpatient	<input type="text" value="v"/>
Overall Comment	<input type="text"/>		
Internal Use (PID)	3053788	Internal Use (SID)	3139285

Dropdown Details

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Hearing Screening Results:	<input type="text" value="v"/>	CMV Test Result	<input type="text" value="v"/>
CMV Test Method	<input type="text" value="v"/>	Not Screened Reason	<input type="text" value="v"/>
Facility Transfer Name	<ul style="list-style-type: none"> Not Tested Parent Refused Pass Refer/Fail Unknown 	Ordering Physician	<ul style="list-style-type: none"> Inconclusive Negative Positive Unsatisfactory Sample
Not Screened Reason Comment	<input type="text"/>	Inpatient/Outpatient	<input type="text"/>
Overall Comment	<input type="text"/>		
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CMV Test Method	<input type="text" value="v"/>	Not Screened Reason	<input type="text" value="v"/>
Facility Transfer Name	<ul style="list-style-type: none"> Expired Facility Transfer Greater than 21 days of age Missed Not Ordered, Medical Reasons Parent Refused Other 	Ordering Physician	<input type="text"/>
Not Screened Reason Comment	Saliva Urine	Inpatient/Outpatient	<input type="text"/>
Overall Comment	<input type="text"/>		
Internal Use (PID)	3053788	Internal Use (SID)	<input type="text"/>