



Indiana
Department
of
Health

LIMSNET: A HOW-TO GUIDE FOR SAMPLE SUBMISSION

INDIANA DEPARTMENT OF HEALTH
LABORATORY

Fall 2023

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Objectives

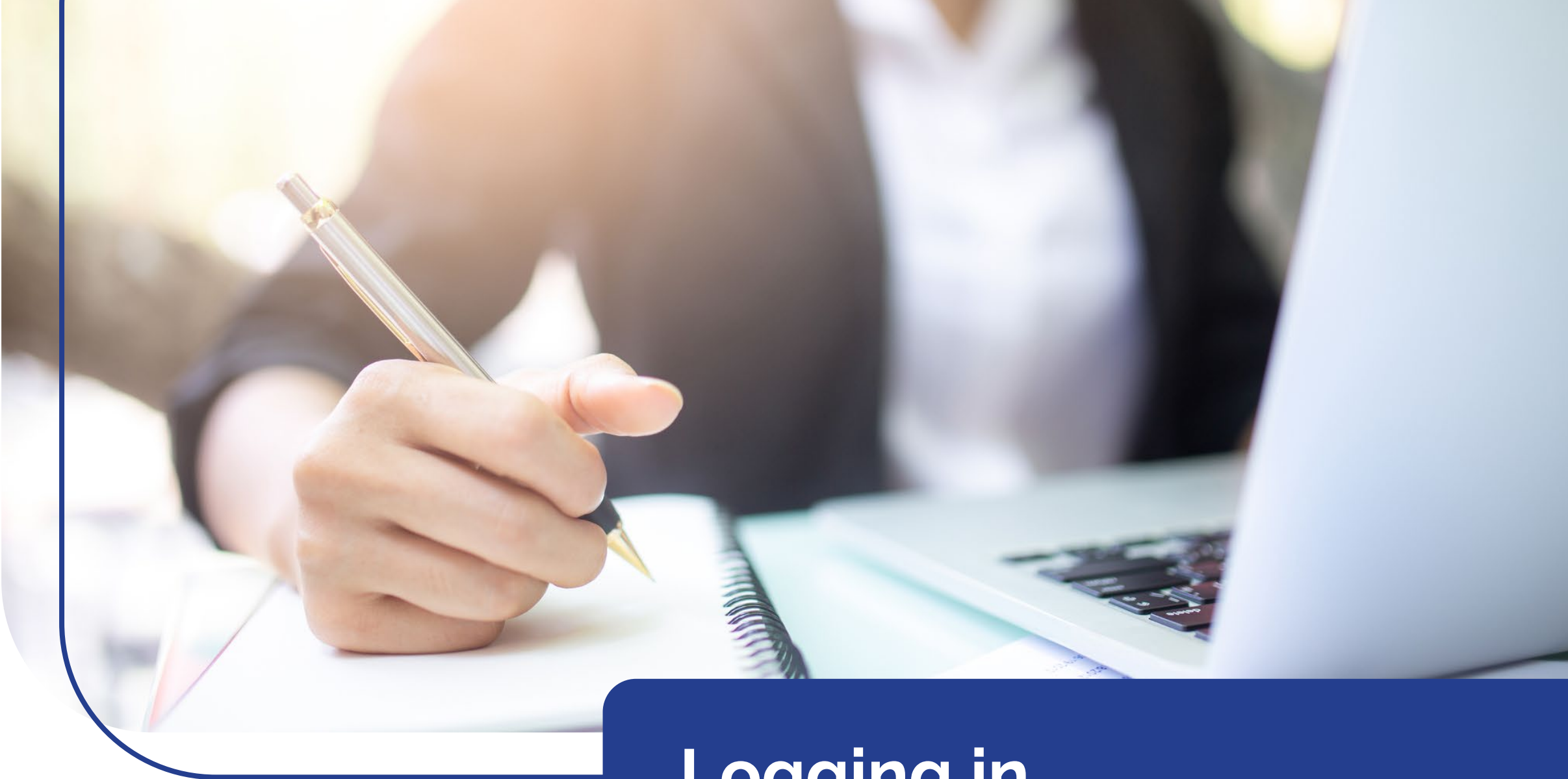
- Demonstrate how to successfully log in to LimsNet
- Successfully and correctly log samples into LimsNet
- Successfully print cover page and ship samples to the IDOH Laboratory
- Show how to troubleshoot cover page
- Successfully search for results in LimsNet
- Demonstrate how to change and update personal information in LimsNet

Contact information

Email: LimsAppSupport@health.IN.gov

Help desk: 317-921-5506 or 888-535-0011

- **Do not** leave a message; please email or call again



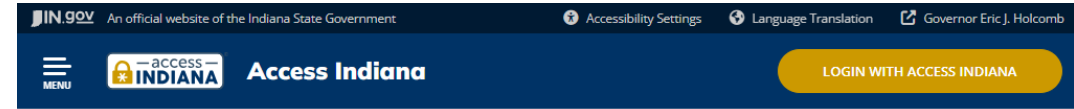
Logging in



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Logging in to LimsNet

- Go to access.in.gov to log in to Access Indiana
- Log in to Access Indiana with your username and password acquired through the Access Indiana portal or from the LimsNet help desk
- After logging in, select the “LimsNet Clinical and Water Lab Testing” service icon



A SINGLE LOGIN & PASSWORD FOR YOUR INDIANA SERVICES

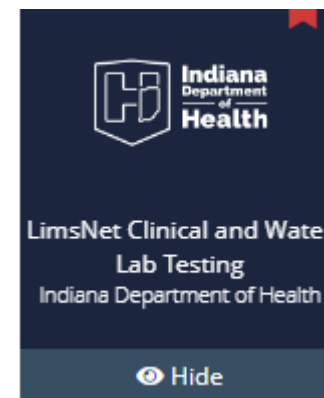
Access Indiana is a portal that allows citizens to use one login and one password (single sign-on) to access multiple services from the State of Indiana.

The login is a safe and secure way to easily sign-in to a variety of applications. There will be a growing catalog of services that use Access Indiana as the login.

Access Indiana is a streamlined and simplified way for citizens to interact with state government.

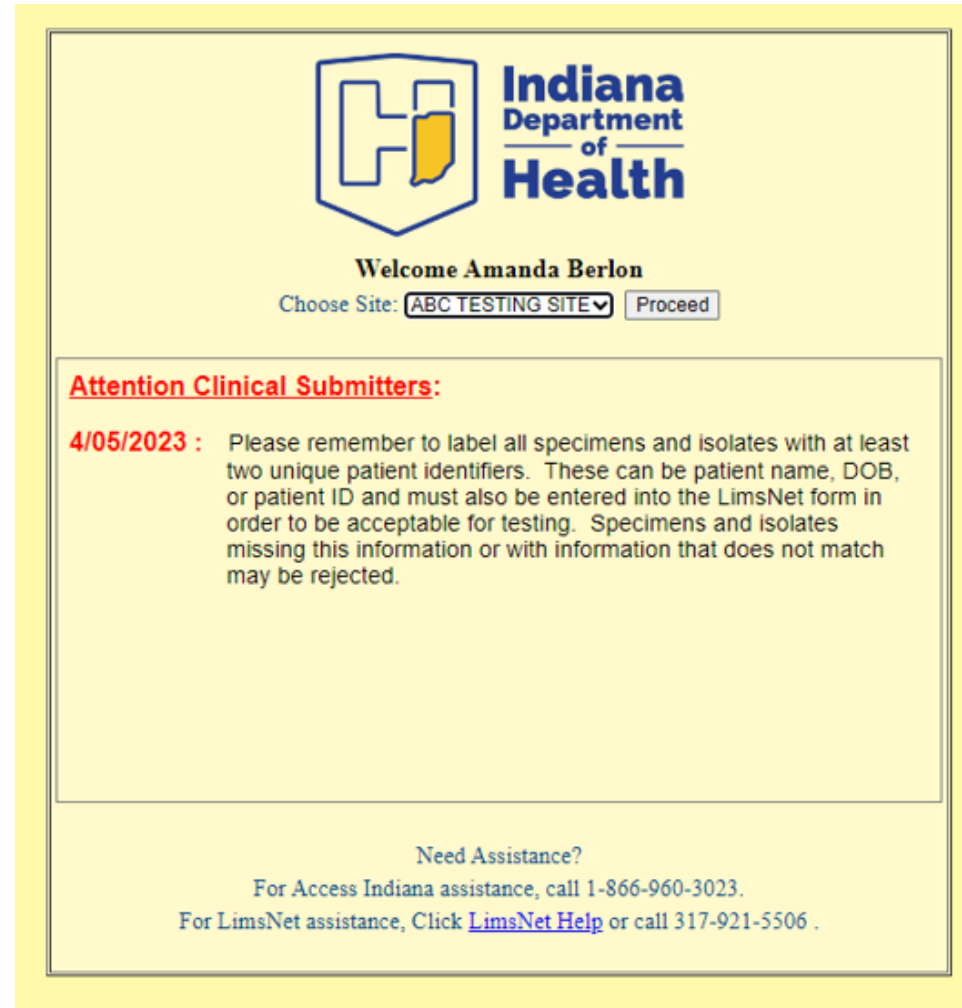



SIGN UP FOR YOUR ACCOUNT



Logging into LimsNet

- Below the login are announcements which may be important to your work
- Please read these announcements daily for pertinent updates



 **Indiana
Department
of
Health**

Welcome Amanda Berlon

Choose Site:

Attention Clinical Submitters:

4/05/2023 : Please remember to label all specimens and isolates with at least two unique patient identifiers. These can be patient name, DOB, or patient ID and must also be entered into the LimsNet form in order to be acceptable for testing. Specimens and isolates missing this information or with information that does not match may be rejected.

Need Assistance?
For Access Indiana assistance, call 1-866-960-3023.
For LimsNet assistance, Click [LimsNet Help](#) or call 317-921-5506 .

Problems logging in

If you see the following error messages:

- Your username and/or password is incorrect, or
- Your password has expired
 - [Click here for a password reset email to be sent to you,](#)
or
 - Call the help desk at 317-921-5506 or 888-535-0011



Entering a sample



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Using LimsNet

- Click the drop-down menu under “log new order”
- Choose desired test (in this example we will be completing a rabies request form)

247 unsubmitted tests. Amanda Berlon Site: ABC TESTING SITE
Log new order: Rabies

Rabies Examination

INDIANA DEPARTMENT OF HEALTH LABORATORIES
[Specimen Collection, Packaging & Shipping Instructions](#)
Samples will be analyzed by *Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing*(Rabies Fluorescent Antibody, CDC Protocol).

Submitter Information

Type of Submitter : *

Exposure Information

*Human Exposure? No Yes

First Name: Last Name:

Street Address:

City: State: ZIP:

Phone:

Date of Exposure: Type Of Exposure:
 Scratch Bite Handling
 Proximity Other

Additional Persons Exposed

Sample demographic information

- If you have an internal sample ID, or name of pet, enter it under "submitter information, sample ID."
- Enter all required data noted by red asterisks "*"
- Note: LimsNet updates may result in additional red asterisks "*"

247 unsubmitted tests. Aman Site: ABC TESTING SITE
Log new order: Rabies
[Log Off](#)

Rabies Examination
INDIANA DEPARTMENT OF HEALTH LABORATORIES
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Samples will be analyzed by *Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing*(Rabies Fluorescent Antibody, CDC Protocol).

Submitter Information

Type of Submitter : *

Exposure Information

*Human Exposure? No Yes

First Name: Last Name:

Street Address:

City: State: ZIP:

Phone:

Date of Exposure: Type Of Exposure:
 Scratch Bite Handling
 Proximity Other

Additional Persons Exposed

Sample information

- **Please provide as much sample information as possible. If unknown, please type "UNKNOWN."

- Enter required information as indicated by red asterisks "*", along with any other relevant information.

If No Human Exposure, Why is this sample being submitted?		<input type="text"/>	
Type Of Animal :*	Note: If animal species is not found on the list, please call the Rabies Laboratory supervisor at 317-921-5842.	Identify breed, Color Marking	<input type="text"/>
Bat <input type="text"/>			
Specimen Type:*	-- Select a value -- <input type="text"/>		
Street Address Where animal was collected:			
City:	<input type="text"/>	State:*	<input type="text"/> ZIP: <input type="text"/>
County :*	0 -- Select County <input type="text"/>	GPS Coordinates	Longitude: <input type="text"/> Latitude: <input type="text"/>
Date of Death of Animal:	<input type="text"/>	Date Specimen Shipped:*	<input type="text"/>
Date Collected :*	<input type="text"/>		

Sample information

- **Please provide as much sample information as possible. If unknown, please type "UNKNOWN."

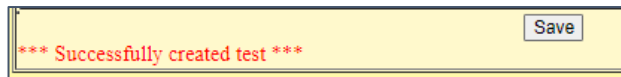
- Enter required information as indicated by red asterisks "*", along with any other relevant information.

If No Human Exposure, Why is this sample being submitted?		<input type="text"/>	
Type Of Animal :*	Note: If animal species is not found on the list, please call the Rabies Laboratory supervisor at 317-921-5842.	Identify breed, Color Marking	<input type="text" value="Mixed breed/Pluto-like marl"/>
<input type="text" value="Bat"/>			
Specimen Type:*	<input type="text" value="Whole animal"/>		
Street Address Where animal was collected:		<input type="text" value="123 Main Street"/>	
City:	<input type="text" value="Indianapolis"/>	State:*	<input type="text" value="IN"/> ZIP: <input type="text" value="46202"/>
County :*	<input type="text" value="50 -- Marion"/>	GPS Coordinates	Longitude: <input type="text"/> Latitude: <input type="text"/>
Date of Death of Animal:	<input type="text" value="09/14/2023"/>	Date Specimen Shipped:*	<input type="text" value="09/14/2023"/>
Date Collected :*	<input type="text" value="9/14/2023"/>		

Clinical information - animal

- Continue to enter all known information. At the bottom, click "SAVE."

- When all data has been entered correctly, this message will display:



- NOTE: If you do not see this message, please review the form to enter missing and required information, then click "SAVE" again. Next you will electronically SUBMIT your test to the Rabies lab and PRINT the cover page to send with the animal. Please see the following slides for instructions.

Clinical Information regarding the animal			
Did the animal exhibit any of the following rabies symptoms? (Check all that apply)			
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Aggression	<input type="checkbox"/> Unable to eat or drink	
<input type="checkbox"/> Excessive salivation	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Noticable change in behavior	
<input type="checkbox"/> Other Signs/Symptoms			
Was animal immunized <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			
Specimen Frozen? <input type="radio"/> No <input type="radio"/> Yes			
If Treated by Veterinarian	<input type="text"/>	Last	<input type="text"/>
Veterinarian, First Name:	<input type="text"/>	Name:	<input type="text"/>
Street Address: <input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/> ZIP: <input type="text"/>
Phone:	<input type="text"/>		
<input type="button" value="Save"/>			



Submitting a sample: Printing cover page

Submitting a sample

- Click on “submit tests”
- When you are ready to send a sample(s) to the IDOH Laboratory, select the desired entries under the SEND column and click “submit checked samples”
- You may edit and/or delete a test requested from this screen

248 unsubmitted tests. Site: ABC TESTING SITE
Log new order: --- Select One --- [Submit Tests](#) [Packages](#) [Test Results](#) [Personalized Settings](#)
[Log Off](#)

Unsubmitted Samples

Select All

Send	Edit	Delete	Date Created	Collection Date	Due In Lab	Patient ID	First Name	Last Name	Test Type	User Name
★	Edit	Delete	9/14/2023 11:09 AM	9/14/2023	N/A				Rabies	aberlon@health.in.gov
<input type="checkbox"/>	Edit	Delete	3/15/2023 12:00 AM	3/13/2023			3972744	Marion	WNV_With_Results	rbeebe
<input type="checkbox"/>	Edit	Delete	3/15/2023 12:00 AM	3/14/2023			3972734	Marion	WNV_With_Results	rbeebe
<input type="checkbox"/>	Edit	Delete	11/14/2022 1:28 PM	11/14/2022			Autum Foster	Prairie Farms - Holland...	Dairy	sithra
<input type="checkbox"/>	Edit	Delete	10/27/2022 12:00 AM	10/18/2022			3905153	Clay	WNV	sithra
<input type="checkbox"/>	Edit	Delete	10/25/2022 11:13 AM	10/24/2022			Glenn Goss	Amish Country Dairy...	Dairy	sbhumana
<input type="checkbox"/>	Edit	Delete	9/13/2022 6:02 PM	9/13/2022			Amy Pettijohn	Con Agra Foods...	Dairy	sithra
<input type="checkbox"/>	Edit	Delete	8/25/2022 12:00 AM	8/16/2022			3871450	Blackford	WNV	sithra
<input type="checkbox"/>	Edit	Delete	7/22/2022 12:00 AM	7/20/2021			3845548	Cass	WNV	sithra
<input type="checkbox"/>	Edit	Delete	7/22/2022 12:00 AM	7/20/2021			3845549	Cass	WNV	sithra

1 2 3 4 5 6 7 8 9 10 ...
Records Per Page: 10

Carrier: Tracking Number:

[Submit Checked Samples](#) [Packaging Instructions](#)

IDOH Laboratory will be closed on the following state holidays.
Upcoming holidays in the next 7 days: None

Printing cover page

- After clicking “submit checked samples,” a pop-up containing the cover page will appear.
- This cover page contains a bar code and information for each sample.
- **Print** this page and include it with your sample submission
- **Please, do not write on this cover page**
- **NOTE: No other paperwork is necessary with sample submission (for rabies only or for all tests?)**

Rabies Samples Requested By ABC TESTING SITE			
<i>Samples will be analyzed by Protocol for Postmortem Diagnosis of Rabies in Animals by Direct Fluorescent Antibody Testing (Rabies Fluorescent Antibody, CDC Protocol).</i>			
Package ID:	1446122		9/14/2023
Submitter Org:	ABC TESTING SITE	Submitter ID:	990
Submitter Name:		Phone:	317-921-5500
<hr/>			
C23048687			
First Name			
Last Name			
Sample ID	0		
Date of Birth			
Test Type	Rabies		
Collection Date	09/14/2023		
<hr/>			
Mailing Address:			
Indiana Department of Health Laboratories 550 W 16th Street, Suite B			

Troubleshooting cover page

If your cover page pop-up doesn't appear, the pop-up blocker on your computer may be turned on. You may either turn it off, or follow these instructions:

1. Click on "packages"
2. Click on "cover page" for appropriate sample or ship date
3. Check the pop-up blocker on your computer to allow pop-ups for this site

247 unsubmitted tests. Site: ABC TESTING SITE

Log new order: [Submit Tests](#) **Packages** [Test Results](#) [Personalized Settings](#)
[Log Off](#)

Package Status

	<u>PackageID</u>	<u>Assay</u>	<u>ShipDate</u>	<u>Carrier</u>	<u>TrackingNumber</u>	<u># Samples</u>	
Select	1446122	Rabies	9/14/2023			1	Cover Page
Select	1443901	Biothreat	8/18/2023			1	Cover Page
Select	1442728	Rabies	8/4/2023			1	Cover Page
Select	1442609	Water Sample Submission	8/2/2023	N/A	0	1	Cover Page
Select	1441480	HIV/Hep	7/19/2023	n/a	n/a	1	Cover Page
Select	1440659	CTGC	7/8/2023			1	Cover Page

Viewing reports requires a PDF reader. You can download [Adobe's Acrobat PDF reader](#) free.



Test result search



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Test result search

Click on "test results"

1. Enter collection date range and first and last name of exposed person (if applicable). If you used an Internal ID or pet name, enter it in the patient ID field. Select test type (rabies).
2. Click "released" radio button for completed search results only
3. Click "search"

Select report from list and click "view" to print. Be sure the status is "released." A pop-up window will appear with your report. You may print from that screen by hovering at the bottom, or by right-clicking

247 unsubmitted tests. Site: ABC TESTING SITE
Log new order: --- Select One --- Submit Tests Packages **Test Results** Personalized Settings
[Log Off](#)

Search Test Results

Collection Date: From To

Sample Number (C180xxxxx)

Patient Name: First Last

Patient ID: ID

Opscan ID

Testtype Name

Site Name

Status

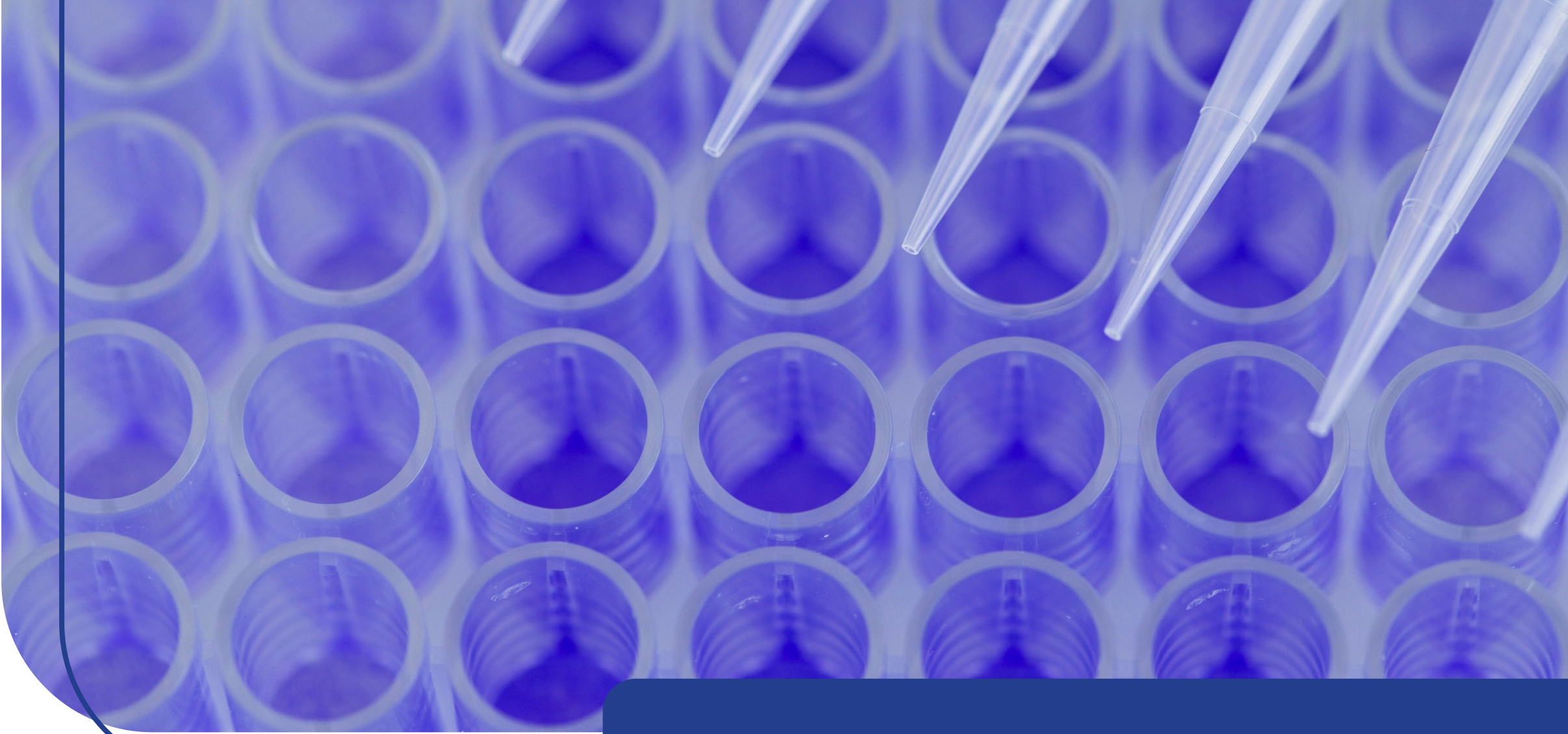
Unshipped

In Transit

Pending

Released

All statuses



Sample integrity



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Sample collection

Sample types:

- Animal head
- Bats (whole animal)

Packaging:

- Place sample in leak-proof container
- Place leak-proof container in insulated shipping carton with cold packs (do not use wet ice)
- Place LimsNet cover sheet in separate zipper baggie, then place in shipping container
- Ship to IDOH Laboratory as soon as possible via courier, UPS, or FedEx

Sample storage

All samples should be stored refrigerated (2-8⁰C) until shipped.

- Freezing is not recommended; thawing may delay testing for up to 24 hours
- Samples should be submitted via LimsNet
- For further submission guidance, please refer to the IDOH Laboratory Service Manual for Rabies at:
<https://www.in.gov/health/laboratories/testing/rabies/>



Changing your personal settings

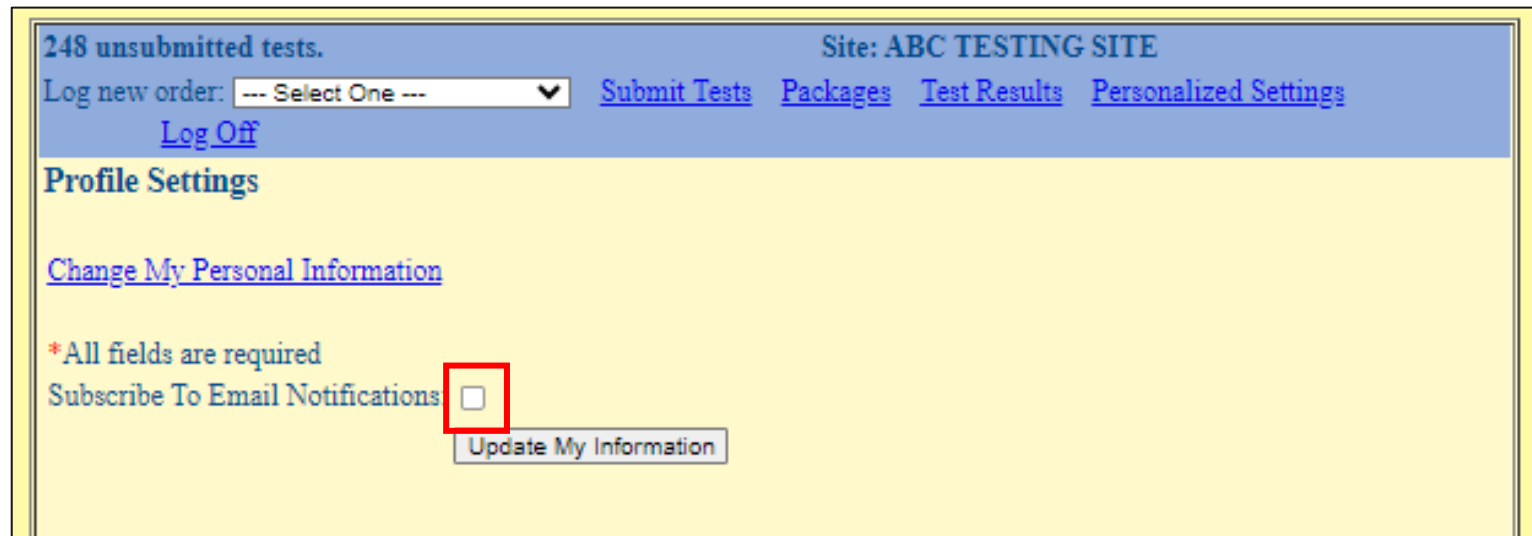


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Change my personal information

You may also check this box to subscribe to email notifications, allowing you to receive an email when a test result is posted.

If any changes are made, you must click on “update my Information.”



The screenshot shows a web interface for a testing site. At the top, it displays "248 unsubmitted tests." and "Site: ABC TESTING SITE". Below this is a navigation bar with a dropdown menu for "Log new order:" (set to "--- Select One ---") and links for "Submit Tests", "Packages", "Test Results", "Personalized Settings", and "Log Off". The main content area is titled "Profile Settings" and contains a link for "Change My Personal Information". A red asterisk indicates that all fields are required. There is a checkbox labeled "Subscribe To Email Notifications" which is currently unchecked and highlighted with a red square. Below the checkbox is a button labeled "Update My Information".

Change my password recovery question

To change your recovery question/answer:

1. Enter your current password
2. Choose your question from the list
3. Provide your recovery answer.
4. When finished, click “update”

Contact information

Rabies Supervisor: Mark Glazier

Mglazier@health.IN.gov

317-921-5842

Rabies Microbiologist: Rhonda Stidham

Rstidham@health.IN.gov

317-921-5834

Questions?

**Indiana Department of Health
Laboratory**

IDOH-Lab-Info@health.IN.gov

