



Online Notifiable Disease Case Report Form

We greatly appreciate your commitment to report notifiable diseases to the District of Columbia Department of Health (DC DOH). This brief guide outlines how to access, return to, and submit the online notifiable disease case report form.

Table of Contents

Section 1. Completing the Online Case Report Form	2
Section 2. Returning to a Previously Started Case Report Form	7
Appendix: Frequently Asked Questions.....	9



Technical Assistance for Online Case Report Form Submission

If you have any questions or trouble submitting the case report form online, please contact us at redcap.epi.doh@dc.gov.

Last Updated: September 29, 2016

Section 1. Completing the Online Case Report Form

1. Open the link to the Notifiable Disease Case Report Form:
<https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=DHNA4X8LJC>.
2. Start filling out the case report form. Fill out the form questions in the order that they appear. The red asterisk (*) indicates fields that must be completed in order to continue to the next page and to submit the case report form.

The screenshot shows the 'Notifiable Disease Case Report Form' from the DC Department of Health. The form includes a header with the DOH logo and navigation links like 'Returning?' and 'Enable speech'. A green callout box points to the 'Date record created' field (09-20-2016) with the text 'Start filling out the form here'. Another green callout box points to the 'Submitter's LAST name' and 'Submitter's FIRST name' fields, which are marked with a red asterisk and the text '* must provide value'. A box labeled 'Red note indicates required fields' has arrows pointing to these two fields. At the bottom, there are buttons for 'Next Page >>' and 'Save & Return Later'.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Resize font: [Returning?](#)
[Enable speech](#)

Notifiable Disease Case Report Form

Thank you for your commitment to reporting notifiable diseases to the District of Columbia Department of Health (DC DOH). Please fill out the notifiable diseases case report form found below as completely and accurately as possible. The information you provide enables us to assess the disease burden in the District and to detect and respond to potential public health threats.

Important Notes:

- This form should NOT be used to report HIV, Tuberculosis, Hepatitis B, C, and STDs. To report these illnesses visit <http://doh.dc.gov/hiv-aids-services> or call the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) at (202) 671-4900.
- A list of our current notifiable diseases can be found at <http://doh.dc.gov/publication/communicable-and-reportable-diseases>

Submitter Information

Date record created	09-20-2016
Type of facility	<input type="text"/>
Submitter's LAST name <small>* must provide value</small>	<input type="text"/>
Submitter's FIRST name <small>* must provide value</small>	<input type="text"/>
Submitter's email	<input type="text"/>
Submitter's phone number <small>* must provide value</small>	<input type="text"/> <small>Include Area Code. If unknown, type 9999999999.</small>
Submitter's fax number	<input type="text"/> <small>Include Area Code. If unknown, type 9999999999.</small>

[Next Page >>](#)
[Save & Return Later](#)

3. To avoid losing information or to return to the form at a later time, you will need to obtain a unique code (known as a Return Code) that will allow you to retrieve the patient record. Click "Save & Return Later" to get the Return Code.

Submitter's FIRST name
* must provide value

Submitter's email
* must provide value

Submitter's phone number
* must provide value

Submitter's fax number
* must provide value

Next Page >>

Save & Return Later

Click "Save & Return Later" to get the return code

4. Record the Return Code in the box that appears on the screen then click "Close". The Return Code is case sensitive and is different for each patient record. Again, this is the code that will allow you to return to that specific patient record if you want to make changes in the future or to continue filling out the form at a later time.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code
A return code is **required** in order to continue the survey where you left off. Please write down the value listed below.

Return Code: TNFXNEDH

* The return code will NOT be included in the email below.

2.) Survey link for returning
You may bookmark this below. For security purposes, please check your Junk folder.

Enter email address
* Your email address will not be included in the survey.

Or if you wish, you may continue the survey now.

Continue Survey Now

'Return Code' needed to return

Copy or write down the Return Code below. Without it, you will not be able to return and continue this survey. Once you have the code, click *Close* and follow the other instructions on this page.

Return Code: TNFXNEDH

Close

1. Record the Return Code. The code is case sensitive and is different for each patient record.

2. Close the return code box.

5. Once the box with the Return Code closes, a page that says your responses were saved appears. Click "Continue Survey Now" if you want to return to the place where you left off and continue filling out the form.



NOTE: If you want to return to the form at a later time, you can enter your email underneath "2.) Survey link for returning", click "Send Survey Link", and close the form at this point. This email will NOT include the Return Code. The following section "Returning to a Previously Started Case Report Form" describes how to return to the form at a later time.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code
A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

* The return code will NOT be included in the email below.

2.) Survey link for returning
You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

* Your email address will not be stored

Or if you wish, you may continue with this survey again now.

6. Continue filling out the case report. Click 'Next Page' to continue to the next page or click 'Previous Page' to return to an earlier page in the case report.

The screenshot shows the 'Notifiable Disease Case Report Form' from the Department of Health. The form includes a header with the DOH logo and the slogan 'Promote. Prevent. Protect.'. Below the header, there is a section titled 'Clinical/Suspected Diagnosis' with a warning: 'Please do NOT report HIV, Tuberculosis, Hepatitis B, C, and STDs. To report these illnesses visit http://doh.dc.gov/hiv-aids-services or call the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) at (202) 671-4900.' The form contains a dropdown menu for 'Clinical/Suspected diagnosis' with a red asterisk and the text '* must provide value'. Below this is a question: 'Is this case part of a suspected outbreak or cluster of illnesses?' with radio buttons for 'Yes', 'No', and 'Unknown', and a 'reset' link. At the bottom of the form are three buttons: '<< Previous Page', 'Save & Return Later', and 'Next Page >>'. Two green callout boxes with arrows point to the 'Previous Page' and 'Next Page' buttons. The left callout says 'Return to the previous page by clicking "Previous Page"'. The right callout says 'Continue to the next page by clicking "Next Page"'. In the top right corner, there are links for 'Resize font:' and 'Enable speech'.

7. If required fields in the form are left blank, an error message will appear when you try to go to the next page.

This screenshot shows the same 'Clinical/Suspected Diagnosis' section of the form as in the previous image. The 'Clinical/Suspected diagnosis' dropdown menu is empty, and a red asterisk with the text '* must provide value' is visible below it. A modal dialog box is open in the foreground with the title 'NOTE: Some fields are required!'. The message inside the dialog reads: 'Your data was successfully saved, but you did not provide a value for some fields that require a value. Please enter a value for the fields on this page that are listed below.' Below the message, it says 'Provide a value for...' followed by a bulleted list: '• Clinical/Suspected diagnosis'. An 'Okay' button is located at the bottom right of the dialog box. Two green callout boxes with arrows point to the dialog box. The left callout says 'Error messages will tell you which fields have not been completed'. The right callout says 'Click "Okay" to return to the form and fill out missing information'.

8. Once you reach the last page of the form, click “Submit” to send the completed case report to DC DOH.

Notifiable Disease Case Report Form

Additional Information

Patient traveled to another STATE or to another COUNTRY within the past 3 months Yes No Unknown reset

Additional information will be sent by Uploading documents Faxing documents to 202-442-8060 Typing, or copying/pasting information below No additional clinical information is available reset

Additional clinical information is necessary to complete the reporting requirement.

Additional Comments

Need a letter to distribute to parents/guardians Yes No reset

<< Previous Page Submit Save & Return Later

9. Once the form has been submitted, you can receive a confirmation e-mail by entering your email address. Note: the Return Code is again provided for your records.

Close survey

Thank you for submitting the notifiable diseases case report to the District of Columbia Department of Health!

If you would like to contact us about this case, please email doh.epi@dc.gov.

Please visit our website to see important health notices, such as those related to Zika at <http://doh.dc.gov/page/health-notice>.

Enter your email to receive confirmation message? Send confirmation email

A confirmation email is supposed to be sent to all respondents that have completed the survey, but because your email address is not on file, the confirmation email cannot be sent automatically. If you wish to receive it, enter your email address below.

Enter email address Send confirmation email

* Your email address will not be stored

You may return to this survey in the future to modify your responses by navigating to the survey URL and entering the code below.

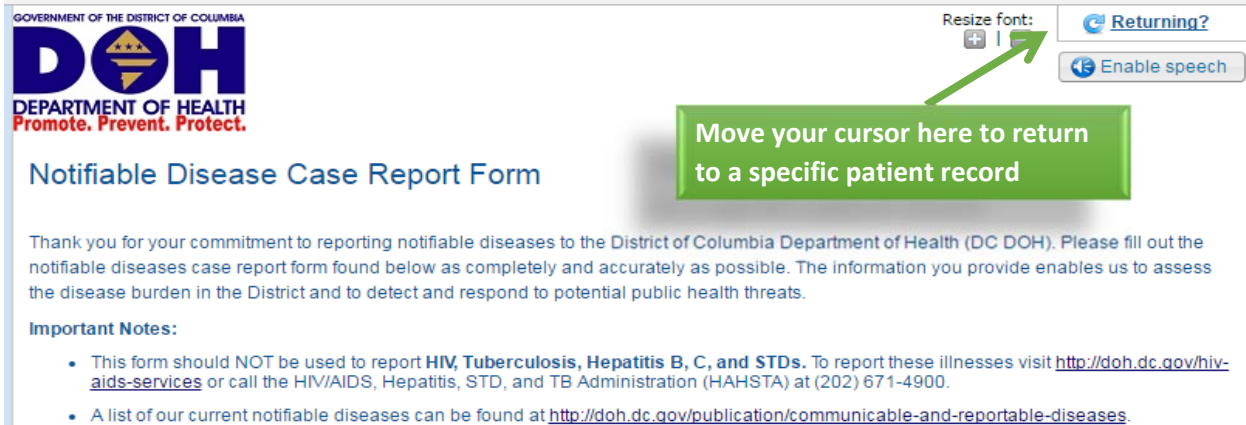
Return Code: TNFXNEDH Note this Return Code if you haven't already

Section 2. Returning to a Previously Started Case Report Form

1. Open the link to the Notifiable Disease Case Report Form:

<https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=DHNA4X8LJC>.

2. Move the cursor to the top right corner of the page where it says “Returning?”



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Notifiable Disease Case Report Form

Thank you for your commitment to reporting notifiable diseases to the District of Columbia Department of Health (DC DOH). Please fill out the notifiable diseases case report form found below as completely and accurately as possible. The information you provide enables us to assess the disease burden in the District and to detect and respond to potential public health threats.

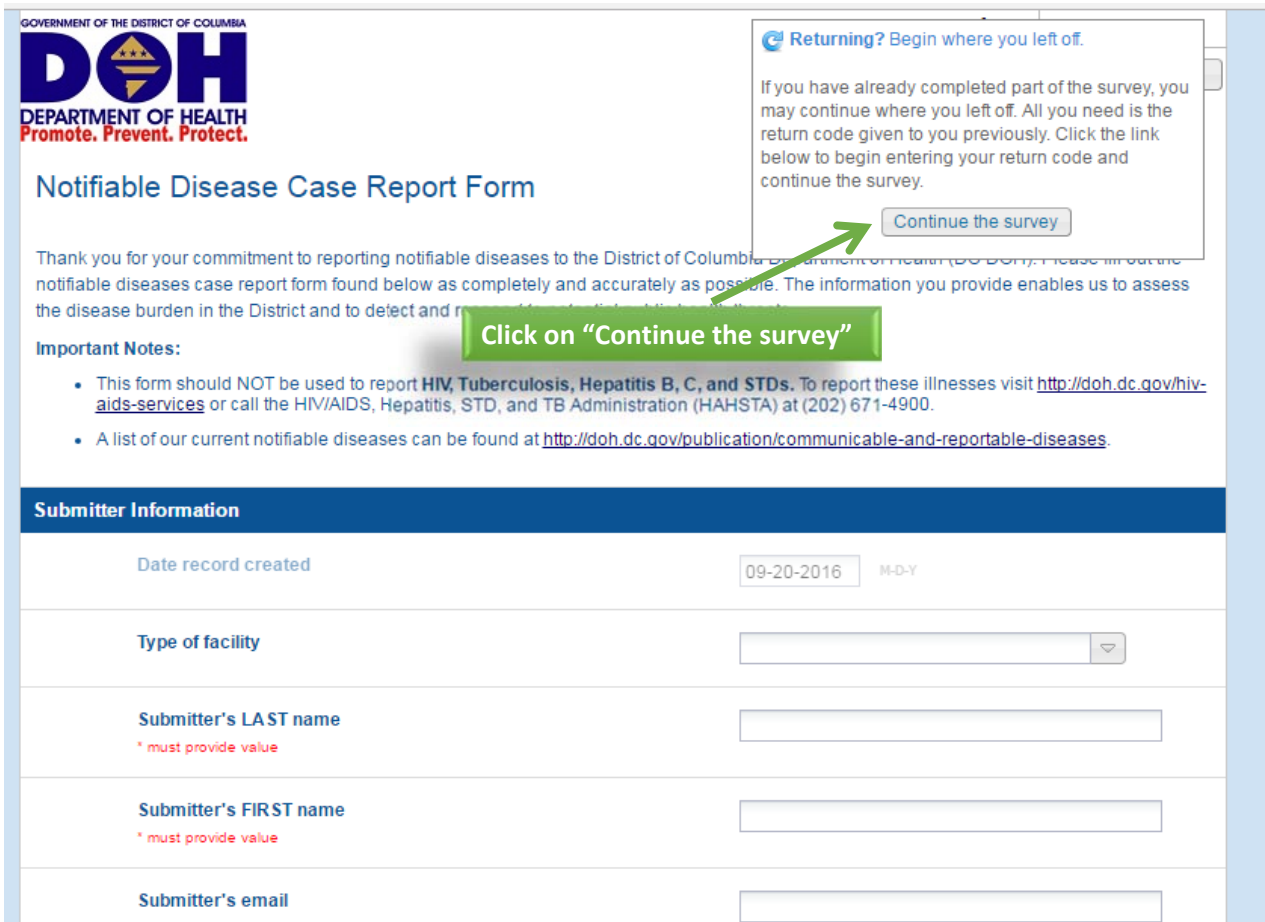
Important Notes:

- This form should NOT be used to report **HIV, Tuberculosis, Hepatitis B, C, and STDs**. To report these illnesses visit <http://doh.dc.gov/hiv-aids-services> or call the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) at (202) 671-4900.
- A list of our current notifiable diseases can be found at <http://doh.dc.gov/publication/communicable-and-reportable-diseases>.

Returning? Enable speech

Move your cursor here to return to a specific patient record

3. A box will appear as shown below. Click “Continue the survey”.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Notifiable Disease Case Report Form

Thank you for your commitment to reporting notifiable diseases to the District of Columbia Department of Health (DC DOH). Please fill out the notifiable diseases case report form found below as completely and accurately as possible. The information you provide enables us to assess the disease burden in the District and to detect and respond to potential public health threats.

Important Notes:

- This form should NOT be used to report **HIV, Tuberculosis, Hepatitis B, C, and STDs**. To report these illnesses visit <http://doh.dc.gov/hiv-aids-services> or call the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) at (202) 671-4900.
- A list of our current notifiable diseases can be found at <http://doh.dc.gov/publication/communicable-and-reportable-diseases>.

Returning? Begin where you left off.

If you have already completed part of the survey, you may continue where you left off. All you need is the return code given to you previously. Click the link below to begin entering your return code and continue the survey.

Continue the survey

Click on “Continue the survey”

Submitter Information

Date record created	09-20-2016	M-D-Y
Type of facility	<input type="text"/>	
Submitter's LAST name	<input type="text"/>	
<small>* must provide value</small>		
Submitter's FIRST name	<input type="text"/>	
<small>* must provide value</small>		
Submitter's email	<input type="text"/>	

4. Enter the Return Code you recorded earlier for the specific patient record you want to access and click “Submit your Return Code”. **The Return Code is case sensitive.**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Notifiable Disease Case Report Form

To continue the survey, please enter the RETURN CODE that was auto-generated for you when you left the survey. Please note that the return code is *not* case sensitive.

.....

Enter your Return Code and click “Submit your Return Code”

5. You will be brought back to the specific patient record that you started to fill out. You can then make changes or continue filling out the form if it was not completed.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
Promote. Prevent. Protect.

Resize font: + | -

Notifiable Disease Case Report Form

Thank you for your commitment to reporting notifiable diseases to the District of Columbia Department of Health (DC DOH). Please fill out the notifiable diseases case report form found below as completely and accurately as possible. The information you provide enables us to assess the disease burden in the District and to detect and respond to potential public health threats.

Important Notes:

- This form should NOT be used to report **HIV, Tuberculosis, Hepatitis B, C, and STDs**. To report these illnesses visit <http://doh.dc.gov/hiv-aids-services> or call the HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) at (202) 671-4900.
- A list of our current notifiable diseases can be found at <http://doh.dc.gov/publication/communicable-and-reportable-diseases>.

Submitter Information

Date record created	<input type="text" value="09-20-2016"/> M-D-Y
Type of facility	<input type="text" value="School/Childcare"/>
Specify type of school/childcare	<input type="text" value="Charter"/>

* must provide value

Appendix: Frequently Asked Questions

I tried to access the online form, but the link did not work. What should I do?

Please try the link using a different browser, such as Chrome or Firefox. It is best to use a browser other than Internet Explorer. If that still does not work, please contact your IT Department or the DC DOH REDCap Team at redcap.epi.doh@dc.gov. Please take a screen shot of the error message to help us assist you.

I started filling out a case report form but did not submit it. Now, I want to return to the form, but I don't have the Return Code. What should I do?

You will need to create a new form. Please make sure to click "Save & Return Later" on the bottom of the page to retrieve the Return Code for this new case report form.

I submitted the case report form and want to return to the form to make an update, but I don't have the Return Code. What should I do?

Please contact DC DOH REDCap Team at redcap.epi.doh@dc.gov and include the patient's initials and date of birth. We will respond within the next business day with the Return Code you will need to access the specific patient record. Please do not include patient's full name in the e-mail.

If I need to delete a case report form that I created, what should I do?

Please contact DC DOH REDCap Team at redcap.epi.doh@dc.gov and include the patient's initials and date of birth. Please do not include patient's full name in the e-mail.

Once I have submitted a form to DC DOH, can I add additional information (including uploading additional documents)?

Yes. If you have the Return Code, you can return to the specific patient record by following the steps in the section "Returning to a Previously Started Case Report Form" of this document. If you have trouble returning to a patient record or don't have the Return Code, please contact the DC DOH REDCap Team at redcap.epi.doh@dc.gov.