Executive Orders (EO)

EO 2021-14

8. Pursuant to the Enhanced Surveillance Advisory, a laboratory as defined in A.R.S. 36-451(4) shall report all COVID-19 test results by name (positive, negative and lineage) to ADHS in an electronic format as follows:

For Laboratories reporting to ADHS through electronic lab reporting ("ELR"), results of all COVID-19 tests.

For laboratories not report to ADHS through ELR, in a Department approved flat file format to a secure FTP site or secure email as outlined in guidance at https://www.azdhs.gov/preparedness/epidemiologydisease-epidemiology/index.php#novel-coronavirus-lab-resources.

For each specimen the report shall include:

- 1. The name and address of the laboratory;
- 2. The name and telephone number of the director of the clinical laboratory;
- 3. The name and as available, the address, telephone number, and email address of the subject;
- 4. The date of birth of the subject;
- 5. The fender of the subject;
- 6. The laboratory identification number;
- 7. The specimen type;
- 8. The date of collection of the specimen;
- 9. The date of the result of the test;
- 10. The type of test completed on the specimen;
- 11. The test result, including quantitative values and reference ranges, if applicable;
- 12. The date and result of genomic sequencing, if applicable; and th
- 13. The ordering health car provider's name. address, telephone number, and if available, email address.
- 11. Pursuant to the Enhanced Surveillance Advisory and ARS 36-782(B)(1) and (4), 36-783(A), (D) and (F), and 36-787(A), and individual, healthcare provider, or local health agency who administers COVID-19 vaccine shall report the following through a Department required format to ADHS every twenty-four hours:
 - a. The individual's name, date of birth, gender, race/ethnicity, residential address, phone number, and vaccine priority group
 - b. The vaccine product information, including CVX, dose number, lot number, manufacturer, and expiration date
 - c. The route of administration and administration site on the patient's body
 - d. The month, day and year of each immunization
 - e. The facility administration site details including facility name, type, address, and ASIIS Pandemic PIN number; and

f. Attest to providing the individual with follow up information if a second dose is required.

E0 2020-35

- 1. Health Care Institutions licensed as Nursing Care Institutions, Residential Care Institutions, ICF-IIDs, and Medical Group Homes for Individuals with Developmental Disabilities shall:
 - a. Report to current residents of congregate settings, next of kin and guardians the number of diagnosed cases and deaths due to COVID-19 occurring within the population of the facility within 24 hours of confirming such information and provide regular updates on their activities to keep resident s safe to residents next of kin and guardians
 - b. Upon receipt of a completed application to a congregate setting and a request from a prospective resident, their next of kin or guardian, report the number of cases and deaths due to COVID-19 occurring within the population of the congregate setting to the prospective resident, their next of kin and any guardian
 - c. Upon acceptance of the transfer of a resident into their congregate setting and upon request from the transferring resident, their next of kin and any guardian, the number of cases and deaths due to COVID-19 occurring within the population of the congregate setting.