



CRELIO PATIENT REGISTRATION/ORDERING

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Registration/Ordering:

1. Hover over the menu on the left side and choose Registration/Billing
2. Search for the patient or enter the patient info if they are not yet in Crelia
 - a. The patient medical history does not need to be completed – it can be hidden by clicking the arrow in the center

Translations even better. Please share any corrections or suggestions to help us enhance your experience. [Report Corrections](#)

Upload ID Proof

Select Patient Type Patient ID (MRN) National ID Number

First Name * Middle Name Last Name * Suffix

Age Years

Phone Number Belongs To ☒ Patient ☐ Relative/Guardian

State Zipcode

Member Policy Group No. Relation to Subscriber

Patient Medical History

Covid vaccine received ☐ Yes ☐ No

Type of Vaccine, if received?

Vaccination Date

Date of Vaccine Dose 2

Have you installed Arogya Setu App ☐ Yes ☐ No

Is Patient Hospitalized? ☐ Yes ☐ No

Patient Category

Travel and Exposure Details

☐ No Travel History

☐ No Contact with Anyone with Travel History

☐ In contact with COVID confirmed

☐ Travelled in COVID affected area in last 14 days

Specify Country/State Travelled

Isolation Location

Passenger locator form ID

Passenger locator form ID

Departure location

Flight/Vessel/Train No

*When you start typing the patient name, it will show up if the patient is already entered:

Your valuable input can make translations even better. Please share any corrections or suggestions to help us enhance your experience. [Report Corrections](#)

Upload ID Proof

Patients 1

#28 (0) **Blood Test2 (30Y-M)** Registered On: Feb 27th, 2024

Designation First Name * Middle Name Last Name * Suffix

Sex * ☐ Male ☐ Female ☐ Other

Date of Birth * Month Day Year Age Years

Contact Number (201) 555-0123

Phone Number Belongs To ☒ Patient ☐ Relative/Guardian

Email

Mailing Address

City State Zipcode

Country United States of America

Insurance Details

Insurance 1 Please Select Insurance

Member Policy Group No. Relation to Subscriber

3. After the patient info is entered, click Proceed to Order

Your valuable input can make translations even better. Please share any corrections or suggestions to help us enhance your experience.

Blood Test2 × Proceed To Order Upload ID Proof

Provider
Taylor Swift × ▼

Patient ID
28

Select Patient Type
INDIRECT (I) × ▼

Patient ID (MRN)
Enter Patient ID (MRN)

National ID Number
Enter National Id Q

Designation
▼

First Name *
Blood

Middle Name
Middle Name

Last Name *
Test2

Suffix
Suffix

[Convert to direct patient](#) [Merge Patient](#)

Sex *
☒ Male ☐ Female ☐ Other

Date of Birth *
February ▼ 04 ▼ 1994 ▼ Clear

Age
30 Years
Old value was: 30 years

Contact Number
🇺🇸 (201) 555-0123 Q

[Update Mobile Number](#)

Phone Number Belongs To
☒ Patient ☐ Relative/Guardian

Email
Email

Mailing Address
Mailing Address

City
City

State
▼

County
County

Zipcode
Zipcode

Country
United States of America × ▼

Patient Guarantor
Patient Guarantor ▼ ⊕

4. Choosing Test Service (**TOXICOLOGY**)

a. Collection date and time will default to the current date/time.

i. Click the calendar to change

b. Make sure the correct provider is chosen

c. Type in either urine or blood to show the **Toxicology** test options. Each has the same testing options:

- i. Screening only
- ii. Confirmation only
- iii. Screening and Confirmation (this will automatically reflex meds and positive screens to confirmation)
- iv. Screening and Confirmation w/ NO REFLEX (will not automatically add confirmation testing for meds and positive screens)

d. Enter the ICD code

e. Click on the + sign

Order Patient

Sample Collect Time: 08h Mar, 2024 12:16 pm

Price List Details
Provider: Price List
Taylor Swift
Discount Price List
Search & Select List

Select Source of Billing
Self Pay Insurance Org Pay Other *

Select ICD Code
Select ICD Code

Service Name

#	Service Name
1	urine

Screening (Urine Sample)
(Screening (Urine Sample))

Confirmation (Urine Sample)
(Confirmation (Urine Sample))

Screening and Confirmation (Urine)
(Screening and Confirmation (Urine))

Screening w/ NO REFLEX and Confirmation (Urine)
(Screening w/ NO REFLEX and Confirmation (Urine))

ICD Code
ICD Code

Emergency Report

Cancel Confirm and Order

STAT/RUSH
samples – choose
emergency report

**DON'T CONFIRM
AND ORDER UNTIL
TESTING IS
SELECTED IN NEXT
STEP**
This is the last step

5. Next add the medications and analytes to test for:
Click on **ADD DRUGS** next to the service you ordered

Select Source of Ordering

None (Default) Direct Walk in CORPORATE (CC) None (Default) ▾

Select ICD Code

Select ICD Code

#	Service Name	Qty	ICD Code *	Price	Concession	
1	Screening w/ REFLEX Positives and Confirmation (Urine) Screening and Confirmation (Urine)	1	U07.1 X	\$ 0	\$ 0	X Add Drugs
2	Search & Select List Q	ICD Code	0	0		

[Add Service](#)

Other Information [Show More](#)

Order Number

Consulting Doctor

Payment Information

Concession (IN \$) ▾

Service Amount \$ 0

Payable Amount: \$ 0

Account Credit: \$ -4,814

Advance Paid:

Order Additional Amount

This account has insufficient credit.

Add Comment [Instant Comment ▾](#)

[Cash](#) [Credit Card](#) [Debit Card](#) [More ▾](#)

Payment: [Add Payment](#)

6. Enter the Prescriptions

- a. Type in the medication to add

Add Default Drug X

Prescription

▾

☐ Enable Prescription Reflex (This will automatically add prescribed drugs for confirmation)

Previously Added Drugs [Add All](#)

Naloxone- Urine, Norbuprenorphine - Urine, Buprenorphine -Urine, Amphetamine - Urine, Phentermine - Urine

Screening *

▾

☐ Enable Screening Reflex (This will automatically add positive screening drugs for confirmation)

☐ Skip Mandatory Drugs

Confirmation *

▾

☐ Skip Mandatory Drugs

[Close](#) [Add](#)

Previously added drugs for that patient will be shown and can easily be added, but make sure the sample type is correct

NOTE: IF THE PRESCRIBED MEDS ARE NOT PART OF THE CONFIRMATION PANEL SELECTED, THOSE WILL NOT BE TESTED UNLESS REFLEX IS ENABLED OR THEY ARE ADDED UNDER CONFIRMATION ALSO. LISTING UNDER PRESCRIBED MEDS WILL ONLY SHOW IF THE POSITIVE/NEGATIVE RESULTS ARE CONSISTENT IN THE SUMMARY OF THE REPORT

The screenshot shows the 'Add Default Drug' dialog box. The 'Prescription' field is set to 'diazepam'. Below it, a list of options is displayed: 'Diazepam - Blood', 'Nordiazepam - Urine', 'Diazepam - Urine RX', and 'Diazepam - Blood RX'. The 'Add' button is highlighted in blue. The background shows the 'Order Patient' interface with various tabs and fields.

****When a drug is selected, metabolites will be added and listed here as well**

- Choose the screen option – for a full screen, type **panel** and choose the Blood Screen Panel or Urine Screen Panel option needed (or custom screen panel if applicable). Enable screening reflex if positives should be confirmed.

The screenshot shows the 'Add Default Drug' dialog box. The 'Prescription' field is set to 'diazepam'. The 'Screening' dropdown is set to 'panel'. Below it, a list of options is displayed: 'Blood Confirmation Panel', 'Urine Confirmation Panel', 'Blood Screen Panel', 'Urine Screen Panel (THC 200)', and 'Urine Screen Panel (THC 100)'. The 'Add' button is highlighted in blue. The background shows the 'Order Patient' interface with various tabs and fields.

- Add drugs to be confirmed – custom orders will be available to choose here as well
*Again, be sure to choose the drugs with urine if they are testing a urine sample or blood if they are testing a blood sample.

Order Patient

Select Source of Billing

Select ICD Code

#	Service Name
1	Screening and Confirmation
2	Search & Select List

Other Information
 Order Number
 Order Number

Add Default Drug ✕

Prescription
 Nordiazepam - Urine ✕ Oxazepam - Urine ✕ Temazepam - Urine ✕

Screening
 Cocaine - Urine Screen ✕ THC 200 - Urine Screen ✕ MDMA - Urine Screen ✕ ETOH - Urine Screen ✕ PCP - Urine Screen ✕
 6MAM - Urine Screen ✕ AMPHETAMINE - Urine Screen ✕ BARBITURATES - Urine Screen ✕ BENZODIAZEPINES - Urine Screen ✕
 FENTANYL - Urine Screen ✕ METHAMPHETAMINE - Urine Screen ✕ OPIATES - Urine Screen ✕ OXYCODONE - Urine Screen ✕
 TRICYCLIC ANTIDEPRESSANTS - Urine Screen ✕

Confirmation
 Confirmation Panel Group/Brand

- Alprazolam - Blood
- Carisoprodol - Blood
- Amitriptyline - Blood
- Buprenorphine - Blood
- Amphetamine - Blood
- 6 MAM - Blood
- 7 aminoclonazepam - Blood
- Aripiprazole - Blood

9. Click on **Add** once the tests are entered

Add Default Drug ✕

Prescription
 Nordiazepam - Urine ✕ Oxazepam - Urine ✕ Temazepam - Urine ✕

Screening
 Cocaine - Urine Screen ✕ THC 200 - Urine Screen ✕ MDMA - Urine Screen ✕ ETOH - Urine Screen ✕ PCP - Urine Screen ✕
 6MAM - Urine Screen ✕ AMPHETAMINE - Urine Screen ✕ BARBITURATES - Urine Screen ✕ BENZODIAZEPINES - Urine Screen ✕
 FENTANYL - Urine Screen ✕ METHAMPHETAMINE - Urine Screen ✕ OPIATES - Urine Screen ✕ OXYCODONE - Urine Screen ✕
 TRICYCLIC ANTIDEPRESSANTS - Urine Screen ✕

Confirmation
 6B Naltrexol - Urine ✕ 6 MAM - Urine ✕ 7 Aminoclonazepam - Urine ✕ Morphine - Urine ✕ Naloxone - Urine ✕
 Alpha OH Alprazolam - Urine ✕ Alprazolam - Urine ✕ Amitriptyline - Urine ✕ Amphetamine - Urine ✕ Naltrexone - Urine ✕
 N desmethyl Tapentadol - Urine ✕ Norbuprenorphine - Urine ✕ Nordiazepam - Urine ✕ Norfentanyl - Urine ✕
 Norhydrocodone - Urine ✕ Buprenorphine - Urine ✕ Nortriptyline - Urine ✕ O desmethyl Tramadol - Urine ✕
 Butalbital - Urine ✕ Oxazepam - Urine ✕ Oxycodone - Urine ✕ Oxymorphone - Urine ✕ Phenobarbital - Urine ✕
 Phentermine - Urine ✕ Pseudoephedrine - Urine ✕ Codeine - Urine ✕ Tapentadol - Urine ✕ Temazepam - Urine ✕
 Tramadol - Urine ✕ Desipramine - Urine ✕ Doxepin - Urine ✕ Hydromorphone - Urine ✕ Imipramine - Urine ✕
 EDDP - Urine ✕ Lorazepam - Urine ✕ Meperidine - Urine ✕ Methadone - Urine ✕ Methamphetamine - Urine ✕
 Fentanyl - Urine ✕ Hydrocodone - Urine ✕

10. For all other tests (ie. CMP, CBC, hormones, etc.), follow the same steps except only the service and ICD-10 need to be added (there is no 'ADD DRUGS' step for these)

***Multiple tests can be added to the same order (Click on Add Service to proceed)

Order Patient

Sample Collect Time: 08/01/2025 04:13 PM

Order Booking Time: 08/01/2025 04:13 PM

Select Source of Ordering

None (Default)

Direct Walk in

CORPORATE (CC)

None (Default) ▾

Select ICD Code

Select ICD Code

#	Service Name	Qty	ICD Code *	Price	Concession
1	Comp. Metabolic Panel - CMP CMP	1	Z01.812 X	\$ 0	\$ 0 X
2	CBC w/ Automated Differential and PLT CBC	1	D50.9 X	\$ 0	\$ 0 X
3	HIV 1&2 AG/AB Screen, Fourth Generation w/ Reflexes HIV 1&2 Antibodies Screen, Fourth Generation	1	B20 X	\$ 0	\$ 0 X
4	Hepatitis Panel Acute w/ Reflexes Hepatitis Panel Acute	1	B17.10 X	\$ 0	\$ 0 X
5	Vitamin D, 25 Hydroxy		U07.1 X	0	0

Add Service

Other Information

Order Number

Order Number

Consulting Doctor

Consulting Doctor ▾

Payment Information

Concession (IN \$) ▾

Service Amount \$ 0

Payable Amount: \$ 0

Account Credit: \$ -4,814

Advance Paid: Advance

Order Additional Amount

Add Comment

Instant Comment ▾

Cash

Credit Card

Debit Card

More ▾

Payment: Add Payment

CASH \$ 0

Remaining \$ 0

Same for Report

Price List Details

Provider Price List

Taylor Swift ▾

Discount Price List

Search & Select List ▾

STAT Sample

Cancel

Complete AOE

Confirm and Order

11. COMPLETE AOE: Click on the blue Complete AOE button to Agree and Sign (this will apply the electronic signature). Save & Close

AOE For Bill

(Bill Level): Physician Authorization

Physician Authorization

I certify that I made an independent medical necessity decision for each test ordered (even those included within the requested panel, if applicable). I certify that the test results will be used for the diagnosis, treatment and/or for the management of this specific beneficiary's specific medical problem. I certify that I am maintaining sufficient documentation of medical necessity in the beneficiary's medical records. I certify that, upon request, I am able and will produce documents to support the medical necessity of each test that I am requesting LabX Diagnostic Systems to perform. I understand that the Office of Inspector General takes the position that a clinician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil and criminal penalties under the False Claims Act. I understand that diagnosis codes are required for all laboratory orders to document medical necessity. I understand that there may be National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) for coverage of tests ordered by physicians. I certify that I am not excluded from participation in a federally funded health care program or a state health care program. I acknowledge and agree that this electronic signature is valid and enforceable as my written signature for the purposes of this authorization. *

Agree and Sign

Disagree

See Paper Requisition

Save & Close

12. When finished, choose **CONFIRM AND ORDER**

Order Patient Sample Collect Time: 6th Mar, 2024 12:16 pm

Blood Test2 (M - 30 Years)
#23
Contact No: 1 (A)
Provider: Taylor Swift
Account: Cornelia Street Clinic
Previous Report On: 29th Feb, 2024 09:09 pm

Select Source of Billing: **Self Pay** Insurance Org Pay Other

Select ICD Code:

Select ICD Code:

#	Service Name	ICD Code
1	Screening and Confirmation (Urine)	Z79.899
2	Screening and Confirmation (Urine)	

Search & Select List ICD Code

Other Information
Order Number: Consulting Doctor:

Price List Details
Provider Price List:

Discount Price List:

☐ Emergency Report

*If the sample needs to be rushed, check the box next to Emergency report

13. Select Collect and Print to mark the sample as collected and to print barcode labels

Order Receipt #81 Order Date: 6th Mar, 2024 12:16 pm

Blood Test2 (M - 30 Years)
#23
Contact No: 1 (A)
Provider: Taylor Swift
Account: Cornelia Street Clinic
Previous Report On: 29th Feb, 2024 09:09 pm

Order Number:

Sample Collection Date: 6th Mar, 2024 12:40 pm

Service Name	Accession No	Sample	Collection	Receiving
Screening and Confirmation (Urine)	24030013	Urine	Collect and Print	

14. Optional: Print TRF if a requisition form needs to be saved or printed

Order Receipt #80387 Order Date: Aug 1, 2023 4:13 PM

Order Number:

Sample Collection Date: 08/01/2023 04:17 PM

Service Name	Accession No	Sample	Collection	Receiving
Comp. Metabolic Panel - CMP Collect in an SST tube. Allow sample to clot for 30 minutes + hour. Centrifuge for 10-15 minutes.	25080436	Serum	Collect and Print	Receive and Print
CBC w/ Automated Differential and PLT	25080436W	Whole Blood	Collect and Print	Receive and Print
HIV 1&2 Ag/Ab Screen, Fourth Generation w/ Reflexes Hepatitis Panel Acute w/ Reflexes	25080436	Serum (I)	Collect and Print	Receive and Print

Collection instructions:
Whole Blood (CBC w/ Automated Differential and PLT)
- Follow aseptic techniques during collection. - Fill the tube to the specified volume. - Invert the tube gently to mix the anticoagulant.