

# Instructions for Outreach Orders

Live Website: <https://outreach2.psychesystems.com/netoutreachpdl/>

**Log in with your User Name and Password**

*To obtain a new user name and password or password reset please email*

*[support@pdlpath.com](mailto:support@pdlpath.com)*

*Please mention OUTREACH in your email.*



**TEST** **PDL** **TEST**  
Pathologists Diagnostic Laboratory, PA

User Name

Password

*Reset password on login*

[www.pdlpath.com](http://www.pdlpath.com)

***For Training Purposes***

Test Website: <https://outreach2.psychesystems.com/netoutreachpdltest/login.aspx>

*The user ID in test: test1*

*The user Password is: 123456*



### Choose Set Submitter Tab

**Order Entry** Set Submitter [Ordering location] Search Patients Pathology Orders

**[NEED SUBMITTER]**

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**Name:** **SSN:** **Address:**  
**Sex:** **Med Rec: To Be Assigned** **City:**  
**DOB:** **Req #:** **State\Zip:** **Phone:**  
Status: NEW Edit Patient

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Guarantor: ICD History - none found  
 Insurance 1:    
 Insurance 2:    
 Insurance 3:   Edit Billing

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Collection Date: 2018-03-21 Order Priority: Order Type:

Source	Procedure	Specimen Clinical Information

Order Comments Edit Order  
 Count: 0

New Order Place Order Cancel Order Reprint Results Log Out

[Patient Incomplete] [Order Incomplete] [Submitter Incomplete]

Enter Search Criteria and Choose a Physician by clicking on the **Select** tab to left of the Doctor's Name

Selection -- Webpage Dialog

https://outreach2.psychesystems.com/netoutreachpdlttest/librarySelection.aspx?Title=&page=librarySelection.aspx&ReturnID=ORDDIA

Enter Search Criteria  Run

Search In  ▾

	Code	Name	Street	City	State	UPIN	NPI	GROUP
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	001	# Doctor, Good	7149-GROUP-UNDOCUMENTED FACILITY					false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	100883	Out Of Town Doctors,						false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	900225	Hubbard, Stephen A	Mobile Doctor	Tobaccoville	NC	E78741	1114994142	false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	990002	Intown, Doctores						false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	DOCTOR	Doctor, Consult						false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	MCGMAR	MCGUIRE, MARIA B	106 DOCTORS PARK	GALAX	VA		1295830842	false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	MOBDR	Mobile Doctor	Mobile Doctor	Tobaccoville	NC			false
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	MOBDR-Group	Mobile Doctor	Mobile Doctor	Tobaccoville	NC			true
<span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">Select</span>	PFCC	PEDIATRIC FAMILY CARE CENTER	106 DOCTORS PARK	GALAX	VA		1679790570	

Clear OK

For Existing Patients click on **Search Patient** for New Patients click on **Edit Patient**

Order Entry Set Submitter 7149 WENDOVER Search Patients Pathology Orders

[# Doctor, Good]

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**Name:** **SSN:** **Address:**  
**Sex:** **Med Rec: To Be Assigned** **City:**  
**DOB:** **Req #:** **State\Zip:** **Phone:**  
Status: NEW Edit Patient

---

Guarantor: ICD History - none found  
Insurance 1:  
Insurance 2:  
Insurance 3: Edit Billing

---

Collection Date: 2018-03-21 Order Priority: Order Type:

Source	Procedure	Specimen Clinical Information

Order Comments Edit Order  
Count:0

New Order
Place Order
Cancel Order
Reprint
Results
Log Out

[Patient Incomplete] [Order Incomplete]

**For New Patients (Edit Patient)**

**Name:** Last, First-**SSN** include dashes-**DOB:** year-month-day (1958-03-05)

**Chart #** is required, Click **OK** at the bottom of the page

Name*	Duck, Donald
PatientID	To Be Assigned
SSN	123-456-7890
DOB*	1958-03-05 +
Sex*	M <span style="float: right;">▼</span>
Street	3000 Disney Lane
Street2	Suite 403
City	Orlando
State	FL <span style="float: right;">▼</span>
Zip	34567
Phone	888-999-1010
Chart #*	4321
Parent Name if under 18	
Previous Pathology #	

OK



**Guarantor** Information is listed on the left side of the page.

Insurance (**Carrier Code**) information is listed on the right side of the page.

If the Guarantor and the Patient are the same, you may enter the patient name in the **Guarantor Name** box , click on **Copy to Guarantor** at the bottom of the page, click **Copy to Insurance** and information will populate on both sides. Otherwise the Guarantor information will need to be manually added. Click on the Carrier Code and Choose the insurance from the drop down box . Select the insurance and click **OK**.

	CarrierCode	Carrier	SubscriberName	Policy
Select			Duck, Donald	
Select				
Select				

GuarantorName*	Duck, Donald	CarrierCode*	<input type="text"/>
Comments		Policy	
		Group	
		SubscriberName	Duck, Donald

Enter Search Criteria  Run

Search In All Columns

	Code	Name	Street	City	State	Zip
Select	101012	AMERICAS 1ST CHOICE	PO Box 1627	Duncan	OK	73534-1627
Select	101023	BCBSNC	PO Box 35	Durham	NC	27702
Select	101030	BLUE MEDICARE NC	PO Box 17509	Winston Salem	NC	27116
Select	101042	CIGNA				
Select	101050	CORESOURCE	PO Box 2920	Clinton	IA	52733
Select	101052	MAIL HANDLERS BENEFIT	PO Box 8402 (7102)	London	KY	40742-8402
Select	101063	GEHA	PO Box 4665	Independence	MO	64051
Select	101064	GHI	PO Box 3000	New York	NY	10116-3000
Select	101069	HAMMERMAN & GAINER INC	909 Lake Carolyn Parkway	Irving	TX	75039-4839
Select	101070	HARTFORD LIFE INS	PO Box 1928	Grapevine	TX	76099

1 2 3 4 5 6 7 8 9 10 ...

Clear OK

<span>Add Insurance</span>	<span>Remove Insurance</span>	<span>Copy to Guarantor</span>	<span>Copy to Insurance</span>	<span>OK</span>
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Add the next insurance or click **OK** at the bottom of the page, returns to Orders screen.

	CarrierCode	Carrier	SubscriberName	Policy
Select	101023	BCBSNC	Duck, Donald	
Select				
Select				

GuarantorName*	<input type="text" value="Duck, Donald"/>	CarrierCode*	<input type="text" value="101023"/>
Comments	<input type="text"/>	Policy	<input type="text"/>
		Group	<input type="text"/>
		SubscriberName	<input type="text" value="Duck, Donald"/>

To Place the Order, Click on **Edit Order**

**Order Entry**    [Set Submitter](#)    7149 WENDOVER    [Search Patients](#)    Pathology    [Orders](#)

[# Doctor, Good]

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**Name:** Duck, Donald    **SSN:** 123-45-6789    **Address:** 3000 Disney Lane  
**Sex:** M    **Med Rec:** To Be Assigned    **City:** Orlando  
**DOB:** 1958-03-05    **Req #:**    **State\Zip:** FL\34567  
       **Phone:** 888-999-1010    [Edit Patient](#)

**Status:** NEW

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Guarantor: Duck, Donald    ICD History - none found  
Insurance 1: BCBSNC - Duck, Donald  
Insurance 2:  
Insurance 3:    [Edit Billing](#)

---

Collection Date: 2018-03-21    Order Priority:    Order Type:

Source	Procedure	Specimen Clinical Information

Order Comments    [Edit Order](#)  
Count:0

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[New Order](#)    [Place Order](#)    [Cancel Order](#)    [Reprint](#)    [Results](#)    [Log Out](#)

[Order Incomplete]



**Order Type**-choose from the drop down menu, enter the **Collection date, Order Priority, Clinical History, Diagnosis or ICD10, Phone number if Urgent.** If you wish a copy of the report to go to another Physician please enter the Physician's name in the **Copy to Doctor** box and fax number in the **If Copy to Doctor Fax #.** Choose the **Source (mandatory), Procedure, Specimen Clinical Information and Anatomic Site.** If there are more specimens please click **Add Specimen** .

Order Type*	<input type="text"/>			
CollectionDate	2018-03-21	+		
Order Priority	*Routine			
Clinical History / Diagnosis / ICD9	<input type="text"/>			
If Urgent, Phone / Page to:	<input type="text"/>			
Copy to Doctor(s)	<input type="text"/>			
If Copy to Doctor, Fax #	<input type="text"/>			

	Num	Source	Procedure
Select	1		
Select			
Select			

Source*	<input type="text"/>
Procedure	<input type="text"/>
Specimen Clinical Information	<input type="text"/>
Anatomic Site	<input type="text"/>

ICDs:

If there are no more specimens click **OK**

Order Type*	Cutaneous Pathology			
CollectionDate	2018-03-21	+		
Order Priority	*Routine			
Clinical History / Diagnosis / ICD9	mole left foot			
If Urgent, Phone / Page to:	835-423-5968			
Copy to Doctor(s)	Minnie Mouse MD			
If Copy to Doctor, Fax #	835-321-4567			

	Num	Source	Procedure
Select	1	Skin	biopsy.
Select			
Select			

Source*	Skin
Procedure	biopsy.
Specimen Clinical Information	R/O BCC
Anatomic Site	Left Foot

ICDs:

If your order is complete click on **Place Order**

**Order Entry**    Set Submitter: 7149 WENDOVER    Search Patients    Pathology    Orders

[# Doctor, Good]

---

**Name:** Duck, Donald    **SSN:** 123-45-6789    **Address:** 3000 Disney Lane  
**Sex:** M    **Med Rec:** To Be Assigned    **City:** Orlando  
**DOB:** 1958-03-05    **Req #:**    **State\Zip:** FL\34567  
          **Phone:** 888-999-1010  
          **Status:** NEW    [Edit Patient](#)

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Guarantor: Duck, Donald    ICD History - none found  
Insurance 1: BCBSNC - Duck, Donald  
Insurance 2:  
Insurance 3:    [Edit Billing](#)

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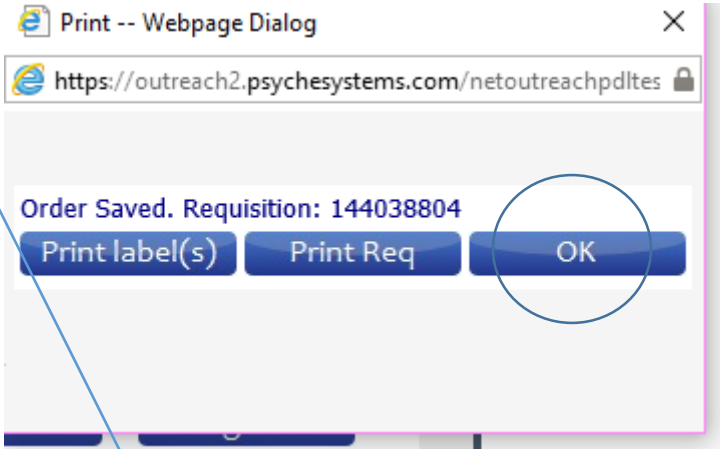
Collection Date: 2018-03-21    Order Priority: \*Routine    Order Type: Cutaneous Pathology

Source	Procedure	Specimen Clinical Information
Skin	biopsy.	R/O BCC

[Order Comments](#)    [Edit Order](#)  
Count:1

[New Order](#)    [Place Order](#)    [Cancel Order](#)    [Reprint](#)    [Results](#)    [Log Out](#)

The Dialog box will pop up **Print label** for the specimen bottle, **Print Req** to send with the specimen. Then click **OK**.



At this point you can place a **New Order**,

go to the **Results** page or **Log Out**.