



Technical Implementation Guidelines for COVID-19 Programs

Overview	3
Account Setup and API Key Generation	3
Order Sequence Diagram	4
API Documentation Reference Information	5
Order Creation Payload Overview	6
Custom Attributes Overview	7
Special Attributes Overview	8
Race	8
Ethnicity	9
Account Number	9
Reference	9
External ID	10
Collection Date	10
HHS AOE Reporting Information	11
State of New York HHS Reporting Information	11
Clinical Questionnaire Information	12
Medical History	13
Minor Testing	13
Multiplex Testing	14
Insurance Details	14
Insurance Sample Payload	15
Insurance API Fields	17
Insurance Policyholder API Fields	17
Insurance Guarantor API Fields	18
Sample of complete order payload	20
Document Changelog	24

How to use this guide

Overview

Below we will cover the basic sequence diagram of how an order is sent to the PWNHealth system for physician oversight and transmission to lab partners. It will provide you the framework of how you need to set up your implementation with PWN.

What this guide will not do however is provide you the explicit payload instructions that need to be sent.

Each one of the clinical programs being offered by PWNHealth (ex: “Reseller PCR Only”, “Employer PCR + Serology”, or “Boarding School / Return to School PCR Only”), has a different set of clinical questions that must be provided in the order.

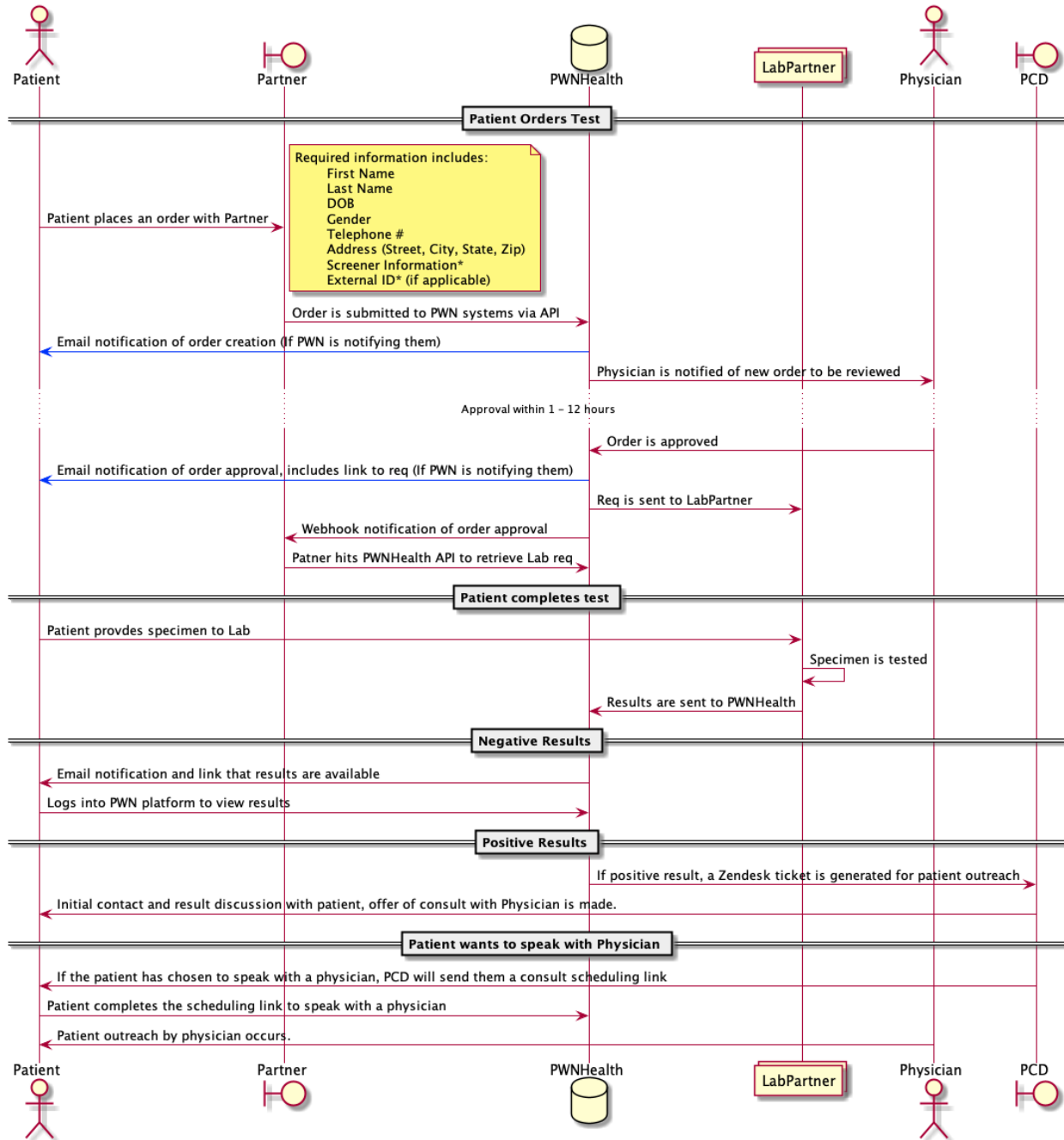
This guide will show you some examples of those questions and how they should be sent, but you will need to reference the latest clinical guidelines for the question and acceptable answer(s) for each question.

Account Setup and API Key Generation

Before you are able to get started, one of our implementation team members will need the primary technical contact information to create an account within our platform. The user(s) will be able to login to the platform and manage the existing API keys.

Once you have your API keys generated for the staging environment, you are able to start placing test orders.

Order Sequence Diagram



API Documentation Reference Information

You can find the full list of API functionality in our documentation

<https://docs.pwnhealth.com>

Password: labs_module

Below are quick links to the most relevant sections of our API documentation that you may want to reference to get up and running.

Create Order

[API Documentation Reference](#)

POST <https://api-staging.pwnhealth.com/v2/labs/orders>

Mock Order Approval

[API Documentation Reference](#)

Put https://api-staging.pwnhealth.com/v2/orders/{{order_id}}/mock/approval

Get Requisition PDF

[API Documentation Reference](#)

GET https://api-staging.pwnhealth.com/v2/labs/orders/{{order_id}}/pdfs/requisition
Replace {{order_id}} with the unique ID of the order.

Get Order

[API Documentation Reference](#)

GET https://api-staging.pwnhealth.com/v2/labs/orders/{{order_id}}
Replace {{order_id}} with the unique ID of the order.

Get Order Results PDF

[API Documentation Reference](#)

GET https://api-staging.pwnhealth.com/v2/labs/orders/{{order_id}}/pdfs/results
Replace {{order_id}} with the unique ID of the order.

Order Creation Payload Overview

Below is a list of the required fields to be able to create a basic order within the platform. There are subcategories that are also highlighted that may or may not apply (see conditional information in each section) that you may have to send with the order.

The following patient information is required to process the lab order:

- Tests ordered
- Customer Information
 - Patient first name
 - Patient last name
 - DOB
 - Telephone #
 - Address
 - Street Info
 - City
 - State
 - Zip
 - Email
 - Gender
- Ethnicity
- Custom Attributes (see Custom Attributes Overview)
 - Race
 - HHS Reporting Question Requirements
 - Clinical Eligibility Questionnaire Responses (varies based on program)

Custom Attributes Overview

To capture a number of different reporting requirements and various questionnaire information for the physician review, we require that all of this information be passed to us in what we call our **custom attributes** section of the payload. *Do not use the sample section below as a baseline for implementation, please identify the attributes that need to be sent based on the clinical documentation in parallel with this guide.*

In this section we expect an Attribute:Value format in the JSON, but for simplicity in this guide it will be referred to as Question:Answer format. This will also allow for a list of answers to be passed as well. An example excerpt is below.

```
"custom_attributes": {
  "first_COVID_test?": "no",
  "employed_healthcare_setting?": "yes",
  "symptomatic?": "yes",
  "symptoms_start_date": "MM/DD/YYYY",
  "currently_hospitalized?": "yes",
  "current_ICU?": "yes",
  "congregate_settings?": "yes",
  "pregnant?": "no",
  "race": ["American Indian or Alaska Native"],
  "comorbidities": ["I'm 65 years or older", "I have been told by my doctor that I'm very overweight or obese"],
```

In the sample payload above we can see a number of important things

- On that first line you'll see the basic format of the Question:Answer format that is expected:

```
"Question": "Answer",
```

- On the second line, you'll see the **list** format of the Question:Answer format:

```
"Question": ["Answer", " Answer", "Answer", "Answer"],
```

You can send any number of answers that apply to the question in this format.

- On the third line, you'll see we're sending the patient's Race information (see the Race section under Special Attributes for more details), but we're only seeing one entry. In **any** question that is posed where it is considered a **multi-select** question or option, **you need to send it as a list**, even if only one option is selected.

Special Attributes Overview

Below is a brief description of some of the payload attributes, their use case, and what would be considered acceptable values.

Race

Race information is to be stored under the **custom attributes** in a **list** format as this is considered a multi-select question. An example is below.

- Where only one race is selected

```
"custom_attributes": {  
  "race": ["American Indian or Alaskan Native"]  
}
```

- Where multiple races are selected

```
"custom_attributes": {  
  "race": ["Black or African American", "Asian", "Other"]  
}
```

Race should be submitted in this format regardless of the number of selections. **Minimum of one entry should be considered required, and there is no upper limit.** An example list of acceptable values can be found below, but please see the other clinical related documentation and requirements for the full and accurate list.

```
"Asian"  
"Black or African American"  
"Caucasian"  
"Hispanic"  
"American Indian or Alaskan Native"  
"Native Hawaiian and Other Pacific Islander"  
"Other"  
"Prefer not to answer"
```


Ethnicity

There is a **specific field setup in the system** for receiving a value for ethnicity. This is a **single response field**, and the accepted values are listed below:

"Hispanic or Latino"
 "Not Hispanic or Latino"
 "Unknown"

An example payload is below to show how to send ethnicity information.

```
{
  "order": {
    "customer": {
      "first_name": "FirstName",
      "last_name": "LastName",
      "birth_date": "1980-02-20",
      "gender": "Male",
      "phone": "236-900-8000",
      "email": "tech@pwnhealth.com",
      "address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114"
      }
    },
    "ethnicity": "Hispanic or Latino",
  }
}
```

Account Number

In certain cases you may be working with a specific lab partner, or have multiple accounts with a lab partner. To direct an order to that, you'll want to add the account number attribute to the order payload.

```
{
  "order": {
    "account_number": "12345",
  }
}
```

Reference

This field is where you will store your unique identifier for the order from your system. This could be the serial number of the sample container or something else that could uniquely identify the sample if needed. This should NOT be your patient identifier. This field allows alphanumeric characters.

```
{
  "order": {
```

```
"reference": "ABC123",
```

External ID

This is going to be considered your Patient Identifier from YOUR system. So in theory if John Doe is submitting an order, every order we receive for that patient has the same external_id. This field allows alphanumeric characters.

```
{  
  "order": {  
    "external_id": "###",
```

Collection Date

If you know the collection date of the sample, you are able to send that with the order creation and it is made available to the lab partner. The format for the date is YYYYMMDDHHMM. Please see the API documentation for how timezone offset works.

```
{  
  "order": {  
    "Collection_date": "202005011445",
```

HHS AOE Reporting Information

Condition: ALL

Please find below the list of HHS AOE reporting requirements for COVID-19. It is a best effort to keep this document updated to match the latest reporting requirements, **but please confirm with clinical guidelines to be in compliance.**

```
{
  "order": {
    "tests": ["###"],
    "customer": {
      .
      .
      .
    }
  },
  "custom_attributes": {
    "first_COVID_test?": "no",
    "employed_healthcare_setting?": "yes",
    "symptomatic?": "yes",
    "symptoms_start_date": "MM/DD/YYYY",
    "currently_hospitalized?": "yes",
    "current_ICU?": "yes",
    "congregate_settings?": "yes",
    "pregnant?": "no"
  }
}
```

If you have any questions, please view the COVID-19 Pandemic Response, Laboratory Data Reporting: CARES Act Section 18115 here:

<https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf>

State of New York HHS Reporting Information

Condition: ALL orders for patients based out of New York state

Please find below the list of HHS reporting requirements for COVID-19 for the state of New York. It is a best effort to keep this document updated to match the latest reporting requirements, **but please confirm with clinical guidelines to be in compliance.**

```
{
  "order": {
    "tests": ["###"],
    "customer": {
      .
      .
      .
    }
  }
}
```

```

    },
    "custom_attributes": {
      "employer_name": "EMPLOYER",
      "employer_address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114"
      },
      "employer_phone_number": "555-555-5555",
      "occupation": "Manager"
    }
  }
}

```

Clinical Questionnaire Information

Condition: ALL

Each one of the clinical programs supported by PWNHealth has a set of questions associated with it that must be included in the intake. Below is an **EXAMPLE** of some of the questions that are present in the screener(s).

```

{
  "order": {
    "tests": ["###"],
    "customer": {
      "first_name": "FirstName",
      "last_name": "LastName",
      "birth_date": "1980-02-20",
      "gender": "Male",
      "phone": "236-900-8000",
      "email": "tech@pwnhealth.com",
      "address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114"
      }
    }
  },
  "custom_attributes": {
    "Symptom Level": "Sever/Limiting Symptoms",
    "Select the options that describe you": ["Exposed or Sick Contact", "Testing Recommended", "Congregate Setting", "Unexposed"],
    "Comorbidities": [
      "I am 65 years of age or older",
      "I have been told by my doctor that I am very overweight or obese",
      "I have a chronic condition (e.g. diabetes, high blood pressure, kidney disease or on dialysis, liver disease, lung disease or asthma, etc.)",
      "I have a heart condition (e.g. previous heart attacks, heart failure, etc.)",
      "I have a neurologic condition that affects my ability to cough (e.g., had a stroke)",
      "I regularly use tobacco or nicotine products (e.g. cigarettes, e-cigarettes, vapes, hookah, etc.)",
    ]
  }
}

```

```

        "I have a condition that weakens my immune system or makes it
        harder to fight infections (e.g. AIDS, cancer, lupus, rheumatoid
        arthritis, solid organ or bone marrow transplant, etc.)",
        "I am taking medication that weakens my immune system (e.g.
        steroids, chemotherapy, immunologics, etc.)",
        "I do not have any of the above conditions"
    ]
}
}

```

Please check with your PWN contact on which questionnaire information should be included in the payload.

Medical History

Condition: Some, see clinical content for determination

Below are questions that may or may not be required to be provided, depending on the program requirements. As with previous questions, please consult the clinical guidelines to determine which of these questions are required for your program.

```

"custom_attributes": {
  "Symptom Level": "Sever/Limiting Symptoms",
  "Select the options that describe you": [
    "Exposed or Sick Contact",
    "Testing Recommended",
    "Congregate Setting",
    "Unexposed"
  ],
  "Comorbidities": [
    "I am 65 years of age or older",
    "I have been told by my doctor that I am very overweight or
    obese",
    "I have a chronic condition (e.g. diabetes, high blood pressure,
    kidney disease or on dialysis, liver disease, lung disease or asthma,
    etc.)",
    "I have a heart condition (e.g. previous heart attacks, heart
    failure, etc.)",
    "I have a neurologic condition that affects my ability to cough
    (e.g., had a stroke)",
    "I regularly use tobacco or nicotine products (e.g. cigarettes,
    e-cigarettes, vapes, hookah, etc.)",
    "I have a condition that weakens my immune system or makes it
    harder to fight infections (e.g. AIDS, cancer, lupus, rheumatoid
    arthritis, solid organ or bone marrow transplant, etc.)",
    "I am taking medication that weakens my immune system (e.g.
    steroids, chemotherapy, immunologics, etc.)",
    "I do not have any of the above conditions"
  ]
}

```

Minor Testing

Condition: Required if the patient is under the age of 18

In the event that the patient being submitted is under the age of 18, we **require** that Guardian information be provided to PWN. Guardian name **MUST** be sent to PWN if the patient is under

the age of 16. Guardian name is NOT required if the patient is an employee of the partner and between the ages of 16 and 18 (where applicable)

The guardian information will be sent in our “next of kin” section.

Sample below:

```
{
  "order": {
    "customer": {
      "first_name": "FirstName",
      "last_name": "LastName",
      "birth_date": "1980-02-20",
      "gender": "Male",
      "phone": "236-900-8000",
      "email": "tech@pwnhealth.com",
      "address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114"
      }
    },
    "next_of_kin": {
      "first_name": "next_first_name",
      "last_name": "next_last_name",
      "phone": "555-555-5555"
    }
  }
}
```

Note: Phone is considered an optional field, but ideal to pass along.

Multiplex Testing

Condition: Required if this order is part of a multiplex test

Below is the current list of questions associated with Multiplex testing. Be sure to check the clinical documentation for the most up to date question requirements that should be sent with the order.

```
"custom_attributes": {
  "Please select the option that best describes your symptoms:": "Option 2",
  "Please select the option that describes you": "Option 1: I've been in
close contact* with someone who has been diagnosed with or presumed to have the flu or
COVID-19"
},
```

Insurance Details

Condition: Required if you are collecting insurance information for the patient for billing purposes.

When sending over insurance information, the PWNHealth system supports both Primary and Secondary information to be associated with the order. You will have to indicate that the order has a specific Bill_type identifier to flag it as insurance bill rather than client bill when it is communicated to the lab.

When sending insurance information, regardless if it is primary or secondary, we associated both a policyholder and guarantor to the insurance information. **If those details are not explicitly provided, they are defaulted to the patients information.**

There is a full breakdown in the table below for the different field details for insurance, but a high level list is below:

- Company_name: This is the insurance company name
- Carrier_Code: Typically the payer ID, can sometimes be the plan type (PPO).
- Group_number: Required field, but if one isn't present you can send "null"
- Policy_number: Required field
- Relationship: This specifies the policyholder's relationship to the patient. **By default (in case this attribute is not sent), it will default to the patient.**
- Guarantor_relationship: This specifies the guarantor's relationship to the patient. **By default (in case this attribute is not sent), it will default to the patient.**
- Company_address: This is the address of the insurance company.

Insurance Sample Payload

Please find a sample payload below as an example.

```
{
  "order": {
    "customer": {
      "first_name": "test",
      "last_name": "LastName",
      "birth_date": "1980-01-01",
      "gender": "Male",
      "phone": "236-900-8000",
      "email": "mfrancis+walgreenstest@pwnhealth.com",
      "address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114-1111"
      }
    },
    "bill_type": "3",
    "primary_insurance_info": {
      "company_name": "Cigna",
      "carrier_code": "PPO",
      "group_number": "null",
      "policy_number": "1234567890",
      "relationship": "2",
      "guarantor_relationship": "2",
    }
  }
}
```

```

"company_address": {
  "line1": "123 W 18th St",
  "line2": "8th Floor",
  "city": "New York",
  "state": "NY",
  "zip": "10011"
},
"policyholder": {
  "first_name": "test",
  "last_name": "policyholder",
  "birth_date": "1980-01-01",
  "address": {
    "line1": "123 W 18th St",
    "line2": "8th Floor",
    "city": "New York",
    "state": "NY",
    "zip": "10011"
  }
},
"guarantor_name": "James Spouse",
"guarantor_phone": "867-530-9000",
"guarantor_address1": "333 E 72nd St",
"guarantor_address2": "Apt 9242",
"guarantor_city": "New York",
"guarantor_state": "NY",
"guarantor_zip_code": "100214444"
},
"secondary_insurance_info": {
  "company_name": "Cigna",
  "carrier_code": "PPO",
  "group_number": "null",
  "policy_number": "234567890",
  "relationship": "2",
  "guarantor_relationship": "2",
  "company_address": {
    "line1": "123 W 18th St",
    "line2": "Apt 424",
    "city": "New York",
    "state": "NY",
    "zip": "10011-0022"
  }
},
"policyholder": {
  "first_name": "test",
  "last_name": "policyholder",
  "birth_date": "1980-01-01",
  "address": {
    "line1": "123 W 18th St",
    "line2": "8th Floor",
    "city": "New York",
    "state": "NY",
    "zip": "10011-2928"
  }
},
"guarantor_name": "James Spouse",
"guarantor_phone": "867-530-9000",
"guarantor_address1": "333 E 72nd St",
"guarantor_address2": "Apt 9242",
"guarantor_city": "New York",
"guarantor_state": "NY",
"guarantor_zip_code": "100214444"
}

```


Insurance API Fields

Property	Required	Description
carrier_code	Yes	Insurance Company Payer or Carrier Code
company_name	Yes	Insurance Company Name
Company_address block	Yes	Block containing Company Address information.
Line1	Yes	Insurance Company Address Line 1
Line2	No	Insurance Company Address Line 2
City	Yes	Insurance Company City
State	Yes	Insurance Company State
Zip	Yes	Insurance Company Zip Code
policy_number	Yes	Patient Insurance Policy Number
group_number	Yes	Patient Insurance Group Number
name	No	Insurance Policy Name
group_employer_name	No* (some labs require this field, if not provided it will be sent as a "null" string).	Insurance Group Employer Name
relationship	No*	Patients relationship to insurance policy holder "1" - Self "2" - Spouse "3" - Other "4" - Parent "5" - Child NOTE: By default, if this is not provided this will default to "1" - Self NOTE 2: If any value other than "1" is selected, policyholder information will be required.

Insurance Policyholder API Fields

If "relationship" is not set as "1" or self, policyholder information will be required for that insurance submission.

Note: If there are two different insurances being utilized and neither are the patient, then this policyholder information will be required in both.

Within the insurance block, you'll open up a new block for the policyholder. In that section, the following fields apply.

Property	Required	Description
first_name	Yes	Policyholder first name
last_name	Yes	Policyholder last name
birthdate	Yes	Policyholder date of birth
gender	No	Policyholder gender
phone	No	Policyholder phone number
Line1	Yes	Policyholder Address Line 1
Line2	No	Policyholder Address Line 2
City	Yes	Policyholder City
State	Yes	Policyholder State
Zip	Yes	Policyholder Zip Code

Insurance **Guarantor** API Fields

If the guarantor information is not provided, by default PWNHealth will provide the patient information as the guarantor. See below for the fields related to specifying guarantor information.

In addition, if the shipping address is being sent as the patient address but there is a different billing address, that information should be sent as the guarantor address information.

Property	Required	Description
guarantor_relationship	No*	Guarantor's relationship to patient "1" - Self "2" - Spouse "3" - Other "4" - Parent "5" - Child NOTE: By default, if this is not provided this will default to "1" - Self
guarantor_name	Yes (if guarantor_relationship is not Self)	Guarantor Name (First and Last)

guarantor_phone	Yes (if guarantor_relationship is not Self)	Guarantor Phone
Guarantor_Address	Yes (if guarantor_relationship is not Self)	Address block for Guarantor
Line1	Yes (if guarantor_relationship is not Self)	Guarantor Address Line 1
Line2	No	Guarantor Address Line 2
City	Yes (if guarantor_relationship is not Self)	Guarantor City
State	Yes (if guarantor_relationship is not Self)	Guarantor State
Zip	Yes (if guarantor_relationship is not Self)	Guarantor Zip Code

Sample of complete order payload

Below is a sample payload using the different sections mentioned in the above guide. Please note that this is just an example payload and should not be considered an exhaustive example of the different question requirements that should be sent with the order.

```
{
  "order": {
    "tests": [
      "139900"
    ],
    // See Account Number attribute description for details
    "account_number": "90909375",
    // See Reference attribute description for details
    "reference": "192874922930382_234",
    // See Collection Date attribute description for details
    "collection_date": "202010251445",
    // See External ID attribute description for details
    "external_id": "adsf0123f",
    "customer": {
      "first_name": "FirstName",
      "last_name": "LastName",
      "birth_date": "2004-02-20",
      "gender": "Male",
      "phone": "236-900-8000",
      "email": "tech@pwnhealth.com",
      "address": {
        "line": "Dolores St & 19th St",
        "line2": "Dolores Park",
        "city": "San Francisco",
        "state": "CA",
        "zip": "94114"
      }
    },
    //Required if patient is a Minor (under 18)
    "next_of_kin": {
      "first_name": "guardian first name",
      "last_name": "guardian last name",
      "phone": "555-555-5555"
    },
    // See Ethnicity attribute description for details
    "ethnicity": "Hispanic or Latino",
    "custom_attributes": {
      // See Race attribute description for details
      "Race": [
        "Black or African American",
        "Asian"
      ],
    }
  }
}
```

```

//HHS AOE Reporting Questions
"first_COVID_test?": "no",
"employed_healthcare_setting?": "yes",
"symptomatic?": "yes",
"symptoms_start_date": "MM/DD/YYYY",
"currently_hospitalized?": "yes",
"current_ICU?": "yes",
"congregate_settings?": "yes",
"pregnant?": "no"

// State of New York HHS Questions
"employer_name": "EMPLOYER",
"employer_address": {
  "line": "Dolores St & 19th St",
  "line2": "Dolores Park",
  "city": "San Francisco",
  "state": "CA",
  "zip": "94114"
},
"employer_phone_number": "555-555-5555",
"occupation": "Manager",

// Medical History Information Questions
"Symptom Level": "Sever/Limiting Symptoms",
"Select the options that describe you": [
  "Exposed or Sick Contact",
  "Testing Recommended",
  "Congregate Setting",
  "Unexposed"
],
"Comorbidities": [
  "I am 65 years of age or older",
  "I have been told by my doctor that I am very overweight or obese",
  "I have a chronic condition (e.g. diabetes, high blood pressure, kidney disease or on dialysis, liver disease, lung disease or asthma, etc.)",
  "I have a heart condition (e.g. previous heart attacks, heart failure, etc.)",
  "I have a neurologic condition that affects my ability to cough (e.g., had a stroke)",
  "I regularly use tobacco or nicotine products (e.g. cigarettes, e-cigarettes, vapes, hookah, etc.)",
  "I have a condition that weakens my immune system or makes it harder to fight infections (e.g. AIDS, cancer, lupus, rheumatoid arthritis, solid organ or bone marrow transplant, etc.)",
  "I am taking medication that weakens my immune system (e.g. steroids, chemotherapy, immunologics, etc.)",
  "I do not have any of the above conditions"
],

//THE FOLLOWING QUESTIONS ARE RELATED TO MULTIPLEX TESTING, SEE CLINICAL DOCUMENTATION FOR QUESTIONNAIRE INFORMATION AND OPTION DETAILS
"Please select the option that best describes your symptoms:": "Option 2",
"Please select the option that describes you:": "Option 1: I've been in close contact* with someone who has been diagnosed with or presumed to have the flu or COVID-19"
},

// INSURANCE
"bill_type": "3",

```

```

"primary_insurance_info": {
  "company_name": "Cigna",
  "carrier_code": "PPO",
  "group_number": "null",
  "policy_number": "1234567890",
  "relationship": "2",
  "guarantor_relationship": "2",
  "company_address": {
    "line1": "123 W 18th St",
    "line2": "8th Floor",
    "city": "New York",
    "state": "NY",
    "zip": "10011"
  },
  "policyholder": {
    "first_name": "test",
    "last_name": "policyholder",
    "birth_date": "1980-01-01",
    "address": {
      "line1": "123 W 18th St",
      "line2": "8th Floor",
      "city": "New York",
      "state": "NY",
      "zip": "10011"
    }
  },
  "guarantor_name": "James Spouse",
  "guarantor_phone": "867-530-9000",
  "guarantor_address1": "333 E 72nd St",
  "guarantor_address2": "Apt 9242",
  "guarantor_city": "New York",
  "guarantor_state": "NY",
  "guarantor_zip_code": "100214444"
},
"secondary_insurance_info": {
  "company_name": "Cigna",
  "carrier_code": "PPO",
  "group_number": "null",
  "policy_number": "234567890",
  "relationship": "2",
  "guarantor_relationship": "2",
  "company_address": {
    "line1": "123 W 18th St",
    "line2": "Apt 424",
    "city": "New York",
    "state": "NY",
    "zip": "10011-0022"
  },
  "policyholder": {
    "first_name": "test",
    "last_name": "policyholder",
    "birth_date": "1980-01-01",
    "address": {
      "line1": "123 W 18th St",
      "line2": "8th Floor",
      "city": "New York",
      "state": "NY",
      "zip": "10011-2928"
    }
  },
  "guarantor_name": "James Spouse",

```

```
"guarantor_phone": "867-530-9000",  
"guarantor_address1": "333 E 72nd St",  
"guarantor_address2": "Apt 9242",  
"guarantor_city": "New York",  
"guarantor_state": "NY",  
"guarantor_zip_code": "100214444"  
}  
}
```

Document Changelog

Date	Version	Changes
May 14th, 2020	1.0	Added information related to insurance. Added documentation for Race/Ethnicity submissions. Improved documentation surrounding Custom Attributes.
May 20th, 2020	1.1	Added information related to policyholder for insurance
June 3rd, 2020	1.2	Added a section for subscription_id Updated sample payload to include subscription_id
June 5th, 2020	1.3	Added next_of_kin section details for use of guardian information for patients under the age of 18.
June 24th, 2020	1.3.1	Clarified guardian requirements for minor testing.
June 25th, 2020	1.4	Guide updated to include questionnaire for specific program and sample payload updated with example.
June 30th, 2020	1.4.1	Changed Testing for Minors, Guardian information age information
July 10, 2020	1.5	Updated Sample API payload to include HHS requirements as well as a description of the questions in the custom attribute section description.
Oct 16, 2020	1.6	Added fields in custom attributes for multiplex testing
Oct 30, 2020	1.7	HHS reporting requirement example updated based on new requirements.
Nov 6, 2020	2.0	Document version 2.0 released with updated description and examples
Nov 9, 2020	2.0.1	Updated HHS question from "If no, what type of test was the most recent prior test, and what was the result?": "Antigen: Detected" TO "If no, what type of test was the most recent prior test, and what was the result?": "Antigen Detected", Note: Removed the : and kept the space for clarity.
Nov 12, 2020	2.1	Updated HHS question information to include multiselect question on exposure level. Added additional examples to comorbidities list Added section on Medical History related questions
Nov 20, 2020	2.2	Added requirements for any orders from the state of New York

Jan 14, 2021	2.3	Updated HHS AOE questionnaire and sample payload to match current questions. Specified full list of race and ethnicity attribute values
--------------	-----	--