1	10A NCAC 41A	.0107 is	adopted with changes as published in 35:23 NCR 2519–2521 as follows:
2	10A NCAC 41A	0107	REPORTING OF COVID-19 DIAGNOSTIC TEST RESULTS
4			Rule, the following definitions shall apply:
5	(a) 1 of purposes (1)		D-19 diagnostic test" means any nucleic acid or antigen test that identifies SARS-CoV-2, the
6	(1)		at causes COVID-19.
7	(2)		onic laboratory reporting" means the automated messaging of laboratory reports sent to the
8	(2)		n of Public Health using a machine-readable electronic communication protocol.
9	(3)		acare provider" means a healthcare provider as defined in G.S. [130A-476(g),]130A-
10	(3)	476(g)(
11	(4)		atory" means a facility that performs testing on specimens obtained from humans for the
12	(.)		e of providing information for health assessment and for the diagnosis, prevention, or
13			nt of disease and is certified by the United States Department of Health and Human Services
 14			he Clinical Laboratory Improvement Amendments of 1988 (CLIA) at P.L. 100-578 and
15			enting [regulations.] regulations at 42 C.F.R. 493, which are hereby incorporated by
16		_	ce, including any subsequent amendments or editions, and available free of charge at
17		https://v	www.congress.gov/public-laws/ and http://ecfr.gov/, respectively. This definition includes a
18		healthc	are provider who performs testing in an on-site facility that meets these requirements.
19	(b) Each person	in charg	ge of a laboratory providing diagnostic service in this State shall report the results of all
20	COVID-19 diagr	nostic tes	sts to the Division of Public Health using electronic laboratory reporting. For purposes of
21	COVID-19, a no	vel coro	navirus under Rule .0101(c)(1) of this Section, the required method of reporting set out in
22	Rules .0101(c) ar	nd .0102	(d)(3) of this Section shall not apply. The report shall include all of the elements required to
23	be reported unde	r the Un	ited States Department of Health and Human Services, laboratory data reporting guidance,
24	which is hereby incorporated by reference, including any subsequent amendments and editions, and available free o		
25	charge at https://www.hhs.gov/sites/default/files/covid-19-laboratory-data-reporting-guidance.pdf.		
26	(c) The requirem	nents set	forth in Paragraph (b) of this Rule shall be considered met if a laboratory:
27	(1)	submits	a COVID-19 Laboratory Data Automation Registration form to the Division of Public
28		Health	and acts to onboard to electronic laboratory reporting. This form shall be submitted within
29		seven c	alendar days of the date the laboratory starts performing COVID-19 diagnostic testing and
30		shall co	entain the following elements:
31		(A)	the name, address, phone number, and CLIA number of the laboratory;
32		(B)	the name, address, and phone number of the person in charge of the laboratory or that
33			person's designee;
34		(C)	the type of test performed, testing capacity, and whether the laboratory will use a third-
35			party laboratory to perform part or all of the testing; and
36		(D)	if the laboratory will use a third-party laboratory to perform part or all of the testing, the
37			information in Parts (A)-(B) of this Subparagraph for the third-party laboratory; and

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1	(2)	until onboarding to electronic laboratory reporting is complete:				
2		(A) reports the results of positive COVID-19 diagnostic tests to the Division of Public Health,				
3		including all elements required in Paragraph (b) of this Rule, by [telefax;]telefacsimile; and				
4		(B) reports the aggregate number of positive and negative nucleic acid COVID-19 diagnostic				
5		tests and the aggregate number of positive and negative antigen COVID-19 diagnostic tests				
6		per day to the Division of Public Health through an online survey available at:				
7		[https://files.nc.gov/covid/documents/eCATR-Reference-Guide.pdf.]				
8		https://covid19.ncdhhs.gov/media/2889/open.				
9	(d) The requires	ments set forth in Paragraph (b) of this Rule shall be considered met if a laboratory that completes				
10	fewer than 50 total COVID-19 diagnostic tests per week submits results as set out in Subparagraph (c)(2) of this Rule.					
11	(e) Healthcare p	providers who order COVID-19 diagnostic testing in this State shall:				
12	(1)	report the results of positive COVID-19 diagnostic tests by [telefax]telefascimile to the local health				
13		director in the county or district where the patient resides. The report shall contain:				
14		(A) patient first and last name, date of birth, address, county of residence, phone number, sex,				
15		race, and ethnicity;				
16		(B) provider name, address, phone number, and NPI;				
17		(C) the specimen collection date, the test order date, and the test result date;				
18		(D) the test result; and				
19		(E) all other available elements required in Paragraph (b) of this Rule; and				
20	(2)	report the aggregate number of positive and negative nucleic acid COVID-19 diagnostic tests and				
21		the aggregate number of positive and negative antigen COVID-19 diagnostic tests per day to the				
22		Division of Public Health through an online [survey.]survey available at:				
23		https://covid19.ncdhhs.gov/media/2889/open.				
24	(f) The requirem	nents set forth in Paragraph (e) of this Rule shall be considered met if a healthcare provider:				
25	(1)	verifies that the laboratory that receives the specimen for testing will report the test result in				
26		accordance with Paragraph (b) of this Rule; and				
27	(2)	includes patient first and last name, date of birth, address, county of residence, phone number, sex,				
28		race, ethnicity, and specimen collection date on the lab order.				
29		ment for healthcare providers to report COVID-19 diagnostic test results, as set out in Paragraph (e)				
30		separate from the requirement for physicians to report suspected infections of COVID-19, a novel				
31	coronavirus, including positive COVID-19 diagnostic test results, in accordance with G.S. 130A-135 and Rule					
32	.0101(a) and .0102(a) of this Section.					
33	` '	and healthcare providers who are required to report under this Rule shall report positive COVID-19				
34		esults immediately upon receiving the result and negative COVID-19 diagnostic test results within 24				
35		ng the result. Results reported to a local health department under this Rule shall be forwarded to the				
36	Division of Publ	ic Health within 24 hours of receipt by the local health department.				

1	History Note:	Authority G.S. 130A-134; 130A-135; 130A-139; 130A-141; 130A-141.1; S.L. 2020-4, s. 4.10(a)(1)
2		[<i>P.L. 100 578; 42 C.F.R. 493;</i>]
3		Emergency Adoption Eff. September 25, 2020;
4		Temporary Adoption Eff. December 1, 2020;
5		Eff. October 1, 2021.

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10A NCAC 41A .0212 is amended with changes as published in 35:23 NCR 2521–2522 as follows:

10A NCAC 41A .0212 HANDLING AND TRANSPORTATION OF BODIES

- (a) Persons handling the body of any person who has died shall comply with the standard precautions for all patient care published by the United States Centers for Disease Control and Prevention, which are hereby incorporated by reference, including any subsequent amendments and editions, and available free of charge at: https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html.

 (a)(b) It shall be the duty of the physician physician, physician assistant, or nurse practitioner attending to any person who dies and is known to be infected with HIV, plague, or hepatitis B B, or COVID-19 or any person who dies and is known or reasonably suspected to be infected with smallpox, rabies, severe acute respiratory syndrome (SARS), or Jakob-Creutzfeldt to provide written written, verbal, or electronic notification to all individuals handling the body of the proper precautions to prevent infection, as set forth in Paragraphs (d), (e), and (f) of this Rule. This written written, verbal, or electronic notification shall be provided to the funeral service director, funeral service worker, or body transporter personnel at the time the body is removed from any hospital, nursing home, or other health care facility. When the patient dies in a location other than a health care facility, the attending physician physician, physician assistant, or nurse practitioner shall notify the funeral service director, funeral service worker, or body transporter personnel verbally of the precautions required as soon as the physician physician, physician assistant, or nurse practitioner becomes aware of the death. These precautions are metedset forth in Paragraphs (b)(d), (e), and (e).
 - (1) the physician, physician assistant, or nurse practitioner attending to the person who died; or
 - (2) a designated representative of the physician, physician assistant, or nurse practitioner.

(f) of this Rule. The duty to notify shall be considered met if performed by one of the following individuals:

- (c) It shall also be the duty of a medical examiner with jurisdiction pursuant to G.S. 130A-383 over the body of any person who dies and is known to be infected with COVID-19 to provide written, verbal, or electronic notification to the funeral service director, funeral service worker, or body transporter at the time the body is removed from medical examiner custody of the proper precautions to prevent infection. infection, as set forth in Paragraph (f) of this Rule.

 These precautions are noted in Paragraph (f) of this Rule.

 The duty to notify shall be considered met if performed
- by a designated representative of the medical examiner.
- 28 (b)(d) The body of any person who died and is known or reasonably suspected to be infected with smallpox or severe
 29 acute respiratory syndrome (SARS) or any person who died and is known to be infected with plague shall not be
 30 embalmed. The body shall be enclosed in a strong, tightly sealed outer case which that will prevent leakage or escape
 31 of odors as soon as possible after death and before the body is removed from the hospital room, home, building, or
 32 other premises where the death occurred. This case shall not be reopened except with the consent of the local health
- director. Nothing in this Paragraph shall prohibit cremation.
- (e)(e) Persons handling the body of any person who died and is known to be infected with HIV or hepatitis B or any
 person who died and is known or reasonably suspected to be infected with Jakob-Creutzfeldt or rabies shall be
- 36 provided written written, verbal, or electronic notification to observe blood and body fluid precautions.
- (f) Persons handling the body of any person who died and is known to be infected with COVID-19 shall be provided
 written, verbal, or electronic notification to observe the COVID-19 guidance for funeral home workers published by

1	the United States Centers for Disease Control and Prevention, which is hereby incorporated by reference, including			
2	any subsequent amendments or editions, and available free of charge at: https://www.cdc.gov/coronavirus/2019			
3	ncov/communit	ncov/community/funeral-faqs.html.		
4				
5	History Note:	Authority G.S. 130A-144; 130A-146;		
6		Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;		
7		Eff. March 1, 1988;		
8		Recodified from 15A NCAC 19A .0204 Eff. June 11, 1991;		
9		Temporary Amendment Eff. November 1, 2003;		
10		Amended Eff. April 1, 2004;		
11		Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9,		
12		2018;		
13		Emergency Amendment Eff. September 25, 2020;		
14		Temporary Amendment Eff. December 1, 2020;		
15		Amended Eff. October 1, 2021.		

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