

CalREDIE Provider Portal Submitter Workflow:

Tuberculosis Disease Incidents

TUBERCULOSIS CONTROL PROGRAM



Quick Reminder

Do not enter HIV/AIDS co-infection information for conditions other than Hepatitis B, Hepatitis C, HIV/AIDS, Meningococcal Infection, Tuberculosis, Gonorrhea, Chlamydia, and Syphilis.

1. To begin, enter <https://calredie.cdph.ca.gov/> in your web browser address bar and press enter.
 - Note Internet Explorer is not a supported browser.
2. Enter your CalREDIE username and password and click Sign In.

The screenshot shows the CalREDIE login interface. On the left is a yellow vertical banner with the CalREDIE logo and the CDPH logo at the bottom. To the right of the banner are two input fields labeled 'Username' and 'Password', followed by a 'Sign In' button. Below the input fields is a copyright notice: 'This software is protected by U.S. and International copyright laws. Unauthorized reproduction or distribution of this program, or any portion of it may result in severe civil or criminal penalties, and will be prosecuted to the maximum extent possible under the law. © 2026 Clinisys, all rights reserved. Licensed to California Department of Public Health. Developed and maintained by Clinisys.'

3. Create New Incident or Select Existing record

- Using the main search page, click **New** to create a new CalREDIE record.
- To view an existing record, search using the following criteria: Name (last, first,) MRN, Disease and/or Date Range; and filter by All, Submitted or Saved (Unsubmitted); then click **Search**.
- Click the desired Case ID to access a previously saved or submitted incident.

The screenshot shows the 'Disease Incident Search' page. At the top left, there is a link 'Create a new CalREDIE record:' followed by a 'New' button, which is highlighted with a red rectangle. Below this is a search section with labels 'Search for Disease Incidents by:' and input fields for 'Name (last, first):', 'MRN:', 'Disease:', and 'Date Range:'. The 'Date Range:' field includes 'From:' and 'To:' sub-fields with calendar icons. Below the input fields are radio buttons for 'All' (selected), 'Submitted', and 'Saved (Unsubmitted)'. At the bottom right of the search section are 'Search' and 'Clear' buttons. At the very bottom of the page, there is a label 'Select a CalREDIE record from below:'.

4. Entering Disease Incident & Patient Information

- Clicking New will direct you to the **Patient tab** to enter new Disease Incident
- Navigate to Disease Being Reported and select **Tuberculosis (Suspect – TB5)** from the drop-down box

**** TO AVOID DELAYS IN RECEIVING REPORTS WE REQUEST ALL INCIDENTS TO BE REPORTED AS “Tuberculosis (Suspect – TB5)” *****

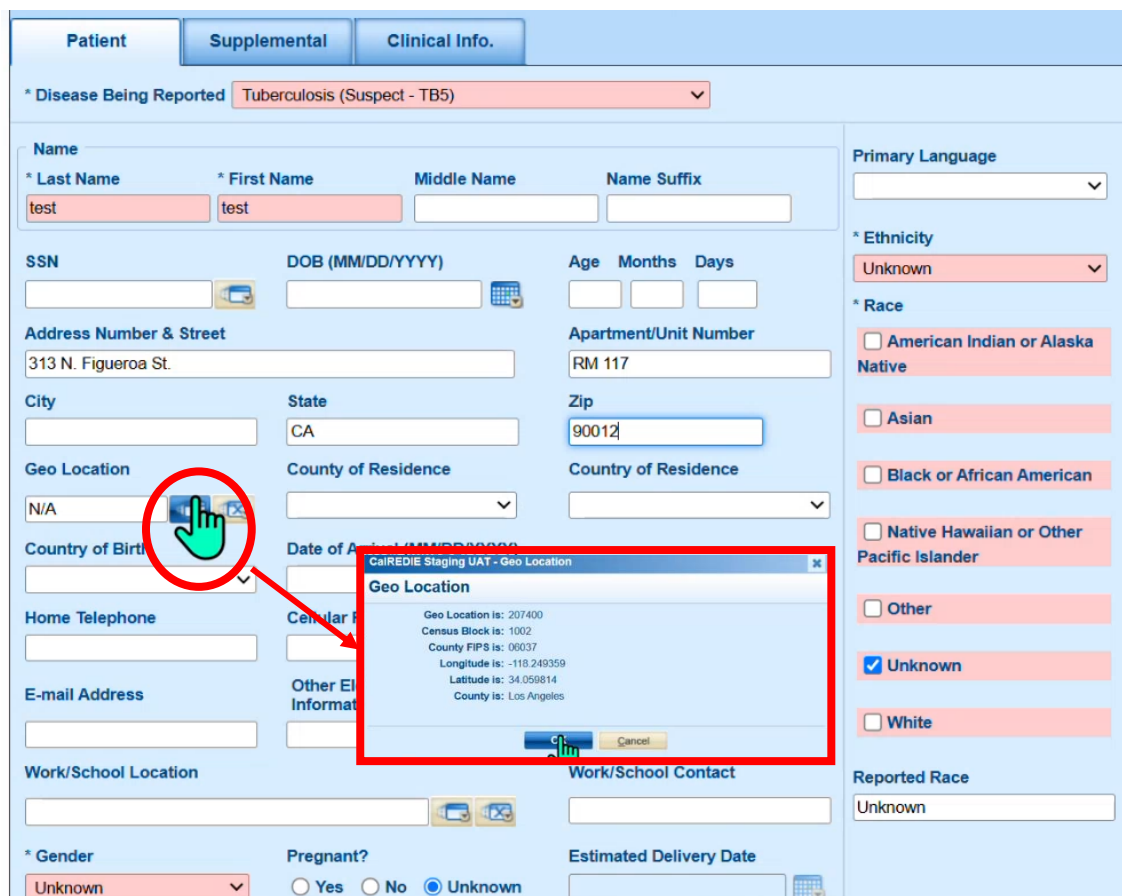
The screenshot shows the CalHEID web application interface for entering a new disease incident. The 'Disease Incident' form is displayed, with the 'Patient' tab selected. The 'Disease Being Reported' dropdown menu is open, showing a list of diseases. 'Tuberculosis (Suspect - TB5)' is highlighted in blue. Red boxes and arrows indicate the required fields for the Patient tab: the dropdown menu, the Last Name and First Name fields, and the Address Number & Street field.

Complete the Patient tab by filling in all required red fields and any additional patient information available.

1. Enter **Disease Being Reported**
2. Enter patient **Last Name** and **First Name**
3. Enter patient's **physical address**, if available
4. Enter remaining demographic information, if available.
5. Enter **Gender**
6. Enter **Race/Ethnicity** information

(Note for Address Information: Include all address details for accurate geolocation and routing.)

Once address information is entered, click the icon  near Geo Location to complete it, and click **OK** in the next window to confirm.



The screenshot shows a patient information form with tabs for Patient, Supplemental, and Clinical Info. The 'Disease Being Reported' is set to 'Tuberculosis (Suspect - TB5)'. The 'Name' section includes fields for Last Name (test), First Name (test), Middle Name, and Name Suffix. The 'Address Number & Street' is 313 N. Figueroa St., and the 'Zip' is 90012. The 'Geo Location' field is highlighted with a red circle and a hand icon. A red box highlights the 'Geo Location' pop-up window, which displays the following information:

```

Geo Location
Geo Location is: 207400
Census Block is: 1002
County FIPS is: 06037
Longitude is: -118.249359
Latitude is: 34.059814
County is: Los Angeles
  
```

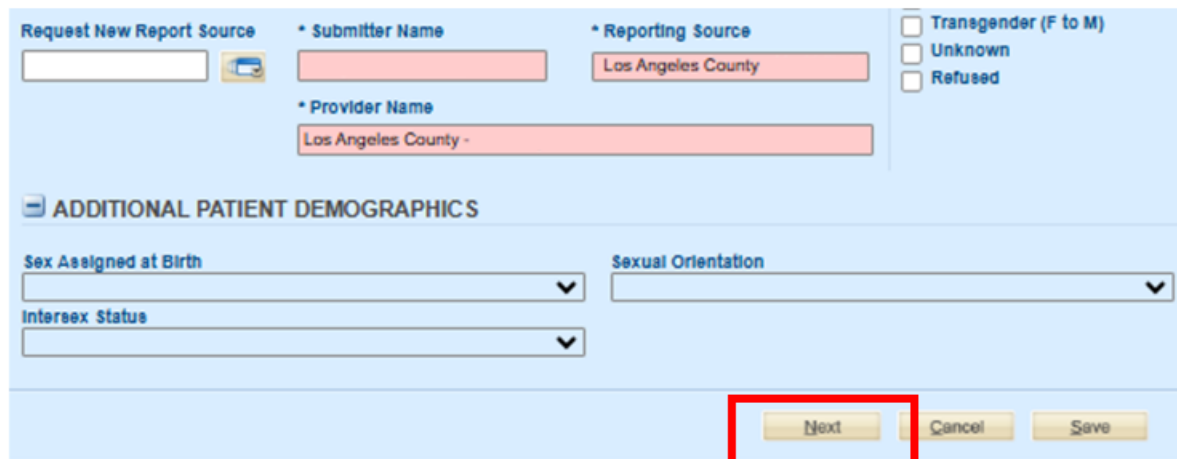
The 'Primary Language' is set to 'Unknown'. The 'Ethnicity' is 'Unknown'. The 'Race' is 'Unknown'. The 'Reported Race' is 'Unknown'. The 'Gender' is 'Unknown'. The 'Pregnant?' status is 'Unknown'. The 'Estimated Delivery Date' is empty.

Certain information are pre-populated by your log-in credentials

- Submitter Name
- Reporting Source
- Provider Name

NOTE: If the Provider name displays the name of the facility, replace it with the name of the provider that the patient saw.

Once All Necessary Information is entered, scroll to the bottom of the page and click **Next**



The screenshot shows the bottom of the patient information form. The 'Request New Report Source' is empty. The 'Submitter Name' is 'Los Angeles County'. The 'Reporting Source' is 'Los Angeles County'. The 'Provider Name' is 'Los Angeles County -'. The 'Sex Assigned at Birth' is 'Intersex Status'. The 'Sexual Orientation' is 'Unknown'. The 'Next' button is highlighted in a red box.

5. Supplemental Tab (Please provide if applicable/ available)

- Date of Onset (MM/DD/YYYY)
 - Option of Asymptomatic
- Date of Diagnosis (MM/DD/YYYY)
- Date of Death (MM/DD/YYYY)

Please utilize Notes/Remarks section for rationale for reporting, e.g., reporting mandate, request consultation, request patient management, patient has history of NTM)
(use the **Add** button).

The screenshot shows the 'Disease Incident' form in the 'Supplemental' tab. The 'Incident Information' section is highlighted with a red box and contains the following fields: 'Date of Onset (MM/DD/YYYY)' with a calendar icon, 'Asymptomatic:' with an unchecked checkbox, 'Date of Diagnosis (MM/DD/YYYY)' with a calendar icon, and 'Date of Death (MM/DD/YYYY)' with a calendar icon. A green mouse cursor is pointing at the 'Date of Onset' field. To the right is a large 'Notes/Remarks' text area. At the bottom right is an 'Add' button. At the bottom of the form are 'Back', 'Next', 'Save', and 'Cancel' buttons. The top navigation bar includes 'Search', 'Previous Search', 'New Disease Incident', 'New Disease Incident For Selected Patient', 'Reports', 'CDPH', and 'Help'. The user is logged in as 'Feregino, Gustavo' on the 'Web' domain. Patient information includes 'Patient: test, test', 'DOB:', 'Patient ID: 2386867', 'Disease: Tuberculosis (Suspect - TB5)', 'Incident ID: 2416938', and 'Pro/Res Status: Entered/Suspect'. The 'Patient' and 'Clinical Info.' tabs are also visible.

Click the Next button or select the **Clinical Info** tab.

6. Clinical Info tab

Complete the Clinical Info tab fields as needed.

The screenshot shows the 'Disease Incident' form in the 'Clinical Info' tab. The 'STATUS' section includes 'Active TB Disease' and 'Latent TB Infection, No Disease' dropdown menus, followed by 'Site(s)' and 'Specific Site of Extrapulmonary Disease' dropdowns. The 'INITIAL PATIENT EVALUATION' section includes three dropdown questions: 'Is This Evaluation Part of an Immigration Screening?', 'Is This Evaluation Part of a Contact Investigation?', and 'Does Patient Have Signs/Symptoms Consistent with TB Disease?'. The 'Risk Assessment: Select Identified TB Risk Factors' section includes checkboxes for 'Born in a country w/...', 'Immunosuppression...', 'Foreign travel >= 1 month in a country', and 'Recent TB contact...'. A green mouse cursor is pointing at the 'Clinical Info' tab. The top navigation bar and patient information are the same as in the previous screenshot.

Active TB Disease

STATUS

Active TB Disease

Confirmed

Suspected

Latent TB Infection, No Disease

TB Infection (LTBI), No Disease

If children <2 with positive TB Test, please complete (Use LTBI test positive (converter) from the drop-down options)

STATUS

Active TB Disease

Site(s)

Specific Site of Extrapulmonary Disease

Latent TB Infection, No Disease

LTBI test positive (converter)

LTBI test positive (reactor/not known converter)

Site

STATUS

Active TB Disease

Site(s)

Latent TB Infection, No Disease

Is this Evaluation Part of an Immigration Screening

For Civil Surgeons only

INITIAL PATIENT EVALUATION

Is This Evaluation Part of an Immigration Screening?

Yes, Civil Surgeon Exam
 Yes, B-Notification Exam
 Yes, Other
 No
 Unknown

Born in a country w/ Immunosuppression Foreign travel >= 1

Is this Evaluation Part of a Contact Investigation
Report only if 'Yes'

INITIAL PATIENT EVALUATION

Is This Evaluation Part of an Immigration Screening?

Is This Evaluation Part of a Contact Investigation?

Yes
 No
 Unknown

Born in a country w/ Immunosuppression Foreign travel >= 1

Does Patient Have Signs/Symptoms Consistent with TB Disease?

TB Symptoms include cough greater than 2-3 weeks, fever, night sweats, unexplained weight loss, and abnormal chest x-ray

INITIAL PATIENT EVALUATION

Is This Evaluation Part of an Immigration Screening?

Is This Evaluation Part of a Contact Investigation?

Does Patient Have Signs/Symptoms Consistent with TB Disease?

Yes
 No
 Unknown

Enter the following TB Testing Information Associated with the Report

Skin test and IGRA

Please utilize the Add button to include additional TB Skin Tests and/or IGRA Tests

SKIN TEST AND IGRA

ID-001

Mantoux TB Skin Test

Date Placed

Results (mm)

TB Skin Test Result

Chest X-Ray

Date Performed

Interferon Gamma Release Assay/Serum Test

Date Collected

IGRA Result

Chest X-Ray Result

Delete

Add

TB Skin Test Result

****Five (5) millimeters or more** of induration should be considered positive in the following persons:

- Persons known or suspected to have HIV infection
- Recent contacts to an infectious case of TB
- Persons with an abnormal chest radiograph consistent with TB disease · Immunosuppressed individuals
- Children less than 5 years

****Ten (10) millimeters or more** should be considered positive for all other persons.

TB Skin Test Result

Positive

Negative

Not Done

Pending

Not Read

IGRA Result

IGRA Result

Positive

Negative

Indeterminate

Not Done

Unknown

Delete

Enter Chest Imaging Information Associated with the Report

Imaging

Please utilize the Add button to include additional imaging and imaging results

CHEST IMAGING

ID-001

Imaging Type

CXR

CT Scan

Other

Imaging Result

Delete

Add

Imaging Result & Imaging Date Performed

CHEST IMAGING

ID-001

Imaging Type

Imaging Date Performed

Imaging Result

(1) Normal

(2) Abnormal, cavitory

(3) Abnormal, non-cavitory consistent with TB

(4) Abnormal, non-cavitory not consistent with TB

(5) Pending

Enter Bacteriology Information Associated with the Report - Add for each additional specimen

Acid fast Bacilli - Smear Results

Please utilize the Add button to include additional specimens

BACTERIOLOGY, NAA/PCR TESTS

ID-001

Bacteriology

Accession Number

Date Specimen Collected

Source

Smear Result

Positive

Negative

Not Done

Pending

Nucleic Acid Amplification/ PCR Test

Specify NAA / PCR Test Type

Source

NAA/PCR Result

Delete

Add

Acid Fast Bacilli – Smear Results

BACTERIOLOGY, NAA/PCR TESTS

ID-001

Bacteriology

Accession Number

Date Specimen Collected

Source

Smear Result

Positive

Negative

Not Done

Pending

Nucleic Acid Amplification/ PCR Test

Date Specimen Collected

Specify NAA / PCR Test Type

Source

NAA/PCR Result

Delete

Add

Acid Fast Bacilli - Culture Results

BACTERIOLOGY, NAA/PCR TESTS

ID-001

Bacteriology

Accession Number

Date Specimen Collected

Source

Smear Result

Culture Result

Positive

Negative

Not Done

Pending

Nucleic Acid Amplification/ PCR Test

Date Specimen Collected

Specify NAA / PCR Test Type

Source

NAA/PCR Result

Delete

Add

Nucleic Acid Amplification (NAA/PCR) Results

BACTERIOLOGY, NAA/PCR TESTS

ID-001

Bacteriology

Accession Number

Date Specimen Collected

Source

Smear Result

Culture Result

Other Tests

Nucleic Acid Amplification/ PCR Test

Date Specimen Collected

Specify NAA / PCR Test Type

Source

NAA/PCR Result

Positive

Negative

Indeterminate

Not Done

Unknown

Delete

Add

TB Infection Treatment Information
DISREGARD THIS SECTION OF THE CLINICAL TAB

LATENT TB INFECTION TREATMENT INFORMATION

LTBI Treatment Start Date

LTBI Treatment End Date

LTBI Treatment Regimen

Primary Reason Why?

referred to another provider for LTBI treatment*

referred provider's contact (primary care or other)

contact" section below.

LTBI Treatment Notes

Add

TB DISEASE TREATMENT INFORMATION	
Current Treatment ☐ INH ☒ RIF ☐ EMB	☐ PZA Date Treatment Initiated
INH Start Date 	INH End Date
RIF Start Date 	RIF End Date
PZA Start Date 	PZA End Date
EMB Start Date 	EMB End Date
1 - Other Drug 	1 - Other Drug End Date
2 - Other Drug 	2 - Other Drug End Date
3 - Other Drug 	3 - Other Drug End Date

TB Disease Treatment Notes

☐ Drug Resistance Suspected

☐ Untreated

(Check all that apply)

☐ Will Treat
 ☐ Unable to Contact Patient
 ☐ Refused Treatment
 ☐ Other

Referred to:

Primary Provider Information / Other Provider Contact Information

PRIMARY PROVIDER CONTACT INFORMATION

Primary Provider Name

Primary Provider Phone Number

Primary Provider Facility Name

Primary Provider Address

OTHER PROVIDER CONTACT INFORMATION

ID-001

Other Provider Type

Other Provider Name

Other Provider Facility Name

Other Provider Phone Number

Other Provider Address

Delete

At the bottom of the Clinical Tab click Save to reserve pertinent patient information.

NOTES

Notes/Remarks

Add

Back

Next

Save

Cancel

Saving here will provide you with the following window. Click OK to continue.

calrediestaging.cdph.ca.gov says

This record has not yet been submitted. If you save now, this record will be saved without checking required fields on all tabs, and you will need to return and submit the record later. Do you want to save now?

OK

Cancel

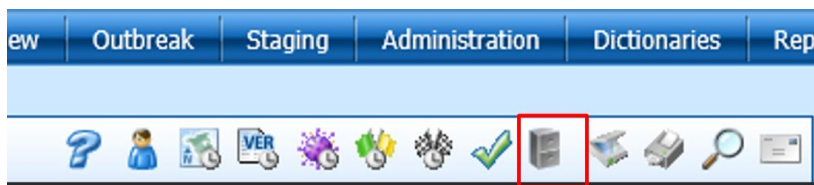
UPLOADING FILES TO ELECTRONIC FILING CABINET (EFC)

Please attach the following

- ❖ Patient insurance face sheet
- ❖ Clinic notes
- ❖ Radiology report
- ❖ Bacteriology (AFB smear, culture, culture identification) report
- ❖ Mtb NAAT/PCR report
- ❖ Pathology report

Once Patient Information is saved the **Electronic Filing Cabinet** can be accessed from the incident record itself, located at the top of the incident. To Upload files to the EFC, continue the following:

1. Access the EFC located at the top right corner of the patient incident.



2. From the pop-up window, click New Album

3. Enter the album name
(E.g. TB Disease Incident – (Report Date) – Clinic Note)

- Enter **Notes** as needed. Keep in mind that non-alphanumeric characters are not allowed.

CalREDIE Staging UAT - Album Viewer

ALBUM VIEWER

Patient: test, test
Record ID: 2416938

Album Name: Album Name

Notes: Text Area

☐ Show Deleted Items

File Type	Name	Date/Time Created	File Access	Actions
-----------	------	-------------------	-------------	---------

Items per page: 5

CLOSE

DELETE ALBUM

ADD FILE(S)

PREVIEW / PRINT IMAGES

SAVE

4. Click Add Files(s) to Album

CalREDIE Staging UAT - Album Viewer

ALBUM VIEWER

Patient: test, test
Record ID: 2416938

Album Name: test

Notes: Text Area

☐ Show Deleted Items

File Type	Name	Date/Time Created	File Access	Actions
-----------	------	-------------------	-------------	---------

Items per page: 5

CLOSE

DELETE ALBUM

ADD FILE(S)

PREVIEW / PRINT IMAGES

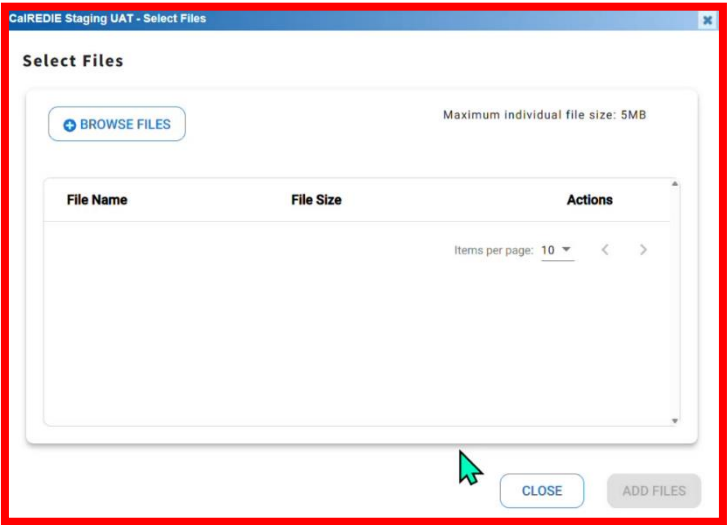
SAVE

Files that are to be added can be browsed from your PC or dragged and dropped into the pop-window.

Note: Maximum individual file size is 5MB

****IMPORTANT****

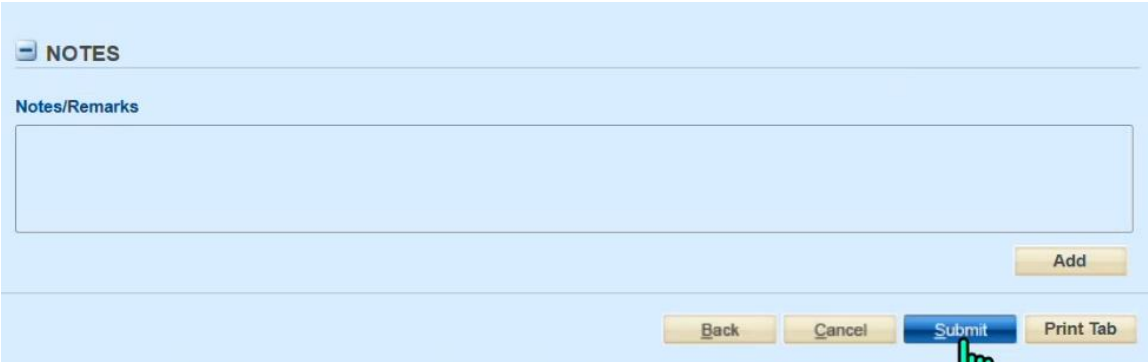
Be sure to promptly upload pertinent records to the EFC after hitting the ‘save’ button.



We recommend SAVING the incident, UPLOADING records to the EFC and waiting to hit ‘submit’ until everything has been uploaded.

Submit to Create a New Disease Incident

Once records to the EFC are submitted, return to the bottom of the last tab (Clinical) and click **Submit** to complete New Disease Incident.



Submitting here will provide you with **Incident Submission Screen**

1. To print the receipt, click **Print Receipt**
2. To print a report of the incident, click **Print Disease Incident**
3. To create a new incident, click **Create New Disease Incident**
4. To upload documents to the Electronic Filing Cabinet, click **Add to Filing Cabinet**
5. To create a new incident for the same patient, click **New Incident for Same Patient**

Disease Incident Submission

California Reportable Disease Information Exchange Staging UAT Record Has Been Received



You have successfully sent a report to the health department

Patient Name: test, test	Disease Incident ID: 2416938
Submitter Name:	Disease: Tuberculosis (Suspect - TB5)
Reporting Provider: Los Angeles County	Date Reported: 08/06/2026 8:14:33 AM
Reporting Facility: Los Angeles County	Jurisdiction: Los Angeles - Central HD (9)

Please keep this Disease Incident Verification as proof of California Reportable Disease Information Exchange Staging UAT record submission.

[Print Receipt](#) [Print Disease Incident](#)

[Create New Disease Incident](#) [Add to Filing Cabinet](#) [New Disease Incident For Same Patient](#)

***Important* – Filing Cabinet Upload Window**

Upon submission of a disease incident, providers have a restricted time frame (e.g., 30 minutes to 1 hour) to continue uploading documents to the EFC or modify patient incident tabs, including Patient Info, Supplemental, and Clinical Info.

Once LA County accepts the submission (within 30 minutes to 1 hour), any document uploaded to the EFC will not be received by LA County. If updates are not completed within the allotted time, subsequent information must be submitted via fax at (213) 749-0926.

Any updates submitted outside the provider portal must include a Confidential Morbidity Report (CMR) form containing complete patient demographics, provider details, with the additional comment of "CMR UPDATE" noted in the remarks section.

Frequently Asked Questions

- Questions about registration to California Reportable Disease Information Exchange (CalREDIE) Provider Portal, can be answered by visiting the link below:

[Http://publichealth.lacounty.gov/clinicians/report/ProviderPortal.htm](http://publichealth.lacounty.gov/clinicians/report/ProviderPortal.htm)

- For technical assistance such as usernames or passwords, or any questions regarding reporting details, post-login please direct your questions to the email address below:

LAC_PPSupport@ph.lacounty.gov

- For privacy concerns using the CalREDIE Provider Portal, please contact the CalREDIE help desk using the email address below:

CalREDIEHelp@cdph.ca.gov

END OF GUIDE