

## Instructions for Reporting COVID-19 Vaccines/Therapeutics in the TDEM/DSHS Portal

### Important Information Needed to Start Reporting Process

#### **OBTAINING YOUR UFID NUMBER**

After the enrollment process, DSHS will send you an email with your facility name and UFID number (see sample email below). If you did not receive your number, there may be a possible delay in the email that is sent by DSHS. For inquiries about your UFID number, please contact [Therapeutics@dshs.texas.gov](mailto:Therapeutics@dshs.texas.gov).

**Facility:** <Fill In Name Of Facility>

**Facility Identification Number:** <Fill In UFID>

You are receiving this email because your facility has received an allocation of vaccines and/or monoclonal antibodies for COVID-19. The State of Texas requests that you submit information through the TDEM portal provided below, in addition to current tracking in ImmTrac2.

We are aware of the increased number of reporting requirements related to vaccines and therapeutics that are asked of you, and we are doing our best to streamline the inquiries with your assistance. We really appreciate the work of our hospital partners across the state in reacting to this crisis.



If you have any issues pertaining to the system, requests, or questions, please send an email to [vaccine@tdem.texas.gov](mailto:vaccine@tdem.texas.gov).

### Reporting Process

#### **LOGIN**

1. Go to <https://report.tdem.texas.gov>.
2. Select your facility from the dropdown list titled "Select Facility". If the facility is not already listed and does not have a UFID number, click "Facility Not Listed" to input your information.
3. Enter your Facility Identification Number, found in the email issued by DSHS.

# Therapeutics Reporting

Please sign in

**Select Facility: \***

Select a Facility ▼

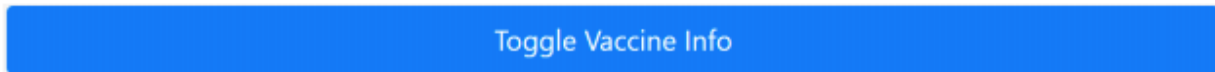
Facility Not Listed? Request To Add It

**Facility Identification Number (UFID) ? \***

Sign in

## INFORMATION ENTRY

- Once logged in, please verify that all information at the top of the page is correct by clicking the blue “Toggle Vaccine Info” button.



- Fill out the fields as applicable and hit “Submit Vaccine Info”.

### FACILITY NAME HERE

UFID:	TYPE:	CITY:	COUNTY:	ZIP:	POC PHONE:
Toggle Vaccine Info					
Vaccines ⓘ POC info for the Person Responsible for the Vaccine Administration Plan and Program					
Name:	<input style="width: 150px;" type="text"/>	Title:	<input style="width: 150px;" type="text"/>		
Cell:	<input style="width: 150px;" type="text"/>	Office #:	<input style="width: 150px;" type="text"/>		
Backup Contact:	<input style="width: 150px;" type="text"/>	Email:	<input style="width: 150px;" type="text"/>		
Vaccine Recieved Date					<input style="width: 100px;" type="text" value="mm/dd/yyyy"/> <input type="checkbox"/>
Start date of the vaccination program (day first vaccination will be administered):					<input style="width: 100px;" type="text" value="mm/dd/yyyy"/> <input type="checkbox"/>
Estimated date of completion (day last vaccination received in this shipment will be administered):					<input style="width: 100px;" type="text" value="mm/dd/yyyy"/> <input type="checkbox"/>
Are there other entities you are administering vaccine doses to? (such as nursing homes?):	<input style="width: 200px;" type="text"/>				
Storage Plan – How is the vaccine stored? (trailer vs refrigerators?)	<input style="width: 250px; height: 20px;" type="text"/>				
How have you prioritized those your facility will vaccinate?	<input style="width: 250px; height: 20px;" type="text"/>				
Submit Vaccine Info					

3. A green banner will appear showing that your inputs have been saved into the system, and it will automatically re-direct you to the main login page.

**Data has been submitted**

4. Please log back in and fill out the 4 sections regarding vaccine information.

**If a field does not apply to your facility, please enter a “0”**

*\*The first section includes entering therapeutics information about “Bam” and Regeneron. This section can be skipped if not applicable.*

### VACCINE DATA ENTRY

1 & 2. Report all information regarding **Courses** of Pfizer and Moderna.

**If a field does not apply to your facility please enter a “0”**

**Pfizer Vaccine** ⓘ Report Daily Metrics For Thursday 12/31/2020

3 Pfizer Vaccine

New Patient Courses Received By The Facility (Deposits) **Yesterday (for 12am-12am the previous day):**

Patient Courses Administered **Yesterday (for 12am-12am the previous day):**

Patient Courses Transferred **Yesterday (for 12am-12am the previous day):**

Patient Courses Wasted/Lost **Yesterday (for 12am-12am the previous day):**

**Current Total as of Thursday 12/31/2020** ⓘ

Patient Courses Available For Administration (Facility Inventory) as of **Today:**

3. Enter any Notes/Comments, and click “Submit Therapeutics/Vaccine Data”

Notes/Comments:

Submission Date/Time: 12/31/2020 9:53:57

5 Submit