Histology Interface

Web Service

Version 9.1

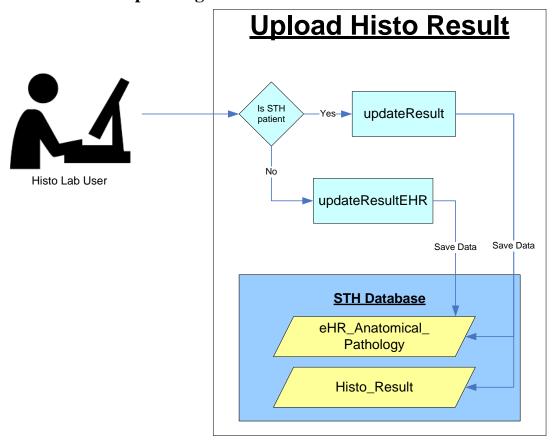# 28-05-2019

St. Teresa's Hospital

Information Technology Services Department

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Revision Log

Revision	Date	Author	Remarks
1.0	02-02-2011	*Chris Chung*	*Initial version*
2.0	22-03-2011	*Senthil Kumar*	*Updated*
3.0	15-07-2011	*Cardin Chu*	*Provide configuration information*
4.0	22-08-2011	*Cardin Chu*	*Add 2 more functions*
5.0	26-08-2011	*Senthil Kumar*	*Updated*
6.0	07-09-2011	*Cardin Chu*	*Updated*
7.0	05-06-2014	*Cardin Chu*	*Updated*
8.0	29-10-2014	*Cardin Chu*	*Updated*
9.0	01-05-2019	*Cardin Chu*	*Updated*
9.1	28-05-2019	*Cardin Chu*	*Amendment for eHR project*

St. Teresa's Hospital

Information Technology Services Department

1. Workflow of uploading Histo Result to STH Database

2. Configuration

WSDL Location	http://[host]:[port]/Histology/ws/HistologyWebservice.asmx?wsdl
WS Endpoint	http://[host];[post]/Histology/ws/HistologyWebservice.asmx
Username	<To be advised per hospital>
Password	<To be advised per hospital>
[host]:[port]	<To be advised per hospital>

3. Methods

3.1. updateResult

updateResult(String Username, String Password, String HistoReportXML)	
Purpose	The histology system generates a XML string which contains diagnosis summary, PDF report and Meta data of PDF report. It will be sent to HIS by calling web service.
Input parameter	- Username - Password - XML format datagram

Sample XML Request

```xml
<?xml version="1.0" encoding="utf-8"?>
<Histology_PDF>
<Record Path_No="XXXXXXXXX">
<Visit_No>XXXXXXXXXXXXX</Visit_No>
<Version_No>xx</Version_No>
<Tx_Type>X</Tx_Type>
<Report_Type_Code>XX</Report_Type_Code>
<Report_DT>XX/XX/XXXX</Report_DT>
<Order_Doctor_Code>XXXXX</Order_Doctor_Code>
<Order_Doctor_Name>XXXXXXXXXXX</Order_Doctor_Name>
<Copy1_Doctor_Code>XXXXX</Copy1_Doctor_Code>
<Copy1_Doctor_Name>XXXXXXXXXXX</Copy1_Doctor_Name>
<Copy2_Doctor_Code>XXXXX</Copy2_Doctor_Code>
<Copy2_Doctor_Name>XXXXXXXXXX</Copy2_Doctor_Name>
<Copy3_Doctor_Code></Copy3_Doctor_Code>
<Copy3_Doctor_Name></Copy3_Doctor_Name>
<Copy4_Doctor_Code></Copy4_Doctor_Code>
<Copy4_Doctor_Name></Copy4_Doctor_Name>
<Copy5_Doctor_Code></Copy5_Doctor_Code>
<Copy5_Doctor_Name></Copy5_Doctor_Name>
<Approved_Doctor_Name>XXXXXXX</Approved_Doctor_Name>
<Clinical_History>XXXXXXXXXXXXXXXXXXX</Clinical_History>
<Diagnosis1>XXXXXXXXXXXXXXXXXXXXXXXXXXX</Diagnosis1>
<Diagnosis2>XXXXXXXXXXXXXXXXXXXXXXXXXX</Diagnosis2>
<Diagnosis3>XXXXXXXXXXXXXXXXXXXXXXXXX</Diagnosis3>
<Diagnosis4 />
<Diagnosis5 />
<Diagnosis6 />
<Diagnosis7 />
<Diagnosis8 />
<Diagnosis9 />
</Record>
</Histology_PDF>
```

Note: - The PDF report should be changed to Base64 encoding and put it into File content element in the XML file.

Return	- Upload Status

	- Upload Status Description **Sample XML** **\<RESULT\>** **\<STATUS\>x\</STATUS \>** **\<STATUS _DESC\>xxxxxxxxxxxxx\</STATUS _DESC\>** **\</RESULT\>** STATUS:- 1 → Successful, 2 → Failure STAUTS_DESC:- Blank if successful or descriptive reason if failure

Data Structure (Input XML datagram)

Field	Data Length	Short description
Input		
Tx_Type	Char(1)	A → Add / Amend, D → Delete
Path_No	Char(15)	Pathology Number
Version_No	Tinyint	Version number
Visit_No	Char(13)	Visit Number
Report_Type_Code	Char(2)	01 – Histopathology Report 02 – EBV Serology Report 03 – Cytology Report 04 - Gynecological(Cytology) Report
Report_DT	Datetime	Report date & time
Order_Doctor_Code	Char(5)	Order Doctor
Order_Doctor_Name	Varchar(60)	Doctor name
Copy1_Doctor_Code	Char(5)	Copy Doctor 1
Copy1_Doctor_Name	Varchar(60)	Doctor name
Copy2_Doctor_Code	Char(5)	Copy Doctor 2
Copy2_Doctor_Name	Varchar(60)	Doctor name
Copy3_Doctor_Code	Char(5)	Copy Doctor 3
Copy3_Doctor_Name	Varchar(60)	Doctor name
Copy4_Doctor_Code	Char(5)	Copy Doctor 4
Copy4_Doctor_Name	Varchar(60)	Doctor name
Copy5_Doctor_Code	Char(5)	Copy Doctor 5
Copy5_Doctor_Name	Varchar(60)	Doctor name
Approved_Doctor_Name	Varchar(60)	Approved Doctor name

Clinical_History		Varchar(300)	Patients clinical history
Diagnosis1		Varchar(800)	Diagnosis1
Diagnosis2		Varchar(800)	Diagnosis2
Diagnosis3		Varchar(800)	Diagnosis3
Diagnosis4		Varchar(800)	Diagnosis4
Diagnosis5		Varchar(800)	Diagnosis5
Diagnosis6		Varchar(800)	Diagnosis6
Diagnosis7		Varchar(800)	Diagnosis7
Diagnosis8		Varchar(800)	Diagnosis8
Diagnosis9		Varchar(800)	Diagnosis9
Output			
Status	Tinyint	1 – Success, 2 – Failure	
Status_Desc	Varchar(120)	Reason for failure	

3.2   getDoctor

getDoctor(**String Username, String Password**)	
Purpose	The Histology system calls the web service to get Doctor's information in XML format (all active doctors).
Input parameters	- Username - Password

Return	**Sample XML**
	\<NewDataSet\>
	...
	...
	\<Histo_Doctor\>
	    \<Doctor_Code\>00003\</Doctor_Code\>
	    \<Doctor_Surname\>CHAN\</Doctor_Surname\>
	    \<Doctor_Givenname\>TAI MAN\</Doctor_Givenname\>
	    \<Doctor_Chiname\>陳大文\</Doctor_Chiname\>
	    \<Doctor_Status\>2\</Doctor_Status\>
	    \<Mobile_Phone\>9000 0000\</Mobile_Phone\>
	    \<Pager\>7000 0000\</Pager\>
	    \<Office_Phone\>2000 000\</Office_Phone\>
	    \<Office_Fax /\>
	    \<Address1\>P.O. BOX 00000\</Address1\>
	    \<Address2\>KOWLOON CENTRAL POST OFFICE\</Address2\>
	    \<Address3 /\>

```
      <Address4> HONG KONG</Address4>
      <LastUpdate>20090818170843</LastUpdate>
   </Histo_Doctor>
   <Histo_Doctor>
     <Doctor_Code>00004</Doctor_Code>
     <Doctor_Surname>CHAN</Doctor_Surname>
     <Doctor_Givenname>SIU MING</Doctor_Givenname>
     <Doctor_Chiname>陳小明</Doctor_Chiname>
     <Doctor_Status>1</Doctor_Status>
     <Mobile_Phone />
     <Pager />
     <Office_Phone>2000 0000</Office_Phone>
     <Office_Fax />
     <Address1>RM. 000</Address1>
     <Address2>100 ABC ROAD,</Address2>
     <Address3>KOWLOON</Address3>
     <Address4 />
<LastUpdate>20090708124104</LastUpdate>
   </Histo_Doctor>
…
…
</NewDataSet>
<Status>1</Status>
<Status_Desc>The doctor information is successfully
retrieved.</Status_Desc>
```

Sample XML for failure

```
<Status>2</Status><Status_Desc>XXXXX</Status_Desc>
```
===
<Doctor_Status >: 1 - Non Active, 2 - Active, 4 - Deceased, 8 - Emigrated

<Status> : 1 – Success, 2 – Failure

<Status_Desc>: Status description

3.3. getPatient

getPatient(String Username, String Password, String VisitNo)	
Purpose	The Histology system calls the web service to get patient demographic data in XML format.
Input parameters	- Username

	- Password - VisitNo

Return	**<u>Sample XML for successful</u>**
	\<NewDataSet\>
	...
	...
	   \<Histo_Patient\>
	   \<Patient_No\>PN19970000000\</Patient_No\>
	   \<Visit_No\>HN20080000000\</Visit_No\>
	   \<PV_Surname\>CHAN\</PV_Surname\>
	   \<PV_Givenname\>YAT YAT\</PV_Givenname\>
	   \<PV_ChiName\>陳一一\</PV_ChiName\>
	   \<PV_ID_Type\>1\</PV_ID_Type\>
	   \<ID_Type_Code\>ID\</ID_Type_Code\>
	   \<PV_IDNo\>G000000\</PV_IDNo\>
	   \<PV_IDNo_CD\>3\</PV_IDNo_CD\>
	   \<PV_Sex\>M\</PV_Sex\>
	   \<PV_DOB\>19500101\</PV_DOB\>
	   \<Exact_Date_Indicator_Code\>EDMY
	   \</Exact_Date_Indicator_Code\>
	   \<PV_PhoneNo\>90000000\</PV_PhoneNo\>
	   \<PV_DisCharge_DT\>20081204095310\</PV_DisCharge_DT\>
	   \<PV_Type\>1\</PV_Type\>
	   \<Bed_No\>368-4\</Bed_No\>
	   \<Dept_Code\>E3W\</Dept_Code\>
	   \<Hosp_Class_Code\>C\</Hosp_Class_Code\>
	   \<Doctor_Code\>01763\</Doctor_Code\>
	   \<PV_Visit_DT\>20081201000711\</PV_Visit_DT\>
	   \<Doctor_Surname\>CHAN\</Doctor_Surname\>
	   \<Doctor_Givenname\>TAI MAN\</Doctor_Givenname\>
	   \<Doctor_Chiname\>陳大文\</Doctor_Chiname\>
	   \<Request_No xml:space="preserve"\>
	   \</Request_No\>
	   \<Clinical_Notes /\>
	   \<Surgical_Procedure /\>
	   \<Nature_Of_Specimen /\>
	 \</Histo_Patient\>
	\</NewDataSet\>

<Status>1</Status><Status_Desc>The patient visit detail is successfully retrieved. </Status_Desc>

Sample XML for failure

<Status>2</Status><Status_Desc>XXXXX</Status_Desc>

==

<PV_ID_Type>: 1 - HKID#,2 - PP#,4-Birth Cert#, 8 – Others; 16 – EEP (Exit-entry Permit)

<ID_Type_Code >:

AR	領養證明書	Adopted Children Register (include those issued by HKSAR and non-HKSAR government authorities)
BC	香港出生證明書	Hong Kong Birth Certificate
EC	豁免登記領取身份証明書豁免身份證	Exemption Certificate
ED	電子醫療紀錄文件	eHR Document
ID	香港身份證	Hong Kong Identity Card
OC	中華人民共和國發之其他旅遊証件	Identity/travel documents - PRC
OP	其他國家發之其他旅遊証件	Other travel documents issued by non- PRC government / authorising agent
OW	單程証	One-way Permit
STHPS	香港特別行政區護照	HKSAR Passport
STHN	未定義	Undefined Identity Document
TW	雙程証	Two-way Permit
VR	越南難民證	Vietnamese refugee card

<PV_Sex>: M – Male, F – Female

<Exact_Date_Indicator_Code>: EY – Exact Year

EMY – Exact Month and Year

EDY – Exact Date and Year

EDMY – Exact Date, Month and Year

<Status> : 1 – Success, 2 – Failure

<PV_Type>: 1 - In Patient, 2 - Out Patient, 4 - Walk In Patient

<Status> : 1 – Success, 2 – Failure

<Status_Desc>: Status description

3.4. updateResultEHR

updateResult(String Username, String Password, String HistoReportXML)
Purpose	The histology system generates a XML string which contains diagnosis summary, PDF report and Meta data of PDF report. It will be sent to HIS by calling web service.

Input parameter	- Username
	- Password
	- XML format datagram
	Sample XML Request
	``xml
	<?xml version="1.0" encoding="utf-8"?>
	<Histology_PDF>
	<Record Path_No>xxx</Path_No>
	<Part_No>xxx</Part_No>
	<Visit_No>xxx</Visit_No>
	<Patient_No>xxx</Patient_No>
	<eHR_No>xxx</eHR_No>
	<Record_Key>xxx</Record_Key>
	<Patient_Sex>xxx</Patient_Sex>
	<Patient_DOB>xxx</Patient_DOB>
	<HKID_No>xxx</HKID_No>
	<HKID_No_CD>xxx</HKID_No_CD>
	<ID_Type_Code>xxx</ID_Type_Code>
	<Identity_Document_No>xxx</Identity_Document_No>
	<Patient_Surname>xxx</Patient_Surname>
	<Patient_Given_Name>xxx</Patient_Given_Name>
	<Patient_Full_Name>xxx</Patient_Full_Name>
	<Lab_Test_Order_No>xxx</Lab_Test_Order_No >
	<PDF>
	<PDF_File>xxx</PDF_ File>
	<File_Name>xxx</ File_Name >
	</PDF>
	<PDF>
	<PDF_File>xxx</PDF_ File>
	<File_Name>xxx</ File_Name >
	</PDF>
	...
	<Lab_Test_Request_No>xxx</Lab_Test_Request_No >
	<Lab_Test_Request_Name>xxx</ Lab_Test_Request_Name >
	<Laboratory_Name>xxx</Laboratory_Name>
	<Lab_Category_Code>xxx</Lab_Category_Code>
	<Lab_Category_Desc>xxx</Lab_Category_Desc>
	<Lab_Category_Local_Desc>xxx</Lab_Category_Local_Desc>
	``

	<Lab_Report_Ref_DT>xxx</Lab_Report_Ref_DT> **<Specimen_Details>xxx<Specimen_Details>** **<Anatomical_Pathology_Test_Name>xxx</Anatomical_Pathology_Test_Name>** **<Lab_Report_Status_Code>xxx</Lab_Report_Status_Code>** **<Lab_Report_Status_Desc>xxx</Lab_Report_Status_Desc>** **<Lab_Report_Status_Local_Desc>xxx</Lab_Report_Status_Local_Desc>** **<Lab_Report_Authorised_DT>xxx</Lab_Report_Authorised_DT>** **</Record>** **</Histology_PDF>** Note: - The PDF report should be changed to Base64 encoding and put it into File content element in the XML file.
Return	- Upload Status - Upload Status Description **<u>Sample XML</u>** **<RESULT>** **<STATUS>x</STATUS >** **<STATUS _DESC>xxxxxxxxxxxx</STATUS _DESC>** **</RESULT>** STATUS:- 1 → Successful, 2 → Failure STAUTS_DESC:- Blank if successful or descriptive reason if failure

Data Structure (Input XML datagram)

Field	Data Length	Short description
Input		
Path_No	Char(15)	Pathology Number
Part_No	Tinyint	Part Number
Visit_No	Char(13)	Visit Number
Patient_No	Char(13)	STH Patient Number
eHR_No	Varchar(12)	A unique eHR healthcare recipient identifier assigned to each patient for each participation in the Hong Kong eHR
Record_Key	Varchar(50)	A unique identifier for each laboratory

		result record within HCP
Patient_Sex	Char(1)	[eHR value] **F** – Female **M** – Male **U** - Unknown
Patient_DOB	Varchar(23)	The patient's date of birt
HKID_No	Varchar(12)	The Hong Kong Identity Card number or the Registration Number printed on Hong Kong Birth Certificate (post-1981) issued by HKSAR Immigration Department
HKID_No_CD	Varchar(2)	HKID check digit
ID_Type_Code	Varchar(6)	[eHR value] **AR** - Adoption Certificate **BC** - Birth Certificate – HK **DI** - Document of Identity for Visa Purposes **EC** - Exemption Certificate **ID** - HKID Card **ED** - eHR document **MD** - Macao ID Card **OC** - Travel documents – PRC **OP** - Travel document - overseas **OW** - One-way Permit **RE** - Recognizance Form **RP** - Re-entry Permit
Identity_Documnet_No	Varchar(30)	The document number of the [Type of identity document - patient]
Patient_Surname	Varchar(40)	Patient's surname in English
Patient_Given_Name	Varchar(40)	Patient's given name in English
Patient_Full_Name	Varchar(100)	Patient's full name in English
Lab_Test_Order_No	Varchar(40)	A unique identifier assigned by the Laboratory Information System (LIS) of the performing laboratory to identify the laboratory test request.
PDF_File	Byte[]	PDF File Content in Base64 encoding
PDF_Name	Varchar(100)	PDF file name
Lab_Test_Request_No	Varchar(40)	A unique identifier assigned by the Laboratory Information System (LIS) of the

			performing laboratory to identify the laboratory test request.
Lab_Test_Request_Name		Varchar(40)	Local description of the healthcare intuition who requested the laboratory test
Lab_Category_Code		Varchar(25)	[eHR Value] **CHEM** - Chemical Pathology **HAEM** - Haematology **IMMUN** - Immunology **MICRO** - Microbiology & Virology **PATH** - Anatomical Pathology **TRL** - Toxicology **TI** - Transplantation & Immunogenetics **MOLPATH** - Molecular Pathology **GEOT** - General & Other
Lab_Category_Desc		Datetime	[eHR description] - Chemical Pathology - Haematology - Immunology - Microbiology & Virology - Anatomical Pathology - Toxicology - Transplantation & Immunogenetics - Molecular Pathology - General & Other
Lab_Category_Local_Desc		Varchar(225)	Description created by the performing laboratory for the category of the laboratory from which the report was produced.
Lab_Report_Ref_DT		Datetime	The reference date or datetime which is used to determine the display sequence of a specific laboratory report in the eHR. The laboratory reports are displayed in the eHR according to the following rule : i. Specimen collection datetime, if none ii. Specimen arrival datetime, if none iii. Laboratory request registration datetime.

Specimen_Detail	Varchar(225)	Specimen site details or additional information about [Specimen type]. For example, an anatomical site 'Left lower lobe' for biopsy, "Cervix scraping" for routine cytology or any specimen qualifier in free text, such as, "Red cap of the Hickman line"
Anatomical_Pathology_Test_Name	Varchar(60)	Local description for the anatomical pathology request made by clinicians. e.g. Gynae Cytology, Surgical Biopsy, Fine Needle Aspiration, Frozen Section
Lab_Report_Status_Code	Varchar(60)	[eHR value] **P** - Provisional/Preliminary report **F** - Final report **A** - Amended report **S** - Supplementary report **U** - Unspecified report status
Lab_Report_Status_Desc	Varchar(60)	[eHR description] - Provisional/Preliminary report - Final report - Amended report - Supplementary report - Unspecified report status
Lab_Report_Status_Local_Desc	Varchar(60)	A local description issued by the performing laboratory for indicating the status of the laboratory report.
Lab_Report_Authorised_DT	Datetime	The date or datetime when a specific version of the laboratory report was authorised and ready to be issued.
Output		
Status	Tinyint	1 – Success, 2 – Failure
Status_Desc	Varchar(120)	Reason for failure

4. Table Specification

Histo_Result

Field Name	Type	Properties	Short description
Path_No	Char(15)	Not Null	Pathology Number
Visit_No	SysNo	Not Null	Visit Number
Report_Type_Code	Code2	Not Null	01 – Histopathology Report 02 – EBV Serology Report 03 – Cytology Report 04 - Gynecological(Cytology) Report
Report_DT	Datetime	Not Null	Report date & time
Order_Doctor_Code	DoctorCode	Null	Order doctor
Order_Doctor_Name	Varchar(60)	Null	Surname
Copy1_Doctor_Code	DoctorCode	Null	Copy doctor 1
Copy1_Doctor_Name	Varchar(60)	Null	Surname
Copy2_Doctor_Code	DoctorCode	Null	Copy doctor 2
Copy2_Doctor_Name	Varchar(60)	Null	Surname
Copy3_Doctor_Code	DoctorCode	Null	Copy doctor 3
Copy3_Doctor_Name	Varchar(60)	Null	Surname
Copy4_Doctor_Code	DoctorCode	Null	Copy doctor 4
Copy4_Doctor_Name	Varchar(60)	Null	Surname
Copy5_Doctor_Code	DoctorCode	Null	Copy doctor 5
Copy5_Doctor_Name	Varchar(60)	Null	Surname
Approved_Doctor_Name	Varchar(60)	Null	Approved doctor surname
LastUpdate	Datetime	Not Null	Last updated date & time
Version_No	Tinyint	Null	Version Number
File_Name	Varchar(100)	Null	PDF report file name
Histo_Clinical_History	Nvarchar(300)	Null	Patients clinical history
Histo_Diagnosis1	Nvarchar(800)	Null	Diagnosis1
Histo_Diagnosis2	Nvarchar(800)	Null	Diagnosis2
Histo_Diagnosis3	Nvarchar(800)	Null	Diagnosis3
Histo_Diagnosis4	Nvarchar(800)	Null	Diagnosis4
Histo_Diagnosis5	Nvarchar(800)	Null	Diagnosis5
Histo_Diagnosis6	Nvarchar(800)	Null	Diagnosis6
Histo_Diagnosis7	Nvarchar(800)	Null	Diagnosis7
Histo_Diagnosis8	Nvarchar(800)	Null	Diagnosis8
Histo_Diagnosis9	Nvarchar(800)	Null	Diagnosis9
Report_Read_DT	Datetime	Null	Report read date & time
Report_Read_WS_Name	WSName	Null	Report read workstation name

Part_No	Tinyinjt	Not Null	Part Number

Key Definitions		
Attribute Name	Key Type	Reference Table
Path_No, *Part_No*	Primary	Non Clustered
Visit_No	Foreign	Patient_Visit
Order_Doctor_Code	Foreign	Doctor
Copy1_Doctor_Code	Foreign	Doctor
Copy2_Doctor_Code	Foreign	Doctor
Copy3_Doctor_Code	Foreign	Doctor
Copy4_Doctor_Code	Foreign	Doctor
Copy5_Doctor_Code	Foreign	Doctor
Approved_Doctor_Code	Foreign	Doctor
Report_Type_Code	Foreign	Histo_Report_Type
indVisit_No	Index	Visit_No
indLastUpdate	Index	LastUpdate

Histo_AP

Field Name	Type	Properties	Short description
Path_No	Char(15)	Not Null	Pathology Number
Part_No	Tinyinjt	Not Null	Part Number
Visit_No	Char(13)	Null	Visit no. for STH patient
Patient_No	Char(13)	Null	STH Patient Number
eHR_No	Varchar(12)	Null	A unique eHR healthcare recipient identifier assigned to each patient for each participation in the Hong Kong eHR
HKID_No	Varchar(12)	Null	The Hong Kong Identity Card number or the Registration Number printed on Hong Kong Birth Certificate (post-1981) issued by HKSAR Immigration Department
HKID_No_CD	Varchar(2)	Null	HKID check digit
ID_Type_Code	Varchar(6)	Not Null	[eHR value] **AR** - Adoption Certificate **BC** - Birth Certificate - HK **DI** - Document of Identity for Visa Purposes **EC** - Exemption Certificate

			ID - HKID Card
			ED - eHR document
			MD - Macao ID Card
			OC - Travel documents – PRC
			OP - Travel document - overseas
			OW - One-way Permit
			RE - Recognizance Form
			RP - Re-entry Permit
Identity_Documnet_No	Varchar(30)	Null	The document number of the [Type of identity document - patient]
Patient_Surname	Varchar(40)	Not Null	Patient's surname in English
Patient_Given_Name	Varchar(40)	Not Null	Patient's given name in English
Patient_Full_Name	Varchar(100)	Not Null	Patient's full name in English
Patient_Sex	CHAR(1)	Not Null	[eHR value] **F** – Female **M** – Male **U** - Unknown
Patient_DOB	Varchar(23)	Not Null	The patient's date of birt
eHR_Record_Type	Varchar(20)	Not Null	The type of record enclosed for sending to eHR
Record_Key	Varchar(50)	Not Null	A unique identifier for each laboratory result record within HCP
Lab_Request_No **Include referral no?**	Varchar(40)	Not Null	A unique identifier assigned by the Laboratory Information System (LIS) of the performing laboratory to identify the laboratory test request.
Lab_Category_Code	Varchar(25)	Not Null	[eHR Value] **CHEM** - Chemical Pathology **HAEM** - Haematology **IMMUN** - Immunology **MICRO** - Microbiology & Virology **PATH** - Anatomical Pathology **TRL** - Toxicology **TI** - Transplantation & Immunogenetics **MOLPATH** - Molecular Pathology **GEOT** - General & Other
Lab_Category_Desc	Datetime	Not Null	[eHR description] - Chemical Pathology - Haematology - Immunology

			- Microbiology & Virology
			- Anatomical Pathology
			- Toxicology
			- Transplantation & Immunogenetics
			- Molecular Pathology
			- General & Other
Lab_Category_Local_Desc	DoctorCode	Not Null	Description created by the performing laboratory for the category of the laboratory from which the report was produced.
Laboratory_Name	Varchar(60)	Not Null	Name of the laboratory who produced or coordinated the creation of the laboratory report.
Lab_Report_Ref_DT	DoctorCode	Not Null	The reference date or datetime which is used to determine the display sequence of a specific laboratory report in the eHR. The laboratory reports are displayed in the eHR according to the following rule : i. Specimen collection datetime, if none ii. Specimen arrival datetime, if none iii. Laboratory request registration datetime.
Anatomical_Pathology_Test_Name	Varchar(60)	Not Null	Local description for the anatomical pathology request made by clinicians. e.g. Gynae Cytology, Surgical Biopsy, Fine Needle Aspiration, Frozen Section
Laboratory_Report_PDF	DoctorCode	Not Null	The Laboratory Report in Portable Document Format (PDF)
File_Indicator	Varchar(60)	Not Null	Indicator of Laboratory Report (PDF) data (0: no Laboratory Report (PDF) provided 1: Laboratory Report (PDF) provided)
File_Name	DoctorCode	Not Null	File name of Laboratory Report (PDF)
Lab_Report_Status_Code	Varchar(60)	Not Null	[eHR value] **P** - Provisional/Preliminary report **F** - Final report **A** - Amended report **S** - Supplementary report **U** - Unspecified report status
Lab_Report_Status_Desc	DoctorCode	Not Null	[eHR description] - Provisional/Preliminary report - Final report

			- Amended report
			- Supplementary report
			- Unspecified report status
Lab_Report_Status_Local_Desc	Varchar(60)	Not Null	A local description issued by the performing laboratory for indicating the status of the laboratory report.
Lab_Report_Authorised_DT	DoctorCode	Not Null	The date or datetime when a specific version of the laboratory report was authorised and ready to be issued.
Transaction_DT	Varchar(60)	Not Null	The datetime indicates the transaction sequence
Transaction_Type	Varchar(60)	Not Null	The datetime indicates the transaction sequence
LastUpdate	Datetime	Not Null	Last updated date & time

Key Definitions		
Attribute Name	Key Type	Reference Table
Path_No, Part_No	Primary	Non Clustered

Histo_AP_PDF

Field Name	Type	Properties	Short description
Path_No	Char(15)	Not Null	Pathology Number
Part_No	Tinyinjt	Not Null	Part Number
PDF_SeqNo	SeqNO	Not Null	PDF Sequence Number
File_Name	Varchar(100)	Not Null	PDF Report File Name

Key Definitions		
Attribute Name	Key Type	Reference Table
Path_No, Part_No PDF_SeqNO	Primary	Non Clustered