



VistA Blood Establishment Computer Software (VBECS) Version 2.3.2

Release Notes Version 3.0

Department of Veterans Affairs
Enterprise Project Management Office

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Revision History

Date	Revision	Description	Author
8/21/19	1.0	VBECS 2.3.2 Rev A Initial version	BBM Team
10/2/19	2.0	VBECS 2.3.2 Rev A Updates from IOC test.	BBM Team
11/6/19	3.0	VBECS 2.3.2 Rev A Updates from Clin2.	BBM Team

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Introduction

Vista Blood Establishment Computer Software (VBECS) Version 2.3.2 Release Notes contains information for changes and corrections made to VBECS in the 2.3.2 patch.

Perform a local evaluation and risk assessment of the changes to determine the requirements for local validation of the changes, including documentation of the assessment activities. See Validation Planning.

Changed Features and Functions

This project is a patch release centrally focused around resolving low Fortify findings in the VBECS code, providing solutions to customer reported issues and enhancements, and releasing updates for VBECS system maintenance.

Enhancements and adaptive, preventive, or perfective maintenance changes:

E1. VBECS System maintenance (testable by the user)

- E1.1. Provide an embedded viewer for accessing the html version of the VBECS and VBECS Admin User Guides.
- E1.2. Provide a status bar alert for CPRS VBECS-OERR link problems. For more information on this alert refer to the VBECS Users Guide, Accept Orders: Accept an Order, CPRS Order Status Alert section.

Defect corrections

D1. Customer reported defects

- D1.1. Fix known defects related to the Division Transfusion Report.
- D1.2. Fix known defects related to the C:T Ratio Report.
- D1.3. Fix known defects related to the Administrative Data Report.
- D1.4. Fix known defects related to the Issued/Returned Report.
- D1.5. Fix known defects related to the Cost Accounting Report.
- D1.6. Fix known defects related to duplicate transfusion records on the Patient History Report and Unit History Report.

D2. Regulatory compliance updates

- D2.1. Allow alphanumeric product codes as specified by ICCBBA.
- D2.2. Allow alphanumeric unit IDs as specified by ICCBBA.

D3. VBECS system maintenance

- D3.1. Correct an issue with user synchronization removing user middle names.
- D3.2. Allow scanning of non-ISBT labels in the target product field of Modify Units.
- D3.3. Update the version of the report viewer runtime tool.

Table 1: Updates by Option provides complete lists of the included changes.

Service Desk ticket numbers are no longer included in the release notes, as the defect tracking number processes all changes. The defect tracking number is identified in the ticket prior to closure.

Untestable System-Level Corrected Code Requests

- Fortify Secure Code Corrections
 - Resolve low security findings from the Fortify static analysis tool scan

VistA Software Dependencies

- VBEC*2*5 - This is an informational VistA patch.

VBECS User Documents

To update VBECS documents, retrieve the update packages for these guides from the VA Software Document Library (VDL):

See each guide's revision history for change details:

- *VistA Blood Establishment Computer Software (VBECS) 2.3.2 Release Notes* (this document)
- *VistA Blood Establishment Computer Software (VBECS) 2.3.2 Technical Manual-Security Guide*
- *VistA Blood Establishment Computer Software (VBECS) 2.3.2 User Guide*
- *VistA Blood Establishment Computer Software (VBECS) 2.3.2 Administrator User Guide*
- *VBECS 2.3.2 Known Defects and Anomalies*

Customer Support

Problems?

Contact your Local Office of Information Technology (OIT) or Laboratory Information Manager (LIM) if you encounter VistA or CPRS connection problems and for training support **before** contacting the Service Desk (SD).

- Please ensure local contact information is available at all times. Service Desk support will engage Enterprise Operations (EO) personnel as needed.
- Problems with connectivity to VistA and CPRS may require personnel from EO with VBECS server administrator access and VistA IT support access.
- If you experience an FDA reportable adverse event (patient death or serious injury) that VBECS may have caused or contributed to, contact the Service Desk directly to enter a ticket for Blood Bank software support.

If the problem remains unresolved after local VistA triage, call the Service Desk (below) and specify the Enterprise Application be set as VistA Blood Establishment Computer Software. This will cause the Assignment group to default to NTL Alert Blood Bank & VBECS, which alerts the Clin2 team.

Service Desk Contact

For Information Technology (IT) support, call the Service Desk (855-NSD-HELP (855-673-4357) toll free, 24 hours per day, 7 days per week.

References

- *ISBT128 Standard Technical Specification v 5.10.0*
- *Blood Product Revisions ICCBBA Version 7.23.0 February 27, 2019*

VBECS SharePoint Site

The VBECS SharePoint site provides a location for additional information related to the VBECS application such as FAQs, installation status, and release history.

<https://dvagov.sharepoint.com/sites/oitepmovbeecs/>.

Installation Qualification (IQ) Documentation

The expedited patch installation process will continue with the installation of VBECS 2.3.2.

Test Account Upgrade to VBECS 2.3.2	
Required Patch Installation	VistA Patch: N/A, Server Patch: VBECS 2.3.2 Revision A
Installation Process for VBECS 2.3.2	Installed by Austin Data Center Staff; a small number of sites will be installed each day over several days
Expected Downtime	Minimal
Installation	• ListServ message sent at the start of the Test installation window

Communication for VBECS 2.3.2	<ul style="list-style-type: none"> • Emails sent to site POCs informing them of the day/time of test installation • Emails sent to site POC's informing them of the completion of the test installation • ListServ message sent at the end of the Test installation window
Site Responsibility	<ul style="list-style-type: none"> • Join VBECS-L message board on ListServ, if needed • Ensure that changes to site POC are communicated to the BBM team through emails to the email group "VA OIT BBM Team". • Check connectivity within a week of the test patch install
Site Record of Patch Installation	Sites should take and save a screenshot of the VBECS Help, About window after the Test installation is performed. This displays the VBECS updated version information.

Production Account Upgrade to VBECS 2.3.2	
Required Patch Installation	VistA Patch: N/A, Server Patch: VBECS 2.3.2 Revision A
Installation Process for VBECS 2.3.2	Installed by Austin Data Center Staff for individual sites, according to scheduled date/time. The BBM team will contact sites for installation date/time when the Production Installation window begins.
Expected Downtime	Minimal
Installation Communication for VBECS 2.3.2	<ul style="list-style-type: none"> • ListServ message sent at the start of the Production installation window. • BBM team coordination with site POCs to arrange date/time of Production installation • Calendar appointments sent to site POCs for scheduled Production installation
Date of Installation Process	<ul style="list-style-type: none"> • Installation managed through Skype call- Whiteboard and Chat Window. • Sites can continue to use VBECS until notified that the upgrade for their site is ready to begin. • After installation, sites work with Health Product Support staff to test connectivity and perform a simple order and result.
Site Responsibility	<ul style="list-style-type: none"> • Perform local validation, training, and set-up requirements prior to Production installation. • Join VBECS-L message board on ListServ, if needed • Ensure that changes to site POC are communicated to the BBM team thorough emails to the email group "VA OIT BBM Team". • Check HL7 connectivity BEFORE the scheduled Production installation date
Site Record of Patch Installation	<ul style="list-style-type: none"> • Sites should take and save a screenshot of the VBECS Help, About window after Production installation is performed. This displays the VBECS updated version information. • NOTE: An unsuccessful installation of a patch leaves VBECS in downtime until the problems are resolved and the installation is successfully completed.

Validation Planning

The following is a flowchart to help assess changes for validation planning.

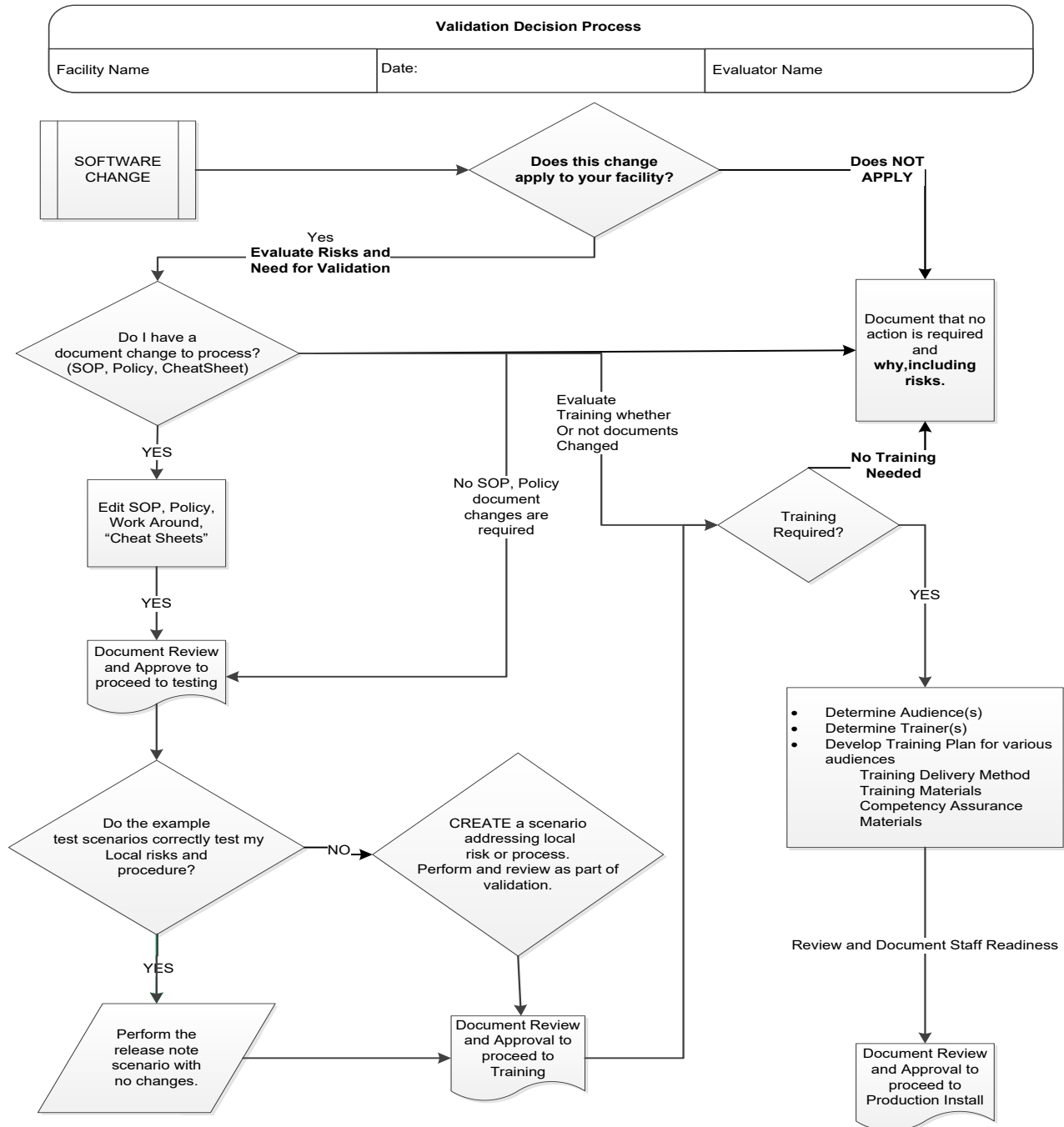


Table 1: Updates by Option

When performing validation of updates in Test Accounts, coordinate with local IT for policies pertaining to the availability of background jobs needed to support validations. In some cases, background jobs may need to be started.

Note: Validation Scenarios associated with some reports may be difficult in your test environment due to a lack of realistic data. For help in setting up testing data, see Appendix A: Place and Sign a VBECS Order (via CPRS GUI). Thorough report testing was completed by the IOC sites and is therefore not required by other sites in their test accounts.

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
1	Division Transfusion Report	Various counting, filtering and data display issues.	Added new type of the report that groups data by component class.	Verify that a new type of the report that groups data by component class is available. Generate it and verify that transfusion data are indeed grouped by component class and they are sorted by patient name for each component class.					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
			Added ability to run report for all physicians, locations, treating specialties and component classes without a need to select them all from the list.	Thorough validation not required in test accounts. Verify that it is possible to run different types of report for all physicians, locations, specialties and component classes and. Verify that it is possible to run different report types for individual physicians, locations, specialties and component classes.					
			Added table at the end of each report type that provides detailed breakdown of transfusion counts.	Verify that there is a table at the end of report that shows a detailed breakdown of transfusion counts.					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
			Fixed transfusion counts for all report types.	Verify that transfusion counts displayed by each report type match each other and verify that they match counts reported by Administrative Data Report for the same date range.					
			Fixed bug that would limit transfusions included on the report only for physicians whose names started with letter A through P.	Thorough validation not required in test accounts. Run report by issuing physician and select option to "Choose Issuing Physicians to be included in the report". Check all physicians on the list and run report. Verify that transfusions for all physicians are displayed and counted.					
			Added new column that displays Unit ABO/Rh.	Verify that Unit ABO/Rh is now included on the report.					
			Added treating specialties of OUTPATIENT and UNKNOWN (transfusions for which VBECS did not receive treating specialty information from VistA).	Verify that specialties of OUTPATIENT and UNKNOWN are on the list of treating specialties (hint: look towards the end of the list).					
			Added UNKNOWN PHYSICIAN that applies to transfusions for which issuing physician was not selected.	Verify that UNKNOWN PHYSICIAN is on the list of physicians (hint: look towards the end of the list)					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
2	C:T Ratio Report	Various counting, filtering and data display issues.	Added calculation of ratio for all component classes (for non-crossmatchable component classes it calculates ratio of units assigned to units transfused).	Verify that the ratio is calculated for all component classes.					
			Changed the title of the report to "Crossmatched/Assigned to Transfused Ratio Report" and replaced column Crossmatch Date with Crossmatch/Assigned Date.	Verify that the report title in the header has changed. Verify that for non-crossmatchable components the report displays their patient assignment date/time and the crossmatch interpretation is blank.					
			Added new column that displays Unit ABO/Rh.	Verify that Unit ABO/Rh is now included on the report.					
			Replaced "Physician" with "Ordering Physician" on the report criteria screen and on the report to signify the fact that C:T Ratio report displays names of ordering physicians as opposed to issuing physicians that are displayed on the Division Transfusion Report.	Verify that the report criteria screen (the screen that allows user to select date range and the report type) and the report itself use term "Ordering Physician".					
			Fixed the way the ratio is calculated when number of transfused units is zero (0).	Verify that the ratio is calculated with a divisor of one (1) when the number of units transfused is zero (0) (e.g. when number of units assigned/crossmatched is 3 and transfused is 0 the ratio shows as 3)					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
			Fixed bug that would count blood unit as transfused twice if that unit was crossmatched, released and then assigned and crossmatched again and subsequently transfused for the same patient.	Verify that transfused units will correctly count only once even if the unit was previously crossmatched and released for the same patient.					
			Added treating specialties of OUTPATIENT and UNKNOWN (transfusions for which VBECS did not receive treating specialty information from VistA).	Verify that the transfusions performed in the outpatient setting are marked as such on the report. Specialty of UNKNOWN might be hard to reproduce and does not have to be validated.					
			Fixed problem that was introduced in VBECS 2.3.0 that would break data on the report into two separate divisions even if the report was run for one division only.	Validation is not required.					
3	Administrative Data Report	Various counting, filtering and data display issues.	Added new CDC reportable categories. Please refer to Table 2 for the list of newly added categories.	Verify that the new categories described in Table 2 are on the report.					
			Fixed bug with incorrect counts for blood units Received. Units that were modified after receipt will no longer show as modified upon receipt. It also applies to units marked as CMV Neg or Sickle Cell Neg.	Verify that units modified in VBECS are no longer counting as modified upon receipt.					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
			Fixed bug with incorrect counts for Outdated blood units.	Verify that only units outdated within the requested date range appear on the report.					
4	Issued/Returned Report	Various counting, filtering and data display issues.	Added new type of report that groups data by component class.	Verify that a new type of the report that groups data by component class is available. Generate it and verify that issue data are indeed grouped by component class.					
			Removed weekly grouping of issued units for report sorted by Issue/Return Date.	Verify that report sorted by Issue/Return Date no longer groups issue records by week and that the records are sorted by issue date.					
			Added subtotals and grand totals that show number of units issued but not returned and number of returned units.	Verify that there are totals at the end of each group (i.e. patient or component class) and at the end of the report that show tally of units issued not returned and units returned.					
			Added new column that displays Unit ABO/Rh.	Verify that Unit ABO/Rh is now included on the report.					
			Fixed the bug that caused report to display incorrect product code for blood unit that was issued, returned, modified and then issued again.	Verify that the correct product code is displayed for units that were modified after unit was returned from issue and then issued again.					
			Fixed the bug that caused report to display two issue events for a blood unit that was selected, released, selected again, and then issued.	Verify that units that have been selected, released, selected again, and then issued correctly appear only once on the report.					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
			Fixed bug that caused report to display units issued outside of the report date range.	Verify that only units issued within the entered date range are reported.					
			Fixed bug that caused report to freeze if the user printed report before it was finished loading.	Verify that the VBECS session no longer freezes when a large report is printed.					
5	Cost Accounting Report	Various data display issues.	Fixed bug that caused invalidated off-site ABID tests to show on the report.	Verify that invalidated off-site ABID tests entered no longer appear on the report.					
			Fixed bug that caused incorrect reporting and tallies of discarded blood units.	Verify that quarantined units no longer show as Discarded Units-Waste, units discarded as waste no longer show as Discarded Units-Credit, and the default credit amount is reported correctly.					
			Inactivated blood units are now marked as such in the Incoming Shipment section and their cost is set to \$0.	Verify that inactivated units do not report a cost on the report.					
6	Unit History Report Patient History Report	Duplicated transfusion records	Transfusion records will no longer be duplicated on the Patient History and Unit History reports.	Verify that transfusion records are no longer displayed twice on both reports.					
7	Throughout VBECS	VBECS was too restrictive in the type of unit ID and product codes it would accept.	VBECS is now less restrictive and in compliance with ISBT 128 Standard Technical Specification v5.10.0 by allowing alphanumeric unit IDs and product codes.	Verify that VBECS now supports alphanumeric characters (e. g. VBECS12345678) in the unit ID field as specified in IST 001 ISBT 128 Standard Technical Specification v5.10.0.					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
8	Modify Units	Certain Blood banks print their own labels for Thawed products. This barcode is often in a Code39 barcode format. Sites want the ability to scan this barcode into the Target Product fields which the system does not currently support.	VBECS now supports the scanning of Code39 barcode formats into the target product field within the Modify screen.	Validation is only required for sites that use Code39 barcodes. Start modification (not pool nor split) - and record what target products are available. Go to the website (http://www.barcode-generator.org/) and create a Code39 barcode for F9999V00, then click inside the target product field and scan the barcode from the website. Verify VBECS displays an error explaining that the scanned product is not a valid target. Go to the website (http://www.barcode-generator.org/) and create a Code39 barcode for a valid target product, then click inside the target product field and scan the barcode from the website. Verify VBECS picked the target product you selected. Save the modification and verify the target unit was saved with the product you selected.					
9	All reports	VBECS is using an older engine to print preview reports. This caused column headers to disappear at the top of the report pages.	The report viewing engine has been upgraded.	Validation not required					

ID	Option	Problem Summary	Change Summary	Validation Scenario	Change applies to my facility. (Y/N)	Local risk Assessment (Low, Med, High)	SOP revision required. If yes, identify it.	Staff training needed. (Y/N)	Scenarios or validation must be performed. (Y/N)
10	Throughout VBECS	VBECS-OERR messages can exist that have paused in their processing and the users have no way of knowing they are paused.	VBECS has added a new alert that will present in the event a VBECS-OERR message has been paused.	Validation is not required. For more information on this alert refer to the VBECS Users Guide, Accept Orders: Accept an Order, CPRS Order Status Alert section.					
11	Online Help Viewer in VBECS Admin and VBECS	VBECS and VBECS Admin used to rely on Adobe Reader to display help files. Adobe Reader could introduce a security vulnerability.	VBECS and VBECS Admin have removed the dependency on Adobe. HTML is now used to display help files.	Verify the help file displays from within both VBECS and VBECS Admin. The "F1" key can be pressed anytime to display the online help.					
12	VBECS Admin - Update Users Audit Trail Report	In VBECS 2.3.0, a bug was introduced where the first time a VBECS Admin accessed Edit Users in VBECS Admin, all user data was synchronized with Active Directory data and any user middle initials were deleted. As a result, the audit trail report displays many updates when the date range includes the 2.3.0 install date.	All user data will be corrected the first time a user accesses VBECS Admin, Edit Users to include the middle initial data. This will cause a lot of user records to show as updated on the audit trail report if the report is run with a date range including the installation date of this patch.	Ensure that a user enters VBECS Admin, Edit Users on the date of install. Run the VBECS audit trail report with a date range that covers the patch install date. Verify that there are records indicating changes in some user's middle initial.					

Table 2: New CDC reportable categories added to Administrative Data Report

Note: Validation is not required for items that do not have example product codes provided.

Component Class	Category Name
Red Blood Cells	<ul style="list-style-type: none">• Total Apheresis• Apheresis (Not Irradiated or Leukoreduced, E4306)• Apheresis (Irradiated, E4361)• Apheresis (Leukoreduced, E4379)• Apheresis (Irradiated and Leukoreduced, E4363)• Apheresis (Riboflavin-treated) [There are no RBC Apheresis (riboflavin-treated) blood products available on the system.]• Total Whole Blood Derived• Whole Blood Derived (Not Irradiated or Leukoreduced, E0142)• Whole Blood Derived (Irradiated, E0459)• Whole Blood Derived (Leukoreduced, E0461)• Whole Blood Derived (Irradiated and Leukoreduced, E0460)• Whole Blood Derived (Riboflavin-treated, E8706)
Fresh Frozen Plasma	<ul style="list-style-type: none">• Total Apheresis• Apheresis (Psoralen-treated, E8738)• Apheresis (Riboflavin-treated, E8823)• Total Whole Blood Derived• Whole Blood Derived (Psoralen-treated, E9330)• Whole Blood Derived (Riboflavin-treated, E7060)

Component Class	Category Name
Platelets	<ul style="list-style-type: none"> • Total Apheresis • Apheresis (Not Irradiated or Leukoreduced, E2934) • Apheresis (Irradiated, E3045) • Apheresis (Leukoreduced, E4002) • Apheresis (Irradiated and Leukoreduced, E4489) • Apheresis (Psoralen-treated, E9103) • Apheresis (Riboflavin-treated, E5765) • Total Whole Blood Derived • Whole Blood Derived (Not Irradiated or Leukoreduced, E2873) • Whole Blood Derived (Irradiated, E5466) • Whole Blood Derived (Leukoreduced, E2857) • Whole Blood Derived (Irradiated and Leukoreduced, E2854) • Whole Blood Derived (Psoralen-treated, E9092) • Whole Blood Derived (Riboflavin-treated, E6677)
Cryoprecipitate	<ul style="list-style-type: none"> • Psoralen-treated, E9268 • Riboflavin-treated, E7072

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Appendix A: Place and Sign a VBECS Order (via CPRS GUI)

Creating a Component Order in CPRS GUI:

- 1) Start CPRS.
- 2) Select certificate, enter PIN if required, or enter the **Access Code** and **Verify Codes**. Click **OK**.
- 3) Select the division where you want the order placed. Click **OK**.
- 4) Enter **Patient ID**. Click **OK**.
- 5) Click on the **Orders** tab. Navigate to and select **File → Update Provider/Location**. Select **Encounter Provider**. Select the **Visit (Patient) Location**. Click **OK**.
- 6) In the **Write Orders** pane (left side of window), select **Blood Banks (VBECS)**.
- 7) Select the **Blood Bank Orders** tab from the **Blood Component and Diagnostic Test Order Form** window.
- 8) Enter the following values in the **Blood Component and/or Diagnostic Test Order Form** window:
 - **Blood Component**
 - **Quantity**
 - **Modifier**
 - **Date/Time Wanted**
 - **Urgency**
 - **Surgery (only where Urgency = PRE-OP)**
 - **Reason For Request**
 - **Comment**
- 9) Click the **Accept Order** button. Click **OK** on the Patient Chart pop-up message.
- 10) Right-click on the newly placed order in the **Active Orders** list. Select **Sign** on menu. Enter your **Signature Code** into the **Electronic Signature Code** field. Click **OK**.
- 11) Click the “X” in the upper-right corner of the **Print Orders** window.
- 12) Record the **Lab Order #** (number after “LB #” in **Order** column. This is the Lab Order Number used to accession the order.)

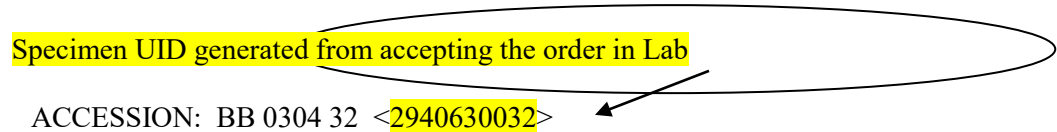
Creating a Diagnostics Tests Order in CPRS GUI:

- 1) Navigate to and select **File → Select New Patient**.
- 2) Enter the Patient ID. Click **OK**.
- 3) Navigate to and select **File → Update Provider/Location**. Select **Encounter Provider**.
- 4) Select the **Visit (Patient) Location**. Click **OK**.
- 5) Click the **Orders** tab.
- 6) In the **Write Orders** pane (left side of window), select **Blood Banks (VBECS)**.
- 7) Select the **Blood Bank Orders** tab.
- 8) Enter the following values in the **Blood Component and Diagnostic Test Order Form** window:
 - **Diagnostic Test**
 - **Urgency**
 - **Surgery (only where Urgency = PRE-OP)**
 - **Reason For Request**
 - **Comment**
- 9) Click the **Accept Order** button.
- 10) Right-click on the newly placed order in the **Active Orders** list. Select **Sign** on menu. Enter your **Signature Code** into the **Electronic Signature Code** field. Click **OK**.
- 11) Click the “X” in the upper-right corner of the **Print Orders** window.
- 12) Record the **Lab Order #** (number after “LB #” in **Order** column. This is the Lab Order Number used to accession the order.)

Accession a VBECS Order (via VistA)

- 1) Open the VistA session of the test server.
- 2) Enter Access and Verify codes.
- 3) Enter the division where the order was placed.
- 4) System Manager Menu Option: **LAB** Laboratory DHCP Menu.
- 5) Select Laboratory DHCP Menu Option: **ACC** Accessioning menu .
- 6) Select Accessioning menu Option: **Accessioning tests ordered by ward order entry**
- 7) Select Order number: **Lab Order #**
- 8) Is this the correct order? Yes// **YES**
- 9) Collection Date@Time: //Now
- 10) Print labels on: LABLABEL// **home** IRM

Specimen UID generated from accepting the order in Lab



ACCESSION: BB 0304 32 <2940630032>

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