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Any comments or suggestions regarding this publication are welcomed and should be forwarded to the attention of

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Preface

Module Worksheets Volume is one volume in the STAR Laboratory Reference Guide series. It provides detailed information concerning how to build your system using the maintenance processors specific for your modules.

The *General Information Volume* is prerequisite reading for all other volumes of the *STAR Laboratory Reference Guide*. Successful use of the *Module Worksheets Volume* depends upon your knowledge of the concepts covered in the *General Information Volume*.

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Chapter 3 - Anatomic Pathology Worksheet Forms

Chapter 4 - Contract Billing Worksheet Forms

Chapter 5 - Reference Laboratory Interface Worksheet Forms

Introduction

The Module Worksheets are used to design your STAR Laboratory system prior to the system build. Use these blank master forms to make the necessary copies to complete your STAR Laboratory system.

Chapter 1: Advanced Blood Bank Worksheet Forms

This chapter provides blank Advanced Blood Bank master worksheet forms. Do not write directly on the blank worksheets; use them to make the appropriate number of copies to complete your system.

Chapter 2: Advanced Microbiology Worksheet Forms

This chapter provides blank Advanced Microbiology master worksheet forms. Do not write directly on the blank worksheets; use them to make the appropriate number of copies to complete your system.

Chapter 3: Anatomic Pathology Worksheet Forms

This chapter provides blank Anatomic Pathology master worksheet forms. Do not write directly on the blank worksheets; use them to make the appropriate number of copies to complete your system.

Chapter 4: Contract Billing Worksheet Forms

This chapter provides blank Contract Billing master worksheet forms. Do not write directly on the blank worksheets; use them to make the appropriate number of copies to complete your system.

Chapter 5: Reference Laboratory Worksheet Forms

This chapter provides blank Reference Laboratory master worksheet forms. Do not write directly on the blank worksheets; use them to make the appropriate number of copies to complete your system.

Chapter 1 - Advanced Blood Bank Worksheet Forms

ADVANCED BLOOD BANK WORKSHEET FORMS

You can use the following worksheets to define the functions in this product.

NOTE: Only the fields that require specific entry instructions for Advanced Blood Bank are represented in worksheets in this chapter. Refer to the *Maintenance Worksheets Volume* of the *STAR Laboratory Reference Guide* for other worksheets. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for additional information on fields.

Blood Components

Define each blood component used by your Blood Bank by assigning a code (1-4 characters) and description (up to 20 characters). Blood components must match between STAR Laboratory and the Advanced Blood Bank System.

1. Blood Code (4 A/N)	* 2. Description (20 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***Thirty characters may be used for the description, but only the first 20 are used on the ABB system. Updates to the Blood Component table on STAR Laboratory print a message on the ABB system, but do not update the ABB file.**

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Unit Source

Define each unit source code used by your Blood Bank by assigning a code (1-4 characters) and description (up to 25 characters). Unit source codes must match between STAR Laboratory and the Advanced Blood Bank System.

1. Unit Source Code (4 A/N)	2. Description (25 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Facility Code: _____ **Department Code:** _____

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Disposition

Define each disposition code used by your Blood Bank by assigning a code (1-4 characters) and description (up to 25 characters). Unit source codes must match between STAR Laboratory and the Advanced Blood Bank System.

1. Disposition Code (4 A/N)	2. Description (25 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Miscellaneous Charges

Define each miscellaneous charge used by your Blood Bank by assigning a SIM code (1-8 numerals) from STAR Laboratory, a procedure code (1-7 numerals), and a bill code (1-8 numerals) from the Western Star Blood Bank system. SIM codes and bill codes must match between STAR Laboratory and the Advanced Blood Bank system.

1. SIM Code (8N) (From STAR Lab)	2. Procedure Code (7 A/N)	3. Bill Code (8N) (From WSBB)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Facility Code: _____ **Department Code:** _____

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Blood Bank Procedures

Define each blood bank procedure performed within your Blood Bank by assigning an alphanumeric code (1-7 characters) and description (up to 20 characters). For each procedure, assign the corresponding Record Type by entering a number from the table provided at the bottom of this page. Blood Bank Procedures must match between STAR Laboratory and the Advanced Blood Bank system. Procedures must be defined prior to test assignment.

1. Procedure Code (7A/N)	* 2. Description (20 A/N)	3. Record Type (#)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record Types

1) ABO and Rh
2) Antibody Identification
3) Antibody Screen
4) Antigen Testing
5) Crossmatch
6) Direct Antiglobulin
7) Other Testing

***Thirty characters may be used for the description, but only the first 20 are passed to the Advanced Blood Bank System in a table update.**

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Antigens

Define each antigen by assigning an alphanumeric code (1-4 characters) and description (up to 20 characters). The Antigens table must match between STAR Laboratory and the Advanced Blood Bank system.

1. Antigen Code (4 A/N)	2. Description (20 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Antibodies

Define each antibody by assigning an alphanumeric code (1-4 characters) and description (up to 20 characters). The Antibody table must match between STAR Laboratory and the Advanced Blood Bank system.

1. Antibody Code (4 A/N)	2. Description (20 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Facility Code: _____ **Department Code: _____**

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Basic Test Information

Complete a separate Basic Test Information for each test.

Section: _____
Bay(s):_____

Test Code (5N): _____ 2. Test Short Name (8A/N): _____

1. Test Long Name (32 A/N):
_____

3. Test Type: ___ General Lab Workload by:____ Test
___ Adv Micro ____ Result
___ Anat Path
___ Adv Blood Bank

5. Possible Specimens (or Table Selection _____): (Circle Default Specimen)
_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

7. Specimen Collection Requirements:
_____ Collector ID Required
_____ Collection Time Required (enter Maximum Spec Age in HHMM _____)
_____ Collection Period Required
_____ Diagnosis Requested (but not required)
_____ Set up Microbiology plate ID required

9. Order Category/Sample Size:____ Routine ____ ASAP ____ STAT

____ Routine Micro____ ASAP Micro ____ STAT Micro

Test Order Entry Routine:
_____ Table/test code selection
_____ Test Code required
_____ Neither

Facility Code:_____ Department Code: _____

Completion Date:_____ Initials: _____

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Result Components

Complete one set for each result component.

Result Component Name (30 A/N): _____

Short Name (8 A/N): _____

Units of Measure: _____

Specimen Type: _____

QC Constituent Code: _____

Descriptive Method: _____

Lookup/CK 5 Exclusion: Yes No

Delta: Yes No Maximum Days: _____

Difference (select one): ChangePercentage _____% Absolute _____

Valid Values: Age Sex Both (Age/Sex) Not Dependent
(refer to Valid Values Worksheets)

Valid Range: _____ **-** _____

Panic Values: Age Sex Both (Age/Sex) Not Dependent
(refer to Panic Values Worksheets)

Normal Ranges (refer to Normal Ranges Worksheets)

Result Processing: Yes No

If "Yes," enter Recall Category description:

_____

Facility Code:_____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

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Results and Normals

Complete at least one worksheet for each test.

Section: _____Bay(s): _____ _____ _____

Name: _____ Test Code: _____

Result #	* Component Code/Name	Req/ Opt	Ext/ Int	History Cardfile	** Special Processing	Workload	Addendum Only
____	_____	__	__	__	_____	____	___
____	_____	__	__	__	_____	____	___
____	_____	__	__	__	_____	____	___
____	_____	__	__	__	_____	____	___
____	_____	__	__	__	_____	____	___
____	_____	__	__	__	_____	____	___

***Circle those components to be calculated**

****Enter menu/table name corresponding to the feature (if applicable):**

Auto fill ID	**Prompt processing**
Auto fill ID/required complete	**SNOMED®**
Comment processing	**Security level specific menu**
Date &/or time	**Table selection**
Free form text	**Template processing**
ID specific menu	**Word Processing**
Menu selection ID	**Valid Values**
Menu selection	**Units X-Match Processing**
Multiple table selections	

If charging upon resulting, write in the component number which will initiate charging: _____

Department Code: _____

Completion Date: _____ Initials: _____

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Blood Bank Procedures Per Test

Use this form to identify all Advanced Blood Bank procedures to be ordered/ requested each time this test is accessioned on STAR Laboratory. A maximum of eight procedures can be defined per test. If a Blood Component will be ordered for the procedure, identify the Component and the quantity; otherwise leave the Blood Component and Quantity columns blank. You must define the procedures per test prior to mapping test results on STAR Laboratory to the Advanced Blood Bank system.

Test Code: _____ Test Name: _____

	Blood Bank Procedure Code/Description	1. Blood Component Code/Description	2. Quantity
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____

Facility Code: _____ Department Code: _____

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Blood Bank Interface Result Mapping

Use this form to map the procedures on the Advanced Blood Bank system to result fields within STAR Laboratory tests. The Test Result Component column should be taken from the Test Results Form. Record Type comes from a base table supplied with your STAR Laboratory system. Each procedure on the Advanced Blood Bank system is associated with one of seven Record Types. For each component, indicate the appropriate Record Type by entering the number from the table supplied at the bottom of this page. The availability of Record Types depends on the procedures defined for the test. Data for the Result column comes from the base table of the Advanced Blood Bank system results associated with the Record Type selected.

Test Code: _____ Test Name: _____

Result Component Number/Description	Record Type	Result
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Record Types

1) ABO and Rh
2) Antibody Identification
3) Antibody Screening
4) Antigen Testing
5) Crossmatch
6) Direct Antiglobulin
7) Other Testing

Facility Code:_____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____Page ____ of ____

Blood Bank Product Result Statuses

Define each Blood Bank Product Status used by your Blood Bank by assigning a code (1-4) and description (up to 20 characters). Blood Bank Product Result Statuses must match between STAR Laboratory and the Advanced Blood Bank System.

1. Code (4 A/N)	2.Description (20 A/N)

Blood Products

Define each blood product used by your Blood Bank by assigning a code (1-4 characters) and description (up to 25 characters). Blood products must match between STAR Laboratory and the Advanced Blood Bank System.

1. Code (4 A/N)	2.Description (20 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Blood Bank Interface Parameters

HL7® Blood Bank Interface Parameter need to be defined to handle HL7 messages that are related to results, but for some messages, may not be actual results needed by the laboratory information system. The user can define interface parameters related to a comment message (NTE) and any other blood bank specific messages sent by the blood bank system.

1. Word Processing Component (6-R-AN) _____

2. Unit Blood Type (10-O-AN) _____

3. Lot Number (20-O-AN) _____

4. Product Identification (20-O-AN) _____

5. Status INformation (20-O-AN) _____

6. Test INterpretation (10-O-AN) _____

7. Unit Number (20-O-AN) _____

8. Crossmatch (20-O-AN) _____

Product Detail Reporting Parameters

Use this worksheet to define print options for each report type:.

PRINT OPTIONS

Outpatient: _____Yes ___No Interim: _____Yes ___No Patient Detail: _____Yes ___No

Discharge: _____Yes ___No Post Discharge: _____Yes ___No Cum Trend: _____Yes ___No

New Work: _____Yes ___No Contract: _____Yes ___No Archive: _____Yes ___No

Physician Summary: _____Yes ___No

Facility Code: _____ Department Code: _____

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Chapter 2 - Advanced Microbiology Worksheet Forms

ADVANCED MICROBIOLOGY WORKSHEET FORMS

You can use the following worksheets to define the functions in this product.

NOTE: Only the fields that require specific entry instructions for Advanced Microbiology are represented in worksheets in this chapter. Refer to the *Maintenance Worksheets Volume* of the *STAR Laboratory Reference Guide* for other worksheets. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for additional information on fields.

Microbiology Media Label Information (AM-1)

Complete one worksheet for each test's specimen type requiring media labels.

Test Code/Name: _____/_____

Specimen Code/Name: _____ Max Spec Age: _____

Accession Workload Code: _____

Additional Workload: #1 Proc Code: _____ Number of Counts: _____

Additional Workload: #2 Proc Code: _____ Number of Counts: _____

Additional Workload: #3 Proc Code: _____ Number of Counts: _____

Additional Workload: #4 Proc Code: _____ Number of Counts: _____

Long Label Text (30 AN per Label)

_____

_____

_____

Short Labels

# of Labels desired	Label Text (10 AN)		Second Line Option
_____	_____	___ NP(_____)___	Spec___ Pt #
_____	_____	___ NP(_____)___	Spec___ Pt #
_____	_____	___ NP(_____)___	Spec___ Pt #
_____	_____	___ NP(_____)___	Spec___ Pt #
_____	_____	___ NP(_____)___	Spec___ Pt #
_____	_____	___ NP(_____)___	Spec___ Pt #

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

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Master/Slave Relationship (AM-2)

List all orderable test codes/test names below. Group according to similar processing. Complete one section for each master test.

Master Test Code/Name: _____

Similar Processing Group (orderable test code/name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Will this similar group of tests require *one time* report types?

____Y____N

Name of Single Report: _____

Master Test Code/Name: _____

Similar Processing Group (orderable test code/name)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Will this similar group of tests require *one time* report types?

____Y____N

Name of Single Report: _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

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Microbiology Menu Specification (AM-3)

Complete single line for each menu option.

Menu Code lcr: _____ Menu Name: _____

Micro Code (to be entered later)	Opt # or [Header Definition]	Display Text	Result Text = 73 A/N unless ORG = 23 max	Micro Code Classification

Rules for Display Text:

 # options/menu- max display text
1-15 ----> 75 characters
16-30 ---> 34 characters
31-45 ---> 20 characters
46-60 ---> 14 characters

Micro Code Classification Legend:

1 = Acidfast org
2 = Anaerobic Org
3 = Biochemical
4 = Colony Morphology
5 = Comment
6 = Fungi/Yeast Name
7 = Gram Neg Org Name
8 = Gram Pos Org Name
9 = Media
10 = Miscellaneous
11 = Neg Response
12 = Org Morp Desc
13 = Parasite Name
14 = Pos Response
15 = Procedure
16 = Quantitation
17 = Stain

Facility Code: _____ Department Code: _____

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Microbiology Menu Parameters (AM-4)

A continuation of the Menu Specifications worksheet (AM-3), one Menu Parameters worksheet should be completed for each Menu Specification worksheet defined. Staple or tape to the Menu Specification worksheet.

Menu Code (lcr): ________________ **Menu Name:** ____________________________

Opt #	E C N B	Workload Proc Code	# Rep	Billing Charge Code	Label Information #Short Text	Label Information #Long Text	Organism Short Name	Vitek Micro Check List
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____
___	|_|_|_|_|	____|	___|	___________	|_|____________	|_|________________	____________	____

E = External C = Carryover N = Name Organism B = Expandable Option

Facility Code: _________ **Department Code:** _________

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Expandable Options Definition (AM-5)

Complete this worksheet for each option on AM-4 that was defined as being *expandable* (B).

Expandable Option # on AM-4 _____

Display Text _____*

Micro Code of Expandable Option: (to be entered at a later date) _____

Use menu code/battery menu name to answer this expandable option:

lcr _____/_____ (attach AM-6)

AUTO NL **Y ___**
N ___

Opt #	Result Micro Code	Result Name (27 AN)	Workload		Billing	Label Information			
			Proc Code	# Rep	Charge Code	#	Short Text	#	Long Text

NOTE:Attach AM-6 (Battery Menu Worksheet) to this worksheet for each battery menu used to answer expandable option.

Will this culture battery be used in biochemical cascading? _____Y _____N

Facility Code: _____ **Department Code:** _____

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Battery Menu (AM-6)

Complete one worksheet for each menu that will be used to answer an expandable option.

Menu Code (lcr): _____ Menu Name (20 AN): _____

Opt #	Micro Code	Display Text (10 AN)	Result Text (27 AN)	External Result Y or N

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

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Miscellaneous Charge Items (AM-7)

Complete a line for all chargeable items to be used as miscellaneous charges as defined on AM-4 for menu result option and AM-6 for culture battery result option.

Section Code: ________________________ SIM Code Range: ______________________

SIM Code	Description Prof. (21 A/N)	Billing Code (9N) (Required)	Price ($NNN.NN) (Optional)	Fee? (Y/N)
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___
______	________________________	_______________	|__|__|__|.|__|__|	___

Do you wish to access Miscellaneous Charging from the Fixit menu?___Y ___N

Facility Code: _________ Department Code: _________

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Menu Group Definition (AM-8)

Use this worksheet to define grouping of menus to be attached to each master test. A different menu group may be defined for each report type (P,F,U) and for single one-time reports if defined.

Master Test Code/Name: _____/_____

Menu Group Name (25 A): _____Menu Group No: _____

Use this menu group for the following report type(s):

___ P
___ F
___ U
___ Single Reports:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

	Menu Name	Menu Code	Menu Name	Menu Code
(1)	_____	_____	(5) _____	_____
(2)	_____	_____	(6) _____	_____
(3)	_____	_____	(7) _____	_____
(4)	_____	_____	/ Menu Group Options	

Facility Code: _____ Department Code: _____

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Processing Pathways Definition (AM-9)

Use this worksheet to define processing pathways that should be available during reporting of P,F,U reports per master test code. Each pathway will bring the attached menu group to the screen as defined below.

Master Test Code/Name: _____/_____

Pathway Screen Number: _____

Pathway Name	Menu Grp. No. (as defined on AM-8)
(1) _____	Calls _____
(2) _____	Calls _____
(3) _____	Calls _____
(4) _____	Calls _____
(5) _____	Calls _____
(6) _____	Calls _____
(7) _____	Calls _____
(8) _____	Calls _____
(9) _____	Calls _____
(10) _____	Calls _____
(11) _____	Calls _____
(12) _____	Calls _____

NOTE:This worksheet does not apply for single (one time) report definitions, as processing pathways are not applicable.

Facility Code: _____ **Department Code: _____**

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General Sensitivity Parameters (AM-10)

Use this worksheet to define system sensitivity parameters. Complete one worksheet per department.

Which sensitivity methods are used within your laboratory to perform susceptibilities?

___ KB-Tech Interpretive
___ MIC-Numeric entry
___ MBC-Numeric entry
___ nKB-Numeric entry

Method Definition for System Entry:
Method 1 = KB/Tech interpreted (cannot edit) = K-B/Tech Interpretive(default)

Method 2 = Default = MIC___ ___ ___ (MIC)

Method 3 = Default = MBC___ ___ ___ (MBC)

Method 4 = Default = nKB___ ___ ___ (nKB)

Default response for senstype: ____KB ____MIC ____MBC ____nKB

Will you be using antibiotic cascading?_____Y_____N

Will you be using Biochemical cascading?_____Y_____N

Initiate order of cascade processing with: ____ Antibiotic ____Biochemical

Will you be using Antibiotic Alert Values?_____Y_____N

Facility Code: _____ Department Code: _____

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Interpretations (AM-26)

Use this worksheet to define the sensitivity interpretations for your laboratory.

Code (1A)	Description (12A)	Biochem Interp? (1A)	Biochem Short Name (5A)	Middle Interp? (1A)
S		N	N/A	N
R		N	N/A	N

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

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List of Antibiotics (AM-11)

Use this worksheet to list (alphabetically) all antibiotics that are available when performing susceptibility testing in your department.

	NAME OF ANTIBIOTIC (17 AN)	SHORT NAME (3 AN)
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____
31.	_____	_____
32.	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Master Antibiotic Information (AM-12)

use this worksheet to define the required parameters for each antibiotic.

Micro Code (to be entered later) **Name/Description (17 AN)** _____ **Short Name (3 AN)** |_|_|_| **Default Internal** __Y __N

	Sens Level	Res Level	Comment (25)
Method 2 (MIC)			
Method 3 (MBC)			
Method 4 (nKB)			

Middle Interpretation: (1A) _____

Biochemical Interpretation(s): _____

Dual Drug: ___Yes ___No

Short Value	Extended Value

MIC/MBC Values Dictionary: ___Yes ___No

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Other Antibiotic Information (AM-27)

Use this worksheet to define additional antibiotic information. The information on this worksheet is optional.

Name/Description **Micro Code**

_____ _____

	Achievable Levels	
Dosage 1 (24 ANP)	**Serum (10 ANP)**	**Urine (10 ANP)**
_____	_____	_____
Dosage 2 (24 ANP)	**Serum (10 ANP)**	**Urine (10 ANP)**
_____	_____	_____
Dosage 3 (24 ANP)	**Serum (10 ANP)**	**Urine (10 ANP)**
_____	_____	_____

Instrument Check: _____ Vitek _____ MicroScan _____API Code(s): _____

Cost: (6 ANP)_____

Facility Code: _____ **Department Code: _____**

Completion Date: _____ **Initials: _____**

Revision Date: _____ **Initials: _____** **Page ____ of ____**

Organism, Specimen, Organism-Specimen Antibiotic Information (AM-28a)

(page 1 of 3 for this worksheet)

Antibiotic _____

Use this 3-page worksheet to define organism, specimen, and organism-specimen specific information.

Are levels dependent on organism and specimen type? _____Y _____N

Spec No.	Spec Name	Org Class	Orgs	MIC			MBC			nKB			Internal	Middle Interp
				S	R	Comment	S	R	Comment	S	R	Comment		

Facility Code: _____ **Department Code: _____**

Completion Date: _____ **Initials: _____**

Revision Date:_____ **Initials: _____** **Page ____ of ____**

Organism, Specimen, Organism-Specimen Antibiotic Information (AM-28b)

(page 2 of 3 for this worksheet)

Antibiotic _____

Are levels dependent on organisms only? _____Y _____N

Org Class	Orgs	MIC			MBC			nKB			Internal	Middle Interp
		S	R	Comment	S	R	Comment	S	R	Comment		

Facility Code: _____ **Department Code: _____**

Completion Date: _____ **Initials: _____**

Revision Date: _____ **Initials: _____** **Page ____ of ____**

Organism, Specimen, Organism-Specimen Antibiotic Information (AM-28c)

(page 3 of 3 for this worksheet)

Antibiotic _____

Are levels dependent on specimen type only? _____Y _____N

Spec No.	Spec Name	MIC			MBC			nKB			Internal	Middle Interp
		S	R	Comment	S	R	Comment	S	R	Comment		

Facility Code: _____ **Department Code: _____**

Completion Date:_____ **Initials: _____**

Revision Date: _____ **Initials: _____** **Page ____ of ____**

Antibiotic Cascade Definition-Part I (AM-30)

Use this worksheet to define general cascade information and the specific cascade steps. Use a separate worksheet for each cascade scheme.

Description (20 AN)	Spec Dependent	Organism Dependent	Org/Spec Dependent
____________	_____Y _____N	_____Y _____N	_____Y _____N

	KB		MIC		MBC		nKB	
Initiator	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action
_________	___________	______	___________	______	___________	______	___________	______

Object(s): ____

	KB		MIC		MBC		nKB	
Initiator	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action
_________	___________	______	___________	______	___________	______	___________	______

Object(s): ____

	KB		MIC		MBC		nKB	
Initiator	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action	Trigger(s)	Action
_________	___________	______	___________	______	___________	______	___________	______

Object(s): ____

Facility Code: _________ **Department Code:** _________

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page** ____ **of** ____

Antibiotic Cascade Definition-Part II (AM-32)

Use this worksheet to define the specimens, organisms, and/or organism-specimen combinations on which this cascade is dependent.

Cascade Description: _____

Specimens	Organisms	Organism-Specimens
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Biochemical Cascade Definition (AM-31)

Use this worksheet to define your biochemical cascades.

Cascade Cult Battery: ___________________ **Micro Code:** _______

Cascade Initiator-Biochem: ________________

Biochem Trigger: ________________________

Action - KB: _____________ **Action - MIC:** ___________

Action - MBC: ____________ **Action - nKB:** ___________

Objects: ____

Cascade Cult Battery: ___________________ **Micro Code:** _______

Cascade Initiator-Biochem: ________________

Biochem Trigger: ________________________

Action - KB: _____________ **Action - MIC:** ___________

Action - MBC: ____________ **Action - nKB:** ___________

Objects: ____

Cascade Cult Battery: ___________________ **Micro Code:** _______

Cascade Initiator-Biochem: ________________

Biochem Trigger: ________________________

Action - KB: _____________ **Action - MIC:** ___________

Action - MBC: ____________ **Action - nKB:** ___________

Objects: ____

Facility Code: __________ **Department Code:** __________

Completion Date: __________ **Initials:** _________

Revision Date: __________ **Initials:** _________ **Page** ____ **of** ____

Antibiotic Alert Values (AM-29)

Use this worksheet to define the alert values for the organism-antibiotic combinations.

Organism	Antibiotic	Usual Interp	Alert Interp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Antibiotic Panel Group Definition (AM-13)

Use this worksheet to group the antibiotic panels available for each master test by method of sensitivity testing as defined in AM-10.

Master Test Code: _____

Group Name (20 AN):	**Group Name (20 AN):**
_____	_____
Group No: _____	**Group No:** _____
Method: _____	**Method:** _____
Limit of 40 panels/method	**Limit of 40 panels/method**
Panel Name (12)	**Panel Name (12)**
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____
11. _____	11. _____
12. _____	12. _____
13. _____	13. _____
14. _____	14. _____
15. _____	15. _____
16. _____	16. _____
17. _____	17. _____
18. _____	18. _____
19. _____	19. _____
20. _____	20. _____
21. _____	21. _____
22. _____	22. _____
23. _____	23. _____
24. _____	24. _____
25. _____	25. _____
26. _____	26. _____
27. _____	27. _____
28. _____	28. _____
29. _____	29. _____
30. _____	30. _____
31. _____	31. _____
32. _____	32. _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Antibiotics Contained in Panel (AM-14)

Use this worksheet to define antibiotics contained in each panel (as defined on AM-13).

Panel

Name (12 AN): _____

Limit of 42 antibiotics/panel

	I/E	Antibiotic Name		I/E	Antibiotic Name
1.			22.		
2.			23.		
3.			24.		
4.			25.		
5.			26.		
6.			27.		
7.			28.		
8.			29.		
9.			30.		
10.			31.		
11.			32.		
12.			33.		
13.			34.		
14.			35.		
15.			36.		
16.			37.		
17.			38.		
18.			39.		
19.			40.		
20.			41.		
21.			42.		

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Epidemiology Reports Parameters (AM-15a)

Use this worksheet to define parameters for Epidemiology Reports. Complete one sheet per facility.

General Parameters

1. Active? **2. # Days-Duplicate Checking** **3. Default Sensi Method**

_____ _____ _____

Data Retention

4. Prev Path/Ab Suscept/Org Iso **5. Daily Culture Report**

_____ _____

Daily Culture Report

6. Day Post Adm **7. Accumulation**

_____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page ____ of ____**

Antibiotic Print Groups (AM-15b)

Use this worksheet to define the antibiotic print groups and the antibiotics contained in each. Define antibiotic print groups for each laboratory department that results microbiology tests. Definition of print groups is optional.

Description (20 C): _____

Antibiotics: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Description (20 C): _____

Antibiotics: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Description (20 C): _____

Antibiotics: _____ _____ _____

_____ _____ _____

_____ _____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Location Print Groups (AM-15c)

Use this worksheet to define the location print groups and the locations/patient types contained in each. Define location print groups for each facility. Definition of print groups is optional.

Description (20 C): _____

Locations: _____ **Patient Types:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Description (20 C): _____

Locations: _____ **Patient Types:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page ____ of ____**

Organism Print Groups (AM-15d)

Use this worksheet to define the organism print groups and the organisms contained in each. Define organism print groups for each laboratory department that results microbiology tests. Definition of organism print groups is optional.

Description (20 C): _____

Organisms: _____ _____

_____ _____

_____ _____

Description (20 C): _____

Organisms: _____ _____

_____ _____

_____ _____

Description (20 C): _____

Organisms: _____ _____

_____ _____

_____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____**Page** ____ **of** ____

Specimen Print Groups (AM-15e)

Use this worksheet to define the specimen print groups and the specimens contained in each. Define specimen print groups for each laboratory department that results microbiology tests. Definition of specimen print groups is optional.

Description (20 C): _____

Specimens: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Description (20 C): _____

Specimens: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Description (20 C): _____

Specimens: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Contract Print Groups (AM-15f)

Use this worksheet to define the contract print groups and the individual/group contract name contained in each. Define location print groups for each facility. Definition of print groups is optional.

Description (20 C):

Individual Name: **Group Name:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Description (20 C):

Individual Name: **Group Name:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Review Queues Definition (AM-16)

Use this worksheet to define review queue names and print parameters.

Special Review Queues

Review Queue Name (30 AN)	Security Level to Delete from Queue

Supervisor Review Queues

Review Queue Name (30 AN)	Master Test/Report Type	Security Level To Release from Queue

Review Queue Report Parameters For All Review Queue Types

Indicate the Review Queue Report print order for each accession #:

_____ **Reverse Chronological Order**

_____ **Chronological Order**

_____ **Most Recent Report Only**

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

General Culture Reporting Information (AM-17)

Complete one worksheet for each Master Test. This worksheet determines what culture options are available when reporting through each master test code.

Master Test Code/Name: _____ / _____

Define Single Report(s)

Are single (onetime reports) needed for this master test? __ Y __ N
If yes, define all Single Report(s) that are desired with associated code below.

Single Report Name(s) (15 AN)	Associated Report Code (1A) (P,F,U,S not allowed)
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

Test Parameters

Generate Preliminary, Final, and Supplemental reporting options for this master test code? (Y/N) _____

Is Sensitivity Processing needed for this master test code? __ Yes __ No

Will Organism definition be needed when using this master test? __ Yes __ No

Which information should automatically display when reporting/editing accession #s when using this master test?

_____ **Display Last/Final External Only Report**

_____ **Display Specimen Log Only**

_____ **Display Both External Report and Specimen Log**

If laboratory uses charge on Result/Report option, indicate which report should initiate the charge: _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page ____ of ____**

Microbiology Report Definition (AM-18a)

Use this worksheet to define menu reporting, review queues, and report-specific parameters. Complete one worksheet for each report type (except Sensitivity report type AM-19) for each master test.

Master Test Code/Name: _____ /_____

Report Type = Single ____ Single Report Name: _____
P ____
F ____
U ____
Sensitivity Report Print: ___ K-B ____ Mic ____ MBC ____ nKB

Print Crosshatch? ___ Yes ___ No _____ Only with 2 or more organisms

Display/Print Antibiotic Comment in Pt Inquiry/Primary Report? ____ Yes ____No

Print Internal Log Automatically? ____ Yes ____ No

No Growth Code: lcr _____ No Growth Menu Name: _____

Can Organisms be defined for this report? ___ Yes ___ No

Minimum Security Level for correcting this report type: _____

Workload Proc Code/Name:_____/_____ No. of Replicates _____

This section of the worksheet determines which menu(s) will appear at the time of creating/editing this report type/master test combination.

If this worksheet is for Single Report type please list menu name/menu code that is desired for creating this single report: _____/_____

If this worksheet is for P,F,U report type, please indicate either the menu group or the pathway (menu group set #) as defined on AM-8 or AM-9 that is desired as the initial screen displayed during report generation:
Pathway screen desired: ___ Yes ___ No
if Yes which menu group set (AM-9) _____
if NO which group of menus (AM-8) should be listed on the initial screen

If pathway screen is NOT desired as initial screen but would like to access pathway screen when selecting / option on menu group screen, please indicate below which pathway to display as defined on AM-9 Menu group set # _____ for/ option

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Microbiology Report Definition (Cont.) (AM-18b)

This section of the worksheet determines which Supervisor Review queue(s) will be linked to this report type. Please note this is for Supervisor queues only (not applicable for Special Review queues). This is an optional worksheet.

Supervisor Review Queue Selections

Security Level To release from queue	Access Code	Review Queue Name as defined on AM-16	Review Option: RP Rev & Print RH = Rev & Hold NO = No Review

Optional Advanced Features
Initial Screen Display

Specimen Code	Type Description	Work Screen	Pathway Screen	Organism Log	Specimen Log

Pathway Screen (/- Menu Group Options)

Specimen Code	Type Description	Org Log	Spec Log

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Sensitivity Report Definition (AM-19a)

Use a separate worksheet for each Master Test to define sensitivity panels, review queues and other parameters for the Sensitivity (S) report type.

Master Test Code/Name: _____ / _____

Sensitivity Report Print: ___ K-B ___ MIC ___ MBC ____ nKB

Print Crosshatch? ___ Yes ___ No _____ Only with 2 or more organisms

Display/Print antibiotic comment in Patient Inquiry/Primary? Yes ____ No ____

Print Internal Log automatically? Yes ____ No ____

Clear Sensitivities? Yes ___ No ___

This section of the worksheet determines which group of antibiotic panels is available when performing sensitivities for this master test as defined on AM-13.

Antibiotic Panel Group

KB Group #	MIC Group #	MBC Group #	nKB Group #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supervisor Review

This section of the worksheet determines the Supervisor Review queues that could be linked to the Sensitivity report for the master test. This section is optional, and is not applicable for *Special Review Queues*.

Security Level	Access Code	Review Queue Name	Review Option: RP = Review & Print, RH = Review & Hold, NO = No Review
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Sensitivity Report Definition (Cont.) (AM-19b)

Optional Advanced Features
Antibiotic Panel Groups

Specimen Type Code	Description	KB GRP#	MIC GRP#	MBC GRP#	nkB GRP#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Patient Report Definitions (AM-20a)

Use this worksheet to define patient report parameters for each facility.

PARAMETERS

Max # orgs/sensi block: _____

Organism-Sensitivity Format:___ Type 1 - Org Log, Sensi, Org Log, Sensi format
___ Type 2 - Org Log, Org Log, Sensi, Sensi format

Optional Fields Order: _____ _____ _____

Print Comment? ___ Yes ___ No

Urine Specimen Types: _____

_____

Footnote: _____

PRINT OPTIONS

Outpatient	**Interim**	**Patient Detail**
Discharge	**Post Discharge**	**Cum Trend**
New Work	**Contract**	**Archive**

Select from the following print options:
1) Print all reports - reverse chronological
2) Print all reports - chronological
3) Print only the most recent report

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Patient Report Definitions - Templates (AM-20b)

Achievable Levels
(10 characters)

Comment
(25 characters)

Cost
(6 characters)

Dosage
(24 characters)

Organism 1
(10 characters)

Organism 2
(10 characters)

Organism 3
(10 characters)

Organism 4
(10 characters)

Antibiotic
(18 characters)

80 Character Line

NOTE: Two spaces separate all columns.

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Text Reducer Parameters (AM-21)

Complete one worksheet for each laboratory department.

Number of days to retain text (default = 30 days)?

List of all Advanced Microbiology Test Codes in Ascending Numeric Order

Test Code	Test Name	Test Code	Test Name
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________
________	________	________	________

Facility Code: _________ **Department Code:** _________

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page ____ of ____**

Adv Micro Batch Workgroups (AM-26)

Complete one worksheet for each group of culture types with similar or identical processing requirements.

Code (8ANP): _____

Description (30ANP): _____

Auto Close: ___ **Batch Size (size:** _____**)**

___ **Daily CutoffCutoff Time (time:** _____**)**

___ **Weekly Cutoff (day:** _____ **time:** _____**)**

Batch Time based on: ___ **Collection** ___ **Accession** ____ **Neither**

Interdpt Batch Time based on: ___ **Collection** ___ **Accession** ___ **Check-in** ___ **Neither**

Allow Batch Resulting: ___ **Yes** ___ **No** **Batch Test Code:** _____

Workgroup Criteria: ___ **Yes** ___ **No**

___ **Location(s)** _____

___ **Patient Type(s)** _____
OR

___ **Specimen Type(s)** _____
OR

___ **Alphabet** _____

Comment/Prompt:____ **Comments only**
____ **Prompt & Response only**
____ **Both Comments and Prompt & Response**

Display Order:____ **Chronological order (oldest to newest)**
____ **Reverse Chronological order (newest to oldest)**

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____**Page** ____ **of** ____

Assign Workgroups to Test (AM-27)

Assign a workgroup to each Adv Micro test that is to be auto assigned to a batch at accessioning.

		Default	Hierarchy			
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______
Test Code/Name:	/________________________	________	_______	_______	_______	_______

Facility Code: __________ **Department Code:** __________

Completion Date: __________ **Initials:** _________

Revision Date: __________ **Initials:** _________ **Page** ____ **of** ____

Instrument Code Definition - Organism (AM-22)

Complete one line for each organism identified on the instrument.

		Instrument Codes				
Code	**Description (Organism Name)**	**Vitek Org Short Name**	***Class (1N)**	**Code (2 AN)**	**MicroScan Code (10 AN)**	**API Code (5 ANP)**
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______
_____	______________________	_______	______	_______	_______	______

***(1) Gram Negative ID**
(2) Gram Positive ID (Cat-/B Hemo or Cat+/Coag-)
(3) Gram Positive ID (Cat-/Non-B Hemo or Cat+/Coag+)
(4) Yeast Identification

Facility Code: _________ **Department Code:** _________

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page** ____ **of** ____

Instrument Code Definition - Antibiotic (AM-23)

Complete one line for each antibiotic.

Micro Code	Antibiotic Name	Component #/ Name	Vitek Gram Neg	Vitek Gram Pos	Instrument Codes MicroScan	Instrument Codes API
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___
_____	______________________	____________	______	_____	______	___

Facility Code: _________ **Department Code:** _________

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page** ____ **of** ____

Instrument Results (AM-24)

Complete the appropriate section of the worksheet based on your instrument.

MicroScan

Instrument Result	Micro Code
TRAY/PANEL	_____
ORG1	_____
* BIOTYPE	_____
* BETA-LACT	_____
* STREP SYN	_____
* GENT SYN	_____
* OXIDASE	_____
* THYMIDINE	_____
* BETA-HEM	_____

Vitek

Instrument Result	Micro Code
TRAY/PANEL	_____
ORG1	_____
* %PROB1	_____
ORG2	_____
* %PROB2	_____

API

Instrument Result	Micro Code
PANEL TYPE	_____
ID PANEL TYPE	_____
ORGANISM NAME	_____
* BIOTYPE NO.	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Instrument Card/Panel Types Definition (AM-25)

Use this worksheet to define the card/panel types used on your instrument.

Instrument: MicroScan Vitek API

Code: _____ Description: _____ Card Class: _____

Antibiotic Panel Type: Sensitivity Type:

Micro Code: Menu Name(s)/Numbers:

_____ _____

Instrument: MicroScan Vitek API

Code: _____ Description: _____ Card Class: _____

Antibiotic Panel Type: Sensitivity Type:

_____ _____

Micro Code: Menu Name(s)/Numbers:

_____ _____

Instrument: MicroScan Vitek API

Code: _____ Description: _____ Card Class: _____

Antibiotic Panel Type: Sensitivity Type:

_____ _____

Micro Code: Menu Name(s)/Numbers:

_____ _____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Chapter 3 - Anatomic Pathology Worksheet Forms

ANATOMIC PATHOLOGY WORKSHEET FORMS

You can use the following worksheets to define the functions in the Reference Lab Interface and to implement this product. They are grouped according to the following order:

Results and Test Information

Parameters and Number Pools

Workload/Quality Control Information

Processes and Codes

This order also appears in Chapter 2: Maintenance Functions.

NOTE: Only the fields that require specific entry instructions for Anatomic Pathology are represented in worksheets in this chapter. Refer to the *Maintenance Worksheets Volume* of the *STAR Laboratory Reference Guide* for other worksheets. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for additional information on fields.

Standard Result Text

Depatment Code: _____

Complete one form for each standard result text document to be used in Anatomic Pathology.

Code (12 A/N):_____

Description (25 C):_____

(Text)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Standard Result Text RTF Files

Department Code: _____

Complete one form for each department that uses word processing results.

Files to Process: _____

Word Processor: _____

Overwrite?: ___ Yes ___ No

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Standard Result Subgroups

Department Code: __________

Use this form to group standard result text documents within subgroups/ categories for result entry.

Subgroup Code (12 C): ______________________

Description (25 C): ____

Grouped Standard Result Text documents for this subgroup:

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

Subgroup Code (12 C): ______________________

Description (25 C): ____

Grouped Standard Result Text documents for this subgroup:

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

Subgroup Code (12 C): ______________________

Description (25 C): ____

Grouped Standard Result Text documents for this subgroup:

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

________ ________ ________ ________ ________ ________ ________

Completion Date: _______ Initials: ______

Revision Date: _________ Initials: ______ Page ____ of ____

Basic Test Information

Complete a separate worksheet for each test.
Section: _____ Bay(s): _____

Code (5N): _____ Test Name (32C): _____

Short Name (8C): _____

Test Type:___ General Lab

___ Adv Micro Default Section _____

_x_ Anatomic Path

___ Adv Blood Bank

Possible Specimens (or Table Selection___): (Circle Default Specimen)

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____

Specimen Collection Requirements: ___ Collection Period Required

___ Set up Micro.plate ID required

Maximum Specimen Age in HHMM: _____

Order Category/Sample Size: __ Routine __ ASAP __ STAT

__ " Micro __ " Micro __ " Micro

Orderable Test: _____ Table/test code selection

_____ Test Code required

_____ Neither

History Cardfile: _____ Automatically

_____ Prompt (Default ___ No ___ Yes)

_____ Never File Results

Cardfile Print Queue ___ Yes ___ No

Range Heading: Use default? ____ Yes _____ No

(If No, specify range header: _____)

Miscellaneous Charge Professional Fee: ___ Yes ___ No

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Special Test Information

Complete a separate worksheet for each test.
Test Code: _____ Name: _____

Master Test Code: _____

Reference Type (1-A-R): ___ Sendout (S)

___ Interdepartment Referral (I)

___ Ref Lab Interface Referral (R) (General Test Only)

Number Pools: _____ _____ _____ _____ _____ _____ _____ _____

Anatomic Path Case Number Pool (U-A-O): _____

Single Col. Primary (1-A-R): ___ Y ___ N

Inq. Results in Rev.Q (1-A-R): ___ Y ___ N

Inq. Result Display Security (2-N-O): _____

Display Partials (1-A-R): ___ Y ___ N Panic Report Security (2-N-O): _____

T-Code Specimen Selection _____ L - Login

_____ H - Histotech

_____ R - Result Entry

Security Crosslinks (1-N-O): ____

____ Use Default security crosslinks

____ Use Defaults crosslinks if user-security crosslinks are not specified

____ Deny access if user-security crosslinks are not specified

Incomplete (1-A-R): ___ Y ___ N

Specimen Display - Resulting (1-A-O): ___ Y ___ N

Specimen Display - Patient Inquiry (1-A-O): ___ Y ___ N

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Results and Normals

Complete at least one worksheet for each test.

Section: ____________________ Bay(s): ________ ________ ________

Test Code/Name:____

Result #	* Component Code/Name	Req/ Opt	Ext/ Int	History Cardfile	** Special Processing	Workload Only	Addendum
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___
____	________________	___	___	___	__________	______	___

***Circle those components to be calculated**

****Enter menu/table name corresponding to the feature (if applicable):**

- Auto fill ID
- Auto fill ID/required complete
- Comment processing
- Date &/or time
- Free form text
- ID specific menu
- Menu selection ID
- Menu selection
- Multiple table selections
- Prompt processing
- SNOMED
- Security level specific menu
- Table selection
- Template processing
- Word Processing

If charging upon resulting, write in the component number which will initiate charging: ____________________________

Department Code: _________

Completion Date: _________ Initials: ________

Revision Date: _________ Initials: ________ Page ____ of ____

A/P - Anatomic Path Parameters

Department Code: _____

Complete each line for these items concerning the Anatomic Pathology module by either checking Yes or No, entering a response or checking the appropriate answer.

SNOMED Display/Print: _____ Code Only _____ Text Only _____ Both

Auto-Process Histotech Processes at Login: ___ Yes ___ No

SNOMED CT®: _____ Yes _____ No

Auto-Display T-code table for SNOMED entry: ___ Yes ___ No

Auto T-Code: ___ Yes ___ No

Indicator: ___ (@, \, &, %, ~, ^, <, >, |)

Histotech Number: _____ Default _____ Alternate

Recut or additional slide designator: _____ *

***This can only be used for BARCODED histotech labels when using the ALTERNATE numbering scheme.**

Cardfile Previous Case: _____ Yes _____ No

Previous Case Search: _____ # days or _____ All

Comparison Search Window: _____ All _____ None

Review Queue Comparison: _____ Yes _____ No

HP Audit Retention: _____ # days (30 maximum)

Download File Path: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page _____ of _____

Case Login Parameters

Department Code: _____

Use this worksheet to identify case login parameters used for anatomic pathology test types. This worksheet should be used for each section that has AP test types.

Possible Case Number Pools: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

View CLIN Questions: ___ Yes ___ No High Risk: ___ Yes ___ No

Security Levels

Case # Override: _____

Case Merge: _____

HT Processing: _____

Misc Charge/Credit: _____

Professional Fee: _____

Result Reporting: _____

Previous Order Window Information

Parameter --> Window Weekday	Case # (# days)	Histo (Yes/No)	Misc (A - Auto P - Prompt, N - Never)	Profee	Result
Sun.	_____	_____	_____	_____	_____	_____
Mon.	_____	_____	_____	_____	_____	_____
Tue.	_____	_____	_____	_____	_____	_____
Wed.	_____	_____	_____	_____	_____	_____
Thurs.	_____	_____	_____	_____	_____	_____
Fri.	_____	_____	_____	_____	_____	_____
Sat.	_____	_____	_____	_____	_____	_____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Case Number Pools

Department Code: _____

Use this worksheet to identify case number pools that can be used for anatomic pathology specimens.

Pool Code (1A/N): _____ Description (19A/N): _____

Current Value: _____ Reset if Pool Number Greater Than: _____

Reset Pool Number To: _____ Frequency: _____

Next Reset Date: _____ Number of Labels: _____

Workload/QC (1-A-O): ___ Y ___ N

HISTO/CYTO (1-A-R): ___ C(ytology) ___ H(istology) ___ N(either)

Pool Code (1A/N): _____ Description (19A/N): _____

Current Value: _____ Reset if Pool Number Greater Than:

_____Reset Pool Number To: _____ Frequency:

_____

Next Reset Date: _____ Number of Labels: _____

Workload/QC (1-A-O): ___ Y ___ N

HISTO/CYTO (1-A-R): ___ C(ytology) ___ H(istology) ___ N(either)

Pool Code (1A/N): _____ Description (19A/N):

_____Current Value: _____ Reset if Pool Number Greater Than: _____

Reset Pool Number To: _____ Frequency: _____

Next Reset Date: _____ Number of Labels: _____

Workload/QC (1-A-O): ___ Y ___ N

HISTO/CYTO (1-A-R): ___ C(ytology) ___ H(istology) ___ N(either)

Pool Code (1A/N): _____ Description (19A/N): _____

Current Value: _____ Reset if Pool Number Greater Than: _____

Reset Pool Number To: _____ Frequency: _____

Next Reset Date: _____ Number of Labels: _____

Workload/QC (1-A-O): ___ Y ___ N

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

A/P - Histotech Processes

Department Code:_____

Complete one set for each Histotech Process to be used in Anatomic Path.

Code (10A/N): _____ Desc (30 A/N): _____

Below, enter a number, P to process information, or A to add

No. of Replicates: _____ Thickness: _____ No. of Slides per Block: _____

***Print Slide Designator on Label: ___ Yes ___ No**

***Print Process Name on Label: ___ Yes ___ No**

No. of Labels per Slide (3 A/N): _____ Label Text (10 A/N): _____

Identifier: ___ Specimen Type

___ Patient #

___ Number Pool

Block Workload Information

 # Counts/Block: _____ Workload Procedure Code: _____

Slide Workload Information

 # Counts/Slide: _____ Workload Procedure Code: _____

Process Billing: Section Code for charges: _____

Misc Charge code/desc/price: _____

Replicate Billing: Section Code for charges: _____

Misc Charge code/desc/price: _____

*** These fields apply in bar code environment only.**

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

A/P - Histotech Processes per Test

Department Code:__________

Complete one form for each test having default Histotech Processes/blocks.

Test Code/Name: ______/____

Specimen Code Process	# of Blocks	Histotech Process Code	Auto Process (Y/N)	** # of Repl.	** Thickness	** # of Slides	* Print Slide Designator	* Print Name
Default	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____
_______	_____	______	___	____	______	_____	_____	____

* These fields apply in bar code environment only.

** For these fields, enter number or 'P' to define when processed.

Completion Date: _________ Initials: ________

Revision Date: _________ Initials: ________ Page ____ of ____

Cytology Personnel

Department Code:________

Use this worksheet to identify personnel as screeners (employees who perform the microscopic examination on cytology specimens.

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Screener Name/Code: ____

Maximum Slide Count (4-N-R): _____________

Active QC (1-A-R): _______

Facility Code: _______ **Department Code:** ______

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page** ____ **of** ___

Diagnosis Categories

Department Code: ____________

Use this worksheet to define diagnosis categories to sort information at the case level for Workload/QC processing.

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Code(6-AN-R): ____________

Description (36-AN-R): ____

Active (1-A-R): ___________

Facility Code: ________ Department Code: ________
Completion Date: ________ Initials: _________
Revision Date: ________ Initials: _________ Page ____ of ____

Discrepancy Categories

Department Code: ____________

Use this worksheet to define discrepancy categories to sort discrepancies and to define the severity of the discrepancy.

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Code (6-AN-R): ____________
Description (36-AN-R): ____________
Active (1-A-O): ____________

Facility Code: _______ **Department Code:** ______
Completion Date: _______ **Initials:** ________
Revision Date: _______ **Initials:** ________ **Page ____ of ____**

Repeat Queue Results

Department Code: _____

Use this worksheet to define components listed on specific tests.

Name of Test: _____ Test Code: _____

Component	Process (A, D, N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Test: _____ Test Code: _____

Component	Process (A, D, N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Workload/Quality Control Parameters

Department Code:_____

Use this worksheet to activate Workload/QC processing and to define related parameters for this function.

Active (1-A-R): __ Y __ N Percent QC (3-N-R): _____ Auto High Risk (1-A-R): __ Y __ N

Default High Risk (1-A-O): ___ Y ___ N

Number of Slides (2-N-O): _____

Number of Counts (4-NC-O): _____

Workload/QCPrompt (1-A-R): ___ Y ___ N

Negative Diagnosis Category/QC: _____

Workload/QC Changes: _____

8-Hour Check (1-A-R): ___ Y ___ N

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

SNOMED Codes - General Categories

Use one line for each General Category SNOMED code to add to the dictionary.

Code (2N)	Description (20 A/N)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

SNOMED Codes - M-Codes

Complete one set for each M-code to be added to the SNOMED dictionary.

Code (7 A/N): ________________
Groups:____

Description (60 A/N): ____

____

Alternate 1: ____________________ **Alternate 2:** ____________________

Alternate 3: ____________________

Code (7 A/N): ________________
Groups:____

Description (60 A/N): ____

____

Alternate 1: ____________________ **Alternate 2:** ____________________

Alternate 3: ____________________

Code (7 A/N): ________________
Groups:____

Description (60 A/N): ____

____

Alternate 1: ____________________ **Alternate 2:** ____________________

Alternate 3: ____________________

Code (7 A/N): ________________
Groups:____

Description (60 A/N): ____

____

Alternate 1: ____________________ **Alternate 2:** ____________________

Alternate 3: ____________________

Completion Date: _________ **Initials:** ________

Revision Date: _________ **Initials:** ________ **Page ____ of ____**

SNOMED Codes - T-Codes

Complete one set for each T-code to be added to the SNOMED dictionary.

Code (7 A/N): ____________ **Groups:** ____

Description (60 A/N):

____

____

Default Group: ______ **Specimens:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Alternate 1: ______________________ **Alternate 2:** _____________________

Alternate 3: ______________________

M-code: _____________ **Misc/Alt Code:** _________________

Code (7 A/N): ____________ **Groups:** ____

Description (60 A/N):

____

____

Default Group: ______ **Specimens:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Alternate 1: ______________________ **Alternate 2:** ____________________

Alternate 3: ______________________

M-code: _____________ **Misc/Alt Code:** _________________

Code (7 A/N): ____________ **Groups:** ____

Description (60 A/N):

____

____

Default Group: ______ **Specimens:** _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Alternate 1: ______________________ **Alternate 2:** ____________________

Alternate 3: ______________________

M-code: _____________ **Misc/Alt Code:** _________________

Completion Date: _________ **Initials:** ________
Revision Date: _________ **Initials:** ________ **Page** ____ **of** ____

Chapter 4 - Contract Billing Worksheet Forms

CONTRACT BILLING WORKSHEET FORMS

You can use the following worksheets to define the functions in this product.

NOTE: Only the fields that require specific entry instructions for Contract Billing are represented in worksheets in this chapter. Refer to the *Maintenance Worksheets Volume* of the *STAR Laboratory Reference Guide* for other worksheets. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for additional information on fields.

CONTRACT BILLING AND PATIENT REPORT PARAMETERS

Complete one worksheet for each department in the system.

Contract Billing Parameters

Department: _____

Suspense Days (1-180): _____ Outpatient Monthly Data: ___ Yes ___ No

Use FIM File: ___ Yes ___ No

Contract Patient Report Parameters

No. Reports: _____ Report Sort: ____ Account Number(A)

(Check One) ____ Location(L)

____ Name of Patient(N)

____ Doctor (D)

Exclusions: _____ _____ _____ _____ _____

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

Section Sorts: (refer to Summary Reports - Section Sort Worksheet)

Contract Vendor: _____

FORMAT PARAMETERS

Format: ___ Standard

___ Zonal
___ Offset

Partials: ___ Yes ___ NoColumn Separator? ___ Yes ___ No

Max Suspense: _____Correction Print: ___ Current Value (C)
___ Test (T)

Addendum Print: ___ Addendum value only (V) ___ All result values for test (A)

Include Cancelled: ___ Accn cancelled(C) ___ All cancelled(A) __ No cancelled(N)

(check one)

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Summary Reports - Section Sort

Complete one worksheet for each department in the system.

Report Type: (check one)

- **_____ Outpatient Summary**
- **_____ Interim Summary**
- **_____ Patient Detail Summary**
- **_____ Contract Patient**
- **_____ New Work Summary**
- **_____ Physician Summary**

New Page	Section Name	Sort Order	Test Range(s) Low Range	High Range
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Pricing - Variable Levels 1-5

Complete one line for each test. For levels 6-10, use Pricing - Variable Levels 6-10.

Test Code	Price 1	Billing Code	Price 2	Billing Code	Price 3	Billing Code	Price 4	Billing Code	Price 5	Billing Code

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** _____ **of** _____

Pricing - Variable Levels 6-10

Complete one line for each test requiring levels 6-10.

Test Code	Price 6	Billing Code	Price 7	Billing Code	Price 8	Billing Code	Price 9	Billing Code	Price 10	Billing Code

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** _____ **of** _____

Test - Fixed Levels 1-5

Complete one line for each test. For levels 6-10, use Test - Fixed Levels 6-10.

Test Code	Price 1	Billing Code	Price 2	Billing Code	Price 3	Billing Code	Price 4	Billing Code	Price 5	Billing Code

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** _____ **of** _____

Test - Fixed Levels 6-10

Complete one line for each test requiring levels 6-10.

Test Code	Price 6	Billing Code	Price 7	Billing Code	Price 8	Billing Code	Price 9	Billing Code	Price 10	Billing Code

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** _____ **of** _____

Contract Definition

Complete one form for each contract.

Code (4A/N) **Description (25C)** **Account ID (12N)**

_____ _____ _____

Address Line 1 (25A/N)

_____

Address Line 2 (25A/N)

_____

City (15A/N) **State(2A)** **Zip Code (9N)**

_____ _____ _____

Telephone(13NP) **Contact Person (25C)**

(____)_____ _____

Patient Types **Contract Physician Code/Name (26C)**

_____ _____ _____ _____

_____ _____ _____

Indicate information to pass to financial system: ___ **Patient Name**
___ **Patient Acct #**

Cycle Bill Type (1A) **Cycle Bill Days (2N)** **Suspense Days (3N)**

_____ _____ _____

Department **Price Level (2N)**

_____ _____

_____ _____

_____ _____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Sales Commission for Contracts

Complete one worksheet for each contract. Enter a dollar amount and percentage for each maximum dollar amount in sales commission.

Contract Code: _____ Description: _____

Maximum Dollar Amount	% Sales Commission
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

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Contract Volume Discounts

Complete one form for each contract.

Facility Code: _____

Contract Code/Name: _____

Indicate discount type: ____ Dollar Amount
____ Quantity of Tests

Low Range	High Range	% Discount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1ST DISCOUNT: _____%

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page _____ of _____

Lab Form Data Element Worksheet (Header)

Report Name: _____

Line #	Beg Col	End Col	Data Element
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Lab Form Data Element Worksheet (Footer)

Report Name: _____

Line #	Beg Col	End Col	Data Element
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Contract Patient Report Forms

Using the following grid, indicate the line and column for the data elements listed on the Fields and Data Elements for Report Forms worksheet which are to print on the report type above. Precede Header fields/elements by H; Footer fields/elements by F.

HEADER:

```
          1         2         3         4         5         6         7
01234567890123456789012345678901234567890123456789012345678901234567890123456789
1
2
3
4
5
6
7
8
9
0
1
2
3
4
5
```

FOOTER:

```
          1         2         3         4         5         6         7
01234567890123456789012345678901234567890123456789012345678901234567890123456789
1
2
3
4
5
6
7
8
9
0
```

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

Fields and Data Elements for Report Forms

Using the grid on the Contract Patient Report Forms worksheet, indicate the line and column for the data elements you wish to print on the report type above, preceded by H for Header and F for Footer.

____	ACCOUNT NUMBER FIELD	Acct #:
____	ADM DATE FIELD	Adm:
____	LOCATION FIELD	Location:
____	LOCATION FIELD	Loc:
____	MEDICAL RECORD FIELD	Med Rec #:
____	PAGE FIELD	Page:
____	PATIENT NAME FIELD	Pat Name:
____	PATIENT NAME FIELD	Patient Name:
____	PHYSICIAN-SERVICE FIELD	Phys-Service:
____	UNIT/ACCT FIELD	Unit/Acct #:
____	LINE OF DASHES	----------
____	LINE OF STARS	**********
____	HOSPITAL NAME	General Hospital
____	CURRENT DATE & TIME	Mon May 21, 1990 09:26 am
____	REPORT PRINT DATE/TIME	May 21, 1990 0929
____	REPORT NAME HEADER	Single Contract Patient Report
____	REPORT NAME FOOTER	Single Contract Patient Report
____	PATIENT NAME	SMITH,REV,JOHN C
____	PAGE	3
____	SECTION-PAGE	Chemistry-Page 2
____	UNIT NUMBER	1000023124
____	UNIT/ACCOUNT #	1000023124/E123456789012345
____	ADMISSION DATE	05/21/90
____	PATIENT LOCATION	3N 3001 1
____	EXTERNAL ACCOUNT NUMBER	E123456789012345
____	DOCTOR-SERVICE	DALLKE,WENDALL E - MEDICAL
____	ATTENDING DOCTOR	Dr. DALLKE,WENDALL E
____	ATTENDING DOCTOR	DALLKE,WENDALL E
____	SEX AND BIRTHDATE	(M-09/07/62)
____	DIRECTOR	John W. Alexander, M.D.
____	PHYSICIAN-CONTRACT	Phys-Contract:
____	PHYSICIAN-CONTRACT DATA	DALLKE,WENDALL E - ATL
____	PHYSICIAN-CONTRACT DESC	DALLKE,WENDALL E - ATLANTA CLINIC
____	DATE	Wed June 27, 1990 1053 am

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

MPI Search Filter

MPI Search Filters: _____ Y (Yes) _____ N (No)

Patient Classifications

Medical: _____ Y (Yes) _____ N (No)

Veterinary: _____ Y (Yes) _____ N (No)

Environmental: _____ Y (Yes) _____ N (No)

Research: _____ Y (Yes) _____ N (No)

Proficiency: _____ Y (Yes) _____ N (No)

Single Occurence: _____ Y (Yes) _____ N (No)

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

Chapter 5 - Reference Laboratory Interface Worksheet Forms

REFERENCE LABORATORY INTERFACE WORKSHEET FORMS

You can use the following worksheets to collect information needed to successfully implement this product. They are grouped according to the following order:

- Test Files
- Reference Lab Interface
- Maintenance Functions

This order also appears in Section 2: Maintenance Functions.

NOTE: Only the fields that require specific entry instructs for sendout-interface tests are represented in worksheets in this section. Refer to the *Maintenance Worksheets Volume* of the *STAR Laboratory Reference Guide* for other worksheets. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for additional information on fields.

Sendout-Interface Test Build Checklist

This checklist can be used as a quick reference when completing the sendout-interface test build. Refer to the *Maintenance Functions Volumes I* and *II* of the *STAR Laboratory Reference Guide* for detailed information.

Master Test List Report

- Generate a printed copy of the Master Test List Report for sendout tests only. This report can be used to determine the current sendout tests and their corresponding performing laboratory information.

Sendout Laboratories

- Define sendout laboratory information.

NOTE: Two entries are required in this table for the designated reference laboratory. The first entry is used with tests defined as sendout-interface and processed using the STAR Laboratory Reference Lab Interface. The second entry is used for tests defined as sendout and processed manually.

Result Components

- Define *Ref Lab Comment* result component to file for reference lab comments and multi-line normals.
- Define *Reviewed by* result component used to release reference lab results.
- Define new result components, as needed, corresponding to results transmitted from the reference lab for each sendout-interface test.

NOTE: If a test performed in-house has the same analyte as a test performed by the reference lab, you must build a new result component for the sendout-interface test.

In certain instances a unique result component is required on STAR Laboratory for each result when there are multiple occurrences of the same result on different reference lab tests or multiple interpretative results on the same reference lab test.

- Validate units defined for result components on sendout-interface tests match units defined on reference lab tests.

For each test code to be defined as a sendout-interface, complete the following test level information:

Main Information/Labels

- Special Test Information

  Field 3 Reference Type - Define as Ref Lab Interface

- Interdepartment Referral/Sendout Labels

Field 2 Reference Lab - Select reference laboratory
Field 7 Storage Requirements - Select storage requirement type
Field 8 Collection Requirement - Define collection requirements

Results & Normals

- Add *Ref Lab Comment* result component used to file reference lab comments and multi-line normals to each sendout-interface test.
  Special Processing - Word Proc. - Ref Lab

- Add *Reviewed by* result component used to release reference lab results to each sendout-interface test.
  Special Processing - Auto Fill ID required

- Add *Review Queue* result component used to queue accession to different reference lab review queue or result reporting review queue.

  Special Processing - Menu Selection
  (Select previously defined result menu listing pathologists and reference lab review queues.)

- Add result components to each sendout-interface test which correspond to results transmitted from the reference lab.

Crosslinks

- Define crosslink information for sendout-interface tests.

Review Queue

- Define result component(s) required before entry into Review Queue.
- Select *Review Queue* result component as result that determines Review Queue.
- Select *Reviewed by* result component as result that determines release of test from Review Queue.

Interdepartment Test Codes

- If ordering test is interdepartment test and performing test in sendout-interface test, define interdepartment test information on ordering department.

SPECIAL TEST INFORMATION

Complete a separate worksheet for each test.

Test Code: _____ Name: _____

Master Test Code: _____

Reference Type (1-A-R): _ Sendout (S)

_ Interdepartment Referral (I)

x Ref Lab Interface Referral (R) (General Test Only)

Number Pools: _____ _____ _____ _____ _____ _____ _____ _____

Anatomic Path Case Number Pool (U-A-O): _____

Single Col. Primary (1-A-R): _Y _N

Inq. Results in Rev.Q (1-A-R): _ Y _ N

Inq. Result Display Security (2-N-O): __

Display Partials (1-A-R): _ Y _ N Panic Report Security (2-N-O): __

Security Crosslinks (1-N-O): _

____ Use Default security crosslinks

____ Use Defaults crosslinks if user-security crosslinks are not specified

____ Deny access if user-security crosslinks are not specified

Incomplete (1-A-R): _ Y _ N

Specimen Display - Resulting (1-A-O): _ Y _ N

Specimen Display - Patient Inquiry (1-A-O): _ Y _ N

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

INTERDEPARTMENT/SENDOUT LABELS

Complete this worksheet for each test defined as a sendout, sendout-interface, or interdepartment test.

Test Code: _____ Name: _____

Reference Type: _____

Reference Type: _ Sendout (S)
_ Interdepartment Referral (I)
x Ref Lab Interface Referral (R) (General Test Only)
Reference Container(s): _____

Macro Volume (4-N-O): ___

Special Instruction:_____

Storage Requirements (2-N-O): __
__ 1-Room Temperature
__ 2-Frozen
__ 3-Refrigerated
__ Other (specify user-defined storage requirement type)

Collection Requirements (1-N-O) (For Reference Lab Interface tests only): _

_ Collection Volume (V)
_ Weight (W)
_ None (N)

NOTE: The Collection Requirements values are system-defined values.

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

RESULTS AND NORMALS

Complete at least one worksheet for each test.

Section: _____ Bay(s): _____ _____ _____

Test Code/Name:_____

Result #	* Component Code/Name	Req/ Opt	Ext/ Int	History Cardfile	** Special Processing	Workload	Addendum Only
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_
____	_____	_	_	_	_____	_____	_

***Circle those components to be calculated**

****Enter menu/table name corresponding to the feature (if applicable):**

Auto fill ID
Auto fill ID/required complete
Comment processing
Date &/or time
Free form text
ID specific menu
Menu selection ID
Menu selection
Multiple table selections
Prompt processing
SNOMED
Security level specific menu
Table selection
Template processing
Word Processing
Valid Values
Units X-Match Processing

If charging upon resulting, write in the component number which will initiate charging: _____

Department Code: _____

Completion Date:_____ Initials:_____

Revision Date:_____ Initials:_____ Page ____ of ____

Reference Lab Interface Processors Checklist

This checklist can be used as a quick reference when completing the Reference Lab Interface Build phase. Refer to the Maintenance section of this volume for detailed information.

Interface Parameters

- Define interface parameters for user-designated reference laboratory.

NOTE: Information required to complete Fields 11 through 15 can be obtained by contacting the reference laboratory.

For each test code to be defined as a sendout-interface, the following test level information needs to be completed:

Cross Reference Processor

Contact the reference laboratory for test and result file information prior to beginning this step.

- Define test code cross reference.

- Define result code cross references.

Print Cross Reference Report

- After defining cross reference information for all sendout-interface tests, generate cross reference report to validate information.

Review Queue/Test

- Evaluate laboratory processing for review of results received from the reference lab.

- Define reference lab review queues and links to appropriate sendout-interface tests.

NOTE: Reference Laboratory Review Queues are defined based on the specific requirements of your laboratory for reviewing reference lab test results. Reference Lab Review Queues can be defined based on section to review, type of specimen, type of test, or a single test if *stat* processing is required.

Each sendout-interface test can be linked to a single reference lab review queue which determines where results are queued when transmitted from the reference lab. Accessions are automatically queued to the default reference lab review queue if a specific review queue link has not been defined.

Ref Lab Prompts/Test

- Identify reference lab tests requiring specific patient and/or specimen collection information to perform test processing.

- Define reference lab prompts for required information and links to appropriate sendout-interface tests.

INTERFACE PARAMETERS

Complete a separate worksheet for each reference laboratory to be interfaced with STAR Laboratory.

Error Log: _____ Interface Port (4-N-R): ____

Audit (1-A-R): _ Retain Audit Days (1-N-R): _ Communications (1-A-R): _

Phone Number(30-NP-C): _____

Auto-Dial Times - Maximum 15 times (4-N-O): ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

___ ___ ___ ___ ___

***Sign On ID (10-ANP-R): _____**

***Password (10-ANP-O): _____ *Sender ID (8-ANP-R): _____**

***Reference Lab ID (8-ANP-R): _____ *Ref Lab Test Length (2-N-R): __**

WP Component (6-AN-R): _____

Sendout Lab Cross Reference:

_____ _____ _____ _____

Default Review Queue Code (12-AN-R): _____

Default Review Queue Description (25-AN-R): _____

NOTE: Information required to complete these fields is obtained by contacting the reference lab.

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

TEST CODE CROSS-REFERENCE INFORMATION

Complete at least one worksheet for each sendout-interface test.

STAR Laboratory Test: _____

Ref Lab Cross Reference: _____

STAR Result Component	Reference Lab Result Cross Reference
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Facility Code: _____ **Department Code:** _____

Completion Date: _____ **Initials:** _____

Revision Date: _____ **Initials:** _____ **Page** ____ **of** ____

REVIEW QUEUE/TEST

Complete this worksheet to define reference lab review queues and link to sendout-interface tests.

Code (12-AN-R): _____

Description (25-AN-R): _____

Sendout-interface test codes linked to this reference lab review queue:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Code (12-AN-R): _____

Description (25-AN-R): _____

Sendout-interface test codes linked to this reference lab review queue:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Facility Code: _____ Department Code: _____

Completion Date: _____ Initials: _____

Revision Date: _____ Initials: _____ Page ____ of ____

REF LAB PROMPT/TEST

Complete a separate worksheet for each sendout-interface test.

Code (12-AN-R): ___________

Reference Lab Prompt (36-ANP-R): ___________________________________

Default Response (36-ANP-O): ____________________________________

Sendout-interface test codes linked to this reference lab prompt:

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

Code (12-AN-R): ___________

Reference Lab Prompt (36-ANP-R): ___________________________________

Default Response (36-ANP-O): ____________________________________

Sendout-interface test codes linked to this reference lab prompt:

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

Code (12-AN-R): ___________

Reference Lab Prompt (36-ANP-R): ___________________________________

Default Response (36-ANP-O): ____________________________________

Sendout-interface test codes linked to this reference lab prompt:

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

______________ ______________ ______________ ______________

Facility Code: ________ **Department Code:** ________

Completion Date: ________ **Initials:** ________

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■ Reader Comment Form ■

We value your suggestions for improving our documentation. Please use this form to evaluate the *Module Worksheets Volume* of the *STAR Laboratory Reference Guide* for Release 17.0.

Topic	Poor	Fair	Good	Excellent
Organization of information	❑	❑	❑	❑
Accuracy of information	❑	❑	❑	❑
Completeness of information	❑	❑	❑	❑
Clarity of information	❑	❑	❑	❑
Amount of overview information	❑	❑	❑	❑
Explanation of processes	❑	❑	❑	❑

Are there parts of this manual that could be made more helpful to you? Please explain.

Other Comments:

Thanks for your help in improving the documentation.

Your Name and Position _____

Hospital/Organization Name _____

Telephone Number _____

May we contact you? Yes or No (circle one)

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