ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)		
Test Case ID	3-Update_revise	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement (Pass/Fail)	Pass	Fail
nispection Settlement (Fass/Fan)		
Reason Failed		
Juror Comments		

INSTRUCTIONS

No Specific Instructions

DISPLAY VERIFICATION: CPOE View

Orderable Atomic Tests and /or Panels		Tester Comment	
Laboratary Name	Name of the Test/Panel*		
Century Hospital Clinical Laboratory	Penicillin		
Century Hospital Clinical Laboratory CMP			
* equivalent name accepted			

Panel : CMP		Tester Comment	
Patient Preparation Patient fasting required for 12 hours.			
Panel Components			
Serum Glucose			
Blood Urea Nitrogen (BUN)			
Creatinine			
BUN/Creatinine Ratio			
GFR, calculated			
Calcium			
Total protein, serum			
Albumin			
Globulin			
Albumin/globulin ratio			
Total bilirubin, serum			
Alkaline phosphatase (ALP)			
Alanine aminotransferase (Al	LT)		
Aspartate aminotransferase (ASP)			
Sodium, serum			
Potassium, serum			
Chloride, serum			
Carbon dioxide, serum			
Anion gap			

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Penicillin		Tester Comment
Specimen Information		
Specimen	Bacterial isolate specimen	
Specimen Handling Code	Critical ambient temperature	

Panel : CMP		Tester Comment		
Specimen Information	Specimen Information			
Specimen	Serum specimen			
Specimen Handling Code	Refrigerated temperature			
Minimum Collection Volume	0.5 milliliter			
Container(s)				
Gold Serum Separator tube	Gold Serum Separator tube			
Red, No Additive tube				
Specimen Information				
Specimen	Plasma specimen			
Specimen Handling Code	Refrigerated temperature			
Minimum Collection Volume 0.7 milliliter				
Container(s)				
Green Lithium Heparin tube				

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Penicillin			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1506	Penicillin	99USL	
Alternate Identifier	Text	Code System	
6932-8	Penicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel : CMP			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
100	CMP	99USL	
Alternate Identifier	Text	Code System	
24323-8	Comprehensive metabolic 2000 panel - Serum or Plasma	LN	

INCORPORATE VERIFICATION

Incorporate Verification for Penicillin

Data Element Name	Data	Tester Comment
Test Name	Penicillin	
Test Identifier	1506	
Test Identifier Code System	99USL	
Status	Active	

General Inf			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1506	
OM1.2.2	Text	Penicillin	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	6932-8	
OM1.7.2	Text	Penicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Penicillin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	6932-8	
OM1.56.2	Text	Penicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1506	
OM1.56.5	Alternate Text	Penicillin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2	.2 Text	day	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.6	Specimen		
OM4.6.1	Identifier	429951000124103	
OM4.6.2	Text	Bacterial isolate specimen	
OM4.6.3	Name of Coding System	SCT	

Incorporate Verification for CMP

Data Element Name	Data	Tester Comment
Test Name	CMP	
Test Identifier	100	
Test Identifier Code System	99USL	
Status	Active	

General Info	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	100		
OM1.2.2	Text	CMP		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
ОМ1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	24323-8		
OM1.7.2	Text	Comprehensive metabolic 2000 panel - Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.10	Preferred Short Name on Mnemonic for Observation	CMP		
OM1.32	Interpretation of Observations	Test used to measure blood sugar, electrolytes and fluid balance, kidney and liver function.		
OM1.37	Patient Preparation	Patient fasting required for 12 hours.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Gross hemolysis, Improper labeling		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	104	
OM5.2.2[1]	Text	Serum Glucose	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	106	
OM5.2.2[2]	Text	Blood Urea Nitrogen (BUN)	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		

	Batteries(sets)	Dete	Tastan Cammunt
Location	Data Element Name	Data	Tester Comment
OM5.2.1[3]	Identifier	102	
OM5.2.2[3]	Text	Creatinine	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	108	
OM5.2.2[4]	Text	BUN/Creatinine Ratio	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	110	
OM5.2.2[5]	Text	GFR, calculated	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[6]	Identifier	112	
OM5.2.2[6]	Text	Calcium	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[7]	Identifier	114	
OM5.2.2[7]	Text	Total protein, serum	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[8]	Identifier	116	
OM5.2.2[8]	Text	Albumin	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[9]	Identifier	118	
OM5.2.2[9]	Text	Globulin	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	120	
OM5.2.2[10]	Text	Albumin/globulin ratio	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[11]	Identifier	122	
OM5.2.2[11]	Text	Total bilirubin, serum	
OM5 2 2[11]	Name of Coding System	99USL	

	Batteries(sets)		
Location	Data Element Name	Data	Tester Comment
OM5.2[12]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[12]	Identifier	124	
OM5.2.2[12]	Text	Alkaline phosphatase (ALP)	
OM5.2.3[12]	Name of Coding System	99USL	
OM5.2[13]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[13]	Identifier	126	
OM5.2.2[13]	Text	Alanine aminotransferase (ALT)	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[14]	Identifier	128	
OM5.2.2[14]	Text	Aspartate aminotransferase (ASP)	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[15]	Identifier	130	
OM5.2.2[15]	Text	Sodium, serum	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[16]	Identifier	132	
OM5.2.2[16]	Text	Potassium, serum	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[17]	Identifier	134	
OM5.2.2[17]	Text	Chloride, serum	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[18]	Identifier	136	
OM5.2.2[18]	Text	Carbon dioxide, serum	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[19]	Identifier	138	
OM5.2.2[19]	Text	Anion gap	
OM5.2.3[19]	Name of Coding System	99USL	

Specimen Ir	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3[1]	Container Description	Gold Serum Separator tube		
OM4.4[1]	Container Volume	5.0		
OM4.5[1]	Container Units			
OM4.5.2[1]	Text	milliliter		
OM4.3[2]	Container Description	Red, No Additive tube		
OM4.4[2]	Container Volume	5.0		
OM4.5[2]	Container Units			
OM4.5.2[2]	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119364003		
OM4.6.2	Text	Serum specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	1		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

Specimen II	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Green Lithium Heparin tube		
OM4.4	Container Volume	3.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119361006		
OM4.6.2	Text	Plasma specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.7	Additive			
OM4.7.2	Text	Lithium/Li Heparin		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	2		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

Incorporate Verification for CBC_diff

Data Element Name	Data	Tester Comment
Test Name	CBC_diff	
Test Identifier	200	
Test Identifier Code System	99USL	
Status	Active	

Charge Desc	Charge Description				
Location	Data Element Name	Data	Tester Comment		
CDM.3	Identifier	N/A			
CDM.7[1]	Procedure Code				
CDM.7.1[1]	Identifier	85060			
CDM.7.2[1]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT			
CDM.7[2]	Procedure Code				
CDM.7.1[2]	Identifier	85060			
CDM.7.2[2]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT			

Incorporate Verification for Prostate Biopsy Pathology Report

Data Element Name	Data	Tester Comment
Test Name	Prostate Biopsy Pathology Report	
Test Identifier	600	
Test Identifier Code System	99USL	
Status	Active	

Payer Info	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Healthplan2		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

Coverage 1	Coverage Policy			
Location	Data Element Name	Data	Tester Comment	
МСР.3	Universal Service Price Range – Low Value			
MCP.3.1	Quantity	30		
MCP.3.2	Denomination	USD		
MCP.4	Universal Service Price Range – High Value			
MCP.4.1	Quantity	120		
MCP.4.2	Denomination	USD		
MCP.5	Reason for Universal Service Cost Range	Depending on the number of biopsies submitted - max covered are 20		