HL7 v2.5 ORU^R01^ORU_R01 Message: Incorporation of Laboratory Results	
Test Case ID	LRI_1.0_1.1-GU
Juror ID	
Juror Name	
HIT System Tested	
Inspection Date/Time	
Inspection Settlement (Pass/Fail)	**Pass** ☐ **Fail** ☐
Reason Failed	
Juror Comments	

This Test Case-specific Juror Document provides a checklist for the Tester to use during testing for assessing the Health IT Module's ability to display and incorporate required data elements from the information received in the LRI message. Additional data from the message or from the Health IT Module are permitted to be displayed and incorporated by the Module. Grayed-out fields in the Juror Document indicate where no data for that data element were included in the LRI message for the given Test Case.

The format of the Display Verification section of this Juror Document is for ease-of-use by the Tester and does not indicate how the Health IT Module display must be designed.

Display Verification

Legend for Display Requirement

Data in **bold red** text: HIT Module must display exact version of stored data

Data in ***bold black italics*** text: HIT Module must display exact version of data received in the LRI message

Data in regular text: HIT Module may display equivalent version of stored data

Patient Information - Display Verification					
Patient Identifier	**Patient Name**	**DOB**	**Sex**	**Race**	**Tester Comment**
PATID1234	***William A Jones***	06/15/1961	M	**White; American Indian or Alaska Native**	
When a given patient has more than one Patient ID Number, the HIT module may display the ID Number that is most appropriate for the context (e.g., inpatient ID Number versus ambulatory ID Number.)					

Lab Results - Display Verification	
Test Performed:	**Erythrocyte sedimentation rate**
Test Report Date:	09/26/2015 14:05:51
Result Report Status	F
Note:	Patient is extremely anxious about needles used for drawing blood. If patient is overly frightened, nervous, or anxious please reschedule blood draw.
Note:	Patient is allergic to latex

Result Observation Name	Result Value	UOM	Reference Range	Abnormal Flag	Status	Date/Time of Observation	End Date/Time of Observation	Date/Time of Analysis	Tester Comment
Erythrocyte sedimentation rate	***10***	***millimeter per hour***	**0 to 17**	N	F	09/25/2015 14:00:		09/26/2015 13:05:50	

Performing Organization Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Organization Name	**Century Hospital**	
Organization Address		
Street address	***2070 Test Park***	
Other designation		
City	***Los Angeles***	
State	***CA***	
Zip code	***90067***	

Performing Organization Medical Director Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Medical Director Name		
Family Name		
Surname	Knowsalot	
Given Name	Phil	
Second and Further Given Names or Initials Thereof	J.	
Suffix (e.g., JR or III)	III	
Prefix (e.g., DR)	Dr.	

Specimen Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Specimen Type(Specimen Source)	**Blood Specimen**	
Specimen Collection Date/Time - Start	09/25/2015 14:00:	
Specimen Collection Date/Time - End		
Specimen Reject Reason		
Specimen Condition	**Cool**	

Order Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Relevant Clinical Information		
Placer Order Number Entity ID	**ORD723222**	
Ordering Provider		
Family Name		
Surname	**Radon**	
Given Name	**Nicholas**	
Second and Further Given Names or Initials Thereof	**M**	
Suffix (e.g., JR or III)	**JR**	
Prefix (e.g., DR)	**DR**	
Results Copies To		
Family Name		
Surname	Hamlin	
Given Name	Pafford	
Second and Further Given Names or Initials Thereof	M	
Suffix (e.g., JR or III)	Sr.	
Prefix (e.g., DR)	Dr.	
Family Name		
Surname	Davison	
Given Name	Daniel	
Second and Further Given Names or Initials Thereof	D	
Suffix (e.g., JR or III)	III	
Prefix (e.g., DR)	Dr.	
Timing/Quantity Information		
Start Date/Time	09/25/2015 14:00:	
End Date/Time	09/26/2015 14:00:	
Priority	Routine	

Incorporate Verification

Legend for Store Requirement

S-EX : Store exact

S-TR-R : Translate and store translation (exact value can be re-created from translation any time)

S-EX-A : Store exact by association

S-RC : Process and re-create

S-EQ : Store equivalent

(See **"Instructions to Testers for Verification of Store Requirements"** at the end of this Juror Document for additional details.)

Patient Information Details- Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
PID-3	**Patient Identifier List**			
PID-3.1	ID Number	S-EX-A	PATID1234	
PID-3.4	**Assigning Property**			
PID-3.4.1	Namespace ID	S-EX-A	NIST MPI	
PID-3.4.2	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.30.2	
PID-3.4.3	Universal ID Type	S-EX-A	ISO	
PID-3.5	Identifier Type Code	S-RC	MR	
PID-5	**Patient Name**			
PID-5.1	**Family Name**			
PID-5.1.1	Surname	S-EX-A	Jones	
PID-5.2	Given Name	S-EX-A	William	
PID-5.3	Second and Further Given Names or Initials Thereof	S-EX-A	A	
PID-5.4	Suffix (e.g., JR or III)	S-EX-A		
PID-5.7	Name Type Code	S-RC	L	
PID-7	**Date/Time of Birth**			
PID-7.1	Time	S-EQ	06/15/1961	
PID-8	Administrative Sex	S-TR-R	M	
PID-10	**Race**			
PID-10.1	Identifier	S-RC	2106-3	
PID-10.2	Text	S-RC	White	
PID-10.3	Name of Coding System	S-RC	HL70005	
PID-10	**Race**			
PID-10.1	Identifier	S-RC	1002-5	
PID-10.2	Text	S-RC	American Indian or Alaska Native	
PID-10.3	Name of Coding System	S-RC	HL70005	

Order Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
ORC-2/OBR-2	**Placer Order Number**			
ORC-2.1/OBR-2.1	Entity Identifier	S-EX-A	ORD723222	
ORC-2.2/OBR-2.2	Namespace ID	S-EX-A	NIST EHR	
ORC-2.3/OBR-2.3	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.24	
ORC-2.4/OBR-2.4	Universal ID Type	S-EX-A	ISO	
ORC-3/OBR-3	**Filler Order Number**			
ORC-3.1/OBR-3.1	Entity Identifier	S-EX	R-783274	
ORC-3.2/OBR-3.2	Namespace ID	S-EX-A	NIST Lab Filler	
ORC-3.3/OBR-3.3	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.25	
ORC-3.4/OBR-3.4	Universal ID Type	S-EX-A	ISO	
ORC-12/OBR-16	**Ordering Provider**			
ORC-12.1/OBR-16.1	ID Number	S-RC	5742200012	
ORC-12.2/OBR-16.2	**Family Name**			
ORC-12.2.1/OBR-16.2.1	Surname	S-RC	Radon	
ORC-12.3/OBR-16.3	Given Name	S-RC	Nicholas	
ORC-12.4/OBR-16.4	Second and Further Given Names or Initials Thereof	S-RC	M	
ORC-12.5/OBR-16.5	Suffix (e.g., JR or III)	S-RC	JR	
ORC-12.6/OBR-16.6	Prefix (e.g., DR)	S-RC	DR	
ORC-12.9/OBR-16.9	**Assigning Authority**			
ORC-12.9.1/OBR-16.9.1	Namespace ID	S-EX-A	NPI	
ORC-12.9.2/OBR-16.9.2	Universal ID	S-EX-A	2.16.840.1.113883.4.6	
ORC-12.9.3/OBR-16.9.3	Universal ID Type	S-EX-A	ISO	
ORC-12.10/OBR-16.10	Name Type Code	S-RC	L	
ORC-12.13/OBR-16.13	Identifier Type Code	S-RC	NPI	

Note- Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
NTE-3	Note	S-EX	Patient is extremely anxious about needles used for drawing blood. If patient is overly frightened, nervous, or anxious please reschedule blood draw.	
NTE-3	Note	S-EX	Patient is allergic to latex	

Performing Organization Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-23	**Performing Organization Name**			
OBX-23.1	Organization Name (Note 1)	S-TR-R	Century Hospital	
OBX-23.6	**Assigning Authority (Note 2)**			
OBX-23.6.1	Namespace ID	S-EX-A	CLIA	
OBX-23.6.2	Universal ID	S-EX-A	2.16.840.1.113883.4.7	
OBX-23.6.3	Universal ID Type	S-EX-A	ISO	
OBX-23.7	Identifier Type Code	S-RC	XX	
OBX-23.10	Organization Identifier	S-TR-R	24D9871327	
OBX-24	**Performing Organization Address**			
OBX-24.1	**Street Address**			
OBX-24.1.1	Street or Mailing Address	S-EX-A	2070 Test Park	
OBX-24.2	Other Designation	S-EX-A		
OBX.24.3	City	S-EX-A	Los Angeles	
OBX-24.4	State or Province	S-EX-A	CA	
OBX-24.5	Zip or Postal Code	S-EX-A	90067	
OBX-24.6	Country	S-TR-R	USA	
OBX-25	**Performing Organization Medical Director**			
OBX-25.1	ID Number	S-RC	5432178916	
OBX-25.2	**Family Name**			
OBX-25.2.1	Surname	S-TR-R	Knowsalot	
OBX-25.3	Given Name	S-TR-R	Phil	
OBX-25.4	Second and Further Given Names or Initials Thereof	S-TR-R	J.	
OBX-25.5	Suffix (e.g., JR or III)	S-TR-R	III	
OBX-25.6	Prefix (e.g., DR)	S-TR-R		
OBX-25.9	**Assigning Authority (Note 2)**			
OBX-25.9.1	Namespace ID	S-EX-A	NPI	
OBX-25.9.2	Universal ID	S-EX-A	2.16.840.1.113883.4.6	
OBX-25.9.3	Universal ID Type	S-EX-A	ISO	
OBX-25.10	Name Type Code	S-RC	L	
OBX-25.13	Identifier Type Code	S-RC	NPI	
Note 1 - The HIT Module must store the Organization Name or be able to recreate it. If the HIT Module is able to demonstrate Organization Name: ID is always 1:1, then the HIT Module is permitted to store and recreate (S-TR-R).				
Note 2 - Determine requirement for support of 2nd component or 3rd and 4th component based on the EI or HD Profile				

Order Information (cont'd) - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBR-4	**Universal Service Identifier (Note 1)**			
OBR-4.1	Identifier	S-TR-R	30341-2	
OBR-4.2	Text	S-EX-A	Erythrocyte sedimentation rate	

Order Information (cont'd) - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBR-4.3	Name of the Coding System	S-RC	LN	
OBR-4.4	Alternate Identifier	S-TR-R	500	
OBR-4.5	Alternate Text	S-EX-A	Erythrocyte sedimentation rate	
OBR-4.6	Name of Alternate Coding System	S-RC	99USL	
OBR-4.9	Original Text	S-EX	Erythrocyte sedimentation rate	
OBR-7/SPM-17.1	**Observation Date/Time**			
OBR-7.1/SPM-17.1.1	Time	S-EQ	09/25/2015 14:00:	
OBR-8/SPM-17.2	**Observation End Date/Time**			
OBR-8.1/SPM-17.2.1	Time	S-EQ		
OBR-13	**Relevant Clinical Information**			
OBR-13.1	Identifier	S-TR-R		
OBR-13.2	Text	S-EX-A		
OBR-13.3	Name of the Coding System	S-RC		
OBR-13.9	Original Text	S-EX		
OBR-22	**Results Rpt/Status Chng - Date/Time**			
OBR-22.1	Time	S-EQ	09/26/2015 14:05:51	
OBR-25	Result Status	S-TR-R	F	
OBR-28	**Result Copies To**			
OBR-28.1	ID Number	S-RC	10092000194	
OBR-28.2	**Family Name**			
OBR-28.2.1	Surname	S-EX-A	Hamlin	
OBR-28.3	Given Name	S-EX-A	Pafford	
OBR-28.4	Second and Further Given Names or Initials Thereof	S-EX-A	M	
OBR-28.5	Suffix (e.g., JR or III)	S-EX-A	Sr.	
OBR-28.6	Prefix (e.g., DR)	S-EX-A	Dr.	
OBR-28.9	**Assigning Authority**			
OBR-28.9.1	Namespace ID	S-EX-A	NPI	
OBR-28.9.2	Universal ID	S-EX-A	2.16.840.1.113883.4.6	
OBR-28.9.3	Universal ID Type	S-EX-A	ISO	
OBR-28.10	Name Type Code	S-TR-R	L	
OBR-28.13	Identifier Type Code	S-RC	NPI	
OBR-28	**Result Copies To**			
OBR-28.1	ID Number	S-RC	2129416824	
OBR-28.2	**Family Name**			
OBR-28.2.1	Surname	S-EX-A	Davison	
OBR-28.3	Given Name	S-EX-A	Daniel	
OBR-28.4	Second and Further Given Names or Initials Thereof	S-EX-A	D	
OBR-28.5	Suffix (e.g., JR or III)	S-EX-A	III	
OBR-28.6	Prefix (e.g., DR)	S-EX-A	Dr.	
OBR-28.9	**Assigning Authority**			

Order Information (cont'd) - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBR-28.9.1	Namespace ID	S-EX-A	NPI	
OBR-28.9.2	Universal ID	S-EX-A	2.16.840.1.113883.4.6	
OBR-28.9.3	Universal ID Type	S-EX-A	ISO	
OBR-28.10	Name Type Code	S-TR-R	L	
OBR-28.13	Identifier Type Code	S-RC	NPI	
Note 1 -Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.				

Result Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-3	**Observation Identifier (Note 1)**			
OBX-3.1	Identifier	S-TR-R	30341-2	
OBX-3.2	Text	S-EX-A	Erythrocyte sedimentation rate	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R	815117	
OBX-3.5	Alternate Text	S-EX-A	ESR	
OBX-3.6	Name of Alternate Coding System	S-RC	99USL	
OBX-3.9	Original Text	S-EX	Erythrocyte sedimentation rate	
OBX-5	Observation Value	S-EQ	10	
OBX-6	**Units (Note 2)**			
OBX-6.1	Identifier	S-TR-R	mm/h	
OBX-6.2	Text	S-TR-R	millimeter per hour	
OBX-6.3	Name of the Coding System	S-RC	UCUM	
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	**Reference Range**	S-EX	0 to 17	
OBX-8	**Abnormal Flags**	S-TR-R	N	
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	09/25/2015 14:00:	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ	09/26/2015 13:05:50	
Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.				
Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.				

Specimen Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
SPM-4	**Specimen Type (Note 1)**			
SPM-4.1	Identifier	S-TR-R	119297000	
SPM-4.2	Text	S-EX-A	BLD	
SPM-4.3	Name of the Coding System	S-RC	SCT	
SPM-4.4	Alternate Identifier	S-TR-R	BldSpc	
SPM-4.5	Alternate Text	S-EX-A	Blood	
SPM-4.6	Name of Alternate Coding System	S-RC	99USL	
SPM-4.9	Original Text	S-EX	Blood Specimen	
SPM-24	**Specimen Condition (Note 1)**			
SPM-24.1	Identifier	S-TR-R	COOL	
SPM-24.2	Text	S-EX-A	Cool	
SPM-24.3	Name of the Coding System	S-RC	HL70493	
SPM-24.4	Alternate Identifier	S-TR-R	CL	
SPM-24.5	Alternate Text	S-EX-A	Cool	
SPM-24.6	Name of Alternate Coding System	S-RC	99USL	
SPM-24.9	Original Text	S-EX	Cool	
Note 1 - The HIT must store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.				

Timing/Quantity Information- Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
TQ1-7	**Start Date/Time**			
TQ1-7.1	Time	S-EQ	09/25/2015 14:00:	
TQ1-8	**End Date/Time**			
TQ1-8.1	Time	S-EQ	09/26/2015 14:00:	
TQ1-9	**Priority**			
TQ1-9.1	Identifier	S-TR-R	R	
TQ1-9.2	Text	S-EX-A	Routine	
TQ1-9.3	Name of Coding System	S-RC	HL70485	
TQ1-9.9	Original Text	S-EX	Routine	

Instructions to Testers for Verification of Store Requirements

Note: The HIT Module being tested is always allowed to incorporate/store the exact data received in the LRI message even if a given Store Requirement does not explicitly state that the HIT Module is permitted to do so.

Store Requirement	Definition	Instructions for Verification of Requirement During Conformance Testing
S-EX	Store Exact	The HIT Module being tested must be designed to incorporate/store only the exact data received in the LRI message. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record only the exact data received** in the LRI message, and that the HIT Module does not just store an equivalent of that exact data or just a pointer to the exact data.
S-EX-A	Store exact by association	The HIT Module being tested must be designed (1) to incorporate/store the exact data received in the LRI message OR (2) to use a pointer to a location (e.g., file/table in or accessible to the HIT Module) where the exact data can be obtained. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record the exact data received** in the LRI message OR that the HIT Module incorporates/stores **in the patient's laboratory result record a pointer to the exact data received** in the LRI message. Example: Placer Number; the HIT-originated Placer Number received in the LRI message may be incorporated/stored using a pointer rather than being stored redundantly in the patient's lab result record.
S-EQ	Store equivalent	The HIT Module being tested must be designed to transform the exact data received in the LRI message to an equivalent format and then incorporate/store the equivalent format. • Tester must verify that the HIT Module being tested transforms the exact data received in the LRI message to an equivalent format and incorporates/stores **the equivalent format in the patient's laboratory result record.**
S-TR-R	Translate and store translation (exact value can be re-created from translation any time)	The HIT Module being tested must be designed to transform the exact data received in the LRI message to an equivalent value and then incorporate/store the equivalent value. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record the equivalent value.** • Tester must also verify that the HIT Module is able to re-create from this equivalent value the exact data received in the LRI message.
S-RC	Process and re-create	The HIT Module being tested must be designed to process and incorporate/store in an "abstract-able manner" (e.g., using the HIT Module's data model) the exact data received in the LRI message and to re-create the exact data (e.g., from the HIT Module's data model). • Tester must verify that the HIT Module being tested processes and abstractly incorporates/stores **in the patient's laboratory result record the exact data received** in the LRI message. • Tester also must verify that the HIT Module is able to re-create the exact data received in the LRI message by abstracting the data (e.g., from the HIT Module's data model). Example: Identifier Type Code; the HIT Module uses a separate file/table to store Social Security Numbers versus internal Medical Record Numbers, and does not need to retain the Identifier Type Code