

## ELECTRONIC DIRECTORY OF SERVICE(eDOS)

| Electronic Directory Of Service (eDOS) |   |      |      |                          |                          |
|--|---|------|------|--------------------------|--------------------------|
| Test Case ID                           | 5-Update_combo  |      |      |                          |                          |
| Juror ID                               |   |      |      |                          |                          |
| Juror Name                             |   |      |      |                          |                          |
| HIT System Tested                      |   |      |      |                          |                          |
| Inspection Date/Time                   |   |      |      |                          |                          |
| Inspection Settlement (Pass/Fail)      | <table><tr><td>Pass</td><td>Fail</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table> | Pass | Fail | <input type="checkbox"/> | <input type="checkbox"/> |
| Pass                                   | Fail  |      |      |                          |                          |
| <input type="checkbox"/>               | <input type="checkbox"/>  |      |      |                          |                          |
| Reason Failed                          |   |      |      |                          |                          |
| Juror Comments                         |   |      |      |                          |                          |

## INSTRUCTIONS

No Specific Instructions

## DISPLAY VERIFICATION : CPOE View

| Orderable Atomic Tests and /or Panels |   | Tester Comment |
|---------------------------------------|---|----------------|
| Laboratory Name                       | Name of the Test/Panel*                                     |                |
| Century Hospital Clinical Laboratory  | Low density lipoprotein cholesterol, serum (LDL) - measured |                |
| Century Hospital Clinical Laboratory  | Glucose, urine  |                |
| Century Hospital Clinical Laboratory  | CMP   |                |
| Century Hospital Clinical Laboratory  | Lipid Panel   |                |
| * equivalent name accepted            |   |                |

| Deactivated Atomic Tests and /or Panels |   | Tester Comment |
|---|---|----------------|
| Laboratory Name                         | Name of the Test/Panel*                         |                |
| Century Hospital Clinical Laboratory    | SLE IgG Titer Serum                             |                |
| Century Hospital Clinical Laboratory    | Arbovirus IgG and IgM Panel (DNG, WNV) in Serum |                |
| * equivalent name accepted              |   |                |

| Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured |   | Tester Comment |
|---|---|----------------|
| Patient Preparation   | Collection Instructions: 1. Fasting overnight (12 hours).<br>2. Patient must not consume any alcohol for 24 hours before the specimen is drawn. |                |

| Atomic Test : Glucose, urine |  | Tester Comment |
|------------------------------|--|----------------|
| Patient Preparation          | Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection. |                |

| 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 (ALT)   |  |                |
| Aspartate aminotransferase (ASP) |  |                |
| Sodium, serum                    |  |                |
| Potassium, serum                 |  |                |
| Chloride, serum                  |  |                |
| Carbon dioxide, serum            |  |                |
| Anion gap                        |  |                |
| Gamma-Glutamyltransferase (GGT)  |  |                |

| Panel : Lipid Panel                               |  | Tester Comment |
|---|--|----------------|
| Panel Components                                  |  |                |
| Cholesterol (total), serum                        |  |                |
| High density lipoprotein cholesterol, serum (HDL) |  |                |
| Low density lipoprotein cholesterol, serum (LDL)  |  |                |
| Triglycerides, serum                              |  |                |

| Panel Component: Triglycerides, serum |   | Tester Comment |
|---------------------------------------|---|----------------|
| Patient Preparation                   | Collection Instructions: 1. Fasting overnight (12 hours).<br>2. Patient must not consume any alcohol for 24 hours before the specimen is drawn. |                |

| Panel Component: High density lipoprotein cholesterol, serum (HDL) |   | Tester Comment |
|--|---|----------------|
| Patient Preparation  | Collection Instructions: 1. Fasting overnight (12 hours).<br>2. Patient must not consume any alcohol for 24 hours before the specimen is drawn. |                |

| <i>Panel Component: Cholesterol (total), serum</i> |   | <i>Tester Comment</i> |
|--|---|-----------------------|
| <b>Patient Preparation</b>                         | Collection Instructions: 1. Fasting overnight (12 hours).<br>2. Patient must not consume any alcohol for 24 hours before the specimen is drawn. |                       |

| <i>Panel Component: Low density lipoprotein cholesterol, serum (LDL)</i> |   | <i>Tester Comment</i> |
|--|---|-----------------------|
| <b>Patient Preparation</b>   | Collection Instructions: 1. Fasting overnight (12 hours).<br>2. Patient must not consume any alcohol for 24 hours before the specimen is drawn. |                       |

## DISPLAY VERIFICATION : Specimen Collection / AOE View

| Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured |   | Tester Comment |
|---|---|----------------|
| <b>Preferred Specimen Information</b>                                     |   |                |
| <b>Specimen</b>   | Serum specimen  |                |
| <b>Specimen Handling Code</b>   | Ambient temperature   |                |
| <b>Minimum Collection Volume</b>  | 0.25 milliliter   |                |
| <b>Container(s)</b>   |   |                |
| Serum Gel Tube (SGT)  |   |                |
| <b>Preferred Specimen Information</b>                                     |   |                |
| <b>Specimen</b>   | Serum specimen  |                |
| <b>Specimen Handling Code</b>   | Ambient temperature   |                |
| <b>Minimum Collection Volume</b>  | 0.25 milliliter   |                |
| <b>Container(s)</b>   |   |                |
| Red, No Additive tube   |   |                |
| <b>Ask at Order Entries(AOE)</b>  |   |                |
| <b>Clinical Information Request</b>                                       | Fasting Status  |                |
| <b>Collection Event/Process Step</b>                                      | Collecting the specimen   |                |
| <b>Communication Location</b>   | Relevant Clinical Information   |                |
| <b>Answer Required</b>  | Y   |                |
| <b>Hint/Help Text</b>   | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"   |                |
| <b>Answer Choices</b>   | Patient was fasting prior to the procedure  |                |
|   | The patient indicated they did not fast prior to the procedure  |                |
|   | Unknown   |                |
| <b>Ask at Order Entries(AOE)</b>  |   |                |
| <b>Clinical Information Request</b>                                       | If DOB not available, what is patient age?  |                |
| <b>Collection Event/Process Step</b>                                      | Collecting the specimen   |                |
| <b>Communication Location</b>   | OBX segment following an OBR segment  |                |
| <b>Answer Required</b>  | Y   |                |
| <b>Hint/Help Text</b>   | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |

| Atomic Test : Glucose, urine           |                          | Tester Comment |
|--|--------------------------|----------------|
| <b>Preferred Specimen Information</b>  |                          |                |
| <b>Specimen</b>                        | Urine specimen           |                |
| <b>Specimen Handling Code</b>          | Refrigerated temperature |                |
| <b>Minimum Collection Volume</b>       | 4 milliliter             |                |
| <b>Container(s)</b>                    |                          |                |
| Sterile, plastic, leak proof container |                          |                |

| Panel : CMP                           |                          | Tester Comment |
|---------------------------------------|--------------------------|----------------|
| <b>Preferred Specimen Information</b> |                          |                |
| Specimen                              | Serum specimen           |                |
| Specimen Handling Code                | Refrigerated temperature |                |
| Minimum Collection Volume             | 0.5 milliliter           |                |
| <b>Container(s)</b>                   |                          |                |
| Gold Serum Separator tube             |                          |                |
| Red, No Additive tube                 |                          |                |

| Panel : Lipid Panel                   |                     | Tester Comment |
|---------------------------------------|---------------------|----------------|
| <b>Preferred Specimen Information</b> |                     |                |
| Specimen                              | Serum specimen      |                |
| Specimen Handling Code                | Ambient temperature |                |
| Minimum Collection Volume             | 0.25 milliliter     |                |
| <b>Container(s)</b>                   |                     |                |
| Serum Gel Tube (SGT)                  |                     |                |
| <b>Preferred Specimen Information</b> |                     |                |
| Specimen                              | Serum specimen      |                |
| Specimen Handling Code                | Ambient temperature |                |
| Minimum Collection Volume             | 0.25 milliliter     |                |
| <b>Container(s)</b>                   |                     |                |
| Red, No Additive tube                 |                     |                |

## DISPLAY VERIFICATION : Directory Admin View

| Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured |   |             | Tester Comment |
|---|---|-------------|----------------|
| <b>Global Information</b>   |   |             |                |
| Identifier assigned by lab  | Text  | Code System |                |
| 410   | Low density lipoprotein cholesterol, serum (LDL) - measured         | 99USL       |                |
| Alternate Identifier  | Text  | Code System |                |
| 18262-6   | Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay | LN          |                |
| <b>Ask at Order Entries(AOE)</b>  |   |             |                |
| Clinical Information Request  | Fasting Status  |             |                |
| <b>Ask at Order Entries(AOE)</b>  |   |             |                |
| Clinical Information Request  | If DOB not available, what is patient age?                          |             |                |
| Character Limit   | 6   |             |                |
| Number of Decimals  | 2   |             |                |
| <b>Charge Code Information</b>  |   |             |                |
| CPT4-code   | 87721   |             |                |

| Atomic Test : Glucose, urine |                             |             | Tester Comment |
|------------------------------|-----------------------------|-------------|----------------|
| <b>Global Information</b>    |                             |             |                |
| Identifier assigned by lab   | Text                        | Code System |                |
| 326                          | Glucose, urine              | 99USL       |                |
| Alternate Identifier         | Text                        | Code System |                |
| 2349-9                       | Glucose [Presence] in Urine | LN          |                |

| Panel : CMP                |  |             | Tester Comment |
|----------------------------|--|-------------|----------------|
| <b>Global Information</b>  |  |             |                |
| 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          |                |

| Panel : Lipid Panel            |                                     |             | Tester Comment |
|--------------------------------|-------------------------------------|-------------|----------------|
| <b>Global Information</b>      |                                     |             |                |
| Identifier assigned by lab     | Text                                | Code System |                |
| 400                            | Lipid Panel                         | 99USL       |                |
| Alternate Identifier           | Text                                | Code System |                |
| 24331-1                        | Lipid 1996 panel in Serum or Plasma | LN          |                |
|                                |                                     |             |                |
| <b>Charge Code Information</b> |                                     |             |                |
| CPT4-code                      | 80061                               |             |                |

| Panel Component :Triglycerides, serum |   |             | Tester Comment |
|---------------------------------------|---|-------------|----------------|
| <b>Global Information</b>             |   |             |                |
| Identifier assigned by lab            | Text  | Code System |                |
| 408                                   | Triglycerides, serum                          | 99USL       |                |
| Alternate Identifier                  | Text  | Code System |                |
| 2571-8                                | Triglyceride [Mass/volume] in Serum or Plasma | LN          |                |
|                                       |   |             |                |
| <b>Ask at Order Entries(AOE)</b>      |   |             |                |
| Clinical Information Request          | Fasting Status                                |             |                |
| <b>Ask at Order Entries(AOE)</b>      |   |             |                |
| Clinical Information Request          | If DOB not available, what is patient age?    |             |                |
| Character Limit                       | 6   |             |                |
| Number of Decimals                    | 2   |             |                |

| Panel Component :High density lipoprotein cholesterol, serum (HDL) |   |                    | Tester Comment |
|--|---|--------------------|----------------|
| <b>Global Information</b>  |   |                    |                |
| <b>Identifier assigned by lab</b>                                  | <b>Text</b>   | <b>Code System</b> |                |
| 404  | High density lipoprotein cholesterol, serum (HDL)   | 99USL              |                |
| <b>Alternate Identifier</b>  | <b>Text</b>   | <b>Code System</b> |                |
| 2085-9   | Cholesterol in HDL [Mass/volume] in Serum or Plasma | LN                 |                |
| <b>Ask at Order Entries(AOE)</b>                                   |   |                    |                |
| <b>Clinical Information Request</b>                                | Fasting Status                                      |                    |                |
| <b>Ask at Order Entries(AOE)</b>                                   |   |                    |                |
| <b>Clinical Information Request</b>                                | If DOB not available, what is patient age?          |                    |                |
| <b>Character Limit</b>   | 6   |                    |                |
| <b>Number of Decimals</b>  | 2   |                    |                |

| Panel Component :Cholesterol (total), serum |  |                    | Tester Comment |
|---|--|--------------------|----------------|
| <b>Global Information</b>                   |  |                    |                |
| <b>Identifier assigned by lab</b>           | <b>Text</b>                                  | <b>Code System</b> |                |
| 402   | Cholesterol (total), serum                   | 99USL              |                |
| <b>Alternate Identifier</b>                 | <b>Text</b>                                  | <b>Code System</b> |                |
| 2093-3                                      | Cholesterol [Mass/volume] in Serum or Plasma | LN                 |                |
| <b>Ask at Order Entries(AOE)</b>            |  |                    |                |
| <b>Clinical Information Request</b>         | Fasting Status                               |                    |                |
| <b>Ask at Order Entries(AOE)</b>            |  |                    |                |
| <b>Clinical Information Request</b>         | If DOB not available, what is patient age?   |                    |                |
| <b>Character Limit</b>                      | 6  |                    |                |
| <b>Number of Decimals</b>                   | 2  |                    |                |

| Panel Component :Low density lipoprotein cholesterol, serum (LDL) |  |                    | Tester Comment |
|---|--|--------------------|----------------|
| <b>Global Information</b>   |  |                    |                |
| <b>Identifier assigned by lab</b>                                 | <b>Text</b>  | <b>Code System</b> |                |
| 406   | Low density lipoprotein cholesterol, serum (LDL)                   | 99USL              |                |
| <b>Alternate Identifier</b>                                       | <b>Text</b>  | <b>Code System</b> |                |
| 13457-7   | Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation | LN                 |                |
| <b>Ask at Order Entries(AOE)</b>                                  |  |                    |                |
| <b>Clinical Information Request</b>                               | Fasting Status   |                    |                |
| <b>Ask at Order Entries(AOE)</b>                                  |  |                    |                |
| <b>Clinical Information Request</b>                               | If DOB not available, what is patient age?                         |                    |                |
| <b>Character Limit</b>  | 6  |                    |                |
| <b>Number of Decimals</b>   | 2  |                    |                |

## INCORPORATE VERIFICATION

### Incorporate Verification for SLE IgG Titer Serum

| Data Element Name                  | Data                | Tester Comment |
|------------------------------------|---------------------|----------------|
| <b>Test Name</b>                   | SLE IgG Titer Serum |                |
| <b>Test Identifier</b>             | 1305                |                |
| <b>Test Identifier Code System</b> | 99USL               |                |
| <b>Status</b>                      | Deactivated         |                |

| Charge Description |                       |  |                |
|--------------------|-----------------------|--|----------------|
| Location           | Data Element Name     | Data   | Tester Comment |
| CDM.3              | Identifier            | N/A  |                |
| <b>CDM.7</b>       | <b>Procedure Code</b> |  |                |
| CDM.7.1            | Identifier            | 86653  |                |
| CDM.7.2            | Text                  | St. Louis encephalitis antibody, IgG and IgM |                |

### Incorporate Verification for Triglycerides, serum

| Data Element Name                  | Data                 | Tester Comment |
|------------------------------------|----------------------|----------------|
| <b>Test Name</b>                   | Triglycerides, serum |                |
| <b>Test Identifier</b>             | 408                  |                |
| <b>Test Identifier Code System</b> | 99USL                |                |
| <b>Status</b>                      | Active               |                |



| General Information |  |  |                |
|---------------------|--|--|----------------|
| Location            | Data Element Name  | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>  |  |                |
| OM1.2.1             | Identifier   | 408  |                |
| OM1.2.2             | Text   | Triglycerides, serum   |                |
| OM1.2.3             | Name of Coding System  | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>   |  |                |
| OM1.5.1             | Identifier   | 05D0669071   |                |
| OM1.5.2             | Text   | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b>                        |  |                |
| OM1.7.1             | Identifier   | 2571-8   |                |
| OM1.7.2             | Text   | Triglyceride [Mass/volume] in Serum or Plasma  |                |
| OM1.7.3             | Name of Coding System  | LN   |                |
| OM1.9               | Preferred Report Name for the Observation  | Triglyceride - Serum   |                |
| OM1.32              | Interpretation of Observations   | Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis. |                |
| OM1.37              | Patient Preparation  | Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.   |                |
| OM1.39              | Factors that may Affect the Observation  | Insufficient specimen, Improper labeling., gross hemolysis, warm sample  |                |
| OM1.40[1]           | Service/Test/Observation Performance Schedule  | daily  |                |
| OM1.40[2]           | Service/Test/Observation Performance Schedule  | continuously   |                |
| OM1.48              | Exclusive Test   | N  |                |
| OM1.49              | Diagnostic Service Sector ID   | LAB  |                |
| <b>OM1.56</b>       | <b>Observation Identifier associated with Producer's Service/Test/Observation ID</b> |  |                |
| OM1.56.1            | Identifier   | 2571-8   |                |
| OM1.56.2            | Text   | Triglyceride [Mass/volume] in Serum or Plasma  |                |
| OM1.56.3            | Name of Coding System  | LN   |                |
| OM1.56.4            | Alternate Identifier   | 408  |                |
| OM1.56.5            | Alternate Text   | Triglycerides, serum   |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>   |  |                |
| OM1.57.1            | Quantity   | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>   |  |                |
| OM1.57.2.2          | Text   | day  |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1902  |                |
| OMC.4.2                         | Text                                 | Fasting Status  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 49541-6   |                |
| OMC.4.5                         | Alternate Text                       | Fasting Status  |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-13  |                |
| OMC.6.2                         | Text                                 | Relevant Clinical Information   |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting" |                |
| OMC.9                           | Type of Answer                       | CWE   |                |
| <b>OMC.11[1]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[1]                     | Identifier                           | F   |                |
| OMC.11.2[1]                     | Text                                 | Patient was fasting prior to the procedure  |                |
| OMC.11.3[1]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[2]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[2]                     | Identifier                           | NF  |                |
| OMC.11.2[2]                     | Text                                 | The patient indicated they did not fast prior to the procedure                                    |                |
| OMC.11.3[2]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[3]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[3]                     | Identifier                           | U   |                |
| OMC.11.2[3]                     | Text                                 | Unknown   |                |
| OMC.11.3[3]                     | Name of Coding System                | HL70353   |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1907  |                |
| OMC.4.2                         | Text                                 | If DOB not available, what is patient age?  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 30525-0   |                |
| OMC.4.5                         | Alternate Text                       | Age   |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-OBX   |                |
| OMC.6.2                         | Text                                 | OBX segment following an OBR segment  |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |
| OMC.9                           | Type of Answer                       | NM  |                |
| OMC.12                          | Character Limit                      | 6   |                |
| OMC.13                          | Number of Decimals                   | 2   |                |

### Incorporate Verification for High density lipoprotein cholesterol, serum (HDL)

| Data Element Name                  | Data  | Tester Comment |
|------------------------------------|---|----------------|
| <b>Test Name</b>                   | High density lipoprotein cholesterol, serum (HDL) |                |
| <b>Test Identifier</b>             | 404   |                |
| <b>Test Identifier Code System</b> | 99USL   |                |
| <b>Status</b>                      | Active  |                |

| General Information |   |   |                |
|---------------------|---|---|----------------|
| Location            | Data Element Name                             | Data  | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b> |   |                |
| OM1.2.1             | Identifier                                    | 404   |                |
| OM1.2.2             | Text  | High density lipoprotein cholesterol, serum (HDL) |                |
| OM1.2.3             | Name of Coding System                         | 99USL   |                |
| <b>OM1.5</b>        | <b>Producer ID</b>                            |   |                |
| OM1.5.1             | Identifier                                    | 05D0669071  |                |
| OM1.5.2             | Text  | Century Hospital Clinical Laboratory              |                |

| General Information |  |  |                |
|---------------------|--|--|----------------|
| Location            | Data Element Name  | Data   | Tester Comment |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b>                        |  |                |
| OM1.7.1             | Identifier   | 2085-9   |                |
| OM1.7.2             | Text   | Cholesterol in HDL [Mass/volume] in Serum or Plasma  |                |
| OM1.7.3             | Name of Coding System  | LN   |                |
| OM1.9               | Preferred Report Name for the Observation  | HDL Cholesterol - Serum  |                |
| OM1.32              | Interpretation of Observations   | Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis. |                |
| OM1.37              | Patient Preparation  | Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.   |                |
| OM1.39              | Factors that may Affect the Observation  | Insufficient specimen, Improper labeling., gross hemolysis, warm sample  |                |
| OM1.40[1]           | Service/Test/Observation Performance Schedule  | daily  |                |
| OM1.40[2]           | Service/Test/Observation Performance Schedule  | continuously   |                |
| OM1.48              | Exclusive Test   | N  |                |
| OM1.49              | Diagnostic Service Sector ID   | LAB  |                |
| <b>OM1.56</b>       | <b>Observation Identifier associated with Producer's Service/Test/Observation ID</b> |  |                |
| OM1.56.1            | Identifier   | 2085-9   |                |
| OM1.56.2            | Text   | Cholesterol in HDL [Mass/volume] in Serum or Plasma  |                |
| OM1.56.3            | Name of Coding System  | LN   |                |
| OM1.56.4            | Alternate Identifier   | 404  |                |
| OM1.56.5            | Alternate Text   | High density lipoprotein cholesterol, serum (HDL)  |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>   |  |                |
| OM1.57.1            | Quantity   | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>   |  |                |
| OM1.57.2.2          | Text   | day  |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1902  |                |
| OMC.4.2                         | Text                                 | Fasting Status  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 49541-6   |                |
| OMC.4.5                         | Alternate Text                       | Fasting Status  |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-13  |                |
| OMC.6.2                         | Text                                 | Relevant Clinical Information   |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting" |                |
| OMC.9                           | Type of Answer                       | CWE   |                |
| <b>OMC.11[1]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[1]                     | Identifier                           | F   |                |
| OMC.11.2[1]                     | Text                                 | Patient was fasting prior to the procedure  |                |
| OMC.11.3[1]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[2]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[2]                     | Identifier                           | NF  |                |
| OMC.11.2[2]                     | Text                                 | The patient indicated they did not fast prior to the procedure                                    |                |
| OMC.11.3[2]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[3]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[3]                     | Identifier                           | U   |                |
| OMC.11.2[3]                     | Text                                 | Unknown   |                |
| OMC.11.3[3]                     | Name of Coding System                | HL70353   |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1907  |                |
| OMC.4.2                         | Text                                 | If DOB not available, what is patient age?  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 30525-0   |                |
| OMC.4.5                         | Alternate Text                       | Age   |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-OBX   |                |
| OMC.6.2                         | Text                                 | OBX segment following an OBR segment  |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |
| OMC.9                           | Type of Answer                       | NM  |                |
| OMC.12                          | Character Limit                      | 6   |                |
| OMC.13                          | Number of Decimals                   | 2   |                |

### Incorporate Verification for Cholesterol (total), serum

| Data Element Name                  | Data                       | Tester Comment |
|------------------------------------|----------------------------|----------------|
| <b>Test Name</b>                   | Cholesterol (total), serum |                |
| <b>Test Identifier</b>             | 402                        |                |
| <b>Test Identifier Code System</b> | 99USL                      |                |
| <b>Status</b>                      | Active                     |                |

| General Information |  |  |                |
|---------------------|--|--|----------------|
| Location            | Data Element Name  | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>  |  |                |
| OM1.2.1             | Identifier   | 402  |                |
| OM1.2.2             | Text   | Cholesterol (total), serum   |                |
| OM1.2.3             | Name of Coding System  | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>   |  |                |
| OM1.5.1             | Identifier   | 05D0669071   |                |
| OM1.5.2             | Text   | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b>                        |  |                |
| OM1.7.1             | Identifier   | 2093-3   |                |
| OM1.7.2             | Text   | Cholesterol [Mass/volume] in Serum or Plasma   |                |
| OM1.7.3             | Name of Coding System  | LN   |                |
| OM1.9               | Preferred Report Name for the Observation  | Total Cholesterol - Serum  |                |
| OM1.32              | Interpretation of Observations   | Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis. |                |
| OM1.37              | Patient Preparation  | Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.   |                |
| OM1.39              | Factors that may Affect the Observation  | Insufficient specimen, Improper labeling., gross hemolysis, warm sample  |                |
| OM1.40[1]           | Service/Test/Observation Performance Schedule  | daily  |                |
| OM1.40[2]           | Service/Test/Observation Performance Schedule  | continuously   |                |
| OM1.48              | Exclusive Test   | N  |                |
| OM1.49              | Diagnostic Service Sector ID   | LAB  |                |
| <b>OM1.56</b>       | <b>Observation Identifier associated with Producer's Service/Test/Observation ID</b> |  |                |
| OM1.56.1            | Identifier   | 2093-3   |                |
| OM1.56.2            | Text   | Cholesterol [Mass/volume] in Serum or Plasma   |                |
| OM1.56.3            | Name of Coding System  | LN   |                |
| OM1.56.4            | Alternate Identifier   | 402  |                |
| OM1.56.5            | Alternate Text   | Cholesterol (total), serum   |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>   |  |                |
| OM1.57.1            | Quantity   | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>   |  |                |
| OM1.57.2.2          | Text   | day  |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1902  |                |
| OMC.4.2                         | Text                                 | Fasting Status  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 49541-6   |                |
| OMC.4.5                         | Alternate Text                       | Fasting Status  |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-13  |                |
| OMC.6.2                         | Text                                 | Relevant Clinical Information   |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting" |                |
| OMC.9                           | Type of Answer                       | CWE   |                |
| <b>OMC.11[1]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[1]                     | Identifier                           | F   |                |
| OMC.11.2[1]                     | Text                                 | Patient was fasting prior to the procedure  |                |
| OMC.11.3[1]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[2]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[2]                     | Identifier                           | NF  |                |
| OMC.11.2[2]                     | Text                                 | The patient indicated they did not fast prior to the procedure                                    |                |
| OMC.11.3[2]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[3]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[3]                     | Identifier                           | U   |                |
| OMC.11.2[3]                     | Text                                 | Unknown   |                |
| OMC.11.3[3]                     | Name of Coding System                | HL70353   |                |



| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1907  |                |
| OMC.4.2                         | Text                                 | If DOB not available, what is patient age?  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 30525-0   |                |
| OMC.4.5                         | Alternate Text                       | Age   |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-OBX   |                |
| OMC.6.2                         | Text                                 | OBX segment following an OBR segment  |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |
| OMC.9                           | Type of Answer                       | NM  |                |
| OMC.12                          | Character Limit                      | 6   |                |
| OMC.13                          | Number of Decimals                   | 2   |                |

| Numeric Observation Information |   |                         |                |
|---------------------------------|---|-------------------------|----------------|
| Location                        | Data Element Name   | Data                    | Tester Comment |
| <b>OM2.2</b>                    | <b>Units of Measure</b>   |                         |                |
| OM2.2.2                         | Text  | milligram per deciliter |                |
| OM2.2.3                         | Name of Coding System   | UCUM                    |                |
| <b>OM2.6</b>                    | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1</b>                  | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1                       | Low Value   | 170                     |                |
| OM2.6.1.2                       | High Value  | 199                     |                |

### Incorporate Verification for Low density lipoprotein cholesterol, serum (LDL)

| Data Element Name                  | Data   | Tester Comment |
|------------------------------------|--|----------------|
| <b>Test Name</b>                   | Low density lipoprotein cholesterol, serum (LDL) |                |
| <b>Test Identifier</b>             | 406  |                |
| <b>Test Identifier Code System</b> | 99USL  |                |
| <b>Status</b>                      | Active   |                |

| General Information |  |  |                |
|---------------------|--|--|----------------|
| Location            | Data Element Name  | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>  |  |                |
| OM1.2.1             | Identifier   | 406  |                |
| OM1.2.2             | Text   | Low density lipoprotein cholesterol, serum (LDL)   |                |
| OM1.2.3             | Name of Coding System  | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>   |  |                |
| OM1.5.1             | Identifier   | 05D0669071   |                |
| OM1.5.2             | Text   | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b>                        |  |                |
| OM1.7.1             | Identifier   | 13457-7  |                |
| OM1.7.2             | Text   | Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation   |                |
| OM1.7.3             | Name of Coding System  | LN   |                |
| OM1.9               | Preferred Report Name for the Observation  | LDL Cholesterol - Serum (calculated)   |                |
| OM1.32              | Interpretation of Observations   | Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis. |                |
| OM1.37              | Patient Preparation  | Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.   |                |
| OM1.39              | Factors that may Affect the Observation  | Insufficient specimen, Improper labeling., gross hemolysis, warm sample  |                |
| OM1.40[1]           | Service/Test/Observation Performance Schedule  | daily  |                |
| OM1.40[2]           | Service/Test/Observation Performance Schedule  | continuously   |                |
| OM1.48              | Exclusive Test   | N  |                |
| OM1.49              | Diagnostic Service Sector ID   | LAB  |                |
| <b>OM1.56</b>       | <b>Observation Identifier associated with Producer's Service/Test/Observation ID</b> |  |                |
| OM1.56.1            | Identifier   | 13457-7  |                |
| OM1.56.2            | Text   | Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation   |                |
| OM1.56.3            | Name of Coding System  | LN   |                |
| OM1.56.4            | Alternate Identifier   | 406  |                |
| OM1.56.5            | Alternate Text   | Low density lipoprotein cholesterol, serum (LDL)   |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>   |  |                |
| OM1.57.1            | Quantity   | 1  |                |

| General Information |                   |      |                |
|---------------------|-------------------|------|----------------|
| Location            | Data Element Name | Data | Tester Comment |
| <b>OM1.57.2</b>     | <b>Units</b>      |      |                |
| OM1.57.2.2          | Text              | day  |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1902  |                |
| OMC.4.2                         | Text                                 | Fasting Status  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 49541-6   |                |
| OMC.4.5                         | Alternate Text                       | Fasting Status  |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-13  |                |
| OMC.6.2                         | Text                                 | Relevant Clinical Information   |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting" |                |
| OMC.9                           | Type of Answer                       | CWE   |                |
| <b>OMC.11[1]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[1]                     | Identifier                           | F   |                |
| OMC.11.2[1]                     | Text                                 | Patient was fasting prior to the procedure  |                |
| OMC.11.3[1]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[2]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[2]                     | Identifier                           | NF  |                |
| OMC.11.2[2]                     | Text                                 | The patient indicated they did not fast prior to the procedure                                    |                |
| OMC.11.3[2]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[3]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[3]                     | Identifier                           | U   |                |
| OMC.11.2[3]                     | Text                                 | Unknown   |                |
| OMC.11.3[3]                     | Name of Coding System                | HL70353   |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1907  |                |
| OMC.4.2                         | Text                                 | If DOB not available, what is patient age?  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 30525-0   |                |
| OMC.4.5                         | Alternate Text                       | Age   |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-OBX   |                |
| OMC.6.2                         | Text                                 | OBX segment following an OBR segment  |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |
| OMC.9                           | Type of Answer                       | NM  |                |
| OMC.12                          | Character Limit                      | 6   |                |
| OMC.13                          | Number of Decimals                   | 2   |                |

| Numeric Observation Information |   |                         |                |
|---------------------------------|---|-------------------------|----------------|
| Location                        | Data Element Name   | Data                    | Tester Comment |
| <b>OM2.2</b>                    | <b>Units of Measure</b>   |                         |                |
| OM2.2.2                         | Text  | milligram per deciliter |                |
| OM2.2.3                         | Name of Coding System   | UCUM                    |                |
| <b>OM2.6[1]</b>                 | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1[1]</b>               | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1[1]                    | Low Value   | 110                     |                |
| OM2.6.1.2[1]                    | High Value  | 129                     |                |
| <b>OM2.6[2]</b>                 | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1[2]</b>               | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1[2]                    | Low Value   | 100                     |                |
| OM2.6.1.2[2]                    | High Value  | 159                     |                |

**Incorporate Verification for Low density lipoprotein cholesterol, serum (LDL) - measured**

| Data Element Name           | Data  | Tester Comment |
|-----------------------------|---|----------------|
| Test Name                   | Low density lipoprotein cholesterol, serum (LDL) - measured |                |
| Test Identifier             | 410   |                |
| Test Identifier Code System | 99USL   |                |
| Status                      | Active  |                |

| General Information |   |  |                |
|---------------------|---|--|----------------|
| Location            | Data Element Name   | Data   | Tester Comment |
| OM1.2               | Producer's Service/Test/Observation ID  |  |                |
| OM1.2.1             | Identifier  | 410  |                |
| OM1.2.2             | Text  | Low density lipoprotein cholesterol, serum (LDL) - measured  |                |
| 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   |                |
| OM1.7               | Other Service/Test/Observation IDs for the Observation                        |  |                |
| OM1.7.1             | Identifier  | 18262-6  |                |
| OM1.7.2             | Text  | Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay  |                |
| OM1.7.3             | Name of Coding System   | LN   |                |
| OM1.9               | Preferred Report Name for the Observation                                     | LDL Cholesterol - Serum (direct)   |                |
| OM1.32              | Interpretation of Observations  | Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis. |                |
| OM1.37              | Patient Preparation   | Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.   |                |
| OM1.39              | Factors that may Affect the Observation                                       | Insufficient specimen, Improper labeling., gross hemolysis, warm sample  |                |
| OM1.40[1]           | Service/Test/Observation Performance Schedule                                 | daily  |                |
| OM1.40[2]           | Service/Test/Observation Performance Schedule                                 | continuously   |                |
| 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  | 18262-6  |                |
| OM1.56.2            | Text  | Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay  |                |
| OM1.56.3            | Name of Coding System   | LN   |                |

| General Information |                                  |   |                |
|---------------------|----------------------------------|---|----------------|
| Location            | Data Element Name                | Data  | Tester Comment |
| OM1.56.4            | Alternate Identifier             | 410   |                |
| OM1.56.5            | Alternate Text                   | Low density lipoprotein cholesterol, serum (LDL) - measured |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL   |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b> |   |                |
| OM1.57.1            | Quantity                         | 1   |                |
| <b>OM1.57.2</b>     | <b>Units</b>                     |   |                |
| OM1.57.2.2          | Text                             | day   |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1902  |                |
| OMC.4.2                         | Text                                 | Fasting Status  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 49541-6   |                |
| OMC.4.5                         | Alternate Text                       | Fasting Status  |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-13  |                |
| OMC.6.2                         | Text                                 | Relevant Clinical Information   |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting" |                |
| OMC.9                           | Type of Answer                       | CWE   |                |
| <b>OMC.11[1]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[1]                     | Identifier                           | F   |                |
| OMC.11.2[1]                     | Text                                 | Patient was fasting prior to the procedure  |                |
| OMC.11.3[1]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[2]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[2]                     | Identifier                           | NF  |                |
| OMC.11.2[2]                     | Text                                 | The patient indicated they did not fast prior to the procedure                                    |                |
| OMC.11.3[2]                     | Name of Coding System                | HL70916   |                |
| <b>OMC.11[3]</b>                | <b>Answer Choices</b>                |   |                |
| OMC.11.1[3]                     | Identifier                           | U   |                |
| OMC.11.2[3]                     | Text                                 | Unknown   |                |
| OMC.11.3[3]                     | Name of Coding System                | HL70353   |                |

| Supporting Clinical Information |                                      |   |                |
|---------------------------------|--------------------------------------|---|----------------|
| Location                        | Data Element Name                    | Data  | Tester Comment |
| <b>OMC.4</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.4.1                         | Identifier                           | 1907  |                |
| OMC.4.2                         | Text                                 | If DOB not available, what is patient age?  |                |
| OMC.4.3                         | Name of Coding System                | 99USL   |                |
| OMC.4.4                         | Alternate Identifier                 | 30525-0   |                |
| OMC.4.5                         | Alternate Text                       | Age   |                |
| OMC.4.6                         | Name of Alternate Coding System      | LN  |                |
| <b>OMC.5</b>                    | <b>Collection Event/Process Step</b> |   |                |
| OMC.5.1                         | Identifier                           | DRW   |                |
| OMC.5.2                         | Text                                 | Collecting the specimen   |                |
| OMC.5.3                         | Name of Coding System                | HL70938   |                |
| <b>OMC.6</b>                    | <b>Clinical Information Request</b>  |   |                |
| OMC.6.1                         | Identifier                           | OBR-OBX   |                |
| OMC.6.2                         | Text                                 | OBX segment following an OBR segment  |                |
| OMC.6.3                         | Name of Coding System                | HL70939   |                |
| OMC.7                           | Answer Required                      | Y   |                |
| OMC.8                           | Hint/Help Text                       | Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests) |                |
| OMC.9                           | Type of Answer                       | NM  |                |
| OMC.12                          | Character Limit                      | 6   |                |
| OMC.13                          | Number of Decimals                   | 2   |                |

| Numeric Observation Information |   |                         |                |
|---------------------------------|---|-------------------------|----------------|
| Location                        | Data Element Name   | Data                    | Tester Comment |
| <b>OM2.2</b>                    | <b>Units of Measure</b>   |                         |                |
| OM2.2.2                         | Text  | milligram per deciliter |                |
| OM2.2.3                         | Name of Coding System   | UCUM                    |                |
| <b>OM2.6[1]</b>                 | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1[1]</b>               | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1[1]                    | Low Value   | 110                     |                |
| OM2.6.1.2[1]                    | High Value  | 129                     |                |
| <b>OM2.6[2]</b>                 | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1[2]</b>               | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1[2]                    | Low Value   | 100                     |                |
| OM2.6.1.2[2]                    | High Value  | 159                     |                |

| Specimen Information |                                 |                                    |                |
|----------------------|---------------------------------|------------------------------------|----------------|
| Location             | Data Element Name               | Data                               | Tester Comment |
| OM4.3                | Container Description           | Serum Gel Tube (SGT)               |                |
| OM4.4                | Container Volume                | 8.5                                |                |
| <b>OM4.5</b>         | <b>Container Units</b>          |                                    |                |
| OM4.5.2              | Text                            | milliliter                         |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |                                    |                |
| OM4.6.1              | Identifier                      | 119364003                          |                |
| OM4.6.2              | Text                            | Serum specimen                     |                |
| OM4.6.3              | Name of Coding System           | SCT                                |                |
| <b>OM4.7</b>         | <b>Additive</b>                 |                                    |                |
| OM4.7.2              | Text                            | Serum Separator Tube (Polymer Gel) |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |                                    |                |
| OM4.10.1             | Quantity                        | 0.5                                |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |                                    |                |
| OM4.10.2.2           | Text                            | milliliter                         |                |

| Specimen Information |                                 |                       |                |
|----------------------|---------------------------------|-----------------------|----------------|
| Location             | Data Element Name               | Data                  | Tester Comment |
| OM4.3                | Container Description           | Red, No Additive tube |                |
| OM4.4                | Container Volume                | 10                    |                |
| <b>OM4.5</b>         | <b>Container Units</b>          |                       |                |
| OM4.5.2              | Text                            | milliliter            |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |                       |                |
| OM4.6.1              | Identifier                      | 119364003             |                |
| OM4.6.2              | Text                            | Serum specimen        |                |
| OM4.6.3              | Name of Coding System           | SCT                   |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |                       |                |
| OM4.10.1             | Quantity                        | 0.5                   |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |                       |                |
| OM4.10.2.2           | Text                            | milliliter            |                |

| Charge Description |                       |  |                |
|--------------------|-----------------------|--|----------------|
| Location           | Data Element Name     | Data   | Tester Comment |
| CDM.3              | Identifier            | N/A  |                |
| <b>CDM.7</b>       | <b>Procedure Code</b> |  |                |
| CDM.7.1            | Identifier            | 87721  |                |
| CDM.7.2            | Text                  | lipoprotein, direct measurement; low density cholesterol (ldl cholesterol) |                |



| Payer Information |                             |                             |                |
|-------------------|-----------------------------|-----------------------------|----------------|
| Location          | Data Element Name           | Data                        | Tester Comment |
| <b>PM1.1</b>      | <b>Health Plan ID</b>       |                             |                |
| PM1.1.2           | Text                        | Healthplan2                 |                |
| <b>PM1.2</b>      | <b>Insurance Company ID</b> |                             |                |
| PM1.2.1           | ID Number                   | SMCA2                       |                |
| <b>PM1.2.4</b>    | <b>Assiging Authority</b>   |                             |                |
| PM1.2.4.2         | Universal ID                | 2.16.840.1.113883.3.72.5.22 |                |
| PM1.2.4.3         | Universal ID Type           | ISO                         |                |

## Incorporate Verification for Glucose, urine

| Data Element Name                  | Data           | Tester Comment |
|------------------------------------|----------------|----------------|
| <b>Test Name</b>                   | Glucose, urine |                |
| <b>Test Identifier</b>             | 326            |                |
| <b>Test Identifier Code System</b> | 99USL          |                |
| <b>Status</b>                      | Active         |                |

| General Information |  |  |                |
|---------------------|--|--|----------------|
| Location            | Data Element Name  | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>  |  |                |
| OM1.2.1             | Identifier   | 326  |                |
| OM1.2.2             | Text   | Glucose, urine   |                |
| OM1.2.3             | Name of Coding System  | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>   |  |                |
| OM1.5.1             | Identifier   | 05D0669071   |                |
| OM1.5.2             | Text   | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b>                        |  |                |
| OM1.7.1             | Identifier   | 2349-9   |                |
| OM1.7.2             | Text   | Glucose [Presence] in Urine  |                |
| OM1.7.3             | Name of Coding System  | LN   |                |
| OM1.11              | Preferred Long Name for the Observation  | Glucose, Semi quantitative, Urine  |                |
| OM1.32              | Interpretation of Observations   | An elevated urine glucose concentration indicates the presence of hyperglycemia or disorders of proximal renal tubules.  |                |
| OM1.37              | Patient Preparation  | Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection. |                |
| OM1.39              | Factors that may Affect the Observation  | Insufficient specimen, Improper labeling., presence of preservatives, warm sample.   |                |
| OM1.40              | Service/Test/Observation Performance Schedule  | Daily  |                |
| OM1.48              | Exclusive Test   | N  |                |
| OM1.49              | Diagnostic Service Sector ID   | LAB  |                |
| <b>OM1.56</b>       | <b>Observation Identifier associated with Producer's Service/Test/Observation ID</b> |  |                |
| OM1.56.1            | Identifier   | 2349-9   |                |
| OM1.56.2            | Text   | Glucose [Presence] in Urine  |                |
| OM1.56.3            | Name of Coding System  | LN   |                |
| OM1.56.4            | Alternate Identifier   | 326  |                |
| OM1.56.5            | Alternate Text   | Glucose, urine   |                |
| OM1.56.6            | Name of Alternate Coding System  | 99USL  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>   |  |                |
| OM1.57.1            | Quantity   | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>   |  |                |
| OM1.57.2.1          | Identifier   | d  |                |
| OM1.57.2.2          | Text   | day  |                |

| Numeric Observation Information |   |                         |                |
|---------------------------------|---|-------------------------|----------------|
| Location                        | Data Element Name   | Data                    | Tester Comment |
| <b>OM2.2</b>                    | <b>Units of Measure</b>   |                         |                |
| OM2.2.2                         | Text  | milligram per deciliter |                |
| OM2.2.3                         | Name of Coding System   | UCUM                    |                |
| <b>OM2.6</b>                    | <b>Reference (Normal) Range for Ordinal and Continuous Observations</b> |                         |                |
| <b>OM2.6.1</b>                  | <b>Numeric Range</b>  |                         |                |
| OM2.6.1.1                       | Low Value   | 0                       |                |
| OM2.6.1.2                       | High Value  | 15                      |                |

| Specimen Information |                                 |  |                |
|----------------------|---------------------------------|--|----------------|
| Location             | Data Element Name               | Data                                   | Tester Comment |
| OM4.3                | Container Description           | Sterile, plastic, leak proof container |                |
| OM4.4                | Container Volume                | 4                                      |                |
| <b>OM4.5</b>         | <b>Container Units</b>          |  |                |
| OM4.5.2              | Text                            | fluid ounce (US)                       |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |  |                |
| OM4.6.1              | Identifier                      | 122575003                              |                |
| OM4.6.2              | Text                            | Urine specimen                         |                |
| OM4.6.3              | Name of Coding System           | SCT                                    |                |
| OM4.6.4              | Alternate Identifier            | UR                                     |                |
| OM4.6.5              | Alternate Text                  | Random urine                           |                |
| OM4.6.6              | Name of Alternate Coding System | 99USL                                  |                |
| OM4.6.9              | Original Text                   | Random urine                           |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |  |                |
| OM4.10.1             | Quantity                        | 20                                     |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |  |                |
| OM4.10.2.2           | Text                            | milliliter                             |                |

### Incorporate Verification for Arbovirus IgG and IgM Panel (DNG, WNV) in Serum

| Data Element Name                  | Data  | Tester Comment |
|------------------------------------|---|----------------|
| <b>Test Name</b>                   | Arbovirus IgG and IgM Panel (DNG, WNV) in Serum |                |
| <b>Test Identifier</b>             | 1300  |                |
| <b>Test Identifier Code System</b> | 99USL   |                |
| <b>Status</b>                      | Deactivated                                     |                |

| Charge Description |                       |                                   |                |
|--------------------|-----------------------|-----------------------------------|----------------|
| Location           | Data Element Name     | Data                              | Tester Comment |
| CDM.3              | Identifier            | N/A                               |                |
| <b>CDM7[1]</b>     | <b>Procedure Code</b> |                                   |                |
| CDM.7.1[1]         | Identifier            | 86788                             |                |
| CDM.7.2[1]         | Text                  | West Nile virus antibody, IgM     |                |
| <b>CDM7[2]</b>     | <b>Procedure Code</b> |                                   |                |
| CDM.7.1[2]         | Identifier            | 86789                             |                |
| CDM.7.2[2]         | Text                  | West Nile virus antibody, IgG     |                |
| <b>CDM7[3]</b>     | <b>Procedure Code</b> |                                   |                |
| CDM.7.1[3]         | Identifier            | 86790                             |                |
| CDM.7.2[3]         | Text                  | DengueFever antibody, IgG and IgM |                |
| <b>CDM7[4]</b>     | <b>Procedure Code</b> |                                   |                |
| CDM.7.1[4]         | Identifier            | 86790                             |                |
| CDM.7.2[4]         | Text                  | DengueFever antibody, IgG and IgM |                |

### Incorporate Verification for CMP

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

| General Information |   |  |                |
|---------------------|---|--|----------------|
| Location            | Data Element Name   | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>                 |  |                |
| OM1.2.1             | Identifier  | 100  |                |
| OM1.2.2             | Text  | CMP  |                |
| OM1.2.3             | Name of Coding System   | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>  |  |                |
| OM1.5.1             | Identifier  | 05D0669071   |                |
| OM1.5.2             | Text  | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b> |  |                |
| 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  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>                              |  |                |
| OM1.57.1            | Quantity  | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>  |  |                |
| OM1.57.2.1          | Identifier  | d  |                |
| OM1.57.2.2          | Text  | day  |                |

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

| Observation Batteries(sets) |  |                        |                |
|-----------------------------|--|------------------------|----------------|
| 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                  |                |
| <b>OM5.2[4]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[4]                  | Identifier   | 108                    |                |
| OM5.2.2[4]                  | Text   | BUN/Creatinine Ratio   |                |
| OM5.2.3[4]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[5]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[5]                  | Identifier   | 110                    |                |
| OM5.2.2[5]                  | Text   | GFR, calculated        |                |
| OM5.2.3[5]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[6]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[6]                  | Identifier   | 112                    |                |
| OM5.2.2[6]                  | Text   | Calcium                |                |
| OM5.2.3[6]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[7]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[7]                  | Identifier   | 114                    |                |
| OM5.2.2[7]                  | Text   | Total protein, serum   |                |
| OM5.2.3[7]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[8]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[8]                  | Identifier   | 116                    |                |
| OM5.2.2[8]                  | Text   | Albumin                |                |
| OM5.2.3[8]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[9]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[9]                  | Identifier   | 118                    |                |
| OM5.2.2[9]                  | Text   | Globulin               |                |
| OM5.2.3[9]                  | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[10]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[10]                 | Identifier   | 120                    |                |
| OM5.2.2[10]                 | Text   | Albumin/globulin ratio |                |
| OM5.2.3[10]                 | Name of Coding System  | 99USL                  |                |
| <b>OM5.2[11]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                        |                |
| OM5.2.1[11]                 | Identifier   | 122                    |                |
| OM5.2.2[11]                 | Text   | Total bilirubin, serum |                |
| OM5.2.3[11]                 | Name of Coding System  | 99USL                  |                |

| Observation Batteries(sets) |  |                                  |                |
|-----------------------------|--|----------------------------------|----------------|
| Location                    | Data Element Name  | Data                             | Tester Comment |
| <b>OM5.2[12]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[12]                 | Identifier   | 124                              |                |
| OM5.2.2[12]                 | Text   | Alkaline phosphatase (ALP)       |                |
| OM5.2.3[12]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[13]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[13]                 | Identifier   | 126                              |                |
| OM5.2.2[13]                 | Text   | Alanine aminotransferase (ALT)   |                |
| OM5.2.3[13]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[14]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[14]                 | Identifier   | 128                              |                |
| OM5.2.2[14]                 | Text   | Aspartate aminotransferase (ASP) |                |
| OM5.2.3[14]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[15]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[15]                 | Identifier   | 130                              |                |
| OM5.2.2[15]                 | Text   | Sodium, serum                    |                |
| OM5.2.3[15]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[16]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[16]                 | Identifier   | 132                              |                |
| OM5.2.2[16]                 | Text   | Potassium, serum                 |                |
| OM5.2.3[16]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[17]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[17]                 | Identifier   | 134                              |                |
| OM5.2.2[17]                 | Text   | Chloride, serum                  |                |
| OM5.2.3[17]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[18]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[18]                 | Identifier   | 136                              |                |
| OM5.2.2[18]                 | Text   | Carbon dioxide, serum            |                |
| OM5.2.3[18]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[19]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[19]                 | Identifier   | 138                              |                |
| OM5.2.2[19]                 | Text   | Anion gap                        |                |
| OM5.2.3[19]                 | Name of Coding System  | 99USL                            |                |
| <b>OM5.2[20]</b>            | <b>Test/Observations Included Within an Ordered Test Battery</b> |                                  |                |
| OM5.2.1[20]                 | Identifier   | 140                              |                |
| OM5.2.2[20]                 | Text   | Gamma-Glutamyltransferase (GGT)  |                |

| Observation Batteries(sets) |                       |       |                |
|-----------------------------|-----------------------|-------|----------------|
| Location                    | Data Element Name     | Data  | Tester Comment |
| OM5.2.3[20]                 | Name of Coding System | 99USL |                |

| 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                       |                |
| <b>OM4.5[1]</b>      | <b>Container Units</b>          |                           |                |
| OM4.5.2[1]           | Text                            | milliliter                |                |
| OM4.3[2]             | Container Description           | Red, No Additive tube     |                |
| OM4.4[2]             | Container Volume                | 5.0                       |                |
| <b>OM4.5[2]</b>      | <b>Container Units</b>          |                           |                |
| OM4.5.2[2]           | Text                            | milliliter                |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |                           |                |
| OM4.6.1              | Identifier                      | 119364003                 |                |
| OM4.6.2              | Text                            | Serum specimen            |                |
| OM4.6.3              | Name of Coding System           | SCT                       |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |                           |                |
| OM4.10.1             | Quantity                        | 1                         |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |                           |                |
| OM4.10.2.2           | Text                            | milliliter                |                |

### Incorporate Verification for Lipid Panel

| Data Element Name           | Data        | Tester Comment |
|-----------------------------|-------------|----------------|
| Test Name                   | Lipid Panel |                |
| Test Identifier             | 400         |                |
| Test Identifier Code System | 99USL       |                |
| Status                      | Active      |                |



| General Information |   |  |                |
|---------------------|---|--|----------------|
| Location            | Data Element Name   | Data   | Tester Comment |
| <b>OM1.2</b>        | <b>Producer's Service/Test/Observation ID</b>                 |  |                |
| OM1.2.1             | Identifier  | 400  |                |
| OM1.2.2             | Text  | Lipid Panel  |                |
| OM1.2.3             | Name of Coding System   | 99USL  |                |
| <b>OM1.5</b>        | <b>Producer ID</b>  |  |                |
| OM1.5.1             | Identifier  | 05D0669071   |                |
| OM1.5.2             | Text  | Century Hospital Clinical Laboratory   |                |
| <b>OM1.7</b>        | <b>Other Service/Test/Observation IDs for the Observation</b> |  |                |
| OM1.7.1             | Identifier  | 24331-1  |                |
| OM1.7.2             | Text  | Lipid 1996 panel in Serum or Plasma  |                |
| OM1.7.3             | Name of Coding System   | LN   |                |
| OM1.9               | Preferred Report Name for the Observation                     | Lipid Panel  |                |
| OM1.32              | Interpretation of Observations                                | Used to assess patient risk for heart disease. This panel includes a total cholesterol, triglycerides, high density lipoprotein cholesterol (HDL) and a low density lipoprotein cholesterol (LDL). |                |
| 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  |                |
| <b>OM1.57</b>       | <b>Expected Turn-Around Time</b>                              |  |                |
| OM1.57.1            | Quantity  | 1  |                |
| <b>OM1.57.2</b>     | <b>Units</b>  |  |                |
| OM1.57.2.2          | Text  | day  |                |

| Observation Batteries(sets) |  |   |                |
|-----------------------------|--|---|----------------|
| Location                    | Data Element Name  | Data  | Tester Comment |
| <b>OM5.2[1]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |   |                |
| OM5.2.1[1]                  | Identifier   | 402   |                |
| OM5.2.2[1]                  | Text   | Cholesterol (total), serum                        |                |
| OM5.2.3[1]                  | Name of Coding System  | 99USL   |                |
| <b>OM5.2[2]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |   |                |
| OM5.2.1[2]                  | Identifier   | 404   |                |
| OM5.2.2[2]                  | Text   | High density lipoprotein cholesterol, serum (HDL) |                |
| OM5.2.3[2]                  | Name of Coding System  | 99USL   |                |
| <b>OM5.2[3]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |   |                |
| OM5.2.1[3]                  | Identifier   | 406   |                |
| OM5.2.2[3]                  | Text   | Low density lipoprotein cholesterol, serum (LDL)  |                |
| OM5.2.3[3]                  | Name of Coding System  | 99USL   |                |
| <b>OM5.2[4]</b>             | <b>Test/Observations Included Within an Ordered Test Battery</b> |   |                |
| OM5.2.1[4]                  | Identifier   | 408   |                |
| OM5.2.2[4]                  | Text   | Triglycerides, serum                              |                |
| OM5.2.3[4]                  | Name of Coding System  | 99USL   |                |

| Specimen Information |                                 |                                    |                |
|----------------------|---------------------------------|------------------------------------|----------------|
| Location             | Data Element Name               | Data                               | Tester Comment |
| OM4.3                | Container Description           | Serum Gel Tube (SGT)               |                |
| OM4.4                | Container Volume                | 8.5                                |                |
| <b>OM4.5</b>         | <b>Container Units</b>          |                                    |                |
| OM4.5.2              | Text                            | milliliter                         |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |                                    |                |
| OM4.6.1              | Identifier                      | 119364003                          |                |
| OM4.6.2              | Text                            | Serum specimen                     |                |
| OM4.6.3              | Name of Coding System           | SCT                                |                |
| <b>OM4.7</b>         | <b>Additive</b>                 |                                    |                |
| OM4.7.2              | Text                            | Serum Separator Tube (Polymer Gel) |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |                                    |                |
| OM4.10.1             | Quantity                        | 0.5                                |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |                                    |                |
| OM4.10.2.2           | Text                            | milliliter                         |                |

| Specimen Information |                                 |                       |                |
|----------------------|---------------------------------|-----------------------|----------------|
| Location             | Data Element Name               | Data                  | Tester Comment |
| OM4.3                | Container Description           | Red, No Additive tube |                |
| OM4.4                | Container Volume                | 10                    |                |
| <b>OM4.5</b>         | <b>Container Units</b>          |                       |                |
| OM4.5.2              | Text                            | milliliter            |                |
| <b>OM4.6</b>         | <b>Specimen</b>                 |                       |                |
| OM4.6.1              | Identifier                      | 119364003             |                |
| OM4.6.2              | Text                            | Serum specimen        |                |
| OM4.6.3              | Name of Coding System           | SCT                   |                |
| <b>OM4.10</b>        | <b>Normal Collection Volume</b> |                       |                |
| OM4.10.1             | Quantity                        | 0.5                   |                |
| <b>OM4.10.2</b>      | <b>Units</b>                    |                       |                |
| OM4.10.2.2           | Text                            | milliliter            |                |

| Charge Description |                       |  |                |
|--------------------|-----------------------|--|----------------|
| Location           | Data Element Name     | Data   | Tester Comment |
| CDM.3              | Identifier            | N/A  |                |
| <b>CDM.7</b>       | <b>Procedure Code</b> |  |                |
| CDM.7.1            | Identifier            | 80061  |                |
| CDM.7.2            | Text                  | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) |                |

| Payer Information |                             |                             |                |
|-------------------|-----------------------------|-----------------------------|----------------|
| Location          | Data Element Name           | Data                        | Tester Comment |
| <b>PMI.1</b>      | <b>Health Plan ID</b>       |                             |                |
| PMI.1.2           | Text                        | Healthplan2                 |                |
| <b>PMI.2</b>      | <b>Insurance Company ID</b> |                             |                |
| PMI.2.1           | ID Number                   | SMCA2                       |                |
| <b>PMI.2.4</b>    | <b>Assiging Authority</b>   |                             |                |
| PMI.2.4.2         | Universal ID                | 2.16.840.1.113883.3.72.5.22 |                |
| PMI.2.4.3         | Universal ID Type           | ISO                         |                |

| Coverage Policy |   |      |                |
|-----------------|---|------|----------------|
| Location        | Data Element Name                                 | Data | Tester Comment |
| <b>MCP.4</b>    | <b>Universal Service Price Range – High Value</b> |      |                |
| MCP.4.1         | Quantity  | 39   |                |
| MCP.4.2         | Denomination                                      | USD  |                |

**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                           |                |

| Charge Description |                   |  |                |
|--------------------|-------------------|--|----------------|
| Location           | Data Element Name | Data   | Tester Comment |
| CDM.3              | Identifier        | N/A  |                |
| CDM.7              | Procedure Code    |  |                |
| CDM.7.1            | Identifier        | G0416  |                |
| CDM.7.2            | Text              | Surgical pathology, gross and micro exam for prostate needle saturation biopsy sampling 1-20 specimens |                |