Description

Some time after initial Laboratory Test Compendium is delivered electronically from the LIS to the EHR-S, the LIS send up to four eDOS update messages to the EHR-S to add an orderable test. The EHR-S will integrate these updates into its test directory.

Comments

Updates to a single record.

PreCondition

Initial load of compendium data elements are incorporated appropriately into the EHR-S.

PostCondition

Data elements are incorporated appropriately into the EHR-S.

TestObjectives

- Demonstrate capability to support adding a single record in an existing test compendium.

Notes to Testers

Verification of this test case requires comparison to the data that was available after the intial load.

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)

Test Case ID	2-Update_add
Juror ID	
Juror Name	
HIT System Tested	
Inspection Date/Time	
Inspection Settlement (Pass/Fail)	**Pass** ☐ **Fail** ☐
Reason Failed	
Juror Comments	

INSTRUCTIONS

No Specific Instructions

DISPLAY VERIFICATION : CPOE View

Orderable Atomic Tests and /or Panels		Tester Comment
Laboratary Name	**Name of the Test/Panel***	
Century Hospital Clinical Laboratory	Stool culture	
Century Hospital Clinical Laboratory	Stool culture with Susceptibility	
Century Hospital Clinical Laboratory	Bacteria susceptibility	
* equivalent name accepted		

Panel : Stool culture with Susceptibility	Tester Comment
Panel Components	
Stool culture	
Colony Count	
Bacteria susceptibility	

Panel : Bacteria susceptibility	Tester Comment
Panel Components	
Ciprofloxacin	
Gentamicin	
Ampicillin	
Amoxicillin+Clavulanate	
Trimethoprim-sulfamethoxazole	

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Stool culture	Tester Comment
Preferred Specimen Information	
Specimen — Stool specimen	
Specimen Handling Code — Refrigerated	
Minimum Collection Volume — 5 milliliter	
Container(s)	
Enteric Pathogen Transport System - Cary Blair	
Alternate Specimen Information	
Specimen — Stool specimen	
Specimen Handling Code — Refrigerated	
Minimum Collection Volume — 5 milliliter	
Container(s)	
Enteric Pathogen Transport System - Para Pak C and S	
Enteric Pathogen Transport System - buffered glycerol saline	

Panel : Stool culture with Susceptibility	Tester Comment
Preferred Specimen Information	
Specimen — Stool specimen	
Specimen Handling Code — Refrigerated	
Minimum Collection Volume — 5 milliliter	
Container(s)	
Enteric Pathogen Transport System - Cary Blair	
Alternate Specimen Information	
Specimen — Stool specimen	
Specimen Handling Code — Refrigerated	
Minimum Collection Volume — 5 milliliter	
Container(s)	
Enteric Pathogen Transport System - Para Pak C and S	
Enteric Pathogen Transport System - buffered glycerol saline	

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Stool culture			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1101	Stool culture	99USL	
Alternate Identifier	**Text**	**Code System**	
625-4	Bacteria identified in Stool by Culture	LN	
Charge Code Information			
CPT4-code	87045		

Panel : Stool culture with Susceptibility			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1100	Stool culture with Susceptibility	99USL	
Charge Code Information			
CPT4-code	87045		
CPT4-code	87181		

Panel Component :Colony Count			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1102	Colony Count	99USL	
Alternate Identifier	**Text**	**Code System**	
564-5	COLONY COUNT	LN	

Panel : Bacteria susceptibility			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1500	Bacteria susceptibility	99USL	
Alternate Identifier	**Text**	**Code System**	
50545-3	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Ciprofloxacin			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1501	Ciprofloxacin	99USL	
Alternate Identifier	**Text**	**Code System**	
185-9	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Gentamicin			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1502	Gentamicin	99USL	
Alternate Identifier	**Text**	**Code System**	
267-5	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Ampicillin			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1503	Ampicillin	99USL	
Alternate Identifier	**Text**	**Code System**	
28-1	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Amoxicillin+Clavulanate			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1504	Amoxicillin+Clavulanate	99USL	
Alternate Identifier	**Text**	**Code System**	
20-8	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

Panel Component :Trimethoprim-sulfamethoxazole			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1505	Trimethoprim-sulfamethoxazole	99USL	
Alternate Identifier	**Text**	**Code System**	
516-5	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	LN	

INCORPORATE VERIFICATION

Incorporate Verification for Stool culture

Data Element Name	Data	Tester Comment
Test Name	Stool culture	
Test Identifier	1101	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1101	
OM1.2.2	Text	Stool culture	
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	625-4	
OM1.7.2	Text	Bacteria identified in Stool by Culture	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Stool Culture	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., delivery over 72 hours.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	625-4	
OM1.56.2	Text	Bacteria identified in Stool by Culture	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1101	
OM1.56.5	Alternate Text	Stool culture	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	85729005	
OM3.5.2[1]	Text	Shigella flexneri	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	398567006	
OM3.5.2[2]	Text	Salmonella I, group O:4	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	103429008	
OM3.5.2[3]	Text	Enterohemorrhagic Escherichia coli, serotype O157:H7	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Enteric Pathogen Transport System - Cary Blair	
OM4.4	Container Volume	15.0	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	**Additive**		
OM4.7.2	Text	Cary Blair Medium	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	10	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Enteric Pathogen Transport System - Para Pak C and S	
OM4.4[1]	Container Volume	15.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Enteric Pathogen Transport System - buffered glycerol saline	
OM4.4[2]	Container Volume	15.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	10	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	87045	
CDM.7.2	Text	Enteric Pathogens Culture, Stool-with isolation and preliminary examination	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan2	
PM1.2	**Insurance Company ID**		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PM1.2.4.3	Universal ID Type	ISO	

Incorporate Verification for Colony Count

Data Element Name	Data	Tester Comment
Test Name	Colony Count	
Test Identifier	1102	
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	1102	
OM1.2.2	Text	Colony Count	
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	564-5	
OM1.7.2	Text	COLONY COUNT	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Colony Count	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	564-5	
OM1.56.2	Text	COLONY COUNT	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1102	
OM1.56.5	Alternate Text	Colony Count	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Ciprofloxacin

Data Element Name	**Data**	**Tester Comment**
Test Name	Ciprofloxacin	
Test Identifier	1501	
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	1501	
OM1.2.2	Text	Ciprofloxacin	
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	185-9	
OM1.7.2	Text	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ciprofloxacin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	185-9	
OM1.56.2	Text	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1501	
OM1.56.5	Alternate Text	Ciprofloxacin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Gentamicin

Data Element Name	Data	Tester Comment
Test Name	Gentamicin	
Test Identifier	1502	
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	1502	
OM1.2.2	Text	Gentamicin	
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	267-5	
OM1.7.2	Text	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Gentamicin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	267-5	
OM1.56.2	Text	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1502	
OM1.56.5	Alternate Text	Gentamicin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Ampicillin

Data Element Name	Data	Tester Comment
Test Name	Ampicillin	
Test Identifier	1503	
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	1503	
OM1.2.2	Text	Ampicillin	
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	28-1	
OM1.7.2	Text	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ampicillin MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	28-1	
OM1.56.2	Text	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1503	
OM1.56.5	Alternate Text	Ampicillin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Amoxicillin+Clavulanate

Data Element Name	Data	Tester Comment
Test Name	Amoxicillin+Clavulanate	
Test Identifier	1504	
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	1504	
OM1.2.2	Text	Amoxicillin+Clavulanate	
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	20-8	
OM1.7.2	Text	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Amoxicillin+Clavulanate	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	20-8	
OM1.56.2	Text	Amoxicillin+Clavulanate [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1504	
OM1.56.5	Alternate Text	Amoxicillin+Clavulanate	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Trimethoprim-sulfamethoxazole

Data Element Name	**Data**	**Tester Comment**
Test Name	Trimethoprim-sulfamethoxazole	
Test Identifier	1505	
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	1505	
OM1.2.2	Text	Trimethoprim-sulfamethoxazole	
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	516-5	
OM1.7.2	Text	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Trimethoprim-sulfamethoxazole MIC	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	516-5	
OM1.56.2	Text	Trimethoprim+Sulfamethoxazole [Susceptibility] by Minimum inhibitory concentration (MIC)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1505	
OM1.56.5	Alternate Text	Trimethoprim-sulfamethoxazole	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Stool culture with Susceptibility

Data Element Name	Data	Tester Comment
Test Name	Stool culture with Susceptibility	
Test Identifier	1100	
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	1100	
OM1.2.2	Text	Stool culture with Susceptibility	
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	
OM1.9	Preferred Report Name for the Observation	Stool Culture with Susceptibility Reflex	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Observation Batteries(sets)

Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	1101	
OM5.2.2[1]	Text	Stool culture	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	1102	
OM5.2.2[2]	Text	Colony Count	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	1500	
OM5.2.2[3]	Text	Bacteria susceptibility	
OM5.2.3[3]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Enteric Pathogen Transport System - Cary Blair	
OM4.4	Container Volume	15.0	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	**Additive**		
OM4.7.2	Text	Cary Blair Medium	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	10	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Enteric Pathogen Transport System - Para Pak C and S	
OM4.4[1]	Container Volume	15.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Enteric Pathogen Transport System - buffered glycerol saline	
OM4.4[2]	Container Volume	15.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119339001	
OM4.6.2	Text	Stool specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	10	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	87045	
CDM.7.2[1]	Text	Enteric Pathogens Culture, Stool-with isolation and preliminary examination	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	87181	
CDM.7.2[2]	Text	Susceptibility per drug and per organism for drugs not in routine battery	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan2	
PM1.2	**Insurance Company ID**		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PM1.2.4.3	Universal ID Type	ISO	

Coverage Policy

Location	Data Element Name	Data	Tester Comment
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	99	
MCP.4.2	Denomination	USD	

Incorporate Verification for Bacteria susceptibility

Data Element Name	Data	Tester Comment
Test Name	Bacteria susceptibility	
Test Identifier	1500	
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	1500	
OM1.2.2	Text	Bacteria susceptibility	
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	50545-3	
OM1.7.2	Text	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Bacteria susceptibility	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Observation Batteries(sets)

Location	Data Element Name	Data	Tester Comment
OM5.2[1]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[1]	Identifier	1501	
OM5.2.2[1]	Text	Ciprofloxacin	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[2]	Identifier	1502	
OM5.2.2[2]	Text	Gentamicin	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[3]	Identifier	1503	
OM5.2.2[3]	Text	Ampicillin	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[4]	Identifier	1504	
OM5.2.2[4]	Text	Amoxicillin+Clavulanate	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	1505	
OM5.2.2[5]	Text	Trimethoprim-sulfamethoxazole	
OM5.2.3[5]	Name of Coding System	99USL	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan2	
PM1.2	**Insurance Company ID**		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PM1.2.4.3	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
MCP.3	**Universal Service Price Range – Low Value**		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	99	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Depending on number of antibiotica tested	