

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)					
Test Case ID	6-Update_revise_postCombo				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table><thead><tr><th>Pass</th><th>Fail</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></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	Cholesterol (total), serum	
Century Hospital Clinical Laboratory	Triglycerides, serum	
Century Hospital Clinical Laboratory	High density lipoprotein cholesterol, serum (HDL)	
Century Hospital Clinical Laboratory	Lipid Panel - direct LDL	
* equivalent name accepted		

Atomic Test : Cholesterol (total), serum		Tester Comment
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

Atomic Test : Triglycerides, serum		Tester Comment
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

Atomic Test : High density lipoprotein cholesterol, serum (HDL)		Tester Comment
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

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

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Cholesterol (total), serum		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Serum Gel Tube (SGT)		
Alternate Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Red, No Additive tube		
Ask at Order Entries(AOE)		
Clinical Information Request	Fasting Status	
Collection Event/Process Step	Collecting the specimen	
Communication Location	Relevant Clinical Information	
Answer Required	Y	
Hint/Help Text	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
Answer Choices	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
Ask at Order Entries(AOE)		
Clinical Information Request	If DOB not available, what is patient age?	
Collection Event/Process Step	Collecting the specimen	
Communication Location	OBX segment following an OBR segment	
Answer Required	Y	
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)	

Atomic Test : Triglycerides, serum		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Serum Gel Tube (SGT)		
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Red, No Additive tube		
Ask at Order Entries(AOE)		
Clinical Information Request	Fasting Status	
Collection Event/Process Step	Collecting the specimen	
Communication Location	Relevant Clinical Information	
Answer Required	Y	
Hint/Help Text	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
Answer Choices	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
Ask at Order Entries(AOE)		
Clinical Information Request	If DOB not available, what is patient age?	
Collection Event/Process Step	Collecting the specimen	
Communication Location	OBX segment following an OBR segment	
Answer Required	Y	
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)	

Atomic Test : High density lipoprotein cholesterol, serum (HDL)		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Serum Gel Tube (SGT)		
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Red, No Additive tube		
Ask at Order Entries(AOE)		
Clinical Information Request	Fasting Status	
Collection Event/Process Step	Collecting the specimen	
Communication Location	Relevant Clinical Information	
Answer Required	Y	
Hint/Help Text	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
Answer Choices	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
Ask at Order Entries(AOE)		
Clinical Information Request	If DOB not available, what is patient age?	
Collection Event/Process Step	Collecting the specimen	
Communication Location	OBX segment following an OBR segment	
Answer Required	Y	
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)	

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

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Cholesterol (total), serum			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
402	Cholesterol (total), serum	99USL	
Alternate Identifier	Text	Code System	
2093-3	Cholesterol [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		
Charge Code Information			
CPT4-code	82465		

Atomic Test : Triglycerides, serum			Tester Comment
Global Information			
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	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		
Charge Code Information			
CPT4-code	84478		

Atomic Test : High density lipoprotein cholesterol, serum (HDL)			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
404	High density lipoprotein cholesterol, serum (HDL)	99USL	
Alternate Identifier	Text	Code System	
2085-9	Cholesterol in HDL [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		
Charge Code Information			
CPT4-code	83718		

Panel : Lipid Panel - direct LDL			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
400.1	Lipid Panel - direct LDL	99USL	
Alternate Identifier	Text	Code System	
57698-3	Lipid panel with direct LDL - Serum or Plasma	LN	

INCORPORATE VERIFICATION

Incorporate Verification for Cholesterol (total), serum

Data Element Name	Data	Tester Comment
Test Name	Cholesterol (total), serum	
Test Identifier	402	
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	402	
OM1.2.2	Text	Cholesterol (total), serum	
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	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	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
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	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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	
OMC.11[1]	Answer Choices		
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	
OMC.11[2]	Answer Choices		
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	
OMC.11[3]	Answer Choices		
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
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	170	
OM2.6.1.2	High Value	199	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
OM4.10.2	Units		
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	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
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	82465	
CDM.7.2	Text	cholesterol, serum or whole blood, total	

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

Incorporate Verification for Triglycerides, serum

Data Element Name	Data	Tester Comment
Test Name	Triglycerides, serum	
Test Identifier	408	
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	408	
OM1.2.2	Text	Triglycerides, serum	
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	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	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
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	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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	
OMC.11[1]	Answer Choices		
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	
OMC.11[2]	Answer Choices		
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	
OMC.11[3]	Answer Choices		
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
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.2[1]	High Value	199	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	90	
OM2.6.1.2[2]	High Value	129	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
OM4.10.2	Units		
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	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
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	84478	
CDM.7.2	Text	triglycerides	

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

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

Data Element Name	Data	Tester Comment
Test Name	High density lipoprotein cholesterol, serum (HDL)	
Test Identifier	404	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OMI.2	Producer's Service/Test/Observation ID		
OMI.2.1	Identifier	404	
OMI.2.2	Text	High density lipoprotein cholesterol, serum (HDL)	
OMI.2.3	Name of Coding System	99USL	
OMI.5	Producer ID		
OMI.5.1	Identifier	05D0669071	
OMI.5.2	Text	Century Hospital Clinical Laboratory	
OMI.7	Other Service/Test/Observation IDs for the Observation		
OMI.7.1	Identifier	2085-9	
OMI.7.2	Text	Cholesterol in HDL [Mass/volume] in Serum or Plasma	
OMI.7.3	Name of Coding System	LN	
OMI.9	Preferred Report Name for the Observation	HDL Cholesterol - Serum	
OMI.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.	
OMI.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.	
OMI.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	

General Information			
Location	Data Element Name	Data	Tester Comment
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	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	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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	
OMC.11[1]	Answer Choices		
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	
OMC.11[2]	Answer Choices		
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	
OMC.11[3]	Answer Choices		
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
OMC.4	Clinical Information Request		
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	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
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	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
OM4.10.2	Units		
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	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
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	83718	
CDM.7.2	Text	lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)	

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	Assigning Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

Incorporate Verification for Lipid Panel - direct LDL

Data Element Name	Data	Tester Comment
Test Name	Lipid Panel - direct LDL	
Test Identifier	400.1	
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	400.1	
OM1.2.2	Text	Lipid Panel - direct LDL	
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	57698-3	
OM1.7.2	Text	Lipid panel with direct LDL - Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Lipid Panel - direct LDL	
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	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
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	412	
OM5.2.2[1]	Text	Cholesterol (total), serum	
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	414	
OM5.2.2[2]	Text	High density lipoprotein cholesterol, serum (HDL)	
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	410	
OM5.2.2[3]	Text	Low density lipoprotein cholesterol, serum (LDL) - measured	
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	418	
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	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.7	Additive		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
OM4.10.2	Units		
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	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	0.5	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
MCP.4	Universal Service Price Range – High Value		
MCP.4.1	Quantity	45	
MCP.4.2	Denomination	USD	