ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)		
Test Case ID	1-Smoke test	
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	PT + INR	
* equivalent name accepted		

Panel : PT + INR	Tester Comment
Panel Components	
Prothrombin Time, PT	
INR	

DISPLAY VERIFICATION : Directory Admin View

Panel : PT + INR			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
10	PT + INR	99USL	
Charge Code Information			
CPT4-code	85610		

Panel Component :Prothrombin Time, PT			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
11	Prothrombin Time, PT	99USL	

Panel Component :INR			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
12	INR	99USL	

INCORPORATE VERIFICATION

Incorporate Verification for Prothrombin Time, PT

Data Element Name	Data	Tester Comment
Test Name	Prothrombin Time, PT	
Test Identifier	11	
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	11	
OM1.2.2	Text	Prothrombin Time, PT	
OM1.2.3	Name of Coding System	99USL	
OM1.5	**Producer ID**		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	Prothrombin Time	

Incorporate Verification for INR

Data Element Name	Data	Tester Comment
Test Name	INR	
Test Identifier	12	
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	12	
OM1.2.2	Text	INR	
OM1.2.3	Name of Coding System	99USL	
OM1.5	**Producer ID**		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	International Normalized Ratio	

Incorporate Verification for PT + INR

Data Element Name	Data	Tester Comment
Test Name	PT + INR	
Test Identifier	10	
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	10	
OM1.2.2	Text	PT + INR	
OM1.2.3	Name of Coding System	99USL	
OM1.5	**Producer ID**		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	Prothrombin Time and International Normalized Ratio Panel	

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	11	
OM5.2.2[1]	Text	Prothrombin Time, PT	
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	12	
OM5.2.2[2]	Text	INR	
OM5.2.3[2]	Name of Coding System	99USL	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85610	
CDM.7.2	Text	Prothrombin Time	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan1	
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	