HL7 v2.5 ORU^R01^ORU_R01 Message: Incorporation of Laboratory Results								
Test Case ID	LRI_4.2_4.1-NG_FRN							
Juror ID								
Juror Name								
HIT System Tested								
Inspection Date/Time								
Inspection Settlement (Pass/Fail)	Pass	Fail						
Reason Failed								
Juror Comments								

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

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

Display Verification

Legend for Display Requirement

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

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

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

Patient Information - Display Verification							
Patient Identifier	Patient Name	DOB	Sex	Race	Tester Comment		
PATID1234	William A Jones	06/27/1961	M	White			
When a given patient has more than one P for the context (e.g., inpatient ID Number		nay display the ID Num	ber that is m	ost appropriate			

	Lab Results - Display Verification								
Test Performed:	Stool Cul	ture							
Test Report Date:	09/26/201	5 14:05	5:51						
Result Report Status	F								
							1		
Result Observation Name	Result Value	UOM	Reference Range	Abnormal Flag	Status	Date/Time of Observation	End Date/Time of Observation	Date/Time of Analysis	Tester Comment
Stool Culture	Shiga toxin producing E. coli O157:H7 isolated			A		09/23/2015 14:00:		09/25/2015 19:30:	
Susceptibility testing for E.coli is not performed, because antibiotics should not be used to treat thi infection. There is no evidence that treatment with antibiotics is helpful, and taking antibiotics may increase the risk of hemolytic-uremic syndrome (HUS). Antidiarrheal agents like Imodium may also increase that risk. Non-specific supportive therapy, including hydration, is important.									

]	Lab Result	s - Disp	lay Verificatio	on		
Test Performed:	Stool Cultu	ıre							
Test Report Date:	09/26/2015	14:05:	51						
Result Report Status	F								
Result Observation Name	Result Value	UOM	Reference Range	Abnormal Flag	Status	Date/Time of Observation	End Date/Time of Observation	Date/Time of Analysis	Tester Comment
Stool Culture	Salmonella I, group O:4 isolated			A	F	09/23/2015 14:00:		09/25/2015 19:30:	
Note	Salmonella gastrointestinal infections usually resolve in 5-7 days and most do not require treatment other than oral fluids. Persons with severe diarrhea may require rehydration with intravenous fluids. Antibiotic therapy can prolong the duration of excretion of non-typhoidal Salmonella and is recommended only for patients with severe illness (e.g., those with severe diarrhea, high fever, bloodstream infection, or who need hospitalization) or those at risk of severe disease or complications, including young infants, older adults (over 65 years old) and immunocompromised persons. Antibiotic resistance is increasing among some Salmonella bacteria; therefore, susceptibility testing can help guide appropriate therapy. Choices for antibiotic therapy for severe infections include fluoroquinolones, third-generation cephalosporins, and ampicillin (for susceptible infections).								
Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	< 0.06			S	F	09/23/2015 14:00:		09/26/2015 11:00:	
Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	0.05			S	F	09/23/2015 14:00:		09/26/2015 11:00:	
Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	0.05			S	F	09/23/2015 14:00:		09/26/2015 11:00:	

		Lab Results - Display Verification							
Test Performed:	Stool C	ulture							
Test Report Date:	09/26/20	015 14:	05:51						
Result Report Status	F								
	7								
Result Observation Name	Result Value	UOM	Reference Range	Abnormal Flag	Status	Date/Time of Observation	End Date/Time of Observation	Date/Time of Analysis	Tester Comment
Stool Culture	Shigella flexneri isolated			A		09/23/2015 14:00:		09/25/2015 19:30:	
Note	Antibiotic treatment is recommended for patients with severe disease, bloody diarrhea, or compromised immune systems. Resistance to traditional first-line drugs like ampicillin and trimethoprim-sulfamethoxazole is common, and resistance to some other antibiotics is increasing. With this in mind, antibiotic susceptibility testing can help guide appropriate therapy. When an ampicillin- or trimethroprim-sulfamethoxazole-resistant strain is isolated, choices for therapy include fluoroquinolones, ceftriaxone, and azithromycin.								
Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	< 16			I	F			09/26/2015 11:00:	
Trimethoprim+Sulfamethoxazole Susceptibility by Minimum inhibitory concentration (MIC)	2 / 38			S	В			09/27/2015 11:20:	
Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	0.05			S	В			09/27/2015 11:20:	

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

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

Specimen Information - Display Verification								
Data Element Name	Data	Tester Comment						
Specimen Type(Specimen Source)	Stool							
Specimen Collection Date/Time - Start	09/23/2015 14:00:							
Specimen Collection Date/Time - End								
Specimen Reject Reason								
Specimen Condition								

Order Information - Display Verification									
Data Element Name	Data	Tester Comment							
Relevant Clinical Information									
Placer Order Number Entity ID	ORD723222-4								
Ordering Provider	Ordering Provider								
Family Name									
Surname	Radon								
Given Name	Nicholas								
Second and Further Given Names or Initials Thereof									
Suffix (e.g., JR or III)									
Prefix (e.g., DR)									
Results Copies To									
Family Name									
Surname	Hamlin								
Given Name	Pafford								
Second and Further Given Names or Initials Thereof									
Suffix (e.g., JR or III)									
Prefix (e.g., DR)									

Incorporate Verification

Legend for Store Requirement

S-EX: Store exact

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

S-EX-A: Store exact by association

S-RC: Process and re-create

S-EQ: Store equivalent

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

	Patie	nt Information	n Details- Incorporate Ve	erification
Location	Data Element Name	Store Requirement	Data	Tester Comment
PID-3	Patient Identifier List			
PID-3.1	ID Number	S-EX-A	PATID1234	
PID-3.4	Assigning Property			
PID-3.4.1	Namespace ID	S-EX-A	NIST MPI	
PID-3.4.2	Universal ID	S-EX-A		
PID-3.4.3	Universal ID Type	S-EX-A		
PID-3.5	Identifier Type Code	S-RC	MR	
PID-5	Patient Name			
PID-5.1	Family Name			
PID-5.1.1	Surname	S-EX-A	Jones	
PID-5.2	Given Name	S-EX-A	William	
PID-5.3	Second and Further Given Names or Initials Thereof	S-EX-A	A	
PID-5.4	Suffix (e.g., JR or III)	S-EX-A		
PID-5.7	Name Type Code	S-RC	L	
PID-7	Date/Time of Birth			
PID-7.1	Time	S-EQ	06/27/1961	
PID-8	Administrative Sex	S-TR-R	M	
PID-10	Race			
PID-10.1	Identifier	S-RC	2106-3	
PID-10.2	Text	S-RC	White	
PID-10.3	Name of Coding System	S-RC	HL70005	

	(Order Informa	tion - Incorporate Verifi	cation
Location	Data Element Name	Store Requirement	Data	Tester Comment
ORC-2/OBR-2	Placer Order Number			
ORC-2.1/OBR- 2.1	Entity Identifier	S-EX-A	ORD723222-4	
ORC-2.2/OBR- 2.2	Namespace ID	S-EX-A	NIST EHR	
ORC-2.3/OBR- 2.3	Universal ID	S-EX-A		
ORC-2.4/OBR- 2.4	Universal ID Type	S-EX-A		
ORC-3/OBR-3	Filler Order Number			
ORC-3.1/OBR- 3.1	Entity Identifier	S-EX	R-783274-4	
ORC-3.2/OBR- 3.2	Namespace ID	S-EX-A	NIST Lab Filler	
ORC-3.3/OBR- 3.3	Universal ID	S-EX-A		
ORC-3.4/OBR- 3.4	Universal ID Type	S-EX-A		
ORC-12/OBR-16	Ordering Provider			
ORC-12.1/OBR- 16.1	ID Number	S-RC	5742200012	
ORC- 12.2/OBR-16.2	Family Name			
ORC- 12.2.1/OBR-16.2.1	Surname	S-RC	Radon	
ORC-12.3/OBR- 16.3	Given Name	S-RC	Nicholas	
ORC-12.4/OBR- 16.4	Second and Further Given Names or Initials Thereof	S-RC		
16.5	Sumx (e.g., JR or m)	S-RC		
ORC-12.6/OBR- 16.6	Prefix (e.g., DR)	S-RC		
ORC- 12.9/OBR-16.9	Assigning Authority			
ORC- 12.9.1/OBR-16.9.1	Namespace ID	S-EX-A	NPI	
ORC- 12.9.2/OBR-16.9.2	Universal ID	S-EX-A		
ORC- 12.9.3/OBR-16.9.3	Universal ID Type	S-EX-A		
ORC- 12.10/OBR-16.10	Name Type Code	S-RC	L	
ORC- 12.13/OBR-16.13	Identifier Type Code	S-RC	NPI	

	Performing Organization Information - Incorporate Verification						
Location	Data Element Name	Store Requirement	Data	Tester Comment			
OBX-23	Performing Organization Name						
OBX-23.1	Organization Name (Note 1)	S-TR-R	Century Hospital				
OBX-23.6	Assigning Authority (Note 2)						
OBX-23.6.1	Namespace ID	S-EX-A	CLIA				
OBX-23.6.2	Universal ID	S-EX-A					
OBX-23.6.3	Universal ID Type	S-EX-A					
OBX-23.7	Identifier Type Code	S-RC	XX				
OBX-23.10	Organization Identifier	S-TR-R	24D9871327				
OBX-24	Performing Organization Address						
OBX-24.1	Street Address						
OBX-24.1.1	Street or Mailing Address	S-EX-A	2070 Test Park				
OBX-24.2	Other Designation	S-EX-A					
OBX.24.3	City	S-EX-A	Los Angeles				
OBX-24.4	State or Province	S-EX-A	CA				
OBX-24.5	Zip or Postal Code	S-EX-A	90067				
OBX-24.6	Country	S-TR-R					
OBX-25	Performing Organization Medical Director						
OBX-25.1	ID Number	S-RC	5432178916				
OBX-25.2	Family Name						
OBX-25.2.1	Surname	S-TR-R	Knowsalot				
OBX-25.3	Given Name	S-TR-R	Phil				
OBX-25.4	Second and Further Given Names or Initials Thereof	S-TR-R	J.				
OBX-25.5	Suffix (e.g., JR or III)	S-TR-R					
OBX-25.6	Prefix (e.g., DR)	S-TR-R					
OBX-25.9	Assigning Authority (Note 2)						
OBX-25.9.1	Namespace ID	S-EX-A	NPI				
OBX-25.9.2	Universal ID	S-EX-A					
OBX-25.9.3	Universal ID Type	S-EX-A					
OBX-25.10	Name Type Code	S-RC	L				
OBX-25.13	Identifier Type Code	S-RC	NPI				

Note 1 - The HIT Module must store the Organization Name or be able to recreate it. If the HIT Module is able to demonstrate Organization Name: ID is always 1:1, then the HIT Module is permitted to store and recreate (S-TR-R).

Note 2 - Determine requirement for support of 2nd component or 3rd and 4th component based on the EI or HD Profile

Location	Data Element Name	Store	Data	Tester Comment
Location	Data Element Name	Requirement	Data	rester comment
OBR-4	Universal Service Identifier (Note 1)			
OBR-4.1	Identifier	S-TR-R	625-4	
OBR-4.2	Text	S-EX-A	Bacteria identified in Stool by Culture	
OBR-4.3	Name of the Coding System	S-RC	LN	
OBR-4.4	Alternate Identifier	S-TR-R	3456543	
OBR-4.5	Alternate Text	S-EX-A	CULTURE STOOL	
OBR-4.6	Name of Alternate Coding System	S-RC	99USL	
OBR-4.9	Original Text	S-EX	Stool Culture	
OBR-7/SPM-17.1	Observation Date/Time			
OBR-7.1/SPM- 17.1.1	Time	S-EQ	09/23/2015 14:00:	
OBR-8/SPM-17.2	Observation End Date/Time			
OBR-8.1/SPM- 17.2.1	Time	S-EQ		
OBR-13	Relevant Clinical Information			
OBR-13.1	Identifier	S-TR-R		
OBR-13.2	Text	S-EX-A		
OBR-13.3	Name of the Coding System	S-RC		
OBR-13.9	Original Text	S-EX		
OBR-22	Results Rpt/Status Chng - Date/Time			
OBR-22.1	Time	S-EQ	09/26/2015 14:05:51	
OBR-25	Result Status	S-TR-R	F	
OBR-28	Result Copies To			
OBR-28.1	ID Number	S-RC	10092000194	
OBR-28.2	Family Name			
OBR-28.2.1	Surname	S-EX-A	Hamlin	
OBR-28.3	Given Name	S-EX-A	Pafford	
OBR-28.4	Second and Further Given Names or Initials Thereof	S-EX-A		
OBR-28.5	Suffix (e.g., JR or III)	S-EX-A		
OBR-28.6	Prefix (e.g., DR)	S-EX-A		
OBR-28.9	Assigning Authority			
OBR-28.9.1	Namespace ID	S-EX-A	NPI	
OBR-28.9.2	Universal ID	S-EX-A		
OBR-28.9.3	Universal ID Type	S-EX-A		
OBR-28.10	Name Type Code	S-TR-R	L	
OBR-28.13			NPI	

		Result Inform	ation - Incorporate Verifi	cation
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	625-4	
OBX-3.2	Text	S-EX-A	Bacteria identified in Stool by Culture	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX	Stool Culture	
OBX-5	Observation Value			
OBX-5.1	Identifier	S-TR-R	103429008	
OBX-5.2	Text	S-EX-A	Enterohemorrhagic Escherichia coli, serotype O157:H7	
OBX-5.3	Name of the Coding System	S-RC	SCT	
OBX-5.4	Alternate Identifier	S-TR-R		
OBX-5.5	Alternate Text	S-EX-A		
OBX-5.6	Name of Alternate Coding System	S-RC		
OBX-5.9	Original Text	S-EX	Shiga toxin producing E. coli O157:H7 isolated	
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	A	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1	Time	S-EQ	09/25/2015 19:30:	
		<u> </u>	<u> </u>	II.

	Note - Incorporate Verification						
Location	Data Element Name	Store Requirement	Data	Tester Comment			
NTE-3	Note	S-EX	Susceptibility testing for E.coli is not performed, because antibiotics should not be used to treat this infection. There is no evidence that treatment with antibiotics is helpful, and taking antibiotics may increase the risk of hemolytic-uremic syndrome (HUS). Antidiarrheal agents like Imodium may also increase that risk. Nonspecific supportive therapy, including hydration, is important.				

T	D (El	Store		Tr. C
Location	Data Element Name	Requirement	Data	Tester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	625-4	
OBX-3.2	Text	S-EX-A	Bacteria identified in Stool by Culture	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX	Stool Culture	
OBX-5	Observation Value			
OBX-5.1	Identifier	S-TR-R	398567006	
OBX-5.2	Text	S-EX-A	Salmonella I, group O:4	
OBX-5.3	Name of the Coding System	S-RC	SCT	
OBX-5.4	Alternate Identifier	S-TR-R		
OBX-5.5	Alternate Text	S-EX-A		
OBX-5.6	Name of Alternate Coding System	S-RC		
OBX-5.9	Original Text	S-EX	Salmonella I, group O:4 isolated	
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5		S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	A	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1		S-EQ	09/25/2015 19:30:	

		Note - 1	Incorporate Verification	
Location	Data Element Name	Store Requirement	Data	Tester Comment
NTE-3	Note	S-EX	Salmonella gastrointestinal infections usually resolve in 5-7 days and most do not require treatment other than oral fluids. Persons with severe diarrhea may require rehydration with intravenous fluids. Antibiotic therapy can prolong the duration of excretion of non-typhoidal Salmonella and is recommended only for patients with severe illness (e.g., those with severe diarrhea, high fever, bloodstream infection, or who need hospitalization) or those at risk of severe disease or complications, including young infants, older adults (over 65 years old) and immunocompromised persons. Antibiotic resistance is increasing among some Salmonella bacteria; therefore, susceptibility testing can help guide appropriate therapy. Choices for antibiotic therapy for severe infections include fluoroquinolones, thirdgeneration cephalosporins, and ampicillin (for susceptible infections).	

	Order Information (cont'd) Child Information - Incorporate Verification					
Location	Data Element Name	Store Requirement	Data	Tester Comment		
OBR-4	Universal Service Identifier (Note 1)					
OBR-4.1	Identifier	S-TR-R	50545-3			
OBR-4.2	Text	S-EX-A	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)			
OBR-4.3	Name of the Coding System	S-RC	LN			
OBR-4.4	Alternate Identifier	S-TR-R				
OBR-4.5	Alternate Text	S-EX-A				
OBR-4.6	Name of Alternate Coding System	S-RC				
OBR-4.9	Original Text	S-EX	Bacteria susceptibility			
OBR-26	Parent Result					
OBR-26.1	Parent Observation Identifier (Note 2)					
OBR-26.1.1	Identifier	S-EX-A	625-4			
OBR-26.1.2	Text	S-EX-A	Bacteria identified in Stool by Culture			
OBR-26.1.3	Name of the Coding System	S-EX-A	LN			

	Order Inform:	ation (cont'd) (Child Information - Incor	porate Verification
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBR-26.1.4	Alternate Identifier	S-EX-A		
OBR-26.1.5	Alternate Text	S-EX-A		
OBR-26.1.6	Name of Alternate Coding System	S-EX-A		
OBR-26.2	Parent Observation Sub- Identifier			
OBR-26.2.2	Group	S-EX-A	2	
OBR-26.2.3	Sequence	S-EX-A	1	
OBR-26.2.4	Identifier	S-EX-A	Islt-2	
OBR-29	Parent (Note 2)			
OBR-29.1	Placer Assigned Identifier			
OBR-29.1.1	Entity Identifier	S-EX-A	ORD723222-4	
OBR-29.1.2	Namespace ID	S-EX-A	NIST EHR	
OBR-29.1.3	Universal ID	S-EX-A		
OBR-29.1.4	Universal ID Type	S-EX-A		
OBR-29.2	Filler Assigned Identifier			
OBR-29.2.1	Entity Identifier	S-EX-A	R-783274-4	
OBR-29.2.2	Namespace ID	S-EX-A	NIST Lab Filler	
OBR-29.2.3	Universal ID	S-EX-A		
OBR-29.2.4	Universal ID Type	S-EX-A		
	Parent Universal Service Identifier			
ORC-31.1/OBR- 50.1		S-EX-A	625-4	
ORC-31.2/OBR- 50.2		S-EX-A	Bacteria identified in Stool by Culture	
		S-EX-A	LN	
001.	Alternate Identifier	S-EX-A	3456543	
ORC-31.5/OBR- 50.5		S-EX-A	CULTURE STOOL	
50.6	Name of Alternate Coding System	S-EX-A	99USL	
ORC-31.9/OBR- 50.9	Original Text	S-EX-A	2.52	

Note 2 - The HIT Module must display the relationship to the parent, but is not required to store the actual received data when the association to a specific result is achieved, otherwise use S-EX to save the information.

Result Information - Incorporate Verification					
Location	Data Element Name	Store Requirement	Data	Tester Comment	
OBX-3	Observation Identifier (Note 1)				
OBX-3.1	Identifier	S-TR-R	28-1		
OBX-3.2	Text	S-EX-A	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)		
OBX-3.3	Name of the Coding System	S-RC	LN		
OBX-3.4	Alternate Identifier	S-TR-R			
OBX-3.5	Alternate Text	S-EX-A			
OBX-3.6	Name of Alternate Coding System	S-RC			
OBX-3.9	Original Text	S-EX			
OBX-5	Observation Value				
OBX-5.1	Comparator	S-EX	<		
OBX-5.2	Num1	S-EQ	0.06		
OBX-5.3	Separator/Suffix	S-EX			
OBX-5.4	Num2	S-EQ			
OBX-6	Units (Note 2)				
OBX-6.1	Identifier	S-TR-R	ug/mL		
OBX-6.2	Text	S-TR-R			
OBX-6.3	Name of the Coding System	S-RC	UCUM		
OBX-6.4	Alternate Identifier	S-TR-R			
OBX-6.5	Alternate Text	S-TR-R			
OBX-6.6	Name of Alternate Coding System	S-RC			
OBX-6.9	Original Text	S-EX			
OBX-7	Reference Range	S-EX			
OBX-8	Abnormal Flags	S-TR-R	S		
OBX-11	Observation Result Status	S-TR-R	F		
OBX-14	Date/Time of the Observation				
OBX-14.1	Time	S-EQ	09/23/2015 14:00:		
OBX-19	Date/Time of the Analysis				
OBX-19.1	Time	S-EQ	09/26/2015 11:00:		

		Xesuit Illioilla	tion - Incorporate Verific	
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	267-5	
OBX-3.2	Text	S-EX-A	Gentamicin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX		
OBX-5	Observation Value			
OBX-5.1	Comparator	S-EX		
OBX-5.2	Num1	S-EQ	0.05	
OBX-5.3	Separator/Suffix	S-EX		
OBX-5.4	Num2	S-EQ		
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R	ug/mL	
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC	UCUM	
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	S	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1	Time	S-EQ	09/26/2015 11:00:	

		Cu		
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	185-9	
OBX-3.2	Text	S-EX-A	Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX		
OBX-5	Observation Value			
OBX-5.1	Comparator	S-EX		
OBX-5.2	Num1	S-EQ	0.05	
OBX-5.3	Separator/Suffix	S-EX		
OBX-5.4	Num2	S-EQ		
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R	ug/mL	
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC	UCUM	
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System			
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	S	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1	Time	S-EQ	09/26/2015 11:00:	

Location	Data Element Name	Store	Data	Tester Comment
Location	Data Element Name	Requirement	Data	rester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	625-4	
OBX-3.2	Text	S-EX-A	Bacteria identified in Stool by Culture	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX	Stool Culture	
OBX-5	Observation Value			
OBX-5.1	Identifier	S-TR-R	85729005	
OBX-5.2	Text	S-EX-A	Shigella flexneri	
OBX-5.3	Name of the Coding System	S-RC	SCT	
OBX-5.4	Alternate Identifier	S-TR-R		
OBX-5.5	Alternate Text	S-EX-A		
OBX-5.6	Name of Alternate Coding System	S-RC		
OBX-5.9	Original Text	S-EX	Shigella flexneri isolated	
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	A	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1	Time	S-EQ	09/25/2015 19:30:	

		Note - I	Incorporate Verification	
Location	Data Element Name	Store Requirement	Data	Tester Comment
NTE-3	Note	S-EX	Antibiotic treatment is recommended for patients with severe disease, bloody diarrhea, or compromised immune systems. Resistance to traditional first-line drugs like ampicillin and trimethoprimsulfamethoxazole is common, and resistance to some other antibiotics is increasing. With this in mind, antibiotic susceptibility testing can help guide appropriate therapy. When an ampicillin- or trimethroprimsulfamethoxazole-resistant strain is isolated, choices for therapy include fluoroquinolones, ceftriaxone, and azithromycin.	

Order Information (cont'd) Child Information - Incorporate Verification				
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBR-4	Universal Service Identifier (Note 1)			
OBR-4.1	Identifier	S-TR-R	50545-3	
OBR-4.2	Text	S-EX-A	Bacterial susceptibility panel in Isolate by Minimum inhibitory concentration (MIC)	
OBR-4.3	Name of the Coding System	S-RC	LN	
OBR-4.4	Alternate Identifier	S-TR-R		
OBR-4.5	Alternate Text	S-EX-A		
OBR-4.6	Name of Alternate Coding System	S-RC		
OBR-4.9	Original Text	S-EX	Bacteria susceptibility	
)BR-26	Parent Result			
OBR-26.1	Parent Observation Identifier (Note 2)			
OBR-26.1.1	Identifier	S-EX-A	625-4	
OBR-26.1.2	Text	S-EX-A	Bacteria identified in Stool by Culture	
OBR-26.1.3	Name of the Coding System	S-EX-A	LN	
OBR-26.1.4	Alternate Identifier	S-EX-A		
OBR-26.1.5	Alternate Text	S-EX-A		
OBR-26.1.6	Name of Alternate Coding System	S-EX-A		
OBR-26.2	Parent Observation Sub- Identifier			
OBR-26.2.2	Group	S-EX-A	3	
OBR-26.2.3	Sequence	S-EX-A	1	

	Order Information (cont'd) Child Information - Incorporate Verification			
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBR-26.2.4	Identifier	S-EX-A	Islt-3	
OBR-29	Parent (Note 2)			
	Placer Assigned Identifier			
OBR-29.1.1	Entity Identifier	S-EX-A	ORD723222-4	
OBR-29.1.2	Namespace ID	S-EX-A	NIST EHR	
OBR-29.1.3	Universal ID	S-EX-A		
OBR-29.1.4	Universal ID Type	S-EX-A		
	Filler Assigned Identifier			
OBR-29.2.1	Entity Identifier	S-EX-A	R-783274-4	
OBR-29.2.2	Namespace ID	S-EX-A	NIST Lab Filler	
OBR-29.2.3	Universal ID	S-EX-A		
OBR-29.2.4	Universal ID Type	S-EX-A		
	Parent Universal Service Identifier			
50.1	Identifier	S-EX-A	625-4	
ORC-31.2/OBR- 50.2		S-EX-A	Bacteria identified in Stool by Culture	
ORC-31.3/OBR- 50.3	Name of Coding System	S-EX-A	LN	
ORC-31.4/OBR- 50.4	Alternate Identifier	S-EX-A	3456543	
ORC-31.5/OBR- 50.5	Alternate Text	S-EX-A	CULTURE STOOL	
	Name of Alternate Coding System	S-EX-A	99USL	
ORC-31.9/OBR- 50.9	Original Text	S-EX-A	2.52	

Note 2 - The HIT Module must display the relationship to the parent, but is not required to store the actual received data when the association to a specific result is achieved, otherwise use S-EX to save the information.

Result Information - Incorporate Verification				
Location	Data Element Name	Store Requirement	Data	Tester Comment
OBX-3	Observation Identifier (Note 1)			
OBX-3.1	Identifier	S-TR-R	28-1	
OBX-3.2	Text	S-EX-A	Ampicillin [Susceptibility] by Minimum inhibitory concentration (MIC)	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX		
OBX-5	Observation Value			
OBX-5.1	Comparator	S-EX	<	
OBX-5.2	Num1	S-EQ	16	
OBX-5.3	Separator/Suffix	S-EX		
OBX-5.4	Num2	S-EQ		
OBX-6	Units (Note 2)			
OBX-6.1	Identifier	S-TR-R	ug/mL	
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC	UCUM	
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	Reference Range	S-EX		
OBX-8	Abnormal Flags	S-TR-R	Ι	
OBX-11	Observation Result Status	S-TR-R	F	
OBX-14	Date/Time of the Observation			
OBX-14.1	Time	S-EQ	09/23/2015 14:00:	
OBX-19	Date/Time of the Analysis			
OBX-19.1	Time	S-EQ	09/26/2015 11:00:	

Specimen Information - Incorporate Verification				
Location	Data Element Name	Store Requirement	Data	Tester Comment
SPM-4	Specimen Type (Note 1)			
SPM-4.1	Identifier	S-TR-R	119339001	
SPM-4.2	Text	S-EX-A	Stool specimen	
SPM-4.3	Name of the Coding System	S-RC	SCT	
SPM-4.4	Alternate Identifier	S-TR-R		
SPM-4.5	Alternate Text	S-EX-A		
II 5PW-4.0	Name of Alternate Coding System	S-RC		
SPM-4.9	Original Text	S-EX	Stool	

Instructions to Testers for Verification of Store Requirements

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

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