HL7 v2.5 ORU^R01^ORU_R01 Message: Incorporation of Laboratory Results	
Test Case ID	LRI_6.0_1.1-NG
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**
PATID40	***Delores Lopez***	09/06/1988	F	**White**	
When a given patient has more than one Patient ID Number, the HIT module may display the ID Number that is most appropriate for the context (e.g., inpatient ID Number versus ambulatory ID Number.)					

Lab Results - Display Verification	
Test Performed:	***Pap Test***
Test Report Date:	02/14/2013 14:00:00
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
Pap Smear	**Atypical squamous cells of undetermined significance**				F	02/11/2013 : :		02/14/2013 13:40:00	
Note	Appropriate Follow-up. Suggest repeat as clinically indicated.								
Note	Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf								
Date last menstrual period	20130128				F	02/11/2013 : :			
Did the patient have a previous abnormal Pap report, treatment, or biopsy?	***Unknown***				F	02/11/2013 : :			
Pap Smear	PDF is created				F	02/11/2013 : :		02/14/2013 13:40:00	

Performing Organization Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Organization Name	**Pacific Anatomic Pathology Services**	
Organization Address		
Street address	***2216 Santa Monica Blvd***	
Other designation	***Suite 114***	
City	***Santa Monica***	
State	***CA***	
Zip code	***90404***	

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

Specimen Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Specimen Type(Specimen Source)	**Cervical Cytology (ThinPrep)**	
Specimen Collection Date/Time - Start	02/11/2013 : :	
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	**ORD40**	
Ordering Provider		
Family Name		
Surname	**Matalon**	
Given Name	**Mary**	
Second and Further Given Names or Initials Thereof	**Katherine**	
Suffix (e.g., JR or III)		
Prefix (e.g., DR)	**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.)

Patient Information Details- Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
PID-3	**Patient Identifier List**			
PID-3.1	ID Number	S-EX-A	PATID40	
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	Lopez	
PID-5.2	Given Name	S-EX-A	Delores	
PID-5.3	Second and Further Given Names or Initials Thereof	S-EX-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	09/06/1988	
PID-8	Administrative Sex	S-TR-R	F	
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 Information - Incorporate Verification				
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	ORD40	
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-400	
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	2345654323	
ORC-12.2/OBR-16.2	**Family Name**			
ORC-12.2.1/OBR-16.2.1	Surname	S-RC	Matalon	
ORC-12.3/OBR-16.3	Given Name	S-RC	Mary	
ORC-12.4/OBR-16.4	Second and Further Given Names or Initials Thereof	S-RC	Katherine	
ORC-12.5/OBR-16.5	Suffix (e.g., JR or III)	S-RC		
ORC-12.6/OBR-16.6	Prefix (e.g., DR)	S-RC	DR	
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	Pacific Anatomic Pathology Services	
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	05D8884444	
OBX-24	**Performing Organization Address**			
OBX-24.1	**Street Address**			
OBX-24.1.1	Street or Mailing Address	S-EX-A	2216 Santa Monica Blvd	
OBX-24.2	Other Designation	S-EX-A	Suite 114	
OBX.24.3	City	S-EX-A	Santa Monica	
OBX-24.4	State or Province	S-EX-A	CA	
OBX-24.5	Zip or Postal Code	S-EX-A	90404	
OBX-24.6	Country	S-TR-R	USA	
OBX-25	**Performing Organization Medical Director**			
OBX-25.1	ID Number	S-RC		
OBX-25.2	**Family Name**			
OBX-25.2.1	Surname	S-TR-R		
OBX-25.3	Given Name	S-TR-R		
OBX-25.4	Second and Further Given Names or Initials Thereof	S-TR-R		
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		
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		
OBX-25.13	Identifier Type Code	S-RC		
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				

Order Information (cont'd) - 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	47527-7	
OBR-4.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBR-4.3	Name of the Coding System	S-RC	LN	
OBR-4.4	Alternate Identifier	S-TR-R	610	
OBR-4.5	Alternate Text	S-EX-A	Pap Test	
OBR-4.6	Name of Alternate Coding System	S-RC	99USL	
OBR-4.9	Original Text	S-EX		
OBR-7/SPM-17.1	**Observation Date/Time**			
OBR-7.1/SPM-17.1.1	Time	S-EQ	02/11/2013 : :	
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	02/14/2013 14:00:00	
OBR-25	Result Status	S-TR-R	F	
Note 1 -Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.				

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	47527-7	
OBX-3.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R	610	
OBX-3.5	Alternate Text	S-EX-A	Pap Test	
OBX-3.6	Name of Alternate Coding System	S-RC	99USL	
OBX-3.9	Original Text	S-EX	Pap Smear	
OBX-5	**Observation Value**			
OBX-5.1	Identifier	S-TR-R	441087007	
OBX-5.2	Text	S-EX-A	Atypical squamous cells of undetermined significance on cervical Papanicolaou smear	
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	Atypical squamous cells of undetermined significance	
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		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ	02/14/2013 13:40:00	

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

Note - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
NTE-3	Note	S-EX	Appropriate Follow-up. Suggest repeat as clinically indicated.	
NTE-3	Note	S-EX	Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf	

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	8665-2	
OBX-3.2	Text	S-EX-A	Date last menstrual period	
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	S-EQ	20130128	
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		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ		

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

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	PLT458	
OBX-3.2	Text	S-EX-A	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OBX-3.3	Name of the Coding System	S-RC	99LAB	
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	Identifier	S-TR-R	UNK	
OBX-5.2	Text	S-EX-A	Unknown	
OBX-5.3	Name of the Coding System	S-RC	HL70353	
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		
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		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ		

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

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	47527-7	
OBX-3.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R	610	
OBX-3.5	Alternate Text	S-EX-A	Pap Test	
OBX-3.6	Name of Alternate Coding System	S-RC	99USL	
OBX-3.9	Original Text	S-EX	Pap Smear	
OBX-5	Observation Value	PDF is stored		
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		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ	02/14/2013 13:40:00	

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

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	110951002	
SPM-4.2	Text	S-EX-A	Endocervical cytologic material	
SPM-4.3	Name of the Coding System	S-RC	SCT	
SPM-4.4	Alternate Identifier	S-TR-R	2134	
SPM-4.5	Alternate Text	S-EX-A	Cervical Cytology (ThinPrep)	
SPM-4.6	Name of Alternate Coding System	S-RC	99USL	
SPM-4.9	Original Text	S-EX	Cervical Cytology (ThinPrep)	
Note 1 - The HIT must store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.				

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