

#### Description

The initial Laboratory Test Compendium is delivered electronically from the LIS to the EHR-S. The EHR will integrate the eDOS into its test directory and use it to allow placement of orders electronically. The initial laboratory test compendium is composed of up to four messages.

#### Comments

This is the initial "smoke testing" to reveal simple failures severe enough to preclude further testing.

#### PreCondition

No Pre-Condition.

#### PostCondition

Data elements are incorporated appropriately into the EHR-S

#### TestObjectives

- Demonstrate capability to support minimally populated messages (single occurrences of all required ("R") elements).

#### Notes to Testers

"Smoke test" Minimal test for required data elements. This is using replace messages, so all data in these messages will replace information from a previous eDOS upload

## 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
	<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	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
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[1]	Identifier	11	
OM5.2.2[1]	Text	Prothrombin Time, PT	
OM5.2.3[1]	Name of Coding System	99USL	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	85610	
CDM.7.2	Text	Prothrombin Time	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan1	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
PM1.2.4.1	Namespace ID	NIST EHR	