ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)	
Test Case ID	1-Initial load
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	Erythrocyte sedimentation rate	
Century Hospital Clinical Laboratory	Erythrocytes, blood	
Century Hospital Clinical Laboratory	Hemoglobin (Hb)	
Century Hospital Clinical Laboratory	Hematocrit	
Century Hospital Clinical Laboratory	Leukocytes, blood	
Century Hospital Clinical Laboratory	Platelets	
Century Hospital Clinical Laboratory	Mean corpuscular volume (MCV)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin (MCH)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin Concentration (MCHC)	
Century Hospital Clinical Laboratory	Red blood cell distribution width (RDW)	
Century Hospital Clinical Laboratory	Basophils	
Century Hospital Clinical Laboratory	% Basophils	
Century Hospital Clinical Laboratory	Monocytes	
Century Hospital Clinical Laboratory	% Monocytes	
Century Hospital Clinical Laboratory	Eosinophils	
Century Hospital Clinical Laboratory	% Eosinophils	
Century Hospital Clinical Laboratory	Lymphocytes	
Century Hospital Clinical Laboratory	% Lymphocytes	
Century Hospital Clinical Laboratory	Neutrophils	
Century Hospital Clinical Laboratory	% Neutrophils	

* equivalent name accepted

Orderable Atomic Tests and /or Panels		Tester Comment
Century Hospital Clinical Laboratory	Anisocytosis	
Century Hospital Clinical Laboratory	Hypochromia	
Century Hospital Clinical Laboratory	Macrocytosis	
Century Hospital Clinical Laboratory	Microcytosis	
Century Hospital Clinical Laboratory	Poikilocytosis	
Century Hospital Clinical Laboratory	Polychromasia	
Century Hospital Clinical Laboratory	RBC morphology	
Century Hospital Clinical Laboratory	WBC morphology	
Century Hospital Clinical Laboratory	Platelet morphology	
Century Hospital Clinical Laboratory	Glucose, urine	
Century Hospital Clinical Laboratory	Urine pH	
Century Hospital Clinical Laboratory	Protein, urine	
Century Hospital Clinical Laboratory	Urobilinogen	
Century Hospital Clinical Laboratory	Urine specific gravity	
Century Hospital Clinical Laboratory	Serum Glucose	
Century Hospital Clinical Laboratory	Blood Urea Nitrogen (BUN)	
Century Hospital Clinical Laboratory	Creatinine	
Century Hospital Clinical Laboratory	BUN/Creatinine Ratio	
Century Hospital Clinical Laboratory	GFR, calculated	
Century Hospital Clinical Laboratory	Calcium	
Century Hospital Clinical Laboratory	Total protein, serum	
Century Hospital Clinical Laboratory	Albumin	
Century Hospital Clinical Laboratory	Globulin	
Century Hospital Clinical Laboratory	Albumin/globulin ratio	
Century Hospital Clinical Laboratory	Total bilirubin, serum	
Century Hospital Clinical Laboratory	Alkaline phosphatase (ALP)	
Century Hospital Clinical Laboratory	Alanine aminotransferase (ALT)	
Century Hospital Clinical Laboratory	Aspartate aminotransferase (ASP)	
Century Hospital Clinical Laboratory	Sodium, serum	
Century Hospital Clinical Laboratory	Potassium, serum	
Century Hospital Clinical Laboratory	Chloride, serum	
Century Hospital Clinical Laboratory	Carbon dioxide, serum	
Century Hospital Clinical Laboratory	Anion gap	
Century Hospital Clinical Laboratory	Gamma-Glutamyltransferase (GGT)	
Century Hospital Clinical Laboratory	Prostate Biopsy Pathology Report	
Century Hospital Clinical Laboratory	TSH	
Century Hospital Clinical Laboratory	Pap Test	
Century Hospital Clinical Laboratory	Hepatitis A IgM antibodies (IgM anti-HAV)	
Century Hospital Clinical Laboratory	Hepatitis C RNA PCR	
Century Hospital Clinical Laboratory	Penicillin	
Century Hospital Clinical Laboratory	SLE IgG Titer Serum	
Century Hospital Clinical Laboratory	SLE IgM Titer Serum	
Century Hospital Clinical Laboratory	CMP	
Century Hospital Clinical Laboratory	Comprehensive Urinalysis	
Century Hospital Clinical Laboratory	CBC_diff	
Century Hospital Clinical Laboratory	GHP	

* equivalent name accepted

Orderable Atomic Tests and /or Panels		Tester Comment
Century Hospital Clinical Laboratory	Hepatitis A B C Panel_With Reflex	
Century Hospital Clinical Laboratory	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	
Century Hospital Clinical Laboratory	Creatinine Clearance	
* equivalent name accepted		

Atomic Test : Glucose, urine		Tester Comment
Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	

Atomic Test : Pap Test		Tester Comment
Patient Preparation	Instruct the patient not to douche or engage in sexual intercourse within 24 hours of the procedure. For premenopausal patients, obtain specimens during the second half of the menstrual period to avoid contamination by obscuring blood.	
Gender Restrictions	Female	
	Female	
Age Restrictions	16to85	
	16to85	

Panel : CMP		Tester Comment
Patient Preparation	Patient fasting required for 12 hours.	
Panel Components		
Serum Glucose		
Blood Urea Nitrogen (BUN)		
Creatinine		
BUN/Creatinine Ratio		
GFR, calculated		
Calcium		
Total protein, serum		
Albumin		
Globulin		
Albumin/globulin ratio		
Total bilirubin, serum		
Alkaline phosphatase (ALP)		
Alanine aminotransferase (ALT)		
Aspartate aminotransferase (ASP)		
Sodium, serum		
Potassium, serum		
Chloride, serum		
Carbon dioxide, serum		
Anion gap		

Panel : Comprehensive Urinalysis	Tester Comment
Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	
	Both males and females need instructions on cleaning the urethral opening. A "midstream catch" is performed by initially urinating into the toilet then bringing the collection device into the urine stream to obtain the midportion of the void. For infants and young children urine can be collected by urine bag, catheterization or cystocentesis. A clean catch sample is preferred, when contamination from vaginal hemorrhage or discharge is suspected. If the specimen is obtained by catherization, the collection method must be noted.	

Panel Components

Color of Urine	
Clarity of Urine	
Erythrocytes, urine	
Leukocytes, urine	
Leukocyte clumps, urine	
Non-squamous epithelial cells. , urine	
Squamous epithelial cells. , urine	
Bacteria, urine	
Crystals , urine	
Hyaline casts	
Casts	
Spermatozoa, urine	
Mucus,urine	
Total bilirubin,urine	
Glucose, urine	
Hemoglobin, urine	
Ketones , urine	
Leukocyte esterase, urine	
Nitrite, urine	
Urine pH	
Protein, urine	
Urobilinogen	
Urine specific gravity	

Panel : CBC_diff	Tester Comment
Panel Components	
Erythrocytes, blood	
Hemoglobin (Hb)	
Hematocrit	
Leukocytes, blood	
Platelets	
Mean corpuscular volume (MCV)	
Mean corpuscular hemoglobin (MCH)	
Mean corpuscular hemoglobin Concentration (MCHC)	
Red blood cell distribution width (RDW)	
Basophils	
% Basophils	
Monocytes	
% Monocytes	
Eosinophils	
% Eosinophils	
Lymphocytes	
% Lymphocytes	
Neutrophils	
% Neutrophils	
Anisocytosis	
Hypochromia	
Macrocytosis	
Microcytosis	
Poikilocytosis	
Polychromasia	
RBC morphology	
WBC morphology	
Platelet morphology	

Panel : GHP		Tester Comment
Patient Preparation	Patient fasting required for 12 hours.	
Panel Components		
CMP		
CBC_diff		
TSH		
Comprehensive Urinalysis		

Panel : Hepatitis A B C Panel_With Reflex	Tester Comment
Panel Components	
Hepatitis A IgM antibodies (IgM anti-HAV)	
Hepatitis A antibodies (anti-HAV)	
Hepatitis B core antibodies (anti-HBVc)	
Hepatitis B core antibodies (anti-HBVc) Quant	
Hepatitis B e antibodies (anti-HBVe)	
Hepatitis B surface antigen (HBsAg)	
Hepatitis B surface antibody (anti-HBVs)	
Hepatitis C antibody screen (anti-HCV)	
Hepatitis C antibodies Signal to Cut-off Ratio	
Hepatitis C RNA PCR	
Reflex Information	

Reflex Tests	Trigger Rule	
Hepatitis C RNA PCR	Negative: < 0.8; Indeterminate 0.8 - 0.9; Positive: > 0.9. In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional Verification or PCR testing.	

Panel : Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	Tester Comment
Panel Components	
Dengue Virus IgG Titer Serum	
Dengue Virus IgM Titer Serum	
WNV IgG Titer Serum	
WNV Virus IgM Titer Serum	

Panel : Creatinine Clearance	Tester Comment
Panel Components	
Urine Volume of 24 hour collection	
Creatinine Clearance in 24 hours	
Creatinine	
GFR, calculated	
Creatinine in 24 hr Urine	
What is the Clinically Relevant Race?	

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Erythrocyte sedimentation rate		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
	Metal Free	
Minimum Collection Volume	2.4 milliliters	
Container(s)		
Black Top Tube (Vac-Tec)		
Alternate Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
	Metal Free	
Minimum Collection Volume	2.4 milliliters	
Container(s)		
Lavender Top (EDTA) tube		

Atomic Test : Erythrocytes, blood		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		

Atomic Test : Hematocrit		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		

Atomic Test : Leukocytes, blood		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		

Atomic Test : Platelets		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		

Atomic Test : Glucose, urine		Tester Comment
Preferred Specimen Information		
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)		
Sterile, plastic, leak proof container		

Atomic Test : Urine pH		Tester Comment
Preferred Specimen Information		
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)		
Sterile, plastic, leak proof container		

Atomic Test : Protein, urine		Tester Comment
Preferred Specimen Information		
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)		
Sterile, plastic, leak proof container		
Ask at Order Entries(AOE)		
Clinical Information Request	Pregnancy status	
Collection Event/Process Step	Placing the order	
Communication Location	OBX segment following an OBR segment	
Answer Required	N	
Answer Choices	Not pregnant	
	Patient currently pregnant	
	Unknown	

Atomic Test : Urobilinogen	Tester Comment
Preferred Specimen Information	
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)	
Sterile, plastic, leak proof container	

Atomic Test : Urine specific gravity	Tester Comment
Preferred Specimen Information	
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)	
Sterile, plastic, leak proof container	

Atomic Test : Serum Glucose	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
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	

Atomic Test : Blood Urea Nitrogen (BUN)		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)		
Gold Serum Separator tube		
Red, No Additive tube		

Atomic Test : Creatinine		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)		
Gold Serum Separator tube		
Red, No Additive tube		

Atomic Test : GFR, calculated		Tester Comment
Ask at Order Entries(AOE)		
Clinical Information Request	What is the Clinically Relevant Race for eGFR?	
Collection Event/Process Step	Placing the order	
Communication Location	OBX segment following an OBR segment	
Answer Required	Y	
Answer Choices	Asian	
	White	
	American Indian or Alaska Native	
	Black or African American	
	Native Hawaiian or Other Pacific Islander	

Atomic Test : Calcium		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)		
Gold Serum Separator tube		
Red, No Additive tube		

Atomic Test : Total protein, serum	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Atomic Test : Albumin	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Atomic Test : Total bilirubin, serum	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Atomic Test : Alkaline phosphatase (ALP)	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Atomic Test : Alanine aminotransferase (ALT)		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)		
Gold Serum Separator tube		
Red, No Additive tube		

Atomic Test : Aspartate aminotransferase (ASP)		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)		
Gold Serum Separator tube		
Red, No Additive tube		

Atomic Test : Prostate Biopsy Pathology Report		Tester Comment
Specimen Information		
Specimen	Prostate biopsy sample	
Container(s)		
15 ml jar containing OncoFix II		

Atomic Test : TSH		Tester Comment
Preferred Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		

Atomic Test : Pap Test			Tester Comment
Preferred Specimen Information			
Specimen	Endocervical cytologic material		
Specimen Handling Code	Ambient temperature		
Container(s)			
PreservCyt Solution vial			
Ask at Order Entries(AOE)			
Clinical Information Request	Date of Last Menstrual Period		
Collection Event/Process Step	Placing the order		
	Collecting the specimen		
Communication Location	OBX segment following an OBR segment		
Answer Required	Y		
Ask at Order Entries(AOE)			
Clinical Information Request	Did the patient have a previous abnormal Pap report, treatment, or biopsy?		
Collection Event/Process Step	Placing the order		
Communication Location	OBX segment following an OBR segment		
Answer Required	Y		
Answer Choices	Yes		
	No		
	Unknown		

Atomic Test : Hepatitis A IgM antibodies (IgM anti-HAV)		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Frozen	
Minimum Collection Volume	1.7 milliliter	
Container(s)		
Gold Serum Separator tube		

Atomic Test : Hepatitis C RNA PCR		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Frozen	
Minimum Collection Volume	0.8 milliliter	
Container(s)		
Gold Serum Separator tube		

Atomic Test : Penicillin		Tester Comment
Specimen Information		
Specimen	Bacterial isolate specimen	
Specimen Handling Code	Critical ambient temperature	

Atomic Test : SLE IgG Titer Serum	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Atomic Test : SLE IgM Titer Serum	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Panel : CMP	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Panel : Comprehensive Urinalysis	Tester Comment
Preferred Specimen Information	
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)	
Sterile, plastic, leak proof container	

Panel : CBC_diff	Tester Comment
Preferred Specimen Information	
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)	
Lavender Top (EDTA) tube	
Pink Top (K2EDTA) tube	

Panel : GHP	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	
Preferred Specimen Information	
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)	
Lavender Top (EDTA) tube	
Pink Top (K2EDTA) tube	
Preferred Specimen Information	
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)	
Sterile, plastic, leak proof container	

Panel : Hepatitis A B C Panel_With Reflex	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Frozen	
Minimum Collection Volume	2.5 milliliter	
Container(s)	
Gold Serum Separator tube	

Panel : Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	Tester Comment
Preferred Specimen Information	
Specimen	Serum specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	0.5 milliliter	
Container(s)	
Gold Serum Separator tube	
Red, No Additive tube	

Panel : Creatinine Clearance	Tester Comment
Preferred Specimen Information	
Specimen	Urine specimen	
Specimen Handling Code	Refrigerated temperature	
Minimum Collection Volume	4 milliliter	
Container(s)	
Sterile, plastic, leak proof container	
Preferred Specimen Information	
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)	
Lavender Top (EDTA) tube	
Pink Top (K2EDTA) tube	

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Erythrocyte sedimentation rate			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
500	Erythrocyte sedimentation rate	99USL	
Alternate Identifier	**Text**	**Code System**	
30341-2	Erythrocyte sedimentation rate	LN	
416838001	Erythrocyte sedimentation rate measurement	SCT	
Charge Code Information			
CPT4-code	85652		

Atomic Test : Erythrocytes, blood			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
202	Erythrocytes, blood	99USL	
Alternate Identifier	**Text**	**Code System**	
26453-1	Erythrocytes [#/volume] in Blood	LN	
Charge Code Information			
CPT4-code	85032		
Charge Code Information			
CPT4-code	85032		

Atomic Test : Hemoglobin (Hb)

Global Information			Tester Comment
Identifier assigned by lab	**Text**	**Code System**	
256	Hemoglobin (Hb)	99USL	
Alternate Identifier	**Text**	**Code System**	
718-7	Hemoglobin [Mass/volume] in Blood	LN	

Atomic Test : Hematocrit

Global Information			Tester Comment
Identifier assigned by lab	**Text**	**Code System**	
204	Hematocrit	99USL	
Alternate Identifier	**Text**	**Code System**	
20570-8	Hematocrit [Volume Fraction] of Blood	LN	
Charge Code Information			
CPT4-code	85014		

Atomic Test : Leukocytes, blood

Global Information			Tester Comment
Identifier assigned by lab	**Text**	**Code System**	
206	Leukocytes, blood	99USL	
Alternate Identifier	**Text**	**Code System**	
26464-8	Leukocytes [#/volume] in Blood	LN	
Charge Code Information			
CPT4-code	85048		

Atomic Test : Platelets

Global Information			Tester Comment
Identifier assigned by lab	**Text**	**Code System**	
208	Platelets	99USL	
Alternate Identifier	**Text**	**Code System**	
26515-7	Platelets [#/volume] in Blood	LN	
Charge Code Information			
CPT4-code	85025		

Atomic Test : Mean corpuscular volume (MCV)

Global Information			Tester Comment
Identifier assigned by lab	**Text**	**Code System**	
210	Mean corpuscular volume (MCV)	99USL	
Alternate Identifier	**Text**	**Code System**	
30428-7	Erythrocyte mean corpuscular volume [Entitic volume]	LN	

Atomic Test : Mean corpuscular hemoglobin (MCH)		Tester Comment	
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
212	Mean corpuscular hemoglobin (MCH)	99USL	
Alternate Identifier	**Text**	**Code System**	
28539-5	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	LN	

Atomic Test : Mean corpuscular hemoglobin Concentration (MCHC)		Tester Comment	
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
214	Mean corpuscular hemoglobin Concentration (MCHC)	99USL	
Alternate Identifier	**Text**	**Code System**	
28540-3	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]	LN	

Atomic Test : Red blood cell distribution width (RDW)		Tester Comment	
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
216	Red blood cell distribution width (RDW)	99USL	
Alternate Identifier	**Text**	**Code System**	
30385-9	Erythrocyte distribution width [Ratio]	LN	

Atomic Test : Basophils		Tester Comment	
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
218	Basophils	99USL	
Alternate Identifier	**Text**	**Code System**	
26444-0	Basophils [#/volume] in Blood	LN	

Atomic Test : % Basophils		Tester Comment	
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
220	% Basophils	99USL	
Alternate Identifier	**Text**	**Code System**	
30180-4	Basophils/100 leukocytes in Blood	LN	

Atomic Test : Monocytes			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
222	Monocytes	99USL	
Alternate Identifier	**Text**	**Code System**	
26484-6	Monocytes [#/volume] in Blood	LN	

Atomic Test : % Monocytes			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
224	% Monocytes	99USL	
Alternate Identifier	**Text**	**Code System**	
26485-3	Monocytes/100 leukocytes in Blood	LN	

Atomic Test : Eosinophils			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
226	Eosinophils	99USL	
Alternate Identifier	**Text**	**Code System**	
26449-9	Eosinophils [#/volume] in Blood	LN	

Atomic Test : % Eosinophils			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
228	% Eosinophils	99USL	
Alternate Identifier	**Text**	**Code System**	
26450-7	Eosinophils/100 leukocytes in Blood	LN	

Atomic Test : Lymphocytes			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
230	Lymphocytes	99USL	
Alternate Identifier	**Text**	**Code System**	
26474-7	Lymphocytes [#/volume] in Blood	LN	

Atomic Test : % Lymphocytes			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
232	% Lymphocytes	99USL	
Alternate Identifier	**Text**	**Code System**	
26478-8	Lymphocytes/100 leukocytes in Blood	LN	

Atomic Test : Neutrophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
234	Neutrophils	99USL	
Alternate Identifier	Text	Code System	
26499-4	Neutrophils [#/volume] in Blood	LN	

Atomic Test : % Neutrophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
236	% Neutrophils	99USL	
Alternate Identifier	Text	Code System	
26511-6	Neutrophils/100 leukocytes in Blood	LN	

Atomic Test : Anisocytosis			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
238	Anisocytosis	99USL	
Alternate Identifier	Text	Code System	
38892-6	Anisocytosis [Presence] in Blood	LN	

Atomic Test : Hypochromia			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
240	Hypochromia	99USL	
Alternate Identifier	Text	Code System	
30400-6	Hypochromia [Presence] in Blood	LN	

Atomic Test : Macrocytosis			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
242	Macrocytosis	99USL	
Alternate Identifier	Text	Code System	
30424-6	Macrocytes [Presence] in Blood	LN	

Atomic Test : Microcytosis			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
244	Microcytosis	99USL	
Alternate Identifier	Text	Code System	
30434-5	Microcytes [Presence] in Blood	LN	

Atomic Test : Poikilocytosis			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
246	Poikilocytosis	99USL	
Alternate Identifier	**Text**	**Code System**	
779-9	Poikilocytosis [Presence] in Blood by Light microscopy	LN	

Atomic Test : Polychromasia			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
248	Polychromasia	99USL	
Alternate Identifier	**Text**	**Code System**	
10378-8	Polychromasia [Presence] in Blood by Light microscopy	LN	

Atomic Test : RBC morphology			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
250	RBC morphology	99USL	
Alternate Identifier	**Text**	**Code System**	
6742-1	Erythrocyte morphology finding [Identifier] in Blood	LN	

Atomic Test : WBC morphology			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
252	WBC morphology	99USL	
Alternate Identifier	**Text**	**Code System**	
11156-7	Leukocyte morphology finding [Identifier] in Blood	LN	

Atomic Test : Platelet morphology			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
254	Platelet morphology	99USL	
Alternate Identifier	**Text**	**Code System**	
11125-2	Platelet morphology finding [Identifier] in Blood	LN	

Atomic Test : Glucose, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
326	Glucose, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
2349-9	Glucose [Presence] in Urine	LN	

Atomic Test : Urine pH			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
336	Urine pH	99USL	
Alternate Identifier	**Text**	**Code System**	
50560-2	pH of Urine by Automated test strip	LN	
Charge Code Information			
CPT4-code	83986		

Atomic Test : Protein, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
338	Protein, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50561-0	Protein [Mass/volume] in Urine by Automated test strip	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		
Charge Code Information			
CPT4-code	84156		

Atomic Test : Urobilinogen			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
340	Urobilinogen	99USL	
Alternate Identifier	**Text**	**Code System**	
50563-6	Urobilinogen [Mass/volume] in Urine by Automated test strip	LN	

Atomic Test : Urine specific gravity			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
342	Urine specific gravity	99USL	
Alternate Identifier	**Text**	**Code System**	
53326-5	Specific gravity of Urine by Automated test strip	LN	
Charge Code Information			
CPT4-code	81003		

Atomic Test : Serum Glucose			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
104	Serum Glucose	99USL	
Alternate Identifier	**Text**	**Code System**	
2345-7	Glucose [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Charge Code Information			
CPT4-code	82947		

Atomic Test : Blood Urea Nitrogen (BUN)			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
106	Blood Urea Nitrogen (BUN)	99USL	
Alternate Identifier	**Text**	**Code System**	
3094-0	Urea nitrogen [Mass/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84520		

Atomic Test : Creatinine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
102	Creatinine	99USL	
Alternate Identifier	**Text**	**Code System**	
2160-0	Creatinine [Mass/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	82565		

Atomic Test : BUN/Creatinine Ratio			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
108	BUN/Creatinine Ratio	99USL	
Alternate Identifier	**Text**	**Code System**	
3097-3	Urea nitrogen/Creatinine [Mass Ratio] in Serum or Plasma	LN	

Atomic Test : GFR, calculated			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
110	GFR, calculated	99USL	
Alternate Identifier	**Text**	**Code System**	
33914-3	Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	What is the Clinically Relevant Race for eGFR?		

Atomic Test : Calcium			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
112	Calcium	99USL	
Alternate Identifier	**Text**	**Code System**	
17861-6	Calcium [Mass/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	82310		

Atomic Test : Total protein, serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
114	Total protein, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2885-2	Protein [Mass/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84155		

Atomic Test : Albumin			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
116	Albumin	99USL	
Alternate Identifier	**Text**	**Code System**	
1751-7	Albumin [Mass/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	82040		

Atomic Test : Globulin — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
118	Globulin	99USL	
Alternate Identifier	**Text**	**Code System**	
10834-0	Globulin [Mass/volume] in Serum by calculation	LN	

Atomic Test : Albumin/globulin ratio — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
120	Albumin/globulin ratio	99USL	
Alternate Identifier	**Text**	**Code System**	
1759-0	Albumin/Globulin [Mass Ratio] in Serum or Plasma	LN	

Atomic Test : Total bilirubin, serum — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
122	Total bilirubin, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
1975-2	Bilirubin.total [Mass/volume] in Serum or Plasma	LN	

Charge Code Information

CPT4-code	82247	

Atomic Test : Alkaline phosphatase (ALP) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
124	Alkaline phosphatase (ALP)	99USL	
Alternate Identifier	**Text**	**Code System**	
6768-6	Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	LN	

Charge Code Information

CPT4-code	84075	

Atomic Test : Alanine aminotransferase (ALT) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
126	Alanine aminotransferase (ALT)	99USL	
Alternate Identifier	**Text**	**Code System**	
1742-6	Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	LN	

Charge Code Information

CPT4-code	84460	

Atomic Test : Aspartate aminotransferase (ASP)			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
128	Aspartate aminotransferase (ASP)	99USL	
Alternate Identifier	**Text**	**Code System**	
1920-8	Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84450		

Atomic Test : Sodium, serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
130	Sodium, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2951-2	Sodium [Moles/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84295		

Atomic Test : Potassium, serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
132	Potassium, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2823-3	Potassium [Moles/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84132		

Atomic Test : Chloride, serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
134	Chloride, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2075-0	Chloride [Moles/volume] in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	82435		

Atomic Test : Carbon dioxide, serum			Tester Comment	
Global Information				
Identifier assigned by lab	**Text**	**Code System**		
136	Carbon dioxide, serum	99USL		
Alternate Identifier	**Text**	**Code System**		
2028-9	Carbon dioxide, total [Moles/volume] in Serum or Plasma	LN		
Charge Code Information				
CPT4-code	82374			

Atomic Test : Anion gap			Tester Comment	
Global Information				
Identifier assigned by lab	**Text**	**Code System**		
138	Anion gap	99USL		
Alternate Identifier	**Text**	**Code System**		
33037-3	Anion gap in Serum or Plasma	LN		

Atomic Test : Gamma-Glutamyltransferase (GGT)			Tester Comment	
Global Information				
Identifier assigned by lab	**Text**	**Code System**		
140	Gamma-Glutamyltransferase (GGT)	99USL		
Alternate Identifier	**Text**	**Code System**		
2324-2	Gamma glutamyl transferase [Enzymatic activity/volume] in Serum or Plasma	LN		
Charge Code Information				
CPT4-code	82977			

Atomic Test : Prostate Biopsy Pathology Report			Tester Comment	
Global Information				
Identifier assigned by lab	**Text**	**Code System**		
600	Prostate Biopsy Pathology Report	99USL		
Alternate Identifier	**Text**	**Code System**		
66117-3	Prostate Pathology biopsy report	LN		
Charge Code Information				
CPT4-code	88305			

Atomic Test : TSH	Tester Comment
Global Information	
Identifier assigned by lab / **Text** / **Code System**	
700 / TSH / 99USL	
Alternate Identifier / **Text** / **Code System**	
3016-3 / Thyrotropin [Units/volume] in Serum or Plasma / LN	
Charge Code Information	
CPT4-code / 84443	

Atomic Test : Pap Test	Tester Comment
Global Information	
Identifier assigned by lab / **Text** / **Code System**	
610 / Pap Test / 99USL	
Alternate Identifier / **Text** / **Code System**	
47527-7 / Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep / LN	
Ask at Order Entries(AOE)	
Clinical Information Request / Date of Last Menstrual Period	
Ask at Order Entries(AOE)	
Clinical Information Request / Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
Charge Code Information	
CPT4-code / 88142	
CPT4-code / 88141	

Atomic Test : Hepatitis A IgM antibodies (IgM anti-HAV)	Tester Comment
Global Information	
Identifier assigned by lab / **Text** / **Code System**	
1001 / Hepatitis A IgM antibodies (IgM anti-HAV) / 99USL	
Alternate Identifier / **Text** / **Code System**	
22314-9 / Hepatitis A virus IgM Ab [Presence] in Serum / LN	

Atomic Test : Hepatitis C RNA PCR	Tester Comment
Global Information	
Identifier assigned by lab / **Text** / **Code System**	
1010 / Hepatitis C RNA PCR / 99USL	
Alternate Identifier / **Text** / **Code System**	
11011-4 / Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method / LN	
Charge Code Information	
CPT4-code / 87522	

Atomic Test : Penicillin			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1506	Penicillin	99USL	
Alternate Identifier	**Text**	**Code System**	
18964-7	Penicillin [Susceptibility]	LN	
Charge Code Information			
CPT4-code	87181		

Atomic Test : SLE IgG Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1305	SLE IgG Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
22512-8	Saint Louis encephalitis virus IgG Ab [Titer] in Serum	LN	

Atomic Test : SLE IgM Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1306	SLE IgM Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
22514-4	Saint Louis encephalitis virus IgM Ab [Titer] in Serum	LN	

Panel : CMP			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
100	CMP	99USL	
Alternate Identifier	**Text**	**Code System**	
24323-8	Comprehensive metabolic 2000 panel - Serum or Plasma	LN	
Charge Code Information			
CPT4-code	80053		

Panel : Comprehensive Urinalysis			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
300	Comprehensive Urinalysis	99USL	
Alternate Identifier	**Text**	**Code System**	
50564-4	Urinalysis panel - Urine by Auto	LN	

Panel Component :Color of Urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
344	Color of Urine	99USL	
Alternate Identifier	**Text**	**Code System**	
5778-6	Color of Urine	LN	

Panel Component :Clarity of Urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
346	Clarity of Urine	99USL	
Alternate Identifier	**Text**	**Code System**	
32167-9	Clarity of Urine	LN	

Panel Component :Erythrocytes, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
302	Erythrocytes, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
46419-8	Erythrocytes [#/area] in Urine sediment by Automated count	LN	

Panel Component :Leukocytes, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
304	Leukocytes, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
46702-7	Leukocytes [#/area] in Urine sediment by Automated count	LN	

Panel Component :Leukocyte clumps, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
306	Leukocyte clumps, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50233-6	Leukocyte clumps [#/area] in Urine sediment by Automated count	LN	

Panel Component :Non-squamous epithelial cells. , urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
308	Non-squamous epithelial cells. , urine	99USL	
Alternate Identifier	**Text**	**Code System**	
53294-5	Epithelial cells.non-squamous [#/area] in Urine sediment by Automated count	LN	

Panel Component :Squamous epithelial cells. , urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
310	Squamous epithelial cells. , urine	99USL	
Alternate Identifier	**Text**	**Code System**	
33219-7	Epithelial cells.squamous [#/area] in Urine sediment by Automated count	LN	

Panel Component :Bacteria, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
314	Bacteria, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
33218-9	Bacteria [#/area] in Urine sediment by Automated count	LN	

Panel Component :Crystals , urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
312	Crystals , urine	99USL	
Alternate Identifier	**Text**	**Code System**	
53322-4	Crystals [#/area] in Urine sediment by Automated count	LN	
Charge Code Information			
CPT4-code	81005		

Panel Component :Hyaline casts			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
316	Hyaline casts	99USL	
Alternate Identifier	**Text**	**Code System**	
33223-9	Hyaline casts [#/area] in Urine sediment by Automated count	LN	

Panel Component :Casts			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
318	Casts	99USL	
Alternate Identifier	**Text**	**Code System**	
43755-8	Casts [#/area] in Urine sediment by Automated count	LN	

Panel Component :Spermatozoa, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
320	Spermatozoa, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
53324-0	Spermatozoa [#/area] in Urine sediment by Automated count	LN	

Panel Component :Mucus, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
322	Mucus, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50235-1	Mucus [#/area] in Urine sediment by Automated count	LN	

Panel Component :Total bilirubin, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
324	Total bilirubin, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
53327-3	Bilirubin.total [Mass/volume] in Urine by Automated test strip	LN	

Panel Component :Hemoglobin, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
328	Hemoglobin, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50559-4	Hemoglobin [Mass/volume] in Urine by Automated test strip	LN	
Charge Code Information			
CPT4-code	83069		

Panel Component :Ketones , urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
330	Ketones , urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50557-8	Ketones [Mass/volume] in Urine by Automated test strip	LN	

Panel Component :Leukocyte esterase, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
332	Leukocyte esterase, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
60026-2	Leukocyte esterase [Presence] in Urine by Automated test strip	LN	

Panel Component :Nitrite, urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
334	Nitrite, urine	99USL	
Alternate Identifier	**Text**	**Code System**	
50558-6	Nitrite [Presence] in Urine by Automated test strip	LN	

Panel : CBC_diff			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
200	CBC_diff	99USL	
Alternate Identifier	**Text**	**Code System**	
57021-8	CBC W Auto Differential panel in Blood	LN	
Charge Code Information			
CPT4-code	85025		
CPT4-code	85007		
CPT4-code	85060		

Panel : GHP			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
800	GHP	99USL	
Charge Code Information			
CPT4-code	84443		
CPT4-code	81003		
CPT4-code	80053		
CPT4-code	85025		
CPT4-code	85007		
CPT4-code	85060		

Panel : Hepatitis A B C Panel_With Reflex			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1000	Hepatitis A B C Panel_With Reflex	99USL	
Charge Code Information			
CPT4-code	80074		
CPT4-code	86704		
CPT4-code	86706		
CPT4-code	86708		
CPT4-code	86803		
CPT4-code	87340		

Panel Component :Hepatitis A antibodies (anti-HAV)			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1002	Hepatitis A antibodies (anti-HAV)	99USL	
Alternate Identifier	**Text**	**Code System**	
20575-7	Hepatitis A virus Ab [Presence] in Serum	LN	

Panel Component :Hepatitis B core antibodies (anti-HBVc)			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1003	Hepatitis B core antibodies (anti-HBVc)	99USL	
Alternate Identifier	**Text**	**Code System**	
16933-4	Hepatitis B virus core Ab [Presence] in Serum	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		

Panel Component :Hepatitis B core antibodies (anti-HBVc) Quant			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1004	Hepatitis B core antibodies (anti-HBVc) Quant	99USL	
Alternate Identifier	**Text**	**Code System**	
22316-4	Hepatitis B virus core Ab [Units/volume] in Serum	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		

Panel Component :Hepatitis B e antibodies (anti-HBVe) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
1005	Hepatitis B e antibodies (anti-HBVe)	99USL	
Alternate Identifier	**Text**	**Code System**	
22320-6	Hepatitis B virus e Ab [Presence] in Serum	LN	

Ask at Order Entries(AOE)

Clinical Information Request	Pregnancy status	

Panel Component :Hepatitis B surface antigen (HBsAg) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
1006	Hepatitis B surface antigen (HBsAg)	99USL	
Alternate Identifier	**Text**	**Code System**	
5195-3	Hepatitis B virus surface Ag [Presence] in Serum	LN	

Ask at Order Entries(AOE)

Clinical Information Request	Pregnancy status	

Panel Component :Hepatitis B surface antibody (anti-HBVs) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
1007	Hepatitis B surface antibody (anti-HBVs)	99USL	
Alternate Identifier	**Text**	**Code System**	
22322-2	Hepatitis B virus surface Ab [Presence] in Serum	LN	

Ask at Order Entries(AOE)

Clinical Information Request	Pregnancy status	

Panel Component :Hepatitis C antibody screen (anti-HCV) — Tester Comment

Global Information

Identifier assigned by lab	Text	Code System	
1008	Hepatitis C antibody screen (anti-HCV)	99USL	
Alternate Identifier	**Text**	**Code System**	
16128-1	Hepatitis C virus Ab [Presence] in Serum	LN	

Panel Component :Hepatitis C antibodies Signal to Cut-off Ratio			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1009	Hepatitis C antibodies Signal to Cut-off Ratio	99USL	
Alternate Identifier	**Text**	**Code System**	
48159-8	Hepatitis C virus Ab Signal/Cutoff in Serum or Plasma by Immunoassay	LN	

Panel : Arbovirus IgG and IgM Panel (DNG, WNV) in Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1300	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	99USL	

Panel Component :Dengue Virus IgG Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1301	Dengue Virus IgG Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
6811-4	Dengue virus IgG Ab [Titer] in Serum	LN	

Panel Component :Dengue Virus IgM Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1302	Dengue Virus IgM Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
6812-2	Dengue virus IgM Ab [Titer] in Serum	LN	

Panel Component :WNV IgG Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1303	WNV IgG Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
33329-4	West Nile virus IgG Ab [Titer] in Serum	LN	

Panel Component :WNV Virus IgM Titer Serum			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1304	WNV Virus IgM Titer Serum	99USL	
Alternate Identifier	**Text**	**Code System**	
33331-0	West Nile virus IgM Ab [Titer] in Serum	LN	

Panel : Creatinine Clearance			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1200	Creatinine Clearance	99USL	
Alternate Identifier	**Text**	**Code System**	
34555-3	Creatinine 24H renal clearance panel	LN	
Charge Code Information			
CPT4-code	82575		

Panel Component :Creatinine Clearance in 24 hours			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1201	Creatinine Clearance in 24 hours	99USL	
Alternate Identifier	**Text**	**Code System**	
2164-2	Creatinine renal clearance in 24 hour	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Urine Volume of 24 hour collection		
Character Limit	12		
Number of Decimals	0		

Panel Component :Creatinine in 24 hr Urine			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
1202	Creatinine in 24 hr Urine	99USL	
Alternate Identifier	**Text**	**Code System**	
20624-3	Creatinine [Mass/volume] in 24 hour Urine	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Urine Volume of 24 hour collection		
Character Limit	12		
Number of Decimals	0		

INCORPORATE VERIFICATION

Incorporate Verification for Erythrocyte sedimentation rate

Data Element Name	Data	Tester Comment
Test Name	Erythrocyte sedimentation rate	
Test Identifier	500	
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	500	
OM1.2.2	Text	Erythrocyte sedimentation rate	
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[1]	**Other Service/Test/Observation IDs for the Observation**		
OM1.7.1[1]	Identifier	30341-2	
OM1.7.2[1]	Text	Erythrocyte sedimentation rate	
OM1.7.3[1]	Name of Coding System	LN	
OM1.7[2]	**Other Service/Test/Observation IDs for the Observation**		
OM1.7.1[2]	Identifier	416838001	
OM1.7.2[2]	Text	Erythrocyte sedimentation rate measurement	
OM1.7.3[2]	Name of Coding System	SCT	
OM1.9	Preferred Report Name for the Observation	Erythrocyte sedimentation rate	
OM1.32	Interpretation of Observations	The erythrocyte sedimentation rate is a nonspecific measure of inflammatory disease.	
OM1.39	Factors that may Affect the Observation	Insufficient blood, Clotting, Hemolysis, Blood specimen received > 12 hours after collection.	
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	
OM1.54[1]	Special Instructions	Please include tentative diagnosis/treatment on the request form..	
OM1.54[2]	Special Instructions	Please direct any questions regarding this test to the hematology division.	
OM1.55[1]	Test Relationship Category	Clinical Pathology	
OM1.55[2]	Test Relationship Category	Hematology	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		

General Information

Location	Data Element Name	Data	Tester Comment
OM1.56.1	Identifier	30341-2	
OM1.56.2	Text	Erythrocyte sedimentation rate	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	500	
OM1.56.5	Alternate Text	Erythrocyte sedimentation rate	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.56.9	Original Text	Erythrocyte sedimentation rate	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	millimeter per hour	
OM2.2.3	Name of Coding System	UCUM	
OM2.2.4	Alternate Identifier	mm/hour	
OM2.2.5	Alternate Text	mm/hour	
OM2.2.6	Name of Alternate Coding System	99USL	
OM2.2.9	Original Text	mm/hour	
OM2.6[1]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[1]	**Numeric Range**		
OM2.6.1.1[1]	Low Value	0	
OM2.6.1.2[1]	High Value	15	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	25	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Black Top Tube (Vac-Tec)	
OM4.4	Container Volume	3.0	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Buffered Citrate (Westergren Sedimentation Rate)	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	2.4	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Lavender Top (EDTA) tube	
OM4.4	Container Volume	3.0	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	2.4	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85652	
CDM.7.2	Text	Sedimentation rate, erythrocyte; automated	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan2	
PM1.2[1]	**Insurance Company ID**		
PM1.2.1[1]	ID Number	SMCA2	
PM1.2.4[1]	**Assiging Authority**		
PM1.2.4.1[1]	Namespace ID	NIST EHR	
PM1.2[2]	**Insurance Company ID**		
PM1.2.1[2]	ID Number	MR002	
PM1.2.4[2]	**Assiging Authority**		
PM1.2.4.1[2]	Namespace ID	CMS	

Coverage Policy

Location	Data Element Name	Data	Tester Comment
MCP.3	**Universal Service Price Range – Low Value**		
MCP.3.1	Quantity	25	
MCP.3.2	Denomination	USD	
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	30	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Some reason	

Incorporate Verification for Erythrocytes, blood

Data Element Name	Data	Tester Comment
Test Name	Erythrocytes, blood	
Test Identifier	202	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
General Information			
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	202	
OM1.2.2	Text	Erythrocytes, blood	
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	26453-1	
OM1.7.2	Text	Erythrocytes [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Erythrocytes, blood	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26453-1	
OM1.56.2	Text	Erythrocytes [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	202	
OM1.56.5	Alternate Text	Erythrocytes, blood	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	trillion per liter	
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**		
OM2.6.1.1[1]	Low Value	3.9	
OM2.6.1.2[1]	High Value	5.5	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	3.9	
OM2.6.1.2[2]	High Value	6.0	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85032	
CDM.7.2	Text	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85032	
CDM.7.2	Text	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	

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 Hemoglobin (Hb)

Data Element Name	Data	Tester Comment
Test Name	Hemoglobin (Hb)	
Test Identifier	256	
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	256	
OM1.2.2	Text	Hemoglobin (Hb)	
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	718-7	
OM1.7.2	Text	Hemoglobin [Mass/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hemoglobin	
OM1.32	Interpretation of Observations	Reduced hemoglobin levels indicate anemia which is commonly caused by loss of blood, nutritional deficiency, bone marrow problems, chemotherapy, kidney failure, hyper hydration, or abnormal hemoglobin (such as that of sickle-cell disease). Increase in hemoglobin levels are due to exposure to high altitudes, smoking, dehydration, or tumors. Increase in red blood cell number or size also result in increased hemoglobin levels. Hemoglobin levels are also impacted by genetic diseases, for example porphyria.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	718-7	
OM1.56.2	Text	Hemoglobin [Mass/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	256	
OM1.56.5	Alternate Text	Hemoglobin (Hb)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	gram 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**		
OM2.6.1.1[1]	Low Value	13.4	
OM2.6.1.2[1]	High Value	19.9	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	10.7	
OM2.6.1.2[2]	High Value	17.1	
OM2.7	**Critical Range for Ordinal and Continuous Observations**		
OM2.7.1	**Numeric Range**		
OM2.7.1.1	Low Value	7.0	
OM2.7.1.2	High Value	22.5	
OM2.8	**Absolute Range for Ordinal and Continuous Observations**		
OM2.8.1	**Numeric Range**		
OM2.8.1.1	Low Value	6.0	
OM2.8.1.2	High Value	22.5	

Incorporate Verification for Hematocrit

Data Element Name	Data	Tester Comment
Test Name	Hematocrit	
Test Identifier	204	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	204	
OM1.2.2	Text	Hematocrit	
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	20570-8	
OM1.7.2	Text	Hematocrit [Volume Fraction] of Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hematocrit	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	20570-8	
OM1.56.2	Text	Hematocrit [Volume Fraction] of Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	204	
OM1.56.5	Alternate Text	Hematocrit	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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**		
OM2.6.1.1[1]	Low Value	42.0	
OM2.6.1.2[1]	High Value	65.0	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	33.0	
OM2.6.1.2[2]	High Value	55.0	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85014	
CDM.7.2	Text	blood count; hematocrit (hct)	

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	29	
MCP.4.2	Denomination	USD	

Incorporate Verification for Leukocytes, blood

Data Element Name	Data	Tester Comment
Test Name	Leukocytes, blood	
Test Identifier	206	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	206	
OM1.2.2	Text	Leukocytes, blood	
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	26464-8	
OM1.7.2	Text	Leukocytes [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocytes, blood	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26464-8	
OM1.56.2	Text	Leukocytes [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	206	
OM1.56.5	Alternate Text	Leukocytes, blood	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.2.4	Alternate Identifier	k/ul	
OM2.2.5	Alternate Text	thousand per microliter	
OM2.2.6	Name of Alternate Coding System	99USL	
OM2.2.9	Original Text	thousand per microliter	
OM2.6[1]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[1]	**Numeric Range**		
OM2.6.1.1[1]	Low Value	9.0	
OM2.6.1.2[1]	High Value	30	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	9.4	
OM2.6.1.2[2]	High Value	34	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Numeric Observation Information

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85048	
CDM.7.2	Text	blood count; leukocyte (wbc), automated	

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 Platelets

Data Element Name	Data	Tester Comment
Test Name	Platelets	
Test Identifier	208	
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	208	
OM1.2.2	Text	Platelets	
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	26515-7	
OM1.7.2	Text	Platelets [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Platelets	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26515-7	
OM1.56.2	Text	Platelets [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	208	
OM1.56.5	Alternate Text	Platelets	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	thousand per microliter	
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**		
OM2.6.1.1[1]	Low Value	150	
OM2.6.1.2[1]	High Value	450	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	150	
OM2.6.1.2[2]	High Value	400	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	85025	
CDM.7.2	Text	blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count	

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 Mean corpuscular volume (MCV)

Data Element Name	Data	Tester Comment
Test Name	Mean corpuscular volume (MCV)	
Test Identifier	210	
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	210	
OM1.2.2	Text	Mean corpuscular volume (MCV)	
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	30428-7	
OM1.7.2	Text	Erythrocyte mean corpuscular volume [Entitic volume]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mean corpuscular volume (MCV)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30428-7	
OM1.56.2	Text	Erythrocyte mean corpuscular volume [Entitic volume]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	210	
OM1.56.5	Alternate Text	Mean corpuscular volume (MCV)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	femtoliter	
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**		
OM2.6.1.1[1]	Low Value	98.0	
OM2.6.1.2[1]	High Value	120.0	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	88.0	
OM2.6.1.2[2]	High Value	120.0	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Mean corpuscular hemoglobin (MCH)

Data Element Name	Data	Tester Comment
Test Name	Mean corpuscular hemoglobin (MCH)	
Test Identifier	212	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	212	
OM1.2.2	Text	Mean corpuscular hemoglobin (MCH)	
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	28539-5	
OM1.7.2	Text	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mean corpuscular hemoglobin (MCH)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	28539-5	
OM1.56.2	Text	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	212	
OM1.56.5	Alternate Text	Mean corpuscular hemoglobin (MCH)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	picogram per cell	
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	27	
OM2.6.1.2	High Value	31	

Incorporate Verification for Mean corpuscular hemoglobin Concentration (MCHC)

Data Element Name	Data	Tester Comment
Test Name	Mean corpuscular hemoglobin Concentration (MCHC)	
Test Identifier	214	
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	214	
OM1.2.2	Text	Mean corpuscular hemoglobin Concentration (MCHC)	
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	28540-3	
OM1.7.2	Text	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mean corpuscular hemoglobin Concentration (MCHC)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	28540-3	
OM1.56.2	Text	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	214	
OM1.56.5	Alternate Text	Mean corpuscular hemoglobin Concentration (MCHC)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	gram 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	32	
OM2.6.1.2	High Value	36	

Incorporate Verification for Red blood cell distribution width (RDW)

Data Element Name	Data	Tester Comment
Test Name	Red blood cell distribution width (RDW)	
Test Identifier	216	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	216	
OM1.2.2	Text	Red blood cell distribution width (RDW)	
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	30385-9	
OM1.7.2	Text	Erythrocyte distribution width [Ratio]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Red blood cell distribution width (RDW)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30385-9	
OM1.56.2	Text	Erythrocyte distribution width [Ratio]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	216	
OM1.56.5	Alternate Text	Red blood cell distribution width (RDW)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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**		
OM2.6.1.1[1]	Low Value	12.0	
OM2.6.1.2[1]	High Value	14.5	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	12.0	
OM2.6.1.2[2]	High Value	14.0	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Basophils

Data Element Name	Data	Tester Comment
Test Name	Basophils	
Test Identifier	218	
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	218	
OM1.2.2	Text	Basophils	
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	26444-0	
OM1.7.2	Text	Basophils [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Basophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26444-0	
OM1.56.2	Text	Basophils [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	218	
OM1.56.5	Alternate Text	Basophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
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**		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.60	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0.0	
OM2.6.1.2[2]	High Value	0.20	

Incorporate Verification for % Basophils

Data Element Name	Data	Tester Comment
Test Name	% Basophils	
Test Identifier	220	
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	220	
OM1.2.2	Text	% Basophils	
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	30180-4	
OM1.7.2	Text	Basophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Basophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30180-4	
OM1.56.2	Text	Basophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	220	
OM1.56.5	Alternate Text	% Basophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	

Incorporate Verification for Monocytes

Data Element Name	Data	Tester Comment
Test Name	Monocytes	
Test Identifier	222	
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	222	
OM1.2.2	Text	Monocytes	
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	26484-6	
OM1.7.2	Text	Monocytes [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Monocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26484-6	
OM1.56.2	Text	Monocytes [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	222	
OM1.56.5	Alternate Text	Monocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
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**		
OM2.6.1.1[1]	Low Value	0.40	
OM2.6.1.2[1]	High Value	1.80	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0.05	
OM2.6.1.2[2]	High Value	1.10	

Incorporate Verification for % Monocytes

Data Element Name	Data	Tester Comment
Test Name	% Monocytes	
Test Identifier	224	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	224	
OM1.2.2	Text	% Monocytes	
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	26485-3	
OM1.7.2	Text	Monocytes/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Monocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26485-3	
OM1.56.2	Text	Monocytes/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	224	
OM1.56.5	Alternate Text	% Monocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

General Information

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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	0	
OM2.6.1.2	High Value	10	

Incorporate Verification for Eosinophils

Data Element Name	Data	Tester Comment
Test Name	Eosinophils	
Test Identifier	226	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	226	
OM1.2.2	Text	Eosinophils	
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	26449-9	
OM1.7.2	Text	Eosinophils [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Eosinophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26449-9	
OM1.56.2	Text	Eosinophils [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	226	
OM1.56.5	Alternate Text	Eosinophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
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**		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.85	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0.05	
OM2.6.1.2[2]	High Value	0.70	

Incorporate Verification for % Eosinophils

Data Element Name	Data	Tester Comment
Test Name	% Eosinophils	
Test Identifier	228	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	228	
OM1.2.2	Text	% Eosinophils	
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	26450-7	
OM1.7.2	Text	Eosinophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Eosinophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26450-7	
OM1.56.2	Text	Eosinophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	228	
OM1.56.5	Alternate Text	% Eosinophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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	0	
OM2.6.1.2	High Value	3	

Incorporate Verification for Lymphocytes

Data Element Name	Data	Tester Comment
Test Name	Lymphocytes	
Test Identifier	230	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	230	
OM1.2.2	Text	Lymphocytes	
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	26474-7	
OM1.7.2	Text	Lymphocytes [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Lymphocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26474-7	
OM1.56.2	Text	Lymphocytes [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	230	
OM1.56.5	Alternate Text	Lymphocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
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**		
OM2.6.1.1[1]	Low Value	2.0	
OM2.6.1.2[1]	High Value	11.0	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	2.0	
OM2.6.1.2[2]	High Value	11.0	

Incorporate Verification for % Lymphocytes

Data Element Name	Data	Tester Comment
Test Name	% Lymphocytes	
Test Identifier	232	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	232	
OM1.2.2	Text	% Lymphocytes	
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	26478-8	
OM1.7.2	Text	Lymphocytes/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Lymphocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26478-8	
OM1.56.2	Text	Lymphocytes/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	232	
OM1.56.5	Alternate Text	% Lymphocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

General Information

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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**		
OM2.6.1.1[1]	Low Value	26	
OM2.6.1.2[1]	High Value	36	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	36	
OM2.6.1.2[2]	High Value	46	

Incorporate Verification for Neutrophils

Data Element Name	Data	Tester Comment
Test Name	Neutrophils	
Test Identifier	234	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	234	
OM1.2.2	Text	Neutrophils	
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	26499-4	
OM1.7.2	Text	Neutrophils [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Neutrophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26499-4	
OM1.56.2	Text	Neutrophils [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	234	
OM1.56.5	Alternate Text	Neutrophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	billion per liter	
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**		
OM2.6.1.1[1]	Low Value	9.0	
OM2.6.1.2[1]	High Value	26.0	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	1.5	
OM2.6.1.2[2]	High Value	10.0	

Incorporate Verification for % Neutrophils

Data Element Name	Data	Tester Comment
Test Name	% Neutrophils	
Test Identifier	236	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	236	
OM1.2.2	Text	% Neutrophils	
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	26511-6	
OM1.7.2	Text	Neutrophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Neutrophils	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	26511-6	
OM1.56.2	Text	Neutrophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	236	
OM1.56.5	Alternate Text	% Neutrophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	percent	
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**		
OM2.6.1.1[1]	Low Value	42	
OM2.6.1.2[1]	High Value	90	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	26	
OM2.6.1.2[2]	High Value	54	

Incorporate Verification for Anisocytosis

Data Element Name	Data	Tester Comment
Test Name	Anisocytosis	
Test Identifier	238	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	238	
OM1.2.2	Text	Anisocytosis	
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	38892-6	
OM1.7.2	Text	Anisocytosis [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Anisocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	38892-6	
OM1.56.2	Text	Anisocytosis [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	238	
OM1.56.5	Alternate Text	Anisocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Hypochromia

Data Element Name	**Data**	**Tester Comment**
Test Name	Hypochromia	
Test Identifier	240	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	240	
OM1.2.2	Text	Hypochromia	
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	30400-6	
OM1.7.2	Text	Hypochromia [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hypochromia	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30400-6	
OM1.56.2	Text	Hypochromia [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	240	
OM1.56.5	Alternate Text	Hypochromia	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Macrocytosis

Data Element Name	**Data**	**Tester Comment**
Test Name	Macrocytosis	
Test Identifier	242	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	242	
OM1.2.2	Text	Macrocytosis	
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	30424-6	
OM1.7.2	Text	Macrocytes [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Macrocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30424-6	
OM1.56.2	Text	Macrocytes [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	242	
OM1.56.5	Alternate Text	Macrocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Microcytosis

Data Element Name	**Data**	**Tester Comment**
Test Name	Microcytosis	
Test Identifier	244	
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	244	
OM1.2.2	Text	Microcytosis	
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	30434-5	
OM1.7.2	Text	Microcytes [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Microcytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	30434-5	
OM1.56.2	Text	Microcytes [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	244	
OM1.56.5	Alternate Text	Microcytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Poikilocytosis

Data Element Name	Data	Tester Comment
Test Name	Poikilocytosis	
Test Identifier	246	
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	246	
OM1.2.2	Text	Poikilocytosis	
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	779-9	
OM1.7.2	Text	Poikilocytosis [Presence] in Blood by Light microscopy	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Poikilocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	779-9	
OM1.56.2	Text	Poikilocytosis [Presence] in Blood by Light microscopy	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	246	
OM1.56.5	Alternate Text	Poikilocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Polychromasia

Data Element Name	Data	Tester Comment
Test Name	Polychromasia	
Test Identifier	248	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	248	
OM1.2.2	Text	Polychromasia	
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	10378-8	
OM1.7.2	Text	Polychromasia [Presence] in Blood by Light microscopy	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Polychromasia	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	10378-8	
OM1.56.2	Text	Polychromasia [Presence] in Blood by Light microscopy	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	248	
OM1.56.5	Alternate Text	Polychromasia	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for RBC morphology

Data Element Name	**Data**	**Tester Comment**
Test Name	RBC morphology	
Test Identifier	250	
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	250	
OM1.2.2	Text	RBC morphology	
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	6742-1	
OM1.7.2	Text	Erythrocyte morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	RBC morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	6742-1	
OM1.56.2	Text	Erythrocyte morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	250	
OM1.56.5	Alternate Text	RBC morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	

Location	Data Element Name	Data	Tester Comment
Categorial Test Information			
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	19669003	
OM3.5.2[1]	Text	Erythrocyte agglutination (morphologic abnormality)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	250236003	
OM3.5.2[2]	Text	Heinz bodies (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	165496003	
OM3.5.2[3]	Text	Rouleaux (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	250240007	
OM3.5.2[4]	Text	Dimorphic red blood cell population (finding)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.5[5]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[5]	Identifier	397063002	
OM3.5.2[5]	Text	Basophilic stippling, erythrocytes (finding)	
OM3.5.3[5]	Name of Coding System	SCT	
OM3.5[6]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[6]	Identifier	397067001	
OM3.5.2[6]	Text	Hemoglobin C crystals (finding)	
OM3.5.3[6]	Name of Coding System	SCT	
OM3.5[7]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[7]	Identifier	250234000	
OM3.5.2[7]	Text	Howell Jolly bodies (finding)	
OM3.5.3[7]	Name of Coding System	SCT	
OM3.5[8]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[8]	Identifier	250235004	
OM3.5.2[8]	Text	Pappenheimer bodies (finding)	
OM3.5.3[8]	Name of Coding System	SCT	
OM3.5[9]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[9]	Identifier	313235003	
OM3.5.2[9]	Text	Burr cells present (finding)	
OM3.5.3[9]	Name of Coding System	SCT	
OM3.5[10]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[10]	Identifier	259679003	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.5.2[10]	Text	Ringed sideroblast (finding)	
OM3.5.3[10]	Name of Coding System	SCT	
OM3.5[11]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[11]	Identifier	397062007	
OM3.5.2[11]	Text	Cabot's ring bodies (finding)	
OM3.5.3[11]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for WBC morphology

Data Element Name	Data	Tester Comment
Test Name	WBC morphology	
Test Identifier	252	
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	252	
OM1.2.2	Text	WBC morphology	
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	11156-7	
OM1.7.2	Text	Leukocyte morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	WBC morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	11156-7	
OM1.56.2	Text	Leukocyte morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	252	
OM1.56.5	Alternate Text	WBC morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4[1]	**Normal Text/Codes for Categorical Observations**		
OM3.4.1[1]	Identifier	17621005	
OM3.4.2[1]	Text	normal (qualifier value)	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4.3[1]	Name of Coding System	SCT	
OM3.4[2]	**Normal Text/Codes for Categorical Observations**		
OM3.4.1[2]	Identifier	80153006	
OM3.4.2[2]	Text	Segmented neutrophil (cell)	
OM3.4.3[2]	Name of Coding System	SCT	
OM3.4[3]	**Normal Text/Codes for Categorical Observations**		
OM3.4.1[3]	Identifier	55918008	
OM3.4.2[3]	Text	Monocyte (cell)	
OM3.4.3[3]	Name of Coding System	SCT	
OM3.4[4]	**Normal Text/Codes for Categorical Observations**		
OM3.4.1[4]	Identifier	56972008	
OM3.4.2[4]	Text	Lymphocyte (cell)	
OM3.4.3[4]	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	87361006	
OM3.5.2[1]	Text	Left shifted white blood cells (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	50551008	
OM3.5.2[2]	Text	Right shifted white blood cells (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	259715006	
OM3.5.2[3]	Text	Dohle body (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	250275007	
OM3.5.2[4]	Text	Hypersegmentation (finding)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.5[5]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[5]	Identifier	250277004	
OM3.5.2[5]	Text	Ring-form neutrophil (finding)	
OM3.5.3[5]	Name of Coding System	SCT	
OM3.5[6]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[6]	Identifier	15111002	
OM3.5.2[6]	Text	Pelger-Huet cell (finding)	
OM3.5.3[6]	Name of Coding System	SCT	
OM3.5[7]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[7]	Identifier	250282006	
OM3.5.2[7]	Text	Drumstick nuclear appendage (finding)	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.5.3[7]	Name of Coding System	SCT	
OM3.5[8]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[8]	Identifier	250281004	
OM3.5.2[8]	Text	Cytoplasmic vacuolation (finding)	
OM3.5.3[8]	Name of Coding System	SCT	
OM3.5[9]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[9]	Identifier	64668006	
OM3.5.2[9]	Text	Sensitized leukocyte (finding)	
OM3.5.3[9]	Name of Coding System	SCT	

Incorporate Verification for Platelet morphology

Data Element Name	Data	Tester Comment
Test Name	Platelet morphology	
Test Identifier	254	
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	254	
OM1.2.2	Text	Platelet morphology	
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	11125-2	
OM1.7.2	Text	Platelet morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Platelet morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	11125-2	
OM1.56.2	Text	Platelet morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	254	
OM1.56.5	Alternate Text	Platelet morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	134204007	
OM3.5.2[1]	Text	Platelet clumps (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	44687006	
OM3.5.2[2]	Text	Giant platelet (morphologic abnormality)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	25624002	
OM3.5.2[3]	Text	Dysplastic platelet (morphologic abnormality)	
OM3.5.3[3]	Name of Coding System	SCT	

Incorporate Verification for Color of Urine

Data Element Name	Data	Tester Comment
Test Name	Color of Urine	
Test Identifier	344	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	344	
OM1.2.2	Text	Color of Urine	
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	5778-6	
OM1.7.2	Text	Color of Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Color of Urine	
OM1.32	Interpretation of Observations	Dark brown or smoky urine suggests a renal source of hematuria, pink or red urine are indications of extra renal sources. Deep purple urine suggests porphyria.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	5778-6	
OM1.56.2	Text	Color of Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	344	
OM1.56.5	Alternate Text	Color of Urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	77775007	
OM3.4.2	Text	Normal color (finding)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	50935005	
OM3.5.2[1]	Text	Milky urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	28977008	
OM3.5.2[2]	Text	Pink color (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	386713009	
OM3.5.2[3]	Text	Red color (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	73112009	
OM3.5.2[4]	Text	Dark color (finding)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Clarity of Urine

Data Element Name	**Data**	**Tester Comment**
Test Name	Clarity of Urine	
Test Identifier	346	
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	346	
OM1.2.2	Text	Clarity of Urine	
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	32167-9	
OM1.7.2	Text	Clarity of Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Clarity of Urine	
OM1.32	Interpretation of Observations	Increased turbidity of urine is an indication of increased cell numbers (erythrocytes or leukocytes), presence of bacteria, presence of crystals, lipiduria, increased mucus content, semen or fecal contamination.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	32167-9	
OM1.56.2	Text	Clarity of Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	346	
OM1.56.5	Alternate Text	Clarity of Urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	167236000	
OM3.4.2	Text	Urine: looks clear (finding)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	7766007	
OM3.5.2[1]	Text	Cloudy urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	167238004	
OM3.5.2[2]	Text	Urine: turbid (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Erythrocytes, urine

Data Element Name	Data	Tester Comment
Test Name	Erythrocytes, urine	
Test Identifier	302	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	302	
OM1.2.2	Text	Erythrocytes, urine	
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	46419-8	
OM1.7.2	Text	Erythrocytes [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Erythrocytes, urine	
OM1.32	Interpretation of Observations	Presence of more than the occasional are an indication of hemorrhage in the urinary tract system. Dysmorphic red cells can indicate glomerulonephritis.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	46419-8	
OM1.56.2	Text	Erythrocytes [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	302	
OM1.56.5	Alternate Text	Erythrocytes, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per high power field	
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	0	
OM2.6.1.2	High Value	2	

Incorporate Verification for Leukocytes, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocytes, urine	
Test Identifier	304	
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	304	
OM1.2.2	Text	Leukocytes, urine	
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	46702-7	
OM1.7.2	Text	Leukocytes [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocytes, urine	
OM1.32	Interpretation of Observations	Presence of more than the occasional leukocytes are an indication of inflammation in the genitourinary tract.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	46702-7	
OM1.56.2	Text	Leukocytes [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	304	
OM1.56.5	Alternate Text	Leukocytes, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per high power field	
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**		
OM2.6.1.1[1]	Low Value	0	
OM2.6.1.2[1]	High Value	3	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	10	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Leukocyte clumps, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocyte clumps, urine	
Test Identifier	306	
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	306	
OM1.2.2	Text	Leukocyte clumps, urine	
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	50233-6	
OM1.7.2	Text	Leukocyte clumps [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocyte clumps, urine	
OM1.32	Interpretation of Observations	Clumping leukocytes occur with a high number of leukocytes, a good indicator of inflammation in the genitourinary tract.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50233-6	
OM1.56.2	Text	Leukocyte clumps [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	306	
OM1.56.5	Alternate Text	Leukocyte clumps, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per high power field	
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	0	
OM2.6.1.2	High Value	2	

Incorporate Verification for Non-squamous epithelial cells. , urine

Data Element Name	Data	Tester Comment
Test Name	Non-squamous epithelial cells. , urine	
Test Identifier	308	
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	308	
OM1.2.2	Text	Non-squamous epithelial cells. , urine	
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	53294-5	
OM1.7.2	Text	Epithelial cells.non-squamous [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Non-squamous epithelial cells, urine	
OM1.32	Interpretation of Observations	Any large number of non-squamous epithelial cells can indicate a neoplasm in the genitourinary tract. A follow up cytological analysis is recommended, when neoplasia is suspected.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	53294-5	
OM1.56.2	Text	Epithelial cells.non-squamous [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	308	
OM1.56.5	Alternate Text	Non-squamous epithelial cells. , urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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	0	
OM2.6.1.2	High Value	5	

Incorporate Verification for Squamous epithelial cells. , urine

Data Element Name	Data	Tester Comment
Test Name	Squamous epithelial cells. , urine	
Test Identifier	310	
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	310	
OM1.2.2	Text	Squamous epithelial cells. , urine	
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	33219-7	
OM1.7.2	Text	Epithelial cells.squamous [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Squamous epithelial cells. , urine	
OM1.32	Interpretation of Observations	A few squamous epithelial cells are normal in random urine, a large number suggests contamination of the sample, by incorrectly or insufficiently cleaning prior to collection.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	33219-7	
OM1.56.2	Text	Epithelial cells.squamous [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	310	
OM1.56.5	Alternate Text	Squamous epithelial cells. , urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per high power field	
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	0	
OM2.6.1.2	High Value	5	

Incorporate Verification for Bacteria, urine

Data Element Name	Data	Tester Comment
Test Name	Bacteria, urine	
Test Identifier	314	
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	314	
OM1.2.2	Text	Bacteria, urine	
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	33218-9	
OM1.7.2	Text	Bacteria [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Bacteria, urine	
OM1.32	Interpretation of Observations	Presence of bacteria, especially in large numbers indicate infection in the urinary tract. A urine culture is recommended.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	33218-9	
OM1.56.2	Text	Bacteria [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	314	
OM1.56.5	Alternate Text	Bacteria, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per high power field	
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	0	

Incorporate Verification for Crystals , urine

Data Element Name	Data	Tester Comment
Test Name	Crystals , urine	
Test Identifier	312	
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	312	
OM1.2.2	Text	Crystals , urine	
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	53322-4	
OM1.7.2	Text	Crystals [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Crystals , urine	
OM1.32	Interpretation of Observations	This is most useful in warm fresh urine for differential diagnosis of hematuria, nephrolithiasis or toxin ingestion. There are several types of crystals indicating different disease origin. Review of urine pH as well as the polarizing microscopy are recommended for further identification.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	53322-4	
OM1.56.2	Text	Crystals [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	312	
OM1.56.5	Alternate Text	Crystals , urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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	0	
OM2.6.1.2	High Value	5	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	81005	
CDM.7.2	Text	urinalysis; qualitative or semiquantitative, except immunoassays	

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 Hyaline casts

Data Element Name	Data	Tester Comment
Test Name	Hyaline casts	
Test Identifier	316	
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	316	
OM1.2.2	Text	Hyaline casts	
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	33223-9	
OM1.7.2	Text	Hyaline casts [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hyaline casts	
OM1.32	Interpretation of Observations	Hyaline casts are the most common type of casts. They are solidified Tamm-Horsfall mucoprotein secreted from the tubular epithelial cells of individual nephrons. Low urine flow, concentrated urine, or an acidic environment can contribute to the formation of hyaline casts, and, as such, they may be seen in normal individuals in dehydration or vigorous exercise. They often form the basis of other cast types due to inclusion or adhesion of other elements and can also indicate several types of renal disease.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	33223-9	
OM1.56.2	Text	Hyaline casts [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	316	
OM1.56.5	Alternate Text	Hyaline casts	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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	0	
OM2.6.1.2	High Value	4	

Incorporate Verification for Casts

Data Element Name	Data	Tester Comment
Test Name	Casts	
Test Identifier	318	
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	318	
OM1.2.2	Text	Casts	
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	43755-8	
OM1.7.2	Text	Casts [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Casts	

	General Information		
Location	**Data Element Name**	**Data**	**Tester Comment**
OM1.32	Interpretation of Observations	Any kind of casts are counted in this test - there are several kinds of casts: Granular casts are the second-most common type of cast, resulting from break down of cellular casts, or inclusion of plasma proteins. They are most often indicative of chronic renal disease. Exception here is the muddy brown cast, which is an indication of acute tubular necrosis. Waxy casts can be found in urine from patients in renal failure. Fatty casts are indictors of high protein nephrotic syndrome. Pigment casts can indicate hemolytic anemia, rhobdomyolysis and liver disease. They also occur with some medication. Cellular casts: Red blood cell cast always indicate glomerular damage. White blood cell casts are suggestive of pyelonephritis, and may also be seen in inflammatory states, such as acute allergic interstitial nephritis, nephrotic syndrome, or post-streptococcal acute glomerulonephritis.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	43755-8	
OM1.56.2	Text	Casts [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	318	
OM1.56.5	Alternate Text	Casts	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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	0	
OM2.6.1.2	High Value	2	

Incorporate Verification for Spermatozoa, urine

Data Element Name	Data	Tester Comment
Test Name	Spermatozoa, urine	
Test Identifier	320	
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	320	
OM1.2.2	Text	Spermatozoa, urine	
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	53324-0	
OM1.7.2	Text	Spermatozoa [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Spermatozoa, urine	
OM1.32	Interpretation of Observations	Presence of sperm in male urine can be indicative of retrograde ejaculation.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	53324-0	
OM1.56.2	Text	Spermatozoa [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	320	
OM1.56.5	Alternate Text	Spermatozoa, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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	0	

Incorporate Verification for Mucus, urine

Data Element Name	Data	Tester Comment
Test Name	Mucus, urine	
Test Identifier	322	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	322	
OM1.2.2	Text	Mucus, urine	
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	50235-1	
OM1.7.2	Text	Mucus [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mucus, urine	
OM1.32	Interpretation of Observations	In the majority presence of mucus in urine is an indicator of a urinary tract infection. Other causes are kidney stone or neoplasm.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50235-1	
OM1.56.2	Text	Mucus [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	322	
OM1.56.5	Alternate Text	Mucus, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	per low power field	
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**		
OM2.6.1.1[1]	Low Value	0	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	4	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Total bilirubin, urine

Data Element Name	Data	Tester Comment
Test Name	Total bilirubin, urine	
Test Identifier	324	
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	324	
OM1.2.2	Text	Total bilirubin, urine	
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	53327-3	
OM1.7.2	Text	Bilirubin.total [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total bilirubin, urine	
OM1.32	Interpretation of Observations	Bilirubin in urine may indicate liver damage or disease.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	53327-3	
OM1.56.2	Text	Bilirubin.total [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	324	
OM1.56.5	Alternate Text	Total bilirubin, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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	0	
OM2.6.1.2	High Value	15	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Glucose, urine

Data Element Name	Data	Tester Comment
Test Name	Glucose, urine	
Test Identifier	326	
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	326	
OM1.2.2	Text	Glucose, urine	
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	2349-9	
OM1.7.2	Text	Glucose [Presence] in Urine	
OM1.7.3	Name of Coding System	LN	
OM1.11	Preferred Long Name for the Observation	Glucose, Semi quantitative, Urine	
OM1.32	Interpretation of Observations	Test for detection and monitoring of diabetes mellitus.	
OM1.37	Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2349-9	
OM1.56.2	Text	Glucose [Presence] in Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	326	
OM1.56.5	Alternate Text	Glucose, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hemoglobin, urine

Data Element Name	Data	Tester Comment
Test Name	Hemoglobin, urine	
Test Identifier	328	
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	328	
OM1.2.2	Text	Hemoglobin, urine	
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	50559-4	
OM1.7.2	Text	Hemoglobin [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hemoglobin, urine	
OM1.32	Interpretation of Observations	Presence of hemoglobin is often associated with hemolytic or sickle cell anemia, though it requires work up for renal cancer, pyelonephritis, tuberculosis or malaria, and acute lead poisoning and trauma. In small amounts it may occur after strenuous exercise.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50559-4	
OM1.56.2	Text	Hemoglobin [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	328	
OM1.56.5	Alternate Text	Hemoglobin, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	83069	
CDM.7.2	Text	Hemoglobin; urine	

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 Ketones , urine

Data Element Name	Data	Tester Comment
Test Name	Ketones , urine	
Test Identifier	330	
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	330	
OM1.2.2	Text	Ketones , urine	
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	50557-8	
OM1.7.2	Text	Ketones [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ketones , urine	
OM1.32	Interpretation of Observations	Ketones in urine occur more commonly in type I diabetes mellitus, but can also be observed during starvation.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50557-8	
OM1.56.2	Text	Ketones [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	330	
OM1.56.5	Alternate Text	Ketones , urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Leukocyte esterase, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocyte esterase, urine	
Test Identifier	332	
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	332	
OM1.2.2	Text	Leukocyte esterase, urine	
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	60026-2	
OM1.7.2	Text	Leukocyte esterase [Presence] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocyte esterase, urine	
OM1.32	Interpretation of Observations	Presence of leukocyte esterase can be used as a screening for urinary tract infection, though even in combination with nitrite results the sensitivity (24%) and specificity (94%) are low. A urine culture is the gold standard diagnosing a urinary tract infection and is recommended.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	60026-2	
OM1.56.2	Text	Leukocyte esterase [Presence] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	332	
OM1.56.5	Alternate Text	Leukocyte esterase, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Incorporate Verification for Nitrite, urine

Data Element Name	**Data**	**Tester Comment**
Test Name	Nitrite, urine	
Test Identifier	334	
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	334	
OM1.2.2	Text	Nitrite, urine	
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	50558-6	
OM1.7.2	Text	Nitrite [Presence] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Nitrite, urine	
OM1.32	Interpretation of Observations	This test is often included as a screening test for urinary tract infections, however it has been found to have low sensitivity (24%) and specificity (94%), even when used in combination with results from the Leukocyte Esterase test. The best test for urinary tract infect detection is still the urine culture.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50558-6	
OM1.56.2	Text	Nitrite [Presence] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	334	
OM1.56.5	Alternate Text	Nitrite, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Urine pH

Data Element Name	Data	Tester Comment
Test Name	Urine pH	
Test Identifier	336	
Test Identifier Code System	99USL	
Status	Active	

Incorporate Verification for Urine pH

Data Element Name	Data	Tester Comment
Test Name	Urine pH	
Test Identifier	336	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	336	
OM1.2.2	Text	Urine pH	
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	50560-2	
OM1.7.2	Text	pH of Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Urine pH	
OM1.32	Interpretation of Observations	Changes in pH are an indicator of the acid-base balance in the body, which may be helpful in determining subtle presence of distal renal tubular disease or pyelonephritis as well as identifying crystals in urine and determining predisposition to form a given type of stone.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50560-2	
OM1.56.2	Text	pH of Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	336	
OM1.56.5	Alternate Text	Urine pH	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	pH	
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	5.0	
OM2.6.1.2	High Value	7.5	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	83986	
CDM.7.2	Text	ph; body fluid, not otherwise specified	

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 Protein, urine

Data Element Name	Data	Tester Comment
Test Name	Protein, urine	
Test Identifier	338	
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	338	
OM1.2.2	Text	Protein, urine	
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	50561-0	
OM1.7.2	Text	Protein [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Protein, urine	
OM1.32	Interpretation of Observations	Proteinuria is an indication of kidney disease, which can be caused by several conditions, most commonly diabetes mellitus and hypertension. Other cause of protein in urine are toxins, some medications, trauma or infections. Proteinuria can also occur in pregnant women as part of preeclampsia.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50561-0	
OM1.56.2	Text	Protein [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	338	
OM1.56.5	Alternate Text	Protein, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	**Collection Event/Process Step**		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	**Answer Choices**		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	**Answer Choices**		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

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**		
OM2.6.1.1[1]	Low Value	5	
OM2.6.1.2[1]	High Value	25	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	5	
OM2.6.1.2[2]	High Value	24	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	84156	
CDM.7.2	Text	protein, total, except by refractometry; urine	

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 Urobilinogen

Data Element Name	Data	Tester Comment
Test Name	Urobilinogen	
Test Identifier	340	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	340	
OM1.2.2	Text	Urobilinogen	
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	50563-6	
OM1.7.2	Text	Urobilinogen [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Urobilinogen	
OM1.32	Interpretation of Observations	Urinary urobilinogen may be increased in the presence of a hemolytic process such as hemolytic anemia. It may also be increased with infectious hepatitis, or with cirrhosis.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	50563-6	
OM1.56.2	Text	Urobilinogen [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	340	
OM1.56.5	Alternate Text	Urobilinogen	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	Ehrlich unit 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	0.2	
OM2.6.1.2	High Value	1.0	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Urine specific gravity

Data Element Name	Data	Tester Comment
Test Name	Urine specific gravity	
Test Identifier	342	
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	342	
OM1.2.2	Text	Urine specific gravity	
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	53326-5	
OM1.7.2	Text	Specific gravity of Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Urine specific gravity	
OM1.32	Interpretation of Observations	The specific gravity of urine is used to obtain information about the state of the kidney and the state of hydration of the patient.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	53326-5	
OM1.56.2	Text	Specific gravity of Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	342	
OM1.56.5	Alternate Text	Urine specific gravity	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	specific gravity	
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**		
OM2.6.1.1[1]	Low Value	1.001	
OM2.6.1.2[1]	High Value	1.035	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	150	
OM2.6.1.2[2]	High Value	1150	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	81003	
CDM.7.2	Text	URNLYSS, DP STCK OR TBLT RGNT FR BLRBN, GLCS, HMGLBN, KTNS, LKCYTS, NTRT, PH, PRTN, SPCFC GRVTY, URBLNGN, ANY NMBR OF THS CNSTTNTS ATMTD, WTHT MCRSCPY	

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 Serum Glucose

Data Element Name	**Data**	**Tester Comment**
Test Name	Serum Glucose	
Test Identifier	104	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	104	
OM1.2.2	Text	Serum Glucose	
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	2345-7	
OM1.7.2	Text	Glucose [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Serum Glucose	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2345-7	
OM1.56.2	Text	Glucose [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	104	
OM1.56.5	Alternate Text	Serum Glucose	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
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	

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	70	
OM2.6.1.2	High Value	140	
OM2.7	Critical Range for Ordinal and Continuous Observations		
OM2.7.1	Numeric Range		
OM2.7.1.1	Low Value	40	
OM2.7.1.2	High Value	500	
OM2.8	Absolute Range for Ordinal and Continuous Observations		
OM2.8.1	Numeric Range		
OM2.8.1.1	Low Value	10	
OM2.8.1.2	High Value	10000	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	Container Units		
OM4.5.2[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	1	
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	82947	
CDM.7.2	Text	glucose; quantitative, blood (except reagent strip)	

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	

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	SKCA0	
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	29	
MCP.4.2	Denomination	USD	

Coverage Policy

Location	Data Element Name	Data	Tester Comment
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	29	
MCP.4.2	Denomination	USD	

Incorporate Verification for Blood Urea Nitrogen (BUN)

Data Element Name	Data	Tester Comment
Test Name	Blood Urea Nitrogen (BUN)	
Test Identifier	106	
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	106	
OM1.2.2	Text	Blood Urea Nitrogen (BUN)	
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	3094-0	
OM1.7.2	Text	Urea nitrogen [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Blood Urea Nitrogen (BUN)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	3094-0	
OM1.56.2	Text	Urea nitrogen [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	106	
OM1.56.5	Alternate Text	Blood Urea Nitrogen (BUN)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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**		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	25	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	8	
OM2.6.1.2[2]	High Value	24	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	84520	
CDM.7.2	Text	urea nitrogen; quantitative	

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 Creatinine

Data Element Name	Data	Tester Comment
Test Name	Creatinine	
Test Identifier	102	
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	102	
OM1.2.2	Text	Creatinine	
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	2160-0	
OM1.7.2	Text	Creatinine [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2160-0	
OM1.56.2	Text	Creatinine [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	102	
OM1.56.5	Alternate Text	Creatinine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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**		

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.7	
OM2.6.1.2[1]	High Value	1.33	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6.6[1]	Race/Subspecies		
OM2.6.6.1[1]	Identifier	NAA	
OM2.6.6.2[1]	Text	Non -African American	
OM2.6.6.3[1]	Name of Coding System	99USL	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0.5	
OM2.6.1.2[2]	High Value	1.05	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	
OM2.6.6[2]	Race/Subspecies		
OM2.6.6.1[2]	Identifier	NAA	
OM2.6.6.2[2]	Text	Non African American	
OM2.6.6.3[2]	Name of Coding System	99USL	
OM2.6[3]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[3]	Numeric Range		
OM2.6.1.1[3]	Low Value	0.7	
OM2.6.1.2[3]	High Value	1.5	
OM2.6.2[3]	Administrative Sex		
OM2.6.2.1[3]	Identifier	M	
OM2.6.2.2[3]	Text	Male	
OM2.6.2.3[3]	Name of Coding System	HL70001	
OM2.6.6[3]	Race/Subspecies		
OM2.6.6.1[3]	Identifier	2054-5	
OM2.6.6.2[3]	Text	Black or African American	
OM2.6.6.3[3]	Name of Coding System	HL70005	
OM2.6[4]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[4]	Numeric Range		
OM2.6.1.1[4]	Low Value	0.5	
OM2.6.1.2[4]	High Value	1.19	
OM2.6.2[4]	Administrative Sex		
OM2.6.2.1[4]	Identifier	F	
OM2.6.2.2[4]	Text	Female	
OM2.6.2.3[4]	Name of Coding System	HL70001	
OM2.6.6[4]	Race/Subspecies		

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.6.6.1[4]	Identifier	2054-5	
OM2.6.6.2[4]	Text	Black or African American	
OM2.6.6.3[4]	Name of Coding System	HL70005	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	82565	
CDM.7.2	Text	creatinine; blood	

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 BUN/Creatinine Ratio

Data Element Name	Data	Tester Comment
Test Name	BUN/Creatinine Ratio	
Test Identifier	108	
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	108	
OM1.2.2	Text	BUN/Creatinine Ratio	
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	3097-3	
OM1.7.2	Text	Urea nitrogen/Creatinine [Mass Ratio] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	BUN/Creatinine Ratio	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	3097-3	
OM1.56.2	Text	Urea nitrogen/Creatinine [Mass Ratio] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	108	
OM1.56.5	Alternate Text	BUN/Creatinine Ratio	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	Ratio	
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	6	
OM2.6.1.2	High Value	22	

Incorporate Verification for GFR, calculated

Data Element Name	Data	Tester Comment
Test Name	GFR, calculated	
Test Identifier	110	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	110	
OM1.2.2	Text	GFR, calculated	
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	33914-3	
OM1.7.2	Text	Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	GFR, calculated	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	33914-3	
OM1.56.2	Text	Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	110	
OM1.56.5	Alternate Text	GFR, calculated	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
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	1906	
OMC.4.2	Text	What is the Clinically Relevant Race for eGFR?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	32624-9	
OMC.4.5	Alternate Text	Race	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	**Collection Event/Process Step**		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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.9	Type of Answer	CWE	
OMC.11[1]	**Answer Choices**		
OMC.11.1[1]	Identifier	2028-9	
OMC.11.2[1]	Text	Asian	
OMC.11.3[1]	Name of Coding System	HL70005	
OMC.11[2]	**Answer Choices**		
OMC.11.1[2]	Identifier	2106-3	
OMC.11.2[2]	Text	White	
OMC.11.3[2]	Name of Coding System	HL70005	
OMC.11[3]	**Answer Choices**		
OMC.11.1[3]	Identifier	1002-5	
OMC.11.2[3]	Text	American Indian or Alaska Native	
OMC.11.3[3]	Name of Coding System	HL70005	
OMC.11[4]	**Answer Choices**		
OMC.11.1[4]	Identifier	2054-5	
OMC.11.2[4]	Text	Black or African American	
OMC.11.3[4]	Name of Coding System	HL70005	
OMC.11[5]	**Answer Choices**		
OMC.11.1[5]	Identifier	2076-8	
OMC.11.2[5]	Text	Native Hawaiian or Other Pacific Islander	
OMC.11.3[5]	Name of Coding System	HL70005	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	milliliter per minute per 1.73 square meter	
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**		
OM2.6.1.1[1]	Low Value	60	
OM2.6.6[1]	**Race/Subspecies**		
OM2.6.6.1[1]	Identifier	2054-5	
OM2.6.6.2[1]	Text	Black or African American	
OM2.6.6.3[1]	Name of Coding System	HL70005	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	60	
OM2.6.6[2]	**Race/Subspecies**		
OM2.6.6.1[2]	Identifier	NAA	
OM2.6.6.2[2]	Text	Non African American	
OM2.6.6.3[2]	Name of Coding System	99USL	

Incorporate Verification for Calcium

Data Element Name	**Data**	**Tester Comment**
Test Name	Calcium	
Test Identifier	112	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	112	
OM1.2.2	Text	Calcium	
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	17861-6	
OM1.7.2	Text	Calcium [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Calcium	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	17861-6	
OM1.56.2	Text	Calcium [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	112	
OM1.56.5	Alternate Text	Calcium	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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**		
OM2.6.1.1[1]	Low Value	8.9	
OM2.6.1.2[1]	High Value	10.1	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	8.9	
OM2.6.1.2[2]	High Value	10.1	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	
OM2.7[1]	**Critical Range for Ordinal and Continuous Observations**		
OM2.7.1[1]	**Numeric Range**		
OM2.7.1.1[1]	Low Value	6.0	
OM2.7.1.2[1]	High Value	13.0	
OM2.7.2[1]	**Administrative Sex**		
OM2.7.2.1[1]	Identifier	M	
OM2.7.2.2[1]	Text	Male	
OM2.7.2.3[1]	Name of Coding System	HL70001	
OM2.7[2]	**Critical Range for Ordinal and Continuous Observations**		
OM2.7.1[2]	**Numeric Range**		
OM2.7.1.1[2]	Low Value	6.0	
OM2.7.1.2[2]	High Value	13.0	
OM2.7.2[2]	**Administrative Sex**		
OM2.7.2.1[2]	Identifier	F	
OM2.7.2.2[2]	Text	Female	
OM2.7.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	82310	
CDM.7.2	Text	calcium; 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 Total protein, serum

Data Element Name	Data	Tester Comment
Test Name	Total protein, serum	
Test Identifier	114	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	114	
OM1.2.2	Text	Total protein, 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	2885-2	
OM1.7.2	Text	Protein [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total protein, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2885-2	
OM1.56.2	Text	Protein [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	114	
OM1.56.5	Alternate Text	Total protein, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	gram 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**		
OM2.6.1.1[1]	Low Value	4.1	
OM2.6.1.2[1]	High Value	6.3	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	4.7	
OM2.6.1.2[2]	High Value	6.7	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	84155	
CDM.7.2	Text	protein, total, except by refractometry; serum, plasma or whole blood	

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 Albumin

Data Element Name	Data	Tester Comment
Test Name	Albumin	
Test Identifier	116	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	116	
OM1.2.2	Text	Albumin	
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	1751-7	
OM1.7.2	Text	Albumin [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Albumin	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	1751-7	
OM1.56.2	Text	Albumin [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	116	
OM1.56.5	Alternate Text	Albumin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	gram 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	3.6	
OM2.6.1.2	High Value	5.1	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	82040	
CDM.7.2	Text	albumin; serum, plasma or whole blood	

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 Globulin

Data Element Name	Data	Tester Comment
Test Name	Globulin	
Test Identifier	118	
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	118	
OM1.2.2	Text	Globulin	
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	10834-0	
OM1.7.2	Text	Globulin [Mass/volume] in Serum by calculation	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Globulin	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	10834-0	
OM1.56.2	Text	Globulin [Mass/volume] in Serum by calculation	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	118	
OM1.56.5	Alternate Text	Globulin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	gram 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**		
OM2.6.1.1[1]	Low Value	1.3	
OM2.6.1.2[1]	High Value	2.4	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	1.7	
OM2.6.1.2[2]	High Value	3	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Albumin/globulin ratio

Data Element Name	Data	Tester Comment
Test Name	Albumin/globulin ratio	
Test Identifier	120	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	120	
OM1.2.2	Text	Albumin/globulin ratio	
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	1759-0	
OM1.7.2	Text	Albumin/Globulin [Mass Ratio] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Albumin/globulin ratio	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	1759-0	
OM1.56.2	Text	Albumin/Globulin [Mass Ratio] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	120	
OM1.56.5	Alternate Text	Albumin/globulin ratio	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	Ratio	
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	1	
OM2.6.1.2	High Value	2.5	

Incorporate Verification for Total bilirubin, serum

Data Element Name	Data	Tester Comment
Test Name	Total bilirubin, serum	
Test Identifier	122	
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	122	
OM1.2.2	Text	Total bilirubin, 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	1975-2	
OM1.7.2	Text	Bilirubin.total [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total bilirubin, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	1975-2	
OM1.56.2	Text	Bilirubin.total [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	122	
OM1.56.5	Alternate Text	Total bilirubin, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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**		
OM2.6.1.1[1]	Low Value	0.1	
OM2.6.1.2[1]	High Value	0.9	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	0.1	
OM2.6.1.2[2]	High Value	1	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	82247	
CDM.7.2	Text	bilirubin; 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	

Coverage Policy

Location	Data Element Name	Data	Tester Comment
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	29	
MCP.4.2	Denomination	USD	

Incorporate Verification for Alkaline phosphatase (ALP)

Data Element Name	Data	Tester Comment
Test Name	Alkaline phosphatase (ALP)	
Test Identifier	124	
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	124	
OM1.2.2	Text	Alkaline phosphatase (ALP)	
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	6768-6	
OM1.7.2	Text	Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Alkaline phosphatase (ALP)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	6768-6	
OM1.56.2	Text	Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	124	
OM1.56.5	Alternate Text	Alkaline phosphatase (ALP)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	enzyme unit per liter	
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**		
OM2.6.1.1[1]	Low Value	149	
OM2.6.1.2[1]	High Value	369	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	179	
OM2.6.1.2[2]	High Value	416	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	84075	
CDM.7.2	Text	Phosphatase, alkaline	

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	49	
MCP.4.2	Denomination	USD	

Incorporate Verification for Alanine aminotransferase (ALT)

Data Element Name	Data	Tester Comment
Test Name	Alanine aminotransferase (ALT)	
Test Identifier	126	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	126	
OM1.2.2	Text	Alanine aminotransferase (ALT)	
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	1742-6	
OM1.7.2	Text	Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Alanine aminotransferase (ALT)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	1742-6	
OM1.56.2	Text	Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	126	
OM1.56.5	Alternate Text	Alanine aminotransferase (ALT)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	enzyme unit per liter	
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**		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	55	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	7	
OM2.6.1.2[2]	High Value	45	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	84460	
CDM.7.2	Text	transferase; alanine amino (alt) (sgpt)	

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 Aspartate aminotransferase (ASP)

Data Element Name	Data	Tester Comment
Test Name	Aspartate aminotransferase (ASP)	
Test Identifier	128	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	128	
OM1.2.2	Text	Aspartate aminotransferase (ASP)	
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	1920-8	
OM1.7.2	Text	Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Aspartate aminotransferase (ASP)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	1920-8	
OM1.56.2	Text	Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	128	
OM1.56.5	Alternate Text	Aspartate aminotransferase (ASP)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	enzyme unit per liter	
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**		
OM2.6.1.1[1]	Low Value	8	
OM2.6.1.2[1]	High Value	60	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	8	
OM2.6.1.2[2]	High Value	48	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	84450	
CDM.7.2	Text	transferase; aspartate amino (ast) (sgot)	

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 Sodium, serum

Data Element Name	Data	Tester Comment
Test Name	Sodium, serum	
Test Identifier	130	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	130	
OM1.2.2	Text	Sodium, 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	2951-2	
OM1.7.2	Text	Sodium [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Sodium, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2951-2	
OM1.56.2	Text	Sodium [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	130	
OM1.56.5	Alternate Text	Sodium, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	millimole per liter	
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	135	
OM2.6.1.2	High Value	145	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	84295	
CDM.7.2	Text	sodium; serum, plasma or whole blood	

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 Potassium, serum

Data Element Name	Data	Tester Comment
Test Name	Potassium, serum	
Test Identifier	132	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	132	
OM1.2.2	Text	Potassium, 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	2823-3	
OM1.7.2	Text	Potassium [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Potassium, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2823-3	
OM1.56.2	Text	Potassium [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	132	
OM1.56.5	Alternate Text	Potassium, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	millimole per liter	
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	3.6	
OM2.6.1.2	High Value	5.2	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	84132	
CDM.7.2	Text	potassium; serum, plasma or whole blood	

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 Chloride, serum

Data Element Name	Data	Tester Comment
Test Name	Chloride, serum	
Test Identifier	134	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
General Information			
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	134	
OM1.2.2	Text	Chloride, 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	2075-0	
OM1.7.2	Text	Chloride [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Chloride, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2075-0	
OM1.56.2	Text	Chloride [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	134	
OM1.56.5	Alternate Text	Chloride, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	millimole per liter	
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**		
OM2.6.1.1[1]	Low Value	102	
OM2.6.1.2[1]	High Value	112	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	100	
OM2.6.1.2[2]	High Value	108	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	82435	
CDM.7.2	Text	chloride; blood	

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 Carbon dioxide, serum

Data Element Name	Data	Tester Comment
Test Name	Carbon dioxide, serum	
Test Identifier	136	
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	136	
OM1.2.2	Text	Carbon dioxide, 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	2028-9	
OM1.7.2	Text	Carbon dioxide, total [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Carbon dioxide, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2028-9	
OM1.56.2	Text	Carbon dioxide, total [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	136	
OM1.56.5	Alternate Text	Carbon dioxide, 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**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	millimole per liter	
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**		
OM2.6.1.1[1]	Low Value	17	
OM2.6.1.2[1]	High Value	25	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	18	
OM2.6.1.2[2]	High Value	26	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	82374	
CDM.7.2	Text	carbon dioxide (bicarbonate)	

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 Anion gap

Data Element Name	Data	Tester Comment
Test Name	Anion gap	
Test Identifier	138	
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	138	
OM1.2.2	Text	Anion gap	
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	33037-3	
OM1.7.2	Text	Anion gap in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Anion gap	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	33037-3	
OM1.56.2	Text	Anion gap in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	138	
OM1.56.5	Alternate Text	Anion gap	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM2.2	**Units of Measure**		
OM2.2.2	Text	Anion Gap	
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**		
OM2.6.1.1[1]	Low Value	11	
OM2.6.1.2[1]	High Value	19	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	10	
OM2.6.1.2[2]	High Value	18	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Incorporate Verification for Gamma-Glutamyltransferase (GGT)

Data Element Name	**Data**	**Tester Comment**
Test Name	Gamma-Glutamyltransferase (GGT)	
Test Identifier	140	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	140	
OM1.2.2	Text	Gamma-Glutamyltransferase (GGT)	
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	2324-2	
OM1.7.2	Text	Gamma glutamyl transferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Gamma-Glutamyltransferase (GGT)	
OM1.32	Interpretation of Observations	This blood test is used to determine...	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	2324-2	
OM1.56.2	Text	Gamma glutamyl transferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	140	
OM1.56.5	Alternate Text	Gamma-Glutamyltransferase (GGT)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information

Location	Data Element Name	Data	Tester Comment
OM2.2	**Units of Measure**		
OM2.2.2	Text	enzyme unit per liter	
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**		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	19	
OM2.6.2[1]	**Administrative Sex**		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	**Reference (Normal) Range for Ordinal and Continuous Observations**		
OM2.6.1[2]	**Numeric Range**		
OM2.6.1.1[2]	Low Value	9	
OM2.6.1.2[2]	High Value	22	
OM2.6.2[2]	**Administrative Sex**		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	82977	
CDM.7.2	Text	glutamyltransferase, gamma (ggt)	

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	39	
MCP.4.2	Denomination	USD	

Incorporate Verification for Prostate Biopsy Pathology Report

Data Element Name	Data	Tester Comment
Test Name	Prostate Biopsy Pathology Report	
Test Identifier	600	
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	600	
OM1.2.2	Text	Prostate Biopsy Pathology Report	
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	66117-3	
OM1.7.2	Text	Prostate Pathology biopsy report	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Prostate Biopsy Pathology Report	
OM1.32	Interpretation of Observations	Histologic evaluation of prostate biopsy specimens and additional prognostic information following histologic diagnosis. These tests help clinicians to diagnose prostate cancer.	
OM1.33[1]	Contraindications to Observations		
OM1.33.2[1]	Text	Contraindications to prostate biopsy include acute painful perianal disorders, bleeding diathesis, acute prostatitis, and severe immunosuppression.	
OM1.33[2]	Contraindications to Observations		
OM1.33.1[2]	Identifier	79411002	
OM1.33.2[2]	Text	Acute prostatitis	
OM1.33.3[2]	Name of Coding System	SCT	
OM1.39	Factors that may Affect the Observation	Specimen submitted unfixed; improperly labeled specimen; unlabeled specimen	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	OSL	
OM1.53[1]	Prior Results Instructions	When ordering a Prostate biopsy, send prior Prostate Specific Antigen (PSA) results	
OM1.53[2]	Prior Results Instructions	When ordering a Prostate biopsy, send prior relevant clinical findings.	

General Information

Location	Data Element Name	Data	Tester Comment
OM1.54	Special Instructions	Submit Surgical Pathology Requisition and Biopsy Worksheet with specimen	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	66117-3	
OM1.56.2	Text	Prostate Pathology biopsy report	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	600	
OM1.56.5	Alternate Text	Prostate Biopsy Pathology Report	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[1]	Identifier	369775001	
OM3.5.2[1]	Text	Gleason Score 2-4: Well differentiated (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[2]	Identifier	369776000	
OM3.5.2[2]	Text	Gleason Score 5-6: Moderately differentiated (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[3]	Identifier	385412008	
OM3.5.2[3]	Text	Gleason Score 7-10: Poorly differentiated (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1[4]	Identifier	125556001	
OM3.5.2[4]	Text	Atypical proliferation (morphologic abnormality)	
OM3.5.3[4]	Name of Coding System	SCT	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	15 ml jar containing OncoFix II	
OM4.5	**Container Units**		
OM4.6	**Specimen**		
OM4.6.1	Identifier	309132009	
OM4.6.2	Text	Prostate biopsy sample	
OM4.6.3	Name of Coding System	SCT	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	88305	
CDM.7.2	Text	Tissue exam by Pathologist	

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.3	**Universal Service Price Range – Low Value**		
MCP.3.1	Quantity	25	
MCP.3.2	Denomination	USD	
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	125	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Depending on the number of biopsies submitted - max covered are 25	

Incorporate Verification for TSH

Data Element Name	Data	Tester Comment
Test Name	TSH	
Test Identifier	700	
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	700	
OM1.2.2	Text	TSH	
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	3016-3	
OM1.7.2	Text	Thyrotropin [Units/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	TSH - Serum	
OM1.39	Factors that may Affect the Observation	Medicines that may affect test results include: Amiodarone Dopamine Lithium Potassium iodide Prednisone	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	3016-3	
OM1.56.2	Text	Thyrotropin [Units/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	700	
OM1.56.5	Alternate Text	TSH	
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	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	84443	
CDM.7.2	Text	Thyroid Stimulating Hormone (TSH)	

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 Pap Test

Data Element Name	Data	Tester Comment
Test Name	Pap Test	
Test Identifier	610	
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	610	
OM1.2.2	Text	Pap Test	
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	47527-7	
OM1.7.2	Text	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Pap Test	
OM1.32	Interpretation of Observations	The Pap Test is for use in screening for the presence of atypical cells, cervical cancer, or precursor lesions (LSIL, HSIL) as well as other cytologic categories as defined by the Bethesda System for Reporting Cervical Cytology.	
OM1.37	Patient Preparation	Instruct the patient not to douche or engage in sexual intercourse within 24 hours of the procedure. For premenopausal patients, obtain specimens during the second half of the menstrual period to avoid contamination by obscuring blood.	
OM1.39	Factors that may Affect the Observation	Frozen specimens, Specimens not collected in a ThinPrep Pap Test collection kit or specimens submitted in an expired collection kit.	
OM1.40	Service/Test/Observation Performance Schedule	Mon-Fri	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.55	Test Relationship Category	Anatomic	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	47527-7	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	610	
OM1.56.6	Name of Alternate Coding System	99USL	

General Information

Location	Data Element Name	Data	Tester Comment
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	
OM1.58[1]	**Gender Restriction**		
OM1.58.1[1]	Identifier	F	
OM1.58.2[1]	Text	Female	
OM1.58.3[1]	Name of Coding System	HL70001	
OM1.58[2]	**Gender Restriction**		
OM1.58.1[2]	Identifier	F	
OM1.58.2[2]	Text	Female	
OM1.58.3[2]	Name of Coding System	HL70001	
OM1.59[1]	**Age Restriction**		
OM1.59.1[1]	Low Value	16	
OM1.59.2[1]	High Value	85	
OM1.59[2]	**Age Restriction**		
OM1.59.1[2]	Low Value	16	
OM1.59.2[2]	High Value	85	

Supporting Clinical Information

Location	Data Element Name	Data	Tester Comment
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1901	
OMC.4.2	Text	Date of Last Menstrual Period	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	8665-2	
OMC.4.5	Alternate Text	Date last menstrual period	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5[1]	**Collection Event/Process Step**		
OMC.5.1[1]	Identifier	ORD	
OMC.5.2[1]	Text	Placing the order	
OMC.5.3[1]	Name of Coding System	HL70938	
OMC.5[2]	**Collection Event/Process Step**		
OMC.5.1[2]	Identifier	DRW	
OMC.5.2[2]	Text	Collecting the specimen	
OMC.5.3[2]	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.9	Type of Answer	DT	

Supporting Clinical Information

Location	Data Element Name	Data	Tester Comment
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1905	
OMC.4.2	Text	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	PLT458	
OMC.4.5	Alternate Text	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OMC.4.6	Name of Alternate Coding System	PLT	
OMC.5	**Collection Event/Process Step**		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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.9	Type of Answer	CWE	
OMC.11[1]	**Answer Choices**		
OMC.11.1[1]	Identifier	Y	
OMC.11.2[1]	Text	Yes	
OMC.11.3[1]	Name of Coding System	HL70136	
OMC.11[2]	**Answer Choices**		
OMC.11.1[2]	Identifier	N	
OMC.11.2[2]	Text	No	
OMC.11.3[2]	Name of Coding System	HL70136	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	373887005	
OM3.4.2	Text	Negative for intraepithelial lesion or malignancy	
OM3.4.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	PreservCyt Solution vial	
OM4.5	**Container Units**		
OM4.6	**Specimen**		
OM4.6.1	Identifier	110951002	
OM4.6.2	Text	Endocervical cytologic material	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	2134	
OM4.6.5	Alternate Text	Cervical Cytology (ThinPrep)	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Cervical Cytology (ThinPrep)	
OM4.7	**Additive**		
OM4.7.2	Text	PreservCyt Solution	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	88142	
CDM.7.2[1]	Text	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thinlayer preparation;manual screening under physician supervision.	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	88141	
CDM.7.2[2]	Text	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	

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 Hepatitis A IgM antibodies (IgM anti-HAV)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis A IgM antibodies (IgM anti-HAV)	
Test Identifier	1001	
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	1001	
OM1.2.2	Text	Hepatitis A IgM antibodies (IgM anti-HAV)	
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	22314-9	
OM1.7.2	Text	Hepatitis A virus IgM Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	IgM anti-HAV	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22314-9	
OM1.56.2	Text	Hepatitis A virus IgM Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1001	
OM1.56.5	Alternate Text	Hepatitis A IgM antibodies (IgM anti-HAV)	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis A antibodies (anti-HAV)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis A antibodies (anti-HAV)	
Test Identifier	1002	
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	1002	
OM1.2.2	Text	Hepatitis A antibodies (anti-HAV)	
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	20575-7	
OM1.7.2	Text	Hepatitis A virus Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HAV	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	20575-7	
OM1.56.2	Text	Hepatitis A virus Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1002	
OM1.56.5	Alternate Text	Hepatitis A antibodies (anti-HAV)	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis B core antibodies (anti-HBVc)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B core antibodies (anti-HBVc)	
Test Identifier	1003	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
General Information			
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1003	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc)	
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	16933-4	
OM1.7.2	Text	Hepatitis B virus core Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVc	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	16933-4	
OM1.56.2	Text	Hepatitis B virus core Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1003	
OM1.56.5	Alternate Text	Hepatitis B core antibodies (anti-HBVc)	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis B core antibodies (anti-HBVc) Quant

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B core antibodies (anti-HBVc) Quant	
Test Identifier	1004	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1004	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc) Quant	
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	22316-4	
OM1.7.2	Text	Hepatitis B virus core Ab [Units/volume] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVc Qant	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22316-4	
OM1.56.2	Text	Hepatitis B virus core Ab [Units/volume] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1004	
OM1.56.5	Alternate Text	Hepatitis B core antibodies (anti-HBVc) Quant	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	**Collection Event/Process Step**		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	**Answer Choices**		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	**Answer Choices**		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis B e antibodies (anti-HBVe)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B e antibodies (anti-HBVe)	
Test Identifier	1005	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1005	
OM1.2.2	Text	Hepatitis B e antibodies (anti-HBVe)	
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	22320-6	
OM1.7.2	Text	Hepatitis B virus e Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVe	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22320-6	
OM1.56.2	Text	Hepatitis B virus e Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1005	
OM1.56.5	Alternate Text	Hepatitis B e antibodies (anti-HBVe)	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis B surface antigen (HBsAg)

Data Element Name	**Data**	**Tester Comment**
Test Name	Hepatitis B surface antigen (HBsAg)	
Test Identifier	1006	
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	1006	
OM1.2.2	Text	Hepatitis B surface antigen (HBsAg)	
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	5195-3	
OM1.7.2	Text	Hepatitis B virus surface Ag [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	HBsAg	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	5195-3	
OM1.56.2	Text	Hepatitis B virus surface Ag [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1006	
OM1.56.5	Alternate Text	Hepatitis B surface antigen (HBsAg)	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis B surface antibody (anti-HBVs)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B surface antibody (anti-HBVs)	
Test Identifier	1007	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1007	
OM1.2.2	Text	Hepatitis B surface antibody (anti-HBVs)	
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	22322-2	
OM1.7.2	Text	Hepatitis B virus surface Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVs	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22322-2	
OM1.56.2	Text	Hepatitis B virus surface Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1007	
OM1.56.5	Alternate Text	Hepatitis B surface antibody (anti-HBVs)	
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	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	**Collection Event/Process Step**		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
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	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	**Answer Choices**		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	**Answer Choices**		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis C antibody screen (anti-HCV)

Data Element Name	Data	Tester Comment
Test Name	Hepatitis C antibody screen (anti-HCV)	
Test Identifier	1008	
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	1008	
OM1.2.2	Text	Hepatitis C antibody screen (anti-HCV)	
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	16128-1	
OM1.7.2	Text	Hepatitis C virus Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HCV	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	16128-1	
OM1.56.2	Text	Hepatitis C virus Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1008	
OM1.56.5	Alternate Text	Hepatitis C antibody screen (anti-HCV)	
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	

Categorial Test Information

Location	Data Element Name	Data	Tester Comment
OM3.4	**Normal Text/Codes for Categorical Observations**		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5	**Abnormal Text/Codes for Categorical Observations**		
OM3.5.1	Identifier	10828004	
OM3.5.2	Text	Positive (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	2	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis C antibodies Signal to Cut-off Ratio

Data Element Name	Data	Tester Comment
Test Name	Hepatitis C antibodies Signal to Cut-off Ratio	
Test Identifier	1009	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1009	
OM1.2.2	Text	Hepatitis C antibodies Signal to Cut-off Ratio	
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	48159-8	
OM1.7.2	Text	Hepatitis C virus Ab Signal/Cutoff in Serum or Plasma by Immunoassay	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HCV S/CO	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	48159-8	
OM1.56.2	Text	Hepatitis C virus Ab Signal/Cutoff in Serum or Plasma by Immunoassay	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1009	
OM1.56.5	Alternate Text	Hepatitis C antibodies Signal to Cut-off Ratio	
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	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	1.5	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Hepatitis C RNA PCR

Data Element Name	**Data**	**Tester Comment**
Test Name	Hepatitis C RNA PCR	
Test Identifier	1010	
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	1010	
OM1.2.2	Text	Hepatitis C RNA PCR	
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	11011-4	
OM1.7.2	Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	HCV PCR	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	11011-4	
OM1.56.2	Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1010	
OM1.56.5	Alternate Text	Hepatitis C RNA PCR	
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	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	1.5	
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	87522	
CDM.7.2	Text	Hepatitis C Viral RNA, Quantitative, Real-Time PCR	

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 Penicillin

Data Element Name	Data	Tester Comment
Test Name	Penicillin	
Test Identifier	1506	
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	1506	
OM1.2.2	Text	Penicillin	
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	18964-7	
OM1.7.2	Text	Penicillin [Susceptibility]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Penicillin	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	18964-7	
OM1.56.2	Text	Penicillin [Susceptibility]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1506	
OM1.56.5	Alternate Text	Penicillin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	3	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.6	**Specimen**		
OM4.6.1	Identifier	429951000124103	
OM4.6.2	Text	Bacterial isolate specimen	
OM4.6.3	Name of Coding System	SCT	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	87181	
CDM.7.2	Text	Susceptibility studies, antimicrobial agent; agar diffusion method, per agent	

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.3	**Universal Service Price Range – Low Value**		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	99	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Depending on number of antibiotica tested	

Incorporate Verification for Dengue Virus IgG Titer Serum

Data Element Name	Data	Tester Comment
Test Name	Dengue Virus IgG Titer Serum	
Test Identifier	1301	
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	1301	
OM1.2.2	Text	Dengue Virus IgG Titer 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	6811-4	
OM1.7.2	Text	Dengue virus IgG Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Dengue Virus IgG	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	6811-4	
OM1.56.2	Text	Dengue virus IgG Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1301	
OM1.56.5	Alternate Text	Dengue Virus IgG Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for Dengue Virus IgM Titer Serum

Data Element Name	Data	Tester Comment
Test Name	Dengue Virus IgM Titer Serum	
Test Identifier	1302	
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	1302	
OM1.2.2	Text	Dengue Virus IgM Titer 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	6812-2	
OM1.7.2	Text	Dengue virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Dengue Virus IgM	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	6812-2	
OM1.56.2	Text	Dengue virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1302	
OM1.56.5	Alternate Text	Dengue Virus IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for WNV IgG Titer Serum

Data Element Name	**Data**	**Tester Comment**
Test Name	WNV IgG Titer Serum	
Test Identifier	1303	
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	1303	
OM1.2.2	Text	WNV IgG Titer 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	33329-4	
OM1.7.2	Text	West Nile virus IgG Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	West Nile Virus IgG	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	33329-4	
OM1.56.2	Text	West Nile virus IgG Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1303	
OM1.56.5	Alternate Text	WNV IgG Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for WNV Virus IgM Titer Serum

Data Element Name	Data	Tester Comment
Test Name	WNV Virus IgM Titer Serum	
Test Identifier	1304	
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	1304	
OM1.2.2	Text	WNV Virus IgM Titer 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	33331-0	
OM1.7.2	Text	West Nile virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	West Nile Virus IgM	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	33331-0	
OM1.56.2	Text	West Nile virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1304	
OM1.56.5	Alternate Text	WNV Virus IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Incorporate Verification for SLE IgG Titer Serum

Data Element Name	Data	Tester Comment
Test Name	SLE IgG Titer Serum	
Test Identifier	1305	
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	1305	
OM1.2.2	Text	SLE IgG Titer 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	22512-8	
OM1.7.2	Text	Saint Louis encephalitis virus IgG Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Saint Luis Virus IgG	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22512-8	
OM1.56.2	Text	Saint Louis encephalitis virus IgG Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1305	
OM1.56.5	Alternate Text	SLE IgG Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	

Incorporate Verification for SLE IgM Titer Serum

Data Element Name	Data	Tester Comment
Test Name	SLE IgM Titer Serum	
Test Identifier	1306	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	1306	
OM1.2.2	Text	SLE IgM Titer 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	22514-4	
OM1.7.2	Text	Saint Louis encephalitis virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Saint Luis Virus IgM	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	22514-4	
OM1.56.2	Text	Saint Louis encephalitis virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1306	
OM1.56.5	Alternate Text	SLE IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	2	
OM1.57.2	**Units**		
OM1.57.2.2	Text	day	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	

Incorporate Verification for Creatinine Clearance in 24 hours

Data Element Name	Data	Tester Comment
Test Name	Creatinine Clearance in 24 hours	
Test Identifier	1201	
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	1201	
OM1.2.2	Text	Creatinine Clearance in 24 hours	
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	2164-2	
OM1.7.2	Text	Creatinine renal clearance in 24 hour	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine Clearance in 24 hours	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	2164-2	
OM1.56.2	Text	Creatinine renal clearance in 24 hour	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1201	
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	1904	
OMC.4.2	Text	Urine Volume of 24 hour collection	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	3167-4	
OMC.4.5	Alternate Text	Volume of 24 hour Urine	
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 provide in milliliter	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	12	
OMC.13	Number of Decimals	0	

Incorporate Verification for Creatinine in 24 hr Urine

Data Element Name	Data	Tester Comment
Test Name	Creatinine in 24 hr Urine	
Test Identifier	1202	
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	1202	
OM1.2.2	Text	Creatinine in 24 hr Urine	
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	20624-3	
OM1.7.2	Text	Creatinine [Mass/volume] in 24 hour Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine in 24 hr Urine	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	20624-3	
OM1.56.2	Text	Creatinine [Mass/volume] in 24 hour Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1202	
OM1.56.5	Alternate Text	Creatinine in 24 h Urine	
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	1904	
OMC.4.2	Text	Urine Volume of 24 hour collection	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	3167-4	
OMC.4.5	Alternate Text	Volume of 24 hour Urine	
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 provide in milliliter	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	12	
OMC.13	Number of Decimals	0	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	2000	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	24HrUR	
OM4.6.5	Alternate Text	24 hour urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	24 hour urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Incorporate Verification for Protein in 24 hour Urine

Data Element Name	Data	Tester Comment
Test Name	Protein in 24 hour Urine	
Test Identifier	1203	
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	1203	
OM1.2.2	Text	Protein in 24 hour Urine	
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	21482-5	
OM1.7.2	Text	Protein [Mass/volume] in 24 hour Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	24 hour Urine Protein	
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	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	21482-5	
OM1.56.2	Text	Protein [Mass/volume] in 24 hour Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1203	
OM1.56.5	Alternate Text	Protein in 24 hour Urine	
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	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	2000	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	24HrUR	
OM4.6.5	Alternate Text	24 hour urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	24 hour urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	

Incorporate Verification for CMP

Data Element Name	Data	Tester Comment
Test Name	CMP	
Test Identifier	100	
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	100	
OM1.2.2	Text	CMP	
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	24323-8	
OM1.7.2	Text	Comprehensive metabolic 2000 panel - Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	CMP	
OM1.32	Interpretation of Observations	Test used to measure blood sugar, electrolytes and fluid balance, kidney and liver function.	
OM1.37	Patient Preparation	Patient fasting required for 12 hours.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Gross hemolysis, Improper labeling..	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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**		
OM1.57.2.1	Identifier	d	
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	104	
OM5.2.2[1]	Text	Serum Glucose	
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	106	
OM5.2.2[2]	Text	Blood Urea Nitrogen (BUN)	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	**Test/Observations Included Within an Ordered Test Battery**		

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.1[3]	Identifier	102	
OM5.2.2[3]	Text	Creatinine	
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	108	
OM5.2.2[4]	Text	BUN/Creatinine Ratio	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	110	
OM5.2.2[5]	Text	GFR, calculated	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[6]	Identifier	112	
OM5.2.2[6]	Text	Calcium	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[7]	Identifier	114	
OM5.2.2[7]	Text	Total protein, serum	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[8]	Identifier	116	
OM5.2.2[8]	Text	Albumin	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[9]	Identifier	118	
OM5.2.2[9]	Text	Globulin	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[10]	Identifier	120	
OM5.2.2[10]	Text	Albumin/globulin ratio	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[11]	Identifier	122	
OM5.2.2[11]	Text	Total bilirubin, serum	
OM5.2.3[11]	Name of Coding System	99USL	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2[12]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[12]	Identifier	124	
OM5.2.2[12]	Text	Alkaline phosphatase (ALP)	
OM5.2.3[12]	Name of Coding System	99USL	
OM5.2[13]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[13]	Identifier	126	
OM5.2.2[13]	Text	Alanine aminotransferase (ALT)	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[14]	Identifier	128	
OM5.2.2[14]	Text	Aspartate aminotransferase (ASP)	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[15]	Identifier	130	
OM5.2.2[15]	Text	Sodium, serum	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[16]	Identifier	132	
OM5.2.2[16]	Text	Potassium, serum	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[17]	Identifier	134	
OM5.2.2[17]	Text	Chloride, serum	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[18]	Identifier	136	
OM5.2.2[18]	Text	Carbon dioxide, serum	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[19]	Identifier	138	
OM5.2.2[19]	Text	Anion gap	
OM5.2.3[19]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
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	80053	
CDM.7.2	Text	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	

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	

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	SKCA0	
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	29	
MCP.4.2	Denomination	USD	

Coverage Policy			
Location	**Data Element Name**	**Data**	**Tester Comment**
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	29	
MCP.4.2	Denomination	USD	

Incorporate Verification for Comprehensive Urinalysis

Data Element Name	Data	Tester Comment
Test Name	Comprehensive Urinalysis	
Test Identifier	300	
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	300	
OM1.2.2	Text	Comprehensive Urinalysis	
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	50564-4	
OM1.7.2	Text	Urinalysis panel - Urine by Auto	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Comprehensive Urinalysis	
OM1.32	Interpretation of Observations	Urinalysis is used to detect and assess a wide range of disorders. This panel includes a opacity, color, appearance, specific gravity, pH, protein, glucose, occult blood, ketones, bilirubin, nitrite, and microscopic examination of the urine sediment.	
OM1.37[1]	Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	
OM1.37[2]	Patient Preparation	Both males and females need instructions on cleaning the urethral opening. A "midstream catch" is performed by initially urinating into the toilet then bringing the collection device into the urine stream to obtain the midportion of the void. For infants and young children urine can be collected by urine bag, catheterization or cystocentesis. A clean catch sample is preferred, when contamination from vaginal hemorrhage or discharge is suspected. If the specimen is obtained by catherization, the collection method must be noted.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, fecal contamination, bacterial overgrowth. Delay in transport.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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	344	
OM5.2.2[1]	Text	Color of Urine	
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	346	
OM5.2.2[2]	Text	Clarity of Urine	
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	302	
OM5.2.2[3]	Text	Erythrocytes, urine	
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	304	
OM5.2.2[4]	Text	Leukocytes, urine	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	306	
OM5.2.2[5]	Text	Leukocyte clumps, urine	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[6]	Identifier	308	
OM5.2.2[6]	Text	Non-squamous epithelial cells. , urine	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[7]	Identifier	310	
OM5.2.2[7]	Text	Squamous epithelial cells. , urine	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[8]	Identifier	314	
OM5.2.2[8]	Text	Bacteria, urine	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[9]	Identifier	312	
OM5.2.2[9]	Text	Crystals , urine	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	316	
OM5.2.2[10]	Text	Hyaline casts	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[11]	Identifier	318	
OM5.2.2[11]	Text	Casts	
OM5.2.3[11]	Name of Coding System	99USL	
OM5.2[12]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[12]	Identifier	320	
OM5.2.2[12]	Text	Spermatozoa, urine	
OM5.2.3[12]	Name of Coding System	99USL	
OM5.2[13]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[13]	Identifier	322	
OM5.2.2[13]	Text	Mucus,urine	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[14]	Identifier	324	
OM5.2.2[14]	Text	Total bilirubin,urine	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[15]	Identifier	326	
OM5.2.2[15]	Text	Glucose, urine	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[16]	Identifier	328	
OM5.2.2[16]	Text	Hemoglobin, urine	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[17]	Identifier	330	
OM5.2.2[17]	Text	Ketones , urine	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[18]	Identifier	332	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.2[18]	Text	Leukocyte esterase, urine	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[19]	Identifier	334	
OM5.2.2[19]	Text	Nitrite, urine	
OM5.2.3[19]	Name of Coding System	99USL	
OM5.2[20]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[20]	Identifier	336	
OM5.2.2[20]	Text	Urine pH	
OM5.2.3[20]	Name of Coding System	99USL	
OM5.2[21]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[21]	Identifier	338	
OM5.2.2[21]	Text	Protein, urine	
OM5.2.3[21]	Name of Coding System	99USL	
OM5.2[22]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[22]	Identifier	340	
OM5.2.2[22]	Text	Urobilinogen	
OM5.2.3[22]	Name of Coding System	99USL	
OM5.2[23]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[23]	Identifier	342	
OM5.2.2[23]	Text	Urine specific gravity	
OM5.2.3[23]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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	

Incorporate Verification for CBC_diff

Data Element Name	Data	Tester Comment
Test Name	CBC_diff	
Test Identifier	200	
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	200	
OM1.2.2	Text	CBC_diff	
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	57021-8	
OM1.7.2	Text	CBC W Auto Differential panel in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Complete Blood Count	
OM1.32	Interpretation of Observations	A CBC is used to evaluate red blood cells , white blood cells , and platelet and helps detect and assess a wide range of disorders. This panel includes a WBC count, differential count, Hct, Hb, RBC count, WBC and RBC Morphology, RBC indices, platelet estimate, platelet count, RDW, and histogram.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.53	Prior Results Instructions	Send prior results for CBC in past 60 days	
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	202	
OM5.2.2[1]	Text	Erythrocytes, blood	
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	256	
OM5.2.2[2]	Text	Hemoglobin (Hb)	
OM5.2.3[2]	Name of Coding System	99USL	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2[3]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[3]	Identifier	204	
OM5.2.2[3]	Text	Hematocrit	
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	206	
OM5.2.2[4]	Text	Leukocytes, blood	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	208	
OM5.2.2[5]	Text	Platelets	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[6]	Identifier	210	
OM5.2.2[6]	Text	Mean corpuscular volume (MCV)	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[7]	Identifier	212	
OM5.2.2[7]	Text	Mean corpuscular hemoglobin (MCH)	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[8]	Identifier	214	
OM5.2.2[8]	Text	Mean corpuscular hemoglobin Concentration (MCHC)	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[9]	Identifier	216	
OM5.2.2[9]	Text	Red blood cell distribution width (RDW)	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[10]	Identifier	218	
OM5.2.2[10]	Text	Basophils	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[11]	Identifier	220	
OM5.2.2[11]	Text	% Basophils	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.3[11]	Name of Coding System	99USL	
OM5.2[12]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[12]	Identifier	222	
OM5.2.2[12]	Text	Monocytes	
OM5.2.3[12]	Name of Coding System	99USL	
OM5.2[13]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[13]	Identifier	224	
OM5.2.2[13]	Text	% Monocytes	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[14]	Identifier	226	
OM5.2.2[14]	Text	Eosinophils	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[15]	Identifier	228	
OM5.2.2[15]	Text	% Eosinophils	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[16]	Identifier	230	
OM5.2.2[16]	Text	Lymphocytes	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[17]	Identifier	232	
OM5.2.2[17]	Text	% Lymphocytes	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[18]	Identifier	234	
OM5.2.2[18]	Text	Neutrophils	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[19]	Identifier	236	
OM5.2.2[19]	Text	% Neutrophils	
OM5.2.3[19]	Name of Coding System	99USL	
OM5.2[20]	**Test/Observations Included Within an Ordered Test Battery**		

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.1[20]	Identifier	238	
OM5.2.2[20]	Text	Anisocytosis	
OM5.2.3[20]	Name of Coding System	99USL	
OM5.2[21]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[21]	Identifier	240	
OM5.2.2[21]	Text	Hypochromia	
OM5.2.3[21]	Name of Coding System	99USL	
OM5.2[22]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[22]	Identifier	242	
OM5.2.2[22]	Text	Macrocytosis	
OM5.2.3[22]	Name of Coding System	99USL	
OM5.2[23]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[23]	Identifier	244	
OM5.2.2[23]	Text	Microcytosis	
OM5.2.3[23]	Name of Coding System	99USL	
OM5.2[24]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[24]	Identifier	246	
OM5.2.2[24]	Text	Poikilocytosis	
OM5.2.3[24]	Name of Coding System	99USL	
OM5.2[25]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[25]	Identifier	248	
OM5.2.2[25]	Text	Polychromasia	
OM5.2.3[25]	Name of Coding System	99USL	
OM5.2[26]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[26]	Identifier	250	
OM5.2.2[26]	Text	RBC morphology	
OM5.2.3[26]	Name of Coding System	99USL	
OM5.2[27]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[27]	Identifier	252	
OM5.2.2[27]	Text	WBC morphology	
OM5.2.3[27]	Name of Coding System	99USL	
OM5.2[28]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[28]	Identifier	254	
OM5.2.2[28]	Text	Platelet morphology	
OM5.2.3[28]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	85025	
CDM.7.2[1]	Text	blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	85007	
CDM.7.2[2]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
CDM.7[3]	**Procedure Code**		
CDM.7.1[3]	Identifier	85060	
CDM.7.2[3]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	

Payer Information

Location	Data Element Name	Data	Tester Comment
PM1.1	**Health Plan ID**		
PM1.1.2	Text	Healthplan2	
PM1.2[1]	**Insurance Company ID**		
PM1.2.1[1]	ID Number	SMCA2	
PM1.2.4[1]	**Assiging Authority**		
PM1.2.4.1[1]	Namespace ID	NIST EHR	
PM1.2[2]	**Insurance Company ID**		
PM1.2.1[2]	ID Number	MR002	
PM1.2.4[2]	**Assiging Authority**		
PM1.2.4.1[2]	Namespace ID	CMS	

Coverage Policy

Location	Data Element Name	Data	Tester Comment
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	29	
MCP.4.2	Denomination	USD	

Incorporate Verification for GHP

Data Element Name	Data	Tester Comment
Test Name	GHP	
Test Identifier	800	
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	800	
OM1.2.2	Text	GHP	
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	
OM1.9	Preferred Report Name for the Observation	General Health Profile	
OM1.32	Interpretation of Observations	This blood test is used to determine general health status and to screen for and monitor a variety of disorders. This profile includes a complete metabolic profile, comprehensive CBC, Urinalysis and total Thyrotropin (T4).	
OM1.37	Patient Preparation	Patient fasting required for 12 hours.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Gross hemolysis, Improper labeling...	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
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**		
OM1.57.2.1	Identifier	d	
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	100	
OM5.2.2[1]	Text	CMP	
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	200	
OM5.2.2[2]	Text	CBC_diff	
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	700	
OM5.2.2[3]	Text	TSH	
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	300	
OM5.2.2[4]	Text	Comprehensive Urinalysis	
OM5.2.3[4]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	**Container Units**		
OM4.5.2[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	1	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	**Container Units**		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
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[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	84443	
CDM.7.2[1]	Text	Thyroid Stimulating Hormone (TSH)	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	81003	
CDM.7.2[2]	Text	URNLYSS, DP STCK OR TBLT RGNT FR BLRBN, GLCS, HMGLBN, KTNS, LKCYTS, NTRT, PH, PRTN, SPCFC GRVTY, URBLNGN, ANY NMBR OF THS CNSTTNTS ATMTD, WTHT MCRSCPY	
CDM.7[3]	**Procedure Code**		
CDM.7.1[3]	Identifier	80053	
CDM.7.2[3]	Text	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	
CDM.7[4]	**Procedure Code**		
CDM.7.1[4]	Identifier	85025	
CDM.7.2[4]	Text	blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count	
CDM.7[5]	**Procedure Code**		
CDM.7.1[5]	Identifier	85007	
CDM.7.2[5]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
CDM.7[6]	**Procedure Code**		
CDM.7.1[6]	Identifier	85060	
CDM.7.2[6]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	

Incorporate Verification for Hepatitis A B C Panel_With Reflex

Data Element Name	Data	Tester Comment
Test Name	Hepatitis A B C Panel_With Reflex	
Test Identifier	1000	
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	1000	
OM1.2.2	Text	Hepatitis A B C Panel_With Reflex	
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	
OM1.9	Preferred Report Name for the Observation	Hepatitis A B C Panel_With Reflex	
OM1.34	**Reflex Tests/Observations**		
OM1.34.1	Identifier	1010	
OM1.34.2	Text	Hepatitis C RNA PCR	
OM1.34.3	Name of Coding System	99USL	
OM1.34.4	Alternate Identifier	11011-4	
OM1.34.5	Alternate Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.34.6	Name of Alternate Coding System	LN	
OM1.35	Rules that Trigger Reflex Testing	Negative: < 0.8; Indeterminate 0.8 - 0.9; Positive: > 0.9. In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional Verification or PCR testing.	
OM1.39	Factors that may Affect the Observation	Performance characteristics have not been established for the following types of specimen: -Grossly icteric (total bilirubin level of >15 mg/dL) -Grossly lipemic (triolein level of >3,000 mg/dL) -Grossly hemolyzed (hemoglobin level of >500 mg/dL) -Presence of particulate matter - Cadaveric specimen	

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	1001	
OM5.2.2[1]	Text	Hepatitis A IgM antibodies (IgM anti-HAV)	
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	1002	
OM5.2.2[2]	Text	Hepatitis A antibodies (anti-HAV)	
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	1003	
OM5.2.2[3]	Text	Hepatitis B core antibodies (anti-HBVc)	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
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	1004	
OM5.2.2[4]	Text	Hepatitis B core antibodies (anti-HBVc) Quant	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	1005	
OM5.2.2[5]	Text	Hepatitis B e antibodies (anti-HBVe)	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[6]	Identifier	1006	
OM5.2.2[6]	Text	Hepatitis B surface antigen (HBsAg)	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[7]	Identifier	1007	
OM5.2.2[7]	Text	Hepatitis B surface antibody (anti-HBVs)	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[8]	Identifier	1008	
OM5.2.2[8]	Text	Hepatitis C antibody screen (anti-HCV)	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[9]	Identifier	1009	
OM5.2.2[9]	Text	Hepatitis C antibodies Signal to Cut-off Ratio	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[10]	Identifier	1010	
OM5.2.2[10]	Text	Hepatitis C RNA PCR	
OM5.2.3[10]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
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	4	
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[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	80074	
CDM.7.2[1]	Text	Acute Hepatitis panel	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	86704	
CDM.7.2[2]	Text	Hepatitis A Antibody, Total	
CDM.7[3]	**Procedure Code**		
CDM.7.1[3]	Identifier	86706	
CDM.7.2[3]	Text	Hepatitis B Surface Antibody	
CDM.7[4]	**Procedure Code**		
CDM.7.1[4]	Identifier	86708	
CDM.7.2[4]	Text	Qualitative; Hepatitis B Surface Antigen	
CDM.7[5]	**Procedure Code**		
CDM.7.1[5]	Identifier	86803	
CDM.7.2[5]	Text	Hepatitis B Core Antibody, Total	
CDM.7[6]	**Procedure Code**		
CDM.7.1[6]	Identifier	87340	
CDM.7.2[6]	Text	Hepatitis C Antibody	

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.3	**Universal Service Price Range – Low Value**		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	59	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Reflex testing added if HepC detected	

Incorporate Verification for Arbovirus IgG and IgM Panel (DNG, WNV) in Serum

Data Element Name	Data	Tester Comment
Test Name	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	
Test Identifier	1300	
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	1300	
OM1.2.2	Text	Arbovirus IgG and IgM Panel (DNG, WNV) in 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	
OM1.9	Preferred Report Name for the Observation	Arbovirus Panel for Dengue, West Nile Virus	
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	2	
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	1301	
OM5.2.2[1]	Text	Dengue Virus IgG Titer 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	1302	
OM5.2.2[2]	Text	Dengue Virus IgM Titer Serum	
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	1303	
OM5.2.2[3]	Text	WNV IgG Titer Serum	
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	1304	
OM5.2.2[4]	Text	WNV Virus IgM Titer Serum	
OM5.2.3[4]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	Container Units		
OM4.5.2[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	1	
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	

Incorporate Verification for Creatinine Clearance

Data Element Name	Data	Tester Comment
Test Name	Creatinine Clearance	
Test Identifier	1200	
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	1200	
OM1.2.2	Text	Creatinine Clearance	
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	34555-3	
OM1.7.2	Text	Creatinine 24H renal clearance panel	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine Clearance	
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	1904	
OM5.2.2[1]	Text	Urine Volume of 24 hour collection	
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	1201	
OM5.2.2[2]	Text	Creatinine Clearance in 24 hours	
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	102	
OM5.2.2[3]	Text	Creatinine	
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	110	
OM5.2.2[4]	Text	GFR, calculated	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[5]	Identifier	1202	
OM5.2.2[5]	Text	Creatinine in 24 hr Urine	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[6]	Identifier	1906	
OM5.2.2[6]	Text	What is the Clinically Relevant Race?	
OM5.2.3[6]	Name of Coding System	99USL	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	2000	
OM4.5	**Container Units**		
OM4.5.2	Text	milliliter	
OM4.6	**Specimen**		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	24HrUR	
OM4.6.5	Alternate Text	24 hour urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	24 hour urine	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	20	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information

Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	**Container Units**		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	**Container Units**		
OM4.5.2[2]	Text	milliliters	
OM4.6	**Specimen**		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	**Additive**		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	3	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliters	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	82575	
CDM.7.2	Text	creatinine clearance	

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	59	
MCP.4.2	Denomination	USD	

Incorporate Verification for Lipid Panel

Data Element Name	Data	Tester Comment
Test Name	Lipid Panel	
Test Identifier	400	
Test Identifier Code System	99USL	
Status	Active	

Charge Description

Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	80061	
CDM.7.2	Text	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	