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	
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	
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)			Tester Comment
Global Information			
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			Tester Comment
Global Information			
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			Tester Comment
Global Information			
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			Tester Comment
Global Information			
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)			Tester Comment
Global Information			
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**		
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**		
PM1.1.1	**Identifier**	**NA**	
PM1.1.2	**Text**	**Not Applicable**	
PM1.1.3	**Name of Coding System**	**HL70353**	
PM1.2[1]	**Insurance Company ID**		
PM1.2.1[1]	**ID Number**	**SMCA2**	
PM1.2.4[1]	**Assiging Authority**		
PM1.2.4.2[1]	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3[1]	**Universal ID Type**	**ISO**	
PM1.2[2]	**Insurance Company ID**		
PM1.2.1[2]	**ID Number**	**MR002**	
PM1.2.4[2]	**Assiging Authority**		
PM1.2.4.2[2]	**Universal ID**	**2.16.840.1.113883.3.249**	
PM1.2.4.3[2]	**Universal ID Type**	**ISO**	

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**	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	

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**	
OM2.2.4	**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**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

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	

General Information			
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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

General Information			
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)**	
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**	
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)**	
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)**	
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**	

General Information			
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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	
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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

Incorporate Verification for Urobilinogen

Data Element Name	Data	Tester Comment
Test Name	**Urobilinogen**	
Test Identifier	**340**	
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**	**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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

Payer Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
PM1.1	**Health Plan ID**		
PM1.1.1	**Identifier**	**040**	
PM1.1.2	**Text**	**Silver Plan**	
PM1.1.3	**Name of Coding System**	**HL70072**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SKCA0**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**		
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 -Black or 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 -Black or 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**		
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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 -Black or 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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

Incorporate Verification for Albumin

Data Element Name	Data	Tester Comment
Test Name	**Albumin**	
Test Identifier	**116**	
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**	**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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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.**	
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	

General Information			
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**		
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**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

Payer Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
PM1.1	**Health Plan ID**		
PM1.1.1	**Identifier**	**040**	
PM1.1.2	**Text**	**Silver Plan**	
PM1.1.3	**Name of Coding System**	**HL70072**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SKCA0**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	
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**	
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	
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**	
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**		
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**		
PM1.1.1	**Identifier**	**NA**	
PM1.1.2	**Text**	**Not Applicable**	
PM1.1.3	**Name of Coding System**	**HL70353**	
PM1.2[1]	**Insurance Company ID**		
PM1.2.1[1]	**ID Number**	**SMCA2**	
PM1.2.4[1]	**Assiging Authority**		
PM1.2.4.2[1]	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3[1]	**Universal ID Type**	**ISO**	
PM1.2[2]	**Insurance Company ID**		
PM1.2.1[2]	**ID Number**	**MR002**	
PM1.2.4[2]	**Assiging Authority**		
PM1.2.4.2[2]	**Universal ID**	**2.16.840.1.113883.3.249**	
PM1.2.4.3[2]	**Universal ID Type**	**ISO**	

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 Profile

Data Element Name	Data	Tester Comment
Test Name	**GHP Profile**	
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)**	
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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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**	**Not Applicable**	
PM1.2	**Insurance Company ID**		
PM1.2.1	**ID Number**	**SMCA2**	
PM1.2.4	**Assiging Authority**		
PM1.2.4.2	**Universal ID**	**2.16.840.1.113883.3.72.5.22**	
PM1.2.4.3	**Universal ID Type**	**ISO**	

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)**	