

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)						
Test Case ID	4-Update_reactivate					
Juror ID						
Juror Name						
HIT System Tested						
Inspection Date/Time						
Inspection Settlement (Pass/Fail)	<table><tr><td>Pass</td><td>Fail</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>	
Pass	Fail					
<input type="checkbox"/>	<input type="checkbox"/>					
Reason Failed						
Juror Comments						

INSTRUCTIONS

No Specific Instructions

DISPLAY VERIFICATION : CPOE View

Orderable Atomic Tests and /or Panels		Tester Comment
Laboratory Name	Name of the Test/Panel*	
Century Hospital Clinical Laboratory	Erythrocyte sedimentation rate	
Century Hospital Clinical Laboratory	GHP	
* equivalent name accepted		

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

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		

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		

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		

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		

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	

General Information			
Location	Data Element Name	Data	Tester Comment
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	

General Information			
Location	Data Element Name	Data	Tester Comment
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 Identifier	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 Identifier	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
PMI.1	Health Plan ID		
PMI.1.2	Text	Healthplan2	
PMI.2	Insurance Company ID		
PMI.2.1	ID Number	SMCA2	
PMI.2.4	Assiging Authority		
PMI.2.4.1	Namespace ID	NIST EHR	

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

Incorporate Verification for GHP

Data Element Name	Data	Tester Comment
Test Name	GHP	
Test Identifier	800	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	800	
OM1.2.2	Text	GHP	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.9	Preferred Report Name for the Observation	General Health Profile	
OM1.32	Interpretation of Observations	This blood test is used to determine general health status and to screen for and monitor a variety of disorders. This profile includes a complete metabolic profile, comprehensive CBC, Urinalysis and total Thyrotropin (T4).	
OM1.37	Patient Preparation	Patient fasting required for 12 hours.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Gross hemolysis, Improper labeling..	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	100	
OM5.2.2[1]	Text	CMP	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	200	
OM5.2.2[2]	Text	CBC_diff	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	700	
OM5.2.2[3]	Text	TSH	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	300	
OM5.2.2[4]	Text	Comprehensive Urinalysis	
OM5.2.3[4]	Name of Coding System	99USL	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Gold Serum Separator tube	
OM4.4[1]	Container Volume	5.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	1	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifier	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 Identifier	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	
CDM7[1]	Procedure Code		
CDM.7.1[1]	Identifier	84443	
CDM.7.2[1]	Text	Thyroid Stimulating Hormone (TSH)	
CDM7[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 CNSTNTS ATMTD, WTHT MCRSCPY	
CDM7[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)	
CDM7[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	
CDM7[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	
CDM7[6]	Procedure Code		
CDM.7.1[6]	Identifier	85060	
CDM.7.2[6]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	