

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)					
Test Case ID	1-Smoke test				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table><thead><tr><th>Pass</th><th>Fail</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></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	PT + INR	
* equivalent name accepted		

Panel : PT + INR	Tester Comment
Panel Components	
Prothrombin Time, PT	
INR	

DISPLAY VERIFICATION : Directory Admin View

Panel : PT + INR			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
10	PT + INR	99USL	
Charge Code Information			
CPT4-code	85610		

Panel Component :Prothrombin Time, PT			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
11	Prothrombin Time, PT	99USL	

Panel Component :INR			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
12	INR	99USL	

INCORPORATE VERIFICATION

Incorporate Verification for Prothrombin Time, PT

Data Element Name	Data	Tester Comment
Test Name	Prothrombin Time, PT	
Test Identifier	11	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	11	
OM1.2.2	Text	Prothrombin Time, PT	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	Prothrombin Time	

Incorporate Verification for INR

Data Element Name	Data	Tester Comment
Test Name	INR	
Test Identifier	12	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	12	
OM1.2.2	Text	INR	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	International Normalized Ratio	

Incorporate Verification for PT + INR

Data Element Name	Data	Tester Comment
Test Name	PT + INR	
Test Identifier	10	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	10	
OM1.2.2	Text	PT + INR	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.11	Preferred Long Name for the Observation	Prothrombin Time and International Normalized Ratio Panel	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	11	
OM5.2.2[1]	Text	Prothrombin Time, PT	
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	12	
OM5.2.2[2]	Text	INR	
OM5.2.3[2]	Name of Coding System	99USL	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM7	Procedure Code		
CDM.7.1	Identifier	85610	
CDM.7.2	Text	Prothrombin Time	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Healthplan1	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	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	