Description

Some time after initial Laboratory Test Compendium is delivered electronically from the LIS to the EHR-S, the LIS send up to four eDOS update messages to the EHR-S to update multiple tests. The EHR-S will integrate these updates into its test directory.

Comments

Updates to multiple records.

PreCondition

Initial load of compendium data elements are incorporated appropriately into the EHR-S.

PostCondition

Data elements are incorporated appropriately into the EHR-S.

TestObjectives

- Demonstrate capability to support update using multiple actions for several records in an existing test compendium.

ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)	
Test Case ID	5-Update_combo
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	Low density lipoprotein cholesterol, serum (LDL) - measured	
Century Hospital Clinical Laboratory	Glucose, urine	
Century Hospital Clinical Laboratory	CMP	
Century Hospital Clinical Laboratory	Lipid Panel	
*** equivalent name accepted**		

Deactivated Atomic Tests and /or Panels		Tester Comment
Laboratary Name	**Name of the Test/Panel***	
Century Hospital Clinical Laboratory	SLE IgG Titer Serum	
Century Hospital Clinical Laboratory	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	
*** equivalent name accepted**		

Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured		Tester Comment
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

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.	

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		
Gamma-Glutamyltransferase (GGT)		

Panel : Lipid Panel	Tester Comment
Panel Components	
Cholesterol (total), serum	
High density lipoprotein cholesterol, serum (HDL)	
Low density lipoprotein cholesterol, serum (LDL)	
Triglycerides, serum	

Panel Component: Triglycerides, serum		*Tester Comment*
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

Panel Component: High density lipoprotein cholesterol, serum (HDL)		*Tester Comment*
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

Panel Component: Cholesterol (total), serum		*Tester Comment*
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

Panel Component: Low density lipoprotein cholesterol, serum (LDL)		*Tester Comment*
Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	

DISPLAY VERIFICATION : Specimen Collection / AOE View

Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Serum Gel Tube (SGT)		
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
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	
Ask at Order Entries(AOE)		
Clinical Information Request	If DOB not available, what is patient age?	
Collection Event/Process Step	Collecting the specimen	
Communication Location	OBX segment following an OBR segment	
Answer Required	Y	
Hint/Help Text	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	

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		

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 : Lipid Panel		Tester Comment
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Serum Gel Tube (SGT)		
Preferred Specimen Information		
Specimen	Serum specimen	
Specimen Handling Code	Ambient temperature	
Minimum Collection Volume	0.25 milliliter	
Container(s)		
Red, No Additive tube		

DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Low density lipoprotein cholesterol, serum (LDL) - measured			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
410	Low density lipoprotein cholesterol, serum (LDL) - measured	99USL	
Alternate Identifier	**Text**	**Code System**	
18262-6	Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		
Charge Code Information			
CPT4-code	87721		

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	

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	

Panel : Lipid Panel			Tester Comment
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
400	Lipid Panel	99USL	
Alternate Identifier	**Text**	**Code System**	
24331-1	Lipid 1996 panel in Serum or Plasma	LN	
Charge Code Information			
CPT4-code	80061		

Panel Component :Triglycerides, serum			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
408	Triglycerides, serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2571-8	Triglyceride [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		

Panel Component :High density lipoprotein cholesterol, serum (HDL)			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
404	High density lipoprotein cholesterol, serum (HDL)	99USL	
Alternate Identifier	**Text**	**Code System**	
2085-9	Cholesterol in HDL [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		

Panel Component :Cholesterol (total), serum			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
402	Cholesterol (total), serum	99USL	
Alternate Identifier	**Text**	**Code System**	
2093-3	Cholesterol [Mass/volume] in Serum or Plasma	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		

Panel Component :Low density lipoprotein cholesterol, serum (LDL)			*Tester Comment*
Global Information			
Identifier assigned by lab	**Text**	**Code System**	
406	Low density lipoprotein cholesterol, serum (LDL)	99USL	
Alternate Identifier	**Text**	**Code System**	
13457-7	Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Fasting Status		
Ask at Order Entries(AOE)			
Clinical Information Request	If DOB not available, what is patient age?		
Character Limit	6		
Number of Decimals	2		

INCORPORATE VERIFICATION

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	Deactivated	

Charge Description			
Location	**Data Element Name**	**Data**	**Tester Comment**
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	86653	
CDM.7.2	Text	St. Louis encephalitis antibody, IgG and IgM	

Incorporate Verification for Triglycerides, serum

Data Element Name	Data	Tester Comment
Test Name	Triglycerides, serum	
Test Identifier	408	
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	408	
OM1.2.2	Text	Triglycerides, 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	2571-8	
OM1.7.2	Text	Triglyceride [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Triglyceride - Serum	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	2571-8	
OM1.56.2	Text	Triglyceride [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	408	
OM1.56.5	Alternate Text	Triglycerides, 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**		
OM1.57.2.2	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	

Supporting Clinical Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
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 select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

Incorporate Verification for High density lipoprotein cholesterol, serum (HDL)

Data Element Name	Data	Tester Comment
Test Name	High density lipoprotein cholesterol, serum (HDL)	
Test Identifier	404	
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	404	
OM1.2.2	Text	High density lipoprotein cholesterol, serum (HDL)	
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	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM1.7	**Other Service/Test/Observation IDs for the Observation**		
OM1.7.1	Identifier	2085-9	
OM1.7.2	Text	Cholesterol in HDL [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	HDL Cholesterol - Serum	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	2085-9	
OM1.56.2	Text	Cholesterol in HDL [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	404	
OM1.56.5	Alternate Text	High density lipoprotein cholesterol, serum (HDL)	
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	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	

Supporting Clinical Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
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 select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

Incorporate Verification for Cholesterol (total), serum

Data Element Name	Data	Tester Comment
Test Name	Cholesterol (total), serum	
Test Identifier	402	
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	402	
OM1.2.2	Text	Cholesterol (total), 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	2093-3	
OM1.7.2	Text	Cholesterol [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total Cholesterol - Serum	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	2093-3	
OM1.56.2	Text	Cholesterol [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	402	
OM1.56.5	Alternate Text	Cholesterol (total), 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**		
OM1.57.2.2	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	

Supporting Clinical Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
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 select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

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	170	
OM2.6.1.2	High Value	199	

Incorporate Verification for Low density lipoprotein cholesterol, serum (LDL)

Data Element Name	Data	Tester Comment
Test Name	Low density lipoprotein cholesterol, serum (LDL)	
Test Identifier	406	
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	406	
OM1.2.2	Text	Low density lipoprotein cholesterol, serum (LDL)	
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	13457-7	
OM1.7.2	Text	Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	LDL Cholesterol - Serum (calculated)	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	13457-7	
OM1.56.2	Text	Cholesterol in LDL [Mass/volume] in Serum or Plasma by calculation	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	406	
OM1.56.5	Alternate Text	Low density lipoprotein cholesterol, serum (LDL)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	

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

Supporting Clinical Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
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 select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

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	110	
OM2.6.1.2[1]	High Value	129	
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	159	

Incorporate Verification for Low density lipoprotein cholesterol, serum (LDL) - measured

Data Element Name	Data	Tester Comment
Test Name	Low density lipoprotein cholesterol, serum (LDL) - measured	
Test Identifier	410	
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	410	
OM1.2.2	Text	Low density lipoprotein cholesterol, serum (LDL) - measured	
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	18262-6	
OM1.7.2	Text	Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	LDL Cholesterol - Serum (direct)	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
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	
OM1.56	**Observation Identifier associated with Producer's Service/Test/Observation ID**		
OM1.56.1	Identifier	18262-6	
OM1.56.2	Text	Cholesterol in LDL [Mass/volume] in Serum or Plasma by Direct assay	
OM1.56.3	Name of Coding System	LN	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM1.56.4	Alternate Identifier	410	
OM1.56.5	Alternate Text	Low density lipoprotein cholesterol, serum (LDL) - measured	
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	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	

Supporting Clinical Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OMC.4	**Clinical Information Request**		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
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 select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

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	110	
OM2.6.1.2[1]	High Value	129	
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	159	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
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	
OM4.7	**Additive**		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	0.5	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
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	0.5	
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	87721	
CDM.7.2	Text	lipoprotein, direct measurement; low density cholesterol (ldl cholesterol)	

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

Incorporate Verification for 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	An elevated urine glucose concentration indicates the presence of hyperglycemia or disorders of proximal renal tubules.	
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	

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	

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 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	Deactivated	

Charge Description			
Location	**Data Element Name**	**Data**	**Tester Comment**
CDM.3	Identifier	N/A	
CDM.7[1]	**Procedure Code**		
CDM.7.1[1]	Identifier	86788	
CDM.7.2[1]	Text	West Nile virus antibody, IgM	
CDM.7[2]	**Procedure Code**		
CDM.7.1[2]	Identifier	86789	
CDM.7.2[2]	Text	West Nile virus antibody, IgG	
CDM.7[3]	**Procedure Code**		
CDM.7.1[3]	Identifier	86790	
CDM.7.2[3]	Text	DengueFever antibody, IgG and IgM	
CDM.7[4]	**Procedure Code**		
CDM.7.1[4]	Identifier	86790	
CDM.7.2[4]	Text	DengueFever antibody, IgG and IgM	

Incorporate Verification for CMP

Data Element Name	Data	Tester Comment
Test Name	CMP	
Test Identifier	100	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	100	
OM1.2.2	Text	CMP	
OM1.2.3	Name of Coding System	99USL	
OM1.5	**Producer ID**		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	**Other Service/Test/Observation IDs for the Observation**		
OM1.7.1	Identifier	24323-8	
OM1.7.2	Text	Comprehensive metabolic 2000 panel - Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	CMP	
OM1.32	Interpretation of Observations	Test used to measure blood sugar, electrolytes and fluid balance, kidney and liver function.	
OM1.37	Patient Preparation	Patient fasting required for 12 hours.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Gross hemolysis, Improper labeling..	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	**Expected Turn-Around Time**		
OM1.57.1	Quantity	1	
OM1.57.2	**Units**		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2[1]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[1]	Identifier	104	
OM5.2.2[1]	Text	Serum Glucose	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[2]	Identifier	106	
OM5.2.2[2]	Text	Blood Urea Nitrogen (BUN)	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	**Test/Observations Included Within an Ordered Test Battery**		

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

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2[12]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[12]	Identifier	124	
OM5.2.2[12]	Text	Alkaline phosphatase (ALP)	
OM5.2.3[12]	Name of Coding System	99USL	
OM5.2[13]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[13]	Identifier	126	
OM5.2.2[13]	Text	Alanine aminotransferase (ALT)	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[14]	Identifier	128	
OM5.2.2[14]	Text	Aspartate aminotransferase (ASP)	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[15]	Identifier	130	
OM5.2.2[15]	Text	Sodium, serum	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[16]	Identifier	132	
OM5.2.2[16]	Text	Potassium, serum	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[17]	Identifier	134	
OM5.2.2[17]	Text	Chloride, serum	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[18]	Identifier	136	
OM5.2.2[18]	Text	Carbon dioxide, serum	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[19]	Identifier	138	
OM5.2.2[19]	Text	Anion gap	
OM5.2.3[19]	Name of Coding System	99USL	
OM5.2[20]	**Test/Observations Included Within an Ordered Test Battery**		
OM5.2.1[20]	Identifier	140	
OM5.2.2[20]	Text	Gamma-Glutamyltransferase (GGT)	

Observation Batteries(sets)			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM5.2.3[20]	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	

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	

General Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM1.2	**Producer's Service/Test/Observation ID**		
OM1.2.1	Identifier	400	
OM1.2.2	Text	Lipid Panel	
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	24331-1	
OM1.7.2	Text	Lipid 1996 panel in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Lipid Panel	
OM1.32	Interpretation of Observations	Used to assess patient risk for heart disease. This panel includes a total cholesterol, triglycerides, high density lipoprotein cholesterol (HDLC) and a low density lipoprotein cholesterol (LDLC).	
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	402	
OM5.2.2[1]	Text	Cholesterol (total), 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	404	
OM5.2.2[2]	Text	High density lipoprotein cholesterol, serum (HDL)	
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	406	
OM5.2.2[3]	Text	Low density lipoprotein cholesterol, serum (LDL)	
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	408	
OM5.2.2[4]	Text	Triglycerides, serum	
OM5.2.3[4]	Name of Coding System	99USL	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
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	
OM4.7	**Additive**		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
OM4.10	**Normal Collection Volume**		
OM4.10.1	Quantity	0.5	
OM4.10.2	**Units**		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	**Data Element Name**	**Data**	**Tester Comment**
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
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	0.5	
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	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)	

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

Coverage Policy			
Location	**Data Element Name**	**Data**	**Tester Comment**
MCP.4	**Universal Service Price Range – High Value**		
MCP.4.1	Quantity	39	
MCP.4.2	Denomination	USD	

Incorporate Verification for Prostate Biopsy Pathology Report

Data Element Name	Data	Tester Comment
Test Name	Prostate Biopsy Pathology Report	
Test Identifier	600	
Test Identifier Code System	99USL	
Status	Active	

Charge Description			
Location	**Data Element Name**	**Data**	**Tester Comment**
CDM.3	Identifier	N/A	
CDM.7	**Procedure Code**		
CDM.7.1	Identifier	G0416	
CDM.7.2	Text	Surgical pathology, gross and micro exam for prostate needle saturation biopsy sampling 1-20 specimens	