

## 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)	<table border="1"> <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	Erythrocyte sedimentation rate	
Century Hospital Clinical Laboratory	Erythrocytes, blood	
Century Hospital Clinical Laboratory	Hemoglobin (Hb)	
Century Hospital Clinical Laboratory	Hematocrit	
Century Hospital Clinical Laboratory	Leukocytes, blood	
Century Hospital Clinical Laboratory	Platelets	
Century Hospital Clinical Laboratory	Mean corpuscular volume (MCV)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin (MCH)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin Concentration (MCHC)	
Century Hospital Clinical Laboratory	Red blood cell distribution width (RDW )	
Century Hospital Clinical Laboratory	Basophils	
Century Hospital Clinical Laboratory	% Basophils	
Century Hospital Clinical Laboratory	Monocytes	
Century Hospital Clinical Laboratory	% Monocytes	
Century Hospital Clinical Laboratory	Eosinophils	
Century Hospital Clinical Laboratory	% Eosinophils	
Century Hospital Clinical Laboratory	Lymphocytes	
Century Hospital Clinical Laboratory	% Lymphocytes	
Century Hospital Clinical Laboratory	Neutrophils	
Century Hospital Clinical Laboratory	% Neutrophils	
* equivalent name accepted		

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

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

Atomic Test : Glucose, urine		Tester Comment
<b>Patient Preparation</b>	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
<b>Patient Preparation</b>	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.	
<b>Gender Restrictions</b>	Female	
	Female	
<b>Age Restrictions</b>	16to85	
	16to85	

Panel : CMP		Tester Comment
<b>Patient Preparation</b>	Patient fasting required for 12 hours.	
<b>Panel Components</b>		
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
<b>Patient Preparation</b>	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 catheterization, the collection method must be noted.	
<b>Panel Components</b>		
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
<b>Panel Components</b>		
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
<b>Patient Preparation</b>	Patient fasting required for 12 hours.	
<b>Panel Components</b>		
CMP		
CBC_diff		
TSH		
Comprehensive Urinalysis		

Panel : Hepatitis A B C Panel_With Reflex		Tester Comment
<b>Panel Components</b>		
Hepatitis A IgM antibodies (IgM anti-HAV)		
Hepatitis A antibodies (anti-HAV)		
Hepatitis B core antibodies (anti-HBVe)		
Hepatitis B core antibodies (anti-HBVe) Quant		
Hepatitis B e antibodies (anti-HBVe)		
Hepatitis B surface antigen (HBsAg)		
Hepatitis B surface antibody (anti-HBs)		
Hepatitis C antibody screen (anti-HCV)		
Hepatitis C antibodies Signal to Cut-off Ratio		
Hepatitis C RNA PCR		
<b>Reflex Information</b>		
<b>Reflex Tests</b>	<b>Trigger Rule</b>	
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
<b>Panel Components</b>		
Dengue Virus IgG Titer Serum		
Dengue Virus IgM Titer Serum		
WNV IgG Titer Serum		
WNV Virus IgM Titer Serum		

Panel : Creatinine Clearance		Tester Comment
<b>Panel Components</b>		
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
<b>Preferred Specimen Information</b>		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
	Metal Free	
Minimum Collection Volume	2.4 milliliters	
<b>Container(s)</b>		
Black Top Tube (Vac-Tec)		
<b>Alternate Specimen Information</b>		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
	Metal Free	
Minimum Collection Volume	2.4 milliliters	
<b>Container(s)</b>		
Lavender Top (EDTA) tube		

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

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

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

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

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

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

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



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

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

Atomic Test : Serum Glucose		Tester Comment
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Refrigerated temperature	
<b>Minimum Collection Volume</b>	0.5 milliliter	
<b>Container(s)</b>		
Gold Serum Separator tube		
Red, No Additive tube		
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	Fasting Status	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	Relevant Clinical Information	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
<b>Answer Choices</b>	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
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Refrigerated temperature	
<b>Minimum Collection Volume</b>	0.5 milliliter	
<b>Container(s)</b>		
Gold Serum Separator tube		
Red, No Additive tube		

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

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

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

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

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

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

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

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

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

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

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

Atomic Test : Pap Test		Tester Comment
<b>Preferred Specimen Information</b>		
Specimen	Endocervical cytologic material	
Specimen Handling Code	Ambient temperature	
<b>Container(s)</b>		
PreservCyt Solution vial		
<b>Ask at Order Entries(AOE)</b>		
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	
<b>Ask at Order Entries(AOE)</b>		
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
<b>Preferred Specimen Information</b>		
Specimen	Serum specimen	
Specimen Handling Code	Frozen	
Minimum Collection Volume	1.7 milliliter	
<b>Container(s)</b>		
Gold Serum Separator tube		

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

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

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

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

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

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

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

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

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

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

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

## DISPLAY VERIFICATION : Directory Admin View

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

Atomic Test : Erythrocytes, blood			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
202	Erythrocytes, blood	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
26453-1	Erythrocytes [#/volume] in Blood	LN	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	85032		
<b>Charge Code Information</b>			
<b>CPT4-code</b>	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
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
336	Urine pH	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
50560-2	pH of Urine by Automated test strip	LN	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	83986		

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

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

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

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

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

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

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

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

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

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

Atomic Test : Albumin			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
116	Albumin	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
1751-7	Albumin [Mass/volume] in Serum or Plasma	LN	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	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
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
700	TSH	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
3016-3	Thyrotropin [Units/volume] in Serum or Plasma	LN	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	84443		

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

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

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

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

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

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

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

Panel : Comprehensive Urinalysis			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
300	Comprehensive Urinalysis	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
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
<b>Global Information</b>			
Identifier assigned by lab	Text	Code System	
1000	Hepatitis A B C Panel_ With Reflex	99USL	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	80074		
<b>CPT4-code</b>	86704		
<b>CPT4-code</b>	86706		
<b>CPT4-code</b>	86708		
<b>CPT4-code</b>	86803		
<b>CPT4-code</b>	87340		

Panel Component :Hepatitis A antibodies (anti-HAV)			Tester Comment
<b>Global Information</b>			
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
<b>Global Information</b>			
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	
<b>Ask at Order Entries(AOE)</b>			
Clinical Information Request	Pregnancy status		

Panel Component :Hepatitis B core antibodies (anti-HBVc) Quant			Tester Comment
<b>Global Information</b>			
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	
<b>Ask at Order Entries(AOE)</b>			
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
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
1200	Creatinine Clearance	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
34555-3	Creatinine 24H renal clearance panel	LN	
<b>Charge Code Information</b>			
<b>CPT4-code</b>	82575		

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

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

## INCORPORATE VERIFICATION

Incorporate Verification for Erythrocyte sedimentation rate

Data Element Name	Data	Tester Comment
Test Name	Erythrocyte sedimentation rate	
Test Identifier	500	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	500	
OM1.2.2	Text	Erythrocyte sedimentation rate	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7[1]	Other Service/Test/Observation IDs for the Observation		
OM1.7.1[1]	Identifier	30341-2	
OM1.7.2[1]	Text	Erythrocyte sedimentation rate	
OM1.7.3[1]	Name of Coding System	LN	
OM1.7[2]	Other Service/Test/Observation IDs for the Observation		
OM1.7.1[2]	Identifier	416838001	
OM1.7.2[2]	Text	Erythrocyte sedimentation rate measurement	
OM1.7.3[2]	Name of Coding System	SCT	
OM1.9	Preferred Report Name for the Observation	Erythrocyte sedimentation rate	
OM1.32	Interpretation of Observations	The erythrocyte sedimentation rate is a nonspecific measure of inflammatory disease.	
OM1.39	Factors that may Affect the Observation	Insufficient blood, Clotting, Hemolysis, Blood specimen received > 12 hours after collection.	
OM1.40[1]	Service/Test/Observation Performance Schedule	Daily	
OM1.40[2]	Service/Test/Observation Performance Schedule	Continuously	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.54[1]	Special Instructions	Please include tentative diagnosis/treatment on the request form..	
OM1.54[2]	Special Instructions	Please direct any questions regarding this test to the hematology division.	
OM1.55[1]	Test Relationship Category	Clinical Pathology	
OM1.55[2]	Test Relationship Category	Hematology	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		

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

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
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	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0	
OM2.6.1.2[1]	High Value	15	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	25	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Buffered Citrate (Westergren Sedimentation Rate)	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2.4	
<b>OM4.10.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2.4	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	



Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	85652	
CDM.7.2	Text	Sedimentation rate, erythrocyte; automated	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2[1]</b>	<b>Insurance Company ID</b>		
PMI.2.1[1]	ID Number	SMCA2	
<b>PMI.2.4[1]</b>	<b>Assiging Authority</b>		
PMI.2.4.2[1]	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3[1]	Universal ID Type	ISO	
<b>PMI.2[2]</b>	<b>Insurance Company ID</b>		
PMI.2.1[2]	ID Number	MR002	
<b>PMI.2.4[2]</b>	<b>Assiging Authority</b>		
PMI.2.4.2[2]	Universal ID	2.16.840.1.113883.3.249	
PMI.2.4.3[2]	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.3</b>	<b>Universal Service Price Range – Low Value</b>		
MCP.3.1	Quantity	25	
MCP.3.2	Denomination	USD	
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
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
<b>Test Name</b>	Erythrocytes, blood	
<b>Test Identifier</b>	202	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	202	
OM1.2.2	Text	Erythrocytes, blood	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	trillion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	3.9	
OM2.6.1.2[1]	High Value	5.5	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	3.9	
OM2.6.1.2[2]	High Value	6.0	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
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	
<b>CDM7</b>	<b>Procedure Code</b>		
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
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Hemoglobin (Hb)	
<b>Test Identifier</b>	256	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	256	
OM1.2.2	Text	Hemoglobin (Hb)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	13.4	
OM2.6.1.2[1]	High Value	19.9	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	10.7	
OM2.6.1.2[2]	High Value	17.1	
<b>OM2.7</b>	<b>Critical Range for Ordinal and Continuous Observations</b>		
<b>OM2.7.1</b>	<b>Numeric Range</b>		
OM2.7.1.1	Low Value	7.0	
OM2.7.1.2	High Value	22.5	
<b>OM2.8</b>	<b>Absolute Range for Ordinal and Continuous Observations</b>		
<b>OM2.8.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Hematocrit	
<b>Test Identifier</b>	204	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	204	
OM1.2.2	Text	Hematocrit	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	42.0	
OM2.6.1.2[1]	High Value	65.0	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	85014	
CDM.7.2	Text	blood count; hematocrit (hct)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

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

## Incorporate Verification for Leukocytes, blood

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

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	206	
OM1.2.2	Text	Leukocytes, blood	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
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	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	9.0	
OM2.6.1.2[1]	High Value	30	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	9.4	
OM2.6.1.2[2]	High Value	34	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	85048	
CDM.7.2	Text	blood count; leukocyte (wbc), automated	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	208	
OM1.2.2	Text	Platelets	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	thousand per microliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	150	
OM2.6.1.2[1]	High Value	450	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
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
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

### Incorporate Verification for Mean corpuscular volume (MCV)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Mean corpuscular volume (MCV)	
<b>Test Identifier</b>	210	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	210	
OM1.2.2	Text	Mean corpuscular volume (MCV)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	femtoliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	98.0	
OM2.6.1.2[1]	High Value	120.0	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	88.0	
OM2.6.1.2[2]	High Value	120.0	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Mean corpuscular hemoglobin (MCH)	
<b>Test Identifier</b>	212	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	212	
OM1.2.2	Text	Mean corpuscular hemoglobin (MCH)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	picogram per cell	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Mean corpuscular hemoglobin Concentration (MCHC)	
<b>Test Identifier</b>	214	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	214	
OM1.2.2	Text	Mean corpuscular hemoglobin Concentration (MCHC)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Red blood cell distribution width (RDW )	
<b>Test Identifier</b>	216	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	216	
OM1.2.2	Text	Red blood cell distribution width (RDW )	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	12.0	
OM2.6.1.2[1]	High Value	14.5	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	12.0	
OM2.6.1.2[2]	High Value	14.0	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Basophils	
<b>Test Identifier</b>	218	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	218	
OM1.2.2	Text	Basophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.60	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	% Basophils	
<b>Test Identifier</b>	220	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	220	
OM1.2.2	Text	% Basophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	222	
OM1.2.2	Text	Monocytes	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0.40	
OM2.6.1.2[1]	High Value	1.80	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	% Monocytes	
<b>Test Identifier</b>	224	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	224	
OM1.2.2	Text	% Monocytes	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	226	
OM1.2.2	Text	Eosinophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.85	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	% Eosinophils	
<b>Test Identifier</b>	228	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	228	
OM1.2.2	Text	% Eosinophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	230	
OM1.2.2	Text	Lymphocytes	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	2.0	
OM2.6.1.2[1]	High Value	11.0	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	% Lymphocytes	
<b>Test Identifier</b>	232	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	232	
OM1.2.2	Text	% Lymphocytes	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	26	
OM2.6.1.2[1]	High Value	36	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Neutrophils	
<b>Test Identifier</b>	234	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	234	
OM1.2.2	Text	Neutrophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	9.0	
OM2.6.1.2[1]	High Value	26.0	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	% Neutrophils	
<b>Test Identifier</b>	236	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	236	
OM1.2.2	Text	% Neutrophils	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	42	
OM2.6.1.2[1]	High Value	90	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Anisocytosis	
<b>Test Identifier</b>	238	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	238	
OM1.2.2	Text	Anisocytosis	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Hypochromia	
<b>Test Identifier</b>	240	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	240	
OM1.2.2	Text	Hypochromia	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Macrocytosis	
<b>Test Identifier</b>	242	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	242	
OM1.2.2	Text	Macrocytosis	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Microcytosis	
<b>Test Identifier</b>	244	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	244	
OM1.2.2	Text	Microcytosis	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Poikilocytosis	
<b>Test Identifier</b>	246	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	246	
OM1.2.2	Text	Poikilocytosis	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Polychromasia	
<b>Test Identifier</b>	248	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	248	
OM1.2.2	Text	Polychromasia	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	RBC morphology	
<b>Test Identifier</b>	250	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	250	
OM1.2.2	Text	RBC morphology	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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



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

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.5.2[10]	Text	Ringed sideroblast (finding)	
OM3.5.3[10]	Name of Coding System	SCT	
OMB.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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	252	
OM1.2.2	Text	WBC morphology	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4[1]</b>	<b>Normal Text/Codes for Categorial Observations</b>		
OM3.4.1[1]	Identifier	17621005	
OM3.4.2[1]	Text	normal (qualifier value)	

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

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.5.3[7]	Name of Coding System	SCT	
<b>OMB.5[8]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[8]	Identifier	250281004	
OM3.5.2[8]	Text	Cytoplasmic vacuolation (finding)	
OM3.5.3[8]	Name of Coding System	SCT	
<b>OMB.5[9]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Platelet morphology	
<b>Test Identifier</b>	254	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	254	
OM1.2.2	Text	Platelet morphology	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[1]	Identifier	134204007	
OM3.5.2[1]	Text	Platelet clumps (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[2]	Identifier	44687006	
OM3.5.2[2]	Text	Giant platelet (morphologic abnormality)	
OM3.5.3[2]	Name of Coding System	SCT	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Color of Urine	
<b>Test Identifier</b>	344	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	344	
OM1.2.2	Text	Color of Urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	77775007	
OM3.4.2	Text	Normal color (finding)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[1]	Identifier	50935005	
OM3.5.2[1]	Text	Milky urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[2]	Identifier	28977008	
OM3.5.2[2]	Text	Pink color (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[3]	Identifier	386713009	
OM3.5.2[3]	Text	Red color (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Clarity of Urine	
<b>Test Identifier</b>	346	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	346	
OM1.2.2	Text	Clarity of Urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	167236000	
OM3.4.2	Text	Urine: looks clear (finding)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
OM3.5.1[1]	Identifier	7766007	
OM3.5.2[1]	Text	Cloudy urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Erythrocytes, urine	
<b>Test Identifier</b>	302	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	302	
OM1.2.2	Text	Erythrocytes, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Leukocytes, urine	
<b>Test Identifier</b>	304	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	304	
OM1.2.2	Text	Leukocytes, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0	
OM2.6.1.2[1]	High Value	3	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	10	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Leukocyte clumps, urine	
<b>Test Identifier</b>	306	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	306	
OM1.2.2	Text	Leukocyte clumps, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Non-squamous epithelial cells. , urine	
<b>Test Identifier</b>	308	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	308	
OM1.2.2	Text	Non-squamous epithelial cells. , urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Squamous epithelial cells. , urine	
<b>Test Identifier</b>	310	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	310	
OM1.2.2	Text	Squamous epithelial cells. , urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	314	
OM1.2.2	Text	Bacteria, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	312	
OM1.2.2	Text	Crystals , urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	81005	
CDM.7.2	Text	urinalysis; qualitative or semiquantitative, except immunoassays	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Hyaline casts	
<b>Test Identifier</b>	316	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	316	
OM1.2.2	Text	Hyaline casts	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
OM2.6.1.1	Low Value	0	
OM2.6.1.2	High Value	4	

## Incorporate Verification for Casts

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Casts	
<b>Test Identifier</b>	318	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	318	
OM1.2.2	Text	Casts	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
OM1.7.1	Identifier	43755-8	
OM1.7.2	Text	Casts [# /area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Casts	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.32	Interpretation of Observations	Any kind of casts are counted in this test - there are several kinds of casts: Granular casts are the second-most common type of cast, resulting from break down of cellular casts, or inclusion of plasma proteins. They are most often indicative of chronic renal disease. Exception here is the muddy brown cast, which is an indication of acute tubular necrosis. Waxy casts can be found in urine from patients in renal failure. Fatty casts are indicators of high protein nephrotic syndrome. Pigment casts can indicate hemolytic anemia, rhabdomyolysis 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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	320	
OM1.2.2	Text	Spermatozoa, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	322	
OM1.2.2	Text	Mucus, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	4	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Total bilirubin, urine	
<b>Test Identifier</b>	324	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	324	
OM1.2.2	Text	Total bilirubin, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
OM2.6.1.1	Low Value	0	
OM2.6.1.2	High Value	15	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Glucose, urine	
<b>Test Identifier</b>	326	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	326	
OM1.2.2	Text	Glucose, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

## Incorporate Verification for Hemoglobin, urine

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hemoglobin, urine	
<b>Test Identifier</b>	328	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	328	
OM1.2.2	Text	Hemoglobin, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	83069	
CDM.7.2	Text	Hemoglobin; urine	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

## Incorporate Verification for Ketones , urine

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Ketones , urine	
<b>Test Identifier</b>	330	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	330	
OM1.2.2	Text	Ketones , urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Leukocyte esterase, urine	
<b>Test Identifier</b>	332	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	332	
OM1.2.2	Text	Leukocyte esterase, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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
<b>Test Name</b>	Nitrite, urine	
<b>Test Identifier</b>	334	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	334	
OM1.2.2	Text	Nitrite, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	336	
OM1.2.2	Text	Urine pH	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	pH	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	83986	
CDM.7.2	Text	ph; body fluid, not otherwise specified	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

## Incorporate Verification for Protein, urine

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Protein, urine	
<b>Test Identifier</b>	338	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	338	
OM1.2.2	Text	Protein, urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
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
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	5	
OM2.6.1.2[1]	High Value	25	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	5	
OM2.6.1.2[2]	High Value	24	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84156	
CDM.7.2	Text	protein, total, except by refractometry; urine	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

### Incorporate Verification for Urobilinogen

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Urobilinogen	
<b>Test Identifier</b>	340	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	340	
OM1.2.2	Text	Urobilinogen	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	Ehrlich unit per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

### Incorporate Verification for Urine specific gravity

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Urine specific gravity	
<b>Test Identifier</b>	342	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	342	
OM1.2.2	Text	Urine specific gravity	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	specific gravity	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	1.001	
OM2.6.1.2[1]	High Value	1.035	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
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, WHTT MCRSCPY	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Serum Glucose	
<b>Test Identifier</b>	104	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	104	
OM1.2.2	Text	Serum Glucose	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
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	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
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	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
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
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
OM2.6.1.1	Low Value	70	
OM2.6.1.2	High Value	140	
<b>OM2.7</b>	<b>Critical Range for Ordinal and Continuous Observations</b>		
<b>OM2.7.1</b>	<b>Numeric Range</b>		
OM2.7.1.1	Low Value	40	
OM2.7.1.2	High Value	500	
<b>OM2.8</b>	<b>Absolute Range for Ordinal and Continuous Observations</b>		
<b>OM2.8.1</b>	<b>Numeric Range</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82947	
CDM.7.2	Text	glucose; quantitative, blood (except reagent strip)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan1	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SKCA0	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

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

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

## Incorporate Verification for Blood Urea Nitrogen (BUN)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Blood Urea Nitrogen (BUN)	
<b>Test Identifier</b>	106	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	106	
OM1.2.2	Text	Blood Urea Nitrogen (BUN)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	25	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	8	
OM2.6.1.2[2]	High Value	24	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84520	
CDM.7.2	Text	urea nitrogen; quantitative	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	102	
OM1.2.2	Text	Creatinine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		

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

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

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

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82565	
CDM.7.2	Text	creatinine; blood	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assigning Authority</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	108	
OM1.2.2	Text	BUN/Creatinine Ratio	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	110	
OM1.2.2	Text	GFR, calculated	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	2028-9	
OMC.11.2[1]	Text	Asian	
OMC.11.3[1]	Name of Coding System	HL70005	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	2106-3	
OMC.11.2[2]	Text	White	
OMC.11.3[2]	Name of Coding System	HL70005	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
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	
<b>OMC.11[4]</b>	<b>Answer Choices</b>		
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	
<b>OMC.11[5]</b>	<b>Answer Choices</b>		
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
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milliliter per minute per 1.73 square meter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	60	
<b>OM2.6.6[1]</b>	<b>Race/Subspecies</b>		
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	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	60	
<b>OM2.6.6[2]</b>	<b>Race/Subspecies</b>		
OM2.6.6.1[2]	Identifier	NAA	
OM2.6.6.2[2]	Text	Non African American	
OM2.6.6.3[2]	Name of Coding System	99USL	

## Incorporate Verification for Calcium

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Calcium	
<b>Test Identifier</b>	112	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	112	
OM1.2.2	Text	Calcium	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	8.9	
OM2.6.1.2[1]	High Value	10.1	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	8.9	
OM2.6.1.2[2]	High Value	10.1	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	
<b>OM2.7[1]</b>	<b>Critical Range for Ordinal and Continuous Observations</b>		
<b>OM2.7.1[1]</b>	<b>Numeric Range</b>		
OM2.7.1.1[1]	Low Value	6.0	
OM2.7.1.2[1]	High Value	13.0	
<b>OM2.7.2[1]</b>	<b>Administrative Sex</b>		
OM2.7.2.1[1]	Identifier	M	
OM2.7.2.2[1]	Text	Male	
OM2.7.2.3[1]	Name of Coding System	HL70001	
<b>OM2.7[2]</b>	<b>Critical Range for Ordinal and Continuous Observations</b>		
<b>OM2.7.1[2]</b>	<b>Numeric Range</b>		
OM2.7.1.1[2]	Low Value	6.0	
OM2.7.1.2[2]	High Value	13.0	
<b>OM2.7.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82310	
CDM.7.2	Text	calcium; total	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Total protein, serum	
<b>Test Identifier</b>	114	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	114	
OM1.2.2	Text	Total protein, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	4.1	
OM2.6.1.2[1]	High Value	6.3	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	4.7	
OM2.6.1.2[2]	High Value	6.7	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
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
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

### Incorporate Verification for Albumin

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Albumin	
<b>Test Identifier</b>	116	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	116	
OM1.2.2	Text	Albumin	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82040	
CDM.7.2	Text	albumin; serum, plasma or whole blood	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	118	
OM1.2.2	Text	Globulin	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	1.3	
OM2.6.1.2[1]	High Value	2.4	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	1.7	
OM2.6.1.2[2]	High Value	3	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Albumin/globulin ratio	
<b>Test Identifier</b>	120	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	120	
OM1.2.2	Text	Albumin/globulin ratio	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	Ratio	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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
<b>Test Name</b>	Total bilirubin, serum	
<b>Test Identifier</b>	122	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	122	
OM1.2.2	Text	Total bilirubin, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	0.1	
OM2.6.1.2[1]	High Value	0.9	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	0.1	
OM2.6.1.2[2]	High Value	1	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82247	
CDM.7.2	Text	bilirubin; total	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assigning Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

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

## Incorporate Verification for Alkaline phosphatase (ALP)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Alkaline phosphatase (ALP)	
<b>Test Identifier</b>	124	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	124	
OM1.2.2	Text	Alkaline phosphatase (ALP)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	149	
OM2.6.1.2[1]	High Value	369	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	179	
OM2.6.1.2[2]	High Value	416	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84075	
CDM.7.2	Text	Phosphatase, alkaline	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assigning Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
MCP.4.1	Quantity	49	
MCP.4.2	Denomination	USD	

## Incorporate Verification for Alanine aminotransferase (ALT)

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

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	126	
OM1.2.2	Text	Alanine aminotransferase (ALT)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	55	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	7	
OM2.6.1.2[2]	High Value	45	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84460	
CDM.7.2	Text	transferase; alanine amino (alt) (sgpt)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

### Incorporate Verification for Aspartate aminotransferase (ASP)

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



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	128	
OM1.2.2	Text	Aspartate aminotransferase (ASP)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	8	
OM2.6.1.2[1]	High Value	60	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	8	
OM2.6.1.2[2]	High Value	48	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84450	
CDM.7.2	Text	transferase; aspartate amino (ast) (sgot)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

## Incorporate Verification for Sodium, serum

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

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	130	
OM1.2.2	Text	Sodium, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84295	
CDM.7.2	Text	sodium; serum, plasma or whole blood	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Potassium, serum	
<b>Test Identifier</b>	132	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	132	
OM1.2.2	Text	Potassium, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84132	
CDM.7.2	Text	potassium; serum, plasma or whole blood	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Chloride, serum	
<b>Test Identifier</b>	134	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	134	
OM1.2.2	Text	Chloride, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	



Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	102	
OM2.6.1.2[1]	High Value	112	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82435	
CDM.7.2	Text	chloride; blood	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Carbon dioxide, serum	
<b>Test Identifier</b>	136	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	136	
OM1.2.2	Text	Carbon dioxide, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	17	
OM2.6.1.2[1]	High Value	25	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	18	
OM2.6.1.2[2]	High Value	26	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82374	
CDM.7.2	Text	carbon dioxide (bicarbonate)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	138	
OM1.2.2	Text	Anion gap	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	Anion Gap	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	11	
OM2.6.1.2[1]	High Value	19	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	10	
OM2.6.1.2[2]	High Value	18	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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
<b>Test Name</b>	Gamma-Glutamyltransferase (GGT)	
<b>Test Identifier</b>	140	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	140	
OM1.2.2	Text	Gamma-Glutamyltransferase (GGT)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	19	
<b>OM2.6.2[1]</b>	<b>Administrative Sex</b>		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	9	
OM2.6.1.2[2]	High Value	22	
<b>OM2.6.2[2]</b>	<b>Administrative Sex</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82977	
CDM.7.2	Text	glutamyltransferase, gamma (ggt)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assigning Authority</b>		
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
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
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	



General Information			
Location	Data Element Name	Data	Tester Comment
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	3	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5[1]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[2]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[3]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OMB.5[4]</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	88305	
CDM.7.2	Text	Tissue exam by Pathologist	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.3</b>	<b>Universal Service Price Range – Low Value</b>		
MCP.3.1	Quantity	25	
MCP.3.2	Denomination	USD	
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	700	
OM1.2.2	Text	TSH	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84443	
CDM.7.2	Text	Thyroid Stimulating Hormone (TSH)	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.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	

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

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5[1]</b>	<b>Collection Event/Process Step</b>		
OMC.5.1[1]	Identifier	ORD	
OMC.5.2[1]	Text	Placing the order	
OMC.5.3[1]	Name of Coding System	HL70938	
<b>OMC.5[2]</b>	<b>Collection Event/Process Step</b>		
OMC.5.1[2]	Identifier	DRW	
OMC.5.2[2]	Text	Collecting the specimen	
OMC.5.3[2]	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	Y	
OMC.11.2[1]	Text	Yes	
OMC.11.3[1]	Name of Coding System	HL70136	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	N	
OMC.11.2[2]	Text	No	
OMC.11.3[2]	Name of Coding System	HL70136	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	110951002	
OM4.6.2	Text	Endocervical cytologic material	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifier	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)	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	PreservCyt Solution	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7[1]</b>	<b>Procedure Code</b>		
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.	
<b>CDM.7[2]</b>	<b>Procedure Code</b>		
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
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Hepatitis A IgM antibodies (IgM anti-HAV)	
<b>Test Identifier</b>	1001	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1001	
OM1.2.2	Text	Hepatitis A IgM antibodies (IgM anti-HAV)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

### Incorporate Verification for Hepatitis A antibodies (anti-HAV)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis A antibodies (anti-HAV)	
<b>Test Identifier</b>	1002	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1002	
OM1.2.2	Text	Hepatitis A antibodies (anti-HAV)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

### Incorporate Verification for Hepatitis B core antibodies (anti-HBVC)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis B core antibodies (anti-HBVC)	
<b>Test Identifier</b>	1003	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1003	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis B core antibodies (anti-HBVC) Quant	
<b>Test Identifier</b>	1004	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1004	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc) Quant	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	



Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1005	
OM1.2.2	Text	Hepatitis B e antibodies (anti-HBVe)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

### Incorporate Verification for Hepatitis B surface antigen (HBsAg)

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis B surface antigen (HBsAg)	
<b>Test Identifier</b>	1006	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1006	
OM1.2.2	Text	Hepatitis B surface antigen (HBsAg)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

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



General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1007	
OM1.2.2	Text	Hepatitis B surface antibody (anti-HBVs)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.11[1]</b>	<b>Answer Choices</b>		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
<b>OMC.11[2]</b>	<b>Answer Choices</b>		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
<b>OMC.11[3]</b>	<b>Answer Choices</b>		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis C antibody screen (anti-HCV)	
<b>Test Identifier</b>	1008	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1008	
OM1.2.2	Text	Hepatitis C antibody screen (anti-HCV)	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Categorical Test Information			
Location	Data Element Name	Data	Tester Comment
<b>OMB.4</b>	<b>Normal Text/Codes for Categorical Observations</b>		
OM3.4.1	Identifier	260385009	
OM3.4.2	Text	Negative (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
<b>OMB.5</b>	<b>Abnormal Text/Codes for Categorical Observations</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	2	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

## Incorporate Verification for Hepatitis C RNA PCR

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Hepatitis C RNA PCR	
<b>Test Identifier</b>	1010	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1010	
OM1.2.2	Text	Hepatitis C RNA PCR	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
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
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Penicillin	
<b>Test Identifier</b>	1506	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1506	
OM1.2.2	Text	Penicillin	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	3	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>CDM.7</b>	<b>Procedure Code</b>		
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
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.3</b>	<b>Universal Service Price Range – Low Value</b>		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
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
<b>Test Name</b>	Dengue Virus IgG Titer Serum	
<b>Test Identifier</b>	1301	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1301	
OM1.2.2	Text	Dengue Virus IgG Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

## Incorporate Verification for Dengue Virus IgM Titer Serum

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Dengue Virus IgM Titer Serum	
<b>Test Identifier</b>	1302	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1302	
OM1.2.2	Text	Dengue Virus IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

## Incorporate Verification for WNV IgG Titer Serum

Data Element Name	Data	Tester Comment
<b>Test Name</b>	WNV IgG Titer Serum	
<b>Test Identifier</b>	1303	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1303	
OM1.2.2	Text	WNV IgG Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

## Incorporate Verification for WNV Virus IgM Titer Serum

Data Element Name	Data	Tester Comment
<b>Test Name</b>	WNV Virus IgM Titer Serum	
<b>Test Identifier</b>	1304	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1304	
OM1.2.2	Text	WNV Virus IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

## Incorporate Verification for SLE IgG Titer Serum

Data Element Name	Data	Tester Comment
<b>Test Name</b>	SLE IgG Titer Serum	
<b>Test Identifier</b>	1305	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1305	
OM1.2.2	Text	SLE IgG Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assigning Authority</b>		
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
<b>Test Name</b>	SLE IgM Titer Serum	
<b>Test Identifier</b>	1306	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1306	
OM1.2.2	Text	SLE IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assigning Authority</b>		
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
<b>Test Name</b>	Creatinine Clearance in 24 hours	
<b>Test Identifier</b>	1201	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1201	
OM1.2.2	Text	Creatinine Clearance in 24 hours	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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
<b>Test Name</b>	Creatinine in 24 hr Urine	
<b>Test Identifier</b>	1202	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1202	
OM1.2.2	Text	Creatinine in 24 hr Urine	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
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	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifier	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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifier	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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	100	
OM1.2.2	Text	CMP	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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

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	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[4]	Identifier	108	
OM5.2.2[4]	Text	BUN/Creatinine Ratio	
OM5.2.3[4]	Name of Coding System	99USL	
<b>OM5.2[5]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[5]	Identifier	110	
OM5.2.2[5]	Text	GFR, calculated	
OM5.2.3[5]	Name of Coding System	99USL	
<b>OM5.2[6]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[6]	Identifier	112	
OM5.2.2[6]	Text	Calcium	
OM5.2.3[6]	Name of Coding System	99USL	
<b>OM5.2[7]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[7]	Identifier	114	
OM5.2.2[7]	Text	Total protein, serum	
OM5.2.3[7]	Name of Coding System	99USL	
<b>OM5.2[8]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[8]	Identifier	116	
OM5.2.2[8]	Text	Albumin	
OM5.2.3[8]	Name of Coding System	99USL	
<b>OM5.2[9]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[9]	Identifier	118	
OM5.2.2[9]	Text	Globulin	
OM5.2.3[9]	Name of Coding System	99USL	
<b>OM5.2[10]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[10]	Identifier	120	
OM5.2.2[10]	Text	Albumin/globulin ratio	
OM5.2.3[10]	Name of Coding System	99USL	
<b>OM5.2[11]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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
<b>OM5.2[12]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[12]	Identifier	124	
OM5.2.2[12]	Text	Alkaline phosphatase (ALP)	
OM5.2.3[12]	Name of Coding System	99USL	
<b>OM5.2[13]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[13]	Identifier	126	
OM5.2.2[13]	Text	Alanine aminotransferase (ALT)	
OM5.2.3[13]	Name of Coding System	99USL	
<b>OM5.2[14]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[14]	Identifier	128	
OM5.2.2[14]	Text	Aspartate aminotransferase (ASP)	
OM5.2.3[14]	Name of Coding System	99USL	
<b>OM5.2[15]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[15]	Identifier	130	
OM5.2.2[15]	Text	Sodium, serum	
OM5.2.3[15]	Name of Coding System	99USL	
<b>OM5.2[16]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[16]	Identifier	132	
OM5.2.2[16]	Text	Potassium, serum	
OM5.2.3[16]	Name of Coding System	99USL	
<b>OM5.2[17]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[17]	Identifier	134	
OM5.2.2[17]	Text	Chloride, serum	
OM5.2.3[17]	Name of Coding System	99USL	
<b>OM5.2[18]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[18]	Identifier	136	
OM5.2.2[18]	Text	Carbon dioxide, serum	
OM5.2.3[18]	Name of Coding System	99USL	
<b>OM5.2[19]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
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
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan1	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SKCA0	
<b>PMI.2.4</b>	<b>Assiging Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

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

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

## Incorporate Verification for Comprehensive Urinalysis

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Comprehensive Urinalysis	
<b>Test Identifier</b>	300	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	300	
OM1.2.2	Text	Comprehensive Urinalysis	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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 catheterization, 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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[1]	Identifier	344	
OM5.2.2[1]	Text	Color of Urine	
OM5.2.3[1]	Name of Coding System	99USL	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[2]	Identifier	346	
OM5.2.2[2]	Text	Clarity of Urine	
OM5.2.3[2]	Name of Coding System	99USL	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	302	
OM5.2.2[3]	Text	Erythrocytes, urine	
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[4]	Identifier	304	
OM5.2.2[4]	Text	Leukocytes, urine	
OM5.2.3[4]	Name of Coding System	99USL	
<b>OM5.2[5]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[5]	Identifier	306	
OM5.2.2[5]	Text	Leukocyte clumps, urine	
OM5.2.3[5]	Name of Coding System	99USL	
<b>OM5.2[6]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[7]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[7]	Identifier	310	
OM5.2.2[7]	Text	Squamous epithelial cells. , urine	
OM5.2.3[7]	Name of Coding System	99USL	
<b>OM5.2[8]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[8]	Identifier	314	
OM5.2.2[8]	Text	Bacteria, urine	
OM5.2.3[8]	Name of Coding System	99USL	
<b>OM5.2[9]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[9]	Identifier	312	
OM5.2.2[9]	Text	Crystals , urine	



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

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2.2[18]	Text	Leukocyte esterase, urine	
OM5.2.3[18]	Name of Coding System	99USL	
<b>OM5.2[19]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[19]	Identifier	334	
OM5.2.2[19]	Text	Nitrite, urine	
OM5.2.3[19]	Name of Coding System	99USL	
<b>OM5.2[20]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[20]	Identifier	336	
OM5.2.2[20]	Text	Urine pH	
OM5.2.3[20]	Name of Coding System	99USL	
<b>OM5.2[21]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[21]	Identifier	338	
OM5.2.2[21]	Text	Protein, urine	
OM5.2.3[21]	Name of Coding System	99USL	
<b>OM5.2[22]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[22]	Identifier	340	
OM5.2.2[22]	Text	Urobilinogen	
OM5.2.3[22]	Name of Coding System	99USL	
<b>OM5.2[23]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	200	
OM1.2.2	Text	CBC_diff	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[1]	Identifier	202	
OM5.2.2[1]	Text	Erythrocytes, blood	
OM5.2.3[1]	Name of Coding System	99USL	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[2]	Identifier	256	
OM5.2.2[2]	Text	Hemoglobin (Hb)	
OM5.2.3[2]	Name of Coding System	99USL	

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

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

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2.1[20]	Identifier	238	
OM5.2.2[20]	Text	Anisocytosis	
OM5.2.3[20]	Name of Coding System	99USL	
<b>OM5.2[21]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[21]	Identifier	240	
OM5.2.2[21]	Text	Hypochromia	
OM5.2.3[21]	Name of Coding System	99USL	
<b>OM5.2[22]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[22]	Identifier	242	
OM5.2.2[22]	Text	Macrocytosis	
OM5.2.3[22]	Name of Coding System	99USL	
<b>OM5.2[23]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[23]	Identifier	244	
OM5.2.2[23]	Text	Microcytosis	
OM5.2.3[23]	Name of Coding System	99USL	
<b>OM5.2[24]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[24]	Identifier	246	
OM5.2.2[24]	Text	Poikilocytosis	
OM5.2.3[24]	Name of Coding System	99USL	
<b>OM5.2[25]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[25]	Identifier	248	
OM5.2.2[25]	Text	Polychromasia	
OM5.2.3[25]	Name of Coding System	99USL	
<b>OM5.2[26]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[26]	Identifier	250	
OM5.2.2[26]	Text	RBC morphology	
OM5.2.3[26]	Name of Coding System	99USL	
<b>OM5.2[27]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[27]	Identifier	252	
OM5.2.2[27]	Text	WBC morphology	
OM5.2.3[27]	Name of Coding System	99USL	
<b>OM5.2[28]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7[1]</b>	<b>Procedure Code</b>		
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	
<b>CDM7[2]</b>	<b>Procedure Code</b>		
CDM.7.1[2]	Identifier	85007	
CDM.7.2[2]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
<b>CDM7[3]</b>	<b>Procedure Code</b>		
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
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.1.2	Text	Healthplan2	
<b>PMI.2[1]</b>	<b>Insurance Company ID</b>		
PMI.2.1[1]	ID Number	SMCA2	
<b>PMI.2.4[1]</b>	<b>Assiging Authority</b>		
PMI.2.4.2[1]	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3[1]	Universal ID Type	ISO	
<b>PMI.2[2]</b>	<b>Insurance Company ID</b>		
PMI.2.1[2]	ID Number	MR002	
<b>PMI.2.4[2]</b>	<b>Assiging Authority</b>		
PMI.2.4.2[2]	Universal ID	2.16.840.1.113883.3.249	
PMI.2.4.3[2]	Universal ID Type	ISO	

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

## Incorporate Verification for GHP

Data Element Name	Data	Tester Comment
<b>Test Name</b>	GHP	
<b>Test Identifier</b>	800	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	800	
OM1.2.2	Text	GHP	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[1]	Identifier	100	
OM5.2.2[1]	Text	CMP	
OM5.2.3[1]	Name of Coding System	99USL	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[2]	Identifier	200	
OM5.2.2[2]	Text	CBC_diff	
OM5.2.3[2]	Name of Coding System	99USL	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	700	
OM5.2.2[3]	Text	TSH	
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	fluid ounce (US)	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7[1]</b>	<b>Procedure Code</b>		
CDM.7.1[1]	Identifier	84443	
CDM.7.2[1]	Text	Thyroid Stimulating Hormone (TSH)	
<b>CDM7[2]</b>	<b>Procedure Code</b>		
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	
<b>CDM7[3]</b>	<b>Procedure Code</b>		
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)	
<b>CDM7[4]</b>	<b>Procedure Code</b>		
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	
<b>CDM7[5]</b>	<b>Procedure Code</b>		
CDM.7.1[5]	Identifier	85007	
CDM.7.2[5]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
<b>CDM7[6]</b>	<b>Procedure Code</b>		
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
<b>Test Name</b>	Hepatitis A B C Panel_With Reflex	
<b>Test Identifier</b>	1000	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1000	
OM1.2.2	Text	Hepatitis A B C Panel_ With Reflex	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
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	
<b>OM1.34</b>	<b>Reflex Tests/Observations</b>		
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
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	1003	
OM5.2.2[3]	Text	Hepatitis B core antibodies (anti-HBVC)	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[5]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[6]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[7]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[8]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[9]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[10]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	4	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7[1]</b>	<b>Procedure Code</b>		
CDM.7.1[1]	Identifier	80074	
CDM.7.2[1]	Text	Acute Hepatitis panel	
<b>CDM7[2]</b>	<b>Procedure Code</b>		
CDM.7.1[2]	Identifier	86704	
CDM.7.2[2]	Text	Hepatitis A Antibody, Total	
<b>CDM7[3]</b>	<b>Procedure Code</b>		
CDM.7.1[3]	Identifier	86706	
CDM.7.2[3]	Text	Hepatitis B Surface Antibody	
<b>CDM7[4]</b>	<b>Procedure Code</b>		
CDM.7.1[4]	Identifier	86708	
CDM.7.2[4]	Text	Qualitative; Hepatitis B Surface Antigen	
<b>CDM7[5]</b>	<b>Procedure Code</b>		
CDM.7.1[5]	Identifier	86803	
CDM.7.2[5]	Text	Hepatitis B Core Antibody, Total	
<b>CDM7[6]</b>	<b>Procedure Code</b>		
CDM.7.1[6]	Identifier	87340	
CDM.7.2[6]	Text	Hepatitis C Antibody	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>MCP.3</b>	<b>Universal Service Price Range – Low Value</b>		
MCP.3.1	Quantity	39	
MCP.3.2	Denomination	USD	
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
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
<b>Test Name</b>	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	
<b>Test Identifier</b>	1300	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
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	
<b>OM1.5</b>	<b>Producer ID</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	1303	
OM5.2.2[3]	Text	WNV IgG Titer Serum	
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliter	
OM4.3[2]	Container Description	Red, No Additive tube	
OM4.4[2]	Container Volume	5.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	1	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PM1.1</b>	<b>Health Plan ID</b>		
PM1.1.2	Text	Healthplan2	
<b>PM1.2</b>	<b>Insurance Company ID</b>		
PM1.2.1	ID Number	SMCA2	
<b>PM1.2.4</b>	<b>Assiging Authority</b>		
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
<b>Test Name</b>	Creatinine Clearance	
<b>Test Identifier</b>	1200	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	1200	
OM1.2.2	Text	Creatinine Clearance	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
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	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	102	
OM5.2.2[3]	Text	Creatinine	
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[4]	Identifier	110	
OM5.2.2[4]	Text	GFR, calculated	
OM5.2.3[4]	Name of Coding System	99USL	
<b>OM5.2[5]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM5.2[6]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
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	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifier	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	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	20	
<b>OM4.10.2</b>	<b>Units</b>		
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	
<b>OM4.5[1]</b>	<b>Container Units</b>		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
<b>OM4.5[2]</b>	<b>Container Units</b>		
OM4.5.2[2]	Text	milliliters	
<b>OM4.6</b>	<b>Specimen</b>		
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	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Potassium/K EDTA	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	3	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliters	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82575	
CDM.7.2	Text	creatinine clearance	

Payer Information			
Location	Data Element Name	Data	Tester Comment
<b>PMI.1</b>	<b>Health Plan ID</b>		
PMI.1.2	Text	Healthplan2	
<b>PMI.2</b>	<b>Insurance Company ID</b>		
PMI.2.1	ID Number	SMCA2	
<b>PMI.2.4</b>	<b>Assigning Authority</b>		
PMI.2.4.2	Universal ID	2.16.840.1.113883.3.72.5.22	
PMI.2.4.3	Universal ID Type	ISO	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
MCP.4.1	Quantity	59	
MCP.4.2	Denomination	USD	

## Incorporate Verification for Lipid Panel

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

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM7</b>	<b>Procedure Code</b>		
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)	