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INSTRUCTIONS	
No Specific Instructions	
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#### **DISPLAY VERIFICATION: CPOE View**

Orderable Atomic Tests and /or Panels		Tester Comment
Laboratary Name	Name of the Test/Panel*	
Century Hospital Clinical Laboratory	Erythrocyte sedimentation rate	
Century Hospital Clinical Laboratory	Erythrocytes, blood	
Century Hospital Clinical Laboratory	Hemoglobin (Hb)	
Century Hospital Clinical Laboratory	Hematocrit	
Century Hospital Clinical Laboratory	Leukocytes, blood	
Century Hospital Clinical Laboratory	Platelets	
Century Hospital Clinical Laboratory	Mean corpuscular volume (MCV)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin (MCH)	
Century Hospital Clinical Laboratory	Mean corpuscular hemoglobin Concentration (MCHC)	
Century Hospital Clinical Laboratory	Red blood cell distribution width (RDW)	
Century Hospital Clinical Laboratory	Basophils	
Century Hospital Clinical Laboratory	% Basophils	
Century Hospital Clinical Laboratory	Monocytes	
Century Hospital Clinical Laboratory	% Monocytes	
Century Hospital Clinical Laboratory	Eosinophils	
Century Hospital Clinical Laboratory	% Eosinophils	
Century Hospital Clinical Laboratory	Lymphocytes	
Century Hospital Clinical Laboratory	% Lymphocytes	
Century Hospital Clinical Laboratory	Neutrophils	
Century Hospital Clinical Laboratory	% Neutrophils	
Century Hospital Clinical Laboratory	Anisocytosis	
Century Hospital Clinical Laboratory	Hypochromia	
Century Hospital Clinical Laboratory	Macrocytosis	
Century Hospital Clinical Laboratory	Microcytosis	

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

Atomic Test : Glucose, urine		Tester Comment
Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	

Atomic Test : Pap Test		Tester Comment
Patient Preparation	Instruct the patient not to douche or engage in sexual intercourse within 24 hours of the procedure. For premenopausal patients, obtain specimens during the second half of the menstrual period to avoid contamination by obscuring blood.	
Gender Restrictions	Female	
Gender Restrictions	Female	
Age Restrictions	16to85	
Age Restrictions	16to85	

Panel : CMP		Tester Comment
Patient Preparation	Patient fasting required for 12 hours.	
Panel Components		
Serum Glucose		
Blood Urea Nitrogen (BUN)		
Creatinine		
BUN/Creatinine Ratio		
GFR, calculated		
Calcium		
Total protein, serum		
Albumin		
Globulin		
Albumin/globulin ratio		
Total bilirubin, serum		
Alkaline phosphatase (ALP)		
Alanine aminotransferase (ALT)		
Aspartate aminotransferase (ASP	<u>P)</u>	
Sodium, serum		
Potassium, serum		
Chloride, serum		
Carbon dioxide, serum		
Anion gap		

Panel: Comprehensive Urinal	lysis	Tester Comment
	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.	
Patient Preparation	Both males and females need instructions on cleaning the urethral opening. A "midstream catch" is performed by initially urinating into the toilet then bringing the collection device into the urine stream to obtain the midportion of the void. For infants and young children urine can be collected by urine bag, catheterization or cystocentesis. A clean catch sample is preferred, when contamination from vaginal hemorrhage or discharge is suspected. If the specimen is obtained by catherization, the collection method must be noted.	
Panel Components		
Color of Urine		
Clarity of Urine		
Erythrocytes, urine		
Leukocytes, urine		
Leukocyte clumps, urine		
Non-squamous epithelial cells. , u	rine	
Squamous epithelial cells. , urine		
Bacteria, urine		
Crystals , urine		
Hyaline casts		
Casts		
Spermatozoa, urine		
Mucus,urine		
Total bilirubin,urine		
Glucose, urine		
Hemoglobin, urine		
Ketones , urine		
Leukocyte esterase, urine		
Nitrite, urine		
Urine pH		
Protein, urine		
Urobilinogen		
Urine specific gravity		

Panel: CBC_diff	Tester Comment
Panel Components	
Erythrocytes, blood	
Hemoglobin (Hb)	
Hematocrit	
Leukocytes, blood	
Platelets	
Mean corpuscular volume (MCV)	
Mean corpuscular hemoglobin (MCH)	
Mean corpuscular hemoglobin Concentration (MCHC)	
Red blood cell distribution width (RDW)	
Basophils	
% Basophils	
Monocytes	
% Monocytes	
Eosinophils	
% Eosinophils	
Lymphocytes	
% Lymphocytes	
Neutrophils	
% Neutrophils	
Anisocytosis	
Hypochromia	
Macrocytosis	
Microcytosis	
Poikilocytosis	
Polychromasia	
RBC morphology	
WBC morphology	
Platelet morphology	

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

Panel : Hepatitis A B C Panel_	With Reflex	Tester Comment
Panel Components		
Hepatitis A IgM antibodies (IgM a	anti-HAV)	
Hepatitis A antibodies (anti-HAV)		
Hepatitis B core antibodies (anti-HBVc)		
Hepatitis B core antibodies (anti-F	HBVc) Quant	
Hepatitis B e antibodies (anti-HBV	Ve)	
Hepatitis B surface antigen (HBsA	Ag)	
Hepatitis B surface antibody (anti-	-HBVs)	
Hepatitis C antibody screen (anti-	HCV)	
Hepatitis C antibodies Signal to C	ut-off Ratio	
Hepatitis C RNA PCR		
Reflex Information		
Reflex Tests	Trigger Rule	
Hepatitis C RNA PCR	Negative: < 0.8; Indeterminate 0.8 - 0.9; Positive: > 0.9. In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional Verification or PCR testing.	
Panel : Arbovirus IgG and IgM	1 Panel (DNG, WNV) in Serum	Tester Comment
Panel Components		
Dengue Virus IgG Titer Serum		
Dengue Virus IgM Titer Serum		
WNV IgG Titer Serum		
WNV Virus IgM Titer Serum		
Panel : Creatinine Clearance		Tester Comment
Panel Components		
Urine Volume of 24 hour collection	n	
Creatinine Clearance in 24 hours		
Creatinine		
GFR, calculated		
Creatinine in 24 hr Urine		
What is the Clinically Relevant Ra	ace?	

Atomic Test : Erythrocyte sedi	mentation rate	Tester Comment
Preferred Specimen Information	on	
Specimen	Blood sample	
	Critical refrigerated	
Specimen Handling Code	Metal Free	
Minimum Collection Volume	2.4 milliliters	
Container(s)		
Black Top Tube (Vac-Tec)		
1		
Alt (C) T C		
Alternate Specimen Information		
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
	Metal Free	
Minimum Collection Volume	2.4 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Atomic Test : Erythrocytes, blo	ood	Tester Comment
Preferred Specimen Information	on	
Specimen	Blood sample	
Specimen Handling Code	Critical refrigerated	
Minimum Collection Volume	0.5 milliliters	
Container(s)		
Lavender Top (EDTA) tube		
Pink Top (K2EDTA) tube		
I Atomio Tost + Homotocrit		Toctor Commont
Atomic Test : Hematocrit	on	Tester Comment
Preferred Specimen Information		Tester Comment
Preferred Specimen Information Specimen	Blood sample	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code	Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume	Blood sample	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube	Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube	Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube	Blood sample  Critical refrigerated  0.5 milliliters	Tester Comment  Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube	Blood sample  Critical refrigerated  0.5 milliliters	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, block	Blood sample  Critical refrigerated  0.5 milliliters	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomerced Specimen Information  Preferred Specimen Information	Blood sample  Critical refrigerated  0.5 milliliters	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen	Blood sample  Critical refrigerated  0.5 milliliters  od  Blood sample	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, bloom Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomerical Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, bloco Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube  Pink Top (K2EDTA) tube  Atomic Test: Platelets	Blood sample  Critical refrigerated  0.5 milliliters  d  on  Blood sample  Critical refrigerated  0.5 milliliters	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information	Blood sample Critical refrigerated  0.5 milliliters  d  on  Blood sample Critical refrigerated  0.5 milliliters	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomerical Specimen Information Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Information Specimen Information Specimen Information Specimen	Blood sample  Critical refrigerated  0.5 milliliters  d  D  Blood sample  Critical refrigerated  0.5 milliliters	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocoments Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Handling Code  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Handling Code	Blood sample Critical refrigerated 0.5 milliliters  Blood sample Critical refrigerated 0.5 milliliters  Description Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume	Blood sample  Critical refrigerated  0.5 milliliters  d  D  Blood sample  Critical refrigerated  0.5 milliliters	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube  Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Specimen Handling Code Minimum Collection Volume Container(s)	Blood sample Critical refrigerated 0.5 milliliters  Blood sample Critical refrigerated 0.5 milliliters  Description Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomerical Specimen Information Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube  Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube  Container(s) Lavender Top (EDTA) tube	Blood sample Critical refrigerated 0.5 milliliters  Blood sample Critical refrigerated 0.5 milliliters  Description Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated	Tester Comment
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Leukocytes, blocomered Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Lavender Top (EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube Pink Top (K2EDTA) tube  Atomic Test: Platelets Preferred Specimen Information Specimen Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Blood sample Critical refrigerated 0.5 milliliters  Blood sample Critical refrigerated 0.5 milliliters  Description Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated Critical refrigerated	Tester Comment

Atomic Test : Glucose, urine		Tester Comment	
Preferred Specimen Information			
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof containe	er		
Adamsia Thanka Tilaina a TT		To day Comment	
Atomic Test : Urine pH		Tester Comment	
Preferred Specimen Information			
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof contained	er		
Atomic Test : Protein, urine		Tester Comment	
Preferred Specimen Information	on		
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof containe	er		
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		
Collection Event/Process Step	Placing the order		
Communication Location	OBX segment following an OBR segment		
Answer Required	N		
Zinswei Required			
Answer Choices	Not pregnant		
Allswer Choices	Patient currently pregnant		
	Unknown		
Atomic Test : Urobilinogen		Tester Comment	
Preferred Specimen Information	on		
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof containe	er		
Atomic Test : Urine specific gr	evity	Tester Comment	
Preferred Specimen Information		reser Comment	
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof containe	er		

Atomic 1est : Serum Giucose Tester Comment				
Preferred Specimen Information	on			
Specimen	Serum specimen			
Specimen Handling Code	Refrigerated temperature			
Minimum Collection Volume	0.5 milliliter			
Container(s)				
Gold Serum Separator tube				
Red, No Additive tube				
Ask at Order Entries(AOE)				
Clinical Information Request	Fasting Status			
Collection Event/Process Step	Collecting the specimen			
Communication Location	Relevant Clinical Information			
Answer Required	Y			
Hint/Help Text	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"			
	Patient was fasting prior to the procedure			
Answer Choices	The patient indicated they did not fast prior to the procedure			
	Unknown			
Atomic Test : Blood Urea Nitro	ogon (RIIN)	Tester Comment		
		Tester Comment		
Preferred Specimen Information				
Specimen	Serum specimen			
Specimen Handling Code	Refrigerated temperature			
Minimum Collection Volume	0.5 milliliter			
Container(s)				
Gold Serum Separator tube				
Red, No Additive tube				
Atomic Test : Creatinine Tester Comment				
Preferred Specimen Information	on			
Specimen	Serum specimen			
Specimen Handling Code	Refrigerated temperature			
Minimum Collection Volume	0.5 milliliter			
Container(s)				
Gold Serum Separator tube				
Red, No Additive tube				
,				
Atomic Test : GFR, calculated		Tester Comment		
Ask at Order Entries(AOE)				
Clinical Information Request	What is the Clinically Relevant Race for eGFR?			
Collection Event/Process Step	Placing the order			
Communication Location	OBX segment following an OBR segment			
Answer Required	Y			
Zinswei Requireu				
	Asian			
Answer Choices	White American Indian or Alaska Native			
Zinswei Choices	Black or African American			
	Native Hawaiian or Other Pacific Islander			
	And the American of Other Lacine Islander			

Atomic Test : Calcium		Tester Comment	
Preferred Specimen Information			
Specimen	Serum specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume 0.5 milliliter			
Container(s)			
Gold Serum Separator tube			
Red, No Additive tube			
Atomic Test : Total protein, se	rum	Tester Comment	
Preferred Specimen Information	on		
Specimen	Serum specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	0.5 milliliter		
Container(s)			
Gold Serum Separator tube			
Red, No Additive tube			
Atomic Test : Albumin		Tester Comment	
Preferred Specimen Information	on		
Specimen	Serum specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	0.5 milliliter		
Container(s)			
Gold Serum Separator tube			
Red, No Additive tube			
Atomic Test : Total bilirubin,		Tester Comment	
Preferred Specimen Information	on	Tester Comment	
Preferred Specimen Information Specimen	Serum specimen	Tester Comment	
Preferred Specimen Information Specimen Handling Code	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen	Serum specimen	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube	Serum specimen  Refrigerated temperature  0.5 milliliter		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)	Tester Comment  Tester Comment  Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  Serum specimen		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  Serum specimen		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminotr	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter		
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminote Preferred Specimen Information	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminotr Preferred Specimen Information Specimen Handling Code Red, No Additive tube	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter  ansferase (ALT)  on  Serum specimen	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminotr Preferred Specimen Information Specimen Specimen Handling Code	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter  ansferase (ALT)  on  Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminotr Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter  ansferase (ALT)  on  Serum specimen	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminote Preferred Specimen Information Specimen Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter  ansferase (ALT)  on  Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alkaline phosph Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Atomic Test: Alanine aminotr Preferred Specimen Information Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature  0.5 milliliter  atase (ALP)  on  Serum specimen  Refrigerated temperature  0.5 milliliter  ansferase (ALT)  on  Serum specimen  Refrigerated temperature	Tester Comment	

Atomic Test : Aspartate aminotransferase (ASP)		Tester Comment			
Preferred Specimen Information					
Specimen	Serum specimen				
Specimen Handling Code	Refrigerated temperature				
Minimum Collection Volume 0.5 milliliter					
Container(s)					
Gold Serum Separator tube					
Red, No Additive tube					
Atomic Test : Prostate Biopsy	Pathology Report	Tester Comment			
Specimen Information	G. X				
Specimen	Prostate biopsy sample				
Container(s)	The state of the s				
15 ml jar containing OncoFix II					
<b>,</b>					
Adams's Thanks There		The day Comment			
Atomic Test : TSH		Tester Comment			
Preferred Specimen Information					
Specimen	Blood sample				
Specimen Handling Code	Critical refrigerated				
Minimum Collection Volume	0.5 milliliters				
Container(s)					
Lavender Top (EDTA) tube					
Pink Top (K2EDTA) tube					
Atomic Test : Pap Test Tester Comment					
Atomic Test : Pap Test		Tester Comment			
Atomic Test : Pap Test  Preferred Specimen Information	on .	Tester Comment			
	Endocervical cytologic material	Tester Comment			
Preferred Specimen Information		Tester Comment			
Preferred Specimen Information Specimen	Endocervical cytologic material	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code	Endocervical cytologic material	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s)	Endocervical cytologic material	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial	Endocervical cytologic material	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE)	Endocervical cytologic material  Ambient temperature	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE)	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step  Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order  OBX segment following an OBR segment	Tester Comment			
Preferred Specimen Informatic Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step  Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order  OBX segment following an OBR segment	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order  OBX segment following an OBR segment  Y	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order  OBX segment following an OBR segment  Y  Yes	Tester Comment			
Preferred Specimen Information Specimen Specimen Handling Code Container(s) PreservCyt Solution vial  Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required Ask at Order Entries(AOE) Clinical Information Request Collection Event/Process Step Communication Location Answer Required	Endocervical cytologic material  Ambient temperature  Date of Last Menstrual Period  Placing the order  Collecting the specimen  OBX segment following an OBR segment  Y  Did the patient have a previous abnormal Pap report, treatment, or biopsy?  Placing the order  OBX segment following an OBR segment  Y  Yes  No	Tester Comment			

Atomic Test : Hepatitis A IgM antibodies (IgM anti-HAV)		Tester Comment	
Preferred Specimen Information			
Specimen	Serum specimen		
Specimen Handling Code	Frozen		
Minimum Collection Volume	1.7 milliliter		
Container(s)			
Gold Serum Separator tube			
Atomic Test : Hepatitis C RNA	PCR	Tester Comment	
Preferred Specimen Information	On .		
Specimen	Serum specimen		
Specimen Handling Code	Frozen		
Minimum Collection Volume	0.8 milliliter		
Container(s)			
Gold Serum Separator tube			
Atomic Test : Penicillin		Tester Comment	
Specimen Information			
Specimen	Bacterial isolate specimen		
Specimen Handling Code	Critical ambient temperature		
Atomic Test : SLE IgG Titer S	erum	Tester Comment	
Preferred Specimen Information	on		
Specimen	Serum specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	0.5 milliliter		
Container(s)			
Gold Serum Separator tube			
Red, No Additive tube			
Atomic Test : SLE IgM Titer S	erum	Tester Comment	
Atomic Test : SLE IgM Titer S Preferred Specimen Information		Tester Comment	
		Tester Comment	
Preferred Specimen Information	on	Tester Comment	
Preferred Specimen Information Specimen	Serum specimen	Tester Comment	
Preferred Specimen Informatic Specimen Specimen Handling Code	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s)	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Informatic Specimen  Specimen Handling Code  Minimum Collection Volume  Container(s)  Gold Serum Separator tube	Serum specimen  Refrigerated temperature	Tester Comment	
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube	Serum specimen  Refrigerated temperature		
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Panel: CMP	Serum specimen  Refrigerated temperature  0.5 milliliter	Tester Comment  Tester Comment  Tester Comment	
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Panel: CMP Preferred Specimen Informatic	Serum specimen  Refrigerated temperature  0.5 milliliter		
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Panel: CMP Preferred Specimen Informatic Specimen	Serum specimen  Refrigerated temperature  0.5 milliliter		
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Panel: CMP Preferred Specimen Informatic Specimen Specimen Handling Code	Serum specimen  Refrigerated temperature  0.5 milliliter		
Preferred Specimen Informatic Specimen Specimen Handling Code Minimum Collection Volume Container(s) Gold Serum Separator tube Red, No Additive tube  Panel: CMP Preferred Specimen Informatic Specimen	Serum specimen  Refrigerated temperature  0.5 milliliter  One of the specimen		

Gold Serum Separator tube

Red, No Additive tube

Panel : Comprehensive Urinalysis		Tester Comment	
Preferred Specimen Information	Preferred Specimen Information		
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof container			
Panel: CBC_diff		Tester Comment	
Preferred Specimen Information			
Specimen	Blood sample		
Specimen Handling Code	Critical refrigerated		
Minimum Collection Volume	0.5 milliliters		

Container(s)

Lavender Top (EDTA) tube
Pink Top (K2EDTA) tube

Sterile, plastic, leak proof container

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

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

Panel : Arbovirus IgG and IgM Panel (DNG, WNV) in Serum  Tester Comment			
Preferred Specimen Information			
Specimen	Serum specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	0.5 milliliter		
Container(s)			
Gold Serum Separator tube			
Red, No Additive tube			
Panel : Creatinine Clearance		Tester Comment	
Preferred Specimen Information	on		
Specimen	Urine specimen		
Specimen Handling Code	Refrigerated temperature		
Minimum Collection Volume	4 milliliter		
Container(s)			
Sterile, plastic, leak proof containe	er		
Preferred Specimen Information	on		
Specimen	Blood sample		
Specimen Handling Code	Critical refrigerated		
Minimum Collection Volume	0.5 milliliters		
Container(s)			
Lavender Top (EDTA) tube			
Pink Top (K2EDTA) tube			

## DISPLAY VERIFICATION : Directory Admin View

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

Atomic Test : Erythrocytes, blood			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
202	Erythrocytes, blood	99USL		
Alternate Identifier	Text	Code System		
26453-1	Erythrocytes [#/volume] in Blood	LN		
<b>Charge Code Information</b>				
CPT4-code	85032			
Charge Code Information	Charge Code Information			
CPT4-code	85032			

Atomic Test : Hemoglobin (Hb)		Tester Comment	
Global Information			
Identifier assigned by lab	Text Code System		
256	Hemoglobin (Hb)	99USL	
Alternate Identifier	Text	Code System	
718-7	Hemoglobin [Mass/volume] in   Blood	LN	

Atomic Test : Hematocrit			Tester Comment		
Global Information	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	Global Information				
Identifier assigned by lab	Text	Code System			
208	Platelets	99USL			
Alternate Identifier	Text	Code System			
26515-7	Platelets [#/volume] in Blood	LN			
Charge Code Information					
CPT4-code	85025				

Atomic Test : Mean corpuscular volume (MCV)		Tester Comment	
Global Information			
Identifier assigned by lab	Text	Code System	
210	Mean corpuscular volume (MCV)	99USL	
Alternate Identifier	Text	Code System	
30428-7	Erythrocyte mean corpuscular volume [Entitic volume]	LN	

Atomic Test : Mean corpuscular hemoglobin (MCH)			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
212	Mean corpuscular hemoglobin (MCH)	99USL	
Alternate Identifier	Text	Code System	
28539-5	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	LN	

Atomic Test : Mean corpuscular hemoglobin Concentration (MCHC)			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
214	Mean corpuscular hemoglobin Concentration (MCHC)	99USL	
Alternate Identifier	Text	Code System	
28540-3	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]	LN	

Atomic Test : Red blood cell distribution width (RDW )			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
216	Red blood cell distribution width (RDW )	99USL	
Alternate Identifier	Text	Code System	
30385-9	Erythrocyte distribution width [Ratio]	LN	

Atomic Test : Basophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
218	Basophils	99USL	
Alternate Identifier	Text	Code System	
26444-0	Basophils [#/volume] in Blood	LN	

Atomic Test : % Basophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
220	% Basophils	99USL	
Alternate Identifier	Text	Code System	
30180-4	Basophils/100 leukocytes in Blood	LN	

Atomic Test : Monocytes			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
222	Monocytes	99USL	
Alternate Identifier	Text	Code System	
26484-6	Monocytes [#/volume] in Blood	LN	

Atomic Test : % Monocytes			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
224	% Monocytes	99USL	
Alternate Identifier	Text	Code System	
26485-3	Monocytes/100 leukocytes in Blood	LN	

Atomic Test : Eosinophils			Tester Comment
Global Information			
Identifier assigned by lab	Text Code System		
226	Eosinophils	99USL	
Alternate Identifier	Text	Code System	
26449-9	Eosinophils [#/volume] in Blood	LN	

Atomic Test : % Eosinophils			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
228	% Eosinophils	99USL		
Alternate Identifier	Text	Code System		
26450-7	Eosinophils/100 leukocytes in Blood	LN		

Atomic Test : Lymphocytes			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
230	Lymphocytes	99USL	
Alternate Identifier	Text	Code System	
26474-7	Lymphocytes [#/volume] in Blood	LN	

Atomic Test : % Lymphocytes			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
232	% Lymphocytes	99USL	
Alternate Identifier	Text	Code System	
26478-8	Lymphocytes/100 leukocytes in Blood	LN	

Atomic Test : Neutrophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
234	Neutrophils	99USL	
Alternate Identifier	Text	Code System	
26499-4	Neutrophils [#/volume] in Blood	LN	

Atomic Test : % Neutrophils			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
236	% Neutrophils	99USL	
Alternate Identifier	Text	Code System	
26511-6	Neutrophils/100 leukocytes in Blood	LN	

Atomic Test : Anisocytosis			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
238	Anisocytosis	99USL	
Alternate Identifier	Text	Code System	
38892-6	Anisocytosis [Presence] in Blood	LN	

Atomic Test : Hypochromia			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
240	Hypochromia	99USL		
Alternate Identifier	Text	Code System		
30400-6	Hypochromia [Presence] in Blood	LN		

Atomic Test : Macrocytosis			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
242	Macrocytosis	99USL		
Alternate Identifier	Text	Code System		
30424-6	Macrocytes [Presence] in Blood	LN		

Atomic Test : Microcytosis			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
244	Microcytosis	99USL	
Alternate Identifier	Text	Code System	
30434-5	Microcytes [Presence] in Blood	LN	

Atomic Test : Poikilocytosis			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
246	Poikilocytosis	99USL		
Alternate Identifier	Text	Code System		
779-9	Poikilocytosis [Presence] in Blood by Light microscopy	LN		

Atomic Test : Polychromasia			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
248	Polychromasia	99USL	
Alternate Identifier	Text	Code System	
10378-8	Polychromasia [Presence] in Blood by Light microscopy	LN	

Atomic Test : RBC morphology			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
250	RBC morphology	99USL	
Alternate Identifier	Text	Code System	
6742-1	Erythrocyte morphology finding [Identifier] in Blood	LN	

Atomic Test : WBC morphology			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
252	WBC morphology	99USL	
Alternate Identifier	Text	Code System	
11156-7	Leukocyte morphology finding [Identifier] in Blood	LN	

Atomic Test : Platelet morphology			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
254	Platelet morphology	99USL		
Alternate Identifier	Text	Code System		
11125-2	Platelet morphology finding [Identifier] in Blood	LN		

Atomic Test : Glucose, urine			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
326	Glucose, urine	99USL	
Alternate Identifier	Text	Code System	
2349-9	Glucose [Presence] in Urine	LN	

Atomic Test : Urine pH			Tester Comment		
Global Information					
Identifier assigned by lab	Text	Code System			
336	Urine pH	99USL			
Alternate Identifier	Text	Code System			
50560-2	pH of Urine by Automated test strip				
Charge Code Information					
CPT4-code	83986				

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

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

Atomic Test : Urine specific g			
	ravity		Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
342	Urine specific gravity	99USL	
Alternate Identifier	Text	Code System	
	Specific gravity of Urine by		
53326-5	Automated test strip	LN	
Charge Code Information			
	104002		1
CPT4-code	81003		
Atomic Test : Serum Glucose			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
104	Serum Glucose	99USL	
Alternate Identifier	Text	Code System	
	Glucose [Mass/volume] in Serum		
2345-7	or Plasma	LN	
Ash of Onder Fort 1 (107)			
Ask at Order Entries(AOE)	11		1
Clinical Information Request	Fasting Status		
Charge Code Information			
CPT4-code	82947		1
CI 14-couc	02747		
Atomic Test : Blood Urea Nit	rogen (BUN)		Tester Comment
Global Information			
Global Information  Identifier assigned by lab	Text	Code System	
	Text Blood Urea Nitrogen (BUN)	Code System  99USL	
Identifier assigned by lab	-		
Identifier assigned by lab  106  Alternate Identifier	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in	99USL Code System	
Identifier assigned by lab	Blood Urea Nitrogen (BUN) Text	99USL	
Identifier assigned by lab  106  Alternate Identifier	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in	99USL Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in	99USL Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	99USL Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in	99USL Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	99USL Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	99USL Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	99USL Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test : Creatinine	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	99USL Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma	P9USL Code System LN	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text	Code System  LN  Code System  Code System  Publication of the code	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine	Code System  LN  Code System  Code System  Publication of the code	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma	Code System  Code System  Code System  99USL  Code System	Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma	Code System  Code System  Code System  99USL  Code System	Tester Comment  Tester Comment
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information  CPT4-code	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma	Code System  Code System  Code System  99USL  Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information  CPT4-code  Atomic Test: BUN/Creatinin  Global Information	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma	Code System  LN  Code System  Page 15	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information  CPT4-code  Atomic Test: BUN/Creatinin  Global Information  Identifier assigned by lab	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma  82565	Code System  Code System  Code System  P9USL  Code System  LN  Code System  Code System	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information  CPT4-code  Atomic Test: BUN/Creatinin  Global Information  Identifier assigned by lab  108	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma  82565  e Ratio  Text  BUN/Creatinine Ratio	Code System  Code System  P9USL  Code System  P9USL  Code System  LN  Code System  P9USL  Code System  P0USL	
Identifier assigned by lab  106  Alternate Identifier  3094-0  Charge Code Information  CPT4-code  Atomic Test: Creatinine  Global Information  Identifier assigned by lab  102  Alternate Identifier  2160-0  Charge Code Information  CPT4-code  Atomic Test: BUN/Creatinin  Global Information  Identifier assigned by lab	Blood Urea Nitrogen (BUN)  Text  Urea nitrogen [Mass/volume] in Serum or Plasma  84520  Text  Creatinine  Text  Creatinine [Mass/volume] in Serum or Plasma  82565	Code System  Code System  Code System  P9USL  Code System  LN  Code System  Code System	

		Tester Comment		
Atomic Test : GFR, calculated Tester Comment Global Information				
Tovt	Code System			
	Code System			
Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	LN			
What is the Clinically Relevant Ra	ace for eGFR?			
		J L		
		Tester Comment		
		rester comment		
Tr4	G. 1. S	]		
	-	<u> </u>		
Calcium [Mass/volume] in Serum or Plasma	LN			
82310				
02010				
		T C		
rum		Tester Comment		
1	1	1		
Total protein, serum				
Text	Code System			
Protein [Mass/volume] in Serum or Plasma	LN			
84155				
JL		J L		
		Tester Comment		
		Tester Comment		
lm .		1		
	-			
	Code System			
Albumin [Mass/volume] in Serum or Plasma	LN			
82040				
JL		1		
		Tester Comment		
		rester Comment		
l <sub>m</sub>		1		
Globulin	99USL			
Text Globulin [Mass/volume] in	Code System			
	Text  GFR, calculated  Text  Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)  What is the Clinically Relevant Rate  Calcium  Text  Calcium [Mass/volume] in Serum or Plasma  Text  Protein [Mass/volume] in Serum or Plasma  84155  Text  Albumin  Text  Albumin [Mass/volume] in Serum or Plasma	Text   Code System    GFR, calculated   99USL    Text   Code System    Giomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)    What is the Clinically Relevant Race for eGFR?  Text   Code System    Calcium   99USL    Text   Code System    Calcium   Mass/volume] in Serum or Plasma    Text   Code System    Cade System    Calcium   Code System    LN    Results   Code System    Text   Code System    Code System    Text   Code System    Albumin   99USL    Text   Code System    Albumin   Mass/volume] in    Serum or Plasma   LN    Text   Code System    Albumin   Serum or Plasma    Text   Code System    Albumin   Serum or Plasma    Text   Code System    Albumin   Code System    Code System    Text   Code System    Code System		

Atomic Test : Albumin/globu	ılin ratio		Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
120	Albumin/globulin ratio	99USL	
Alternate Identifier	Text	Code System	
	Albumin/Globulin [Mass Ratio]		
1759-0	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	
	Bilirubin.total [Mass/volume] in	 	
1975-2 	Serum or Plasma	LN	
Charge Code Information			
CPT4-code	82247		
			IL
Atomio Tost - Albelia - al	Shotogo (ALD)		Tactor Commont
Atomic Test : Alkaline phosp	onatase (ALP)		Tester Comment
Global Information	1	1	1
Identifier assigned by lab	Text	Code System	
124	Alkaline phosphatase (ALP)	99USL	
Alternate Identifier	Text	Code System	
	Alkaline phosphatase [Enzymatic activity/volume] in Serum or	LN	
6768-6		LN	
6768-6	Plasma	LIN	
6768-6		LIN	
Charge Code Information		LN	
		LIN	
Charge Code Information	Plasma	LIN	
Charge Code Information CPT4-code	Plasma	LIN	Tester Comment
Charge Code Information CPT4-code Atomic Test : Alanine amino	Plasma		Tester Comment
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information	Plasma    84075		Tester Comment
Charge Code Information CPT4-code Atomic Test : Alanine amino	Plasma    84075     transferase (ALT)     Text	Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information Identifier assigned by lab	Plasma    84075     transferase (ALT)     Text     Alanine aminotransferase (ALT)	Code System  99USL	Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab	Plasma    84075     transferase (ALT)     Text	Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information Identifier assigned by lab	Plasma    84075     transferase (ALT)     Text     Alanine aminotransferase (ALT)	Code System  99USL	Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier	Plasma	Code System  99USL  Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6	Plasma	Code System  99USL  Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information	Plasma	Code System  99USL  Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information	Plasma	Code System  99USL  Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information	Plasma	Code System  99USL  Code System	Tester Comment
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code	Plasma	Code System  99USL  Code System	Tester Comment  Tester Comment  Tester Comment
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier	Plasma	Code System  99USL  Code System	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate ami	Plasma	Code System  99USL  Code System  LN	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate ami Global Information Identifier assigned by lab	Plasma	Code System  99USL  Code System	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate amino Global Information Identifier assigned by lab 128	Plasma	Code System  99USL  Code System  LN  Code System  99USL	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate ami Global Information Identifier assigned by lab	Plasma	Code System 99USL Code System LN  Code System	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate amino Global Information Identifier assigned by lab 128  Alternate Identifier	Plasma	Code System  99USL  Code System  LN  Code System  99USL  Code System  99USL	
Charge Code Information CPT4-code  Atomic Test: Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test: Aspartate amino Global Information Identifier assigned by lab 128  Alternate Identifier	Plasma	Code System  99USL  Code System  LN  Code System  99USL  Code System  99USL	
Charge Code Information CPT4-code  Atomic Test : Alanine amino Global Information Identifier assigned by lab 126 Alternate Identifier 1742-6  Charge Code Information CPT4-code  Atomic Test : Aspartate amino Global Information Identifier assigned by lab 128  Alternate Identifier	Plasma	Code System  99USL  Code System  LN  Code System  99USL  Code System  99USL	

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		
CI 14-couc	04273		
Atomic Test : Potassium, seru	ım		Tester Comment
Global Information			reser comment
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, serun	n		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	82435		
CPT4-code	02435		
A			m
Atomic Test : Carbon dioxide	e, serum		Tester Comment
Global Information	Text	C. I. C.	
Identifier assigned by lab	Carbon dioxide, serum	Code System 99USL	
Alternate Identifier	Text	Code System	
2028-9	Carbon dioxide, total [Moles/volume] in Serum or Plasma	LN LN	
	* *4531144		JL
Charge Code Information			
CPT4-code	82374		
Atomic Test : Anion gap			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
	Anion gap	99USL	
138	Amon gap	<u>                                   </u>	
Alternate Identifier	Text	Code System	

Atomic Test : Gamma-Glutar	myltransferase (GGT)		Tester Comment
Global Information	myteransterast (GG1)		reser Comment
[	Text	Codo Sustan	
Identifier assigned by lab	Gamma-Glutamyltransferase	Code System	
140	(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	y Pathology Report		Tester Comment
Global Information			<u> </u>
Identifier assigned by lab	Text	Code System	
600	Prostate Biopsy Pathology Report	99USL	
Alternate Identifier	Text	Code System	
66117-3	Prostate Pathology biopsy report	1	
		J L	
Charge Code Information			
Charge Code Information CPT4-code	88305		
CP14-code	00303		
A PROPERTY			lm
Atomic Test : TSH			Tester Comment
Global Information	7[m	Ta. a.	
Identifier assigned by lab	Text	Code System	
700	TSH	99USL	
Alternate Identifier	Text   Thyrotropin [Units/volume] in	Code System	
3016-3	Serum or Plasma	LN	
Charge Code Information			
CPT4-code	84443		
CI 14-code	04443		
Atomic Test : Pap Test			Tester Comment
Global Information			Tester Comment
Identifier assigned by lab	Text	Codo Suntom	]
	lext	Code System	<u> </u>
Z10	Don Toot	OOTICT	
Alternate Identifier	Pap Test Toyt	99USL Code System	
Alternate Identifier	Text  Cytology report of Cervical or	Code System	
	Text	1	
Alternate Identifier	Text  Cytology report of Cervical or vaginal smear or scraping Cyto	Code System	
Alternate Identifier 47527-7	Text  Cytology report of Cervical or vaginal smear or scraping Cyto	Code System	
Alternate Identifier 47527-7 Ask at Order Entries(AOE)	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	Code System	
Alternate Identifier 47527-7 Ask at Order Entries(AOE)	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	Code System	
Alternate Identifier  47527-7  Ask at Order Entries(AOE)  Clinical Information Request  Ask at Order Entries(AOE)	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep  Date of Last Menstrual Period	Code System	
Alternate Identifier  47527-7  Ask at Order Entries(AOE)  Clinical Information Request  Ask at Order Entries(AOE)	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep  Date of Last Menstrual Period  Did the patient have a previous al	Code System  LN	
Ask at Order Entries(AOE) Clinical Information Request Ask at Order Entries(AOE) Clinical Information Request	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep  Date of Last Menstrual Period  Did the patient have a previous al	Code System  LN	
Alternate Identifier  47527-7  Ask at Order Entries(AOE)  Clinical Information Request	Text  Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep  Date of Last Menstrual Period  Did the patient have a previous al	Code System  LN	

Atomic Test : Hepatitis A IgM	antibodies (IgM anti-HAV)	Tester Comment		
Global Information				
Identifier assigned by lab	Text	Code System		
111001	Hepatitis A IgM antibodies (IgM anti-HAV)	99USL		
Alternate Identifier	Text	Code System		
	Hepatitis A virus IgM Ab [Presence] in Serum	LN		

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

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

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

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

Panel: CMP			Tester Comment		
Global Information			Total Comment		
Identifier assigned by lab	Text	Code System			
100	CMP	99USL			
Alternate Identifier	Text	Code System			
	Comprehensive metabolic 2000				
24323-8	panel - Serum or Plasma	LN			
Charge Code Information					
CPT4-code	80053				
1-	- T				
Panel: Comprehensive Urinal	lysis		Tester Comment		
Global Information	<u> </u>				
Identifier assigned by lab	Text	Code System			
300	Comprehensive Urinalysis	99USL			
Alternate Identifier	Text	Code System			
50564-4	Urinalysis panel - Urine by Auto	LN			
	· · · · · · · · · · · · · · · · · · ·				
Panel Component :Color of Ur	ine		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 U	Trine		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	LN			
40417-8	sediment by Automated count	Liv			
Panel Component :Leukocytes,	urine		Tester Comment		
Global Information	7.	1			
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			
		IL			
Panel Component :Leukocyte o	lumns uring		Tester Comment		
Global Information	tumps, arak		Tester Comment		
Identifier assigned by lab	Text	Code System			
306	Leukocyte clumps, urine	99USL			
Alternate Identifier	Text	Code System			
ANCHAR IUCHUNCI	Leukocyte clumps [#/area] in	Code System			
II.		II .			
50233-6	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	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		
Spermatozoa [#/area] in Urine   Sediment by Automated count   LN				
Panel Component :Mucus, urine			Tester Comment	

Panel Component :Mucus, urine			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
322	Mucus, urine	99USL		
Alternate Identifier	Text	Code System		
50235-1	Mucus [#/area] in Urine sediment by Automated count	LN		

Panel Component :Total bilirubin, urine			Tester Comment	
Global Information				
Identifier assigned by lab	Text	Code System		
324	Total bilirubin, urine	99USL		
Alternate Identifier	Text	Code System		
53327-3	Bilirubin.total [Mass/volume] in Urine by Automated test strip	LN		

Panel Component :Hemoglobin, urine			Tester Comment		
Global Information					
Identifier assigned by lab	Text	Code System			
328	Hemoglobin, urine	99USL			
Alternate Identifier	Text	Code System			
50559-4	Hemoglobin [Mass/volume] in Urine by Automated test strip	LN			
Charge Code Information					
CPT4-code	83069				

Panel Component :Ketones , urine			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
330	Ketones , urine	99USL	
Alternate Identifier	Text	Code System	
50557-8	Ketones [Mass/volume] in Urine by Automated test strip	LN	

Panel Component :Leukocyte esterase, urine			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
332	Leukocyte esterase, urine	99USL	
Alternate Identifier	Text	Code System	
60026-2	Leukocyte esterase [Presence] in Urine by Automated test strip	LN	

Panel Component :Nitrite, urine			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
334	Nitrite, urine	99USL	
Alternate Identifier	Text	Code System	
50558-6	Nitrite [Presence] in Urine by Automated test strip	LN	

Panel : CBC_diff			Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
200	CBC_diff	99USL	
Alternate Identifier	Text	Code System	
57021-8	CBC W Auto Differential panel in Blood	LN	
Charge Code Information			
CPT4-code	85025		
CPT4-code	85007		
CPT4-code	85060		

Panel : GHP			Tester Comment		
Global Information					
Identifier assigned by lab	Text	Code System			
800	GHP	99USL			
Charge Code Information					
CPT4-code	84443				
CPT4-code	81003				
CPT4-code	80053				
CPT4-code	85025				
CPT4-code	85007				
CPT4-code	85060				

Panel : Hepatitis A B C Panel_With Reflex			Tester Comment		
Global Information					
Identifier assigned by lab	Text	Code System			
1000	Hepatitis A B C Panel_With Reflex	99USL			
Charge Code Information					
CPT4-code	80074				
CPT4-code	86704				
CPT4-code	86706				
CPT4-code	86708				
CPT4-code	86803				
CPT4-code	87340				

Panel Component :Hepatitis A	antibodies (anti-HAV)		Tester Comment
Global Information		*	
Identifier assigned by lab	Text	Code System	
1002	Hepatitis A antibodies (anti-HAV)	99USL	
Alternate Identifier	Text	Code System	
20575-7	Hepatitis A virus Ab [Presence] in Serum	LN	
Panel Component :Hepatitis B Global Information	core antibodies (anti-HBVc)		Tester Comment
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	
		1	
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		
	core antibodies (anti-HBVc) Qua	nt	Tester Comment
Global Information	7	1	1
Identifier assigned by lab	Text	Code System	
1004	Hepatitis B core antibodies (anti-HBVc) Quant	99USL	
Alternate Identifier	Text	Code System	
22316-4	Hepatitis B virus core Ab [Units/volume] in Serum	LN	
Ask at Order Entries(AOE)			
Clinical Information Request	Pregnancy status		
Panel Component :Hepatitis B	e antibodies (anti-HBVe)		Tester Comment
Global Information			
Identifier assigned by lab	Text	Code System	
1005	Hepatitis B e antibodies (anti-HBVe)	99USL	
Alternate Identifier	Text	Code System	
22320-6	Hepatitis B virus e Ab [Presence] in Serum	LN	
Ask at Order Entries(AOE)			
	Pregnancy status		
Clinical Information Request			
	surface antigen (HBsAg)		Tester Comment
Panel Component :Hepatitis B	surface antigen (HBsAg)		Tester Comment
Panel Component :Hepatitis B Global Information		Code System	Tester Comment
Panel Component :Hepatitis B Global Information Identifier assigned by lab	Text Hepatitis B surface antigen (HBsAg)	Code System   99USL	Tester Comment
Panel Component : Hepatitis B Global Information Identifier assigned by lab 1006	Text   Hepatitis B surface antigen		Tester Comment
Clinical Information Request  Panel Component : Hepatitis B Global Information Identifier assigned by lab 1006  Alternate Identifier 5195-3	Text   Hepatitis B surface antigen (HBsAg)   Text   Hepatitis B virus surface Ag	99USL	Tester Comment
Panel Component : Hepatitis B Global Information Identifier assigned by lab 1006 Alternate Identifier	Text  Hepatitis B surface antigen (HBsAg)  Text	99USL Code System	Tester Comment
Panel Component : Hepatitis B Global Information Identifier assigned by lab 1006 Alternate Identifier	Text   Hepatitis B surface antigen (HBsAg)   Text   Hepatitis B virus surface Ag	99USL Code System	Tester Comment

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				

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		
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		
111300	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			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	
	West Nile virus IgG Ab [Titer] in		
33329-4	Serum	LN	
Panel Component :WNV Viru	s 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	
		I L	
Panel : Creatinine Clearance			Tester Comment
Global Information			Tester comment
Identifier assigned by lab	Text	Code System	
1200	Creatinine Clearance	99USL	
Alternate Identifier	Text	Code System	
	Creatinine 24H renal clearance		
34555-3	panel panel	LN	
Charge Code Information			
Charge Code Information			
	82575		
CPT4-code	82575		
CPT4-code			Texter Comment
CPT4-code  Panel Component :Creatinine			Tester Comment
CPT4-code  Panel Component :Creatinine Global Information	Clearance in 24 hours	Code System	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab	Clearance in 24 hours	Code System	Tester Comment
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201	Clearance in 24 hours  Text  Creatinine Clearance in 24 hours	99USL	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text	99USL Code System	Tester Comment
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201	Clearance in 24 hours  Text  Creatinine Clearance in 24 hours	99USL	Tester Comment
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24	99USL Code System	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24	99USL Code System	Tester Comment
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE)	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour	99USL Code System LN	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio	99USL Code System LN	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour	99USL Code System LN	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour Urine Volume of 24 hour collectio	99USL Code System LN	Tester Comment
CPT4-code  Panel Component :Creatinine Global Information  Identifier assigned by lab 1201  Alternate Identifier 2164-2  Ask at Order Entries(AOE)  Clinical Information Request Character Limit  Number of Decimals	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collection 12	99USL Code System LN	
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collection 12	99USL Code System LN	Tester Comment  Tester Comment  Tester Comment
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component :Creatinine Global Information	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour Urine Volume of 24 hour collection 12 0 in 24 hr Urine	99USL Code System LN	
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component :Creatinine Global Information Identifier assigned by lab	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collection 12 0 in 24 hr Urine Text	99USL Code System LN Code System	
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine Global Information Identifier assigned by lab 1202	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine	99USL  Code System  LN  Code System  Code System  99USL	
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component :Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier	Clearance in 24 hours  Text  Creatinine Clearance in 24 hours  Text  Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collection  12  0  in 24 hr Urine  Text  Creatinine in 24 hr Urine  Text	P9USL  Code System  LN  Code System  P9USL  Code System  P9USL  Code System	
Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2 Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine Global Information Identifier assigned by lab 1202	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine	99USL  Code System  LN  Code System  Code System  99USL	
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component :Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine Text Creatinine [Mass/volume] in 24	P9USL  Code System  LN  Code System  P9USL  Code System  P9USL  Code System	
CPT4-code  Panel Component :Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component :Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier 20624-3	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine Text Creatinine [Mass/volume] in 24	P9USL  Code System  LN  Code System  P9USL  Code System  P9USL  Code System	
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier 20624-3  Ask at Order Entries(AOE)	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine Text Creatinine [Mass/volume] in 24 hour Urine	Code System  LN  Code System  Code System  Code System  P9USL  Code System  LN	
CPT4-code  Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2  Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier 20624-3  Ask at Order Entries(AOE) Clinical Information Request	Clearance in 24 hours  Text  Creatinine Clearance in 24 hours  Text  Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio  12  0  in 24 hr Urine  Text  Creatinine in 24 hr Urine  Text  Creatinine [Mass/volume] in 24 hour Urine  Urine Volume of 24 hour collectio	Code System  LN  Code System  Code System  Code System  P9USL  Code System  LN	
Panel Component : Creatinine Global Information Identifier assigned by lab 1201 Alternate Identifier 2164-2 Ask at Order Entries(AOE) Clinical Information Request Character Limit Number of Decimals  Panel Component : Creatinine Global Information Identifier assigned by lab 1202 Alternate Identifier 20624-3 Ask at Order Entries(AOE)	Clearance in 24 hours  Text Creatinine Clearance in 24 hours Text Creatinine renal clearance in 24 hour  Urine Volume of 24 hour collectio 12 0 in 24 hr Urine Text Creatinine in 24 hr Urine Text Creatinine [Mass/volume] in 24 hour Urine	Code System  LN  Code System  Code System  Code System  P9USL  Code System  LN	

#### 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 Informati	on		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	500	
OM1.2.2	Text	Erythrocyte sedimentation rate	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7[1]	Other Service/Test/Observation IDs for the Observation		
OM1.7.1[1]	Identifier	30341-2	
OM1.7.2[1]	Text	Erythrocyte sedimentation rate	
OM1.7.3[1]	Name of Coding System	LN	
OM1.7[2]	Other Service/Test/Observation IDs for the Observation		
OM1.7.1[2]	Identifier	416838001	
OM1.7.2[2]	Text	Erythrocyte sedimentation rate measurement	
OM1.7.3[2]	Name of Coding System	SCT	
OM1.9	Preferred Report Name for the Observation	Erythrocyte sedimentation rate	
OM1.32	Interpretation of Observations	The erythrocyte sedimentation rate is a nonspecific measure of inflammatory disease.	
OM1.39	Factors that may Affect the Observation	Insufficient blood, Clotting, Hemolysis, Blood specimen received > 12 hours after collection.	
OM1.40[1]	Service/Test/Observation Performance Schedule	Daily	
OM1.40[2]	Service/Test/Observation Performance Schedule	Continuously	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.54[1]	Special Instructions	Please include tentative diagnosis/treatment on the request form	
OM1.54[2]	Special Instructions	Please direct any questions regarding this test to the hematology division.	
OM1.55[1]	Test Relationship Category	Clinical Pathology	
OM1.55[2]	Test Relationship Category	Hematology	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30341-2	
OM1.56.2	Text	Erythrocyte sedimentation rate	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	500	
OM1.56.5	Alternate Text	Erythrocyte sedimentation rate	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.56.9	Original Text	Erythrocyte sedimentation rate	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2		day	
		<u> </u>	

Numeric Observat	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	millimeter per hour		
OM2.2.3	Name of Coding System	UCUM		
OM2.2.4	Alternate Identifier	mm/hour		
OM2.2.5	Alternate Text	mm/hour		
OM2.2.6	Name of Alternate Coding System	99USL		
OM2.2.9	Original Text	mm/hour		
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[1]	Numeric Range			
OM2.6.1.1[1]	Low Value	0		
OM2.6.1.2[1]	High Value	15		
OM2.6.2[1]	Administrative Sex			
OM2.6.2.1[1]	Identifier	M		
OM2.6.2.2[1]	Text	Male		
OM2.6.2.3[1]	Name of Coding System	HL70001		
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[2]	Numeric Range			
OM2.6.1.1[2]	Low Value	0		
OM2.6.1.2[2]	High Value	25		
OM2.6.2[2]	Administrative Sex			
OM2.6.2.1[2]	Identifier	F		
OM2.6.2.2[2]	Text	Female		
OM2.6.2.3[2]	Name of Coding System	HL70001		

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Black Top Tube (Vac-Tec)	
OM4.4	Container Volume	3.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	Additive		
OM4.7.2	Text	Buffered Citrate (Westergren Sedimentation Rate)	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2.4	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliters	

Specimen Inforn	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Lavender Top (EDTA) tube		
OM4.4	Container Volume	3.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliters		
OM4.6	Specimen			
OM4.6.1	Identifier	119297000		
OM4.6.2	Text	Blood sample		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	WBLD		
OM4.6.5	Alternate Text	Whole blood		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Whole blood		
OM4.7	Additive			
OM4.7.2	Text	Potassium/K EDTA		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	2.4		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliters		

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	85652	
CDM.7.2	Text	Sedimentation rate, erythrocyte; automated	

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Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.1	Identifier	NA	
PM1.1.2	Text	Not Applicable	
PM1.1.3	Name of Coding System	HL70353	
PM1.2[1]	Insurance Company ID		
PM1.2.1[1]	ID Number	SMCA2	
PM1.2.4[1]	Assiging Authority		
PM1.2.4.1[1]	Namespace ID	NIST EHR	
PM1.2[2]	Insurance Company ID		
PM1.2.1[2]	ID Number	MR002	
PM1.2.4[2]	Assiging Authority		
PM1.2.4.1[2]	Namespace ID	CMS	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
HMCP3	Universal Service Price Range – Low Value		
MCP.3.1	Quantity	25	
MCP.3.2	Denomination	USD	
IIMCPA I	Universal Service Price Range – High Value		
MCP.4.1	Quantity	30	
MCP.4.2	Denomination	USD	
MCP.5	Reason for Universal Service Cost Range	Some reason	

# Incorporate Verification for Erythrocytes, blood

Data Element Name	Data	Tester Comment
Test Name	Erythrocytes, blood	
Test Identifier	202	
Test Identifier Code System	99USL	
Status	Active	

Data   Element Name	General Information			
OMI.2.1 Identifier 202 OMI.2.2 Text Erythrocytes, blood OMI.2.3 Name of Coding System 99tSt.  OMI.5.1 Identifier 0850669971 OMI.5.2 Text Century Hospital Clinical Laboratory  OMI.7.1 Identifier 26453-1 OMI.7.2 Text Erythrocytes [#volume] in Blood OMI.7.3 Name of Coding System LN OMI.7.3 Name of Coding System Excited the Observation Doservation Doservat	ocation	Data Element Name	Data	Tester Comment
OM1.2.2 Text Erythrocytes, blood OM1.5 Producer ID OM1.5.1 Identifier OSD0669071 OM1.5.2 Text Century Hospital Clinical Laboratory  OM1.7 Service/Test/Observation IDs for the Observation OM1.7.1 Identifier OSD0669071 OM1.7.2 Text Erythrocytes [#volume] in Blood OM1.7.3 Name of Coding System OM1.9 Preferred Report Name for the Observation OM1.32 Interpretation of Observations OM1.32 Interpretation of Observation OM1.30 Service/Test/Observation OM1.30 Service/Test/Observation OM1.40 Service/Test/Observation Preformance Schedule OM1.40 Diagnostic Service Sector ID OM1.48 Exclusive Text OM1.49 Diagnostic Service Sector ID OM1.50 Identifier associated with Producer's Service/Test/Observation IB OM1.50 Identifier Associated with Producer's Service/Test/Observation IB OM1.56 Observation Identifier Associated with Producer's Service/Test/Observation IB OM1.56.4 Alternate Identifier OM1.56.5 Alternate Text Erythrocytes, blood OM1.57 Expected Turn-Around Time	11/11/2	5 5 5 5 5 5		
OM1.5.1   Identifier   O5D0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.1	Identifier	202	
OM1.5   Producer ID	OM1.2.2	Text	Erythrocytes, blood	
OM1.5.1   Identifier   O5D0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.3	Name of Coding System	99USL	
OM1.7   Other Service/Test/Observation IDs for the Observation IDs	M1.5	Producer ID		
OM1.7 Other Service/Test/Observation IDs for the Observation  OM1.7.1 Identifier  OM1.7.2 Text Erythrocytes [#/volume] in Blood  OM1.7.3 Name of Coding System  LN  OM1.9 Preferred Report Name for the Observation  OM1.32 Interpretation of Observations  This blood test is used to determine  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  OM1.40 Service/Test/Observation  Performance Schedule  OM1.48 Exclusive Test  OM1.49 Diagnostic Service Sector ID  OM1.40 Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56 Identifier  OM1.56.1 Identifier  Service/Test/Observation ID  OM1.56.2 Text Erythrocytes [#/volume] in Blood  OM1.56.3 Name of Coding System  LN  OM1.56.4 Alternate Identifier  OM1.56.5 Alternate Text Erythrocytes, blood  OM1.56.6 Name of Alternate Coding System  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  Insufficient specimen, Improper labeling, improper labeling	OM1.5.1	Identifier	05D0669071	
OM1.7   Service/Test/Observation IDs for the Observation   Daily	OM1.5.2	Text	Century Hospital Clinical Laboratory	
OMI.7.2   Text	OM1.7	Service/Test/Observation IDs		
OM1.7.3   Name of Coding System   LN	OM1.7.1	Identifier	26453-1	
OMI.9   Preferred Report Name for the Observation   Erythrocytes, blood	OM1.7.2	Text	Erythrocytes [#/volume] in Blood	
OMI.32   Interpretation of Observations   Erythrocytes, 5100d	OM1.7.3	Name of Coding System	LN	
Factors that may Affect the Observation			Erythrocytes, blood	
OM1.39   Pactors that may Affect the Observation   Service/Test/Observation   Daily    OM1.40   Service/Test/Observation   Daily    OM1.48   Exclusive Test   N    OM1.49   Diagnostic Service Sector ID   LAB    OM1.56   Observation Identifier   associated with Producer's Service/Test/Observation ID    OM1.56.1   Identifier   26453-1    OM1.56.2   Text   Erythrocytes [#/volume] in Blood    OM1.56.3   Name of Coding System   LN    OM1.56.4   Alternate Identifier   202    OM1.56.5   Alternate Text   Erythrocytes, blood    OM1.56.6   Name of Alternate Coding System   System    OM1.57   Expected Turn-Around Time    OM1.57.1   Quantity   1	M1.32	Interpretation of Observations	This blood test is used to determine	
Daily   Daily			improper tube, clotted specimen, hemolyzed	
OM1.49   Diagnostic Service Sector ID   LAB			Daily	
OM1.56         Observation Identifier associated with Producer's Service/Test/Observation ID         26453-1           OM1.56.1         Identifier         26453-1           OM1.56.2         Text         Erythrocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         202           OM1.56.5         Alternate Text         Erythrocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1	M1.48	Exclusive Test	N	
OM1.56         associated with Producer's Service/Test/Observation ID           OM1.56.1         Identifier         26453-1           OM1.56.2         Text         Erythrocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         202           OM1.56.5         Alternate Text         Erythrocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1	M1.49	Diagnostic Service Sector ID	LAB	
OM1.56.2         Text         Erythrocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         202           OM1.56.5         Alternate Text         Erythrocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1	M1.56	associated with Producer's		
OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         202           OM1.56.5         Alternate Text         Erythrocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1	OM1.56.1	Identifier	26453-1	
OM1.56.4 Alternate Identifier 202 OM1.56.5 Alternate Text Erythrocytes, blood OM1.56.6 Name of Alternate Coding System 99USL OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1	OM1.56.2	Text	Erythrocytes [#/volume] in Blood	
OM1.56.5 Alternate Text Erythrocytes, blood OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1	OM1.56.3	Name of Coding System	LN	
OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.4	Alternate Identifier	202	
OM1.50.6   System	OM1.56.5	Alternate Text	Erythrocytes, blood	
OM1.57.1 Quantity 1			99USL	
	M1.57	Expected Turn-Around Time		
OM1 57 2 Units	OM1.57.1	Quantity	1	
Online Onto	OM1.57.2	Units		
OM1.57.2.1 Identifier d	OM1.57.2.1	Identifier	d	
OM1.57.2.2 Text day	OM1.57.2.2	Text	day	

Numeric Observat	neric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	trillion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	3.9	
OM2.6.1.2[1]	High Value	5.5	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	3.9	
OM2.6.1.2[2]	High Value	6.0	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Inform	mation		
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	Additive		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	3	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliters	

Charge Descri	Description		
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	85032	
CDM.7.2	Text	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	

Charge Descrip	Charge Description		
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	85032	
CDM.7.2	Text	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each	

Payer Informat	ayer Information		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

## Incorporate Verification for Hemoglobin (Hb)

Data Element Name	Data	Tester Comment
Test Name	Hemoglobin (Hb)	
Test Identifier	256	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID	Data	Tester Comment	
OM1.2.1	Identifier	256		
OM1.2.2	Text	Hemoglobin (Hb)		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	718-7		
OM1.7.2	Text	Hemoglobin [Mass/volume] in Blood		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Hemoglobin		
OM1.32	Interpretation of Observations	Reduced hemoglobin levels indicate anemia which is commonly caused by loss of blood, nutritional deficiency, bone marrow problems, chemotherapy, kidney failure, hyper hydration, or abnormal hemoglobin (such as that of sickle-cell disease). Increase in hemoglobin levels are due to exposure to high altitudes, smoking, dehydration, or tumors. Increase in red blood cell number or size also result in increased hemoglobin levels. Hemoglobin levels are also impacted by genetic diseases, for example porphyria.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	718-7		
OM1.56.2	Text	Hemoglobin [Mass/volume] in Blood		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	256		
OM1.56.5	Alternate Text	Hemoglobin (Hb)		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		
		<u> </u>		

Numeric Observa	ric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	13.4	
OM2.6.1.2[1]	High Value	19.9	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	10.7	
OM2.6.1.2[2]	High Value	17.1	
OM2.7	Critical Range for Ordinal and Continuous Observations		
OM2.7.1	Numeric Range		
OM2.7.1.1	Low Value	7.0	
OM2.7.1.2	High Value	22.5	
OM2.8	Absolute Range for Ordinal and Continuous Observations		
OM2.8.1	Numeric Range		
OM2.8.1.1	Low Value	6.0	
OM2.8.1.2	High Value	22.5	

### Incorporate Verification for Hematocrit

Data Element Name	Data	Tester Comment
Test Name	Hematocrit	
Test Identifier	204	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	204		
OM1.2.2	Text	Hematocrit		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	20570-8		
OM1.7.2	Text	Hematocrit [Volume Fraction] of Blood		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Hematocrit		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	20570-8		
OM1.56.2	Text	Hematocrit [Volume Fraction] of Blood		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	204		
OM1.56.5	Alternate Text	Hematocrit		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observat	meric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	percent		
OM2.2.3	Name of Coding System	UCUM		
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[1]	Numeric Range			
OM2.6.1.1[1]	Low Value	42.0		
OM2.6.1.2[1]	High Value	65.0		
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[2]	Numeric Range			
OM2.6.1.1[2]	Low Value	33.0		
OM2.6.1.2[2]	High Value	55.0		

Specimen Inform	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3[1]	Container Description	Lavender Top (EDTA) tube		
OM4.4[1]	Container Volume	3.0		
OM4.5[1]	Container Units			
OM4.5.2[1]	Text	milliliters		
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube		
OM4.4[2]	Container Volume	3.0		
OM4.5[2]	Container Units			
OM4.5.2[2]	Text	milliliters		
OM4.6	Specimen			
OM4.6.1	Identifier	119297000		
OM4.6.2	Text	Blood sample		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	WBLD		
OM4.6.5	Alternate Text	Whole blood		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Whole blood		
OM4.7	Additive			
OM4.7.2	Text	Potassium/K EDTA		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	3		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliters		

Char	narge Description				
Loca	tion	Data Element Name	Data	Tester Comment	
CDM	1.3	Identifier	N/A		
CDM	1.7	Procedure Code			
(	CDM.7.1	Identifier	85014		
	CDM.7.2	Text	blood count; hematocrit (hct)		

Payer Informat	Payer Information				
Location Data Element Name		Data	Tester Comment		
PM1.1	Health Plan ID				
PM1.1.2	Text	Not Applicable			
PM1.2	Insurance Company ID				
PM1.2.1	ID Number	SMCA2			
PM1.2.4	Assiging Authority				
PM1.2.4.1	Namespace ID	NIST EHR			

Coverage Policy	erage Policy				
Location Data Element Name		Data	Tester Comment		
IMCPA	Universal Service Price Range – High Value				
MCP.4.1	Quantity	29			
MCP.4.2	Denomination	USD			

## Incorporate Verification for Leukocytes, blood

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

Data Plement Name	General Information	General Information			
Nome			Data	Tester Comment	
OMI.2.2   Text		Producer's			
OMI.2.3   Name of Coding System   99USL   OMI.5   Producer ID   OMI.5.1   Identifier   08D0669071   OMI.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.1	Identifier	206		
OMI.5.   Producer ID   OMI.5.1   Identifier   O5D0669071   OMI.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.2	Text	Leukocytes, blood		
OM1.5.1   Identifier   OSD0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.3	Name of Coding System	99USL		
OMI.5.2 Text Century Hospital Clinical Laboratory  OMI.7.1 Other Service/Text/Observation IDs for the Observation  OMI.7.2 Text Leukocytes [#/volume] in Blood  OMI.7.3 Name of Coding System  OMI.3.9 Preferred Report Name for the Observation  OMI.3.9 Factors that may Affect the Observation  OMI.4.0 Service/Test/Observation  OMI.4.40 Preformance Schedule  OMI.48 Exclusive Test  OMI.49 Diagnostic Service Sector ID  OMI.56 Observation Identifier associated with Producer's Service/Test/Observation D  OMI.56.1 Identifier  OMI.56.2 Text  Leukocytes [#/volume] in Blood  OMI.56.3 Name of Coding System  LN  OMI.56.4 Alternate Identifier 206  OMI.56.5 Name of Alternate Coding System  OMI.57.1 Quantity  I Leukocytes, blood  OMI.57.2 Units  OMI.57.2.2 Units  OMI.57.2.1 Units  OMI.57.2.1 Units  Century Hospital Clinical Laboratory  Leukocytes [#/volume] in Blood  Leukocytes [#/volume] in Blood  OMI.57.2 Units  OMI.57.2 Units  OMI.57.2 Units  OMI.57.2.1 Units  OMI.57.2 Units  OMI.57.2 Units  Century Hospital Clinical Laboratory  Leukocytes [#/volume] in Identifier 206  OMI.57.2 Units  OMI.57.2 Units  OMI.57.2 Units  OMI.57.2 Units  Century Hospital Clinical Laboratory  Leukocytes [#/volume] in Identifier 206  OMI.57.2 Units	OM1.5	Producer ID			
OM1.7   Other Service/Test/Observation IDs for the Observation   Service/Test/Observation   Service/Te	OM1.5.1	Identifier	05D0669071		
OMI.7.1   Identifier   26464-8   OMI.7.2   Text   Leukocytes [#/volume] in Blood   OMI.7.3   Name of Coding System   LN   Leukocytes (#/volume] in Blood   OMI.7.3   Name of Coding System   LN   OMI.9   Preferred Report Name for the Observation   OMI.32   Interpretation of Observation   Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  OMI.40   Service/Test/Observation   Daily   OMI.49   Diagnostic Service Sector ID   LAB    OMI.49   Diagnostic Service Sector ID   LAB    OMI.56   Observation Identifier   Service/Test/Observation ID    OMI.56.1   Identifier   26464-8   Comit.56.2   Text   Leukocytes [#/volume] in Blood    OMI.56.3   Alternate Identifier   206   OMI.56.5   Alternate Text   Leukocytes, blood    OMI.57   Expected Turn-Around Time   OMI.57.2   Units   OMI.57.2   Units   OMI.57.2   Units	OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7.2   Text	OM1.7	Service/Test/Observation IDs			
OM1.7.3   Name of Coding System   LN	OM1.7.1	Identifier	26464-8		
OMI.9 Preferred Report Name for the Observation	OM1.7.2	Text	Leukocytes [#/volume] in Blood		
OMI.32   Interpretation of Observations   Leukocytes, blood	OM1.7.3	Name of Coding System	LN		
DMI.39	OM1.9		Leukocytes, blood		
OMI.39   Observation   Observation   Observation   Observation   Omi.40   Service/Test/Observation   Daily	OM1.32	Interpretation of Observations	This blood test is used to determine		
Daily	OM1.39		improper tube, clotted specimen, hemolyzed		
OM1.49         Diagnostic Service Sector ID         LAB           OM1.56         Observation Identifier associated with Producer's Service/Test/Observation ID         Alternate Identifier           OM1.56.1         Identifier         26464-8           OM1.56.2         Text         Leukocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         206           OM1.56.5         Alternate Text         Leukocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.2         Units         OM1.57.2.1           Identifier         d         OM1.57.2.1	OM1.40		Daily		
OM1.56  Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 26464-8  OM1.56.2 Text Leukocytes [#/volume] in Blood  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 206  OM1.56.5 Alternate Text Leukocytes, blood  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity I  OM1.57.2 Units  OM1.57.2.1 Identifier Id	OM1.48	Exclusive Test	N		
OM1.56         associated with Producer's Service/Test/Observation ID         Alternate Text         Leukocytes [#/volume] in Blood           OM1.56.2         Text         Leukocytes [#/volume] in Blood         Description           OM1.56.3         Name of Coding System         LN         Description           OM1.56.4         Alternate Identifier         206         Description           OM1.56.5         Alternate Text         Leukocytes, blood         Description           OM1.56.6         Name of Alternate Coding System         99USL         99USL           OM1.57         Expected Turn-Around Time         Description         Description           OM1.57.1         Quantity         1         Description           OM1.57.2.1         Identifier         d         Description	OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56.2         Text         Leukocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         206           OM1.56.5         Alternate Text         Leukocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.1         Quantity         1           OM1.57.2         Units         Identifier	OM1.56	associated with Producer's			
OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         206           OM1.56.5         Alternate Text         Leukocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.1         Quantity         1           OM1.57.2         Units         OM1.57.2.1           Identifier         d	OM1.56.1	Identifier	26464-8		
OM1.56.4         Alternate Identifier         206           OM1.56.5         Alternate Text         Leukocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           Quantity         1         OM1.57.2           Units         OM1.57.2.1         Identifier	OM1.56.2	Text	Leukocytes [#/volume] in Blood		
OM1.56.5         Alternate Text         Leukocytes, blood           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.3	Name of Coding System	LN		
OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.4	Alternate Identifier	206		
OM1.57         Expected Turn-Around Time         90SL           OM1.57.1         Quantity         1           OM1.57.2         Units         0           OM1.57.2.1         Identifier         d	OM1.56.5	Alternate Text	Leukocytes, blood		
OM1.57.1         Quantity         1           OM1.57.2         Units         0           OM1.57.2.1         Identifier         d	OM1.56.6		99USL		
OM1.57.2         Units	OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.2.1 Identifier d	OM1.57.1	Quantity	1		
	OM1.57.2	Units			
OM1.57.2.2 Text day	OM1.57.2.1	Identifier	d		
	OM1.57.2.2	Text	day		

Numeric Observa	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	billion per liter		
OM2.2.3	Name of Coding System	UCUM		
OM2.2.4	Alternate Identifier	k/ul		
OM2.2.5	Alternate Text	thousand per microliter		
OM2.2.6	Name of Alternate Coding System	99USL		
OM2.2.9	Original Text	thousand per microliter		
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[1]	Numeric Range			
OM2.6.1.1[1]	Low Value	9.0		
OM2.6.1.2[1]	High Value	30		
OM2.6.2[1]	Administrative Sex			
OM2.6.2.1[1]	Identifier	М		
OM2.6.2.2[1]	Text	Male		
OM2.6.2.3[1]	Name of Coding System	HL70001		
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[2]	Numeric Range			
OM2.6.1.1[2]	Low Value	9.4		
OM2.6.1.2[2]	High Value	34		
OM2.6.2[2]	Administrative Sex			
OM2.6.2.1[2]	Identifier	F		
OM2.6.2.2[2]	Text	Female		
OM2.6.2.3[2]	Name of Coding System	HL70001		

Specimen Inforn	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3[1]	Container Description	Lavender Top (EDTA) tube		
OM4.4[1]	Container Volume	3.0		
OM4.5[1]	Container Units			
OM4.5.2[1]	Text	milliliters		
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube		
OM4.4[2]	Container Volume	3.0		
OM4.5[2]	Container Units			
OM4.5.2[2]	Text	milliliters		
OM4.6	Specimen			
OM4.6.1	Identifier	119297000		
OM4.6.2	Text	Blood sample		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	WBLD		
OM4.6.5	Alternate Text	Whole blood		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Whole blood		
OM4.7	Additive			
OM4.7.2	Text	Potassium/K EDTA		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	3		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliters		

C	harge Descrip	Description				
$\mathbf{L}$	ocation	Data Element Name	Data	Tester Comment		
C	DM.3	Identifier	N/A			
C	DM.7	Procedure Code				
	CDM.7.1	Identifier	85048			
	CDM.7.2	Text	blood count; leukocyte (wbc), automated			

I	Payer Informat	ayer Information				
I	Location Data Element Name		Data	Tester Comment		
F	PM1.1	Health Plan ID				
	PM1.1.2	Text	Not Applicable			
F	PM1.2	Insurance Company ID				
	PM1.2.1	ID Number	SMCA2			
F	PM1.2.4	Assiging Authority				
	PM1.2.4.1	Namespace ID	NIST EHR			

#### **Incorporate Verification for Platelets**

Data Element Name	Data	Tester Comment
Test Name	Platelets	
Test Identifier	208	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	208	
OM1.2.2	Text	Platelets	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26515-7	
OM1.7.2	Text	Platelets [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Platelets	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26515-7	
OM1.56.2	Text	Platelets [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	208	
OM1.56.5	Alternate Text	Platelets	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	
-			

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	thousand per microliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	150	
OM2.6.1.2[1]	High Value	450	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	150	
OM2.6.1.2[2]	High Value	400	

Specimen Inforn	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	Additive		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	3	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliters	

Charge Descrip	Charge Description			
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	85025		
CDM.7.2		blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count		

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

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

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

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	210	
OM1.2.2	Text	Mean corpuscular volume (MCV)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	30428-7	
OM1.7.2	Text	Erythrocyte mean corpuscular volume [Entitic volume]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mean corpuscular volume (MCV)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30428-7	
OM1.56.2	Text	Erythrocyte mean corpuscular volume [Entitic volume]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	210	
OM1.56.5	Alternate Text	Mean corpuscular volume (MCV)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	femtoliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	98.0	
OM2.6.1.2[1]	High Value	120.0	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	88.0	
OM2.6.1.2[2]	High Value	120.0	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]		F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

### Incorporate Verification for Mean corpuscular hemoglobin (MCH)

Data Element Name	Data	Tester Comment
Test Name	Mean corpuscular hemoglobin (MCH)	
Test Identifier	212	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	212	
OM1.2.2	Text	Mean corpuscular hemoglobin (MCH)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	28539-5	
OM1.7.2	Text	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mean corpuscular hemoglobin (MCH)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	28539-5	
OM1.56.2	Text	Erythrocyte mean corpuscular hemoglobin [Entitic mass]	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	212	
OM1.56.5	Alternate Text	Mean corpuscular hemoglobin (MCH)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Nu	Numeric Observation Information			
Lo	cation	Data Element Name	Data	Tester Comment
ON	M2.2	Units of Measure		
	OM2.2.2	Text	picogram per cell	
	OM2.2.3	Name of Coding System	UCUM	
ON	M2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
	OM2.6.1	Numeric Range		
	OM2.6.1.1	Low Value	27	
	OM2.6.1.2	High Value	31	

Incorporate Verification for Mean corpuscular hemoglobin Concentration (MCHC)

Data Element Name	Data	Tester Comment
Test Name	Mean corpuscular hemoglobin Concentration (MCHC)	
Test Identifier	214	
Test Identifier Code System	99USL	
Status	Active	

General Information				
Location				
OM1.2	Producer's Service/Test/Observation ID	Data	Tester Comment	
OM1.2.1	Identifier	214		
OM1.2.2	Text	Mean corpuscular hemoglobin Concentration (MCHC)		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	28540-3		
OM1.7.2	Text	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Mean corpuscular hemoglobin Concentration (MCHC)		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	28540-3		
OM1.56.2	Text	Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	214		
OM1.56.5	Alternate Text	Mean corpuscular hemoglobin Concentration (MCHC)		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Obse	rvation Information	ntion Information		
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	gram per deciliter		
OM2.2.3	Name of Coding System	UCUM		
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.	Low Value	32		
OM2.6.1.	High Value	36		

## Incorporate Verification for Red blood cell distribution width (RDW)

Data Element Name	Data	Tester Comment	
Test Name	Red blood cell distribution width (RDW )		
Test Identifier	216		
Test Identifier Code System	99USL		
Status	Active		

Data Element Name	General Information	General Information		
OM1.2.1 Identifier 216 OM1.2.2 Text Red blood cell distribution width (RDW) OM1.2.3 Name of Coding System 99USL OM1.5 Producer ID	Location	Data Element Name	Data	Tester Comment
OM1.2.2   Text	OM1.2	2 2 2 2 2 2		
OMI.2.3   Name of Coding System   99USL	OM1.2.1	Identifier	216	
OM1.5.1   Identifier	OM1.2.2	Text	Red blood cell distribution width (RDW)	
OM1.5.1   Identifier   O5D0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.3	Name of Coding System	99USL	
OM1.5.2 Text Century Hospital Clinical Laboratory  OM1.7.1 Identifier 30385-9  OM1.7.2 Text Frythrocyte distribution width [Ratio]  OM1.7.3 Name of Coding System LN  OM1.9 Preferred Report Name for the Observation  Observation  OM1.30 Interpretation of Observations  This blood test is used to determine  Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dillition of blood.  OM1.40 Service/Test/Observation  OM1.48 Exclusive Test N  OM1.49 Diagnostic Service Sector ID LAB  OM1.56 Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.2 Text Erythrocyte distribution width (Ratio)  OM1.56.4 Alternate Identifier 216  OM1.56.5 Name of Coding System LN  OM1.56.6 Name of Alternate Coding System PoM1.56.5 Name of Alternate Lending System System  OM1.57.2 Units OM1.57.2.1 Identifier  OM1.57.2.1 Units	OM1.5	Producer ID		
OMI.7 Service/Test/Observation IDs for the Observation IDs obs	OM1.5.1	Identifier	05D0669071	
OMI.7.1   Identifier   30385-9   OMI.7.2   Text   Erythrocyte distribution width [Ratio]   OMI.7.3   Name of Coding System   LN   OMI.9   Preferred Report Name for the Observation   Red blood cell distribution width (RDW)   OMI.3.2   Interpretation of Observation   Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.   OMI.4.0   Service/Test/Observation   Daily   OMI.4.4   Diagnostic Service Sector ID   LAB   OMI.4.9   Diagnostic Service Sector ID   LAB   OMI.5.6   Identifier   30385-9   OMI.5.6.1   Identifier   30385-9   OMI.5.6.2   Text   Erythrocyte distribution width [Ratio]   OMI.5.6.4   Alternate Identifier   216   OMI.5.6.5   Alternate Text   Red blood cell distribution width (RDW)   OMI.5.6   Name of Coding System   LN   OMI.5.6   Name of Alternate Text   Red blood cell distribution width (RDW)   OMI.5.6   OMI.5.5.5   Alternate Text   Red blood cell distribution width (RDW)   OMI.5.7.2   Units   Units   Units   Units   Units   Units   Units   Units   Units   Unit	OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7.2   Text	OM1.7	Service/Test/Observation IDs		
OM1.73   Name of Coding System   LN	OM1.7.1	Identifier	30385-9	
OMI.9   Preferred Report Name for the Observation   Red blood cell distribution width (RDW)	OM1.7.2	Text	Erythrocyte distribution width [Ratio]	
OMI.32   Interpretation of Observations   This blood test is used to determine	OM1.7.3	Name of Coding System	LN	
DM1.39   Factors that may Affect the Observation   Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.	OM1.9		Red blood cell distribution width (RDW )	
OMI.39	OM1.32	Interpretation of Observations	This blood test is used to determine	
Daily   Daily   Daily   Daily	OM1.39		improper tube, clotted specimen, hemolyzed	
OM1.49 Diagnostic Service Sector ID LAB  OM1.56 Doservation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 30385-9  OM1.56.2 Text Erythrocyte distribution width [Ratio]  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 216  OM1.56.5 Alternate Text Red blood cell distribution width (RDW)  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity I  OM1.57.2 Units OM1.57.2.1 Identifier	OM1.40		Daily	
OM1.56 OM1.56 Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier OM1.56.2 Text Erythrocyte distribution width [Ratio] OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier OM1.56.5 Alternate Text Red blood cell distribution width (RDW)  OM1.56.6 Name of Alternate Coding System OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity OM1.57.2 Units OM1.57.2.1 Identifier d	OM1.48	Exclusive Test	N	
OM1.56 associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 30385-9  OM1.56.2 Text Erythrocyte distribution width [Ratio]  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 216  OM1.56.5 Alternate Text Red blood cell distribution width (RDW)  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity 1  OM1.57.2 Units  OM1.57.2.1 Identifier d	OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56.2 Text Erythrocyte distribution width [Ratio] OM1.56.3 Name of Coding System LN OM1.56.4 Alternate Identifier 216 OM1.56.5 Alternate Text Red blood cell distribution width (RDW) OM1.56.6 Name of Alternate Coding System 99USL OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1 OM1.57.2 Units OM1.57.2.1 Identifier d	OM1.56	associated with Producer's		
OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         216           OM1.56.5         Alternate Text         Red blood cell distribution width (RDW)           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.1         Quantity         1           OM1.57.2         Units         Identifier           OM1.57.2.1         Identifier         Identifier	OM1.56.1	Identifier	30385-9	
OM1.56.4         Alternate Identifier         216           OM1.56.5         Alternate Text         Red blood cell distribution width (RDW )           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.2	Text	Erythrocyte distribution width [Ratio]	
OM1.56.5         Alternate Text         Red blood cell distribution width (RDW )           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.3	Name of Coding System	LN	
OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.4	Alternate Identifier	216	
OM1.57   Expected Turn-Around Time   OM1.57.1   Quantity   1   OM1.57.2   Units   OM1.57.2.1   Identifier   d   OM1.57.2.1   Identifier   d   OM1.57.2.1   OM1.57.2.1   Identifier   d   OM1.57.2.1   Identifier   DM1.57.2.1   Identifier	OM1.56.5	Alternate Text	Red blood cell distribution width (RDW)	
OM1.57.1         Quantity         1           OM1.57.2         Units         0           OM1.57.2.1         Identifier         d	OM1.56.6		99USL	
OM1.57.2         Units           OM1.57.2.1         Identifier	OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.2.1 Identifier d	OM1.57.1	Quantity	1	
	OM1.57.2	Units		
OM1.57.2.2 Text day	OM1.57.2.1	Identifier	d	
	OM1.57.2.2	Text	day	

Numeric Observat	rvation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	12.0	
OM2.6.1.2[1]	High Value	14.5	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	12.0	
OM2.6.1.2[2]	High Value	14.0	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

## Incorporate Verification for Basophils

Data Element Name	Data	Tester Comment
Test Name	Basophils	
Test Identifier	218	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	218		
OM1.2.2	Text	Basophils		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	26444-0		
OM1.7.2	Text	Basophils [#/volume] in Blood		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Basophils		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	26444-0		
OM1.56.2	Text	Basophils [#/volume] in Blood		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	218		
OM1.56.5	Alternate Text	Basophils		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observa	ic Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.60	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0.0	
OM2.6.1.2[2]	High Value	0.20	

#### **Incorporate Verification for % Basophils**

Data Element Name	Data	Tester Comment
Test Name	% Basophils	
Test Identifier	220	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	220	
OM1.2.2	Text	% Basophils	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	30180-4	
OM1.7.2	Text	Basophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Basophils	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30180-4	
OM1.56.2	Text	Basophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	220	
OM1.56.5	Alternate Text	% Basophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	rvation Information		
Location	ocation Data Element Name Data		Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	

### **Incorporate Verification for Monocytes**

Data Element Name	Data	Tester Comment
Test Name	Monocytes	
Test Identifier	222	
Test Identifier Code System	99USL	
Status	Active	

Data Element Name	General Information			
OMI.2.1   Identifier   222			Data	Tester Comment
OM1.2 Text Monocytes  OM1.2.3 Name of Coding System 99TSL  OM1.5.1 Identifier USD0669071  OM1.5.2 Text Century Hospital Clinical Laboratory  OM1.7 OM1.7.1 Identifier 2648-4-6  OM1.7.2 Text Monocytes [#/volume] in Blood  OM1.7.3 Name of Coding System LN  OM1.9 Preferred Report Name for the Observation  OM1.3 Interpretation of Observations  OM1.3 Interpretation of Observations  OM1.3 Factors that may Affect the Observation De Preferred Report System LN  OM1.40 Service Test/Observation Daily  Excuser Test Observation Daily  OM1.40 Disposation November of the Observation Daily  OM1.48 Excusive Test No November of Disposation Service Sector ID  OM1.56 Observation Identifier associated with Producer's Service Text Observation ID  OM1.56.1 Identifier 26484-6  OM1.56.2 Text Monocytes (#volume] in Blood  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 222  OM1.56.5 Name of Coding System LN  OM1.56.5 Name of Coding System LN  OM1.56.5 Name of Coding System LN  OM1.56.6 Name of Coding System LN  OM1.56.7 OM1.56.3 Name of Coding System LN  OM1.56.1 Quantity I I  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity I I  OM1.57.2 Units		Producer's		Tester Comment
OM1.2.3 Name of Coding System 99USL OM1.5 Producer ID OM1.5.1 Identifier 05D6669071 OM1.5.2 Text Century Hospital Clinical Laboratory OM1.7 Service/Test/Observation IDs for the Observation OM1.7.1 Identifier 25484-6 OM1.7.2 Text Monocytes [#/volume] in Blood OM1.7.3 Name of Coding System Monocytes OM1.9 Preferred Report Name for the Observation Observation OM1.3.2 Interpretation of Observation OM1.3.3 Facts that may Affect the Observation OM1.3.4 Facts of Observation OM1.40 Service/Test/Observation OM1.40 Service/Test/Observation OM1.40 Diagnostic Service Sector ID OM1.49 Diagnostic Service Sector ID OM1.49 Literature of Observation ID OM1.50 Observation Identifier associated with Producer's Service/Test/Observation ID OM1.50 Identifier OM1.50 Identifier OM1.50 Name of Coding System OM1.50 Name of Alternate Coding System OM1.51 Sexpected Turn-Around Time OM1.57 Denatity Identifier OM1.57 Sexpected Turn-Around Time OM1.57.2 Units OM1.57.2 Units	OM1.2.1	Identifier	222	
OM1.5.1 Identifier   OSD0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory   OM1.7.2   Other Service/Test/Observation IDs for the Observation   DSD0669071   OM1.7.2   Text   Monocytes [#/volume] in Blood   OM1.7.3   Name of Coding System   LN   LN   OM1.9   Preferred Report Name for the Observation   Observation   OM1.3.2   Interpretation of Observation   Code	OM1.2.2	Text	Monocytes	
OM1.5.1   Identifier	OM1.2.3	Name of Coding System	99USL	
OMI.5.2   Text   Century Hospital Clinical Laboratory    OMI.7.   Other   Service/Test/Observation IDs for the Observation   Service/Test/Observation    OMI.7.1   Identifier   26484-6   Monocytes [#/volume] in Blood    OMI.7.2   Text   Monocytes [#/volume] in Blood    OMI.7.3   Name of Coding System   LN    OMI.9   Preferred Report Name for the Observation   Monocytes    OMI.32   Interpretation of Observations   Insufficient specimen, Improper labeling, Improper tube, clotted specimen, hemolyzed sample, dilution of blood.    OMI.39   Factors that may Affect the Observation   Performance Schedule   Daily    OMI.40   Service/Test/Observation   Performance Schedule   Daily    OMI.41   Diagnostic Service Sector ID   LAB    OMI.42   Observation   Observation   ABB    OMI.56   Observation Identifier   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   Daily    OMI.56   Observation Identifier   Service/Test/Observation   Service/Test/Observation   Daily    OMI.56   Osservation Identifier   Service/Test/Observation   Daily    OMI.56   Osservation Identifier   Service/Test/Observation   Daily    OMI.56   Osservation Identifier   Service/Test/Observation   Daily    OMI.56   Alternate Text   Monocytes   OMI.56   Alternate Text   Monocytes    OMI.57   Osmatity   I   OMI.57.2    OMI.57.1   Onantity   I   OMI.57.2    OMI.57.2   Units   OMI.57.2    OMI.57.2.1   Identifier   Identifier	OM1.5	Producer ID		
OM1.7   Other Service/Test/Observation IDs for the Observation   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   Service/Test/Observation   OM1.32   Interpretation of Observation   Insufficient specimen, Improper labeling, Improper tube, clotted specimen, hemolyzed sample, dilution of blood.   OM1.40   Service/Test/Observation   Daily   OM1.48   Exclusive Test   N   OM1.49   Diagnostic Service Service/Test/Observation   Daily   OM1.56   Observation Identifier associated with Producer's Service/Test/Observation ID   OM1.56.1   Identifier   26484-6   OM1.56.2   Text   Monocytes   Mon	OM1.5.1	Identifier	05D0669071	
OM1.7     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 tabeling, i	OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7.2 Text Monocytes [#/volume] in Blood OM1.7.3 Name of Coding System LN OM1.9 Preferred Report Name for the Observation OM1.32 Interpretation of Observations OM1.39 Factors that may Affect the Observation Sumple, dilution of blood. OM1.39 Factors that may Affect the Observation Performance Schedule OM1.40 Service/Test/Observation OM1.40 Exclusive Test OM1.48 Exclusive Test OM1.49 Diagnostic Service Sector ID OM1.56 Observation Identifier associated with Producer's Service/Test/Observation Identifier OM1.56.1 Identifier OM1.56.2 Text Monocytes [#/volume] in Blood OM1.56.3 Name of Coding System LN OM1.56.4 Alternate Identifier OM1.56.5 Alternate Text Monocytes OM1.56.6 System OM1.57.1 Quantity I I OM1.57.2 Units OM1.57.2.1 Identifier Identifier OM1.57.2.1 Identifier OM1.57.2.1 Identifier OM1.57.2.1 Identifier Identifier OM1.57.2.1 Identifier Id	OM1.7	Service/Test/Observation IDs		
OMI.7.3   Name of Coding System   LN	OM1.7.1	Identifier	26484-6	
OM1.9 Preferred Report Name for the Observation OM1.32 Interpretation of Observations This blood test is used to determine  OM1.39 Factors that may Affect the Observation Performance Schedule Performance Schedule OM1.40 Diagnostic Service Test N  OM1.40 Diagnostic Service Sector ID LAB  OM1.49 Diagnostic Service Sector ID LAB  OM1.56 Observation Identifier associated with Producer's Service/Test/Observation ID Servi	OM1.7.2	Text	Monocytes [#/volume] in Blood	
OMI.32 Interpretation of Observations This blood test is used to determine  OMI.39 Factors that may Affect the Observation Service/Test/Observation Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.  OMI.40 Service/Test/Observation Performance Schedule  OMI.48 Exclusive Test N  OMI.49 Diagnostic Service Sector ID LAB  OMI.56 Observation Identifier associated with Producer's Service/Test/Observation ID  OMI.56.1 Identifier 26484-6  OMI.56.2 Text Monocytes [#/volume] in Blood  OMI.56.3 Name of Coding System LN  OMI.56.4 Alternate Identifier 2222  OMI.56.5 Alternate Text Monocytes  OMI.56.6 Name of Alternate Coding System 99USL  OMI.57 Expected Turn-Around Time  OMI.57.1 Quantity I   OMI.57.2 Units  OMI.57.2.1 Identifier	OM1.7.3	Name of Coding System	LN	
DM1.39   Factors that may Affect the Observation   Daily	OM1.9		Monocytes	
OM1.39     Pactors that may Affect the Observation     improper tube, clotted specimen, hemolyzed sample, dilution of blood.       OM1.40     Service/Test/Observation Performance Schedule     Daily       OM1.48     Exclusive Test     N       OM1.49     Diagnostic Service Sector ID     LAB       OM1.56     Observation Identifier associated with Producer's Service/Test/Observation ID     Service/Test/Observation ID       OM1.56.1     Identifier     26484-6       OM1.56.2     Text     Monocytes [#/volume] in Blood       OM1.56.3     Name of Coding System     LN       OM1.56.4     Alternate Identifier     222       OM1.56.5     Alternate Text     Monocytes       OM1.56.6     Name of Alternate Coding System     99USL       OM1.57     Expected Turn-Around Time     OM1.57.1       OM1.57.2     Units     OM1.57.2.1       Identifier     d	OM1.32	Interpretation of Observations	This blood test is used to determine	
Daily   Performance Schedule   Daily	OM1.39		improper tube, clotted specimen, hemolyzed	
OM1.49         Diagnostic Service Sector ID         LAB           OM1.56         Observation Identifier associated with Producer's Service/Test/Observation ID         26484-6           OM1.56.1         Identifier         26484-6           OM1.56.2         Text         Monocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         222           OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         Expected Turn-Around Time           OM1.57.1         Quantity         1           OM1.57.2.1         Units         OM1.57.2.1           Identifier         d	OM1.40		Daily	
OM1.56  Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 26484-6  OM1.56.2 Text Monocytes [#/volume] in Blood  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 222  OM1.56.5 Alternate Text Monocytes  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity 1  OM1.57.2 Units  OM1.57.2.1 Identifier d	OM1.48	Exclusive Test	N	
OM1.56         associated with Producer's Service/Test/Observation ID         26484-6           OM1.56.1         Identifier         26484-6           OM1.56.2         Text         Monocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         222           OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.2         Units         OM1.57.2.1           Identifier         d	OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56.2         Text         Monocytes [#/volume] in Blood           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         222           OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.1         Quantity         1           OM1.57.2         Units         OM1.57.2.1           Identifier         d	OM1.56	associated with Producer's		
OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         222           OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           Quantity         1         OM1.57.2           Units         OM1.57.2.1         Identifier	OM1.56.1	Identifier	26484-6	
OM1.56.4         Alternate Identifier         222           OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         Image: Company of the comp	OM1.56.2	Text	Monocytes [#/volume] in Blood	
OM1.56.5         Alternate Text         Monocytes           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.3	Name of Coding System	LN	
OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.4	Alternate Identifier	222	
OM1.57   Expected Turn-Around Time	OM1.56.5	Alternate Text	Monocytes	
OM1.57.1         Quantity         1           OM1.57.2         Units         0           OM1.57.2.1         Identifier         d	OM1.56.6		99USL	
OM1.57.2         Units           OM1.57.2.1         Identifier	OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.2.1 Identifier d	OM1.57.1	Quantity	1	
	OM1.57.2	Units		
OM 57.2.2 m. 4	OM1.57.2.1	Identifier	d	
UM1.57.2.2 lext day	OM1.57.2.2	Text	day	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.40	
OM2.6.1.2[1]	High Value	1.80	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0.05	
OM2.6.1.2[2]	High Value	1.10	

#### **Incorporate Verification for % Monocytes**

Data Element Name	Data	Tester Comment
Test Name	% Monocytes	
Test Identifier	224	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	224	
OM1.2.2	Text	% Monocytes	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26485-3	
OM1.7.2	Text	Monocytes/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Monocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26485-3	
OM1.56.2	Text	Monocytes/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	224	
OM1.56.5	Alternate Text	% Monocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	percent		
OM2.2.3	Name of Coding System	UCUM		
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.1	Low Value	0		
OM2.6.1.2	High Value	10		

### **Incorporate Verification for Eosinophils**

Data Element Name	Data	Tester Comment
Test Name	Eosinophils	
Test Identifier	226	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	226		
OM1.2.2	Text	Eosinophils		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	26449-9		
OM1.7.2	Text	Eosinophils [#/volume] in Blood		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Eosinophils		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	26449-9		
OM1.56.2	Text	Eosinophils [#/volume] in Blood		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	226		
OM1.56.5	Alternate Text	Eosinophils		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observat	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.02	
OM2.6.1.2[1]	High Value	0.85	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0.05	
OM2.6.1.2[2]	High Value	0.70	

### Incorporate Verification for % Eosinophils

Data Element Name	Data	Tester Comment
Test Name	% Eosinophils	
Test Identifier	228	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	228	
OM1.2.2	Text	% Eosinophils	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26450-7	
OM1.7.2	Text	Eosinophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Eosinophils	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26450-7	
OM1.56.2	Text	Eosinophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	228	
OM1.56.5	Alternate Text	% Eosinophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	percent		
OM2.2.3	Name of Coding System	UCUM		
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.1	Low Value	0		
OM2.6.1.2	High Value	3		

## Incorporate Verification for Lymphocytes

Data Element Name	Data	Tester Comment
Test Name	Lymphocytes	
Test Identifier	230	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	230	
OM1.2.2	Text	Lymphocytes	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26474-7	
OM1.7.2	Text	Lymphocytes [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Lymphocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling, improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26474-7	
OM1.56.2	Text	Lymphocytes [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	230	
OM1.56.5	Alternate Text	Lymphocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	.1 Identifier	d	
OM1.57.2	2 Toyt	day	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	2.0	
OM2.6.1.2[1]	High Value	11.0	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	2.0	
OM2.6.1.2[2]	High Value	11.0	

## Incorporate Verification for % Lymphocytes

Data Element Name	Data	Tester Comment
Test Name	% Lymphocytes	
Test Identifier	232	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	232	
OM1.2.2	Text	% Lymphocytes	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26478-8	
OM1.7.2	Text	Lymphocytes/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Lymphocytes	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26478-8	
OM1.56.2	Text	Lymphocytes/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	232	
OM1.56.5	Alternate Text	% Lymphocytes	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	26	
OM2.6.1.2[1]	High Value	36	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	36	
OM2.6.1.2[2]	High Value	46	

## Incorporate Verification for Neutrophils

Data Element Name	Data	Tester Comment
Test Name	Neutrophils	
Test Identifier	234	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	234	
OM1.2.2	Text	Neutrophils	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26499-4	
OM1.7.2	Text	Neutrophils [#/volume] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Neutrophils	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26499-4	
OM1.56.2	Text	Neutrophils [#/volume] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	234	
OM1.56.5	Alternate Text	Neutrophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	
			<u> </u>

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	billion per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	9.0	
OM2.6.1.2[1]	High Value	26.0	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	1.5	
OM2.6.1.2[2]	High Value	10.0	

### Incorporate Verification for % Neutrophils

Data Element Name	Data	Tester Comment
Test Name	% Neutrophils	
Test Identifier	236	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	236	
OM1.2.2	Text	% Neutrophils	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	26511-6	
OM1.7.2	Text	Neutrophils/100 leukocytes in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	% Neutrophils	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	26511-6	
OM1.56.2	Text	Neutrophils/100 leukocytes in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	236	
OM1.56.5	Alternate Text	% Neutrophils	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	
1			

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	percent	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	42	
OM2.6.1.2[1]	High Value	90	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	26	
OM2.6.1.2[2]	High Value	54	

# Incorporate Verification for Anisocytosis

Data Element Name	Data	Tester Comment
Test Name	Anisocytosis	
Test Identifier	238	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	238	
OM1.2.2	Text	Anisocytosis	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	38892-6	
OM1.7.2	Text	Anisocytosis [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Anisocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	38892-6	
OM1.56.2	Text	Anisocytosis [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	238	
OM1.56.5	Alternate Text	Anisocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information				
Location		Data Element Name	Data	Tester Comment
ОМ3.4		Normal Text/Codes for Categorical Observations		
OM3	3.4.1	Identifier	260415000	
OM3	3.4.2	Text	Not detected	
OM3	3.4.3	Name of Coding System	SCT	
ОМ3.5		Abnormal Text/Codes for Categorical Observations		
OM3	3.5.1	Identifier	260347006	
OM3	3.5.2	Text	detected (qualifier value)	
OM3	3.5.3	Name of Coding System	SCT	
OM3.7		Value Type	CWE	

## Incorporate Verification for Hypochromia

Data Element Name	Data	Tester Comment
Test Name	Hypochromia	
Test Identifier	240	
<b>Test Identifier Code System</b>	99USL	
Status	Active	

Location	Data Floment Name	Data	Testan Comment
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	240	
OM1.2.2	Text	Hypochromia	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	30400-6	
OM1.7.2	Text	Hypochromia [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hypochromia	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30400-6	
OM1.56.2	Text	Hypochromia [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	240	
OM1.56.5	Alternate Text	Hypochromia	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.	1 Identifier	d	
OM1.57.2.	2 Text	day	

Categorial Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

### **Incorporate Verification for Macrocytosis**

Data Element Name	Data	Tester Comment
Test Name	Macrocytosis	
Test Identifier	242	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	242	
OM1.2.2	Text	Macrocytosis	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	30424-6	
OM1.7.2	Text	Macrocytes [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Macrocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30424-6	
OM1.56.2	Text	Macrocytes [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	242	
OM1.56.5	Alternate Text	Macrocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categoria	Categorial Test Information			
Location		Data Element Name	Data	Tester Comment
ОМ3.4		Normal Text/Codes for Categorical Observations		
OM3	3.4.1	Identifier	260415000	
OM3	3.4.2	Text	Not detected	
OM3	3.4.3	Name of Coding System	SCT	
ОМ3.5		Abnormal Text/Codes for Categorical Observations		
OM3	3.5.1	Identifier	260347006	
OM3	3.5.2	Text	detected (qualifier value)	
OM3	3.5.3	Name of Coding System	SCT	
OM3.7		Value Type	CWE	

### Incorporate Verification for Microcytosis

Data Element Name	Data	Tester Comment
Test Name	Microcytosis	
Test Identifier	244	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Flament Name	Doto	Toston Commont
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	244	
OM1.2.2	Text	Microcytosis	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	30434-5	
OM1.7.2	Text	Microcytes [Presence] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Microcytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	30434-5	
OM1.56.2	Text	Microcytes [Presence] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	244	
OM1.56.5	Alternate Text	Microcytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	.1 Identifier	d	
OM1.57.2	2 Text	day	

Categorial Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

### Incorporate Verification for Poikilocytosis

Data Element Name	Data	Tester Comment
Test Name	Poikilocytosis	
Test Identifier	246	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	246	
OM1.2.2	Text	Poikilocytosis	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	779-9	
OM1.7.2	Text	Poikilocytosis [Presence] in Blood by Light microscopy	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Poikilocytosis	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	779-9	
OM1.56.2	Text	Poikilocytosis [Presence] in Blood by Light microscopy	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	246	
OM1.56.5	Alternate Text	Poikilocytosis	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

### Incorporate Verification for Polychromasia

Data Element Name	Data	Tester Comment
Test Name	Polychromasia	
Test Identifier	248	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	248		
OM1.2.2	Text	Polychromasia		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	10378-8		
OM1.7.2	Text	Polychromasia [Presence] in Blood by Light microscopy		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Polychromasia		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	10378-8		
OM1.56.2	Text	Polychromasia [Presence] in Blood by Light microscopy		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	248		
OM1.56.5	Alternate Text	Polychromasia		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		
	IL	· ·	1	

Categorial Test Information			
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5	Abnormal Text/Codes for Categorical Observations		
OM3.5.1	Identifier	260347006	
OM3.5.2	Text	detected (qualifier value)	
OM3.5.3	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Data Element Name	Data	Tester Comment
Test Name	RBC morphology	
Test Identifier	250	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	250	
OM1.2.2	Text	RBC morphology	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	6742-1	
OM1.7.2	Text	Erythrocyte morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	RBC morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	6742-1	
OM1.56.2	Text	Erythrocyte morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	250	
OM1.56.5	Alternate Text	RBC morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test Ir	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
HOM3 4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	17621005		
OM3.4.2	Text	normal (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5[1]	Abnormal Text/Codes for Categorical Observations			
OM3.5.1[1]	Identifier	19669003		

OM3.5.2[1]	Text	Erythrocyte agglutination (morphologic abnormality)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	250236003	
OM3.5.2[2]	Text	Heinz bodies (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	165496003	
OM3.5.2[3]	Text	Rouleaux (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	250240007	
OM3.5.2[4]	Text	Dimorphic red blood cell population (finding)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.5[5]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[5]	Identifier	397063002	
OM3.5.2[5]	Text	Basophilic stippling, erythrocytes (finding)	
OM3.5.3[5]	Name of Coding System	SCT	
OM3.5[6]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[6]	Identifier	397067001	
OM3.5.2[6]	Text	Hemoglobin C crystals (finding)	
OM3.5.3[6]	Name of Coding System	SCT	
OM3.5[7]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[7]	Identifier	250234000	
OM3.5.2[7]	Text	Howell Jolly bodies (finding)	
OM3.5.3[7]	Name of Coding System	SCT	
OM3.5[8]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[8]	Identifier	250235004	
OM3.5.2[8]	Text	Pappenheimer bodies (finding)	
OM3.5.3[8]	Name of Coding System	SCT	
OM3.5[9]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[9]	Identifier	313235003	
OM3.5.2[9]	Text	Burr cells present (finding)	
OM3.5.3[9]	Name of Coding System	SCT	
OM3.5[10]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[10]	Identifier	259679003	
OM3.5.2[10]	Text	Ringed sideroblast (finding)	
OM3.5.3[10]	Name of Coding System	SCT	
OM3.5[11]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[11]	Identifier	397062007	
OM3.5.2[11]	Text	Cabot's ring bodies (finding)	
OM3.5.3[11]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Data Element Name	Data	Tester Comment
Test Name	WBC morphology	
Test Identifier	252	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	252	
OM1.2.2	Text	WBC morphology	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	11156-7	
OM1.7.2	Text	Leukocyte morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	WBC morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	11156-7	
OM1.56.2	Text	Leukocyte morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	252	
OM1.56.5	Alternate Text	WBC morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Cat	Categorial Test Information			
Loc	cation	Data Element Name	Data	Tester Comment
OM		Normal Text/Codes for Categorical Observations		
	OM3.4.1[1]	Identifier	17621005	
	OM3.4.2[1]	Text	normal (qualifier value)	
	OM3.4.3[1]	Name of Coding System	SCT	
OM	13/41/21	Normal Text/Codes for Categorical Observations		
	OM3.4.1[2]	Identifier	80153006	

OM3.4.2[2]	Text	Segmented neutrophil (cell)	
	Name of Coding System	SCT	
	Normal Text/Codes for		
OM3.4[3]	Categorical Observations		
OM3.4.1[3]	Identifier	55918008	
OM3.4.2[3]	Text	Monocyte (cell)	
OM3.4.3[3]	Name of Coding System	SCT	
OM3.4[4]	Normal Text/Codes for		
	Categorical Observations		
OM3.4.1[4]		56972008	
OM3.4.2[4]		Lymphocyte (cell)	
OM3.4.3[4]	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	87361006	
OM3.5.2[1]		Left shifted white blood cells (finding)	
	Name of Coding System	SCT	
	Abnormal Text/Codes for		
OM3.5[2]	Categorical Observations		
OM3.5.1[2]		50551008	
OM3.5.2[2]	Text	Right shifted white blood cells (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]		259715006	
OM3.5.2[3]		Dohle body (finding)	
	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	_	250275007	
OM3.5.2[4]		Hypersegmentation (finding)	
	Name of Coding System	SCT	
OM3.5[5]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[5]		250277004	
OM3.5.2[5]		Ring-form neutrophil (finding)	
	Name of Coding System	SCT	
OM3.5[6]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[6]		15111002	
OM3.5.2[6]		Pelger-Huet cell (finding)	
	Name of Coding System	SCT	
OM3.5[7]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[7]		250282006	
OM3.5.2[7]		Drumstick nuclear appendage (finding)	
	Name of Coding System	SCT	
OM3.5[8]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[8]		250281004	
OM3.5.1[8]		Cytoplasmic vacuolation (finding)	
	Name of Coding System	SCT (Huding)	
	Abnormal Text/Codes for		
OM3.5[9]	Categorical Observations		
OM3.5.1[9]	Identifier	64668006	
OM3.5.2[9]	Text	Sensitized leukocyte (finding)	
OM3.5.3[9]	Name of Coding System	SCT	

## Incorporate Verification for Platelet morphology

Data Element Name	Data	Tester Comment
Test Name	Platelet morphology	
Test Identifier	254	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	254	
OM1.2.2	Text	Platelet morphology	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	11125-2	
OM1.7.2	Text	Platelet morphology finding [Identifier] in Blood	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Platelet morphology	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	11125-2	
OM1.56.2	Text	Platelet morphology finding [Identifier] in Blood	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	254	
OM1.56.5	Alternate Text	Platelet morphology	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	134204007	
OM3.5.2[1]	Text	Platelet clumps (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	44687006	
OM3.5.2[2]	Text	Giant platelet (morphologic abnormality)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	25624002	
OM3.5.2[3]	Text	Dysplastic platelet (morphologic abnormality)	
OM3.5.3[3]	Name of Coding System	SCT	

#### Incorporate Verification for Color of Urine

Data Element Name	Data	Tester Comment
Test Name	Color of Urine	
Test Identifier	344	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	344	
OM1.2.2	Text	Color of Urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	5778-6	
OM1.7.2	Text	Color of Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Color of Urine	
OM1.32	Interpretation of Observations	Dark brown or smoky urine suggests a renal source of hematuria, pink or red urine are indications of extra renal sources. Deep purple urine suggests porphyria.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	5778-6	
OM1.56.2	Text	Color of Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	344	
OM1.56.5	Alternate Text	Color of Urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	77775007	
OM3.4.2	Text	Normal color (finding)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	50935005	
OM3.5.2[1]	Text	Milky urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	28977008	
OM3.5.2[2]	Text	Pink color (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	386713009	
OM3.5.2[3]	Text	Red color (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	73112009	
OM3.5.2[4]	Text	Dark color (finding)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

### Incorporate Verification for Clarity of Urine

Data Element Name	Data	Tester Comment
Test Name	Clarity of Urine	
Test Identifier	346	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	346	
OM1.2.2	Text	Clarity of Urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	32167-9	
OM1.7.2	Text	Clarity of Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Clarity of Urine	
OM1.32	Interpretation of Observations	Increased turbidity of urine is an indication of increased cell numbers (erythrocytes or leukocytes), presence of bacteria, presence of crystals, lipiduria, increased mucus content, semen or fecal contamination.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	32167-9	
OM1.56.2	Text	Clarity of Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	346	
OM1.56.5	Alternate Text	Clarity of Urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	167236000	
OM3.4.2	Text	Urine: looks clear (finding)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	7766007	
OM3.5.2[1]	Text	Cloudy urine (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	167238004	
OM3.5.2[2]	Text	Urine: turbid (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

## Incorporate Verification for Erythrocytes, urine

Data Element Name	Data	Tester Comment
Test Name	Erythrocytes, urine	
Test Identifier	302	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	302	
OM1.2.2	Text	Erythrocytes, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	46419-8	
OM1.7.2	Text	Erythrocytes [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Erythrocytes, urine	
OM1.32	Interpretation of Observations	Presence of more than the occasional are an indication of hemorrhage in the urinary tract system. Dysmorphic red cells can indicate glomerulonephritis.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	46419-8	
OM1.56.2	Text	Erythrocytes [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	302	
OM1.56.5	Alternate Text	Erythrocytes, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1		d	
OM1.57.2.2	Text	day	

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

### Incorporate Verification for Leukocytes, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocytes, urine	
Test Identifier	304	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
Location		Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	304	
OM1.2.2	Text	Leukocytes, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	46702-7	
OM1.7.2	Text	Leukocytes [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocytes, urine	
OM1.32	Interpretation of Observations	Presence of more than the occasional leukocytes are an indication of inflammation in the genitourinary tract.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	46702-7	
OM1.56.2	Text	Leukocytes [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	304	
OM1.56.5	Alternate Text	Leukocytes, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	1 Identifier	d	
OM1.57.2	2 Text	dav	

Numeric Observat	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0	
OM2.6.1.2[1]	High Value	3	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	10	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

### Incorporate Verification for Leukocyte clumps, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocyte clumps, urine	
Test Identifier	306	
Test Identifier Code System	99USL	
Status	Active	

General Informa		D /	T. 4. C. 4
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	306	
OM1.2.2	Text	Leukocyte clumps, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50233-6	
OM1.7.2	Text	Leukocyte clumps [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocyte clumps, urine	
OM1.32	Interpretation of Observations	Clumping leukocytes occur with a high number of leukocytes, a good indicator of inflammation in the genitourinary tract.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50233-6	
OM1.56.2	Text	Leukocyte clumps [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	306	
OM1.56.5	Alternate Text	Leukocyte clumps, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	.1 Identifier	d	
OM1.57.2	.2 Text	day	

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

Incorporate Verification for Non-squamous epithelial cells., urine

Data Element Name	Data	Tester Comment
Test Name	Non-squamous epithelial cells. , urine	
Test Identifier	308	
Test Identifier Code System	99USL	
Status	Active	

General Information				
Location	Data Element Name	Data	Tester Comment	
Location		Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	308		
OM1.2.2	Text	Non-squamous epithelial cells. , urine		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	53294-5		
OM1.7.2	Text	Epithelial cells.non-squamous [#/area] in Urine sediment by Automated count		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Non-squamous epithelial cells, urine		
OM1.32	Interpretation of Observations	Any large number of non-squamous epithelial cells can indicate a neoplasm in the genitourinary tract. A follow up cytological analysis is recommended, when neoplasia is suspected.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	53294-5		
OM1.56.2	Text	Epithelial cells.non-squamous [#/area] in Urine sediment by Automated count		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	308		
OM1.56.5	Alternate Text	Non-squamous epithelial cells. , urine		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		
		<u> </u>		

Numeric Obser	bservation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	0	
OM2.6.1.2	High Value	5	

## Incorporate Verification for Squamous epithelial cells. , urine

Data Element Name	Data	Tester Comment
Test Name	Squamous epithelial cells. , urine	
Test Identifier	310	
Test Identifier Code System	99USL	
Status	Active	

Data Element Name	General Information			
DMI.2   Producer's   State   Squamous epithelial cells, urine   Squamous epithelial	Location	Data Element Name	Data	Tester Comment
OMI.2.2   Text		Producer's		
OM1.23   Name of Coding System   O9USL	OM1.2.1	Identifier	310	
OM1.5.1   Identifier   OSD0669071   OM1.5.2   Text   Century Hospital Clinical Laboratory	OM1.2.2	Text	Squamous epithelial cells. , urine	
OM1.5.1   Identifier   0850669071   Century Hospital Clinical Laboratory	OM1.2.3	Name of Coding System	99USL	
OM1.5.2 Text Century Hospital Clinical Laboratory  OM1.7. Other Service/Test/Observation IDs for the Observation  OM1.7.1 Identifier 33219-7  OM1.7.2 Text Epithelia cells.squamous [#/area] in Urine sediment by Automated count  OM1.7.3 Name of Coding System LN  OM1.9 Preferred Report Name for the Observations  OM1.32 Interpretation of Observations  OM1.32 Interpretation of Observations  OM1.34 Factors that may Affect the Observations Performance Schedule  OM1.35 Preferred Report Name for the Observation Performance Schedule  OM1.40 Service/Text/Observation Performance Schedule  OM1.49 Diagnostic Service Schedule  OM1.49 Diagnostic Service Schedule  OM1.49 Diagnostic Service Sector ID LAB  OM1.56 Observation Identifier associated with Producer's Service/Text/Observation ID Service/Text/Observation/Text/Observation/Doservation/Service/Text/Observation/Service/T	OM1.5	Producer ID		
OM1.7   Other Service/Test/Observation IDs for the Observation IDs exclusive IDs	OM1.5.1	Identifier	05D0669071	
OM1.7   Identifier   33219-7	OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7.2   Text	OM1.7	Service/Test/Observation IDs		
Section   Sect	OM1.7.1	Identifier	33219-7	
OMI.9   Preferred Report Name for the Observation   Squamous epithelial cells, urine	OM1.7.2	Text		
OM1.32 Interpretation of Observations Insufficiently cleaning prior to collection insufficiently cleaning prior collection.    OMI.56	OM1.7.3	Name of Coding System	LN	
Interpretation of Observations   random urine, a large number suggests contamination of the sample, by incorrectly or insufficiently cleaning prior to collection.	OM1.9		Squamous epithelial cells. , urine	
Observation   presence of preservatives, warm sample.	OM1.32	Interpretation of Observations	random urine, a large number suggests contamination of the sample, by incorrectly or	
Daily   Daily	OM1.39			
OM1.49   Diagnostic Service Sector ID   LAB	OM1.40		Daily	
OM1.56  Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1  Identifier  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  OM1.57  Expected Turn-Around Time  OM1.57.1  Quantity  1	OM1.48	Exclusive Test	N	
OM1.56         associated with Producer's Service/Test/Observation ID         associated with Producer's Service/Test/Observation ID           OM1.56.1         Identifier         33219-7           OM1.56.2         Text         Epithelial cells.squamous [#/area] in Urine sediment by Automated count           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         310           OM1.56.5         Alternate Text         Squamous epithelial cells., urine           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1	OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56.2 Text Epithelial cells.squamous [#/area] in Urine sediment by Automated count  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 310  OM1.56.5 Alternate Text Squamous epithelial cells., urine  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time  OM1.57.1 Quantity 1	OM1.56	associated with Producer's		
OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 310  OM1.56.5 Alternate Text Squamous epithelial cells., urine  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1	OM1.56.1	Identifier	33219-7	
OM1.56.4 Alternate Identifier 310 OM1.56.5 Alternate Text Squamous epithelial cells., urine OM1.56.6 Name of Alternate Coding System 99USL OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1	OM1.56.2	Text		
OM1.56.5 Alternate Text Squamous epithelial cells., urine OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1	OM1.56.3	Name of Coding System	LN	
OM1.56.6   Name of Alternate Coding   99USL	OM1.56.4	Alternate Identifier	310	
OM1.50.6   System   990SL	OM1.56.5	Alternate Text	Squamous epithelial cells. , urine	
OM1.57.1 Quantity 1	OM1.56.6		99USL	
	OM1.57	Expected Turn-Around Time		
OM1.57.2 Units	OM1.57.1	Quantity	1	
	OM1.57.2	Units		
OM1.57.2.1 Identifier d	OM1.57.2.1	Identifier	d	
OM1.57.2.2 Text day	OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	per high power field	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	0	
OM2.6.1.2	High Value	5	

Data Element Name	Data	Tester Comment
Test Name	Bacteria, urine	
Test Identifier	314	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
Bocation	Producer's	, and the second	rester comment
OM1.2	Service/Test/Observation ID		
OM1.2.1	Identifier	314	
OM1.2.2	Text	Bacteria, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	33218-9	
OM1.7.2	Text	Bacteria [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Bacteria, urine	
OM1.32	Interpretation of Observations	Presence of bacteria, especially in large numbers indicate infection in the urinary tract. A urine culture is recommended.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	33218-9	
OM1.56.2	Text	Bacteria [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	314	
OM1.56.5	Alternate Text	Bacteria, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	1 Identifier	d	
OM1.57.2	2 Tout	day	

Numeric Obse	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		ĺ
Test Identifier	312		ĺ
Test Identifier Code System	99USL		İ
Status	Active		

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	312		
OM1.2.2	Text	Crystals , urine		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	53322-4		
OM1.7.2	Text	Crystals [#/area] in Urine sediment by Automated count		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Crystals , urine		
OM1.32	Interpretation of Observations	This is most useful in warm fresh urine for differential diagnosis of hematuria, nephrolithiasis or toxin ingestion. There are several types of crystals indicating different disease origin. Review of urine pH as well as the polarizing microscopy are recommended for further identification.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	53322-4		
OM1.56.2	Text	Crystals [#/area] in Urine sediment by Automated count		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	312		
OM1.56.5	Alternate Text	Crystals , urine		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1		d		
OM1.57.2.2	Text	day		
		·	·	

Numeric Obser	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	per low power field		
OM2.2.3	Name of Coding System	UCUM		
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.1	Low Value	0		
OM2.6.1.2	High Value	5		

Charge Description				
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	81005		
CDM.7.2	Text	urinalysis; qualitative or semiquantitative, except immunoassays		

Payer Information				
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## Incorporate Verification for Hyaline casts

Data Element Name	Data	Tester Comment
Test Name	Hyaline casts	
Test Identifier	316	
Test Identifier Code System	99USL	
Status	Active	

General Information	on		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	316	
OM1.2.2	Text	Hyaline casts	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	33223-9	
OM1.7.2	Text	Hyaline casts [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hyaline casts	
OM1.32	Interpretation of Observations	Hyaline casts are the most common type of casts. They are solidified Tamm-Horsfall mucoprotein secreted from the tubular epithelial cells of individual nephrons. Low urine flow, concentrated urine, or an acidic environment can contribute to the formation of hyaline casts, and, as such, they may be seen in normal individuals in dehydration or vigorous exercise. They often form the basis of other cast types due to inclusion or adhesion of other elements and can also indicate several types of renal disease.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	33223-9	
OM1.56.2	Text	Hyaline casts [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	316	
OM1.56.5	Alternate Text	Hyaline casts	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	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		
	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.1	Low Value	0		
OM2.6.1.2	High Value	4		

#### **Incorporate Verification for Casts**

Data Element Name	Data	Tester Comment
Test Name	Casts	
Test Identifier	318	
Test Identifier Code System	99USL	
Status	Active	

General Information	on		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	318	
OM1.2.2	Text	Casts	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	43755-8	
OM1.7.2	Text	Casts [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Casts	
OM1.32	Interpretation of Observations	Any kind of casts are counted in this test - there are several kinds of casts: Granular casts are the second-most common type of cast, resulting from break down of cellular casts, or inclusion of plasma proteins. They are most often indicative of chronic renal disease. Exception here is the muddy brown cast, which is an indication of acute tubular necrosis. Waxy casts can be found in urine from patients in renal failure. Fatty casts are indictors of high protein nephrotic syndrome. Pigment casts can indicate hemolytic anemia, rhobdomyolysis and liver disease. They also occur with some medication. Cellular casts: Red blood cell cast always indicate glomerular damage. White blood cell casts are suggestive of pyelonephritis, and may also be seen in inflammatory states, such as acute allergic interstitial nephritis, nephrotic syndrome, or post-streptococcal acute glomerulonephritis.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	43755-8	
OM1.56.2	Text	Casts [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	318	
OM1.56.5	Alternate Text	Casts	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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

## Incorporate Verification for Spermatozoa, urine

Data Element Name	Data	Tester Comment
Test Name	Spermatozoa, urine	
Test Identifier	320	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	320		
OM1.2.2	Text	Spermatozoa, urine		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	53324-0		
OM1.7.2	Text	Spermatozoa [#/area] in Urine sediment by Automated count		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Spermatozoa, urine		
OM1.32	Interpretation of Observations	Presence of sperm in male urine can be indicative of retrograde ejaculation.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	53324-0		
OM1.56.2	Text	Spermatozoa [#/area] in Urine sediment by Automated count		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	320		
OM1.56.5	Alternate Text	Spermatozoa, urine		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Obser	ervation 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	

Location	Data Element Name Data Tester Comment		
	Producer's	Data	rester comment
OM1.2	Service/Test/Observation ID		
OM1.2.1	Identifier	322	
OM1.2.2	Text	Mucus, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50235-1	
OM1.7.2	Text	Mucus [#/area] in Urine sediment by Automated count	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Mucus, urine	
OM1.32	Interpretation of Observations	In the majority presence of mucus in urine is an indicator of a urinary tract infection. Other causes are kidney stone or neoplasm.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50235-1	
OM1.56.2	Text	Mucus [#/area] in Urine sediment by Automated count	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	322	
OM1.56.5	Alternate Text	Mucus, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	1 Identifier	d	
OM1.57.2	2 Toxt	day	

Numeric Observa	ion Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	per low power field	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0	
OM2.6.1.2[2]	High Value	4	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

### Incorporate Verification for Total bilirubin, urine

Data Element Name	Data	Tester Comment
Test Name	Total bilirubin, urine	
Test Identifier	324	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	324	
OM1.2.2	Text	Total bilirubin, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	53327-3	
OM1.7.2	Text	Bilirubin.total [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total bilirubin, urine	
OM1.32	Interpretation of Observations	Bilirubin in urine may indicate liver damage or disease.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	53327-3	
OM1.56.2	Text	Bilirubin.total [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	324	
OM1.56.5	Alternate Text	Total bilirubin, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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

Categorial Test	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

### Incorporate Verification for Glucose, urine

Data Element Name	Data	Tester Comment
Test Name	Glucose, urine	
Test Identifier	326	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	326	
OM1.2.2	Text	Glucose, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2349-9	
OM1.7.2	Text	Glucose [Presence] in Urine	
OM1.7.3	Name of Coding System	LN	
OM1.11	Preferred Long Name for the Observation	Glucose, Semi quantitative, Urine	
OM1.32	Interpretation of Observations	Test for detection and monitoring of diabetes mellitus.	
OM1.37	Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2349-9	
OM1.56.2	Text	Glucose [Presence] in Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	326	
OM1.56.5	Alternate Text	Glucose, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Specimen Inform	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

## Incorporate Verification for Hemoglobin, urine

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

General Informati	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	328	
OM1.2.2	Text	Hemoglobin, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50559-4	
OM1.7.2	Text	Hemoglobin [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Hemoglobin, urine	
OM1.32	Interpretation of Observations	Presence of hemoglobin is often associated with hemolytic or sickle cell anemia, though it requires work up for renal cancer, pyelonephritis, tuberculosis or malaria, and acute lead poisoning and trauma. In small amounts it may occur after strenuous exercise.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50559-4	
OM1.56.2	Text	Hemoglobin [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	328	
OM1.56.5	Alternate Text	Hemoglobin, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test	Categorial Test Information		
Location	Data Element Name Data		Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Inforn	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	83069	
CDM.7.2	Text	Hemoglobin; urine	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

## Incorporate Verification for Ketones , urine

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	330	
OM1.2.2	Text	Ketones , urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50557-8	
OM1.7.2	Text	Ketones [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Ketones, urine	
OM1.32	Interpretation of Observations	Ketones in urine occur more commonly in type I diabetes mellitus, but can also be observed during starvation.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50557-8	
OM1.56.2	Text	Ketones [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	330	
OM1.56.5	Alternate Text	Ketones , urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test l	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

## Incorporate Verification for Leukocyte esterase, urine

Data Element Name	Data	Tester Comment
Test Name	Leukocyte esterase, urine	
Test Identifier	332	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
Location		Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	332	
OM1.2.2	Text	Leukocyte esterase, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	60026-2	
OM1.7.2	Text	Leukocyte esterase [Presence] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Leukocyte esterase, urine	
OM1.32	Interpretation of Observations	Presence of leukocyte esterase can be used as a screening for urinary tract infection, though even in combination with nitrite results the sensitivity (24%) and specificity (94%) are low. A urine culture is the gold standard diagnosing a urinary tract infection and is recommended.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	60026-2	
OM1.56.2	Text	Leukocyte esterase [Presence] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	332	
OM1.56.5	Alternate Text	Leukocyte esterase, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

## Incorporate Verification for Nitrite, urine

Data Element Name	Data	Tester Comment
Test Name	Nitrite, urine	
Test Identifier	334	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID	Sum.	Toser Comment
OM1.2.1	Identifier	334	
OM1.2.2	Text	Nitrite, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50558-6	
OM1.7.2	Text	Nitrite [Presence] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Nitrite, urine	
OM1.32	Interpretation of Observations	This test is often included as a screening test for urinary tract infections, however it has been found to have low sensitivity (24%) and specificity (94%), even when used in combination with results from the Leukocyte Esterase test. The best test for urinary tract infect detection is still the urine culture.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50558-6	
OM1.56.2	Text	Nitrite [Presence] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	334	
OM1.56.5	Alternate Text	Nitrite, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Categorial Test l	Categorial Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	260415000	
OM3.4.2	Text	Not detected	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	260347006	
OM3.5.2[1]	Text	Present + out of ++++ (qualifier value)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	260348001	
OM3.5.2[2]	Text	Present ++ out of ++++ (qualifier value)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	260349009	
OM3.5.2[3]	Text	Present +++ out of ++++ (qualifier value)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	260350009	
OM3.5.2[4]	Text	Present ++++ out of ++++ (qualifier value)	
OM3.5.3[4]	Name of Coding System	SCT	
OM3.7	Value Type	CWE	

Specimen Inforn	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

## Incorporate Verification for Urine pH

Data Element Name	Data	Tester Comment
Test Name	Urine pH	
Test Identifier	336	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		Total Comment
OM1.2.1	Identifier	336	
OM1.2.2	Text	Urine pH	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50560-2	
OM1.7.2	Text	pH of Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Urine pH	
OM1.32	Interpretation of Observations	Changes in pH are an indicator of the acid-base balance in the body, which may be helpful in determining subtle presence of distal renal tubular disease or pyelonephritis as well as identifying crystals in urine and determining predisposition to form a given type of stone.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50560-2	
OM1.56.2	Text	pH of Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	336	
OM1.56.5	Alternate Text	Urine pH	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	рН	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	5.0	
OM2.6.1.2	High Value	7.5	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

# Incorporate Verification for Protein, urine

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID	Data	Tester Comment
OM1.2.1	Identifier	338	
OM1.2.2	Text	Protein, urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	50561-0	
OM1.7.2	Text	Protein [Mass/volume] in Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Protein, urine	
OM1.32	Interpretation of Observations	Proteinuria is an indication of kidney disease, which can be caused by several conditions, most commonly diabetes mellitus and hypertension. Other cause of protein in urine are toxins, some medications, trauma or infections. Proteinuria can also occur in pregnant women as part of preeclampsia.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	50561-0	
OM1.56.2	Text	Protein [Mass/volume] in Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	338	
OM1.56.5	Alternate Text	Protein, urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1		d	
OM1.57.2.2	Text	day	

Supporting Clinic	linical Information		
Location Data Element Name		Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]		77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]		U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Numeric Observa	Numeric Observation Information		
Location Data Element Name		Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	5	
OM2.6.1.2[1]	High Value	25	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	5	
OM2.6.1.2[2]	High Value	24	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

Payer Informat	ayer Information		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

## Incorporate Verification for Urobilinogen

Data Element Name Data		Tester Comment
Test Name	Urobilinogen	
Test Identifier	340	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	340		
OM1.2.2	Text	Urobilinogen		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	50563-6		
OM1.7.2	Text	Urobilinogen [Mass/volume] in Urine by Automated test strip		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Urobilinogen		
OM1.32	Interpretation of Observations	Urinary urobilinogen may be increased in the presence of a hemolytic process such as hemolytic anemia. It may also be increased with infectious hepatitis, or with cirrhosis.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	50563-6		
OM1.56.2	Text	Urobilinogen [Mass/volume] in Urine by Automated test strip		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	340		
OM1.56.5	Alternate Text	Urobilinogen		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

N	Sumeric Observation Information			
L	ocation	Data Element Name	Data	Tester Comment
C	OM2.2	Units of Measure		
	OM2.2.2	Text	Ehrlich unit per deciliter	
	OM2.2.3	Name of Coding System	UCUM	
o	M2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
	OM2.6.1	Numeric Range		
	OM2.6.1.1	Low Value	0.2	
	OM2.6.1.2	High Value	1.0	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

# Incorporate Verification for Urine specific gravity

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	342	
OM1.2.2	Text	Urine specific gravity	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	53326-5	
OM1.7.2	Text	Specific gravity of Urine by Automated test strip	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Urine specific gravity	
OM1.32	Interpretation of Observations	The specific gravity of urine is used to obtain information about the state of the kidney and the state of hydration of the patient.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, warm sample.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	53326-5	
OM1.56.2	Text	Specific gravity of Urine by Automated test strip	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	342	
OM1.56.5	Alternate Text	Urine specific gravity	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observat	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	specific gravity		
OM2.2.3	Name of Coding System	UCUM		
	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[1]	Numeric Range			
OM2.6.1.1[1]	Low Value	1.001		
OM2.6.1.2[1]	High Value	1.035		
	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[2]	Numeric Range			
OM2.6.1.1[2]	Low Value	150		
OM2.6.1.2[2]	High Value	1150		

Specimen Inform	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Sterile, plastic, leak proof container		
OM4.4	Container Volume	4		
OM4.5	Container Units			
OM4.5.2	Text	fluid ounce (US)		
OM4.6	Specimen			
OM4.6.1	Identifier	122575003		
OM4.6.2	Text	Urine specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	UR		
OM4.6.5	Alternate Text	Random urine		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Random urine		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	20		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	81003	
CDM.7.2		URNLYSS, DP STCK OR TBLT RGNT FR BLRBN, GLCS, HMGLBN, KTNS, LKCYTS, NTRT, PH, PRTN, SPCFC GRVTY, URBLNGN, ANY NMBR OF THS CNSTTNTS ATMTD, WTHT MCRSCPY	

Payer Information	rmation			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## **Incorporate Verification for Serum Glucose**

Data Element Name	Data	Tester Comment
Test Name	Serum Glucose	
Test Identifier	104	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	104		
OM1.2.2	Text	Serum Glucose		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	2345-7		
OM1.7.2	Text	Glucose [Mass/volume] in Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Serum Glucose		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	2345-7		
OM1.56.2	Text	Glucose [Mass/volume] in Serum or Plasma		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	104		
OM1.56.5	Alternate Text	Serum Glucose		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Supporting Clinic	Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment	
OMC.4	Clinical Information Request			
OMC.4.1	Identifier	1902		
OMC.4.2	Text	Fasting Status		
OMC.4.3	Name of Coding System	99USL		
OMC.4.4	Alternate Identifier	49541-6		
OMC.4.5	Alternate Text	Fasting Status		
OMC.4.6	Name of Alternate Coding System	LN		
OMC.5	Collection Event/Process Step			
OMC.5.1	Identifier	DRW		
OMC.5.2	Text	Collecting the specimen		
OMC.5.3	Name of Coding System	HL70938		
OMC.6	Clinical Information Request			
OMC.6.1	Identifier	OBR-13		
OMC.6.2	Text	Relevant Clinical Information		
OMC.6.3	Name of Coding System	HL70939		
OMC.7	Answer Required	Y		
OMC.8	Hint/Help Text	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"		
OMC.9	Type of Answer	CWE		
OMC.11[1]	Answer Choices			
OMC.11.1[1]	Identifier	F		
OMC.11.2[1]	Text	Patient was fasting prior to the procedure		
OMC.11.3[1]	Name of Coding System	HL70916		
OMC.11[2]	Answer Choices			
OMC.11.1[2]	Identifier	NF		
OMC.11.2[2]	Text	The patient indicated they did not fast prior to the procedure		
OMC.11.3[2]	Name of Coding System	HL70916		
OMC.11[3]	Answer Choices			
OMC.11.1[3]	Identifier	U		
OMC.11.2[3]	Text	Unknown		
OMC.11.3[3]	Name of Coding System	HL70353		

Numeric Obser	ation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	70	
OM2.6.1.2	High Value	140	
OM2.7	Critical Range for Ordinal and Continuous Observations		
OM2.7.1	Numeric Range		
OM2.7.1.1	Low Value	40	
OM2.7.1.2	High Value	500	
OM2.8	Absolute Range for Ordinal and Continuous Observations		
OM2.8.1	Numeric Range		
OM2.8.1.1	Low Value	10	
OM2.8.1.2	High Value	10000	

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

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

Payer Informat	formation			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

Payer Information	Payer Information				
Location	Data Element Name	Data	Tester Comment		
PM1.1	Health Plan ID				
PM1.1.1	Identifier	040			
PM1.1.2	Text	Silver Plan			
PM1.1.3	Name of Coding System	HL70072			
PM1.2	Insurance Company ID				
PM1.2.1	ID Number	SKCA0			
PM1.2.4	Assiging Authority				
PM1.2.4.1	Namespace ID	NIST EHR			

Coverage Policy	Coverage Policy				
Location	Data Element Name	Data	Tester Comment		
MCPA	Universal Service Price Range – High Value				
MCP.4.1	Quantity	29			
MCP.4.2	Denomination	USD			

Coverage Polic	cy			
Location	Data Element Name	Data	Tester Comment	
MCPA	Universal Service Price Range – High Value			
MCP.4.1	Quantity	29		
MCP.4.2	Denomination	USD		

# Incorporate Verification for Blood Urea Nitrogen (BUN)

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

General Information	on		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	106	
OM1.2.2	Text	Blood Urea Nitrogen (BUN)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	3094-0	
OM1.7.2	Text	Urea nitrogen [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Blood Urea Nitrogen (BUN)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	3094-0	
OM1.56.2	Text	Urea nitrogen [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	106	
OM1.56.5	Alternate Text	Blood Urea Nitrogen (BUN)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observat	Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	milligram per deciliter		
OM2.2.3	Name of Coding System	UCUM		
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[1]	Numeric Range			
OM2.6.1.1[1]	Low Value	7		
OM2.6.1.2[1]	High Value	25		
OM2.6.2[1]	Administrative Sex			
OM2.6.2.1[1]	Identifier	M		
OM2.6.2.2[1]	Text	Male		
OM2.6.2.3[1]	Name of Coding System	HL70001		
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1[2]	Numeric Range			
OM2.6.1.1[2]	Low Value	8		
OM2.6.1.2[2]	High Value	24		
OM2.6.2[2]	Administrative Sex			
OM2.6.2.1[2]	Identifier	F		
OM2.6.2.2[2]	Text	Female		
OM2.6.2.3[2]	Name of Coding System	HL70001		

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

Charge Descrip	harge Description				
Location	Data Element Name	Data	Tester Comment		
CDM.3	Identifier	N/A			
CDM.7	Procedure Code				
CDM.7.1	Identifier	84520			
CDM.7.2	Text	urea nitrogen; quantitative			

Payer Informat	on .				
Location	Data Element Name	Data	Tester Comment		
PM1.1	Health Plan ID				
PM1.1.2	Text	Not Applicable			
PM1.2	Insurance Company ID				
PM1.2.1	ID Number	SMCA2			
PM1.2.4	Assiging Authority				
PM1.2.4.1	Namespace ID	NIST EHR			

## **Incorporate Verification for Creatinine**

Data Element Name	Data	Tester Comment
Test Name	Creatinine	
Test Identifier	102	
Test Identifier Code System	99USL	
Status	Active	

Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		Tester Comment
OM1.2.1	Identifier	102	
OM1.2.2	Text	Creatinine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
ОМ1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2160-0	
OM1.7.2	Text	Creatinine [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2160-0	
OM1.56.2	Text	Creatinine [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	102	
OM1.56.5	Alternate Text	Creatinine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	2.1 Identifier	d	
OM1.57.2	2.2 Text	day	

. valmeric Observat	tion Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.7	
OM2.6.1.2[1]	High Value	1.33	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6.6[1]	Race/Subspecies		
OM2.6.6.1[1]	-	NAA	
OM2.6.6.2[1]		Non -Black or African American	
	Name of Coding System	99USL	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]		0.5	
OM2.6.1.2[2]		1.05	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]		F	
OM2.6.2.2[2]		Female	
		HL70001	
	Name of Coding System	HL/0001	
OM2.6.6[2]	Race/Subspecies		
OM2.6.6.1[2]		NAA	
OM2.6.6.2[2]		Non -Black or African American	
OM2.6.6.3[2]	Name of Coding System	99USL	
OM2.6[3]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[3]	Numeric Range		
OM2.6.1.1[3]	Low Value	0.7	
OM2.6.1.2[3]	High Value	1.5	
OM2.6.2[3]	Administrative Sex		
OM2.6.2.1[3]			
	Identifier	M	
OM2.6.2.2[3]		M Male	
OM2.6.2.2[3]			
OM2.6.2.2[3]	Text	Male	
OM2.6.2.2[3] OM2.6.2.3[3]	Text Name of Coding System Race/Subspecies	Male	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3]	Text Name of Coding System Race/Subspecies Identifier	Male HL70001	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3]	Text Name of Coding System Race/Subspecies Identifier	Male HL70001 2054-5	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3]	Text Name of Coding System Race/Subspecies Identifier Text	Male HL70001  2054-5 Black or African American	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6.6.3[3]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous	Male HL70001  2054-5 Black or African American	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6.6.3[3]	Text Name of Coding System Race/Subspecies Identifier  Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range	Male HL70001  2054-5 Black or African American	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6[4] OM2.6.1[4]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range Low Value	Male HL70001  2054-5 Black or African American HL70005	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6.6.3[3] OM2.6[4] OM2.6.1[4] OM2.6.1.1[4] OM2.6.1.2[4]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range Low Value	Male  HL70001  2054-5  Black or African American  HL70005  0.5	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.3[3] OM2.6.6.3[3] OM2.6.6.3[4] OM2.6.1.1[4] OM2.6.1.1[4] OM2.6.1.2[4]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range Low Value High Value Administrative Sex	Male  HL70001  2054-5  Black or African American  HL70005  0.5	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6.6.3[4] OM2.6.1.1[4] OM2.6.1.2[4] OM2.6.1.2[4] OM2.6.2[4]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range Low Value High Value Administrative Sex Identifier	Male  HL70001  2054-5  Black or African American  HL70005  0.5  1.19	
OM2.6.2.2[3] OM2.6.2.3[3] OM2.6.6[3] OM2.6.6.1[3] OM2.6.6.2[3] OM2.6.6.3[3] OM2.6[4] OM2.6.1[4] OM2.6.1.1[4] OM2.6.1.2[4] OM2.6.2[4] OM2.6.2.2[4]	Text Name of Coding System Race/Subspecies Identifier Text Name of Coding System Reference (Normal) Range for Ordinal and Continuous Observations Numeric Range Low Value High Value Administrative Sex Identifier	Male  HL70001  2054-5  Black or African American  HL70005  0.5  1.19	

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

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	82565	
CDM.7.2	Text	creatinine; blood	

Payer Information				
	Location	Data Element Name	Data	Tester Comment
	PM1.1	Health Plan ID		
	PM1.1.2	Text	Not Applicable	
	PM1.2	Insurance Company ID		
	PM1.2.1	ID Number	SMCA2	
	PM1.2.4	Assiging Authority		
	PM1.2.4.1	Namespace ID	NIST EHR	

## 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 Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	108		
OM1.2.2	Text	BUN/Creatinine Ratio		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	3097-3		
OM1.7.2	Text	Urea nitrogen/Creatinine [Mass Ratio] in Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	BUN/Creatinine Ratio		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	3097-3		
OM1.56.2	Text	Urea nitrogen/Creatinine [Mass Ratio] in Serum or Plasma		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	108		
OM1.56.5	Alternate Text	BUN/Creatinine Ratio		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		
			<u> </u>	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	Ratio	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	6	
OM2.6.1.2	High Value	22	

# Incorporate Verification for GFR, calculated

Data Element Name	Data	Tester Comment
Test Name	GFR, calculated	
Test Identifier	110	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	110	
OM1.2.2	Text	GFR, calculated	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	33914-3	
OM1.7.2	Text	Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	GFR, calculated	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	33914-3	
OM1.56.2	Text	Glomerular filtration rate/1.73 sq M.predicted by Creatinine-based formula (MDRD)	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	110	
OM1.56.5	Alternate Text	GFR, calculated	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Supporting Clinic	al Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1906	
OMC.4.2	Text	What is the Clinically Relevant Race for eGFR?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	32624-9	
OMC.4.5	Alternate Text	Race	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	2028-9	
OMC.11.2[1]	Text	Asian	
OMC.11.3[1]	Name of Coding System	HL70005	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	2106-3	
OMC.11.2[2]	Text	White	
OMC.11.3[2]	Name of Coding System	HL70005	
OMC.11[3]	Answer Choices		
OMC.11.1[3]	Identifier	1002-5	
OMC.11.2[3]	Text	American Indian or Alaska Native	
OMC.11.3[3]	Name of Coding System	HL70005	
OMC.11[4]	Answer Choices		
OMC.11.1[4]	Identifier	2054-5	
OMC.11.2[4]	Text	Black or African American	
OMC.11.3[4]	Name of Coding System	HL70005	
OMC.11[5]	Answer Choices		
OMC.11.1[5]	Identifier	2076-8	
OMC.11.2[5]	Text	Native Hawaiian or Other Pacific Islander	
OMC.11.3[5]	Name of Coding System	HL70005	
	-		

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milliliter per minute per 1.73 square meter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	60	
OM2.6.6[1]	Race/Subspecies		
OM2.6.6.1[1]	Identifier	2054-5	
OM2.6.6.2[1]	Text	Black or African American	
OM2.6.6.3[1]	Name of Coding System	HL70005	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	60	
OM2.6.6[2]	Race/Subspecies		
OM2.6.6.1[2]	Identifier	NAA	
OM2.6.6.2[2]	Text	Non -Black or African American	
OM2.6.6.3[2]	Name of Coding System	99USL	

## Incorporate Verification for Calcium

Data Element Name	Data	Tester Comment
Test Name	Calcium	
Test Identifier	112	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	112	
OM1.2.2	Text	Calcium	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	17861-6	
OM1.7.2	Text	Calcium [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Calcium	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	17861-6	
OM1.56.2	Text	Calcium [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	112	
OM1.56.5	Alternate Text	Calcium	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
		Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	8.9	
OM2.6.1.2[1]	High Value	10.1	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	М	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	8.9	
OM2.6.1.2[2]	High Value	10.1	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]		Female	
	Name of Coding System	HL70001	
OM2.7[1]	Critical Range for Ordinal and Continuous Observations		
OM2.7.1[1]	Numeric Range		
OM2.7.1.1[1]	Low Value	6.0	
OM2.7.1.2[1]	High Value	13.0	
OM2.7.2[1]	Administrative Sex		
OM2.7.2.1[1]	Identifier	М	
OM2.7.2.2[1]	Text	Male	
	Name of Coding System	HL70001	
OM2.7[2]	Critical Range for Ordinal and Continuous Observations		
OM2.7.1[2]	Numeric Range		
OM2.7.1.1[2]	Low Value	6.0	
OM2.7.1.2[2]	High Value	13.0	
OM2.7.2[2]	Administrative Sex		
OM2.7.2.1[2]		F	
OM2.7.2.2[2]		Female	
	Name of Coding System	HL70001	
51.12.7.2.3[2]		II	

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

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

Payer Informa	Information		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

## Incorporate Verification for Total protein, serum

Data Element Name	Data	Tester Comment
Test Name	Total protein, serum	
Test Identifier	114	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	114	
OM1.2.2	Text	Total protein, serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2885-2	
OM1.7.2	Text	Protein [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total protein, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2885-2	
OM1.56.2	Text	Protein [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	114	
OM1.56.5	Alternate Text	Total protein, serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	4.1	
OM2.6.1.2[1]	High Value	6.3	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	4.7	
OM2.6.1.2[2]	High Value	6.7	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

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

Charge Descrip	Charge Description			
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	84155		
CDM.7.2	Text	protein, total, except by refractometry; serum, plasma or whole blood		

Payer Informa	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

#### **Incorporate Verification for Albumin**

Data Element Name	Data	Tester Comment
Test Name	Albumin	
Test Identifier	116	
Test Identifier Code System	99USL	
Status	Active	

	ntion	5 ·	m
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	116	
OM1.2.2	Text	Albumin	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	1751-7	
OM1.7.2	Text	Albumin [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Albumin	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	1751-7	
OM1.56.2	Text	Albumin [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	116	
OM1.56.5	Alternate Text	Albumin	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2	.1 Identifier	d	
OM1.57.2	2 Text	day	

Nu	Numeric Observation Information			
Lo	cation	Data Element Name	Data	Tester Comment
ON	M2.2	Units of Measure		
	OM2.2.2	Text	gram per deciliter	
	OM2.2.3	Name of Coding System	UCUM	
ON	M2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
	OM2.6.1	Numeric Range		
	OM2.6.1.1	Low Value	3.6	
	OM2.6.1.2	High Value	5.1	

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

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

Payer Informat	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## Incorporate Verification for Globulin

Data Element Name	Data	Tester Comment
Test Name	Globulin	
Test Identifier	118	
Test Identifier Code System	99USL	
Status	Active	

General Information				
Location	Data Element Name Data Tester Comment			
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	118		
OM1.2.2	Text	Globulin		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	10834-0		
OM1.7.2	Text	Globulin [Mass/volume] in Serum by calculation		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Globulin		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	10834-0		
OM1.56.2	Text	Globulin [Mass/volume] in Serum by calculation		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	118		
OM1.56.5	Alternate Text	Globulin		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		
	<del></del>		<del></del>	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	gram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	1.3	
OM2.6.1.2[1]	High Value	2.4	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	1.7	
OM2.6.1.2[2]	High Value	3	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]		F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

## Incorporate Verification for Albumin/globulin ratio

Data Element Name	Data	Tester Comment
Test Name	Albumin/globulin ratio	
Test Identifier	120	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	120	
OM1.2.2	Text	Albumin/globulin ratio	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	1759-0	
OM1.7.2	Text	Albumin/Globulin [Mass Ratio] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Albumin/globulin ratio	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	1759-0	
OM1.56.2	Text	Albumin/Globulin [Mass Ratio] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	120	
OM1.56.5	Alternate Text	Albumin/globulin ratio	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	
		<u> </u>	

Numeric Obser	ric Observation Information			
Location	Data Element Name	Data	Tester Comment	
OM2.2	Units of Measure			
OM2.2.2	Text	Ratio		
OM2.2.3	Name of Coding System	UCUM		
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations			
OM2.6.1	Numeric Range			
OM2.6.1.1	Low Value	1		
OM2.6.1.2	High Value	2.5		

## Incorporate Verification for Total bilirubin, serum

Data Element Name	Data	Tester Comment
Test Name Total bilirubin, serum		
Test Identifier	122	
Test Identifier Code System	99USL	
Status	Active	

Data   Data   Data   Data   Data   Tester Comment	General Information			
OMI.2 Identifier 122 OMI.2.2 Text Total bilirubin, serum 99USL OMI.2.3 Name of Coding System 99USL OMI.5.1 Identifier 05D0669071 OMI.5.2 Text Century Hospital Clinical Laboratory OMI.7.1 Identifier 1975.2 OMI.7.2 Test Bilirubin, total I [MassVolume] in Serum or Plasma OMI.7.3 Name of Coding System IN Observation ID OMI.7.3 Preferred Report Name for the Observation ID ID ID Observation ID	Location	Data Element Name	Data	Tester Comment
OMI.2.2 Text Total bilirubin, serum     OMI.2.3 Name of Coding System   99USL     OMI.5.1   Identifier	OM1.2			
OM1.2.3   Name of Coding System   99USL   OM1.5	OM1.2.1	Identifier	122	
OMI.5.   Producer ID   05D0669071	OM1.2.2	Text	Total bilirubin, serum	
OM1.5.1   Identifier	OM1.2.3	Name of Coding System	99USL	
OMI.7.2 Text Century Hospital Clinical Laboratory  OMI.7.1 Identifier 1975-2  OMI.7.2 Text Bilirubin.total [Mass/volume] in Serum or Plasma Preferred Report Name for the Observation  OMI.7.3 Name of Coding System LN  OMI.9 Preferred Report Name for the Observation Observation  OMI.3.2 Interpretation of Observations  OMI.3.9 Factors that may Affect the Observation Performance Schedule Observation  OMI.40 Service/Test/Observation Performance Schedule  OMI.40 Biagnostic Service Sector ID LAB  OMI.49 Diagnostic Service Sector ID LAB  OMI.56 Observation Identifier associated with Producer's Service/Test/Observation ID Producer's Service Producer's Service Producer's Service Producer's Producer's Service Producer's Service Producer's Producer's Service Producer's Service Producer's Producer'	OM1.5	Producer ID		
OMI.7   Other Service/Test/Observation IDs for the Observation   IDs f	OM1.5.1	Identifier	05D0669071	
OMI.7.   Service/Test/Observation   Insufficient specimen, Improper labeling.	OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7.2   Text	OM1.7	Service/Test/Observation IDs		
DM1.7.2   Text	OM1.7.1	Identifier	1975-2	
OMI.9   Preferred Report Name for the Observation   Total bilirubin, serum   OMI.32   Interpretation of Observations   This blood test is used to determine   OMI.39   Factors that may Affect the Observation   Insufficient specimen, Improper labeling.   OMI.40   Service/Test/Observation   Performance Schedule   OMI.41   Exclusive Test   N   OMI.42   Exclusive Test   N   OMI.43   Diagnostic Service Sector ID   LAB   OMI.44   Diagnostic Service Sector ID   OMI.56   Observation Identifier   associated with Producer's Service/Test/Observation ID   OMI.56.1   Identifier   Ip75-2   OMI.56.2   Text   Bilirubin.total [Mass/volume] in Serum or Plasma   OMI.56.3   Name of Coding System   LN   OMI.56.4   Alternate Identifier   I22   OMI.56.5   Alternate Text   Total bilirubin, serum   OMI.56.6   Name of Alternate Coding System   System   OMI.57.1   Quantity   I   OMI.57.2   Units   OMI.57.2.1   Identifier   Identifier   Identifier   Identifier   OMI.57.2.2   Units   OMI.57.2.3   Identifier   Identifier   Identifier   Identifier   OMI.57.2.1   Identifier   Identifier   Identifier   OMI.57.2.2   Units   OMI.57.2.3   Identifier   Identifier   Identifier   Insufficient specimen, Improper labeling.   Insu	OM1.7.2	Text		
Observation   Iotal billrubin, serum	OM1.7.3	Name of Coding System	LN	
DM1.39   Factors that may Affect the Observation   Daily	OM1.9		Total bilirubin, serum	
OMI .40   Service/Test/Observation   Daily	OM1.32	Interpretation of Observations	This blood test is used to determine	
Daily	OM1.39		Insufficient specimen, Improper labeling.	
OM1.49 Diagnostic Service Sector ID LAB  OM1.56 Doservation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 1975-2  OM1.56.2 Text Bilirubin.total [Mass/volume] in Serum or Plasma  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 122  OM1.56.5 Alternate Text Total bilirubin, serum  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1  OM1.57.2 Units OM1.57.2.1 Identifier d	OM1.40		Daily	
OM1.56 Observation Identifier associated with Producer's Service/Test/Observation ID  OM1.56.1 Identifier 1975-2  OM1.56.2 Text Bilirubin.total [Mass/volume] in Serum or Plasma  OM1.56.3 Name of Coding System LN  OM1.56.4 Alternate Identifier 122  OM1.56.5 Alternate Text Total bilirubin, serum  OM1.56.6 Name of Alternate Coding System 99USL  OM1.57 Expected Turn-Around Time OM1.57.1 Quantity 1  OM1.57.2 Units OM1.57.2.1 Identifier d	OM1.48	Exclusive Test	N	
OM1.56         associated with Producer's Service/Test/Observation ID         Identifier         1975-2           OM1.56.1         Identifier         1975-2           OM1.56.2         Text         Bilirubin.total [Mass/volume] in Serum or Plasma           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         122           OM1.56.5         Alternate Text         Total bilirubin, serum           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.2         Units         OM1.57.2.1           Identifier         Identifier         Identifier	OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56.2         Text         Bilirubin.total [Mass/volume] in Serum or Plasma           OM1.56.3         Name of Coding System         LN           OM1.56.4         Alternate Identifier         122           OM1.56.5         Alternate Text         Total bilirubin, serum           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time         OM1.57.1           OM1.57.2         Units         Units           OM1.57.2.1         Identifier         Identifier	OM1.56	associated with Producer's		
OM1.56.3   Name of Coding System   LN	OM1.56.1	Identifier	1975-2	
OM1.56.4   Alternate Identifier   I22	OM1.56.2	Text		
OM1.56.5         Alternate Text         Total bilirubin, serum           OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.3	Name of Coding System	LN	
OM1.56.6         Name of Alternate Coding System         99USL           OM1.57         Expected Turn-Around Time	OM1.56.4	Alternate Identifier	122	
OM1.57   Expected Turn-Around Time   OM1.57.1   Quantity   1   OM1.57.2   Units   OM1.57.2.1   Identifier   d   OM1.57.2.1   Identifier   d   OM1.57.2.1   OM1.57.2.1   Identifier   d   OM1.57.2.1   Identifier   DM1.57.2.1   Identifier	OM1.56.5	Alternate Text	Total bilirubin, serum	
OM1.57.1         Quantity         1           OM1.57.2         Units         Identifier	OM1.56.6		99USL	
OM1.57.2         Units           OM1.57.2.1         Identifier	OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.2.1 Identifier d	OM1.57.1	Quantity	1	
	OM1.57.2	Units		
	OM1.57.2.1	Identifier	d	
OM1.57.2.2 Text day	OM1.57.2.2	Text	day	

Numeric Observat	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	0.1	
OM2.6.1.2[1]	High Value	0.9	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	0.1	
OM2.6.1.2[2]	High Value	1	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

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

Charge Descrip	ription			
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	82247		
CDM.7.2	Text	bilirubin; total		

Payer Informat	ormation		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

Coverage Policy	у			
Location	Data Element Name	Data	Tester Comment	
MCPA	Universal Service Price Range – High Value			
MCP.4.1	Quantity	29		
MCP.4.2	Denomination	USD		

#### Incorporate Verification for Alkaline phosphatase (ALP)

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	124	
OM1.2.2	Text	Alkaline phosphatase (ALP)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	6768-6	
OM1.7.2	Text	Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Alkaline phosphatase (ALP)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	6768-6	
OM1.56.2	Text	Alkaline phosphatase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	124	
OM1.56.5	Alternate Text	Alkaline phosphatase (ALP)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	149	
OM2.6.1.2[1]	High Value	369	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	179	
OM2.6.1.2[2]	High Value	416	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

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

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	84075	
CDM.7.2	Text	Phosphatase, alkaline	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
INICPA	Universal Service Price Range – High Value		
MCP.4.1	Quantity	49	
MCP.4.2	Denomination	USD	

## Incorporate Verification for Alanine aminotransferase (ALT)

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	126	
OM1.2.2	Text	Alanine aminotransferase (ALT)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	1742-6	
OM1.7.2	Text	Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Alanine aminotransferase (ALT)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	1742-6	
OM1.56.2	Text	Alanine aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	126	
OM1.56.5	Alternate Text	Alanine aminotransferase (ALT)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	
		<u> </u>	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	55	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	7	
OM2.6.1.2[2]	High Value	45	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

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

Charge Description				
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	84460		
CDM.7.2	Text	transferase; alanine amino (alt) (sgpt)		

Payer Info	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2	2.1 ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2	2.4.1 Namespace ID	NIST EHR		

## Incorporate Verification for Aspartate aminotransferase (ASP)

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

General Information	0 <b>n</b>		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	128	
OM1.2.2	Text	Aspartate aminotransferase (ASP)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	1920-8	
OM1.7.2	Text	Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Aspartate aminotransferase (ASP)	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	1920-8	
OM1.56.2	Text	Aspartate aminotransferase [Enzymatic activity/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	128	
OM1.56.5	Alternate Text	Aspartate aminotransferase (ASP)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Observat	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	8	
OM2.6.1.2[1]	High Value	60	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	8	
OM2.6.1.2[2]	High Value	48	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

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

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	84450	
CDM.7.2	Text	transferase; aspartate amino (ast) (sgot)	

Payer Informat	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## Incorporate Verification for Sodium, serum

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	130	
OM1.2.2	Text	Sodium, serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2951-2	
OM1.7.2	Text	Sodium [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Sodium, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2951-2	
OM1.56.2	Text	Sodium [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	130	
OM1.56.5	Alternate Text	Sodium, serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	135	
OM2.6.1.2	High Value	145	

Charge Descrip	Charge Description		
Location Data Element Name		Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	84295	
CDM.7.2	Text	sodium; serum, plasma or whole blood	

Payer Informat	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## Incorporate Verification for Potassium, serum

Data Element Name	Data	Tester Comment
Test Name	Potassium, serum	
Test Identifier	132	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	132	
OM1.2.2	Text	Potassium, serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2823-3	
OM1.7.2	Text	Potassium [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Potassium, serum	
OM1.32	Interpretation of Observations	This blood test is used to determine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2823-3	
OM1.56.2	Text	Potassium [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	132	
OM1.56.5	Alternate Text	Potassium, serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

Numeric Obser	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1	Numeric Range		
OM2.6.1.1	Low Value	3.6	
OM2.6.1.2	High Value	5.2	

Charge Desc	Charge Description		
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.	1 Identifier	84132	
CDM.7.	2 Text	potassium; serum, plasma or whole blood	

Payer Informat	Payer Information			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

## Incorporate Verification for Chloride, serum

Data Element Name	Data	Tester Comment
Test Name	Chloride, serum	
Test Identifier	134	
Test Identifier Code System	99USL	
Status	Active	

OM1.2 PS OM1.2.1 Id OM1.2.2 T OM1.2.3 N OM1.5 P OM1.5.1 Id OM1.5.2 T OM1.5.2 T OM1.7 S	Producer's Service/Test/Observation ID dentifier Fext Name of Coding System Producer ID dentifier Fext Other Service/Test/Observation IDs	Data  134  Chloride, serum  99USL  05D0669071  Century Hospital Clinical Laboratory	Tester Comment
OM1.2 S OM1.2.1 Id OM1.2.2 T OM1.2.3 N OM1.5 P OM1.5.1 Id OM1.5.2 T OM1.5.2 T	Service/Test/Observation ID  dentifier  Fext  Name of Coding System  Producer ID  dentifier  Fext  Other	Chloride, serum	
OM1.2.2 T OM1.2.3 N OM1.5 P OM1.5.1 Ic OM1.5.2 T OM1.7 OS	Producer ID  dentifier  Fext Other	Chloride, serum	
OM1.2.3 N OM1.5 P OM1.5.1 Ic OM1.5.2 T OM1.7 OS	Name of Coding System  Producer ID  dentifier  Fext  Other	99USL 05D0669071	
OM1.5 P OM1.5.1 Ic OM1.5.2 T OM1.7 OS	Producer ID  dentifier  Text  Other	05D0669071	
OM1.5.1 Id OM1.5.2 T OM1.7 O OM1.7	dentifier Fext Other		
OM1.5.2 TO OM1.7	Text Other		
OM1.7	Other	Century Hospital Clinical Laboratory	
OM1.7			
	or the Observation		
OM1.7.1	dentifier	2075-0	
OM1.7.2	Гехt	Chloride [Moles/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
	Preferred Report Name for the Observation	Chloride, serum	
OM1.32	interpretation of Observations	This blood test is used to determine	
	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56 as	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	dentifier	2075-0	
OM1.56.2	Гext	Chloride [Moles/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4 A	Alternate Identifier	134	
OM1.56.5	Alternate Text	Chloride, serum	
	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1 Id	dentifier	d	
OM1.57.2.2 T	Гext	day	

Numeric Observa	Numeric Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	102	
OM2.6.1.2[1]	High Value	112	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	100	
OM2.6.1.2[2]	High Value	108	

Charge Descrip	Charge Description		
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7	Procedure Code		
CDM.7.1	Identifier	82435	
CDM.7.2	Text	chloride; blood	

Payer Inform	Payer Information		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.	Namespace ID	NIST EHR	

## Incorporate Verification for Carbon dioxide, serum

Data Element Name	Data	Tester Comment
Test Name Carbon dioxide, serum		
Test Identifier	136	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	136		
OM1.2.2	Text	Carbon dioxide, serum		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	2028-9		
OM1.7.2	Text	Carbon dioxide, total [Moles/volume] in Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Carbon dioxide, serum		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	2028-9		
OM1.56.2	Text	Carbon dioxide, total [Moles/volume] in Serum or Plasma		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	136		
OM1.56.5	Alternate Text	Carbon dioxide, serum		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observa	ation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	millimole per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	17	
OM2.6.1.2[1]	High Value	25	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	18	
OM2.6.1.2[2]	High Value	26	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Charge Des	scription	on				
Location	Data Element Name	Data	Tester Comment			
CDM.3	Identifier	N/A				
CDM.7	Procedure Code					
CDM.7	7.1 Identifier	82374				
CDM.7	7.2 Text	carbon dioxide (bicarbonate)				

P	ayer Informat	on			
L	ocation	Data Element Name	Data	Tester Comment	
P	M1.1	Health Plan ID			
	PM1.1.2	Text	Not Applicable		
P	M1.2	Insurance Company ID			
	PM1.2.1	ID Number	SMCA2		
P	M1.2.4	Assiging Authority			
	PM1.2.4.1	Namespace ID	NIST EHR		

# 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 Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	138		
OM1.2.2	Text	Anion gap		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	33037-3		
OM1.7.2	Text	Anion gap in Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Anion gap		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	33037-3		
OM1.56.2	Text	Anion gap in Serum or Plasma		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	138		
OM1.56.5	Alternate Text	Anion gap		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observa	ion Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	Anion Gap	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	11	
OM2.6.1.2[1]	High Value	19	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	10	
OM2.6.1.2[2]	High Value	18	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]		F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

## Incorporate Verification for Gamma-Glutamyltransferase (GGT)

Data Element Name	Data	Tester Comment
Test Name	Gamma-Glutamyltransferase (GGT)	
Test Identifier	140	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	140		
OM1.2.2	Text	Gamma-Glutamyltransferase (GGT)		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	2324-2		
OM1.7.2	Text	Gamma glutamyl transferase [Enzymatic activity/volume] in Serum or Plasma		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Gamma-Glutamyltransferase (GGT)		
OM1.32	Interpretation of Observations	This blood test is used to determine		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	2324-2		
OM1.56.2	Text	Gamma glutamyl transferase [Enzymatic activity/volume] in Serum or Plasma		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	140		
OM1.56.5	Alternate Text	Gamma-Glutamyltransferase (GGT)		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.1	Identifier	d		
OM1.57.2.2	Text	day		

Numeric Observa	Observation Information		
Location	Data Element Name	Data	Tester Comment
OM2.2	Units of Measure		
OM2.2.2	Text	enzyme unit per liter	
OM2.2.3	Name of Coding System	UCUM	
OM2.6[1]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[1]	Numeric Range		
OM2.6.1.1[1]	Low Value	7	
OM2.6.1.2[1]	High Value	19	
OM2.6.2[1]	Administrative Sex		
OM2.6.2.1[1]	Identifier	M	
OM2.6.2.2[1]	Text	Male	
OM2.6.2.3[1]	Name of Coding System	HL70001	
OM2.6[2]	Reference (Normal) Range for Ordinal and Continuous Observations		
OM2.6.1[2]	Numeric Range		
OM2.6.1.1[2]	Low Value	9	
OM2.6.1.2[2]	High Value	22	
OM2.6.2[2]	Administrative Sex		
OM2.6.2.1[2]	Identifier	F	
OM2.6.2.2[2]	Text	Female	
OM2.6.2.3[2]	Name of Coding System	HL70001	

Charge Descrip	ription				
Location	Data Element Name	Data	Tester Comment		
CDM.3	Identifier	N/A			
CDM.7	Procedure Code				
CDM.7.1	Identifier	82977			
CDM.7.2	Text	glutamyltransferase, gamma (ggt)			

Payer Informat	ation			
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

	Coverage Polic	verage Policy			
	Location Data Element Name Data  MCP.4 Universal Service Price Range – High Value		Data	Tester Comment	
	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	on		
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	JOCOL .	
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Other Service/Test/Observation IDs	Century Hospital Clinical Laboratory	
	for the Observation		
OM1.7.1	Identifier	66117-3	
OM1.7.2	Text	Prostate Pathology biopsy report	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Prostate Biopsy Pathology Report	
OM1.32	Interpretation of Observations	Histologic evaluation of prostate biopsy specimens and additional prognostic information following histologic diagnosis. These tests help clinicians to diagnose prostate cancer.	
OM1.33[1]	Contraindications to Observations		
OM1.33.2[1]	Text	Contraindications to prostate biopsy include acute painful perianal disorders, bleeding diathesis, acute prostatitis, and severe immunosuppression.	
OM1.33[2]	Contraindications to Observations		
OM1.33.1[2]	Identifier	79411002	
OM1.33.2[2]	Text	Acute prostatitis	
OM1.33.3[2]	Name of Coding System	SCT	
OM1.39	Factors that may Affect the Observation	Specimen submitted unfixed; improperly labeled specimen; unlabeled specimen	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	OSL	
OM1.53[1]	Prior Results Instructions	When ordering a Prostate biopsy, send prior Prostate Specific Antigen (PSA) results	
OM1.53[2]	Prior Results Instructions	When ordering a Prostate biopsy, send prior relevant clinical findings.	
OM1.54	Special Instructions	Submit Surgical Pathology Requisition and Biopsy Worksheet with specimen	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	66117-3	
OM1.56.2	Text	Prostate Pathology biopsy report	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	600	
OM1.56.5	Alternate Text	Prostate Biopsy Pathology Report	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	3	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.1		day	
OWI1.37.2.2	ICAL	uay	

Categorial Test	Test Information		
Location	Data Element Name	Data	Tester Comment
OM3.4	Normal Text/Codes for Categorical Observations		
OM3.4.1	Identifier	17621005	
OM3.4.2	Text	normal (qualifier value)	
OM3.4.3	Name of Coding System	SCT	
OM3.5[1]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[1]	Identifier	369775001	
OM3.5.2[1]	Text	Gleason Score 2-4: Well differentiated (finding)	
OM3.5.3[1]	Name of Coding System	SCT	
OM3.5[2]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[2]	Identifier	369776000	
OM3.5.2[2]	Text	Gleason Score 5-6: Moderately differentiated (finding)	
OM3.5.3[2]	Name of Coding System	SCT	
OM3.5[3]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[3]	Identifier	385412008	
OM3.5.2[3]	Text	Gleason Score 7-10: Poorly differentiated (finding)	
OM3.5.3[3]	Name of Coding System	SCT	
OM3.5[4]	Abnormal Text/Codes for Categorical Observations		
OM3.5.1[4]	Identifier	125556001	
OM3.5.2[4]	Text	Atypical proliferation (morphologic abnormality)	
OM3.5.3[4]	Name of Coding System	SCT	

$\mathbf{S}$	Specimen Information			
L	Location Data Element Name		Data	Tester Comment
C	M4.3	Container Description	15 ml jar containing OncoFix II	
C	OM4.5 Container Units			
C	M4.6	Specimen		
	OM4.6.1	Identifier	309132009	
	OM4.6.2 Text	Text	Prostate biopsy sample	
	OM4.6.3	Name of Coding System	SCT	

Charge Do	Description				
Location	Data Element Name	Data	Tester Comment		
CDM.3	Identifier	N/A			
CDM.7	Procedure Code				
CDM	7.1 Identifier	88305			
CDM	7.2 Text	Tissue exam by Pathologist			

Payer Information			
Location Data Element Name		Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4 Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR	

Coverage Policy				
	Location	Data Element Name	Data	Tester Comment
	IMCP3 I	Universal Service Price Range – Low Value		
	MCP.3.1	Quantity	25	
	MCP.3.2	Denomination	USD	
	IMCPA I	Universal Service Price Range – High Value		
	MCP.4.1	Quantity	125	
	MCP.4.2	Denomination	USD	
	IMCP 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	
<b>Test Identifier Code System</b>	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	700	
OM1.2.2	Text	TSH	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	3016-3	
OM1.7.2	Text	Thyrotropin [Units/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	TSH - Serum	
OM1.39	Factors that may Affect the Observation	Medicines that may affect test results include: Amiodarone Dopamine Lithium Potassium iodide Prednisone	
OM1.40	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	3016-3	
OM1.56.2	Text	Thyrotropin [Units/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	700	
OM1.56.5	Alternate Text	TSH	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Specimen Inforn	nation		
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	Additive		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	3	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliters	

Charge Description				
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	84443		
CDM.7.2	Text	Thyroid Stimulating Hormone (TSH)		

Payer Information				
	Location Data Element Name		Data	Tester Comment
	PM1.1	Health Plan ID		
	PM1.1.2 Text	Not Applicable		
	PM1.2	Insurance Company ID		
	PM1.2.1	ID Number	SMCA2	
	PM1.2.4	Assiging Authority		
	PM1.2.4.1	Namespace ID	NIST EHR	

# Incorporate Verification for Pap Test

Data Element Name	Data	Tester Comment
Test Name	Pap Test	
Test Identifier	610	
Test Identifier Code System	99USL	
Status	Active	

General Information					
Location	Data Element Name	Data	Tester Comment		

OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	610	
OM1.2.2	Text	Pap Test	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	47527-7	
OM1.7.2	Text	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Pap Test	
OM1.32	Interpretation of Observations	The Pap Test is for use in screening for the presence of atypical cells, cervical cancer, or precursor lesions (LSIL, HSIL) as well as other cytologic categories as defined by the Bethesda System for Reporting Cervical Cytology.	
OM1.37	Patient Preparation	Instruct the patient not to douche or engage in sexual intercourse within 24 hours of the procedure. For premenopausal patients, obtain specimens during the second half of the menstrual period to avoid contamination by obscuring blood.	
OM1.39	Factors that may Affect the Observation	Frozen specimens, Specimens not collected in a ThinPrep Pap Test collection kit or specimens submitted in an expired collection kit.	
OM1.40	Service/Test/Observation Performance Schedule	Mon-Fri	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.55	Test Relationship Category	Anatomic	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	47527-7	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	610	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	
OM1.58[1]	Gender Restriction		
OM1.58.1[1]	Identifier	F	
OM1.58.2[1]	Text	Female	
OM1.58.3[1]	Name of Coding System	HL70001	
OM1.58[2]	Gender Restriction		
OM1.58.1[2]	Identifier	F	
OM1.58.2[2]	Text	Female	
OM1.58.3[2]	Name of Coding System	HL70001	
OM1.59[1]	Age Restriction		
OM1.59.1[1]	Low Value	16	
OM1.59.2[1]	High Value	85	
OM1.59[2]	Age Restriction		
OM1.59.1[2]	Low Value	16	
OM1.59.2[2]	High Value	85	
OW11.39.2[2]	Ingii vaiut	<u> </u>	

Supporting Clini	upporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1901	
OMC.4.2	Text	Date of Last Menstrual Period	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	8665-2	
OMC.4.5	Alternate Text	Date last menstrual period	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5[1]	Collection Event/Process Step		
OMC.5.1[1]	Identifier	ORD	
OMC.5.2[1]	Text	Placing the order	
OMC.5.3[1]	Name of Coding System	HL70938	
OMC.5[2]	Collection Event/Process Step		
OMC.5.1[2]	Identifier	DRW	
OMC.5.2[2]	Text	Collecting the specimen	
OMC.5.3[2]	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.9	Type of Answer	DT	

Supporting Clinic	ng Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1905	
OMC.4.2	Text	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	PLT458	
OMC.4.5	Alternate Text	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OMC.4.6	Name of Alternate Coding System	PLT	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	Y	
OMC.11.2[1]	Text	Yes	
OMC.11.3[1]	Name of Coding System	HL70136	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	N	
OMC.11.2[2]	Text	No	
OMC.11.3[2]	Name of Coding System	HL70136	
OMC.11[3]	Answer Choices		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorial Test	ategorial Test Information				
Location	Data Element Name	Data	Tester Comment		
( ) M 3 4	Normal Text/Codes for Categorical Observations				
OM3.4.1	Identifier	373887005			
OM3.4.2	Text	Negative for intraepithelial lesion or malignancy			
OM3.4.3	Name of Coding System	SCT			
OM3.7	Value Type	CWE			

Specimen Info	rmation				
Location	Data Element Name	Data	Tester Comment		
OM4.3	Container Description	PreservCyt Solution vial			
OM4.5	Container Units				
OM4.6	Specimen				
OM4.6.1	Identifier	110951002			
OM4.6.2	Text	Endocervical cytologic material			
OM4.6.3	Name of Coding System	SCT			
OM4.6.4	Alternate Identifer	2134			
OM4.6.5	Alternate Text	Cervical Cytology (ThinPrep)			
OM4.6.6	Name of Alternate Coding System	99USL			
OM4.6.9	Original Text	Cervical Cytology (ThinPrep)			
OM4.7	Additive				
OM4.7.2	Text	PreservCyt Solution			

Cha	harge Description				
Loc	cation	Data Element Name	Data	Tester Comment	
CD	M.3	Identifier	N/A		
CD	M.7[1]	Procedure Code			
	CDM.7.1[1]	Identifier	88142		
	CDM.7.2[1]	Text	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thinlayer preparation; manual screening under physician supervision.		
CD	M.7[2]	Procedure Code			
	CDM.7.1[2]	Identifier	88141		
	CDM.7.2[2]	Text	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician		

Payer Informat	Information				
Location	Data Element Name	Data	Tester Comment		
PM1.1	Health Plan ID				
PM1.1.2	Text	Not Applicable			
PM1.2	Insurance Company ID				
PM1.2.1	ID Number	SMCA2			
PM1.2.4	Assiging Authority				
PM1.2.4.1	Namespace ID	NIST EHR			

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

Data Element Name	Data	Tester Comment
Test Name	Hepatitis A IgM antibodies (IgM anti-HAV)	
Test Identifier	1001	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	1001		
OM1.2.2	Text	Hepatitis A IgM antibodies (IgM anti-HAV)		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	22314-9		
OM1.7.2	Text	Hepatitis A virus IgM Ab [Presence] in Serum		
OM1.7.3	Name of Coding System	LN		
OM1.10	Preferred Short Name on Mnemonic for Observation	IgM anti-HAV		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	22314-9		
OM1.56.2	Text	Hepatitis A virus IgM Ab [Presence] in Serum		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	1001		
OM1.56.5	Alternate Text	Hepatitis A IgM antibodies (IgM anti-HAV)		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.2	Text	day		

Categorial Test	st Information				
Location	Data Element Name	Data	Tester Comment		
OM3.4	Normal Text/Codes for Categorical Observations				
OM3.4.1	Identifier	260385009			
OM3.4.2	Text	Negative (qualifier value)			
OM3.4.3	Name of Coding System	SCT			
OM3.5	Abnormal Text/Codes for Categorical Observations				
OM3.5.1	Identifier	10828004			
OM3.5.2	Text	Positive (qualifier value)			
OM3.5.3	Name of Coding System	SCT			
OM3.7	Value Type	CWE			

Specimen Inform	nformation			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Gold Serum Separator tube		
OM4.4	Container Volume	5.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119364003		
OM4.6.2	Text	Serum specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	2		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

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

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

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	1002		
OM1.2.2	Text	Hepatitis A antibodies (anti-HAV)		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	20575-7		
OM1.7.2	Text	Hepatitis A virus Ab [Presence] in Serum		
OM1.7.3	Name of Coding System	LN		
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HAV		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	20575-7		
OM1.56.2	Text	Hepatitis A virus Ab [Presence] in Serum		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	1002		
OM1.56.5	Alternate Text	Hepatitis A antibodies (anti-HAV)		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	<b>Expected Turn-Around Time</b>			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.2	Text	day		

Categorial Tes	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
OM3.4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	260385009		
OM3.4.2	Text	Negative (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5	Abnormal Text/Codes for Categorical Observations			
OM3.5.1	Identifier	10828004		
OM3.5.2	Text	Positive (qualifier value)		
OM3.5.3	Name of Coding System	SCT		
OM3.7	Value Type	CWE		

Specimen Inforn	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Gold Serum Separator tube		
OM4.4	Container Volume	5.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119364003		
OM4.6.2	Text	Serum specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	2		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

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

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B core antibodies (anti-HBVc)	
Test Identifier	1003	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1003	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	16933-4	
OM1.7.2	Text	Hepatitis B virus core Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVc	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	16933-4	
OM1.56.2	Text	Hepatitis B virus core Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1003	
OM1.56.5	Alternate Text	Hepatitis B core antibodies (anti-HBVc)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinic	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]		77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]		U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorial Test	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
OM3.4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	260385009		
OM3.4.2	Text	Negative (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5	Abnormal Text/Codes for Categorical Observations			
OM3.5.1	Identifier	10828004		
OM3.5.2	Text	Positive (qualifier value)		
OM3.5.3	Name of Coding System	SCT		
OM3.7	Value Type	CWE		

Specimen Inform	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

Data Element Name	Data	Tester Comment
Test Name	Hepatitis B core antibodies (anti-HBVc) Quant	
Test Identifier	1004	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1004	
OM1.2.2	Text	Hepatitis B core antibodies (anti-HBVc) Quant	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	22316-4	
OM1.7.2	Text	Hepatitis B virus core Ab [Units/volume] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVc Qant	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	22316-4	
OM1.56.2	Text	Hepatitis B virus core Ab [Units/volume] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1004	
OM1.56.5	Alternate Text	Hepatitis B core antibodies (anti-HBVc) Quant	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinic	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
OMC.11.3[1]	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]	Identifier	77386006	
OMC.11.2[2]	\	Patient currently pregnant	
OMC.11.3[2]	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]	Identifier	U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Specimen Inform	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Gold Serum Separator tube		
OM4.4	Container Volume	5.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119364003		
OM4.6.2	Text	Serum specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	2		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1005	
OM1.2.2	Text	Hepatitis B e antibodies (anti-HBVe)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	22320-6	
OM1.7.2	Text	Hepatitis B virus e Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVe	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	22320-6	
OM1.56.2	Text	Hepatitis B virus e Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1005	
OM1.56.5	Alternate Text	Hepatitis B e antibodies (anti-HBVe)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinic	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]		77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]		U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorial Test	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
OM3.4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	260385009		
OM3.4.2	Text	Negative (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5	Abnormal Text/Codes for Categorical Observations			
OM3.5.1	Identifier	10828004		
OM3.5.2	Text	Positive (qualifier value)		
OM3.5.3	Name of Coding System	SCT		
OM3.7	Value Type	CWE		

Specimen Inforn	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1006	
OM1.2.2	Text	Hepatitis B surface antigen (HBsAg)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	5195-3	
OM1.7.2	Text	Hepatitis B virus surface Ag [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	HBsAg	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	5195-3	
OM1.56.2	Text	Hepatitis B virus surface Ag [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1006	
OM1.56.5	Alternate Text	Hepatitis B surface antigen (HBsAg)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinic	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]		77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]		U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorial Test	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
OM3.4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	260385009		
OM3.4.2	Text	Negative (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5	Abnormal Text/Codes for Categorical Observations			
OM3.5.1	Identifier	10828004		
OM3.5.2	Text	Positive (qualifier value)		
OM3.5.3	Name of Coding System	SCT		
OM3.7	Value Type	CWE		

Specimen Inform	Specimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1007	
OM1.2.2	Text	Hepatitis B surface antibody (anti-HBVs)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	22322-2	
OM1.7.2	Text	Hepatitis B virus surface Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HBVs	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	22322-2	
OM1.56.2	Text	Hepatitis B virus surface Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1007	
OM1.56.5	Alternate Text	Hepatitis B surface antibody (anti-HBVs)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Clinic	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1903	
OMC.4.2	Text	Pregnancy status	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	67471-3	
OMC.4.5	Alternate Text	Pregnancy status	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	ORD	
OMC.5.2	Text	Placing the order	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	N	
OMC.9	Type of Answer	CWE	
OMC.11[1]	Answer Choices		
OMC.11.1[1]	Identifier	60001007	
OMC.11.2[1]	Text	Not pregnant	
	Name of Coding System	SCT	
OMC.11[2]	Answer Choices		
OMC.11.1[2]		77386006	
OMC.11.2[2]	Text	Patient currently pregnant	
	Name of Coding System	SCT	
OMC.11[3]	Answer Choices		
OMC.11.1[3]		U	
OMC.11.2[3]	Text	Unknown	
OMC.11.3[3]	Name of Coding System	HL70353	

Categorial Test	Categorial Test Information			
Location	Data Element Name	Data	Tester Comment	
OM3.4	Normal Text/Codes for Categorical Observations			
OM3.4.1	Identifier	260385009		
OM3.4.2	Text	Negative (qualifier value)		
OM3.4.3	Name of Coding System	SCT		
OM3.5	Abnormal Text/Codes for Categorical Observations			
OM3.5.1	Identifier	10828004		
OM3.5.2	Text	Positive (qualifier value)		
OM3.5.3	Name of Coding System	SCT		
OM3.7	Value Type	CWE		

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1008	
OM1.2.2	Text	Hepatitis C antibody screen (anti-HCV)	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	16128-1	
OM1.7.2	Text	Hepatitis C virus Ab [Presence] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HCV	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	16128-1	
OM1.56.2	Text	Hepatitis C virus Ab [Presence] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1008	
OM1.56.5	Alternate Text	Hepatitis C antibody screen (anti-HCV)	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Categ	Categorial Test Information			
Locati	ion	Data Element Name	Data	Tester Comment
ОМ3.	4 1	Normal Text/Codes for Categorical Observations		
C	OM3.4.1	Identifier	260385009	
C	OM3.4.2	Text	Negative (qualifier value)	
C	OM3.4.3	Name of Coding System	SCT	
ОМ3.		Abnormal Text/Codes for Categorical Observations		
C	OM3.5.1	Identifier	10828004	
C	OM3.5.2	Text	Positive (qualifier value)	
C	OM3.5.3	Name of Coding System	SCT	
OM3.7	7	Value Type	CWE	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	2	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

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

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

General Informat			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1009	
OM1.2.2	Text	Hepatitis C antibodies Signal to Cut-off Ratio	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	48159-8	
OM1.7.2	Text	Hepatitis C virus Ab Signal/Cutoff in Serum or Plasma by Immunoassay	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	anti-HCV S/CO	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	48159-8	
OM1.56.2	Text	Hepatitis C virus Ab Signal/Cutoff in Serum or Plasma by Immunoassay	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1009	
OM1.56.5	Alternate Text	Hepatitis C antibodies Signal to Cut-off Ratio	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.	2 Text	day	

Specimen Inform	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Gold Serum Separator tube		
OM4.4	Container Volume	5.0		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	119364003		
OM4.6.2	Text	Serum specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	1.5		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

## Incorporate Verification for Hepatitis C RNA PCR

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

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1010	
OM1.2.2	Text	Hepatitis C RNA PCR	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	11011-4	
OM1.7.2	Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.7.3	Name of Coding System	LN	
OM1.10	Preferred Short Name on Mnemonic for Observation	HCV PCR	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	11011-4	
OM1.56.2	Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1010	
OM1.56.5	Alternate Text	Hepatitis C RNA PCR	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Gold Serum Separator tube	
OM4.4	Container Volume	5.0	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	1.5	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Charge Desc	Charge Description				
Location	Data Element Name	Data	Tester Comment		
CDM.3	Identifier	N/A			
CDM.7	Procedure Code				
CDM.7.	1 Identifier	87522			
CDM.7.	2 Text	Hepatitis C Viral RNA, Quantitative, Real-Time PCR			

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

## Incorporate Verification for Penicillin

Data Element Name	Data	Tester Comment
Test Name	Penicillin	
Test Identifier	1506	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	1506		
OM1.2.2	Text	Penicillin		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	18964-7		
OM1.7.2	Text	Penicillin [Susceptibility]		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Penicillin		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID			
OM1.56.1	Identifier	18964-7		
OM1.56.2	Text	Penicillin [Susceptibility]		
OM1.56.3	Name of Coding System	LN		
OM1.56.4	Alternate Identifier	1506		
OM1.56.5	Alternate Text	Penicillin		
OM1.56.6	Name of Alternate Coding System	99USL		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	3		
OM1.57.2	Units			
OM1.57.2.2	Text	day		

Specimen Information				
Location	Data Element Name	Data	Tester Comment	
OM4.6	Specimen			
OM4.6.1	Identifier	429951000124103		
OM4.6.2	Text	Bacterial isolate specimen		
OM4.6.3	Name of Coding System	SCT		

Charge Description				
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	87181		
CDM.7.2	Text	Susceptibility studies, antimicrobial agent; agar diffusion method, per agent		

1	Payer Information				
1	Location	Data Element Name	Data	Tester Comment	
1	PM1.1	Health Plan ID			
	PM1.1.2	Text	Not Applicable		
]	PM1.2	Insurance Company ID			
	PM1.2.1	ID Number	SMCA2		
1	PM1.2.4	Assiging Authority			
	PM1.2.4.1	Namespace ID	NIST EHR		

Coverage Po	Coverage Policy			
Location	Data Element Name	Data	Tester Comment	
МСР.3	Universal Service Price Range – Low Value			
MCP.3.	1 Quantity	39		
MCP.3.	2 Denomination	USD		
MCP.4	Universal Service Price Range – High Value			
MCP.4.	1 Quantity	99		
MCP.4.	2 Denomination	USD		
MCP.5	Reason for Universal Service Cost Range	Depending on number of antibiotica tested		

### Incorporate Verification for Dengue Virus IgG Titer Serum

Data Element Name	Data	Tester Comment
Test Name	Dengue Virus IgG Titer Serum	
Test Identifier	1301	
<b>Test Identifier Code System</b>	99USL	
Status	Active	

General Informati	General Information				
Location	Data Element Name	Data	Tester Comment		
OM1.2	Producer's Service/Test/Observation ID				
OM1.2.1	Identifier	1301			
OM1.2.2	Text	Dengue Virus IgG Titer Serum			
OM1.2.3	Name of Coding System	99USL			
OM1.5	Producer ID				
OM1.5.1	Identifier	05D0669071			
OM1.5.2	Text	Century Hospital Clinical Laboratory			
OM1.7	Other Service/Test/Observation IDs for the Observation				
OM1.7.1	Identifier	6811-4			
OM1.7.2	Text	Dengue virus IgG Ab [Titer] in Serum			
OM1.7.3	Name of Coding System	LN			
OM1.9	Preferred Report Name for the Observation	Dengue Virus IgG			
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.			
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday			
OM1.48	Exclusive Test	N			
OM1.49	Diagnostic Service Sector ID	LAB			
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID				
OM1.56.1	Identifier	6811-4			
OM1.56.2	Text	Dengue virus IgG Ab [Titer] in Serum			
OM1.56.3	Name of Coding System	LN			
OM1.56.4	Alternate Identifier	1301			
OM1.56.5	Alternate Text	Dengue Virus IgG Titer Serum			
OM1.56.6	Name of Alternate Coding System	99USL			
OM1.57	Expected Turn-Around Time				
OM1.57.1	Quantity	2			
OM1.57.2	Units				
OM1.57.2.2	Text	day			

### Incorporate Verification for Dengue Virus IgM Titer Serum

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

General Information	on		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1302	
OM1.2.2	Text	Dengue Virus IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	6812-2	
OM1.7.2	Text	Dengue virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Dengue Virus IgM	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	6812-2	
OM1.56.2	Text	Dengue virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1302	
OM1.56.5	Alternate Text	Dengue Virus IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

## Incorporate Verification for WNV IgG Titer Serum

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1303	
OM1.2.2	Text	WNV IgG Titer Serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	33329-4	
OM1.7.2	Text	West Nile virus IgG Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	West Nile Virus IgG	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	33329-4	
OM1.56.2	Text	West Nile virus IgG Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1303	
OM1.56.5	Alternate Text	WNV IgG Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

### Incorporate Verification for WNV Virus IgM Titer Serum

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1304	
OM1.2.2	Text	WNV Virus IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	33331-0	
OM1.7.2	Text	West Nile virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	West Nile Virus IgM	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	33331-0	
OM1.56.2	Text	West Nile virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1304	
OM1.56.5	Alternate Text	WNV Virus IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

### Incorporate Verification for SLE IgG Titer Serum

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

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1305	
OM1.2.2	Text	SLE IgG Titer Serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	22512-8	
OM1.7.2	Text	Saint Louis encephalitis virus IgG Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Saint Luis Virus IgG	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	22512-8	
OM1.56.2	Text	Saint Louis encephalitis virus IgG Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1305	
OM1.56.5	Alternate Text	SLE IgG Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

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

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

# Incorporate Verification for SLE IgM Titer Serum

Data Element Name	Data	Tester Comment
Test Name	SLE IgM Titer Serum	
Test Identifier	1306	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1306	
OM1.2.2	Text	SLE IgM Titer Serum	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	22514-4	
OM1.7.2	Text	Saint Louis encephalitis virus IgM Ab [Titer] in Serum	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Saint Luis Virus IgM	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	22514-4	
OM1.56.2	Text	Saint Louis encephalitis virus IgM Ab [Titer] in Serum	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1306	
OM1.56.5	Alternate Text	SLE IgM Titer Serum	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	2	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

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

Payer Informat	Payer Information				
Location	Data Element Name	Data	Tester Comment		
PM1.1	Health Plan ID				
PM1.1.2	Text	Not Applicable			
PM1.2	Insurance Company ID				
PM1.2.1	ID Number	SMCA2			
PM1.2.4	Assiging Authority				
PM1.2.4.1	Namespace ID	NIST EHR			

#### **Incorporate Verification for Creatinine Clearance in 24 hours**

Data Element Name	Data	Tester Comment
Test Name Creatinine Clearance in 24 hours		
Test Identifier 1201		
Test Identifier Code System 99USL		
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1201	
OM1.2.2	Text	Creatinine Clearance in 24 hours	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	2164-2	
OM1.7.2	Text	Creatinine renal clearance in 24 hour	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine Clearance in 24 hours	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	2164-2	
OM1.56.2	Text	Creatinine renal clearance in 24 hour	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1201	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Cli	pporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1904	
OMC.4.2	Text	Urine Volume of 24 hour collection	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	3167-4	
OMC.4.5	Alternate Text	Volume of 24 hour Urine	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.8	Hint/Help Text	Please provide in milliliter	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	12	
OMC.13	Number of Decimals	0	

#### Incorporate Verification for Creatinine in 24 hr Urine

Data Element Name	Data	Tester Comment
Test Name	Creatinine in 24 hr Urine	
Test Identifier	1202	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1202	
OM1.2.2	Text	Creatinine in 24 hr Urine	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	20624-3	
OM1.7.2	Text	Creatinine [Mass/volume] in 24 hour Urine	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Creatinine in 24 hr Urine	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.56	Observation Identifier associated with Producer's Service/Test/Observation ID		
OM1.56.1	Identifier	20624-3	
OM1.56.2	Text	Creatinine [Mass/volume] in 24 hour Urine	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	1202	
OM1.56.5	Alternate Text	Creatinine in 24 h Urine	
OM1.56.6	Name of Alternate Coding System	99USL	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Supporting Cli	Supporting Clinical Information		
Location	Data Element Name	Data	Tester Comment
OMC.4	Clinical Information Request		
OMC.4.1	Identifier	1904	
OMC.4.2	Text	Urine Volume of 24 hour collection	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	3167-4	
OMC.4.5	Alternate Text	Volume of 24 hour Urine	
OMC.4.6	Name of Alternate Coding System	LN	
OMC.5	Collection Event/Process Step		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
OMC.6	Clinical Information Request		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.8	Hint/Help Text	Please provide in milliliter	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	12	
OMC.13	Number of Decimals	0	

Specimen Inform	pecimen Information		
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	2000	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	24HrUR	
OM4.6.5	Alternate Text	24 hour urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	24 hour urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

### Incorporate Verification for Protein in 24 hour Urine

Data Element Name	Data	Tester Comment
Test Name Protein in 24 hour Urine		
Test Identifier	1203	
Test Identifier Code System	99USL	
Status	Active	

General Information	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	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2	Text	day	

Specimen Inform	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3	Container Description	Sterile, plastic, leak proof container		
OM4.4	Container Volume	2000		
OM4.5	Container Units			
OM4.5.2	Text	milliliter		
OM4.6	Specimen			
OM4.6.1	Identifier	122575003		
OM4.6.2	Text	Urine specimen		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	24HrUR		
OM4.6.5	Alternate Text	24 hour urine		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	24 hour urine		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	20		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliter		

Payer Informa	ormation		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4.1	Namespace ID	NIST EHR	

### Incorporate Verification for CMP

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

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

Observation Batto	eries(sets)			
Location	Data Element Name	Data	Tester Comment	
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[1]	Identifier	104		
OM5.2.2[1]	Text	Serum Glucose		

OM5.2.3[1]	Name of Coding System	99USL	
	Test/Observations Included		
OM5.2[2]	Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	106	
OM5.2.2[2]	Text	Blood Urea Nitrogen (BUN)	
OM5.2.3[2]	Name of Coding System	99USL	
UM3.2.3[2]		990SL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	102	
OM5.2.2[3]	Text	Creatinine	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	108	
OM5.2.2[4]	Text	BUN/Creatinine Ratio	
OM5.2.3[4]	Name of Coding System	99USL	
UN13.2.3[4]			
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	110	
OM5.2.2[5]	Text	GFR, calculated	
OM5.2.3[5]	Name of Coding System	99USL	
5335324667	Test/Observations Included		
OM5.2[6]	Within an Ordered Test Battery		
OM5.2.1[6]	Identifier	112	
OM5.2.2[6]	Text	Calcium	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[7]	Identifier	114	
OM5.2.2[7]	Text	Total protein, serum	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[8]	Identifier	116	
OM5.2.2[8]	Text	Albumin	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[9]	Identifier	118	
OM5.2.2[9]	Text	Globulin	
OM5.2.3[9]	Name of Coding System	99USL	
ON13.2.3[9]	Test/Observations Included	77001	
OM5.2[10]	Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	120	
OM5.2.2[10]	Text	Albumin/globulin ratio	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[11]	Identifier	122	
OM5.2.2[11]		Total bilirubin, serum	
	Name of Coding System	99USL	
00		···	

OM5.2[12]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[12]	Identifier	124	
OM5.2.2[12]	Text	Alkaline phosphatase (ALP)	
	Name of Coding System	99USL	
OM5.2[13]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[13]	Identifier	126	
OM5.2.2[13]	Text	Alanine aminotransferase (ALT)	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[14]	Identifier	128	
OM5.2.2[14]	Text	Aspartate aminotransferase (ASP)	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[15]	Identifier	130	
OM5.2.2[15]	Text	Sodium, serum	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[16]	Identifier	132	
OM5.2.2[16]	Text	Potassium, serum	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[17]	Identifier	134	
OM5.2.2[17]	Text	Chloride, serum	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[18]	Identifier	136	
OM5.2.2[18]	Text	Carbon dioxide, serum	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[19]		138	
OM5.2.2[19]	Text	Anion gap	
OM5.2.3[19]	Name of Coding System	99USL	
,	- ·	XI.	u L

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

Charge Descri	Charge Description					
Location	Data Element Name	Data	Tester Comment			
CDM.3	Identifier	N/A				
CDM.7	Procedure Code					
CDM.7.1	Identifier	80053				
CDM.7.2	Text	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)				

Payer Information	Payer Information					
Location	Data Element Name	Data	Tester Comment			
PM1.1	Health Plan ID					
PM1.1.2	Text	Not Applicable				
PM1.2	Insurance Company ID					
PM1.2.1	ID Number	SMCA2				
PM1.2.4	Assiging Authority					
PM1.2.4.1	Namespace ID	NIST EHR				

Payer Informat	Payer Information					
Location	Data Element Name	Data	Tester Comment			
PM1.1	Health Plan ID					
PM1.1.1	Identifier	040				
PM1.1.2	Text	Silver Plan				
PM1.1.3	Name of Coding System	HL70072				
PM1.2	Insurance Company ID					
PM1.2.1	ID Number	SKCA0				
PM1.2.4	Assiging Authority					
PM1.2.4.1	Namespace ID	NIST EHR				

Coverage Policy					
Location	Data Element Name	Data	Tester Comment		
MCPA	Universal Service Price Range – High Value				
MCP.4.1	Quantity	29			
MCP.4.2	Denomination	USD			

Coverage Policy						
Location	Data Element Name	Data	Tester Comment			
MCPA	Universal Service Price Range – High Value					
MCP.4.1	Quantity	29				
MCP.4.2	Denomination	USD				

# Incorporate Verification for Comprehensive Urinalysis

Γ	Data Element Name	Data	Tester Comment
r	Test Name	Comprehensive Urinalysis	
T	Test Identifier	300	
T	Test Identifier Code System	99USL	
S	Status	Active	

General Information	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	300		
OM1.2.2	Text	Comprehensive Urinalysis		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	50564-4		
OM1.7.2	Text	Urinalysis panel - Urine by Auto		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Comprehensive Urinalysis		
OM1.32	Interpretation of Observations	Urinalysis is used to detect and assess a wide range of disorders. This panel includes a opacity, color, appearance, specific gravity, pH, protein, glucose, occult blood, ketones, bilirubin, nitrite, and microscopic examination of the urine sediment.		
OM1.37[1]	Patient Preparation	Collect random urine in a clean plastic container. Label the urine container with the patient's full name and the date and time of collection, refrigerate after collection.		
OM1.37[2]	Patient Preparation	Both males and females need instructions on cleaning the urethral opening. A "midstream catch" is performed by initially urinating into the toilet then bringing the collection device into the urine stream to obtain the midportion of the void. For infants and young children urine can be collected by urine bag, catheterization or cystocentesis. A clean catch sample is preferred, when contamination from vaginal hemorrhage or discharge is suspected. If the specimen is obtained by catherization, the collection method must be noted.		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., presence of preservatives, fecal contamination, bacterial overgrowth. Delay in transport.		
OM1.40	Service/Test/Observation Performance Schedule	Daily		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.2	Text	day		

Observation Batte	Observation Batteries(sets)				
Location	Data Element Name	Data	Tester Comment		
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery				
OM5.2.1[1]	Identifier	344			
OM5.2.2[1]	Text	Color of Urine			
OM5.2.3[1]	Name of Coding System	99USL			
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery				
OM5.2.1[2]	Identifier	346			
OM5.2.2[2]	Text	Clarity of Urine			
OM5.2.3[2]	Name of Coding System	99USL			
OM5.2.3[2]	Name of Coding System	99USL			

OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
	Identifier	302	
OM5.2.2[3]	Text	Erythrocytes, urine	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	304	
OM5.2.2[4]	Text	Leukocytes, urine	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	306	
OM5.2.2[5]	Text	Leukocyte clumps, urine	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[6]	Identifier	308	
OM5.2.2[6]	Text	Non-squamous epithelial cells. , urine	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[7]	Identifier	310	
OM5.2.2[7]	Text	Squamous epithelial cells. , urine	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[8]	Identifier	314	
OM5.2.2[8]	Text	Bacteria, urine	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[9]	Identifier	312	
OM5.2.2[9]	Text	Crystals , urine	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	316	
OM5.2.2[10]	Text	Hyaline casts	
OM5.2.3[10]	Name of Coding System	99USL	
OM5.2[11]	Test/Observations Included		
	Within an Ordered Test Battery		
OM5.2.1[11]	Battery Identifier	318	
	Battery Identifier	318 Casts	
OM5.2.1[11] OM5.2.2[11]	Battery Identifier		
OM5.2.1[11] OM5.2.2[11] OM5.2.3[11] OM5.2[12]	Battery  Identifier  Text	Casts	
OM5.2.1[11] OM5.2.2[11] OM5.2.3[11] OM5.2[12]	Identifier Text Name of Coding System Test/Observations Included Within an Ordered Test Battery	Casts	
OM5.2.1[11] OM5.2.2[11] OM5.2.3[11] OM5.2[12]	Identifier  Text  Name of Coding System  Test/Observations Included Within an Ordered Test Battery  Identifier	Casts 99USL	

OM5.2[13]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[13]		322	
OM5.2.2[13]	Text	Mucus,urine	
	Name of Coding System	99USL	
OM5.2[14]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[14]	Identifier	324	
OM5.2.2[14]	Text	Total bilirubin,urine	
OM5.2.3[14]	Name of Coding System	99USL	
OM5.2[15]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[15]	Identifier	326	
OM5.2.2[15]	Text	Glucose, urine	
OM5.2.3[15]	Name of Coding System	99USL	
OM5.2[16]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[16]	Identifier	328	
OM5.2.2[16]	Text	Hemoglobin, urine	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[17]	Identifier	330	
OM5.2.2[17]	Text	Ketones , urine	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[18]	Identifier	332	
OM5.2.2[18]	Text	Leukocyte esterase, urine	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[19]	Identifier	334	
OM5.2.2[19]	Text	Nitrite, urine	
OM5.2.3[19]	Name of Coding System	99USL	
OM5.2[20]	Test/Observations Included Within an Ordered Test Battery		
03.45.0.45000			
OM5.2.1[20]	Identifier	336	
OM5.2.1[20] OM5.2.2[20]	Identifier	336 Urine pH	
OM5.2.2[20]	Identifier		
OM5.2.2[20]	Identifier Text	Urine pH	
OM5.2.2[20] OM5.2.3[20] OM5.2[21] OM5.2.1[21]	Text Name of Coding System Test/Observations Included Within an Ordered Test Battery Identifier	Urine pH	
OM5.2.2[20] OM5.2.3[20] OM5.2[21]	Text Name of Coding System Test/Observations Included Within an Ordered Test Battery Identifier	Urine pH 99USL	
OM5.2.2[20] OM5.2.3[20] OM5.2[21] OM5.2.1[21] OM5.2.2[21]	Text Name of Coding System Test/Observations Included Within an Ordered Test Battery Identifier	Urine pH 99USL 338	
OM5.2.2[20] OM5.2.3[20] OM5.2[21] OM5.2.1[21] OM5.2.2[21]	Identifier Text Name of Coding System Test/Observations Included Within an Ordered Test Battery Identifier Text	Urine pH 99USL 338 Protein, urine	
OM5.2.2[20] OM5.2.3[20] OM5.2[21] OM5.2.1[21] OM5.2.2[21] OM5.2.3[21] OM5.2.3[21]	Identifier  Text  Name of Coding System  Test/Observations Included Within an Ordered Test Battery  Identifier  Text  Name of Coding System  Test/Observations Included Within an Ordered Test	Urine pH 99USL 338 Protein, urine	
OM5.2.2[20] OM5.2.3[20] OM5.2[21] OM5.2.1[21] OM5.2.2[21] OM5.2.3[21] OM5.2.3[21]	Identifier  Text  Name of Coding System  Test/Observations Included Within an Ordered Test Battery  Identifier  Text  Name of Coding System  Test/Observations Included Within an Ordered Test Battery  Identifier  Item 1	Urine pH  99USL  338  Protein, urine  99USL	

	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[23]	Identifier	342	
OM5.2.2[23]	Text	Urine specific gravity	
OM5.2.3[23]	Name of Coding System	99USL	

Specimen Inforn	nen Information				
Location	Data Element Name	Data	Tester Comment		
OM4.3	Container Description	Sterile, plastic, leak proof container			
OM4.4	Container Volume	4			
OM4.5	Container Units				
OM4.5.2	Text	fluid ounce (US)			
OM4.6	Specimen				
OM4.6.1	Identifier	122575003			
OM4.6.2	Text	Urine specimen			
OM4.6.3	Name of Coding System	SCT			
OM4.6.4	Alternate Identifer	UR			
OM4.6.5	Alternate Text	Random urine			
OM4.6.6	Name of Alternate Coding System	99USL			
OM4.6.9	Original Text	Random urine			
OM4.10	Normal Collection Volume				
OM4.10.1	Quantity	20			
OM4.10.2	Units				
OM4.10.2.2	Text	milliliter			

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.2	Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2.1	ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2.4	1 Namespace ID	NIST EHR	

### 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	

	Data Element Name		
To Table	Data Element I valie	Data	Tester Comment
HC 10/11/2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	200	
OM1.2.2	Гext	CBC_diff	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Гехt	Century Hospital Clinical Laboratory	
OM1.7	Other Service/Test/Observation IDs for the Observation		
OM1.7.1	Identifier	57021-8	
OM1.7.2	Гext	CBC W Auto Differential panel in Blood	
OM1.7.3	Name of Coding System	LN	
	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.	
	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., improper tube, clotted specimen, hemolyzed sample, dilution of blood.	
	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.53	Prior Results Instructions	Send prior results for CBC in past 60 days	
OM1.57	Expected Turn-Around Time		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.2 T	Гехт	day	

Observation Batte	eries(sets)		
Location	Data Element Name	Data	Tester Comment
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	202	
OM5.2.2[1]	Text	Erythrocytes, blood	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	256	
OM5.2.2[2]	Text	Hemoglobin (Hb)	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	204	
OM5.2.2[3]	Text	Hematocrit	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	206	
OM5.2.2[4]	Text	Leukocytes, blood	

OM5.2.3[4]	Name of Coding System	99USL	
01/13:2:5[1]	Test/Observations Included	JOHN   1	
OM5.2[5]	Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	208	
OM5.2.2[5]	Text	Platelets	
OM5.2.3[5]	Name of Coding System	99USL	
	Test/Observations Included		
OM5.2[6]	Within an Ordered Test Battery		
OM5.2.1[6]	Identifier	210	
OM5.2.2[6]	Text	Mean corpuscular volume (MCV)	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[7]	Identifier	212	
OM5.2.2[7]	Text	Mean corpuscular hemoglobin (MCH)	
OM5.2.3[7]	Name of Coding System	99USL	
01.15.12.15[7]	Test/Observations Included		
OM5.2[8]	Within an Ordered Test Battery		
OM5.2.1[8]	Identifier	214	
OM5.2.2[8]	Text	Mean corpuscular hemoglobin Concentration (MCHC)	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[9]	Identifier	216	
OM5.2.2[9]	Text	Red blood cell distribution width (RDW )	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	218	
OM5.2.2[10]		Basophils	
	Name of Coding System	99USL	
OM5.2[11]	Test/Observations Included Within an Ordered Test Battery	77002	
OM5.2.1[11]	Identifier	220	
OM5.2.2[11]		% Basophils	
	Name of Coding System	99USL	
OM5.2[12]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[12]	Identifier	222	
OM5.2.2[12]		Monocytes	
	Name of Coding System	99USL	
OM5.2[13]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[13]	Identifier	224	
OM5.2.2[13]	Text	% Monocytes	
OM5.2.3[13]	Name of Coding System	99USL	
OM5.2[14]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[14]	Identifier	226	
OM5.2.2[14]		Eosinophils	
	Name of Coding System	99USL	
	II 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		

I.E.			
OM5.2[15]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[15]	-	228	
OM5.2.2[15]		% Eosinophils	
OM5 2 3[15]	Name of Coding System	99USL	
OM5.2[16]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[16]	Identifier	230	
OM5.2.2[16]	Text	Lymphocytes	
OM5.2.3[16]	Name of Coding System	99USL	
OM5.2[17]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[17]	Identifier	232	
OM5.2.2[17]	Text	% Lymphocytes	
OM5.2.3[17]	Name of Coding System	99USL	
OM5.2[18]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[18]	Identifier	234	
OM5.2.2[18]	Text	Neutrophils	
OM5.2.3[18]	Name of Coding System	99USL	
OM5.2[19]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[19]	Identifier	236	
OM5.2.2[19]	Text	% Neutrophils	
OM5.2.3[19]	Name of Coding System	99USL	
OM5.2[20]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[20]	Identifier	238	
OM5.2.2[20]	Text	Anisocytosis	
OM5.2.3[20]	Name of Coding System	99USL	
OM5.2[21]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[21]	Identifier	240	
OM5.2.2[21]	Text	Hypochromia	
OM5.2.3[21]	Name of Coding System	99USL	
OM5.2[22]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[22]	Identifier	242	
OM5.2.2[22]	Text	Macrocytosis	
OM5.2.3[22]	Name of Coding System	99USL	
OM5.2[23]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[23]	Identifier	244	
OM5.2.2[23]	Text	Microcytosis	
OM5.2.3[23]	Name of Coding System	99USL	
OM5.2[24]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[24]	Identifier	246	
OM5.2.2[24]	Text	Poikilocytosis	
OM5.2.3[24]	Name of Coding System	99USL	

ОМ	[5.2[25]	Test/Observations Included Within an Ordered Test Battery		
	OM5.2.1[25]	Identifier	248	
	OM5.2.2[25]	Text	Polychromasia	
	OM5.2.3[25]	Name of Coding System	99USL	
OM	[5.2[26]	Test/Observations Included Within an Ordered Test Battery		
	OM5.2.1[26]	Identifier	250	
	OM5.2.2[26]	Text	RBC morphology	
	OM5.2.3[26]	Name of Coding System	99USL	
OM	[5.2[27]	Test/Observations Included Within an Ordered Test Battery		
	OM5.2.1[27]	Identifier	252	
	OM5.2.2[27]	Text	WBC morphology	
	OM5.2.3[27]	Name of Coding System	99USL	
OM	[5.2[28]	Test/Observations Included Within an Ordered Test Battery		
	OM5.2.1[28]	Identifier	254	
	OM5.2.2[28]	Text	Platelet morphology	
	OM5.2.3[28]	Name of Coding System	99USL	

T-				
Specimen Inforn	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3[1]	Container Description	Lavender Top (EDTA) tube		
OM4.4[1]	Container Volume	3.0		
OM4.5[1]	Container Units			
OM4.5.2[1]	Text	milliliters		
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube		
OM4.4[2]	Container Volume	3.0		
OM4.5[2]	Container Units			
OM4.5.2[2]	Text	milliliters		
OM4.6	Specimen			
OM4.6.1	Identifier	119297000		
OM4.6.2	Text	Blood sample		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	WBLD		
OM4.6.5	Alternate Text	Whole blood		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Whole blood		
OM4.7	Additive			
OM4.7.2	Text	Potassium/K EDTA		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	3		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliters		

Charge Description				
	Location	Data Element Name	Data	Tester Comment
	CDM.3	Identifier	N/A	
	CDM.7[1]	Procedure Code		
	CDM.7.1[1]	Identifier	85025	
	CDM.7.2[1]	Text	blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count	
	CDM.7[2]	Procedure Code		
	CDM.7.1[2]	Identifier	85007	
	CDM.7.2[2]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
	CDM.7[3]	Procedure Code		
	CDM.7.1[3]	Identifier	85060	
	CDM.7.2[3]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	

Payer Information	er Information		
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1.1	Identifier	NA	
PM1.1.2	Text	Not Applicable	
PM1.1.3	Name of Coding System	HL70353	
PM1.2[1]	Insurance Company ID		
PM1.2.1[1]	ID Number	SMCA2	
PM1.2.4[1]	Assiging Authority		
PM1.2.4.1[1]	Namespace ID	NIST EHR	
PM1.2[2]	Insurance Company ID		
PM1.2.1[2]	ID Number	MR002	
PM1.2.4[2]	Assiging Authority		
PM1.2.4.1[2]	Namespace ID	CMS	

Coverage Policy				
	Location	Data Element Name	Data	Tester Comment
	MCPA	Universal Service Price Range – High Value		
	MCP.4.1	Quantity	29	
	MCP.4.2	Denomination	USD	

### Incorporate Verification for GHP Profile

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

General Information			
Location	Data Element Name	Data	Tester Comment
	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	800	
OM1.2.2	Text	GHP	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
	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	
	Service/Test/Observation Performance Schedule	Daily	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
OM1.57	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
OM1.57.2	Units		
OM1.57.2.1	Identifier	d	
OM1.57.2.2	Text	day	

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

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

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3[1]	Container Description	Lavender Top (EDTA) tube	
OM4.4[1]	Container Volume	3.0	
OM4.5[1]	Container Units		
OM4.5.2[1]	Text	milliliters	
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube	
OM4.4[2]	Container Volume	3.0	
OM4.5[2]	Container Units		
OM4.5.2[2]	Text	milliliters	
OM4.6	Specimen		
OM4.6.1	Identifier	119297000	
OM4.6.2	Text	Blood sample	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	WBLD	
OM4.6.5	Alternate Text	Whole blood	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Whole blood	
OM4.7	Additive		
OM4.7.2	Text	Potassium/K EDTA	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	3	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliters	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	4	
OM4.5	Container Units		
OM4.5.2	Text	fluid ounce (US)	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	UR	
OM4.6.5	Alternate Text	Random urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	Random urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
CDM.7[1]	Procedure Code		
CDM.7.1[1]	Identifier	84443	
CDM.7.2[1]	Text	Thyroid Stimulating Hormone (TSH)	
CDM.7[2]	Procedure Code		
CDM.7.1[2]	Identifier	81003	
CDM.7.2[2]	Text	URNLYSS, DP STCK OR TBLT RGNT FR BLRBN, GLCS, HMGLBN, KTNS, LKCYTS, NTRT, PH, PRTN, SPCFC GRVTY, URBLNGN, ANY NMBR OF THS CNSTTNTS ATMTD, WTHT MCRSCPY	
CDM.7[3]	Procedure Code		
CDM.7.1[3]	Identifier	80053	
CDM.7.2[3]	Text	Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520)	
CDM.7[4]	Procedure Code		
CDM.7.1[4]	Identifier	85025	
CDM.7.2[4]	Text	blood count; complete (cbc), automated (hgb, hct, rbc, wbc and platelet count) and automated differential wbc count	
CDM.7[5]	Procedure Code		
CDM.7.1[5]	Identifier	85007	
CDM.7.2[5]	Text	BLOOD COUNT; BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	
CDM.7[6]	Procedure Code		
CDM.7.1[6]	Identifier	85060	
CDM.7.2[6]	Text	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	

Data Element Name	Data	Tester Comment
Test Name Hepatitis A B C Panel_With Reflex		
Test Identifier	1000	
Test Identifier Code System	99USL	
Status	Active	

General Inforn	Information		
Location	Data Element Name	Data	Tester Comment
OM1.2	Producer's Service/Test/Observation ID		
OM1.2.1	Identifier	1000	
OM1.2.2	Text	Hepatitis A B C Panel_With Reflex	
OM1.2.3	Name of Coding System	99USL	
OM1.5	Producer ID		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
OM1.9	Preferred Report Name for the Observation	Hepatitis A B C Panel_With Reflex	
OM1.34	Reflex Tests/Observations		
OM1.34.1	Identifier	1010	
OM1.34.2	Text	Hepatitis C RNA PCR	
OM1.34.3	Name of Coding System	99USL	
OM1.34.4	Alternate Identifier	11011-4	
OM1.34.5	Alternate Text	Hepatitis C virus RNA [Units/volume] (viral load) in Serum or Plasma by Probe and target amplification method	
OM1.34.6	Name of Alternate Coding System	LN	
OM1.35	Rules that Trigger Reflex Testing	Negative: < 0.8; Indeterminate 0.8 - 0.9; Positive: > 0.9. In order to reduce the incidence of a false positive result, the CDC recommends that all s/co ratios between 1.0 and 10.9 be confirmed with additional Verification or PCR testing.	
OM1.39	Factors that may Affect the Observation	Performance characteristics have not been established for the following types of specimen: -Grossly icteric (total bilirubin level of >15 mg/dL) -Grossly lipemic (triolein level of >3,000 mg/dL) -Grossly hemolyzed (hemoglobin level of >500 mg/dL) -Presence of particulate matter -Cadaveric specimen	

	Josef Vation Datteries (sets)				
	Location	Data Element Name	Data	Tester Comment	
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OM5.2[1]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[1]	Identifier	1001	
OM5.2.2[1]	Text	Hepatitis A IgM antibodies (IgM anti-HAV)	
OM5.2.3[1]	Name of Coding System	99USL	
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[2]	Identifier	1002	
OM5.2.2[2]	Text	Hepatitis A antibodies (anti-HAV)	
OM5.2.3[2]	Name of Coding System	99USL	
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[3]	Identifier	1003	
OM5.2.2[3]	Text	Hepatitis B core antibodies (anti-HBVc)	
OM5.2.3[3]	Name of Coding System	99USL	
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[4]	Identifier	1004	
	Text	Hepatitis B core antibodies (anti-HBVc) Quant	
OM5.2.3[4]	Name of Coding System	99USL	
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[5]	Identifier	1005	
OM5.2.2[5]	Text	Hepatitis B e antibodies (anti-HBVe)	
OM5.2.3[5]	Name of Coding System	99USL	
OM5.2[6]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[6]	Identifier	1006	
OM5.2.2[6]	Text	Hepatitis B surface antigen (HBsAg)	
OM5.2.3[6]	Name of Coding System	99USL	
OM5.2[7]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[7]	Identifier	1007	
OM5.2.2[7]	Text	Hepatitis B surface antibody (anti-HBVs)	
OM5.2.3[7]	Name of Coding System	99USL	
OM5.2[8]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[8]	Identifier	1008	
OM5.2.2[8]	Text	Hepatitis C antibody screen (anti-HCV)	
OM5.2.3[8]	Name of Coding System	99USL	
OM5.2[9]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[9]	Identifier	1009	
OM5.2.2[9]	Text	Hepatitis C antibodies Signal to Cut-off Ratio	
OM5.2.3[9]	Name of Coding System	99USL	
OM5.2[10]	Test/Observations Included Within an Ordered Test Battery		
OM5.2.1[10]	Identifier	1010	
OM5 2 25103	T4	Hepatitis C RNA PCR	
OM5.2.2[10]	Text	iicpatitis C Kith I CK	

Specimen Info	pecimen Information				
Location	Data Element Name	Data	Tester Comment		
OM4.3	Container Description	Gold Serum Separator tube			
OM4.4	Container Volume	5.0			
OM4.5	Container Units				
OM4.5.2	Text	milliliter			
OM4.6	Specimen				
OM4.6.1	Identifier	119364003			
OM4.6.2	Text	Serum specimen			
OM4.6.3	Name of Coding System	SCT			
OM4.10	Normal Collection Volume				
OM4.10.1	Quantity	4			
OM4.10.2	Units				
OM4.10.2.	2 Text	milliliter			

Charge Descripti	ion			
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7[1]	Procedure Code			
CDM.7.1[1]	Identifier	80074		
CDM.7.2[1]	Text	Acute Hepatitis panel		
CDM.7[2]	Procedure Code			
CDM.7.1[2]	Identifier	86704		
CDM.7.2[2]	Text	Hepatitis A Antibody, Total		
CDM.7[3]	Procedure Code			
CDM.7.1[3]	Identifier	86706		
CDM.7.2[3]	Text	Hepatitis B Surface Antibody		
CDM.7[4]	Procedure Code			
CDM.7.1[4]	Identifier	86708		
CDM.7.2[4]	Text	Qualitative; Hepatitis B Surface Antigen		
CDM.7[5]	Procedure Code			
CDM.7.1[5]	Identifier	86803		
CDM.7.2[5]	Text	Hepatitis B Core Antibody, Total		
CDM.7[6]	Procedure Code			
CDM.7.1[6]	Identifier	87340		
CDM.7.2[6]	Text	Hepatitis C Antibody		

I	Payer Informat	yer Information				
I	Location	Data Element Name	Data	Tester Comment		
I	PM1.1	Health Plan ID				
	PM1.1.2	Text	Not Applicable			
I	PM1.2	Insurance Company ID				
	PM1.2.1	ID Number	SMCA2			
I	PM1.2.4	Assiging Authority				
	PM1.2.4.1	Namespace ID	NIST EHR			

Coverage Polic	verage Policy			
Location	Data Element Name	Data	Tester Comment	
IMCP3 I	Universal Service Price Range – Low Value			
MCP.3.1	Quantity	39		
MCP.3.2	Denomination	USD		
IMCPA I	Universal Service Price Range – High Value			
MCP.4.1	Quantity	59		
MCP.4.2	Denomination	USD		
IMCP5 I	Reason for Universal Service Cost Range	Reflex testing added if HepC detected		

## Incorporate Verification for Arbovirus IgG and IgM Panel (DNG, WNV) in Serum

Data Element Name	Data	Tester Comment
Test Name	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum	
Test Identifier	1300	
Test Identifier Code System	99USL	
Status	Active	

General Information	General Information				
Location	Data Element Name	Data	Tester Comment		
OM1.2	Producer's Service/Test/Observation ID				
OM1.2.1	Identifier	1300			
OM1.2.2	Text	Arbovirus IgG and IgM Panel (DNG, WNV) in Serum			
OM1.2.3	Name of Coding System	99USL			
OM1.5	Producer ID				
OM1.5.1	Identifier	05D0669071			
OM1.5.2	Text	Century Hospital Clinical Laboratory			
OM1.9	Preferred Report Name for the Observation	Arbovirus Panel for Dengue, West Nile Virus			
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.			
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday			
OM1.48	Exclusive Test	N			
OM1.49	Diagnostic Service Sector ID	LAB			
OM1.57	Expected Turn-Around Time				
OM1.57.1	Quantity	2			
OM1.57.2	Units				
OM1.57.2.2	Text	day			

Observation Bat	servation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment	
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[1]	Identifier	1301		
OM5.2.2[1]	Text	Dengue Virus IgG Titer Serum		
OM5.2.3[1]	Name of Coding System	99USL		
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[2]	Identifier	1302		
OM5.2.2[2]	Text	Dengue Virus IgM Titer Serum		
OM5.2.3[2]	Name of Coding System	99USL		
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[3]	Identifier	1303		
OM5.2.2[3]	Text	WNV IgG Titer Serum		
OM5.2.3[3]	Name of Coding System	99USL		
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[4]	Identifier	1304		
OM5.2.2[4]	Text	WNV Virus IgM Titer Serum		
OM5.2.3[4]	Name of Coding System	99USL		

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

Payer Information				
Location	Data Element Name	Data	Tester Comment	
PM1.1	Health Plan ID			
PM1.1.2	Text	Not Applicable		
PM1.2	Insurance Company ID			
PM1.2.1	ID Number	SMCA2		
PM1.2.4	Assiging Authority			
PM1.2.4.1	Namespace ID	NIST EHR		

#### **Incorporate Verification for Creatinine Clearance**

Data Element Name	Data	Tester Comment
Test Name	Creatinine Clearance	
Test Identifier	1200	
Test Identifier Code System	99USL	
Status	Active	

General Informati	General Information			
Location	Data Element Name	Data	Tester Comment	
OM1.2	Producer's Service/Test/Observation ID			
OM1.2.1	Identifier	1200		
OM1.2.2	Text	Creatinine Clearance		
OM1.2.3	Name of Coding System	99USL		
OM1.5	Producer ID			
OM1.5.1	Identifier	05D0669071		
OM1.5.2	Text	Century Hospital Clinical Laboratory		
OM1.7	Other Service/Test/Observation IDs for the Observation			
OM1.7.1	Identifier	34555-3		
OM1.7.2	Text	Creatinine 24H renal clearance panel		
OM1.7.3	Name of Coding System	LN		
OM1.9	Preferred Report Name for the Observation	Creatinine Clearance		
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.		
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday		
OM1.48	Exclusive Test	N		
OM1.49	Diagnostic Service Sector ID	LAB		
OM1.57	Expected Turn-Around Time			
OM1.57.1	Quantity	1		
OM1.57.2	Units			
OM1.57.2.2	Text	day		

Observation Bat	Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment	
OM5.2[1]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[1]	Identifier	1904		
OM5.2.2[1]	Text	Urine Volume of 24 hour collection		
OM5.2.3[1]	Name of Coding System	99USL		
OM5.2[2]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[2]	Identifier	1201		
OM5.2.2[2]	Text	Creatinine Clearance in 24 hours		
OM5.2.3[2]	Name of Coding System	99USL		
OM5.2[3]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[3]	Identifier	102		
OM5.2.2[3]	Text	Creatinine		
OM5.2.3[3]	Name of Coding System	99USL		
OM5.2[4]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[4]	Identifier	110		
OM5.2.2[4]	Text	GFR, calculated		
OM5.2.3[4]	Name of Coding System	99USL		
OM5.2[5]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[5]	Identifier	1202		
OM5.2.2[5]	Text	Creatinine in 24 hr Urine		
OM5.2.3[5]	Name of Coding System	99USL		
OM5.2[6]	Test/Observations Included Within an Ordered Test Battery			
OM5.2.1[6]	Identifier	1906		
OM5.2.2[6]	Text	What is the Clinically Relevant Race?		
OM5.2.3[6]	Name of Coding System	99USL		

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Sterile, plastic, leak proof container	
OM4.4	Container Volume	2000	
OM4.5	Container Units		
OM4.5.2	Text	milliliter	
OM4.6	Specimen		
OM4.6.1	Identifier	122575003	
OM4.6.2	Text	Urine specimen	
OM4.6.3	Name of Coding System	SCT	
OM4.6.4	Alternate Identifer	24HrUR	
OM4.6.5	Alternate Text	24 hour urine	
OM4.6.6	Name of Alternate Coding System	99USL	
OM4.6.9	Original Text	24 hour urine	
OM4.10	Normal Collection Volume		
OM4.10.1	Quantity	20	
OM4.10.2	Units		
OM4.10.2.2	Text	milliliter	

Specimen Inforn	Specimen Information			
Location	Data Element Name	Data	Tester Comment	
OM4.3[1]	Container Description	Lavender Top (EDTA) tube		
OM4.4[1]	Container Volume	3.0		
OM4.5[1]	Container Units			
OM4.5.2[1]	Text	milliliters		
OM4.3[2]	Container Description	Pink Top (K2EDTA) tube		
OM4.4[2]	Container Volume	3.0		
OM4.5[2]	Container Units			
OM4.5.2[2]	Text	milliliters		
OM4.6	Specimen			
OM4.6.1	Identifier	119297000		
OM4.6.2	Text	Blood sample		
OM4.6.3	Name of Coding System	SCT		
OM4.6.4	Alternate Identifer	WBLD		
OM4.6.5	Alternate Text	Whole blood		
OM4.6.6	Name of Alternate Coding System	99USL		
OM4.6.9	Original Text	Whole blood		
OM4.7	Additive			
OM4.7.2	Text	Potassium/K EDTA		
OM4.10	Normal Collection Volume			
OM4.10.1	Quantity	3		
OM4.10.2	Units			
OM4.10.2.2	Text	milliliters		

Charge Description				
	Location	Data Element Name	Data	Tester Comment
	CDM.3	Identifier	N/A	
	CDM.7	Procedure Code		
	CDM.7.1	Identifier	82575	
	CDM.7.2	Text	creatinine clearance	

Payer Information			
Location	Data Element Name	Data	Tester Comment
PM1.1	Health Plan ID		
PM1.1	.2 Text	Not Applicable	
PM1.2	Insurance Company ID		
PM1.2	.1 ID Number	SMCA2	
PM1.2.4	Assiging Authority		
PM1.2	.4.1 Namespace ID	NIST EHR	

Coverage Policy				
	Location	Data Element Name	Data	Tester Comment
N	IMCPA I	Universal Service Price Range – High Value		
	MCP.4.1	Quantity	59	
	MCP.4.2	Denomination	USD	

## Incorporate Verification for Lipid Panel

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

Charge Descri	ption			
Location	Data Element Name	Data	Tester Comment	
CDM.3	Identifier	N/A		
CDM.7	Procedure Code			
CDM.7.1	Identifier	80061		
CDM.7.2	Text	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)		