Description

Mrs. Delores Lopez is a 30 year old Hispanic female who presents to Dr. Radon's clinic for a routine gynecological examination. A pap smear sample is collected after confirming with Ms. Lopez that her last menstrual period was two weeks ago. A pap smear is ordered from Century Hospital's clinical lab through the Clinic's EHR and the specimen is sent to the lab for testing along with the response to the ask on order (AOE) question "Date of last menstrual period". Century Hospital's clinical lab forwarded this order to Pacific Anatomic Pathology Services which performed the test.
The final results were sent from Century Hospital's clinical lab's LIS to the Provider's EHR.

Comments

This test case is evaluating the handling of an Anatomic Pathology report, including sending a pdf, and Ask at Order Questions responses.

PreCondition

Patient information is pre-loaded in the EHR-S.
No other Pre-Condition.

PostCondition

The test message information received by the EHR-S has been incorporated with the patient's record.

TestObjectives

- Determine if the system can correctly import and incorporate a valid typically populated message for anatomic pathology report for a PAP smear.
- Demonstrate ability to support Ask at Order Entry Questions.
- Demonstrate the ability to consume an embedded (ED) data datatype - in this case a pdf.

Notes to Testers

For display verification focus on these areas:
Answers for Ask at Order Entry questions (OBX-5) are distinguished from the results for the same order.
Notes are related to the coded result of the Pap report
Display of pdf document sent this message.
The provided example message does not contain the full base64 encoded content of the expected pdf document for readability reasons, but the tool will properly validate the full version in both context-based and context-free validation.

LRI_6.0_1.1-GU - Pap smear results for round trip testing of AOEs	
Test Case ID	LRI_6.0_1.1-GU

MSH

Location	Data Element	Data	Categorization
MSH.1	**Field Separator**	|	IG Fixed Data
MSH.2	**Encoding Characters**	^~\&	IG Fixed Data
MSH.3	**Sending Application**		
MSH.3.2	Universal ID	2.16.840.1.113883.3.72.5.20	Configurable Data
MSH.3.3	Universal ID Type	ISO	IG Fixed Data
MSH.4	**Sending Facility**		
MSH.4.2	Universal ID	2.16.840.1.113883.3.72.5.21	Configurable Data
MSH.4.3	Universal ID Type	ISO	IG Fixed Data
MSH.6	**Receiving Facility**		
MSH.6.2	Universal ID	2.16.840.1.113883.3.72.5.23	Configurable Data
MSH.6.3	Universal ID Type	ISO	IG Fixed Data
MSH.7	**Date/Time Of Message**		
MSH.7.1	Time	20150926140551	System Generated
MSH.9	**Message Type**		
MSH.9.1	Message Code	ORU	IG Fixed Data
MSH.9.2	Event Type	R01	IG Fixed Data
MSH.9.3	Message Structure	ORU_R01	IG Fixed Data
MSH.10	**Message Control ID**	LRI_6.0_1.1-GU	System Generated
MSH.11	**Processing ID**		
MSH.11.1	Processing ID	D	Changeable Data
MSH.12	**VersionID**		
MSH.12.1	Version ID	2.5.1	IG Fixed Data
MSH.15	**Accept Acknowledgment Type**	AL	IG Fixed Data
MSH.16	**Application Acknowledgment Type**	AL	IG Fixed Data
MSH.21	**Message Profile Identifier**		
MSH.21.1	Entity Identifier	LRI_Common_Component	IG Fixed Data
MSH.21.3	Universal ID	2.16.840.1.113883.9.16	IG Fixed Data
MSH.21.4	Universal ID Type	ISO	IG Fixed Data
MSH.21[2]	**Message Profile Identifier**		
MSH.21[2].1	Entity Identifier	LRI_GU_Component	IG Fixed Data
MSH.21[2].3	Universal ID	2.16.840.1.113883.9.12	IG Fixed Data
MSH.21[2].4	Universal ID Type	ISO	IG Fixed Data
MSH.21[3]	**Message Profile Identifier**		
MSH.21[3].1	Entity Identifier	LRI_FRU_Component	IG Fixed Data
MSH.21[3].3	Universal ID	2.16.840.1.113883.9.83	IG Fixed Data
MSH.21[3].4	Universal ID Type	ISO	IG Fixed Data

PID

Location	Data Element	Data	Categorization
PID.1	**Set ID - PID**	1	IG Fixed Data
PID.3	**Patient Identifier List**		
PID.3.1	ID Number	PATID40	Configurable Data
PID.3.4	Assigning Authority		
PID.3.4.1	Namespace ID	NIST MPI	Configurable Data
PID.3.4.2	Universal ID	2.16.840.1.113883.3.72.5.30.2	Configurable Data
PID.3.4.3	Universal ID Type	ISO	IG Fixed Data
PID.3.5	Identifier Type Code	MR	Changeable Data
PID.5	**Patient Name**		
PID.5.1	Family Name		

Location	Data Element	Data	Categorization
PID.5.1	Surname	Lopez	Changeable Data
PID.5.2	Given Name	Delores	
PID.5.7	Name Type Code	L	Changeable Data
PID.7	**Date/Time of Birth**		
PID.7.1	Time	19880906	Changeable Data
PID.8	**Administrative Sex**	F	Changeable Data
PID.10	**Race**		
PID.10.1	Identifier	2106-3	Changeable Data
PID.10.2	Text	White	Changeable Data
PID.10.3	Name of the Coding System	HL70005	IG Fixed Data
PID.18	**Patient Account Number**		
PID.18.1	ID Number	PATID40	Configurable Data
PID.18.4	Assigning Authority		
PID.18.4.1	Namespace ID	NIST MPI	Configurable Data
PID.18.4.2	Universal ID	2.16.840.1.113883.3.72.5.30.2	Configurable Data
PID.18.4.3	Universal ID Type	ISO	IG Fixed Data
PID.18.5	Identifier Type Code	AN	Changeable Data

ORC

Location	Data Element	Data	Categorization
ORC.1	**Order Control**	RE	Test Case Fixed Data
ORC.2	**Placer Order Number**		
ORC.2.1	Entity Identifier	ORD40	Changeable Data
ORC.2.2	Namespace ID	NIST EHR	Changeable Data
ORC.2.3	Universal ID	2.16.840.1.113883.3.72.5.24	Changeable Data
ORC.2.4	Universal ID Type	ISO	IG Fixed Data
ORC.3	**Filler Order Number**		
ORC.3.1	Entity Identifier	R-400	Changeable Data
ORC.3.2	Namespace ID	NIST Lab Filler	Changeable Data
ORC.3.3	Universal ID	2.16.840.1.113883.3.72.5.20	Configurable Data
ORC.3.4	Universal ID Type	ISO	IG Fixed Data
ORC.12	**Ordering Provider**		
ORC.12.1	ID Number	2345654323	
ORC.12.2	Family Name		
ORC.12.2.1	Surname	Matalon	Changeable Data
ORC.12.3	Given Name	Mary	Changeable Data
ORC.12.4	Second and Further Given Names or Initials Thereof	Katherine	Changeable Data
ORC.12.6	Prefix (e.g., DR)	DR	Changeable Data
ORC.12.9	Assigning Authority		
ORC.12.9.1	Namespace ID	NPI	Changeable Data
ORC.12.9.2	Universal ID	2.16.840.1.113883.4.6	Changeable Data
ORC.12.9.3	Universal ID Type	ISO	IG Fixed Data
ORC.12.10	Name Type Code	L	Changeable Data
ORC.12.13	Identifier Type Code	NPI	Changeable Data

OBR

Location	Data Element	Data	Categorization
OBR.1	**Set ID - OBR**	1	IG Fixed Data
OBR.2	**Placer Order Number**		
OBR.2.1	Entity Identifier	ORD40	Changeable Data
OBR.2.2	Namespace ID	NIST EHR	Changeable Data
OBR.2.3	Universal ID	2.16.840.1.113883.3.72.5.24	Changeable Data
OBR.2.4	Universal ID Type	ISO	IG Fixed Data
OBR.3	**Filler Order Number**		
OBR.3.1	Entity Identifier	R-400	Changeable Data
OBR.3.2	Namespace ID	NIST Lab Filler	Changeable Data

Location	Data Element	Data	Categorization
OBR.3.3	Universal ID	2.16.840.1.113883.3.72.5.20	Configurable Data
OBR.3.4	Universal ID Type	ISO	IG Fixed Data
OBR.4	**Universal Service Identifier**		
OBR.4.1	Identifier	47527-7	Test Case Fixed Data
OBR.4.2	Text	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	Changeable Data
OBR.4.3	Name of Coding System	LN	Test Case Fixed Data
OBR.4.4	Alternate Identifier	610	Changeable Data
OBR.4.5	Alternate Text	Pap Test	Changeable Data
OBR.4.6	Name of Alternate Coding System	99USL	Changeable Data
OBR.4.7	Coding System Version	2.52	Changeable Data
OBR.7	**Observation Date/Time**		
OBR.7.1	Time	20130211	Changeable Data
OBR.16	**Ordering Provider**		
OBR.16.1	ID Number	2345654323	Changeable Data
OBR.16.2	Family Name		
OBR.16.2.1	Surname	Matalon	Changeable Data
OBR.16.3	Given Name	Mary	Changeable Data
OBR.16.4	Second and Further Given Names or Initials Thereof	Katherine	Changeable Data
OBR.16.6	Prefix (e.g., DR)	DR	Changeable Data
OBR.16.9	Assigning Authority		
OBR.16.9.1	Namespace ID	NPI	Changeable Data
OBR.16.9.2	Universal ID	2.16.840.1.113883.4.6	Changeable Data
OBR.16.9.3	Universal ID Type	ISO	IG Fixed Data
OBR.16.10	Name Type Code	L	Changeable Data
OBR.16.13	Identifier Type Code	NPI	Changeable Data
OBR.22	**Results Rpt/Status Chng - Date/Time**		
OBR.22.1	Time	20130214140000	Changeable Data
OBR.25	**Result Status**	F	Test Case Fixed Data

OBX

Location	Data Element	Data	Categorization
OBX.1	**Set ID - OBX**	1	IG Fixed Data
OBX.2	**Value Type**	CWE	Test Case Fixed Data
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	47527-7	Test Case Fixed Data
OBX.3.2	Text	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	Changeable Data
OBX.3.3	Name of the Coding System	LN	Test Case Fixed Data
OBX.3.4	Alternate Identifier	610	Changeable Data
OBX.3.5	Alternate Text	Pap Test	Changeable Data
OBX.3.6	Name of Alternate Coding System	99USL	Changeable Data
OBX.3.7	Coding System Version	2.52	Changeable Data
OBX.3.9	Original Text	Pap Smear	Test Case Fixed Data
OBX.4	**Observation Sub-ID**		
OBX.4.2	Group	1	Test Case Fixed Data
OBX.4.3	Sequence	1	Test Case Fixed Data
OBX.5	**Observation Value**		
OBX.5.1	Identifier	441087007	Test Case Fixed Data
OBX.5.2	Text	Atypical squamous cells of undetermined significance on cervical Papanicolaou smear	Changeable Data
OBX.5.3	Name of the Coding System	SCT	Test Case Fixed Data
OBX.5.7	Coding System Version	201509USEd	Changeable Data
OBX.5.9	Original Text	Atypical squamous cells of undetermined significance	Changeable Data
OBX.11	**Observation Result Status**	F	Test Case Fixed Data

OBX.14 / Location	Date/Time of the Observation / Data Element	Data	Categorization
OBX.14.1	Time	20130211	Changeable Data
OBX.19	**Date/Time of the Analysis**		
OBX.19.1	Time	20130214134000	Changeable Data
OBX.23	**Performing Organization Name**		
OBX.23.1	Organization Name	Pacific Anatomic Pathology Services	Changeable Data
OBX.23.6	Assigning Authority		
OBX.23.6.1	Namespace ID	CLIA	Changeable Data
OBX.23.6.2	Universal ID	2.16.840.1.113883.4.7	Changeable Data
OBX.23.6.3	Universal ID Type	ISO	IG Fixed Data
OBX.23.7	Identifier Type Code	XX	Changeable Data
OBX.23.10	Organization Identifier	05D8884444	Changeable Data
OBX.24	**Performing Organization Address**		
OBX.24.1	Street Address		
OBX.24.1.1	Street or Mailing Address	2216 Santa Monica Blvd	Changeable Data
OBX.24.2	Other Designation	Suite 114	Changeable Data
OBX.24.3	City	Santa Monica	Changeable Data
OBX.24.4	State or Province	CA	Changeable Data
OBX.24.5	Zip or Postal Code	90404	Changeable Data
OBX.24.6	Country	USA	Changeable Data
OBX.24.7	Address Type	B	Changeable Data
OBX.24.9	County/Parish Code	06037	Changeable Data
OBX.29	**Observation Type**	RSLT	Test Case Fixed Data

NTE

Location	Data Element	Data	Categorization
NTE.1	**Set ID - NTE**	1	IG Fixed Data
NTE.3	**Comment**	Appropriate Follow-up. Suggest repeat as clinically indicated.	Changeable Data

NTE

Location	Data Element	Data	Categorization
NTE.1	**Set ID - NTE**	2	IG Fixed Data
NTE.3	**Comment**	Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. \.br\For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf	Changeable Data

OBX

Location	Data Element	Data	Categorization
OBX.1	**Set ID - OBX**	2	IG Fixed Data
OBX.2	**Value Type**	DT	Test Case Fixed Data
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	8665-2	Test Case Fixed Data
OBX.3.2	Text	Date last menstrual period	Changeable Data
OBX.3.3	Name of the Coding System	LN	Test Case Fixed Data
OBX.3.7	Coding System Version	2.52	Changeable Data
OBX.4	**Observation Sub-ID**		
OBX.4.2	Group	1	Test Case Fixed Data
OBX.4.3	Sequence	1	Test Case Fixed Data
OBX.5	**Observation Value**	20130128	Changeable Data
OBX.11	**Observation Result Status**	F	Test Case Fixed Data
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20130211	Changeable Data
OBX.23	**Performing Organization Name**		
OBX.23.1	Organization Name	Pacific Anatomic Pathology Services	Changeable Data
OBX.23.6	Assigning Authority		

Location	Data Element	Data	Categorization
OBX.23.6.2	Universal ID	2.16.840.1.113883.4.7	Changeable Data
OBX.23.6.3	Universal ID Type	ISO	IG Fixed Data
OBX.23.7	Identifier Type Code	XX	Changeable Data
OBX.23.10	Organization Identifier	05D8884444	Changeable Data
OBX.24	**Performing Organization Address**		
OBX.24.1	Street Address		
OBX.24.1.1	Street or Mailing Address	2216 Santa Monica Blvd	Changeable Data
OBX.24.2	Other Designation	Suite 114	Changeable Data
OBX.24.3	City	Santa Monica	Changeable Data
OBX.24.4	State or Province	CA	Changeable Data
OBX.24.5	Zip or Postal Code	90404	Changeable Data
OBX.24.6	Country	USA	Changeable Data
OBX.24.7	Address Type	B	Changeable Data
OBX.24.9	County/Parish Code	06037	Changeable Data
OBX.29	**Observation Type**	QST	Test Case Fixed Data
OBX.30	**Observation SubType**	AOE	Test Case Fixed Data

OBX

Location	Data Element	Data	Categorization
OBX.1	**Set ID - OBX**	3	IG Fixed Data
OBX.2	**Value Type**	CWE	Test Case Fixed Data
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	PLT458	Test Case Fixed Data
OBX.3.2	Text	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	Changeable Data
OBX.3.3	Name of the Coding System	99LAB	Test Case Fixed Data
OBX.4	**Observation Sub-ID**		
OBX.4.2	Group	1	Test Case Fixed Data
OBX.4.3	Sequence	1	Test Case Fixed Data
OBX.5	**Observation Value**		
OBX.5.1	Identifier	UNK	Test Case Fixed Data
OBX.5.2	Text	Unknown	Changeable Data
OBX.5.3	Name of the Coding System	HL70353	Test Case Fixed Data
OBX.11	**Observation Result Status**	F	Test Case Fixed Data
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20130211	Changeable Data
OBX.23	**Performing Organization Name**		
OBX.23.1	Organization Name	Pacific Anatomic Pathology Services	Changeable Data
OBX.23.6	Assigning Authority		
OBX.23.6.1	Namespace ID	CLIA	Changeable Data
OBX.23.6.2	Universal ID	2.16.840.1.113883.4.7	Changeable Data
OBX.23.6.3	Universal ID Type	ISO	IG Fixed Data
OBX.23.7	Identifier Type Code	XX	Changeable Data
OBX.23.10	Organization Identifier	05D8884444	Changeable Data
OBX.24	**Performing Organization Address**		
OBX.24.1	Street Address		
OBX.24.1.1	Street or Mailing Address	2216 Santa Monica Blvd	Changeable Data
OBX.24.2	Other Designation	Suite 114	Changeable Data
OBX.24.3	City	Santa Monica	Changeable Data
OBX.24.4	State or Province	CA	Changeable Data
OBX.24.5	Zip or Postal Code	90404	Changeable Data
OBX.24.6	Country	USA	Changeable Data
OBX.24.7	Address Type	B	Changeable Data
OBX.24.9	County/Parish Code	06037	Changeable Data
OBX.29	**Observation Type**	QST	Test Case Fixed Data
OBX.30	**Observation SubType**	AOE	Test Case Fixed Data

OBX

Location	Data Element	Data	Categorization
OBX.1	**Set ID - OBX**	4	IG Fixed Data
OBX.2	**Value Type**	ED	Test Case Fixed Data
OBX.3	**Observation Identifier**		
OBX.3.1	Identifier	47527-7	Test Case Fixed Data
OBX.3.2	Text	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	Changeable Data
OBX.3.3	Name of the Coding System	LN	Test Case Fixed Data
OBX.3.4	Alternate Identifier	610	Changeable Data
OBX.3.5	Alternate Text	Pap Test	Changeable Data
OBX.3.6	Name of Alternate Coding System	99USL	Changeable Data
OBX.3.7	Coding System Version	2.52	Changeable Data
OBX.3.9	Original Text	Pap Smear	Test Case Fixed Data
OBX.4	**Observation Sub-ID**		
OBX.4.2	Group	1	Test Case Fixed Data
OBX.4.3	Sequence	2	Test Case Fixed Data
OBX.5	**Observation Value**		
OBX.5.2	Type of Data	AP	Test Case Fixed Data
OBX.5.3	Data Subtype	pdf	Test Case Fixed Data
OBX.5.4	Encoding	Base64	Test Case Fixed Data
OBX.5.5	Data	This would be the 64base converted pdf document - it would be very long.	Changeable Data
OBX.11	**Observation Result Status**	F	Test Case Fixed Data
OBX.14	**Date/Time of the Observation**		
OBX.14.1	Time	20130211	Changeable Data
OBX.19	**Date/Time of the Analysis**		
OBX.19.1	Time	20130214134000	Changeable Data
OBX.23	**Performing Organization Name**		
OBX.23.1	Organization Name	Pacific Anatomic Pathology Services	Changeable Data
OBX.23.6	Assigning Authority		
OBX.23.6.1	Namespace ID	CLIA	Changeable Data
OBX.23.6.2	Universal ID	2.16.840.1.113883.4.7	Changeable Data
OBX.23.6.3	Universal ID Type	ISO	IG Fixed Data
OBX.23.7	Identifier Type Code	XX	Changeable Data
OBX.23.10	Organization Identifier	05D8884444	Changeable Data
OBX.24	**Performing Organization Address**		
OBX.24.1	Street Address		
OBX.24.1.1	Street or Mailing Address	2216 Santa Monica Blvd	Changeable Data
OBX.24.2	Other Designation	Suite 114	Changeable Data
OBX.24.3	City	Santa Monica	Changeable Data
OBX.24.4	State or Province	CA	Changeable Data
OBX.24.5	Zip or Postal Code	90404	Changeable Data
OBX.24.6	Country	USA	Changeable Data
OBX.24.7	Address Type	B	Changeable Data
OBX.24.9	County/Parish Code	06037	Changeable Data
OBX.29	**Observation Type**	RSLT	Test Case Fixed Data

SPM

Location	Data Element	Data	Categorization
SPM.1	**Set ID - SPM**	1	IG Fixed Data
SPM.2	**Specimen ID**		
SPM.2.1			
SPM.2.1.1		S-40	Changeable Data
SPM.2.1.2		NIST EHR	Changeable Data
SPM.2.1.3		2.16.840.1.113883.3.72.5.24	Changeable Data
SPM.2.1.4		ISO	IG Fixed Data

Location	Data Element	Data	Categorization
SPM.2.2			
SPM.2.2.1		R-400	Changeable Data
SPM.2.2.2		NIST Lab Filler	Changeable Data
SPM.2.2.3		2.16.840.1.113883.3.72.5.20	Configurable Data
SPM.2.2.4		ISO	IG Fixed Data
SPM.4	**Specimen Type**		
SPM.4.1	Identifier	110951002	Changeable Data
SPM.4.2	Text	Endocervical cytologic material	Changeable Data
SPM.4.3	Name of the Coding System	SCT	Changeable Data
SPM.4.4	Alternate Identifier	2134	Changeable Data
SPM.4.5	Alternate Text	Cervical Cytology (ThinPrep)	Changeable Data
SPM.4.6	Name of Alternate Coding System	99USL	Changeable Data
SPM.4.7	Coding System Version	201509USEd	Changeable Data
SPM.4.9	Original Text	Cervical Cytology (ThinPrep)	Changeable Data
SPM.17	**Specimen Collection Date/Time**		
SPM.17.1	Range Start Date/Time		
SPM.17.1.1	Time	20130211	Changeable Data

Patient Information

Element	Data
Name	Delores Lopez
Date/Time of Birth	09/06/1988
Administrative Sex	Female
Race	White
Alt Race	

Order Observation

Ordering Provider

Element	Data
Name	DR Mary Katherine Matalon
Identifier number	2345654323

Observation Details

Element	Data
Observation General Information	
Placer Order Number	ORD40
Filler Order Number	R-400
Placer Group Number	
Parent Universal Service Identifier	
Identifier	
Text	
Alt Identifier	
Alt Text	
Original Text	
Observation Details	
Universal Service Identifier	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep
Observation Date/Time	02/11/2013
Observation end Date/Time	
Specimen Action Code	
Relevant Clinical Information	
Relevant Clinical Information Original Text	
Observation Result Information	
Result Status	F
Results Report/Status Change - Date/Time	02/14/2013 2:00 PM
Results Handling	
Standard	
Observation Notes	

Timing/Quantity Information

Element	Data
Priority	
Start Date/time	
End Date/time	

Results Performing Laboratory

Element	Data
Laboratory Name	Pacific Anatomic Pathology Services
Organization identifier	05D8884444
Address	2216 Santa Monica Blvd Suite 114 Santa Monica CA 90404 USA
Director Name	
Director identifier	

Specimen Information

Element	Data

Specimen Type	Endocervical cytologic material
Alt Specimen Type	Cervical Cytology (ThinPrep)
Specimen Original Text	Cervical Cytology (ThinPrep)
Start date/time	20130211

Lab results

Element	Data
Test performed	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep
Test Report date	02/14/2013 14:00

Result Observation Name	Result	UOM	Range	Abnormal Flag	Status	Date/Time of Observation	Date/Time of Analysis	Notes
Pap Smear	Atypical squamous cells of undetermined significance				F	02/11/2013	02/14/2013 13:40	Appropriate Follow-up. Suggest repeat as clinically indicated. Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. For more information see: http://www.cdc.gov/cancer
Date last menstrual period	20130128				F	02/11/2013		
Did the patient have a previous abnormal Pap report, treatment, or biopsy?	Unknown				F	02/11/2013		
Pap Smear	This would be the 64base converted pdf document - it would be very long.				F	02/11/2013	02/14/2013 13:40	

Element	Data

Result Observation Name	Result	UOM	Range	Abnormal Flag	Status	Date/Time of Observation	Date/Time of Analysis	Notes

HL7 v2.5 ORU^R01^ORU_R01 Message: Incorporation of Laboratory Results	
Test Case ID	LRI_6.0_1.1-GU
Juror ID	
Juror Name	
HIT System Tested	
Inspection Date/Time	
Inspection Settlement (Pass/Fail)	**Pass** ☐ **Fail** ☐
Reason Failed	
Juror Comments	

This Test Case-specific Juror Document provides a checklist for the Tester to use during testing for assessing the Health IT Module's ability to display and incorporate required data elements from the information received in the LRI message. Additional data from the message or from the Health IT Module are permitted to be displayed and incorporated by the Module. Grayed-out fields in the Juror Document indicate where no data for that data element were included in the LRI message for the given Test Case.

The format of the Display Verification section of this Juror Document is for ease-of-use by the Tester and does not indicate how the Health IT Module display must be designed.

Display Verification

Legend for Display Requirement

Data in **bold red** text: HIT Module must display exact version of stored data

Data in ***bold black italics*** text: HIT Module must display exact version of data received in the LRI message

Data in regular text: HIT Module may display equivalent version of stored data

Patient Information - Display Verification					
Patient Identifier	**Patient Name**	**DOB**	**Sex**	**Race**	**Tester Comment**
PATID40	*Delores Lopez*	09/06/1988	F	**White**	
When a given patient has more than one Patient ID Number, the HIT module may display the ID Number that is most appropriate for the context (e.g., inpatient ID Number versus ambulatory ID Number.)					

	Lab Results - Display Verification									
Test Performed:	*Pap Test*									
Test Report Date:	02/14/2013 14:00:00									
Result Report Status	F									

Result Observation Name	Result Value	UOM	Reference Range	Abnormal Flag	Status	Date/Time of Observation	End Date/Time of Observation	Date/Time of Analysis	Tester Comment
Pap Smear	**Atypical squamous cells of undetermined significance**				F	02/11/2013 : :		02/14/2013 13:40:00	
Note	Appropriate Follow-up. Suggest repeat as clinically indicated.								
Note	Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf								
Date last menstrual period	20130128				F	02/11/2013 : :			
Did the patient have a previous abnormal Pap report, treatment, or biopsy?	*Unknown*				F	02/11/2013 : :			
Pap Smear	PDF is created				F	02/11/2013 : :		02/14/2013 13:40:00	

Performing Organization Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Organization Name	**Pacific Anatomic Pathology Services**	
Organization Address		
Street address	*2216 Santa Monica Blvd*	
Other designation	*Suite 114*	
City	*Santa Monica*	
State	*CA*	
Zip code	*90404*	

Performing Organization Medical Director Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Medical Director Name		
Family Name		
Surname		
Given Name		
Second and Further Given Names or Initials Thereof		
Suffix (e.g., JR or III)		
Prefix (e.g., DR)		

Specimen Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Specimen Type(Specimen Source)	Cervical Cytology (ThinPrep)	
Specimen Collection Date/Time - Start	02/11/2013 : :	
Specimen Collection Date/Time - End		
Specimen Reject Reason		
Specimen Condition		

Order Information - Display Verification		
Data Element Name	**Data**	**Tester Comment**
Relevant Clinical Information		
Placer Order Number Entity ID	ORD40	
Ordering Provider		
Family Name		
Surname	Matalon	
Given Name	Mary	
Second and Further Given Names or Initials Thereof	Katherine	
Suffix (e.g., JR or III)		
Prefix (e.g., DR)	DR	

Incorporate Verification

Legend for Store Requirement

S-EX : Store exact

S-TR-R : Translate and store translation (exact value can be re-created from translation any time)

S-EX-A : Store exact by association

S-RC : Process and re-create

S-EQ : Store equivalent

(See **"Instructions to Testers for Verification of Store Requirements"** at the end of this Juror Document for additional details.)

Location	Data Element Name	Store Requirement	Data	Tester Comment
Patient Information Details- Incorporate Verification				
PID-3	**Patient Identifier List**			
PID-3.1	ID Number	S-EX-A	PATID40	
PID-3.4	**Assigning Property**			
PID-3.4.1	Namespace ID	S-EX-A	NIST MPI	
PID-3.4.2	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.30.2	
PID-3.4.3	Universal ID Type	S-EX-A	ISO	
PID-3.5	Identifier Type Code	S-RC	MR	
PID-5	**Patient Name**			
PID-5.1	**Family Name**			
PID-5.1.1	Surname	S-EX-A	Lopez	
PID-5.2	Given Name	S-EX-A	Delores	
PID-5.3	Second and Further Given Names or Initials Thereof	S-EX-A		
PID-5.4	Suffix (e.g., JR or III)	S-EX-A		
PID-5.7	Name Type Code	S-RC	L	
PID-7	**Date/Time of Birth**			
PID-7.1	Time	S-EQ	09/06/1988	
PID-8	Administrative Sex	S-TR-R	F	
PID-10	**Race**			
PID-10.1	Identifier	S-RC	2106-3	
PID-10.2	Text	S-RC	White	
PID-10.3	Name of Coding System	S-RC	HL70005	

Order Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
ORC-2/OBR-2	**Placer Order Number**			
ORC-2.1/OBR-2.1	Entity Identifier	S-EX-A	ORD40	
ORC-2.2/OBR-2.2	Namespace ID	S-EX-A	NIST EHR	
ORC-2.3/OBR-2.3	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.24	
ORC-2.4/OBR-2.4	Universal ID Type	S-EX-A	ISO	
ORC-3/OBR-3	**Filler Order Number**			
ORC-3.1/OBR-3.1	Entity Identifier	S-EX	R-400	
ORC-3.2/OBR-3.2	Namespace ID	S-EX-A	NIST Lab Filler	
ORC-3.3/OBR-3.3	Universal ID	S-EX-A	2.16.840.1.113883.3.72.5.20	
ORC-3.4/OBR-3.4	Universal ID Type	S-EX-A	ISO	
ORC-12/OBR-16	**Ordering Provider**			
ORC-12.1/OBR-16.1	ID Number	S-RC	2345654323	
ORC-12.2/OBR-16.2	**Family Name**			
ORC-12.2.1/OBR-16.2.1	Surname	S-RC	Matalon	
ORC-12.3/OBR-16.3	Given Name	S-RC	Mary	
ORC-12.4/OBR-16.4	Second and Further Given Names or Initials Thereof	S-RC	Katherine	
ORC-12.5/OBR-16.5	Suffix (e.g., JR or III)	S-RC		
ORC-12.6/OBR-16.6	Prefix (e.g., DR)	S-RC	DR	
ORC-12.9/OBR-16.9	**Assigning Authority**			
ORC-12.9.1/OBR-16.9.1	Namespace ID	S-EX-A	NPI	
ORC-12.9.2/OBR-16.9.2	Universal ID	S-EX-A	2.16.840.1.113883.4.6	
ORC-12.9.3/OBR-16.9.3	Universal ID Type	S-EX-A	ISO	
ORC-12.10/OBR-16.10	Name Type Code	S-RC	L	
ORC-12.13/OBR-16.13	Identifier Type Code	S-RC	NPI	

Performing Organization Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-23	**Performing Organization Name**			
OBX-23.1	Organization Name (Note 1)	S-TR-R	Pacific Anatomic Pathology Services	
OBX-23.6	**Assigning Authority (Note 2)**			
OBX-23.6.1	Namespace ID	S-EX-A	CLIA	
OBX-23.6.2	Universal ID	S-EX-A	2.16.840.1.113883.4.7	
OBX-23.6.3	Universal ID Type	S-EX-A	ISO	
OBX-23.7	Identifier Type Code	S-RC	XX	
OBX-23.10	Organization Identifier	S-TR-R	05D8884444	
OBX-24	**Performing Organization Address**			
OBX-24.1	**Street Address**			
OBX-24.1.1	Street or Mailing Address	S-EX-A	2216 Santa Monica Blvd	
OBX-24.2	Other Designation	S-EX-A	Suite 114	
OBX.24.3	City	S-EX-A	Santa Monica	
OBX-24.4	State or Province	S-EX-A	CA	
OBX-24.5	Zip or Postal Code	S-EX-A	90404	
OBX-24.6	Country	S-TR-R	USA	
OBX-25	**Performing Organization Medical Director**			
OBX-25.1	ID Number	S-RC		
OBX-25.2	**Family Name**			
OBX-25.2.1	Surname	S-TR-R		
OBX-25.3	Given Name	S-TR-R		
OBX-25.4	Second and Further Given Names or Initials Thereof	S-TR-R		
OBX-25.5	Suffix (e.g., JR or III)	S-TR-R		
OBX-25.6	Prefix (e.g., DR)	S-TR-R		
OBX-25.9	**Assigning Authority (Note 2)**			
OBX-25.9.1	Namespace ID	S-EX-A		
OBX-25.9.2	Universal ID	S-EX-A		
OBX-25.9.3	Universal ID Type	S-EX-A		
OBX-25.10	Name Type Code	S-RC		
OBX-25.13	Identifier Type Code	S-RC		

Note 1 - The HIT Module must store the Organization Name or be able to recreate it. If the HIT Module is able to demonstrate Organization Name: ID is always 1:1, then the HIT Module is permitted to store and recreate (S-TR-R).

Note 2 - Determine requirement for support of 2nd component or 3rd and 4th component based on the EI or HD Profile

Order Information (cont'd) - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBR-4	**Universal Service Identifier (Note 1)**			
OBR-4.1	Identifier	S-TR-R	47527-7	
OBR-4.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBR-4.3	Name of the Coding System	S-RC	LN	
OBR-4.4	Alternate Identifier	S-TR-R	610	
OBR-4.5	Alternate Text	S-EX-A	Pap Test	
OBR-4.6	Name of Alternate Coding System	S-RC	99USL	
OBR-4.9	Original Text	S-EX		
OBR-7/SPM-17.1	**Observation Date/Time**			
OBR-7.1/SPM-17.1.1	Time	S-EQ	02/11/2013 : :	
OBR-8/SPM-17.2	**Observation End Date/Time**			
OBR-8.1/SPM-17.2.1	Time	S-EQ		
OBR-13	**Relevant Clinical Information**			
OBR-13.1	Identifier	S-TR-R		
OBR-13.2	Text	S-EX-A		
OBR-13.3	Name of the Coding System	S-RC		
OBR-13.9	Original Text	S-EX		
OBR-22	**Results Rpt/Status Chng - Date/Time**			
OBR-22.1	Time	S-EQ	02/14/2013 14:00:00	
OBR-25	Result Status	S-TR-R	F	

Note 1 -Store the <u>Identifier</u> and the <u>Text</u> for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If <u>Original Text</u> field is populated, MUST store the exact data received.

Result Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-3	**Observation Identifier (Note 1)**			
OBX-3.1	Identifier	S-TR-R	47527-7	
OBX-3.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R	610	
OBX-3.5	Alternate Text	S-EX-A	Pap Test	
OBX-3.6	Name of Alternate Coding System	S-RC	99USL	
OBX-3.9	Original Text	S-EX	Pap Smear	
OBX-5	**Observation Value**			
OBX-5.1	Identifier	S-TR-R	441087007	
OBX-5.2	Text	S-EX-A	Atypical squamous cells of undetermined significance on cervical Papanicolaou smear	
OBX-5.3	Name of the Coding System	S-RC	SCT	
OBX-5.4	Alternate Identifier	S-TR-R		
OBX-5.5	Alternate Text	S-EX-A		
OBX-5.6	Name of Alternate Coding System	S-RC		
OBX-5.9	Original Text	S-EX	Atypical squamous cells of undetermined significance	
OBX-6	**Units (Note 2)**			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	**Reference Range**	S-EX		
OBX-8	**Abnormal Flags**	S-TR-R		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ	02/14/2013 13:40:00	

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

Note - Incorporate Verification

Location	Data Element Name	Store Requirement	Data	Tester Comment
NTE-3	Note	S-EX	Appropriate Follow-up. Suggest repeat as clinically indicated.	
NTE-3	Note	S-EX	Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection testing every 5 years. For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf	

Result Information - Incorporate Verification

Location	Data Element Name	Store Requirement	Data	Tester Comment
OBX-3	**Observation Identifier (Note 1)**			
OBX-3.1	Identifier	S-TR-R	8665-2	
OBX-3.2	Text	S-EX-A	Date last menstrual period	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX		
OBX-5	Observation Value	S-EQ	20130128	
OBX-6	**Units (Note 2)**			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	**Reference Range**	S-EX		
OBX-8	**Abnormal Flags**	S-TR-R		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ		

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

Result Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-3	**Observation Identifier (Note 1)**			
OBX-3.1	Identifier	S-TR-R	PLT458	
OBX-3.2	Text	S-EX-A	Did the patient have a previous abnormal Pap report, treatment, or biopsy?	
OBX-3.3	Name of the Coding System	S-RC	99LAB	
OBX-3.4	Alternate Identifier	S-TR-R		
OBX-3.5	Alternate Text	S-EX-A		
OBX-3.6	Name of Alternate Coding System	S-RC		
OBX-3.9	Original Text	S-EX		
OBX-5	**Observation Value**			
OBX-5.1	Identifier	S-TR-R	UNK	
OBX-5.2	Text	S-EX-A	Unknown	
OBX-5.3	Name of the Coding System	S-RC	HL70353	
OBX-5.4	Alternate Identifier	S-TR-R		
OBX-5.5	Alternate Text	S-EX-A		
OBX-5.6	Name of Alternate Coding System	S-RC		
OBX-5.9	Original Text	S-EX		
OBX-6	**Units (Note 2)**			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	**Reference Range**	S-EX		
OBX-8	**Abnormal Flags**	S-TR-R		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ		

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

Result Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
OBX-3	**Observation Identifier (Note 1)**			
OBX-3.1	Identifier	S-TR-R	47527-7	
OBX-3.2	Text	S-EX-A	Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep	
OBX-3.3	Name of the Coding System	S-RC	LN	
OBX-3.4	Alternate Identifier	S-TR-R	610	
OBX-3.5	Alternate Text	S-EX-A	Pap Test	
OBX-3.6	Name of Alternate Coding System	S-RC	99USL	
OBX-3.9	Original Text	S-EX	Pap Smear	
OBX-5	Observation Value	PDF is stored		
OBX-6	**Units (Note 2)**			
OBX-6.1	Identifier	S-TR-R		
OBX-6.2	Text	S-TR-R		
OBX-6.3	Name of the Coding System	S-RC		
OBX-6.4	Alternate Identifier	S-TR-R		
OBX-6.5	Alternate Text	S-TR-R		
OBX-6.6	Name of Alternate Coding System	S-RC		
OBX-6.9	Original Text	S-EX		
OBX-7	**Reference Range**	S-EX		
OBX-8	**Abnormal Flags**	S-TR-R		
OBX-11	**Observation Result Status**	S-TR-R	F	
OBX-14	**Date/Time of the Observation**			
OBX-14.1	Time	S-EQ	02/11/2013 : :	
OBX-19	**Date/Time of the Analysis**			
OBX-19.1	Time	S-EQ	02/14/2013 13:40:00	

Note 1 - Store the Identifier and the Text for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If Original Text field is populated, MUST store the exact data received.

Note 2 - If both UOM triplets are populated, receiver may choose to store the data received in either triplet; translations must result in equivalent UOM that do not require a change in the numeric result.

Specimen Information - Incorporate Verification				
Location	**Data Element Name**	**Store Requirement**	**Data**	**Tester Comment**
SPM-4	**Specimen Type (Note 1)**			
SPM-4.1	Identifier	S-TR-R	110951002	
SPM-4.2	Text	S-EX-A	Endocervical cytologic material	
SPM-4.3	Name of the Coding System	S-RC	SCT	
SPM-4.4	Alternate Identifier	S-TR-R	2134	
SPM-4.5	Alternate Text	S-EX-A	Cervical Cytology (ThinPrep)	
SPM-4.6	Name of Alternate Coding System	S-RC	99USL	
SPM-4.9	Original Text	S-EX	Cervical Cytology (ThinPrep)	
Note 1 - The HIT must store the <u>Identifier</u> and the <u>Text</u> for each populated triplet using the S-EX-A, S-TR-R, or S-EX store requirement as indicated. If <u>Original Text</u> field is populated, MUST store the exact data received.				

Instructions to Testers for Verification of Store Requirements

Note: The HIT Module being tested is always allowed to incorporate/store the exact data received in the LRI message even if a given Store Requirement does not explicitly state that the HIT Module is permitted to do so.

Store Requirement	Definition	Instructions for Verification of Requirement During Conformance Testing
S-EX	Store Exact	The HIT Module being tested must be designed to incorporate/store only the exact data received in the LRI message. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record only the exact data received** in the LRI message, and that the HIT Module does not just store an equivalent of that exact data or just a pointer to the exact data.
S-EX-A	Store exact by association	The HIT Module being tested must be designed (1) to incorporate/store the exact data received in the LRI message OR (2) to use a pointer to a location (e.g., file/table in or accessible to the HIT Module) where the exact data can be obtained. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record the exact data received** in the LRI message OR that the HIT Module incorporates/stores **in the patient's laboratory result record a pointer to the exact data received** in the LRI message. Example: Placer Number; the HIT-originated Placer Number received in the LRI message may be incorporated/stored using a pointer rather than being stored redundantly in the patient's lab result record.
S-EQ	Store equivalent	The HIT Module being tested must be designed to transform the exact data received in the LRI message to an equivalent format and then incorporate/store the equivalent format. • Tester must verify that the HIT Module being tested transforms the exact data received in the LRI message to an equivalent format and incorporates/stores **the equivalent format in the patient's laboratory result record.**
S-TR-R	Translate and store translation (exact value can be re-created from translation any time)	The HIT Module being tested must be designed to transform the exact data received in the LRI message to an equivalent value and then incorporate/store the equivalent value. • Tester must verify that the HIT Module being tested incorporates/stores **in the patient's laboratory result record the equivalent value.** • Tester must also verify that the HIT Module is able to re-create from this equivalent value the exact data received in the LRI message.
S-RC	Process and re-create	The HIT Module being tested must be designed to process and incorporate/store in an "abstract-able manner" (e.g., using the HIT Module's data model) the exact data received in the LRI message and to re-create the exact data (e.g., from the HIT Module's data model). • Tester must verify that the HIT Module being tested processes and abstractly incorporates/stores **in the patient's laboratory result record the exact data received** in the LRI message. • Tester also must verify that the HIT Module is able to re-create the exact data received in the LRI message by abstracting the data (e.g., from the HIT Module's data model). Example: Identifier Type Code; the HIT Module uses a separate file/table to store Social Security Numbers versus internal Medical Record Numbers, and does not need to retain the Identifier Type Code

MSH|^~\&|^2.16.840.1.113883.3.72.5.20^ISO|^2.16.840.1.113883.3.72.5.21^ISO||^2.16.840.1.113883.3.72.5.23^ISO|2015092614
0551||ORU^R01^ORU_R01|LRI_6.0_1.1-
GU|D|2.5.1|||AL|AL|||||LRI_Common_Component^^2.16.840.1.113883.9.16^ISO~LRI_GU_Compone
nt^^2.16.840.1.113883.9.12^ISO~LRI_FRU_Component^^2.16.840.1.113883.9.83^ISO

PID|1||PATID40^^^NIST MPI&2.16.840.1.113883.3.72.5.30.2&ISO^MR||Lopez^Delores^^^^^L||19880906|F||2106-3^White^HL70005||
||||||PATID40^^^NIST MPI&2.16.840.1.113883.3.72.5.30.2&ISO^AN

ORC|RE|ORD40^NIST EHR^2.16.840.1.113883.3.72.5.24^ISO|R-400^NIST Lab Filler^2.16.840.1.113883.3.72.5.20^ISO|||||||||234
5654323^Matalon^Mary^Katherine^^DR^^^NPI&2.16.840.1.113883.4.6&ISO^L^^^NPI

OBR|1|ORD40^NIST EHR^2.16.840.1.113883.3.72.5.24^ISO|R-400^NIST Lab Filler^2.16.840.1.113883.3.72.5.20^ISO|47527-7^Cyto
logy report of Cervical or vaginal smear or scraping Cyto stain.thin prep^LN^610^Pap Test^99USL^2.52|||20130211|||||||||
2345654323^Matalon^Mary^Katherine^^DR^^^NPI&2.16.840.1.113883.4.6&ISO^L^^^NPI||||||20130214140000|||F

OBX|1|CWE|47527-7^Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep^LN^610^Pap Test^99USL^2
.52^^Pap Smear|^1^1|441087007^Atypical squamous cells of undetermined significance on cervical Papanicolaou smear^SCT^^^
^201509USEd^^Atypical squamous cells of undetermined significance|||||||F||20130211|||||20130214134000||||Pacific Anatom
ic Pathology Services^^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^05D8884444|2216 Santa Monica Blvd^Suite 114^Santa Monica^C
A^90404^USA^B^^06037|||||RSLT

NTE|1||Appropriate Follow-up. Suggest repeat as clinically indicated.

NTE|2||Women age 21 to 65 should be tested every 3 years, or if normal results of combined Pap smear and HPV infection
testing every 5 years. \.br\For more information see: http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf

OBX|2|DT|8665-2^Date last menstrual period^LN^^^^2.52|^1^1|20130128||||||F|||20130211|||||||||Pacific Anatomic Patholog
y Services^^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^05D8884444|2216 Santa Monica Blvd^Suite 114^Santa
Monica^CA^90404^USA
^B^^06037|||||QST|AOE

OBX|3|CWE|PLT458^Did the patient have a previous abnormal Pap report, treatment, or biopsy?^99LAB|^1^1|UNK^Unknown^HL70
353||||||F|||20130211|||||||||Pacific Anatomic Pathology Services^^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^05D8884444|221
6 Santa Monica Blvd^Suite 114^Santa Monica^CA^90404^USA^B^^06037|||||QST|AOE

OBX|4|ED|47527-7^Cytology report of Cervical or vaginal smear or scraping Cyto stain.thin prep^LN^610^Pap Test^99USL^2.
52^^Pap Smear|^1^2|^AP^pdf^Base64^This would be the 64base converted pdf document - it would be very long.||||||F|||2013
0211|||||20130214134000||||Pacific Anatomic Pathology Services^^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^05D8884444|2216 S
anta Monica Blvd^Suite 114^Santa Monica^CA^90404^USA^B^^06037|||||RSLT

SPM|1|S-40&NIST EHR&2.16.840.1.113883.3.72.5.24&ISO^R-400&NIST Lab
Filler&2.16.840.1.113883.3.72.5.20&ISO||110951002^En
docervical cytologic material^SCT^2134^Cervical Cytology (ThinPrep)^99USL^201509USEd^^Cervical Cytology (ThinPrep)||||||
|||||||20130211