

#### Description

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

#### Comments

Updates to multiple records.

#### PreCondition

Initial load of compendium data elements and previous updates to it are incorporated appropriately into the EHR-S.

#### PostCondition

Data elements are incorporated appropriately into the EHR-S.

#### TestObjectives

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

## ELECTRONIC DIRECTORY OF SERVICE(eDOS)

Electronic Directory Of Service (eDOS)					
Test Case ID	6-Update_revise_postCombo				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table><thead><tr><th>Pass</th><th>Fail</th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
Reason Failed					
Juror Comments					

## INSTRUCTIONS

No Specific Instructions

**DISPLAY VERIFICATION : CPOE View**

Orderable Atomic Tests and /or Panels		Tester Comment
Laboratory Name	Name of the Test/Panel*	
Century Hospital Clinical Laboratory	Cholesterol (total), serum	
Century Hospital Clinical Laboratory	Triglycerides, serum	
Century Hospital Clinical Laboratory	High density lipoprotein cholesterol, serum (HDL)	
Century Hospital Clinical Laboratory	Lipid Panel - direct LDL	
* equivalent name accepted		

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

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

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

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

**DISPLAY VERIFICATION : Specimen Collection / AOE View**

Atomic Test : Cholesterol (total), serum		Tester Comment
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Serum Gel Tube (SGT)		
<b>Alternate Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Red, No Additive tube		
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	Fasting Status	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	Relevant Clinical Information	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
<b>Answer Choices</b>	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	If DOB not available, what is patient age?	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	OBX segment following an OBR segment	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	

Atomic Test : Triglycerides, serum		Tester Comment
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Serum Gel Tube (SGT)		
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Red, No Additive tube		
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	Fasting Status	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	Relevant Clinical Information	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
<b>Answer Choices</b>	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	If DOB not available, what is patient age?	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	OBX segment following an OBR segment	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	

Atomic Test : High density lipoprotein cholesterol, serum (HDL)		Tester Comment
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Serum Gel Tube (SGT)		
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Red, No Additive tube		
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	Fasting Status	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	Relevant Clinical Information	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Might be good to ask if fasting was more than 8 hours in order to answer as "Patient was fasting"	
<b>Answer Choices</b>	Patient was fasting prior to the procedure	
	The patient indicated they did not fast prior to the procedure	
	Unknown	
<b>Ask at Order Entries(AOE)</b>		
<b>Clinical Information Request</b>	If DOB not available, what is patient age?	
<b>Collection Event/Process Step</b>	Collecting the specimen	
<b>Communication Location</b>	OBX segment following an OBR segment	
<b>Answer Required</b>	Y	
<b>Hint/Help Text</b>	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	

Panel : Lipid Panel - direct LDL		Tester Comment
<b>Preferred Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Serum Gel Tube (SGT)		
<b>Alternate Specimen Information</b>		
<b>Specimen</b>	Serum specimen	
<b>Specimen Handling Code</b>	Ambient temperature	
<b>Minimum Collection Volume</b>	0.25 milliliter	
<b>Container(s)</b>		
Red, No Additive tube		

## DISPLAY VERIFICATION : Directory Admin View

Atomic Test : Cholesterol (total), serum			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
402	Cholesterol (total), serum	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
2093-3	Cholesterol [Mass/volume] in Serum or Plasma	LN	
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	Fasting Status		
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	If DOB not available, what is patient age?		
<b>Character Limit</b>	6		
<b>Number of Decimals</b>	2		
<b>Charge Code Information</b>			
<b>CPT4-code</b>	82465		

Atomic Test : Triglycerides, serum			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
408	Triglycerides, serum	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
2571-8	Triglyceride [Mass/volume] in Serum or Plasma	LN	
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	Fasting Status		
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	If DOB not available, what is patient age?		
<b>Character Limit</b>	6		
<b>Number of Decimals</b>	2		
<b>Charge Code Information</b>			
<b>CPT4-code</b>	84478		

Atomic Test : High density lipoprotein cholesterol, serum (HDL)			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
404	High density lipoprotein cholesterol, serum (HDL)	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
2085-9	Cholesterol in HDL [Mass/volume] in Serum or Plasma	LN	
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	Fasting Status		
<b>Ask at Order Entries(AOE)</b>			
<b>Clinical Information Request</b>	If DOB not available, what is patient age?		
<b>Character Limit</b>	6		
<b>Number of Decimals</b>	2		
<b>Charge Code Information</b>			
<b>CPT4-code</b>	83718		

Panel : Lipid Panel - direct LDL			Tester Comment
<b>Global Information</b>			
<b>Identifier assigned by lab</b>	<b>Text</b>	<b>Code System</b>	
400.1	Lipid Panel - direct LDL	99USL	
<b>Alternate Identifier</b>	<b>Text</b>	<b>Code System</b>	
57698-3	Lipid panel with direct LDL - Serum or Plasma	LN	



INCORPORATE VERIFICATION

Incorporate Verification for Cholesterol (total), serum

Data Element Name	Data	Tester Comment
Test Name	Cholesterol (total), serum	
Test Identifier	402	
Test Identifier Code System	99USL	
Status	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	402	
OM1.2.2	Text	Cholesterol (total), serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
OM1.7.1	Identifier	2093-3	
OM1.7.2	Text	Cholesterol [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Total Cholesterol - Serum	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
OM1.40[1]	Service/Test/Observation Performance Schedule	daily	
OM1.40[2]	Service/Test/Observation Performance Schedule	continuously	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
OM1.56.1	Identifier	2093-3	
OM1.56.2	Text	Cholesterol [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	402	
OM1.56.5	Alternate Text	Cholesterol (total), serum	
OM1.56.6	Name of Alternate Coding System	99USL	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

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

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
OMC.4.6	Name of Alternate Coding System	LN	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.8	Hint/Help Text	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1</b>	<b>Numeric Range</b>		
OM2.6.1.1	Low Value	170	
OM2.6.1.2	High Value	199	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	82465	
CDM.7.2	Text	cholesterol, serum or whole blood, total	

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

## Incorporate Verification for Triglycerides, serum

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Triglycerides, serum	
<b>Test Identifier</b>	408	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	408	
OM1.2.2	Text	Triglycerides, serum	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
OM1.7.1	Identifier	2571-8	
OM1.7.2	Text	Triglyceride [Mass/volume] in Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Triglyceride - Serum	
OM1.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OM1.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	
OM1.40[1]	Service/Test/Observation Performance Schedule	daily	
OM1.40[2]	Service/Test/Observation Performance Schedule	continuously	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
OM1.56.1	Identifier	2571-8	
OM1.56.2	Text	Triglyceride [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	408	
OM1.56.5	Alternate Text	Triglycerides, serum	
OM1.56.6	Name of Alternate Coding System	99USL	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

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



Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
OMC.4.6	Name of Alternate Coding System	LN	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.8	Hint/Help Text	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

Numeric Observation Information			
Location	Data Element Name	Data	Tester Comment
<b>OM2.2</b>	<b>Units of Measure</b>		
OM2.2.2	Text	milligram per deciliter	
OM2.2.3	Name of Coding System	UCUM	
<b>OM2.6[1]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[1]</b>	<b>Numeric Range</b>		
OM2.6.1.2[1]	High Value	199	
<b>OM2.6[2]</b>	<b>Reference (Normal) Range for Ordinal and Continuous Observations</b>		
<b>OM2.6.1[2]</b>	<b>Numeric Range</b>		
OM2.6.1.1[2]	Low Value	90	
OM2.6.1.2[2]	High Value	129	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	84478	
CDM.7.2	Text	triglycerides	

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

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

Data Element Name	Data	Tester Comment
<b>Test Name</b>	High density lipoprotein cholesterol, serum (HDL)	
<b>Test Identifier</b>	404	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OMI.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OMI.2.1	Identifier	404	
OMI.2.2	Text	High density lipoprotein cholesterol, serum (HDL)	
OMI.2.3	Name of Coding System	99USL	
<b>OMI.5</b>	<b>Producer ID</b>		
OMI.5.1	Identifier	05D0669071	
OMI.5.2	Text	Century Hospital Clinical Laboratory	
<b>OMI.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
OMI.7.1	Identifier	2085-9	
OMI.7.2	Text	Cholesterol in HDL [Mass/volume] in Serum or Plasma	
OMI.7.3	Name of Coding System	LN	
OMI.9	Preferred Report Name for the Observation	HDL Cholesterol - Serum	
OMI.32	Interpretation of Observations	Investigation of serum lipids is indicated in those with coronary and other arterial disease, especially in patients younger than 40 years of age, and in those with family history of atherosclerosis or of hyperlipidemia. Also important in patients with xanthomas, hypothyroidism, nephrosis, renal failure, obesity, diabetes mellitus, alcoholism, primary biliary cirrhosis, and other types of cholestasis.	
OMI.37	Patient Preparation	Collection Instructions: 1. Fasting overnight (12 hours). 2. Patient must not consume any alcohol for 24 hours before the specimen is drawn.	
OMI.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling., gross hemolysis, warm sample	

General Information			
Location	Data Element Name	Data	Tester Comment
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	
<b>OM1.56</b>	<b>Observation Identifier associated with Producer's Service/Test/Observation ID</b>		
OM1.56.1	Identifier	2085-9	
OM1.56.2	Text	Cholesterol in HDL [Mass/volume] in Serum or Plasma	
OM1.56.3	Name of Coding System	LN	
OM1.56.4	Alternate Identifier	404	
OM1.56.5	Alternate Text	High density lipoprotein cholesterol, serum (HDL)	
OM1.56.6	Name of Alternate Coding System	99USL	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	

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

Supporting Clinical Information			
Location	Data Element Name	Data	Tester Comment
<b>OMC.4</b>	<b>Clinical Information Request</b>		
OMC.4.1	Identifier	1907	
OMC.4.2	Text	If DOB not available, what is patient age?	
OMC.4.3	Name of Coding System	99USL	
OMC.4.4	Alternate Identifier	30525-0	
OMC.4.5	Alternate Text	Age	
OMC.4.6	Name of Alternate Coding System	LN	
<b>OMC.5</b>	<b>Collection Event/Process Step</b>		
OMC.5.1	Identifier	DRW	
OMC.5.2	Text	Collecting the specimen	
OMC.5.3	Name of Coding System	HL70938	
<b>OMC.6</b>	<b>Clinical Information Request</b>		
OMC.6.1	Identifier	OBR-OBX	
OMC.6.2	Text	OBX segment following an OBR segment	
OMC.6.3	Name of Coding System	HL70939	
OMC.7	Answer Required	Y	
OMC.8	Hint/Help Text	Please select the most appropriate age units and include them in the answer (for a newborn related tests hours may be more appropriate, compared to month for some pediatric tests or years for most tests)	
OMC.9	Type of Answer	NM	
OMC.12	Character Limit	6	
OMC.13	Number of Decimals	2	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Charge Description			
Location	Data Element Name	Data	Tester Comment
CDM.3	Identifier	N/A	
<b>CDM.7</b>	<b>Procedure Code</b>		
CDM.7.1	Identifier	83718	
CDM.7.2	Text	lipoprotein, direct measurement; high density cholesterol (hdl cholesterol)	

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

## Incorporate Verification for Lipid Panel - direct LDL

Data Element Name	Data	Tester Comment
<b>Test Name</b>	Lipid Panel - direct LDL	
<b>Test Identifier</b>	400.1	
<b>Test Identifier Code System</b>	99USL	
<b>Status</b>	Active	

General Information			
Location	Data Element Name	Data	Tester Comment
<b>OM1.2</b>	<b>Producer's Service/Test/Observation ID</b>		
OM1.2.1	Identifier	400.1	
OM1.2.2	Text	Lipid Panel - direct LDL	
OM1.2.3	Name of Coding System	99USL	
<b>OM1.5</b>	<b>Producer ID</b>		
OM1.5.1	Identifier	05D0669071	
OM1.5.2	Text	Century Hospital Clinical Laboratory	
<b>OM1.7</b>	<b>Other Service/Test/Observation IDs for the Observation</b>		
OM1.7.1	Identifier	57698-3	
OM1.7.2	Text	Lipid panel with direct LDL - Serum or Plasma	
OM1.7.3	Name of Coding System	LN	
OM1.9	Preferred Report Name for the Observation	Lipid Panel - direct LDL	
OM1.32	Interpretation of Observations	Used to assess patient risk for heart disease. This panel includes a total cholesterol, triglycerides, high density lipoprotein cholesterol (HDL) and a low density lipoprotein cholesterol (LDL).	
OM1.39	Factors that may Affect the Observation	Insufficient specimen, Improper labeling.	
OM1.40	Service/Test/Observation Performance Schedule	Monday through Friday	
OM1.48	Exclusive Test	N	
OM1.49	Diagnostic Service Sector ID	LAB	
<b>OM1.57</b>	<b>Expected Turn-Around Time</b>		
OM1.57.1	Quantity	1	
<b>OM1.57.2</b>	<b>Units</b>		
OM1.57.2.2	Text	day	



Observation Batteries(sets)			
Location	Data Element Name	Data	Tester Comment
<b>OM5.2[1]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[1]	Identifier	412	
OM5.2.2[1]	Text	Cholesterol (total), serum	
OM5.2.3[1]	Name of Coding System	99USL	
<b>OM5.2[2]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[2]	Identifier	414	
OM5.2.2[2]	Text	High density lipoprotein cholesterol, serum (HDL)	
OM5.2.3[2]	Name of Coding System	99USL	
<b>OM5.2[3]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[3]	Identifier	410	
OM5.2.2[3]	Text	Low density lipoprotein cholesterol, serum (LDL) - measured	
OM5.2.3[3]	Name of Coding System	99USL	
<b>OM5.2[4]</b>	<b>Test/Observations Included Within an Ordered Test Battery</b>		
OM5.2.1[4]	Identifier	418	
OM5.2.2[4]	Text	Triglycerides, serum	
OM5.2.3[4]	Name of Coding System	99USL	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Serum Gel Tube (SGT)	
OM4.4	Container Volume	8.5	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.7</b>	<b>Additive</b>		
OM4.7.2	Text	Serum Separator Tube (Polymer Gel)	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

Specimen Information			
Location	Data Element Name	Data	Tester Comment
OM4.3	Container Description	Red, No Additive tube	
OM4.4	Container Volume	10	
<b>OM4.5</b>	<b>Container Units</b>		
OM4.5.2	Text	milliliter	
<b>OM4.6</b>	<b>Specimen</b>		
OM4.6.1	Identifier	119364003	
OM4.6.2	Text	Serum specimen	
OM4.6.3	Name of Coding System	SCT	
<b>OM4.10</b>	<b>Normal Collection Volume</b>		
OM4.10.1	Quantity	0.5	
<b>OM4.10.2</b>	<b>Units</b>		
OM4.10.2.2	Text	milliliter	

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

Coverage Policy			
Location	Data Element Name	Data	Tester Comment
<b>MCP.4</b>	<b>Universal Service Price Range – High Value</b>		
MCP.4.1	Quantity	45	
MCP.4.2	Denomination	USD	