**ORM from Cerner to BayCare Community App (Uniphy) Requirements**

**Version 1.1**

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**Date: 4/20/2017**

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# **Document Control**

## Resources

|  |  |  |
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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 4/17/2017 | Lois Whitley | Originally Created |
| V1.1 | 4/20/17 | Lois Whitley & Dan Olszewski | Updated FSI information and sample message |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the Consult Orders (ORM) interface for Answer Excellence from Cerner to the BayCare Community Application (also known as Uniphy, Practice Unite, Futura and Physician Mobility).

## 1.2 Project Scope

The scope of this project is to develop an orders interface between Answer Excellence and the BayCare Community Application. The ORM feed is a raw feed from the cerner\_orders site in Cloverleaf to the healthgrid site for all facilities, and then a raw feed from the healthgrid site to the Community Application (Uniphy). There are no filters in place.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

ORM – Order Entry Message

### 1.3.2 Glossary

Uniphy Health – vendor

Practice Unite – software

BayCare Community Application – application name used in Apple Store and Google Play

BayCare Community App – SFB Pilot – full project name in Clarity

## 1.4 Document References

[ORM\_Cerner\_Answer Excellence Reqs](http://bcspapp01:48601/sites/SecurityDataIntegrity/EnterpriseIntegration/team/Shared%20Documents/Applications%20and%20Systems/01-EIT%20Requirements/ORM_Cerner_Answer%20Excellence%20Reqs.docx)

# 2. Diagram

Provide a solution diagram that depicts the integration of components specified in this IDBB. This diagram must include the data flow for the interfaces (source and target).

# 3. Requirements

## 3.1 Functional Requirements

Provide detail for the below functional requirements. The message transformation requirements for the components defined in this specification should be specified in section 4.2 of this document.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| FR.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 3.2 Non-Functional Requirements

Provide concise detail for the below non-functional requirements. The below requirements must be evaluated for every project.

|  |  |  |
| --- | --- | --- |
| **Cloverleaf** |  |  |
| **Number** | **Requirement Name** | **Requirement Description** |
| NFR.20XX.1.0 | Click here to enter text. | Click here to enter text. |

## 3.3 Messaging Protocols

Below are listed the details for the messaging protocols that will be leveraged for this integration. Please see the reference document located on the Integration SharePoint server: <insert link to document here>

### 3.3.1 Inbound to the BayCare Cloverleaf

* Click here to enter text.

### 3.3.2 Outbound to the BayCare Cloverleaf

* Click here to enter text.

### 3.3.3 Inbound to the Vendor

* Click here to enter text.

### 3.3.4 Outbound to the Vendor

* Click here to enter text.

### 3.3.5 Inbound to the BayCare Cerner

Test

Port Number: Click here to enter text.

IP Address: Click here to enter text.

Prod

Port Number: Click here to enter text.

IP Address: Click here to enter text.

### 3.3.6 Outbound to the BayCare Cerner

Test

Port Number: Click here to enter text.

IP Address: Click here to enter text.

Prod

Port Number: Click here to enter text.

IP Address: Click here to enter text.

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

PV1

PV2

IN1

IN2

ORC

OBR

OBX

*Message Construction Notes:*

*MSH – Message Header*

*PID – Patient ID segment*

*PV1 – Patient Visit segment*

*PV2 – Patient Visit – Additional Information segment*

*IN1 – Insurance segment*

*IN2 – Insurance – Additional Information segment*

*ORC – Common Order segment*

*OBR – Observation Request segment*

*OBX – Observation segment*

### 4.1*.2* Messaging Event Types

Below are the messages types necessary for this integration

| **Event Type** | **Description** |
| --- | --- |
| ORM\_O01 | General Order Message; new orders, cancellations, information updates, discontinuation, etc. |

### 4.1*.*3 Cloverleaf Configuration Files

Consult Orders from Answer Excellence (ORM\_O01).

Raw feed from the cerner\_orders\_6\_p site to the hlthgrid\_27\_p site (all facilities).

Raw feed outbound from the hlthgrid\_27\_p site to Uniphy.

Filters: None.

TCL Proc: This proc replaces the PRDOC number with the MS number for the consult and ordering providers (PV1.52 and OBR.16) in an answer excellence message for the Uniphy application.

### 4.1.4 Cloverleaf Site Location

hlthgrid\_27\_p

## 

## 4.2 Data Transformation Requirements – N/A – raw feed

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Data Type** | **Length** | **Notes** |
| --- | --- | --- | --- | --- | --- |
| Message Header Segment | MSH |  |  |  |  |
| Sending Application | MSH.3 |  |  |  |  |
| Sending Facility | MSH.4 |  |  |  |  |
| Receiving Application | MSH.5 |  |  |  |  |
| Date/Time of Message | MSH.7 |  |  |  |  |
| Message Type | MSH.9 |  |  |  | ORM^O01 |
| Patient ID | PID |  |  |  |  |
| Patient ID (External) | PID.2 |  |  |  | BayCare Patient ID - MRN |
| Patient ID (Internal) | PID.3 |  |  |  | CMRN |
| Alternate Patient ID | PID.4 |  |  |  | CPI |
| Patient Name | PID.5 |  |  |  | 5.1 – Last Name; 5.2 – First Name |
| Mother’s Maiden Name | PID.6 |  |  |  |  |
| Date of Birth | PID.7 |  |  |  | YYYYMMDD |
| Gender | PID.8 |  |  |  |  |
| Patient Alias | PID.9 |  |  |  |  |
| Race | PID.10 |  |  |  |  |
| Patient Address | PID.11 |  |  |  |  |
| Phone Number - Home | PID.13 |  |  |  |  |
| Primary Language | PID.15 |  |  |  |  |
| Marital Status | PID.16 |  |  |  |  |
| Religion | PID.17 |  |  |  |  |
| Patient Account Number | PID.18 |  |  |  |  |
| Social Security Number | PID.19 |  |  |  |  |
| Ethnic Group | PID.22 |  |  |  |  |
| Birth Order | PID.25 |  |  |  |  |
| Patient Visit | PV1 |  |  |  |  |
| Set ID | PV1.1 |  |  |  |  |
| Patient Class | PV1.2 |  |  |  |  |
| Assigned Patient Location | PV1.3 |  |  |  | Current Assigned Bed Location |
| Admission Type | PV1.4 |  |  |  |  |
| Attending Doctor | PV1.7 |  |  |  | <ID Number>^<Family name>^<Given Name> |
| Consulting Doctor | PV1.9 |  |  |  |  |
| Hospital Service | PV1.10 |  |  |  |  |
| Admit Source | PV1.14 |  |  |  |  |
| VIP Indicator | PV1.16 |  |  |  |  |
| Admitting Doctor | PV1.17 |  |  |  |  |
| Patient Type | PV1.18 |  |  |  |  |
| Financial Class | PV1.20 |  |  |  |  |
| Servicing Facility | PV1.39 |  |  |  |  |
| Account Status | PV1.41 |  |  |  |  |
| Admit Date/Time | PV1.44 |  |  |  |  |
| Visit Indicator | PV1.51 |  |  |  |  |
| Other Healthcare Provider | PV1.52 |  |  |  | TCL Proc: This proc replaces the PRDOC nbr with the MS nbr for the consult and ordering providers (PV1.52 and OBR.16) in an answer excellence message for the Uniphy application. |
| Patient Visit – Additional Info | PV2 |  |  |  |  |
| Admit Reason | PV2.3 |  |  |  |  |
| Estimated Length of IP Stay | PV2.10 |  |  |  |  |
| Visit Protection Indicator | PV2.22 |  |  |  |  |
| Clinic Organization Name | PV2.23 |  |  |  |  |
| Insurance | IN1 |  |  |  |  |
| Set ID | IN1.1 |  |  |  |  |
| Insurance Plan ID | IN1.2 |  |  |  |  |
| Insurance Company ID | IN1.3 |  |  |  |  |
| Insurance Company Name | IN1.4 |  |  |  |  |
| Insurance Company Address | IN1.5 |  |  |  |  |
| Insurance Co Contact Ppers | IN1.6 |  |  |  |  |
| Insurance Co Phone Number | IN1.7 |  |  |  |  |
| Group Name | IN1.9 |  |  |  |  |
| Plan Effective Date | IN1.12 |  |  |  |  |
| Plan Expiration Date | IN1.13 |  |  |  |  |
| Plan Type | IN1.15 |  |  |  |  |
| Name of Insured | IN1.16 |  |  |  |  |
| Insured’s Relationship to Patient | IN1.17 |  |  |  |  |
| Insured’s Date of Birth | IN1.18 |  |  |  |  |
| Insured’s Address | IN1.19 |  |  |  |  |
| Coord Of Ben. Priority | IN1.22 |  |  |  |  |
| Company Plan Code | IN1.35 |  |  |  |  |
| Insured’s Sex | IN1.43 |  |  |  |  |
| Insured’s ID Number | IN1.49 |  |  |  |  |
| Insurance – Additional Info | IN2 |  |  |  |  |
| Insured’s Employee ID | IN2.1 |  |  |  |  |
| Insured’s Social Security Number | IN2.2 |  |  |  |  |
| Payor ID | IN2.25 |  |  |  |  |
| Patient Member Number | IN2.61 |  |  |  |  |
| Insured’s Telephone Number | IN2.63 |  |  |  |  |
| Common Order | ORC |  |  |  |  |
| Order Control ID | ORC.1 |  |  |  |  |
| Placer Order Number | ORC.2 |  |  |  |  |
| Order Status | ORC.5 |  |  |  |  |
| Date/Time of Transaction | ORC.9 |  |  |  |  |
| Entered By | ORC.10 |  |  |  |  |
| Ordering Provider | ORC.12 |  |  |  |  |
| Enterer’s Location | ORC.13 |  |  |  |  |
| Order Effective Date/Time | ORC.15 |  |  |  |  |
| Entering Device | ORC.18 |  |  |  |  |
| Action By | ORC.19 |  |  |  |  |
| Observation Request | OBR |  |  |  |  |
| Set ID | OBR.1 |  |  |  |  |
| Placer Order Number | OBR.2 |  |  |  |  |
| Universal Service Identifier | OBR.4 |  |  |  | Consult to Physician^Consult to Physician |
| Specimen Source Code | OBR.15 |  |  |  | MS Number |
| Ordering Provider | OBR.16 |  |  |  | TCL Proc: This proc replaces the PRDOC Number with the MS Number or the consult and ordering providers (PV1.52 and OBR.16) in an answer excellence message for the Uniphy application. |
| Results Rpt/Status Change Date/Time | OBR.22 |  |  |  |  |
| Diagnostic Service Section ID | OBR.24 |  |  |  | Physician Consult |
| Quantity/Timing | OBR.27 |  |  |  |  |
| Result Copies To | OBR.28 |  |  |  |  |
| Observation | OBX |  |  |  |  |
| Set ID | OBX.1 |  |  |  |  |
| Value Type | OBX.2 |  |  |  |  |
| Observation Identifier | OBX.3 |  |  |  |  |
| Observation Value | OBX.5 |  |  |  |  |

## 4.3 Sample Message

MSH|^~\&|HNAM|CERNER|SFB|BAYCARE|20170420092815||ORM^O01|Q3605322760T4594627440|P|2.3||||||8859/1

PID|1|6343123845^^^BayCare MRN^MRN^SOARIAN|420683^^^SFB^MRN^SFB~1234230^^^SJH^MRN^SJH~862767187^^^BayCare CMRN^Community Medical Record Number^SOARIAN~6343123845^^^BayCare MRN^MRN^SOARIAN~781208^^ ^BMGMRN^MRN^BMG|862767187^^^BayCare EAD CPI^Historical CMRN^SOARIAN~8072422001183^^^CD:2222222222^Referring MRN^CD:1111111111|CHOI^DORENE^TYLER^^^^Current|DUNNIVAN|19820818|F|DUNNIVAN^^^^^^Maiden|W|7472 SUMMER SUNSET D^SAN FRANCISCO^MOFFETT FIELD^AZ^01347^^Home^^000~6170 LARKSPUR LN#25^^^^^^e-mail||(240)-885-3498~(433)-595-5902||ENG|U|BAP|7450265314^^^BayCare FIN^FIN NBR^SOARIAN|126-56-2642|||NOH|||0

PV1|1|E|ERDFH^^^SFB^^Ambulatory(s)^SFB|X|||14504^TORO^JOEL^^^^^^SFB||38082^AYKROID^FERNANDO^ARLEN^^^^^SFB|ERD||||EO||N|14504^TORO^JOEL^^^^^^SFB|E||N|||||||||||||||||||SFB||Active|||20170420070703|||||||HR455708|HR455708^AYKROID^FERNANDO^^^^^^SFB

PV2|||^DIB|||||||0||||||||||||CONFID|^^589747

IN1|1|17973549^MCR UHC^^^MCR UHC|5087562|United Healthcare|6908 TRAILS CT^SANTA CRUZ^MOLSON^CO^63735^UNITED STATES|~HOMMER|(931)-869-1600~(377)-834-1030||MCR UHC|||20170417225020|21001231000000||O| CHOI^DORENE^TYLER^^^^Current|1|19520222|6170 LARKSPUR LN#25~7472 SUMMER SUNSET D^SAN FRANCISCO^MOFFETT FIELD^AZ^01347|||99|||||||||||||N||||||||F||||||704314222D4

IN2|6|126-56-2642|||||||||||||||||||||||704314222D4||||||||||||||||||||||||||||||||||||704314222D4||(721)-873-6155

IN1|2|590087^MCD FLORIDA MEDICAID^^^MCD FLORIDA MEDICAID|4513247|Medicaid|3783 WHISTLER CRT^LOS ANGELES^HONOKAA^AZ^08241-6796^UNITED STATES|SHIDLER|(925)-577-7902||MCD Florida Medicaid|||20170417225020|21001231000000||O|CHOI^DORENE^TYLER^^^^Current|1|19520222|6170 LARKSPUR LN#25~7472 SUMMER SUNSET D^SAN FRANCISCO^MOFFETT FIELD^AZ^01347|||99|||||||||||||D||||||||F||||||8135350657

IN2|6|126-56-2642|||||||||||||||||||||||8135350657||||||||||||||||||||||||||||||||||||8135350657||(721)-873-6155

ORC|SN|12345678955^HNAM\_ORDERID|||20||||20170420092532|71727^REINART^JERE^DENVER^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~6280301266^REINART^JERE^DENVER^^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~71727^REINART^JERE^DENVER^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR^CACTUS~KVG724^REINART^JERE^DENVER^^^^^UPIN^Personnel^^^DOCUPIN~71727^REINART^JERE^DENVER^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~YJ2344456^REINART^JERE^DENVER^^^^^DEA No^Personnel^^^DOCDEA^CACTUS~XA218884^REINART^JERE^DENVER^^^^^Username^Personnel^^^Username^CACTUS~IB782078^REINART^JERE^DENVER^^^^^Doctor License Number^Personnel^^^LICENSENBR^CACTUS~XA218884^REINART^JERE^DENVER^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS||71727^REINART^JERE^DENVER^^^^^SFB|ERH||20170420092815|||Written^Written/Paper/Fax|71727^REINART^JERE^DENVER^^^^^SJW^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MCS^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^NBY^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SAH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MDU^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^MPH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~6280301266^REINART^JERE^DENVER^^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~71727^REINART^JERE^DENVER^^^^^SFB^Personnel^^^ORGANIZATION DOCTOR^CACTUS~71727^REINART^JERE^DENVER^^^^^SJN^Personnel^^^ORGANIZATION DOCTOR^CACTUS~KVG724^REINART^JERE^DENVER^^^^^UPIN^Personnel^^^DOCUPIN~71727^REINART^JERE^DENVER^^^^^SJH^Personnel^^^ORGANIZATION DOCTOR^CACTUS~YJ2344456^REINART^JERE^DENVER^^^^^DEA No^Personnel^^^DOCDEA^CACTUS~XA218884^REINART^JERE^DENVER^^^^^Username^Personnel^^^Username^CACTUS~IB782078^REINART^JERE^DENVER^^^^^Doctor License Number^Personnel^^^LICENSENBR^CACTUS~XA218884^REINART^JERE^DENVER^^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS

OBR|1|12345678955^HNAM\_ORDERID||Consult to Physician^Consult to Physician|||||||||||XA218884 |XA218884^REINART^JERE^DENVER^^^^^SFB||||||20170420092815||Physician Consult|||1^^0^20170418003000^^Routine |38082^AYKROID^FERNANDO^ARLEN^^^^^SFB

OBX|1|ST|Callback Phone Number^Callback Phone Number||er

OBX|2|ST|Reason for Consult-Freetext^Reason for Consult-Freetext||COPD exacerbation

# **5. Testing**

## 5.1. Unit Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.2 Integrated Testing Scenarios

|  |  |
| --- | --- |
| **Scenario** | **Expected Result** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## 5.3 Testing Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.UNIT |  |  |  |
| PH1.INTEGRATED |  |  |  |

### 

## 5.4 Piloting

List the facilities and associated networks in scope for pilot testing.

## 5.5 Approvals

|  |  |  |  |
| --- | --- | --- | --- |
| **Testing Phase** | **Date** | **Department** | **Team Member** |
| PH1.0 |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 6. Deployment / Implementation Model

Provide the detail as to how to deploy the solution defined in the IDBB from both the BAYCARE and vendor perspective.

## 6.1 Alerts

Are you going to need alerting on this connection?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

If the answer is yes, please complete the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Name** | **Hours of Support** | **Distribution Group** | **Comments** |
|  |  |  |  |
|  |  |  |  |

# Appendix A: Risks and Concerns

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Risk / Concern** | **Comment** | **Mitigation** | | |  |  |  |
| RC.2013.1.0 |  |  | |  | |  |  |  |

# Appendix B: Issues List

This is a dynamic list of the open issues related to the IDBB that remain to be solved, including but not limited to TBDs, pending decisions, information needed, conflict awaiting resolution, and the like.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name** |  |  | | |  |  |  |  |
| **Number** | **Issue** | **Comment** | **Fix** | | |  |  |  |
| I.2013.1.0 |  |  | |  | |  |  |  |

* End of document