**Cerner Lab Results to Medicity**

**Version 1.2**

**Prepared By: Tiffany Bohall**

**Date: 7/30/2019**

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# **Document Control**

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## Project Distribution List

## Document Version Control

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Modifier** | **Description** |
| V1.0 | 3/6/2018 | Tiffany Bohall | Originally Created |
| V1.1 | 7/29/2019 | Tiffany Bohall | Updated functional requirements section for Cloverleaf, data transformations and sample messages to include logic for Cerner Model implementation |
| 1.2 | 7/30/2019 | Yitzhak Magoon | Updated document for Cerner Model |
|  |  |  |  |

# 1. Introduction

## 1.1 Purpose

The purpose of this document is to define the interface requirements between Cerner and Medicity HIE specifically for transcribed documents. The intended audience includes anyone wishing to know more about this communication.

## 1.2 Project Scope

The scope of the integration that is defined in this Integration Development Build Book (IDBB), includes only the laboratory results from Cerner to Medicity HIE. No other interface are discussed.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

HIE – Health Information Exchange

### 1.3.2 Glossary –N/A

List the terms that require definition with respect to Cloverleaf and the product whose requirements are defined in this document. The definitions are specific to this document and may not be identical to the definitions of these terms in common use.

## 1.4 Document References

Additional documents specific to Medicity HIE can be found on the Enterprise Integration team’s Sharepoint website: EIT Site Documents > Medicity HIE.

# 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.2019.07.29.19.1 | tpsCernerCommonCode | Setting default calue of MSH.5.1 to PV1.3.7  Override MSH.5 if PV1.18 =JHOUTREACH, hard code SJH to MSH.5. If PV1.18 =WOOUTREACH, hard code WHH to MSH.5 and PV1.18 =MPOUTREACH, hard code MPH to MSH.5.  Remove patient email from PID.11  Iterate through PID.11 looking for Home address and populate just these values outbound in PID.11  Blank our PID.19 is SSN=999999999  Replace & character with the word ‘and’ in OBR.13, OBR.27.7 and OBR.31.2. |
| FR.2018.3.06.1 | tpsAdvHL7Filter | There is a TPS pre-proc which routes messages for certain locations to a specific nexus server. MSH.4 passes SJN, SJW, SJH, SFB and SJS to nexus 1. MPH, MCS, MDU, BAH, NBY, SAH, WHH, WHW and BRM are routed to nexus 2 server.  Continue all transactions where OBR.24 is either “LAB, BB, Micro, or AP”.  Suppress any transactions where OBX.0 is null.  Suppress all transactions where OBR.4 has “zzzFormbuilder”.  Suppress all transactions where OBR.24 has “Edutainment”.  Suppress all transactions where OBR.24 is “AP” and OBR.25 has “INERROR” or “X” |
| FR.2019.07.29.19.2 | tpsCernerLabResultsModifier | Null PID.5.7  Null various PV1.19 visit number fields:  PV1.19.2  PV1.19.3  PV1.19.4.1  PV1.19.4.2  PV1.19.4.3  PV1.19.5  PV1.19.6.1  PV1.19.6.2  PV1.19.6.3  Swap various ORC.2 and ORC.3 fields:  ORC.2.1 and ORC.3.1  ORC.2.2 and ORC.3.2  ORC.2.3 and ORC.3.3  ORC.2.4 and ORC.3.4  Swap various OBR.2 and OBR.3 fields:  OBR.2.1 and OBR.3.1  OBR.2.2 and OBR.3.2  OBR.2.3 and OBR.3.3  OBR.2.4 and OBR.3.4  If OBX.3.3 =LOINC, swap OBX.3.4 with OBR.3.1 and swap OBX.3.5 with OBX.3.2. Else, swap OBX.3.4 and OBX.3.1, OBX.3.5 and OBX.3.2 and OBX.3.6 and OBX.3.3. |
| FR.2018.3.06.2 | Cerner\_pad\_leading\_zeros | TCL proc which pads the social security number with leading 0 from Cerner, if the length is less than 9 |
| **Cerner** |  |  |
| Number | Requirement Name | Requirement Description |
| FR.2018.01.1 | ESO Interface Trigger:  Observation Reporting/ORU Discrete Gen Lab/CE Server GLB/GRP (CQM Class: CE) | This trigger causes the BayCare Laboratory results to be processed outbound when entered in Pathnet as long as the result items are not aliased with DONOTSEND for contributor source INVISION on code set 72.  - The following segments are set to be sent outbound by this trigger:   * HL7 MSH * HL7 PID * HL7 PV1   HL7 OBR/OBX/NTE |
| FR.2018.01.2 | Global Script:  - route\_out | route\_out (global script): Logic to route BayCare Laboratory results to the ORU\_LAB\_RESULTS\_OUT comserver. Logic is based on:   * Message Type = ORU, cqm\_type in “AP”, “MICRO”, or “GRP” * End logic for all ORU messages outbound is sent to these comservers:   - ORU\_LAB\_RESULTS\_OUT |
| FR.2019.07.29.2 | New scripts:  fsi\_common (generic)  oru\_lab\_out (mod object)  fsi\_add\_pcpe (generic) | oru \_lab\_out, Mod Object script, for BayCare Laboratory  results outbound:   * Calls the fsi\_common generic script to load all subroutines * Adds the correct ordering provider to OBR.16, the correct order name/description to OBR.4, and the correct order alias to OBR.3 for AP results. * Replace any primary care physician (PCP) with the PCP at the encounter level in the PD1 segment. * Deletes any DONOTSEND\* result items and renumbers the OBX segments accordingly. \*Note: This is a known Cerner issue where LOINC coding overrides the DONOTSEND functionality. Custom Coding was needed to fix the issue.   Filters all ORU messages if there is no OBX segment after the OBX segments are stripped as described above. |

## 3.2 Non-Functional Requirements –N/A

Provide concise detail for the below non-functional requirements. This would include external table ownership, hours of support, etc. 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. This includes: TCP/IP, FTP, Web Services, etc.

### 3.3.1 Inbound to BayCare’s Cloverleaf

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.2 Outbound from BayCare’s Cloverleaf –N/A

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.3 Inbound to the Vendor –N/A

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

### 3.3.4 Outbound to the Vendor

|  |  |
| --- | --- |
| FTP |  |
| MLLP Socket Connection (TCP/IP) |  |
| Local File Drop by Midrange Team |  |
| Other | Click here to enter text. |

# 4. HL7 Messaging

## 4.1 Messaging Format

HL7 2.3, Medicity ORU\_R01

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

[PD1]

[PV1]

[ORC]

OBR

[{NTE}]

[OBX]

*Message Construction Notes:*

*[Square Brackets] – Optional*

*{Curly Brackets} – Repeatable*

*MSH – Message Header*

*EVN – Event segment*

*PID – Patient ID segment*

*PV1 – Patient Visit segment*

*ORC – Common Order segment*

*IN1 – Insurance segment*

*[{ – Start of optional, repeatable group*

*}] – End of optional, repeatable group*

### 4.1*.*2 Messaging Event Types

Below are the messages types necessary for this integration

|  |  |
| --- | --- |
| **Event Type** | **Description** |
| ORU\_R01 | Result |
|  |  |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

Cloverleaf Configuration Files:

* xlate: cerner\_medicity\_oru\_soar\_1.xlt
* HL7 variant: v2.3 Medicity

### 4.1.4 Cloverleaf Site Location

Cloverleaf site location: Medicity\_15\_p

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Notes** |
| --- | --- | --- | --- |
| Message Header | MSH | Y | Pathcopy entire segment |
| Message Type | MSH.9.1 | Y | If @intable1 or @intable2 variables = “Y”, hard code “R03” outbound. \*\*variable criteria below\*\* |
| Patient Identification | PID | Y | Pathcopy entire segment |
| Patient ID –external | PID.2 | Y | Null the field, then iterate through PID.3.3 to find “BayCare CMRN”, if found, copy from contents of subfield 0. |
| Patient ID –internal | PID.3 | Y | Null the field, then copy from PID.2 |
| Alternate Patient ID | PID.4 | Y | Null the field |
| Patient primary care provider Name & ID no | PD1.4 | Y | Pathcopy entire field |
|  | variable |  | Hard code N to @intable1 |
| Patient Visit | PV1 |  | Pathcopy entire segment |
| Assigned Patient Location -building | PV1.3.6 |  | Send PV1.3.6 through a table Medicity\_BCHS.tbl and output “BCHS”. Non-hospitals stay as is. |
| Attending Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.7 | Y | Pathcopy nulls to the entire original field.  Iterate through PV1.7.8 to find “NPI Number”, if found, copy PV1.7.0, PV1.7.1, PV1.7.2, PV1.7.3, PV1.7.4 and PV1.7.8.  If the output of PV1.7.0 is null, copy PV1.7.1, PV1.7.2, PV1.7.3 and PV1.7.4. |
| Consulting Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.9 | Y | Pathcopy nulls to the entire original field.  Iterate through PV1.9.8 to find “NPI Number”, if found, copy PV1.9.0, PV1.9.1, PV1.9.2, PV1.9.3, PV1.9.4 and PV1.9.8.  If the output of PV1.9.0 is null, copy PV1.9.1, PV1.9.2, PV1.9.3 and PV1.9.4. |
| Admitting Doctor –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | PV1.17 | Y | Iterate through PV1.17.8 to find “NPI Number”, if found, copy PV1.17.0, PV1.17.1, PV1.17.2, PV1.17.3, PV1.17.4 and PV1.17.8.  If the output of PV1.17.0 is null, copy PV1.17.1, PV1.17.2, PV1.17.3 and PV1.17.4. |
| Patient Type | PV1.18 |  | If PV1.18 ***contains*** “OUTREACH”, hard code “OUTREACH” to PV1.18. |
| Servicing Facility | PV1.39 |  | Send PV1.39.0 through a table Medicity\_BCHS.tbl and output “BCHS”. Non-hospitals stay as is. |
| Common Order | ORC | Y | Pathcopy entire segment |
| Observation Request | OBR | Y | Pathcopy entire segment |
| Universal Service Identifier | OBR.4 | N | If OBR.4.0 = “4910169”, hard code a “Y” to @intable2 variable. |
| Ordering Provider –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | OBR.16 | Y | Null the field, then iterate through OBR.16.8 to find “NPI Number”, if found, copy OBR.16.0, OBR.16.1, OBR.16.2, OBR.16.3, OBR.16.4 and OBR.16.8.  If the output of OBR.16.0 is null, copy OBR.16.1, OBR.16.2, OBR.16.3 and OBR.16.4. |
| Result Copies To –ID (.0), last name (.1), first name (.2), middle (.3), suffix (.4) and assigning authority (.8) | OBR.28 | Y | If the output of PV1.18 = “OUTREACH”, copy the output of PV1.9.0 to OBR.28.0, output of PV1.9.1 to OBR.28.1, output of PV1.9.2 to OBR.28.2, output of PV1.9.3 to OBR.28.3, output of PV1.9.4 to OBR.28.4 and output of PV1.9.8 to OBR.28.8. |
| Notes | NTE | Y | Iterate on NTE segment and pathcopy. |
| Observation/Results | OBX | Y | Iterate and pathcopy entire OBX segment. Send OBX.17.3 through a table, Medicity\_r01\_r03\_1.tbl (Facility Specialty) and send the output to @obx17 variable. If @obx17 = “Y”, hard code “Y” to @intable1 variable. Iterate on NTE segment and pathcopy.    If logic based on @intable1 and @intable2 involve MSH.9 and are listed at the top of this data transformation section, since these transformation are in order based upon HL7 field. |

## 4.3 Sample Message

**INBOUND:**

MSH|^~\&|HNAM|CERNER|INVISION|BAYCARE|20190725110308||ORU^R01|Q4432209741T5825939661||2.3||||||8859/1

PID|1|7000110625^^^BayCare MRN^MRN^SOARIAN|7000110625^^^BayCare MRN^MRN^SOARIAN~810121818^^^BayCare CMRN^Community Medical Record Number^SOARIAN||OUTREACH^HIETESTING^^^^^Current||19990101|F|||1234 HAPPY LANE^^CLEARWATER^FL^33756^USA^Home||(727)555-5555^PRN|||S||6000144720^^^BayCare FIN^FIN NBR^SOARIAN|||||||0

PV1|1|O|A TEST MP OR^^^MPH^^Ambulatory(s)^A TEST MP OR|R|||1962540997^Cimino^Patrick^T^II^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~MS055144^Cimino^Patrick^T^II^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS|||MPC||||RP|||1962540997^Cimino^Patrick^T^II^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~MS055144^Cimino^Patrick^T^II^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS|MPOUTREACH||||||||||||||||||AHR|||MPH||Discharged|||20190624112600|20190624235959

OBR|1|15247540157^HNAM\_ORDERID|20192061^HIE Placer Order Number|4910154^PSA FR+TOT|||20190725080000|||||||20190725110100|Blood&Blood|1962540997^Cimino^Patrick^T^II^^^^NPI Number^Personnel^^^National Provider Identifier^CACTUS~MS055144^Cimino^Patrick^T^II^^^^BayCare Dr Number^Personnel^^^ORGANIZATION DOCTOR^CACTUS||||000002019206000030^HNA\_ACCN~74113151^HNA\_ACCNID||20190725110302||Lab|F||1^^^^^ROUTINE~^^^^^TODAY|||||||||20190725103300

NTE|1|ORDNOTE|Patient\_Fasting NO

OBX|1|NM|2857-1^PROSTATE SPECIFIC AG:MCNC:PT:SER/PLAS:QN:^LOINC^L671115^PSA^BCLAB||1.000|ng/mL^ng/mL|0.000-0.000^0.000^0.000|H|||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

OBX|2|NM|10886-0^PROSTATE SPECIFIC AG.FREE:MCNC:PT:SER/PLAS:QN:^LOINC^L671116^PSA Free^BCLAB||0.015|ng/mL^ng/mL|||||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

NTE|1|RESINTRP

OBX|3|NM|12841-3^PROSTATE SPECIFIC AG.FREE/PROSTATE SPECIFIC AG.TOTAL:MFR:PT:SER/PLAS:QN:^LOINC^L710263^% Free PSA^BCLAB||2|%^%|||||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

NTE|1|RESINTRP|Percentage (%) of patients with diagnosis of Prostate Cancer on biopsy:

NTE|2|RESINTRP|Men with Non-Suspicious DRE Results

NTE|3|RESINTRP

NTE|4|RESINTRP

NTE|5|RESINTRP|Total PSA Range 4 - 10.0 ng/mL

NTE|6|RESINTRP

NTE|7|RESINTRP

NTE|8|RESINTRP| Age Group (Years)

NTE|9|RESINTRP|% Free PSA 50 - 59 60 - 69 70+

NTE|10|RESINTRP|< or = 10% 45.3% 58.0% 70.3%

NTE|11|RESINTRP|11% - 19% 22.5% 30.3% 38.0%

NTE|12|RESINTRP|> or = 20% 0.0% 25.0% 28.3%

**OUTBOUND:**

MSH|^~\&|HNAM|CERNER|MPH|BAYCARE|20190725110308||ORU^R01|Q4432209741T58259396|P|2.3||||||8859/1

PID|1|810121818|7000110625||OUTREACH^HIETESTING||19990101|F|||1234 HAPPY LANE^^CLEARWATER^FL^33756^USA^Home||(727)555-5555^PRN|||S||6000144720^^^BayCare FIN^FIN NBR^SOARIAN|||||||0

PV1|1|O|A TEST MP OR^^^MPH^^Ambulatory(s)^A TEST MP OR|R|||1962540997^Cimino^Patrick^T^II^^^^NPI Number|||MPC||||RP|||1962540997^Cimino^Patrick^T^II^^^^NPI Number|OUTREACH||||||||||||||||||AHR|||BCHS||Discharged|||20190624112600|20190624235959

OBR|1|20192061^HIE Placer Order Numb|15247540157^HNAM\_ORDERID|4910154^PSA FR+TOT|||20190725080000|||||||20190725110100|Blood&Blood|1962540997^Cimino^Patrick^T^II^^^^NPI Number||||000002019206000030^HNA\_ACCN~74113151^HNA\_ACCNID||20190725110302||Lab|F||1^^^^^ROUTINE~^^^^^TODAY|||||||||20190725103300

NTE|1|ORDNOTE|Patient\_Fasting NO

OBX|1|NM|L671115^PSA^BCLAB^2857-1^PROSTATE SPECIFIC AG:MCNC:PT:SER/PLAS:QN:^LOINC||1.000|ng/mL^ng/mL|0.000-0.00|H|||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

OBX|2|NM|L671116^PSA Free^BCLAB^10886-0^PROSTATE SPECIFIC AG.FREE:MCNC:PT:SER/PLAS:QN:^LOINC||0.015|ng/mL^ng/mL|||||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

NTE|1|RESINTRP

OBX|3|NM|L710263^% Free PSA^BCLAB^12841-3^PROSTATE SPECIFIC AG.FREE/PROSTATE SPECIFIC AG.TOTAL:MFR:PT:SER/PLAS:QN:^LOINC||2|%^%|||||F|||20190725110259||JED49308^Hweskk^Icusg^S^^^^^External Id^Personnel^^^External Identifier|^^^CD:722696249

NTE|1|RESINTRP|Percentage (%) of patients with diagnosis of Prostate Cancer on biopsy:

NTE|2|RESINTRP|Men with Non-Suspicious DRE Results

NTE|3|RESINTRP

NTE|4|RESINTRP

NTE|5|RESINTRP|Total PSA Range 4 - 10.0 ng/mL

NTE|6|RESINTRP

NTE|7|RESINTRP

NTE|8|RESINTRP| Age Group (Years)

NTE|9|RESINTRP|% Free PSA 50 - 59 60 - 69 70+

NTE|10|RESINTRP|< or = 10% 45.3% 58.0% 70.3%

NTE|11|RESINTRP|11% - 19% 22.5% 30.3% 38.0%

NTE|12|RESINTRP|> or = 20% 0.0% 25.0% 28.3%

# 5. 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** |
|  |  |  |  |
| Medicity\_15\_p | 0600 - 2000 | [HIE-Team@baycare.org](mailto:HIE-Team@baycare.org) and [ISEnterpriseIntegrationServices@baycare.org](mailto:ISEnterpriseIntegrationServices@baycare.org) | If the backlog is greater than 300 for more than 10 minutes, alert the Integration and HIE teams. Repeat once. |

# Appendix A: Risks and Concerns –N/A

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

# Appendix B: Issues List –N/A

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