**ORU\_IDX\_BRM\_WatsonClinic Reqs**

**1.0**

**Prepared By: Rich Allison**

**Date: 4/5/2018**

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# **Document Control**

## Resources: (include Project Team Members, Liaisons, Vendor Contacts, etc.)

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## Project Distribution List

## Document Version Control

|  |  |  |  |
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# 1. Introduction

## 1.1 Purpose

This document outlines the contents and logic of the GE RIS Billing file to brm interface.

## 1.2 Project Scope

Develop an interface for GE RIS Result messages to brm for billing.

## 1.3 Terminology Standards

### 1.3.1 Acronyms

MLLP – Minimum Lower Layer Protocol for messaging framing a HL7 message.

### 1.3.2 Glossary

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

# 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 | Filter | Blocks preliminary results from going to the billing file.  List of brm facilities – BCBRM. |

TCL Proc – This proc removes the NPI number from PV1.7.7, ORC.12.7 and

phy\_npi\_idx\_clear.tcl the patient phone number.

## 3.2 Non-Functional Requirements

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 the BayCare Cloverleaf

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

### 3.3.2 Outbound to the BayCare Cloverleaf

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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 | /sites/ftp\_data\_out/brm\_idx\_results |
|  |  |

# 4. HL7 Messaging

## 4.1 Messaging Format

### 4.1.1 Segments

The segments utilized for this interface are:

MSH

PID

PV1

ORC

OBR

OBX

NTE

*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 Message |
|  |  |
|  |  |

### 4.1*.*3 Cloverleaf Configuration Files

For each HL7 interface specified in Section 2 of this document, identify the Cloverleaf Configuration Files: Variants, TCL Scripts, Filters, Xlates, etc.

Variants – HL7 2.3/sms ORU\_R01

TCL Scripts – phy\_npi\_idx\_clear

Filters –

{ADVFLTR {

{{PATH {MSH:3}} {VALUE {{BCBRM}}} {MATCHDISP CONTINUE} {NOMATCHDISP KILL}}

{{PATH {OBR:25}} {VALUE {{P}}} {MATCHDISP KILL} {NOMATCHDISP CONTINUE}}

}}

Xlates – idx\_sfbh\_billing\_oru.xlt

### 4.1.4 Cloverleaf Site Location

imaging\_12\_p

## 4.2 Data Transformation Requirements

| **Field Description** | **HL7 Field Loc.** | **Required Y/N** | **Notes** |
| --- | --- | --- | --- |
| Message Header | MSH | Y | PathCopy the MSH segment |
| Patient Identification | PID | Y | PathCopy the PID segment |
| Patient Visit | PV1 | Y |  |
| Set ID | PV1.1 |  | Copy |
| Patient Class | PV1.2 |  | Copy |
| Patient Location | PV1.3 |  | PathCopy |
| Attending Doctor | PV1.7 |  | PathCopy PV1.7 to PV1.8 |
| Referring Doctor | PV1.8 |  |  |
| Admit Date/Time | PV1.44 |  | Copy |
| Common Order | ORC | Y | Iterate on group 0…  Iterate through repeating ORC, OBR and NTE segments in this group…  PathCopy the ORC segment |
| Observation Request | OBR | Y | PathCopy the OBR segment |
| Filler Order Number | OBR.3 |  | Copy OBR.3 to OBR.2 |
| Placer Order Number | OBR.2 |  |  |
| Relevant Clinical Info | OBR.13 |  | Copy OBR.13 to OBR.31 |
| Reason For Study | OBR.31 |  |  |
| Notes and Comments | NTE | Y | Iterate on the NTE segment…  Pathcopy the NTE segments |
| Observation/Result | OBX | Y | Iterate on group 1…  Iterate through repeating OBX, NTE segments in this group…  Pathcopy the OBX segment |
| Notes and Comments | NTE | Y | Iterate on the NTE segment…  Pathcopy the NTE segments |  | Y |
|  |  |  |  |

## 4.3 Sample Message

MSH|^~\&|IDX|BCBRM|||20180320072435||ORU^R01|266104|P|2.3

PID||810017307|7000017253^9^5^^^BCBRM||VIEWPOINT^BRM^^^^||19680520000000|F||||||||||6000037175^^^

PV1|1|O|ULTWW^Ultrasound||||MS006716^Beattie^Martin^Chandler^^^^1992772230|||||||||||||||||||||||||||||||||||||20180319073000

ORC|RE||29001926|||||||||MS006716^Beattie^Martin^Chandler^^^^1992772230^813^757^8421^

OBR|1||29001926|ULV2DOPP^US LEVEL II DOPPLER UA-MCA-HEART PERINATOLOGY|||20180319080000||||||TEST|||MS006716^Beattie^Martin^Chandler^^^||||||20180319160300|||F||^^60^20180319110000^^|||||MS012333^Nirgudkar^Pranita^Amol^^^BCMD|~|CSJ49964^Johnson^Cynthia^^^^Systems Analyst|^ADT^INT^^^^||||MS012333^Nirgudkar^Pranita^Amol^^^BCMD||MS012333^Nirgudkar^Pranita^Amol^^^BCMD

OBX|1|RP|ULV2DOPP&GDT||https://pacstest.baycare.org/ami/html/webviewer.html?viewall&un=IDXRAD&pw=GOPACS&ris\_exam\_id=29001926

OBX|1|FT|ULV2DOPP&GDT||Indication||||||F|||20180319160300

OBX|2|FT|ULV2DOPP&GDT||========||||||F|||20180319160300

OBX|3|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|4|FT|ULV2DOPP&GDT||TEST, I took out performing physician as an option and made reading ||||||F|||20180319160300

OBX|5|FT|ULV2DOPP&GDT||physician mandatory field. Did not see the difference before.||||||F|||20180319160300

OBX|6|FT|ULV2DOPP&GDT||Indication||||||F|||20180319160300

OBX|7|FT|ULV2DOPP&GDT||========||||||F|||20180319160300

OBX|8|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|9|FT|ULV2DOPP&GDT||TEST, I took out performing physician as an option and made reading ||||||F|||20180319160300

OBX|10|FT|ULV2DOPP&GDT||physician mandatory field. Did not see the difference before.||||||F|||20180319160300

OBX|11|FT|ULV2DOPP&GDT||Method||||||F|||20180319160300

OBX|12|FT|ULV2DOPP&GDT||======||||||F|||20180319160300

OBX|13|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|14|FT|ULV2DOPP&GDT||Transabdominal ultrasound examination, Voluson E10. View: Limitations ||||||F|||20180319160300

OBX|15|FT|ULV2DOPP&GDT||to fetal imaging: maternal habitus||||||F|||20180319160300

OBX|16|FT|ULV2DOPP&GDT||Dating||||||F|||20180319160300

OBX|17|FT|ULV2DOPP&GDT||======||||||F|||20180319160300

OBX|18|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|19|FT|ULV2DOPP&GDT|| Date ||||||F|||20180319160300

OBX|20|FT|ULV2DOPP&GDT||Details ||||||F|||20180319160300

OBX|21|FT|ULV2DOPP&GDT||Gest. age EDD||||||F|||20180319160300

OBX|22|FT|ULV2DOPP&GDT||LMP 10/10/2017 ||||||F|||20180319160300

OBX|23|FT|ULV2DOPP&GDT||22 w + 6 d 7/17/2018||||||F|||20180319160300

OBX|24|FT|ULV2DOPP&GDT||U/S 3/19/2018 ||||||F|||20180319160300

OBX|25|FT|ULV2DOPP&GDT||based upon AC, BPD, Femur, HC ||||||F|||20180319160300

OBX|26|FT|ULV2DOPP&GDT||21 w + 3 d 7/27/2018||||||F|||20180319160300

OBX|27|FT|ULV2DOPP&GDT||Assigned dating Dating performed on 03/19/2018, ||||||F|||20180319160300

OBX|28|FT|ULV2DOPP&GDT||based on the LMP ||||||F|||20180319160300

OBX|29|FT|ULV2DOPP&GDT||22 w + 6 d 7/17/2018||||||F|||20180319160300

OBX|30|FT|ULV2DOPP&GDT||Pregnancy||||||F|||20180319160300

OBX|31|FT|ULV2DOPP&GDT||=========||||||F|||20180319160300

OBX|32|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|33|FT|ULV2DOPP&GDT||Singleton pregnancy. Number of fetuses: 1.||||||F|||20180319160300

OBX|34|FT|ULV2DOPP&GDT||Fetal Biometry||||||F|||20180319160300

OBX|35|FT|ULV2DOPP&GDT||============||||||F|||20180319160300

OBX|36|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|37|FT|ULV2DOPP&GDT||Main Fetal Biometry:||||||F|||20180319160300

OBX|38|FT|ULV2DOPP&GDT||BPD 50.0 mm ||||||F|||20180319160300

OBX|39|FT|ULV2DOPP&GDT||21w 1d 3% Hadlock||||||F|||20180319160300

OBX|40|FT|ULV2DOPP&GDT||HC 190.0 mm ||||||F|||20180319160300

OBX|41|FT|ULV2DOPP&GDT||21w 2d 2% Hadlock||||||F|||20180319160300

OBX|42|FT|ULV2DOPP&GDT||Cerebellum tr 22.0 mm ||||||F|||20180319160300

OBX|43|FT|ULV2DOPP&GDT||21w 3d 12% Goldstein||||||F|||20180319160300

OBX|44|FT|ULV2DOPP&GDT||AC 170.0 mm ||||||F|||20180319160300

OBX|45|FT|ULV2DOPP&GDT||22w 0d 17% Hadlock||||||F|||20180319160300

OBX|46|FT|ULV2DOPP&GDT||Femur 35.0 mm ||||||F|||20180319160300

OBX|47|FT|ULV2DOPP&GDT||21w 0d 3% Hadlock||||||F|||20180319160300

OBX|48|FT|ULV2DOPP&GDT||Humerus 32.0 mm ||||||F|||20180319160300

OBX|49|FT|ULV2DOPP&GDT||20w 5d 3% Jeanty||||||F|||20180319160300

OBX|50|FT|ULV2DOPP&GDT||HC / AC 1.12 ||||||F|||20180319160300

OBX|51|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|52|FT|ULV2DOPP&GDT||Fetal Weight Calculation:||||||F|||20180319160300

OBX|53|FT|ULV2DOPP&GDT||EFW 430 g ||||||F|||20180319160300

OBX|54|FT|ULV2DOPP&GDT||21w 3d 4% Hadlock||||||F|||20180319160300

OBX|55|FT|ULV2DOPP&GDT||EFW (lb,oz) 0 lb 15 oz||||||F|||20180319160300

OBX|56|FT|ULV2DOPP&GDT||EFW by Hadlock (BPD-HC-AC-FL)||||||F|||20180319160300

OBX|57|FT|ULV2DOPP&GDT||Head / Face / Neck Biometry:||||||F|||20180319160300

OBX|58|FT|ULV2DOPP&GDT||Vp 5.0 mm ||||||F|||20180319160300

OBX|59|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|60|FT|ULV2DOPP&GDT||CM 5.0 mm ||||||F|||20180319160300

OBX|61|FT|ULV2DOPP&GDT||29% Nicolaides||||||F|||20180319160300

OBX|62|FT|ULV2DOPP&GDT||Inner IOD 11.0 mm ||||||F|||20180319160300

OBX|63|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|64|FT|ULV2DOPP&GDT||Outer IOD 33.0 mm ||||||F|||20180319160300

OBX|65|FT|ULV2DOPP&GDT||21w 1d 3% Jeanty||||||F|||20180319160300

OBX|66|FT|ULV2DOPP&GDT||Nasal bone 5.7 mm ||||||F|||20180319160300

OBX|67|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|68|FT|ULV2DOPP&GDT||Extremities / Bony Struc Biometry:||||||F|||20180319160300

OBX|69|FT|ULV2DOPP&GDT||FL / BPD 0.70 ||||||F|||20180319160300

OBX|70|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|71|FT|ULV2DOPP&GDT||FL / AC 0.21 ||||||F|||20180319160300

OBX|72|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|73|FT|ULV2DOPP&GDT||Other Structures Biometry:||||||F|||20180319160300

OBX|74|FT|ULV2DOPP&GDT||AF MVP 5.3 cm ||||||F|||20180319160300

OBX|75|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|76|FT|ULV2DOPP&GDT||FHR 150 bpm ||||||F|||20180319160300

OBX|77|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|78|FT|ULV2DOPP&GDT||Fetal Anatomy||||||F|||20180319160300

OBX|79|FT|ULV2DOPP&GDT||===========||||||F|||20180319160300

OBX|80|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|81|FT|ULV2DOPP&GDT||The following structures appear normal:||||||F|||20180319160300

OBX|82|FT|ULV2DOPP&GDT||Head / Neck Cranium. Lateral ventricles. ||||||F|||20180319160300

OBX|83|FT|ULV2DOPP&GDT||Choroid plexus. Midline falx. Cavum septi pellucidi. Cerebellum. ||||||F|||20180319160300

OBX|84|FT|ULV2DOPP&GDT||Cisterna magna.||||||F|||20180319160300

OBX|85|FT|ULV2DOPP&GDT||Face Lips. Profile. Nose.||||||F|||20180319160300

OBX|86|FT|ULV2DOPP&GDT||Heart / Thorax 4-chamber view. RVOT view. LVOT ||||||F|||20180319160300

OBX|87|FT|ULV2DOPP&GDT||view.||||||F|||20180319160300

OBX|88|FT|ULV2DOPP&GDT||Abdomen Cord insertion. Stomach. Kidneys. ||||||F|||20180319160300

OBX|89|FT|ULV2DOPP&GDT||Bladder. Genitals.||||||F|||20180319160300

OBX|90|FT|ULV2DOPP&GDT||Spine Cervical spine. Thoracic ||||||F|||20180319160300

OBX|91|FT|ULV2DOPP&GDT||spine. Lumbar spine. Sacral spine.||||||F|||20180319160300

OBX|92|FT|ULV2DOPP&GDT||Extremities / Skeleton Arms. Legs.||||||F|||20180319160300

OBX|93|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|94|FT|ULV2DOPP&GDT||Gender: male.||||||F|||20180319160300

OBX|95|FT|ULV2DOPP&GDT||Fetal Growth Overview||||||F|||20180319160300

OBX|96|FT|ULV2DOPP&GDT||=================||||||F|||20180319160300

OBX|97|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|98|FT|ULV2DOPP&GDT||Exam date GA BPD (mm) HC (mm) ||||||F|||20180319160300

OBX|99|FT|ULV2DOPP&GDT||AC (mm) FL (mm) HL (mm) EFW ||||||F|||20180319160300

OBX|100|FT|ULV2DOPP&GDT||(g)||||||F|||20180319160300

OBX|101|FT|ULV2DOPP&GDT||03/19/2018 22w 6d 65.0 >99% 261.0 >99% ||||||F|||20180319160300

OBX|102|FT|ULV2DOPP&GDT||235.0 >99% 57.0 >99% ||||||F|||20180319160300

OBX|103|FT|ULV2DOPP&GDT||1,233 >99%||||||F|||20180319160300

OBX|104|FT|ULV2DOPP&GDT||03/19/2018 22w 6d 50.0 3% 190.0 2% ||||||F|||20180319160300

OBX|105|FT|ULV2DOPP&GDT||170.0 17% 35.0 3% 32.0 3% 430 ||||||F|||20180319160300

OBX|106|FT|ULV2DOPP&GDT||4%||||||F|||20180319160300

OBX|107|FT|ULV2DOPP&GDT||General Evaluation||||||F|||20180319160300

OBX|108|FT|ULV2DOPP&GDT||==============||||||F|||20180319160300

OBX|109|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|110|FT|ULV2DOPP&GDT||Cardiac activity present. FHR 150 bpm.||||||F|||20180319160300

OBX|111|FT|ULV2DOPP&GDT||Fetal movements present.||||||F|||20180319160300

OBX|112|FT|ULV2DOPP&GDT||Presentation cephalic.||||||F|||20180319160300

OBX|113|FT|ULV2DOPP&GDT||Placenta Placental site: Anterior, there is no evidence of a placenta ||||||F|||20180319160300

OBX|114|FT|ULV2DOPP&GDT||previa,Grade 1.||||||F|||20180319160300

OBX|115|FT|ULV2DOPP&GDT||Umbilical cord Cord vessels: 3 vessel cord. Cord insertion: placental ||||||F|||20180319160300

OBX|116|FT|ULV2DOPP&GDT||insertion: normal.||||||F|||20180319160300

OBX|117|FT|ULV2DOPP&GDT||Amniotic fluid Amount of AF: Normal. MVP 5.3 cm.||||||F|||20180319160300

OBX|118|FT|ULV2DOPP&GDT||Fetal Doppler||||||F|||20180319160300

OBX|119|FT|ULV2DOPP&GDT||===========||||||F|||20180319160300

OBX|120|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|121|FT|ULV2DOPP&GDT||Umbilical Artery:||||||F|||20180319160300

OBX|122|FT|ULV2DOPP&GDT||S / D 4.00 ||||||F|||20180319160300

OBX|123|FT|ULV2DOPP&GDT||64% Acharya||||||F|||20180319160300

OBX|124|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|125|FT|ULV2DOPP&GDT||Mid Cerebral Artery:||||||F|||20180319160300

OBX|126|FT|ULV2DOPP&GDT||PS 30.00 cm/s ||||||F|||20180319160300

OBX|127|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|128|FT|ULV2DOPP&GDT||PS 1.03 MoM||||||F|||20180319160300

OBX|129|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|130|FT|ULV2DOPP&GDT||Ductus Venosus:||||||F|||20180319160300

OBX|131|FT|ULV2DOPP&GDT||S-wave 42.00 cm/s ||||||F|||20180319160300

OBX|132|FT|ULV2DOPP&GDT||<1% Hecher||||||F|||20180319160300

OBX|133|FT|ULV2DOPP&GDT||D-wave 35.00 cm/s ||||||F|||20180319160300

OBX|134|FT|ULV2DOPP&GDT||<1% Hecher||||||F|||20180319160300

OBX|135|FT|ULV2DOPP&GDT||A-wave 12.00 cm/s ||||||F|||20180319160300

OBX|136|FT|ULV2DOPP&GDT||positive flow||||||F|||20180319160300

OBX|137|FT|ULV2DOPP&GDT||PVIV 0.86 ||||||F|||20180319160300

OBX|138|FT|ULV2DOPP&GDT||99% Hecher||||||F|||20180319160300

OBX|139|FT|ULV2DOPP&GDT||a/S 0.29 ||||||F|||20180319160300

OBX|140|FT|ULV2DOPP&GDT||<1% JSUM||||||F|||20180319160300

OBX|141|FT|ULV2DOPP&GDT||D/a 2.92 ||||||F|||20180319160300

OBX|142|FT|ULV2DOPP&GDT||||||||F|||20180319160300

OBX|143|FT|ULV2DOPP&GDT||Maternal Structures||||||F|||20180319160300

OBX|144|FT|ULV2DOPP&GDT||===============||||||F|||20180319160300

OBX|145|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|146|FT|ULV2DOPP&GDT||Cervix Normal||||||F|||20180319160300

OBX|147|FT|ULV2DOPP&GDT|| Appearance: normal||||||F|||20180319160300

OBX|148|FT|ULV2DOPP&GDT|| Approach - Transabdominal: ||||||F|||20180319160300

OBX|149|FT|ULV2DOPP&GDT||Cervical length 41.0 mm||||||F|||20180319160300

OBX|150|FT|ULV2DOPP&GDT||Right Ovary Normal||||||F|||20180319160300

OBX|151|FT|ULV2DOPP&GDT||Left Ovary Normal||||||F|||20180319160300

OBX|152|FT|ULV2DOPP&GDT||Impression||||||F|||20180319160300

OBX|153|FT|ULV2DOPP&GDT||=========||||||F|||20180319160300

OBX|154|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|155|FT|ULV2DOPP&GDT||1. Single Intrauterine pregnancy at 22 6/7 weeks gestation||||||F|||20180319160300

OBX|156|FT|ULV2DOPP&GDT||2. No evidence of a fetal structural abnormality with limitations to ||||||F|||20180319160300

OBX|157|FT|ULV2DOPP&GDT||imaging as noted above..||||||F|||20180319160300

OBX|158|FT|ULV2DOPP&GDT||3. Normal amniotic fluid volume||||||F|||20180319160300

OBX|159|FT|ULV2DOPP&GDT||4. Normal umbilical artery Doppler, MCA Doppler and DV Doppler.||||||F|||20180319160300

OBX|160|FT|ULV2DOPP&GDT||Follow-up||||||F|||20180319160300

OBX|161|FT|ULV2DOPP&GDT||========||||||F|||20180319160300

OBX|162|FT|ULV2DOPP&GDT|| ||||||F|||20180319160300

OBX|163|FT|ULV2DOPP&GDT||1. Repeat ultrasonographic images at 28-32 weeks of gestation.||||||F|||20180319160300

OBX|164|FT|ULV2DOPP&GDT||2. If the patient has questions regarding prenatal diagnosis, ||||||F|||20180319160300

OBX|165|FT|ULV2DOPP&GDT||referral for formal genetic counseling is advised.||||||F|||20180319160300

OBX|166|FT|ULV2DOPP&GDT||3. In consideration of the patient's age, begin weekly fetal testing ||||||F|||20180319160300

OBX|167|FT|ULV2DOPP&GDT||at 36 weeks gestation.||||||F|||20180319160300

OBX|168|FT|ULV2DOPP&GDT||Thank you for allowing me to participate in the care of this patient.||||||F|||20180319160300

# 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** |
| imaging\_12\_p | 24/7 | IS – Diagnostic Clinical Apps | IDX results billing files to BRM |
|  |  |  |  |

# 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