**Inbound Laboratory, Transcriptions and Radiology Message Specifications**

Please review and confirm that all messages will meet the specifications provided below. Participant to fill out text highlighted in **red**.

* **Please provide MSH.4.1 value** 
  + Test
  + Prod
* We will determine the MRN by taking PID-3.1 of the PID-3 repetition where PID-3.5 is MR"
  + From the screenshot below you can tell that PID-3 repeats because of the “~” character that separates each set of identifiers. You could say that the way to identify the MRN is to find the repetition where PID.3.5 is “MR”.  
    
* **OBR 25** (Results Status)
  + We only accept result status values of P (Preliminary), F (Final), and C (Corrected)
  + When sending corrected results, please send the entire result group or panel even if only a single observation within the result group or panel was corrected.
  + For example, if the final result message contained 3 OBX segments, those 3 OBX segments should be sent in the corrected message plus the corrected result (which might be a new OBX or NTE segment, or it might be a modification to the observation value in one of the original OBX segments).
* **OBX.8** (abnormal flags) are an optional field.

These are the only values CSS accepts for OBX-8.

|  |  |
| --- | --- |
| **HL7 Value** | **Mapping** |
| < | Below absolute low-off instrument scale |
| > | Above absolute high-off instrument scale |
| A | Abnormal (applies to non-numeric results) |
| AA | Very abnormal (applies to non-numeric units, analogous to panic limits for numeric units) |
| B | Better--use when direction not relevant |
| D | Significant change down |
| H | Above high normal |
| HH | Above upper panic limits |
| I | Intermediate. Indicates for microbiology susceptibilities only. |
| L | Below low normal |
| LL | Below lower panic limits |
| MS | Moderately susceptible. Indicates for microbiology susceptibilities only. |
| N | Normal (applies to non-numeric results) |
| null | No range defined, or normal ranges don't apply |
| R | Resistant. Indicates for microbiology susceptibilities only. |
| S | Susceptible. Indicates for microbiology susceptibilities only. |
| U | Significant change up |
| VS | Very susceptible. Indicates for microbiology susceptibilities only. |
| W | Worse--use when direction not relevant |

* + **OBX.11** (observation status)

|  |  |  |  |
| --- | --- | --- | --- |
| Default Code (HIE) | Description (HIE) | Default Code (Source) | Description (Source) |
| C | corrected |  |  |
| F | final |  |  |
| P | preliminary |  |  |

* For corrected results, can you resend all the result data in the message (not just the part of the result that was updated)? For example, if the final result message contained 3 OBX segments, those 3 OBX segments should be sent in the corrected message plus the corrected result (which might be a new OBX or NTE segment, or it might be a modification to the observation value in one of the original OBX segments).
* Please also ensure the following fields are populated
  + OBR.3 (filler order number/Accession number)
  + OBR.4 (universal service identifier)
* **Will you ever generate messages when a report is made unavailable (a final result is deleted or cancelled, for example) and where the expectation is for (HIE) to delete the report as well?** If so, please specify how to identify this in the message.
* **Will you ever send Base64 encoded PDFs in OBX segments?**
* If so:
  + Please provide at least 1 sample message
  + If the file is large, will that affect how it is sent in the OBX segment? For example, part of the Base64 encoded string might be in OBX.5.5 in multiple OBX segments and need to be combined to create a single, valid Base64 encoded string for a single PDF file. This requires custom development and might take time.

**Additional Questions for clients sending MDMs:**

* **Are you going to send MDM^T11?**
* If yes, CSS treats MDM T11 as a hard delete; any documents sent with T11 message will be deleted from the clinical portal. Please refer to CSS ORU specification.

**Good Sample Message**

**MSH**|^~\&|CERNMILL|SH|||20230327150526||ORU^R03|Q1306206716T2105602037|T|2.3

**PID**|1|2062067822^^^Enterprise ID^CMRN|411042489^^^SH MRN^MRN||ZZTEST^THERADOCFOUR||19840404|F|||100 Reserve Rd^^Danbury^CT^06810^USA^H^^Fairfield|||||||11235246

P**V1|**1|I|2N^242^A^SH||||HPHYSTEST^Test^Physician^^^^^^VBMC External ID^PER^^^EXTERNAL ID^CD:259613463|||MED|||||||HPHYSTEST^Test^Physician^^^^^^VBMC External ID^PER^^^EXTERNAL ID^CD:259613463|||||||||||||||||||||||||||20230224162208

OBR|1|3644394809||MI9019^Cult Ur Void|||202303210850|||||||202303210850||H123466^Test^DoctorX^^^^^^VBMC External ID^PER^^^EXTERNAL ID^||||||202303271505||MICROBIOLOGY|F||1^^^202303201424^^S~

OBX|1|FT|MICC20050^Culture,Urine Void^^^^||DOB 4/4/198 23-079-08029\.br\\.br\ 4\.br\ Microbiology - Urine Cultures\.br\\.br\\.br\PROCEDURE: Culture,Urine Void [] ACCESSION: 23-079-08029\.br\SOURCE: Urine BODY SITE:\.br\COLLECTED DATE/TIME: 3/21/2023 08:50 EDT RECEIVED DATE/TIME: 3/21/2023 08:50 EDT\.br\START DATE/TIME: 3/21/2023 08:50 EDT FREE TEXT SOURCE:\.br\ORDERING PHYSICIAN: Test, DoctorX\.br\\.br\\*\*\*FINAL REPORTS\*\*\*\.br\Final Report []\.br\Reported Date/Time: 3/27/2023 15:05 EDT\.br\20,000 cfu/ml Enterococcus faecium \.br\MALDI-TOF Mass Spectrometry Analysis \.br\Vancomycin-Resistant enterococci\.br\\.br\\.br\\*\*\*PRELIMINARY REPORTS\*\*\*\.br\Preliminary Report []\.br\Reported Date/Time: 3/21/2023 09:23 EDT\.br\20,000 cfu/ml Gram Positive Cocci\.br\\.br\\*\*\*SUSCEPTIBILITY RESULTS\*\*\*\.br\ Entfaeci\.br\Antibiotic MIC Dilutn MIC Interp\.br\Ampicillin >=32 Resistant\.br\Ciprofloxacin >=8 Resistant\.br\Gentamicin Syn-S Susceptible\.br\synergy\.br\Levofloxacin >=8 Resistant\.br\Linezolid <=0.5 Susceptible\.br\Nitrofurantoin <=16 Susceptible\.br\Streptomycin Syn-S Susceptible\.br\synergy\.br\Tetracycline >=16 Resistant\.br\Vancomycin >=32 Resistant||||||F|||20230327150522

**How it will display in the portal:**

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