Laboratory, Radiology and Transcriptions

Specification

Version 02

07.14.2025

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1. Overview

This specification is for provider organizations, hospitals, and laboratories to send result data. CRISP Shared Services (CSS) Requires **ORU^R01** messages for Labs. As for Radiology (RAD) and Transcriptions (TRN), CSS prefers **ORU^R01** over MDM messages but can accept either.

2. Lab Results

CSS acknowledges ORU-R01 messages used to transmit result data.

Observations reported can include clinical lab results, EKG pulmonary study results, patient condition, and other health data. For **microbiology results**, CSS can receive either free text report (i.e. ST, TX, or FT type OBX segments where OBX-5 contains all result data including results components, values, units, spacing, etc. Or the same with NTE segments and NTE-3) or PDF micro results. PDF micro results are preferred.

Please send final and corrected results; CSS by default will filter out preliminary results. For corrected/appended/amended results, CSS requires all the result data to be sent in the message not just the part of the result that was updated.

Minimum Segments Required: MSH, PID, PV1, ORC, OBR, OBX
The OBR- Observation Request and OBX- Observation segments are the most important segments to include to report important order and observation data.
NTE- Notes in NTE segments can be grouped under the order or under a specific observation based on where the segments are located in the message.

For Instance, NTE segments directly underneath the OBR segment will be processed as order-level notes.
OBR|1|2686678741^HNAM_ORDERID||4240052^GFR|||20240207081600|||2055^PAMPAM^SKYTEST^E^^LIS Clinical Analyst^^^PERSONNEL PRIMARY IDENTIFIER^Personnel^^^Personnel Primary Identifier||||20240207081600|Blood&Blood^^^^^Venous Draw|17202566666^BROWNIES^TEST^L^^MD^^^NPI^Personnel^^^NPI|||
NTE|1|Order Note| Order added by PK_PKM_ATEST

Similarly, NTE segments directly underneath an OBX segment will be processed as observation-level notes.
OBX|3|ST|TDREC^TEST DATE RECEIVED^L^19145-2^Referral lab test name^LN^2.71^NA^TEST DATE RECEIVED|2|04/23/24||||||F|||202404231338|ML|ARB|||202404231338||||LABORATORY^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^51D0661739|2900 SOUTH AVE.^^HUNTINGTON^WV^25702^USA^^^
NTE|1|L|See: Lab Scanned Documents in SOARIAN|RE^Remark^HL70364^^^^2.5.1

3. Radiology

Radiology reports can be sent as ORU-R01 or MDM messages. ORU-R01 is preferred. The result report can be contained in either OBX and/or NTE segments. All radiology and results will be treated as free text. Please send final, corrected, and amended reports. Unless facility is sending standard codes CSS will require a translation table of result status in OBR.25 (See 9.1.1 CSS Standard Result Status Mapping table). For corrected/appended/amended results, CSS requires all the result data to be sent in the message not just the part of the result that was updated.

Radiology messages may include radiology results from procedures such as Xray, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, Mammogram, Stress Tests, Echo, DEXA, Interventional Rad, MRA, Holter Monitor, GI, Nuclear Medicine scan, Pet Scan etc.

3.1 Image Sharing Service

Image Exchange is CSS' image-sharing service that allows users to view patient images in full diagnostic quality through the Web Portal or the InContext app within their EMR. Images are available to all users to view that have access to their patient's health records in Connie, MD and DC. This service reduces unnecessary repeat imaging and health costs.

If an organization wants to become an Image Exchange participant, meaning that they contribute images to the HIE, they must also share radiology reports. Organizations that conduct imaging and have a connection or request connection with CSS and imaging vendor are eligible to participate. Users at facilities that participate in Image Exchange are eligible for a service that allows them to download images directly to their PACS. CSS requirements to enable image view functionality:

1. HL7 radiology report interface between CSS and facility with confirmed accession number, study date and MRN. MRN in PID.3 of the HL7 message should match the patient identifier used to store images in PACS.
2. An established connection between CSS imaging vendor and a facility's PACS. Facilities do not need to push images to the imaging vendor, rather, upon being notified by CSS of radiology report receipt, the vendor queries the connected PACS to pull the corresponding images into cache. Cached images are immediately viewable for 90-days, while older, non-cached images must be loaded (queried and retrieved). Additionally, the imaging vendor utilizes the connection to populate a patient worklist, which shows all images for a single patient from every connected PACS.

Minimum Segments Required: MSH**,** PID, PV1, ORC, OBR, OBX or NTE

4. Transcriptions

Transcriptions can be sent as ORU-R01 or MDM messages. All transcription results will be treated as free text. Please send final, corrected, and amended transcription results. CSS will require a translation table of result status in OBR.25 (See 9.1.1 CSS Standard Result Status Mapping table). For corrected/appended/amended results, CSS requires all the result data to be sent in the message not just the part of the result that was updated.

Transcription messages may include the following document types and CSS requires a translation table for values in TXA-2.1.

AR	Autopsy report
CD	Cardiodiagnostics
CN	Consultation
DI	Diagnostic imaging
DS	Discharge summary
ED	Emergency department report
HP	History and physical examination
OP	Operative report
PC	Psychiatric consultation
PH	Psychiatric history and physical examination
PN	Procedure note

PR	Progress note
SP	Surgical pathology
TS	Transfer summary

Minimum Segments Required: MSH, PID, PV1, ORC (if there's an OBR), OBR or TXA, OBX or NTE

4.1 MDM

The HL7 Medical Document Management (MDM) message contains information about a patient's clinical observations. There are 11 different MDM message trigger events with T02 being the most common. CSS processes all of these in the exact same way except for T11. CSS treats MDM T11 as a hard delete; any documents sent with T11 message will be deleted from the InContext portal.

- MDM^T01 - Original Document Notification
- MDM^T02 - Original Document Notification with Content
- MDM^T03 - Document Status Change Notification
- MDM^T04 - Document Status Change Notification with Content
- MDM^T05 - Document Addendum Notification
- MDM^T06 - Document Addendum Notification with Content
- MDM^T07 - Document Edit Notification
- MDM^T08 - Document Edit Notification with Content
- MDM^T09 - Document Replacement Notification
- MDM^T10 - Document Replacement Notification with Content
- MDM^T11 - Document Cancel Notification

5. ORU Message Details

Segment	Description
MSH	**Message Header.** This segment is mandatory in an ORU message. It defines the intent, source, destination, and some specifics of the syntax of a message. This segment is required.
PID	**Patient Identification.** The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that for the most part, is not likely to change frequently. This segment is required.
PV1	**Patient Visit**. This segment contains information about patient visit details such as servicing facility, attending doctor, and visit ID. This segment is required.
OBR	**Observation Request**. The Observation Request (OBR) segment is used to transmit information specific to an order for a diagnostic study or observation, physical exam, or assessment. This segment is required.
[{OBX}] - Observation/Result	**Observation Segment.** The OBX segment is used to transmit a single observation or observation fragment. It represents the smallest indivisible unit of a report. The OBX segment can also contain

	encapsulated data, e.g., a CDA document or a DICOM image. Its principal mission is to carry information about observations in report messages. But the OBX can also be part of an observation order. In this case, the OBX carries clinical information needed by the filler to interpret the observation the filler makes. For example, an OBX is needed to report the inspired oxygen on an order for a blood oxygen to a blood gas lab, or to report the menstrual phase information which should be included on an order for a pap smear to a cytology lab. OBX is also found in other HL7 messages that need to include patient clinical information. This Segment can be repeating.
[{NTE}] - Notes and Comments	**Notes Segment.** It is commonly used for sending notes and comments about the observation results and often follows the OBX segment. This segment is optional but preferred and can be repeating.
[ ] = optional, { } = repeating	

6. MDM Message Details

Segment	Description
MSH	**Message Header.** This segment is mandatory in MDM message. It defines the intent, source, destination, and some specifics of the syntax of a message. This segment is required.
EVN – Event Type	**Event Type.** The EVN segment is used to communicate necessary trigger event information to receiving applications. Valid event types for all chapters are contained in HL7 Table 0003 - Event Type . This is a required segment and T02 is the most common event type.
PID	**Patient Identification.** The PID segment is used by all applications as the primary means of communicating patient identification information. This segment contains permanent patient identifying and demographic information that for the most part, is not likely to change frequently. This segment is required.
PV1	**Patient Visit**. This segment contains information about patient visit details such as servicing facility, attending doctor, and visit ID. This segment is required.
OBR	**Observation Request**. The Observation Request (OBR) segment is used to transmit information specific to an order for a diagnostic study or observation, physical exam, or assessment. This segment is required.
TXA	**Document Notification**. The TXA segment contains information specific to a transcribed document but does not include the text of the document. The message is created as a result of a document status change. This information updates other healthcare systems and allows them to identify reports that are available in the transcription system. By maintaining the TXA message information in these systems, the information is available when constructing queries to the transcription system requesting the full document text. This segment does not include the document contents

	and is required.
{OBX}	**Observation Segment.** The OBX segment is used to transmit a single observation or observation fragment. It represents the smallest indivisible unit of a report. The OBX segment can also contain encapsulated data, e.g., a CDA document or a DICOM image. Its principal mission is to carry information about observations in report messages. But the OBX can also be part of an observation order. In this case, the OBX carries clinical information needed by the filler to interpret the observation the filler makes. For example, an OBX is needed to report the inspired oxygen on an order for a blood oxygen to a blood gas lab, or to report the menstrual phase information which should be included on an order for a pap smear to a cytology lab. OBX is also found in other HL7 messages that need to include patient clinical information.
[ ] = optional, { } = repeating	

6.1.1. Base-64 Encoded pdf

CSS can accept and process PDFs for LAB, RAD, and TRN. Messages may contain base-64 encoded PDFs with a preferably single OBX in the following format:

OBX|1|ED|<Observation ID>||^^PDF^^<encoded PDF>||||||F|||<Observation Date/Time>

7. Segment Details

Below is a full listing of all required, preferred, and optional fields:

R – Required
RA – Required if available
P – Preferred
O – Optional
C - Conditional

HL7 Element Name	HL7 Segment	LAB	RAD	TRN
MSH – Message Segment Header				
Field Separator	MSH-1	R	R	R
Encoding Characters	MSH-2	R	R	R
Sending Application	MSH-3	R	R	R
Namespace ID	MSH-3.1	R	R	R
Universal ID	MSH-3.2	R	R	R
Universal ID Type	MSH-3.3	R	R	R
Sending Facility (i.e |lab name^CLIA code|CLIA)	MSH-4	R	R	R
Receiving Application	MSH-5	R	R	R

Receiving Facility	MSH-6	R	R	R
Date/Time of Message	MSH-7	R	R	R
Message Type	MSH-9	R	R	R
Message Control ID	MSH-10	R	R	R
Processing ID	MSH-11	R	R	R
Version ID	MSH-12	R	R	R
PID – Patient Identification Segment				
Set ID	PID-1	R	R	R
Patient ID	PID-2	O	O	O
Patient Identifier List	PID-3	R	R	R
Alternate Patient ID	PID-4	O	O	O
Patient First Name	PID-5.1	R	R	R
Patient Last Name	PID-5.2	R	R	R
Mother's Maiden Name	PID-6	O	O	O
Date/Time of Birth	PID-7	R	R	R
Administrative Sex	PID-8	R	R	R
Patient Alias	PID-9	O	O	O
Race	PID-10	P	P	P
Patient Address	PID-11	R	R	R
County Code	PID-12	O	O	O
Home Phone Number	PID-13	P	P	P
Ethnic Group	PID-22	P	P	P
Patient Death Indicator	PID-30	P	P	P
OBR – Observation Request Segment **Note: OBR or TXA segment are required for Transcriptions**				
Set ID – OBR	OBR-1	R	R	R
Placer Order Number	OBR-2	C	C	C
Filler Order Number	OBR-3	R	R	R
Universal Service Identifier- the identifier code for the requested observation/test (CSS prefers to receive **LOINC** codes for LAB)	OBR-4	R	R	R
Priority	OBR-5	O	O	O
Requested Date/Time	OBR-6	O	O	O
Observation Date/Time	OBR-7	R	R	R

Specimen Source	OBR-15	P	P	P
Ordering Provider	OBR-16	RA	RA	RA
Results Rpt/Status Chng - Date/Time	OBR-22	R	R	R
Charge to Practice	OBR-23	O	O	O
Diagnostic Serv Sect ID	OBR-24	O	O	O
Result Status	OBR-25	R	R	R*
Medically Necessary Duplicate Procedure Reason	OBR-48	C	C	C
Result Handling	OBR-49	O	O	O
OBX – Observation Result Segment **Note: OBX or NTE segment are required for Radiology Reports and Transcriptions**				
Set ID	OBX-1	R	R	R
Value Type	OBX-2	R	R	R
Unique identifier for the observation (CSS prefers to receive LOINC codes for LAB)	OBX-3	R	R	R
Observation Sub ID	OBX-4	O	O	O
Observation Value	OBX-5	R	R	R
Units	OBX-6	O	O	O
References Range	OBX-7	O	O	O
Abnormal Flags	OBX-8	O	O	O
Probability	OBX-9	O	O	O
Nature of Abnormal Test	OBX-10	O	O	O
Observation Result Status	OBX-11	R	R	R
Date Last Obs Normal Value	OBX-12	O	O	O
User Defined Access Checks	OBX-13	O	O	O
Date/Time of the Observation	OBX-14	R	R	R
Producers Reference	OBX-15	O	O	O
Responsible Observer	OBX-16	O	O	O
Observation Method	OBX-17	O	O	O
SPM – Specimen Segment				
Set ID	SPM-1	RA		
Specimen ID	SPM-2	RA		
Specimen Parents ID	SPM-3	O		
Specimen Type	SPM-4	RA		
Specimen Type Modifier	SPM-5	O		

Specimen Additives	SPM-6	O		
Specimen Collection Method	SPM-7	RA		
Specimen Source Site	SPM-8	RA		
Specimen Source Site Modifier	SPM-9	O		
Specimen Collection Site	SPM-10	O		
Specimen Role	SPM-11	O		
Specimen Collection Amount	SPM-12	O		
Grouped Specimen Count	SPM-13	O		
Specimen Description	SPM-14	RA		
Specimen Handling	SPM-15	O		
Specimen Risk Code	SPM-16	O		
Specimen Collection Datetime	SPM-17	RA		
Specimen Received Datetime	SPM-18	RA		
Specimen Expiration Datetime	SPM-19	O		
NTE – Notes and Comments Segment **Note: OBX or NTE segment required for Radiology Reports and Transcriptions**				
Set ID	NTE-1	RA	R	R
Source of Comment	NTE-2	RA	R	R
Comment	NTE-3	RA	R	R
Comment Type	NTE-4	RA	R	R
TXA – Transcription Segment **Note: OBR or TXA segment required for Transcriptions**				
Set ID	TXA-1			R
Document Type	TXA -2			R
Document Content Presentation	TXA -3			C
Activity Datetime	TXA -4			O
Primary Activity Provider Code/Name	TXA -5			C
Origination Date/Time	TXA -6			O
Transcription Date/Time	TXA -7			C
Edit Date/Time	TXA -8			O
Originator Code/Name	TXA -9			O
Assigned Document Authenticator	TXA -10			O
Transcriptionist Code/Name	TXA -11			C
Unique Document Number	TXA -12			R
Parent Document Number	TXA -13			C

Placer Order Number	TXA -14			O
Filler Order Number	TXA -15			O
Unique Document File Name	TXA -16			O
Document Completion Status	TXA -17			R
Document Confidentiality Status	TXA -18			O
Document Availability Status	TXA -19			O
Document Storage Status	TXA -20			O
Document Change Reason	TXA -21			C
Authentication Person ,Time Stamp	TXA -22			C
Distributed Copies	TXA -23			O

8. Sample Messages

8.1.1. Sample Lab message

MSH|^~\&|SOFTLAB^2.16.840.1.113883.3.3013.77.1^ISO|SMMC^2.16.840.1.113883.3.6666^ISO|||20240423133842-0400||ORU^R01^ORU_R01|00601112|P|2.5.1|||AL|NE|||||LRI_GU_RU_Profile^HL7^2.16.840.1.113883.9.17^ISO
PID|1||855556^^^^MR||ODALSKILLS^SEVENTEEN^QUELLA||19361018|F||2131-1^Other Race^HL70005^R^Other Race^L|345 Testing Place^^Ashton^WV^25503^||^PRN^^^^304^4565465|||||158239947||||^^^N^^L|||||||N|||202404231042
PV1|1|I|M/S 3^4162^A^^^^^^M1||158239947||000125^TEST^PHYSICIAN^^^^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO|||||||||||^^^^^^^^^L^^^DN|I|158239947^1^M10^2^VN^^20160224|||||||||||||||||||||||||||201602240844|201603260105
ORC|RE|34026936^^^|182^STMWV^2.16.840.1.113883.3.3013.25.79^ISO|V6230004^STMWV^2.16.840.1.113883.3.3013.25.79^ISO|||||COLLI||000125^TEST^PHYSICIAN^^^^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO|M/S 3|||||||STELLA MARYS MEDICAL CENTER^L^^^^SMMC&2.16.840.1.113883.3.6666&ISO^XX^^^SMMC|2900 SOUTH AVE^^HUNTINGTON^WV^25702^USA^B^^CABELL|^WPN^^^^304^5261185|2900 SOUTH AVE^^HUNTINGTON^WV^25702^USA
OBR|1|34026936^^^|182^STMWV^2.16.840.1.113883.3.3013.25.79^ISO|IFN^IFN-Y, SERUM^L^IFN^IFN-Y, SERUM^L^NA^NA^IFN-Y, SERUM^LABIFN^IFN-Y, SERUM^L^NA|||202404231338-0400||||L|||||000125^TEST^PHYSICIAN^^^^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO|^WPN^^^^304^5261111~^ORN^FX^^^304^5261598||158239947|||20240423133800-0400||REF|F|^^||010512^MOSES^MELIN^J^^M.D.^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO||||ARB&&&&&&&SMMC&2.16.840.1.113883.3.6666&ISO||ARB
TQ1|1||||||202404231041|202404231041|R
OBX|1|ST|TNAM^TEST NAME^L^19145-2^Referral lab test name^LN^2.71^NA^TEST NAME|0|IFN-y||||||F|||202404231338|ML|ARB|||202404231338||||LABORATORY^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^51D0661739|2900 SOUTH AVE.^^HUNTINGTON^WV^25702^USA^^^CABELL|014621^DOUGHERTY^HAM^H^^M.D.^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO

OBX|2|ST|TDSNT^TEST DATE SENT^L^19145-2^Referral lab test name^LN^2.71^NA^TEST DATE SENT|1|04/23/24||||||F|||202404231338|ML|ARB|||202404231338||||LABORATORY^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^51D0661739|2900 SOUTH AVE.^^HUNTINGTON^WV^25702^USA^^^CABELL|014621^DOUGHERTY^HAM^H^^M.D.^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO
OBX|3|ST|TDREC^TEST DATE RECEIVED^L^19145-2^Referral lab test name^LN^2.71^NA^TEST DATE RECEIVED|2|04/23/24||||||F|||202404231338|ML|ARB|||202404231338||||LABORATORY^^^^^CLIA&2.16.840.1.113883.4.7&ISO^XX^^^51D0661739|2900 SOUTH AVE.^^HUNTINGTON^WV^25702^USA^^^CABELL|014621^DOUGHERTY^HAM^H^^M.D.^^^SMMC&2.16.840.1.113883.3.6666&ISO^L^^^DN^SMMC&2.16.840.1.113883.3.6666&ISO
NTE|1|L|See: Lab Scanned Documents in SOARIAN|RE^Remark^HL70364^^^^2.5.1
NTE|2|L|or the Reference Lab report charted separately|RE^Remark^HL70364^^^^2.5.1
SPM|1|^V623000421&STMWV&2.16.840.1.113883.3.3013.25.79&ISO||^^^XXX^OTO OTHER^L^^NA|||^^^V^Venipuncture^L^^NA|||||0^&&&mL&milliliter&L&&NA|||||202404231338-0400|202404231338-0400

8.1.2. Sample Lab - Covid message

MSH|^~\&|SQ^0.16.840.1.113883.3.697^ISO|PEOPLE's Hospital^00D7777777^CLIA|DCELR^0.16.840.1.114000.4.3.0.0.3.600.4^ISO|LAHEALTH^0.54.944.1.447309.0.0.400493^ISO|01010101000111||ORU^R01^ORU_R01|01010101000111-T76767-1|P|0.5.1|||NE|NE|||||PHLabReport-NoAck^^0.16.840.1.113883.9.11^ISO
SFT|Systems, Inc.^L^^^^SQ&0.16.840.1.113883.3.697&ISO^XX^^^103544|8.1.0| Laboratory|8.1.0004_P1||00000000
PID|1||HOSPITAL-001019890|001019890|SMALLY^HOLLY^^^^^L||80808080|F||0054-5^Black or African American^HL70005^3^Black or African American^L|10013 GREENTEA RD APT 888^^POMONA^CA^00706-0033^^H||^PRN^PH^^^000^9090900|||||||||4444-5^Not Hispanic or Latino^HL70189^0^Not Hispanic or Latino^L||||||||||||PEOPLE's Hospital^00D7777777^CLIA|00004443^HOMO SAPIENS^SNM^HUMAN^HUMAN^L
PV1|1|I|03U^0660K|||||||||||||||OBS||31|||||||||||||||||||||||555551050000
ORC|RE|1938541185-0^PEOPLE's Hospital^00D7777777^CLIA|T7676755555105^SQ^0.16.840.1.113883.3.697^ISO|T76767^SQ^0.16.840.1.113883.3.697^ISO||||||||5555544443^DESPAIN^TIM^HOPSON^^DR^^^NPI&0.16.840.1.113883.4.6&ISO^L^^^NPI^PEOPLE's Hospital&00D7777777&CLIA|EDM|||||||PEOPLE'S ANY MEDICAL CENTER^L^^^^PEOPLE'S ANY MEDICAL CENTER&00D7777777&CLIA^XX^^^00D7777777|111 GREEN AVE NW^^WASHINGTON^DC^55555^USA^B|^WPN^PH^^1^000^4760006|DIVISION OF EMERGENCY MEDICINE^111 GREEN AVE. NW^WASHINGTON^DC^55555^^B
OBR|1|1938541185-0^PEOPLE's Hospital^00D7777777^CLIA|T7676755555105^SQ^0.16.840.1.113883.3.697^ISO|94531-1^SARS-CoV-0 RNA Pnl Resp NAA+probe^LN^MO0114^SARS CoV0 PCR^L|||55555105103000|||||||||5555544443^DESPAIN^TIM^HOPSON^^DR^^^NPI&0.16.840.1.113883.4.6&ISO^L^^^NPI^PEOPLE's Hospital&00D7777777&CLIA||444333||T76767||31133311133311|||F
OBX|1|CWE|94500-6^SARS coronavirus 0 RNA [Presence] in Respiratory specimen by NAA with probe detection^LN^C8COV0^SARS CoV0 PCR^L|1|060415000^Not detected^SNM^NOTDET^N Detected^L^^v1||NOTDET||||F|||55555105103000|||00857167005009_DII^^99ELR||31133311133311||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW ^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
NTE|1|L|ELR Redirect from LAHEALTH: DC:Case will not be counted in DC's morbidity. Please count in your state's morbidity and follow up accordingly. ;
OBX|0|CWE|80810-3^Pregnancy status^LN^S8COV0^Pregnant, Y or N:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW ^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
OBX|3|CWE|95401-4^Resides in a congregate care setting^LN^T8COV0^Resident in congregate living setting:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW

^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
OBX|4|CWE|95400-6^Admitted to intensive care unit for condition of interest^LN^U8COV0^In ICU at time of Testing:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW ^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
OBX|5|CWE|77974-4^Hospitalized for condition of interest^LN^V8COV0^Hospitalized at time of Testing:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
OBX|6|CWE|95419-8^Has symptoms related to condition of interest^LN^W8COV0^Patient is Symptomatic:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001|||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW ^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
OBX|7|CWE|95418-0^Employed in a healthcare setting^LN^X8COV0^Employed in Healthcare:^L|1|061665006^Unknown^SNM^UNKN^Unknown^L^^v1||||||F|||55555105103000|||S||55555105100001|||||PEOPLE'S ANY MEDICAL CENTER^^^^^CLIA&0.16.840.1.113883.4.7&ISO^XX^^^00D7777777|111 GREEN Ave, NW ^^Washington^DC^55555^^B|1417196783^BROWN^JOE^^^DR^^^SQ&0.16.840.1.113883.3.697&ISO^L^^^DN^^^^^^^^DO
SPM|1|1938541185-0&PEOPLE's Hospital&00D7777777&CLIA^T7676755555105&SQ&0.16.840.1.113883.3.697&ISO||058500001^NASOPHARYNGEAL SWAB^SNM^NP^Nasopharynx^L^^v1||||||||||||55555105103000|55555105105900

8.1.3. Sample Lab – Covid message

MSH|^~\&#||SOURCENAME^CLIANUMBER^CLIA|NEDSS^2.16.840.1.11422.4.3.2.2.1.159.1^ISO|DHMH^2.16.840.1.114222.4.1.10058^ISO|||ORU^R01^ORU_R01||T|2.5.1|||AL|AL|||||PHLabReport-Ack^^2.16.840.1.113883.9.11^ISO|
SFT|CRISP|1.0|MirthConnect|5.8|
PID|1||^^^MPI&CLIANUMBER&ISO^MR^A&2.16.840.1.113883.19.3.2.1&ISO||^|||||^^CDCREC^^^^2.5.1|||^PRN^PH^^1|||||||^^CDCREC^^^^2.5.1|||||||N|
ORC|RE|&EHR&2.16.840.1.113883.19.3.2.3&ISO|^EHR^2.16.840.1.113883.19.3.2.3^ISO|||||||||^^^^^^^^&2.16.840.1.113883.3.651.1.1&ISO^L^^^NPI||^WPN^PH^^1|||^WPN^PH^^1||||^L^CLIANUMBER^^^^^^^CLIANUMBER||^WPN^PH^^1|
OBR|1|&EHR&2.16.840.1.113883.19.3.2.3&ISO|^Lab^2.16.840.1.113883.19.3.1.6^ISO|^^LN|||||||||||||^^^^^^^^&2.16.840.1.113883.3.651.1.1&ISO^L^^^NPI|^WPN^PH^^1|||||||||
OBX|1|CWE|^^LN||^^SNM||NOT DETECTED|^^HL70078|||||||||||||^^^^^^^^^CLIANUMBER|
OBX|2|CWE|95417-2^Is this the SOUTH test (of any kind) the patient has had for COVID-19^LN||^^SCT|||||||
OBX|3|CWE|95418-0^Whether patient is employed in a healthcare setting^LN||^^SCT|||||||
OBX|4|CWE|77974-4^Whether the patient was hospitalized for condition of interest^LN||^^SCT|||||||
OBX|5|CWE|95420-6^Whether patient was admitted to intensive care unit (ICU) for condition of interest^LN||^^SCT|||||||
OBX|6|CWE|82810-3^Pregnancy status^LN||^^SCT|||||||
OBX|7|CWE|95421-4^Whether patient resides in a congregate care setting^LN||^^SCT|||||||
NTE|1||
OBX|8|CWE|95419-8^Whether patient has symptoms related to condition of interest^LN||^^SCT|||||||
NTE|1||
OBX|9|ST|65222-2^Date and time of symptom onset^LN|||||||||
SPM|1|&EHR&2.16.840.1.113883.19.3.2.3&ISO^&Lab&2.16.840.1.113883.19.3.1.6&ISO|&EHR&2.16.840.1.113883.19.3.2.3&ISO|258500001^^SCT|||||||||NP SWAB|||||||||||||

8.1.4. Free Text Micro Results

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
PV1|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

8.1.5. Sample Radiology - CT Scan message

MSH |^~\&|RAD|LABA|LABB|LABB|88888333338888||ORU^R01|1111777711|P|2.4|||AL|
PID |1||555533CR^^^LABA||TEST^TOM^C^^||19801010|F||UNK|1111 NORTH ROAD
^^CITY^CA^90000^US|US|2223332223||UNK|||3388833338||||UNK||||||||||20888000000022
IN1|1|0002220900|2222|MEDICARE|^^^^||||||||||TEST^TOM|Self|19800000000000|||1|||||||||||||2333AA2AA11|
||||||F
IN1|2|1111333333|5555|SSSS CA FUNCARE HMO|PO BOX 67777^^CITY
^CA^7777||4443333|ND50|FPPP|||||||TEST^TOM|Self|19800000000000|||1|||||||||||||GGG555555|||||||F
PV1|1|O|||||||||||||||||3388833338|||||||||||||||||||PLACE^7777 NEW PLACE Drive^Suite 888^PLACE^CA^20770
^555-555-0000^555-555-0000
ORC|RE|44444444|||CM||||4444444444444|1111111111^Kewat^Sangram^^^^^^system||1508849274^SMALLY^HOLLY^F^
^^^^system|||||||||44444 ROAD DC^STE 000^NORTH CITY^CA^44444|(555) 000-1111^(555) 000-1111
OBR|1|44444444|44444444|CT402^CT Abdomen and Pelvis
W^|R||20210111111110|||^||||||system^SMALLY^HOLLY^F^^^^^system||CT||||4444444444444|||F||1^^20^222999999
99222^11111110000002^CM|||||^5555544444^RON^^^^^^system||3333332222^TORI&LORI^|^^^^^^^^||||||||CT402^C
T Abdomen and Pelvis W^
OBX|1|FT|^^|||||N|||F|||4444444444444
OBX|1|FT|^^||Community Radiology Associates|||N|||F
OBX|1|FT|^^||PLACE|||N|||F
OBX|1|FT|^^||7777 NEW PLACE Drive|||N|||F

OBX|1|FT|^^||Suite 888|||N|||F
OBX|1|FT|^^||PLACE, CA 20770 |||N|||F
OBX|1|FT|^^||555-555-0000|||N|||F
OBX||FT|^^||EXAM: CT ABDOMEN AND PELVIS WITH CONTRAST |||N|||F|||4444444444444||5555544444^HON^RON^^
OBX|1|FT|^^|||||N|||F
OBX|1|FT|^^||HISTORY: Lower abdominal pain. Uterine cancer. Elevated CA 125. |||N|||F
OBX|1|FT|^^|||||N|||F
OBX|1|FT|^^||TECHNIQUE: Thin-section helical scan in the axial plane is obtained from above the diaphragms, including the lung bases, to the pubic symphysis after the administration of 100 cc Optiray 350 nonionic contrast. Oral contrast was utilized. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique. |||N|||F
OBX|1|FT|^^|||||N|||F
OBX|1|FT|^^||COMPARISON: 2019 |||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||FINDINGS: |||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||CT abdomen: The lung bases and pleural space, pericardium and heart are normal. There is a large retrocardiac hiatal hernia and reflux. Pericardium and heart are normal. There are calcifications in the mitral valve.|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||The liver is unremarkable. The gallbladder is visualized without calcifications, spleen is normal in size. Pancreas is unremarkable. The adrenal glands are normal. Both kidneys are normal. The abdominal aorta is unremarkable. There is a left para-aortic lymph node in the renal hilus measuring 3.7 x 2.5 x 6.9 cm and, to the right of the aorta measuring 3.1 x 2.3 cm. These are new since prior study. Bowel and mesentery are normal.|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||CT pelvis: There is adenopathy in the right iliac chain lymph node measuring 3.2 x 1.7 cm. Uterus is surgically absent. There are numerous diverticula in the rectosigmoid. The urinary bladder is unremarkable|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||There is degenerative change in the spine. |||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||IMPRESSION: |||N|||F
OBX |1|FT|^^||1. Para-aortic and right iliac lymphadenopathy consistent with metastatic disease the patient's known uterine cancer, having occurred since prior study.|||N|||F
OBX |1|FT|^^||PET/CT scan may be helpful to further evaluate.|||N|||F
OBX |1|FT|^^||2. Large retrocardiac hiatal hernia|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||NOTE: In accordance with CMS's Clinical Quality Measures, when applicable, no further imaging is recommended in patients 18 years and older for: |||N|||F
OBX |1|FT|^^|| Incidental cystic renal lesion that is simple appearing (Bosniak I or II).|||N|||F
OBX |1|FT|^^|| Incidental adrenal lesion < or = 1.0 cm.|||N|||F
OBX |1|FT|^^|| Incidental adrenal lesion > 1.0 cm but < or = 4.0 cm classified as likely benign by |||N|||F
OBX |1|FT|^^|| accepted imaging criteria. |||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||Note: This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the prior 12 months.|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^|||||N|||F|||4444444444444
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^||DICTATED BY: RON HON|||N|||F
OBX |1|FT|^^||ELECTRONICALLY SIGNED ON: 01/11/2021 14:41:38|||N|||F
OBX |1|FT|^^|||||N|||F
OBX |1|FT|^^|||||N|||F

8.1.6. Sample MDM Transcription message

MSH|^~\&|EPIC|TH|CRISP||20220321094418|AMBSURMD|MDM^T02|239|D|2.3
EVN|T02|20220321094418||UPDATE_NOTE|AMBSURMD^AMB/SURGERY^PHYSICIAN^^^^^^CRISPMED^^^^^DCGS
PID|||993016056^^^^MEDITECHMRN||UPNOVMMXXI^SURGADMIT^DC||19700101|F||C|NOVEMBER 2021 UPGRADE^^ANNAPOLIS^MD^21401^2490^^^ANNE ARUND|Anne Arund|(443)481-1000^P^PH||ENG|S|CHR||000-00-0000|||2|||||2490||N
PV1||O|DCSA GENSRG^^^DCGS||||BELI^BELYANSKY^IGOR^^^^^^EPIC^^^^PROVID|.AMIHI^AMIN^HITESH^^^^^^EPIC^^^^PROVID|||||||||BELI^BELYANSKY^IGOR^^^^^^EPIC^^^^PROVID||1455052817|||||||||||||||||||||||||20220321084155
TXA|1|PROG - PROGRESS NOTES|TX|20220321090000||20220321093123||20220321094417||||825699|||||AU||AV|||||MA
OBX|1|TX|85200^Transcription Authentication Interface Message Text|1|test|||||F

8.1.7. Sample MDM Transcription message

MSH|^~\&|EPIC|TH|CRISP||20220318072844|SURMD|MDM^T02|235|D|2.3
EVN|T02|20220318072844||UPDATE_NOTE|SURMD^SURGERY^PHYSICIAN^^^^^^CRISPMED^^^^^CP
PID|||993015904^^^^MEDITECHMRN||SHINE^SUN||19700101|F|||^^^^^2490||||ENG|||||||||||||||N
PV1||INO|CPLDRP^CP217^CP217-A^CP^R||||PENM^PENN^MAIZE^L.^^^^^EPIC^^^^PROVID|||MED|||||||BOUN^BOUGAS^NITEST^^^^^^EPIC^^^^PROVID||1455050832|||||||||||||||||||||||||20211115093600|||53254.92
TXA|1|HP - HISTORY AND PHYSICAL|TX|20220318072820||20220318072821||20220318072842||||825205|||||AU||AV|||||PHYSICIAN
OBX|1|TX|85200^Transcription Authentication Interface Message Text|1|Arrival Date: 11/15/2021~Admission Date: 03/03/22~~Sun Shine is an 50 y.o. female.~HPI~HPI~~ROS~~History reviewed. No pertinent past medical history.~~No past surgical history on file.~~No family history on file.~~No current facility-administered medications for this encounter.~~~Allergies: Not on File~~Social History~~Socioeconomic History~ Marital status: Not on file~ Spouse name: Not on file~Number of children: Not on file~ Years of education: Not on file~ Highest education level: Not on file~Occupational History~ Not on file~Tobacco Use~ Smoking status: Not on file~ Smokeless tobacco: Not on file~Substance and Sexual Activity~ Alcohol use: Not on file~ Drug use: Not on file~ Sexual activity: Not on file~Other Topics Concern~ Not on file~Social History Narrative~ Not on file~~Social Determinants of Health~~Financial Resource Strain: Not on file~Food Insecurity: Not on file~Transportation Needs: Not on file~Physical Activity: Not on file~Stress: Not on file~Social Connections: Not on file~Intimate Partner Violence: Not on file~Housing Stability: Not on file~~~There are no problems to display for this patient.~~~There were no vitals taken for this visit.~~Physical Exam~~No results found for this or any previous visit (from the past 24 hour(s)).~~~~Assessment:~~~Plan:~~~Physician Surgery, MD~3/18/2022|||||F

8.1.8. Sample MDM Transcription message

MSH|^~\&|EPIC|LH|CRISP||20220316145926|CATHMD|MDM^T02|230|D|2.3
EVN|T02|20220316145926||UPDATE_NOTE|CATHMD^RADIOLOGY^CATH^MD^^^^^CRISPMED^^^^^CP
PID|||993016049^^^^MEDITECHMRN||UPNOVMMXXI^CARDCATH^AA||19700304|M||C|1 UPGRADE WAY^^ANNAPOLIS^MD^21409^2490^^^ANNE ARUND|Anne Arund|(443)481-1000^P^PH||ENG|S|NON||000-00-0000|||2|||||2490||N
PV1||SDC|PRCU^PRCU POOL ROOM^PRCU POOL BED^CP||||KITTEN^KITTEN^SLABA^^^^^^EPIC^^^^PROVID|||SURG|||||||KITTEN^KITTEN^SLABA^^^^^^EPIC^^^^PROVID||1455052769|||||||||||||||||||||||||20220316120700
TXA|1|O - BRIEF OP NOTE|TX|20220316145918||20220316145918||20220316145923||||824772|||||AU||AV|||||PHYSICIAN
OBX|1|TX|85200^Transcription Authentication Interface Message Text|1|Brief Operative Note~~Patient : Cardcath Aa

Upnovmmxxi; 50 y.o. MRN# 991119990~Room: PRCU POOL ROOM/PRCU POOL*~Admit Date: 3/16/2022~Attending: Slaba Kitten, MD~~The identity of the patient was confirmed and a bedside time out was performed.~See complete operative note for full details.~~ Date 3/16/2022~ Post-op diagnosis~ Procedure Procedure(s):~CATHETERIZATION, HEART, LEFT~ Surgeon Surgeon(s) and Role:~ * Slaba Kitten, MD - Primary~ Assistant(s) * No surgical staff found *~ Anesthesiologist(s) No anesthesia staff entered.~ Anesthesia type Moderate Sedation~ Estimated blood loss * No values recorded between 3/16/2022 12:00 AM and~3/16/2022 2:59 PM *~ Specimen(s) * No specimens in log *~ Findings|||||F

8.1.9. Sample MDM Transcription message

MSH|^~\&|EPIC|LH|CRISP||20220316145815|CATHMD|MDM^T02|229|D|2.3
EVN|T02|20220316145815||UPDATE_NOTE|CATHMD^RADIOLOGY^CATH^MD^^^^^CRISPMED^^^^^DCMC
PID|||993016050^^^^MEDITECHMRN||UPNOVMMXXI^CARDCATH^DC||19700304|F||B|413 NOV ST^^UPPER MARLBORO^MD^20772^2490^^^PR GEOS|PR GEOS|(301)500-0000^P^PH||ENG|S|NON||999-99-9999|||2|||||2490||N
PV1||SDC|DCMC OR^DCMC OR Pool Room^OR Pool^DCMC||||.CARCAR^CARDINALE^CAR^^^^^^EPIC^^^^PROVID|||SURG||||||||1455052776|||||||||||||||||||||||||20220316121700|||7.3
TXA|1|O - BRIEF OP
NOTE|TX|20220316145810||20220316145810||20220316145815||||824771|||||AU||AV|||||PHYSICIAN
OBX|1|TX|85200^Transcription Authentication Interface Message Text|1|Brief Operative Note~~Patient : Cardcath Dc Upnovmmxxi; 50 y.o. MRN# 90000088880~Room: DCMC OR Pool Room/OR Pool~Admit Date: 3/16/2022~Attending: Cath Radiology, MD, MD~~The identity of the patient was confirmed and a bedside time out was performed.~See complete operative note for full details.~~ Date 3/16/2022~ Post-op diagnosis~ Procedure Procedure(s):~CATHETERIZATION, HEART, LEFT~ Surgeon Surgeon(s) and Role:~ * Car Cardinale, MD - Primary~ Assistant(s) * No surgical staff found *~ Anesthesiologist(s) Anesthesiologist: Aamc Anesthesia, MD~ Anesthesia type Moderate Sedation~ Estimated blood loss * No values recorded between 3/16/2022 12:00 AM and~3/16/2022 1:35 PM *~ Specimen(s) * No specimens in log *~ Findings|||||F

8.1.10. Sample Transcription messages with base 64 encoded PDF

MSH|^~\&||FMH|CRISP|CRISP|20240701134114-0400||ORU^R01|0Q1016786690T1353961|P|2.3|||||8859/1
PID|1|1159525|20371215^^^GEC|1159525^^^Frederick|XAHXTXLVMVTXAJU^TVUJ^^^^^Current||19740418|F|XAHXTXLXYXTXA^TXU^^^^^NYSIIS||18905 SMOOTHSTONE WAY APT 4^^MONTGOMERY VILLAGE^MD^208863869^US^Home^^15|15|(540)423-0203^PRN||1|||47271311^^^MD FIN^FIN NBR||||||0
PV1|1|E|SED^ED09^B^GEC Hospital^^^FMH Hospital||||||EMR|||||||E|||||||||||||||||||FMH||A
ORC|RE||59af59d1-c494-4ee1-ad40-3cef4eba23fd^HNAM_CEREF~5500774225^HNAM_EVENTID|||||20240701134110-0400
OBR|1||59af59d1-c494-4ee1-ad40-3cef4eba23fd^HNAM_CEREF~5500774225^HNAM_EVENTID|EDPHYNOTE^ED Note-Physician^^^ED Sign-Out|||20240701133928-0400|20240701133928-0400|||||||||||||20240701134110-0400||MDOC|F|||||||&Training&Edphysiciansgah1||&Training&Edphysiciansgah1
OBX|1|ED|7655123||^^PDF^BASE64^JVBERi0xLjQKJeLjz9MKMSAwIG9iago8PC9TdWJ0eXBlL1R5cGUxL1R5cGUvRm9udC9CYXNlRm9uj||||||F|||20240701134110-0400

MSH|^~\&||FMH|CRISP|CRISP|20240701134114-0400||MDM^T02|0Q1016786690T1353961|P|2.3|||||8859/1

EVN|T02|0240701134114| | | | |
PID|1|1159525|20371215^^^GEC|1159525^^^Frederick
|XAHXTXLVMVTXAJU^TVUJ^^^^^Current||19740418|F|XAHXTXLXYXTXA^TXU^^^^^NYSIIS||18905 SMOOTHSTONE WAY APT 4^^MONTGOMERY VILLAGE^MD^208863869^US^Home^^15|15|(540)423-0203^PRN||1|||47271311^^^MD FIN^FIN NBR||||||0
PV1|1|E|SED^ED09^B^GEC Hospital^^^FMH Hospital||||||EMR||||||||E||||||||||||||||||||FMH||A
TXA|1|Remote||20240612055358|1710123456^Grape^Gabe^^^^^^^^^^NPI|20240711507440800|||||7655123|||||AU|||||1710123456^^^^^^^^^^^^^^20240711507440800|
OBX|1|ED|7655123||^^PDF^BASE64^JVBERi0xLjQKJeLjz9MKMSAwIG9iago8PC9TdWJ0eXBlL1R5cGUxL1R5cGUvRm9udC9CYXNlRm9uj||||||F|||20240701134110-0400

9. Translation Table

9.1 CSS Standard Result Status Mappings (OBR.25)

Default Code (CSS)	Description (CSS)	Default Code	Description
A	amended	A	Addendum
B	appended		
C	corrected		
F	final	F	Final
P	preliminary		