

Detailed Clinical Model Specification

Pathology Test Result Version 2.1

22 December 2011

Approved for External Release

National E-Health Transition Authority Ltd

Level 25 56 Pitt Street Sydney NSW 2000 Australia www.nehta.gov.au

Disclaimer

NEHTA makes the information and other material ("Information") in this document available in good faith but without any representation or warranty as to its accuracy or completeness. NEHTA cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use.

Document Control

This document is maintained in electronic form and is uncontrolled in printed form. It is the responsibility of the user to verify that this copy is the latest revision.

Copyright © 2011 National E-Health Transition Authority Ltd. (NEHTA)

This document contains information which is protected by copyright. All Rights Reserved. No part of this work may be reproduced or used in any form or by any means—graphic, electronic, or mechanical, including photocopying, recording, taping, or information storage and retrieval systems—without the permission of NEHTA. All copies of this document must include the copyright and other information contained on this page.

ii v 2.1

nehta Document Information

Document Information

Document owner

Document Owner

The National Clinical Terminology and Information Service

Change history

Version	Date	Comments
1.0	29 May 2007	Initial public release
2.0	23 Aug 2011	New version created in accordance with the archetype from <u>NEHTA Clinical Knowledge Manager</u> ¹ .
2.1	22 Dec 2011	This version of the specification is published to support the Structured Content Specifications published (at the end of 2011) that use the versions of the DCMs included in this specification. Changes to the DCMs, included in this specification, are primarily to support the Consolidated View in the PCEHR.

Related documents

Name	Version/Release Date
NEHTA Acronyms, Abbreviations & Glossary of Terms	Version 1.2, Issued 25 May 2005
Participation Data Specification	Version 3.2, Issued 20 July 2011

Included Detailed Clinical Models

This specification contains the following Detailed Clinical Models:

1. Pathology Test Result, version 2.1

¹ http://dcm.nehta.org.au/ckm

This page is intentionally left blank.

nehta Acknowledgements

Acknowledgements

NEHTA would like to thank the following organisations and individuals for their contribution to these data specifications:

- · Standards Australia;
- · Members of the Australian DataTypes Project;
- · Australian Institute of Health and Welfare; and
- · Ocean Informatics.

This page is intentionally left blank.

vi v 2.1

Table of Contents

1. Introduction	
1.1. Purpose and Scope	
1.2. Intended Audience	
1.3. Background	
1.4. Terminology	2
2. Pathology Test Result Detailed Clinical Model	3
2.1. Purpose	3
2.2. Use	
2.3. Misuse	3
2.4. UML Class Diagram	
2.5. PATHOLOGY TEST RESULT	
2.6. Pathology Test Result Name	
2.7. Test Result Name Values	
2.8. Diagnostic Service	
2.9. Diagnostic Service Values	
2.10. SPECIMEN	
2.11. Overall Pathology Test Result Status	
2.12. Pathology Test Result Status Values	
2.13. Clinical Information Provided	
2.14. PATHOLOGY TEST RESULT GROUP	
2.15. Pathology Test Result Group Name	
2.16. Pathology Test Result Name Values	
2.10. Pathology lest Result Name values 2.17. INDIVIDUAL PATHOLOGY TEST RESULT	
2.17. INDIVIDUAL PATRICLOGT TEST RESULT	
2.19. Individual Pathology Test Result Value	
2.20. Result Value Values	
2.21. Individual Pathology Test Result Value Normal Status	
2.22. Individual Pathology Test Result Value Normal Status Values	
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS	33
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37 38
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37 38 39
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37 38 40 41
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37 38 40 41 43
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning	33 35 37 38 40 41 43
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation	33 35 37 38 40 41 43
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment	33 35 38 40 41 43 44
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY	33 35 38 40 41 43 44 45
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment	33 35 38 40 41 43 44 45
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY	33 35 38 40 41 43 44 45 45
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS	33 35 37 38 39 40 41 43 44 45 45 50
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier	33 35 37 38 39 40 41 43 44 45 45 50 51
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name	33 35 37 38 39 40 41 43 44 45 45 50 51 52
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier	33 35 37 38 39 40 41 43 44 45 47 50 51 52
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure	33 35 37 38 39 40 41 43 44 45 47 50 51 52 53 55 55
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure	33 35 37 38 39 40 41 43 44 45 47 50 51 52 53 55 55
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER	33 35 37 38 39 40 41 43 44 45 50 51 52 55 55 57
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT	33 35 37 38 39 40 41 43 44 45 50 51 52 55 55 57
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT 2.44. Pathology Test Result DateTime	33 35 37 38 39 40 41 43 44 45 47 50 51 52 53 55 56 60 62
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT 2.44. Pathology Test Result DateTime 2.45. Pathology Test Result Duration	33 35 37 38 39 40 41 43 44 45 47 50 51 52 53 55 56 60 62
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT 2.44. Pathology Test Result DateTime 2.45. Pathology Test Result Duration 2.46. Pathology Test Result Instance Identifier	33 35 37 38 39 40 41 43 44 45 50 51 52 53 55 56 60 62
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT 2.44. Pathology Test Result DateTime 2.45. Pathology Test Result Instance Identifier 2.47. LINK	33 35 37 38 39 40 41 43 44 45 50 51 52 53 55 55 56 60 62 63
2.23. INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS 2.24. Individual Pathology Test Result Value Reference Range Meaning 2.25. Individual Pathology Test Result Value Reference Range 2.26. Individual Pathology Test Result Comment 2.27. Individual Pathology Test Result Reference Range Guidance 2.28. Individual Pathology Test Result Status 2.29. SPECIMEN 2.30. Pathological Diagnosis 2.31. Pathology Test Conclusion 2.32. Test Result Representation 2.33. Test Comment 2.34. RECEIVING LABORATORY 2.35. TEST REQUEST DETAILS 2.36. Requester Order Identifier 2.37. Test Requested Name 2.38. REQUESTER 2.39. Receiver Order Identifier 2.40. Laboratory Test Result Identifier 2.41. Test Procedure 2.42. INFORMATION PROVIDER 2.43. SUBJECT 2.44. Pathology Test Result DateTime 2.45. Pathology Test Result Duration 2.46. Pathology Test Result Instance Identifier	33 35 37 38 39 40 41 43 44 45 50 51 55 55 55 56 60 62 63 64

	2.50. Link Role	
	2.51. Link Role Values	
	2.52. Link Target	
	2.53. Detailed Clinical Model Identifier	
3.	Specimen Data Group	
	3.1. Purpose	
	3.2. Use	75
	3.3. SPECIMEN	76
	3.4. Specimen Tissue Type	78
	3.5. Collection Procedure	80
	3.6. ANATOMICAL LOCATION	81
	3.7. SPECIFIC LOCATION	
	3.8. Anatomical Location Name	
	3.9. Body Structure Foundation Reference Set	
	3.10. Side	
	3.11. Laterality Reference Set	
	3.12. Numerical Identifier	
	3.13. Anatomical Plane	
	3.14. RELATIVE LOCATION	
	3.15. Identified Landmark	
	3.16. Anatomical Location Aspect	
	3.17. Distance From Landmark	
	3.18. Anatomical Location Description	
	3.19. Visual Markings/Orientation	
	3.20. Anatomical Location Image	
	3.21. PHYSICAL PROPERTIES OF AN OBJECT	
	3.22. Physical Object Name	
	3.23. Weight	
	3.24. DIMENSIONS	101
	3.25. Diameter	102
	3.26. Circumference	
	3.27. Length	
	3.28. Breadth	
	3.29. Depth	
	3.30. Area	
	3.31. Volume	
	3.32. Object Description	
	3.33. Image	
	3.34. NEEDLE BIOPSY CORE DETAILS	
	3.35. Biopsy Core Needle Gauge	
	3.36. Maximum Biopsy Core Length	
	3.37. Number of Cores Received	
	3.38. COLLECTION AND HANDLING	
	3.39. Potential Risk / Biohazard	
	3.40. Sampling Preconditions	
	3.41. Number of Containers	
	3.42. Collection Procedure Details	120
	3.43. Transport Medium	
	3.44. Testing Method	
	3.45. Testing Method Reference Set	123
	3.46. DEVICE	124
	3.47. HANDLING AND PROCESSING	126
	3.48. Collection DateTime	
	3.49. Collection Setting	
	3.50. DateTime Received	
	3.51. DateTime Processed	
	3.52. SPECIMEN QUALITY	
	3.53. Specimen Received Issues	
	J.JJ. OPENITICII I/CUCIVCU 1990C9	102

	3.54. Laboratory Handling Issues	133
	3.55. Adequacy for Testing	134
	3.56. Specimen Quality Comment	
	3.57. IDENTIFIERS	
	3.58. Specimen Identifier	137
	3.59. Parent Specimen Identifier	138
	3.60. Container Identifier	
	3.61. Specimen Collector Identifier	140
	3.62. SPECIMEN COLLECTOR DETAILS	141
Α.	Known Issues	143
	Specification Guide for Use	
	B.1. Overview	
	B.2. The Structured Content Specification Metamodel	145
	Context	147
	Content	147
	Section	147
	Data Group	147
	Participation	147
	Choice	147
	Data Element	148
	Value Domain	148
	B.3. Icon Legend	148
	Metadata Types Legend	149
	Data Types Legend	149
	Keywords Legend	153
	Obligation Legend	
	B.4. Information Model Specification Parts Legends	155
	Data Hierarchy	
	Chapter Name	155
	Identification Section Legend	
	Definition Section Legend	
	Value Domain Section Legend	157
	Usage Section Legend	
	Relationships Section Legend	
C.	Change History	
	C.1. Changes Introduced in this Version	
Re	eference List	165
In	dex	167

This page is intentionally left blank.

<u>v 2.1</u>

nehta Introduction

1 Introduction

1.1 Purpose and Scope

This detailed clinical model (DCM) specification forms part of a suite of data specifications that the National E-Health Transition Authority (NEHTA) is developing for the Australian health informatics community. The suite comprises specifications for a range of health topics (represented as data groups), which are considered to be the most critical to support the work programme given to NEHTA and to realise the benefits derived from Level 4 (semantic) interoperability in the Australian healthcare setting.

NEHTA values your questions and comments about this document. Please direct your questions or feedback to <u>clinicalinformation@nehta.gov.au</u>.

1.2 Intended Audience

This document is intended to be read by jurisdictional information and communication technology (ICT) managers, clinicians involved in clinical information system specifications, software architects and developers, and implementers of clinical information systems in various healthcare settings.

It is reasonably technical in nature and expects the audience to be familiar with the language of health data specification and have some familiarity with health information standards and specifications. Definitions and examples are provided to clarify relevant terminology usage and intent.

1.3 Background

There are several e-health priority areas to be addressed by NEHTA specifications. One area of priority is identification of the data to be communicated and its structure. NEHTA is addressing this through data specifications, which detail the data elements (logically grouped) and their associated value domains.

Data specifications need to be independent of messaging formats. They are concerned with providing an information framework in which to achieve semantic interoperability.

Data specifications have been developed:

- · Based on jurisdiction and clinician identified priorities;
- Specifically to suit the Australian model for a shared electronic health record (EHR);
- To define collections of related information, e.g. event summaries, data groups, data elements;
- · To allow for expansion and extension as electronic systems mature;
- So they are human readable (with information enhanced by the hierarchical structure);
- · Incorporating clinical examples of use to enhance utility and adoption; and
- To provide a set of clinical terminologies, specific to the requirements of the Australian healthcare system.

Whilst the Personally Controlled Electronic Health Record (PCEHR) System is referred to in these documents, the implementation of the PCEHR System is not dealt with here.

¹Level 4 interoperability is described in [WALJ2005a].

1.4 Terminology

NEHTA, through the National Clinical Terminology and Information Service (NCTIS), is defining a national approach to clinical terminology. Consistent and accurate articulation and interpretation of clinical terms is critical to the process of safe exchange.

The Systematized Nomenclature of Medicine - Clinical Terms[®] (SNOMED CT^{® 2}) has been recommended by NEHTA and endorsed by the Australian, state and territory governments as the preferred clinical terminology for Australia, and is now freely available for e-health software developers to use in their Australian products under International Health Terminology Standards Development Organisation (IHTSDO) licensing arrangements.

While NEHTA's achievement of a national standard clinical terminology is based on SNOMED CT as the foundational resource, local variations and customisation of terms relevant to the Australian healthcare sector will be incorporated. SNOMED CT Australian Release (SNOMED CT-AU) is the Australian extension to SNOMED CT; the integrated national release of SNOMED CT for implementation in Australian deployed clinical IT systems. NEHTA is also developing the Australian Medicines Terminology (AMT) as the designated clinical terminology for medicines available in Australia. The AMT will provide a consistent approach to the identification and naming of medicines, to support medicines management and activity across the Australian healthcare domain. The AMT will be integrated with SNOMED CT-AU in the near future.

Reference sets listed as value domains within this document have been developed taking into account data element and data group definitions, as well as how they align and complement the SNOMED CT concept model. For further information regarding terminology and the development of reference sets please visit http://www.nehta.gov.au/our-work/clinical-terminology and direct your questions or feedback to terminologies@nehta.gov.au.

²SNOMED CT[®] is a registered trademark of the International Health Terminology Standards Development Organisation.

2 Pathology Test Result Detailed Clinical Model

This chapter describes version 2.1 of the Pathology Test Result Detailed Clinical Model.

2.1 Purpose

To record the findings and interpretation of pathology tests performed on tissues and body fluids. This is typically done in a laboratory, but may be done in other environments, such as at the point of care.

2.2 Use

Use to record any pathology test result, including the result of a test on a specimen taken as part of a composite procedure or operation.

Multi-analyte panels can be represented using templates or specialised DCMs.

More complex tests, such as histopathology or microbiology, should be represented using specialised DCMs where additional report content is required.

Will normally be reported back to the requesting clinician as one component within the context of an overall COMPOSITION-based report.

2.3 Misuse

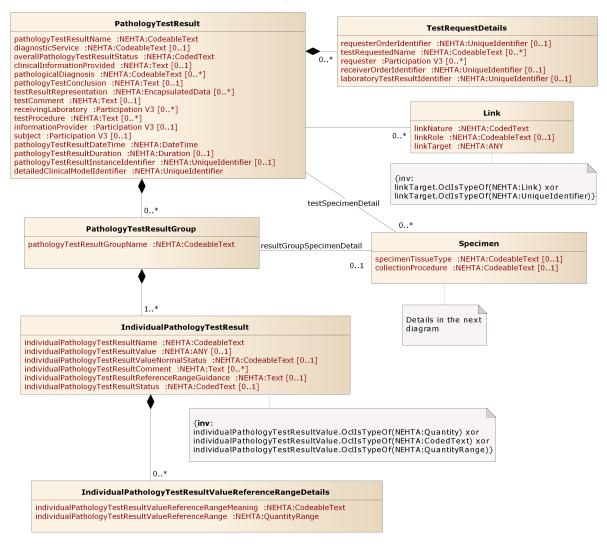
Not to be used for reporting on non-pathology test results e.g. diagnostic imaging, ECG or respiratory function tests.

Not to be used to represent an entire cumulative report. This *Pathology Test Result* DCM represents only one of the result sets that is usually viewed as a vertical in a cumulative test report. A cumulative report is a view that is constructed from the results represented by multiple DCMs.

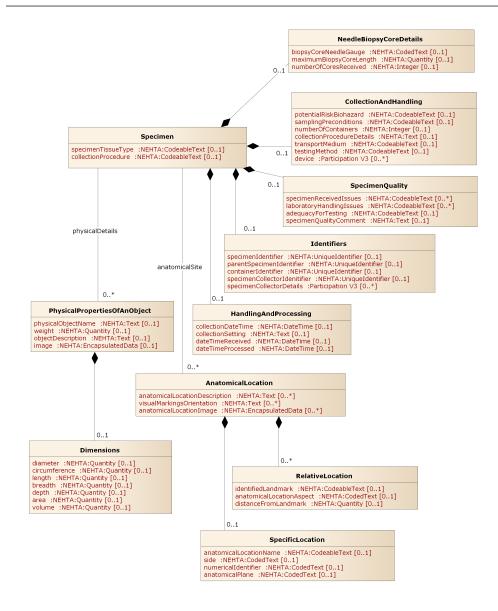
This DCM is suitable for representation of general pathology test results, but is not intended to cover full synoptic reports. For these, additional specialising DCMs are required to represent the data.

v 2.1 3

2.4 UML Class Diagram



The figure represents the data hierarchy of the Detailed Clinical Model as a UML 2.0 class diagram. The diagram displays data groups and data elements, together with their names, data types and multiplicities. Data elements are displayed as attributes. Data groups are displayed as classes, their names are represented as association role names. Association role names are only displayed if they differ from the associated class name. The diagram shows the data hierarchy excluding the details of participation. The default multiplicity is 1..1.



The figure represents the data hierarchy of the Detailed Clinical Model as a UML 2.0 class diagram. The diagram displays data groups and data elements, together with their names, data types and multiplicities. Data elements are displayed as attributes. Data groups are displayed as classes, their names are represented as association role names. Association role names are only displayed if they differ from the associated class name. The diagram shows the data hierarchy excluding the details of participation. The default multiplicity is 1..1.

v 2.1 5

2.5 PATHOLOGY TEST RESULT

Identification

Label PATHOLOGY TEST RESULT

Metadata Type Data Group
Identifier DG-16144

OID 1.2.36.1.2001.1001.101.102.16144

Definition

Definition Record of the findings and interpretation of pathology tests performed on tissues

and body fluids.

Definition Source NEHTA

Synonymous Lab Test Names Pathology

Biochemistry Haematology Microbiology Immunology

Notes This data group may be used to record a single valued test, but will often be

specialised or templated to represent multiple value or 'panel' tests.

This DCM also acts as the parent for specialisations appropriate for more specific

laboratory tests, e.g. microbiology, histopathology.

Data Hierarchy

PATHO	DLOGY TEST RESULT										
001011001	Test Re	Test Result Name (Pathology Test Result Name)									
001011001	Diagno	Diagnostic Service									
•	Test Sp	Test Specimen Detail (SPECIMEN)									
	001011001	■ Specimen Tissue Type									
	001011001	Collection Procedure									
	•	Anatom	nical Site	(ANATOMICAL LOCATION)	0*						
		SPECIFIC LOCATION									
			001011001	Name of Location (Anatomical Location Name)	01						

 					1
			001011001	Side	01
			001011001	Numerical Identifier	01
			001011001	Anatomical Plane	01
		•	RELAT	IVE LOCATION	0*
			001011001	Identified Landmark	01
			001011001	Aspect (Anatomical Location Aspect)	01
			1	Distance From Landmark	01
		T	Descrip	tion (Anatomical Location Description)	0*
		T	Visual I	Markings/Orientation	0*
		001011001	Image (Anatomical Location Image)	0*
	•	Physica	al Details	(PHYSICAL PROPERTIES OF AN OBJECT)	0*
		T	Name (Physical Object Name)	01
		1	Weight		01
		•	DIMEN	SIONS	01
				Diameter	01
				Circumference	01
				Length	01
				Breadth	01
				Depth	01
			1	Area	01
				Volume	01
		T	Descrip	tion (Object Description)	01
		001011001	Image		01
	•	NEEDL	E BIOPS	SY CORE DETAILS	01

v 2.1 7

	001011001	Biopsy Core Needle Gauge	01
		Maximum Biopsy Core Length	01
	123	Number of Cores Received	01
	COLLE	ECTION AND HANDLING	01
	001011001	Potential Risk / Biohazard	01
	001011001	Sampling Preconditions	01
	123	Number of Containers	01
	T	Collection Procedure Details	01
	001011001	Transport Medium	01
	001011001	Testing Method	01
	8	DEVICE	0*
	HANDL	LING AND PROCESSING	01
	7 th	Date and Time of Collection (Collection DateTime)	01
	T	Collection Setting	01
	7 0	Date and Time of Receipt (DateTime Received)	01
	7 th	Date and Time Processed (DateTime Processed)	01
	SPECII	MEN QUALITY	01
	001011001	Specimen Received Issues	0*
	001011001	Laboratory Handling Issues	0*
	001011001	Adequacy for Testing	01
	T	Comment (Specimen Quality Comment)	01
	IDENTI	FIERS	01
	46 X 89 A	Specimen Identifier	01
	46 XY	Parent Specimen Identifier	01

			1			1				
		46 X A	Contair	ner Identi	fier	01				
		46 XX	Specim	en Colle	ctor Identifier	01				
		8	SPECII	PECIMEN COLLECTOR DETAILS						
001011001	Overall	Test Res	sult Statu	ıs (Overa	all Pathology Test Result Status)	11				
T	Clinical	Informat	tion Prov	rided		01				
	Result	Group (P	PATHOLO	OGY TES	ST RESULT GROUP)	0*				
	001011001	Result	Group N	ame (Pa	thology Test Result Group Name)	11				
		Result	(INDIVID	UAL PA	THOLOGY TEST RESULT)	1*				
		001011001	Result	Name (Ir	ndividual Pathology Test Result Name)	11				
		001011001	Result	Result Value (Individual Pathology Test Result Value)						
		001011001	Result '	Value No	ormal Status (Individual Pathology Test Result Value Normal Status)	01				
					ference Range Details (INDIVIDUAL PATHOLOGY TEST RESULT ENCE RANGE DETAILS)	0*				
			001011001		Value Reference Range Meaning (Individual Pathology Test Result Reference Range Meaning)	11				
			1		Value Reference Range (Individual Pathology Test Result Value nce Range)	11				
		T	Result	Commer	t (Individual Pathology Test Result Comment)	0*				
		T	Referer Guidan		ge Guidance (Individual Pathology Test Result Reference Range	01				
		001011001	Result	Status (II	ndividual Pathology Test Result Status)	01				
		Result	Group S _l	pecimen	Detail (SPECIMEN)	01				
		001011001	Specim	en Tissu	е Туре	01				
		001011001	Collecti	Collection Procedure (
		•	Anatom	Anatomical Site (ANATOMICAL LOCATION)						
				SPECIF	FIC LOCATION	01				
				001011001	Name of Location (Anatomical Location Name)	01				

			T	Side	01	
			001011001			
			001011001	Numerical Identifier	01	
			001011001	Anatomical Plane	01	
			RELAT	IVE LOCATION	0*	
			001011001	Identified Landmark	01	
			001011001	Aspect (Anatomical Location Aspect)	01	
			3	Distance From Landmark	01	
		T	Descrip	otion (Anatomical Location Description)	0*	
		T	Visual I	Markings/Orientation	0*	
		001011001	Image (Anatomical Location Image)			
	•	Physica	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)			
		T	Name (Physical Object Name)	01	
			Weight		01	
		•	DIMEN	SIONS	01	
			3	Diameter	01	
			3	Circumference	01	
			3	Length	01	
				Breadth	01	
				Depth	01	
				Area	01	
				Volume	01	
		T	Descrip	otion (Object Description)	01	
		001011001	Image		01	
	•	NEEDL	E BIOPS	SY CORE DETAILS	01	

_	r		1		
			001011001	Biopsy Core Needle Gauge	01
				Maximum Biopsy Core Length	01
			123	Number of Cores Received	01
			COLLE	CTION AND HANDLING	01
			001011001	Potential Risk / Biohazard	01
			001011001	Sampling Preconditions	01
			123	Number of Containers	01
			T	Collection Procedure Details	01
			001011001	Transport Medium	01
			001011001	Testing Method	01
			8	DEVICE	0*
			HANDL	ING AND PROCESSING	01
			7 th	Date and Time of Collection (Collection DateTime)	01
			T	Collection Setting	01
			7 ^t	Date and Time of Receipt (DateTime Received)	01
			7 th	Date and Time Processed (DateTime Processed)	01
			SPECI	MEN QUALITY	01
			001011001	Specimen Received Issues	0*
			001011001	Laboratory Handling Issues	0*
			001011001	Adequacy for Testing	01
			T	Comment (Specimen Quality Comment)	01
		•	IDENTI	FIERS	01
			46 X 89 X	Specimen Identifier	01
			46 X 89 X	Parent Specimen Identifier	01
		•			

			ÎD		
			89 X	Container Identifier	01
			16 XY 8 9 - A	Specimen Collector Identifier	01
		(8	SPECIMEN COLLECTOR DETAILS	0*
001011001	Patholo	ogical Diag	nosis		0*
1	Conclu	sion (Patho	ology T	est Conclusion)	01
001011001	Test Re	esult Repre	sentati	on	0*
T	Test Co	omment			01
8	RECEI	VING LAB	ORATO	PRY	0*
	TEST F	REQUEST	DETAI	LS	0*
	46 X 89 A	Requeste	er Orde	r Identifier	01
	001011001	Test Requ	uested	Name	0*
	8	REQUES	STER		0*
	46 XV 89 A	Receiver	Order	ldentifier	01
	46 X X 8 9 3 A	Laborator	ry Test	Result Identifier	01
1	Test Pr	ocedure			0*
8	INFOR	MATION P	ROVID	ER	01
8	SUBJE	СТ			01
7 (2)	Patholo	ogy Test Re	esult Da	ateTime	11
	Patholo	ogy Test Re	esult Di	uration	01
46 XA	Patholo	ogy Test Re	esult In	stance Identifier	01
	LINK				0*
	001011001	Link Natu	ıre		11
	001011001	Link Role			01

nehta

	4600	Link Target	11
46 X Y 8 9 3 A	Detaile	d Clinical Model Identifier	11

2.6 Pathology Test Result Name

Identification

Label Test Result Name

Metadata Type Data Element

Identifier DE-11017

OID 1.2.36.1.2001.1001.101.103.11017

Definition

Definition Identification of the pathology test performed, sometimes including specimen type.

Definition Source NEHTA

Notes The test name can refer to a single test (e.g. HbA1c) or to a test group such as

electrolytes, FBC or coagulation tests.

Data Type CodeableText

Value Domain Test Result Name Values

Usage

Examples

Relationships

Parents

Dat Typ		Name	Occurrences (child within parent)
	?	PATHOLOGY TEST RESULT	11

2.7 Test Result Name Values

Identification

Label Test Result Name Values

Metadata Type Value Domain Identifier VD-11017

OID 1.2.36.1.2001.1001.101.104.11017

External SNOMED CT-AU Concept Id: 2021000036107

Identifier

Definition

Definition The set of values for the pathology test requested by the healthcare provider, care

team or organisation requested to be performed on the pathology specimen or

subject of care.

Definition Source NEHTA

Value Domain

Source SNOMED CT-AU

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Test Result Name (Pathology Test Result Name)	11

2.8 Diagnostic Service

Identification

Label Diagnostic Service

Metadata Type Data Element
Identifier DE-16149

OID 1.2.36.1.2001.1001.101.103.16149

Definition

Definition The diagnostic service that performs the examination.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Diagnostic Service Values

Usage

Examples 1. Microbiology

2. Haematology

Relationships

Parents

Da Ty	ata vpe	Name	Occurrences (child within parent)
Q.	%	PATHOLOGY TEST RESULT	01

2.9 Diagnostic Service Values

Identification

Label Diagnostic Service Values

Metadata Type Value Domain VD-16148

OID 1.2.36.1.2001.1001.101.104.16148

External 2.16.840.1.113883.12.74

Identifier

Definition

Definition The set of values for the type of high-level diagnostic service, e.g. biochemistry,

haematology.

Definition Source NEHTA

Value Domain

Source HL7

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Diagnostic Service	11

2.10 SPECIMEN

Identification

Label Test Specimen Detail

Metadata Type Data Group Identifier DG-16156

OID 1.2.36.1.2001.1001.101.102.16156

Definition

Definition Details about specimens to which this test result refers.

Definition Source NEHTA

Synonymous Names

Notes Do not include specimens described in PATHOLOGY TEST RESULT GROUP.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

Children

Data Type	Name	Occurrences
001011001	Specimen Tissue Type	01
001011001	Collection Procedure	01
•	Anatomical Site (ANATOMICAL LOCATION)	0*
•	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	0*
	NEEDLE BIOPSY CORE DETAILS	01
	COLLECTION AND HANDLING	01
	HANDLING AND PROCESSING	01

Data Type	Name	Occurrences
	SPECIMEN QUALITY	01
	IDENTIFIERS	01

2.11 Overall Pathology Test Result Status

Identification

Label Overall Test Result Status

Metadata Type Data Element
Identifier DE-16155

OID 1.2.36.1.2001.1001.101.103.16155

Definition

Definition The status of the pathology test result as a whole.

Definition Source NEHTA

Synonymous Names

Data Type CodedText

Value Domain Pathology Test Result Status Values

Usage

Examples 1. Interim

2. Final

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	11

2.12 Pathology Test Result Status Values

Identification

Label Pathology Test Result Status Values

Metadata Type Value Domain VD-16488

OID 1.2.36.1.2001.1001.101.104.16488

Definition

Definition The set of values for the pathology test result status.

Definition Source NEHTA

Value Domain

Source	NEHTA (outsourced from HL7 table 0085 - Observation result status codes interpretation, HL7 table 0123 - Result status and other sources).		
Permissible Values	Registered	No result yet available.	
values	Interim	This is an initial or interim result: data may be missing or verification has not been performed.	
	Final	The result is complete and verified by the responsible pathologist.	
	Amended	The result has been modified subsequent to being Final, and is complete and verified by the responsible pathologist.	
	Cancelled/Aborted	The result is unavailable because the test was not started or not completed.	

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Overall Test Result Status (Overall Pathology Test Result Status)	11

v 2.1 21

2.13 Clinical Information Provided

Identification

Label Clinical Information Provided

Metadata Type Data Element Identifier DE-16397

OID 1.2.36.1.2001.1001.101.103.16397

Definition

Definition

Description of clinical information available at the time of interpretation of results, or a link to the original clinical information provided in the test request.

Definition Source

NEHTA

Synonymous

Names Data Type

Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.14 PATHOLOGY TEST RESULT GROUP

Identification

LabelResult GroupMetadata TypeData GroupIdentifierDG-16469

OID 1.2.36.1.2001.1001.101.102.16469

Definition

Definition A group of results.

Definition Source NEHTA

Synonymous Names

Notes Results may be grouped by specimen, or by some other name or code to describe

what binds all the results together.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

Children

Data Type	Name	Occurrences
001011001	Result Group Name (Pathology Test Result Group Name)	11
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	1*
	Result Group Specimen Detail (SPECIMEN)	01

v 2.1 23

2.15 Pathology Test Result Group Name

Identification

Label Result Group Name

Metadata Type Data Element
Identifier DE-16428

OID 1.2.36.1.2001.1001.101.103.16428

Definition

Definition The name of a group of pathology test results.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Pathology Test Result Name Values

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result Group (PATHOLOGY TEST RESULT GROUP)	11

2.16 Pathology Test Result Name Values

Identification

Label Pathology Test Result Name Values

Metadata Type Value Domain Identifier VD-11017

OID 1.2.36.1.2001.1001.101.104.11017

External SNOMED CT-AU Concept Id: 2021000036107

Identifier

Definition

Definition The set of values for the pathology test requested by the healthcare provider, care

team or organisation requested to be performed on the pathology specimen or

subject of care.

Definition Source NEHTA

Value Domain

Source SNOMED CT-AU

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Result Group Name (Pathology Test Result Group Name)	11

v 2.1 25

2.17 INDIVIDUAL PATHOLOGY TEST RESULT

Identification

LabelResultMetadata TypeData GroupIdentifierDG-16489

OID 1.2.36.1.2001.1001.101.102.16489

Definition

Definition
Specific detailed result, including both the value of the result item, and additional information that may be useful for clinical interpretation.

NEHTA
Synonymous
Names
Notes
Results include whatever specific data items pathology labs report as part of the clinical service; it is not confined to measurements. The result is identified by Individual Pathology Test Result Name.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
•	Result Group (PATHOLOGY TEST RESULT GROUP)	1*

Children

Data Type	Name	Occurrences
001011001	Result Name (Individual Pathology Test Result Name)	11
001011001	Result Value (Individual Pathology Test Result Value)	01
001011001	Result Value Normal Status (Individual Pathology Test Result Value Normal Status)	01
	Result Value Reference Range Details (INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS)	0*

Data Type	Name	Occurrences
T	Result Comment (Individual Pathology Test Result Comment)	0*
T	Reference Range Guidance (Individual Pathology Test Result Reference Range Guidance)	01
001011001	Result Status (Individual Pathology Test Result Status)	01

2.18 Individual Pathology Test Result Name

Identification

LabelResult NameMetadata TypeData ElementIdentifierDE-16571

OID 1.2.36.1.2001.1001.101.103.16571

Definition

Definition The name of an individual pathology test result.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Pathology Test Result Name Values

Usage

Examples 1. Serum glucose level

2. Haemoglobin concentration

3. Hepatitis B surface antibody titre

4. Prothrombin Time

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	11

2.19 Individual Pathology Test Result Value

Identification

LabelResult ValueMetadata TypeData ElementIdentifierDE-11023

OID 1.2.36.1.2001.1001.101.103.11023

Definition

Definition Actual value of the result.

Definition Source NEHTA

Synonymous

Names

Notes Most result values will be numerical measurements, but others may be coded

concepts and free text.

Data Type Codeable Text

QuantityRange

Quantity

Value Domain Result Value Values

Usage

Examples 1. 140

2. ++

3. Neg

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	01

2.20 Result Value Values

Identification

Label Result Value Values

Metadata Type Value Domain

Identifier VD-11023

OID 1.2.36.1.2001.1001.101.104.11023

Definition

Definition The set of values for the measured level/magnitude of the test result component.

Definition Source NEHTA

Value Domain

Source NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Result Value (Individual Pathology Test Result Value)	11

2.21 Individual Pathology Test Result Value Normal Status

Identification

Label Result Value Normal Status

Metadata Type Data Element Identifier DE-16572

OID 1.2.36.1.2001.1001.101.103.16572

Definition

Definition
An interpretation of an observation to indicate whether the result is considered normal or abnormal.

Definition Source
Synonymous
Names
Notes
Often included by laboratories, even if the normal range itself is not included.

Data Type
CodeableText
Value Domain
Individual Pathology Test Result Value Normal Status Values

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	01

2.22 Individual Pathology Test Result Value Normal Status Values

Identification

Label Result Value Normal Status Values

Metadata Type Value Domain VD-16572

OID 1.2.36.1.2001.1001.101.104.16572

Definition

Definition The set of values to indicate whether an observation result is considered normal

or abnormal.

Definition Source NEHTA

Value Domain

Source HL7 V3: ObservationInterpretationNormality code set

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Result Value Normal Status (Individual Pathology Test Result Value Normal Status)	11

2.23 INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS

Identification

Label Result Value Reference Range Details

Metadata Type Data Group Identifier DG-16325

OID 1.2.36.1.2001.1001.101.102.16325

Definition

Definition Tagged reference ranges for this value in its particular measurement context.

Definition Source NEHTA

Synonymous Names

Notes Defines a range to be associated with any Quantity datum.

Each such range is particular to the patient and context, e.g. sex, age, and any

other factor that affects ranges.

Usage

Conditions of UseMay be used to represent normal, therapeutic, dangerous, critical and other such clinical ranges.

Conditions of Use Source

NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	0*

Children

Data Type	Name	Occurrences
001011001	Result Value Reference Range Meaning (Individual Pathology Test Result Value Reference Range Meaning)	11

Data Type	Name	Occurrences
<u> </u>	Result Value Reference Range (Individual Pathology Test Result Value Reference Range)	11

2.24 Individual Pathology Test Result Value Reference Range Meaning

Identification

Label Result Value Reference Range Meaning

Metadata Type Data Element Identifier DE-16574

OID 1.2.36.1.2001.1001.101.103.16574

Definition

Definition Term whose value indicates the meaning of this range. **Definition Source** NEHTA

Synonymous Names

Data Type CodeableText Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>¹ with an appropriate object identifier (OID), and **SHALL** be publicly available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples 1. Normal

2. Critical

3. 75th percentile

Default Value Normal

¹ http://www.hl7.org/oid/index.cfm

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result Value Reference Range Details (INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS)	11

2.25 Individual Pathology Test Result Value Reference Range

Identification

Label Result Value Reference Range

Metadata Type Data Element Identifier DE-16566

OID 1.2.36.1.2001.1001.101.103.16566

Definition

Definition	The data range for the associated meaning.
Definition Source	NEHTA
Synonymous Names	
Data Type	QuantityRange

Usage

Examples	1. 60-400 U/L (male)
	2. 40-150 U/L (female)

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result Value Reference Range Details (INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS)	11

2.26 Individual Pathology Test Result Comment

Identification

LabelResult CommentMetadata TypeData ElementIdentifierDE-16466

OID 1.2.36.1.2001.1001.101.103.16466

Definition

DefinitionComments that may include statements about significant, unexpected or unreliable
values, or information about the source of the value where this may be relevant
to the interpretation of the result.Definition SourceNEHTASynonymous
NamesText

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	0*

2.27 Individual Pathology Test Result Reference Range Guidance

Identification

Label Reference Range Guidance

Metadata Type Data Element Identifier DE-16467

OID 1.2.36.1.2001.1001.101.103.16467

Definition

Definition	Additional advice on the applicability of the reference range.
Definition Source	NEHTA
Synonymous Names	
Data Type	Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	01

2.28 Individual Pathology Test Result Status

Identification

LabelResult StatusMetadata TypeData ElementIdentifierDE-11029

OID 1.2.36.1.2001.1001.101.103.11029

Definition

Definition Source

NEHTA

Synonymous
Names

Notes

Allows a report with more than one result to be issued and for each result to have a different status associated with it.

The status of a result is included within the report to inform the requester or receiver whether it is final or there is more to expect, or if amendments have been made. This indicates whether the results are able to be acted upon by the clinician.

Data Type

CodedText

Value Domain

Pathology Test Result Status Values

Usage

Examples 1. Corrected/Amended

2. Final

3. Interim

4. Preliminary

Supplementary

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Result (INDIVIDUAL PATHOLOGY TEST RESULT)	01

2.29 SPECIMEN

Identification

Label Result Group Specimen Detail

Metadata Type Data Group Identifier DG-16156

OID 1.2.36.1.2001.1001.101.102.16156

Definition

Definition

Details about the individual specimen to which these result group test results refer, where testing of multiple specimens is required.

Definition Source

NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
%	Result Group (PATHOLOGY TEST RESULT GROUP)	01

Children

Data Type	Name	Occurrences
001011001	Specimen Tissue Type	01
001011001	Collection Procedure	01
	Anatomical Site (ANATOMICAL LOCATION)	0*
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	0*
	NEEDLE BIOPSY CORE DETAILS	01
	COLLECTION AND HANDLING	01
	HANDLING AND PROCESSING	01
	SPECIMEN QUALITY	01

Data Type	Name	Occurrences
	IDENTIFIERS	01

2.30 Pathological Diagnosis

Identification

Label Pathological Diagnosis

Metadata Type Data Element Identifier DE-16402

OID 1.2.36.1.2001.1001.101.103.16402

Definition

Definition Single word, phrase or brief description representing the diagnostic statement as

asserted by the reporting pathologist.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText
Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>² with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they **SHALL** be used and

the non-standard code sets SHALL be deprecated.

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

² http://www.hl7.org/oid/index.cfm

2.31 Pathology Test Conclusion

Identification

LabelConclusionMetadata TypeData ElementIdentifierDE-16403

OID 1.2.36.1.2001.1001.101.103.16403

Definition

Definition Concise and clinically contextualised narrative interpretation of the pathology test results.

Definition Source Synonymous Names

Usage

Data Type

Examples

Relationships

Text

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.32 Test Result Representation

Identification

Label Test Result Representation

Metadata Type Data Element Identifier DE-16159

OID 1.2.36.1.2001.1001.101.103.16159

Definition

Definition	Rich text representation of the entire result as issued by the diagnostic service.
Definition Source	NEHTA
Synonymous Names	
Notes	The report is a verbatim copy of the report as issued. The results reported may also, or instead, be supplied in a machine-readable structured form. As some structured pathology information is unable to be stored and displayed correctly by receiving systems at this time, some structured pathology information (such as microbiology results) is sent in the same way as free text or images.
	Resistance to structured formatting has been expressed in some quarters. These concerns may be due to the perceived difficulty in ensuring the results are maintained in their entirety as intended by the reporting provider. The nature and intent of DCMs to constrain information and provide context may help to alleviate this problem. In the meantime, the NEHTA <i>Pathology Test Result</i> data group represents the non-numerical pathology results as a single data element. This is similar to the approach taken by NEHTA Pathology Result Report Structured Document Template [NEHT2009s], which is HL7 based.
Data Type	EncapsulatedData

Usage

Conditions of Use	Used for results unable to be sent and/or received as structured information.
	Multiple formats are allowed but they SHALL be semantically equivalent.
Conditions of Use Source	NEHTA
Examples	

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

2.33 Test Comment

Identification

LabelTest CommentMetadata TypeData ElementIdentifierDE-16468

OID 1.2.36.1.2001.1001.101.103.16468

Definition

Definition Additional narrative about the test that is not captured in other fields.

Definition Source Synonymous Names
Data Type Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.34 RECEIVING LABORATORY

Identification

Label RECEIVING LABORATORY

Metadata Type Data Group Identifier DG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

Definition Source

NEHTA

Synonymous
Names

Notes

Details of the laboratory that has responsibility for the pathology test.

NEHTA

Details of secondary laboratories may also be included.

This does not have to be a person and, in particular, does not have to be a healthcare provider. Types of sources include:

• the clinician; and

• a device or software.

Usage

Conditions of Use	This is a reuse of the <i>PARTICIPATION</i> data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Receiving Laboratory".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a PERSON or DEVICE.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

2.35 TEST REQUEST DETAILS

Identification

Label TEST REQUEST DETAILS

Metadata Type Data Group Identifier DG-16160

OID 1.2.36.1.2001.1001.101.102.16160

Definition

Definition Details concerning a single pathology test requested.

Definition Source NEHTA

Synonymous Names

Notes Usually there is one test request for each result, however, in some circumstances

multiple test requests may be represented using a single Pathology Test Result.

Relationships

Parents

Dat Typ	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

Children

Data Type	Name	Occurrences
46 X X 8 9 3 A	Requester Order Identifier	01
001011001	Test Requested Name	0*
8	REQUESTER	0*
46 X 89 A	Receiver Order Identifier	01
46 XV 89 3A	Laboratory Test Result Identifier	01

2.36 Requester Order Identifier

Identification

Label Requester Order Identifier

Metadata Type Data Element Identifier DE-11006

OID 1.2.36.1.2001.1001.101.103.11006

Definition

Definition The local identifier assigned to the order by the order requester.

Definition Source NEHTA

Synonymous Request Order Number

Names Order Number

Request Number (Requester)

Notes Assigning an identifier to a request by the clinical information system enables the

progress of the request to be tracked and enables requests to be linked to results.

Request Order Identifier is equivalent to the Placer Order Identifier.

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
•	TEST REQUEST DETAILS	01

2.37 Test Requested Name

Identification

Label Test Requested Name

Metadata Type Data Element Identifier DE-16404

OID 1.2.36.1.2001.1001.101.103.16404

Definition

Definition Identification of the pathology test requested where the test requested differs from

the test actually performed.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Test Result Name Values

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	TEST REQUEST DETAILS	0*

2.38 REQUESTER

Identification

LabelREQUESTERMetadata TypeData GroupIdentifierDG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

 Definition
 Details of the clinician or organisation requesting the laboratory test.

 Definition Source
 NEHTA

 Synonymous Names
 Generally only used when the recorder needs to make it explicit. Otherwise, composer/author/organisation of the enclosing Structured Document is assumed.

 Scope Source
 NEHTA

 Notes
 This can be a person or an organisation. Types of sources include:

 the clinician; and
 a healthcare provider or organisation.

 Definition Source
 NEHTA

 Scope
 Generally only used when the recorder needs to make it explicit. Otherwise, composer/author/organisation of the enclosing Structured Document is assumed.

Usage

Conditions of Use	This is a reuse of the PARTICIPATION data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Requester".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a PERSON or ORGANISATION.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	TEST REQUEST DETAILS	0*

2.39 Receiver Order Identifier

Identification

Label Receiver Order Identifier

Metadata Type Data Element Identifier DE-11007

OID 1.2.36.1.2001.1001.101.103.11007

Definition

Definition The local identifier assigned to the test order by the order filler, usually by the laboratory information system (LIS).

Definition Source NEHTA

Synonymous Names

Request Number (Laboratory)

Context Assigning an identifier to a request by the laboratory information system enables

the progress of the request to be tracked and enables requests to be linked to

results. It also provides a reference to assist with enquiries.

Context Source NEHTA

Assumptions The laboratory information system has functionality to assign an identifier to each

request upon receipt.

Receiver Order Identifier is usually equivalent to the DICOM Accession Number

and the Filler Order Identifier.

Assumptions

Source

NEHTA

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	TEST REQUEST DETAILS	01

2.40 Laboratory Test Result Identifier

Identification

Label Laboratory Test Result Identifier

Metadata Type Data Element Identifier DE-11018

OID 1.2.36.1.2001.1001.101.103.11018

Definition

Definition The identifier given to the laboratory test result of a pathology investigation. **Definition Source** NEHTA

Synonymous

Synonymous Names

Lab Number

Notes

Assigning an identification code to a result allows the result to be linked to a request

in the laboratory.

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	TEST REQUEST DETAILS	01

2.41 Test Procedure

Identification

LabelTest ProcedureMetadata TypeData ElementIdentifierDE-16632

OID 1.2.36.1.2001.1001.101.105.16632

Definition

Definition Additional structured details of pathology test methodology followed.

Definition Source NEHTA

Synonymous Names

Notes This free text data element is currently a placeholder for further structured data that is as yet undefined. See Appendix A, Known Issues for further information.

Data Type Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

2.42 INFORMATION PROVIDER

Identification

Label INFORMATION PROVIDER

Metadata Type Data Group Identifier DG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

Definition
Definition Source
NEHTA

Synonymous
Names

Notes

This does not have to be a person and, in particular, does not have to be a healthcare provider. Types of sources include:

• the subject of care;

• a subject of care agent, e.g. parent, guardian;

• the clinician; and

• a device or software.

Usage

Conditions of Use	This SHALL NOT be used unless the provider of the information is not the <i>Composer/Author</i> of the enclosing Structured Document.
	This is a reuse of the <i>PARTICIPATION</i> data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Information Provider".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a PERSON or as a DEVICE.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.43 SUBJECT

Identification

LabelSUBJECTMetadata TypeData GroupIdentifierDG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

Definition	The individual about whom the laboratory test information is being recorded.
Definition Source	NEHTA
Synonymous Names	
Scope	Generally only used when the recorder needs to make it explicit. Otherwise, the subject of the enclosing Structured Document is assumed.
Scope Source	NEHTA
Notes	An example of use is: When the <i>Subject of Care</i> is the recipient of a donor organ, the <i>SUBJECT</i> of a <i>Pathology Test Result</i> could be the person from whom the organ was extracted.

Usage

Conditions of Use	This SHALL NOT be used unless the subject of the information is not the <i>Subject</i> of <i>Care</i> of the enclosing Structured Document.
	This is a reuse of the PARTICIPATION data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Subject".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a PERSON.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.44 Pathology Test Result DateTime

Identification

Label Pathology Test Result DateTime

Metadata Type Data Element Identifier DE-16605

OID 1.2.36.1.2001.1001.101.103.16605

Definition

Definition The date and, optionally, time of the *Pathology Test Result* observation.

Definition Source NEHTA

Synonymous Names

Notes If the Pathology Test Result Duration is non-zero, it SHALL be the time at which

the Pathology Test Result observation was completed, i.e. the date (and time) of

the trailing edge of the Pathology Test Result Duration.

Data Type Date Time

Usage

Examples Please see DateTime in Appendix B, Specification Guide for Use for examples

and usage information on specifying a date or time (or both).

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	11

2.45 Pathology Test Result Duration

Identification

Label Pathology Test Result Duration

Metadata Type Data Element Identifier DE-16581

OID 1.2.36.1.2001.1001.101.103.16581

Definition

Definition	The duration over which the <i>Pathology Test Result</i> observation was taken.
Definition Source	NEHTA
Synonymous Names	
Data Type	Duration

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.46 Pathology Test Result Instance Identifier

Identification

Label Pathology Test Result Instance Identifier

Metadata Type Data Element Identifier DE-16714

OID 1.2.36.1.2001.1001.101.103.16714

Definition

Definition	A globally unique identifier for each instance of a Pathology Test Result observation.
Definition Source	NEHTA
Synonymous Names	
Data Type	Uniqueldentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	01

2.47 LINK

Identification

Label LINK

Metadata Type Data Group Identifier DG-16692

OID 1.2.36.1.2001.1001.101.102.16692

Definition

Definition A link to an instance of another Detailed Clinical Model (DCM) or a document

containing an instance of another DCM.

Definition Source NEHTA

Synonymous Names

Notes Links may be to structures inside the enclosing document or inside other

documents.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	PATHOLOGY TEST RESULT	0*

Children

Data Type	Name	Occurrences
001011001	Link Nature	11
001011001	Link Role	01
457	Link Target	11

2.48 Link Nature

Identification

LabelLink NatureMetadata TypeData ElementIdentifierDE-16698

OID 1.2.36.1.2001.1001.101.103.16698

Definition

Definition The general semantic category of the relationship between this instance of this

DCM, i.e. the source, and the target DCM instance or target document.

Definition Source NEHTA

Synonymous Names

NotesThis is one of two attributes which together communicate the semantics of the

relationship between the source and target DCMs or document. This attribute is intended to be a coarse-grained category that can be used to enable interoperability

between sender and receiver.

Data Type CodedText

Value Domain Link Nature Values

Usage

Examples 1. is related to

2. is confirmed by or authorised by

3. is related to the same problem or health issue

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	LINK	11

2.49 Link Nature Values

Identification

Label Link Nature Values Metadata Type Value Domain

Identifier VD-16698

OID 1.2.36.1.2001.1001.101.104.16698

Definition

Definition The set of values for the general semantic category of the relationship between

this instance of this DCM, i.e. the source, and the target DCM instance or target

document.

Definition Source NEHTA

Value Domain

Source ISO 13606-3:2009

Permissible Values

The permissible values are those specified in Termlist LINK NATURE in ISO 13606-3:2009 Health informatics - Electronic health record communication - Part 3: Reference archetypes and term lists [ISO2009a]. They are listed here.

LINK-A0, is related to A generic category for any Link, the details of which will be given by the value of Link Role.

LINK-B0, is confirmed by or authorised by

The target link contains [an instance of a DCM or document] that acts as the legal or clinical basis for the activity documented in the source [DCM instance], or is a declaration of intent to provide (or not to provide) requested care. This Link is to be used to connect two [DCM instances or DCM and document], as opposed to the inclusion of a corroborating or authorising participant as an identified party within a single [DCM instance or document].

LINK-C0, is related to the same problem or health issue

The target [instance of a DCM or document] documents health or health care that pertains to the same clinical situation as the source [DCM instance]. One of the two might be defining a problem for which the other is a manifestation, or the relationship might for example be cause and effect, stages in an evolving clinical history, a different interpretation of an observation, a clinical indication or contraindication.

LINK-D0, is related to the same care plan, act or episode

The source and the target [instances of DCM or documents] are each documenting parts of the same care plan, act or episode. One of the

	two might be defining the same care plan, act or episode, or both might be related milestones.
LINK-E0, is a related documentation	The target [instance of a DCM or document] is an alternative documentary form of the source [DCM instance], such as re-expression of the same clinical information or additional supplementary explanatory information.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Link Nature	11

2.50 Link Role

Identification

LabelLink RoleMetadata TypeData ElementIdentifierDE-16699

OID 1.2.36.1.2001.1001.101.103.16699

Definition

DefinitionThe detailed semantic description of the relationship between this instance of this DCM, i.e. the source, and the target DCM instance or target document.

Definition Source NEHTA

Synonymous Names

NotesThis is one of two attributes which together communicate the semantics of the

relationship between the source and target DCMs. This attribute provides for a specific description of the actual role played by the target in relation to the source. This attribute may be populated from any suitable terminology, and therefore might support human readership better than interoperable automated processing.

Data Type Codeable Text
Value Domain Link Role Values

Usage

Examples 1. unspecified link

2. suggests

3. endorses

4. evidence for

5. outcome

6. is documented by

7. excerpts

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	LINK	01

2.51 Link Role Values

Identification

LabelLink Role ValuesMetadata TypeValue DomainIdentifierVD-16699

OID 1.2.36.1.2001.1001.101.104.16699

Definition

Definition The set of values for the detailed semantic description of the relationship between

this instance of this DCM, i.e. the source, and the target DCM instance or target

document.

Definition Source NEHTA

Context These values are used within the context of values from *Link Role*. They provide

greater specificity and may be selected more for human readership than for

interoperable automated processing.

Context Source NEHTA

Value Domain

Source	ISO 13606-3:2009	ISO 13606-3:2009		
Permissible	Values SHOULD be fro	om Termlist LINK_ROLE in ISO 13606-3:2009 [ISO2009a].		
Values	Values MAY be from a	ny suitable terminology.		
		mlist LINK_ROLE in ISO 13606-3:2009 Health informatics and communication - Part 3: Reference archetypes and term		
	LINK-A1, unspecified link	The term is used when no semantic information is available for this Link in the EHR system from which the EXTRACT has been created.		
	LINK-A2, suggests	The interpretation expressed in the target component is a possible cause or outcome of the findings documented in the source component.		
	LINK-B1, endorses	The interpretation expressed in the source component provides confirmatory evidence or a confirmatory opinion of the interpretation expressed in the target component.		
	LINK-C3, evidence for	The observation or interpretation documented in the source component provides confirmatory evidence of the interpretation expressed in the target component.		
	LINK-D1, outcome	The clinical situation documented in the target component is the direct outcome of the situation documented in the source component.		

LINK-E1, documented by	A clinical situation documented in the source component is more formally documented in the target component.
LINK-E4, excerpts	The source component is an extract (copy) of part or all of the information contained within the target component.

Usage

Conditions of Use	Each of the link terms in LINK_ROLE from ISO 13606-3:2009 is a sub-category of a corresponding term in <i>Link Nature Values</i> , where that correspondence is indicated by the first letter after the code string "LINK-" e.g. the term LINK-A1 is a subcategory of term LINK-A0. If a term in this list is used for the <i>Link Role</i> data element, the appropriate corresponding value SHALL be used from <i>Link Nature Values</i> .
Conditions of Use Source	ISO 13606-3:2009

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Link Role	11

2.52 Link Target

Identification

LabelLink TargetMetadata TypeData ElementIdentifierDE-16700

OID 1.2.36.1.2001.1001.101.103.16700

Definition

Definition The logical "to" object in the link relation, as per the linguistic sense of the *Link*

Nature data element (and, if present, the Link Role data element).

Definition Source NEHTA

Synonymous Names

Data Type Link

UniqueIdentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	LINK	11

2.53 Detailed Clinical Model Identifier

Identification

Label **Detailed Clinical Model Identifier**

Metadata Type Data Element Identifier DE-16693

OID 1.2.36.1.2001.1001.101.103.16693

Definition

Definition The NEHTA OID for the Pathology Test Result concept represented by this DCM. **Definition Source NEHTA Synonymous Names Data Type** UniqueIdentifier

Usage

Examples

Default Value 1.2.36.1.2001.1001.101.102.16144

Default Value Conditions of

Use

The value of this item is fixed and SHALL be the default value.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
•	PATHOLOGY TEST RESULT	11

3 Specimen Data Group

This chapter describes version 2.0 of the Specimen Data Group.

3.1 Purpose

To record details of a laboratory specimen. Will often be used in different contexts e.g. within an Instruction DCM to describe the specimen that has to be taken, or describing the specimen which accompanies the laboratory request. It may occur within an Action DCM e.g. describing specimens taken as part of a surgical procedure. It will finally be used within a *Pathology Test Result* DCM to describe the specimen being reported.

3.2 Use

Generally used within the *Pathology Test Result* DCM and other laboratory related Instruction and Action DCMs.

3.3 SPECIMEN

Identification

Label Test Specimen Detail

Metadata Type Data Group Identifier DG-16156

OID 1.2.36.1.2001.1001.101.102.16156

Definition

Definition Details of a specimen.

Definition Source NEHTA

Synonymous Laboratory Specimen

Names Sample

Collection

Notes

Relationships

Parents

Da Ty	ata pe	Name	Occurrences (child within parent)
	%	PATHOLOGY TEST RESULT	0*

Children

Data Type	Name	Occurrences
001011001	Specimen Tissue Type	01
001011001	Collection Procedure	01
	Anatomical Site (ANATOMICAL LOCATION)	0*
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	0*
	NEEDLE BIOPSY CORE DETAILS	01
	COLLECTION AND HANDLING	01
	HANDLING AND PROCESSING	01

Data Type	Name	Occurrences
	SPECIMEN QUALITY	01
•	IDENTIFIERS	01

3.4 Specimen Tissue Type

Identification

Label Specimen Tissue Type

Metadata Type **Data Element Identifier** DE-11008

OID 1.2.36.1.2001.1001.101.103.11008

Definition

Definition The type of specimen to be collected.

Definition Source NEHTA

Synonymous Names

Notes The categorisation of the sample taken from an individual and submitted for

pathology investigation.

Data Type CodeableText Value Domain Not specified.

> In the absence of national standard code sets, the code sets used SHALL be registered code sets, i.e. registered through the <u>HL7 code set registration</u> procedure with an appropriate object identifier (OID), and SHALL be publicly

available.

When national standard code sets become available, they SHALL be used and

the non-standard code sets **SHALL** be deprecated.

Usage

Conditions of Use

This is the actual specimen being submitted to the laboratory for analysis.

Conditions of Use Source

NEHTA

Examples

1. Venous blood

2. Prostate tissue, left base

3. Urine

4. Sputum

5. Scraping

6. Catheter tip

7. Single core (yellow-tan) liver tissue

¹ http://www.hl7.org/oid/index.cfm

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
•	Result Group Specimen Detail (SPECIMEN)	01

3.5 Collection Procedure

Identification

Label Collection Procedure

Metadata Type Data Element Identifier DE-16111

OID 1.2.36.1.2001.1001.101.103.16111

Definition

Definition The method of collection to be used.

Definition Source NEHTA

Synonymous Names

CodeableText

Data Type Value Domain Not specified.

> In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> procedure² with an appropriate object identifier (OID), and **SHALL** be publicly available.

When national standard code sets become available, they SHALL be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples 1. Venepuncture

2. Biopsy

3. Resection

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
	Result Group Specimen Detail (SPECIMEN)	01

http://www.hl7.org/oid/index.cfm

3.6 ANATOMICAL LOCATION

Identification

LabelAnatomical SiteMetadata TypeData GroupIdentifierDG-16150

OID 1.2.36.1.2001.1001.101.102.16150

Definition

Definition The anatomical site from where the specimen was taken.

Definition Source NEHTA

Synonymous
Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	0*
•	Result Group Specimen Detail (SPECIMEN)	0*

Children

Data Type	Name	Occurrences
	SPECIFIC LOCATION	01
	RELATIVE LOCATION	0*
T	Description (Anatomical Location Description)	0*
T	Visual Markings/Orientation	0*
001011001	Image (Anatomical Location Image)	0*

3.7 SPECIFIC LOCATION

Identification

Label SPECIFIC LOCATION

Metadata Type Data Group Identifier DG-16151

OID 1.2.36.1.2001.1001.101.102.16151

Definition

Definition Specific and identified anatomical location.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

7	Data Type	Name	Occurrences (child within parent)
	%	Anatomical Site (ANATOMICAL LOCATION)	01

Children

Data Type	Name	Occurrences
001011001	Name of Location (Anatomical Location Name)	01
001011001	Side	01
001011001	Numerical Identifier	01
001011001	Anatomical Plane	01

3.8 Anatomical Location Name

Identification

LabelName of LocationMetadata TypeData ElementIdentifierDE-16153

OID 1.2.36.1.2001.1001.101.103.16153

Definition

Definition The name of the anatomical location.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Body Structure Foundation Reference Set

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIFIC LOCATION	01

3.9 Body Structure Foundation Reference Set

Identification

Label Body Structure Foundation Reference Set

Metadata Type Value Domain VD-16152

OID 1.2.36.1.2001.1001.101.104.16152

External SNOMED CT-AU Concept Id: 32570061000036105

Identifier

Definition

Definition The set of values for named anatomical locations.

Definition Source NEHTA

Value Domain

Source SNOMED CT-AU

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Name of Location (Anatomical Location Name)	11

3.10 Side

Identification

Label Side

Metadata Type Data Element Identifier DE-16336

OID 1.2.36.1.2001.1001.101.103.16336

Definition

Definition The laterality of the anatomical location.

Definition Source NEHTA
Synonymous Laterality

Names

Data Type CodedText

Value Domain Laterality Reference Set

Usage

Examples 1. Right

2. Left

3. Bilateral

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIFIC LOCATION	01

3.11 Laterality Reference Set

Identification

Laterality Reference Set

Metadata Type Value Domain Identifier VD-16312

OID 1.2.36.1.2001.1001.101.104.16312

External SNOMED CT-AU Concept Id: 32570611000036103

Identifier

Definition

Definition The set of values for identifying the laterality of an anatomical location.

Definition Source NEHTA

Value Domain

Source SNOMED CT-AU

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Side	11

3.12 Numerical Identifier

Identification

Label Numerical Identifier

Metadata Type Data Element
Identifier DE-16338

OID 1.2.36.1.2001.1001.101.103.16338

Definition

Definition An ordinal number that identifies the specific anatomical site from multiple sites.

Definition Source NEHTA

Synonymous Names

Data Type CodedText
Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>³ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Conditions of Use This SHALL be an ordinal number between first and eighteenth.

Conditions of Use Source

NEHTA

Examples 1. First, as in 'first rib'.

2. Second, as in 'second toe'.

3. Third, as in 'third lumbar vertebra'.

³ http://www.hl7.org/oid/index.cfm

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIFIC LOCATION	01

3.13 Anatomical Plane

Identification

Label **Anatomical Plane** Metadata Type **Data Element** Identifier DE-16340

OID 1.2.36.1.2001.1001.101.103.16340

Definition

Definition Line describing the position of a vertical anatomical plane in the body.

Definition Source NEHTA

Synonymous Names

CodedText

Data Type Value Domain Not specified.

> In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁴ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they SHALL be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples 1. Midline

2. Midclavicular

3. Midaxillary

4. Midscapular

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIFIC LOCATION	01

⁴ http://www.hl7.org/oid/index.cfm

3.14 RELATIVE LOCATION

Identification

Label RELATIVE LOCATION

Metadata Type Data Group Identifier DG-16341

OID 1.2.36.1.2001.1001.101.102.16341

Definition

Definition Qualifier(s) to identify a non-specific location.

Definition Source NEHTA

Synonymous Names

Notes An example is: 5cm (distance) inferior (aspect) to the tibial tuberosity (landmark).

There may be more than one relative location required to provide a cross reference.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Anatomical Site (ANATOMICAL LOCATION)	0*

Children

Data Type	Name	Occurrences
001011001	Identified Landmark	01
001011001	Aspect (Anatomical Location Aspect)	01
	Distance From Landmark	01

3.15 Identified Landmark

Identification

Label Identified Landmark

Metadata Type Data Element Identifier DE-16343

OID 1.2.36.1.2001.1001.101.103.16343

Definition

Definition Identified anatomical landmark from which to specify the relative anatomical

location.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁵ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they **SHALL** be used and

the non-standard code sets SHALL be deprecated.

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	RELATIVE LOCATION	01

⁵ http://www.hl7.org/oid/index.cfm

3.16 Anatomical Location Aspect

Identification

Label Aspect

Metadata Type Data Element
Identifier DE-16345

OID 1.2.36.1.2001.1001.101.103.16345

Definition

Definition Qualifier to identify which direction the anatomical location is in relation to the

identified landmark.

Definition Source NEHTA

Synonymous Names

Data Type CodedText
Value Domain Not specified.

available.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁶ with an appropriate object identifier (OID), and **SHALL** be publicly

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Medial to: Relative location medial to the landmark.

2. Lateral to: Relative location lateral to the landmark.

3. Superior to: Relative location superior to the landmark.

4. Inferior to: Relative location inferior to the landmark.

5. Anterior to: Relative location anterior to the landmark.

6. Posterior to: Relative location posterior to the landmark.

7. Below: Relative location below the landmark.

8. Above: Relative location above the landmark.

9. Inferolateral to: Relative location inferior and lateral to the landmark.

10. Superolateral to: Relative location superior and lateral to the landmark.

11. Inferomedial to: Relative location inferior and medial to the landmark.

⁶ http://www.hl7.org/oid/index.cfm

12 Superomedial to: Relative location superior and medial to the landmark.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
%	RELATIVE LOCATION	01

3.17 Distance From Landmark

Identification

Label Distance From Landmark

Metadata Type Data Element Identifier DE-16346

OID 1.2.36.1.2001.1001.101.103.16346

Definition

Definition Distance of location from the identified landmark.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	RELATIVE LOCATION	01

3.18 Anatomical Location Description

Identification

LabelDescriptionMetadata TypeData ElementIdentifierDE-16319

OID 1.2.36.1.2001.1001.101.103.16319

Definition

 Definition
 Description of the anatomical location.

 Definition Source
 NEHTA

 Synonymous Names
 Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Anatomical Site (ANATOMICAL LOCATION)	0*

3.19 Visual Markings/Orientation

Identification

Label Visual Markings/Orientation

Metadata Type Data Element Identifier DE-16407

OID 1.2.36.1.2001.1001.101.103.16407

Definition

Definition	Description of any visual markings used to orientate the viewer.
Definition Source	NEHTA
Synonymous Names	
Data Type	Text

Usage

Examples 1. External reference points

2. Special sutures

3. Ink markings

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Anatomical Site (ANATOMICAL LOCATION)	0*

3.20 Anatomical Location Image

Identification

Label Image

Metadata Type Data Element Identifier DE-16199

OID 1.2.36.1.2001.1001.101.103.16199

Definition

Definition An image or images used to identify a location.

Definition Source NEHTA

Synonymous Names

Context This element is intended to be an image, e.g. a photo of the anatomical site such

as a wound on the leg.

Context Source NEHTA

Data Type EncapsulatedData

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Anatomical Site (ANATOMICAL LOCATION)	0*

3.21 PHYSICAL PROPERTIES OF AN OBJECT

Identification

LabelPhysical DetailsMetadata TypeData GroupIdentifierDG-16166

OID 1.2.36.1.2001.1001.101.102.16166

Definition

DefinitionRecord of physical details, such as weight and dimensions, of a body part, device,

lesion or specimen.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	0*
•	Result Group Specimen Detail (SPECIMEN)	0*

Children

Data Type	Name	Occurrences
T	Name (Physical Object Name)	01
	Weight	01
•	DIMENSIONS	01
T	Description (Object Description)	01
001011001	Image	01

3.22 Physical Object Name

Identification

Label Name

Metadata Type Data Element Identifier DE-16326

OID 1.2.36.1.2001.1001.101.103.16326

Definition

Definition The object concerned.

Definition Source NEHTA

Synonymous Names

Notes May be a body part, device or specimen.

Data Type Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	01

3.23 Weight

Identification

Label Weight

Metadata Type Data Element Identifier DE-16327

OID 1.2.36.1.2001.1001.101.103.16327

Definition

Definition The weight of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	01

3.24 DIMENSIONS

Identification

LabelDIMENSIONSMetadata TypeData GroupIdentifierDG-16328

OID 1.2.36.1.2001.1001.101.102.16328

Definition

Definition The dimensions of the object.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	01

Children

Data Type	Name	Occurrences
3	Diameter	01
	Circumference	01
	Length	01
	Breadth	01
	Depth	01
	Area	01
	Volume	01

3.25 Diameter

Identification

LabelDiameterMetadata TypeData ElementIdentifierDE-16329

OID 1.2.36.1.2001.1001.101.103.16329

Definition

Definition The diameter of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.26 Circumference

Identification

Label Circumference

Metadata Type Data Element

Identifier DE-16330

OID 1.2.36.1.2001.1001.101.103.16330

Definition

Definition The circumference of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.27 Length

Identification

Label Length

Metadata Type Data Element Identifier DE-16331

OID 1.2.36.1.2001.1001.101.103.16331

Definition

Definition The length of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.28 Breadth

Identification

Label Breadth

Metadata Type Data Element Identifier DE-16332

OID 1.2.36.1.2001.1001.101.103.16332

Definition

Definition The measure or dimension of the object from side to side.

Definition Source Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.29 Depth

Identification

Label Depth

Metadata Type Data Element Identifier DE-16333

OID 1.2.36.1.2001.1001.101.103.16333

Definition

Definition The depth of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.30 Area

Identification

Label Area

Metadata Type Data Element Identifier DE-16334

OID 1.2.36.1.2001.1001.101.103.16334

Quantity

Definition

Definition The amount of two-dimensional space; typically a measure of the outermost surface of an object.

Definition Source Synonymous Names

Usage

Data Type

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.31 Volume

Identification

Label Volume

Metadata Type Data Element Identifier DE-16335

OID 1.2.36.1.2001.1001.101.103.16335

Definition

Definition The volume of the object.

Definition Source NEHTA

Synonymous Names

Data Type Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	DIMENSIONS	01

3.32 Object Description

Identification

LabelDescriptionMetadata TypeData ElementIdentifierDE-16621

OID 1.2.36.1.2001.1001.101.103.16621

Definition

Definition A description of other physical characteristics of the object.

Definition Source Synonymous Names

Data Type Text

Usage

Misuse
This data element SHALL NOT be used to record characteristics that might affect the quality of a test interpretation; use Specimen Received Issues in the Specimen data group for that purpose.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	01

3.33 Image

Identification

Label Image

Metadata Type Data Element Identifier DE-16199

OID 1.2.36.1.2001.1001.101.103.16199

Definition

Definition A picture of the object.

Definition Source NEHTA

Synonymous Names

Data Type Encapsulated Data

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Physical Details (PHYSICAL PROPERTIES OF AN OBJECT)	01

3.34 NEEDLE BIOPSY CORE DETAILS

Identification

Label NEEDLE BIOPSY CORE DETAILS

Metadata Type Data Group Identifier DG-16161

OID 1.2.36.1.2001.1001.101.102.16161

Definition

Definition Details of the needle used to take the needle biopsy.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name Occu (child paren	
	Test Specimen Detail (SPECIMEN)	01
•	Result Group Specimen Detail (SPECIMEN)	01

Children

Data Type	Name	Occurrences
001011001	Biopsy Core Needle Gauge	01
	Maximum Biopsy Core Length	01
13	Number of Cores Received	01

3.35 Biopsy Core Needle Gauge

Identification

Label Biopsy Core Needle Gauge

Metadata Type Data Element Identifier DE-16163

OID 1.2.36.1.2001.1001.101.103.16163

Definition

Definition The diameter of the core obtained via needle biopsy expressed using the needle

gauge used to take the specimen.

Definition Source NEHTA

Synonymous Names

Data Type CodedText
Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁷ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they **SHALL** be used and

the non-standard code sets **SHALL** be deprecated.

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	NEEDLE BIOPSY CORE DETAILS	01

⁷ http://www.hl7.org/oid/index.cfm

3.36 Maximum Biopsy Core Length

Identification

Label Maximum Biopsy Core Length

Metadata Type Data Element Identifier DE-16164

OID 1.2.36.1.2001.1001.101.103.16164

Definition

Definition	The length of the core obtained by needle biopsy.
Definition Source	NEHTA
Synonymous Names	
Data Type	Quantity

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	NEEDLE BIOPSY CORE DETAILS	01

3.37 Number of Cores Received

Identification

Label Number of Cores Received

Metadata Type Data Element Identifier DE-16165

OID 1.2.36.1.2001.1001.101.103.16165

Definition

Definition The number of needle biopsy cores received.

Definition Source NEHTA

Synonymous Names

Data Type Integer

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	NEEDLE BIOPSY CORE DETAILS	01

3.38 COLLECTION AND HANDLING

Identification

Label COLLECTION AND HANDLING

Metadata Type Data Group Identifier DG-16167

OID 1.2.36.1.2001.1001.101.102.16167

Definition

Definition Collection and handling requirements.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
•	Result Group Specimen Detail (SPECIMEN)	01

Children

Data Type	Name	Occurrences
001011001	Potential Risk / Biohazard	01
001011001	Sampling Preconditions	01
123	Number of Containers	01
T	Collection Procedure Details	01
001011001	Transport Medium	01
001011001	Testing Method	01
8	DEVICE	0*

3.39 Potential Risk / Biohazard

Identification

Label Potential Risk / Biohazard

Metadata Type Data Element Identifier DE-16169

OID 1.2.36.1.2001.1001.101.103.16169

Definition

Definition Any risk or biohazard associated with collecting or handling the specimen.

Definition Source NEHTA

Synonymous Names

Data Type Codeable Text

Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁸ with an appropriate object identifier (OID), and **SHALL** be publicly available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

⁸ http://www.hl7.org/oid/index.cfm

3.40 Sampling Preconditions

Identification

Label Sampling Preconditions

Metadata Type Data Element Identifier DE-16171

OID 1.2.36.1.2001.1001.101.103.16171

Definition

Definition Any conditions to be met before the sample should be taken.

Definition Source NEHTA

Synonymous Names

Notes Can also be used to document any known deviations from collection or handling

instructions, or any special instructions on the handling or immediate processing

of the sample.

Data Type CodeableText Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>⁹ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they SHALL be used and

the non-standard code sets **SHALL** be deprecated.

Usage

Examples 1. centrifuge on receipt

2. fasting

3. full bladder

4. sterile field

5. patient was not fasted

⁹ http://www.hl7.org/oid/index.cfm

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

3.41 Number of Containers

Identification

Label Number of Containers

Metadata Type Data Element Identifier DE-16526

OID 1.2.36.1.2001.1001.101.103.16526

Definition

Definition	The total number of containers holding this specimen.
Definition Source	NEHTA
Synonymous Names	
Data Type	Integer

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

3.42 Collection Procedure Details

Identification

Label Collection Procedure Details

Metadata Type Data Element Identifier DE-16527

OID 1.2.36.1.2001.1001.101.103.16527

Definition

Definition Additional detailed description of method of sample collection.

Definition Source NEHTA

Synonymous Names

Usage

Data Type

Examples

Relationships

Text

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

3.43 Transport Medium

Identification

Label Transport Medium

Metadata Type Data Element

Identifier DE-16173

OID 1.2.36.1.2001.1001.101.103.16173

Definition

Definition Any special preservative or transport medium requirements.

Definition Source NEHTA

Synonymous Names

Data Type

CodeableText

Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u> ¹⁰ with an appropriate object identifier (OID), and **SHALL** be publicly

available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

v 2.1 121

¹⁰ http://www.hl7.org/oid/index.cfm

3.44 Testing Method

Identification

LabelTesting MethodMetadata TypeData ElementIdentifierDE-11025

OID 1.2.36.1.2001.1001.101.103.11025

Definition

Definition The test method used to arrive at the result. **Definition Source NEHTA Synonymous Names Notes** The method used has a critical impact in the comparability of results. A decision on diagnosis can be affected by the method used, based on the likelihood of false or true positives and negatives related to sensitivities and specificities of tests. This is associated with the result observable name. The method is chosen by the performing pathologist or pathology laboratory. This may be recorded or reported at the overall test level or for an individual result. **Data Type** CodeableText Value Domain Testing Method Reference Set

Usage

Conditions ofUse

To be used to describe method used, especially in cases where the method has a bearing on the result interpretation.

Conditions of Use Source NEHTA

Examples 1. 54826005 - Chromatography measurement

2. 117259009 - Microscopy

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	01

3.45 Testing Method Reference Set

Identification

Label Testing Method Reference Set

Metadata Type Value Domain Identifier VD-11025

OID 1.2.36.1.2001.1001.101.104.11025

External SNOMED CT-AU Concept Id: 3021000036100

Identifier

Definition

Definition The set of values for the specific method(s) used by the laboratory to perform the

analyses and produce the reported test results.

Definition Source NEHTA

Value Domain

Source SNOMED CT-AU

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
001011001	Testing Method	11

3.46 DEVICE

Identification

LabelDEVICEMetadata TypeData GroupIdentifierDG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

Definition	Details of the device used to perform the test.
Definition Source	NEHTA
Synonymous Names	
Scope	Generally only used when the recorder needs to make it explicit. Otherwise, device of the enclosing Structured Document is assumed.
Scope Source	NEHTA

Usage

Conditions of Use	This SHALL NOT be used unless the device is different to the <i>Device</i> of the enclosing Structured Document.
	This is a reuse of the <i>PARTICIPATION</i> data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Device".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a DEVICE.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	COLLECTION AND HANDLING	0*

3.47 HANDLING AND PROCESSING

Identification

Label HANDLING AND PROCESSING

Metadata Type Data Group Identifier DG-16528

OID 1.2.36.1.2001.1001.101.102.16528

Definition

Definition Workflow of specimen processing or handling.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
	Result Group Specimen Detail (SPECIMEN)	01

Children

Data Type	Name	Occurrences
7 th	Date and Time of Collection (Collection DateTime)	01
T	Collection Setting	01
7th	Date and Time of Receipt (DateTime Received)	01
7th	Date and Time Processed (DateTime Processed)	01

3.48 Collection DateTime

Identification

Label Date and Time of Collection

Metadata Type Data Element Identifier DE-11013

OID 1.2.36.1.2001.1001.101.103.11013

Definition

Definition The date and time that the collection has been ordered to take place or has taken

place.

Definition Source NEHTA

Synonymous

Collected Date/Time

Names

NotesThis provides a point in time reference for linking of result data to request data,

and a point in time reference within a health record that the clinician may refer to.

Data Type Date Time

Usage

Examples Please see DateTime in Appendix B, Specification Guide for Use for examples

and usage information on specifying a date or time (or both).

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	HANDLING AND PROCESSING	01

v 2.1 127

3.49 Collection Setting

Identification

LabelCollection SettingMetadata TypeData ElementIdentifierDE-16529

OID 1.2.36.1.2001.1001.101.103.16529

Definition

Definition Identification of the setting at which the specimen was collected from a subject of

care.

Definition Source NEHTA

Synonymous Names

Notes The specimen is often collected by a healthcare provider, but may be collected

directly by the patient or carer at home. This specifies the specimen collection location within the healthcare environment. It enables the laboratory to ask questions about the collection of the specimen, if required. The specimen collection setting may provide additional information relevant to the analysis of the result

data.

Data Type Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	HANDLING AND PROCESSING	01

3.50 DateTime Received

Identification

Label Date and Time of Receipt

Metadata Type Data Element Identifier DE-11014

OID 1.2.36.1.2001.1001.101.103.11014

Definition

Definition The date and time that the sample was received at the laboratory.

Definition Source NEHTA

Synonymous Received Date/Time

Names

Notes This provides a point in time reference for linking of result data to request data,

and a point in time reference within a health record that the clinician may refer to.

Data Type Date Time

Usage

Please see DateTime in Appendix B, Specification Guide for Use for examples and usage information on specifying a date or time (or both).

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	HANDLING AND PROCESSING	01

v 2.1 129

3.51 DateTime Processed

Identification

Label Date and Time Processed

Metadata Type Data Element Identifier DE-16176

OID 1.2.36.1.2001.1001.101.103.16176

Definition

Definition	The date and time that the specimen was processed by the laboratory.
Definition Source	NEHTA
Synonymous Names	
Data Type	DateTime

Usage

Please see DateTime in Appendix B, Specification Guide for Use for examples and usage information on specifying a date or time (or both).

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	HANDLING AND PROCESSING	01

3.52 SPECIMEN QUALITY

Identification

Label SPECIMEN QUALITY

Metadata Type Data Group Identifier DG-16530

OID 1.2.36.1.2001.1001.101.102.16530

Definition

Definition
An assessment of the quality of the specimen received by pathology services, especially regarding the suitability of the specimen for testing or analysis.

Definition Source
Synonymous
Names
Notes
Assessment of quality is important for proper analysis to be done by the pathology laboratory. If a tissue sample is crushed or too small, assessment will not be optimal, so an indication of the quality of the sample must be given.

This data group provides an indication of whether the specimen is suitable for the required laboratory testing.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
•	Result Group Specimen Detail (SPECIMEN)	01

Children

Data Type	Name	Occurrences
001011001	Specimen Received Issues	0*
001011001	Laboratory Handling Issues	0*
001011001	Adequacy for Testing	01
T	Comment (Specimen Quality Comment)	01

3.53 Specimen Received Issues

Identification

Label Specimen Received Issues

Metadata Type Data Element Identifier DE-16178

OID 1.2.36.1.2001.1001.101.103.16178

Definition

Definition Specific issue with a received specimen.

Definition Source NEHTA

Synonymous Names

Data Type CodeableText
Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>¹¹ with an appropriate object identifier (OID), and **SHALL** be publicly available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples1. Haemolysed: The specimen was haemolysed.

2. Lipaemic: The specimen was lipaemic.

3. Incorrect transport medium: An incorrect preservative was used when transporting the specimen.

4. Insufficient sample: An insufficient sample was given to undertake measurement.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIMEN QUALITY	0*

¹¹ http://www.hl7.org/oid/index.cfm

3.54 Laboratory Handling Issues

Identification

Label Laboratory Handling Issues

Metadata Type **Data Element** Identifier DE-16182

OID 1.2.36.1.2001.1001.101.103.16182

Definition

Definition Issue arising with handling or processing of the specimen within the laboratory.

Definition Source NEHTA

Synonymous Names

CodeableText

Data Type Value Domain Not specified.

> In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>¹² with an appropriate object identifier (OID), and **SHALL** be publicly available.

> When national standard code sets become available, they SHALL be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples 1. Handling error: An error arose when handling the specimen.

2. Age: The specimen was too old to analyse accurately.

3. Laboratory accident: An accident occurred with the sample in the laboratory.

4. Technical failure: The specimen could not be analysed for technical reasons.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIMEN QUALITY	0*

http://www.hl7.org/oid/index.cfm

3.55 Adequacy for Testing

Identification

Label Adequacy for Testing

Metadata Type Data Element Identifier DE-16183

OID 1.2.36.1.2001.1001.101.103.16183

Definition

Definition Is the specimen adequate for testing?

Definition Source NEHTA

Synonymous Names

Data Type CodeableText

Value Domain Not specified.

In the absence of national standard code sets, the code sets used **SHALL** be registered code sets, i.e. registered through the <u>HL7 code set registration</u> <u>procedure</u>¹³ with an appropriate object identifier (OID), and **SHALL** be publicly available.

When national standard code sets become available, they **SHALL** be used and the non-standard code sets **SHALL** be deprecated.

Usage

Examples

- 1. Satisfactory: The specimen is of sufficient quality to allow reporting.
- 2. Unsatisfactory processed: The specimen is unsatisfactory but has been processed.
- 3. Unsatisfactory not processed: The specimen is unsatisfactory and has not been processed.

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIMEN QUALITY	01

¹³ http://www.hl7.org/oid/index.cfm

3.56 Specimen Quality Comment

Identification

LabelCommentMetadata TypeData ElementIdentifierDE-16181

OID 1.2.36.1.2001.1001.101.103.16181

Definition

 Definition
 An additional text comment on the quality of the received specimen.

 Definition Source
 NEHTA

 Synonymous Names
 Text

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	SPECIMEN QUALITY	01

3.57 IDENTIFIERS

Identification

LabelIDENTIFIERSMetadata TypeData GroupIdentifierDG-16186

OID 1.2.36.1.2001.1001.101.102.16186

Definition

Definition Sample identifications.

Definition Source NEHTA

Synonymous Names

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	Test Specimen Detail (SPECIMEN)	01
	Result Group Specimen Detail (SPECIMEN)	01

Children

Data Type	Name	Occurrences
46 X Y	Specimen Identifier	01
46 X 89 X	Parent Specimen Identifier	01
46 X X 8 9 3 A	Container Identifier	01
46 X X 8 9 3 A	Specimen Collector Identifier	01
8	SPECIMEN COLLECTOR DETAILS	0*

3.58 Specimen Identifier

Identification

Label Specimen Identifier

Metadata Type Data Element Identifier DE-11012

OID 1.2.36.1.2001.1001.101.103.11012

Definition

Definition Unique identifier of the specimen, normally assigned by the laboratory.

Definition Source NEHTA

Synonymous Names

Notes The assignment of an identification code to a specimen allows the tracking of the

specimen through receipt, processing, analysis, reporting and storage within the

laboratory.

This identifier may be placed on several vials of the same specimen type collected

at the same time, as in the case of blood vials.

Data Type UniqueIdentifier

Usage

Conditions of Each specimen **SHOULD** have an identifier. Use

NEHTA

Conditions of Use Source

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	IDENTIFIERS	01

3.59 Parent Specimen Identifier

Identification

Label Parent Specimen Identifier

Metadata Type Data Element Identifier DE-16187

OID 1.2.36.1.2001.1001.101.103.16187

Definition

Definition Unique identifier of the parent specimen where the specimen is split into

sub-samples.

Definition Source NEHTA

Synonymous Names

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Dat Typ	Name	Occurrences (child within parent)
	IDENTIFIERS	01

3.60 Container Identifier

Identification

Label Container Identifier

Metadata Type Data Element

Identifier DE-16188

OID 1.2.36.1.2001.1001.101.103.16188

Definition

Definition Unique identifier given to the container in which the specimen is transported or

processed.

Definition Source NEHTA

Synonymous Names

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Dat Typ		Occurrences (child within parent)
	IDENTIFIERS	01

3.61 Specimen Collector Identifier

Identification

Label Specimen Collector Identifier

Metadata Type Data Element Identifier DE-16534

OID 1.2.36.1.2001.1001.101.103.16534

Definition

Definition Identifier of the person or agency responsible for collecting the specimen.

Definition Source NEHTA

Synonymous Names

Data Type UniqueIdentifier

Usage

Examples

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	IDENTIFIERS	01

3.62 SPECIMEN COLLECTOR DETAILS

Identification

Label SPECIMEN COLLECTOR DETAILS

Metadata Type Data Group Identifier DG-10296

OID 1.2.36.1.2001.1001.101.102.10296

Definition

Definition The person or organisation responsible for collecting the specimen.

Definition Source NEHTA

Synonymous Names

Notes This can be a person or an organisation. Types of sources include:

• the clinician; and

• a healthcare provider or organisation

Usage

Conditions of Use	This is a reuse of the <i>PARTICIPATION</i> data group, which is described in Participation Data Specification [NEHT2011v].
	The following constraints are additional to those specified in Participation Data Specification [NEHT2011v]. Constraints are explained in Appendix B, Specification Guide for Use.
	 Participation Type SHALL have an implementation-specific value equivalent to "Specimen Collector Details".
	 PERSON OR ORGANISATION OR DEVICE SHALL be instantiated as a PERSON or ORGANISATION.
Conditions of Use Source	NEHTA

Relationships

Parents

Data Type	Name	Occurrences (child within parent)
	IDENTIFIERS	0*

This page is intentionally left blank.

nehta Known Issues

Appendix A. Known Issues

This appendix lists known issues with this specification at the time of publishing. NEHTA is working on solutions to these issues, and we encourage comments to further assist with the development of these solutions.

DA. Mapping to CDA may reveal rmative change. domain: Pathology Test Result lual Pathology Test Result Name, Pange Meaning, Pathological
lual Pathology Test Result Name,
sue Type, Collection Procedure, Landmark, Anatomical Location ok / Biohazard, Sampling ived Issues, Laboratory Handling
ode sets for these items. In the (s), providing any code set used .7 code set registration procedure HALL be publicly available. Note a available, they SHALL be used cated.
tructure: Test Procedure.
terim solution.
pe addressed.
pe addressed.
ll be addressed.
ooor and will be addressed.
or and will be addressed. anges, nor is one provided to

This page is intentionally left blank.

Appendix B. Specification Guide for Use

B.1 Overview

Each Detailed Clinical Model (DCM) and Structured Content Specification (SCS) is designed to be a shared basis for data interpretation. It specifies rigorous business and technical definitions of data which systems may need to share. It is intended to be a logical specification of the data to be persisted within or communicated between systems. It is also the foundation for conformance, compliance and accreditation testing of implemented systems. NEHTA's CDA implementation guides are guides to the implementation of HL7 CDA R2 messages based upon these DCMs and SCSs.

Each DCM specifies all of the data components required for any use of a clinical concept, for instance an entry in a medical record such as a procedure or an imaging test. As such, they are maximal data sets. DCMs are building blocks which are trimmed to size for use in the construction of SCSs.

Each SCS specifies the data for a single type of clinical document or information exchange, such as a discharge summary. It is assembled using DCMs that have been constrained to eliminate data components not relevant to the particular context. For example, *Procedure* in a discharge summary uses only some of the data components required by *Procedure* in a specialist report.

B.2 The Structured Content Specification Metamodel

The NEHTA Structured Content Specification Metamodel (see Figure 1) is used to specify the overall structure of a Structured Content Specification.

A DCM can be regarded as a data group with no parent.

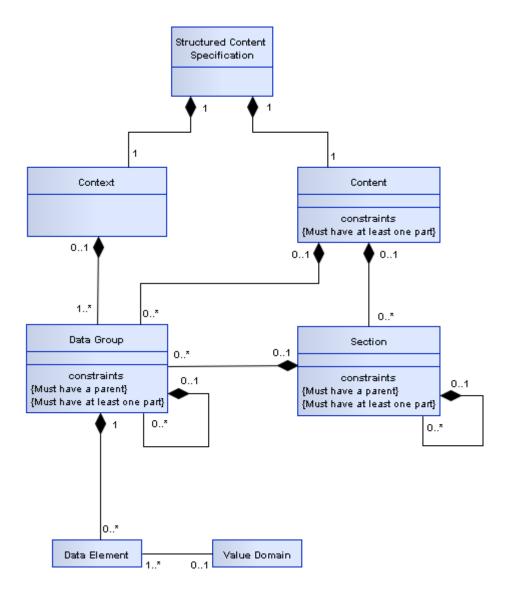


Figure 1: SCS Metamodel

There are two main components used to organise information within an SCS as follows:

Context: This contains information related to the overall context of the document.

Content: This contains information that changes between different SCSs, but is always structured as shown, and consists of the following components:

- Section
- · Data Group
- · Data Element
- · Value Domain

These components are described in more detail below.

Context

The purpose of the context is to identify and classify the document and to provide subjects of care and involved healthcare providers with the information related to the relevant healthcare events.

Content

Content contains a collection of personal information and health information pertinent to a subject of care which is derived from the healthcare event described in the document. The detail is organised into one or more data groups which are optionally grouped into sections.

Section

A section is composed of other sections, data groups, or both. It is an organising container that gives the reader a clue as to the expected content. The primary purpose of a section is to organise information in a manner that is suitable for the primary purpose for which it is collected, and to provide a way to navigate through the data components within the document, thereby enabling more efficient querying. It is recommended that the section support safe reuse for secondary purposes, e.g. clinical coding or inclusion in a summarised form in an electronic health record. A section is context-specific to the document in which it resides.

Data Group

Each data group is used to represent one concept. A data group consists of other data groups or data elements (or both). Some data groups are reused across DCMs.

Every instance of a data group SHALL have at least one child data component instantiated.

Participation

Participation is a special case of a data group that is based on a data group template, which is reused throughout the DCMs and SCSs. Participations are an amalgam of the Actors (see below) operating within a defined healthcare domain and the Roles they are playing within that domain.

A Participant has been defined to align with the concepts of the NEHTA interoperability framework [NEHT2007b]. It equates to an *Entity* that is related to the action described in an SCS as an *Actor*. A participant can be a human, an organisation or an IT system.

[NEHT2011v] defines the full Participation specification.

Choice

Choice represents a decision to be made at run-time between a disjunctive mandatory set of data groups defined at design-time, i.e. one and only one member of the set is chosen for each instance of the choice.

For example, at design time a Healthcare Provider provides a service but it is not until run-time that a decision can be made as to whether the provider is a person or an organisation. Hence when a Healthcare Provider Participant is instantiated, it will contain either an instance of the *Person* data group or an instance of the *Organisation* data group.

Data Element

A data element is the smallest named unit of information in the model that can be assigned a value. For example, *DateTime of Observation* and *Observation Note*. Data elements are bound to data types (see Data Types Legend). Some data elements are reused in different data groups.

Whilst all data elements are constrained by their data type, some data elements are further constrained by value domains (see Value Domain below).

Value Domain

A value domain constrains the permissible values for a data element. The values are often a subset of values based on a generic data type.

Value domains are reusable components and therefore, the same value domain can be referred to by different data elements in different contexts. Value domains are often specified as a reference set. A reference set (or a subset) is a constrained list of SNOMED CT-AU, AMT or LOINC concepts that are appropriate to a particular context. It is noted that many of these reference sets have been developed specifically for the context in which they appear. It is recommended that an assessment of fitness for purpose be undertaken before using any of the reference sets in another context.

Value domains constrain by either specifying a lower or upper bound (or both) on the range of permissible values or else by specifying a finite set of prescribed values. Such a set of prescribed values can be specified directly within the definition of the data element, or in a separate but associated specification or else by reference to one or more vocabulary/terminology reference sets. The table below provides some examples of value domains.

Table 1: Value Domain Examples

Data Element	Data Element Data Type Example of Value Domain			
Sex	CodedText	[SA2006a] and [SA2006b] derive their values from METeOR 270263 which includes values such as:		
		Value	Meaning	
		1	Male	
		2	Female	
		3	Intersex or Indeterminate	
		9	Not Stated/Inadequately Described	
Diagnosis	CodeableText		ED CT-AU reference set which references concepts Bronchitis' (Concept ID: 32398004).	
Therapeutic Good Identification	CodeableText	An AMT reference set which references concepts such as 'Ibuprofen Blue (Herron) (ibuprofen 200 mg) tablet: film-coated, 1 tablet' (Concept ID: 54363011000036107).		
Individual Pathology Test Result Name	CodeableText	A LOINC subset which references concepts such as 'Cholesterol [Moles/volume] in Serum or Plasma' (ID: 14647-2).		

B.3 Icon Legend

These legends describe all icons that are used within the various NEHTA information specifications.

Metadata Types Legend

The following table explains each of the icons used to represent the metadata types within DCMs and SCSs.

Table 2: Metadata Types Legend

Icon	Metadata Types
	Structured Document
	Section
	Data Group
8	Participation
	Choice

Data Types Legend

The following table explains each of the icons used to represent the data types bound to each data element in the SCSs. These data types are a profile of the **ISO 21090-2011** data types as specified in [NEHT2010c].

Table 3: Data Types Legend

Icon	Data type	Explanation	
4	Boolean	A primitive data type, sometimes called the logical data type, having one of two values: <i>true</i> and <i>false</i> . Many systems represent true as <i>non-zero</i> (often	
	(ISO 21090: BL)	1, or -1) and false as zero.	
Usage/Exam		Usage/Examples	
		• An actual value entered by a user might be "yes" or could be chosen by a mouse click on an icon such as ☑ .	



CodeableText

(ISO 21090: CD)

Coded text *with* exceptions; a flexible data type to support various ways of holding text, both free text and coded text. Commonly used to support compliance for early adopters of the Structured Content Specifications. While it is recommended that the values in this data type come from the bound value domain, it allows other value domains to also be used (with or without translations to the bound value domain) or free text alternatives. This is a recognition that it may not be possible to define an entire value domain for a complex concept (e.g. *Diagnosis*) or that there may be competing code sets in existence. Note that within exchange specifications or message profiles this data type **MAY** be constrained to mandate compliance with the bound value domain.

Usage/Examples

- AIHW Separation Mode specifies the status at separation of a person from an organisation. An early adopter MAY have a similar concept (coded or otherwise) that maps to this data element but does not strictly comply with the AIHW values.
- A SNOMED CT-AU coded/complex expression that embodies single or multiple concepts. The SNOMED CT-AU concepts behind these CodeableText components are specified in the Structured Content Specification value domains.



CodedText

(ISO 21090: CD)

Coded text *without* exceptions; text with code mappings. Values in this data type **SHALL** come from the bound value domain, with no exceptions. Often used for reference sets with only a small number of applicable values, e.g. Gender and Document Status.

Usage/Examples

[SA2006b] specifies the following value domain representing a type of address:

Value	Meaning
1	Business
2	Mailing or Postal
3	Temporary Accommodation
4	Residential (permanent)
9	Not Stated/Unknown/Inadequately Described



DateTime

(ISO 21090: TS)

Used for specifying a single date or time (or both). Has the ability to indicate a level of precision, but not whether the date or time is estimated. String representations of known dates **SHALL** conform to the nonextended format within the **ISO 21090-2011** standard, i.e. YYYYMMDDHHMMSS.UUUU[+]-ZZzz.

Usage/Examples

- Partial dates: 2008, 20081001.
- To indicate 1:20 pm on May the 31st, 1999 for a time zone which is 5 hours behind Coordinated Universal Time (UTC): 19990531132000-0500.



Duration

(ISO 21090: PQ.TIME) The period of time during which something continues. Consists of a value and a unit which represents the time value, e.g. hours, months. Compound durations are not allowed, e.g. 10 days 3 weeks 5 hours.

Usage/Examples

- 3 hours
- · 6 months
- 1 year



Any

(ISO 21090: ANY) Represents a data element where the data type to be used is conditional on another data component. The values that can be required will vary considerably depending on the context. Note that this is an abstract data type that is the basis for all data types and **SHOULD NOT** be used in an actual implementation.



EncapsulatedData

(ISO 21090: ED)

Data that is primarily intended for human interpretation or for further machine processing outside the scope of this specification. This includes unformatted or formatted written language, multimedia data, or structured information as defined by a different standard (e.g. XML signatures).

Usage/Examples

- · JPEG images
- · HTML documents
- [RFC1521] MIME types



Integer

(ISO 21090: INT)

The mathematical data type comprising the exact integral values (according to [NEHT2010c]).

Usage/Examples

- 1
- -50
- 125



Link

(ISO 21090: TEL) This is a general link, reference or pointer to an object, data or application that exists logically or is stored electronically in a computer system.

Usage/Examples

- URL (Uniform Resource Locator) the World Wide Web address of a site
 on the internet, such as the URL for the Google internet search engine –
 http://www.google.com.
- An absolute or relative path within a file or directory structure e.g. in the Windows® operating system, the "link" or absolute path to a particular letter could be C:\Documents and Settings\GuestUser\MyDocuments\letter.doc



Quantity

(ISO 21090: PQ)

Used for recording many real world measurements and observations. Includes the magnitude value and the units.

Usage/Examples

- · 100 centimetres
- 25.5 grams



QuantityRatio

(ISO 21090: RTO) The relative magnitudes of two *Quantity* values (usually expressed as a quotient).

Usage/Examples

- 25 mg/500 ml
- · 200 mmol per litre



QuantityRange

(ISO 21090: IVL)

Two *Quantity* values that define the minimum and maximum values, i.e. lower and upper bounds. This is typically used for defining the valid range of values for a particular measurement or observation. Unbounded quantity ranges can be defined by not including a minimum and/or a maximum quantity value.

Usage/Examples

- -20 to 100 Celsius
- 30-50 mg
- >10 kg



Real

(ISO 21090: REAL) A computational approximation to the standard mathematical concept of real numbers. These are often called floating-point numbers.

Usage/Examples

- 1.075
- -325.1
- 3.14157



Text

(ISO 21090: ST)

Character strings (with optional language). Unless otherwise constrained by an implementation, can be any combination of alpha, numeric or symbols from the Unicode character set. Sometimes referred to as free text.

Usage/Examples

"The patient is a 37 year old man who was referred for cardiac evaluation after complaining of occasional palpitations, racing heart beats and occasional dizziness."



TimeInterval

(ISO 21090:TS)

An interval in time, with (optionally) a start date/time and (optionally) an end date/time and/or a duration/width.

Usage/Examples

- 01/01/2008 31/12/2008
- 1:30 a.m. 6:00 p.m., duration/width = 16.5 hours



UniqueIdentifier

A general unique value to identify a physical or virtual object or concept.

(ISO 21090: II)

In using this data type, the attributes of the UniqueIdentifier data type **SHOULD** be populated from the identifiers as defined in AS 4846 (2006) [SA2006a] and AS 5017 (2006) [SA2006b] as follows:

- root: a globally unique object identifier that identifies the combination of geographic area, issuer and type. If no such globally unique object identifier exists, it SHALL be created.
- extension: a unique identifier within the scope of the root that is directly equivalent to the identifier designation element.
- identifierName: a human readable name for the namespace represented by the root that is populated with the issuer or identifier type values, or a concatenation of both, as appropriate. The content of this attribute is not intended for machine processing and SHOULD NOT be used for that purpose.
- identifierScope: the geographic span or coverage that applies to or constrains the identifier. It is directly equivalent to the geographic area element. The content of this attribute is not intended for machine processing and SHOULD NOT be used as such.

Also, the following constraints apply on the UniqueIdentifier data type:

- 1. The *root* attribute **SHALL** be used.
- 2. For an entity identifier, the *root* attribute **SHALL** be an OID that consists of a node in a hierarchically-assigned namespace, formally defined using the ITU-T's ASN.1 standard.
- 3. For an entity identifier, the *root* attribute **SHALL NOT** be a UUID.
- 4. The extension attribute SHALL be used.

Usage/Examples

IHIs, HPI-Is, HPI-Os and patient hospital medical record numbers are examples of identifiers that **MAY** be carried by this data type.

Keywords Legend

Where used in this document and in DCMs and SCSs, the keywords **SHALL**, **SHOULD**, **MAY**, **SHALL NOT** and **SHOULD NOT** are to be interpreted as described in [RFC2119].

The following table defines these keywords.

Table 4: Keywords Legend

Keyword	Interpretation
SHALL	This word, or the term 'required', means that the statement is an absolute requirement of the specification.
SHOULD	This word, or the adjective 'recommended', means that there MAY exist valid reasons in particular circumstances to ignore a particular component, but the full implications SHALL be understood and carefully weighed before choosing a different course.

MAY	This word, or the adjective 'optional', means that a component is truly optional. One implementer may choose to include the component because a particular implementation requires it, or because the implementer determines that it enhances the implementation, while another implementer may omit the same component. An implementation that does not include a particular option SHALL be prepared to interoperate with another implementation that does include the option, perhaps with reduced functionality. In the same vein, an implementation that does include a particular option SHALL be prepared to interoperate with another implementation that does not include the option (except of course, for the feature the option provides).
SHALL NOT	This phrase means that the statement is an absolute prohibition of the specification.
SHOULD NOT	This phrase, or the phrase 'not recommended' means that there MAY exist valid reasons in particular circumstances when the particular behaviour is acceptable or even useful, but the full implications SHOULD be understood and the case carefully weighed before implementing any behaviour described with this label.

Obligation Legend

Obligation in DCMs or SCSs specifies whether or not a data component **SHALL** be populated in the logical record architecture of a message. NEHTA intends that all data components will be implemented.

Implementation guides specify the rules and formats for implementing and populating data components in specific messaging formats.

The following table defines the obligations.

Table 5: Obligations Legend

Keyword	Interpretation		
ESSENTIAL	Indicates that the data component is considered a mandatory component of information and SHALL be populated.		
	Usage/Examples:		
	The Participant component for a Subject of Care SHALL include an Entity Identifier data component in order to hold the IHI.		
OPTIONAL Indicates that the data component is not considered a mandatory information and MAY be populated.			
	Usage/Examples:		
	This is only needed when a DCM incorrectly asserts that a data component is ESSENTIAL . It will be used with a note stating that the DCM needs revision.		
PROHIBITED	Indicates that the data component is considered a forbidden component of information and SHALL NOT be populated.		
	Usage/Examples:		
	Within a Participation data group depicting a Subject of Care, the Participation Healthcare Role SHALL NOT be completed.		

CONDITIONAL

Indicates that a data component is considered **ESSENTIAL** only on satisfaction of a given condition. Individual data components specify the obligation of the data component when the condition is not met.

When a condition is met, the data component is considered to be **ESSENTIAL** and **SHALL** be populated.

When a condition is not met, the data component may be considered as **PROHIBITED**, or the data component may be considered **OPTIONAL**.

Usage/Examples:

Within a Pathology Result Report, the *Specimen Detail* data group is **ESSENTIAL** if the requested test is to be performed on a specimen, otherwise it **SHALL NOT** be populated.

Where **ESSENTIAL** child data components are contained within **OPTIONAL** parent data components, the child data components only need to be populated when the parent is populated.

B.4 Information Model Specification Parts Legends

This section illustrates the format and parts used to define each section, data group and data element within NEHTA's information model specifications and identifies when each part is applicable.

Data Hierarchy

The top-level component contains a data hierarchy. Each row contains information about a single data component. The entries are nested to represent inclusion of one component in another. Each entry contains at least three occupied cells. The left-most cell contains an icon to indicate the entry's data type. The next cell to the right contains the label and description of the component (if the label is different from the name, the name is displayed in brackets after the label). The next cell to the right contains the multiplicity range for the data component.

The right-hand side of the data hierarchy may contain one or more columns under the heading "Core Requirement". Each column contains information for one document exchange scenario. A cell that is empty indicates that the data component on that row is **OPTIONAL** to implement. That is, software that creates documents made in conformance with this specification **MAY** exclude the data component; and software that reads documents made in conformance with this specification **MAY** ignore the data component. All other components **SHALL** be implemented.

In an SCS, a component may be prohibited, that is, it occurs in the referenced DCM but it **SHALL NOT** be included in documents created according to the SCS. This is represented by a multiplicity range of 0..0. The text of the entry is also in a strike through font and it has a grey background.

Chapter Name

Each section, data group, data element, value domain or choice has its own eponymous chapter. The chapter name is used in all data hierarchies.

Identification Section Legend

The following table illustrates the layout of the Identification section and describes the various parts of the section.

Table 6: Identification Section Legend

Label A suggested display name for the component. (Source NEHTA.)

Metadata Type The type of the component, e.g. section, data group or data element. (Source NEHTA.)

Identifier A NEHTA assigned internal identifier of the concept represented by the component. (Source NEHTA.)

OID An object identifier that uniquely identifies the concept represented by the data component. (Source NEHTA.)

External Identifier An identifier of the concept represented by the data component that is assigned by an organisation other than NEHTA. (Source NEHTA.)

Definition Section Legend

The following table illustrates the layout of the Definition section and describes the various parts of the section.

Table 7: Definition Section Legend

Definition	The meaning, description or explanation of the data component. (Source NEHTA.)
	For data groups used in a particular context, the definition MAY be a refinement of the generic data group definition.
Definition Source	The authoritative source for the Definition statement.
Synonymous Names	A list of any names the data component MAY also be known as. (Source NEHTA.)
	Implementers MAY prefer to use synonymous names to refer to the component in specific contexts.
Scope	Situations in which the data component may be used, i.e. the extent and capacity within which this data component may be used, including the circumstances under which the collection of specified data is required or recommended.
	For example, Medication Instruction (data group) has a scope which includes all prescribable therapeutic goods, both medicines and non-medicines.
	This attribute is not relevant to data elements or value domains. (Source NEHTA.)
Scope Source	The authoritative source for the Scope statement.
Context	The environment in which the data component is meaningful, i.e. the circumstance, purpose and perspective under which this data component is defined or used.

	For example, Street Name has a context of Address. (Source NEHTA.)	
Assumptions	Suppositions and notions used in defining the data component. (Source NEHTA.)	
Assumptions Source	The authoritative source for the Assumptions statement.	
Notes	Informative text that further describes the data component, or assists in the understanding of how the data component can be used. (Source NEHTA.)	
Notes Source	The authoritative source for the Notes statement.	
Data Type	The data type of the data element, e.g. DateTime or Text. (Source NEHTA.)	
	The data type is applicable only to data elements.	
	The valid data types are specified in the Data Types Legend.	
Value Domain	The name and identifier of the terminologies, code sets and classifications to define the data element value range, or a statement describing what values to use in the absence of a defined value domain for the related data element.	
	In the absence of national standard code sets, the code sets used SHALL be registered code sets, i.e. registered through the HL7 code set registration procedure with an appropriate object identifier (OID), and SHALL be publicly available.	
	When national standard code sets become available, they SHALL be used and the non-standard code sets SHALL be deprecated. (Source NEHTA.)	
	The Value Domain is applicable only to CodedText and CodeableText data elements.	

Value Domain Section Legend

The following table illustrates the layout of the Value Domain section and describes the various parts of the section.

Table 8: Value Domain Section Legend

Source	The name of the terminology or vocabulary from which the value domain's permissible values are sourced, e.g. SNOMED CT-AU, LOINC.
Version Number	Version number of the value domain source.
Permissible Values	List of permissible values in the value domain.

Usage Section Legend

The following table illustrates the layout of the Usage section and describes the various parts of the section.

Table 9: Usage Section Legend

Examples	One or more demonstrations of the data that is catered for by the data element.
	(Source NEHTA.)

	Where a data element has an associated value domain, examples representative of that domain are used where possible. Where the value domain is yet to be determined, an indicative example is provided.
	Implementation guides MAY contain specific examples for how data elements SHALL be populated and how they relate to each other.
	The Value Domain is applicable only to CodedText and CodeableText data elements.
Conditions of Use	Prerequisites, provisos or restrictions for use of the component. (Source NEHTA.)
Conditions of Use Source	The authoritative source for the Conditions of Use statement.
Misuse	Incorrect, inappropriate or wrong uses of the component. (Source NEHTA.)
Default Value	A common denomination, or at least a usable denomination, from the Value Domain where available or applicable, typically assigned at the creation of an instance of the component. (Source NEHTA.)

Relationships Section Legend

The Relationships section specifies the cardinality and conditionality between parent and child data components. Note that if no components in either table have any conditions, then the condition column will be omitted for that table.

The following table illustrates the layout of the Parent relationships table. Note that the occurrences and conditions in the relationships described by this table are from the parent to the child component, i.e. from the component listed in the table to the component described by the section.

Table 11: Parent Legend

Data Type	Name	Occurrences (child within parent)	Condition
The icon illustrating the metadata type or data type.	Parent Component Name	The minimum and maximum number of instances of the component described on this page that SHALL occur.	The conditions that SHALL be met to include the data element. Only applicable for elements with a conditional obligation.

The following table illustrates the layout of the Children relationships table.

Table 10: Children Legend

Data Type	Name	Occurrences	Condition
The icon illustrating the metadata type or data type.	Child Component Name	The minimum and maximum number of instances of the component described on this page that SHALL occur.	The conditions that SHALL be met to include this child data element. Only applicable for elements with a conditional obligation.

nehta Change History

Appendix C. Change History

C.1 Changes Introduced in this Version

Preliminary Pages

Removed "Data Types in NEHTA Specifications..." from the list of related documents.

Added the section "Included Detailed Clinical Models" to provide identification of the version of each DCM included in this specification.

Corrected "Australian Institute of Health & Welfare" to "Australian Institute of Health and Welfare".

Chapter 1 Introduction

This chapter has been revised through editorial review, a number of editorial and typographical errors have been corrected.

Added footnote to 1.1 Purpose and Scope to provide a reference defining the concept "Level 4 (semantic) interoperability".

Chapter 2 Pathology Test Result Detailed Clinical Model

Added a sentence identifying the version of the DCM.

Corrected formatting of data component names in text throughout the chapter.

Added two commas (,) to 2.1 Purpose.

Added two commas (,) to the 3rd paragraph of 2.2 Use.

Paragraph structure of 2.2 Use and 2.3 Misuse improved.

Added "is" to the 3rd paragraph of 2.3 Misuse.

Added "of" to the definition of PATHOLOGY TEST RESULT and corrected the case of the synonymous names.

Amended definition, removed synonymous names, added a note, and removed Usage in toto from, SPECIMEN.

Primarily to support the Consolidated View in the PCEHR the following data components (sourced from the openEHR Reference Model) have been added:

- a. Pathology Test Result Instance Identifier
- b. LINK
 - i. Link Nature
 - ii. Link Role
 - iii. Link Target
- c. Detailed Clinical Model Identifier

The following data components have been renamed:

- a. PATHOLOGY TEST SPECIMEN DETAIL to SPECIMEN
- b. Result Value to Individual Pathology Test Result Value (Label: Result Value).
- c. Result Value Normal Status to Individual Pathology Test Result Value Normal Status (Label: Result Value Normal Status).
- d. Result Comment to Individual Pathology Test Result Comment (Label: Result Comment).
- e. Reference Range Guidance to Individual Pathology Test Result Reference Range Guidance (Label: Reference Range Guidance).
- f. Result Value Reference Range Details to INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS (Label: Result Value Reference Range Details)
- g. Result Value Reference Range Meaning to Individual Pathology Test Result Value Reference Range Meaning (Label: Result Value Reference Range Meaning)
- h. Result Value Reference Range to Individual Pathology Test Result Value Reference Range (Label: Result Value Reference Range).
- i. RESULT GROUP SPECIMEN DETAIL (Label: Result Specimen Detail) to SPECIMEN (Label: Result Group Specimen Detail).

The data types of the following data components have been changed:

- a. Individual Pathology Test Result Value Reference Range from Quantity to Quantity Range
- b. Individual Pathology Test Result Name from Coded Text to Codeable Text
- c. Pathology Test Result Group Name from Coded Text to Codeable Text

Corrected presentation of examples for:

- a. Diagnostic Service
- b. Individual Pathology Test Result Name
- c. Individual Pathology Test Result Value
- d. Individual Pathology Test Result Value Reference Range Meaning

The structure of the tables within the relationships sections of each data component has been modified to remove the condition column and change the title of the "Occurrences" column in the Parents table to "Occurrences (child within parent)".

Added standard examples text for all data components of type DateTime.

All instances of "have a fixed value of" have been replaced with "have an implementation-specific value equivalent to".

Added Test Result Name Values to Pathology Test Result Name.

Replaced text external identifier with an OID in Diagnostic Service Values.

Added Pathology Test Result Name Values to Pathology Test Result Group Name.

Corrected the presentation of the list of permissible values for Pathology Test Result Status Values.

Reworded the note in Individual Pathology Test Result Value to remove term "multimedia images".

nehta Change History

Added Individual Pathology Test Result Value Normal Status Values and amended the definition of Individual Pathology Test Result Value Normal Status in line with the inclusion.

Replaced "which" with "that" and "etc" with "and other such clinical" in INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS.

Removed the note, included the default value, and amended the list of examples for Individual Pathology Test Result Value Reference Range Meaning.

Added Pathology Test Result Status Values and amended the definition of Individual Pathology Test Result Status in line with the inclusion.

Replaced "Result group" with "result group" in SPECIMEN, and removed the erroneous example in the notes.

In Test Result Representation:

- a. moved the 2nd sentence of the definition to the conditions of use
- b. corrected "are" to "is" in the 1st paragraph of notes
- c. corrected "non numerical" to "non-numerical" in the 2nd paragraph of notes
- d. corrected "single test result report data element" to "single data element" in the 2nd paragraph of notes
- e. replaced "has chosen to represent" with "represents" in the 2nd paragraph of notes

Inserted "that is" in the definition of Test Comment.

Reworded the notes and replaced "with" with "that has" in the definition of RECEIVING LABORATORY.

Replaced "ID" with "identifier" in the definition and reworded the notes of Requester Order Identifier.

Inserted "the" and removed the comma (,) from the definition of Test Requested Name and added Test Result Name Values.

In Receiver Order Identifier:

- a. corrected "ID" to "identifier" in the definition
- b. corrected "Laboratory Information System" to "laboratory information system" in the definition
- c. corrected all instances of "1nformation" to "information"
- d. reworded the context
- e. corrected "Usually" to "usually" in the assumptions

Reworded the notes of Laboratory Test Result Identifier.

Corrected the OID and identifier of Test Procedure and removed a note.

Reworded the notes of INFORMATION PROVIDER.

Replaced "is" with " SHALL be" in the Note of Pathology Test Result DateTime.

Chapter 3 Test Specimen Detail Data Group

Added a sentence identifying the version of the data group.

Corrected formatting of data component names in text throughout the chapter.

Added standard examples text for all data components of type *DateTime*.

Corrected "e.g" to "e.g." in 3.1 Purpose.

Inserted "the" in 3.2 Use.

Corrected the case of the synonymous names and removed usage in toto from SPECIMEN.

Amended the set of examples in Specimen Tissue Type.

Corrected the article to "the" in the definition of:

- a. Anatomical Location Name
- b. Identified Landmark
- c. Anatomical Location Description
- d. Side
- e. Laterality Reference Set
- f. NEEDLE BIOPSY CORE DETAILS

Corrected presentation of examples for:

- a. Side
- b. Numerical Identifier
- c. Anatomical Plane
- d. Visual Markings/Orientation

Corrected "Bilalteral" to "Bilateral" in the examples of Side.

Replaced "Identify the specific anatomical site out of multiple sites" with "An ordinal number that identifies the specific anatomical site from multiple sites" in the definition of Numerical Identifier.

Inserted an "a" and replaced "Qualifiers" with "Qualifier(s)"in the definition of RELATIVE LOCATION.

Corrected "medial" to "lateral" in the examples of Anatomical Location Aspect.

Replaced "Image" with "An image" in the definition of Anatomical Location Image.

Corrected "dimensions" to "dimensions", removed the second instance of "device", and added a comma (,) in the definition of PHYSICAL PROPERTIES OF AN OBJECT.

Inserted "the" at the beginning of the definition for:

- a. Weight
- b. Diameter
- c. Circumference
- d. Length
- e. Depth
- f. Volume

Inserted "of the object" in the definition of Breadth.

Replaced the comma (,) with a semi-colon (;) in the definition of Area.

Corrected the definition from specimen to object description and added a misuse statement to Object Description.

nehta Change History

Corrected the definition from specimen to object in Image.

Moved examples from the definition to usage in Sampling Preconditions.

In Testing Method:

- a. inserted a "the" in the definition
- b. added a comma (,) to the 1st paragraph of notes
- c. replaced "and/or" with "or" in the 2nd paragraph of notes
- d. replaced "whole" with "the overall" in the 3rd paragraph of notes

Replaced "handling/processing" with "handling or processing" in the definition of HANDLING AND PROCESSING.

Inserted "the" in the definition of Collection DateTime.

Added a comma (,) to the 2nd paragraph of notes and amended the condition of use to use a normative keyword in Specimen Identifier.

Removed the comma (,) from the definition of Parent Specimen Identifier.

Chapter 4 UML Class Diagram

Chapter 4 removed and the content moved to Chapter 2.

Appendix A Known Issues

Corrected the entry for undefined value domains to include all applicable data components.

Added an entry for undefined data structures to indicate the data elements that lack a defined data structure.

Added entries for the definitions of the normal status data components, Pathology Test Result data group, Individual Pathology Test Result data group and Individual Pathology Test Result Value data element

Added an entry for the reference range details data components.

Appendix B Guide for Use

This appendix has been revised through editorial review, a number of editorial and typographical errors have been corrected.

In 'Value Domain' in B.2 "To Be Advised" replaced with "Individual Pathology Test Result Name".

Added 'Obligation Legend' in B.3.

Reworked 'Data Hierarchy' in B.4 to explain 'Core Requirement'.

Reworked 'Relationships Section Legend' in B.4 to include further explanative text, and improved tables.

Appendix C Change History

This is a new appendix included to provide detailed information of the changes between the previous version of this specification and the current version of this specification.

Reference List

This chapter has been moved to after the appendices.

Added entry for reference cited in footnote added to section 1.1.

Added entry for ISO 13606-3:2009.

Added entry for NEHTA Interoperability Framework.

Corrected the titles of AS 4846 and AS 5017.

nehta Reference List

Reference List

[ISO2009a] International Organization for Standardization, 14 Jan 2009, ISO 13606-3:2009 Health informatics - Electronic health record communication - Part 3: Reference archetypes and term lists, Edition 1 (Monolingual), accessed 20 June 2012. https://infostore.saiglobal.com/store/Details.aspx?ProductID=1092099 [NEHT2005a] National E-Health Transition Authority, 25 May 2005, NEHTA Acronyms, Abbreviations & Glossary of Terms, Version 1.2, accessed 20 September 2012. http://www.nehta.gov.au/component/docman/doc download/-8-clinical-information-glossary-v12 [NEHT2007b] National E-Health Transition Authority, 24 September 2007, Interoperability Framework, Version 2.0. http://www.nehta.gov.au/connecting-australia/ehealth-interoperability [NEHT2009s] National E-Health Transition Authority, 30 June 2009, Pathology Result Report Structured Document Template, Version 1.0, accessed 26 August 2010. http://www.nehta.gov.au/component/docman/doc_download/-776-pathology-result-report-structured-document-template-v10-20090630 [NEHT2010c] National E-Health Transition Authority, September 2010, Data Types in NEHTA Specifications: A Profile of the ISO 21090 Specification, Version 1.0, accessed 1 February 2013. http://www.nehta.gov.au/component/docman/doc_download/-1121-data-types-in-nehta-specifications-v10 [NEHT2011v] National E-Health Transition Authority, 20 July 2011, Participation Data Specification, Version 3.2, accessed 20 September 2012. http://www.nehta.gov.au/component/docman/doc_download/-1341-participation-data-specification-v32 Network Working Group, 1993, RFC1521 - MIME (Multipurpose Internet Mail Exten-[RFC1521] sions) Part One, accessed 07 June 2010. http://www.fags.org/rfcs/rfc1521.html [RFC2119] Network Working Group, 1997, RFC2119 - Key words for use in RFCs to Indicate Requirement Levels, accessed 13 April 2010. http://www.faqs.org/rfcs/rfc2119.html [SA2006a] Standards Australia, 2006, AS 4846 (2006) - Health Care Provider Identification, accessed 12 November 2009. http://infostore.saiglobal.com/store/Details.aspx?ProductID=318554 [SA2006b] Standards Australia, 2006, AS 5017 (2006) - Health Care Client Identification, accessed 12 November 2009. http://infostore.saiglobal.com/store/Details.aspx?ProductID=320426 [WALJ2005a] Walker et al., , January 2005, The Value Of Health Care Information Exchange And Interoperability, Health Affairs, 2005, accessed 22 November 2011. http://content.healthaffairs.org/content/early/2005/01/19/hlthaff.w5.10.short

This page is intentionally left blank.

nehta Index

Index	DE-11013, 127
THUEX	DE-11014, 129
	DE-11017, 14
A	DE-11018, 56
	DE-11023, 29
Adequacy for Testing, 134 ANATOMICAL LOCATION, 81	DE-11025, 122
Anatomical Location Aspect, 92	DE-11029, 40
Anatomical Location Description, 95	DE-16111, 80
Anatomical Location Image, 97	DE-16149, 16
Anatomical Location Name, 83	DE-16153, 83
Anatomical Plane, 89	DE-16155, 20
Anatomical Site, 81	DE-16159, 45 DE-16163, 112
Area, 107	DE-16164, 113
Aspect, 92	DE-16165, 114
	DE-16169, 116
В	DE-16171, 117
Biopsy Core Needle Gauge, 112	DE-16173, 121
Body Structure Foundation Reference Set, 84	DE-16176, 130
Breadth, 105	DE-16178, 132
Broadin, 100	DE-16181, 135
C	DE-16182, 133
Circumference, 103	DE-16183, 134
Clinical Information Provided, 22	DE-16187, 138
COLLECTION AND HANDLING, 115	DE-16188, 139
Collection DateTime, 127	DE-16199, 97, 110
Collection Procedure, 80	DE-16319, 95
Collection Procedure Details, 120	DE-16326, 99
Collection Setting, 128	DE-16327, 100
Comment, 135	DE-16329, 102
Conclusion, 44	DE-16330, 103
Container Identifier, 139	DE-16331, 104
	DE-16332, 105
D	DE-16333, 106
Data Element	DE-16334, 107
Adequacy for Testing, 134	DE-16335, 108
Anatomical Location Aspect, 92	DE-16336, 85
Anatomical Location Description, 95	DE-16338, 87
Anatomical Location Image, 97	DE-16340, 89
Anatomical Location Name, 83	DE-16343, 91
Anatomical Plane, 89	DE-16345, 92
Area, 107	DE-16346, 94
Biopsy Core Needle Gauge, 112	DE-16397, 22 DE-16402, 43
Breadth, 105	DE-16403, 44
Circumference, 103	DE-16404, 52
Clinical Information Provided, 22	DE-16407, 96
Collection DateTime, 127	DE-16428, 24
Collection Procedure, 80	DE-16466, 38
Collection Procedure Details, 120	DE-16467, 39
Collection Setting, 128	DE-16468, 47
Container Identifier, 139	DE-16526, 119
DateTime Processed, 130	DE-16527, 120
DateTime Received, 129	DE-16529, 128
DE-11006, 51	DE-16534, 140
DE-11007, 55	DE-16566, 37
DE-11008, 78	DE-16571, 28
DE-11012, 137	DE-16572, 31

DE-16574, 35	Specimen Received Issues, 132
DE-16581, 63	Specimen Tissue Type, 78
DE-16605, 62	Test Comment, 47
DE-16621, 109	Test Procedure, 57
DE-16632, 57	Test Requested Name, 52
	·
DE-16693, 74	Test Result Representation, 45
DE-16698, 66	Testing Method, 122
DE-16699, 69	Transport Medium, 121
DE-16700, 73	Visual Markings/Orientation, 96
DE-16714, 64	Volume, 108
Depth, 106	Weight, 100
Detailed Clinical Model Identifier, 74	Data Group
Diagnostic Service, 16	ANATOMICAL LOCATION, 81
Diameter, 102	COLLECTION AND HANDLING, 115
Distance From Landmark, 94	DEVICE, 124
Identified Landmark, 91	DG-10296, 48, 53, 58, 60, 124, 141
Image, 110	DG-16144, 6
Individual Pathology Test Result Comment, 38	DG-16150, 81
Individual Pathology Test Result Name, 28	DG-16151, 82
Individual Pathology Test Result Reference	DG-16156, 18, 41, 76
Range Guidance, 39	DG-16160, 50
Individual Pathology Test Result Status, 40	DG-16161, 111
Individual Pathology Test Result Value, 29	DG-16166, 98
Individual Pathology Test Result Value Normal	DG-16167, 115
Status, 31	DG-16186, 136
Individual Pathology Test Result Value Refer-	DG-16325, 33
ence Range, 37	DG-16328, 101
Individual Pathology Test Result Value Refer-	DG-16320, 101 DG-16341, 90
ence Range Meaning, 35	DG-16469, 23
Laboratory Handling Issues, 133	DG-16489, 26
Laboratory Test Result Identifier, 56	DG-16528, 126
Length, 104	DG-16530, 131
Link Nature, 66	DG-16692, 65
Link Role, 69	DIMENSIONS, 101
Link Target, 73	HANDLING AND PROCESSING, 126
Maximum Biopsy Core Length, 113	IDENTIFIERS, 136
Number of Containers, 119	INDIVIDUAL PATHOLOGY TEST RESULT, 26
Number of Cores Received, 114	INDIVIDUAL PATHOLOGY TEST RESULT
Numerical Identifier, 87	VALUE REFERENCE RANGE DETAILS, 33
Object Description, 109	INFORMATION PROVIDER, 58
Overall Pathology Test Result Status, 20	LINK, 65
Parent Specimen Identifier, 138	NEEDLE BIOPSY CORE DETAILS, 111
Pathological Diagnosis, 43	PATHOLOGY TEST RESULT, 6
Pathology Test Conclusion, 44	PATHOLOGY TEST RESULT GROUP, 23
Pathology Test Result DateTime, 62	PHYSICAL PROPERTIES OF AN OBJECT, 98
Pathology Test Result Duration, 63	RECEIVING LABORATORY, 48
Pathology Test Result Group Name, 24	RELATIVE LOCATION, 90
Pathology Test Result Instance Identifier, 64	REQUESTER, 53
Pathology Test Result Name, 14	SPECIFIC LOCATION, 82
Physical Object Name, 99	SPECIMEN, 18, 41, 76
Potential Risk / Biohazard, 116	SPECIMEN COLLECTOR DETAILS, 141
Receiver Order Identifier, 55	SPECIMEN QUALITY, 131
Requester Order Identifier, 51	SUBJECT, 60
Sampling Preconditions, 117	TEST REQUEST DETAILS, 50
Side, 85	Date and Time of Collection, 127
Specimen Collector Identifier, 140	Date and Time of Receipt, 129
Specimen Identifier, 137	Date and Time Processed, 130
Specimen Quality Comment, 135	DateTime Processed, 130
operation equality confinent, 100	Date fille i 10000000, 100

nehta Index

DateTime Received, 129
Depth, 106
Description, 95, 109
Detailed Clinical Model Identifier, 74
DEVICE, 124
Diagnostic Service, 16
Diagnostic Service Values, 17
Diameter, 102
DIMENSIONS, 101
Distance From Landmark, 94

Н

HANDLING AND PROCESSING, 126

Ι

Identified Landmark, 91
IDENTIFIERS, 136
Image, 97, 110
INDIVIDUAL PATHOLOGY TEST RESULT, 26
Individual Pathology Test Result Comment, 38
Individual Pathology Test Result Name, 28
Individual Pathology Test Result Reference Range Guidance, 39
Individual Pathology Test Result Status, 40
Individual Pathology Test Result Value, 29
Individual Pathology Test Result Value Normal Status, 31
Individual Pathology Test Result Value Normal Status Values 32

Status Values, 32 Individual Pathology Test Result Value Reference

Range, 37

INDIVIDUAL PATHOLOGY TEST RESULT VALUE REFERENCE RANGE DETAILS, 33

Individual Pathology Test Result Value Reference Range Meaning, 35

INFORMATION PROVIDER, 58

L

Laboratory Handling Issues, 133
Laboratory Test Result Identifier, 56
Laterality Reference Set, 86
Length, 104
LINK, 65
Link Nature, 66
Link Nature Values, 67
Link Role, 69
Link Role Values, 71

М

Link Target, 73

Maximum Biopsy Core Length, 113

Ν

Name, 99 Name of Location, 83 NEEDLE BIOPSY CORE DETAILS, 111 Number of Containers, 119 Number of Cores Received, 114 Numerical Identifier, 87

0

Object Description, 109
Overall Pathology Test Result Status, 20
Overall Test Result Status, 20

P

Parent Specimen Identifier, 138 Pathological Diagnosis, 43 Pathology Test Conclusion, 44 PATHOLOGY TEST RESULT, 6 Pathology Test Result DateTime, 62 Pathology Test Result Duration, 63 PATHOLOGY TEST RESULT GROUP, 23 Pathology Test Result Group Name, 24 Pathology Test Result Instance Identifier, 64 Pathology Test Result Name, 14 Pathology Test Result Name Values, 25 Pathology Test Result Status Values, 21 Physical Details, 98 Physical Object Name, 99 PHYSICAL PROPERTIES OF AN OBJECT, 98 Potential Risk / Biohazard, 116

R

Receiver Order Identifier, 55

RECEIVING LABORATORY, 48

Reference Range Guidance, 39 **RELATIVE LOCATION, 90** REQUESTER, 53 Requester Order Identifier, 51 Result. 26 Result Comment, 38 Result Group, 23 Result Group Name, 24 Result Group Specimen Detail, 41 Result Name, 28 Result Status, 40 Result Value, 29 Result Value Normal Status, 31 Result Value Normal Status Values, 32 Result Value Reference Range, 37 Result Value Reference Range Details, 33 Result Value Reference Range Meaning, 35 Result Value Values, 30

S

Sampling Preconditions, 117 Side, 85 SPECIFIC LOCATION, 82 SPECIMEN, 18, 41, 76 Specimen, 76 SPECIMEN COLLECTOR DETAILS, 141 Specimen Collector Identifier, 140

Specimen Identifier, 137 SPECIMEN QUALITY, 131 Specimen Quality Comment, 135 Specimen Received Issues, 132 Specimen Tissue Type, 78 SUBJECT, 60

T

Test Comment, 47
Test Procedure, 57
TEST REQUEST DETAILS, 50
Test Requested Name, 52
Test Result Name, 14
Test Result Name Values, 15
Test Result Representation, 45
Test Specimen Detail, 18
Testing Method, 122
Testing Method Reference Set, 123
Transport Medium, 121

V

Value Domain

Body Structure Foundation Reference Set, 84 Diagnostic Service Values, 17 Individual Pathology Test Result Value Normal Status Values, 32 Laterality Reference Set, 86 Link Nature Values, 67 Link Role Values, 71 Pathology Test Result Name Values, 25 Pathology Test Result Status Values, 21 Result Value Values, 30 Test Result Name Values, 15 Testing Method Reference Set, 123 VD-11017, 15, 25 VD-11023, 30 VD-11025, 123 VD-16148, 17 VD-16152, 84 VD-16312, 86 VD-16488, 21 VD-16572, 32 VD-16698, 67 VD-16699, 71 Visual Markings/Orientation, 96 Volume, 108

W

Weight, 100