
Central Cancer Registry and Hospital Registry Approve a Pathology Laboratory for Electronic Reporting Use Case

Version 1.01

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National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control
National Program of Cancer Registries**

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General Information

1. Use Case ID

GUC 1.0

2. Use Case Name

Approve a Pathology Laboratory for Electronic Reporting

3. Description

This use case describes the process for evaluating and subsequently approving a pathology laboratory as being qualified to perform electronic reporting that meets cancer registry standards.

4. Actors

- Pathology laboratory information system (LIS)
- Pathology laboratory staff
- Cancer registry (CR) software
- CR staff

5. Definitions

- **Event report:** An electronic transmission of information to a cancer registry.
- **Complete event report:** An EHR event report is complete when it is released to the clinician or department for their use.

Approve a Pathology Laboratory for Electronic Reporting

Note: A diagram for this use case is in [Appendix A](#).

1.0 Preconditions

A set of conditions that must be met before the activities described in the use case can begin.

- The pathology report is available electronically.
- The laboratory can submit pathology information using the format in North American Association of Central Cancer Registries (NAACCR) Volume V.
- The laboratory is willing to evaluate implementing electronic pathology reporting.

Note: See the NAACCR Electronic Pathology (e-Path) Reporting Guidelines for additional information on how to identify pathology laboratories to implement electronic reporting.

2.0 Post Conditions

A set of conditions that must be met after the activities described in the use case have been completed.

The pathology laboratory has created and transmitted a conformant electronic file of pathology reports.

3.0 Priority

Describes the importance and sequence of the use case in the overall activities of the cancer registry.

This use case must be completed before any of the other use cases relating to reporting and processing of pathology reports can be performed.

4.0 Frequency of Use

Describes how often the activities in the use case take place.

The activities in this use case take place with a pathology laboratory to begin implementation. When the cancer registry or pathology laboratory makes changes, an assessment will need to be performed again.

5.0 Normal Course of Events

Describes the specific steps taken to perform the activity in the use case.

Normal refers to the steps that are taken when everything goes according to routine procedures. Problems and exceptions are described in section 6, [Alternative Course](#).

Business rules are statements that describe a decision that must be made and agreed to by those involved in the activity. In the context of this document, a business rule describes the decision that needs to be made, and in some circumstances provides a recommendation; in others, options for consideration and use.

Software requirements are statements that describe the functionality of the software that is required or recommended.

5.1 The cancer registry (CR) staff and pathology laboratory staff assess the pathology laboratory's capabilities and determine the laboratory can begin the implementation process for reporting to the cancer registry. [BR01, BR02, BR03, BR04, BR05]

BR	Business Rule	Purpose	Remarks
01	NAACCR E-Path Reporting Guidelines Appendix B: Assessment Tools may be used to develop an assessment tool.	Helps identify areas of risk for implementing e-path reporting.	Found on the North American Association of Central Cancer Registries (NAACCR)'s Web site, www.naaccr.org .
02	The pathology laboratory information system (LIS) should be able to create a message using HL7 2.3 or HL7 2.5.1.		
03	The pathology laboratory staff should follow Integrating the Healthcare Enterprise (IHE) technical profiles and supplements.	To document the audit activities and results, and track outstanding issues.	IHE Anatomic Pathology Technical Framework Supplement: Anatomic Pathology Reporting to Public Health (ARPH) http://www.ihe.net/Technical_Framework/upload/IHE_PAT_TF_Suppl_ARPH_TI_2009-08-27.pdf
04	Assessment may be performed in person or via conference call.		
05	Cancer registry (CR) staff may advise the pathology laboratory on how to populate specific data elements within the reporting message.		The pathology LIS must use <i>NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting</i> (version 2.1 or 3.0).

5.2 Pathology laboratory staff develop the software to create a test message using NPCR-AERRO Use Case 1.1: Hospital and Central Cancer Registries Prepare and Transmit Event Report Use Case. [BR06, BR07, BR08]

BR	Business Rule	Purpose	Remarks
06	The pathology LIS should follow the Prepare and Transmit Event Report Use Case.		
07	The pathology LIS should include demographic data items collected by their facility, including those that may be stored outside the LIS database.		Some pathology LISs do not include the demographic data items within the database. The message must retrieve these data elements from the administrative (billing) database.
08	<p>The pathology LIS should submit standard Logical Observations Identifiers Names and Codes (LOINC) test codes in OBX-3, by mapping local test codes to standard LOINC test codes.</p> <p>a. Cancer registry staff should work with laboratories to create an accurate mapping.</p> <p>b. Pathology laboratory staff must provide a written crosswalk of mapping to the cancer registry.</p>		

5.3 Pathology laboratory staff validate the test message using the Messaging Workbench. [BR09]

BR	Business Rule	Purpose	Remarks
09	Pathology laboratory staff and cancer registry staff should coordinate activities to verify that the message is accurate and complete.		

5.4 The pathology LIS transmits a test message to the cancer registry. [BR10, BR11, BR12]

BR	Business Rule	Purpose	Remarks
10	Samples of each type of pathology report should be included in the test file.		Examples include: <ul style="list-style-type: none"> • Surgical excision • Bone marrow • Cytology If appropriate, also includes samples of: <ul style="list-style-type: none"> • Results in text format • Results in discrete fields (synoptic results)
11	Samples of different types of cancer diagnoses should be included in the test file.		Examples include: <ul style="list-style-type: none"> • Prostate • Leukemia • Melanoma • Breast • Lung May also include examples of: <ul style="list-style-type: none"> • Addendum reports • Consultation reports • Pathology reports which have diagnosed more than one primary cancer
12	Pathology laboratory staff should submit a printed copy of each pathology report that has an electronic version in the test file.	Confirm accuracy and completeness of electronic messages.	

5.5 Cancer registry staff verify that the test message is accurate and complete. [BR13]

BR	Business Rule	Purpose	Remarks
13	Cancer registry staff should evaluate the message using a standard tool for validating an HL7 message.	To ensure messages follow standard.	

5.6 Cancer registry staff compare the printed pathology reports with the test message to determine if they provide identical data values for the required data elements. [BR14]

BR	Business Rule	Purpose	Remarks
14	Cancer registry staff should verify that all types of reports have been included in the test message.		

5.7 Cancer registry certify the pathology laboratory.

Note: See Appendix C for sample certification documents.

5.8 The use case ends.

6.0 Alternative Course of Events

Numbering in this section refers to its associated step above in section 5, [Normal Course of Events](#).

5.1a The pathology laboratory does not meet the criteria for implementing electronic reporting.

5.1a.1 The process ends.

5.2a Pathology laboratory staff cannot develop software to create an HL7 2.3 or HL7 2.5.1 message.

5.2a.1 The process ends.

5.3a The message is not validated by the Messaging Workbench.

5.3a.1 Pathology staff revise the LIS software.

5.3a.2 The process continues with [step 5.2](#).

5.5a Cancer registry (CR) staff determine the electronic file is not accurate or complete according to the NPCR-AERRO Hospital and Central Cancer Registry Prepare and Transmit Event Report Use Case.

5.5a.1 CR staff inform the laboratory of the errors.

5.5a.2 The process continues with [step 5.3](#).

5.6a CR staff identify discrepancies between electronic and paper pathology reports.

5.6a.1 CR staff inform the laboratory of the discrepancies.

5.6a.2 The process continues with [step 5.3](#).

7.0 Business Rules

A statement that describes a decision that must be made and agreed to by those involved in the activity. In the context of this document, a business rule describes the decision that needs to be made, and in some circumstances provides a recommendation; in others, options for consideration and use.

Business rules for this use case are presented under the step to which they apply.

BR	Business Rule	Purpose	Remarks
01	<i>NAACCR E-Path Reporting Guidelines Appendix B: Assessment Tools</i> may be used to develop an assessment tool.	Helps identify areas of risk for implementing e-path reporting.	Found on the North American Association of Central Cancer Registries (NAACCR)'s Web site, www.naaccr.org .
02	The pathology laboratory information system (LIS) should be able to create a message using HL7 2.3 or HL7 2.5.1.		
03	The pathology laboratory staff should follow Integrating the Healthcare Enterprise (IHE) technical profiles and supplements.	To document the audit activities and results, and track outstanding issues.	IHE Anatomic Pathology Technical Framework Supplement: Anatomic Pathology Reporting to Public Health (ARPH) http://www.ihe.net/Technical_Framework/upload/IHE_PAT_TF_Suppl_ARPH_TI_2009-08-27.pdf
04	Assessment may be performed in person or via conference call.		
05	Cancer registry (CR) staff may advise the pathology laboratory on how to populate specific data elements within the reporting message.		The pathology LIS must use <i>NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting</i> (version 2.1 or 3.0).
06	The pathology LIS should follow the Prepare and Transmit Event Report Use Case.		
07	The pathology LIS should include demographic data items collected by their facility, including those that may be stored outside the LIS database.		Some pathology LISs do not include the demographic data items within the database. The message must retrieve these data elements from the administrative (billing) database.

BR	Business Rule	Purpose	Remarks
08	<p>The pathology LIS should submit standard Logical Observations Identifiers Names and Codes (LOINC) test codes in OBX-3, by mapping local test codes to standard LOINC test codes.</p> <p>c. Cancer registry staff should work with laboratories to create an accurate mapping.</p> <p>d. Pathology laboratory staff must provide a written crosswalk of mapping to the cancer registry.</p>		
09	<p>Pathology laboratory staff and cancer registry staff should coordinate activities to verify that the message is accurate and complete.</p>		
10	<p>Samples of each type of pathology report should be included in the test file.</p>		<p>Examples include:</p> <ul style="list-style-type: none"> • Surgical excision • Bone marrow • Cytology <p>If appropriate, also includes samples of:</p> <ul style="list-style-type: none"> • Results in text format • Results in discrete fields (synoptic results)
11	<p>Samples of different types of cancer diagnoses should be included in the test file.</p>		<p>Examples include:</p> <ul style="list-style-type: none"> • Prostate • Leukemia • Melanoma • Breast • Lung <p>May also include examples of:</p> <ul style="list-style-type: none"> • Addendum reports • Consultation reports • Pathology reports which have diagnosed more than one primary cancer

BR	Business Rule	Purpose	Remarks
12	Pathology laboratory staff should submit a printed copy of each pathology report that has an electronic version in the test file.	Confirm accuracy and completeness of electronic messages.	
13	Cancer registry staff should evaluate the message using a standard tool for validating an HL7 message.	To ensure messages follow standard.	
14	Cancer registry staff should verify that all types of reports have been included in the test message.		

8.0 Exceptions

None.

9.0 Includes

None.

10.0 Special Requirements

None.

11.0 Assumptions

Pathology reports are in an electronic format. The pathology laboratory system and the registry system have a test area for performing validation.

12.0 Notes and Issues

None.

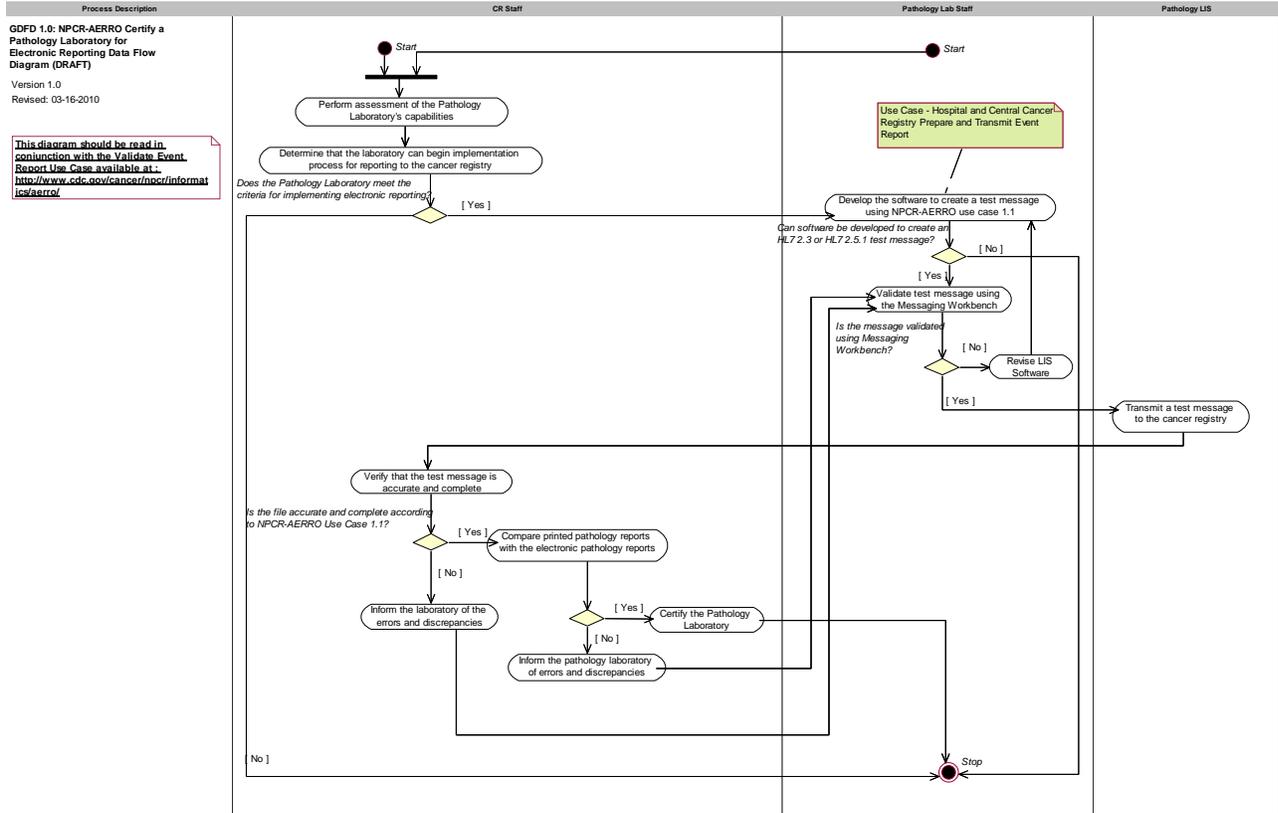
13.0 References

NAACCR Electronic Pathology (E-Path) Reporting Guidelines

http://www.naacr.org/filesystem/pdf/E-Path%20Reporting%20Guidelines_FINAL_01-29-07%20.pdf

NPCR-AERRO Generalized Use Case 1.1: Prepare and Transmit Event Report.

Appendix A: Approve a Pathology Laboratory for Electronic Reporting Data Flow Diagram



Appendix B: Reporting Methods and Data Element Evaluation Form

Laboratory name:

Product Name	Version	Comments

Selection of cases:

Residency:

	Selection of Patients for Residency	Comments
	Patient address	
	Ordering physician address	
	Other	

Diagnosis/reportability:

	Identifying Cancer Diagnoses	Available on All Reports?	Comments
	Submit all reports to registry	N/A	
	ICD-9		
	ICD-10		
	SNOMED		
	List of cancer terms		
	Internal system of identification		

File format:

	NAACCR File Formats	Comments
	HL7 2.5.1	
	HL7 2.3.1	
	HL7 Other:	
	ASCII pipe-delimited	

Schedule:

	Timeframe	Comments
	Multiple timeframes supported	
	Daily	
	Weekly	
	Other	

Transmission method:

	Transmission Method	Comments
	PHINMS	
	Other	

Security:

	Security Techniques Used	Comments
	Digital certificates	
	SSL (Secure Socket Layer)	
	Tokens	
	Other	

Availability of Required Data Items

- **R:** Required but may be empty. The element may be missing from the message, but must be sent by the sending application if there is relevant data. If the conforming sending applications knows the required values for the element, then it must send that element. If the conforming sending application does not know the required values, then that element will be omitted.
- **RE:** Conditional.
- **C:** Optional.
- **O:** Backwards compatible.
- **B:** Not used for this trigger event.
- **X:** Recommended to be submitted (Ireland).
- **Rec:** Specific to message type. Used only in a shared message-structure specification; for example, a specification that is shared by multiple message types.

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Field Separator	R	R	R	R	R
2	Encoding Characters	R	R	R	R	R
3	Sending Application	O	O	O	RE	RE
4	Sending Facility	O	O	R	R	R
5	Receiving Application	O	O	O	RE	RE
6	Receiving Facility	O	O	O	RE	RE
7	Date/Time of Message	R	R	R	R	R
8	Security	O	O	O	X	X
9	Message Type	R	R	R	R	R
10	Message Control ID	R	R	R	R	R
11	Processing ID	R	R	R	R	R
12	Version ID	R	R	R	R	R
13	Sequence Number	O	O	O	RE	RE
14	Continuation Pointer	O	O	O	CE	CE
15	Accept Acknowledgment Type	O	O	O	X	X
16	Application Acknowledgment Type	O	O	O	X	X
17	Country Code	O	O	O	RE	RE
18	Character Set	O	O	O	X	X
19	Principal Language of Message	O	O	O	RE	RE
20	Alternate Character Set Handling Scheme	O	O	X	X	X
21	Message Profile Identifier	O	O	RE	RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Software Vendor Organization		R		R	R
2	Software Certified Version or Release Number		R		R	R
3	Software Product Name		R		R	R
4	Software Binary ID		R		R	R

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
5	Software Product Information		O		RE	RE
6	Software Install Date		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Continuation Pointer		O		RE	RE
2	Continuation Style		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Acknowledgement Code		R		R	R
2	Message Control ID		R		R	R
3	Text Message		B		CE	CE
4	Expected Sequence Number		O		RE	RE
5	Delayed Acknowledgement Type		W		X	X
6	Error Condition		B		CE	CE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Error Code and Location		B		X	X
2	Error Location		O		RE	RE
3	HL7 Error Code		R		R	R
4	Severity		R		R	R
5	Application Error Code		O		X	X
6	Application Error Parameter		O		X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
7	Diagnostic Information		O		RE	RE
8	User Message		O		RE	RE
9	Inform Person Indicator		O		X	X
10	Override Type		O		X	X
11	Override Reason Code		O		X	X
12	Help Desk Contact Point		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - PID	O	O	O	R	R
2	Patient ID	B	B	B	CE	RE
3	Patient Identifier List	R	R	RE	R	R
4	Alternate Patient ID - PID	B	B	B	X	X
5	Patient Name	R	R	R	R	R
6	Mother's Maiden Name	O	O	O	X	X
7	Date/Time of Birth	O	O	RE	RE	RE
8	Administrative Sex	O	O	RE	RE	RE
9	Patient Alias	B	B	O	RE	RE
10	Race	O	O	RE	RE	RE
11	Patient Address*	O	O	RE	RE	RE
12	County Code	B	B	B	X	X
13	Phone Number - Home	O	O	O	RE	RE
14	Phone Number - Business	O	O	O	RE	RE
15	Primary Language	O	O	O	RE	RE
16	Marital Status	O	O	O	RE	RE
17	Religion	O	O	O	RE	RE
18	Patient Account Number	O	O	O	CE	CE
19	SSN Number - Patient	B	B	B	CE	CE
20	Driver's License Number - Patient	O	B	O	X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
21	Mother's Identifier	O	O	O	X	X
22	Ethnic Group	O	O	RE	RE	RE
23	Birth Place	O	O	O	RE	RE
24	Multiple Birth Indicator	O	O	X	X	X
25	Birth Order	O	O	X	X	X
26	Citizenship	O	O	X	X	X
27	Veteran's Military Status	O	O	X	X	X
28	Nationality	B	B	O	X	X
29	Patient Death Date and Time	O	O	O	RE	RE
30	Patient Death Indicator		O	O	RE	RE
31	Identify Unknown Indicator		O	-	RE	RE
32	Identity Reliability Code		O	-	RE	RE
33	Last Update Date/Time		O	-	X	X
34	Last Update Facility		O	-	X	X
35	Species Code		O	-	X	X
36	Breed Code		O	-	X	X
37	Strain		O	-	X	X
38	Production Class Code		O	-	X	X
39	Tribal Citizenship		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - NK1		R		R	R
2	Name		O		RE	RE
3	Relationship		O		RE	RE
4	Address		O		RE	RE
5	Phone Number		O		RE	RE
6	Business Phone Number		O		X	X
7	Contact Role		O		X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
8	Start Date		O		X	X
9	End Date		O		X	X
10	Next of Kin/ Associated Parties Job Title		O		X	X
11	Next of Kin/Associated Parties Job Code/Class		O		X	X
12	Next of Kin/Associated Parties Employee Number		O		X	X
13	Organization Name - NK1		O		X	X
14	Marital Status		O		X	X
15	Administrative Sex		O		X	X
16	Date/Time of Birth		O		X	X
17	Living Dependency		O		X	X
18	Ambulatory Status		O		X	X
19	Citizenship		O		X	X
20	Primary Language		O		X	X
21	Living Arrangement		O		X	X
22	Publicity Code		O		X	X
23	Protection Indicator		O		X	X
24	Student Indicator		O		X	X
25	Religion		O		X	X
26	Mother's Maiden Name		O		X	X
27	Nationality		O		X	X
28	Ethnic Group		O		X	X
29	Contact Reason		O		X	X
30	Contact Person's Name		O		X	X
31	Contact Person's Telephone Number		O		X	X
32	Contact Person's Address		O		X	X
33	Next of Kin/Associated Party's Identifiers		O		X	X
34	Job Status		O		X	X
35	Race		O		X	X
36	Handicap		O		X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
37	Contact Person Social Security Number		O		X	X
38	Next of Kin Birth Place		O		X	X
39	VIP Indicator		O		X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - PV1	O	O	O	RE	RE
2	Patient Class	R	R	R	R	R
3	Assigned Patient Location	O	O	X	X	X
4	Admission Type	O	O	O	X	X
5	Pre-admit Number	O	O	X	X	X
6	Prior Patient Location	O	O	X	X	X
7	Attending Doctor	O	O	RE	RE	RE
8	Referring Doctor	O	O	RE	RE	RE
9	Consulting Doctor	B	B	X	RE	RE
10	Hospital Service	O	O	X	X	X
11	Temporary Location	O	O	X	X	X
12	Pre-admit Test Indicator	O	O	X	X	X
13	Re-admission Indicator	O	O	X	X	X
14	Admit Source	O	O	X	X	X
15	Ambulatory Status	O	O	X	X	X
16	VIP indicator	O	O	X	X	X
17	Admitting Doctor	O	O	X	RE	RE
18	Patient Type	O	O	X	X	X
19	Visit Number	O	O	X	X	X
20	Financial Class	O	O	X	X	X
21	Charge Price Indicator	O	O	X	X	X
22	Courtesy Code	O	O	X	X	X
23	Credit Rating	O	O	X	X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
PV1						
24	Contracting Code	O	O	X	X	X
25	Contract Effective Date	O	O	X	X	X
26	Contract Amount	O	O	X	X	X
27	Contract Period	O	O	X	X	X
28	Interest Code	O	O	X	X	X
29	Transfer to Bad Debt Code	O	O	X	X	X
30	Transfer to Bad Debt Date	O	O	X	X	X
31	Bad Debt Agency Code	O	O	X	X	X
32	Bad Debt Transfer Amount	O	O	X	X	X
33	Bad Debt Recovery Amount	O	O	X	X	X
34	Delete Account Indicator	O	O	X	X	X
35	Delete Account Date	O	O	X	X	X
36	Discharge Disposition	O	O	X	X	X
37	Discharge to Location	O	O	X	X	X
38	Diet Type	O	O	X	X	X
39	Servicing Facility	O	O	X	X	X
40	Bed Status	B	B	X	X	X
41	Account Status	O	O	X	X	X
42	Pending Location	O	O	X	X	X
43	Prior Temporary Location	O	O	X	X	X
44	Admit Date/Time	O	O	X	X	X
45	Discharge Date/Time	O	O	X	X	X
46	Current Patient Balance	O	O	X	X	X
47	Total Charges	O	O	X	X	X
48	Total Adjustments	O	O	X	X	X
49	Total Payments		O	X	X	X
50	Alternate Visit ID		O	X	X	X
51	Visit Indicator		O	X	X	X
52	Other Healthcare Provider		B	X	X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
PV2	See HL7 2.5.1 ELR Guide		See Standards	Not Included	Not Included	Not Included

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
ORC						
1	Order Control	R	R	R	R	R
2	Placer Order Number	C	C	X	X	X
3	Filler Order Number	C	C	X	X	X
4	Placer Group Number	O	O	X	X	X
5	Order Status	O	O	X	X	X
6	Response Flag	O	O	X	X	X
7	Quantity/Timing	O	B	X	X	X
8	Parent	O	O	X	X	X
9	Date/Time of Transaction	O	O	X	X	X
10	Entered By	O	O	X	X	X
11	Verified By	O	O	X	X	X
12	Ordering Provider	O	O	X	X	X
13	Enterer's Location	O	O	X	X	X
14	Call Back Phone Number	O	O	X	X	X
15	Order Effective Date/Time	O	O	X	X	X
16	Order Control Code Reason	O	O	X	X	X
17	Entering Organization	O	O	X	X	X
18	Entering Device	O	O	X	X	X
19	Action By	O	O	X	X	X
20	Advanced Beneficiary Notice Code	O	O	X	X	X
21	Ordering Facility Name		O	R	C	C
22	Ordering Facility Address		O	RE	RE	RE
23	Ordering Facility Phone Number		O	RE	RE	RE
24	Ordering Provider Address		O	RE	RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
25	Order Status Modifier		O		X	X
26	Advanced Beneficiary Notice Override Reason		C		X	X
27	Fillers Expected Availability Date/Time		O		X	X
28	Confidentiality Code		O		RE	RE
29	Order Type		O		X	X
30	Enterer Authorization Mode		O		X	X
31	Parent Universal Service Identifier		O		CE	CE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - SPM		O		RE	RE
2	Specimen Id		O		RE	R
3	Specimen Parent IDs		O		RE	RE
4	Specimen Type		R		RE	R
5	Specimen Type Modifier		O		X	X
6	Specimen Additives		O		X	X
7	Specimen Collection Method		O		X	X
8	Specimen Source Site		O		X	X
9	Specimen Source Site Modifier		O		X	X
10	Specimen Collection Site		O		X	X
11	Specimen Role		O		X	X
12	Specimen Collection Amount		O		X	X
13	Grouped Specimen Count		C		X	X
14	Specimen Description		O		X	X
15	Specimen Handling Code		O		X	X
16	Specimen Risk Code		O		X	X
17	Specimen Collection Date/Time		O		RE	RE
18	Specimen Received Date/Time		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
19	Specimen Expiration Date/Time		O		X	X
20	Specimen Availability		O		X	X
21	Specimen Reject Reason		O		RE	RE
22	Specimen Quality		O		X	X
23	Specimen Appropriateness		O		X	X
24	Specimen Condition		O		X	X
25	Specimen Current Quantity		O		X	X
26	Number of Specimen Containers		O		RE	RE
27	Container Type		O		X	X
28	Container Condition		O		X	X
29	Specimen Child Role		O		RE	C
30	Accession Id		Not included		RE	RE
31	Other Specimen ID		Not included		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
3	Container Identifier		C			
4	Primary (Parent) Container Identifier		C			
6	Specimen Source		C			
10	Carrier Identifier		O			
11	Position in Carrier		O			
13	Tray Identifier		O			
14	Position in Tray		O			
15	Location		O			

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - OBR	O	O	R	R	R
2	Placer Order Number	C	C	O	RE	RE
3	Filler Order Number	C	C	R	R	R
4	Universal Service Identifier	R	R	R	R	R
5	Priority - OBR	X	X	X	X	X
6	Requested Date/Time	X	X	X	X	X
7	Observation Date/Time	C	C	R	R	R
8	Observation End Date/Time	O	O	X	X	X
9	Collection Volume	O	O	X	X	X
10	Collector Identifier	O	O	X	RE	RE
11	Specimen Action Code	O	O	X	X	X
12	Danger Code	O	O	X	X	X
13	Relevant Clinical Information	O	O	X	X	X
14	Specimen Received Date/Time	C	B	RE	RE	RE
15	Specimen Source	O	B	O	RE	RE
16	Ordering Provider	O	O	R	C	C
17	Order Callback Phone Number	O	O	O	RE	RE
18	Placer Field 1	O	O	X	X	X
19	Placer Field 2	O	O	X	X	X
20	Filler Field 1	O	O	X	X	X
21	Filler Field 2	O	O	RE	RE	RE
22	Results Rpt/Status Chng - Date/Time	C	C	RE	RE	RE
23	Charge to Practice	O	O	X	X	X
24	Diagnostic Serv Sect ID	O	O	X	X	X
25	Result Status	C	C	R	R	R
26	Parent Result	O	O	O	CE	CE
27	Quantity/Timing	O	B	X	X	X
28	Result Copies To	O	O	O	X	X
29	Parent Result	O	O	O	CE	CE
30	Transportation Mode	O	O	O	X	X
31	Reason for Study	O	O	O	RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
32	Principal Result Interpreter	O	O	R	R	RE
33	Assistant Result Interpreter	O	O	O	X	X
34	Technician	O	O	O	X	X
35	Transcriptionist	O	O	X	X	X
36	Scheduled Date/Time	O	O	X	X	X
37	Number of Sample Containers	O	O	X	X	X
38	Transport Logistics of Collected Sample	O	O	X	X	X
39	Collector's Comment	O	O	X	X	X
40	Transport Arrangement Responsibility	O	O	X	X	X
41	Transport Arranged	O	O	X	X	X
42	Escort Required	O	O	X	X	X
43	Planned Patient Transport Comment	O	O	X	X	X
44	Procedure Code	O	O	O	CE	CE
45	Procedure Code Modifier	O	O	O	X	X
46	Placer Supplemental Service Information	O	O	-	X	X
47	Filler Supplemental Service Information	O	O	-	X	X
48	Medically Necessary Duplicate Procedure Reason		C		X	X
49	Result Handling		O		RE	RE
50	Parent Universal Service Identifier		O		CE	CE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Contact Role		R			
2	Contact Name		O			
3	Contact Address		O			
4	Contact Location		O			
5	Contact Communication Information		O			
6	Preferred Method of Contact		O			

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
7	Contact Identifiers		O			

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Set ID - OBX	O	O	R	R	R
2	Value Type	C	C	R	R	R
3	Observation Identifier	R	R	R	R	R
4	Observation Sub-ID	C	C	O	RE	RE
5	Observation Value	C	C	R	R	R
6	Units*	O	O	RE	RE	RE
7	Reference Range	O	O	O	RE	RE
8	Abnormal Flags	O	O	O	RE	RE
9	Probability	O	O	O	X	X
10	Nature of Abnormal Test	O	O	O	RE	RE
11	Observation Result Status	R	R	RE	R	R
12	Date Last Observation Normal Value	O	O	O	X	X
13	User Defined Access Checks	O	O	O	X	X
14	Date/Time of the Observation	O	O	O	RE	RE
15	Producer's ID	O	O	O	CE	CE
16	Responsible Observer	O	O	O	RE	RE
17	Observation Method	O	O	O	X	RE
18	Equipment Instance Identifier	O	O	-	RE	X
19	Date/Time of the Analysis	O	O	-	CE	CE
20	Reserved for harmonization with V2.6		Not specified		X	X
21	Reserved for harmonization with V2.6		Not specified		X	X
22	Reserved for harmonization with V2.6		Not specified		X	X
23	Performing Organization Name		O		RE	RE
24	Performing Organization Address		O		CE	CE
25	Performing Organization Medical Director		O		X	X

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
NTE						
1	Set ID - NTE	O	O	O	RE	RE
2	Source of Comment	O	O	O	RE	RE
3	Comment	O	O	O	RE	RE
4	Comment Type	O	O	O	RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
FHS						
1	File field separator		R		R	R
2	File encoding characters		O		R	R
3	File Sending Application		O		RE	RE
4	File Sending Facility		O		R	R
5	File Receiving Application		O		RE	RE
6	File Receiving Facility		O		RE	RE
7	File Creation Date/Time		O		R	R
8	File Security		O		RE	RE
9	File name/ID/Type		O		RE	RE
10	File Comment		O		RE	RE
11	File Control ID		O		RE	RE
12	Reference File Control ID		O		RE	RE

HL7 Segment	Element Name	HL7		NAACCR USA/CAN version 2.1	NAACCR USA/CAN version 3.0 usage	NAACCR USA/CAN version 4.0 usage
		2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
FTS						
1	File Batch Count		O		R	R
2	File Trailer Comment		O		RE	RE

BHS	Element Name	2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Batch field separator		R		R	R
2	Batch encoding characters		R		R	R
3	Batch sending application		O		RE	RE
4	Batch sending facility		O		R	R
5	Batch receiving application		O		RE	RE
6	Batch receiving facility		O		RE	RE
7	Batch creation date/time		O		R	R
8	Batch security		O		RE	RE
9	Batch name/ID/type		O		RE	RE
10	Batch comment		O		RE	RE
11	Batch control ID		O		RE	RE
12	Reference batch control ID		O		RE	RE

BTS	Element Name	2.3.1	2.5	HL7 2.3.1	HL7 2.5.1 July 2009	HL7 2.5.1 April 2011
1	Batch message count		O		R	R
2	Batch comment		O		RE	RE
3	Batch totals		O		RE	RE

Lab assessment note for OBR-3: Pathology report numbering method

Numbering Method	Comments
Restart numbers each year	
Sequential numbers with no annual reset	
Other	

Lab assessment note for OBX 5: Parse report text into multiple OBX-5 segments

Parsing Method	Comments
All text in one OBX-5 segment	
Parse text into NAACCR components using multiple OBX-5 segments	
Other (explain)	

Appendix C: Sample Correspondence to a Pathology Laboratory Relating to Certification

Production Approval Letter

Letter informing the laboratory that it has been approved to move from the test-submission phase to the production phase:

Dear [name of pathology laboratory] Personnel:

I would like to thank you for your cooperation and congratulate you for your part in obtaining certification for your laboratory to submit cancer records through the Electronic Clinical Laboratory Reporting System (ECLRS) of the New York State Department of Health. It is the necessary first step in contributing your facility's data to the cancer statistics of New York—statistics which are used by health providers, researchers, and policy-makers. I look forward to continuing to work with you in this important process.

If you have questions at any time regarding submission of cancer data through ECLRS, please feel free to contact me at (866) 325-7743.

Sincerely yours,

Ronald Fleming
New York State Cancer Registry

Certification Letter

Letter to the pathology laboratory indicating that they are certified for cancer reporting to the New York State Cancer Registry (Cancer-ECLRS).

Dear Dr. [...]

Congratulations! The Department of Health (New York State Cancer Registry) has authorized promotion of [name of pathology laboratory] (PFI:... CLIA:...) from the pre-certification (test) to post-certification (production) system for the following program area:

Cancer

Effective immediately, you should begin submitting records for all reportable tumors to the production system. To submit to the production system, simply change the Internet address on your Web browser as indicated below:

Current (test) system address:

https://...

New (production) system address:

https://...

Should you have any questions, please do not hesitate to call.

Certificate

Certificate showing the name of the laboratory, its Clinical Laboratory Improvement Amendments (CLIA) number, and that it is now officially a submitter.

Electronic Clinical Laboratory Reporting System

ECLRS CANCER CERTIFICATE OF ACHIEVEMENT

This certificate is awarded to

Speedy Electronic Lab

CLIA number: 88D9999999 PFI: 9999

in recognition of attaining final approval to submit records for reportable tumors through the Electronic Clinical Laboratory Reporting System (ECLRS).

Signature	Maria J. Schymura, Ph.D. Director, NYSCR	Date	10/21/2003
Signature	Hwa-Gan Chung, Ph.D. ECLRS Project Director	Date	10/21/2003



**NEW YORK STATE
DEPARTMENT OF HEALTH**

New York State Cancer Registry

Use Case Administrative Information

1. Use Case History

Version 0.09 presented to the NPCR-AERRO Hospital and Central Cancer Registry Workgroup.

2. Created By

- NPCR-AERRO Central Cancer Registry Workgroup
- NPCR-AERRO Hospital Workgroup
- NPCR-AERRO Technical Development Team

3. Date Created

January 3, 2007

4. Last Updated By

SJ

5. Date Last Updated

September 22, 2011

Revision History

Name	Date	Reason for Changes	Version
WKS	8/08	Created normal course of events	0.01
WG	11/08	Reviewed and expanded normal course of events	0.02
WKS	5/11/09	Reworked normal course of events; created standard format for use case	0.03
WKS	9/8/09	Added business rules	0.04
MA	9/22/09	Revised content	0.05
WKS	10/13/09	Revised Appendix B to include requirements for NAACCR Volume V, version 3.0	0.06
MA	1/3/11	Completed Section 7.0	0.06
MA	6/19/11	Final review	1.0
SJ	9/22/11	Revised Appendix B to include requirements for NAACCR Volume V, version 4.0	1.01