# VIRGINIA

## Division of Consolidated Laboratory Services

Newborn Dried Blood Spot (NDBS) Screening
Electronic Data Exchange
HL7 2.5.1 Orders
Test Scenarios

## REVISION HISTORY

| Date | Version | Description | Author |
|---|---|---|---|
| 5/4/2018 | 1.0 | Initial creation | Susan Downer |
| 6/7/2018 | 1.1 | Transfusion details updates | Susan Downer |
| 6/2/2022 | 1.2 | Updates to requirements, test case descriptions, and sample collection cards | Lara Lewellyn |

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# INTRODUCTION

The Virginia Division of Consolidated Laboratory Services has adopted the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders for transmission of newborn screening orders.

Please see Virginia's Orders Implementation Workbook for further constraint of the base standard, as reflected in the following:

- Message Syntax
- Segment Definitions
- Vocabulary
- Annotated Collection Card
- Example Label

For access to the PHII standard, please contact DCLS_MSG_SPPT@dgs.virginia.gov.

The purpose of this document is to aid developers and analysts in validating successful transmission and mapping of the OML^O21 2.5.1 message by identifying data elements necessary for newborn screening ordering and illustrating the inclusion of that information within the HL7 example message.

Each test scenario is composed of:

- Objective – states the main intent of the test scenario and outlines key considerations
- Example Collection Card– provides a sample collection card for reference
- Test Case Specification – demonstrates the inclusion of specific fields and data points within the HL7 message.
- Example Message – a complete HL7 message to be used for testing

## TEST CASE 1 – MINIMUM REQUIRED FIELDS

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send the minimum required fields for accessioning and testing.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| ONE | TESTCASE | 987654321 | 05 - 31 - 2022 | 0152 | ( ) MALE (x) FEMALE ( ) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 2921 GRAMS | 2856 GRAMS | 1 ( ) HISPANIC<br>2 (x) NON-HISPANIC<br>3 ( ) UNKNOWN | 1 ( ) BLK. 4 ( ) AMER. INDIAN<br>2 ( ) WHT. 5 ( ) MIXED/OTHER<br>3 ( ) ASIAN | 1 (x) BREAST 4 ( ) SOY FORMULA<br>2 ( ) COW'S FORMULA<br>3 ( ) TPN 5 ( ) OTHER _____ |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED |
|---|---|---|---|---|
| (x) NO ( ) YES<br>BIRTH ORDER (#) _____ | 06 - 02 - 2022 | 1854 | IN WEEKS 38 | (x) N ( ) Y<br>DATE: _____<br>1 ☐ RBCs 2 ☐ PLASMA 3 ☐ PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 1776 Main Street | Richmond | VA | 23219 | 804-569-3861 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| ONE | MOMFIRST | | - - | | YES ☐ NO ☐ |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: (X) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 903086 | 804-282-9706 | ☐ Birth out of Hospital<br>10614 | 804-285-2011 | SUBMITTER CODE<br>10614 | TELEPHONE NUMBER<br>804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| RVA Pediatrics | Bon Secours St. Mary's Hospital | Bon Secours St. Mary's Hospital |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 7000 Patterson Ave. | 5801 Bremo Rd | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23226 | Richmond | VA | 23226 | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 13733001 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | ONE | | ONE^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | ONE^TESTCASE |
| **Baby's Information** | | | | |
| Medical Record Number | PID-3.1: Patient Identifier List | 987654321 | | 987654321^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |
| Birth Date | PID-7: Date of Birth | 05/31/2022 | | 202205310152-0500 |
| Birth Time (Military) | PID-7: Date of Birth | 01:52 | | 202205310152-0500 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Sex | PID-8: Sex | Female | | F |
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 2921 grams | | OBX\|10\|NM\|8339-4^Birthweight^LN\|1\|2921\|g^gram^UCUM\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 2856 grams | | OBX\|12\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|2856\|g^gram^UCUM\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Non-Hispanic | | N^Not Hispanic or Latino^HL70189 |
| Race | PID-10: Race | | | |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | Breast milk | | OBX\|13\|CE\|67704-7^Feeding types^LN\|1\|LA16914-6^Breast milk^LN\|\|\|\|\|O |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | | | |
| Multi Birth | PID-24: Multiple Birth Indicator | No | | N |
| Birth Order (#) | PID-25: Birth Order | | | |
| Date of Collection | OBR-7: Observation Date/Time | 06/02/2022 | | 202206021854-0500 |
| Time of Collection | OBR-7: Observation Date/Time | 18:54 | | 202206021854-0500 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 38 weeks | | OBX\|11\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|38\|wk^weeks^UCUM\|\|\|\|O |
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-569-3861 | | ^^^^^804^5693861 |
| | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | No | | OBX\|14\|CE\|55197-8^Transfusion status Qualitative^LN\|\|N^No^HL70136\|\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | | | |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | | | |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 1776 Main Street | | 1776 Main Street^^Richmond^VA^23219 |
| City | PID-11.3 | Richmond | | 1776 Main Street^^Richmond^VA^23219 |
| State | PID-11.4 | VA | | 1776 Main Street^^Richmond^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 1776 Main Street^^Richmond^VA^23219 |
| **Mother's Name** | | | | |
| Last | NK1-2.1: Family Name | ONE | | ONE^MOMFIRST |
| First | NK1-2.2: Given Name | MOMFIRST | | ONE^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | | | |
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | | | |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | | | |
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 903086 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|903086\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-282-9706 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2829706\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | RVA Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|RVA Pediatrics\|\|\|\|\|\|O |
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 7000 Patterson Ave., Richmond, VA 23226 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|7000 Patterson Ave.^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Birth Hospital Information** | | | | |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 10614 | | OBX\|6\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|10614\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | 804-285-2011 | | OBX\|9\|XTN\|62332-2^Birth hospital facility phone number in Facility^LN\|\|^^^^^804^2852011\|\|\|\|\|\|O |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | Bon Secours St. Mary's Hospital | | OBX\|7\|TX\|62330-6^Birth hospital facility name^LN\|\|Bon Secours St. Mary's Hospital\|\|\|\|\|\|O |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | 5801 Bremo Rd, Richmond, VA 23226 | | OBX\|8\|XAD\|62331-4^Birth hospital facility address^LN\|\|5801 Bremo Rd^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Submitter Information** | | | | |
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^Richmond^VA^23226 |
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | COLLECTOR | | COLLECTOR |

## Example Message

MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206022000-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||987654321^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||ONE^TESTCASE||202205310152-0500|F|||1776 Main Street^^Richmond^VA^23219||^^^^^804^5693861||||||||N^Not Hispanic or Latino^HL70189||N

NK1|1|ONE^MOMFIRST|MTH^Mother^HL70063

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206021854-0500|||COLLECTOR|

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||903086||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||RVA Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||7000 Patterson Ave.^^Richmond^VA^23226||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2829706||||||O

OBX|6|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||10614||||||O

OBX|7|TX|62330-6^Birth hospital facility name^LN||Bon Secours St. Mary's Hospital||||||O

OBX|8|XAD|62331-4^Birth hospital facility address^LN||5801 Bremo Rd^^Richmond^VA^23226||||||O

OBX|9|XTN|62332-2^Birth hospital facility phone number in Facility^LN||^^^^^804^2852011||||||O

OBX|10|NM|8339-4^Birthweight^LN|1|2921|g^gram^UCUM|||||O

OBX|11|NM|57714-8^Obstetric estimation of gestational age^LN|1|38|wk^weeks^UCUM|||||O

OBX|12|NM|58229-6^Body weight Measured --when specimen taken^LN|1|2856|g^gram^UCUM|||||O

OBX|13|CE|67704-7^Feeding types^LN|1|LA16914-6^Breast milk^LN||||||O

OBX|14|CE| 55197-8^Transfusion status Qualitative^LN||N^No^HL70136||||||O

## TEST CASE 2 – MAXIMALLY POPULATED MESSAGE

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send a maximally populated message.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| TWO | TESTCASE | 569832 | 06 - 01 - 2022 | 0645 | (x) MALE ( ) FEMALE ( ) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 2756 GRAMS | 2813 GRAMS | 1 (x) HISPANIC<br>2 ( ) NON-HISPANIC<br>3 ( ) UNKNOWN | 1 ( ) BLK. 4 ( ) AMER. INDIAN<br>2 ( ) WHT. 5 ( ) MIXED/OTHER<br>3 (x) ASIAN | 1 (x) BREAST 4 ( ) SOY FORMULA<br>2 ( ) COW'S FORMULA<br>3 ( ) TPN 5 (x) OTHER Formula ABC |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED |
|---|---|---|---|---|
| ( ) NO (x) YES<br>BIRTH ORDER (#) 2 | 06 - 03 - 2022 | 0717 | IN WEEKS 39 | ( ) N (x) Y<br>DATE: 06 02 2022<br>1 [X] RBCs<br>2 [ ] PLASMA<br>3 [ ] PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 751 Home Sweet Home | Richmond | VA | 23219 | 804-569-3861 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| TWO | MOMFIRST | MOMMAIDENTWO | 07 - 22 - 1989 | 7896 | YES [ ] NO [X] |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: (X) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 903086 | 804-282-9706 | [ ] Birth out of Hospital 10614 | 804-825-2011 | SUBMITTER CODE 10614 | TELEPHONE NUMBER 804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| RVA Pediatrics | Bon Secours St. Mary's Hospital | Bon Secours St. Mary's Hospital |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 7000 Patterson Ave. | 5801 Bremo Rd | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23226 | Richmond | VA | 23226 | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 13733001 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | TWO | | TWO^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | TWO^TESTCASE |
| **Baby's Information** | | | | |
| Medical Record Number | PID-3.1: Patient Identifier List | 569832 | | 569832^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |
| Birth Date | PID-7: Date of Birth | 06/01/2022 | | 202206010645-0500 |
| Birth Time (Military) | PID-7: Date of Birth | 06:45 | | 202206010645-0500 |
| Sex | PID-8: Sex | Male | | M |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 2756 grams | | OBX\|10\|NM\|8339-4^Birthweight^LN\|1\|2756\|g^gram^UCUM\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 2813 grams | | OBX\|12\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|2813\|g^gram^UCUM\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Hispanic | | H^Hispanic^HL70189 |
| Race | PID-10: Race | Asian | | 2028-9^Asian^HL70005 |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | Breast Milk<br>Other | | OBX\|13\|CE\|67704-7^Feeding types^LN\|1\|LA16914-6^Breast milk^LN\|\|\|\|\|\|O<br>OBX\|14\|CE\|67704-7^Feeding types^LN\|2\|LA46-8^Other^LN\|\|\|\|\|\|O |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | Formula ABC | | OBX\|15\|ST\|67705-4^Other feeding types^LN\|1\|Formula ABC\|\|\|\|\|\|O |
| MultiBirth | PID-24: Multiple Birth Indicator | Yes | | Y |
| Birth Order (#) | PID-25: Birth Order | 2 | | 2 |
| Date of Collection | OBR-7: Observation Date/Time | 06/03/2022 | | 202206030717-0500 |
| Time of Collection | OBR-7: Observation Date/Time | 07:17 | | 202206030717-0500 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 39 weeks | | OBX\|11\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|39\|wk^weeks^UCUM\|\|\|\|O |
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-569-3861 | | ^^^^^804^5693861 |
| | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | Yes | | OBX\|16\|CE\|55197-8^Transfusion status Qualitative^LN\|\|Y^Yes^HL70136\|\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | 06/02/2022 | | OBX\|18\|DTM\|62317-3^Date of Last Blood Product Transfusion^LN\|\|20220602\|\|\|\|\|\|O |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | RBCs | | OBX\|17\|CE\|79569-0^Blood product given [Type]^LN\|\|116863004^Transfusion of red blood cells^SCT\|\|\|\|\|\|O |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 751 Home Sweet Home | | 751 Home Sweet Home^^Richmond^VA^23219 |
| City | PID-11.3 | Richmond | | 751 Home Sweet Home^^Richmond^VA^23219 |
| State | PID-11.4 | VA | | 751 Home Sweet Home^^Richmond^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 751 Home Sweet Home^^Richmond^VA^23219 |
| **Mother's Name** | | | | |
| Last | NK1-2.1: Family Name | TWO | | TWO^MOMFIRST |
| First | NK1-2.2: Given Name | MOMFIRST | | TWO^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | MOMMAIDENTWO | | MOMMAIDENTWO |
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | 07/22/1989 | | 19890722-0400 |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | 7896 | | 7896^^^SSA&2.16.840.1.113883.4.1&ISO^SS |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | No | | OBX\|12\|CE\|VAL-0083^Adoption/Foster care^LN\|\|N^No^HL70136\|\|\|\|\|\|O |
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 903086 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|903086\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-282-9706 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2829706\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | RVA Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|RVA Pediatrics\|\|\|\|\|\|O |
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 7000 Patterson Ave., Richmond, VA 23226 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|7000 Patterson Ave.^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Birth Hospital Information** | | | | |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 10614 | | OBX\|6\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|10614\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | 804-285-2011 | | OBX\|9\|XTN\|62332-2^Birth hospital facility phone number in Facility^LN\|\|^^^^^804^2852011\|\|\|\|\|\|O |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | Bon Secours St. Mary's Hospital | | OBX\|7\|TX\|62330-6^Birth hospital facility name^LN\|\|Bon Secours St. Mary's Hospital\|\|\|\|\|\|O |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | 5801 Bremo Rd, Richmond, VA 23226 | | OBX\|8\|XAD\|62331-4^Birth hospital facility address^LN\|\|5801 Bremo Rd^^Richmond^VA^23226\|\|\|\|\|\|O |
| | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| **Submitter Information** | | | | |
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^Richmond^VA^23226 |
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | COLLECTOR | | COLLECTOR |

## Example Message


MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206031000-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||569832^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||TWO^TESTCASE|MOMMAIDENTWO|202206010645-0500|M||2028-9^Asian^HL70005|751 Home Sweet Home^^Richmond^VA^23219||^^^^^804^5693861||||||||H^Hispanic^HL70189||Y|2|

NK1|1|TWO^MOMFIRST|MTH^Mother^HL70063||||||||||||19890722-0400||||||||||||||||7896^^^SSA&2.16.840.1.113883.4.1&ISO^SS

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary’s Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206030717-0500|||COLLECTOR

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||903086||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||RVA Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||7000 Patterson Ave.^^Richmond^VA^23226||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2829706||||||O

OBX|6|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||10614||||||O

OBX|7|TX|62330-6^Birth hospital facility name^LN||Bon Secours St. Mary’s Hospital||||||O

OBX|8|XAD|62331-4^Birth hospital facility address^LN||5801 Bremo Rd^^Richmond^VA^23226||||||O

OBX|9|XTN|62332-2^Birth hospital facility phone number in Facility^LN||^^^^^804^2852011||||||O

OBX|10|NM|8339-4^Birthweight^LN|1|2756|g^gram^UCUM|||||O

OBX|11|NM|57714-8^Obstetric estimation of gestational age^LN|1|39|wk^weeks^UCUM|||||O

OBX|12|NM|58229-6^Body weight Measured --when specimen taken^LN|1|2813|g^gram^UCUM|||||O

OBX|13|CE|67704-7^Feeding types^LN|1|LA16914-6^Breast milk^LN||||||O

OBX|14|CE|67704-7^Feeding types^LN|2|LA46-8^Other^LN||||||O

OBX|15|ST|67705-4^Other feeding types^LN|1|Formula ABC||||||O

OBX|16|CE|55197-8^Transfusion status Qualitative^LN||Y^Yes^HL70136||||||O

OBX|17|CE|79569-0^Blood product given [Type]^LN||116863004^Transfusion of red blood cells^SCT||||||O

OBX|18|DTM|62317-3^Date of Last Blood Product Transfusion^LN||20220602||||||O

OBX|19|CE|VAL-0083^Adoption/Foster care^LN||N^No^HL70136||||||O

## TEST CASE 3 – BIRTH OUTSIDE OF A HOSPITAL

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send orders for babies born outside of a hospital i.e. Home birth, Ambulance, Roadside, Birth center, etc.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| THREE | TESTCASE | 85691 | 06 - 01 - 2022 | 1053 | (X) MALE ( ) FEMALE ( ) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 2937 GRAMS | 2945 GRAMS | 1 ( ) HISPANIC<br>2 (X) NON-HISPANIC<br>3 ( ) UNKNOWN | 1 ( ) BLK. 4 ( ) AMER. INDIAN<br>2 (X) WHT. 5 ( ) MIXED/OTHER<br>3 ( ) ASIAN | 1 ( ) BREAST 4 ( ) SOY FORMULA<br>2 (X) COW'S FORMULA<br>3 ( ) TPN 5 ( ) OTHER _____ |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED |
|---|---|---|---|---|
| ( ) NO (X) YES<br>BIRTH ORDER (#) 1 | 06 - 03 - 2022 | 1255 | IN WEEKS 38 | (X) N ( ) Y<br>DATE: _____<br>1 ☐ RBCs 2 ☐ PLASMA 3 ☐ PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 1235 Happy Home Way | Henrico | VA | 23219 | 804-444-3333 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| THREE | MOMFIRST | MOMMAIDENTHREE | - - | | YES ☒ NO ☐ |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: ( ) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 903086 | 804-282-9706 | ☒ Birth out of Hospital 10916 | | SUBMITTER CODE 10614 | TELEPHONE NUMBER 804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| RVA Pediatrics | | Bon Secours St. Mary's |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 7000 Patterson Ave. | | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23226 | | | | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 3 |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 13733001 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | THREE | | THREE^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | THREE^TESTCASE |
| **Baby's Information** | | | | |
| Medical Record Number | PID-3.1: Patient Identifier List | 85691 | | 85691^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 3 |
|---|---|---|---|---|
| Birth Date | PID-7: Date of Birth | 06/01/2022 | | 202206011053-0400 |
| Birth Time (Military) | PID-7: Date of Birth | 10:53 | | 202206011053-0400 |
| Sex | PID-8: Sex | Male | | M |
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 2937 grams | | OBX\|6\|NM\|8339-4^Birthweight^LN\|1\|2937\|g^gram^UCUM\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 2945 grams | | OBX\|8\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|2945\|g^gram^UCUM\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Not Hispanic or Latino | | N^Not Hispanic or Latino^HL70189 |
| Race | PID-10: Race | White | | 2106-3^White^HL70005 |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | Cow's Formula | | LA16915-3^Lactose formula^LN |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | | | |
| MultiBirth | PID-24: Multiple Birth Indicator | Yes | | Y |
| Birth Order (#) | PID-25: Birth Order | 1 | | 1 |
| Date of Collection | OBR-7: Observation Date/Time | 06/03/2022 | | 202206031255-0400 |
| Time of Collection (Military) | OBR-7: Observation Date/Time | 12:55 | | 202206031255-0400 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 38 weeks | | OBX\|7\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|38\|wk^weeks^UCUM\|\|\|\|O |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 3 |
|---|---|---|---|---|
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-444-3333 | | ^^^^^804^4443333 |
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | No | | OBX\|12\|CE\|55197-8^Transfusion status Qualitative^LN\|\|N^No^HL70136\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | | | |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | | | |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 1235 Happy Home Way | | 1235 Happy Home Way^^Henrico^VA^23219 |
| City | PID-11.3 | Henrico | | 1235 Happy Home Way^^Henrico^VA^23219 |
| State | PID-11.4 | VA | | 1235 Happy Home Way^^Henrico^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 1235 Happy Home Way^^Henrico^VA^23219 |
| **Mother's Name** | | | | |
| Last | NK1-2.1: Family Name | THREE | | THREE^MOMFIRST |
| First | NK1-2.2: Given Name | MOMFIRST | | THREE^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | MOMMAIDENTHREE | | MOMMAIDENTHREE |
| | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 3 |
|---|---|---|---|---|
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | | | |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | | | |
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | Yes | | OBX\|12\|CE\|VAL-0083^Adoption/Foster care^LN\|\|Y^Yes^HL70136\|\|\|\|\|\|O |
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 903086 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|903086\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-282-9706 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2829706\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | RVA Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|RVA Pediatrics\|\|\|\|\|\|O |
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 7000 Patterson Ave., Richmond, VA 23226 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|7000 Patterson Ave.^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Birth Hospital Information** | | | | |
| Birth out of Hospital | OBX Segment with OBX-3 = 73766-8 | Yes (Birth out of Hospital checked) | | OBX\|10\|CE\|73766-8^Place where birth occurred^LN\|1\|LA20033-9^Birth out of Hospital^LN\|\|\|\|\|\|O |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 10916 | | OBX\|11\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|10916\|\|\|\|\|\|O |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 3 |
|---|---|---|---|---|
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | | | |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | | | |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | | | |
| **Submitter Information** | | | | |
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^Richmond^VA^23226 |
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | COLLECTOR | | COLLECTOR |

## Example Message

MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206031400-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||85691^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||THREE^TESTCASE|MOMMAIDENTHREE|202206011053-0400|M||2106-3^White^HL70005|1235 Happy Home Way^^Henrico^VA^23219||^^^^^804^4443333||||||||N^Not Hispanic or Latino^HL70189||Y|1|

NK1|1|THREE^MOMFIRST|MTH^Mother^HL70063||||||||||||

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206031255-0500|||COLLECTOR

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||903086||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||RVA Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||7000 Patterson Ave.^^Richmond^VA^23226||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2829706||||||O

OBX|6|NM|8339-4^Birthweight^LN|1|2937|g^gram^UCUM|||||O

OBX|7|NM|57714-8^Obstetric estimation of gestational age^LN|1|38|wk^weeks^UCUM|||||O

OBX|8|NM|58229-6^Body weight Measured --when specimen taken^LN|1|2945|g^gram^UCUM|||||O

OBX|9|CE|67704-7^Feeding types^LN|1|LA16915-3^Lactose formula^LN||||||O

OBX|10|CE|73766-8^Place where birth occurred^LN|1|LA20033-9^Birth out of Hospital^LN||||||O

OBX|11|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||10916||||||O

OBX|12|CE|55197-8^Transfusion status Qualitative^LN||N^No^HL70136||||||O

OBX|13|CE|VAL-0083^Adoption/Foster care^LN||Y^Yes^HL70136||||||O

## TEST CASE 4 – PROVIDER CODE UNKNOWN

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send orders when the baby's post-discharge provider code is unknown.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| FOUR | TESTCASE | 236589 | 06 - 01 - 2022 | 0417 | ( ) MALE ( ) FEMALE (X) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 1585 GRAMS | 1603 GRAMS | 1 ( ) HISPANIC<br>2 ( ) NON-HISPANIC<br>3 (X) UNKNOWN | 1 ( ) BLK. 4 ( ) AMER. INDIAN<br>2 ( ) WHT. 5 (X) MIXED/OTHER<br>3 ( ) ASIAN | 1 ( ) BREAST 4 ( ) SOY FORMULA<br>2 ( ) COW'S FORMULA<br>3 (X) TPN 5 ( ) OTHER _____ |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED | |
|---|---|---|---|---|---|
| ( ) NO (X) YES<br>BIRTH ORDER (#) 3 | 06 - 03 - 2022 | 2315 | IN WEEKS 34 | ( ) N (X) Y<br>DATE: 06 02 2022 | 1 ☐ RBCs<br>2 ☐ PLASMA<br>3 ☒ PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 2156 Lovely Lane | Henrico | VA | 23219 | 804-222-9999 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| FOUR | MOMFIRST | | - - | | YES ☐ NO ☐ |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: (X) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 999999 | 804-285-9000 | ☐ Birth out of Hospital 10614 | 804-285-2011 | SUBMITTER CODE 10614 | TELEPHONE NUMBER 804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| ABC Pediatrics | Bon Secours St. Mary's | Bon Secours St. Mary's |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 123 Maple Avenue | 5801 Bremo Rd | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23225 | Richmond | VA | 23226 | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 13733001 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | FOUR | | FOUR^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | FOUR^TESTCASE |
| **Baby's Information** | | | | |
| Medical Record Number | PID-3.1: Patient Identifier List | 236589 | | 236589^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |
| Birth Date | PID-7: Date of Birth | 06/01/2022 | | 202206010417-0400 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Birth Time (Military | PID-7: Date of Birth | 04:17 | | 202206010417-0400 |
| Sex | PID-8: Sex | Ambiguous | | A |
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 1585 grams | | OBX\|10\|NM\|8339-4^Birthweight^LN\|1\|1585\|g^gram^UCUM\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 1603 grams | | OBX\|12\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|1603\|g^gram^UCUM\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Unknown | | U^Unknown^HL70189 |
| Race | PID-10: Race | Other | | 2131-1^Other Race^HL70005 |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | TPN | | OBX\|13\|CE\|67704-7^Feeding types^LN\|1\|LA12418-2^TPN^LN\|\|\|\|\|\|O |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | | | |
| MultiBirth | PID-24: Multiple Birth Indicator | Yes | | Y |
| Birth Order (#) | PID-25: Birth Order | 3 | | 3 |
| Date of Collection | OBR-7: Observation Date/Time | 06/03/2022 | | 202206032315-0400 |
| Time of Collection | OBR-7: Observation Date/Time | 23:15 | | 202206032315-0400 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 34 weeks | | OBX\|11\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|34\|wk^weeks^UCUM\|\|\|\|O |
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-222-9999 | | ^^^^^804^2229999 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | Yes | | OBX\|14\|CE\|55197-8^Transfusion status Qualitative^LN\|\|Y^Yes^HL70136\|\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | 06/02/2022 | | OBX\|16\|DTM\|62317-3^Date of Last Blood Product Transfusion^LN\|\|20220602\|\|\|\|\|\|O |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | Platelets | | OBX\|15\|CE\|79569-0^Blood product given [Type]^LN\|\|12719002^Platelet^SCT\|\|\|\|\|\|O |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 2156 Lovely Lane | | 2156 Lovely Lane^^Henrico^VA^23219 |
| City | PID-11.3 | Henrico | | 2156 Lovely Lane^^Henrico^VA^23219 |
| State | PID-11.4 | VA | | 2156 Lovely Lane^^Henrico^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 2156 Lovely Lane^^Henrico^VA^23219 |
| **Mother's Name** | | | | |
| Last | NK1-2.1: Family Name | FOUR | | FOUR^MOMFIRST |
| First | NK1-2.2: Given Name | MOMFIRST | | FOUR^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | | | |
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | | | |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | | | |
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 999999 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|999999\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-285-9000 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2859000\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | ABC Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|ABC Pediatrics\|\|\|\|\|\|O |
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 123 Maple Street, Richmond, VA 23225 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|123 Maple Street^^Richmond^VA^23225\|\|\|\|\|\|O |
| **Birth Hospital Information** | | | | |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 10614 | | OBX\|6\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|10614\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | 804-285-2011 | | OBX\|9\|XTN\|62332-2^Birth hospital facility phone number in Facility^LN\|\|^^^^^804^2852011\|\|\|\|\|\|O |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | Bon Secours St. Mary's Hospital | | OBX\|7\|TX\|62330-6^Birth hospital facility name^LN\|\|Bon Secours St. Mary's Hospital\|\|\|\|\|\|O |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | 5801 Bremo Rd, Richmond, VA 23226 | | OBX\|8\|XAD\|62331-4^Birth hospital facility address^LN\|\|5801 Bremo Rd^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Submitter Information** | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example |
|---|---|---|---|---|
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^Richmond^VA^23226^USA |
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | COLLECTOR | | COLLECTOR |

# Example Message

MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206040000-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||236589^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||FOUR^TESTCASE||202206010417-0400|A||2131-1^Other Race^HL70005|2156 Lovely Lane^^Henrico^VA^23219||^^^^^804^2229999||||||||U^Unknown^HL70189||Y|3|

NK1|1|FOUR^MOMFIRST|MTH^Mother^HL70063||||||||||||||||||||||||||||

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary’s Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206032315-0500|||COLLECTOR

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||999999||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||ABC Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||123 Maple Street^^Richmond^VA^23225||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2859000||||||O

OBX|6|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||10614||||||O

OBX|7|TX|62330-6^Birth hospital facility name^LN||Bon Secours St. Mary’s Hospital||||||O

OBX|8|XAD|62331-4^Birth hospital facility address^LN||5801 Bremo Rd^^Richmond^VA^23226||||||O

OBX|9|XTN|62332-2^Birth hospital facility phone number in Facility^LN||^^^^^804^2852011||||||O

OBX|10|NM|8339-4^Birthweight^LN|1|1585|g^gram^UCUM|||||O

OBX|11|NM|57714-8^Obstetric estimation of gestational age^LN|1|34|wk^weeks^UCUM|||||O

OBX|12|NM|58229-6^Body weight Measured --when specimen taken^LN|1|1603|g^gram^UCUM|||||O

OBX|13|CE|67704-7^Feeding types^LN|1|LA12418-2^TPN^LN||||||O

OBX|14|CE|55197-8^Transfusion status Qualitative^LN||Y^Yes^HL70136||||||O

OBX|15|CE|79569-0^Blood product given [Type]^LN||12719002^Platelet^SCT||||||O

OBX|16|DTM|62317-3^Date of Last Blood Product Transfusion^LN||20220602||||||O

## TEST CASE 5 – TRANSFUSION INDICATED

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send data elements related to a blood transfusion.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| FIVE | TESTCASE | 154783 | 04 - 21 - 2022 | 0856 | ( ) MALE (x) FEMALE ( ) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 3589 GRAMS | 3467 GRAMS | 1 (x) HISPANIC<br>2 ( ) NON-HISPANIC<br>3 ( ) UNKNOWN | 1 (x) BLK. 4 ( ) AMER. INDIAN<br>2 ( ) WHT. 5 ( ) MIXED/OTHER<br>3 ( ) ASIAN | 1 ( ) BREAST 4 (x) SOY FORMULA<br>2 ( ) COW'S FORMULA<br>3 ( ) TPN 5 ( ) OTHER _____ |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED | |
|---|---|---|---|---|---|
| (x) NO ( ) YES<br>BIRTH ORDER (#) _____ | 06 - 03 - 2022 | 0115 | IN WEEKS 40 | ( ) N (x) Y<br>DATE: 04 22 2022 | 1 ☐ RBCs<br>2 ☒ PLASMA<br>3 ☐ PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 5698 Beautiful Boulevard | Henrico | VA | 23219 | 804-444-6666 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| FIVE | MOMFIRST | | 05 - 06 - 1992 | | YES ☐ NO ☐ |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: (x) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 903086 | 804-282-9706 | ☐ Birth out of Hospital 10614 | 804-285-2011 | SUBMITTER CODE 10614 | TELEPHONE NUMBER 804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| RVA Pediatrics | Bon Secours St. Mary's Hospital | Bon Secours St. Mary's Hospital |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 7000 Patterson Ave. | 5801 Bremo Rd | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23226 | Richmond | VA | 23226 | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 22820181 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | FIVE | | FIVE^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | FIVE^TESTCASE |
| **Baby's Information** | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| Medical Record Number | PID-3.1: Patient Identifier List | 154783 | | 154783^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |
| Birth Date | PID-7: Date of Birth | 04/21/2022 | | 202204210856-0400 |
| Birth Time (Military) | PID-7: Date of Birth | 08:56 | | 202204210856-0400 |
| Sex | PID-8: Sex | Female | | F |
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 3589 grams | | OBX\|10\|NM\|8339-4^Birthweight^LN\|1\|3589\|g^gram^UCUM\|\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 3467 grams | | OBX\|12\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|3467\|g^gram^UCUM\|\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Hispanic | | H^Hispanic^HL70189 |
| Race | PID-10: Race | Black | | 2054-5^Black or African American^HL70005 |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | Soy Formula | | OBX\|13\|CE\|67704-7^Feeding types^LN\|1\|LA14041-0^Lactose free formula (including soy or hydrolyzed)^LN\|\|\|\|\|O |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | | | |
| MultiBirth | PID-24: Multiple Birth Indicator | No | | N |
| Birth Order (#) | PID-25: Birth Order | | | |
| Date of Collection | OBR-7: Observation Date/Time | 06/03/2022 | | 202206030115-0400 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| Time of Collection | OBR-7: Observation Date/Time | 01:15 | | 202206030115-0400 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 40 weeks | | OBX\|11\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|40\|wk^weeks^UCUM\|\|\|\|O |
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-444-6666 | | ^^^^^804^4446666 |
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | Yes | | OBX\|14\|CE\|55197-8^Transfusion status Qualitative^LN\|\|Y^Yes^HL70136\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | 04/22/2022 | | OBX\|16\|DTM\|62317-3^Date of Last Blood Product Transfusion^LN\|\|20220422\|\|\|\|\|O |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | Plasma | | OBX\|15\|CE\|79569-0^Blood product given [Type]^LN\|\|13569004^Transfusion of plasma^SCT\|\|\|\|\|O |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 5698 Beautiful Boulevard | | 5698 BEAUTIFUL BOULEVARD^^Henrico^VA^23219 |
| City | PID-11.3 | Henrico | | 5698 BEAUTIFUL BOULEVARD^^Henrico^VA^23219 |
| State | PID-11.4 | VA | | 5698 BEAUTIFUL BOULEVARD^^Henrico^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 5698 BEAUTIFUL BOULEVARD^^Henrico^VA^23219 |
| **Mother's Name** | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| Last | NK1-2.1: Family Name | FIVE | | FIVE^MOMFIRST |
| First | NK1-2.2: Given Name | MOMFIRST | | FIVE^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | | | |
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | 05/06/1992 | | 19920506-0500 |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | | | |
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | | | |
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 903086 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|903086\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-282-9706 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2829706\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | RVA Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|RVA Pediatrics\|\|\|\|\|\|O |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 7000 Patterson Ave., Richmond, VA 23226 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|7000 Patterson Ave.^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Birth Hospital Information** | | | | |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 10614 | | OBX\|6\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|10614\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | 804-285-2011 | | OBX\|9\|XTN\|62332-2^Birth hospital facility phone number in Facility^LN\|\|^^^^^804^2852011\|\|\|\|\|\|O |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | Bon Secours St. Mary's Hospital | | OBX\|7\|TX\|62330-6^Birth hospital facility name^LN\|\|Bon Secours St. Mary's Hospital\|\|\|\|\|\|O |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | 5801 Bremo Rd, Richmond, VA 23226 | | OBX\|8\|XAD\|62331-4^Birth hospital facility address^LN\|\|5801 Bremo Rd^^Richmond^VA^23226\|\|\|\|\|\|O |
| **Submitter Information** | | | | |
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 5 |
|---|---|---|---|---|
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^RICHMOND^VA^23226^USA^^^51760 |
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | COLLECTOR | | COLLECTOR |

## Example Message

MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206030400-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||154783^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||FIVE^TESTCASE||202204210856-0400|F||2054-5^Black or African American^HL70005|5698 Beautiful Boulevard^^Henrico^VA^23219||^^^^^804^4446666||||||||H^Hispanic^HL70189||N|

NK1|1|FIVE^MOMFIRST|MTH^Mother^HL70063||||||||||||19920506-0500||||||||||||||||

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary’s Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd.^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206030115-0500|||COLLECTOR

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||903086||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||RVA Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||7000 Patterson Ave.^^Richmond^VA^23226||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2829706||||||O

OBX|6|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||10614||||||O

OBX|7|TX|62330-6^Birth hospital facility name^LN||Bon Secours St. Mary’s Hospital||||||O

OBX|8|XAD|62331-4^Birth hospital facility address^LN||5801 Bremo Rd^^Richmond^VA^23226||||||O

OBX|9|XTN|62332-2^Birth hospital facility phone number in Facility^LN||^^^^^804^2852011||||||O

OBX|10|NM|8339-4^Birthweight^LN|1|3589|g^gram^UCUM|||||O

OBX|11|NM|57714-8^Obstetric estimation of gestational age^LN|1|40|wk^weeks^UCUM|||||O

OBX|12|NM|58229-6^Body weight Measured --when specimen taken^LN|1|3467|g^gram^UCUM|||||O

OBX|13|CE|67704-7^Feeding types^LN|1|LA14041-0^Lactose free formula (including soy or hydrolyzed)^LN||||||O

OBX|14|CE|55197-8^Transfusion status Qualitative^LN||Y^Yes^HL70136||||||O

OBX|15|CE|79569-0^Blood product given [Type]^LN||13569004^Transfusion of plasma^SCT||||||O

OBX|16|DTM|62317-3^Date of Last Blood Product Transfusion^LN||20220422||||||O

## TEST CASE 6 – BIRTH AT ANOTHER HOSPITAL

### Objective

*This Test Case provides mock-up data to test the transmission of an HL7 2.5.1 order message as specified in the PHII Newborn Dried Blood Spot (NDBS) Screening Implementation Guide for Laboratory Orders (U.S. Realm).*

The data provided in this test case checks the sender's ability to send orders for babies born at a different birth hospital.

## Example Collection Card

*The following collection card has been populated with test data as listed in the test case specification.*

SN 13733001

SN 13733001

FOR LAB USE — UNSAT CODE _____ DATE /INT. _____

DGS-DCLS COPY

| BABY'S NAME: LAST | FIRST | MEDICAL RECORD NUMBER | BIRTH DATE | BIRTH TIME (MILITARY) | SEX |
|---|---|---|---|---|---|
| SIX | TESTCASE | 565932 | 05 - 25 - 2022 | 1659 | (x) MALE ( ) FEMALE ( ) AMBIGUOUS |

| BIRTH WEIGHT | CURRENT WEIGHT | ETHNICITY | RACE | FEEDING TYPE |
|---|---|---|---|---|
| 3465 GRAMS | 3426 GRAMS | 1 ( ) HISPANIC<br>2 (x) NON-HISPANIC<br>3 ( ) UNKNOWN | 1 ( ) BLK. 4 (x) AMER. INDIAN<br>2 ( ) WHT. 5 ( ) MIXED/OTHER<br>3 ( ) ASIAN | 1 (x) BREAST 4 (x) SOY FORMULA<br>2 ( ) COW'S FORMULA<br>3 (x) TPN 5 ( ) OTHER _____ |

| MULTIBIRTH | DATE OF COLLECTION | TIME OF COLLECTION (MILITARY) | GESTATIONAL AGE AT BIRTH | TRANSFUSED |
|---|---|---|---|---|
| (x) NO ( ) YES<br>BIRTH ORDER (#) _____ | 06 - 03 - 2022 | 2216 | IN WEEKS 39 | (x) N ( ) Y<br>DATE: _____<br>1 ☐ RBCs 2 ☐ PLASMA 3 ☐ PLATELETS |

| BABY'S ADDRESS | CITY | STATE | ZIP CODE | BABY'S TELEPHONE NUMBER |
|---|---|---|---|---|
| 569 Pleasant Avenue | Henrico | VA | 23219 | 804-555-1111 |

| MOTHER'S NAME: LAST | FIRST | MAIDEN | BIRTH DATE | SSN (LAST 4 DIG.) | ADOPTION / FOSTER CARE |
|---|---|---|---|---|---|
| SIX | MOMFIRST | MOMMAIDENSIX | 11 - 25 - 1997 | | YES ☐ NO ☐ |

| PRACTICE / PROVIDER IDENTIFIER | TELEPHONE NUMBER | BIRTH HOSPITAL CODE | TELEPHONE NUMBER | SUBMITTER SAME AS: ( ) PLACE of BIRTH ( ) PROVIDER | |
|---|---|---|---|---|---|
| 903086 | 804-282-9706 | ☐ Birth out of Hospital<br>11924 | 804-828-6524 | SUBMITTER CODE 10614 | TELEPHONE NUMBER 804-285-2011 |

| BABY'S HEALTH CARE PROVIDER | BIRTH HOSPITAL NAME | SUBMITTER NAME |
|---|---|---|
| RVA Pediatrics | VCU Medical Center | Bon Secours St. Mary's |

| HEALTH CARE PROVIDER'S ADDRESS | BIRTH HOSPITAL ADDRESS | SUBMITTER'S ADDRESS |
|---|---|---|
| 7000 Patterson Ave. | P.O. Box 985849 | 5801 Bremo Rd |

| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
|---|---|---|---|---|---|---|---|---|
| Richmond | VA | 23226 | Richmond | VA | 23298 | Richmond | VA | 23226 |

Commonwealth of Virginia Department of General Services
Newborn Screening Laboratory
600 N. 5th St. Richmond, VA 23219
Telephone: (866) 378-7730 Doc. # 8615 (Rev.2)

SPECIMEN COLLECTED BY (**PRINT NAME**)
COLLECTOR
LAST, FIRST

FORM COMPLETED BY (**PRINT NAME**)
_____
LAST, FIRST

Use by 2022-02-28

## Test Case Specification

*The following specification outlines key fields appearing within predefined segments (MSH, PID, NK1, ORC, OBR, and SPM) as well as data transmitted by OBX segments. The following data will be entered into the system for validation of data capture and messaging functionality:*

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| N\A | MSH-3: Sending Application | | | SendingApplicationName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-4: Sending Facility | | | SendingFacilityName^2.16.840.1.114222.XXX^ISO |
| N\A | MSH-5: Receiving Application | | | VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO |
| N\A | MSH-6: Receiving Facility | | | VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO |
| | | | | |
| Barcoded Device Identifier | OBX Segment with OBX-3 = 57723-9 | 13733001 | | OBX\|1\|ST\|57723-9^Unique bar code number of Current sample^LN\|\|13733001\|\|\|\|\|O |
| **Baby's Name** | | | | |
| Last | PID-5.1: Family Name | SIX | | SIX^TESTCASE |
| First | PID-5.2: Given Name | TESTCASE | | SIX^TESTCASE |
| **Baby's Information** | | | | |
| Medical Record Number | PID-3.1: Patient Identifier List | 565932 | | 565932^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| Birth Date | PID-7: Date of Birth | 05/25/2022 | | 202205251659-0500 |
| Birth Time (Military) | PID-7: Date of Birth | 16:59 | | 202205251659-0500 |
| Sex | PID-8: Sex | Male | | M |
| Birth Weight | OBX Segment with OBX-3 = 8339-4 | 3465 grams | | OBX\|10\|NM\|8339-4^Birthweight^LN\|1\|3465\|g^gram^UCUM\|\|\|\|\|O |
| Current Weight | OBX Segment with OBX-3 = 58229-6 | 3426 grams | | OBX\|12\|NM\|58229-6^Body weight Measured --when specimen taken^LN\|1\|3426\|g^gram^UCUM\|\|\|\|\|O |
| Ethnicity | PID-22: Ethnic Group | Non-Hispanic | | N^Not Hispanic or Latino^HL70189 |
| Race | PID-10: Race | Amer. Indian | | 1002-5^American Indian or Alaska Native^HL70005 |
| Feeding Type | OBX Segment with OBX-3 = 67704-7 | Soy formula<br>Breast<br>TPN | | OBX\|13\|CE\|67704-7^Feeding types^LN\|1\|LA14041-0^Lactose free formula (including soy or hydrolyzed)^LN\|\|\|\|\|\|O<br>OBX\|14\|CE\|67704-7^Feeding types^LN\|2\|LA16914-6^Breast milk^LN\|\|\|\|\|\|O<br>OBX\|15\|CE\|67704-7^Feeding types^LN\|3\|LA12418-2^TPN^LN\|\|\|\|\|\|O |
| Other Feeding Type | OBX Segment with OBX-3 = 67705-4 | | | |
| MultiBirth | PID-24: Multiple Birth Indicator | No | | N |
| Birth Order (#) | PID-25: Birth Order | | | |
| Date of Collection | OBR-7: Observation Date/Time | 06/03/2022 | | 202206032216-0400 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| Time of Collection | OBR-7: Observation Date/Time | 22:16 | | 202206032216-0400 |
| Gestational Age | OBX Segment with OBX-3 = 57714-8 | 39 weeks | | OBX\|11\|NM\|57714-8^Obstetric estimation of gestational age^LN\|1\|39\|wk^weeks^UCUM\|\|\|\|O |
| Baby's Telephone Number | PID-13: Phone Number - Home | 804-555-1111 | | ^^^^^804^5551111 |
| **Transfusion Information** | | | | |
| Transfused | OBX Segment with OBX-3 = 55197-8 | No | | OBX\|16\|CE\|55197-8^Transfusion status Qualitative^LN\|\|N^No^HL70136\|\|\|\|\|O |
| Transfusion Date | OBX Segment with OBX-3 = 62317-3 | | | |
| Type (RBCs, Plasma, Platelets) | OBX Segment with OBX-3 = 79569-0 | | | |
| **Baby's Address** | | | | |
| Street | PID-11.1 | 569 Pleasant Avenue | | 569 Pleasant Avenue^^Henrico^VA^23219 |
| City | PID-11.3 | Henrico | | 569 Pleasant Avenue^^Henrico^VA^23219 |
| State | PID-11.4 | VA | | 569 Pleasant Avenue^^Henrico^VA^23219 |
| Zip Code | PID-11.5 | 23219 | | 569 Pleasant Avenue^^Henrico^VA^23219 |
| **Mother's Name** | | | | |
| Last | NK1-2.1: Family Name | SIX | | SIX^MOMFIRST |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| First | NK1-2.2: Given Name | MOMFIRST | | SIX^MOMFIRST |
| Maiden | PID-6: Mother's Maiden Name | MOMMAIDENSIX | | MOMMAIDENSIX |
| **Mother's Information** | | | | |
| Birth Date | NK1-16: Next of Kin Date/Time of Birth | 11/25/1997 | | 19971125-0500 |
| SSN (Last 4 DIG.) | NK1-33.1: ID Number | | | |
| Adoption/Foster Care | OBX Segment with OBX-3 = VAL-0083 | | | |
| **Provider Information** | | | | |
| DCLS-assigned client code | OBX Segment with OBX-3 = 62323-1 | 903086 | | OBX\|2\|TX\|62323-1^Post-discharge Provider Identifier^LN\|\|903086\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62328-0 | 804-282-9706 | | OBX\|5\|XTN\|62328-0^Post-discharge Practice Phone Number^LN\|\|^^^^^804^2829706\|\|\|\|\|\|O |
| Baby's Health Care Provider | OBX Segment with OBX-3 = 62324-9 | RVA Pediatrics | | OBX\|3\|TX\|62324-9^Post-discharge Provider Name^LN\|\|RVA Pediatrics\|\|\|\|\|\|O |
| Heath Care Provider's Address | OBX Segment with OBX-3 = 62327-2 | 7000 Patterson Ave., Richmond, VA 23226 | | OBX\|4\|XAD\|62327-2^Post-discharge provider practice address^LN\|\|7000 Patterson Ave.^^Richmond^VA^23226\|\|\|\|\|\|O |
| | | | | |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| **Birth Hospital Information** | | | | |
| Birth Hospital Code | OBX Segment with OBX-3 = 62329-8 | 11924 | | OBX\|6\|TX\|62329-8^Birth hospital facility ID [Identifier] in Facility^LN\|\|11924\|\|\|\|\|\|O |
| Telephone Number | OBX Segment with OBX-3 = 62332-2 | 804-828-6524 | | OBX\|9\|XTN\|62332-2^Birth hospital facility phone number in Facility^LN\|\|^^^^^804^8286524\|\|\|\|\|\|O |
| Birth Hospital Name | OBX Segment with OBX-3 = 62330-6 | VCU Medical Center | | OBX\|7\|TX\|62330-6^Birth hospital facility name^LN\|\|VCU Medical Center\|\|\|\|\|\|O |
| Birth Hospital Address | OBX Segment with OBX-3 = 62331-4 | P.O. Box 985849 Richmond, VA 23298 | | OBX\|8\|XAD\|62331-4^Birth hospital facility address^LN\|\|P.O. Box 985849^^Richmond^VA^23298\|\|\|\|\|\|O |
| **Submitter Information** | | | | |
| Submitter Code | ORC-21.10: Ordering Facility Name | 10614 | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Telephone Number | ORC-23: Ordering Facility Phone Number | 804-285-2011 | | ^^^^^804^2852011 |
| Submitter Name | ORC-21.1: Ordering Facility Name | Bon Secours St. Mary's Hospital | | Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614 |
| Submitter's Address | ORC-22: Ordering Facility Address | 5801 Bremo Rd, Richmond, VA 23226 | | 5801 Bremo Rd^^Richmond^VA^23226 |

| Field | Mapped HL7 Element | Test Case Value | Sender's Value | Message Example 6 |
|---|---|---|---|---|
| | | | | |
| Specimen Collected by | OBR-10: Collector Identifier | | | COLLECTOR |

## Example Message

MSH|^~\&|SendingApplicationName^2.16.840.1.114222.XXX^ISO|SendingFacilityName^2.16.840.1.114222.XXX^ISO|VA StarLIMSv10 Prod^2.16.840.1.114222.4.3.3.2.2.4^ISO|VA PHL Richmond^2.16.840.1.114222.4.1.9977^ISO|202206040200-0500||OML^O21^OML_O21|MessageControlID|P|2.5.1

PID|1||565932^^^HospitalSystem&2.16.840.1.114222.XXX&ISO^MR||SIX^TESTCASE|MOMMAIDENSIX|202205251659-0500|M||1002-5^American Indian or Alaska Native^HL70005|569 Pleasant Avenue^^Henrico^VA^23219||^^^^^804^5551111||||||||N^Not Hispanic or Latino^HL70189||N

NK1|1|SIX^MOMFIRST|MTH^Mother^HL70063||||||||||||19971125-0500||||||||||||||||

ORC|NW|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||||||||||||||||||Bon Secours St. Mary's Hospital^^^^^VA PHL Richmond&2.16.840.1.114222.4.1.9977&ISO^XX^^^10614|5801 Bremo Rd^^Richmond^VA^23226|^^^^^804^2852011||||||

OBR|1|XXXXX^HospitalSystem^2.16.840.1.114222.XXX^ISO||54089-8^Newborn screening panel AHIC^LN|||202206032216-0500|||COLLECTOR

OBX|1|ST|57723-9^Unique bar code number of Current sample^LN||13733001||||||O

OBX|2|TX|62323-1^Post-discharge Provider Identifier^LN||903086||||||O

OBX|3|TX|62324-9^Post-discharge Provider Name^LN||RVA Pediatrics||||||O

OBX|4|XAD|62327-2^Post-discharge provider practice address^LN||7000 Patterson Ave.^^Richmond^VA^23226||||||O

OBX|5|XTN|62328-0^Post-discharge Practice Phone Number^LN||^^^^^804^2829706||||||O

OBX|6|TX|62329-8^Birth hospital facility ID [Identifier] in Facility^LN||11924||||||O

OBX|7|TX|62330-6^Birth hospital facility name^LN||VCU Medical Center||||||O

OBX|8|XAD|62331-4^Birth hospital facility address^LN||P.O. Box 985849^^Richmond^VA^23298||||||O

OBX|9|XTN|62332-2^Birth hospital facility phone number in Facility^LN||^^^^^804^8286524||||||O

OBX|10|NM|8339-4^Birthweight^LN|1|3465|g^gram^UCUM|||||O

OBX|11|NM|57714-8^Obstetric estimation of gestational age^LN|1|39|wk^weeks^UCUM|||||O

OBX|12|NM|58229-6^Body weight Measured --when specimen taken^LN|1|3426|g^gram^UCUM|||||O

OBX|13|CE|67704-7^Feeding types^LN|1|LA14041-0^Lactose free formula (including soy or hydrolyzed)^LN||||||O

OBX|14|CE|67704-7^Feeding types^LN|2|LA16914-6^Breast milk^LN||||||O

OBX|15|CE|67704-7^Feeding types^LN|3|LA12418-2^TPN^LN||||||O

OBX|16|CE|55197-8^Transfusion status Qualitative^LN||N^No^HL70136||||||O