

HITSP Communicate Lab Results Document Capability

HITSP/CAP127



Healthcare Information Technology Standards Panel

Submitted to:

Healthcare Information Technology Standards Panel

Submitted by:

Capabilities Team



DOCUMENT CHANGE HISTORY

Version Number	Description of Change	Name of Author	Date Published
0.0.1	Review Copy	Capabilities Team	November 9, 2009
0.0.2	Review Copy	Selected Perspective, Domain and/or Tiger Team reviewers	January 18, 2010
1.0	Released for Implementation	Selected Perspective, Domain and/or Tiger Team reviewers	January 25, 2010



TABLE OF CONTENTS

1.0	INTRODUCTION.....	5
1.1	Capability Overview.....	6
1.2	Scope.....	6
1.3	Copyright Permissions.....	6
1.4	Reference Documents.....	6
1.5	Guidance For Use of a Capability.....	6
2.0	REQUIREMENTS ANALYSIS	8
2.1	Introduction.....	8
2.2	Requirements	8
2.2.1	Information Exchanges.....	8
3.0	EXTERNAL CAPABILITY OPTIONS	10
3.1	Security and Privacy.....	10
3.2	Information Exchange Options	10
4.0	DESIGN SPECIFICATION.....	12
4.1	Requirements Mapped to Constructs.....	12
4.1.1	Constructs.....	12
4.2	Constraints and Assumptions.....	13
4.3	Specified Interfaces by System Role.....	13
5.0	STANDARDS.....	15
5.1	Standards Used.....	15
5.1.1	Regulatory Guidance.....	15
5.1.2	Selected Standards	15
5.1.3	Informative Reference Standards.....	16
5.2	Standards Gaps and Overlaps	16
6.0	APPENDIX	17
7.0	DOCUMENT UPDATES	18
7.1	November 9, 2009	18
7.2	January 18, 2010.....	18
7.2.1	Updates from Public Comment	18
7.3	January 25, 2010.....	18



FIGURES AND TABLES

Figure 2-1 Information Exchanges Between System Roles	9
Table 1-1 Reader's Guide for Capability	5
Table 1-2 Reference Documents	6
Table 2-1 Reader's Guide for Section 2.0	8
Table 2-2 Capability System Roles	8
Table 2-3 Supported Information Exchanges	8
Table 3-1 Reader's Guide for Section 3.0	10
Table 3-2 Topology Related Options	11
Table 3-3 Content Import Options	11
Table 3-4 Document Content Options	11
Table 4-1 Reader's Guide for Section 4.0	12
Table 4-2 Information Exchanges Mapped to Constructs	12
Table 4-3 Context	13
Table 4-4 Document Sender System Role Mapped to HITSP Construct Interfaces	13
Table 4-5 Document Receiver System Role Mapped to HITSP Construct Interfaces	13
Table 4-6 Document Registry System Role Mapped to HITSP Construct Interfaces	13
Table 4-7 Document Repository System Role Mapped to HITSP Construct Interfaces	14
Table 4-8 Implementation Conditions	14
Table 5-1 Reader's Guide for Section 5.0	15
Table 5-2 Regulatory Guidance	15
Table 5-3 Selected Standards	15
Table 5-4 Informative Reference Standards	16
Table 5-5 Information Exchange Requirements (IER) and Associated Standards Gaps	16
Table 5-6 Information Exchange Requirements (IER) and Associated Standards Overlaps	16



1.0 INTRODUCTION

This Healthcare Information Technology Standards Panel (HITSP) document is divided into Requirements Analysis, External Capability Options, Design Specifications and Standards sections which may be used by analysts, architects and implementers. Analysts refer to this document to determine if the Capability satisfies their requirements. Architects and system implementers refer to this document as the architectural specifications for a system design, while software developers will use a Capability as the source of the design for interoperable information exchange. The Appendix lists requirements satisfied by this Capability.

All sections may be useful to analysts and architects. However as shown in Table 1-1, different readers may find specific sections of greater interest and utility. This table is provided as an aid to readers to assist them in identifying sections to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

Table 1-1 Reader's Guide for Capability

Document Section	Section Number	Intended Audience	Information Contained
Section 2.0 Requirements Analysis	2.1 Introduction	Policy Managers Policy Analysts Executive Leadership	Provides an overview of the requirements which this Capability addresses, and identifies the system roles supported by the Capability
	2.2 Requirements	Program Managers Policy Analysts Executive Leadership Architects Business Analysts	Defines the actual information exchanges supported by the Capability in terms of exchange actions and exchange content. It shows how these roles can be assigned at a higher level to real world systems, such as an Electronic Health Record
Section 3.0 External Capability Options	3.1 Security and Privacy	Policy Analysts Architects Business Analysts Developers	Describes the integrated and optional security and privacy functions supported by the Capability
	3.2 Information Exchange Options	Architects Business Analysts Developers	Describes the external information exchange options associated with topology, or message and document content, as applicable
Section 4.0 Design Specification	4.1 Requirements Mapped to Constructs	Program Managers Architects Business Analysts Developers	Maps the information exchanges developed in requirements to the actual HITSP construct used by the Capability to support the exchange
	4.2 Constraints and Assumptions	Business Analysts Developers	Lists the context that is necessary to use the Capability, including constraints, assumptions, pre-conditions, post-conditions and triggers
	4.3 Specified Interfaces by System Role	Business Analysts Developers	Identifies the constructs and their interfaces assigned to each system role. It also lists the implementation conditions for use
Section 5.0 Standards	5.1 Standards Used	Program Managers Policy Analysts Architects Business Analysts Developers	Lists regulatory guidance, selected standards and informative references used by the Capability and all its supporting constructs
	5.2 Standards Gaps and Overlaps	Program Managers Policy Analysts Architects Business Analysts Developers	Identifies gaps or overlaps in standards to implement the Capability including a plan to resolve issues



1.1 CAPABILITY OVERVIEW

This Capability addresses interoperability requirements that support the communication of a set of structured laboratory results related to a patient in a context set by the source of the document who is attesting to its content. Non-ordering Providers of Care access historical laboratory results as documents and "copy-to" Providers of Care may receive document availability notifications to retrieve such lab report documents.

Lab Report content creators shall support HITSP specified coded terminologies as defined by specific content subsets specified in this Capability for: General Laboratory Test Results; Microbiology Test Results.

1.2 SCOPE

A Capability enables business and policy requirements for a business need to be implemented through information exchanges specified in HITSP constructs. The objective of a Capability is to provide the bridge between the business, policy and implementation disciplines by defining a set of information exchanges at a level relevant to policy and business decisions and specifying the use of HITSP constructs sufficiently for implementation. A Capability supports stakeholder requirements and business processes and includes information content, infrastructure, security and privacy. The design of Capabilities leverages existing HITSP constructs and communication methodologies. As new constructs become available, the scope of this Capability may be extended.

1.3 COPYRIGHT PERMISSIONS

COPYRIGHT NOTICE

© 2010 ANSI. This material may be copied without permission from ANSI only if and to the extent that the text is not altered in any fashion and ANSI's copyright is clearly noted.

1.4 REFERENCE DOCUMENTS

A list of key reference documents and background material is provided in the table below. These documents can be retrieved from [HITSP Web Site](#).

Table 1-2 Reference Documents

Reference Documents	Document Description
HITSP Acronyms List	Lists and defines the acronyms used in this document
HITSP Glossary	Provides definitions for relevant terms used by HITSP documents
TN900 – Security and Privacy	TN900 is a reference document that provides the overall context for use of the HITSP Security and Privacy constructs
TN901 - Clinical Documents	TN901 is a reference document that provides the overall context for use of the HITSP Care Management and Health Records constructs
TN903 – Data Architecture	TN903 is a reference document that provides the overall context for use of the HITSP Data Architecture constructs
TN904 – Harmonization Framework and Exchange Architecture	TN904 is a reference document that provides the overall context for use of the HITSP Harmonization Framework and Exchange Architecture constructs

1.5 GUIDANCE FOR USE OF A CAPABILITY

NOTE: For questions related to details on HITSP Capabilities and HITSP System Roles, please refer to HITSP/TN904 Harmonization Framework and Exchange Architecture Technical Note.

To use a HITSP Capability, a HITSP Interoperability Specification or an implementation conformance statement must assign specific systems to one or more HITSP Capability System Roles and identify how the HITSP Capability Options are to be addressed. In order to assign systems to HITSP System Roles,



the reader uses Table 2-3 Supported Information Exchanges to determine what systems can support the specific information exchanges required. For an example of how HITSP System Roles and systems are mapped, readers can consult a HITSP Interoperability Specification Table 3-3 Orchestration of Capabilities by System. In the case of an Implementation Guide, systems can be assigned to HITSP System Roles using a similar methodology.

The use of a HITSP Capability implies that these specific rules will be followed:

- For each HITSP Capability System Role listed in Table 2-2 Capability System Roles, the defined responsibilities of that HITSP Capability System Role are supported. Responsibilities for the HITSP Capability System Role are defined as support for the HITSP Construct interfaces listed in Section 4.3 Specified Interfaces by System Role. Support implies that the system assigned to the HITSP Capability System Role makes the associated HITSP construct interfaces available for use by other systems. For those HITSP construct interfaces in Section 4.3 that have associated content optionality, the HITSP Capability System Role must comply with the optionality condition listed in Table 4-8 Implementation Conditions.
- Responsibilities also include the constraints and assumptions associated with use of a Capability, as outlined in Table 4-3 Context. For those Capabilities with Section 3.2 options, the following additional rules apply:
 1. Each topology option listed in Table 3-2 Topology Related Options should be supported by the implementation
 2. Each content import option listed in Table 3-3 Content Import Options should be supported by the implementation
 3. Each document content option listed in Table 3-4 Document Content Options should be supported by the implementation



2.0 REQUIREMENTS ANALYSIS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

Table 2-1 Reader's Guide for Section 2.0

Document Section	Section Number	Intended Audience	Information Contained
Section 2.0 Requirements Analysis	2.1 Introduction	Policy Managers Policy Analysts Executive Leadership	Provides an overview of the requirements which this Capability addresses, and identifies the system roles supported by the Capability
	2.2 Requirements	Program Managers Policy Analysts Executive Leadership Architects Business Analysts	Defines the actual information exchanges supported by the Capability in terms of exchange actions and exchange content. It shows how these roles can be assigned at a higher level to real world systems, such as an Electronic Health Record

2.1 INTRODUCTION

Table 2-2 summarizes the system roles of the Capability. Section 2.2 identifies how these system roles participate in the set of information exchanges.

Table 2-2 Capability System Roles

System Role	System Role Definition
Document Sender	The system which sends the laboratory report
Document Receiver	The system which receives the laboratory report
Document Registry	The system which registers the document within a repository and which responds to a query for documents
Document Repository	The system which stores a copy of the document and forwards the document upon request

2.2 REQUIREMENTS

2.2.1 INFORMATION EXCHANGES

Table 2-3 defines each of the Information Exchanges supported by this Capability in terms of the Exchange Action (EA) or Exchange Content (EC) used.

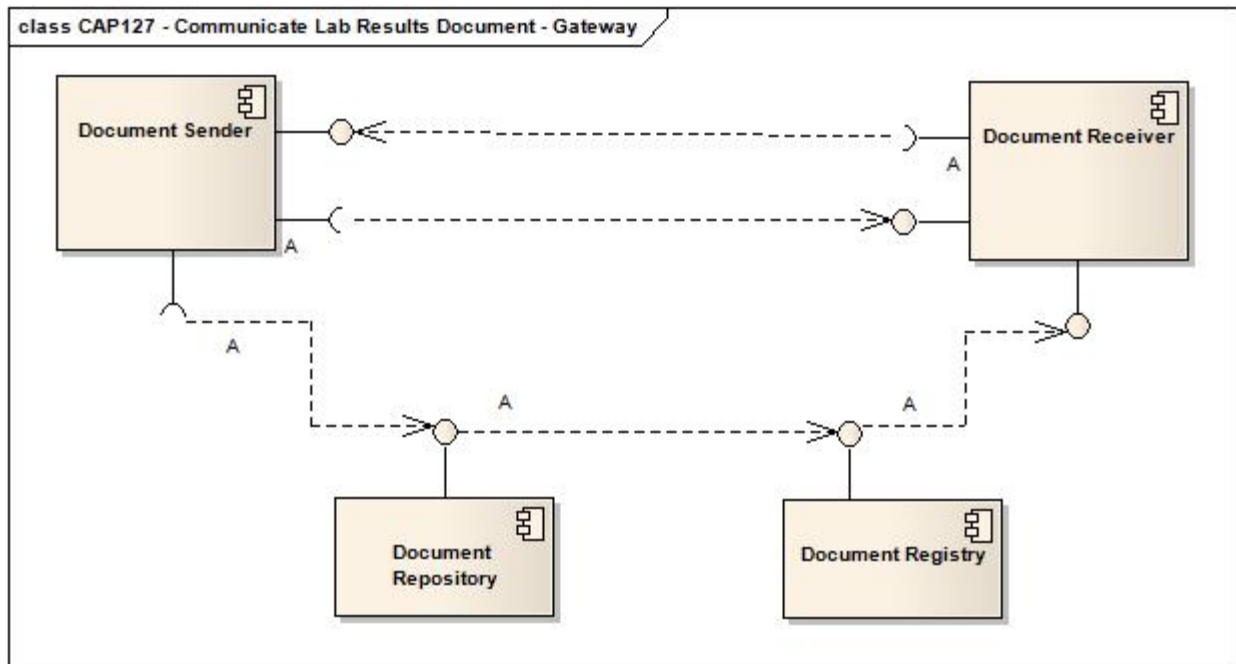
Table 2-3 Supported Information Exchanges

Information Exchange Identifier	Exchange Action	Exchange Content
A	Send and Receive	Lab Report Document

Figure 2-1 identifies how this Capability supports various system roles within multiple system architectures. For example, either an Electronic Health Record (EHR) system or a Health Information Exchange (HIE) might fill a document repository system role in an information exchange). In an implementation architecture, system roles may be combined locally (e.g., Hospital EHR System) and in others, the system roles may be provided by multiple-distributed trusted third parties (e.g., pharmacies within an HIE).



Figure 2-1 Information Exchanges Between System Roles



3.0 EXTERNAL CAPABILITY OPTIONS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

Table 3-1 Reader's Guide for Section 3.0

Document Section	Section Number	Intended Audience	Information Contained
Section 3.0 External Capability Options	3.1 Security and Privacy	Policy Analysts Architects Business Analysts Developers	Describes the integrated and optional Security and Privacy functions supported by the Capability
	3.2 Information Exchange Options	Architects Business Analysts Developers	Describes the external information exchange options associated with topology and message and document content as applicable

This section is primarily for architects, engineers and analysts. It allows those who consider using this Capability to evaluate and/or constrain the options that are externally made available for the Capability implementers.

Interoperability among system roles defined by this Capability often requires the selection of consistent options.

3.1 SECURITY AND PRIVACY

The application of Security and Privacy is highly influenced by the security and privacy policies. The HITSP Security and Privacy Technical Note (HITSP/TN900) provides a detailed discussion of the Security and Privacy constructs, including consideration and appropriate context for needed security and privacy related policy decisions. Security and Privacy constructs are integrated comprehensively into the Service Collaborations. The actual constructs used and the way in which the constructs are used is dependent on the policies and physical setting. Conformance claims are against the security and privacy constructs that are chosen to enforce the policies.

3.2 INFORMATION EXCHANGE OPTIONS

Three types of information exchange options are externally offered by this Capability:

- Topology Related Options
- Content Import Options
- Document Content Options

The HITSP Exchange Architecture adds topology to the HITSP Harmonization Framework. Topology is the arrangement or mapping of networked Systems, especially the physical (real) and logical (virtual) interconnections between Systems. A Health Information Exchange¹ (HIE) is a special network system that provides intermediary services, such as directories, registries or translations. HITSP supports the following topologies:

¹ The terms "RHIO" and "Health Information Exchange" or "HIE" are often used interchangeably. An HIE is a more general instance of a RHIO (Regional Health Information Organization). Both are a grouping of organizations with a business stake in improving the quality, safety and efficiency of healthcare delivery. NHIEs are HIEs that support the building blocks of the Nationwide Health Information Network (NHIN) initiative proposed by the Office of the National Coordinator (ONC) for Health Information Technology (HIT). To build a nationwide network of interoperable healthcare records, the effort must first develop at the local and state levels. The concept of NHIN requires extensive collaboration by a diverse set of stake holders. The challenges are many to achieve success for an HIE or a RHIO.



- Portable Media (non-connected)
- System to System (point-to-point)
- Document Share/Community
- e-mail

The following matrix portrays which of the typical network topologies (see HITSP/TN904 for details on topologies) are addressed within the Capability. Within each cell, “Available” indicates that the topology is supported while “Not Available” indicates that the topology is not supported.

Table 3-2 Topology Related Options

Topology	Available or Not Available
Point-to-Point	Available
E-mail	Available
Portable Media	Available
Document Share/Community	Available

In addition to providing topology options, a Capability may provide Information Content Import Options (see Table 3-3 Content Import Options). Note that subsets of the data content can be sent as appropriate for the Capability; but the responding system must be able to address the entire data content corresponding to the Exchange Content supported. Content subsets should be specified in the document that uses this Capability – either an Interoperability Specification or an implementation design document.

Table 3-3 Content Import Options

Document Display	Document Import	Document Discrete Data Import
Integrated	Option	Option

Two content import options are offered:

- **Document Import Option** impacts the import of Documents processed by a Content Consumer interface. It requires the Document Consumer to have the ability to import into the healthcare record one or more of the received documents as a whole and display it as requested
- **Discrete Data Import Option** impacts the import of the HL7 CDA Documents processed by a Content Consumer interface. It requires the Document Consumer to have the ability to import the discrete data from one or more of the data modules in a structured form into the healthcare record. Coded values shall be maintained

This Capability supports the HITSP/C83 Clinical Document Architecture (CDA) Modules document profiles listed in Table 3-4. Any use of this Capability by either an Initiating or a Responding System MUST support at least one of the HITSP CDA documents listed below.

Table 3-4 Document Content Options

Optionality	Supported Document Types
R	Lab Report Document(HITSP/C37)

Optionality Legend: “R” for Required, “O” for Optional, or “C” for Conditional

Please note that at least one of the options shall be supported either by the Initiating System or the Responding System.



4.0 DESIGN SPECIFICATION

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

Table 4-1 Reader's Guide for Section 4.0

Document Section	Section Number	Intended Audience	Information Contained
Section 4.0 Design Specification	4.1 Requirements Mapped to Constructs	Program Managers Architects Business Analysts Developers	Maps the information exchanges developed in requirements to the actual HITSP construct used by the Capability to support the exchange
	4.2 Constraints and Assumptions	Business Analysts Developers	Lists the context that is necessary to use the Capability, including constraints, assumptions, pre-conditions, post-conditions and triggers
	4.3 Specified Interfaces by System Role	Business Analysts Developers	Identifies the constructs and their interfaces assigned to each system role. It also lists the implementation conditions for use

4.1 REQUIREMENTS MAPPED TO CONSTRUCTS

4.1.1 CONSTRUCTS

Table 4-2 defines the mapping of the Information Exchanges supported by this Capability in terms of the Exchange Action (EA), Exchange Content (EC) and any Constraints applied to the Information Exchange with specific initiating and/or responding system interfaces. This provides the traceability of constructs to the information exchanges identified in Section 2.0 above. Content modules and terminology components are not listed here because they are referenced by other constructs, but do not provide an interface. HITSP/TN903 discusses how content modules and terminology components are referenced by other constructs.

Table 4-2 Information Exchanges Mapped to Constructs

Information Exchange Identifier	Exchange Type	Construct Identifier	Description
A – Send and Receive Laboratory Report Document	Action	HITSP/SC112 – Healthcare Document Management	The HITSP Healthcare Document Management Service Collaboration provides the ability to share healthcare documents using a set of topologies, such as Media, e-Mail, Point-to-Point, Shared within a Health Information Exchange, and Shared within a larger community (made up of potentially diverse Health Information Exchanges)
A – Send and Receive Laboratory Report Document	Content	HITSP/C37 – Lab Report Document	The HITSP Lab Report Document Component prescribes the use of the standard Clinical Document Architecture Release 2 (CDA R2), as in the HL7 V3 2006 normative edition profiled by IHE LAB TF-3 for: transmission of complete, preliminary, final and updated laboratory results to the EHR system (local or remote) of the ordering clinician; transmission of complete, preliminary, final and updated (or notification) to the EHR system (local or remote) or other clinical data system of designated providers of care (with respect to a specific patient); transmission of laboratory result data from electronically enabled healthcare delivery and public health systems in standardized and anonymized format to authorized Public Health Agencies with less than one day lag time



4.2 CONSTRAINTS AND ASSUMPTIONS

Table 4-3 specifies the context that must be provided in order to use the Capability, identifying any assumptions, pre-conditions, post-conditions, and triggers relevant for use of the Capability.

Table 4-3 Context

Assumptions, Pre-conditions, Post-conditions, and Triggers	Type of Context
Appropriate standards are developed, approved, and widely adopted supporting data content and structure, allowing universal access by compliant systems	Pre-condition
Core datasets are defined and adhered to	Pre-condition
Method to query other organizations for data and matching to the consumer is available	Pre-condition
If physical media is used for the transport, when the media is read the consent directives stored on the portable media need to be enforced by the portable media importer. The validity of these content directives may need to be checked	Post-condition

4.3 SPECIFIED INTERFACES BY SYSTEM ROLE

This section specifies the HITSP Capability interfaces in terms of the System Roles identified in Table 2-2 Capability's System Roles.

Table 4-4 below specifies interfaces for the document sender system role as defined in Table 2-2.

Table 4-4 Document Sender System Role Mapped to HITSP Construct Interfaces

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Send Documents	Initiating	Healthcare Document Management(HITSP/SC112)	C[101]
N/A	Initiating	Lab Report Document(HITSP/C37)	R

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-5 below specifies interfaces for the document receiver system role as defined in Table 2-2.

Table 4-5 Document Receiver System Role Mapped to HITSP Construct Interfaces

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Receive Documents	Responding	Healthcare Document Management(HITSP/SC112)	C[102]
N/A	Responding	Lab Report Document(HITSP/C37)	R

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-6 below specifies interfaces for the document registry system role as defined in Table 2-2.

Table 4-6 Document Registry System Role Mapped to HITSP Construct Interfaces

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Send Document	Initiating	Healthcare Document Management(HITSP/SC112)	C[103]
Receive Documents	Responding	Healthcare Document Management(HITSP/SC112)	C[103]
N/A	Initiating and Responding	Lab Report Document(HITSP/C37)	R

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-7 below specifies interfaces for the document repository system role as defined in Table 2-2.



Table 4-7 Document Repository System Role Mapped to HITSP Construct Interfaces

Construct Interface	Interface Type	T/TP/SC or Content	T/SC/Content Optionality
Send Document	Initiating	Healthcare Document Management(HITSP/SC112)	C[103]
Receive Documents	Responding	Healthcare Document Management(HITSP/SC112)	C[103]
N/A	Initiating and Responding	Lab Report Document(HITSP/C37)	R

Optionality Legend: "R" for Required, "O" for Optional, or "C" for Conditional

Table 4-8 specifies optionality conditions referenced in Table 4-4 through Table 4-7 above.

Table 4-8 Implementation Conditions

Condition ID	Condition Description
[101]	The implementation SHALL support the appropriate specializations of the Send Document interface for each topology supported
[102]	The implementation SHALL support the appropriate specializations of the Receive Document interface for each topology supported
[103]	This system role and interface is required if the information exchange topology utilized deploys one or more HIE's which SHALL support the Send/Consume Documents via Share interface described in HITSP/SC112



5.0 STANDARDS

The following table is provided as an aid to readers to assist them in identifying the parts of this section to focus on. Readers are encouraged to review all sections of this document to further their understanding of HITSP's work.

Table 5-1 Reader's Guide for Section 5.0

Document Section	Section Number	Intended Audience	Information Contained
Section 5.0 Standards	5.1 Standards Used	Program Managers Policy Analysts Architects Business Analysts Developers	List regulatory guidance, selected standards and informative references used by the Capability and all its supporting constructs
	5.2 Standards Gaps and Overlaps	Program Managers Policy Analysts Architects Business Analysts Developers	Identifies gaps or overlaps in standards to implement the Capability including a plan to resolve issues

5.1 STANDARDS USED

5.1.1 REGULATORY GUIDANCE

Table 5-2 lists any regulatory guidance that determines or constrains use of standards.

Table 5-2 Regulatory Guidance

Regulation	Description
Clinical Laboratory Improvement Amendments (CLIA) of 1988	Establishes quality standards for all laboratory testing to ensure the accuracy, reliability, and timeliness of patient test results regardless of where the test is performed. The Centers for Medicare and Medicaid Services (CMS) regulates all laboratory testing (except research) performed on humans in the U.S. based on CLIA. For more information visit www.fda.gov and www.cms.hhs.gov

5.1.2 SELECTED STANDARDS

Table 5-3 lists the standards selected as relevant to this Capability.

Table 5-3 Selected Standards

Standard	Description
Health Level Seven (HL7) Clinical Document Architecture Release 2 (CDA R2)	The HL7 Clinical Document Architecture is an XML-based document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. CDA is one instantiation of HL7's Version 3.0 Reference Information Model (RIM) into a specific message format. Of particular focus for HITSP Interoperability Specifications are message formats for Laboratory Results and Continuity of Care (CCD) documents. Release 2 of the HL7 Clinical Document Architecture (CDA) is an extension to the original CDA document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. CDA R2 includes a prose document in HTML, XML schemas, data dictionary, and sample CDA documents. CDA R2 further builds upon other HL7 standards beyond just the Version 3.0 Reference Information Model (RIM) and incorporates Version 3.0 Data Structures, Vocabulary, and the XML Implementation Technology Specifications for Data Types and Structures. For more information visit www.hl7.org



Standard	Description
Integrating the Healthcare Enterprise (IHE) Laboratory Technical Framework Volume 3 (LAB TF-3) Document-based Transactions, Revision 2.0 - For Trial Implementation, August 16, 2007	The IHE Laboratory Technical Framework introduces a content Integration Profile Sharing Laboratory Reports (LAB TF-3) that describes a clinical laboratory report as a human-readable electronic document. This document, which may also contain data in a machine-readable format and contains the complete set of final results produced by a clinical laboratory in fulfillment of one or more test orders for a patient. This document is focused on the sharing of sets of laboratory results in the form of a laboratory report structured document, and is not intended to address ordering or return of laboratory results to the ordering provider. For more information visit www.ihe.net

5.1.3 INFORMATIVE REFERENCE STANDARDS

Table 5-4 includes reference standards that inform the overall semantic interoperability.

Table 5-4 Informative Reference Standards

Standard	Description
No applicable informative reference standards	

5.2 STANDARDS GAPS AND OVERLAPS

Table 5-5 identifies the information exchange requirements and known standards gaps, along with the recommended resolutions to the gaps.

Table 5-5 Information Exchange Requirements (IER) and Associated Standards Gaps

IER Gap Description	Responsible HITSP TC	Design Approach	Required Standards Now Unavailable for Constructs	SDO Working on Unavailable Standards	Expected Availability
None					

Table 5-6 lists any standards overlaps and describes plans to resolve each of the overlaps.

Table 5-6 Information Exchange Requirements (IER) and Associated Standards Overlaps

IER Number	Summary Description	Standard Overlap	Recommended Resolution
None			



6.0 APPENDIX

This section may include additional materials referenced throughout this document, such as requirements analysis tables and figures. If the Capability is yet to be implemented, it may contain the candidate standards for Tier 2 evaluations.

The following legacy HITSP Interoperability Specifications were used to create this Capability:

- HITSP/IS01 – Electronic Health Records Laboratory Results Reporting
- HITSP/IS02 – Biosurveillance
- HITSP/IS03 – Consumer Empowerment and Access to Clinical Information via Networks
- HITSP/IS04 – Emergency Responder Electronic Health Record
- HITSP/IS08 – Personalized Healthcare
- HITSP/IS09 – Consultations and Transfers of Care
- HITSP/IS11 – Public Health Case Reporting



7.0 DOCUMENT UPDATES

The following sections provide the details of updates made to this document.

7.1 NOVEMBER 9, 2009

No changes. This is the first published version of the document.

7.2 JANUARY 18, 2010

7.2.1 UPDATES FROM PUBLIC COMMENT

The changes in this cycle address the following comments received during the November 2009 public comment period:

- Incorporated all of the 3 Public Comment TC dispositions into the document – no dispositions required a change to the text of the document
- Reformatted the document content to adhere to the new HITSP document template
- Added diagrams and tables based on the new HITSP document template.
- Updated Table 3-2 Topology Related Options to be consistent with topology options defined in SC112

The full text of the comments along with the Technical Committee's disposition can be reviewed on the [HITSP Public Web Site](#).

Document has been updated to the HITSP Capability template Version 2.3.

7.3 JANUARY 25, 2010

Upon approval by the HITSP Panel on January 25, 2010, this document is now Released for Implementation.

