LIS2-A2 Vol. 24 No. 33 Replaces LIS2-A Vol. 23 No. 8

Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition

This document covers the two-way digital transmission of remote requests and results between clinical laboratory instruments and information systems.

A standard for global application developed through the NCCLS consensus process.



NCCLS...

Global Consensus Standardization for Health Technologies

NCCLS is an international, interdisciplinary, nonprofit, standards-developing, and educational organization that promotes the development and use of voluntary consensus standards and guidelines within the healthcare community. It is recognized worldwide for the application of its unique consensus process in the development of standards and guidelines for patient testing and related healthcare issues. NCCLS is based on the principle that consensus is an effective and cost-effective way to improve patient testing and healthcare services.

In addition to developing and promoting the use of voluntary consensus standards and guidelines, NCCLS provides an open and unbiased forum to address critical issues affecting the quality of patient testing and health care.

PUBLICATIONS

An NCCLS document is published as a standard, guideline, or committee report.

Standard A document developed through the consensus process that clearly identifies specific, essential requirements for materials, methods, or practices for use in an unmodified form. A standard may, in addition, contain discretionary elements, which are clearly identified.

Guideline A document developed through the consensus process describing criteria for a general operating practice, procedure, or material for voluntary use. A guideline may be used as written or modified by the user to fit specific needs.

Report A document that has not been subjected to consensus review and is released by the Board of Directors.

CONSENSUS PROCESS

The NCCLS voluntary consensus process is a protocol establishing formal criteria for:

- the authorization of a project
- the development and open review of documents
- the revision of documents in response to comments by users
- the acceptance of a document as a consensus standard or guideline.

Most NCCLS documents are subject to two levels of consensus—"proposed" and "approved." Depending on the need for field evaluation or data collection, documents may also be made available for review at an intermediate consensus level.

Proposed An NCCLS consensus document undergoes the first stage of review by the healthcare community as a proposed standard or guideline. The document should receive a wide and thorough technical review, including an overall review of its scope, approach, and utility, and a line-by-line review of its technical and editorial content.

Approved An approved standard or guideline has achieved consensus within the healthcare community. It should be reviewed to assess the utility of the final document, to ensure attainment of consensus (i.e., that comments on earlier versions have been satisfactorily addressed), and to identify the need for additional consensus documents.

NCCLS standards and guidelines represent a consensus opinion on good practices and reflect the substantial agreement by materially affected, competent, and interested parties obtained by following NCCLS's established consensus procedures. Provisions in NCCLS standards and guidelines may be more or less stringent than applicable regulations. Consequently, conformance to this voluntary consensus document does not relieve the user of responsibility for compliance with applicable regulations.

COMMENTS

The comments of users are essential to the consensus process. Anyone may submit a comment, and all comments are addressed, according to the consensus process, by the NCCLS committee that wrote the document. All comments, including those that result in a change to the document when published at the next consensus level and those that do not result in a change, are responded to by the committee in an appendix to the document. Readers are strongly encouraged to comment in any form and at any time on any NCCLS document. Address comments to the NCCLS Executive Offices, 940 West Valley Road, Suite 1400, Wayne, PA 19087, USA.

VOLUNTEER PARTICIPATION

Healthcare professionals in all specialties are urged to volunteer for participation in NCCLS projects. Please contact the NCCLS Executive Offices for additional information on committee participation.

LIS2-A2 ISBN 1-56238-550-X ISSN 0273-3099

Volume 24 Number 33

Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition

Paul J. Mountain, M.Sc., M.T.(ASCP) David Chou, M.D. James V. Callaghan, M.T.(ASCP) Randall R. Davis Charles D. Hawker, Ph.D., MBA, FACB David A. Herold, M.D., Ph.D. Andrzej J. Knafel, Ph.D. Gary W. Kramer, Ph.D. Rodney S. Markin, M.D., Ph.D.

Abstract

NCCLS document LIS2-A2—Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition address the two-way digital transmission of remote requests and results between clinical laboratory instruments and information systems. It enables any two such systems to establish a logical link for communicating text to send result, request, or demographic information in a standardized and interpretable form.

NCCLS. Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition. NCCLS document LIS2-A2 (ISBN 1-56238-550-X). NCCLS, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA, 2004.

THE NCCLS consensus process, which is the mechanism for moving a document through two or more levels of review by the healthcare community, is an ongoing process. Users should expect revised editions of any given document. Because rapid changes in technology may affect the procedures, methods, and protocols in a standard or guideline, users should replace outdated editions with the current editions of NCCLS documents. Current editions are listed in the *NCCLS Catalog*, which is distributed to member organizations, and to nonmembers on request. If your organization is not a member and would like to become one, and to request a copy of the *NCCLS Catalog*, contact the NCCLS Executive Offices. Telephone: 610.688.0100; Fax: 610.688.0700; E-Mail: exoffice@nccls.org; Website: www.nccls.org



Number 33 NCCLS

This publication is protected by copyright. No part of it may be reproduced, stored in a retrieval system, transmitted, or made available in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise) without prior written permission from NCCLS, except as stated below.

NCCLS hereby grants permission to reproduce limited portions of this publication for use in laboratory procedure manuals at a single site, for interlibrary loan, or for use in educational programs provided that multiple copies of such reproduction shall include the following notice, be distributed without charge, and, in no event, contain more than 20% of the document's text.

Reproduced with permission, from NCCLS publication LIS2-A2—Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition (ISBN 1-56238-550-X). Copies of the current edition may be obtained from NCCLS, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA.

Permission to reproduce or otherwise use the text of this document to an extent that exceeds the exemptions granted here or under the Copyright Law must be obtained from NCCLS by written request. To request such permission, address inquiries to the Executive Vice President, NCCLS, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898, USA.

Copyright [©]2004. The National Committee for Clinical Laboratory Standards.

Suggested Citation

(NCCLS. Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition. NCCLS document LIS2-A2 [ISBN 1-56238-550-X]. NCCLS, 940 West Valley Road, Suite 1400, Wayne, Pennsylvania 19087-1898 USA, 2004.)

Approved Standard

April 2003

Approved Standard—Second Edition

October 2004

Committee Membership

Area Committee on Automation and Informatics

Paul J. Mountain, M.Sc., M.T.(ASCP) Chairholder MDS Laboratories Toronto, Ontario, Canada

David Chou, M.D. Vice-Chairholder University of Washington Medical Center Seattle, Washington

James V. Callaghan, M.T.(ASCP) FDA Center for Devices and Radiological Health Rockville, Maryland

Randall R. Davis Dade Behring Inc. Newark, Delaware

Charles D. Hawker, Ph.D., MBA, FACB ARUP Laboratories, Inc. Salt Lake City, Utah

David A. Herold, M.D., Ph.D. VA (San Diego) Medical Center San Diego, California

Andrzej J. Knafel, Ph.D. Roche Instrument Center AG Rotkreuz, Switzerland

Gary W. Kramer, Ph.D. National Institute of Standards & Technology Gaithersburg, Maryland

Rodney S. Markin, M.D., Ph.D. Univ. of Nebraska Medical Center Omaha, Nebraska

Advisors

Michael G. Bissell, M.D., Ph.D., M.P.H. Ohio State University Columbus, Ohio Mary F. Burritt, Ph.D. Mayo Clinic Rochester, Minnesota

Suzanne H. Butch, M.A., M.T.(ASCP), SBB The University of Michigan Ann Arbor, Michigan

Al DeStefano Sysmex Corporation Tucson, Arizona

Robert J. Dominici Cholestech Corporation Alamo, California

Jeffrey A. DuBois, Ph.D. Nova Biomedical Corporation Waltham, Massachusetts

Louis J. Dunka, Jr., Ph.D. LifeScan, Inc. Milpitas, California

Robert H. Engel, Ph.D. Engel Associates Duxbury, Massachusetts

Arden W. Forrey, Jr., Ph.D., FACB University of Washington Seattle, Washington

Masayoshi Hayashi Sysmex Corporation Kobe, Japan

Georg E. Hoffmann, M.D. Trillium GmbH Grafrath, Germany

Stephen Howlett Beckman Coulter, Inc. Miami, Florida

Brian Richard Jackson, M.D. ARUP Laboratories Salt Lake City, Utah

Paul W. Landesman, Ph.D. Abbott Laboratories Abbott Park, Illinois Michael D. McNeely, M.D. MDS Metro Clinical Laboratories Victoria, British Columbia, Canada

Richard A. McPherson, M.D. Virginia Commonwealth University Richmond, Virginia

David O'Bryan, Ph.D. Hibernia Consulting Kennett Square, Pennsylvania

Paul J. Orsulak, M.D. VA North Texas Health Care System Dallas, Texas

Jeff Quint, Ph.D. Beckman Coulter, Inc. Brea, California

Richard Seaberg North Shore University Hospital Manhassett, New York

Hiroski Sekiya Olympus America Inc. Irving, Texas

Russell H. Tomar, M.D. Cook County Hospital Chicago, Illinois

Terry Weakley Cerner Corporation Kansas City, Missouri

Staff

David E. Sterry, M.T.(ASCP) Staff Liaison NCCLS Wayne, Pennsylvania

Donna M. Wilhelm Editor NCCLS Wayne, Pennsylvania

Melissa A. Lewis Assistant Editor NCCLS Wayne, Pennsylvania This is a preview of "LIS02-A2". Click here to purchase the full version from the ANSI store.

Number 33 NCCLS

Contents

Abst	ract		i			
Com	mittee M	[embership	iii			
		*				
role	woru		1X			
1	Scope	3	1			
2	D (")					
2	Defin	itions	1			
3	Signif	ficance and Use	2			
4	Information Requirements in Clinical Testing.					
	4.1	General Approach	3			
	4.2	Logical Structure of the Message Level Protocol				
5	Message Content—General Considerations					
	5.1	Character Codes				
	5.1	Maximum Field Lengths				
	5.3	Maximum Record Length				
	5.3 5.4	Delimiters				
	5.5	Data Record Usage Overview				
	5.6	Common Field Types				
	5.7	Examples of Basic Record Types				
6	Message Header Record					
U						
	6.1	Record Type ID				
	6.2	Delimiter Definition				
	6.3	Message Control ID				
	6.4	Access Password				
	6.5	Sender Name or ID				
	6.6	Sender Street Address				
	6.7	Reserved Field				
	6.8	Sender Telephone Number				
	6.9	Characteristics of Sender				
	6.10	Receiver ID				
	6.11	Comment or Special Instructions				
	6.12	Processing ID				
	6.13	Version Number				
	6.14	Date and Time of Message	13			
7	Patient Information Record					
	7.1	Record Type	13			
	7.2	Sequence Number	13			
	7.3	Practice-Assigned Patient ID				
	7.4	Laboratory-Assigned Patient ID				
	7.5	Patient ID Number 3				
	7.6	Patient Name				
	7.7	Mother's Maiden Name	13			
	7.8	Birthdate	13			
	7.9	Patient Sex	14			

Number 33 NCCLS

Contents (Continued)

	7.10	Patient Race-Ethnic Origin	14	
	7.11	Patient Address		
	7.12	Reserved Field		
	7.13	Patient Telephone Number		
	7.14	Attending Physician ID		
	7.15	Special Field 1		
	7.16	Special Field 2	14	
	7.17	Patient Height		
	7.18	Patient Weight		
	7.19	Patient's Known or Suspected Diagnosis		
	7.20	Patient Active Medications		
	7.21	Patient's Diet		
	7.22	Practice Field Number 1		
	7.22	Practice Field Number 2		
	7.23	Admission and Discharge Dates		
	7.24	Admission Status		
	7.26	Location		
	7.20	Nature of Alternative Diagnostic Code and Classifiers		
	7.27			
	7.28 7.29	Alternative Diagnostic Code and Classification Patient Religion		
		Č		
	7.30	Marital Status		
	7.31	Isolation Status		
	7.32	Language		
	7.33	Hospital Service		
	7.34	Hospital Institution		
	7.35	Dosage Category		
8	Test O	rder Record	17	
	8.1	General	17	
	8.2	Multiple Orders	17	
	8.3	General Applications	18	
	8.4	Field Definitions	18	
9	Result Record			
	9.1	Record Type ID	22	
	9.2	Sequence Number		
	9.3	Universal Test ID.		
	9.4	Data or Measurement Value		
	9.5	Units		
	9.6	Reference Ranges		
	9.7	Result Abnormal Flags		
	9.8	Nature of Abnormality Testing		
	9.8 9.9	Result Status		
	9.9 9.10	Date of Change in Instrument Normative Values or Units		
	9.10	Operator Identification		
	9.11	Date/Time Test Started		
	9.12	Date/Time Test Started		
	9.13 9.14	Instrument Identification		
10				
10		ent Record		
	10.1	Record Type ID	24	

Contents (Continued)

	10.2	Sequence Number		
	10.3	Comment Source		
	10.4	Comment Text		
	10.5	Comment Type	25	
11	Request Information Record			
	11.1	Record Type ID		
	11.2	Sequence Number		
	11.3	Starting Range ID Number		
	11.4	Ending Range ID Number	26	
	11.5	Universal Test ID		
	11.6	Nature of Request Time Limits	26	
	11.7	Beginning Request Results Date and Time	26	
	11.8	Ending Request Results Date and Time	26	
	11.9	Requesting Physician Name	26	
	11.10	Requesting Physician Telephone Number	27	
	11.11	User Field Number 1	27	
	11.12	User Field Number 2	27	
	11.13	Request Information Status Codes	27	
12	Messag	ge Terminator Record	27	
	12.1	Record Type ID	27	
	12.2	Sequence Number		
	12.3	Termination Code		
13		fic Record		
	13.1	Record Type ID		
	13.1	Sequence Number		
	13.2	Analytical Method		
	13.4	Instrumentation		
	13.5	Reagents		
	13.6	Units of Measure		
	13.7	Quality Control		
	13.7	Specimen Descriptor		
	13.9	Reserved Field		
	13.10	Container		
	13.11 13.12	Specimen ID		
		·		
	13.13	Result Units		
	13.14			
	13.15	Collection Date and Time		
	13.16	Result Date and Time		
	13.17	Analytical Preprocessing Steps		
	13.18	Patient Diagnosis		
	13.19	Patient Birthdate		
	13.20	Patient Sex		
	13.21	Patient Race	29	
14	Manuf	acturer Information Record	30	
Referen	nces		34	

This is a preview of "LIS02-A2". Click here to purchase the full version from the ANSI store.

Number 33			
Contents (Continued)			
Appendix. Comparison of LIS2 and LIS5	35		
Summary of Delegate Comments and Area Committee Responses	36		
The Quality System Approach	38		
Related NCCLS Publications	39		

Foreword

In 2001, ASTM Committee E31 decided to restructure its operations, with the intent of focusing on standards-development issues such as security, privacy, and the electronic health record. Part of the reorganization plan was to transfer responsibility for E31.13 standards to NCCLS.

Following this transfer, nine standards (formerly ASTM E792; E1029; E1238; E1246; E1381; E1394; E1466; E1639; and E2118) were redesignated as NCCLS standards LIS1 through LIS9. This collection of former ASTM standards provides a wide variety of information relating to clinical laboratory computer systems. Some included documents are of general interest as reference sources; others represent specifications of primary importance to instrument manufacturers. LIS2 is a revision of the former ASTM E1394-97.

The Area Committee on Automation and Informatics has assumed responsibility for maintaining the documents and will revise or update each document in accord with the NCCLS Administrative Procedures. The area committee prioritized LIS2-A as the first standard from this collection to be updated, incorporated into the NCCLS document template, and advanced through the NCCLS consensus process. The area committee will revise other documents in the series in a similar manner.

With the transfer of the former ASTM standards, the Area Committee on Automation and Informatics has expanded its Mission Statement to include laboratory information systems. In the future, the area committee will develop additional standards addressing informatics issues as well as issues related to the integration of patient clinical data.

The revisions in this version of the LIS2 standard are intended to delineate this document from the former ASTM version of this standard. The title and text have been revised throughout to indicate that this standard applies to clinical laboratory instruments. The term computer has been replaced with the term information to better reflect the current terminology (i.e., LIS).

Key Words

Component field, delimiter, field, message, record, repeat field

This is a preview of "LIS02-A2". Click here to purchase the full version from the ANSI store.

Number 33 NCCLS

Specification for Transferring Information Between Clinical Laboratory Instruments and Information Systems; Approved Standard—Second Edition

1 Scope

This standard covers the two-way digital transmission of remote requests and results between clinical laboratory instruments and information systems. It is intended to document the common conventions required for the interchange of clinical results and patient data between clinical laboratory instruments and information systems. This standard specifies the message content for transferring information between a clinical laboratory instrument and an information system. It enables any two such systems to establish a logical link for communicating text to send result, request, or demographic information in a standardized and interpretable form. This standard does not necessarily apply to general analytical instruments in an industrial analytical setting, or to a research and development setting.

This standard is intended to apply to the structure of messages exchanged between clinical laboratory instruments and information systems by means of defined communications protocols. Low-level communications protocols and data transfer requirements are beyond the scope of this standard. A separate specification is available detailing a standard for low-level data transfer communications (see NCCLS document LIS1—Standard Specification for Low-Level Protocol to Transfer Messages Between Clinical Laboratory Instruments and Computer Systems).

This standard specifies the conventions for structuring the content of the message and for representing the data elements contained within those structures. It is applicable to all text-oriented clinical instrumentation. It has been specifically created to provide common conventions for interfacing computers and instruments in a clinical setting. It would also be applicable to interfacing instruments in clinical practice settings, such as physicians' offices, clinics, and satellite laboratories. The intended users of this standard are developers of clinical laboratory information systems and clinical laboratory managers.

2 Definitions

Battery – A group of tests ordered together, for example, an admitting battery; **NOTES:** a) The term *battery* is used in the document synonymously with the term *profile* or *panel*; b) The test elements within a battery may be characteristic of a single physiologic system, for example, liver function tests, or many different physiologic systems; c) The battery is simply a convention by which a user can order multiple tests by specifying a single name.

Component field – A single data element or data elements which express a finer aggregate or extension of data elements which precede it, for example, parts of a field or repeat field entry; **NOTES:** a) As an example, the patient's name is recorded as last name, first name, and middle initial, each of which is separated by a component delimiter; b) Components cannot contain repeat fields.

Download – Data transmitted from an information system to a clinical instrument.

Field – One specific attribute of a record which may contain aggregates of data elements further refining the basic attribute.

Message – A textual body of information consisting of a header (H) record through a message terminator (L) record.

Record – An aggregate of fields describing one aspect of the complete message.