Comparative Effectiveness Study of Coronary Procedures
Contact Information for Submission of Clinical Laboratory Data

Hospital Information

Hospital Name: _____

Hospital PFI: _____

Point of Contact

Name: _____

Title: _____

Mailing Address: _____

_____

Email Address: _____

Phone Number: _____

Laboratory and Laboratory Information System (LIS) Information

Hospitals that participate in the *Comparative Effectiveness Study of Coronary Procedures* will receive a list of hospital patients who meet the criteria of the study. Laboratory staff (or their contractors) will match the patients' identifying information to identify 30 laboratory test results. These laboratory results will be extracted and formatted into HL7 v2.5.1 messages (preferred) or HL7 v2.3 messages. If HL7 v2.3 or HL7 v2.5.1 is not an option, laboratory data will also be accepted as a flat file or a Microsoft Excel table. The messages will be batched together into a file to be transmitted to NYSDOH (instructions will be provided for data transport). Laboratory data will be collected once in 2011-2012 (2008-2010data).

Laboratory Name: _____

CLIA ID Number: _____

Data Transmission and Handling Responsibilities

a.   Please identify a person in the hospital or in the laboratory who has access to the Health Commerce System (HCS) and can use the HCS Secure File Transfer tool. This person must have an HCS user ID and password. (An example of an HCS user in hospitals would be the person who is authorized to exchange data with the SPARCS program.)

Name: _____

Email Address: _____

Phone Number: _____

Health Commerce System (HCS) user ID: _____

b. If this person cannot be responsible for **receiving** data (list of study subjects) from New York State Department of Health (NYSDOH), who will handle the task?

Name: _____

Email Address: _____

Phone Number: _____

Health Commerce System (HCS) User ID: _____

c. Who is responsible for **matching** the list of study subjects to hospital's lab records, extracting laboratory result data, and formatting the output file?

Name: _____

Email Address: _____

Phone Number: _____

d. Who is responsible for **sending** laboratory data to NYSDOH?

Name: _____

Email Address: _____

Phone Number: _____

e. Who is responsible for IT support for this study?

Name: _____

Email Address: _____

Phone Number: _____

f. Is your laboratory/LIS able to create these files?

☐ Yes ☐ No

g. Will the laboratory/LIS be able to create files in HL7 v2.5.1 or HL7 v2.3 format as described in the CDC's Electronic Laboratory Reporting for Public Health specifications? Note: The fields required for this study are small in comparison to the ELR specifications.

☐ Yes ☐ No

h. Will the files be created by?

☐ In-house Staff ☐ Contractor ☐ Staff at a Shared IT System

i. What is the estimated time required for record matching, laboratory data extraction and formatting, file creation and transmission?

☐ Less than 1 month

☐ 1-2 months

☐ More than 2 months

☐ Cannot send these data to NYSDOH at this time

j. What is the estimated time required for setting up the message creation?

☐ None, lab is already using v2.5.1

☐ Less than 1 month

☐ 1-2 months

☐ More than 2 months

k. What is the target date for HL7 v2.5.1 messaging capability if more than 2 months?

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