



SEDGWICK COUNTY, KANSAS
FINANCE DEPARTMENT
DIVISION OF PURCHASING
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316-383-7055
<http://www.sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR PROPOSAL
#17-0074
LABORATORY SERVICES

August 18, 2017

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Laboratory Services. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CDT, September 12, 2017.

All contact concerning this solicitation shall be made through the Division of Purchasing. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications and concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Kristen McGovern
Buyer

17-0074

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I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 68, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 514,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,500 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

COMCARE of Sedgwick County is a licensed community mental health center and licensed alcohol and drug treatment provider serving Sedgwick County, Kansas. COMCARE serves approximately 12,000 individuals annually with a variety of mental and behavioral health issues. Laboratory services are required for both mental health and substance use treatment services. COMCARE estimates it orders about 2,592 lab tests for its clients annually.

Lab tests are ordered by COMCARE physicians and the client is sent to a lab site for collection. The successful lab provider will have one or more collection sites on a bus route or otherwise be able to accommodate clients with limited transportation options. The laboratory will bill the appropriate insurance for payment for all insured clients. Services ordered by COMCARE physicians and provided to clients without insurance shall be billed monthly to COMCARE.

The Division of Health provides population-based health services to Sedgwick County for the purpose of preventing and containing diseases, promoting wellness, preparing for potential public health emergencies, and leading efforts to assess the health of the community.

The Division of Health has an in-house laboratory that performs limited testing and coordinates shipment of specimens to referral laboratories and the Kansas Health and Environmental Laboratories (KHEL). Within the Division of Health, Preventive Health provides education, assessments, specimen collection, diagnosis, treatments, referrals, and disease prevention services in a clinical setting. While services are generally provided to low-to moderate-income families, the Preventive Health Division serves all Sedgwick County residents as well as those in neighboring counties.

Also within the Division of Health, Health Protection's disease investigation and control services order laboratory testing. Sexually Transmitted Infection (STI) Control staff interviews and educates clients about STI infection and prevention, and collects samples for testing to control the spread of STIs. Tuberculosis (TB) Control tests and provides treatment for Sedgwick County residents with active tuberculosis (about 11 cases per year) and residents with latent tuberculosis infection (about 110 cases per year). In addition to providing the laboratory tests noted below, the laboratory providing

services would need to be able to process and forward any M. tuberculosis or other notifiable disease organisms isolated in culture to the Kansas Health and Environmental Laboratories, as per state regulation.

This request for proposal is specifically for two Sedgwick County departments, COMCARE and the Division of Health, but other departments may use the services as well.

The chart below lists the types of lab tests most commonly ordered

COMCARE LAB SERVICE LIST	
1. Urine Drug Screen	2. Urine Drug Screen 6 substances & alcohol
3. Amphetamine/Methamphetamine Confirm	4. THC GC/MS Confirmation
5. Cocaine Confirmation	6. Phlebotomy Charge
7. Lithium	8. Valproic Acid
9. Comprehensive Metabolic Panel	10. Ammonia Venous
11. TSH add on	12. Creatinine Serum
13. BUN	14. Drug screen with reflex microscopic
15. T3 update add on	16. CBC with platelet and differential
17. Lipid panel	18. Glucose
19. Hemoglobin A I C	20. Pregnancy Screen Serum
21. Drug screen microscopic only	22. Prolactin
23. Urine Drug Screen 8 substances & Alcohol	24. Urine Drug Screen 10 substances & Alcohol
25. PCP Confirmation	26. Opiate Confirmation
27. Buprenorphine Screen	28. Buprenorphine Confirmation
29. STAT	29. Buprenorphine Screen
DIVISION OF HEALTH LAB SERVICE LIST	
1. Comprehensive Metabolic Panel	80053
2. Lipid panel	80061
3. Glucose	82947, 82960, 82948
4. Herpes Culture	87207
5. CBC with platelet and differential	85025
6. Cholesterol	82465
7. PAP Smear	88150
8. Liquid Based Pap	88142
9. GYN Interpretation by Pathologist	88141
10. HPV HR, if positive reflex	87624
11. HPV High Risk, thin prep	87621
12. Hemoglobin A1C	83036, 85018
13. Herpes simplex type 2 antibodies IgG	86696
14. Virus ID	80301
15. TSH	84443
16. Urine Culture	87086
17. Antimicrobial sensitivity of organism(s) isolated from urine culture	87088
18. Phlebotomy charge	36415
19. Wet Mount	87210
20. Gram Stain	87205
21. Chlamydia/GC DNA Screen	87491, 87591

22. RPR - Syphilis	86592
23. HIV - 1/2 Antibodies	86703
24. Rubella Virus AB	86762
25. Pregnancy Test, Urine	81025
26. Pregnancy Test, Serum	84703
27. Urinalysis with reflex microscopic exam	81003
28. Urinalysis with microscopic exam	81001
29. Hepatitis B Surface Antigen	87340
30. Hepatitis B Surface Antibody	86706
31. Hepatitis B Core Antigen	86704
32. Interferon Gamma Release Assay	86480
33. Acid Fast Bacilli (AFB) smear	87206
34. AFB culture concentration and isolation	87116, 87015
35. Identification by probe or PCR	87149 or 87798
36. Conventional drug sensitivity testing of Mycobacterium tuberculosis isolated from culture	87190
37. Blood Lead Venous Test	83655
38. Rabies Anti Titer	86790

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Laboratory Services. The following objectives have been identified for this contract:

- A. Acquire Laboratory Services meeting the parameters, conditions and mandatory requirements presented in the document.
- B. Establish contract pricing with the vendor that has the best proven “track-record” in performance, service and customer satisfaction.
- C. Acquire Laboratory Services with the most advantageous overall cost to the County.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kristen McGovern
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CDT, TUESDAY, September 12, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CDT, on the due date. No information other than the respondent’s name will be disclosed at bid opening.

V. Scope of Work

The successful vendor will provide laboratory services that meet or exceed the following requirements:

- A. For COMCARE ordered services:
 1. Provide the results via an electronic interface with COMCARE’s electronic medical records. See Attachment A for the Interface Guide.
 2. Provide the results within 48 hours after collection.

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3. Ability to generate monthly invoices for services ordered for clients without insurance coverage. Invoices should be separated by location and/or program as identified by the referring department, and should include backup documentation that includes client names, dates of service, type of test, and amount owed.
4. Meet all Health Information Portability and Accountability Act (HIPPA) requirements as they relate to collection, processing and reporting of lab test results.
5. Ability to bill insurance for clients covered by insurance at the time lab work is ordered.
6. Fully licensed, accredited, clinical reference laboratory willing and able to provide the quantity and variety of needed laboratory services as outlined below.
7. Have an established process for ensuring drug screens meet chain of custody requirements (non-federal, non-regulated).

B. For the Division of Health ordered services:

1. Provide collection supplies for tests conducted by the vendor.
2. Provide the results within 48 hours after collection.
3. Have an established process for ensuring drug screens meet chain of custody requirements (non-federal, non-regulated).
4. Meet all Health Information Portability and Accountability Act (HIPPA) requirements as they relate to collection, processing and reporting of lab test results.
5. Collect specimens on a daily basis (Monday, Tuesday, Wednesday, and Friday from 8am – 5pm, and Thursday between Noon – 5pm) from:
Division of Health Laboratory
2716 W. Central Ave.
Wichita KS 67203
6. Ability to bill insurance for insured clients at the time lab services are provided (or ordered) with no cost to the client.
7. Ability to generate monthly invoices for services ordered for clients without insurance coverage. Invoices will be separated by location and/or program as identified by the referring department, and should include backup documentation that includes client names, dates of service, type of test, and amount owed.

VI. Sedgwick County's Responsibilities

- A. Provide information, as legally allowed, in possession of the County, which relates to the County's requirements or which is relevant to this project.
- B. Designate a person to act as the County Contract Manager with respect to the work to be performed under this contract.
- C. Conduct final inspection and approve payment.

VII. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kristen McGovern at kristen.McGovern@sedgwick.gov by 5:00 p.m. CDT Friday, August 25, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CDT Tuesday, August 30, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Firm Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response. Proposers shall:

1. Have a minimum of 2 years' experience in providing services similar to those specified in this RFP.
2. Have an understanding of industry standards and best practices.
3. Have appropriate qualification and/or credentials for the delivery of services specified and proposed.
4. Maintain substance abuse and Mental Health Services Association (SAMSHA) certification.
5. Have one or more collection sites on a bus route or otherwise be able to accommodate clients with limited

transportation options.

6. Have experience in managing projects of comparable size and complexity to that being proposed.
7. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
8. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
9. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
10. Provide project supervision (as required) and quality control procedures.
11. Have appropriate material, equipment and labor to perform specified services.
12. Fully licensed, accredited, clinical reference laboratory willing and able to provide the quantity and variety of needed laboratory services as outlined below.
13. CLIA Certified with testing performed in the past year.

C. [Evaluation Criteria](#)

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by the scoring criteria below. Purchasing staff are not a part of the evaluation committee.

Component	Points
1. Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response.	20
2. Ability to meet or exceed all requirements and scope of work.	20
3. Proven ability to provide high quality service	20
4. Qualifications and expertise	20
5. The most advantageous and prudent methodology and costs as determined by the County	20
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	August 18, 2017
Questions and clarifications submitted in writing by 5:00 p.m. CDT	August 25, 2017
Addendum Issued	August 30, 2017
Sealed Proposal due before 1:45pm CDT	September 12, 2017
Evaluation Period	September 12 – October 5, 2017
Board of Bids and Contracts Recommendation	October 5, 2017
Board of County Commission Award	October 11, 2017

E. Contract Period and Payment Terms

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

F. Insurance Requirements

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas (**must be acknowledged on the bid/proposal response form**).

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

Workers' Compensation:

Applicable coverage per State Statutes

Employer's Liability Insurance: \$100,000.00

Commercial General Liability Insurance:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability:

Combined single limit \$500,000.00

Professional Liability

If required

Special Risks or Circumstances:

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or

alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

General Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

VIII. Required Response Content

All proposal submissions shall include the following:

- A. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, the names of the principals of the firm, hours of operation, extended hours of and, operation (if applicable).
- B. The names of the staff members who will be available for work on the contract, including a listing of their work experience. A list of certified medical review officers (MRO).
- C. The firm's relevant experience, notably experience working with government agencies.
- D. At minimum, four (4) professional references, besides Sedgwick County, with email addresses, telephone numbers, and contact persons where work has been completed within the last three years.
- E. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or County staff.
- F. Discuss any current local, state or federal violations and any ongoing litigation that may cause conflicts or affect the ability of the vendor to provide services.
- G. A description of the type of assistance that will be sought from County staff, including assistance required from the County to lessen the costs of this project.

- H. Proof of insurance meeting minimum insurance requirements as designated herein.
- I. Provide CLIA Certification documentation.
- J. A list of quality control procedures.
- K. Description of methodology, collection and testing processes.
- L. Completed response form.
- M. Completed pricing sheet.
- N. Provide a sample invoice.
- O. Describe any exception to any requirements, terms, conditions, or contract provisions.
- P. Those responses that do not include all required forms/items may be deemed non-responsive.

IX. [Pricing Sheet](#)

All pricing will be firm/fixed pricing for the duration of the initial term.

COMCARE LAB SERVICE LIST	
	Price
1. Urine Drug Screen	
2. Urine Drug Screen 6 substances & alcohol	
3. Amphetamine/Methamphetamine Confirm	
4. THC GC/MS Confirmation	
5. Cocaine Confirmation	
6. Phlebotomy Charge	
7. Lithium	
8. Valproic Acid	
9. Comprehensive Metabolic Panel	
10. Ammonia Venous	
11. TSH add on	
12. Creatinine Serum	
13. BUN	
14. Drug screen with reflex microscopic	
15. T3 update add on	
16. CBC with platelet and differential	
17. Lipid panel	
18. Glucose	
19. Hemoglobin A I C	
20. Pregnancy Screen Serum	
21. Drug screen microscopic only	
22. Prolactin	
23. Urine Drug Screen 8 substances & Alcohol	
24. Urine Drug Screen 10 substances & Alcohol	
25. PCP Confirmation	
26. Opiate Confirmation	
27. Buprenorphine Screen	
28. Buprenorphine Confirmation	
29. STAT	
DIVISION OF HEALTH LAB SERVICE LIST	
1. Comprehensive Metabolic Panel	
2. Lipid panel	
3. Glucose	

4. Herpes Culture	
5. CBC with platelet and differential	
6. Cholesterol	
7. PAP Smear	
8. Liquid Based Pap	
9. GYN Interpretation by Pathologist	
10. HPV HR, if positive reflex	
11. HPV High Risk, thin prep	
12. Hemoglobin A1C	
13. Herpes simplex type 2 antibodies IgG	
14. Virus ID	
15. TSH	
16. Urine Culture	
17. Antimicrobial sensitivity of organism(s) isolated from urine culture	
18. Phlebotomy charge	
19. Wet Prep	
20. Gram Stain	
21. Chlamydia/Gonorrhea DNA Screen	
22. RPR - Syphilis	
23. HIV - 1/2 Antibodies	
24. Rubella Virus AB	
25. Pregnancy Test, Urine	
26. Pregnancy Test, Serum	
27. Urinalysis with reflex microscopic exam	
28. Urinalysis with microscopic exam	
29. Hepatitis B Surface Antigen	
30. Hepatitis B Surface Antibody	
31. Hepatitis B Core Antigen	
32. Interferon Gamma Release Assay (Quantiferon or T-Spot)	
33. Acid Fast Bacilli (AFB) smear	
34. AFB culture concentration and isolation (sputum)	
35. Identification by probe or PCR	
36. Conventional drug sensitivity testing of <i>Mycobacterium tuberculosis</i> isolated from culture	
37. Blood Lead Venous Test	
38. Rabies Anti Titer	

1. Do you currently provide results to the Kansas Department of Health and Environment Bureau of Epidemiology and Public Health Informatics?
2. Do you currently provide results to the Kansas Health Information Network (KHIN)?

X. Response Form

**REQUEST FOR PROPOSAL
#17-0079
LABORATORY SERVICES**

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **HOURS** _____

STATE OF INCORPORATION or ORGANIZATION _____ **COMPANY WEBSITE**

ADDRESS _____ **EMAIL** _____

NUMBER OF LOCATIONS _____ **NUMBER OF PERSONS EMPLOYED** _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ **Minority-Owned Business:** _____ (Specify Below)

__African American (05) __Asian Pacific (10) __Subcontinent Asian (15) __Hispanic (20)

__Native American (25) __Other (30) - Please specify _____

Not a Woman-Owned Business: _____ **Woman-Owned Business:** _____ (Specify Below)

__Not Minority -Woman Owned (50) __African American-Woman Owned (55)

__Asian Pacific-Woman Owned (60) __Subcontinent Asian-Woman Owned (65) __Hispanic Woman Owned (70)

__Native American-Woman Owned (75) __Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____Yes _____No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____Yes _____No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____

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PsychConsult Provider Lab Interface Implementation Guide

EDI CONNECT

HL7 Lab Message Specification Document

Version 1.0

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I.

1. Introduction

1.1 Document Scope and Purpose

This document is designed to provide the implementation guide for the 3rd party HL7 interface to PsychConsult Provider via EDI CONNECT HL7 Interface. It provides the detailed lab messages format both received by Provider and sent by Provider, as well as the data mapping in Provider.

1.2 Document History

This document contains information, which has been or will be revised from time to time. All changes made after the initial release sign off of this document (as declared below) will be noted.

The history of this document is outlined below:

Version Number	Status	Description	Version Date	Edited By
V1.0	Initial	Baseline Document	June 16, 2011	Crystal S

II. 2. Communications

PsychConsult will provide a real-time EDI CONNECT HL7 interface to the 3rd party Lab Systems and supports FTP, SFTP, TCP/IP and SOAP protocol for communication.

2.1 Sending/Receiving Application Relationship

The EDI CONNECT inbound HL7 interface will be started upon EDI server engine startup, and immediately begins listening for a connection request from the Sending Application interface on its designated host address and port. Once the connection is established, the connection will remain open until the interface is shutdown or a socket is closed by the Sending Application. The connection will not be closed and reopened with each transaction.

The EDI CONNECT outbound HL7 interface will start upon EDI server engine startup, and immediately try to connect to Receiving Application interface on its designated host address and port. Once the connection is established, the connection will remain open until the interface is shutdown or a socket is closed by the Receiving Application. The connection will not be closed and reopened with each transaction.

The EDI CONNECT HL7 interface will send ACK messages based on the requirement of Information Source.

2.2 Message Format

The HL7 message formatting standard is to be used for all real-time communications with the EDI CONNECT HL7 Interface.

EDI CONNECT outbound HL7 interface supports HL7 v2.5.1

EDI CONNECT inbound HL7 interface supports HL7 v2.3, v2.3.1, v2.5.1

2.3 Lower Layer Protocol

The preferred method of enveloping the application data is the use of the Minimal Lower Layer Protocol (MLLP).

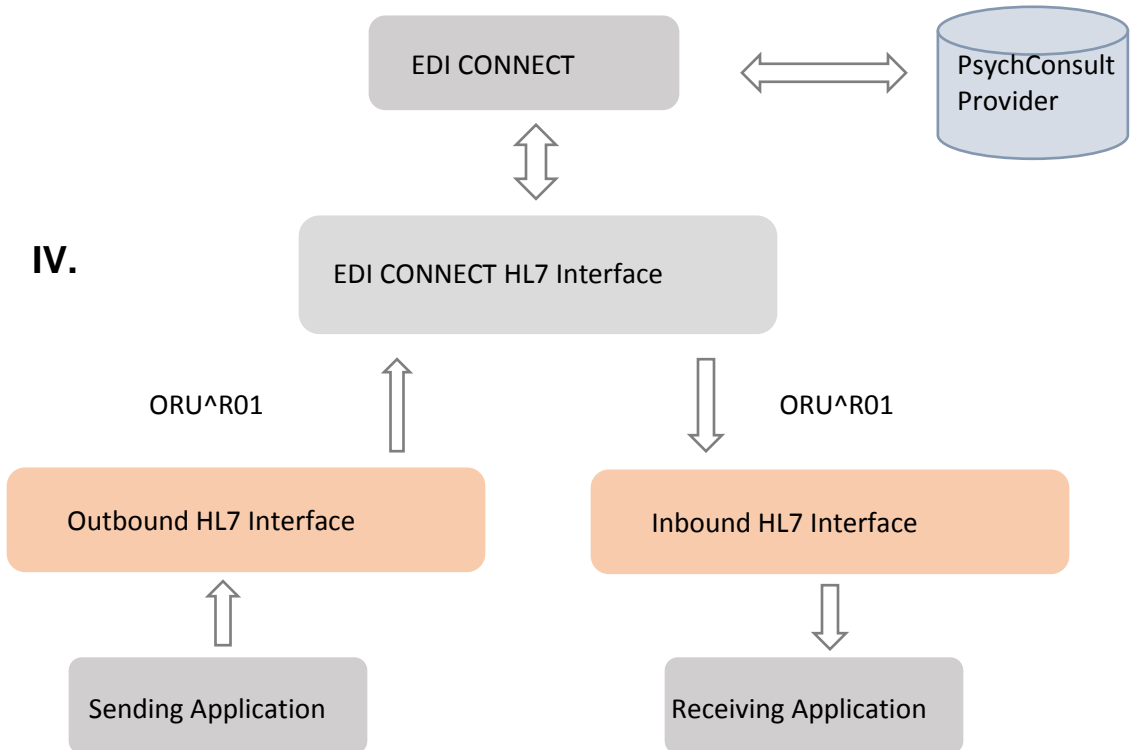
<SB>dddd<EB><CR>

<SB>	Start Block character <0x0B>
dddd	Application Data (variable number of bytes)
<EB>	End Block character <0x1C>
<CR>	Carriage Return <0x0D>

III. 3. Data Flow

The Lab interface implementation consists of the following data flow:

1. The ORU^R01 messages are sent from the information source real time to EDI CONNECT inbound HL7 Interface.
2. Upon receipt, the EDI CONNECT will store the results and associate the results with patient in Provider.
3. Based on request, the EDI CONNECT outbound interface will send the ORU message to the information receiver



IV.

4. Implementation Strategy

4.1 Functional Requirements

EDI CONNECT HL7 Interface will process all the inbound ORU^R01 messages and map the data into PsychConsult Provider based on the mapping information included in HL7 segment definitions.

EDI CONNECT HL7 Interface will map the data from PsychConsult Provider and construct the outbound ORU^R01 messages based on the mapping information included in HL7 segment definitions.

4.2 IP Address and Port Numbers

Implementation Specific

4.3 Specialized Processes

Implementation specific

4.4 Filters

Implementation specific

V. 5. Message Definition

5.1 Trigger Events

EDI CONNECT HL7 Interface supports the following trigger events for both inbound and outbound.

ORU Trigger Event	Event Code
Unsolicited transmission of an Observation message	R01

5.2 Message Segment Hierarchy

ORU messages must follow the message segment hierarchy, as specified below:

MSH	Message Header
{ [SFT] }	Software
PID	Patient Identification
{ [NTE] }	Notes and Comments
[PV1]	Patient Visit Data (<i>Optional</i>)
[ORC]	Common Order
{	
OBR	Observation Request
{[
OBX	Observation Result
{ [NTE] }	Notes and Comments
]}}	
{ [NTE] }	Notes and Comments
}	
}	
{	Added for embedded PDF (<i>Optional</i>)
OBR	Added for embedded PDF (<i>Optional-One per PDF document</i>)
OBX	Added for embedded PDF (<i>Optional-One per PDF document, contains document file</i>)
}]	

In the hierarchy shown above, braces ({}) indicate where multiple items are allowed, and brackets ([]) indicate items that are optional.

5.3 Newline Characters

Result HL7 messages must use the carriage return (CR) character (ASCII 0x0D) to indicate a segment delimiter. Result messages that contain a line feed (LF) character (ASCII 0x0A) to indicate a segment delimiter will be rejected.

5.4 Field Delimiters

A delimiter must separate each field. Even if a field contains no data, it must still be delimited. The delimiter for any given HL7 message is always defined in the MSH segment of the message, as the first character following the segment identifier (MSH.00). See the message segment descriptions for more detail. Standard HL7 delimiters are used.

VI.6. HL7 Message Format

Field Specifications

Parameter	Description
Type	See "Data type Specification"
Length	The maximum allowed length for the field
Required	S (supported) N (not supported) R (required) B (backward compatibility)

Data Types Specification:

Type	Description	Category	Notes/Format
ID	Code value for HL7 tables	Identifier	String data drawn from an HL7-defined table of legal values
HD	Hierarchic Designator	Identifier	<namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)> Used only as part of EI and other data types.
EI	Entity Identifier	Identifier	<entity identifier (ST)> ^ <namespace ID (IS)> ^ <universal ID (ST)> ^ <universal ID type (ID)>
IS	Code value for user-defined tables	Identifier	String data drawn from a site-defined table of legal values.
MSG	Message Type	Message Identifier	
SI	Sequence ID	Numeric	A non-negative integer in the form of a NM data type.
NM	Numeric	Numeric	Any of the ASCII numeric characters with an optional leading sign (+ or -) and/or an optional decimal point.
CQ	Composite quantity with units	Numeric	<quantity (NM)> ^ <units (CE)>
CX	Extended composite ID with check digit	Code Value	<ID (ST)> ^ <check digit (ST)> ^ <code identifying the check digit scheme employed (ID)> ^ <assigning authority (HD)> ^ <identifier type code (IS)> ^ <assigning facility (HD)>
CE	Coded element	Code Value	<identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)>
CWE	Code with Exceptions	Code Value	<identifier (ST)> ^ <text (ST)> ^ <name of coding system (ST)> ^ <alternate identifier (ST)> ^ <alternate text (ST)> ^ <name of alternate coding system (ST)> ^ <coding system version ID (ST)> ^ <alternate coding system version ID (ST)> ^ <original text (ST)>

Type	Description	Category	Notes/Format
XPN	Extended person name	Demographics	<family name (ST)> ^ <given name (ST)> ^ <middle initial or name (ST)> ^ <suffix (for example, JR or III) (ST)> ^ <prefix (for example, DR) (ST)> ^ <degree (for example, MD) (ST)> ^ <name type code (ID)>
XTN	Extended telecommunications number	Demographics	[NNN] [(999)]999-9999 [X99999] [B99999] [C any text]^ <telecommunication use code (ID)> ^ <telecommunication equipment type (ID)> ^ <email address (ST)> ^ <country code (NM)> ^ <area/city code (NM)> ^ <phone number (NM)> ^ <extension (NM)> ^ <any text (ST)>
XAD	Extended address	Demographics	<street address (ST)> ^ <other designation (ST)> ^ <city (ST)> ^ <state or province (ST)> ^ <zip or postal code (ST)> ^ <country (ID)> ^ <address type (ID)> ^ <other geographic designation (ST)> ^ <county/parish code (IS)> ^ <census tract (IS)>
ST	String	Alphanumeric	Any ACSII printable characters (ASCII decimal values between 32 and 126) with the exception of the defined delimiter characters. Left justified with optional trailing spaces.
DT	Date	Date / Time	YYYY[MM[DD]]
TS	Time Stamp	Date / Time	HH[MM[SS[.S[S[S[S]]]]][+/-ZZZZ]

6.1 MSH – Message Header Segment

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
MSH-1	Field Separator	R	ST	1	
MSH-2	Encoding Characters	R	ST	4	^~\&
MSH-3	Sending Application	S	HD	255	OE_Lab_Message.sending_application
MSH-4	Sending Facility	S	HD	255	OE_Lab_Message.sending_facility
MSH-5	Receiving Application	S	HD	255	OE_Lab_Message.receiving_application

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
MSH-6	Receiving Facility	S	HD	255	OE_Lab_Message.receiving_facility
MSH-7	Date / Time of Message	S	TS	26	OE_Lab_Message.message_datetime
MSH-8	Security				
MSH-9	Message Type	S	MSG	15	OE_Lab_Message.message_type
MSH-10	Message Control ID	S	ST	20	OE_Lab_Message.message_control_id
MSH-11	Processing ID	S	ID	3	OE_Lab_Message.processing_id
MSH-12	Version ID	S	ID	60	OE_Lab_Message.version_id
MSH-13	Sequence Number	N	NM	15	
MSH-14	Continuation Pointer	N	ST	180	
MSH-15	Accept Acknowledgment Type	N	ID	2	
MSH-16	Application Acknowledgment Type	N	ID	2	
MSH-17	Country Code	N	ID	3	
MSH-18	Character Set	N	ID	16	

6.2 SFT - Software Segment (Outbound Only)

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column Select Psych_Config.value where Psych_Config.category='SYSTEM' and Psych_Config.code =
SFT-1	Software Vendor Organization	R	ST	50	'COMPANY_NAME'
SFT-2	Software Certified Version or Release Number	R	ST	15	'VERSION'
SFT-3	Software Product Name	R	ST	20	'PRODUCT_NAME'
SFT-4	Software Binary ID	R	ST	20	'BINARY_ID'
SFT-5	Software product Information	N	TX	1024	
SFT-6	Software Install Date	S	TS	26	'INSTALL_DATE'

6.3 PID – Patient Identification Segment (Inbound)

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
PID-1	Set ID	N	SI	4	
PID-2	Patient ID	B	ST	15	
PID-3	Patient Identifier List	S	CX	15	OE_Lab_Patient.ext_patient_id
PID-4	Alternate Patient ID	S	CX	15	OE_Lab_Patient.alt_patient_id
PID-5	Patient Name	S	XPN	30 20 20	OE_Lab_Patient.lname OE_Lab_Patient.fname OE_Lab_Patient.mname
PID-6	Mother's Maiden	N	XPN	250	
PID-7	Date / Time of Birth	S	TS	26	OE_Lab_Patient.dob

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
PID-8	Administrative Sex	S	IS	1	OE_Lab_Patient.sex
PID-9	Patient Alias	N	XPN	250	
PID-10	Race	N	CE	250	
PID-11	Patient Address	N	XAD	250	
PID-12	County Code	N	IS	4	
PID-13	Phone Number Home	S	XTN	250 20	OE_Lab_Patient.home_phone
PID-14	Phone Number Work	N	XTN	250	
PID-15	Primary Language	N	CE	250	
PID-16	Marital Status	N	CE	250	
PID-17	Religion	N	CE	250	
PID-18	Patient Account No.	S	CX	250 50	OE_Lab_Patient.patient_account_no
PID-19	SSN	S	ST	16	OE_Lab_Patient.ssn
PID-26	Citizenship	N	CE	250	
PID-27	Military Status	N	CE	250	
PID-28	Nationality	N	CE	250	
PID-29	Patient Death Date and Time	N	TS	26	
PID-30	Patient Death Indicator	N	ID	1	

6.4 PID – Patient Identification Segment (Outbound)

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
PID-1	Set ID	S	SI	4	'1'
PID-2	Patient ID	B	ST	15	
PID-3	Patient Identifier List	S	CX	15	Patient.mrn
PID-4	Alternate Patient ID	S	CX	15	

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
PID-5	Patient Name	S	XPN	30 20 20	Patient.lname Patient.fname Patient.mname
PID-6	Mother's Maiden	N	XPN	250	
PID-7	Date / Time of Birth	S	TS	26	Patient.dob
PID-8	Administrative Sex	S	IS	1	Patient.sex
PID-9	Patient Alias	N	XPN	250	
PID-10	Race	S	CE	250	V_HL7_Patient_Race_Ethnicity. race_HL7_code V_HL7_Patient_Race_Ethnicity.race_name 'HL70005'
PID-11	Patient Address	N	XAD	250	
PID-12	County Code	N	IS	4	
PID-13	Phone Number Home	S	XTN	250	Patient.home_phone
PID-14	Phone Number Work	N	XTN	250	Patient.work_phone
PID-15	Primary Language	N	CE	250	
PID-16	Marital Status	N	CE	250	
PID-17	Religion	N	CE	250	
PID-18	Patient Account No.	N	CX	250	
PID-19	SSN	S	ST	11	Patient.ssn
PID-22	Ethnicity	S	CE	250	V_HL7_Patient_Race_Ethnicity. ethnicity_HL7_code V_HL7_Patient_Race_Ethnicity. ethnicity_name 'HL70189'

6.5 OBR – Observation Request Segment

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
OBR-1	Set ID	S	SI	4	OE_Lab_Test.test_seq
OBR-2	Placer Order Number	S	EI	22	OE_Lab_Test.placer_order_num
OBR-3	Filler Order Number	S	EI	199 20 199 6	OE_Lab_Test.filler_order_num_id OE_Lab_Test.filler_order_num_ns_id OE_Lab_Test.filler_order_uid OE_Lab_Test.filler_order_uid_type
OBR-4	Universal Service ID	R	CE	20 199 20 20 199 20	OE_Lab_Test.service_id OE_Lab_Test.service_text OE_Lab_Test.service_coding OE_Lab_Test.alt_service_id OE_Lab_Test.alt_service_text OE_Lab_Test.alt_service_coding
OBR-5	Priority_OBR	N	ID		
OBR-6	Requested Date/Time	N	TS		
OBR-7	Observation Date/Time	S	TS	26	OE_Lab_Test.observation_datetime
OBR-8	Observation End Date/time	N	TS	26	
OBR-9	Collection Volume	N	CQ	20	
OBR-10	Collector Identifier	N	XCN	250	
OBR-11	Specimen Action Code	S	ID	1	OE_Lab_Test.action_code
OBR-12	Danger Code	N	CE	250	
OBR-13	Relevant Clinical Information	S	ST	199	OE_Lab_Test.clinical_info
OBR-14	Specimen Received Date/Time	S	TS	26	OE_Lab_Test.specimen_datetime
OBR-15	Specimen Source	S	ST	199	OE_Lab_Test.specimen_source

HL7 2.5.1 Standard					Provider Mapping
Field Label	Description	Req	Type	Max Lgth	Table.column
OBR-16	Ordering Provider	S	XCN	15 15 30 30 30 20	OE_Lab_Test.provider_UPIN OE_Lab_Test.provider_NPI OE_Lab_Test.provider_lname OE_Lab_Test.provider.fname OE_Lab_Test.provider.mname OE_Lab_Test.provider_surffix OE_Lab_Test.provider_prefix OE_Lab_Test.provider_degree
OBR-17	Order Callback Phone Number	N	XTN	250	
OBR-18	Placer Field 1	N	ST	60	
OBR-19	Placer Field 2	N	ST	60	
OBR-20	Filler Field 1	S	ST	60	OE_Lab_Test.filler_field_1
OBR-21	Filler Field 2	S	ST	60	OE_Lab_Test.filler_field_2
OBR-22	Result Date/time	S	TS	26	OE_Lab_Test.result_datetime
OBR-23	Charge to Practice	N	MOC	40	
OBR-24	Diagnostic Serv SecID	N	ID	10	
OBR-25	Result Status	S	ID	1	OE_Lab_Test.result_status
OBR-31	Reason for Study	S	CE	20 199 20	OE_Lab_Test_Reason.reason_id OE_Lab_Test_Reason.reason_text OE_Lab_Test_Reason.reason_coding

6.6 OBX – Observation Result Segment

HL7 2.5.1 Standard Provider Mapping					
Field Label	Description	Req	Type	Max Lgth	Table.column
OBX-1	Set ID	S	SI	4	OE_Lab_Result.result_seq
OBX-2	Value Type	S	ID	2	OE_Lab_Result.data_type
OBX-3	Observation Identifier	R	CE	20 199 20	OE_Lab_Result.observation_id OE_Lab_Result.observation_text OE_Lab_Result.observation_coding OE_Lab_Result.alt_observation_id OE_Lab_Result.alt_observation_text OE_Lab_Result.alt_observation_coding
OBX-4	Observation Sub-ID	N	ST	20	
OBX-5	Observation Value	S	VARIABLES		OE_Lab_Result.result_value
OBX-6	Units	S	CE	20 199 20	OE_Lab_Result.result_unit_id OE_Lab_Result.result_unit_text OE_Lab_Result.result_unit_coding
OBX-7	Reference Range	S	ST	60	OE_Lab_Result.result_reference
OBX-8	Abnormal Flags	S	IS	5	OE_Lab_Result.result_flags
OBX-9	Probability	N	NM	5	
OBX-10	Nature of Abnormal Test	N	ID	2	
OBX-11	Observation Result Status	S	ID	1	OE_Lab_Result_result_status
OBX-12	Effective Date of Reference Range	N	TS	26	
OBX-13	User Defined Access Checks	N	ST	20	
OBX-14	Date/Time of Observation	S	TS	26	OE_Lab_Result.result_datetime
OBX-15	Producer's ID	N	CE	250	
OBX-16	Responsible Observer	N	XCN		

HL7 2.5.1 Standard		Provider Mapping			
Field Label	Description	Req	Type	Max Lgth	Table.column
OBX-17	Observation Method	S	CE	20	OE_Lab_Result.observation_method_id
OBX-18	Equipment Instance ID	N	EI	22	
OBX-19	Date/Time of Analysis	S	TS	26	OE_Lab_Result.analysis_datetime
OBX-20	Reserved	S	ST		
OBX-21	Reserved	S	ST		
OBX-22	Reserved	S	ST		
OBX-23	Performing Organization Name	S	XON		OE_Lab_Result.lab_name OE_Lab_Result.lab_name_type OE_Lab_Result.lab_aa_ns_id OE_Lab_Result.lab_aa_uid OE_Lab_Result.lab_aa_uid_type
OBX-24	Performing Organization Name	S	XAD		OE_Lab_Result.lab_street_address OE_Lab_Result.lab_city OE_Lab_Result.lab_state OE_Lab_Result.lab_zip_code OE_Lab_Result.lab_address_type OE_Lab_Result.lab_id OE_Lab_Result.lab_id_type_code

6.7 SPM - Specimen Segment

HL7 2.5.1 Standard		Provider Mapping			
Field Label	Description	Req	Type	Max Lgth	Table.column
SPM-1	Set ID	N	SI	4	
SPM-2	Specimen ID	N	EIP	80	
SPM-3	Specimen Parent IDs	N	EIP	80	

HL7 2.5.1 Standard		Provider Mapping			
Field Label	Description	Req	Type	Max Lgth	Table.column
SPM-4	Specimen Type	S	CWE	20 199 20 20 199 20	OE_Lab_Specimen.specimen_type_id OE_Lab_Specimen.specimen_type_text OE_Lab_Specimen.specimen_type_coding OE_Lab_Specimen.alt_specimen_type_id OE_Lab_Specimen.alt_specimen_type_text OE_Lab_Specimen.alt_specimen_type_coding OE_Lab_Specimen.coding_version_id OE_Lab_Specimen.alt_coding_version
SPM-24	Specimen Condition	S	CWE	20 199 20	OE_Lab_Specimen.specimen_condition_id OE_Lab_Specimen.specimen_condition_text OE_Lab_Specimen.specimen_condition_coding

6.8 NTE – Notes Segment

HL7 2.5.1 Standard		Provider Mapping			
Field Label	Description	Req	Type	Max Lgth	Table.column
NTE-1	Set ID	N	SI	4	
NTE-2	Source of Comment	S	ID	8	note_source
NTE-3	Comment	S	ST	255	note_comment
NTE-4	Comment Type	N	CE	250	

Note: NTE segment can be included in PID, OBR, OBX group in the ORU messages which will be mapped to OE_Lab_Patient_Note, OE_Lab_Test_Note, OE_Lab_Result_Note tables respectively.