SCC
Soft Computer

SoftPath®

Version 4.2.1

Anatomic Pathology User Manual

PATH4-G-U
3rd Edition
Rel. 12/10/2004

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Document History
(Document I.D.: PATH4-G-U)

Manual Edition	Manual Release Date	Software Version	Description of Change
1st Edition*	February 20, 2004	4.2	
2nd Edition	June 28, 2004	4.2.1	
3rd Edition	December 10, 2004	4.2.1	Updated functionality.

* Previous versions of the SoftPath 4 series are covered in manuals found under the document ID "PATH-G-U". From version 4.2 forward, the 4 series manual will be referred to as document ID "PATH4-G-U".

This edition of the SoftPath Anatomic Pathology User Manual supersedes all previous editions of the manual documentation and all other system documentation.

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Introduction

Audience

This manual is intended primarily for the SoftPath System Administrator and secondarily for all SoftPath system users. It provides the information necessary to set up and operate the Soft Computer Consultants, Inc. (SCC) SoftPath system.

System

SoftPath is a feature-rich, fourth-generation pathology/cytology laboratory management system. SoftPath manages specimens, tests, results, workflow, and follow-through procedures for even the most complicated surgical, medical cytology, gynecological cytology, and autopsy cases. SoftPath is designed to service 50 to 1000 bed facilities with 3,000 to 200,000 surgical and cytology cases per year and is compatible with all other SCC laboratory systems and most HIS systems. It uses state-of-the-art technology in both hardware and software design to provide all of the features and unique functions needed in a busy laboratory.

How to Use This Manual

This manual is both a reference tool and "how-to" guide for your SCC software. It is designed to provide the necessary instructions for system administrators and supplement the workstation NCCLS-based procedure manuals.

Most workstations will not need a copy of the entire manual. Sections that the system administrator or laboratory supervisor determine to be necessary for workstation operators can be copied and made into a manual for that workstation.

NOTE: The **Introduction** should be included in every workstation manual.

Portions of this manual may be copied for training or for inclusion in your workstation manuals, but for no other purpose.

Manual Structure

This manual has a loose-leaf design with a modular format. It has chapters that consist of numbered sections that follow the hierarchical design of the system's menu structure.

Each SCC system is extremely flexible and the options can be used in different ways and for different purposes. Although this flexibility makes the system convenient and adaptable for clients (e.g., clients may not need some options, or some of their fields may be optional), it also means that there is no single procedure for using the system that applies to everyone.

Therefore, although this manual attempts to give as many instructions as possible, it does not have a step-by-step approach. Rather, it follows the hierarchical structure of the software and describes each option's capabilities, fields, and function keys. Each client may decide the best way to use the system's capabilities in order to suit their needs.

Each section begins with a title that indicates which menu option is covered. When possible, section titles reflect the wording used in the software. Each section first describes the purpose of the option and then gives instructions for accessing and using the option. This information is often followed by descriptions of individual fields, buttons, and functions within the window. If a field or button is not described in the section where it appears, a description can be found in the **Common Fields** and **Common Button** sections located in this chapter. These sections contain information on fields and buttons found in many places throughout the system.

The color-coded Table of Contents at the front of the manual identifies the chapters separated by color tabs. The detailed Table of Contents follow the color-coded Table of Contents and lists all of the chapters, sections, and most headings in the conventional manner, using indention to show the hierarchical structure of both the system and the manual.

Introduction

The Introduction provides introductory, prerequisite, and common information, as well as the Main Menu and its drop-down menus.

Beginning with Chapter 1, color tabs mark all chapters; each describes a drop-down menu on the **Main** Menu.

Chapter 1	***Order***
Chapter 2	***Processing***
Chapter 3	***Results***
Chapter 4	***Query***
Chapter 5	***Reports***
Chapter 6	***Setup***
Chapter 7	***Utility***
Chapter 8	***Work Assignment***

Page references are included throughout the manual to help you quickly find related instructions.

Chapters and sections in the manual have headings, which enable the user to find specific information about a function, field, procedure, etc. in a particular section, without having to read through the entire section. These headings are bolded throughout the manual and have a larger font than the rest of the text on the page. They may also have subheadings that provide detailed information about the topic discusses in a particular heading. These are also bolded, but in order to distinguish between the heading and the subheading, the font size is not increased.

A complete index is included at the end of the manual for quick reference by subject. All fields that appear on system screens are listed alphabetically under the **Fields** heading. If you are in doubt about what data to enter into a field or what a function key does, look up the field or function key name in the Index and turn to the page listed to find the instructions.

Related Documents

The SoftSecurity User Manual contains information on defining user privileges to permit or restrict access to SoftPath system options and features. Ask SCC for this manual if necessary.

Windows Basics for SoftPath

Using the Mouse

Moving the Mouse

The mouse is a computer interface that you use to tell the computer what you want to do. The mouse uses a roller ball to transfer the movement of the mouse to the cursor on the screen. There are small rollers in the mouse against which the roller ball moves; one rolls up and down, and one moves right and left.

The mouse cursor has several different shapes. Four common cursor shapes you will use frequently in SoftPath are the pointer, the open arrow, the open plus sign, and the I-bar. The pointer shape has a hot spot at the tip of the arrow, which you will use when pointing to and clicking on icons, tool buttons, or objects. The mouse pointer changes to an open plus sign when it is pointing to data in a grid window.

Pointing and Clicking

The mouse may have two or three buttons. Generally, the right mouse button is used only for specific program functions, although the mouse can be switched so that the right mouse button becomes the main button you use in an application. Unless otherwise stated in this manual, a click of the mouse will refer to a click of the left mouse button.

The mouse is set up to fit within the palm of your right hand; the mouse can be set up to accommodate left-handed users. For a two-button mouse set up for right-handed use, when you rest your hand on the mouse, your index finger should comfortably reach the left mouse button and your middle finger should comfortably reach the right mouse button. Lightly grasp the outer left and right sides of the mouse with your thumb and fourth finger.

As a pointing tool, the mouse is used to select items on the screen. When you point to the item you want to select, click the button once. This will select the item to which you are pointing. If the item is an icon, it will turn dark to indicate that it has been selected; if the item is a tool button, it will appear to be pressed down. If you point to and click another icon or tool button, the selected icon or tool button will return to normal since it has been deselected. When a new item is selected, the previous item automatically deselects.

Double-Clicking

To double-click, press the mouse button twice rapidly. It might take some practice to get the feel for this if you have never used a mouse before. Double-clicking can launch an application, close an active window, open a directory, or select a word. When you double-click an icon, the represented module of SoftPath will open. You can double-click a highlighted record to open that record, but be aware that not all records respond to double-clicking.

Clicking and Dragging

You can move objects, such as icons, folders, and graphics, by clicking and dragging the mouse. For example, to move an icon, click the icon without releasing the mouse button. Drag the pointer to the new location. The icon will move along under the pointer as you drag. When you release the mouse button, the icon will be dropped. This process is similar to dragging paper clips across your desk with a magnet.

Right-Clicking

A right-click is used to open context menus. To open a context menu, point to the desired item on your screen and right-click. A context menu for that item will open.

Movement within Screens

Menus

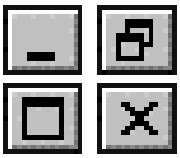
All menu options are accessible through the main menu, located across the top of the SoftPath Desktop window. From this menu, you can access drop-down menus, which list the available commands. If an option has a small, right-pointing arrow (▸) next to it, then the option has a submenu. Click that menu item to see the submenu. Items that are not easily visible (e.g., "grayed") are not available for use, usually because they are not valid choices in the option with which you are working.

Tool Buttons

Tool buttons offer one-click shortcuts to many often-used options and tools. The toolbar is located at the top of the window, just under the main menu.

NOTE: When you point the mouse on a toolbar button or a field, the system displays a **ToolTip Window** explaining that button or field.

Control Buttons



The SoftPath program window and document windows include control buttons in the upper right corner of the window(s).

To minimize the window, click the **Minimize** button (–). To maximize a reduced window to the full screen size, click the **Maximize** button (□). The restore function makes a full size window smaller or viewable as a window within a window. To restore a window, click the **Restore** button (⧉). To close the window, click the **Close** button (✕).

The SCC System and Databases

SoftPath is an integral module in the SCC system. Although individual modules can be used separately (without the entire system), they are designed to work together to provide a complete laboratory management solution. Figure Intro-1shows the structure of the complete SCC system and how SoftPath integrates with other SCC software modules. **This section pertains to the overall SCC system; SoftPath does not necessarily have all the capabilities mentioned.**

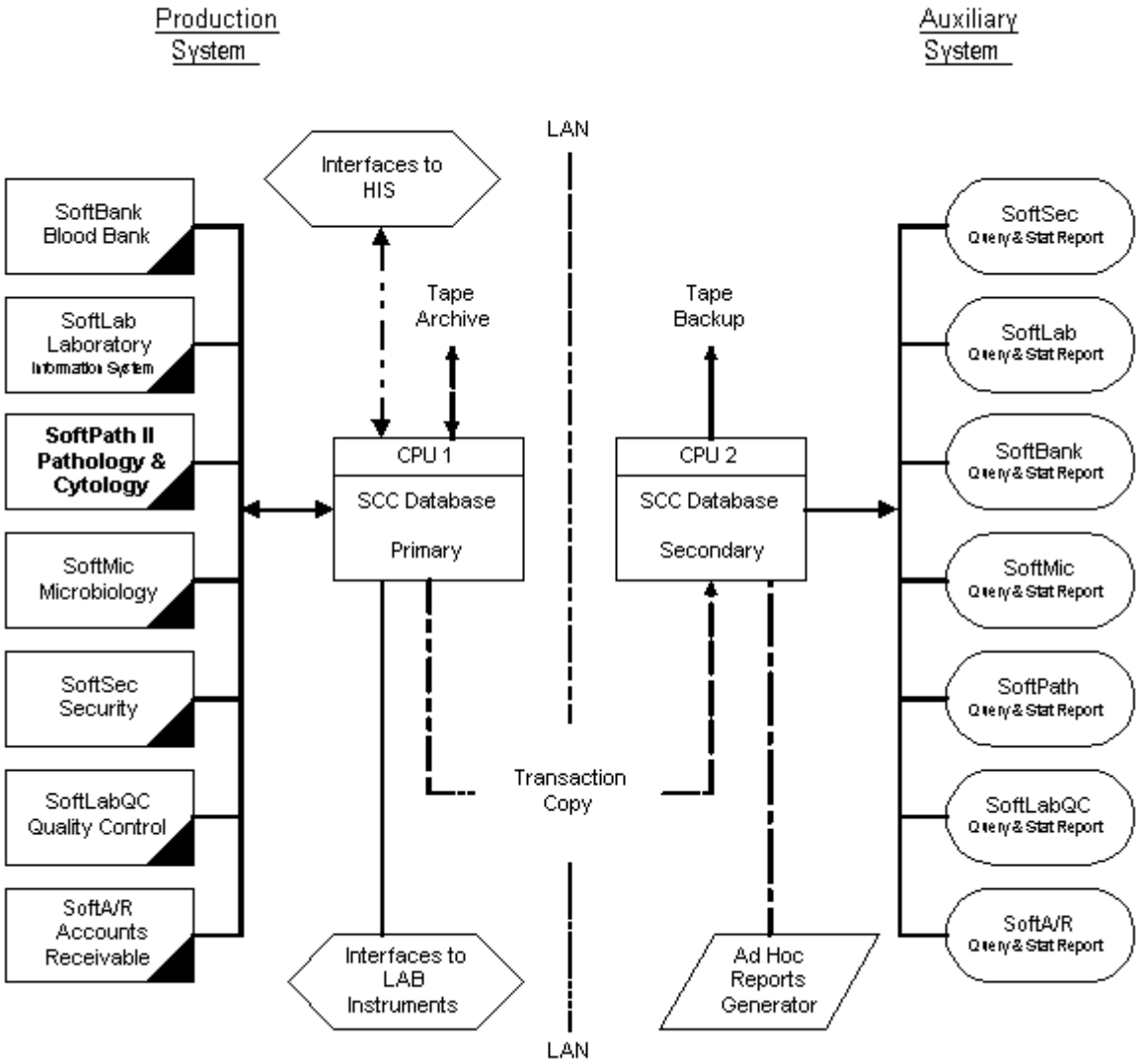


Figure Intro-1. SCC System Structure

SCC System Operating Environment

The SCC system operating environment is summarized as follows:

Central Hardware

IBM RISC/6000, HP 9000

Terminals/Workstations

IBM PC, IBM X-terminal, IBM compatibles

Innovative Peripherals

Optical disk storage, HIS and LIS interfaces bar code generators/readers, printers, cassette and slide printers.

LAN/Central File Server

Ethernet, TCP/IP, Dec Net, Novell, Token-Ring

Operating Systems

UIX, AIX

Database Organization

The system currently uses the db_VISTA database management software package. Databases created with this package exploit both relational and network-type structural connections between files and records. As a result, the most commonly used search patterns in the database can be optimized to improve the system's response time.

Programming Languages

C, C++ Visual Basic, and, db_VISTA

About the SCC System

The integrated SCC system consists of two CPUs connected by a local area network (LAN) such as Ethernet or TCP. The production system running on **CPU1** is the primary system, and the auxiliary system running on **CPU2** is the secondary system. The database is duplicated on each system. All peripherals (terminals, printers, lab instrument interfaces, etc.) are connected to the production system and work from the primary database. All changes made to the primary database are automatically transmitted in real-time mode to the auxiliary system where they update the secondary database.

Maintenance functions performed on the auxiliary system suspend this transmission of changes; however, changes are still made to the primary database. System backup is performed by copying the secondary database (a duplicate of the primary database) to tape. This process eliminates all downtime. When maintenance is complete, the normal transmission of changes resumes.

To ensure the best possible response time for the production system, all functions that do not change the primary database contents (query, printing reports) are performed using the auxiliary system and the secondary database.

All terminals connected to the production system have access to the auxiliary system. Therefore, reports created on the auxiliary system can be printed on printers connected to the primary system.

In the event of a head crash in the production system, all devices can be redirected to the auxiliary system using a single manual switch.

System Maintenance

The SCC computer system consists of a minimum of three separate physical units:

Main computer unit	Comprised of one floppy disk drive, one cartridge tape drive, and a hard disk
Main CRT	(Console) May be complemented by additional CRT's (multi-terminal setup)
Line printer	

The computer is controlled and operated by the console keyboard or any terminal keyboard. Response and status are displayed on the console screen. Initial startup procedures MUST take place at the console rather than the ancillary terminals.

Scheduled Events

Daily	Database Backup
4 months	Computer Shutdown and Reboot - NOT for systems running on AIX 4.1.4 and higher
Monthly	Software Backup
Bi-monthly	AIX Backup
Live-week	Archive: Request Customer Support Representative to have the QA Department of SCC evaluate: • Available space on file • Initial date of archive • Confirm devices needed

When the initial date arrives, contact SCC to confirm your need to proceed with the archive. Before initiating the archive procedure, the manual backup procedure must be run. Periodic archiving will follow this initial procedure depending upon file space and system usage, which is established per client.

Tape Drive Cleaning

Clean your tape drives regularly to ensure reliable operation. It is best to perform the cleaning procedure after every 30 hours of tape drive use or once a month, whichever occurs first. Use an IBM cleaning cartridge to clean the tape drive, and follow the cleaning instructions enclosed with the cleaning cartridge.

Troubleshooting

Occasionally, hardware or software problems may arise that may be easily solved or may be more serious. Use a careful, systematic approach to determine the nature of the problem and solve it.

Following simple procedures can easily solve most hardware and software problems. An SCC representative via modem or in person will handle more serious problems.

Hardware Problems

Hardware problems rarely occur, but when they do it can be very disruptive. Therefore, SCC selects computer equipment that has a track record of reliable operations and superior performance, such as the ALTOS and the IBM RISC families of multi-user systems.

If a problem does occur, experience indicates that it is probably a hard disk problem. In this case, the user can easily switch operation to the backup disk on the auxiliary computer (which contains an exact copy of the database files residing on the damaged disk). The procedure for redirecting all work to the second computer should be performed by SCC personnel. After repairing the damaged disk or computer, SCC personnel will switch work back to the original computer and disk.

Software Problems

Most of the time, software problems revolve around data entry problems. To execute commands, the computer must be given the proper data and directions. Referring to the appropriate section of this manual can solve the great majority of these problems. If a situation arises that cannot be resolved, contact SCC for assistance.

Backup

All system users should follow SCC's backup policy. There are many possible (although unlikely) situations that can lead to major losses. They can be related to hardware failures, human actions, or natural disasters; extreme examples include fire, theft, failure of all hard disks, etc. A properly developed backup policy should enable you to recover from such situations.

On the SCC system, three kinds of backups should be performed regularly:

- Daily and monthly database backups
- Monthly software backup
- Bi-monthly AIX operating system backup

Database Backups

The most important backup is the daily database backup. This saves to tape a full copy of all databases for each module in the system. Although the corruption of a hard disk on both the main and auxiliary systems is nearly impossible in two-computer systems, SCC highly recommends that you make a copy of all databases onto a tape cartridge every day.

At least seven (7) sets of tapes (one set per day) should be rotated. Each month, save or archive one set of daily databases backup tapes (one day's backup) in a secure, off site location.

Ultimately, six of these archived database backup tapes should be sent to SCC to check the reliability of the tape drive.

It is also very important to save the database backup tapes before running the databases archive program.

Software Backups

Due to customizations in each customer's software, you should create a backup of all software installed on your auxiliary computer every month (thus saving a copy of all of your customizations). Two sets of tapes are sufficient for software backup; these tapes can be rotated every two months.

If two tape drives are available, you should check the backup tapes. At least once a month, the backup tapes should be verified on the other tape drive to ensure that both tape drives are operating properly.

AIX Operating System Backups

It is also very important to have an up-to-date backup of the AIX operating system. This procedure should be done every two months, as well as after every major change in the AIX Operating System. In case of system failure, which can be caused by such problems as the corruption of the hard disk, AIX can be restored from the backup tape instead of being reinstalled (reinstalling the operating system is undesirable because it usually leads to loss of some configuration and any user data that was stored on the same disk as AIX; thus, the process of reinstalling the system takes much longer).

Although you can change the default time of the automatic backup execution (2:15), it is advisable to run backup during off-peak hours. Remember that during backup execution, the transaction copy process is stopped and the databases on the auxiliary system are not updated.

For additional security, it is a good idea to keep some copies of the system in a different place (another building).

It is also important to understand that the initial installation of SCC backup includes only files that are maintained by SCC. YOU ARE RESPONSIBLE FOR ANY NON-SCC SOFTWARE BACKUPS.

NOTE: The name of the first file on the backup tape has the format:

B.<hostname>.<date>

By using this naming convention, you can always check the date and the contents of the backup tape.

Backup Strategies

The following tables will help you organize your backups:

Table 1: Backup Scheduling

SYSTEM	Databases Backup	Software Backup	AIX Backup
Main	---	once a month**	every two months*
Aux	once a day	once a month	every two months*
Single	once a day	once a month	every two months*

* Also, after every major change in the AIX Operating System

** By default, software backup on the main system is disabled. It is enabled by SCC staff for some clients with specific needs.

Table 2: Tapes Rotation

SYSTEM	Databases Backup	Software Backup	AIX Backup
Main	---	one tape	one tape
Aux	thirteen tapes*	two tapes	one tape
Single	thirteen tapes*	two tapes	one tape

* One tape for every weekday; one tape held for each of the last six months.

Table 3: Current Backups and Requirements

SYSTEM	Databases Backup	Software Backup	AIX Backup
Main	---	one tape	one tape
Aux	one tape	one tape	one tape
Single	one tape	one tape	one tape

Table 4: Backup Tapes Held in Archive

SYSTEM	Databases Backup	Software Backup	AIX Backup
Main	---	---	---
Aux	twelve tapes*	one tape	---
Single	twelve tapes*	one tape	---

* One tape for each weekday other than today; one tape for each of the last six months; one tape saved before each archive program run.

The following are examples of database backup strategies:

- Have seven tapes designated for databases backups.
- Each week, put Friday's tape into archive.
- At the end of each month, recycle all Friday tapes except the most recent one (from the last Friday of the month).
- Once each (6) months, recycle all monthly tapes except the last one.

Backup Procedures

To prevent the possibility of data loss, each client must implement a policy for daily backup procedures. Even though the backup procedure does not interfere with normal system operations, we recommend that it be done during periods of minimal batch processing. Institute a policy of backing up all data files at the end of the day.

The system offers two approaches to duplicating the database, depending upon which system is in place (a single or dual computer system). The single computer system has a "mirror" database; the main database is copied to this mirror database, and backup is performed from it. For the dual computer system, the database residing on the main computer is duplicated/copied on the auxiliary computer, and copies are made from it during the backup procedure.

The mirror database or second computer system, whichever is in place at your site, cannot sufficiently ensure against data loss. For this reason, the backup procedure should be done on a daily basis and stored in the correct environment.

Depending on the hardware device in use, backups are done to a 1/4" cartridge tape or to an 8mm-cassette tape. During this operation, the system stops copying database changes from the main system to the mirror database. Instead, all changes are stored until the completion of the backup process and then applied/copied to the auxiliary/mirror disk. THERE IS NO DOWN TIME, as all processes function from the main system.

System Security

User access to the SCC system is controlled by the sophisticated SoftSecurity system. Only a user registered by the System Administrator can access selected functions. The System Administrator assigns the following items to all new users:

- An encrypted ID to be entered when you log on to the system.
- Initials which tag all records when you enter or edit data (e.g., modifying test results automatically captures your initials into the test record).
- Main Menu options accessibility (e.g., you may be allowed to enter new orders into the system, but not allowed to enter or edit results). As you move about the screen, if you cannot access a menu or if your cursor skips an option, this indicates that you do not have the security privileges necessary to enter these options. To distinguish accessible options from inaccessible ones, they are displayed in different colors or different levels of brightness.
- Special passwords to access critical functions requiring strict security protection.
- A list of terminals, etc., that you can use.

User ID and Passwords

Memorize your encrypted ID and passwords. DO NOT give them to other users. If you forget your ID or passwords, ask the LIS Administrator for assistance. The System Administrator will introduce any appropriate changes in your security records and inform you of them. If you want to change your password for any reason, you can use the SCC Utility function (**Shift+F11**). See **SCC Utility Menu** section in this **Introduction** for details. The only item that cannot be changed is your initials because they uniquely identify your security records and are historically attached to all of your transactions.

SCC
Soft Computer

Logon/Logoff

Logon to SoftPath

To log on to SoftPath, double-click the SoftPath icon on your Windows desktop or launch SoftPath using the Windows **Start** menu. The **Logon to SOFTPATH** dialog box displays similar to Figure Intro-2.

Figure Intro-2. Logon to SoftPath Dialog Box

Press the **TAB** key to advance between the fields on the **Logon** screen; press **SHIFT + TAB** to move in reverse.

User ID

The system administrator assigns your user ID (identification).

Type your user ID, usually your initials, in the field labeled **User ID**.

NOTE: You can log on to SoftPath as a different user by selecting *File > Log On* from the SoftPath main menu.

Password

The system administrator assigns your initial password, but you may be required to select a new one the first time you log on.

Type your password in the field labeled **Password**. As you type your password, asterisks (*****) display rather than the characters you are typing. This security feature prevents others from seeing your password.

NOTE: You can change your password at any time by selecting *File > Change Password* from the main menu. The **Change User's Password** dialog box displays similar to Figure Intro-3. Enter your current password in the **Password** field. Enter your new password in the **New Password** and **Confirm Password** fields.

Figure Intro-3. Change User Password Dialog Box

Extended Security Features

If desired, hosparams are available in SoftSecurity that dictate some extended security features for user IDs and passwords. For example, the system can be set to allow only the administrator to establish a user's ID or the user can be allowed to define it for themselves.

NOTE: If a new user ID is established, it must match the user ID as found in the Personnel Setup File in SoftPath, otherwise the user will not be able to log in.

Also, passwords can be defined to have a minimum of eight (8) characters. The passwords may also be dictated to include a mandatory capital letter, number, and/or special character. When a new password meets the set criteria, the checkboxes next to the password rules on the change password screen will light up. The system keeps a log of the previous five (5) passwords used by the user and will not allow you to use one of those five passwords when establishing a new password.

Command Buttons

After you have entered your user ID and password, click the **OK** button or press **ENTER** to logon.

If for any reason you decide not to logon to the system, click the **Cancel** button to close the logon screen.

If you need help at any time during the logon process, click the **Help** button. This opens the **SoftPath Logon Help Information Message** window similar to Figure Intro-4.

Figure Intro-4. SoftPath Logon Help Information Window

To close the help information message window, click the **OK** button or **Close** (✕) button in the upper right corner of the information box.

NOTE: If you type your user ID or password incorrectly, or if your user ID and/or password have not been registered, a warning message, similar to Figure Intro-5, will display and you cannot enter the system.

If this occurs, click the **OK** button or the close button in the upper right corner of the message box to close it and return to the **Logon** screen.

Retype your user **ID** and password, and click the **OK** button or press **ENTER** to logon.

If you are still unable to logon, contact your system administrator to verify your user ID and password.

Figure Intro-5. Logon Warning Messages

NOTE: Upon a successful logon, local Microsoft Word templates are automatically synchronized with those that appear in the SoftPath system.

NOTE: Upon a successful logon, the system will display the previous success and unsuccessful login attempts on the system so you can verify the integrity of your installation.

Log Off

To log off the system, you can either choose *File* > *Exit* from the SoftPath main menu or click the **Exit** button located on the SoftPath toolbar.

SCC
Soft Computer

SoftComm

SoftComm is a user-to-user communication utility that allows you to send mail to other SoftPath users. Access the SoftComm utility by selecting *File > User to User* from the main menu. Alternately, you click the **Mail** button located on the main SoftPath toolbar. The **SoftComm** window displays similar to Figure Intro-6.

The top portion of the window lists mail you have received from other SoftPath users. The system displays the user that sent the letter, the user that the letter was addressed to, the date and time the letter was sent, and the current status of the letter (**Read** or **New**). The lower portion of the window is the preview pane. The preview pane displays the contents of the currently selected letter.

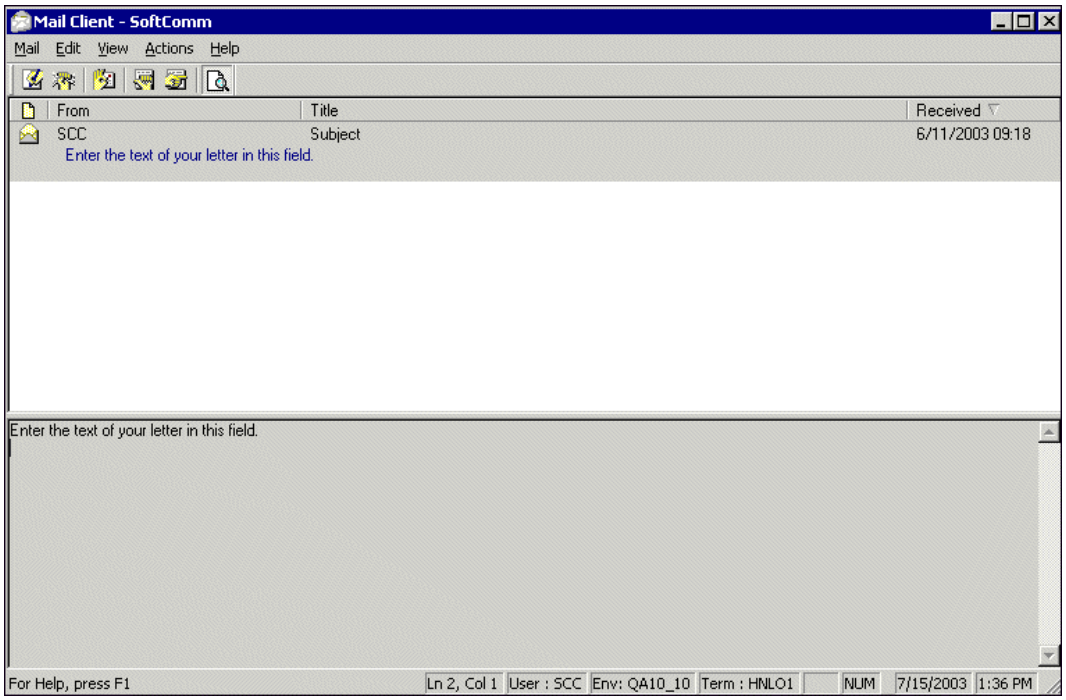


Figure Intro-6. SoftComm Window

Click any letter to select it. You can then use the options in the **Action** menu (see page **20**) or the SoftComm toolbar to delete, reply to, or forward the selected letter. The preview pane displays the content of the currently selected letter, but you can also double-click the letter to open it in the **Letter** window, similar to Figure Intro-7.

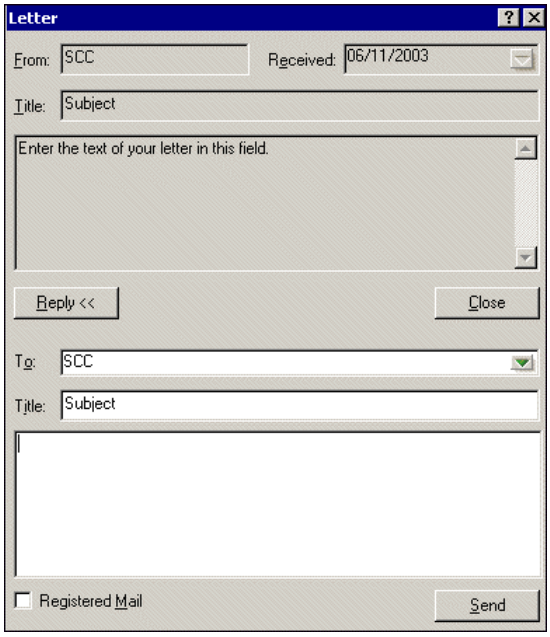


Figure Intro-7. Letter Window

Mail Menu

The **Mail** menu allows you to create new letters and messages, print received messages, and define SoftComm options.

New Mail/Message

These options are used to create new letters and messages. Refer to the sections describing the **New Mail** and **New Message** options (see page **20**) for the **Action** menu for more information.

Print

Select *Mail* > *Print* from the SoftComm main menu to print the currently selected letter. The **Select Printer** window displays similar to Figure Intro- 8. Select the printer that you want to use to print the letter from the **Print To** drop-down list and click **OK**.

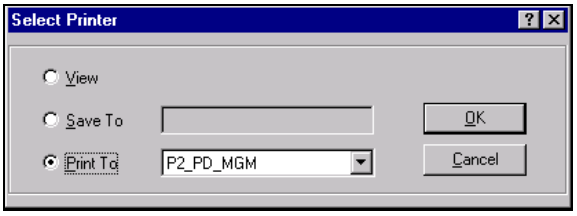


Figure Intro- 8. Select Printer Window

Options

Select *Mail* > *Options* from the SoftComm main menu to change your default SoftComm preferences and customize the way you use SoftComm. The **SoftComm Client Options** window displays similar to Figure Intro-9. After you select which options you want to use, click **Save** to save your changes. Click **Close** to return to the **SoftComm** window.

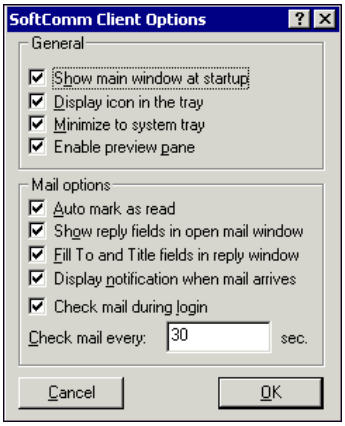


Figure Intro-9. SoftComm Client Options Window

Show Main Window at Startup

Mark this checkbox if you want the **SoftComm** window (see Figure Intro-6) to display when SoftPath is started.

Display Icon in the Tray

Mark this checkbox to display the **SoftComm Mail Client** icon in the Windows system tray when the utility is running. You can access the **SoftComm** window at any time by right-clicking this icon and selecting *Activate* from the context menu.

Minimize to System Tray

If you mark this checkbox, minimizing the **SoftComm** window removes it from the Windows taskbar. However, the program continues to run and can be accessed at any time by right-clicking the **SoftComm Mail Client** icon in the Windows system tray and selecting *Activate* from the context menu.

Enable Preview Pane

If you mark this checkbox, the preview pane will be displayed at the bottom of the **SoftComm** window, allowing you to view the content of any selected letter without having to open the letter by double-clicking it.

Auto Mark as Read

If this checkbox is marked, any new letters that are viewed by using the preview pane or by double-clicking have their status automatically changed from **New** to **Read**.

Show Reply Fields in Open Mail Window

If you mark this checkbox, the **Reply** button will be enabled in the **Letter** window that displays when you double-click a letter to open it. You can click this button to reply to a letter.

Fill To and Title Fields in Reply Window

If you mark this checkbox, the system automatically populates the **To** and **Title** fields when you use the **Reply** button to reply to a message sent to you by another user.

Display Notification When Mail Arrives

If you mark this checkbox, the system automatically displays a notification when new mail arrives in your inbox.

Check Mail During Login

If you mark this checkbox, the system automatically checks for new messages during login.

Check Mail Every (#) Second

If you mark this checkbox and type in a number, the system automatically checks for new mail during the interval you specify.

Exit

Select *Mail* > *Exit* from the SoftComm main menu to exit the SoftComm Mail Client and close the **SoftComm** window.

Edit Menu

The **Edit** menu options allow you to copy, cut, and paste text within the SoftComm Mail Client. You can also use this menu to undo actions and keystrokes when editing text.

View Menu

The **View** menu options allow you to select which pane(s) will be displayed: Preview Pane, Toolbar, Status Bar, and/or Preview Letters.

Actions Menu

This menu is used to create new letters/messages, retrieve new letters, and to forward, delete, and reply to letters.

New Mail

Select *Actions* > *New Mail* to send a new SoftComm letter to another SoftPath user. You can also click the icon on the SoftComm toolbar. When you select this option, the **New Letter** window displays similar to Figure Intro-10.

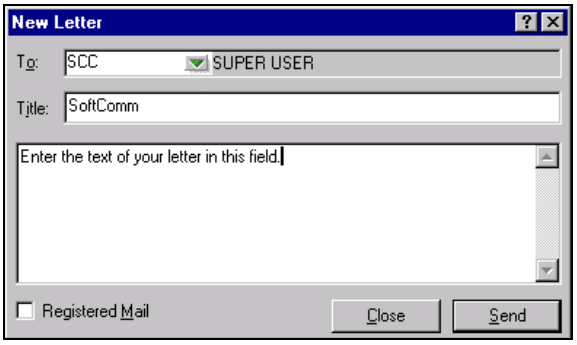


Figure Intro-10. New Letter Window

To

Enter the user ID you want to send the letter to or click the button to search for a specific user. After you select a user, the user's name displays in the adjacent field.

Title

Enter the subject/topic of the letter or a brief description of the letter. **Maximum 15 alphanumeric characters**.

Text Area

Enter the body of the letter in the large text field.

Registered Mail

Mark this checkbox if you want to send the letter by registered mail.

Close Button

Click the **Close** button to close the **New Letter** window without sending the letter.

Send Button

After you have entered the body of the letter, click the **Send** button to transmit the letter to the user specified in the **To** field.

New Message

Select *Actions* > *New Message* to send a brief SoftComm instant message to another SoftPath user. When you select this option, the New Message window displays similar to Figure Intro-11.

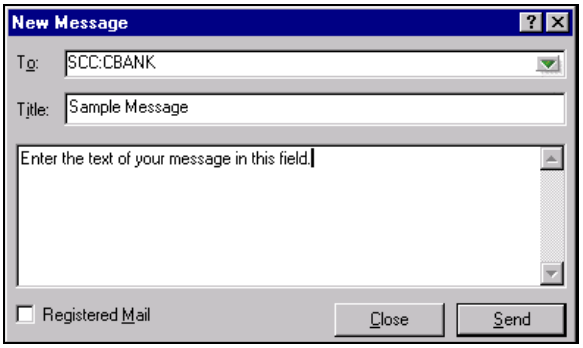


Figure Intro-11. New Message Window

To

Enter the user ID you want to send the message to or click the button to search for a specific user. After you select a user, the user's name displays in the adjacent field.

Title

Enter the subject/topic of the letter or a brief description of the message. **Maximum 15 alphanumeric characters**.

Text Area

Enter the body of the letter in the large text field.

Registered Mail

Mark this checkbox if you want to send the message by registered mail.

Close Button

Click the **Close** button to close the **New Message** window without sending the message.

Send Button

After you have entered the body of the letter, click the **Send** button to transmit the letter to the user specified in the **To** field.

Check New Mail

Select *Actions* > *Check New Mail* from the SoftComm main menu or click the **Check New Mail** toolbar button to retrieve new letters addressed to you. The new letters display in the top portion of the **SoftComm** window and have the status **New**.

Delete

To delete a letter, click the letter to highlight it. Then select *Actions* > *Delete* or click the **Delete** toolbar icon to delete the letter. The system will ask you to confirm the deletion. Click **Yes** to delete the letter or click **No** to cancel the deletion.

Reply

To reply to a letter that was sent to you, first click the letter to highlight it. Then select *Actions* > *Reply* or click the **Reply** toolbar icon to display the **Letter** window similar to Figure Intro-12. This window allows you to create a new letter in order to reply to the original letter. Enter your reply to the letter in the large text area at the bottom of the window and click **Send** to send the reply. If necessary, you can enter a new recipient and/or title for the letter.

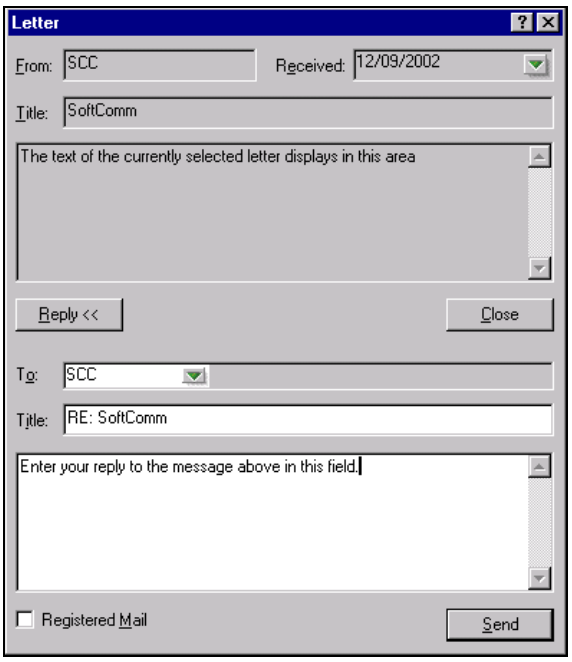


Figure Intro-12. Letter Window

Forward

To forward a letter to another user, first click the letter to highlight it. Then select *Actions* > *Forward* or click the **Forward** toolbar icon to display the **Letter** window. Enter the user that you want to forward the letter to in the **To** field and click **Send**.

Mark As Read

To mark a letter as read, first click the letter to highlight it. Then select *Actions* > *Mark as Read*.

SoftPath Main Menu

After you log on and access the system, the SoftPath main window displays similar to Figure Intro-13. The menu is located at the top of the window, just below the window title bar.

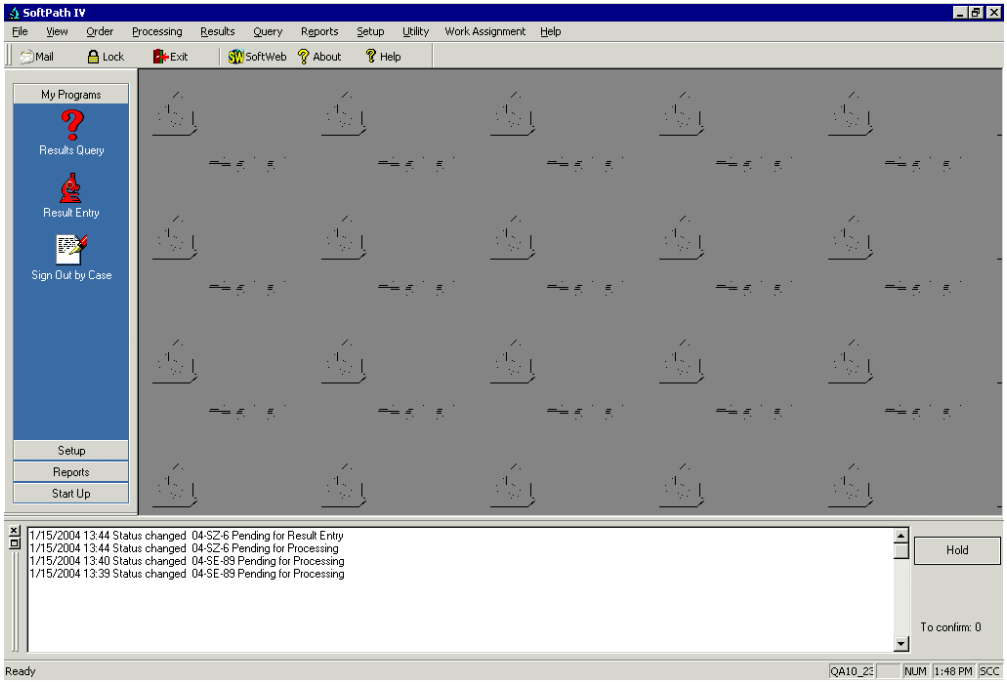


Figure Intro-13. SoftPath Main Window

Main Menu Option Descriptions

File Menu

The **File** menu options allow you to log on to the system as a different user and to exit the system. You can also use the **File** menu to access SoftComm, an internal communications program.

View Menu

The **View** menu options allow you to customize the toolbars displayed on the screen. SoftPath toolbars provide quick and convenient access to many important functions. You can customize which toolbars are currently displayed in the system by using the *View* menu. This menu contains three options (a check mark next to the option indicates that it is currently active):

Toolbar

This option shows/hides the toolbar that runs along the top of the window. This toolbar contains such functions as **Save**, **Edit**, **New**, etc. Refer to the section **Toolbar Functions** for more information on this toolbar.

Status Bar

This option shows/hides the status bar located at the bottom of the application window. The status bar displays the environment name, keyboard status, current time, and currently logged on user.

Shortcut Bar

This option shows/hides the shortcut bar located on the left side of the application window. The shortcut bar provides quick access to commonly used SoftPath functions. You can customize the functions available from the shortcut bar.

Notification Panel

This option shows/hides the notification panel located on the bottom of the application window. The notification panel notifies a user ID of work that has been assigned to them. This list is constantly updating. However, the **Hold** button can be used to keep a notification available.

Orders Menu

The **Order** menu options allow you to identify patients, assign case numbers, register specimens, schedule and track follow up phone calls/consultations, and maintain old case histories. Most initial SoftPath data entry is performed using the **Order** options. See ***Chapter 1 – Orders***.

Processing Menu

The **Processing** menu options are used to process registered specimens at the various workstations typically found in a pathology laboratory. Two methods are used: *computer interactive* and *non-interactive*. Both methods accommodate workload capturing with SoftWorkload™ or ODBC and logs.

The *interactive method* processes the specimens with electronic worksheets, which allows real-time completion of the work on computer screens where the technologist enters data.

The *non-interactive method* assumes that printed worksheets are created and used to distribute the work. The data is written on the worksheets and later batch-entered into the database by a technologist. The associated processing logs are produced from the data entered.

See ***Chapter 2 – Processing***.

Results Menu

The **Results** menu options allow you to enter different kinds of results information, as it becomes available, in the form of free text, diagnosis codes, or canned messages. Preliminary, Final, Supplemental, and Revised Reports can all be created from this option. The **Results** options also allow you to enter quality assurance (QA) results and sign out cases. See ***Chapter 3 – Results***.

Query Menu

The **Query** menu options allow you to view the following information for selected cases: patient demographics, specimen information (including source code and name, date and time when the case was registered and signed out), call information, letters, priority, specimen adequacy codes, QA information, final diagnoses, and diagnosis groups. See ***Chapter 4 – Query***.

Reports Menu

The **Reports** menu options allow you to create and print the standard system reports used on an everyday basis, such as worksheets, final reports, and follow-up letters. You can also access all quality assurance (QA) reports and any ad-hoc reports previously created and saved in the ODBC or SQL report writer.

The **Reports** options also allow you to view or print the various system logs. The system logs provide a summary of completed work by listing cases (completed or pending) at key workstations. System logs include: daily accessions, processed specimens, embedded blocks, processed blocks, special stained slides, autopsies, case statuses, parent sources, revised cases, daily results, deleted specimens. See ***Chapter 5 – Reports***.

Setup Menu

The **Setup** menu options allow you to define and establish the files necessary to identify and code stains, tests, specimen sources, locations, personnel, etc. These options allow you to configure the system to the way you do business in your lab. The **Setup** options are used most extensively before and during system installation. See ***Chapter 6 – Setup***.

Utility Menu

The **Utility** menu options include an audit trail utility, archive utility, action entry, billing entry, screening evidence entry, and remote printing (including fax) control. You can also bridge to Microsoft Access™ to create new, or edit existing ODBC reports. See ***Chapter 7 – Utilities***.

Work Assignment Menu

The **Work Assignment** menu allow you to manage the assignment of cases to specific personnel and provide a single option for those personnel to perform all activities assigned to them. See ***Chapter 8 – Work Assignment***.

Help Menu

The **Help** menu options allow you to access SoftPath online help. Select the **Help Topics** option to access overview information for the current window. You can also click the **Help**

button on the toolbar and then click any field to display help information for that field.

SCC
Soft Computer

System Features

Autopsy Module

Provisional Anatomic Diagnosis (PAD) and Final Anatomic Diagnosis (FAD) reports are edited in MS Word and slide processing is integrated with other case types (surgical and cytology). Report formats are dependent on accession base, allowing for different autopsy report formats. Clinicopathologic correlation is available for data entry, which in turn qualifies the case for autopsy QA. Autopsy QA allows the pathologist or resident to correlate the clinicopathologic information given with the final diagnosis.

Entry Block IDs

Automatic block and slide IDs are standard.

Specimen Labels

Labels are printed for specimens and requisition forms, and can be user-defined based on the accession sequence. Bar codes can also be included for quick case identification. Labels can be printed automatically by case type or manually printed.

Histology and Cytology Slide Labels

Slide labels are user-defined and can be different for each accession sequence.

Histology and Cytology Worksheets

Worksheets are user-defined and can be different for each accession sequence. The information displayed on the worksheet depends on the format setup.

Billing

Billing is fully automatic. The two most distinctive features of the billing procedure are the setup dependent charge calculation and the minimum user input for billing purposes. A large array of billing routines is included to accommodate a variety of users. Technical billing is fully automated and professional billing requires only minimal user interaction (service units for CPT 88300-88309). Pathology labs with more than one billing agency can set up different billing codes for different patient types (e.g. inpatient, outpatient).

Text Editing

Word-processing may be performed using MS Word editor or an RTF editor from the **Case Results** option. Context-sensitive canned messages can be inserted and edited.

Electronic Signature

An image of the pathologist's signature can be stored in the system and printed on the reports when included in the user-defined report template.

Bridge to SoftWeb

A function button has been added to the Main Menu screen to allow users to bridge SoftWeb. This allows users to view reports and patient data in that environment.

Remote Printing of Reports

Remote printing is featured in all SCC LIS products.

Direct Fax Reports

Automatic faxing is featured in all SCC LIS products.

Retrieval by Diagnostic Codes and Diagnosis Text

The **Complex Query** option allows the retrieval of cases by diagnostic code or by key words in the final diagnosis or gross description.

Automated Diagnostic Coding

Scanning the final diagnosis produces a list of codes that describes the diagnosis. You can choose from the displayed list to insert selective codes or accept all of the codes. For GYN cases utilizing cascading windows during result entry, the diagnosis codes can be automatically inserted based on the windows you select.

Management Reports

Management reports are incorporated in the system. All information stored in the database can be retrieved and used to generate charts, trending reports, and tabulated daily logs.

Letters

Follow-up letters can be generated for all cytology and histology cases.

Automated QA Qualification

The system allows automatic selection of cases for rescreen, peer review, retro-review, and follow up correlation. The qualification is based on the options selected during initial system setup.

HIS Interface: ADT

The availability of this interface depends on the package purchased. Admission/registration, change demographics, discharge, and transfer transactions are supported. In addition, the ability to cancel admission, merge patients, and merge admitting/billing numbers is supported.

HIS Interface: Result Reporting

The availability of this interface depends on the package purchased. The Result Reporting interface is standardized and provides the ability to transmit preliminary reports, final reports, supplemental reports, and revised reports.

HL7

The availability of this interface depends on the package purchased. The HL7 standard is used for data transmission.

Stain QC

The **Stain QC** option has the ability to capture stain batches within the system and perform QC. The batch number is available for the slide labels and control labels and can be printed with the batch.

Stain Panels

The system provides the ability to define stain panels for use in processing to cut down on data entry. The user will also have the added ability to bill the stains individually or as one charge dependent on the billing and stain panel setup.

High Risk Patient

The system has the ability to mark a patient as **high risk** based on the diagnosis category associated with the final diagnosis. A patient can also be flagged as **high risk** by the risk factors associated with the patient record. Once flagged as **high risk**, the patient remains in the **high risk** category until you manually change the patient status.

Context Manager (CCOW)

Context Manager functionality makes it possible for patient and case information to automatically update between different SCC products, including SoftPath. For example, data would appear in SoftLab just as it would in SoftPath for patients being used by both systems.

Work Assignment

Manager's Dashboard allows managers to graphically assign cases using a drag-and-drop interface and My Workspace allows personnel to visually see and complete tasks on their workloads.

Customizable Help Screens

An SCC Help System with the available customization feature includes HTML help pages with a **Create/Edit Custom Help** button that appears at the top of the page, as shown in Figure Intro-14. To add customized text to the help file, click this button.

NOTE: This customization system does not allow users to change the help text as given to the client by SCC. The customization system allows users to simply add important, client-specific text to the top of each help topic that appears in the system.

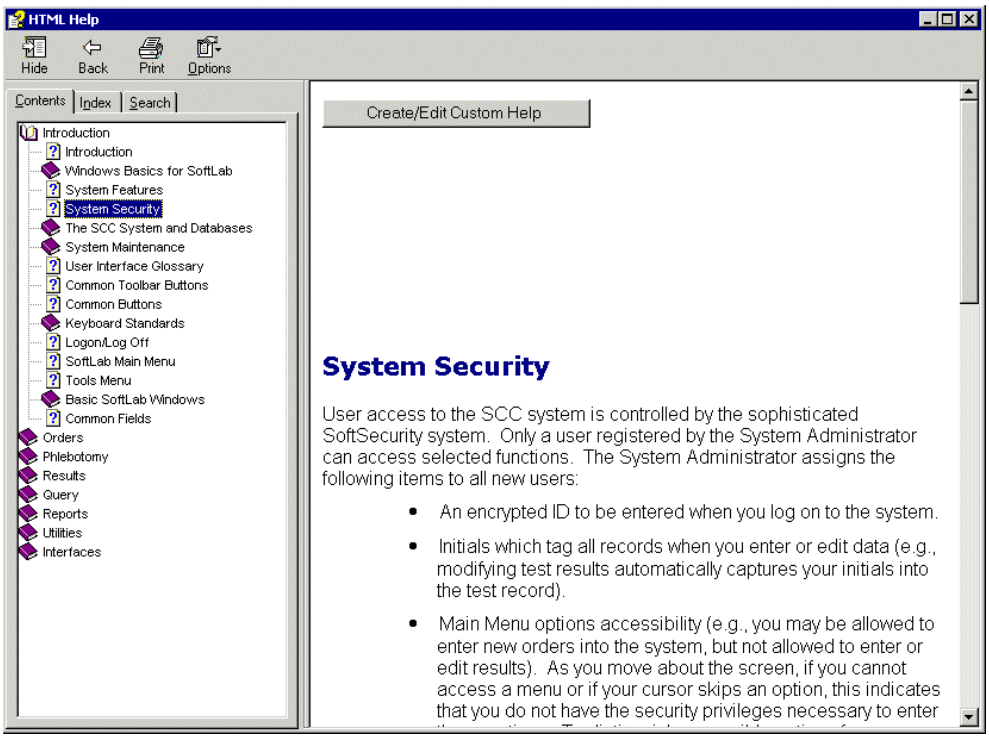


Figure Intro-14. HTML Help screen with Custom Help Button

Once the button is selected, a password entry window appears on the screen, shown in Figure Intro-15. Enter the password given to you by SCC.

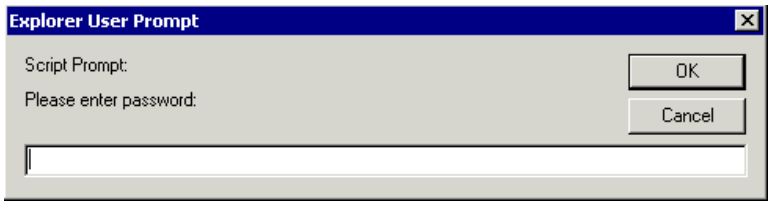


Figure Intro- 15. Custom Help Password Entry Window

Upon entry of the correct password, a Microsoft Word screen will appear, as shown in Figure Intro-16. Select the default, “SCC Help Template” text and change it to whatever you wish to enter.

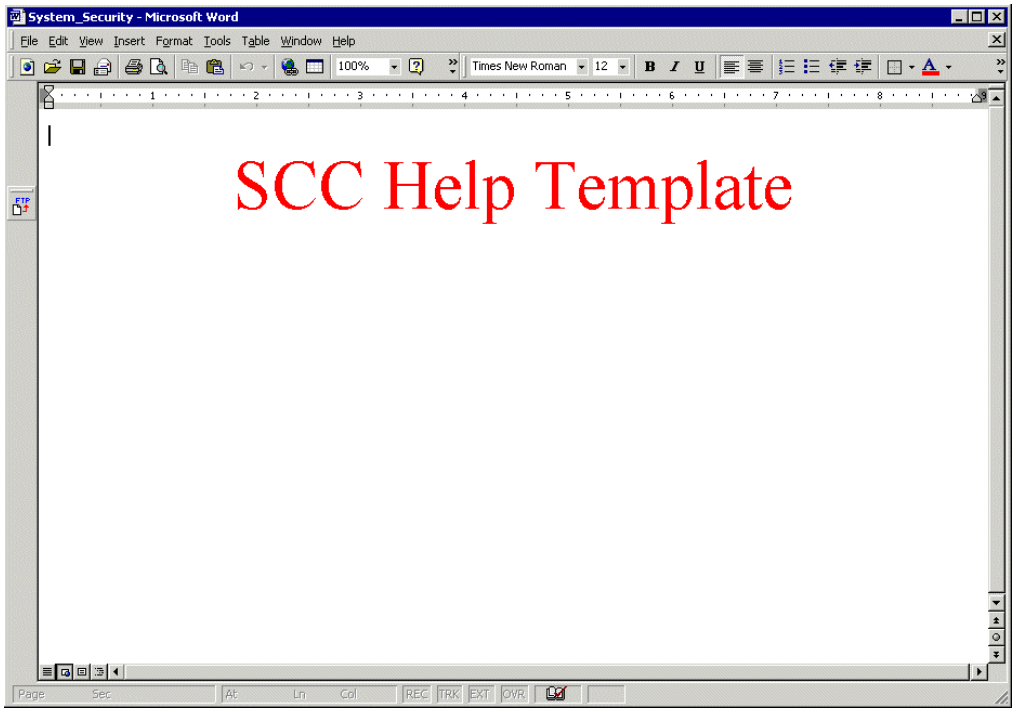


Figure Intro- 16. Microsoft Word screen with Custom Help Template

When your entry is complete, select the small FTP button that appears on the left side of the Word window. The system will ask you to confirm that you would like to upload your edited file to the server. Once confirmation is received, a status bar showing the progress of the upload is briefly displayed. Once that bar disappears, the upload is complete. The next time that particular help file is accessed, your edits will be included at the top of that help topic.

NOTE: If your system is upgraded to a future version of SCC software, whatever editable helps you have completed during the use of the previous version will follow you to the new version. The customized helps are saved in a different location on your server than the SCC Help System and this location is not subject to the upgrade process.

Toolbar Buttons

A toolbar is displayed in the top portion of most SoftPath windows. The buttons contained in each toolbar vary depending on which menu option you have selected. This section lists these toolbar buttons and their functions.

Arrows Click these buttons to display the next or previous record. These buttons also allow you to move to the first record or last record in a list.

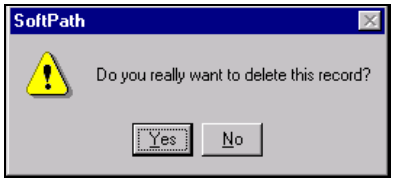
Blood Bank Click this button to query the SoftBank database to search for results for the current patient. This is a READ ONLY function.

Clear Click this button to clear data from all the active fields displayed.

Cmpl Click this button to mark the current action for the case as completed. Depending on the Action Entry settings in the Options file, you may not be able to modify actions marked as completed.

Delete Click this button to delete the currently displayed record from the database.

When you click the **Del** toolbar button, the system displays a message allowing you to confirm the action.



If you click **Yes**, the system displays a message similar to the one below that confirms the action. If you click **No** then the system does not delete the record.

Edit Click this button to edit the currently displayed record if it has already been saved in the database.

Exit Click this button to exit the SoftPath application. If you have modified the currently displayed record, the system prompts you to save the data. The system then asks you to confirm that you want to exit the program.

Find Click this button to initiate a search based on the criteria you enter in the available fields of a search window or tab.

Help Click this button and then click any field to display help information for that field.

History Click this button to display the processing history of the current case or specimen.

Lab Query	**Lab Query**	Click this button to query the SoftLab database to search for lab results for the current patient. This is a READ ONLY function.
Merge	**Merge**	Click this button to merge two records for the same patient when information exists in the database for the same patient under two different MRN numbers.
Mic Query	**Mic Query**	Click this button to query the SoftMic database to search for microbiology results for the current patient. This is a READ ONLY function.
New	**New**	Click this button to display to add a new record to the database.
Open	**Open**	Click this button to display a search window for the current option. This allows you to open and then edit/view an existing record.
OMove	**Omove**	Click this button to remove a stay from a specific patient record and add that stay to another patient record as a new stay.
Options	**Options**	Click this button to open the **Options** window, which contains the user-defined default settings for SoftPath.
Patient	**Patient**	Click this button to display the **Patient Maintenance** window, allowing you to add or edit SoftPath patients.
Print	**Print**	Click this button to print the current record to a file or printer. You can also view the record on your screen.
Query	**Query**	Click this button to display a window that allows you to query the SoftPath database.
Refresh	**Refresh**	Click this button to update the data contained in the fields of the current window with the most current information from the database.
Save	**Save**	Click this button to writes the current record to the database.
SoftWeb	**SoftWeb**	This button activates the bridge to SoftWeb.
VMerge	**Vmerge**	Click this button to merge two stay records for the same patient if two different billing numbers have been assigned to the patient.

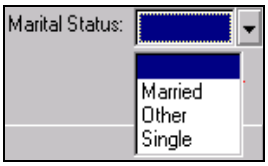
User Interface Glossary

The following glossary defines words, phrases, and commonly used terms for user interface items found throughout the SoftPath system.

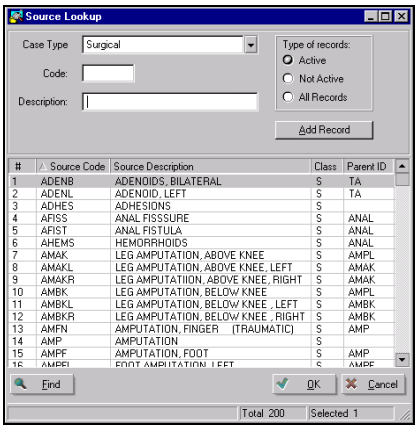
Checkbox Checkboxes are used to turn a feature on or off. Click the empty box to mark the checkbox with an **x**. This indicates that the corresponding feature is active. You can click a marked checkbox to unmark it and remove the **x**. This indicates that the corresponding feature is inactive. Checkboxes are also used when more than one option in a group can be selected at the same time.

Close Click this button to close the current window.

Drop-Down List Drop-down lists contain a static list of appropriate choices for the field. To select an option from a drop-down list, click the drop-down list button and then click the desired option. Alternately, you can press **Spacebar** to cycle through the available options in the list. Drop-down lists appear similar to that shown below:



Dynamic List Button Clicking this button displays a dynamic list of acceptable entries for the associated field. The information displays in a lookup window similar to that shown below. The fields in the lookup window can be used to enter search criteria in order to locate specific entries. The information contained in this list is determined by the data present in the database and parameters you define during setup.



Minimize Click this button to minimize the window. The window name displays in the Windows taskbar at the bottom of your screen.

Maximize Click this button to maximize the window in order to view as much of the window as your screen permits.

Option Button

Option buttons provide a means of selecting one or more options within a group. Click the option button to activate or deactivate the corresponding option. Often, the system will only allow you to select one option from the group (i.e., when you activate an option, the other options are deactivated).

Restore Window

Click this button to restore a window to its original size.

SoftPath User Interface Diagram

Common objects found throughout SoftPath designed to enter, modify, and view data are shown in the diagram below. More detailed explanations of these objects can be found in the **User Interface Glossary** on page 33.

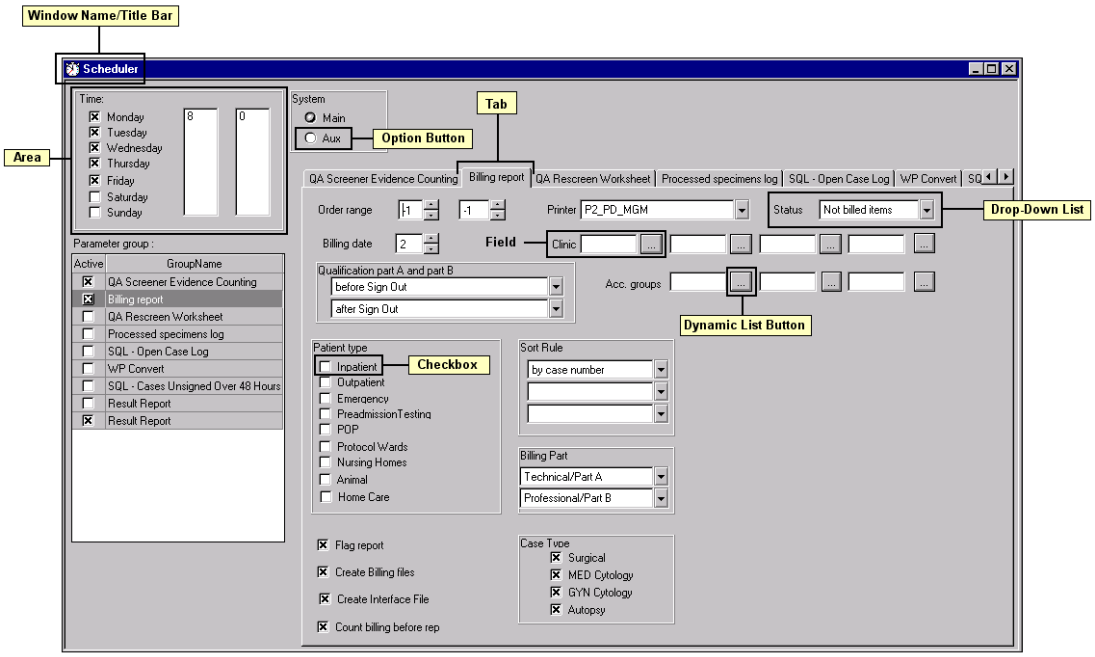


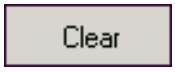
Figure Intro- 17. SoftPath User Interface Diagram

Common Buttons

The following buttons, which are described in alphabetical order, appear in many windows and have the same use in each. Therefore, they are described once here rather than multiple times throughout the manual.

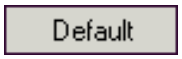
The **Add Record** button allows you to add a new record of the appropriate type to the database. For example, if you access the **Source** option (*Setup > Setup Files > Source*) and click the **Add Record** button in the **Source Lookup** window, the system displays a blank **Source Setup** window. This window allows you to enter data and create a new source record.

The **Cancel** button allows you to exit the active window or dialog box without executing a command or function. Clicking **Cancel** will cause you to lose any information you may have entered in any fields of that window.



Click the **Clear** button to erase information displayed in a window without exiting that window.

Click the **Comment** button to display a window where you can enter free-text comments for the current record. You can also enter canned messages in addition to text (if this option is defined during system setup).



Click the **Defaults** button to view or change the settings in the **Browser Properties** window. Default settings are used each time unless you change the settings, either temporarily or permanently.

Click the **Delete** button to erase the currently selected information or record from the database. Always use caution when deleting any information in SoftPath.

The **Deselect All** button de-selects all currently selected options or records.

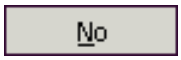
Click the **Find** button to execute the current search or query based on any search criteria you may have specified.

Click this button to select all items in a list or grid. Once the items are selected, you can use other window functions to modify, delete, or process the items.

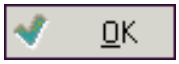
Click this button to select the currently highlighted item in a list or grid. Once an item is selected, you can use other window functions to modify, delete, or process the item.

Click the **New** button to open a window that allows you to enter new information and/or data records that do not yet existing in the system. For example, if you click the **New** button in the **Patient Maintenance** window, you can enter data for a new patient.

Clicking the **Next** button allows you to view additional records retrieved during searches.



Click the **No** button to indicate a negative response to specific questions the system asks you. For example, if you delete a record, the system will ask you to confirm that you want to delete the record. You could then click **No** to indicate that you do not want to delete the record.

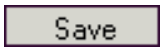


The **OK** button allows you to confirm an action or to acknowledge a specific system request or message.

The **Prev** button allows you to view previous records retrieved during searches.

Click the **Restore Defaults** button to restore the original default settings after temporarily changing the settings for particular windows or searches.

Click the **Run** button to generate a report based on any report criteria you may have specified.



Click this button to save any new information that you have entered or to save any changes you have made to the existing information.

The **Select All** button allows you to select all available options or records without individually selecting each of them.

Click this button to display the **User Defined Flag** window similar to Figure Intro- 18. The available flags are defined in the **User Flags** option (*Setup > User Flags*).

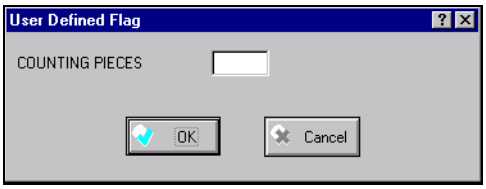
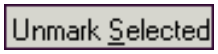


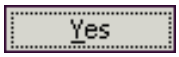
Figure Intro- 18. User Defined Flag Window

Click this button deselect all selected items in a list.



Click this button to deselect the currently highlighted item in a list.

Click the **View** button to preview reports or other printed information on your screen before you send it to a printer.



Click the **Yes** button to indicate an affirmative response to specific questions the system asks you. For example, if you delete a record, the system will ask you to confirm that you want to delete the record. You could then click **Yes** to indicate that you want to delete the record.

Common Fields

The following fields appear in many windows throughout SoftPath. They are described here once, in alphabetical order, rather than multiple times throughout the manual.

Active Checkbox

If this checkbox is marked, then the currently displayed record is active and available for use during system operations.

Adequacy Field

You can enter up to three specimen adequacy codes in these fields. Click the button to display the **Specimen Adequacy Lookup** window. Select an appropriate code from the list.

Adm (Admitting) Doctor Field

Enter the doctor ID of the admitting doctor or click the button to select from a list of valid doctors.

Allowed Case Types Area

Mark the appropriate checkboxes to indicate which cases to include in this search, report, or record. **A maximum of 4 case types can be selected**.

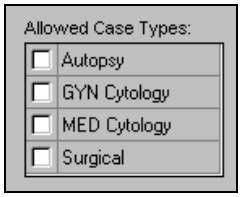


Figure Intro-19. Allowed Case Types

Billing # Field

Enter the billing number for the patient's stay. SoftPath automatically generates a billing number if you leave this field blank, but you can manually enter a billing number if necessary.

Body Site Field

Enter the body site where the specimen source is located on the patient. Click the button to select from a list of valid body site codes.

City Field

Enter the name of the city for the address. **Maximum 14 alphanumeric characters.**

Clinic or **Clinic ID Field**

Enter a unique clinic ID code. Click the button to select from a list of valid clinic codes.

Code Field

This field is used to enter a unique identifier in dynamic list lookup windows to locate specific records or codes.

Coll. Method

Enter the collection method code that describes how the specimen was procured (e.g. biopsy, surgical procedure, etc.). If a collection method is associated with a source, the default collection method code is automatically entered when you enter a source code if this feature is set up in the Source file. To select a collection method, click the button to display the **Collection Method Lookup** window. Select the appropriate code from the list.

Comment Field

Enter a free-text comment in this field related to the current record or information.

Doctor or **Doctor ID Field**

Enter a unique doctor ID code or click the button to select from a list of valid doctors.

Done By Field

Enter the user ID of the person performing the procedure. Click the button to select from a list of valid ID codes for this field.

Employee ID Field

Enter a unique employee ID code or click the button to select from a list of valid employees.

Employee Type Drop-Down List

Select an employee type from the drop-down list.

First Name Field

Enter the first name of the employee, doctor, or patient depending on the current window and the information required. **Maximum 13 alphanumeric characters**.

Last Name Field

Enter the last name of the employee, doctor, or patient, depending on the current window and the information required. **Maximum 17 alphanumeric characters**.

Marital Status

Select the current marital status of the patient from the drop-down list.

Modifier Field

If the source code does not adequately define the source, enter an additional free-text definition. If the source files are constructed with only the basic source types, the modifier is required in order to provide a specific description of the source. **Maximum 44 alphanumeric characters**.

Middle Name Field

Enter the middle initial of the employee, doctor, or patient, depending on the current window and the information required.

# of Pieces

Enter the number of pieces submitted for the specimen that were received during specimen registration. The default is zero (0). **Maximum 3 numeric characters.**

Pathologist Field

Enter a pathologist ID or click the button to select from a list of valid pathologists.

Phone Field

Enter the appropriate phone number using the format **(xxx) xxx-xxxx**. **Maximum 10 numeric characters**.

Previous Last Name Field

Enter the previous last name of the patient (e.g., a maiden name).

Priority Field

Click the drop-down list button to display a list of options: **Routine**, **Stat** (Rush), **Undetermined**, and **Priority**. Select the appropriate priority from the drop-down list.

Procedure D&T Fields

Enter the procedure date and time. These fields indicate the date and time the procedure was performed. This information can be entered manually or you can click the button to display a calendar to make a selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Processing Problems Fields

You can enter up to three processing problem codes in these fields. Click the button to display the **Processing Problems Lookup** window. Select an appropriate code from the list.

Received D&T

Enter the date and time that the specimen was received. This can be entered manually or you can click the button to display a calendar to make a selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Requested By

Select either **Pathologist** or **Physician** from the drop-down list. If you select **Pathologist**, the dynamic list for the adjacent **ID** field contains all active ID codes that are defined as pathologists in the Personnel setup file. If you select **Pathologist**, the dynamic list for the adjacent **ID** field contains only doctors defined in the Doctor file. Click the button and select an appropriate requesting physician/pathologist from the list. **This field is required.**

Req. Doctor Field

Enter the doctor ID code of the requesting doctor or click the button to select from a list of valid doctors.

Registration D&T Field

The registration date and time defaults to the current date and time for all new cases. This information can be modified if necessary. These fields indicate the date and time the case was registered.

Resident Field

Enter the resident ID of the case or click the button to select from a list of valid resident ID codes. You can enter up to four resident ID codes per case.

Signout Level Field

Select the level for signout privileges from the following:

- **Level I** - Technologist
- **Level II** - Supervisor
- **Level III** - Pathologist

The level entered for the current personnel record restricts the user from signing out cases where the diagnostic coding has been assigned a level higher than the user's settings.

For example, if an employee has a sign out level of **I-Technologist**. The current case pending sign out has an associated diagnosis code with a level of **II-Supervisor**. In this case, the system will not allow the I-Technologist to perform the sign out, thereby, limiting the sign out based on the diagnosis of the case.

Soundex Field

Soundex is a tool that can be used when the exact spelling of a name is not known. You can enter a name that sounds similar to the one you want to locate to retrieve all records with names similar to the soundex specified. However, the first letter of the last name has to be correct.

Source Field

Enter the source of the specimen or click the button to select from a list of valid source codes.

Specimen ID or **Spec ID Field**

This field displays the specimen designation within the case as either a numeral or alphabetic character, depending on the initial system setup or the setup for individual clients defined in the Client Profile setup file.

State Field

Enter the name of the state using the appropriate two-letter U.S. General Post Office abbreviation. **Maximum 2 alphabetic characters**.

Street Field

Enter the street address. **Maximum 22 alphanumeric characters**.

Tag Letters Field

Select up to three tag letters from the drop-down list. Tag letters are defined during file setup using the **Simple Codes** option.

Title Field

Enter the professional title used by the doctor or employee (e.g., MD, Ph.D., MD Pathologist). **Maximum 36 alphanumeric characters**.

Total Specimens

This field displays the total number of specimens for the current case.

Zip Field

Enter the ZIP code

Chapter 1. Order

The **Order** menu options allow you to identify and maintain patient information, assign case numbers, and enter old cases from paper files. These options also allow you to schedule and track follow-up phone calls and consultations.

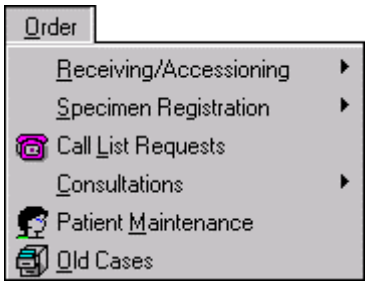


Figure 1-1. Order menu.

SoftPath Order Menu Options

The SoftPath Order option contains the following features and applications:

Receiving/Accessioning

To keep track of orders coming in and going out of your facility, whether you are online or not, select the features in **Receiving/Accessioning**. See ***Chapter 1.1—Order: Receiving/Accessioning***.

Specimen Registration

To register specimens for all available case types, including MED, GYN, Surgical, and Autopsy, select **Specimen Registration**. See ***Chapter 1.2—Order: Specimen Registration***.

Call List Requests

To identify cases with pending telephone calls, select **Call List Requests**. See ***Chapter 1.3—Order: Call List Requests***.

Consultations

To track the consultation activity coming in and going out of your facility, select **Consultations**. See ***Chapter 1.4—Order: Consultations***.

Patient Maintenance

To edit and view patient information, including demographic and insurance data, select **Patient Maintenance**. See ***Chapter 1.5—Order: Patient Maintenance***.

Old Cases

To enter old cases from your facility's existing paper files, select **Old Cases**. See ***Chapter 1.6—Order: Old Cases***.

Receiving/Accessioning

The **Receiving/Accessioning** option is available for facilities that have a pathology order entry interface with the Hospital Information System (HIS). The **Receiving/Accessioning** option allows you to receive and accession specimens. You can run these functions separately or combine them into one process.

Access the **Receiving/Accessioning** option by selecting *Order* > *Receiving/Accessioning* > *Receiving/Accessioning* from the main menu. The **Receiving/Accessioning - Lookup** window displays similar toFigure 1-2.

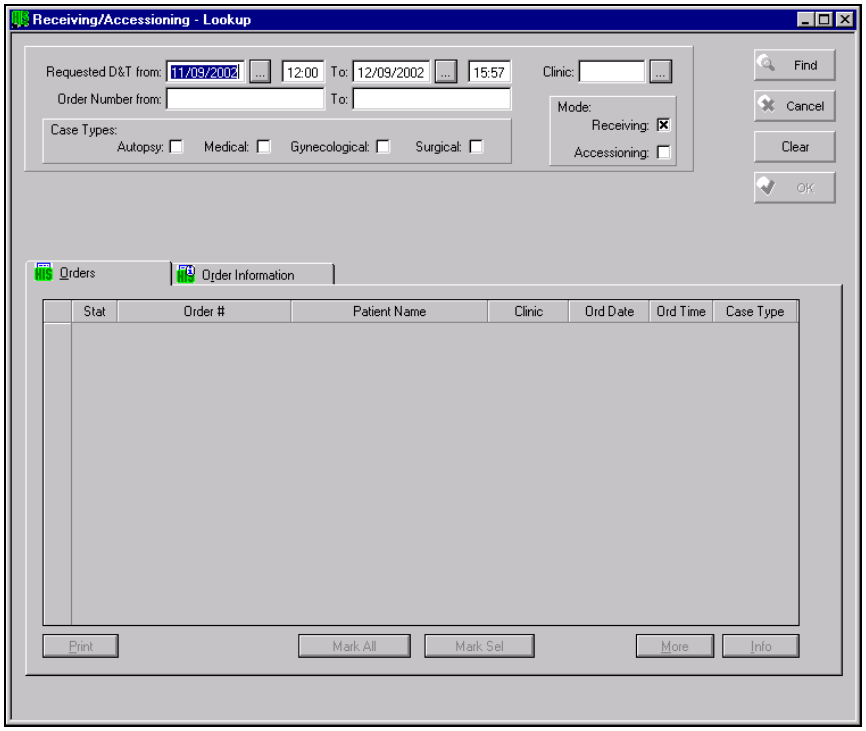


Figure 1-2. Receiving/Accessioning - Lookup window.

Before performing a search for the cases(s) that you want to receive/accession, you must select a mode. To select a mode, mark the appropriate checkbox(es) in the **Mode** area. Select one of the following mode options:

- **Receiving Mode -** Mark the **Receiving** checkbox to generate a list of cases entered into the system through HIS Order Entry Interface.
- **Accessioning Mode -** Mark the **Accessioning** checkbox to generate a list of all cases that have been marked as **Received** in the system. This option bridges you directly to the **Specimen Registration** window on a case-by-case basis.
- **Both Modes Selected -** Marking both checkboxes generates a combined list and allows you to mark the case as received. You can then bridge to the **Specimen Registration** window and register the case.

After selecting a mode, enter search criteria for the case(s) that you want to receive/accession and click **Find**. The system displays a list of orders that match the specified criteria on the **Orders** tab.

The **Orders** tab contains displays the details of the information received from the HIS, including the status (**R** for received), HIS number, patient name, originating clinic, date and time of order, and case type.

Select a case and click the **Info** button to display the **Order Information** tab. The **Order Information** tab contains demographic information for the selected case. To return to the list of cases, click the **Orders** tab.

NOTE: Click the **More** button to display the next series of cases that match the specified search criteria.

Receiving Mode

Select the orders you want to receive by highlighting the cases and clicking the **Mark Sel** button. Click **OK**. The system prompts you to confirm that you want to receive the orders. If you click **Yes**, the cases will be marked as received (**R**) and will qualify for the **Accessioning** mode list.

Accessioning or Receiving/Accessioning Mode

Select the orders you want to accession by highlighting the cases and clicking **OK**. The system prompts you to confirm that you want to accession the cases.

If you click **Yes**, the system displays the **Specimen Registration** window to allow you to complete the accessioning. See page **1-9** for more information on the **Specimen Registration** window.

After completing specimen registration, close the **Specimen Registration** window to return to the **Receiving/Accessioning** window. The accessioned order is updated and removed from the list.

Down Time

When the HIS system is unable to send orders electronically, you can manually accession orders and merge them with the HIS order when the transmission occurs. If the order number is entered incorrectly during manual accessioning, it can be corrected using the **Down Time** menu option. After the correction is made, the **Down Time** window can be used to merge the HIS order with the manually accessioned order.

Access the **Down Time** window by selecting *Order > Receiving/Accessioning > Down Time* from the main menu. The **Down Time - Lookup** window displays similar toFigure 1-3.

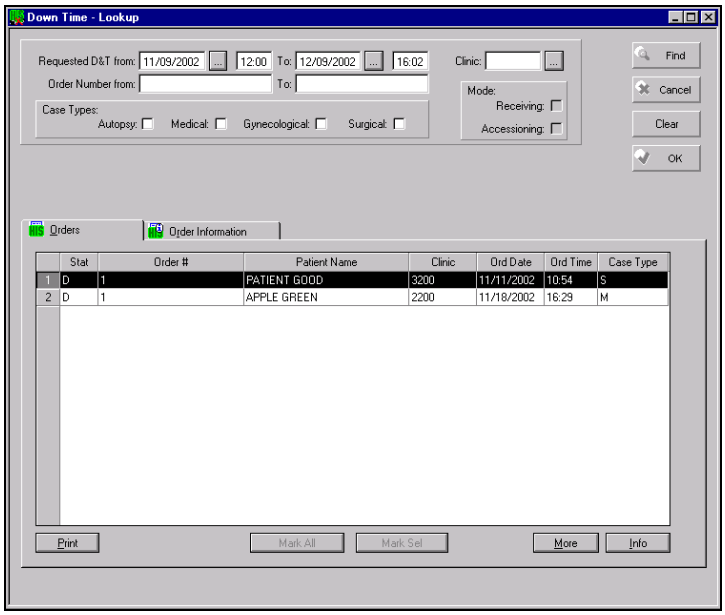


Figure 1-3. Down Time - Lookup window.

Enter search criteria to locate the appropriate orders and click **Find**. A list of orders displays on the **Orders** tab. To correct the order number, highlight the order and click the **Info** button. The **Order Information** tab displays. Enter the correct order number in the **Order** field and click the **Orders** tab to return to the orders grid. Next, click **OK** to merge the corrected order. A dialog box displays asking you to confirm the merger.

Click **Yes** to merge the current order. The merged order is removed from the orders grid.

OR

Click **No** if you do not wish to merge the current order.

SCC
Soft Computer

Delete Orders

The **Delete Orders** option allows you to delete orders from the database. You can only delete **Received** and **Not Received** orders.

Access the **Delete Orders** option by selecting *Order > Receiving/Accessioning > Delete Orders* from the main menu. The **Delete Orders - Lookup** window displays similar to Figure 1-4.

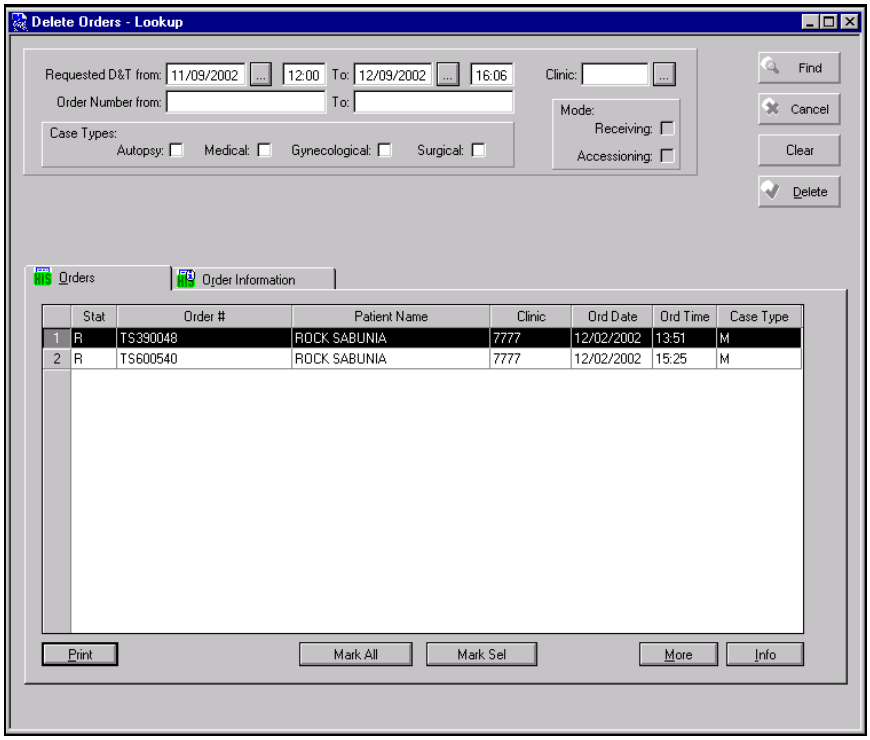


Figure 1-4. Delete Orders - Lookup window.

Enter search criteria to locate the order(s) you want to delete. Click **Find** to display a list of orders that match the specified criteria on the **Orders** tab. A message displays similar toFigure 1-5.

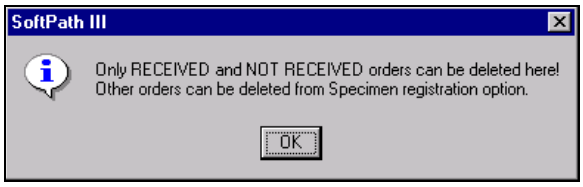


Figure 1-5. Delete Orders message.

Click **OK**. A list of orders retrieved by the search is displayed on the **Orders** tab. Select the order(s) you want to delete and click **Delete**. The system asks you to confirm the deletion.

Click **Yes** to delete the current order.

OR

Click **No** if you do not want to delete the current order.

SCC
Soft Computer

Specimen Registration

The **Specimen Registration** window is used to register cases and specimens for all case types (Surgical, Medical Cytology, Gynecological Cytology, and Autopsy). The **Specimen Registration** window also allows you to enter incoming consultations, order letters, order and place calls, process specimens, print labels, and view patient history.

When you register a new specimen, the system automatically generates the next available accession number for each predefined case type or you can enter the number manually. Because of processing differences, surgical pathology specimens, medical cytology specimens, and gynecological cytology specimens should be registered under separate accession bases.

The **Specimen Registration** window operates in three modes (add, edit, and read), allowing you to add new records, edit existing records, or read (but not modify) records. A case can be deleted only by a person with the proper authorization, and only if the conditions specified in the Options file for case deletion are met. The accession numbers of deleted cases can be reused within the time frame specified in the Options file.

Access the **Specimen Registration** sub-menu by selecting *Order > Specimen Registration* from the main menu. This sub-menu contains six specimen registration options:

- **Custom Registration All Cases**-Use this option to register cases for all case types, using the User Designed Registration Windows. For further information, see Setup/Custom Registration Setup.
- **All Cases** - Use this option if there is more than one type of case (surgical, MED cytology, or GYN cytology) to register in one session. You cannot add new autopsy cases using this option.
- **MED Cytology Specimens** - Use this option to register specimens for MED cytology cases. This allows you to use the default accession sequence for MED cytology.
- **GYN Cytology Specimens** - Use this option to register specimens for GYN cytology cases. This allows you to use the default accession sequence for GYN cytology.
- **Surgical Specimens** - Use this option to register specimens for surgical pathology cases. This allows you to use the default accession sequence for surgical pathology.
- **Autopsy Cases** - Use this option to register specimens for autopsy cases. This allows you to use the default accession sequence for autopsy cases. This option can also be used as a death registration log if an autopsy is not performed.

After you select a specimen registration option, the **Specimen Registration Lookup** window displays similar toFigure 1-6.

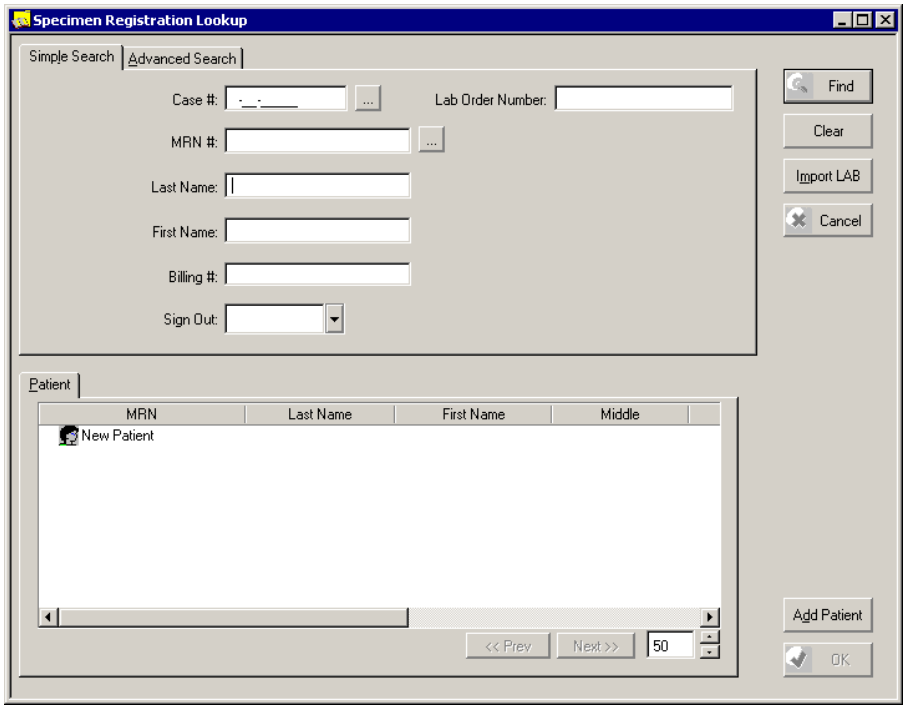


Figure 1-6. Specimen Registration Lookup Window

Enter search criteria to locate the patients that you want to register specimens for. Click **Find**. The system displays a list of patients matching the criteria entered on the **Patients** tab.

The use of the **Lab Order Number** field to search will allow the user to retrieve case information from the Lab database. When used as an exclusive search field, the system will import the Lab order information, which includes Patient Stay information, Requesting Doctor, Collected Date and Time, Copies To, and any SoftLab Order comments.

NOTE: The system displays patients or cases depending on the search criteria you enter. If the accession base is used as part of the search criteria, the system displays cases that match the criteria. If only patient data (such as a last name) is used during the search, the system displays patient records that match the criteria.

Click the **Add Patient** button to add a new patient. This system bridges you to the **Patient Maintenance** window where you can add the patient (see page **1-63**). Once the new patient is added, the patient record becomes available for specimen registration.

To register specimens for an existing patient, highlight the patient record and click **OK**. A list of stays for the selected patient displays on the **Stays** tab.

The **Stays** tab consists of a grid containing the following information: billing number, clinic, admitting doctor ID, attending doctor ID, admission date, and discharge date.

NOTE: If a prior stay is selected that does not have a clinic ID assigned, the system will require the user to update the stay information in Patient Maintenance before it can be selected.

Click **Add Stay** to add a new stay for the patient. Click **Yes** when prompted to bridge to the **Stays** tab of the **Patient Maintenance** window. You can use this tab to add a new stay. After the new stay is added, the stay record becomes available for specimen registration.

To register specimens for an existing stay, highlight the stay and click **OK**. A list of cases for the selected stay displays on the **Cases** tab.

The **Cases** tab consists of a grid that contains the following information: case Number, order date, requesting doctor ID, pathologist, and sign out date. Click the **Add Case** button to display the **Accession Sequence Lookup** window. Select an accession sequence to create a new case for the currently selected patient/stay.

To register specimens for an existing case, highlight the case and click **Select**. The **Specimen Registration** window displays similar to Figure 1-7 with data for the selected patient and case type.

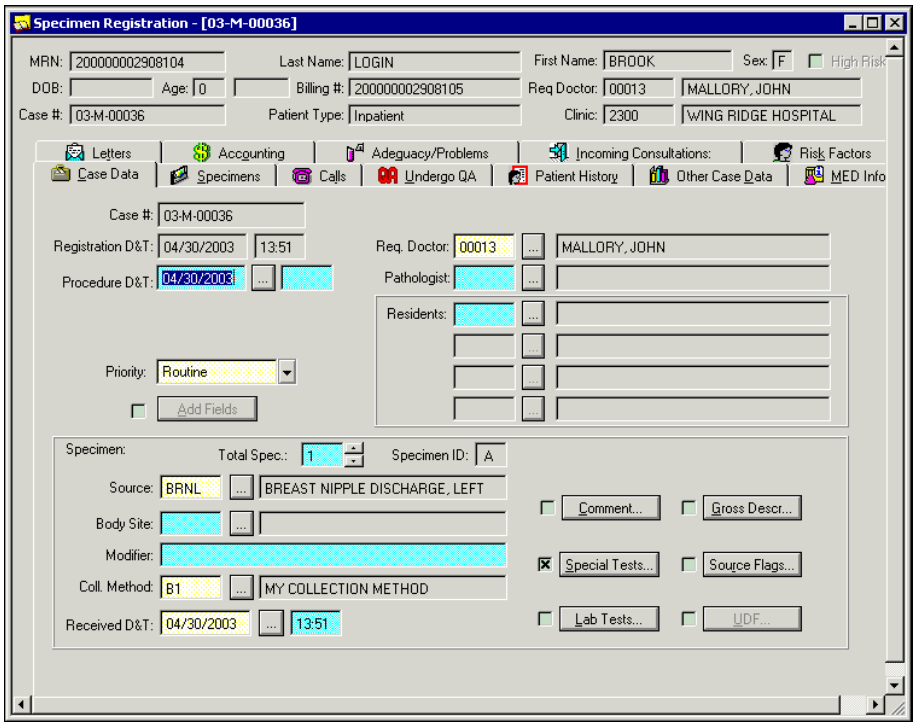


Figure 1-7. Specimen Registration window.

Patient demographics display at the top of the window. The remainder of the window consists of tabs. The types of tabs available in this window depend on the case type you are registering. The **Specimen Registration** window shown in Figure 1-7 is for a MED cytology case. Most of the tabs displayed are for all case types, but there are some unique tabs for specific case types. These tabs include: **GYN Info**, **MED Info**, **Body Release To**, and **Autopsy Info**. To view all of the tabs, press the **View All Tabs** button located on the tool bar.

NOTE: To prevent static updates from being made to your system through the CCOW interface, click the **Leave Context** button found on the main toolbar in Specimen Registration. Once selected, this button will turn into the **Rejoin Context** button, which is used to return your system to CCOW updating.

To edit an existing case, perform a search for the case in the **Specimen Registration Lookup** window. When the **Specimen Registration** window displays for the specified case, click the **Edit** button on the toolbar. Enter the desired changes and click the **Save** button on the toolbar. If a case has been signed out, it cannot be edited.

Case Data Tab

The **Case Data** tab contains information concerning the selected case and displays similar toFigure 1-8.

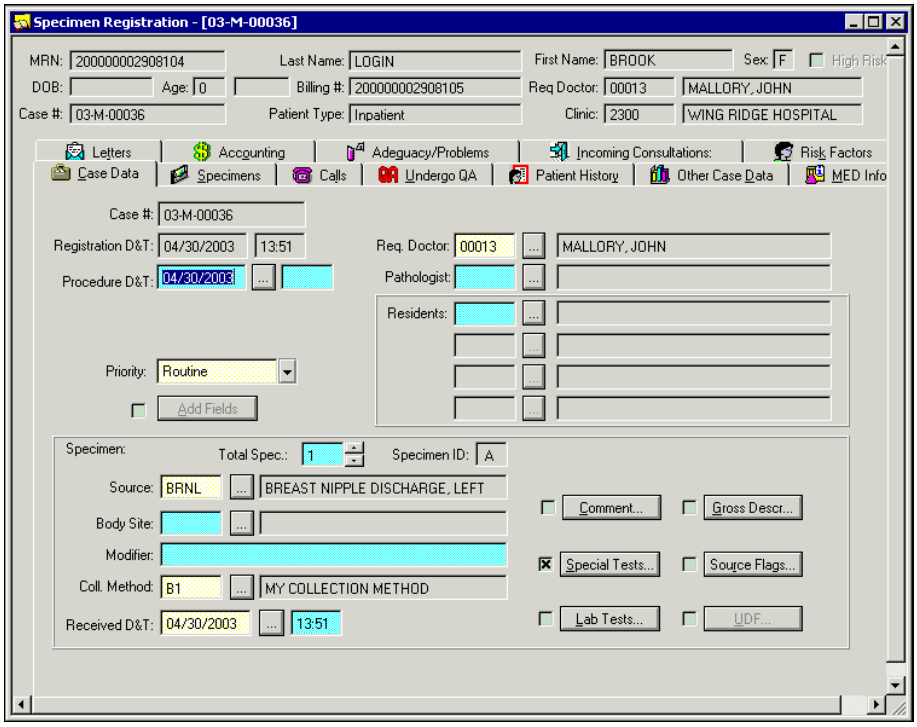


Figure 1-8. Specimen Registration window - Case Data tab.

Total Spec.

Enter the total number of specimens to be submitted. When any number greater than one (1) is entered, the **Specimen** tab displays for specimen data entry. When zero (0) is entered, the **Incoming Consultation** tab displays for consultation data entry.

Received D&T

Enter the date and time that the specimen was received. This can be entered manually or you can click the button to display a calendar to make a selection. By default, the system inserts the current date and time in this field. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Piece #

Enter the number of pieces of the specimen that were received during specimen registration. The default is zero (0). **Maximum of three numeric characters**.

NOTE: This field only applies to surgical and autopsy cases.

# of Slides

Enter the number of slides received during specimen registration. If the number of slides has been defined in the source associated with the case, the system automatically inserts this information in the field. **Maximum of three numeric characters** (depending on the numbering convention of slides specified during the initial system setup, this field may contain a maximum of two numeric characters instead).

NOTE: This field only applies to gynecological cases.

Special Tests Button

Clicking this button displays the **Special Tests** window similar toFigure 1-9. Enter a special stain/test for each specimen code. The field automatically defaults to the special stain/test assigned to the specimen in the Source setup file (if defined).

Click the button for each field to display the **Special Stains/Tests/Stain Panel Lookup** window**.** Select a special stain/test from the list. Materials selected for the case are applied in the **Fast Processing** option.

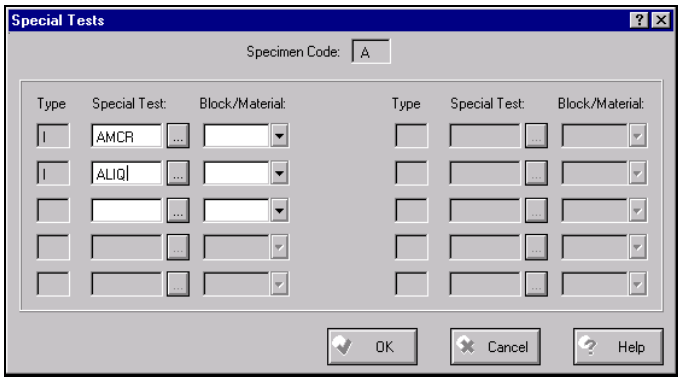


Figure 1-9. Special Tests window.

Lab Tests Button

Click this button to display the **Laboratory Tests** window similar toFigure 1-10. This window allows you to enter the test codes that are printed on worksheets/reports if the tests are performed in the SoftLab system.

NOTE: This option does not order lab tests. It only retrieves results (if available) from the SoftLab module.

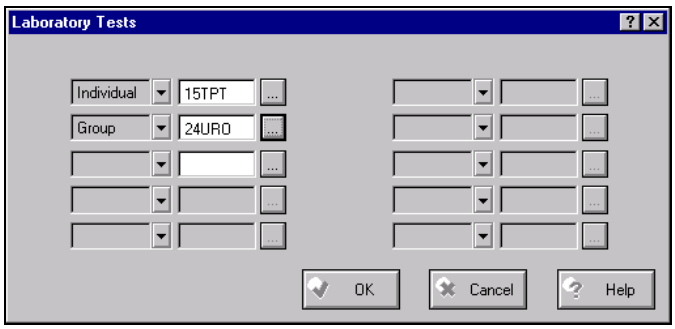


Figure 1-10. Laboratory Test window.

Click the button to display the **Lab Tests Lookup** window. Select the appropriate code from the list.

Gross Description Button

Click this button to enter a gross description information for the specimen. The system displays the **Gross Description** window similar to. This window allows you to enter information such as the color, volume, and appearance of the specimen. The information you enter in this window will be included in the gross description section of any reports for this case.

NOTE: This button is only available for MED cytology and autopsy cases.

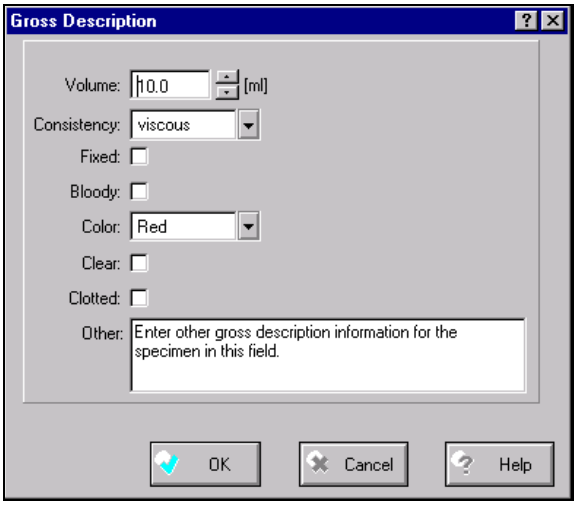


Figure 1-11. Gross Description window.

Source Flags Button

Click this button to display the **Source Flags** window similar toFigure 1-12. These flags use the same descriptions as those in other sections (e.g. IOC, GIO, specimen adequacy, tag letters, etc.). The source flags entered are associated with the specimen and NOT the case level.

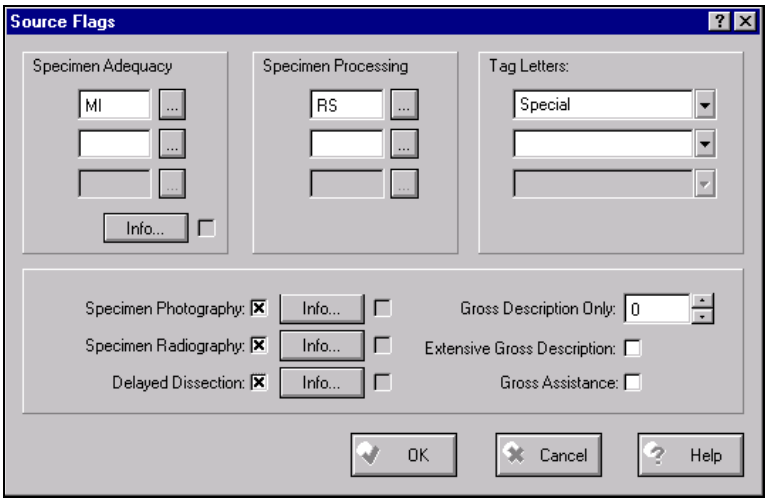


Figure 1-12. Source Flags window.

Specimen Adequacy

Enter up to three specimen adequacy codes in these fields. You can click the ... button to select from a list of valid adequacy codes. If any specimen adequacy codes are entered, the **Info** button becomes active. Click this button to display a free-text comment window, where you can enter additional information about the specimen adequacy.

Specimen Processing

Enter up to three processing problem codes in these fields. You can click the ... button to select from a list of valid process problem codes.

Specimen Photography

If you mark this checkbox, the adjacent **Info** button becomes active. Clicking this button displays a free-text comment window where you can enter comments regarding specimen photography.

Specimen Radiography

If you mark this checkbox, the adjacent **Info** button becomes active. Clicking this button displays a free-text comment window where you can enter comments regarding specimen radiography.

Delayed Dissection

If you mark this checkbox, the adjacent **Info** button becomes active. Clicking this button displays a free-text comment window where you can enter comments regarding delayed dissection.

Gross Description Only

Enter the number of specimens that are examined for gross description only. If you enter a value, the case will not be pending for final result entry.

Extensive Gross Description

Mark this checkbox if this case has had an extensive gross description performed. This flag is used in the SoftWorkload™ module.

Gross Assistance

Mark this checkbox if the pathologist is required to assist in performing the gross description for this case. This flag is used in the SoftWorkload™ module.

Specimens Tab

The **Specimens** tab is used to register specimens for the current case. The **Specimens** tab contains a grid that displays specimen ID, source code, source description, body site, and collection method.

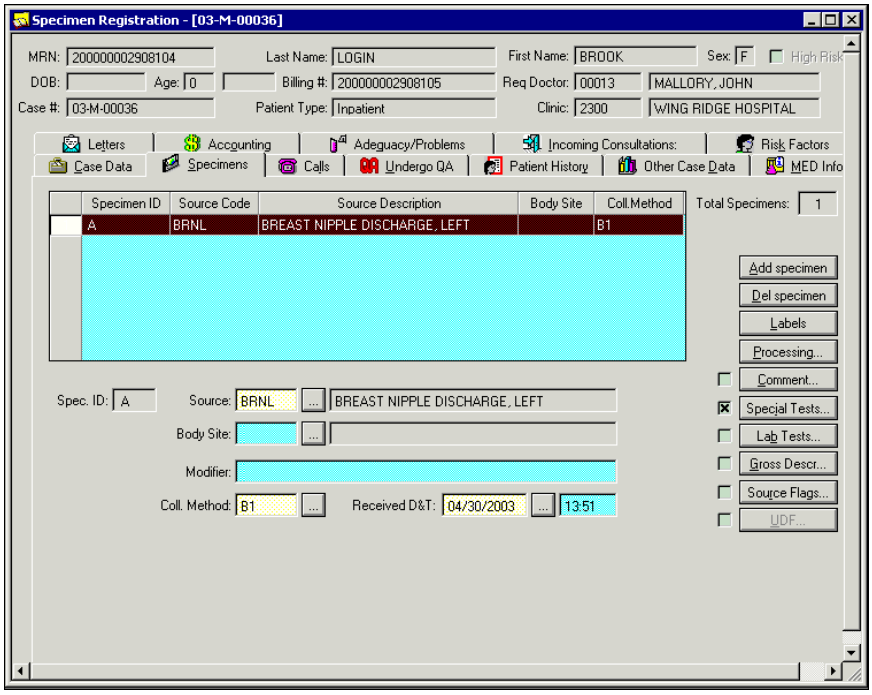


Figure 1-13. Specimen Registration window - Specimens tab.

Add Specimen Button

Click the **Add Specimen** button to add a new specimen to the case. A duplicate of the first or previous specimen is added to the grid, depending on the settings specified in the Options file. To change the source, click the ... button next to the **Source** field. The **Source Lookup** window displays. Select the appropriate source code from the list. The **Source** field and grid are updated to reflect the changes.

Del. Specimen Button

To delete a specimen, highlight the specimen in the grid and click the **Del Specimen** button. The system asks you to confirm the deletion.

Click **Yes** to delete the specimen and remove it from the grid.

OR

Click **No** to cancel the action.

NOTE: The deleted specimen log captures specimens that were previously saved with the case and then later deleted. If a specimen is added and then deleted without being saved, it will not be included in the Deleted Specimen Log. If you want a comment concerning the deletion to print on the Deleted Specimen Log, you should enter an appropriate specimen comment before deleting the specimen.

of Smears (GYN Cytology Cases Only)

This field only displays if you are registering a GYN cytology specimen. Enter the number of PAP smears associated with this specimen.

NOTE: This field is replaced with the **# of Pieces** field when you are registering specimens for cases types other than GYN cytology. Refer to the **Common Fields** section of **Chapter 1 - Introduction** for more information on this field.

Special Tests Button

Click this button to display the Special Tests window (see page 1-13).

Lab Tests Button

Click this button to display the **Laboratory Test** window (see page **1-13**).

Gross Description Button

Click this button to display the Gross Description window. (see page 1-13).

Source Flags Button

Click this button to display the Source Flags window (see page 1-14).

Labels Button

Clicking the **Labels** button displays the **Label Print** window similar toFigure 1-14. This window allows you to print a label, save a label to an electronic file, or unflag all of the labels (allowing you to make the labels pending for printing).

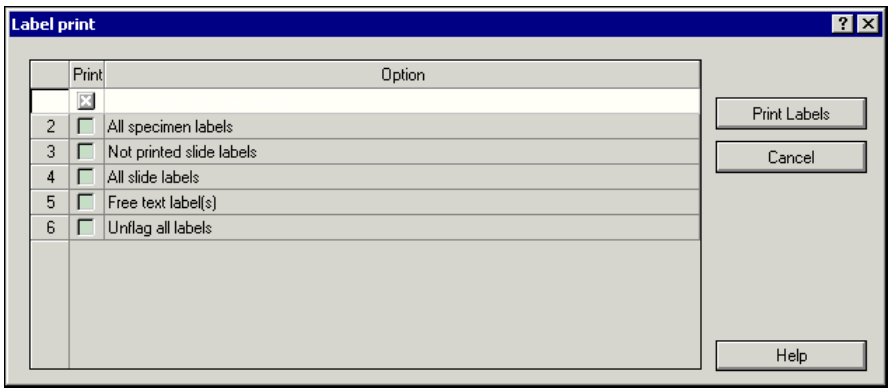


Figure 1-14. Label Print window.

Print Labels Button

Clicking this button displays the **Select Printer** window. Select the server you want to print from in the **Server** drop-down list and then select the printer you want to use to print the report. Click **Print** to send the labels to the specified printer.

Processing Button

Click the **Processing** button in the **Specimens** tab to display the **Specimen Processing** window, similar toFigure 1-15. The **Specimen** tab contains information concerning the current specimen. You can use this tab to add or change the number of blocks, smear slides, etc., for the current specimen.

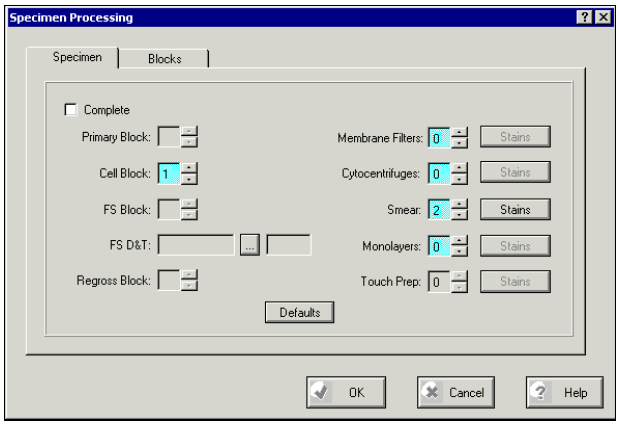


Figure 1-15. Specimen Processing window.

Complete

This checkbox is marked if processing is complete for this specimen.

Primary Blocks

Enter the total number of blocks created from each specimen received for the case during initial specimen processing.

Cell Block

Enter the total number of cell blocks created for MED cytology and autopsy cases. This number is used in processing to capture workload and billing information.

FS Block

Enter the total number of frozen section blocks. This number is used to capture workload and billing information and determines whether the status of the case will be pending for IOC entry.

FS D&T

Enter the date and time the frozen section was reported to the surgeon. This field will default to the current date and time when the first FS block is entered, but is modifiable. This field is used in the calculation of the FS TAT report.

Regross Block

Enter the total number of blocks created in addition to the regular blocks. Regross blocks are processed in the same manner but are not added to the regular blocks. Regross blocks will also have a different slide labeling nomenclature (this is dependent on your Hosparam settings).

Membrane Filters

Enter the total number of membrane filters used with the MED cytology specimens for both MED cytology and autopsy cases. This number is used during specimen processing and to capture workload and billing.

Cytocentrifuges

Enter the total number of cytocentrifuge slides prepared for the medical cytology specimens for both MED Cytology and Autopsy cases. This number is used to capture workload and billing.

Smear

Enter the total number of smear slides prepared for this specimen.

Monolayers

Enter the total number of monolayers prepared for this specimen.

Touch Prep

Enter the total number of touch preps prepared for this specimen. This field is only available for histology cases.

Defaults Button

Click this button to have the system enter the default values defined for this specimen into the appropriate fields.

Stains Buttons

The Stains buttons allow you to add or delete standard and special stains. These buttons become active when any value greater than zero (0) is entered in the Membrane Filters, Cytocentrifuges, Smears, Monolayers or Touch Prep fields. Clicking these buttons displays the Stain Slides window similar to Figure 1-16. This window lists all stain slides for the current specimen. When values in any of the above mentioned fields are modified, the grid in the Stain Slides window is updated.

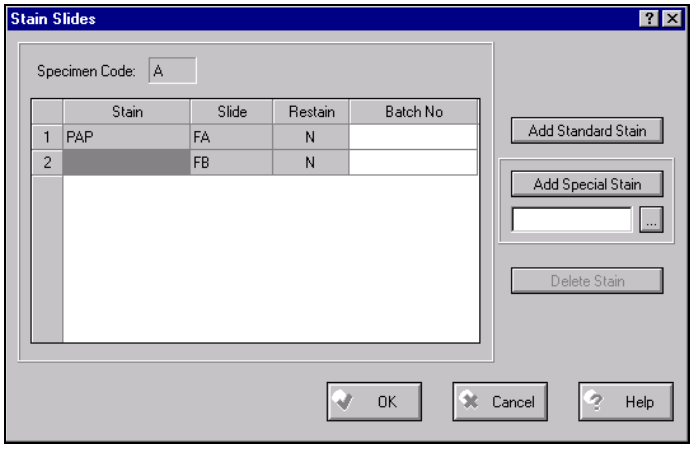


Figure 1-16. Stain Slides window.

Processing Button - Blocks Tab

This tab is used to process specimen blocks.

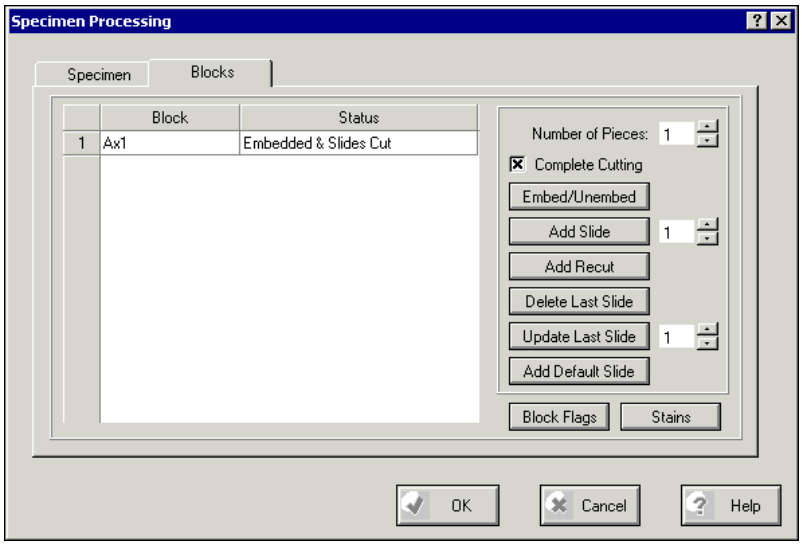


Figure 1-17. Specimen Processing window - Blocks tab.

Number of Pieces

Enter the number of pieces submitted for the selected block.

Complete Cutting

Mark this checkbox if the block has been completely used.

Embed/Unembed

Click the **Embed** button to change the block status from **Prepared** to **Embedded**. If the block status is **Embedded**, click **Unembed** to change the status to **Prepared**.

Add Slide Button

To add new slides to the block, enter the number of slides you want to add in the adjacent field and click **Add Slide**. If the block has the status **Prepared**, the system asks you to change the status to **Embedded** before adding slides with the message "Block Not Embedded. Confirm Embedding?"

Click **Yes** to embed the block and add the new slide(s).

OR

Click **No** to cancel the operation.

Add Recut Button

Click this button to add a Recut to the selected block.

Delete Last Slide Button

Click this button to delete the last slide from the selected block.

Update Last Slide Button

Click this button to update the last cut slide in the selected block with the value entered in the adjacent field.

For example, assume that the selected block has one slide cut erroneously that should have been a *7*. Rather than deleting and then adding a new slide, enter *7* in the field adjacent to the **Update Last Slide** button. Click the **Update Last Slide** button to replace the entry of ***1*** with the new entry of *7*.

Add Default Slide Button

Click this button to add the default number of slides to the selected block. The default value is defined in the Source file.

Stains Button

The **Stains** buttons allow you to add or delete standard and special stains. Refer to the description of the **Stains** button on page **1-18** for more information

Processing Button – Blocks Tab - Block Flags Button

Click **Block Flags** on the **Blocks** tab of the **Specimen Processing** window to display the **Block Flags** window similar toFigure 1-18. Use this window to attach the appropriate flags to the selected block.

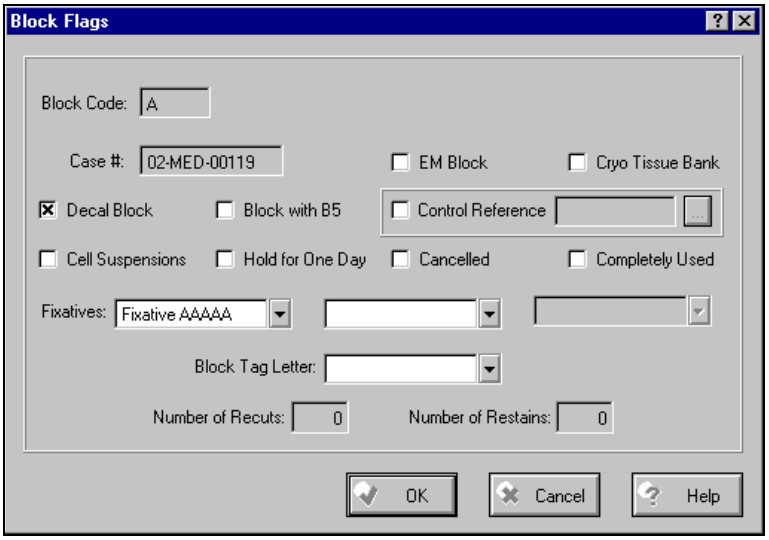


Figure 1-18. Block Flags window.

Block Code

This field displays the sequence code for the selected block.

EM Block

Mark this checkbox if the block is to be processed for electron microscopy studies.

Cryo Tissue Bank

Mark this checkbox if the selected block is to be sent to the cryogenic tissue bank.

Decal Block

Mark this checkbox to tag a specific block for the decalcification procedure. If you mark this checkbox, the workload units (for SoftWorkload™) and billing charges will be captured.

Block with B5

Mark this checkbox to tag the block for a B5 procedure. If you mark this checkbox, the workload units (for SoftWorkload™) and billing charges will be captured.

Control Reference

Mark this checkbox if the block is suitable for use as a stain control block. Click the ... button to display the **Special Stains/Tests Lookup** window. Select the required stain code for the block from the list.

Cell Suspensions

Mark this checkbox if the block was produced from a suspension.

Hold for One Day

Mark this checkbox to hold the block until the next day. In the Options file, you can specify that you want the block to be released after 24 hours. If this setting is not active, the block will not be released.

Canceled

Mark this checkbox to stop the block processing. The system removes the block from all further processing procedures and worklists. All of the billing charges and workload activities are captured and incurred up to this point.

To cancel a block after the night billing run or after labels have been printed, remove all of the labels and recuts first. A block can only be canceled after all the slides and stains have been removed. A credit is automatically captured if the block has been canceled prior to the first billing/workload run. You can manually credit previously billed blocks by using the **Billing Entry** option.

Completely Used

Mark this checkbox to indicate that the whole block/specimen was used during the procedure and that no further processing is permitted.

Fixatives

Select the fixatives used when applying a specific fixative to a given block other than the standard fixative. Click the drop-down list button to display a list of defined fixatives. The available fixatives are defined in the **Simple Codes** option. You can select up to three fixatives.

Number of Recuts

This field displays the number of previously ordered recuts. This is a READ ONLY field.

Number of Restains

This field displays the number of previously ordered restains. This is a READ ONLY field.

Calls Tab

The **Calls** tab allows you to order call requests for results for the current case.

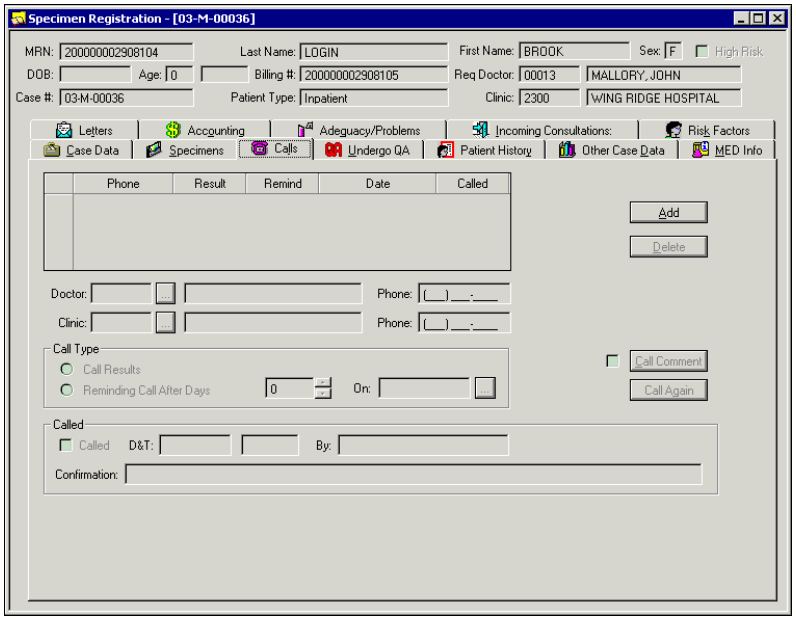


Figure 1-19. Specimen Registration window - Calls tab.

Add Button

Click the **Add** button to add a new call. A new row displays on the grid allowing you to enter data concerning the new call.

Delete Button

Click this button to delete the currently selected call.

Call Type

Select the type of call from one of the following:

- **Call Results** - Select this option if the call should be performed after sign out.
- **Reminding Call After Days** - Select this option if the call should be performed on a specified date. Enter the date in the **On** field or enter the number of days after which the call should be performed in the other field.

Called

Mark the **Called** checkbox if the call has been performed. This activates the fields in the **Called** area.

The date and time the call was completed and the ID of the person that performed the call is displayed in the **Called** section. The system automatically inserts the current date and time in this field. This information cannot be modified on this tab. The **Confirmation** field is a free-text field that allows you to enter the name of the person who received the call (**maximum 60 alphanumeric characters**).

Call Comment Button

Click this button to display a free-text comment window. If a comment has already been entered, the box next to the button is checked.

Call Again

Clicking this button unmarks the **Called** checkbox, indicating that the call should be repeated.

Undergo QA Tab

The **Undergo QA** tab contains information regarding QA procedures. This tab allows you to set flags to manually force personnel to perform certain QA procedure. These procedures include rescreen, proreview, and retroreview QA procedures.

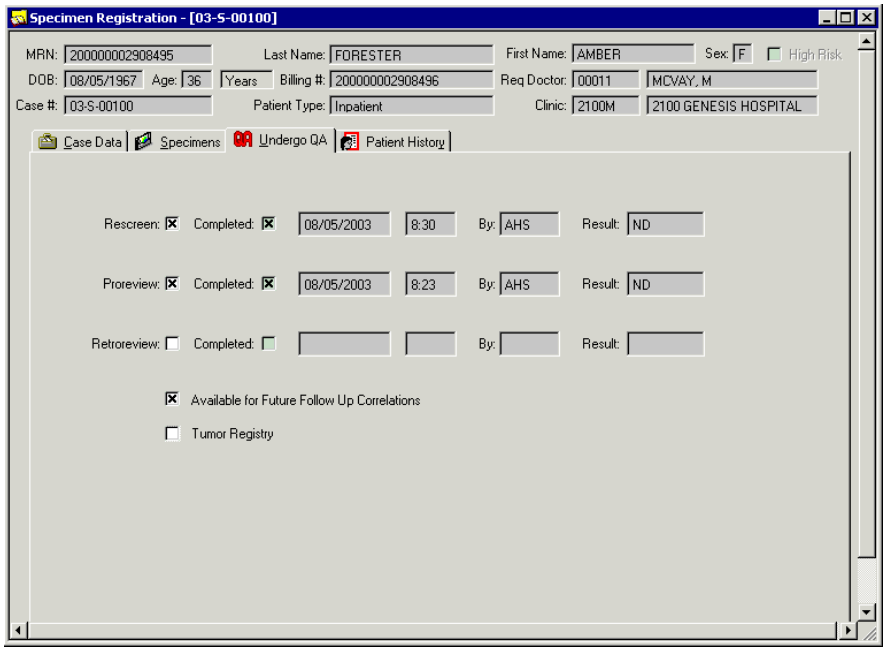


Figure 1-20. Specimen Registration window - Undergo QA tab.

Rescreen, Proreview, Retroreview

Mark the **Rescreen**, **Proreview**, and/or **Retroreview** checkboxes to indicate that the case should undergo the selected QA procedure(s). You can select multiple procedures if necessary.

Completed, By, and Result

If the **Completed** checkbox is marked, the corresponding QA procedure has been completed for this case. The date and time of the procedure displays in the adjacent field. The **By** field displays the ID of the person that performed the procedure and the **Result** field displays the QA discrepancy code for the procedure.

Available for Future Follow Up Correlations

Mark this checkbox to indicate that you want the current case to be available for follow up correlations.

Patient History Tab

The **Patient History** tab contains information regarding the patient's previous cases, including case number, billing number, requesting doctor, and ordered date. From this tab, you can click a case number to perform a results query for the case.

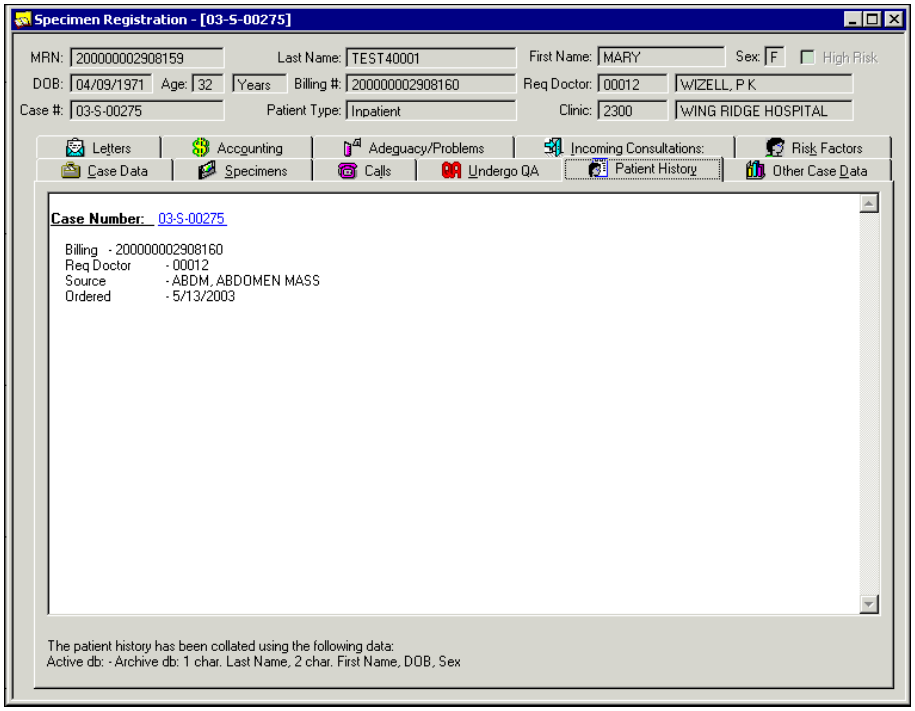


Figure 1-21. Specimen Registration window - Patient History tab.

Other Case Data Tab

The **Other Case Data** tab allows you to enter detailed information about the current case.

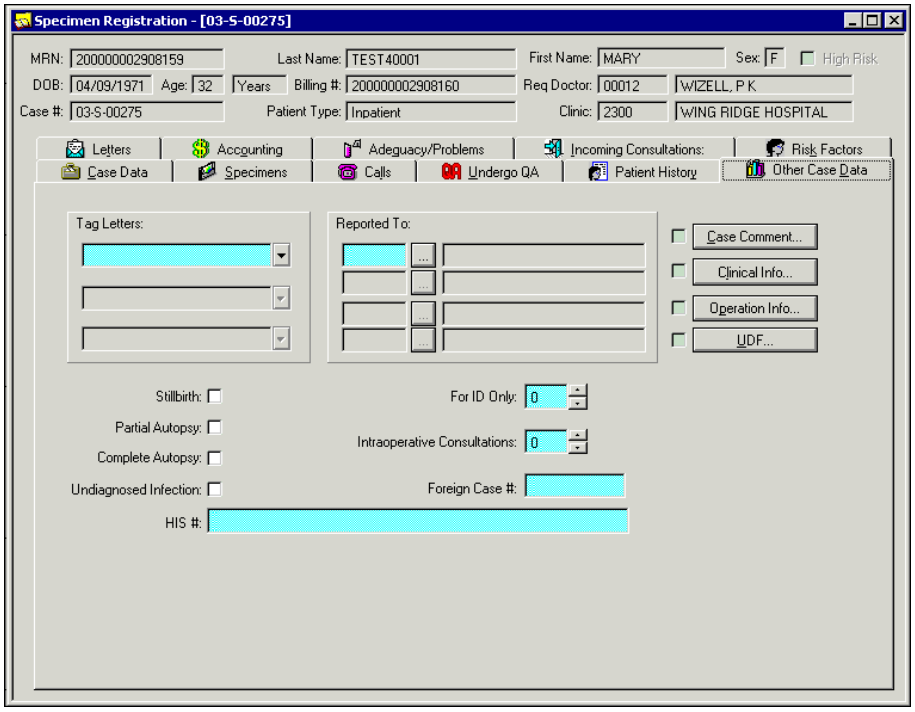


Figure 1-22. Specimen Registration window - Other Case Data tab.

Reported To

Enter the doctor who should receive the report for the current case. Up to four doctors can be entered. Click the button to display the **Doctor Lookup** window. Select a doctor code from the list. The available codes are defined in the Doctor file (*Setup > Setup Files > Doctors File*).

NOTE: Doctors that have not been defined in the Doctor file can still be entered in this field on a one-time basis. To do this, enter an asterisk (*) in the field and then press the **Tab** key. The **Auxiliary Doctor** window displays similar toFigure 1-23. The **Last Name** field is the only field required in this window. Banner pages for all doctors that are entered using this method will use the auxiliary banner template defined in the **Banner Setup** option when batch printing is used.

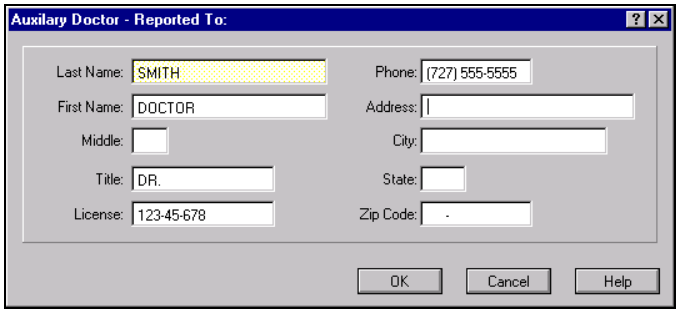


Figure 1-23. Auxiliary Doctor window.

Stillbirth

Mark this checkbox to indicate a stillbirth. By default this checkbox is unmarked. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

Partial Autopsy

Mark this checkbox if a partial autopsy was performed for this case. This checkbox is unmarked by default. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

Complete Autopsy

Mark this checkbox if a complete autopsy was performed for this case. This checkbox is unmarked by default. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

Undiagnosed Infection

Mark this checkbox to indicate that the patient has an undiagnosed infection. By default this box is unchecked. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

HIS #

If the connection with the HIS has been interrupted, you can enter a temporary HIS number for the current case. This number can be corrected using the **Down Time** option (see page 1-5).

For ID Only

Enter the number of Gross Identification Only specimens to be examined macroscopically with no block processing requirements. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

Intraoperative Consultations

Enter the number of Intraoperative Consultation specimens submitted. This field is only available if it has been activated in the **Options** window - **Specimen Registration** tab - **Flags** tab.

Foreign Case #

Enter the foreign case number for the case. This number is the actual case number from another institution for cases received as incoming consultations.

Case Comment

Click this button to display a free-text window where you can enter comments concerning the current case. Click **OK** after you enter the comment. If a comment is entered, the box next to the **Comment** button is marked. This field accepts canned message entries.

Clinical Info button

Click this button to display a free-text window where you can enter text and clinical information. This field accepts canned message entries.

Operation Info

Click this button to display a free-text window where you can enter text and pre-operative information. This field accepts canned message entries.

Display Lab Tag

Click the **Display Lab Tag** button to display the **Lab Tag Data** window. This window contains the text of a message taken from SoftLab and attached to the current case (if applicable).

MED Info Tab

The **MED Info** tab is only displayed for medical cytology cases. This tab is used to enter specific case information for MED cytology cases and displays similar toFigure 1-24.

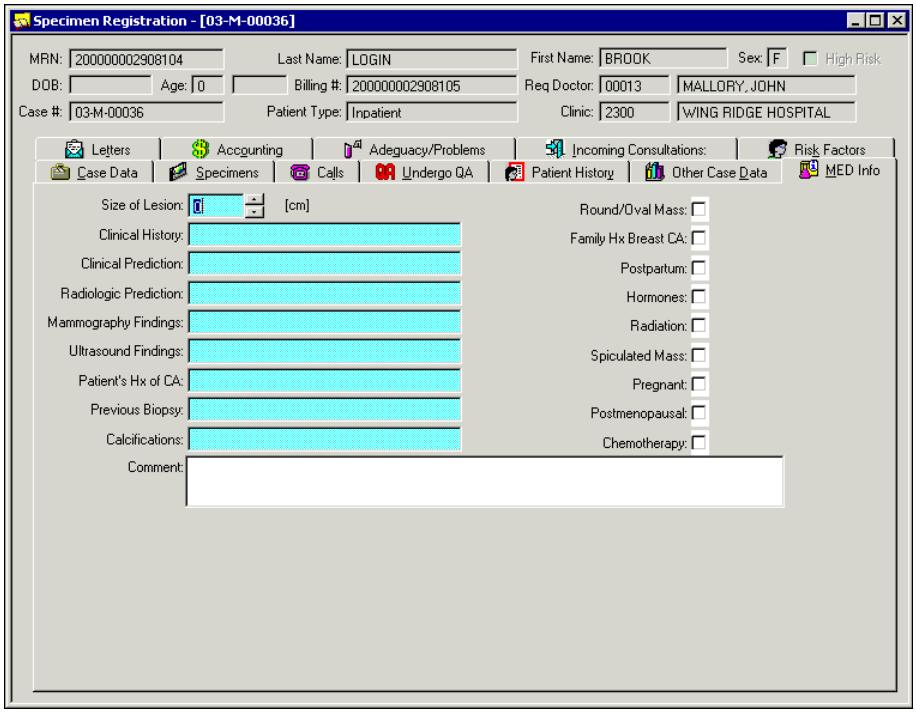


Figure 1-24. Specimen Registration window - MED Info tab.

Size of Lesion

Enter the size of the patient's lesion in centimeters. Maximum of 6 numeric characters including decimal point (if used).

Clinical History

Enter the patient's clinical history. This is a free-text field. **Maximum 32 alphanumeric characters**.

Clinical Prediction

Enter a clinical prediction for the patient. This is a free-text field. **Maximum 32 alphanumeric characters**.

Radiologic Prediction

Enter a radiological prediction for the patient. This is a free-text field. **Maximum 32 alphanumeric characters**.

Mammography Findings

Enter the mammography findings for the patient. This is a free-text field. **Maximum 32 alphanumeric characters**.

Ultrasound Findings

Enter the ultrasound findings for the patient. This is a free-text field. **Maximum 32 alphanumeric characters**.

Patient's HX of CA

Enter the patient's history of cancer. This is a free-text field. **Maximum 32 alphanumeric characters**.

Previous Biopsy

Enter information on the patient's previous biopsy, if any. This is a free-text field. **Maximum 32 alphanumeric characters**.

Calcification

Enter information concerning the presence of calcifications in the patient's body. This is a free-text field. **Maximum 32 alphanumeric characters**.

Round/Oval Mass

Mark this checkbox if the patient has a round/oval mass.

Family Hx Breast CA

Mark this checkbox if the patient has a family history of breast cancer.

Postpartum

Mark this checkbox if the patient is currently in the postpartum period.

Hormones

Mark this checkbox if hormones are being prescribed to the patient.

Radiation

Mark this checkbox if the patient is receiving radiation treatment.

Spiculated Mass

Mark this checkbox flag if the patient has a spiculated mass.

Pregnant

Mark this checkbox if the patient is currently pregnant.

Postmenopausal

Mark this checkbox if the patient is currently postmenopausal.

Chemotherapy

Mark this checkbox if the patient is currently receiving chemotherapy treatment.

Letters Tab

This tab allows you to assign a letter to the current case. You can print the letter using the **Print Reports** option. Alternatively, you can print the letter on a scheduled basis by using the **Scheduler** option.

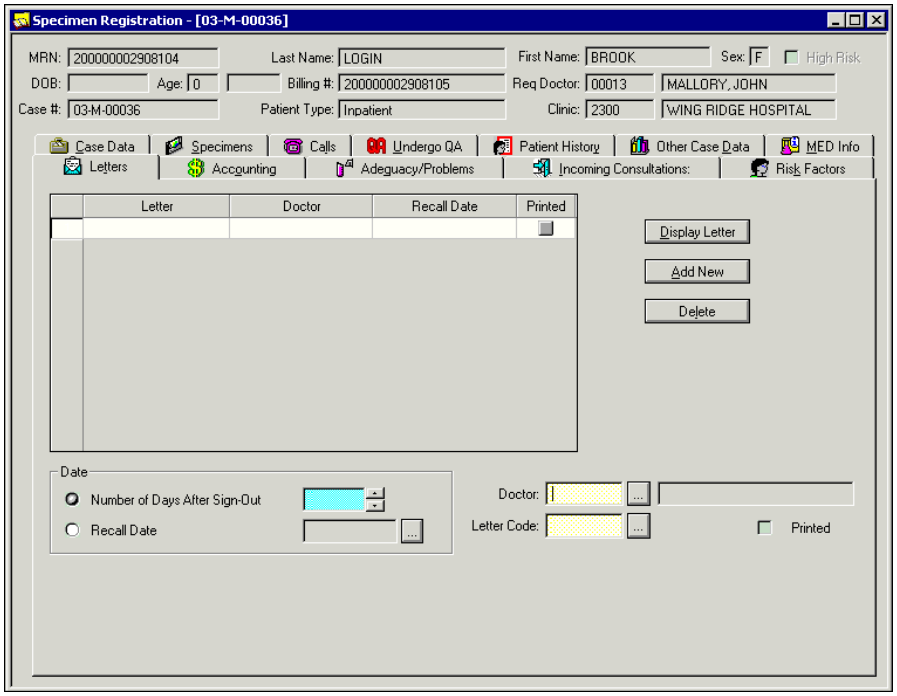


Figure 1-25. Specimen Registration window - Letters tab.

Display Letter Button

Click the **Display Letter** button to preview the selected letter on the screen.

Add New Button

Click **Add New** to add a new letter.

Delete Button

Click **Delete** to delete the currently selected letter. A letter cannot be deleted after it has been printed.

Letter Code

Enter the code of the letter type being sent. Click the ... button to display the **Letter Lookup**. Select an appropriate code from the list. This is a required field.

Date

Select one of the two options for the letter date by clicking the appropriate option button:

- **Number of Days After Sign-Out -** Enter the number of days after sign out that the letter is to be sent.
- **Recall Date -** When you select the **Recall Call** option button, the **Date** field becomes active. Either enter the date manually or click the ... button to display a calendar from which to make a selection**. Maximum 8 numeric characters using the mm/dd/yyyy format**.

Printed

This checkbox is marked if the letter has already been printed. This field is for informational purposes only and cannot be modified.

Accounting Tab

The **Accounting** tab displays information regarding the default performing locations and the default patient insurance information for the case.

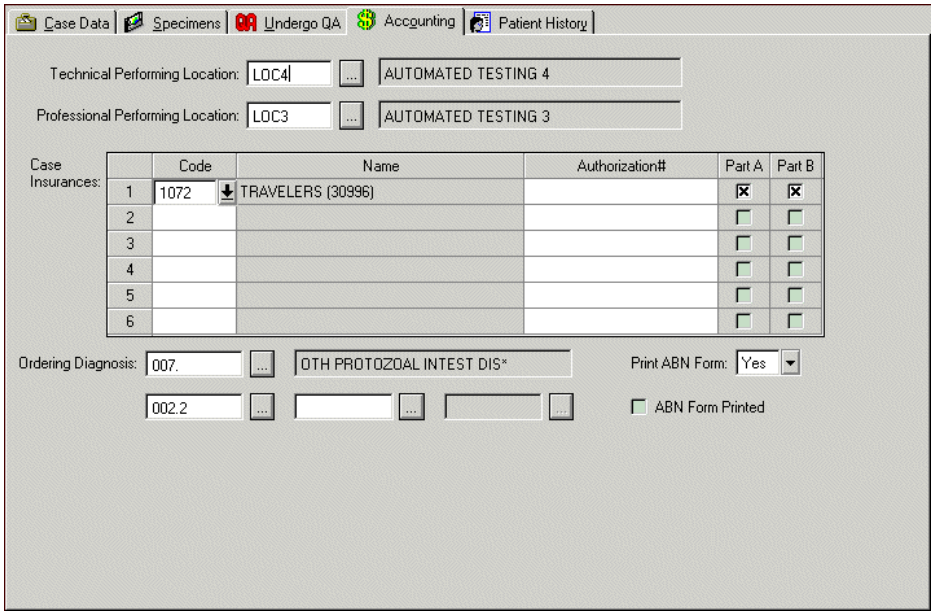


Figure 1-26. Specimen Registration Window - Accounting tab.

Technical Performing Location

If you enter a technical performing location, then the system will use this location as the default technical performing location for this case. If you do not enter a technical performing location, then the system uses the technical performing location assigned to the case's accession sequence. If you do not enter a technical performing location in this window and there is no technical performing location assigned to the accession sequence, the system will not have any default technical performing locations defined.

Professional Performing Location

If you enter a professional performing location, then the system will use this location as the default professional performing location for this case. If you do not enter a professional performing location, then the system uses the professional performing location assigned to the case's accession sequence. If you do not enter a professional performing location in this window and there is no professional performing location assigned to the accession sequence, the system will not have any default professional performing locations defined.

Case Insurances

Enter insurances for the case the **Case Insurances** grid. In the **Code** column, select insurances for the case from the drop-down list. The allowable insurances for these fields default from information entered in the patient record. The **Name** column displays the name/description of the insurance code you select in the **Code** column.

In the **Authorization #** column, enter the appropriate authorization number for the insurance (maximum 19 alphanumeric characters). The authorization number is required if the **Authorization Number Required** checkbox is marked in the Insurances file for the currently selected insurance.

NOTE: The system displays the first three insurance providers for this case if they were entered in the **Patient Maintenance** option.

Application To Billing

Select the Application To Billing checkbox, if the insurance will apply to part A, part B, or all billing.

Ordering Diagnosis

Enter up to four diagnosis codes for the specimen or click the ... buttons to select from a list of active diagnosis codes. These diagnosis codes are used for the purpose of billing the insurance company.

NOTE: The system displays four diagnosis codes for this case if they were entered during SoftLab order entry.

Print ABN Form

The system provides the ability to print an ABN form if one has not been supplied with the case. Select **Yes** or **No** from the drop down menu to print the form to the printer defined in the Options setup file.

ABN Form Printed

This checkbox shows whether an ABN form has already been printed for this case.

Adequacy Problems Tab

The **Adequacy/Problems** tab allows you to enter information regarding specimen adequacy or processing problems. The fields on the left side of the **Adequacy** and **Processing Problems** areas allow you to assign adequacy/processing problem codes at the case level. The cells within the grid allow you to assign adequacy/processing problem codes at the specimen level. The adequacy or processing problem codes assigned in this window are used when generating QA Management reports.

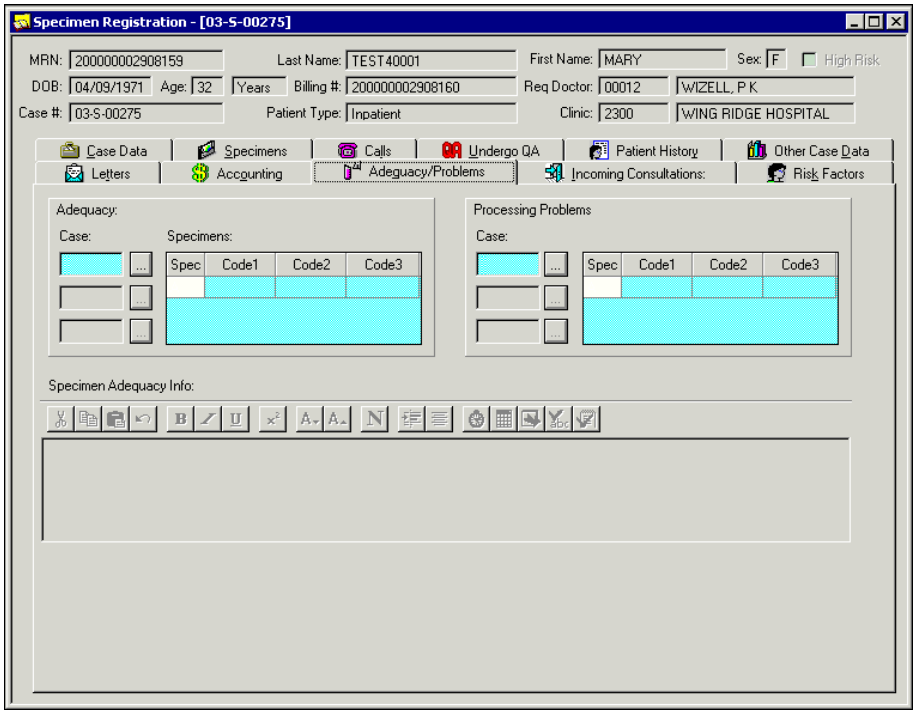


Figure 1-27. Specimen Registration window - Adequacy Problems tab.

To enter an adequacy or processing problem code for the case, place the cursor in one of the **Case** fields and click the ... button. The **Quality Codes Lookup** window displays. Select the required code. You can select up to three codes. Quality codes are defined in the Quality Codes setup file (*Setup > Setup Files > Quality Codes*).

To enter an adequacy code or processing problem code for a specimen, click the **Code** cell located in the same row as the specimen. Click the ... button that appears. The **Quality Codes Lookup** window displays. Select the required code. You can select up to three codes. The available codes are defined in the Quality Codes setup file (*Setup > Setup Files > Quality Codes*).

You can enter free-text comments in the **Specimen Adequacy Info** window if one or more specimen adequacy codes have been entered.

Incoming Consultations Tab

The **Incoming Consultations** tab (similar to Figure 1-28) allows you to track cases received from outside laboratories or consultants for review or a second opinion. Frequently, a request is made by an attending physician to obtain a case (slide and outside report) for review by the pathology lab.

To register an incoming consultation, click the **Add Consult** button. Click **Yes** when the system prompts you to confirm the creation of a new consultation. All the data entry fields in the window become active.

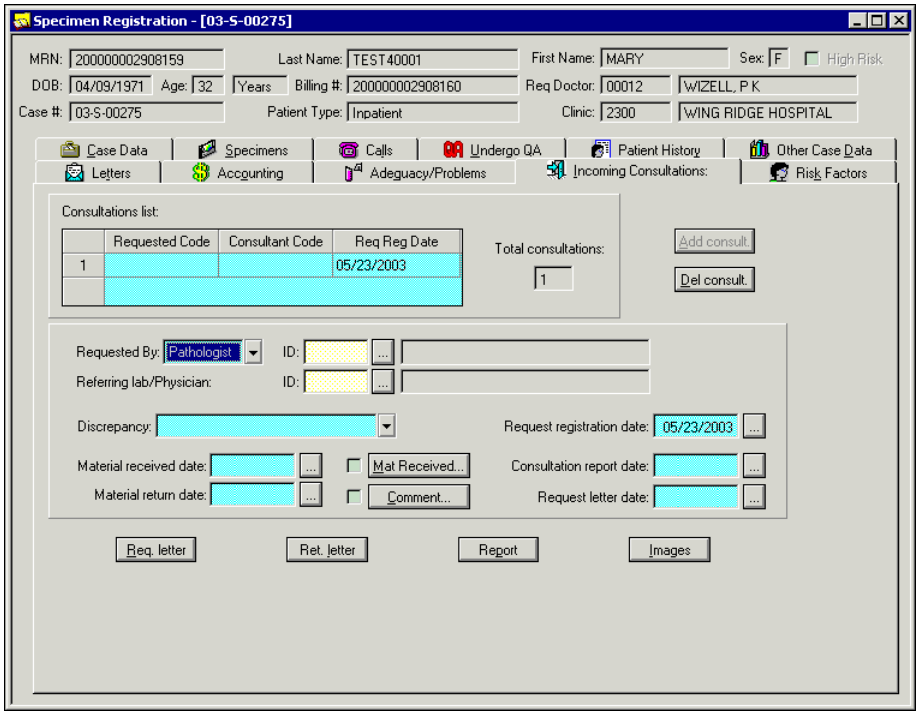


Figure 1-28. Specimen Registration window - Incoming Consultation tab.

Del Consult. Button

To delete an incoming consultation, select the consultation on the grid and click the **Del Consultation** button. The system displays a message prompting you to confirm the deletion.

Requested By

Select either **Pathologist** or **Physician** from the drop-down list. If you select **Pathologist**, you can click the ... button for the adjacent **ID** field to view all active ID codes that are defined as pathologists in the Personnel setup file. If you select **Physician**, the dynamic list for the adjacent **ID** field contains only doctors defined in the Doctor file. Click the dynamic list button and select an appropriate code from the list. **This field is required.**

Referring Lab/Physician ID

Enter the referring lab code (where the case was sent from) or the consultant's ID code. Click the ... button to display the **Consultant's Lookup** window. Select an appropriate code from the list of active ID codes defined in the Consultants setup file. **This field is required.**

Discrepancy

Select a discrepancy for the case from the drop-down list. Discrepancy codes are defined in the **Quality Assurance Categories** option (*Setup > Setup Files > Quality Codes*).

Request Registration Date

Enter the date the incoming consultation was accessioned. You can enter the date manually or you can click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Material Received Date

Enter the date that the material(s) were received. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Material Return Date

Once the consultation is complete, enter the date when the material(s) will be returned. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Consultation Report Date

Enter the date the consultation report is completed. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Request Letter Date

Enter the date the request letter was sent. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format**.

Req. Letter Button

Click this button to display the **Select Letter** window similar to Figure 1-29. This window lists all available requesting letters. Click either **View** to preview the letter on the screen or **Print** to print the letter to a printer.

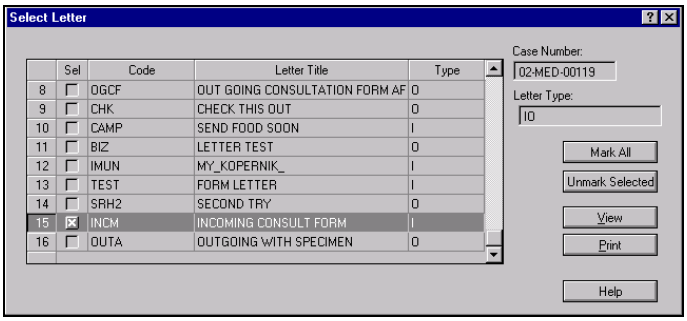


Figure 1-29. Select Letter window.

Ret. Letter Button

Click the **Returning Letter** button to display the **Select Letter** window similar toFigure 1-29. This window lists all available returning letters. Click either **View** to preview the letter on the screen or **Print** to print the letter to a printer.

Report Button

Click the **Report** button to view the report for the case on your screen.

Images Button

This option is currently under development.

Materials Received

Click the **Materials Received** button to open the **Material Received** window (Figure 1-30).

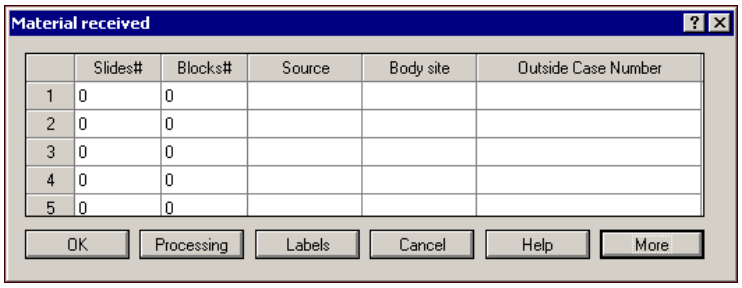


Figure 1-30. Material Received Window

Slides #

Enter the number of slides received.

Blocks #

Enter the total number of blocks received.

Source

Enter the source code for the specimen

Body Site

Enter the body site code of the specimen.

Outside Case Number

Enter the case number from the originating site of the incoming specimen. You can enter up to 20 alphanumeric characters in this field.

Processing Button

Click this button to display the **Processed Materials** window (Figure 1-31) where you can view all of the materials received for the consultation. All materials are marked by default to indicate that they require processing. You can deselect all materials by clicking the **Unmark All** button. Mark the materials you want to process and click **OK**.

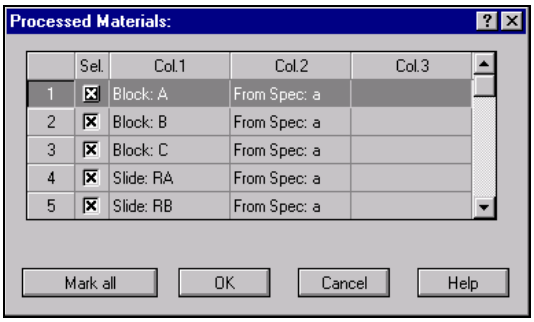


Figure 1-31. Processed Materials window.

Labels Button

Click this button to print labels for the consultation. The Label Print window for Consultation Labels (Figure 1-32) is displayed. See page **1-17** for more information on the **Label Print** window.

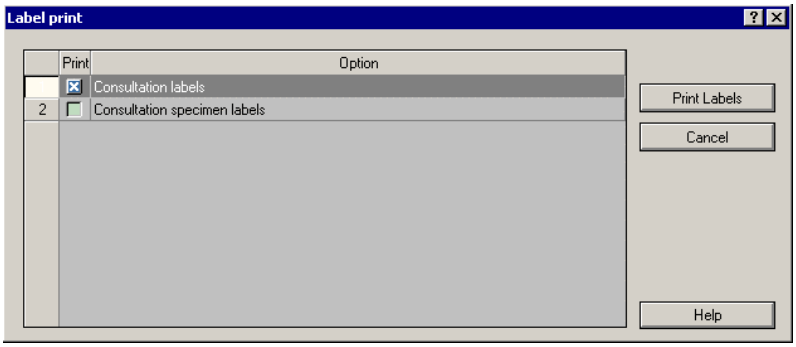


Figure 1-32. Labels Print Window - Consultation Labels

More

Click the More button to display more detailed information about the materials, as shown in Figure 1-33.

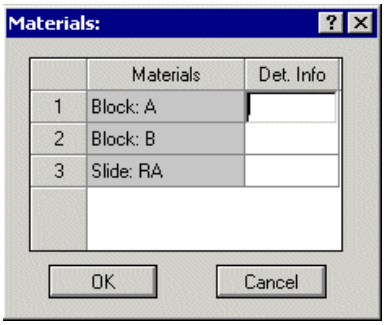


Figure 1-33. More window.

Risk Factors Tab

This tab is used to enter, modify, and view risk factors for the current patient. The grid on this tab displays the code, name, severity level, assigned date, expiration date, and MRN of all risk factors associated with the patient. For detailed information on associating risk factors with patients, refer to page **1-69**.

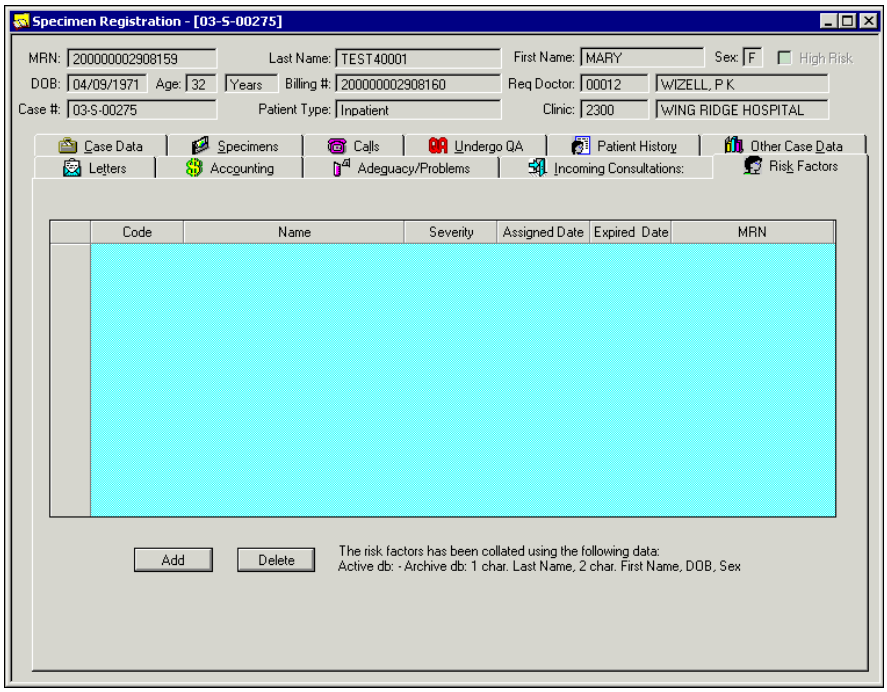


Figure 1-34. Specimen Registration - Risk Factors tab.

HIS Numbers Tab

The **HIS Numbers** tab allows you to view and enter HIS numbers for each specimen associated with the current case. This tab displays similar toFigure 1-35.

This tab only appears if the **rh_HIS_OPTION** parameter in RPARAM file contains the letter **M** (for multi-specimen). In this instance, each specimen has an HIS number assigned to it.

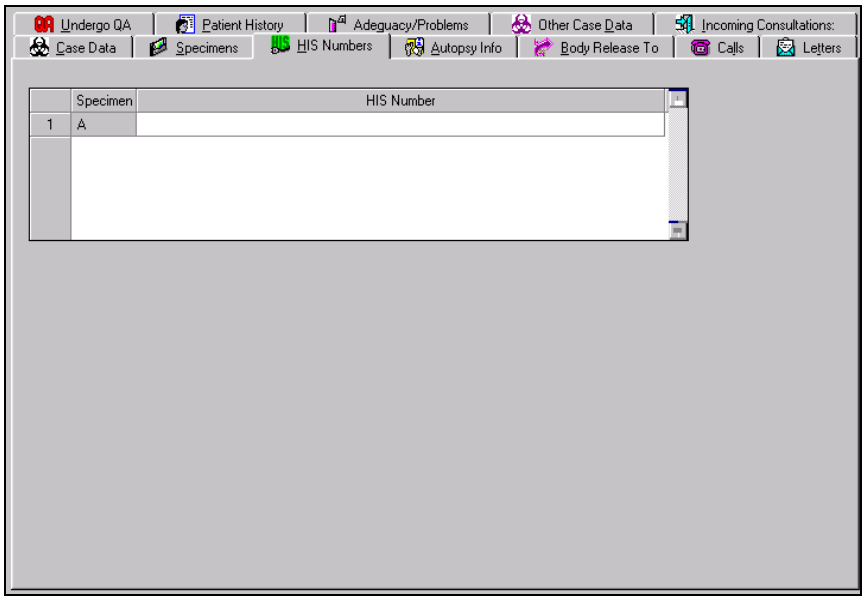


Figure 1-35. Specimen Registration Window - HIS Numbers Tab.

Body Release To Tab

The **Body Release To** tab displays only in the **Specimen Registration** window for autopsy cases. This tab can only be viewed by users with the proper security privileges assigned in the Personnel setup file. The **Body Release To** tab allows you to enter, modify, or view data concerning the person to whom the body has been released. Complete the name, address, and contact information fields for the person to whom the body was released.

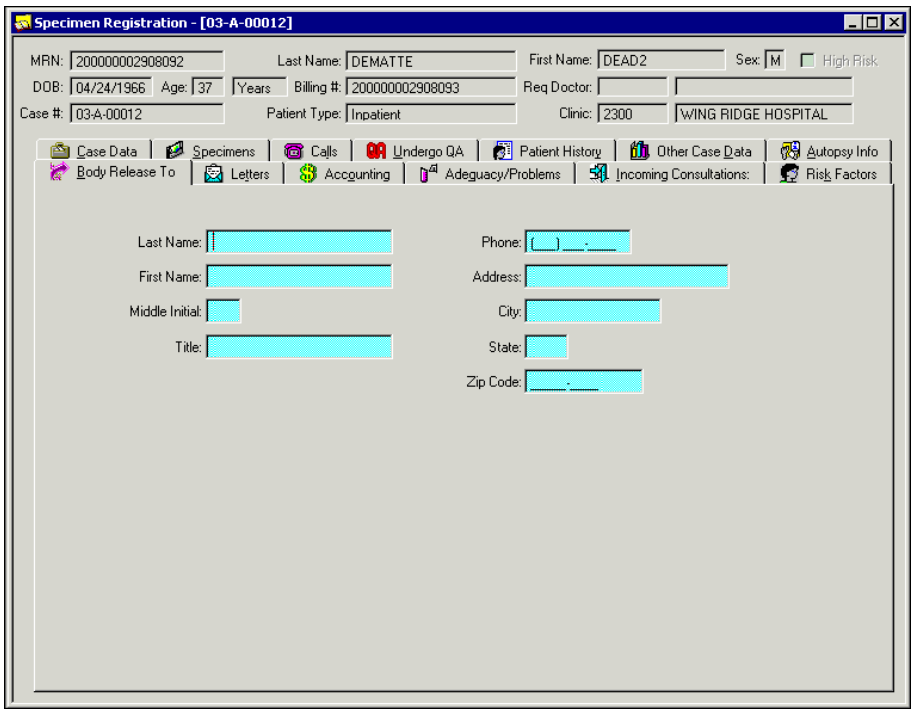


Figure 1-36. Specimen Registration window - Body Release To tab.

GYN Info Tab

This tab only displays for gynecological (GYN) specimen registration. The **GYN Info** tab displays similar toFigure 1-37 and contains gynecological information for the current patient.

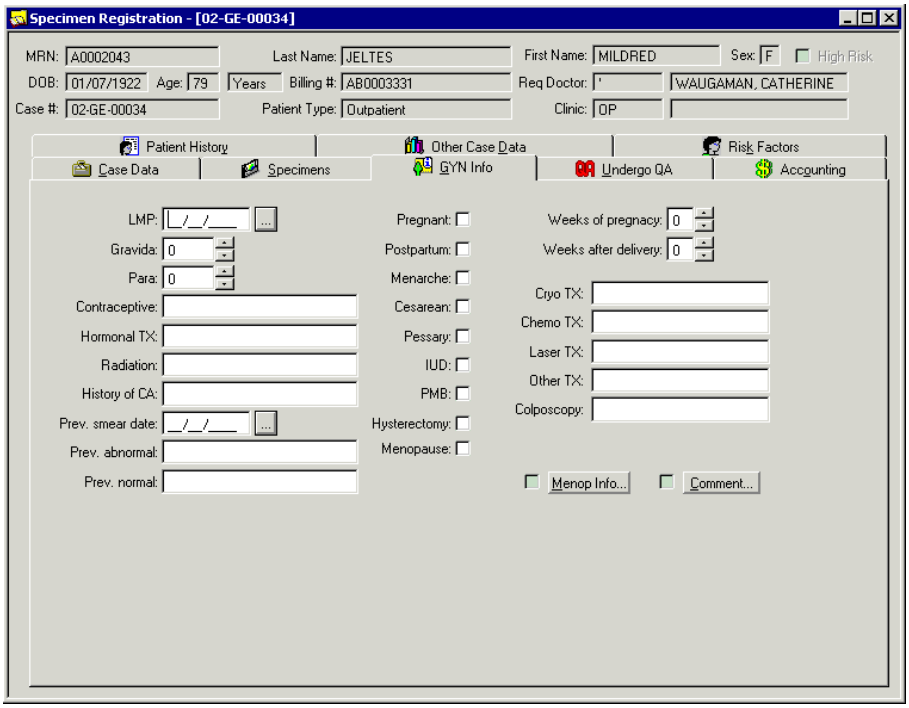


Figure 1-37. Specimen Registration window - GYN Info tab.

LMP

Enter the date of the patient's last menstrual period. The date can be entered manually or you can click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

NOTE: If the exact date is unknown, you can enter a partial date instead consisting of only the day, month, year, or any combination of the three.

Gravida

Enter the total number of pregnancies for the patient. **Maximum of 4 numeric characters.**

Para

Enter the total number of births. **Maximum of 4 numeric characters.**

Contraceptive

Enter any contraceptive(s) used by the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

Hormonal TX

Enter any hormonal pharmaceutical information for the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

Radiation

Enter any radiation information for the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

History of CA

Enter any family history of cancer for the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

Prev. Smear Date

Enter the date of the patient's last PAP smear (if known). The date can be entered manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

NOTE: If the exact date is unknown, you can enter a partial date instead consisting of only the day, month, year, or any combination of the three.

Prev. Abnormal

Enter any previous abnormal PAP smear information for the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

Prev. Normal

Enter any previous normal PAP smear information for the patient. This is a free-text field. **Maximum 25 alphanumeric characters.**

Pregnant

Mark this checkbox if the patient is pregnant.

Postpartum

Mark this checkbox if the patient is currently in the postpartum period.

Menarche

Mark this checkbox if the patient is at the establishment/beginning of menstruation.

Cesarean

Mark this checkbox if the patient has had a delivery by cesarean section.

Pessary

Mark this checkbox if the patient has had a vaginal suppository used to support the uterus, remedy a malposition, or prevent conception.

IUD

Mark this checkbox if the patient has an intrauterine device.

PMB

Mark this checkbox if the patient has had a hysterectomy.

Hysterectomy

Mark this checkbox if the patient has had a hysterectomy.

Menopause

Mark this checkbox if the patient has entered menopause.

Weeks of Pregnancy

If the **Pregnant** checkbox is marked, enter the number of weeks the patient has been pregnant.

Weeks After Delivery

If the **Postpartum** checkbox is marked, enter the number of weeks the patient has been in the postpartum period.

Cryo TX

Enter any cryogenic treatment information for the patient. This is a free-text field. **Maximum 23 alphanumeric characters.**

Chemo TX

Enter any chemotherapy treatment information for the patient. This is a free-text field. **Maximum 23 alphanumeric characters.**

Laser TX

Enter any laser treatment information for the patient. This is a free-text field. **Maximum 23 alphanumeric characters.**

Other TX

Enter any other treatment information for the patient. This is a free-text field. **Maximum 23 alphanumeric characters.**

Colposcopy

Enter any colposcopy treatment information for the patient. This is a free-text field. **Maximum 23 alphanumeric characters.**

Menop Info Button

Click the **Menop Info** button to display a free-text comment window where you can enter any menopausal information for the patient.

Autopsy Info Tab

The **Autopsy Info** tab displays only in the **Specimen Registration** window for autopsy cases. In this tab, you can view, enter, or modify information concerning the autopsy.

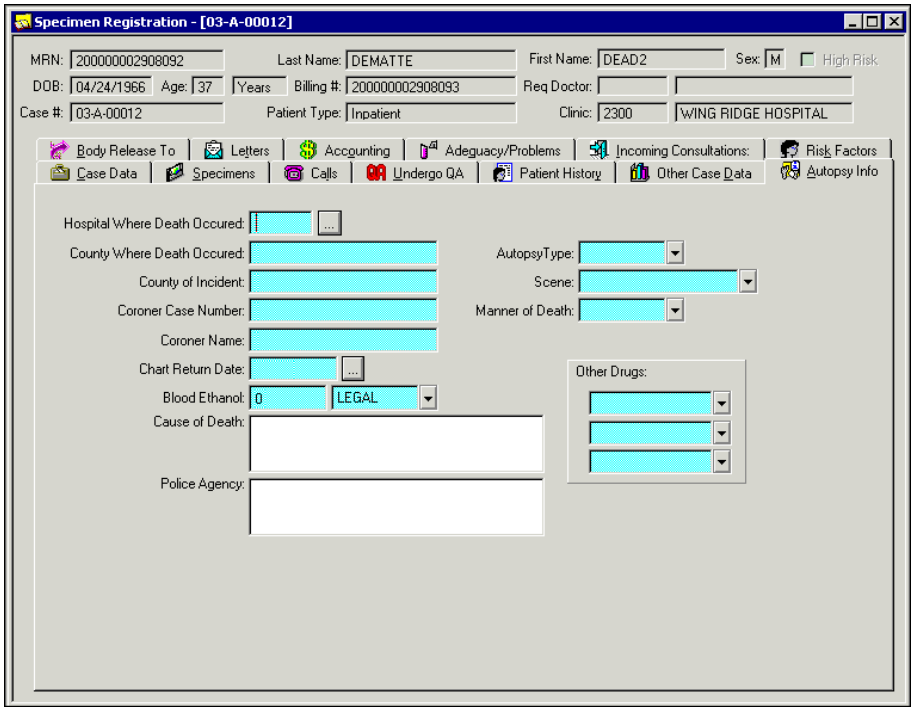


Figure 1-38. Specimen Registration window - Autopsy Info tab.

Hospital Where Death Occurred

Enter the name of the hospital where the patient's death occurred. Click the button to display the **Clinic Code Lookup** window. Select an appropriate code from the list.

County Where Death Occurred

Enter the county where the patient's death occurred. This is a free-text field. **Maximum 32 alphanumeric characters**.

County of Incident

Enter the county where the incident leading to the death occured. This is a free-text field. **Maximum 32 alphanumeric characters**.

Coroner Case Number

Enter the coroner case number for the death. This is a free-text field. **Maximum 15 alphanumeric characters**

Coroner Name

Enter the name of the coroner who performed the autopsy. This is a free-text field. **Maximum 76 alphanumeric characters.**

Chart Return Date

Enter the date that the chart was returned to the Medical Records department. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Blood Ethanol

Enter the patient's blood ethanol value in the free-text box. Click the drop-down list button and select either (%) percentage for medical or LEGAL for legal blood ethanol.

Cause of Death

Enter the cause of death. This is a free-text field.

Police Agency

Enter the name of the police agency investigating the incident. This is a free-text field.

Autopsy Type

Select a autopsy type code from the drop-down list. The available case types are defined in the **Simple Codes** option.

Scene

Select a code describing the scene of death from the drop-down list. The available scenes are defined in the **Simple Codes** option.

Manner of Death

Select a code that describes the manner of death from the drop-down list. The available codes are defined in the **Simple Codes** option.

Other Drugs

Select other drugs found in the patient's system from the drop-down list. The available drugs are defined in the **Simple Codes** option.

Call List Requests

The **Call List Requests** option allows you to identify cases with pending telephone calls. The cases can be marked to request a call that informs patients of final results as soon as the cases are signed out. You can also mark cases to provide the patient with a reminder call for required follow-up visits.

Clinic-based calls display the patient clinic information. The information entered sorts the pending calls and presents them in a way designed to minimize the number of different calls and the time required to complete each call. The system automatically registers the date and time the call is completed and the ID of the person that performed the call.

You can print a Call List Report to list pending or completed calls within a specified date range. In addition, calls can be displayed by patient type, by call reason (result or reminder calls), by requesting physician, by patient clinic, or by case priority. The patient demographics, case information, and the final diagnosis are also displayed for each case placed on the call list. If the final diagnosis is not complete or the case has not been signed out, the pending status displays instead.

Access the **Call List Request** option by selecting *Order* > *Call List Request* from the main menu. The **Call Request Search Screen** window displays similar toFigure 1-39.

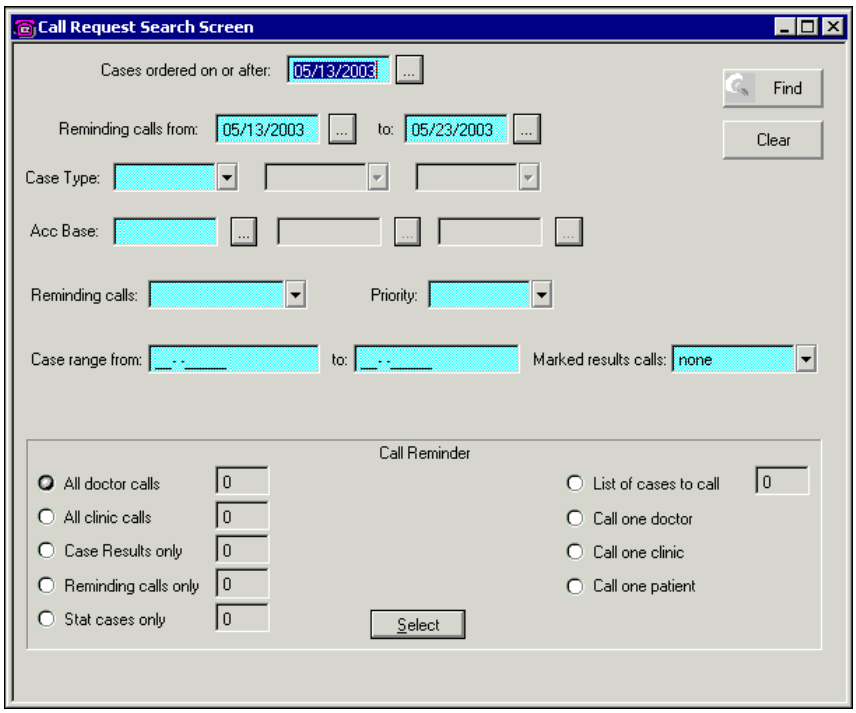


Figure 1-39. Call Request Search window.

Enter search criteria and click the **Find** button. Calls matching the search criteria display in the **Call Reminder** area. The total number of cases that qualify are displayed next to each call list. Select a call list by clicking the corresponding option button and then clicking **Select**. This displays the **Call List Request** window for the specified call list.

If there are any pending calls in the call list, select the **List of Cases to Call** option and click **Select**. Select a call list and click **Select**. The system displays the list similar to that showed in Figure 1-40.

NOTE: The list of cases to call is sorted by the scheduled date of the call.

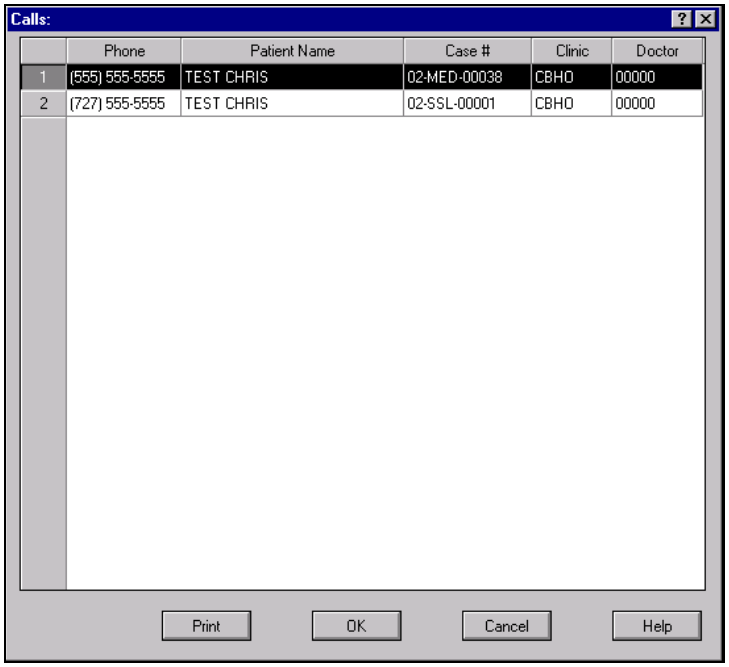


Figure 1-40. Calls window.

Print Button

From this window you can the print a list of cases that require calls by clicking **Print**. The Call List Report is displayed for review and printing.

Processing Call List Requests

Highlight the call you want to process and click **OK**. The **Call List Request** window for the selected case displays similar toFigure 1-41. This window allows you to enter and view call information. The information for the selected case displays at the top of the window and cannot be modified. To modify a call list request, click the **Edit** button on the toolbar.

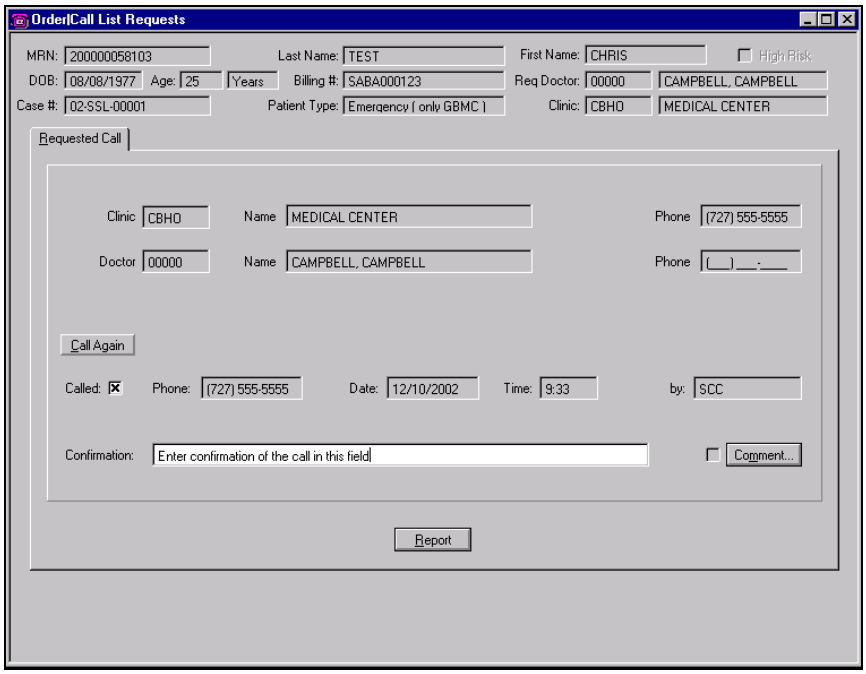


Figure 1-41. Call List Requests window – Requested Call tab.

Relevant phone numbers, clinic information, and doctor information for the call are displayed on this tab and cannot be modified. You can view, enter, or edit comments attached to the call by clicking the **Comment** button.

You can move to the next or previous case by clicking the corresponding arrow buttons on the toolbar. You can also move between cases by moving your cursor to the left hand side of the window to display a pending list. You can then double-click a case to select it.

Called

Verify the call by marking the **Called** box. The current date, time, and the initials of the currently logged-on user are captured by the system and display in the **Date**, **Time**, and **By** fields. This information cannot be modified.

Confirmation

Enter any confirming or call-related information in the **Confirmation** field. If one line is not sufficient for your confirmation information, you can open a free text window by clicking the **Comment** button. Use this window to enter any additional information.

Report Button

Click the **Report** button to display the **Select Report** window similar toFigure 1-42. Use this window to print reports that have been created for the current case. Highlight a report and click **Mark Selected** to select the report. Click **View** preview the report on the screen. Click **Print** to print the report to a printer.

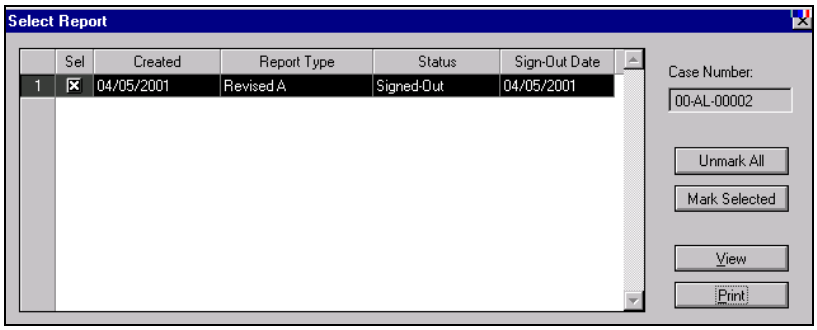


Figure 1-42. Select Report window.

SCC
Soft Computer

Consultations

The Consultations option allows you to enter information about consultations performed in your facility as well as consultations requested by outside facilities.

Outgoing Consultation Requests

The **Outgoing Consultation Request** window tracks cases sent to an outside laboratory or consultant.

Access the **Outgoing Consultation Requests** option by selecting *Order* > *Consultations* > *Outgoing Consultations* from the main menu. The **Outgoing Consultations - Enter Search Criteria** window displays similar toFigure 1-43.

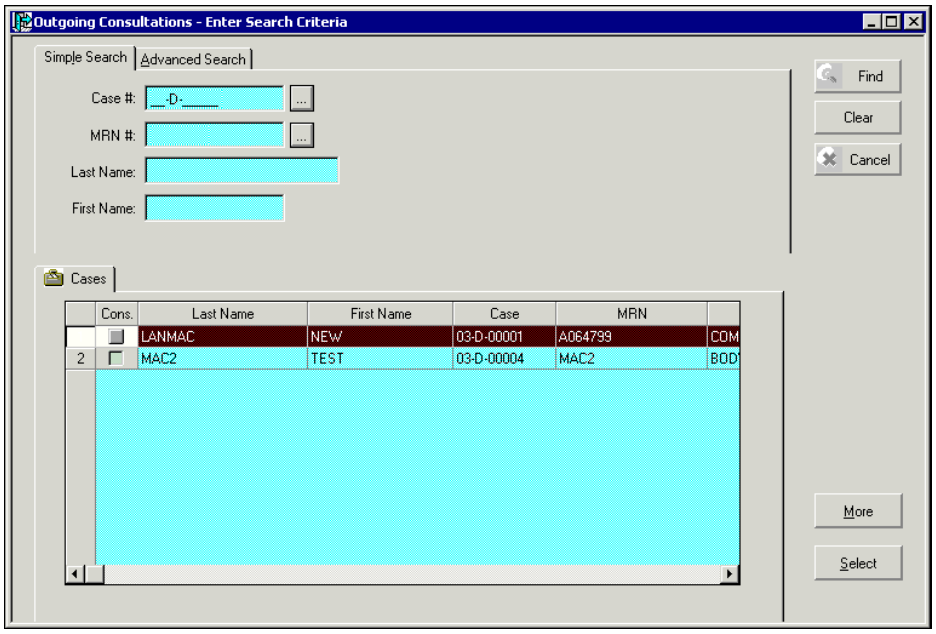


Figure 1-43. Outgoing Consultation - Enter Search Criteria window.

After entering any search criteria, click the **Find** button. The system displays a list of cases that match the specified search criteria on the **Cases** tab. The **Cases** tab displays the patient last name, first name, case number, medical record number (MRN), and source code. If a consultation already exists for a case, the **Cons** checkbox will be marked.

To edit an existing outgoing consultation for a patient, highlight the patient and click **Select**. The **Outgoing Consultation** window displays similar toFigure 1-44. To make changes to the consultation, click the **Edit** button on the toolbar.

If there are no outgoing consultations for the selected patient, the **Cons** checkbox is unmarked. Highlight a patient and click **Select** to add a new outgoing consultation for the specified patient. Click **Yes** when the system prompts you to create a new consultation. The **Outgoing Consultation** window displays similar toFigure 1-44.

NOTE: The patient demographic information displays in READ ONLY mode.

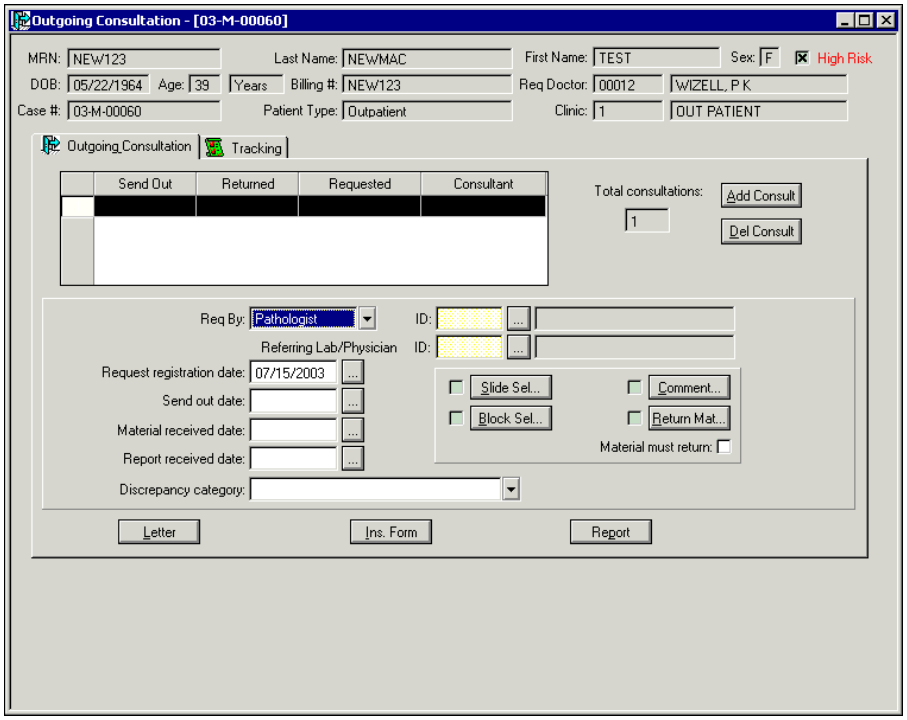


Figure 1-44. Outgoing Consultation Tab.

Req By

Select either **Pathologist** or **Physician** from the drop-down list. If you select **Pathologist**, the dynamic list for the adjacent **ID** field contains all active ID codes that are defined as pathologists in the Personnel setup file. If you select **Physician**, the dynamic list for the adjacent **ID** field contains only doctors defined in the Doctor file. Click the ... button and select an appropriate code from the list. **This field is required.**

Referring Lab/Physician ID

Enter the referring lab code (where the case was sent from) or the consultant's ID code. Click the ... button to display the **Consultant's Lookup** window. Select an appropriate code from the list of active ID codes defined in the Consultants setup file. **This field is required.**

Request Registration Date

This is a required field. This field automatically defaults to the current date but it can be changed if necessary. To change the registration date, enter a new date or click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Send Out Date

Enter the date the consultation was sent out. Enter the date manually or click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Material Received Date

If editing an existing consultation, enter the date the material was returned. Enter the date manually or click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Report Received Date

If editing an existing consultation, enter the date the report was received. Enter the date manually or click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format**.

Discrepancy Category

If you are editing an existing consultation, select a discrepancy category code from the drop-down list. A discrepancy code should be assigned to the case to register the correlation of the primary diagnosis and the diagnosis established by the consulting pathologist. The discrepancy code is also used for the correlation log. Discrepancy codes are defined in the **Quality Codes** option (*Setup > Setup Files > Quality Codes*).

Slide Sel Button

If there are slides to be sent with the consultation, click the **Slide Sel** button to display the **Select Slides** window. This window lists the available slides for the case. To select a single slide, double-click the slide and click **OK**. To mark all of the slides, click the **Mark All** button.

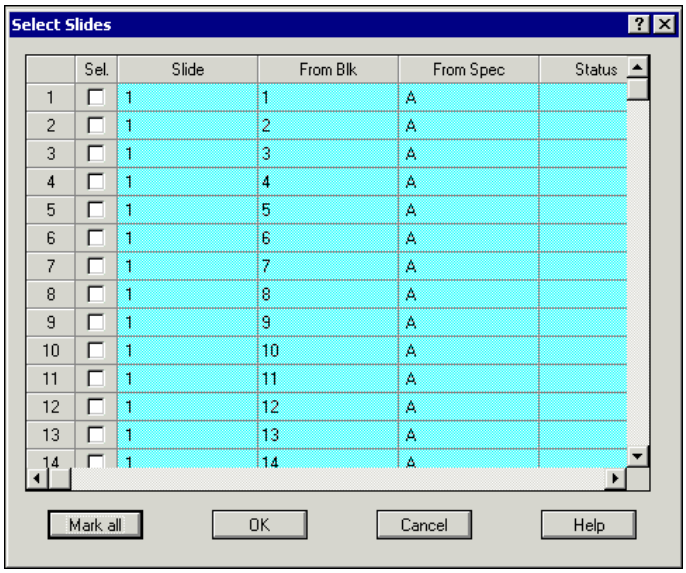


Figure 1-45. Select Slides Window.

Block Sel Button

If there are blocks to be sent with the consultation, click the **Block Sel** button to display the **Select Blocks** window. This window lists all available blocks for the case. To select a single block, double-click the block and click **OK**. To mark all the blocks, click **Mark All**.

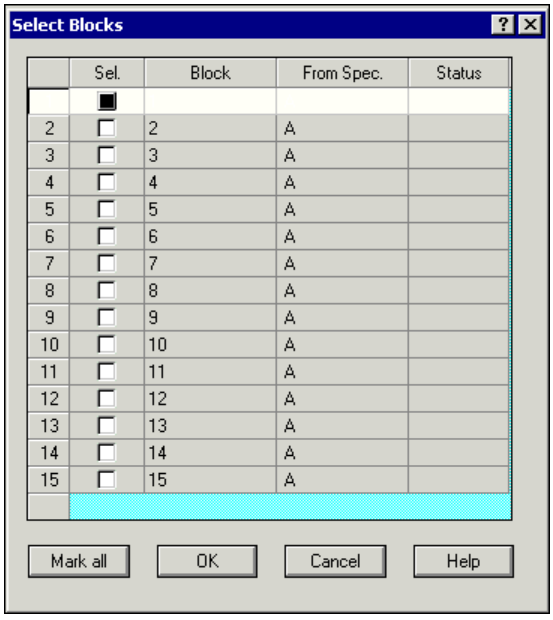


Figure 1-46. Select Blocks window.

Returned Mat Button

If editing an existing consultation, click the **Returned Mat** button to display the **Returned Materials** window. This window lists the materials sent out. Double-click the materials that have been returned.

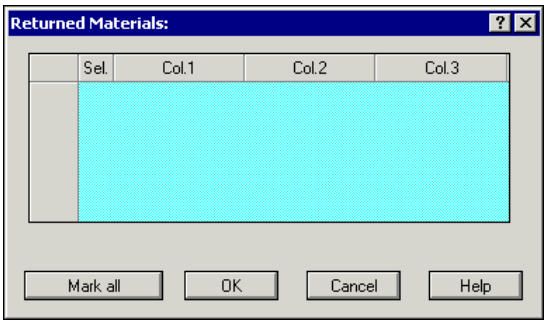


Figure 1-47. Returned Materials Window.

Material Must Return

Mark this checkbox if the materials must be returned.

Letter Button

To print a letter for the current consultation, click the **Letter** button. This displays the **Select Letter** window. This window lists outgoing letters currently defined in your system. The types of documents available in this list are determined in **Setup** Options. The letter can be viewed, printed or faxed.

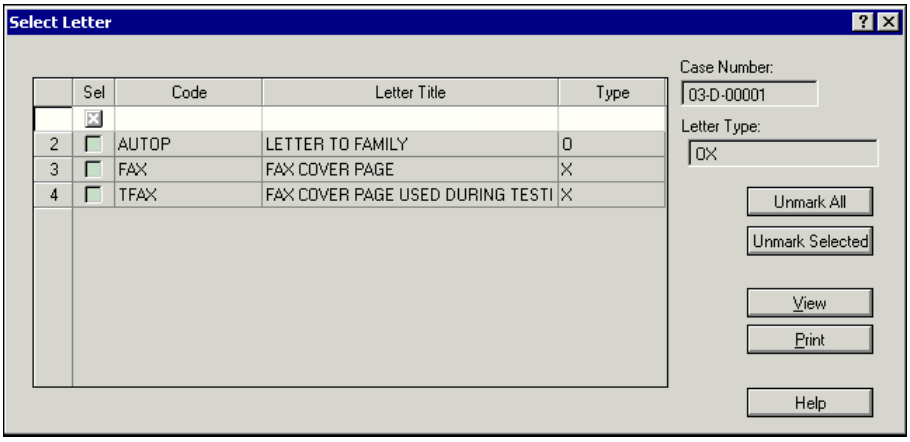


Figure 1-48. Select Letter Window.

Ins Form Button

To print an insurance form for the current consultation, click the **Ins Form** button. This displays the **Select Letter** window. This window lists the insurance form letters currently defined in your system. The types of documents available in this list are determined in **Setup Options**. The insurance form can be viewed, printed, or faxed.

Report Button

To print the case report for the current consultation, click the **Report** button. This displays the **Select Report** window. This window lists the available reports for the case. The selected report can be viewed, printed or faxed.

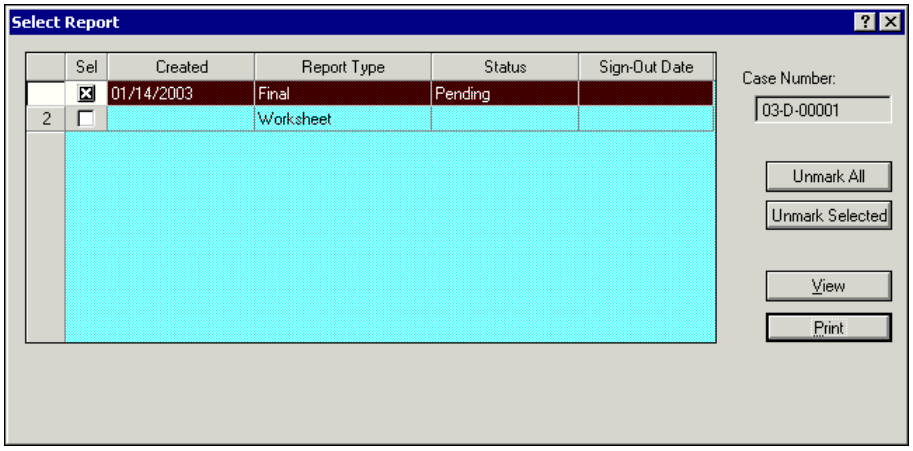


Figure 1-49. Select Report window.

Tracking Tab

The Tracking tab displays the status of materials that were sent and/or returned for the consult including, the date and time of send out and return, as well as, the destination of the send out.

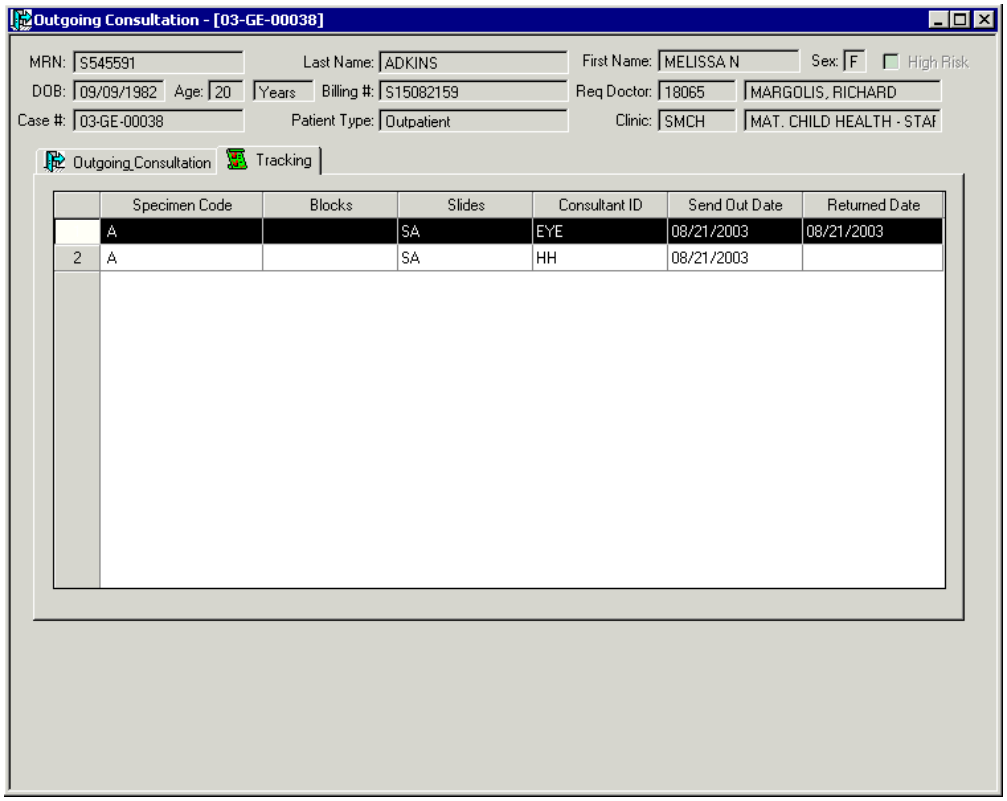


Figure 1-50. Tracking Tab

Consultation Discrepancy Entry

The **Consultation Discrepancy Entry** option provides you with a worksheet to enter discrepancy results for one or more consultations. The Discrepancy Category Management reports can then be generated on demand.

Access the **Consultation Discrepancy Entry** option by selecting *Order* > *Consultations* > *Consultation Discrepancy Entry* from the main menu. The **Discrepancy Entry - Lookup** window displays similar toFigure 1-51.

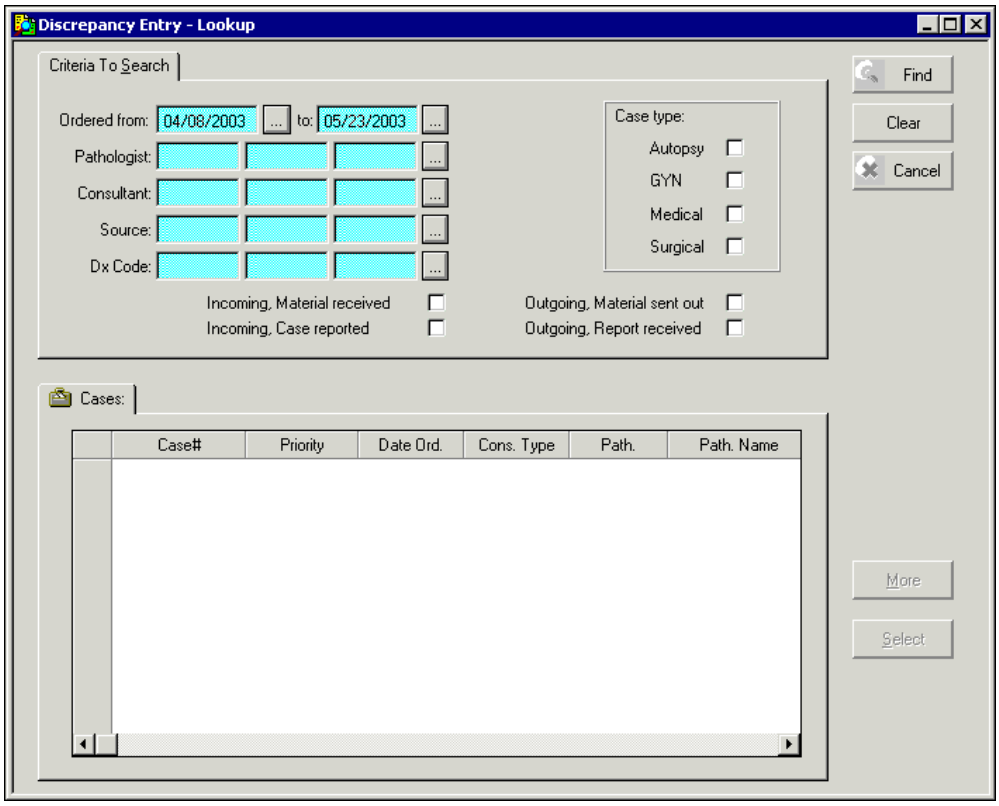


Figure 1-51. Discrepancy Entry - Lookup window.

To limit the search, select the case type and consultation status by marking the appropriate check boxes. Leave all of the choices unmarked to include all cases in the search.

After entering the required search criteria, click the **Find** button. Cases that match the search criteria display on the **Cases** tab. Highlight the desired case and click **Select**. The **Discrepancy Entry** window for the selected case displays similar toFigure 1-52.

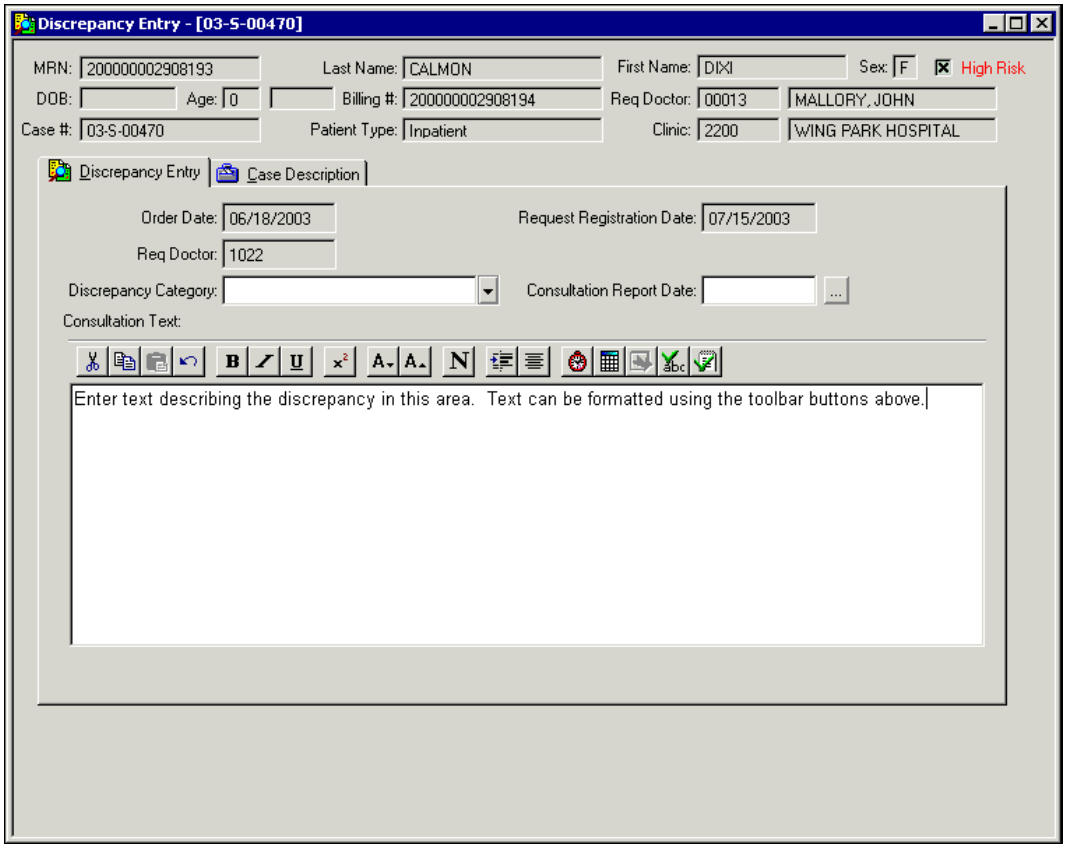


Figure 1-52. Discrepancy Entry window.

Discrepancy Entry Tab

The **Discrepancy Entry** tab (shown in Figure 1-52) displays the order date, request registration date, and the name of the requesting pathologist/physician in addition to the following data entry fields. To enter or change any information on this, click **Edit** from the toolbar.

Discrepancy Category

Select a discrepancy category code from the drop-down list. Discrepancy codes are defined in the **Quality Assurance Categories** option (*Setup > Setup Files > Quality Codes*).

Consultation Report Date

Enter the date the consultation report was completed or click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Consultation Text

This is a free-text section to record discrepancy categories, comments and any other information pertinent to the consultation.

Case Description Tab

This tab is in READ ONLY format. The information displayed is specific to the case and provides hyperlinks to the **Results Query** option. Click the blue underlined text to perform a results query for the item.

NOTE: The information displayed on this tab varies depending on the user currently logged on to the system and that user's security permissions set in the Security file.

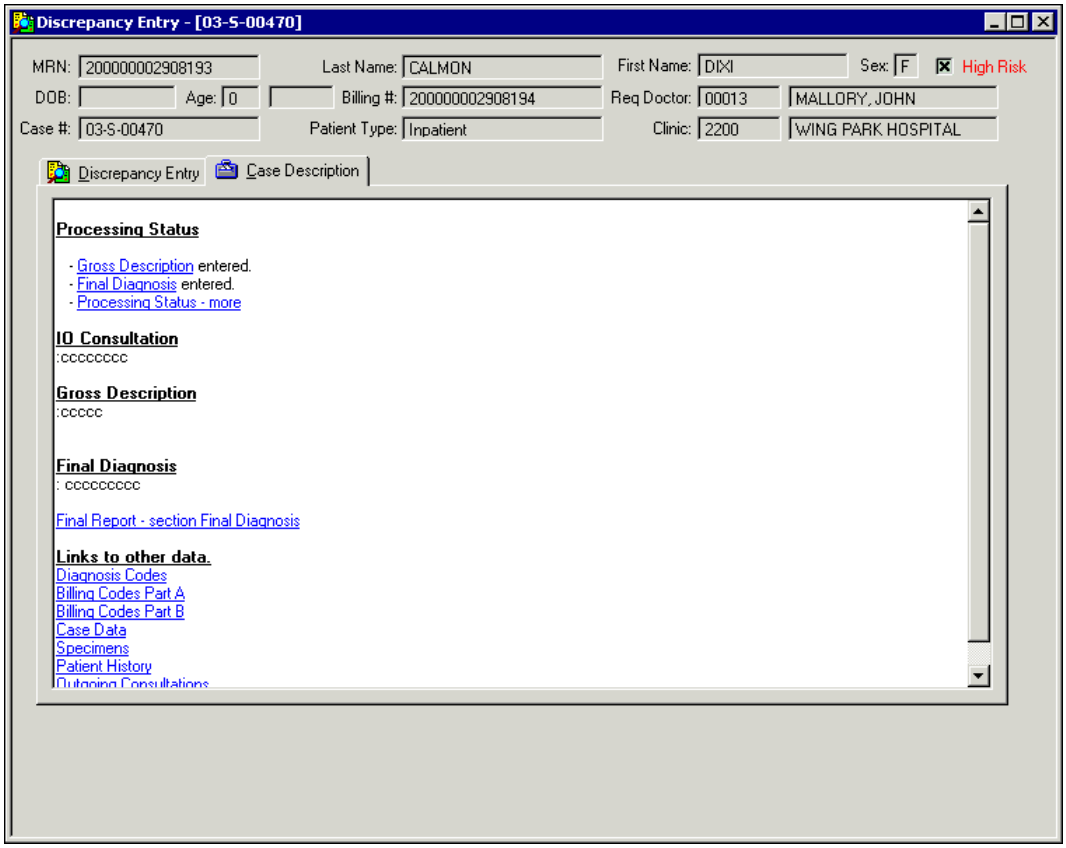


Figure 1-53. Discrepancy Entry window - Case Description tab.

Incoming Consultation Requests

The **Incoming Consultation Requests** option tracks cases received from an outside laboratory or consultant.

Access the **Incoming Consultant Requests** option by selecting *Order* > *Consultations* > *Incoming Consultation Requests* from the main menu. The **Incoming Consultation - Enter Search Criteria** window displays similar toFigure 1-54.

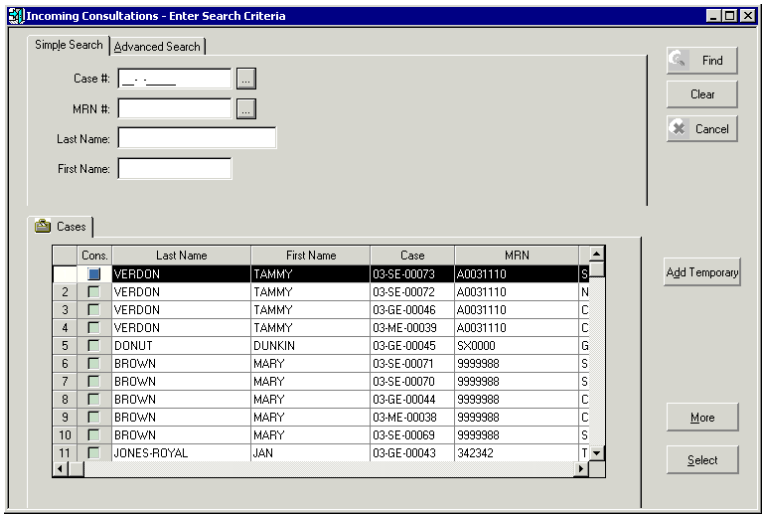


Figure 1-54. Incoming Consultations - Enter Search Criteria window.

After entering search criteria in the **Incoming Consultation** search window, click **Find**. All cases matching the criteria entered display on the **Cases** tab.

Add Temporary Button

The Temporary Data functionality allows you to enter an incoming consultation that does not have any materials entered or require any further action. The case remains temporary until it is registered in the **Specimen Registration** window with materials entered.

To use the Temporary Data functionality, click the **Add Temporary** button. The system prompts you to confirm the addition of temporary data. The **Temporary Data** window displays in Edit mode. Enter the available data in the appropriate fields.

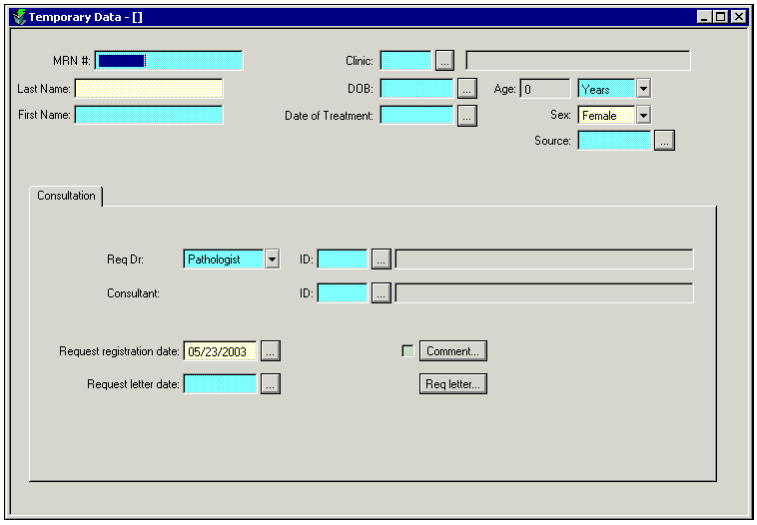


Figure 1-55. Temporary Data window.

If the selected patient does not have an incoming consultation, the **Cons** box is unmarked. Highlight a patient that does not have an incoming consultation and click **Select** to add a new incoming consultation for the patient. When prompted, click **Yes** to confirm the creation of a new consultation. The **Incoming Consultation** window displays similar toFigure 1-56. This option functions identically to the **Incoming Consultations** tab located in the **Specimen Registration** option.

NOTE: The patient demographic information is displayed in a READ ONLY format.

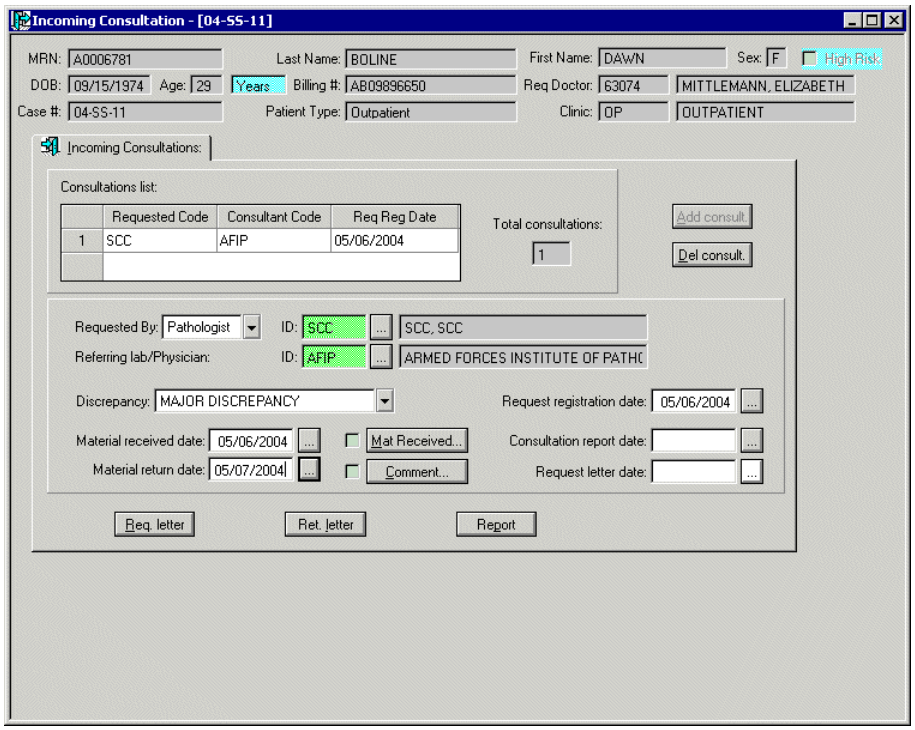


Figure 1-56. Incoming Consultation window.

Del Consult. Button

To delete an incoming consultation, select the consultation on the grid and click the **Del Consultation** button. The system displays a message prompting you to confirm the deletion.

Requested By

Select either **Pathologist** or **Physician** from the drop-down list. If you select **Pathologist**, you can click the ... button for the adjacent **ID** field to view all active ID codes that are defined as pathologists in the Personnel setup file. If you select **Physician**, the dynamic list for the adjacent **ID** field contains only doctors defined in the Doctor file. Click the dynamic list button and select an appropriate code from the list. **This field is required.**

Referring Lab/Physician ID

Enter the referring lab code (where the case was sent from) or the consultant's ID code. Click the ... button to display the **Consultant's Lookup** window. Select an appropriate code from the list of active ID codes defined in the Consultants setup file. **This field is required.**

Discrepancy

Select a discrepancy for the case from the drop-down list. Discrepancy codes are defined in the **Quality Assurance Categories** option (*Setup > Setup Files > Quality Codes*).

Request Registration Date

Enter the date the incoming consultation was accessioned. You can enter the date manually or you can click the ... button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Material Received Date

Enter the date that the material(s) were received. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Material Return Date

Once the consultation is complete, enter the date when the material(s) will be returned. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Consultation Report Date

Enter the date the consultation report is completed. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Request Letter Date

Enter the date the request letter was sent. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format**.

Req. Letter Button

Click this button to display the **Select Letter** window similar toFigure 1-29. This window lists all available requesting letters. Click either **View** to preview the letter on the screen or **Print** to print the letter to a printer.

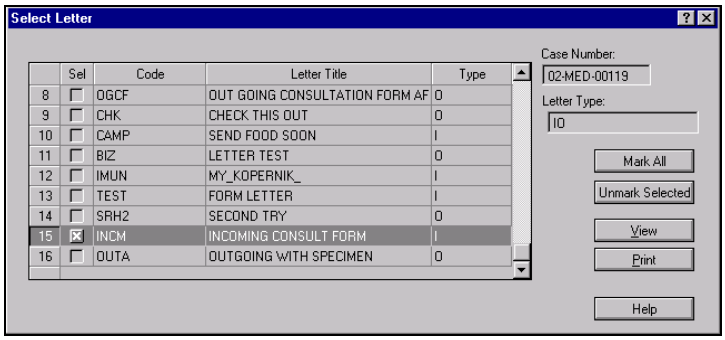


Figure 1-57. Select Letter window.

Ret. Letter Button

Click the **Returning Letter** button to display the **Select Letter** window similar toFigure 1-29. This window lists all available returning letters. Click either **View** to preview the letter on the screen or **Print** to print the letter to a printer.

Report Button

Click the **Report** button to view the report for the case on your screen.

Materials Received

Click the **Materials Received** button to display the **Material Received** window similar toFigure 1-30.

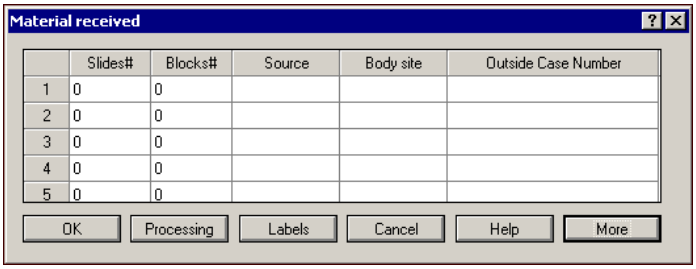


Figure 1-58. Material Received window.

Slides #

Enter the number of slides received.

Blocks #

Enter the total number of blocks received.

Source

Enter the source code for the specimen

Body Site

Enter the body site code of the specimen.

Outside Case Number

Enter the case number from the originating site of the incoming specimen. You can enter up to 20 alphanumeric characters in this field.

Processing Button

Click this button to display the **Processed Materials** window (Figure 1-59) where you can view all of the materials received for the consultation. All materials are marked by default to indicate that they require processing. You can deselect all materials by clicking the **Unmark All** button. Mark the materials you want to process and click **OK**.

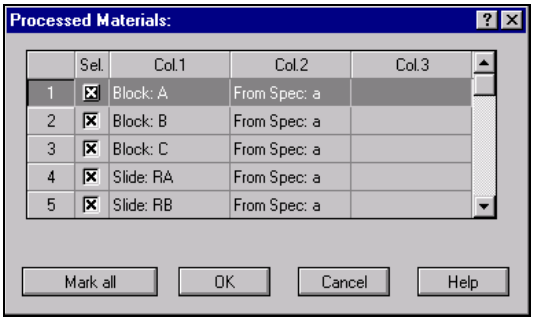


Figure 1-59. Processed Materials window.

Labels Button

Click this button to print labels for the consultation. See page 1-17 for more information on the **Label Print** window.

More

Click the More button to display more detailed information about the materials, as shown in Figure 1-60.

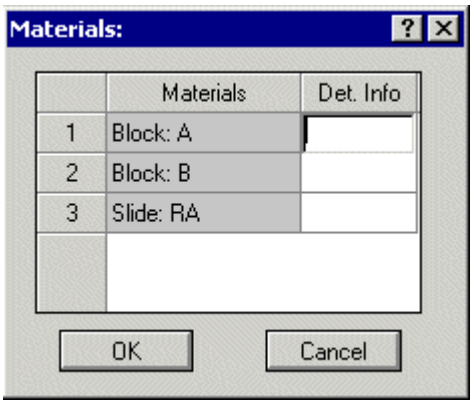


Figure 1-60. More window.

Processing Button

Click this button to display the **Processed Materials** window (Figure 1-31) where you can view all of the materials received for the consultation. All materials are marked by default to indicate that they require processing. You can deselect all materials by clicking the **Unmark All** button. Mark the materials you want to process and click **OK**.

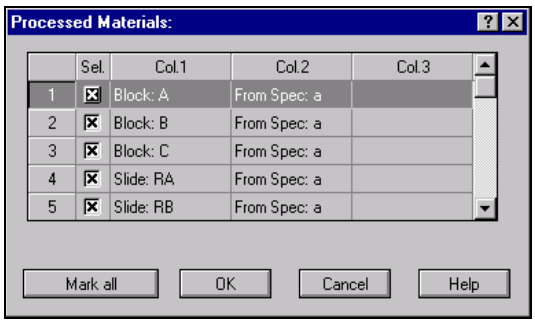


Figure 1-61. Processed Materials window.

Labels Button

Click this button to print labels for the consultation. See page **1-17** for more information on the **Label Print** window.

SCC
Soft Computer

Patient Maintenance

The **Patient Maintenance** option allows you to enter and view patient demographic data, insurance and billing information, emergency contact information, and patient risk factors. You can also enter/view historical data for all of a patient's stays in the hospital. The term *stay* describes a stay in the hospital and each outpatient visit. The information commonly entered for a patient includes MRN (medical record number), social security number, sex, race, last name, first name, middle name, date of birth, age, patient comment, address (city, state, zip code), telephone number, current stay number, location, and billing data.

Access the **Patient Maintenance** option by selecting *Order* > *Patient Maintenance* from the main menu. The **Patient Maintenance Browser** window displays similar toFigure 1-62.

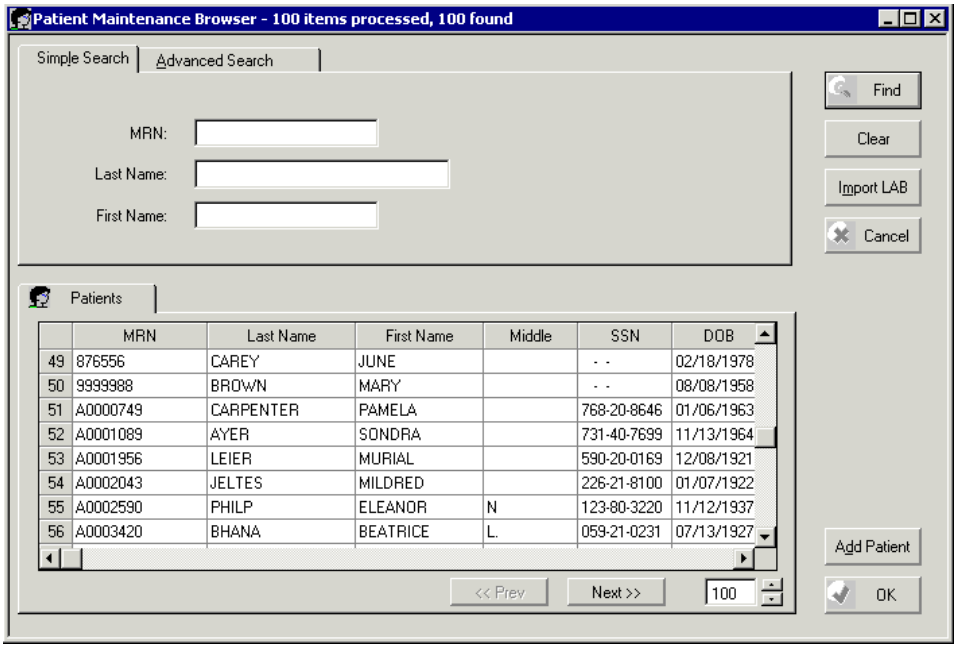


Figure 1-62. Patient Maintenance Browser window.

After entering the desired search criteria, click **Find**. The system displays a list of patients matching the specified criteria. If there are no patients that match the search criteria, click the **Import Lab** button to import qualifying patients and their stay records from the SoftLab database.

SoftPath also provides the ability to maintain patient records between two or more SCC products using the **Context Manager** functionality. Using the **Leave/Rejoin** context buttons, users can choose to have patient data automatically updated between the Soft products found in their lab. When one system changes data, the other systems will see that change.

To select a patient, highlight the patient and click **OK**. The **Patient Maintenance** window for the selected patient displays similar toFigure 1-63. To add a new patient record from the **Patient Maintenance Browser** window, click the **Add Patient** button. When you add a new patient, the **Patient Maintenance** window displays similar toFigure 1-63, allowing you to enter data for the patient.

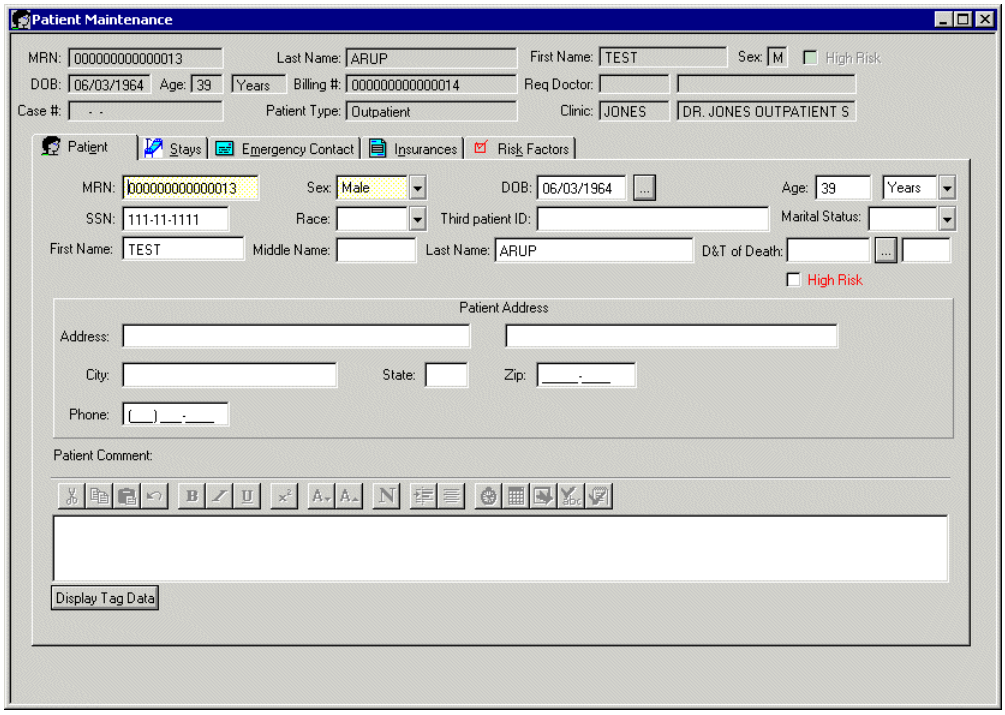


Figure 1-63. Patient Maintenance window.

The top portion of the **Patient Maintenance** window contains basic demographic information for the patient. This section is always displayed in READ ONLY format and cannot be edited. If you need to modify the contents of any of the data fields in this area, you can change them in the **Patient** tab. When adding a new record, these fields are blank. To add a new patient record in the **Patient Maintenance** window, click the **New** button on the toolbar.

Patient Tab

The **Patient** tab contains data entry fields that allow you to define patient demographics. Patient demographics include MRN, social security number (SSN), patient name, sex, race, DOB, date and time of death, age, marital status, and address. Other fields in this window are described below.

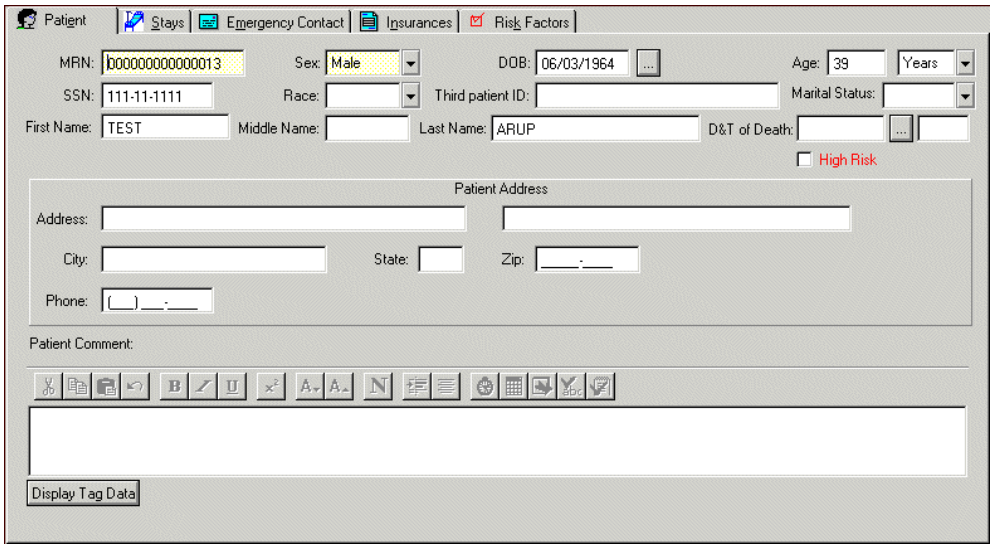


Figure 1-64. Patient Maintenance window - Patient tab.

Third Patient ID

Enter a third patient ID code for the patient. **Maximum 21 alphanumeric characters**.

High Risk

The **High Risk** box is checked if the patient has been flagged as high risk for abnormal results based on a previous case report. Only users with permission in the Personnel file have clearance to remove this flag from the Patient Maintenance record.

Patient Comment

Enter a free text comment concerning the current patient in this field. The toolbar buttons above this field can be used to format and modify the text of the comment.

NOTE: A standard comment will be inserted into this field when an Auto Merge is performed from an HIS system.

Display Lab Tags

Select this button to display any tag data imported with the patient, stay, and insurance record from the Lab database.

Stays Tab

The **Stays** tab contains a table that lists the stays and the selected stay's information. To add a new stay, click the **Add Stay** button. A new row for the patient stay displays in the grid. Enter the patient stay information in the fields provided.

NOTE: If you do not have a billing number assigned to the patient, you can press **TAB** when in the **Billing #** field to have the system automatically generate a billing number for the stay.

To delete an existing stay, highlight the stay record and click **Delete Stay**. The system will not allow you to delete a stay if a signed out case exists for that stay.

Click **Yes** to delete the stay record.

OR

Click **No** to cancel the operation.

NOTE: The **Add Stay** and **Delete Stay** buttons are unavailable if you are adding a new stay by clicking the **Add Stay** button in the **Specimen Registration Lookup** window.

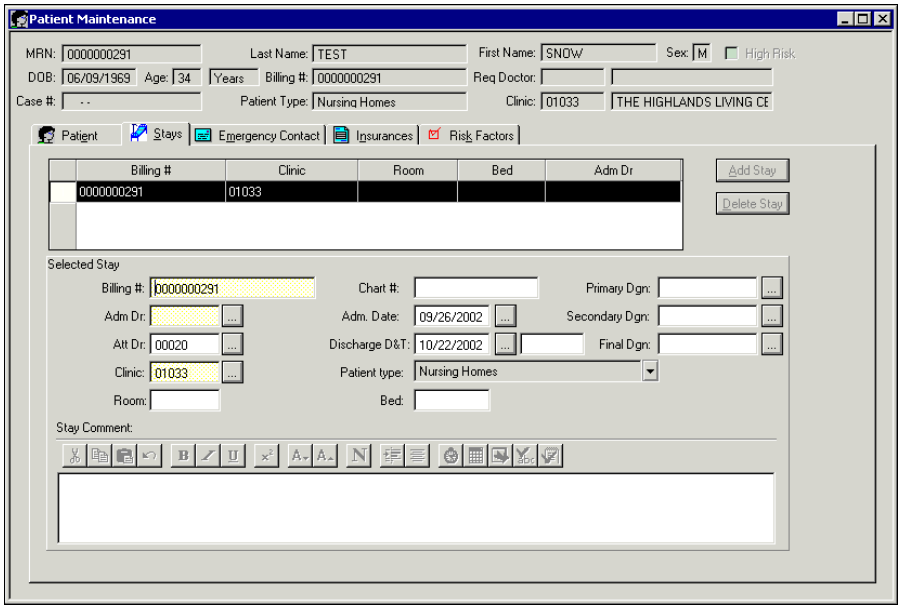


Figure 1-65. Patient Maintenance Window - Stays tab.

Primary Dgn:

Enter the ICD9 code for the primary diagnosis. The system accepts the ordering ICD9 from the HIS.

Secondary Dgn:

Enter the ICD9 code for the primary diagnosis. The system accepts the ordering ICD9 from the HIS.

Final Dgn:

Enter the ICD9 code for the primary diagnosis.

Emergency Contact Tab

This tab allows you to enter general information regarding the person to contact in case of an emergency. Enter all available contact information for the emergency contact in the appropriate fields.

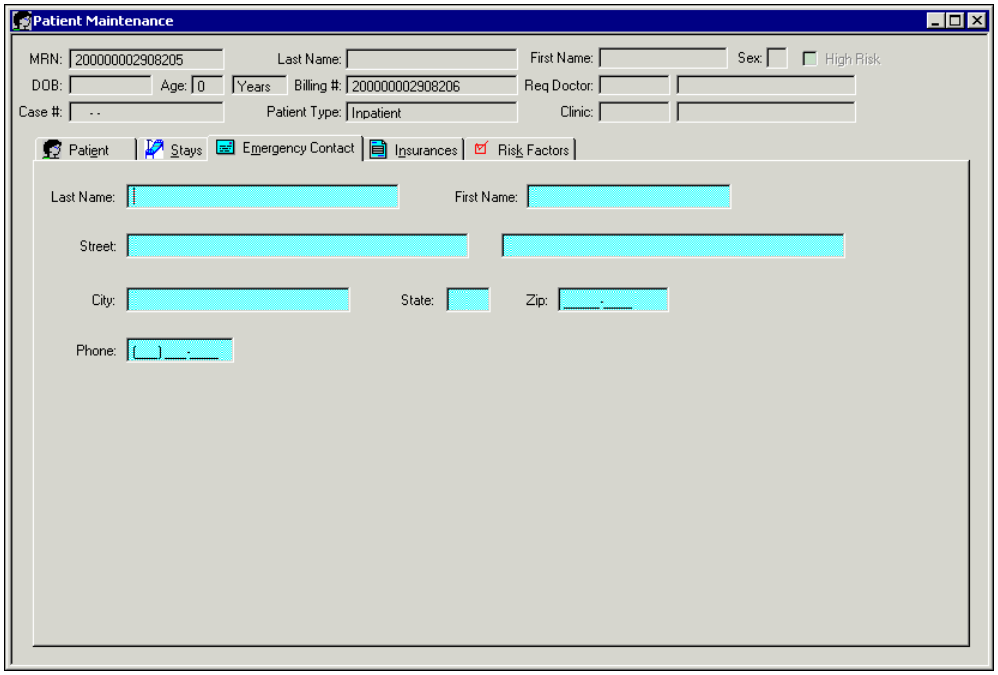


Figure 1-66. Patient Maintenance window - Emergency Contact tab.

Insurances Tab

The **Insurances** tab allows you to enter specific information regarding the patient's health insurance.

To add insurance information for the current patient, click the **Add** button. A new row appears in the grid. Enter insurance data into the appropriate fields of the **Selected Insurance** area. The grid display is updated as you enter in the data.

The information displayed in the insurance grid is used for billing in SoftPath. The system interprets the first insurance code in the list as the primary insurance, the second code as the secondary insurance, the third code as the tertiary insurance, and the fourth code as the quaternary insurance. To move an insurance up or down in this hierarchy, highlight the insurance and press the up and down arrows on your keyboard.

NOTE: The system allows you to define up to four different insurances per patient.

The order these insurances appear in is very important because only the first three insurances are used as defaults in the **Accounting** tab of the **Specimen Registration** option when entering a new case for the patient. The insurances can be changed in the **Specimen Registration** option, but SCC recommends updating the insurances in the **Patient Maintenance** option to avoid repeating data entry steps and increasing the chance for errors.

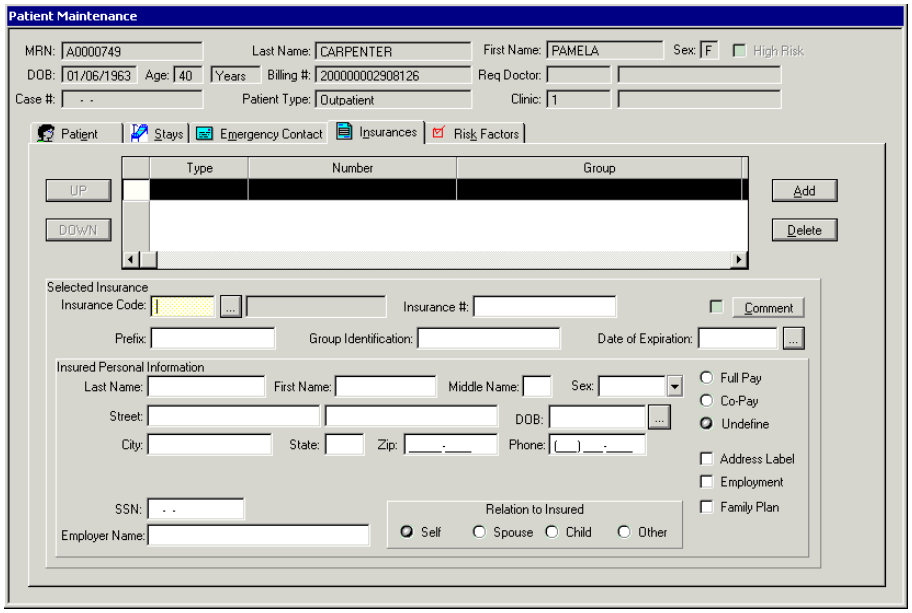


Figure 1-67. Patient Maintenance window - Insurances tab.

Delete Button

To delete one of the patient's insurances, highlight the insurance in the grid and click the **Delete** button. The system prompts you to confirm the deletion.

Click **Yes**, to delete the record

OR

Click **No** to cancel the operation.

Insurance Code

Either enter the code of the insurance company or click the ... button to display a list of valid insurance codes.

Prefix

Contact your billing department for the appropriate entry for this field. **Maximum 15 alphanumeric characters**.

Insurance #

Enter the number of the patient's insurance plan. **Maximum 15 numeric characters**.

Insurance Expiration Date

Enter the expiration date for the selected insurance. Once the date has expired, the insurance will no longer be available at the case level.

Group Identification

Enter the group number that appears on the patient's insurance card. **Maximum 19 alphanumeric characters**.

Insured Personal Information Area

Enter the insured's personal information such as name, address, and phone number in the **Insured Personal Information** area.

Related to Insured

Click the appropriate option button to select the relationship of the patient to the insured person. Options include **Self**, **Spouse**, **Child**, or **Other**.

Address Label

Mark this checkbox if an address label will be needed for this patient's insurance.

Employment

Mark this checkbox if the insurance benefit is related to the insured person's place of employment.

Family Plan

Mark this checkbox if the insurance is a family plan.

SSN

Enter the Social Security number of the insured person.

Employer Name

Enter the name of the employer of the insured person.

Full Pay, Co Pay, or Undefine

Choose whether the insured person's coverage requires full payment for services, a co-payment, or if the form of payment is unknown.

Risk Factors Tab

This tab is used to enter risk factors for the current patient. The grid on this tab displays the risk factor code, name, severity level, effective date, and expiration date of all risk factors associated with the patient.

To associate a new risk factor with the patient, click the **Add** button. The **Risk Factor Lookup** window displays, allowing you to select from the active risk factors defined in the Risk Factor setup file. After you select a risk factor, click **OK** to add the risk factor to the patient record.

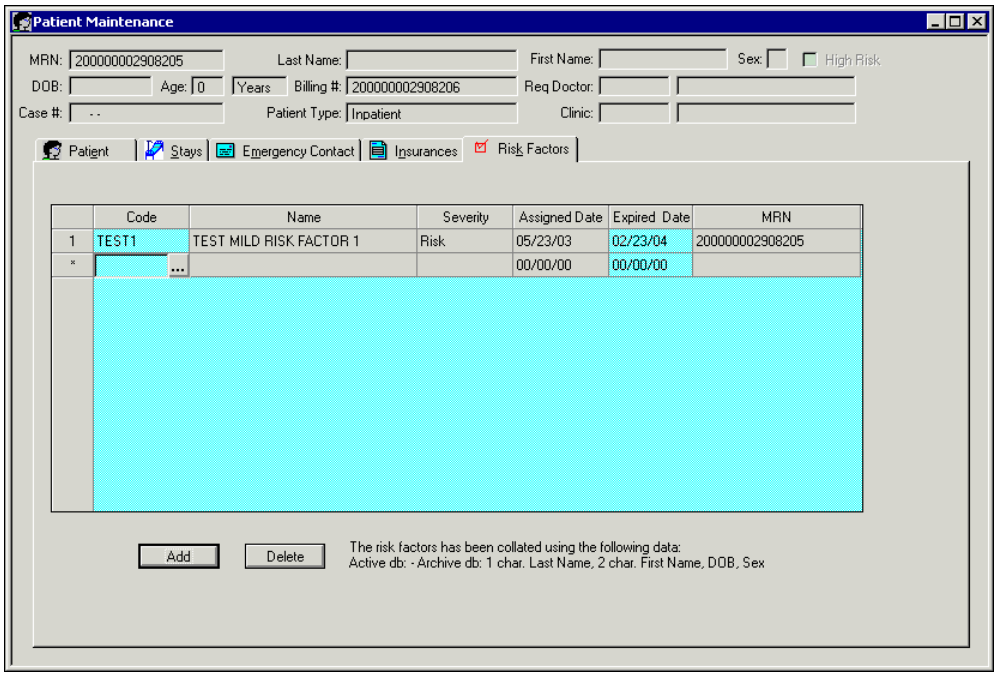


Figure 1-68. Patient Maintenance - Risk Factors tab.

Code

Enter the unique identifier for the risk code. You can click **Add** to select a new risk factor from a list of active codes.

Name

This field displays the full name/short description of the risk factor code specified in the **Code** field.

Severity

If "Risk" displays in the **Severity** column, the corresponding risk factor has been flagged as *high risk* in the Risk Factor setup file. If a risk factor that has been flagged as *high risk* is associated with the patient record, the system automatically marks the **High Risk** checkbox at the patient level.

Assigned Date

Enter the date the risk factor goes into effect for the patient. This field defaults to today's date, but can be modified if necessary.

Expired Date

Enter the expiration date for the risk factor. The default expiration period for the risk factor is defined in the Risk Factors setup file, but can be modified if necessary. Once the expiration date has passed, the risk factor will no be longer active for the patient. Leave this field blank if you do not want the risk factor to expire.

MRN

This field displays the Medical Record Number under which the Risk Factor was applied to the patient record.

Delete Button

To remove a risk factor from the patient record, highlight the risk factor in the grid and click **Delete**.

Merging Patient Records

The **Merge** toolbar button Merge provides you the ability to merge two patient records into one record. To merge patients, search for the patient that you want to merge with another patient record. When the **Patient Maintenance** window is displayed, click the **Edit** button on the toolbar. The **Merge** button on the toolbar becomes active. Click the **Merge** toolbar button to display the **Merge Patient** window similar toFigure 1-69. This window allows you to merge the selected patient record with another existing patient record.

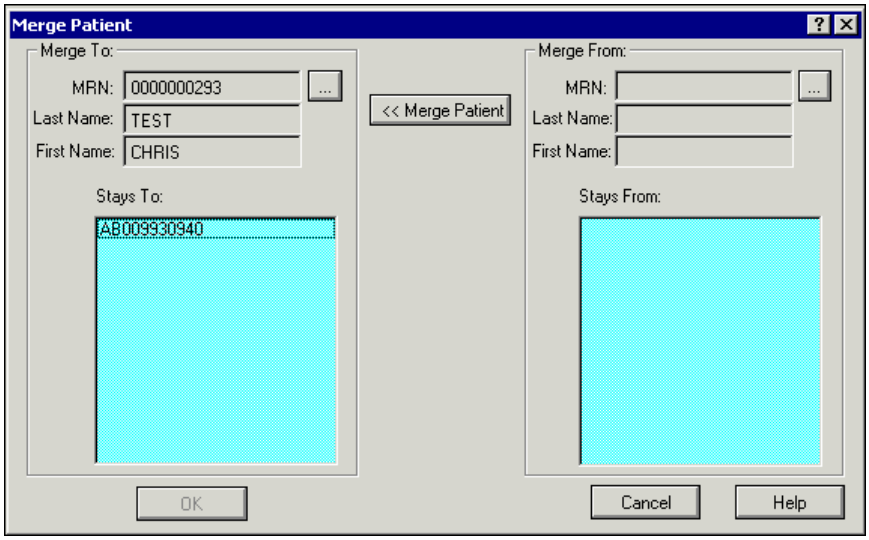


Figure 1-69. Merge Patient window.

Merge To

The **Merge To** area contains information about the **TO** patient record. The **TO** patient record is the target record that remains after all patients are merged. The data defaults to the patient selected during the initial search. To change the patient, click the button and make a new selection.

Merge From

In the **Merge From** area, click the button to select the **FROM** patient record. The **FROM** patient record is the record that you want to merge with the **TO** patient record.

Merge Patient Button

After you select both a **TO** and **FROM** patient record, click the **Merge Patient** button to merge the two patient records into a single record. The new record retains the medical record number of the **TO** record. Stays, orders, insurance, etc. from both records are included in the new record. If there are any discrepancies between data in the **TO** and **FROM** record, only data from the **TO** record is retained.

Merging Patient Stays

The VMerge toolbar button [VMerge] provides you the ability to merge two patient stays into one stay as well as isolating a specific case to move from one stay to the other. To merge stays, search for the patient that contains the stays you would like to combine. When the **Patient Maintenance** window is displayed and the Stays tab is active, click the **Edit** button on the toolbar. The **VMerge** button on the toolbar becomes active. Click the **VMerge** toolbar button to display the **Visit Stay** window similar toFigure 1-70. This window allows you to merge the selected patient stay with another existing stay.

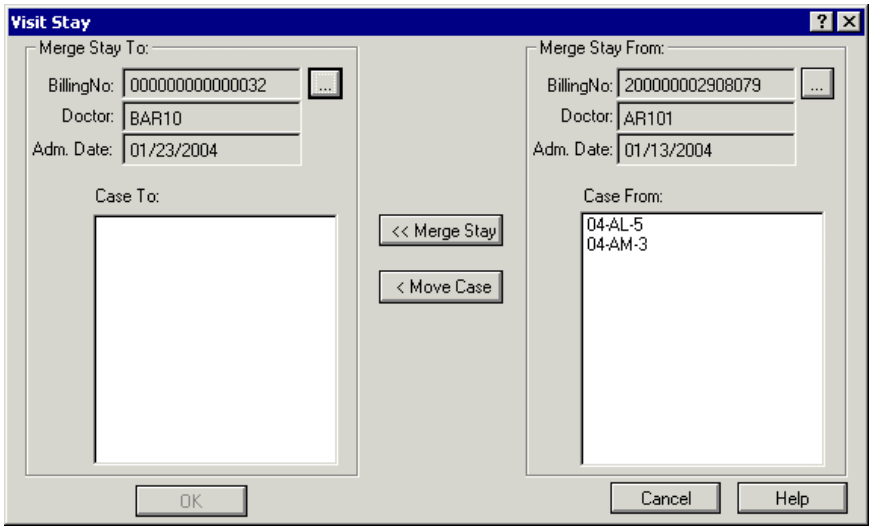


Figure 1-70. Visit Stay window.

Merge To

The **Merge To** area contains information about the **TO** patient stay. The **TO** patient stay is the target stay that remains after all stays are merged. The data defaults to the stay selected during the initial search. To change the stay, click the [...] button and make a new selection.

Merge From

In the **Merge From** area, click the [...] button to select the **FROM** patient stay. The **FROM** patient stay is the stay that you want to merge with the **TO** patient stay.

Merge Stay Button

After you select both a **TO** and **FROM** patient stay, click the **Merge Stay** button to merge the two patient stays into a single record. If there are any discrepancies between data in the **TO** and **FROM** stay, only data from the **TO** stay is retained.

Move Case

After selecting a specific case from the FROM stay, click this button to move that case over to the TO stay.

Moving Patient Stays

The **Omove** toolbar button removes a stay from a specific patient record and adds that stay to another patient record as a new stay. The original demographics of the stay record are replaced with the demographics of the new patient record.

To move a stay record, first search for the patient record that you want to move the stay to in the **Patient Maintenance Browser** window. Select the patient. When the **Patient Maintenance** window displays for the selected patient, click the **Edit** button on the toolbar. Then click the **Omove** toolbar button. The **Move Stay** window displays similar toFigure 1-71.

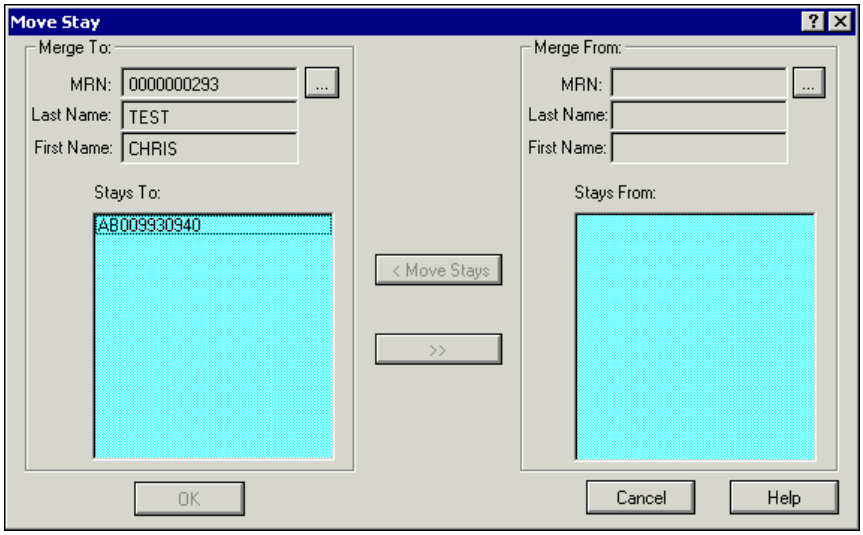


Figure 1-71. Move Stay window.

Merge To

The **Merge To** area contains information regarding the patient where the new stay will be moved to. The **Stays To** field lists stays already associated with the patient. The data defaults to the patient selected during the initial search. To change the patient, click the button and select a new patient.

Merge From

Select the patient record you want to move the stay from. Click the button to display the **Patient Lookup** window to make a selection.

Move Stays Button

After entering all of the necessary data, click the **Move Stays** button to move the stay in the **Stays From** field to the patient record in **Merge To** area.

To move a stay from the **Stays To** field back to the **Stays From** field, click

Confirm and complete the move by clicking **OK**.

SCC
Soft Computer

Old Cases

The **Old Cases** option allows you to enter old cases from paper files into SoftPath. This option is helpful if old cases were not transferred from a previous computer system or were manually entered during the installation process. The system archives this information and associates all cases with the appropriate patient record. The old cases can be stored indefinitely and can be accessed online from all options.

Access the **Old Cases** option by selecting *Order > Old Cases* from the main menu. The **Old Cases Browser** displays similar toFigure 1-72.

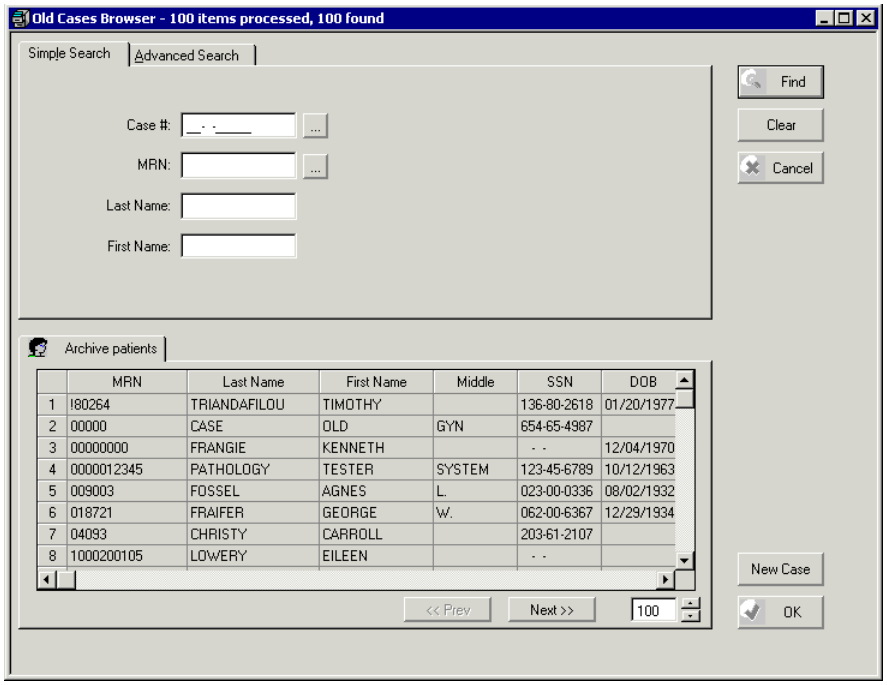


Figure 1-72. Old Cases Browser window.

The **Old Cases Browser** allows you to search for patients from the active database, the lab database, and the old cases database. In addition, new patients and cases can be added to the archive database.

Find Button

Click this button to search for patients and cases registered in the archive, active and Lab database. You can enter search criteria before clicking **Find** to narrow the search. If you are searching by case number, click the **Find** button to display the **Old Cases** window for this case, allowing you to enter old case data. If you are searching using the patient demographic criteria, clicking the **Find** button displays a list of patients that match the information entered.

After the search results have displayed, select the desired patient by highlighting the appropriate row and clicking **OK**. If any old cases are found for the patient, they are displayed on the **Cases** tab in with the most recent cases listed first. Select a case by highlighting it and clicking **OK**. Click the **New** button to add an old case to an existing patient record.

If you select an existing case, the **Old Cases** window displays with the required patient demographics inserted. If you are adding a new patient the **Old Cases** window displays with blank fields. The top portion of the window contains patient demographics for the selected patient and the case number in READ ONLY format.

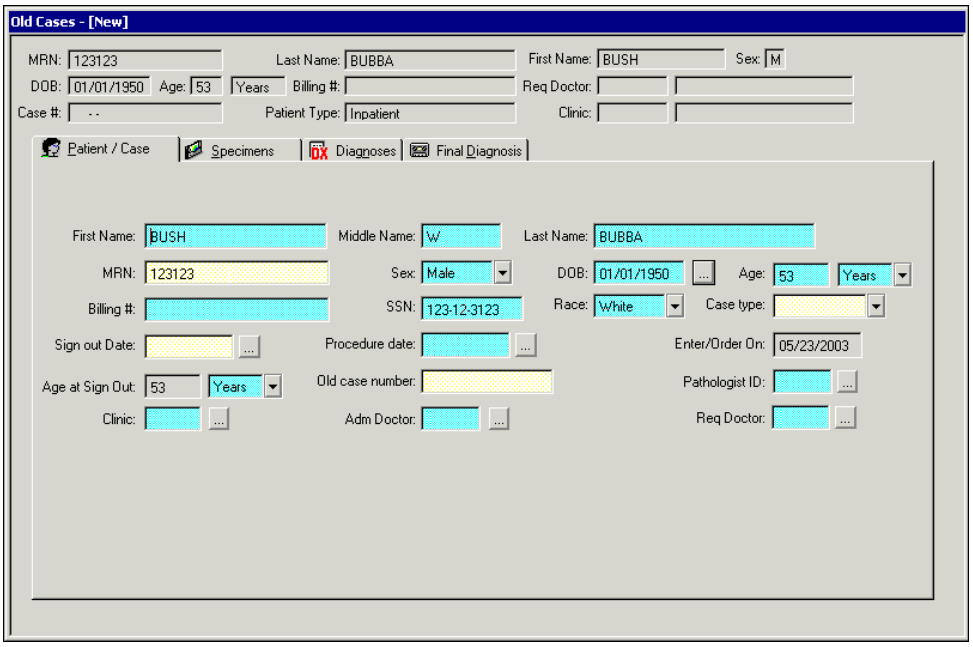


Figure 1-73. Old Cases window.

Patient/Case Tab

The **Patient/Case** tab allows you to enter patient demographics and case data for the current record. Enter the original case number as it appears on the paper file, or as registered by a previous system, in the **Old Case Number** field. The required fields on this tab are the **MRN**, **Case Type**, and **Sign Out Date** fields. After the old case is saved, you cannot modify the **Sign Out Date** field because it determines which accession number is assigned to the case.

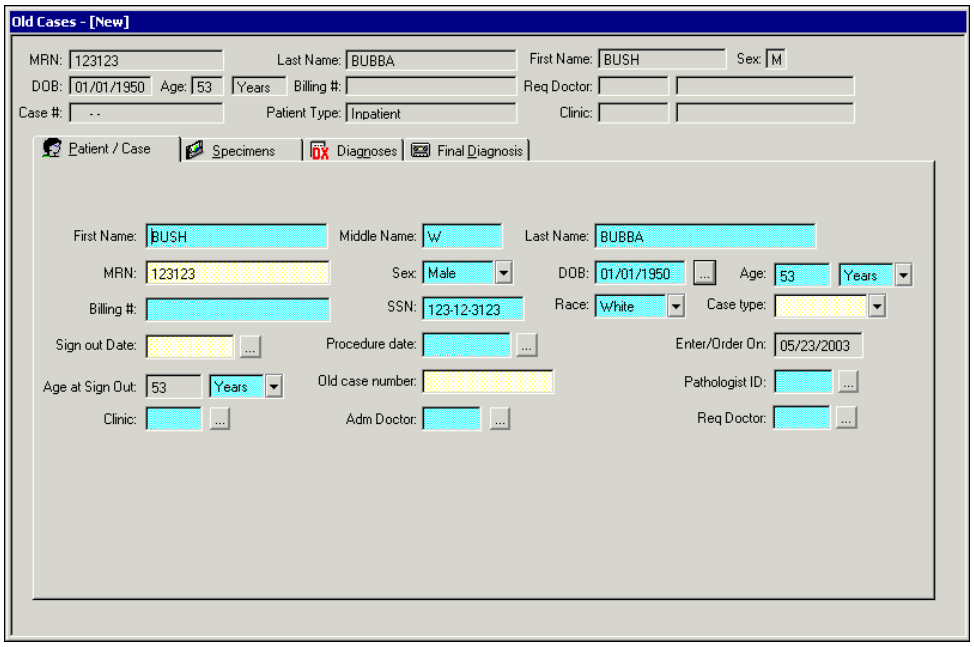


Figure 1-74. Old Cases window.

Specimens Tab

The **Specimens** tab allows you to enter data describing the specimens submitted for the old case. You must enter at least one specimen.

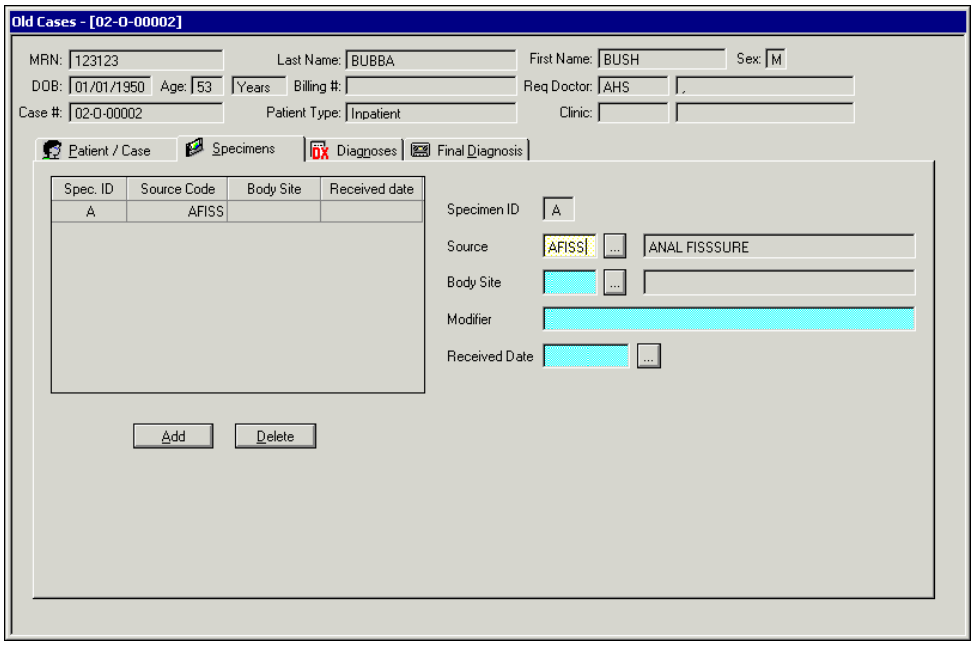


Figure 1-75. Old Cases window - Specimen tab.

Received Date

Enter the date the specimen was received or click the ... button to display a calendar to make a selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Add Button

Click this button to add a new specimen to the case. Enter specimen data in the available fields.

Delete Button

Click this button to delete the currently selected specimen from the case.

Diagnoses Tab

The **Diagnosis** tab is used to enter new diagnosis codes or to delete existing diagnosis codes for the old case. The diagnosis codes are specific for each case type (e.g., surgical, gynecological, medical, etc.). This tab displays the diagnosis code, the class of the diagnosis code, and a description of the diagnosis code.

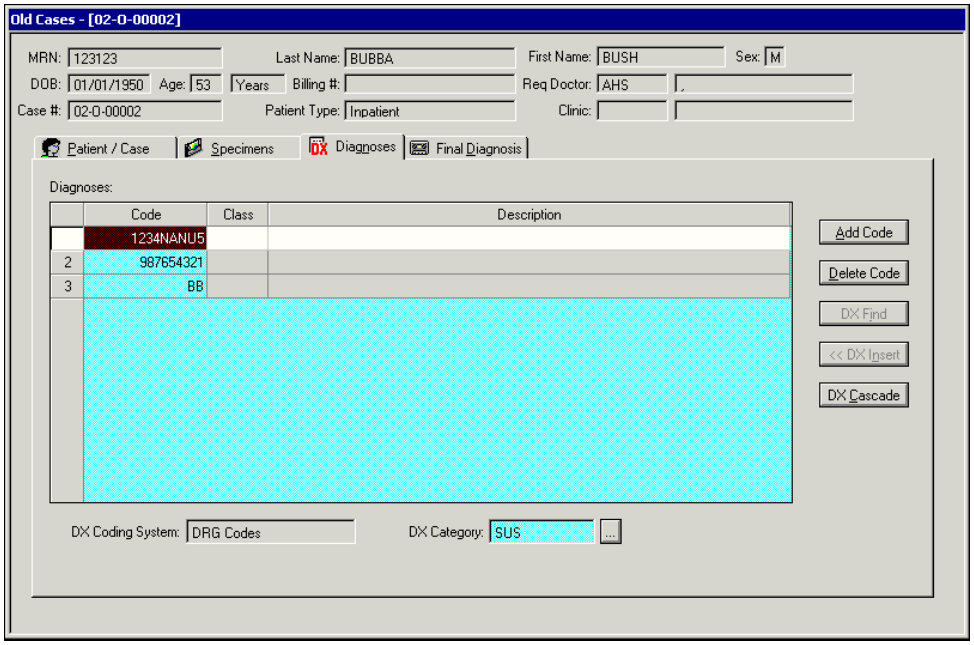


Figure 1-76. Old Cases window - Diagnoses tab.

Add Code Button

Click this button to add a new diagnosis code to the old case. This procedure is described in detail in **Chapter 4 - Results Entry**.

NOTE: Entering a diagnosis code is only possible if the case type is defined in the system.

Delete Code Button

Click this button to delete the currently selected diagnosis code.

DX Cascade Button

If an appropriate diagnostic cascade has been defined for the case type, you can click the **Dx Cascade** button to automatically insert the diagnosis text and codes in the appropriate fields.

Final Diagnosis Tab

This tab provides a text window that allows you to enter the final diagnosis text for the old case. If cascading windows have been set up, you have the option of cascading the windows that are defined. By doing this, the codes associated with the diagnosis text and the text associated with the windows is automatically inserted. After the text has been inserted, it can be edited.

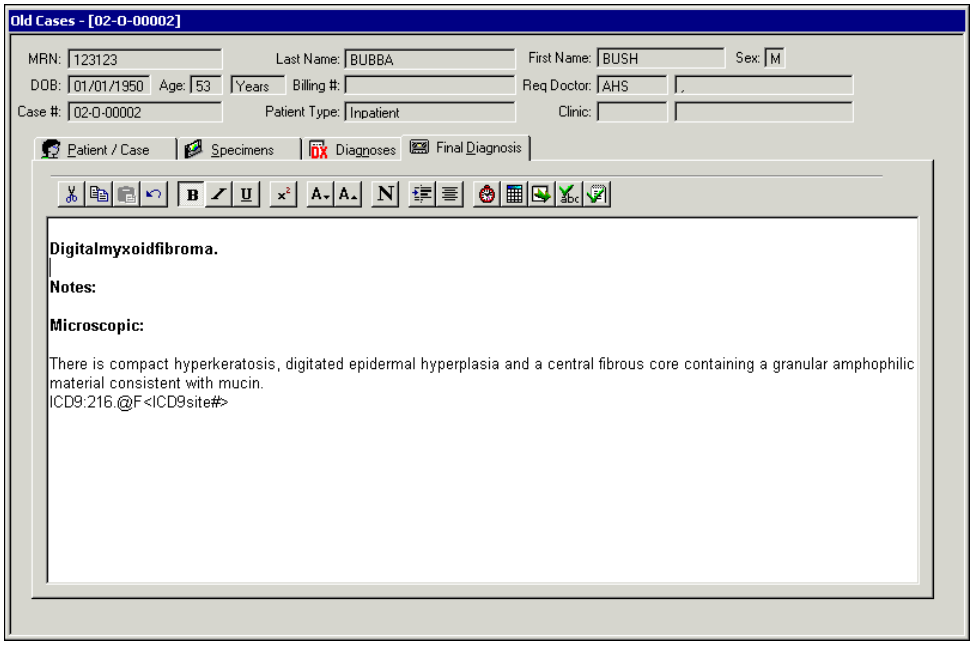


Figure 1-77. Old Cases window - Final Diagnoses tab.

Old Reports Tab

The **Old Reports** tab displays all reports for old cases that have been converted into PDF format. Select the reports you want to view/print by marking the corresponding checkboxes in the **Sel** column. You can also click **Mark All** to select all displayed reports.

NOTE: This tab only displays if the database contains old reports from SoftPath with Word Perfect that have been converted into PDF format.

Click **View** to preview the selected reports on your screen. Click **Print** to send the selected reports to a designated printer.

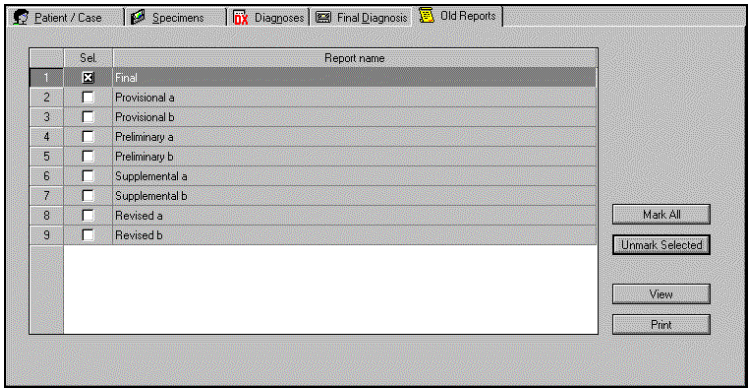


Figure 1-78. Old Cases window - Old Reports tab.

SCC
Soft Computer

Chapter 2. Processing

The **Processing** menu options allow you to access various methods of processing specimens. The **Processing** menu also allows you to record and track the staining quality of new reagent lots used for staining and monitor trends in stain quality.

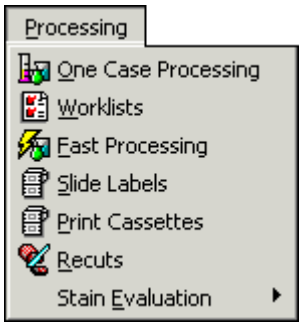


Figure 2-1. Processing menu

SoftPath Processing Menu Options

The SoftPath Processing option contains the following features and applications:

One Case Processing

To process one case at a time, select the **One Case Processing** option. See ***Chapter 2.1—Processing: One Case Processing***.

Worklists

To process the registered specimens at all workstations in the laboratory, select **Worklists**. See ***Chapter 2.2—Processing: Worklists***.

Fast Processing

To batch-select cases for specimen processing, block embedding, block processing, slide staining, and slide labels select **Fast Processing**. See ***Chapter 2.3—Processing: Fast Processing***.

Slide Labels

To print labels in batch mode, select the **Slide Labels** option. See ***Chapter 2.4—Processing: Slide Labels***.

Print Cassettes

To print cassette labels for selected cases, select the **Print Cassettes** option. See ***Chapter 2.5 – Processing: Print Cassettes***.

Recuts

To add a recut to a particular block and apply a selected stain to slides, select the **Recuts** option. See ***Chapter 2.6—Processing: Recuts***.

Stain Evaluation

To enter quality control information for stain batches, select the **Stain Evaluation** option. See ***Chapter 2.7—Processing: Stain Evaluation***.

One Case Processing

The **One Case Processing** option allows you to process a single case, including specimen processing, block processing, block embedding, block cutting, and slide staining.

Access the **One Case Processing** option by selecting *Processing > One Case Processing* from the main menu. The **One Case Processing Search** window displays similar to Figure 2-2.

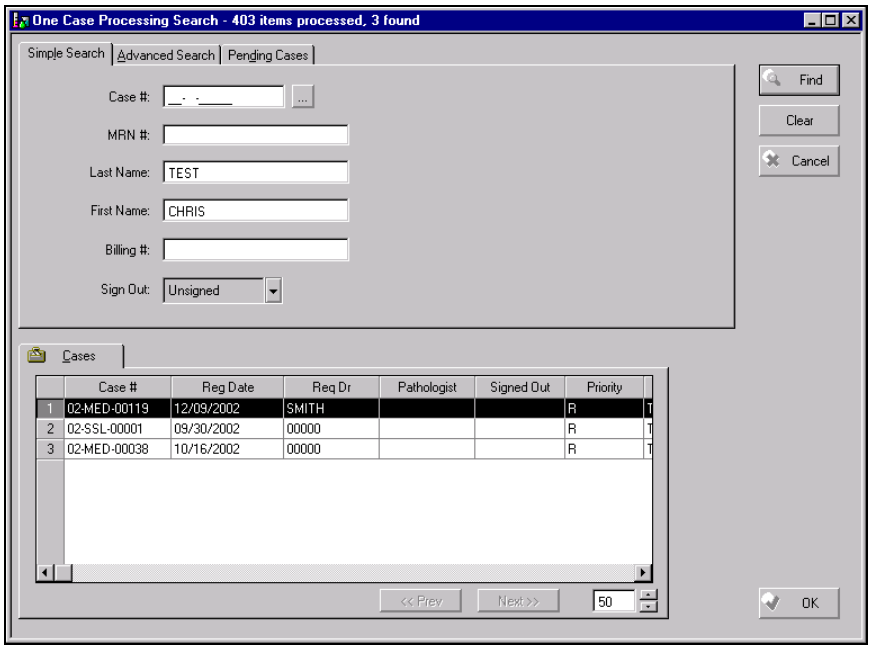


Figure 2-2. One Case Processing Search window.

An Advanced search screen is also available to be more specific in your search criteria. Included on this screen are fields for outside case number (for incoming consultations) and procedure date.

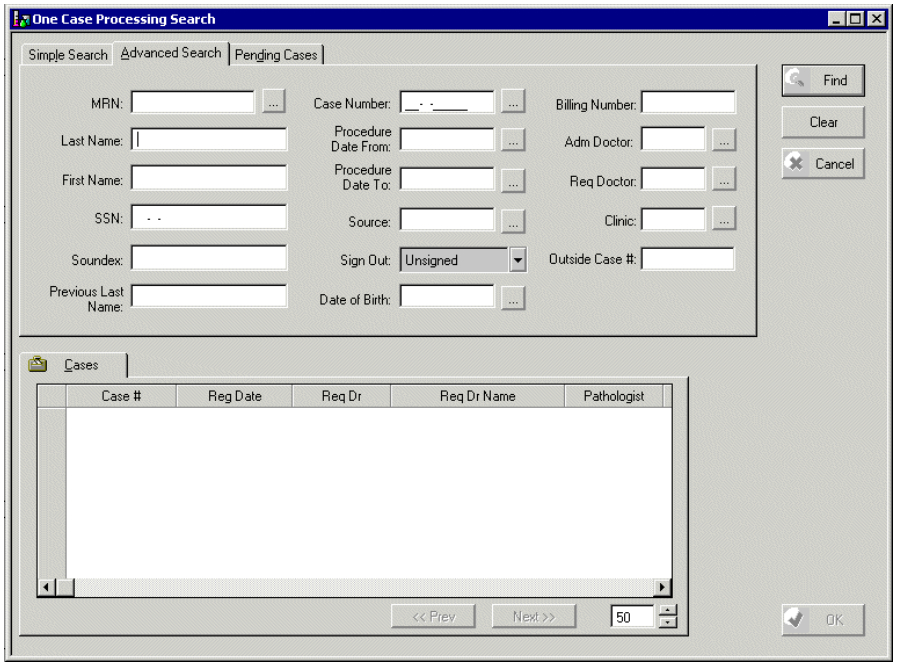


Figure 2-3. One Case Processing Advanced Search window.

Enter search criteria for the case that you want to process and click **Find**. The system displays a list of cases that match the specified criteria on the **Cases** tab. Select a case and click **OK**. The **Specimen Processing** window displays similar to Figure 2-4 and contains data for the case.

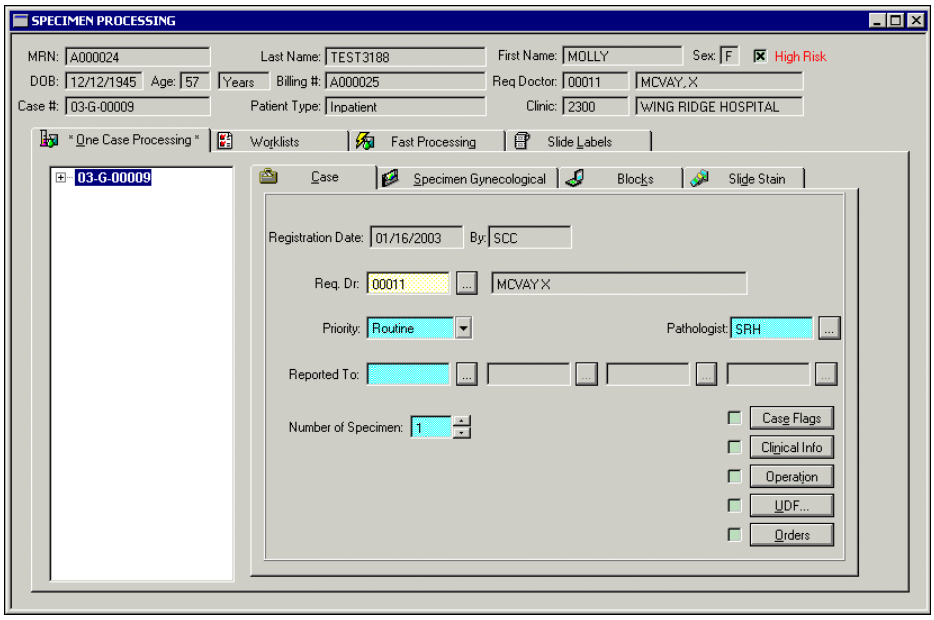


Figure 2-4. One Case Processing - Case tab.

Case Tab

The **Case** tab displays the case demographics that were entered during Specimen Registration. This tab also contains buttons that allow you to enter additional case-specific information.

Clinical Info Button

Click this button to display the clinical information entered during specimen registration. You can enter additional free-text comments in this window.

Operation Button

Click this button to display the operation information entered during specimen registration. You can enter additional free-text comments in this window.

UDF

Click this button to display the **User Defined Flag**. See the ***Common Buttons*** section of the ***Introduction*** for further explanation.

Orders Button

Click this button to review and process additional orders placed for the case from **Results Entry/QA/Sign Out** options.

Case Flags Button

Clicking the **Case Flags** button displays the **Case Flags** window similar to Figure 2-5. This window is used to enter processing problem codes for the case.

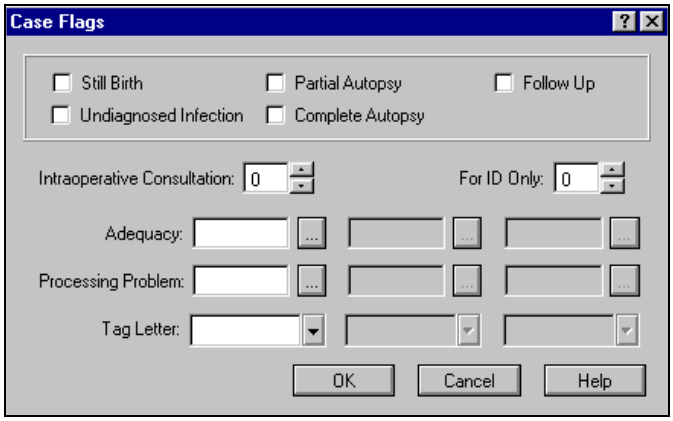


Figure 2-5. Case Flags window.

Intraoperative Consultation

Enter the number of intraoperative consultations for the case.

For ID Only

Enter the number of units. This number is used for billing procedures.

Specimen Surgical Tab

NOTE: On every specimen tab, data will display in read-only mode if the specimen has been flagged as rejected. See ***Chapter 6.1 – Setup: Setup Files***, Quality Codes section for more information.

The **Specimen Surgical** tab displays only for surgical cases and is used to process specimen information for the current case. This tab displays similar to Figure.

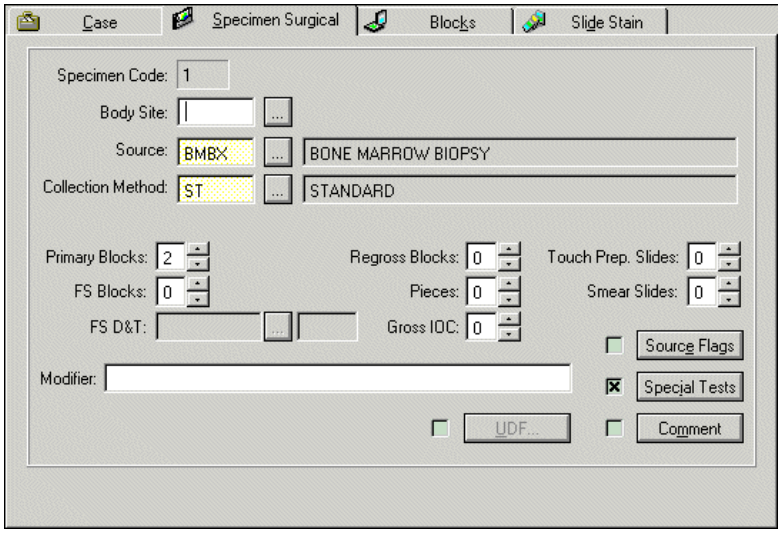


Figure 2-6. One Case Processing - Specimen Surgical tab.

FS D&T

Enter the date and time that the frozen section was reported to the surgeon. This field will default to the current date and time when the first FS block is entered, but is modifiable. This field is used in the calculation of the FS TAT report.

Source Flags Button

Click the **Source Flags** button to enter additional information concerning the specimen source. The **Source Flags** window displays similar to Figure.

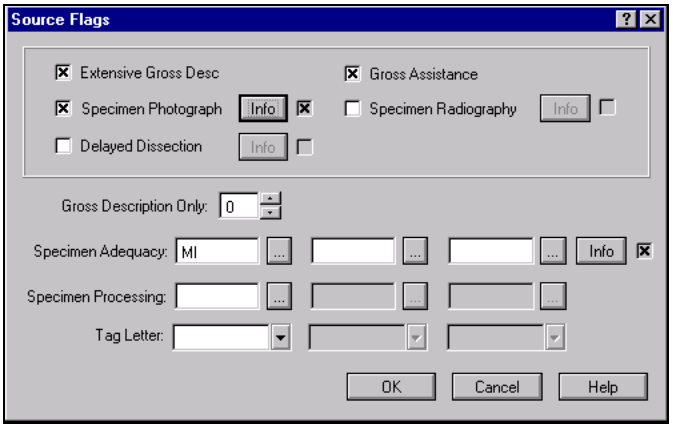


Figure 2-7. Source Flags window.

Special Tests Button

To add a special stain to a specimen, click the **Special Tests** button to display the **Special Tests** window similar to Figure.

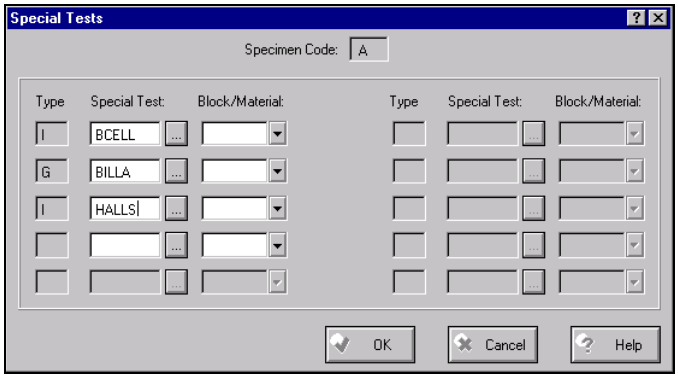


Figure 2-8. Special Tests window.

Special Test

Enter the special stain/test code for the specimen in the **Special Test** field or click the ... button to select an appropriate code from the list.

Block/Material

In the **Block/Material** field, select a block or slide for the material to be stained from the drop-down list.

Specimen Autopsy Tab

The **Specimen Autopsy** tab displays only for autopsy cases and is used to process specimen information for the current case. This tab displays similar to Figure. Enter the appropriate number of blocks and slide information for the specimen.

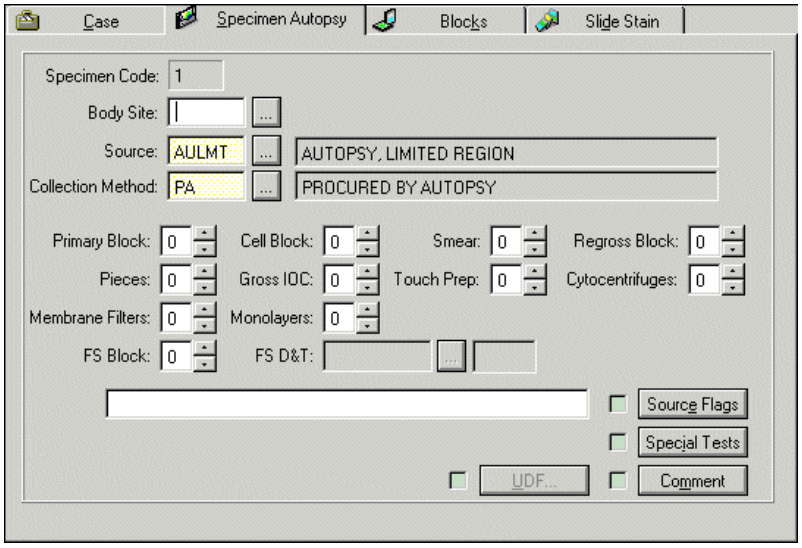


Figure 2-9. One Case Processing - Specimen Autopsy tab.

Specimen Gynecological Tab

The **Specimen Gynecological** tab displays only for gynecological cases and is used to process specimen information for the current case. This tab displays similar to Figure. Enter the appropriate number of monolayers and smear slides for the specimen.

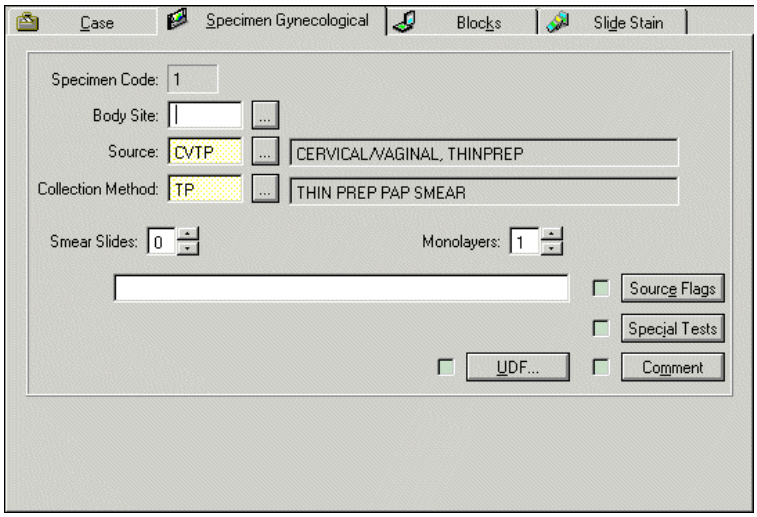


Figure 2-10. One Case Processing - Specimen Gynecological tab.

Specimen Medical Tab

This tab displays only for MED cytology cases and is used to process specimen information for the current case. Enter the appropriate number of smear slides, monolayers, cytocentrifuges, membrane filters, and cell blocks for the specimen

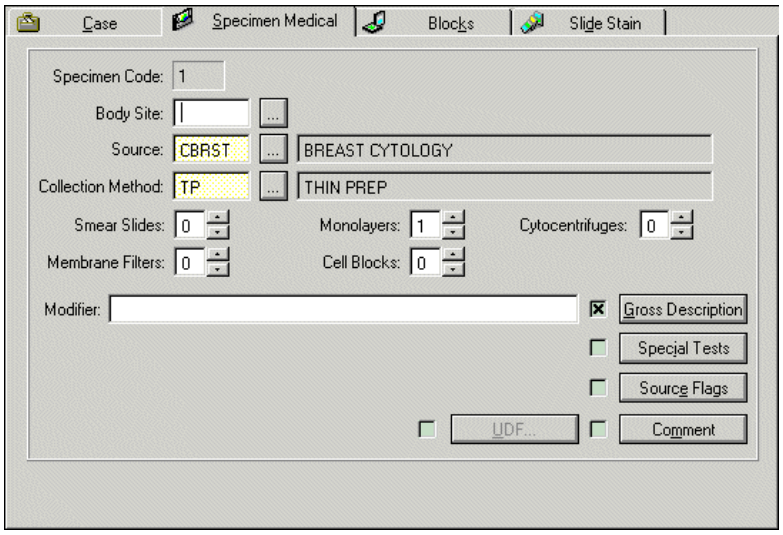


Figure 2-11. One Case Processing - Specimen Medical tab.

Blocks Tab

The **Blocks** tab displays for all case types except gynecological cases. This tab contains the specimen code, number of blocks submitted for the case, processing status of the blocks, and the number of pieces submitted for each block.

The **Blocks** tab allows you to complete block-specific actions, including block embedding/unembedding, block re-embedding, adding slides and recuts to selected blocks, splitting blocks, deleting blocks, and deleting and updating slides.

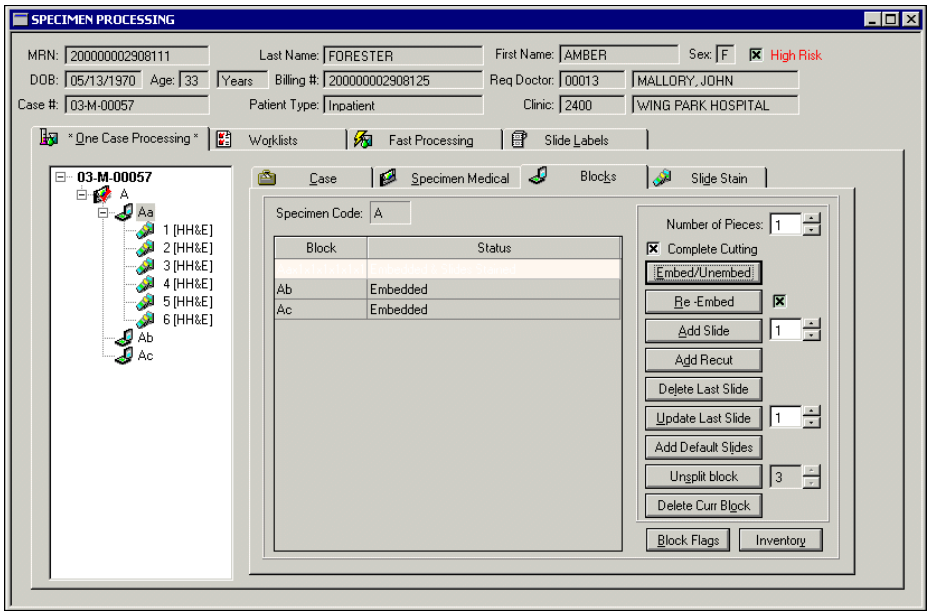


Figure 2-12. One Case Processing - Blocks tab.

Number of Pieces

Enter the number of pieces submitted for the selected block.

Complete Cutting

Mark this checkbox if the block has been completely used.

Embed/Unembed

Click the **Embed** button to change the block status from **Prepared** to **Embedded**. If the block status is **Embedded**, click **Unembed** to change the status to **Prepared**.

NOTE: You cannot unembed a block if there are slides associated with the block.

Re-Embed Button

Click this button to re-embed the selected block(s). If the selected blocks have not been embedded, the system displays a message stating that the block was not successfully re-embedded.

Add Slide Button

To add new slides to the block, enter the number of slides you want to add in the adjacent field and click **Add Slide**. If the block has the status **Prepared**, the system asks you to change the status to **Embedded** before adding slides with the message "Block Not Embedded. Confirm Embedding?"

Click **Yes** to embed the block and add the new slide(s).

OR

Click **No** to cancel the operation.

Add Recut Button

Select a block and click **Add Recut** to add a recut to the selected block. You can only add recuts to blocks that have been embedded. If the selected block has not been embedded, the system asks if you want to embed the block when you click **Add Recut**. If you click **Yes**, the block is embedded and a new recut is added.

Delete Last Slide Button

Click this button to remove the last level from the selected block. If the last level cannot be deleted, the system displays a message informing you that you cannot delete the level.

NOTE: If the slides have already been stained, you cannot delete them without first deleting the stain.

Update Last Slide Button

Click this button to update the last cut slide in the selected block with the value entered in the adjacent field.

For example, assume that the selected block has one slide cut erroneously that should have been a *7*. Rather than deleting and then adding a new slide, enter *7* in the field adjacent to the **Update Last Slide** button. Click the **Update Last Slide** button to replace the entry of ***1*** with the new entry of *7*.

Add Default Slides Button

Click this button to add a default level to the selected block. The default values are defined in the Source file for the specimen code. If the default levels in the Source file have not been defined, the system takes the default levels from the Options file instead.

Split/Unsplit Block Button

This button allows you to split one block into two or more separate blocks. In the adjacent field, enter the number of pieces that you want the block to be split into and then click the **Split Block** button.

EXAMPLE: If you split a block into three separate blocks, two new rows with the blocks appear on the list of blocks.

Delete Curr Block Button

Select the block you want to delete and click this button to remove the selected block from the grid and from the tree.

NOTE: If there are any slides associated with the block, you must delete the slides before you can delete the block.

Inventory Button

Click this button to display the Block Inventory Information window similar to Figure 2-13. This window allows you to enter information concerning the block and slide locations. The default locations are specified in the Options window - Specimen Processing tab – Universal Settings tab.

Select a slide from the drop-down list. The default location code associated with the slide displays in the corresponding **Location** field.

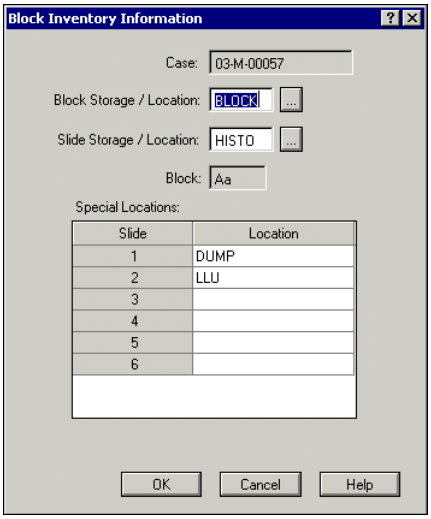


Figure 2-13. Block Inventory Information window.

Block Flags Button

Select a block and click the **Block Flags** button to display the **Block Flags** window. This window allows you to set flags that specify additional information for the selected block. The available block flags are system defined.

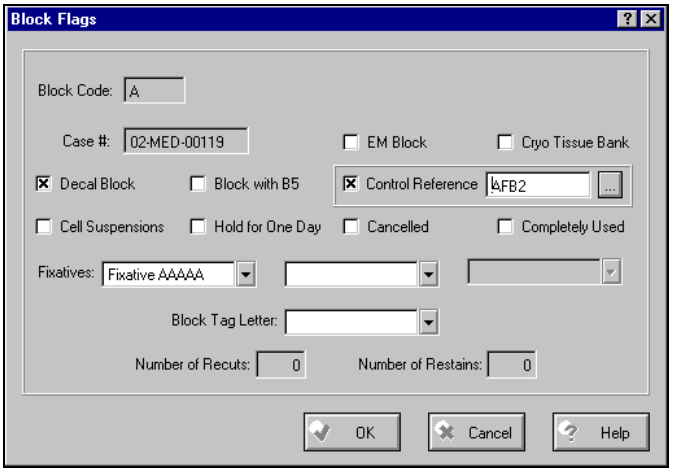


Figure 2-14. Block Flags window.

Block Code

This field displays the sequence code for the selected block.

EM Block

Mark this checkbox if the block is to be processed for electron microscopy studies.

Cryo Tissue Bank

Mark this checkbox if the selected block is to be sent to the cryogenic tissue bank.

Decal Block

Mark this checkbox to tag a specific block for the decalcification procedure. If you mark this checkbox, the workload units (for SoftWorkload™) and billing charges will be captured.

Block with B5

Mark this checkbox to tag the block for a B5 procedure. If you mark this checkbox, the workload units (for SoftWorkload™) and billing charges will be captured.

Control Reference

Mark this checkbox if the block is suitable for use as a stain control block. Click the ... button to display the **Special Stains/Tests Lookup** window. Select the required stain code for the block from the list. Blocks marked as control reference are recorded in the ODBC report "Control Reference Block Cases Log".

Cell Suspensions

Mark this checkbox if the block was produced from a suspension.

Hold for One Day

Mark this checkbox to hold the block until the next day.

NOTE: In the Options file, you can specify that you want the block to be released after 24 hours. If this setting is not active, the block will not be released.

Canceled

Mark this checkbox to stop the block processing. The system removes the block from all further processing procedures and worklists. All of the billing charges and workload activities are captured and incurred up to this point.

To cancel a block after the night billing run or after labels have been printed, remove all of the labels and recuts first. A block can only be canceled after all the slides and stains have been removed. A credit is automatically captured if the block has been canceled prior to the first billing/workload run. You can manually credit previously billed blocks by using the **Billing Entry** option.

Completely Used

Mark this checkbox to indicate that the whole block/specimen was used during the procedure and that no further processing is permitted.

Fixatives

Select the fixatives used when applying a specific fixative to a given block other than the standard fixative. Click the drop-down list button to display a list of defined fixatives. The available fixatives are defined in the **Simple Codes** option. You can select up to three fixatives.

Number of Recuts

This field displays the number of previously ordered recuts. This is a READ ONLY field.

Number of Restains

This field displays the number of previously ordered restains. This is a READ ONLY field.

Slide Stain Tab

The **Slide Stain** tab allows you to add or delete standard and special stains to/from a selected slide. Select a block by highlighting the block on the list and then clicking **Mark Selected**. Click **Mark All** to select all displayed blocks.

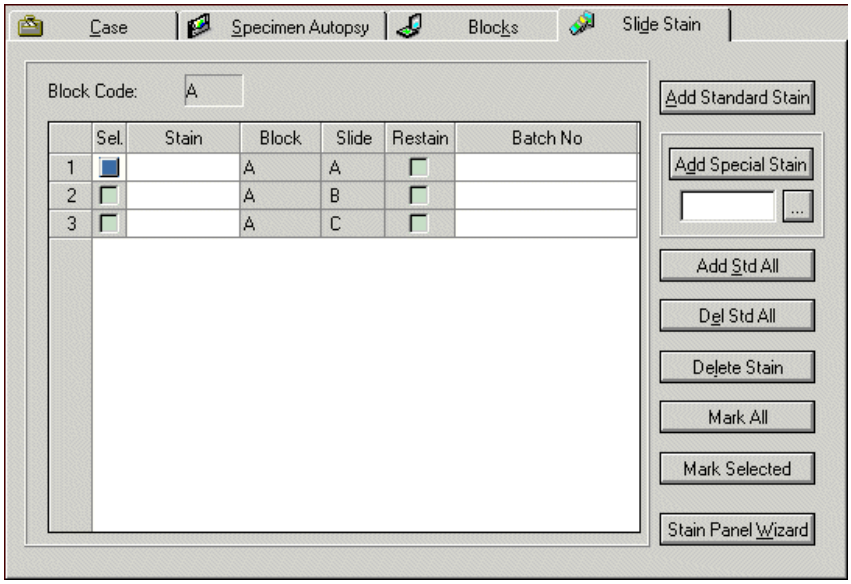


Figure 2-15. One Case Processing - Slide Stain tab.

Add Standard Stain Button

Click this button to add a standard stain to the selected slide. The default standard stain is defined in the **Options** window - **Specimen Processing** tab – **Universal Settings** tab.

Add Special Stain Button

To add a special stain to the currently selected slide, click the ... button and select the special stain from the **Special Stains/Tests Lookup** window. Click the **Add Special Stain** button to add the special stain and update the list.

Add Std All Button

Click this button to add the standard stain to all slides. The default standard stain is defined in the **Options** window - **Specimen Processing** tab – **Universal Settings** tab.

Del Std All Button

Click this button to delete the standard stain from all of the slides in the selected block.

Delete Stain Button

Click this button to delete the last stain from the selected slides.

Mark All

Click this button to mark all the stains.

Mark Selected

Click this button to only mark the selected stains.

Stain Panel Wizard

The Stain Panel Wizard provides greater control over panels and the slides that should be stained by those panels. When selected, the Stain Panel Wizard button displays a window similar to Figure.

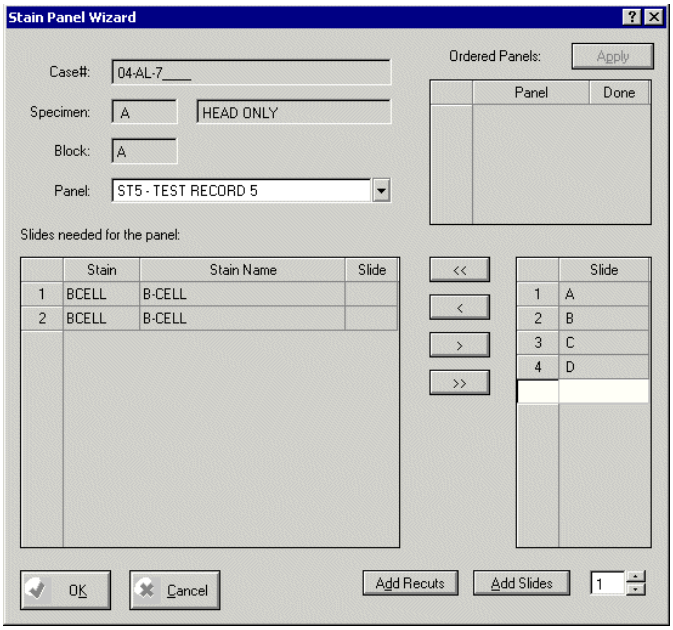


Figure 2-16. Stain Panel Wizard window.

To begin, select an available panel from the Panel drop-down list near the top of the window. A list of the stains contained within that panel will populate. The list of slides already included in the block is shown on the right side of the window. From there, select a slide and click the left direction arrow to add that slide to the panel. To remove that slide, simply click the right-facing arrow. To add or remove all of your slides, click the left or right-facing double arrows.

Ordered Panels

The Ordered Panels window displays previously ordered panels that have not yet been completed. The Apply button allows you to apply your slides to those panels as well.

Add Recuts

To order additional recuts for the block, select the Add Recuts button.

Add Slides

To order additional slides for the block, select the Add Slides button.

Worklists

The **Worklists** option is used to process registered specimens at the various workstations typically found in a pathology laboratory. This processing can be computer **interactive** or **non-interactive**. Both methods accommodate workload capturing. The associated processing logs are produced from the data regardless of the method used.

The **interactive** method processes the specimen with electronic worksheets, which allows for real-time distribution of the assigned work on the workstation where the technologist is entering data.

The **non-interactive** method assumes that printed worksheets are created and used to distribute work. The data is written on the worksheets and later entered into the database by a technologist.

Access the **Worklists** option by selecting *Processing* > *Worklists* from the main menu. The **Worklists Search Screen** window displays similar to Figure 2-17.

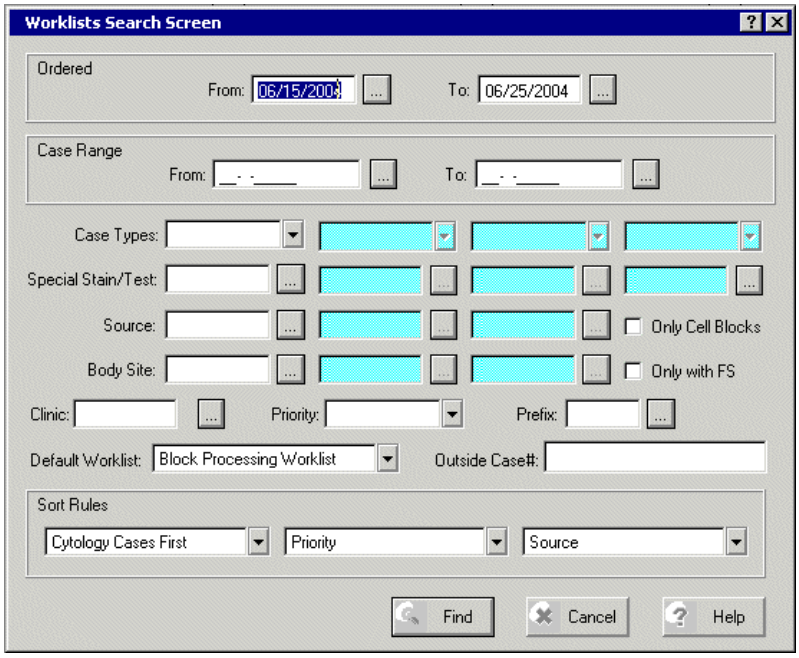


Figure 2-17. Worklists Search Screen window.

To search for pending cases, specify the date range you want to search and select a sorting method for the displayed results. You can narrow the search further by entering additional search criteria in the available fields. After entering all search criteria, click the **Find** button. All cases matching the specified criteria display on the **Specimen Processing Worklist** tab, similar to Figure.

Specimen Processing Worklist Tab

The **Specimen Processing Worklist** tab is used to process large numbers of cases/specimens. Only specimens that have been registered, but not processed, qualify for this worklist. Primary blocks, additional blocks, cytocentrifuges, membrane filters, smear slides, cell blocks, frozen section blocks, regross blocks, monolayers, and touch preps can be entered for each case.

NOTE: The specimen processing worklist can be printed for non-interactive use.

The left side of the **Specimen Processing Worklist** tab consists of the **Case Tree**. The first level of the tree is the case number. Clicking ⊞ expands the tree and displays the specimen(s) registered for the case.

Highlight the specimen you want to process and then enter data concerning the selected specimen in the fields on the right side of the tab.

NOTE: If a specimen has been flagged as rejected, the specimen's information will appear in read-only format. See ***Chapter 6.1 – Setup: Setup Files***, Quality Codes section for more information.

This window allows you to add or remove blocks, regross blocks, cytocentrifuges, membrane filters, smear slides, cell blocks, frozen section blocks, monolayers, and touch preps. The default values for each of the material types are defined in the Source file. You can choose to have SoftPath® automatically add these defaults to the worklists in the Options file.

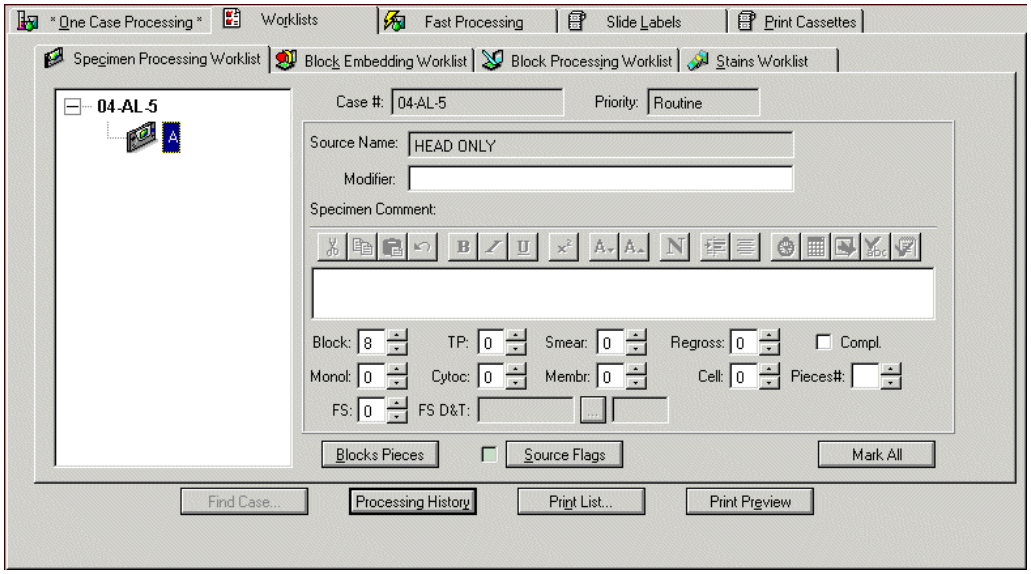


Figure 2-18. Worklists - Specimen Processing Worklist tab.

Mark/Unmark All

Click this button to mark or unmark all.

Block Pieces Button

Clicking this button displays the **Block Pieces** window. This window contains information about how many pieces the block is cut into. You can change the number of pieces by clicking the **Pieces** column and entering the number of pieces of the block.

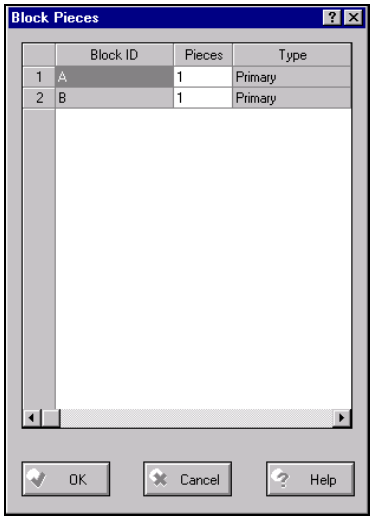


Figure 2-19. Block Pieces window.

Source Flags Button

Click the **Source Flags** button to enter additional information concerning the specimen source. The **Source Flags** window displays similar to Figure.

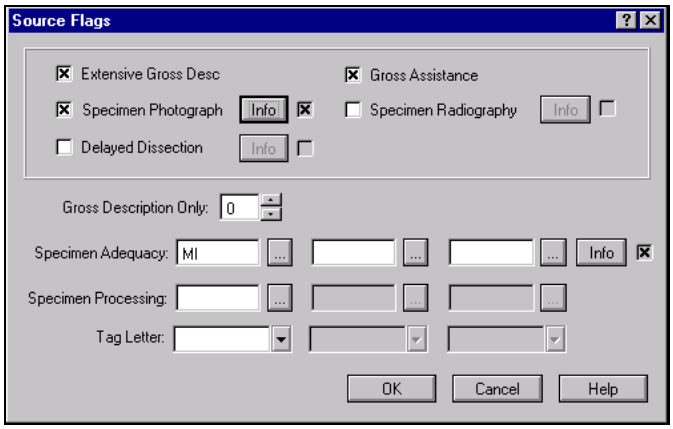


Figure 2-20. Source Flags window.

Find Case Button

Click the **Find Case** button to quickly search for a case contained in the case tree. A dialog box displays similar to Figure. Enter the case number to search for in the **Case #** field and click **Close** to search for the case.

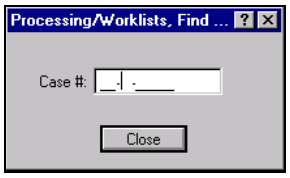


Figure 2-21. Find Case window.

Processing History Button

Click the **Processing History** button to display the **Processing History** window similar to Figure. This window contains information concerning all of the actions performed on the case, including the date and time the operation was performed, the ID of the person that performed the action, and the procedure/action performed.

NOTE: The **Processing History** window displays in READ ONLY format and cannot be edited.

The **Orders History** button displays a read-only window that displays all activity related to orders collected from the **Order Stains/Slides** window.

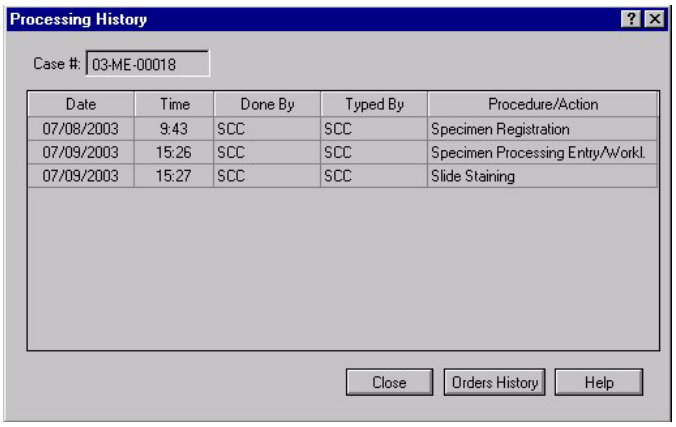


Figure 2-22. Processing History window.

Print List Button

Click the **Print List** button to print a list of cases that need to be processed.

Print Preview Button

Click this button to preview the worklist on your screen.

Block Embedding Worklist Tab

The **Blocks Embedding Worklist** tab provides you with information specific to each block (such as the number of tissue pieces, special embedding instructions, etc.) and can be printed for non-interactive use.

Select the blocks you want to embed by double-clicking them. Click the **Save** button on the toolbar to complete the embedding process. Embedded blocks are removed from the tree.

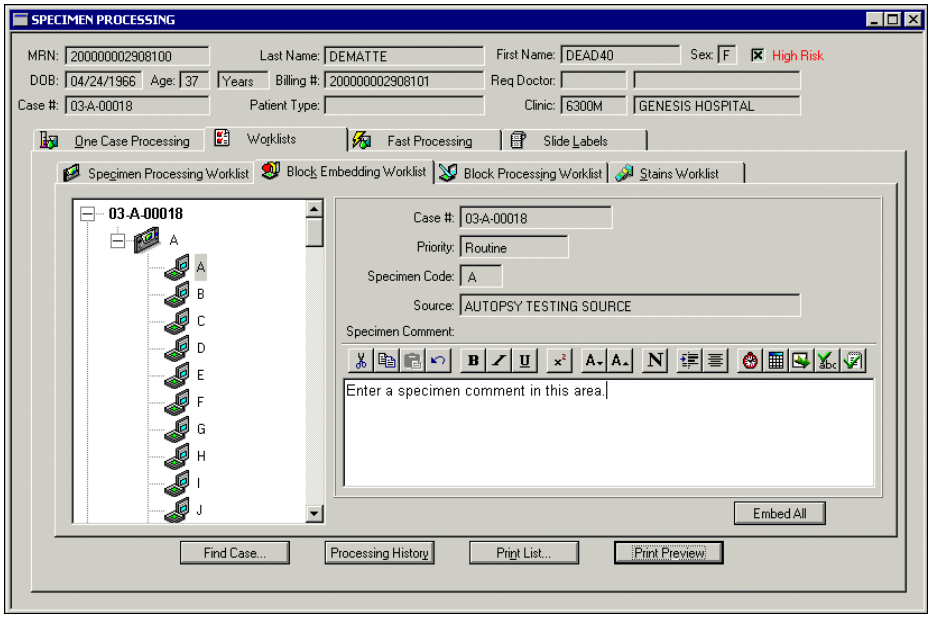


Figure 2-23. Worklists - Block Embedding Worklist tab.

Embed All

Click this button to embed all.

Find Case, Processing History, Print Preview and Print List Buttons

These function buttons are described in the Specimen Processing Worklist section on page 2-16.

Block Processing Worklist Tab

The **Block Processing Worklist** tab is used to add levels and/or recuts to embedded blocks. The block processing worklist can be printed for non-interactive use. The cases, slides, and blocks appear on the tree located on the left side of the tab in the **Cases Tree**.

Data entered during specimen registration and/or specimen processing and information entered on the **Specimen Processing Worklist** and **Blocks Embedding Worklist** tabs is displayed. The case number, source, and priority fields cannot be modified.

Select the block that you want to process by highlighting it on the **Cases Tree**.

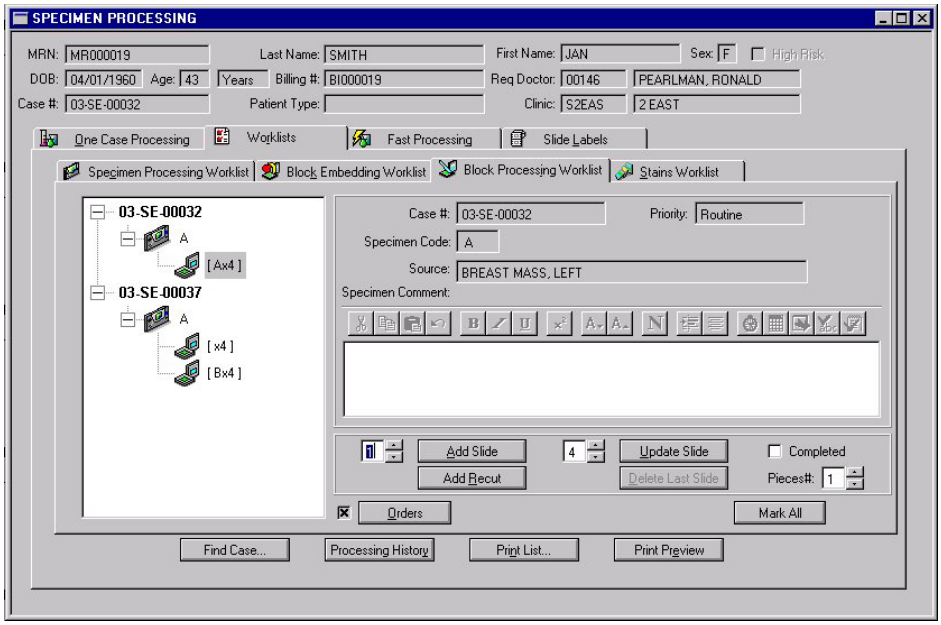


Figure 2-24. Worklists - Block Processing Worklist tab.

Add Slide Button

To add another slide to the selected block, enter the number of slides you want to add in the adjacent field and then click the **Add Slide** button. The block is updated immediately.

Add Recut Button

Click this button to perform a recut for the selected block. Recuts are displayed as a lower case **r**. The block is updated immediately.

Update Slide Button

If you want to update the last number of slides cut on a block, highlight the block on the tree and enter the new number of slides in the adjacent field. Click the **Update Slide** button to change the slide count to the specified value.

Delete Last Slide Button

To delete the last slide assigned to a block, select the block on the tree and click the **Delete Last Slide** button.

Completed

Mark this checkbox to complete the selected block. A completed block is marked with a red checkmark on the **Cases Tree**.

Pieces #

Enter the number of pieces of the specimen that were received during specimen registration. The default is zero (0). **Maximum of three numeric characters**.

Orders Button

If orders have been placed from the Order Stains/Slides window, the checkbox next to this button will be marked. Click this button to review and process these orders.

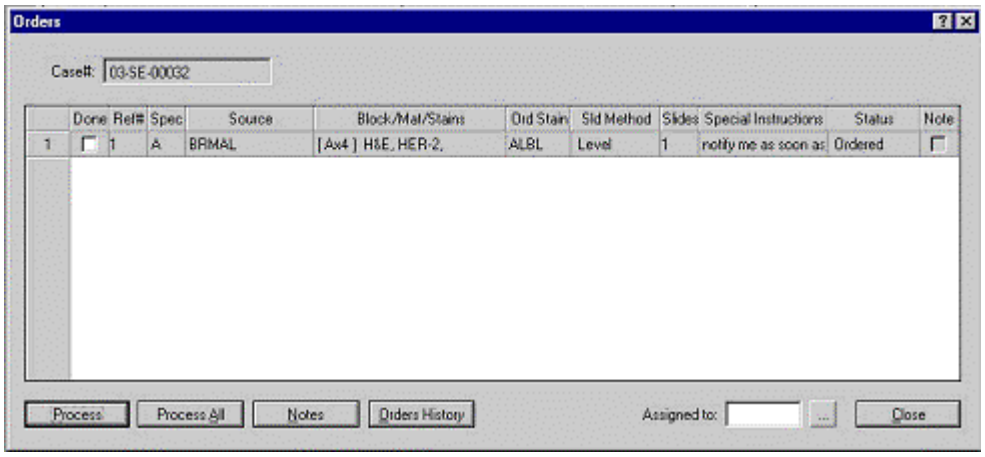


Figure 2-22. Orders window

Selecting the **Process** button for the selected (highlighted) material will change the status to **Sld Done** and allow the order to be pending for the **Stains Worklist**. Click the **Close** button to return to the **Block Processing Worklist** tab.

Mark/Unmark All Button

Click this button to mark or unmark all.

Find Case, Processing History, Print Preview and Print List Buttons

These function buttons are described in the Specimen Processing Worklist section on page 2-16.

Stains Worklist Tab

The **Stains Worklist** tab is used to add and/or delete stains from processed blocks. The stains worklist can be printed for non-interactive use.

The **Stains Worklist** tab displays a tree that contains slides for processing. The information displayed varies depending on the type of specimen. Data entered during specimen registration and/or specimen processing and information entered on the **Specimen Processing Worklist, Blocks Embedding Worklist,** and **Blocks Processing Worklist** tabs is displayed. The case number, source, and priority fields cannot be modified.

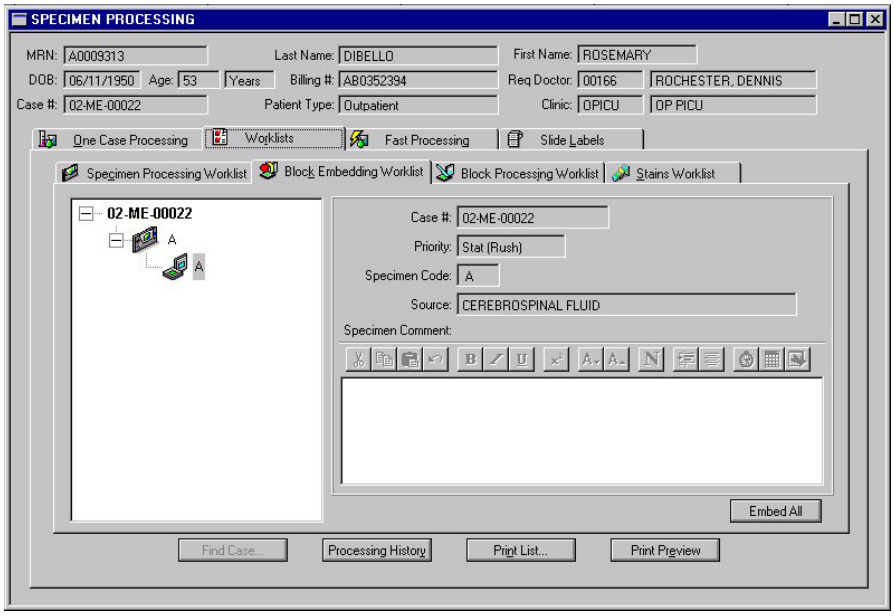


Figure 2-25. Worklists - Stains Worklist tab.

Add Std Stain Button

Click this button to add a standard stain to the selected slide. The default standard stain is defined in the Options file.

Add Spec. Stain Button

To add a special stain to the selected slide, click the ... button for the field below this button and select the appropriate stain from the **Special Stains/Tests Lookup** window. Click the **Add Special Stain** button to add the specified special stain.

Add Std All Button

Click this button to add the standard stain to all slides. The default standard stain is defined in the Options file.

Del Std All Button

Click this button to delete the standard stain from all of the slides in the selected block.

Delete Stain Button

Click this button to delete the last stain from the selected slides.

Unmark/Mark All Button

Click this button to unmark or mark all the stains.

Unmark/Mark Select Button

Click this button to unmark or mark the selected stains.

Orders Button

Click this button to review and process orders placed from **Result Entry/QA/Sign Out** for additional materials on the case. Select the process button for the select material to change the status to **Done**.

Fast Processing

The **Fast Processing** option allows you to batch-select cases for specimen processing, block embedding, block processing, slide staining, and slide labels. In addition, this option allows you to process a group of cases based on a specified case type and priority level.

Access the **Fast Processing** option by selecting *Processing > Fast Processing* from the main menu. The **Fast Processing Search** window displays similar to Figure.

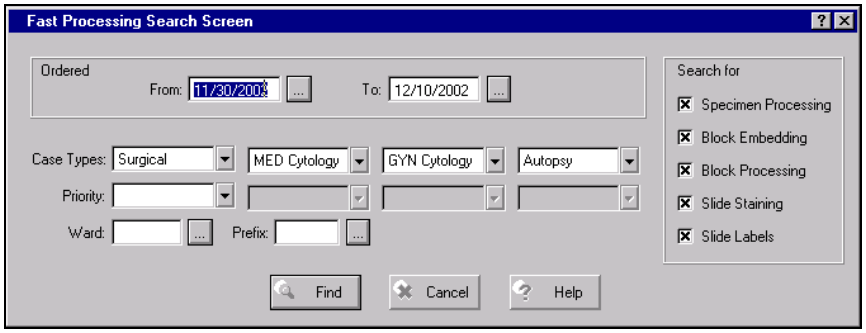


Figure 2-26. Fast Processing Search window.

To search for a batch of cases to process, enter a date range and the case types that you want to include in the search. You can enter additional search criteria, such as case priority, clinic code, case prefix, or cases pending for specified processing procedures. After entering all search criteria, click the **Find** button. The **Specimen Processing** window displays the **Fast Processing** tab similar to Figure. The **Fast Processing** tab contains a list of cases that match the criteria entered for the search. The information displayed on this tab includes the case number, the number of blocks, special stains, cell blocks, smears, etc.

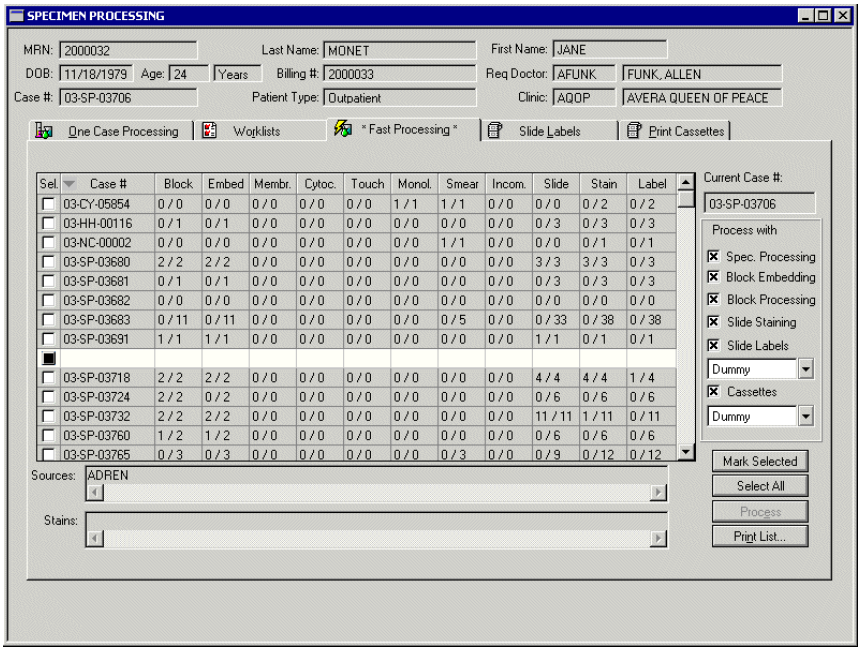


Figure 2-27. Fast Processing window.

The information displayed on this tab includes the case number, the number of blocks, special stains, cell blocks, smears, etc. If the value in a column is divided by a slash (e.g. Embed 1/1), then read it as follows:

Left	/	Right
Number of materials processed	/	Total amount of materials, both processed and un-processed.

If you highlight a row with a case, the source and stains for the case appear in the **Sources** and **Stains** fields below the grid and the case number appears in the **Current Case #** field to the right of the grid.

Select any number of cases. Determine the processing functions to be performed on the currently selected cases by marking the appropriate **Process With** checkboxes. The default actions are defined in the Options file.

After you select the cases and processing options, click the **Print List** button to display the **Print** dialog box. Select a printer to print the list of cases that are available for processing.

NOTE: If you process the cases prior to printing the list, do not print the list later because the cases are no longer pending for processing and will not print on the report.

At the bottom of the Process With checkboxes are the options for printing slide labels and cassettes. The drop-down menus under those options allow you to select the appropriate printer for those tasks. The defaults for those printers can be defined in options. For more information about printing slide labels, see ***Chapter 2.4 – Processing: Slide Labels***. For more information about printing cassettes, see ***Chapter 2.5 – Processing: Print Cassettes***. Cassette Printing is only available if it has been selected in **Options**.

Click **Process** after you have selected the cases you want to process, printed the list of cases, and determined which processes will be performed. The **Select Printer** window displays, allowing you to either view, save, or print labels. If you select the **Print To** option button, select a printer from the drop-down list and click **OK** to print the labels. The system confirms that the selected cases have been processed. The cases are then removed from the list.

Slide Labels

The **Slide Labels Entry** option allows you to print labels in batch mode. Labels for individual cases can be printed at various places within the system (e.g. during specimen registration and specimen processing). Free text labels with *ad hoc* information entered can also be printed.

Access the **Slide Labels** option by selecting *Processing* > *Slide Labels* from the main menu. The **Slide Labels Search** window displays similar to Figure.

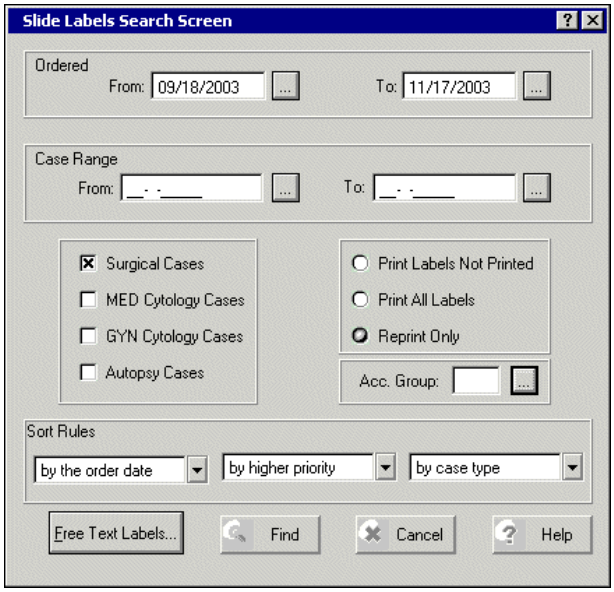


Figure 2-28. Slide Labels Search window.

The **Slide Labels Search** window allows you to search for a batch of slide labels that you want to print. Alternatively, you can click **Free Text Labels…** to print *ad hoc* free text labels. To perform a search, enter a date range, a case range, the case types you want to include in the search, an accession group, and the label print status of the cases you want to include in the list. You may even define rules by which your slides will be sorted. The default values for the date range, case types, and label print status are defined in the Options file.

Free Text Labels… Button

To print free text labels, click the **Free Text Label…** button. The **Free Text Label** window displays similar to Figure.

Enter the case number that you want to print the label for, or click the ... button to select from a list of cases. Next, enter up to six lines of free text information that you want printed on the slide label. Enter the number of copies to be printed and click **Print**. The **Select Printer** window displays allowing you to print or save the selected labels.

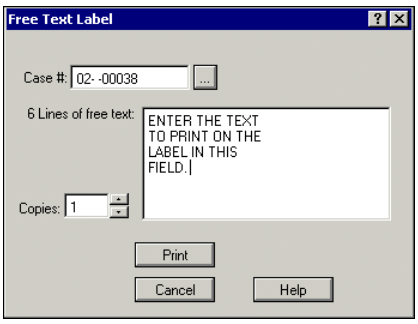


Figure 2-29. Free Text Label window.

After you enter all search criteria, click the **Find** button. The **Specimen Processing** window displays the **Slide Labels** tab similar to Figure. This tab contains a list of cases that match the specified search criteria.

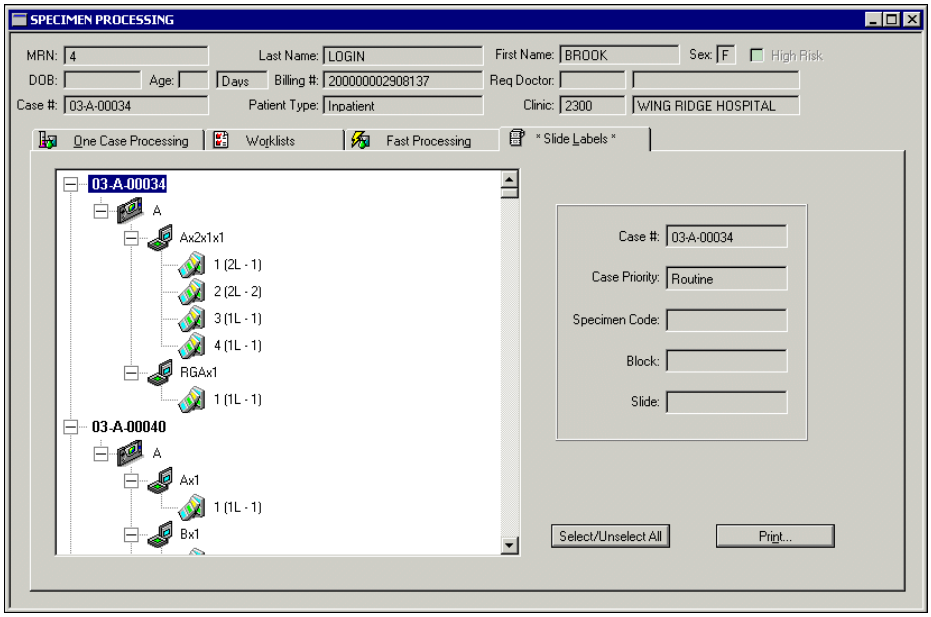


Figure 2-30. Slide Labels.

The left side of the **Slide Labels** tab contains the **Cases Tree**. The first level of the tree is the case number, the next lowest level is the specimen code, the third level is the block code, and the lowest level is the slides cut.

The right side of the **Slide Labels** tab consists of read-only fields that display basic information for the currently selected case, including the case number, case priority, specimen code, block, and slide ID.

Select/Unselect Button

Click the **Select/Unselect** button to select/unselect all of the slides displayed on the tree. Individual slides can be selected by double-clicking a specific slide within the tree. Selected slides are marked with a red checkmark.

Print Button

After you select labels, click the **Print** button. The **Select Printer** window displays, allowing you to view, save, fax, or print the labels.

Print Cassettes

NOTE: This functionality must be enabled in *Setup* > *Options* for this information to be applicable for your system.

The Print Cassettes option allows you to send block information to cassette labelers. You can search for appropriate cases by accession group or case numbers. Cassette printing can also be performed in various places throughout the system, including One Case Processing, Worklists, and Fast Processing. Once the Print Cassettes option is selected from the Processing menu, the search screen appears similar to Figure.

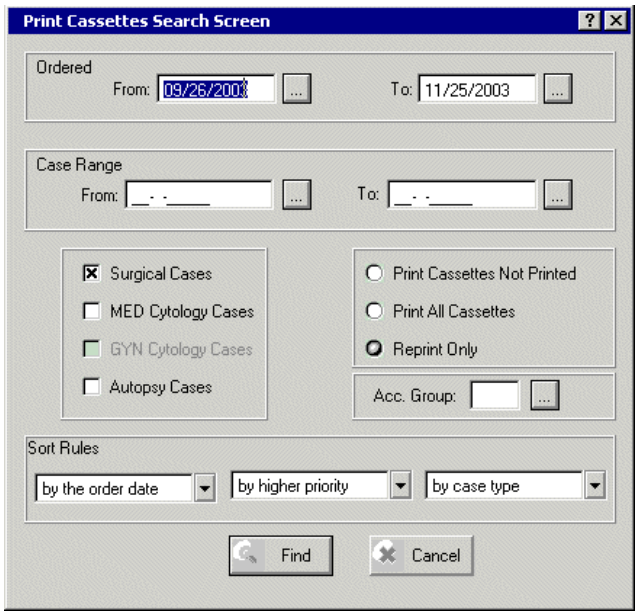


Figure 2-31. Print Cassettes search screen

After you enter all search criteria, click the **Find** button. The **Specimen Processing** window displays the **Print Cassettes** tab similar to Figure. This tab contains a list of cases that match the specified search criteria.

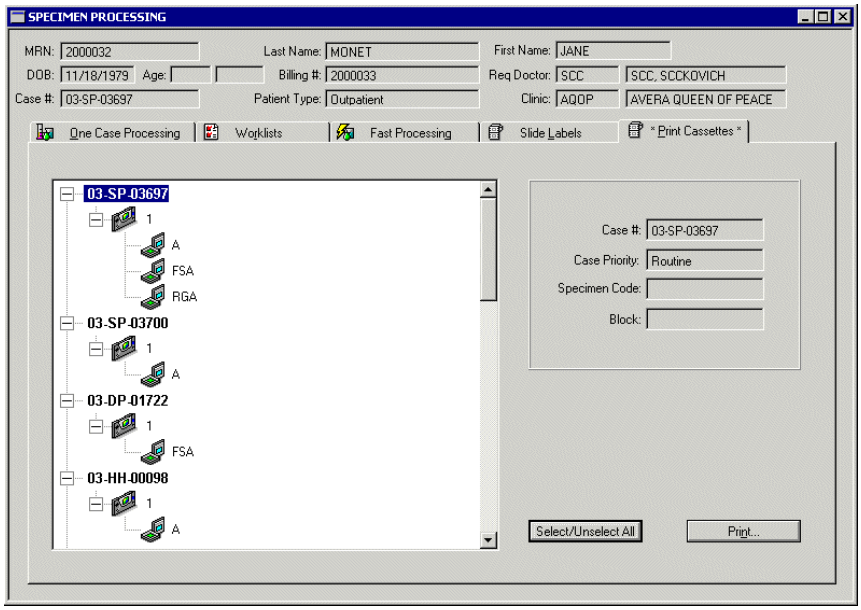


Figure 2-32. Print Cassettes.

The left side of the **Print Cassettes** tab contains the **Cases Tree**. The first level of the tree is the case number, the next lowest level is the specimen code, the third level is the block code, and the lowest level is the slides cut.

The right side of the **Print Cassettes** tab consists of read-only fields that display basic information for the currently selected case, including the case number, case priority, specimen code, block, and slide ID.

Select/Unselect Button

Click the **Select/Unselect** button to select/unselect all of the slides displayed on the tree. Individual slides can be selected by double-clicking a specific slide within the tree. Selected slides are marked with a red checkmark.

Print Button

After you select labels, click the **Print** button. The **Select Printer** window displays, allowing you to view, save, or print the labels to the selected printer. The default printer name is defined in the Options setup file.

Recuts

The **Recuts** option allows you to add a recut to a particular block and apply a selected stain to slides. This option allows you to enter the number of levels for each recut, special stains for a particular slide, and restains on a single-case basis.

NOTE: This option is used to process **Signed Out** cases only.

Access the **Recuts** option by selecting *Processing* > *Recuts* from the main menu. The **Recuts** window displays similar to Figure.

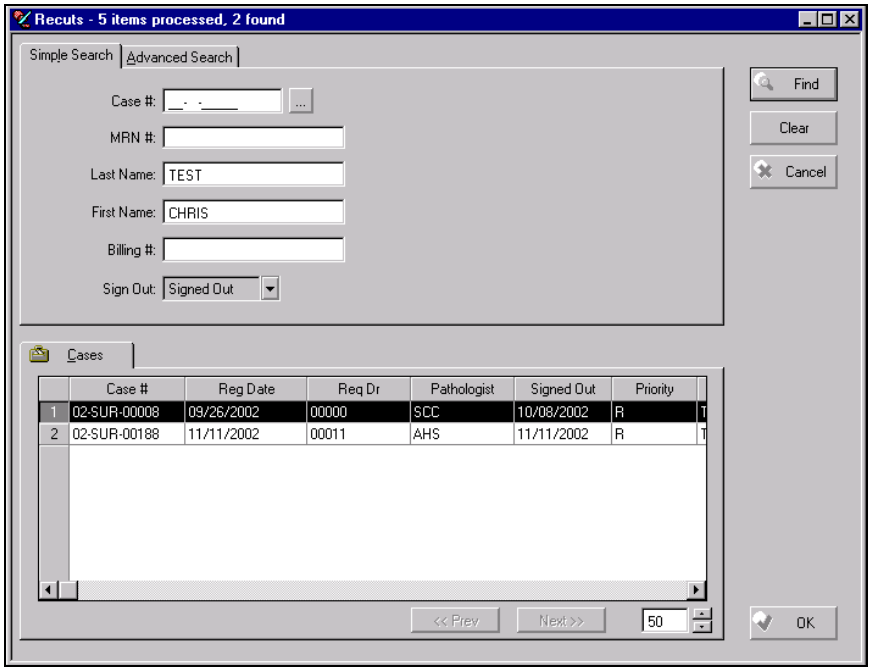


Figure 2-33. Recuts Search window.

After entering the search criteria, click the **Find** button. The system displays all cases matching the specified search criteria. Highlight a case and click **OK**. The **Recuts** window for the selected case displays similar to Figure.

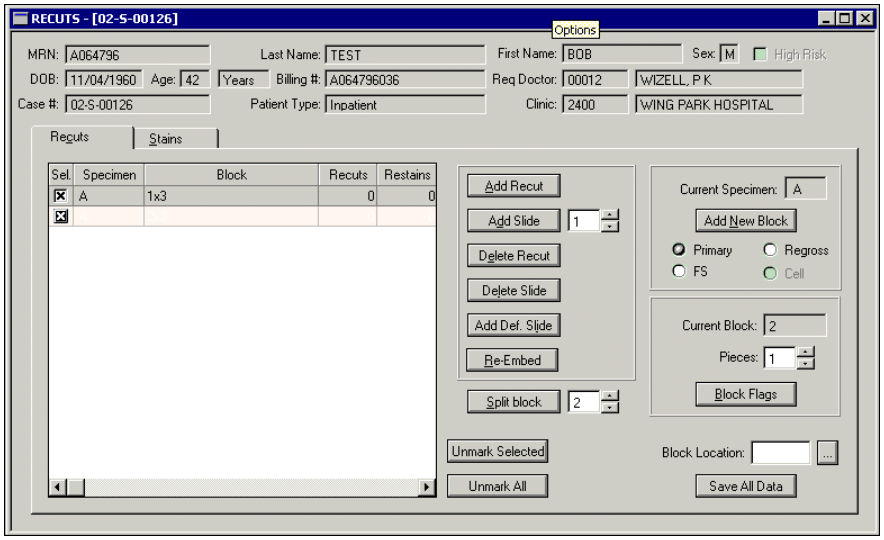


Figure 2-34. Recuts window - Recut tab.

Recuts Tab

The **Recuts** tab allows you to add recuts, add slides, delete recuts, delete slides, add default slides, re-embed blocks, split blocks, and add new blocks.

Add Recut Button

Clicking this button allows you to add a recut to the selected block. Recuts can only be added to blocks that are embedded. If the selected block is not embedded, the system asks you to confirm the action after you click the **Add Recut** button. If you click **Yes**, the new recut is added to the selected block and the list is updated.

Add Slide Button

After entering the number of slides you want to add, click the **Add Slide** button. The new slide(s) are added and the grid is updated.

Delete Recut Button

Select a block and click the **Delete Recut** button to delete the last recut for the selected block.

Delete Slide Button

Click **Delete Slide** to remove the last slide from the currently selected block.

Add Def. Slide Button

Clicking the **Add Def. Slide** button adds the default slide to the currently selected block. The default values are defined in the Source file for the specimen code. If there are no default slides defined in the Source file, the system takes the default from the Options file instead.

Re-Embed Button

Clicking the **Re-Embed** button changes the status of the selected block to **Embedded**.

Split/Unsplit Block Button

This button is used to split one block into two or more separate blocks. Enter the number of pieces that you want to split the block into and click the **Split Block** button. The block is split into the appropriate number of pieces and the grid is updated.

EXAMPLE: If you split a block into three separate blocks, two new rows with the blocks appear on the grid.

Add New Block Button

Select the option button corresponding to the type of block you want to create (such as primary, regross, frozen section, or cell block) and click the **Add New Block** button. The system prompts you to confirm embedding of the new block. If you click **Yes**, the new block is added to the grid.

Block Flags Button

Click this button to display the **Block Flags** window similar to Figure 2-35. The flags available in the **Block Flags** window are described in the **One Case Processing** option on page **2-11**.

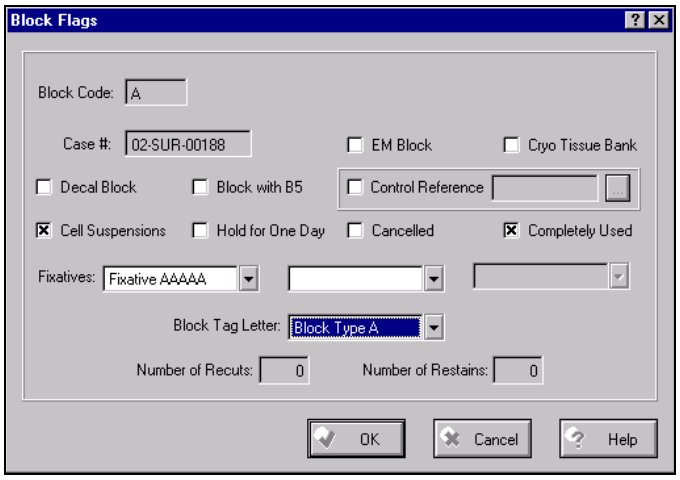


Figure 2-35. Block Flags window.

Block Location

The default block storage location displays in the **Block Location** field. To change the storage location (or if a default location has not been defined), click the ... button to display the **Storage Lookup** window. Select a new storage location from the list.

Save All Data button

Click this button to save the information you entered/modified. The system asks you to confirm that all processing has been completed. Click **Yes** to confirm your changes/additions and return to the **Recuts** tab.

Stains Tab

This tab allows you to add stains to selected slides.

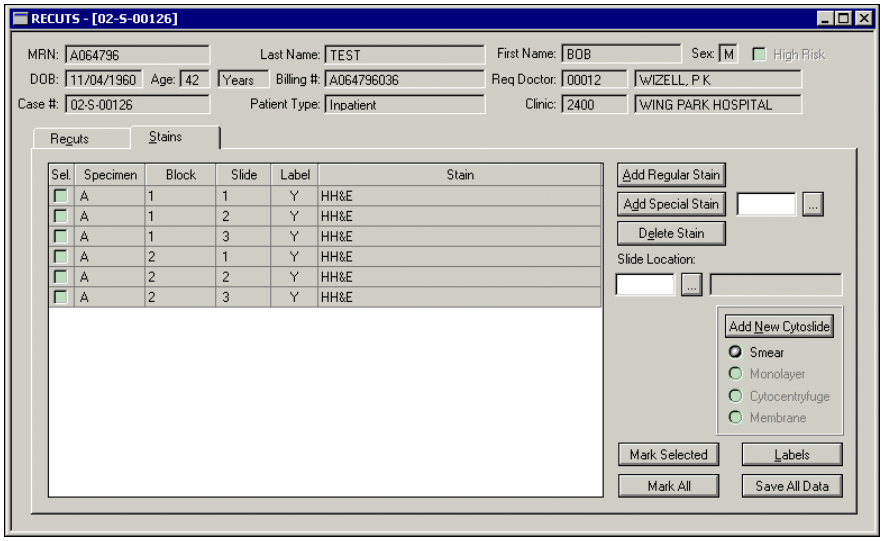


Figure 2-36. Recuts window - Stains tab.

Add Regular Stain Button

Select the slide you want to stain by highlighting the row and clicking **Mark Selected**. Click the **Add Regular Stain** button to add the default standard stain to the selected slide(s). The new stain is added to the selected slide and appears in the **Stain** column.

Add Special Stain Button

Select the slide you want to stain by highlighting the row and clicking **Mark Selected**. In the field adjacent to the **Add Special Stain** button, click the ... button and select the special stain that you want to apply to the selected slide. Click the **Add Special Stain** button to apply the special stain to the selected slides.

Delete Stain Button

Select a slide and click the **Delete Stain** button. The previously applied stain is deleted from the selected slide(s).

Slide Location

The default slide storage location displays in the **Slide Location** field. To change the storage location (or if a default location has not been defined), click the ... button to display the **Storage Lookup** window. Select a new storage location from the list.

Add New Cytoslide Button

This area allows you to add a new cytology slide. Select the type of slide you want to add by clicking the corresponding option button and then clicking the **Add New Cytology Slide** button.

Mark/Unmark Selected

Click this button to mark or unmark selected stains.

Mark/Unmark All

Click this button to mark or unmark all stains.

Labels Button

Click the **Labels** button to display the **Label Print** window similar to Figure. Select one or more printing options from the list by marking the corresponding **Print** checkbox. Choose the **View** option from the **Print** dialog box to preview the labels on your screen. Click **Print Labels** to send the labels to a specified printer or fax machine.

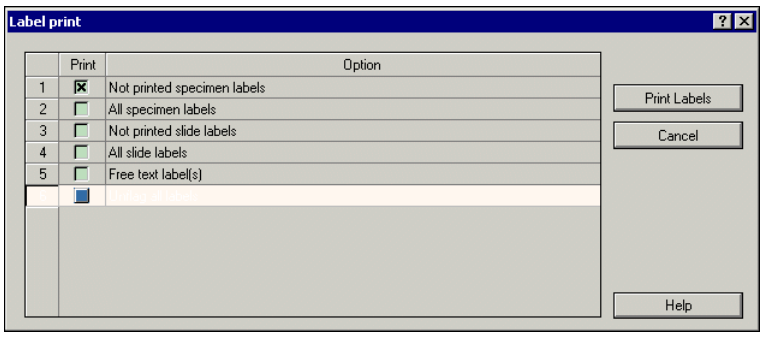


Figure 2-37. Label Print window.

Save All Data Button

Click this button to save the information you entered/modified. The system asks you to confirm that all processing has been completed. Click **Yes** to confirm your changes/additions and return to the **Recuts** tab.

Stain Evaluation

The Stain Evaluation option gives modules that allow you to enter information about the QC process on batches and individual stains as well as documenting QC procedures. The Stain Evaluation option modules displays similar to Figure.

Figure 2-38. Stain Evaluation Options.

Batch Assignment

The **Batch Assignment** option allows you to record quality control (QC) results for new batches of stain reagents.

Access the **Batch Assignment** option by selecting *Processing > Stain Evaluation > Batch Assignment* from the main menu. The **Batch Assignment Search** window displays similar to Figure.

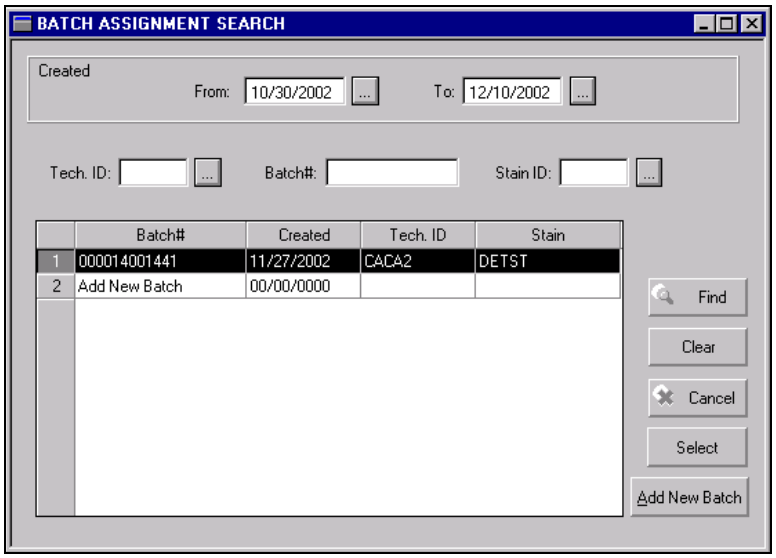


Figure 2-39. Batch Assignment Search window.

To create a new batch click **Add New Batch**. To edit an existing batch, enter search criteria in the appropriate fields and click the **Find** button. The system displays a list of existing QC batches that match the specified criteria. Highlight a batch and click **Select** to edit the batch in the **Batch Assignment** window.

Adding a New Stain Batch

Click the **Add New Batch** button to display the **Batch Assignment** window similar to Figure. This window allows you to add a new stain batch.

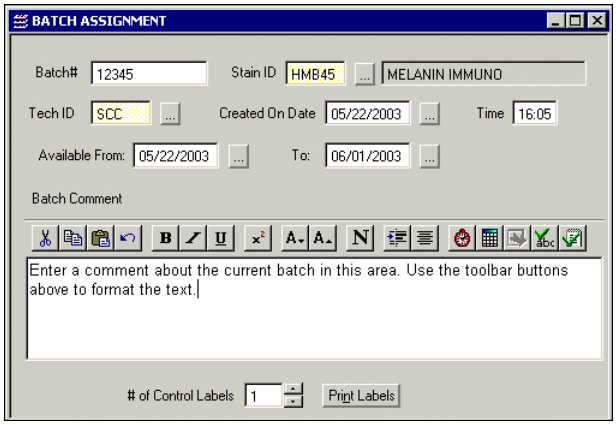


Figure 2-40. Batch Assignment window.

Batch #

Enter the batch or lot number. You can either manually enter a batch number or leave the field blank to allow the system to automatically generate a batch number. M**aximum of 12 alphanumeric characters** (the maximum number of characters can be modified in the Options file).

Stain ID

Enter the stain code or click the button to display the **Special Stains/Tests Lookup** window to make a selection.

Tech ID

The **Tech ID** field defaults to the ID of the user currently logged into the system. To change the ID, click the button to display the **Personnel Lookup** window to make a selection.

Created On Date and Time

Enter the date and time the batch record was created. This field defaults to the current date and time. To change the date, click the button to display a calendar to make a selection.

Available From and To

Enter the dates the reagent can be used. This range of dates defines the shelf life of the reagent. The date range also determines the period of time allowed for quality control to be completed. The dates can be entered manually or you can click the button to display a calendar to make a selection. **MM/DD/YYYY format.**

Batch Comment

Enter any extra information regarding the reagent in this section.

# of Control Labels

Enter the number of control labels that you want to print. The batch control label can contain the stain ID, batch ID, creation date and time, ID of the person that created the label, and the dates the batch is usable (i.e. shelf life). The actual format of the labels is defined during initial system setup.

Print Labels

Click this button to print the batch labels to a specified printer. The system prints the number of control labels you specify in the **# of Control Labels** field.

Stain QC

The **Stain QC** option allows you to search for stain batches and record individual stain QC for the selected batch.

Access the **Stain QC** option by selecting *Processing* > *Stain Evaluation* > *Stain QC*. The **Stain QC Search** window displays similar to Figure. Enter search criteria in the **Stain QC Search** tab to search for stain QC batches pending quality control.

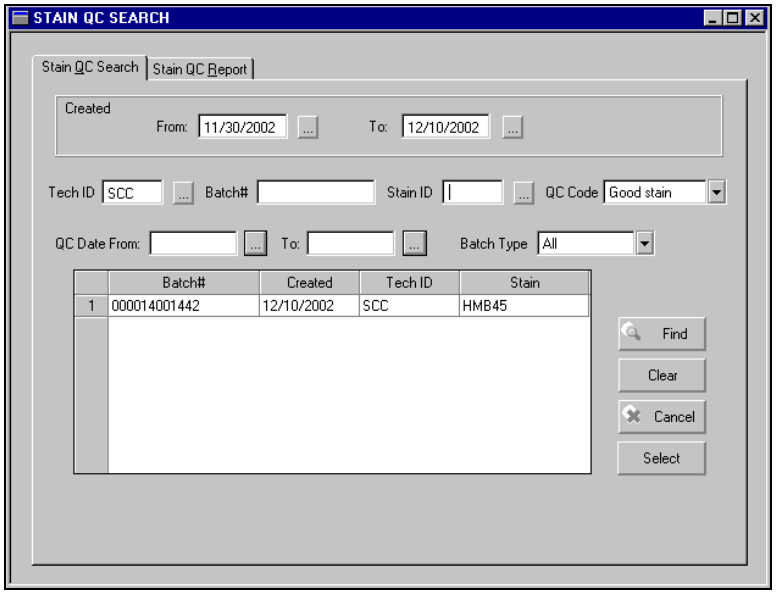


Figure 2-41. Stain QC Search tab.

After entering the required search criteria, click the **Find** button. The system displays a list of records that match the specified criteria. Select the record you want to view/modify by highlighting it and clicking **Select**. The **Stain QC** window displays similar to Figure. Batch information is displayed in READ ONLY mode. To make changes or add information, click the **Edit** button on the toolbar.

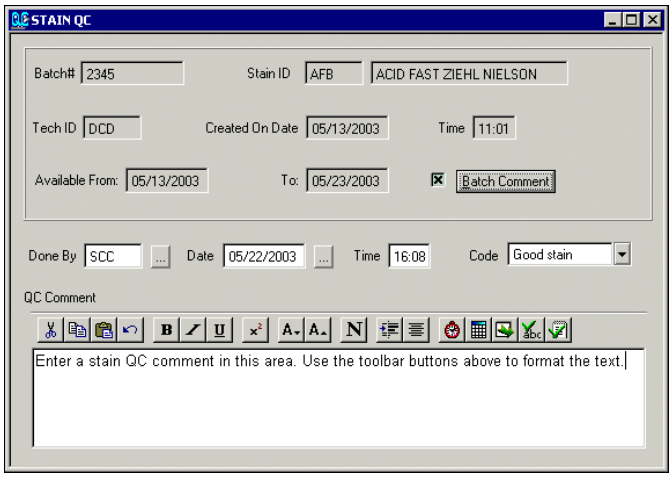


Figure 2-42. Stain QC window.

Done By

This field automatically defaults to the ID of the user currently logged into the system, but you can enter another user ID if necessary. To change the ID, click the button to display the **Personnel Lookup** window. Select a user ID from the list.

Date and Time

Enter the date of the stain QC. This field automatically defaults to the current date and time. To change the date, click the button to display a calendar to make a selection.

Code

Select a QC code from the drop-down list. The codes available in the list are defined in the Simple Codes option.

QC Comment

Enter free text or canned messages in this field to provide additional information regarding the stain QC. The QC Comment entered will be displayed in the QC Report.

Stain QC Report Tab

The **Stain QC Report** tab allows you to produce a report containing previously entered stain QC results.

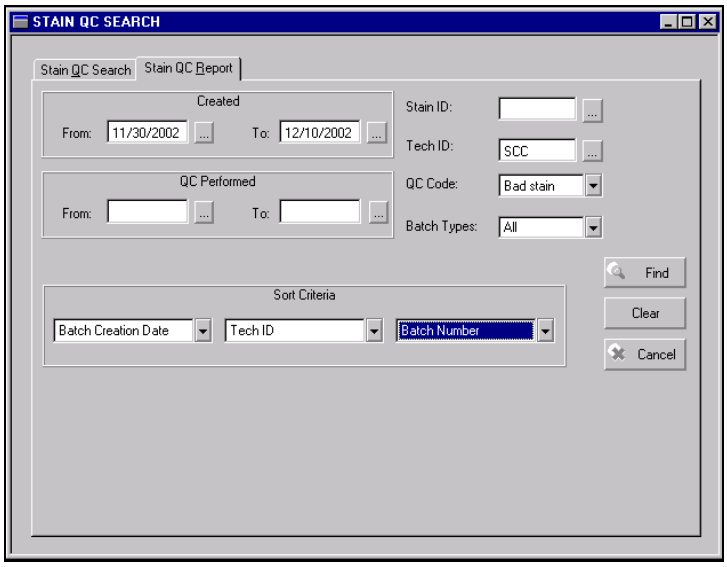


Figure 2-43. Stain QC Report tab.

Enter the criteria for the report in the appropriate fields. Next, select up to three sort rules for the report from the drop-down list. Click the **Find** button to display a report containing records that match the specified criteria.

This report contains the stain name, batch comment, QC date and time, user ID of the person performing the QC, QC comment, QC code, and batch creation date. Stains that did not have QC performed within the time limit are marked with an asterisk (*).

Overdue Stain QC

The **Overdue Stain QC** option allows you to document overdue stain QC procedures. When the user-defined date range for the completion of the stain QC has expired, the pending stain QC is only available from the **Overdue Stain QC** option.

Access the **Overdue Stain QC** option by selecting *Processing > Stain Evaluation > Overdue Stain QC* from the main menu. The **Overdue Stain QC Search** window displays similar to Figure.

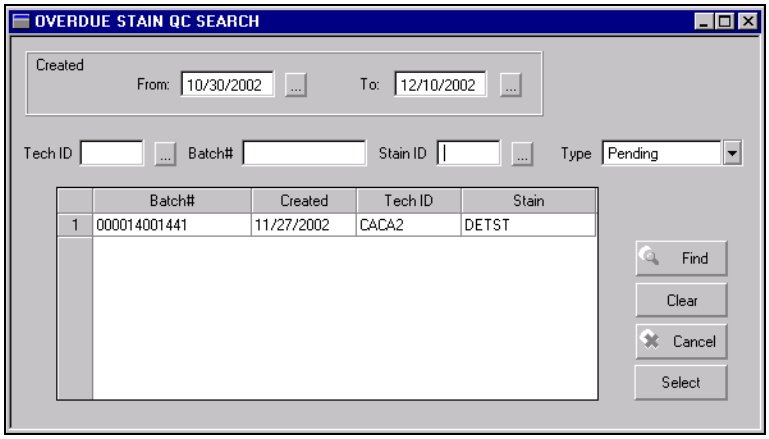


Figure 2-44. Overdue Stain QC Search window.

After entering search criteria, click the **Find** button. A list of cases that match the specified criteria is displayed. Select the case by highlighting it and clicking **Select**. The **Overdue Stain QC** window displays similar to Figure.

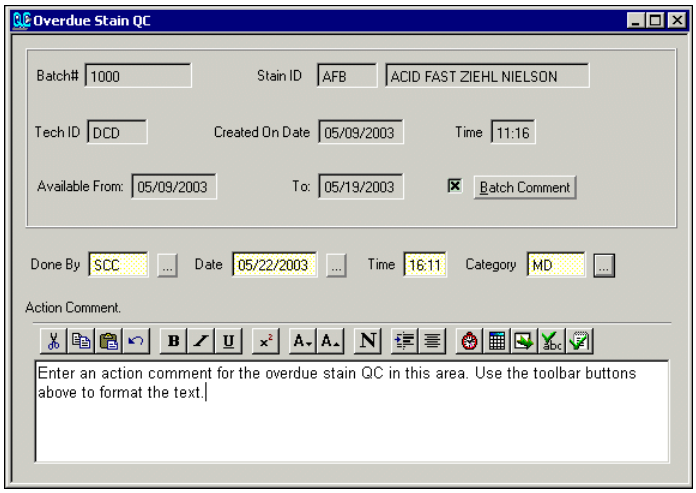


Figure 2-45. Overdue Stain QC window.

The batch information fields are displayed in a READ ONLY format. Click the **Edit** button on the toolbar to complete the stain QC entry.

Done By

Enter the user ID of the user that performed the stain QC or click the button to select a user from the **Personnel Lookup** window.

Date and Time

Enter the date and time of the stain QC.

Category

Enter the QA category code or click the button to select from a list of active QC category codes.

Action Comment

Enter an action comment for the overdue stain QC in this area. Use the toolbar buttons to format the text.

Chapter 3. Results

The **Results** menu options allow you to enter results information in the form of free text, codes or canned messages. These menu options also allow you to enter quality assurance information and sign out cases.

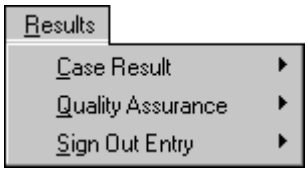


Figure 3-1. Results menu.

SoftPath Results Menu Options

The SoftPath Results option contains the following features and applications:

Case Result

To enter diagnoses and reports for cases, select the **Case Result** option. See ***Chapter 3.1—Results: Results Entry*** or ***Chapter 3.2—Results: My Results Worklist***.

Quality Assurance

To perform quality assurance procedures, select the **Quality Assurance** option. See ***Chapter 3.3—Results: Quality Assurance***.

Sign Out Entry

To perform a sign out procedure on a case, select the Sign Out Entry option. See ***Chapter 3.4—Results: Sign Out Entry***.

Results Entry

The **Results Entry** option is used to enter intraoperative diagnoses, gross descriptions, preliminary/provisional reports, final diagnoses, supplemental reports, and revised reports. If a case is completed, but not signed out, you can modify this text without creating a revised report. After a case is signed out, you can only make changes by creating a revised report. Importing and modifying the final report text creates a supplemental or revised report. Alternately you can choose to create a new report.

Access the **Results Entry** option by selecting *Results > Case Result > Results Entry* from the main menu. The **Select Report** window displays similar to Figure 3-2.

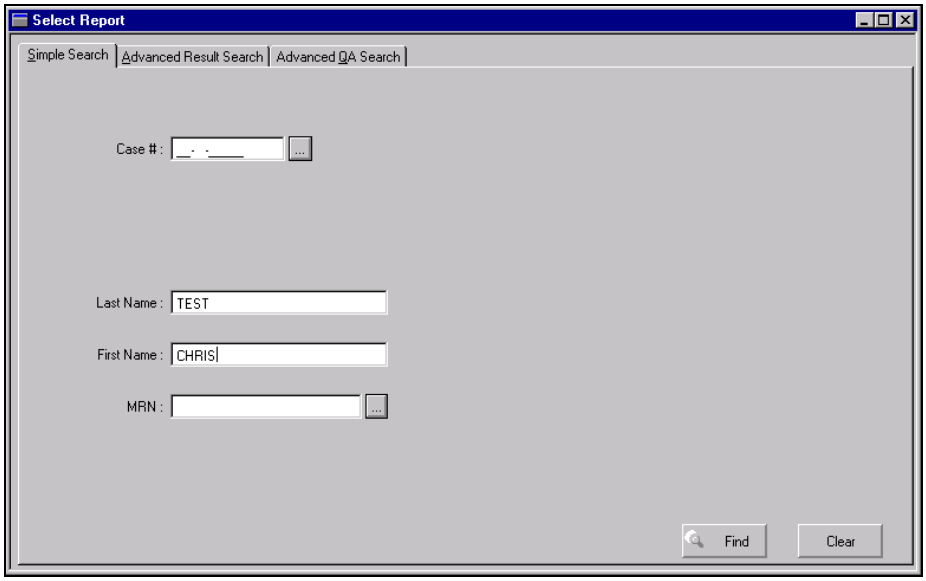


Figure 3-2. Select Report window.

There are three tabs in this window. Select the **Simple Search** tab, **Advanced Result Search** tab, or **Advanced QA Search** tab.

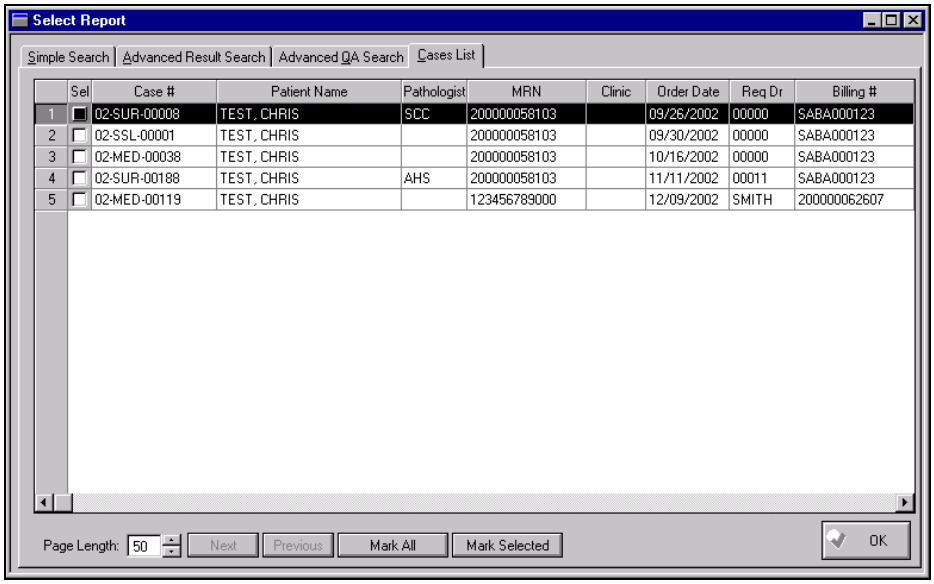
The **Simple Search** tab allows you to search for a single case. Use this option if you know the case number, patient name, or MRN. This is also the only option that you can use to initially create a revised report or supplemental report.

The **Advanced Result Search** tab allows you to search for and select a range of cases for batch entry of diagnostic information. Only cases qualified by the system are available in this option. The preliminary, revised, or supplemental report cannot be initially created from this option. Cases registered within the system do not automatically qualify for a preliminary, revised, or supplemental report. However, once a preliminary, revised or supplemental report is created (but is not signed out), it can be edited using this option.

The **Advanced QA Search** tab allows you to search for cases by QA procedures, QA screeners, and other QA-related fields.

Once you have entered search criteria on any one of the three tabs, click **Find** to display all cases that match the specified criteria. The cases display on the **Cases List** tab similar to Figure 3-3.

NOTE: If the system finds only one case that matches the specified criteria, the system displays the **Results** tab instead (see Figure 3-4).

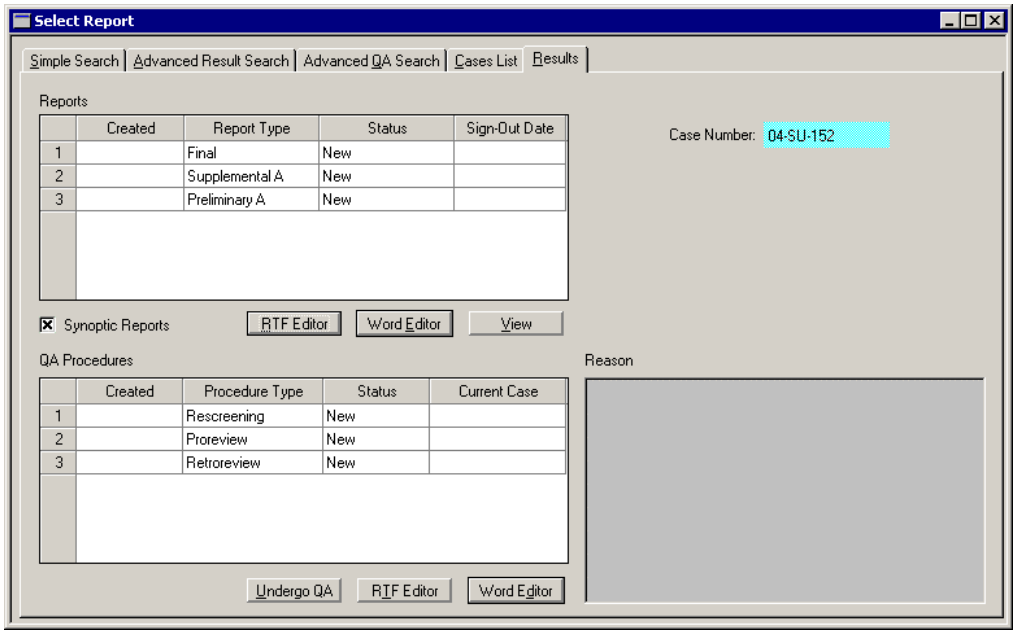


	Sel	Case #	Patient Name	Pathologist	MRN	Clinic	Order Date	Req Dr	Billing #
1	☑	02-SUR-00008	TEST, CHRIS	SCC	200000058103		09/26/2002	00000	SABA000123
2	☐	02-SSL-00001	TEST, CHRIS		200000058103		09/30/2002	00000	SABA000123
3	☐	02-MED-00038	TEST, CHRIS		200000058103		10/16/2002	00000	SABA000123
4	☐	02-SUR-00188	TEST, CHRIS	AHS	200000058103		11/11/2002	00011	SABA000123
5	☐	02-MED-00119	TEST, CHRIS		123456789000		12/09/2002	SMITH	200000062607

Figure 3-3. Cases List tab.

The **Cases List** tab provides information such as case number, patient name, pathologist ID, the types of reports created for the cases, patient MRN, ward, order date, requesting doctor ID and patient billing number.

Select a case by highlighting the case row and then clicking the **OK** button. You can select multiple cases by marking the **Sel** checkboxes next to the desired cases and then clicking **OK**. After you select one or more cases, the **Results** tab displays similar to Figure 3-4. This tab allows you to view and edit the reports available for the first selected case.



	Created	Report Type	Status	Sign-Out Date
1		Final	New	
2		Supplemental A	New	
3		Preliminary A	New	

	Created	Procedure Type	Status	Current Case
1		Rescreening	New	
2		Proreview	New	
3		Retroreview	New	

Figure 3-4. Results Tab

Reports Grid

The **Reports** grid displays the creation date, report type, status, and sign out date (if available) for the selected case. After a final report is signed out, you cannot select the preliminary report type on the **Results** tab. Multiple preliminary, supplemental, and revised reports can be created for one case. The multiple reports are denoted with an incrementing alphabetic designation (e.g., Supplemental A, Supplemental B, etc.). The associated case number is displayed to the right of the **Reports** grid for easy reference.

If another instance of the document is opened, the document is locked and the following message is displayed:

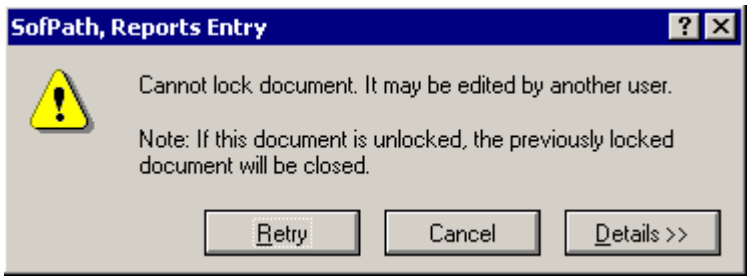


Figure 3-5. Locked Document Error Message

QA Procedures Grid

The **QA Procedures** grid contains a list of available QA procedures for the current case. If the procedure status is set to **New**, then you can perform a new procedure. If the status is set to **New To Do**, then the procedure is pending and must be performed. Click the desired editor button to enter a new procedure or edit the selected procedure. When you enter new follow-up correlation information, the system displays a list of previous cases for selection.

RTF Editor

The **RTF Editor** allows the user to enter text in the defined section of the report without opening MS Word. The user will be able to use canned messages and/or cascade window selections, in addition to free text typing.

NOTE: Once you create a report in the RTF Editor, you can open that report with either the **RTF** or **Word Editors.**

Word Editor

The **Word Editor** button will invoke MS Word for editing the case.

NOTE: Once a case has been edited using MS Word the system will not allow the use of the RTF editor functionality. The user may define the default text editor for the login ID via the **Options** setup file.

Undergo QA Button

Clicking this button displays the **Undergo QA** window that allows you to mark the selected case for QA procedures. Cases with QA that has already been completed will have a date, time, and result and cannot be unmarked.

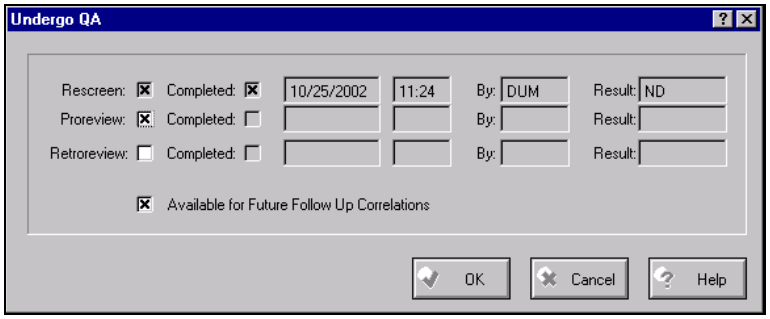


Figure 3-6. Undergo QA window.

Editing Reports – MS Word

To view a report without making any changes, select the report type you want to view and click the **View** button. The report is displayed in READ ONLY mode, but you can print the report to any network printer or an electronic file.

To select the type of report you want to edit, highlight the report type and click the **Word Editor** button. The system displays the report in a window similar to Figure 3-7. The cursor defaults to the section specified in the criteria used for the search (e.g., IOC, Gross Description, etc.). If you do not specify a section in the search criteria, the cursor defaults to the first text block in the document. All of the features and functionality of MS Word are available for use, including tables, images, clip art, various fonts, drawing tools, spell check, etc.

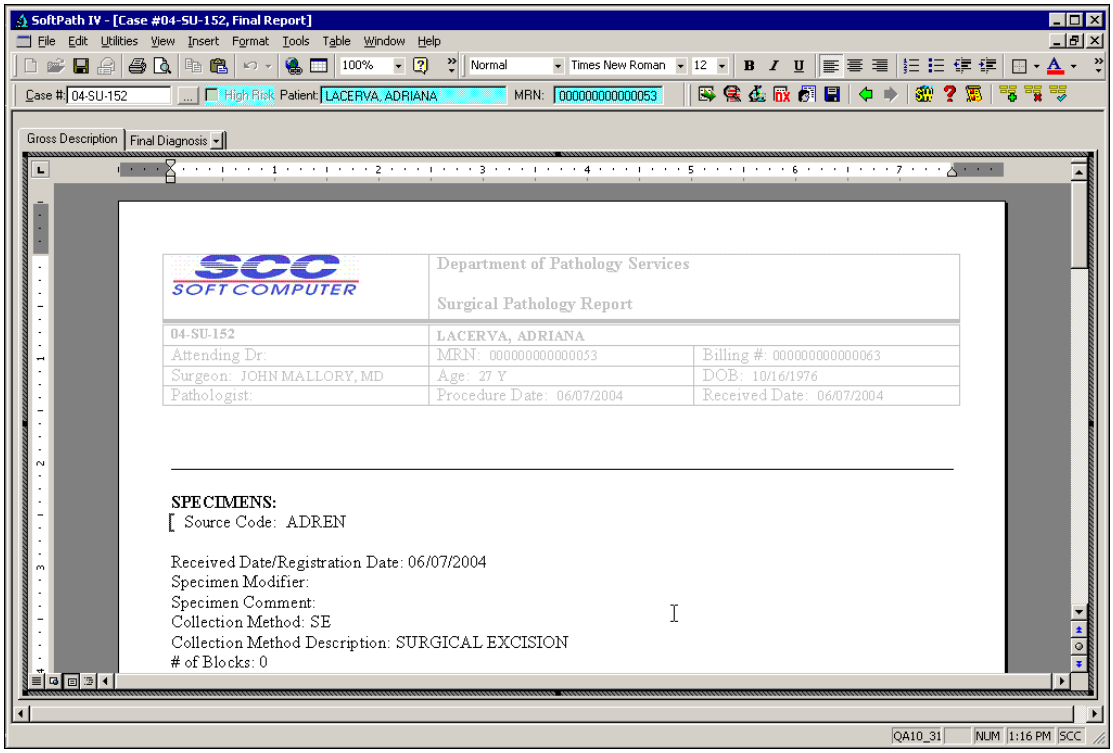


Figure 3-7. MS Word Editor Window

You can use the tabs that border the top of the document to quickly move the cursor to a specific section of the report. Type any information you want to include in the report under the appropriate headings. Also, if canned text is defined for the section in the Canned Messages setup file you can click the **Canned Message** button to display a list of available canned messages.

NOTE: When adding your hospital's logo to the document template, it is the best practice to use the JPEG image format. JPEG has the smallest size of the image formats. Try to keep the size of the logo under 5 kilobytes. You can use a graphic editor program to resize the image if you find your logo to be too large. Resizing the image in on the page in Word itself will not change the actual size of the image file, only the size of the image on the page.

Editing Reports – RTF Editor

To select the type of report you want to edit, highlight the report type and click the **RTF Editor** button. The system displays the report in a window similar to Figure 3-8. The cursor defaults to the section specified in the criteria used for the search (e.g., IOC, Gross Description, etc.). If you do not specify a section in the search criteria, the cursor defaults to the first text block in the document. The RTF Editor has the standard RTF functionality, including **Spell Check**.

You can use the tabs that border the top of the document to quickly move the cursor to a specific section of the report. Type any information you want to include in the report under the appropriate headings. Also, if canned text is defined for the section in the Canned Messages setup file you can click the **Canned Message** button to display a list of available canned messages.

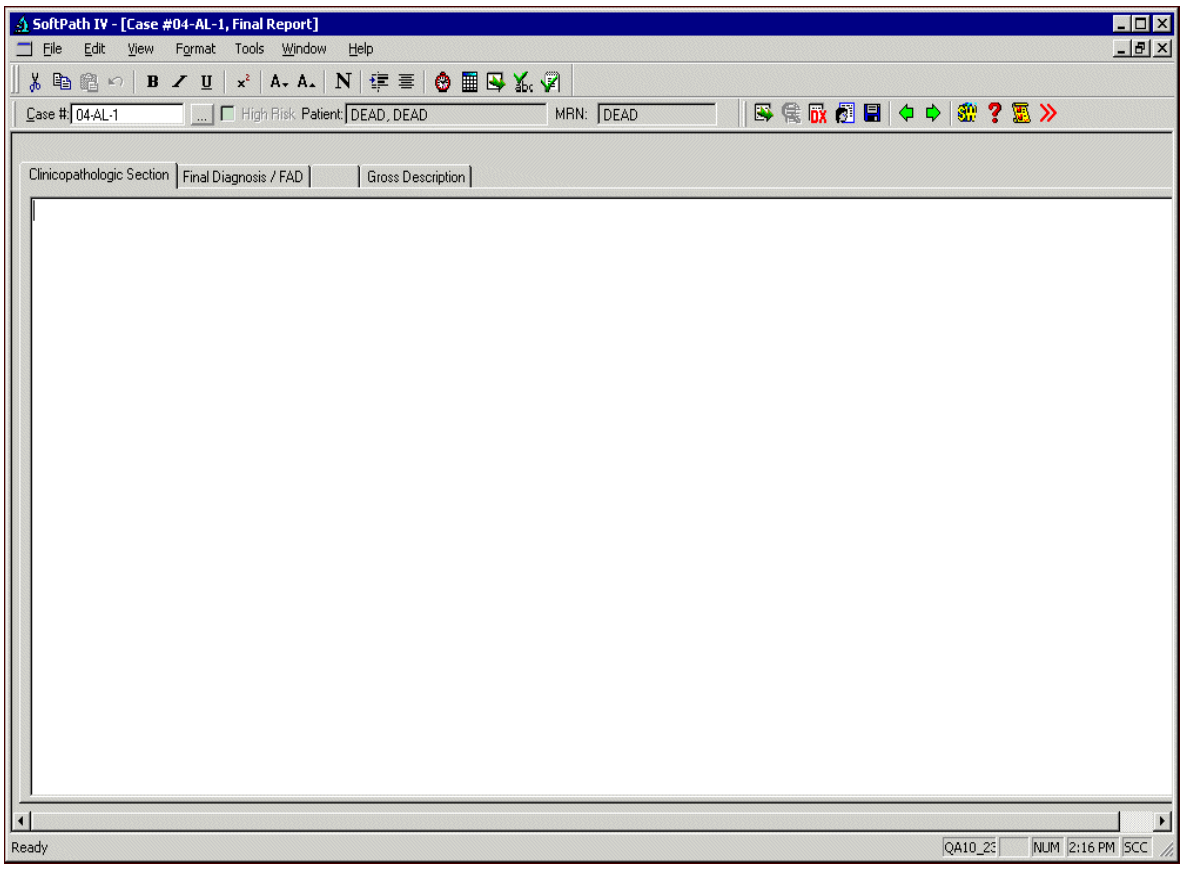


Figure 3-8 RTF Editor Window

NOTE: If a final report has been signed out, you can only view it. If you try to edit a signed out final report, the system displays the message "Report has been signed-out and cannot be edited. Do you want to view it?" Click **Yes** to view the signed out report or click **No** to cancel the action.

NOTE: Inserting special characters into the text of a report by using the **ALT** key and the numerical keyboard or copying to/from another application through the clipboard may cause the text of the diagnosis could to display in a different part of the software or lead to differences in the appearance of the document.

Result Entry Navigation

Right (Next) and Left (Previous) Arrow Buttons

These buttons allow you to move between the reports for cases marked on the Results tab. If you did not mark any cases on the Results tab, clicking the arrow buttons takes you to the next/previous unmarked case on the list.

Canned Messages Button

Use this button to enter a canned message for the current section. Place the cursor where you want to insert the message and click **Canned Message**. The **Canned Message Lookup** window displays. Select a canned message code and click **OK**. The **Canned Message** window displays similar to Figure 3-9 when a rich text message is selected. You can also **Spell Check** the canned message. Canned messages defined as MS Word documents are directly imported into the document, so this window does not display.

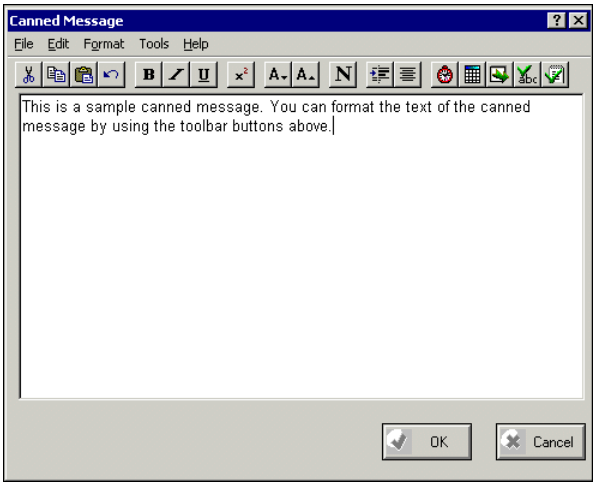


Figure 3-9. Canned Message window.

If you want to insert more than one message, click the button located in the top right corner of the **Canned Message** window. A list of standard messages displays in the window. Select an appropriate message and click **OK** to insert the message(s) into the MS Word or RTF document.

Lab Results Button

Click the **Lab Results** button to display the results of tests ordered in SoftLab that are requested in SoftPath specimen registration. The tests are displayed in the **Lab Results** window similar to Figure 3-10. Mark the checkbox(es) that correspond to the results you want to include in the report and click **OK**.

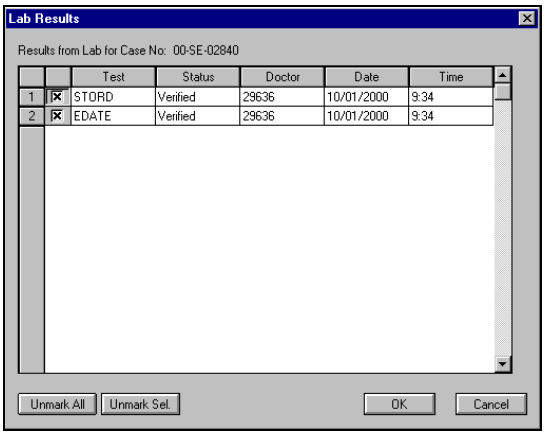


Figure 3-10. Lab Results window.

Dx Cascade Button

The **Dx Cascade** button enables you to quickly enter a final diagnosis. If a final diagnosis already exists, then the system asks if you want to replace the existing diagnosis after you click the **Dx Cascade** button.

Click **Yes** to enter a new diagnosis.

OR

Click **No** to cancel the action and retain the current diagnosis.

If you click **Yes**, the system displays two windows. The sequence in which the windows are displayed is defined in the **Delimiter Order** option. The title of this cascading diagnosis window and the list of diagnoses that it contains are defined in the **Dx Coding** window. A sample cascading diagnosis window is shown in Figure 3-11.

NOTE: DX Cascade functionality is only available within main document sections, not sub-sections.

Also, you may choose to have the Dx codes displayed in a tree-like list rather than as a series of windows, as displayed in Figure 3-12. This can be made possible in the **Options** file found in the **Setup** menu. See ***Chapter 6.4—Setup: Options*** for more information.

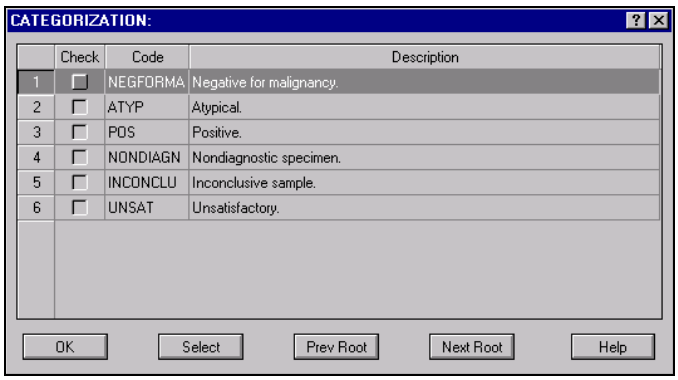


Figure 3-11. Sample diagnosis cascade.

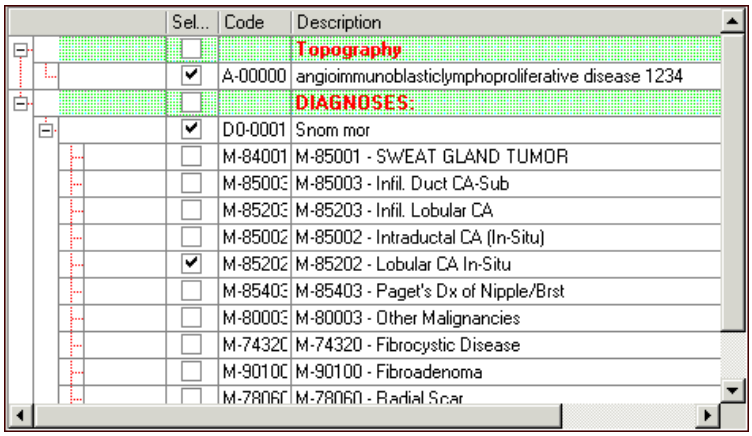


Figure 3-12. Tree Cascade display

Mark the checkboxes next to the codes that you want to use to define the final diagnosis and then click the **Next Root** button to move to the next defined root window. The selected diagnosis codes are added to the **Codes** grid in the **Diagnosis (Cascade)** window (Figure 3-13). The description of these diagnosis codes appears in the **Diagnoses** area. The diagnosis text appears below the proper title. If you want to add more diagnoses, follow the procedure described above. If you want to close the diagnosis cascade, click **OK**.

If no selection is made for the diagnosis title, the titles (without any description) are removed from the **Diagnoses** area in the **Diagnosis (Cascade)** window. You can add or modify the text in this window. To save the diagnosis/ diagnoses click **OK**. Diagnoses that have been defined appear in the MS Word document in the **Final Diagnosis** section.

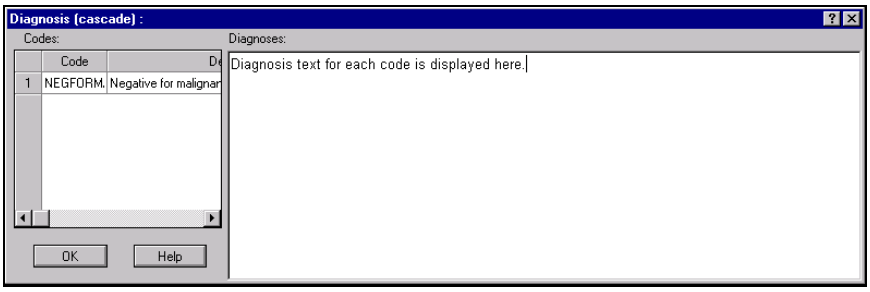


Figure 3-13. Diagnosis (cascade) window.

Dx History Button

Click the **Dx History** button to display a summary of all diagnosis codes for the selected case and the IDs associated with these codes.

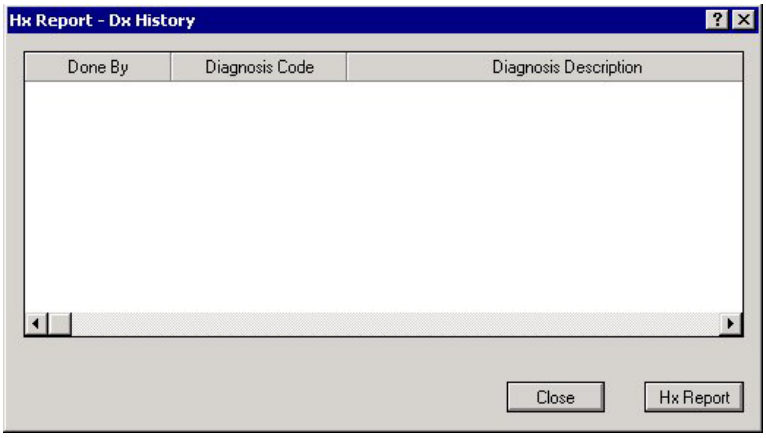


Figure 3-14. Dx History window.

Save Data Button

When all data entry is complete, click the **Save Data** button. The appropriate completion window displays. The completion windows that display are unique to each case type and the report or report section you are working on. These windows allow you enter information required to complete the case. Completion windows for various report types are discussed beginning on page **3-13**.

SoftWeb Button

This button initiates the bridge from SoftPath to SoftWeb.

Query Button

Select this button to be sent to Result Query.

Save Section Button

This button is displayed only for final reports. Click this button to save a particular section of the report (e.g., the **Gross Description** section). If the cursor is not currently positioned in the section where changes were made, the system displays the **Select Section** window similar to Figure 3-15. This window allows you to select the section you want to save. When more than one section has been modified during the current session, the system opens the save scenarios for all of the modified sections.

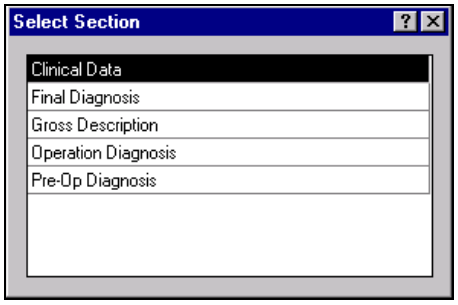


Figure 3-15. Select Section window.

Patient History Button

This button has three different appearances, depending on the patient's past history. If the button is grayed-out, the button is disabled and there is no previous history for the patient. If the button is blue, the patient has a history with no abnormal case results. A red button means the patient has a history with abnormal case results.

Clicking the button launches the Patient History Report (Figure 3-16), which is a synopsis of each case for the current patient. This report includes entries from both the active and archive databases, and displays the search criteria used to collate the report at the end.

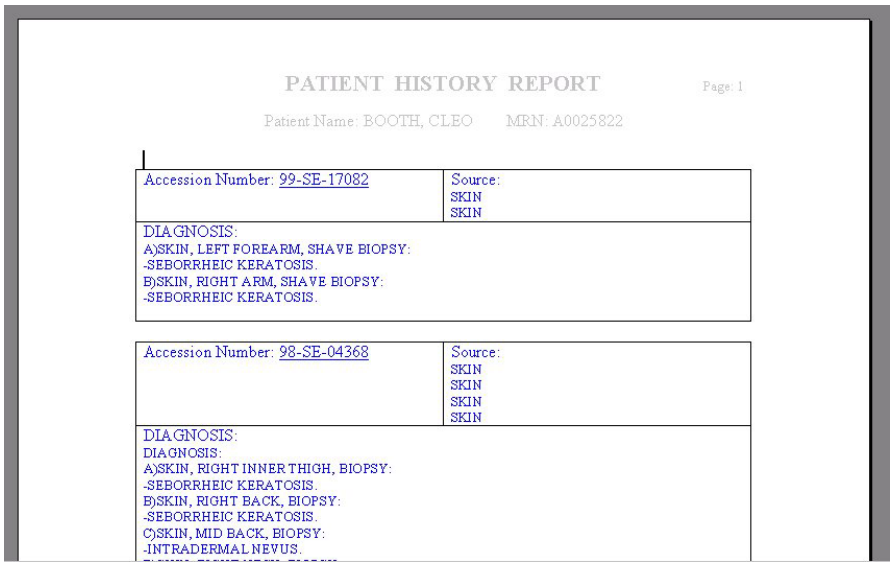


Figure 3-16. Patient History Report

Each synopsis contains three elements in the table: an Accession Number, the Specimen Source (if this particular case had multiple specimens, each specimen is listed), and a Final Diagnosis. The font color of the synopsis signifies the status of a diagnosis. Blue text signifies a normal diagnosis while red text signifies an abnormal diagnosis.

Temporary Backup

Access the **Temporary Backup** option by selecting *File > Temporary Backup* from the report window used to create/edit result reports.

The **Temporary Backup** option allows saving the whole report as a temporary document in the SoftPath database without entering data in any completion windows. You can return to the document at a later time to complete the result entry. After you use this feature to save changes to the document, any user that attempts to access the case in result entry will be informed that a temporary document exists. The user will then be allowed to decide whether to retrieve the temporary document or use the default empty template.

Synoptic Reporting – Insert Fragment

Selection of this button inserts a synoptic reporting fragment wherever the cursor resides in the document. These fragments may be defined in the Synoptic Reporting Setup utility. Once this button is clicked, a selection window will appear listing the appropriate fragments available for the source code on record for the case. Click one of the fragments and select OK.

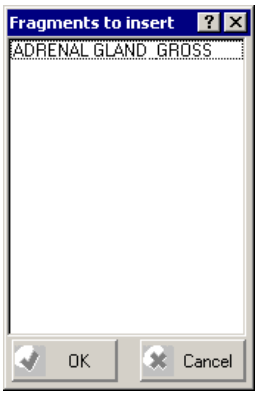


Figure 3-17. Fragment Insertion window.

Synoptic Reporting – Delete Fragment

Selection of this button deletes the currently selected fragment from the report.

Synoptic Reporting – Fragment Defaults

Selection of this button applies the default entries to the selected fragment, as defined in the Synoptic Reporting Setup utility.

Completion Windows

When you save a report after creating/modifying it in the MS Word or RTF Editor report window, the system displays a completion window similar to Figure 3-18. These windows vary according to the section and/or case type, but many functions are similar. The general functionality, which is the same for all cases, is described below. Completion windows for autopsy cases are discussed on page 3-20.

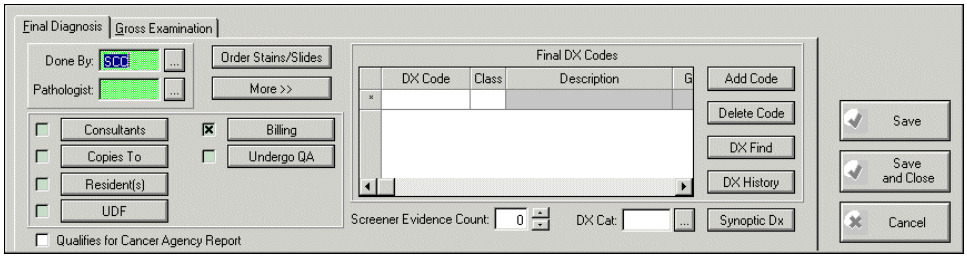


Figure 3-18. Report Completion window.

Consultations Button

Click the **Consultations** button to enter up to ten (10) pathologist IDs and their associated comments to be used for interdepartmental consultations. The pathologist ID can be entered manually or you can click the ... button to select from a list of valid ID's.

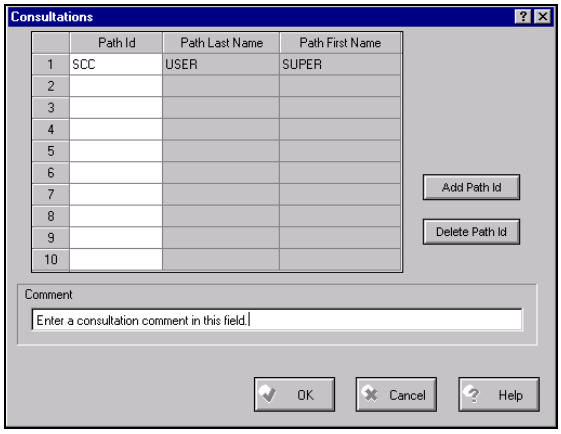


Figure 3-19. Consultation window

Billing Button

Click the **Billing** button to display the **Billing Codes** window, similar to Figure 3-20.

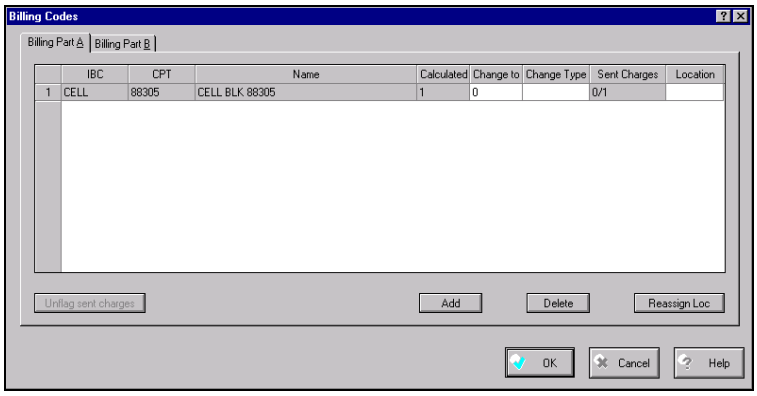


Figure 3-20. Billing Codes window.

The billing codes can be entered manually or you can click the **Add** button to select from a list of billing codes. If you click **Add**, either the **Professional** or **Technical Charge** lookup window displays. Within this window, you can search for the desired code by case type, code, name, and/or CPT code. After entering search criteria, click the **Find** button. All codes matching the specified criteria are displayed. To select a code, highlight it and click **OK**.

To remove a billing code entered in error, highlight the code and click the **Delete** button.

To modify the location of any billing code, enter a new location code in the **Change To** field or click the ... button to display a list of valid locations. To change all locations in the window to the default location, click the **Reassign Loc** button.

Copies To Button

Click the **Copies To** button to open the **Copies To** window. This window allows you to send additional copies of the report to a maximum of four specified doctors. Enter the doctors that you want to send the additional copies to in the available fields or click the ... button to select from a list of active doctor codes.

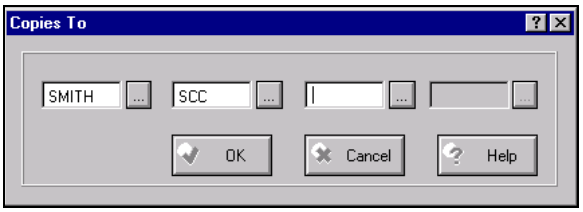


Figure 3-21. Copies To window.

Residents Button

Click the **Residents** button to open the **Residents** window. This window allows you to enter up to a maximum of four residents in the available fields. You can click the ... button to select from a list of active resident ID codes.

Undergo QA Button

Clicking the **Undergo QA** button allows you to manually mark the case for the following QA procedures: rescreen, proreview, and retroreview. The cases can only be marked for QA from this option. QA results must be entered in the **Quality Assurance** option.

Add Code Button

Click the **Add Code** button to display the **Diagnosis Code** lookup window. The codes available in this window change depending on the diagnostic codes in use for the selected case type. You can search by code or by the first string of text contained within the document. For example, you were searching for the *Acute Dermatitis* diagnosis code, you could enter ***Acute*** in the **Word Pattern** field to locate the code.

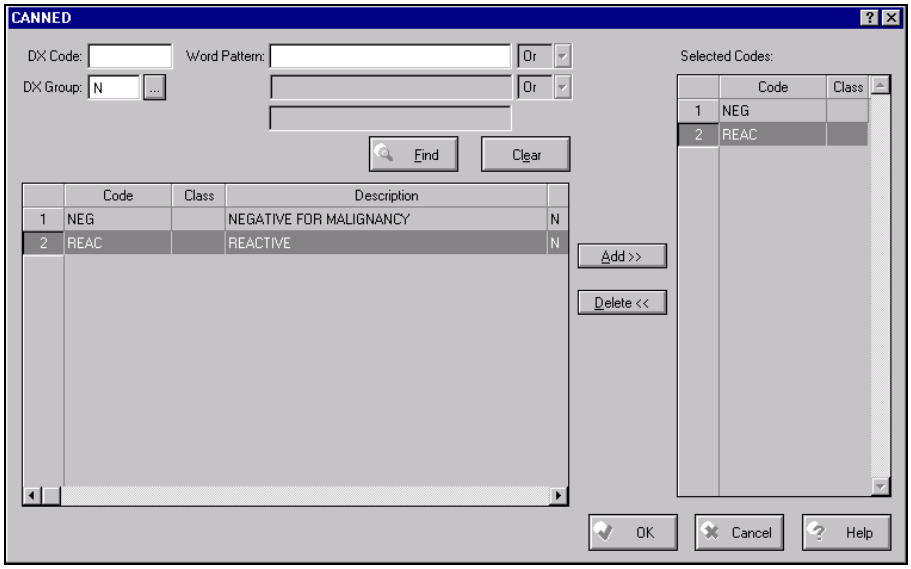


Figure 3-22. Diagnosis code lookup window.

After you click **Find**, select the appropriate diagnosis code and click the **Add** button to add the new code to the current case. The selected diagnoses display in the **Selected Codes** grid. To remove a diagnosis code from the list, highlight the code and click the **Delete Code** button.

After selecting the diagnosis codes, click the **OK** button. The codes are inserted into the appropriate fields of the completion window.

Qualifies for Cancer Agency Report

Mark this checkbox to flag the case as qualifying for the Cancer Agency Report. For more information, consult ***Chapter 5.3 – Reports: Cancer Agency Report***.

NOTE: This checkbox will only appear if Cancer Agency Reporting is enabled in **Options**.

Dx Find Button

Clicking the **Dx Find** button prompts SoftPath to read the final diagnosis text and look for the appropriate codes. If the **Auto Insertion of Dx Codes** and **Case Types Having Automatic Insertion of Dx Codes** checkboxes are marked in the **Dx Coding** tab of the **Options** window, the diagnosis codes derived by the system from the final diagnosis text are inserted without any further prompting. If these checkboxes are not marked for the current case type, the **Select Codes** window displays similar to Figure 3-23. This window contains all diagnosis codes the system derived from the final diagnosis text. Mark all the codes that apply to the final diagnosis and then click **Insert**. The system inserts all of the marked diagnosis codes into the appropriate fields of the completion window.

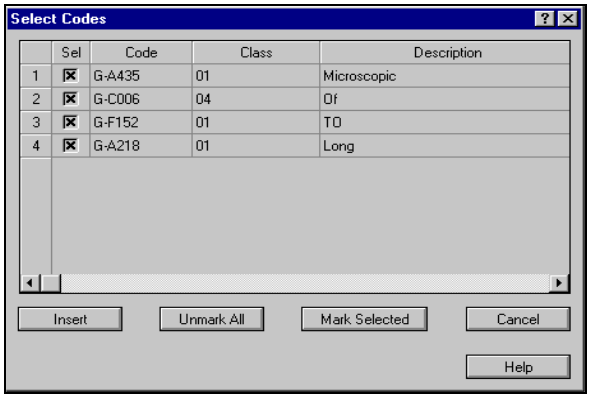


Figure 3-23. Select Codes window.

Synoptic Dx

Click this button to automatically enter the SNOMED codes attached to the synoptic diagnosis specified. These codes can be attached using the Synoptic Reporting setup utility.

Saving the Completed Information

After all information has been entered, click the **Save** button to save the case without exiting MS Word. Click the **Save and Close** button to save the case and exit MS Word. The system then asks you if the procedure has been completed.

Click **Yes** to flag the case as complete for the chosen section.

OR

Click **No** to flag the case as entered. The case will still be pending result entry for the chosen section.

OR

Click **Cancel** to return to the **Done By** window for the chosen section.

Intraoperative Consultations

The instructions below allow you to include an intraoperative diagnosis on worksheets and the final report.

The pending status for this section depends on the case types selected in the **Case Types Available for IOC** area located in the **Options** window - **Result Entry** tab - **Intraoperative Consultation** tab. Only case types marked as available for IOC and cases that contain a frozen section or with cases flagged for IOC will be pending for IOC entry. However, an intraoperative consultation can be completed for any report that uses a template with an **Intraoperative Consultation** section. An intraoperative consultation can also be completed when the case is associated with a frozen section or when the case is flagged for IOC.

To enter an intraoperative diagnosis, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Final Report** report type and select the desired editor. Click the **Intraoperative Consultation** tab. You can then enter the text of the intraoperative diagnosis. After you save the section, the **IOC/FS/GIC** completion window displays similar to Figure 3-24.

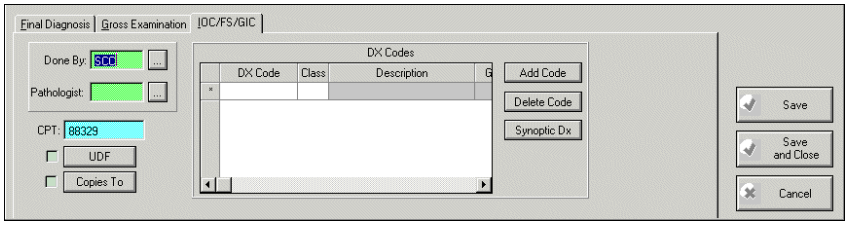


Figure 3-24. IOC/FS/GIC completion window

The only required field in this window is the **Done By ID** field. After saving your changes, you can enter text in another section, return to the main menu (click **Save and Close**), or return to the case list (click **Save**).

Gross Descriptions (All Case Types)

The instructions below allow you to include a gross description in the final worksheet and the final report.

The pending status for this section depends on the case types selected in the **Case Types Requiring Gross Description** area located in the **Options** window - **Result Entry** tab - **Gross Description** tab. Only case types marked on this tab will be pending for gross description entry. However, a gross description can be completed for any report that uses a template with a **Gross Description** section.

To enter a gross description, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Final Report** report type and click **Edit**. After opening the document, select the **Gross Description** tab. You can then enter the text of the gross description.

After you save the gross description section, the **Gross Examination** completion window displays similar to Figure 3-25. Complete the **Done By** field to indicate the person that performed the gross description and save your data.

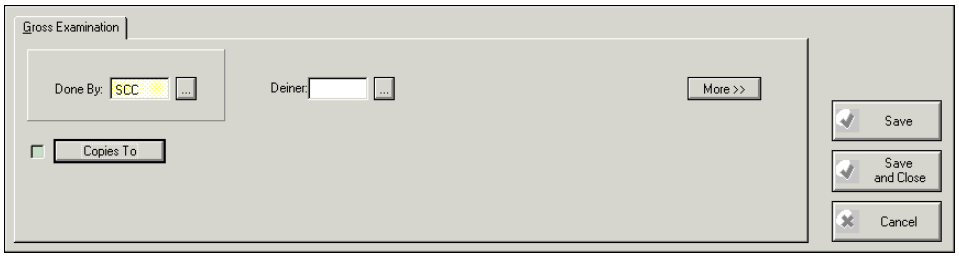


Figure 3-25. Gross Examination completion window.

Creating Preliminary Reports for GYN Cytology, MED Cytology, and Surgical Cases

A preliminary report can be used to release the available pathology results before a final diagnosis is stated. For example, in a case where additional stains or test results are pending, a tentative diagnosis can be issued to allow a clinician to begin treatment prior to the release of the final report. A preliminary report can contain the specimen gross description and a tentative (preliminary) diagnosis.

Features of Preliminary Reports

- Preliminary reports provide flexibility within the lab group to distribute diagnostic results. The signature on a particular preliminary report can be different from the signatures on the final report, supplemental report, or another preliminary report related to the case.
- Signed-out preliminary reports can be made available while some materials associated with the case are still being processed. The final report remains active, awaiting the pending results.
- Multiple preliminary reports can be issued for any case. The reports are sequentially identified with a prefix (Pa, Pb, Pc, etc.)
- A preliminary report cannot be created after the final report for the case is signed out.
- A field is available for comments about the preliminary report. It is commonly used to explain why the preliminary report was created.
- Preliminary reports are never pending result entry**.** You must select the **Simple Search** tab and enter the case number to create the preliminary report.
- Once the preliminary report is created, it can be found using the **Simple Search** or **Advanced Result Search** tabs in the **Result Entry** option. A simple search requires you to enter the case number. An advanced result search requires the date range of the case.
- Information in preliminary reports is not accessible to, or through, the following functions: revised reports, the **Quality Assurance** option, ODBC reports, the **Complex Query** option, the **Fast Sign Out** option, the Collated Patient History report, the **Old Cases** option.
- The **Preliminary Report** or sections of the **Preliminary Report** can be imported into the **Final Report** by adjusting the settings in Setup (See page ***6-95***).

To create a preliminary report, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Preliminary Report** report type and click button for report editor of choice (RTF or Word). If an unsigned final report or signed preliminary report exists for the case, the **Report Matrix** window displays. The preliminary report can be based on the current final report or preliminary report if desired. Alternately, you can create a new preliminary report. After opening the document, you can click any of the available tabs to enter information for the corresponding section of the report. The **Canned Message** button can also be used to add canned messages to the document.

After you save the preliminary report, the **Preliminary Report** completion window displays similar to Figure 3-26.

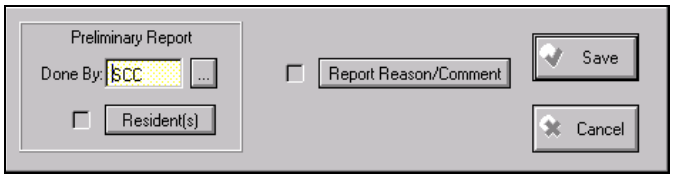


Figure 3-26. Preliminary Report completion window.

The only required field in this window is the **Done By ID** field. After saving your data, you can sign out the case, enter text in another section, return to the main menu, or return to the case list.

Entering the Provisional Anatomic Diagnosis (PAD)

The **Provisional Report** report type allows you to issue a preliminary autopsy report. A case qualifies for a provisional report as soon as it is registered in the **Autopsy Specimen Registration** option.

To enter a provisional anatomic diagnosis (PAD), access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Provisional Report** report type and click the button for your report editor of choice (RTF or Word). After opening the document, you can click any of the available tabs to enter information for the corresponding section of the report. The **Canned Message** button can also be used to add canned messages to the document.

After you save your data, the **Provisional Report** completion window displays similar to Figure 3-27.

Figure 3-27. Provisional Report completion window.

The only required field in this window is the **Done By ID** field. After saving your data, you can then sign the case out, enter text in another section, return to the main menu, or return to the case list.

Entering the Final Diagnosis (GYN Cytology, MED Cytology, and Surgical)

The **Final Report** report type allows you to create a final report that contains the final diagnosis for the case. If a case is completed without a QA entry and not signed out, you can modify the diagnosis text without creating a revised report. After a case has been signed out, you can only make changes by creating a revised report. Additional information that does not affect the diagnosis can be entered in a supplemental report.

Qualification for the final report depends on the case type and system settings. Surgical cases may require gross descriptions and intraoperative consultations (for those requiring IOC) before the case is established as pending for final diagnosis. GYN cytology and MED cytology cases may require specimen processing. The conditions can change depending on your system setup.

To enter a final diagnosis, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Final Report** report type and click **Word** or **RTF Editor** button. After opening the document, select the **Final Diagnosis** tab and enter the final diagnosis. The **Canned Message** button can be used to add canned messages to the document.

After saving the section, the **Final Diagnosis** completion window displays similar to Figure 3-28.

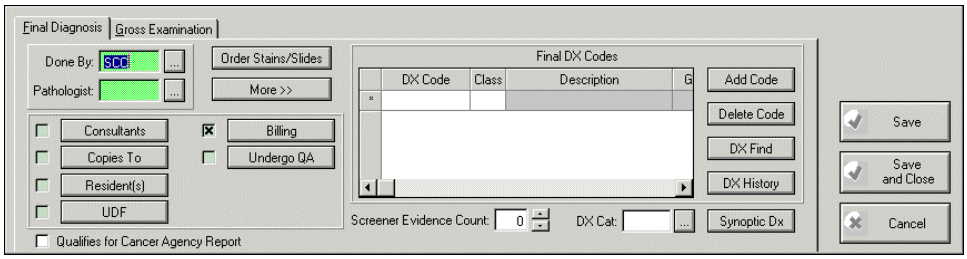


Figure 3-28. Final Diagnosis completion window.

The **Screener Evidence Count** allows you to specify how many slides are to be captured for Screener Evidence Entry. For more information, see ***Chapter 7.5 – Utility: Screening Evidence***.

NOTE: The **Screener Evidence Count** field is only available for GYN and MED cases. The field is disabled and a value of 0 (zero) displays for Surgical and Autopsy cases.

The only required field in this window is the **Done By ID** field. After saving the changes, you can sign the case out, enter text in another section, return to the main menu, or return to the case list.

NOTE: The **QA Online window** may display after the confirmation of completion of the Final Diagnosis. For more information about setting up this option, see ***Chapter 6.4 – Setup: Options – Final Result Entry Tab***.

Order Stains/Slide Button

Clicking on the **Order Stains/Slides** button in the **Final Diagnosis** completion window brings up the Order Stains/Slides tab, as shown in Figure 3-29. This tab is used to order additional stains on existing materials. Each line represents material that was ordered and processed during initial specimen processing. Gray columns are READ ONLY and white columns accept data entry.

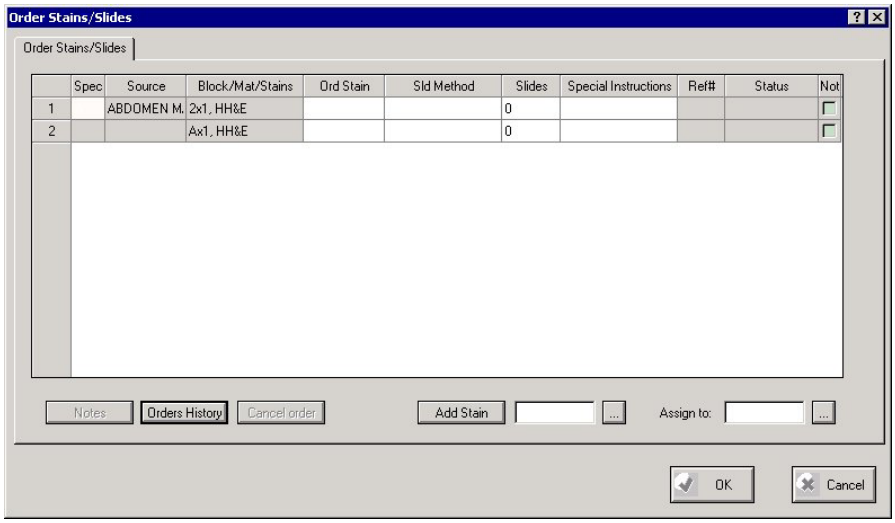


Figure 3-29. Order Stains/Slides Tab

Grid Display and Function

The **Spec** column identifies the specimen designation.

The **Source** column gives a full text description of the source code.

The **Block/Mat/Stains** column gives a description of the material, the number of slides initially ordered, and the stain code initially ordered.

The **Ord Stain** column is a free entry field used to enter a known stain code. You can also use the ... button to open the Stain Lookup window.

The **Sld Method** column allows you to choose a slide preparation method: Level, Recut, Restain, or Unstained.

The **Slides** column allows you to enter the number of slides to be stained.

The **Special Instructions** column is a free text entry field that allows you to enter special processing instructions. There is a maximum of 40 alphanumeric characters.

The **Ref #** column gives the unique number assigned to each line item ordered.

The **Status** column indicates the status of the order.

The **Note** column indicates whether the line item has an associated note.

Button and Field Function

The **Notes** button allows you to add a note to an order using standard RTF functionality.

The **Orders History** button allows you to check the history of an order.

The **Cancel Order** button cancels the order, removing all data entered into the editable fields as well as all notes attached to the order.

The **Add Stain** button/field allows you to enter a known stain code with free text in this field, or you can use the ... button to lookup a stain code. Invoking the Add Stain button will add an order for that stain to the grid.

The **Assign to** field allows the user to assign the order to a specific employee ID.

Entering the Final Anatomic Diagnosis (FAD)

The **Final Report** type is used to enter the final anatomic diagnosis (FAD) for autopsy cases. If a case is completed, but not signed out, you can modify the diagnosis text without creating a revised report. After the case has been signed out, you can only make changes by creating a revised report. Qualification for this final report depends on your system settings. Autopsy cases may require PAD, gross descriptions, and intraoperative consultations (for those requiring IOC before the case is established as pending for final anatomic diagnosis.

To enter a final anatomic diagnosis, access the **Result Entry** option and select the appropriate case as described on page **3-3**. Select the **Final Report** report type and click **Word** or **RTF Editor** button. After opening the document, select the **Final Diagnosis** tab and enter the final diagnosis. The **Canned Message** button can be used to add canned messages to the document.

After saving the section, the **Final Anatomic Diagnosis** completion window displays similar to Figure 3-30.

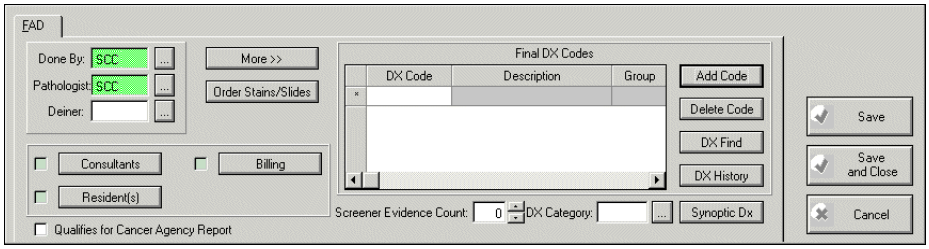


Figure 3-30. Final Anatomic Diagnosis (FAD) completion window.

The **Done By** field is the only required field in this window. The prosector imports from specimen registration can be changed if necessary. Click the **More** button to display the **More Data** window. The tabs eight tabs displayed in this window are described in the sections below.

History Tab

The **History** tab displays the procedures completed for the case in READ ONLY mode, including the death date, autopsy time, provisional date and time, the final diagnosis date and time, the gross description date and time, and clinicopathologic correlation date and time.

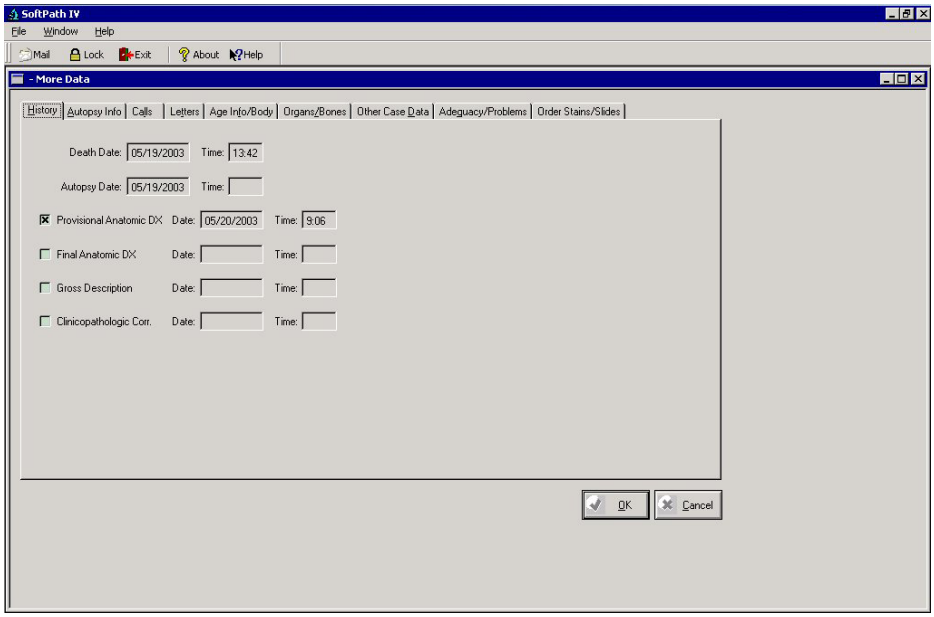


Figure 3-31. More Data window – History tab.

Autopsy Info Tab

This tab allows you to enter autopsy information, including free text information describing the cause and location of death, coroner/police agency information, etc.

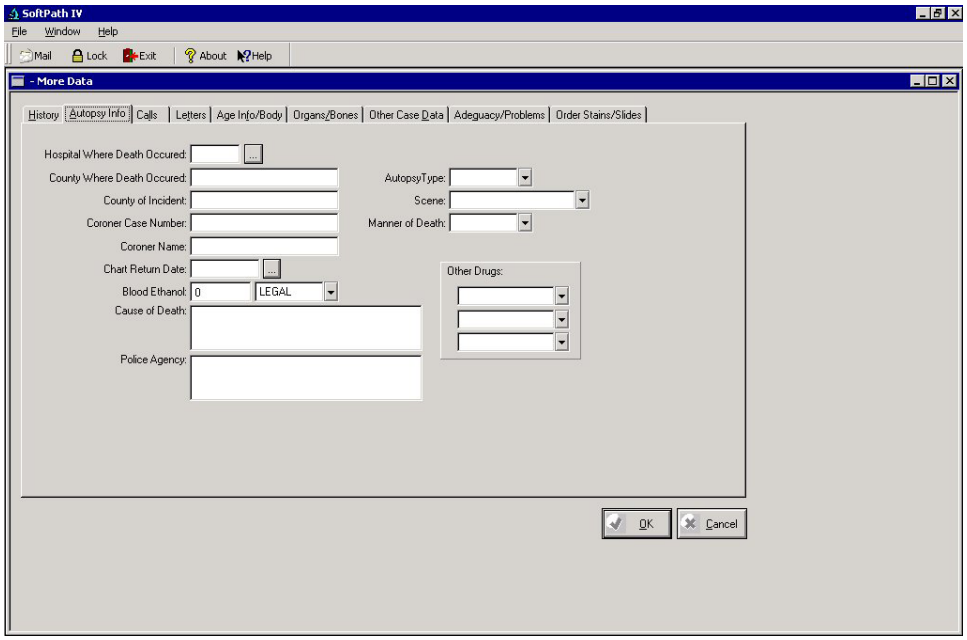


Figure 3-32. More Data window – Autopsy Info tab.

Hospital Where Death Occurred

Enter the name of the hospital where the patient's death occurred. Click the button to display the **Clinic Code Lookup** window. Select an appropriate code from the list.

County Where Death Occurred

Enter the county where the patient's death occurred. This is a free-text field. **Maximum 32 alphanumeric characters**.

County of Incident

Enter the county where the incident leading to the patient's death occurred. This is a free-text field. **Maximum 32 alphanumeric characters**.

Coroner Case Number

Enter the coroner case number for the death. This is a free-text field. **Maximum 15 alphanumeric characters**

Coroner Name

Enter the name of the coroner who performed the autopsy. This is a free-text field. **Maximum 76 alphanumeric characters**

Chart Return Date

Enter the date that the chart was returned to the Medical Records department. You can enter the date manually or you can click the button to display a calendar to make your selection. **Maximum 8 numeric characters using the mm/dd/yyyy format.**

Blood Ethanol

Enter the patient's blood ethanol value in the free-text box. Click the drop-down list button and select either (%) percentage for medical or LEGAL for legal blood ethanol.

Cause of Death

Enter the cause of death. This is a free-text field.

Police Agency

Enter the name of the police agency investigating the incident. This is a free-text field.

Autopsy Type

Select a case type code from the drop-down list. The available case types are defined in the **Simple Codes** option.

Scene

Select a code describing the scene of death from the drop-down list. The available scenes are defined in the **Simple Codes** option.

Manner of Death

Select a code that describes the manner of death from the drop-down list. The available codes are defined in the **Simple Codes** option.

Other Drugs

Select other drugs found in the patient's system from the drop-down list. The available drugs are defined in the **Simple Codes** option.

Calls Tab

The **Calls** tab allows you to mark a case for a call for final results after the case has been signed out. In addition, you can enter the confirmation of the call in this window.

NOTE: The procedure for adding calls is described in detail in the **Specimen Registration** section of **Chapter 1 - Orders**.

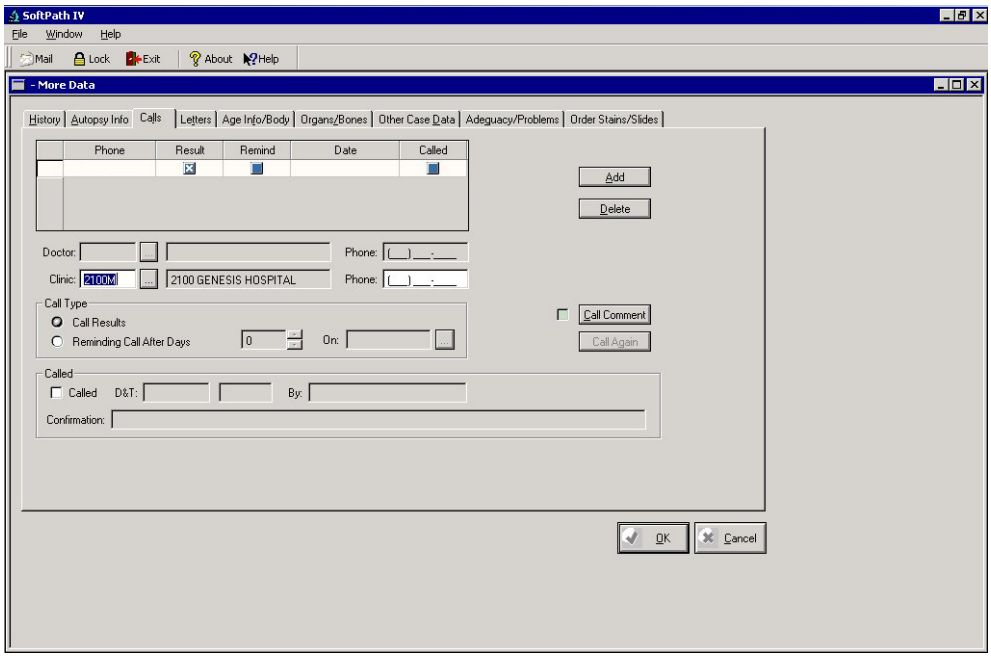


Figure 3-33. More Data window - Calls tab.

Letters Tab

The **Letters** tab is used to order a follow-up letter and to mark a case so that a letter is generated a specific number of days after sign out, on a specific date, or for a specific doctor. You can designate the code of the letter to be printed from the **Print Final**, **Letters** option.

NOTE: The procedure for adding letters is described in detail in the **Specimen Registration** section of *Chapter 1 - Orders*.

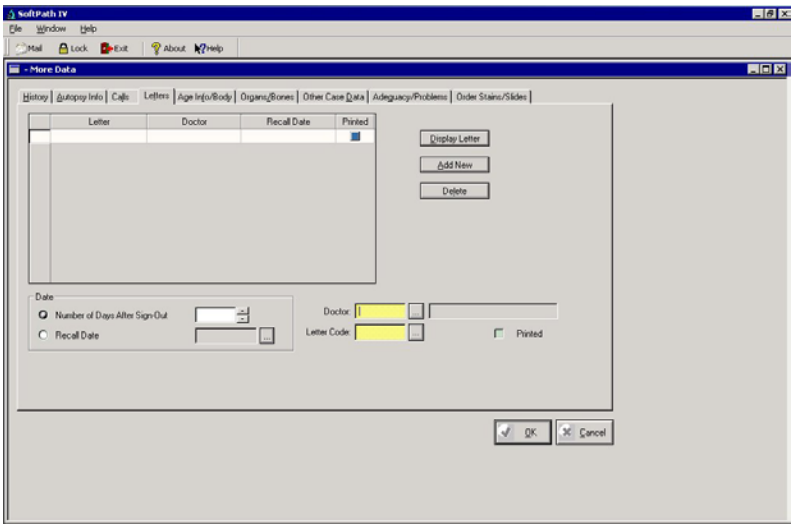


Figure 3-34. More Data window - Letters tab.

Age Info/ Body Tab

The **Age Info/Body** tab allows you to add information regarding age and the body. All information entered during result entry is available for modification.

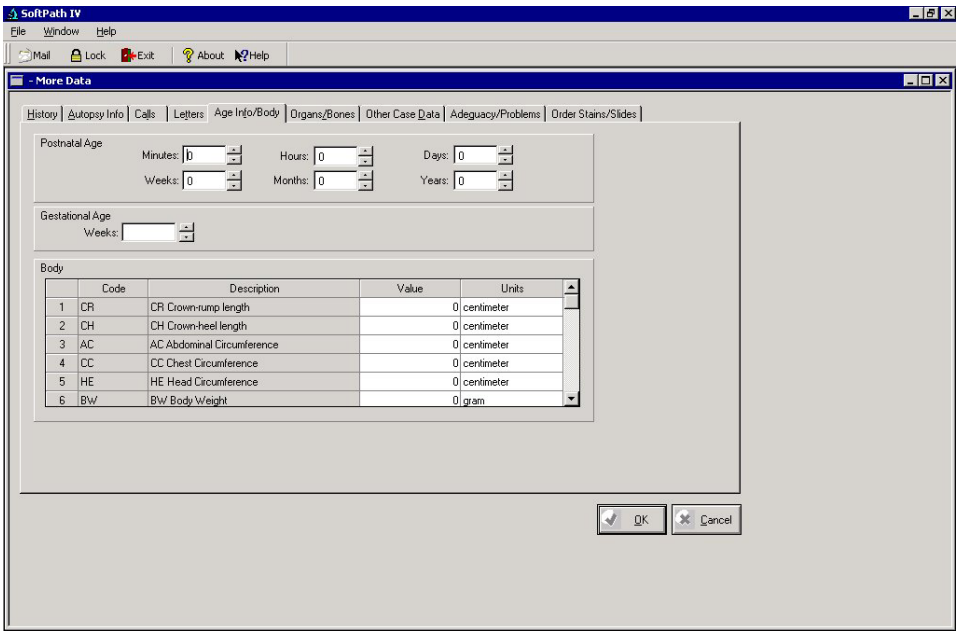


Figure 3-35. More Data window - Age Info/Body tab

Body Grid

Enter or edit the body dimensions in the value column. The scrollbar on the right is to move through the available items for data entry.

Organs/Bones Tab

The **Organs/Bones** tab allows you to enter information regarding organs and bones. All information entered during result entry is available for modification.

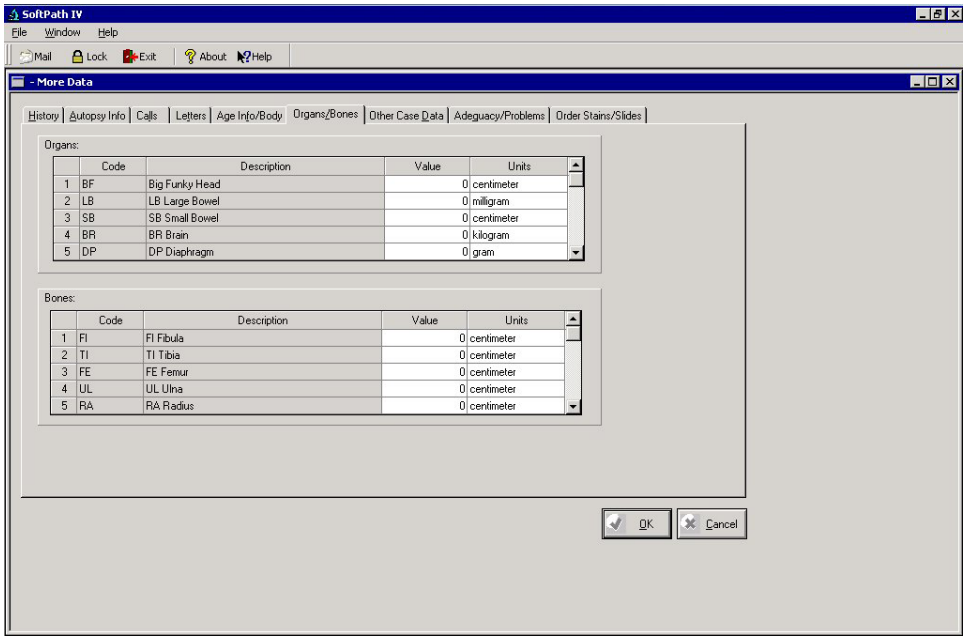


Figure 3-36. More Data window - Organs/Bones tab.

Organs

Enter the organ weights in the value column. Clicking the **Units** field displays a list that allows you to select the unit of measure used for measuring the weight. Use the scrollbar on the right to move through the available items.

Bones

Manually enter or edit the bone dimensions in the value column. Clicking the **Units** field displays a list that allows you to select the unit of measure used for measuring the dimensions. Use the scrollbar on the right to move through the available items.

Other Case Data Tab

The **Other Case Data** tab allows you to enter miscellaneous information pertaining to the case. All data entered during Specimen Registration is imported and is available for modification.

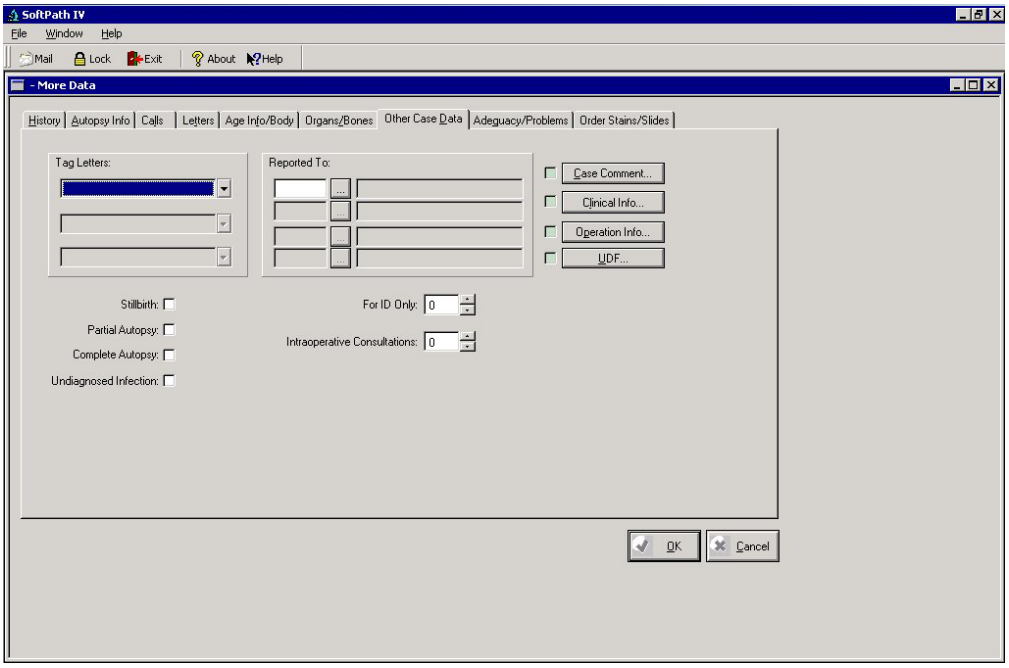


Figure 3-37. More Data window - Other Case Data Tab

Tag Letters

Select up to three tag letters from the drop-down list. Tag letters are defined during file setup using the **Simple Codes** option.

Reported To

Specify up to four physician codes. Each physician will be sent a copy of the Final report. Click the ... button to display a list of defined codes.

Case Comment Button

Click this button to enter a case comment for the patient. This is a free text field. The box next to this button is marked if a case comment has already been entered.

Clinical Info Button

Enter clinical information for the patient. This is a free text field. The box next to this button is marked if clinical information has already been entered.

Operation Info

Enter preoperative diagnosis information. This is a free text field. The box next to this button is marked if preoperative diagnosis information has already been entered.

User Defined Flags (UDF)

Click this button to display the **User Defined Flag** window. The available flags are defined in the **User Flags** option (*Setup > User Flags*).

Stillbirth

Mark this box to indicate that the autopsy is being performed on a stillborn infant.

Partial Autopsy

Mark this box to indicate that only a partial autopsy is being performed.

Complete Autopsy

Mark this box to indicate that a complete autopsy is being performed.

Undiagnosed Infection

Mark this box to indicate that the patient has an undiagnosed infection.

Identification Only

Enter the number of gross identifications performed.

Intraoperative Consultations

Enter the number of intraoperative consultations performed when no frozen sections exist.

Adequacy/Problems Tab

The **Adequacy/Problems** tab allows for the entry of specimen adequacy codes and specimen processing problem codes for the autopsy. All previously entered adequacy/processing problem data is displayed for review.

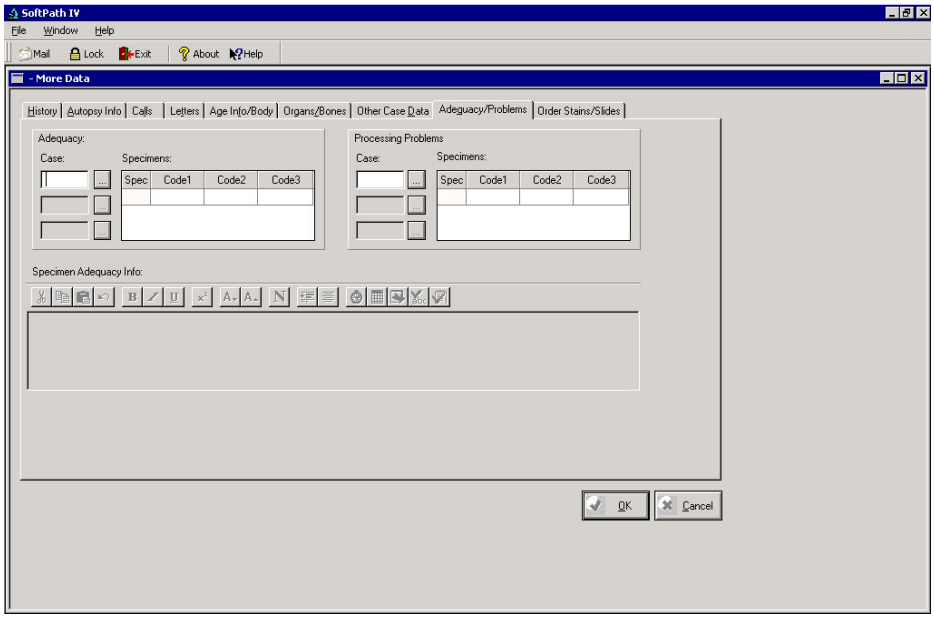


Figure 3-38. More Data window - Adequacy/Problems tab

Specimen Adequacy Info

If an adequacy code is entered for the individual specimen, this field becomes active, allowing you to enter specimen adequacy information. This is a free text field. Canned messages can be inserted if they have been defined.

Order Stains/Slides Tab

This tab brings up the Order Stains/Slides window as described on **page 3-19.**

Creating Supplemental Reports

A supplemental report is a separate document that contains the results of additional stains, tests, and/or procedures (e.g., flow cytometry, electron microscopy, nerve studies, etc.) that were not available when the final report was issued. A supplemental report should only contain additional text related to the case that does not affect the final diagnosis. When the final diagnosis is affected, a revised report should be used instead.

Features of Supplemental Reports

- Supplemental reports are used in addition to the final report, and can be created before, during, or after the final report.
- Multiple supplemental reports can exist concurrently with the final report.
- The signatures associated with the final report, preliminary report, or other supplemental reports can be different.
- The information entered in the supplemental report is included in the Previous Case listing in the **Result Query** option and in the bridges to the **Result Query** option from result entry.
- Information in supplemental reports is not accessible to, or through, the following functions: revised reports, the **Quality Assurance** option, ODBC reports, the **Complex Query** option, the **Fast Sign Out** option, the Collated Patient History report, the **Old Cases** option, and the **Scheduler** option.
- Supplemental reports cannot be reactivated or revised after they are signed out.
- Supplemental reports can be viewed in the **Query** option by clicking the hyperlink associated with the report.

To create a supplemental report, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Supplemental Report** report type and click the **Word** or **RTF Editor** button. A report matrix window displays allowing you to base the supplemental report on the original final report. Alternately, you can create a new report. After opening the document, you can click any of the available tabs to enter information for the corresponding section of the report. The **Canned Message** button can also be used to add canned messages to the document.

After saving the section, the **Supplemental Report** completion window displays similar to Figure 3-39.

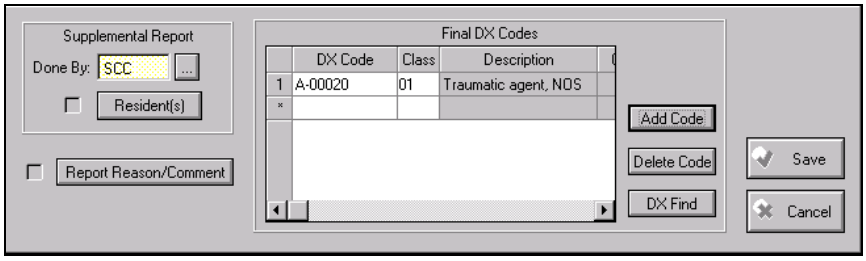


Figure 3-39. Supplemental Report completion window.

The only required field in this window is the **Done By ID** field. A report reason/comment can also be entered. After saving your changes, you can sign the case out, enter text in another section, return to the main menu, or return to the cases list.

Creating Revised Reports

Revised reports are created because of an incorrect or incomplete diagnosis in the final report. After you sign out a case, the revised report replaces the original final report in the active database. The original final report remains in the database for viewing/printing only.

Features of Revised Reports

- Revised reports are not available in the **Scheduler** option until they have been signed out.
- Revised reports cannot be reactivated.
- Revised reports that have been signed out cannot be edited. To make an addition/modification to a completed revised report, you must create a new revised report.
- Only one revised report can be in process (unsigned) at a time.
- Revised report information is inaccessible in the **Old Cases** option.
- Revised diagnosis text is displayed in the **Result Query** option.
- The signature associated with the Revised report can be different from the signature associated with the final report, supplemental report, and/or preliminary report.
- Creating a revised report cancels pending rescreen and proreview procedures. Once the report is created, the pending rescreen and proreview procedures must be documented in the **Action Entry** option. If you do not want to enter pending procedures in the **Action Entry** option, always complete all rescreen and proreview procedures before creating revised reports.
- Creating a revised report suspends pending retroreview and follow up procedures. After the report is created, the pending retroreview and follow up procedures are removed from the QA grid during the revision of the diagnosis. Once the revised report is signed out, you can complete the QA. The revised diagnosis will be available during the retroreview and follow up procedures for QA.

To create a revised report, access the **Result Entry** option and select the appropriate case as described on page 3-3. Select the **Revised Report** report type and click the **Word** or **RTF Editor** button. A report matrix window displays allowing you to base the revised report on the original final report. Alternately, you can create a new report. After opening the document, you can click any of the available tabs to enter information for the corresponding section of the report. The **Canned Message** button can also be used to add canned messages to the document.

After saving the section, the **Revised Report** completion window displays similar to Figure 3-40.

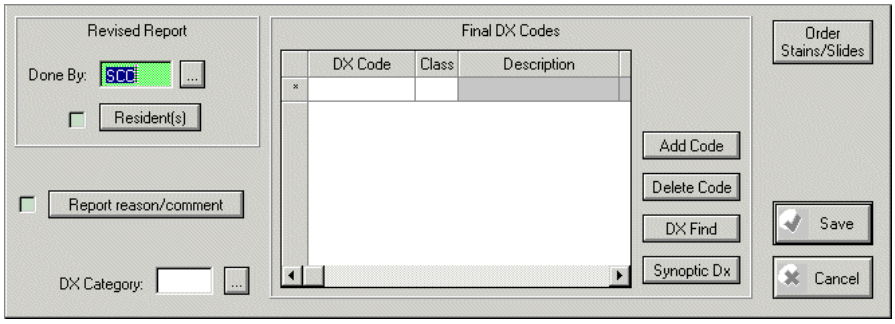


Figure 3-40. Revised Report completion window.

The only required field in this window is the **Done By ID** field. A report reason/comment can also be entered. After saving the changes, you can sign out the case, enter text in another section, return to the main menu, or return to the case list.

Signing Out Cases

After saving a final, supplemental, preliminary, or revised report, the system returns to the MS Word or RTF Editor report window. Click the **Sign Out** tab to display the **Sign Out** window, similar to Figure 3-41.

NOTE: If the case qualifies for QA or is selected for random QA, the system displays the **QA** window or qualification message instead.

Figure 3-41. Sign Out completion window.

Release Case

Marking this check box forces release of a case directly to "**Signed Out**" status, bypassing the "**Hold time after signout**" setting in *Setup > Option s> Sign Out > Sign Out*.

My Results Worklist

The **My Results Worklist** option allows you to view and enter results for cases assigned to your user ID. This option allows you to quickly retrieve and work with only your cases.

Access the **My Results Worklist** option by selecting *Results > Case Results > My Result Worklist* from the main menu. The **Simple Search** tab of the **Select Report** window displays similar to Figure 3-42.

NOTE: If the **Auto Invoke Final** checkbox is marked in the **Options** window **- Result Entry** tab - **My Results Worklist** tab, the system automatically performs a search and displays the results on the **Cases List** tab instead of displaying the **Simple Search** tab. The search criteria used are defined in the **Options** window **- Result Entry** tab - **My Results Worklist** tab.

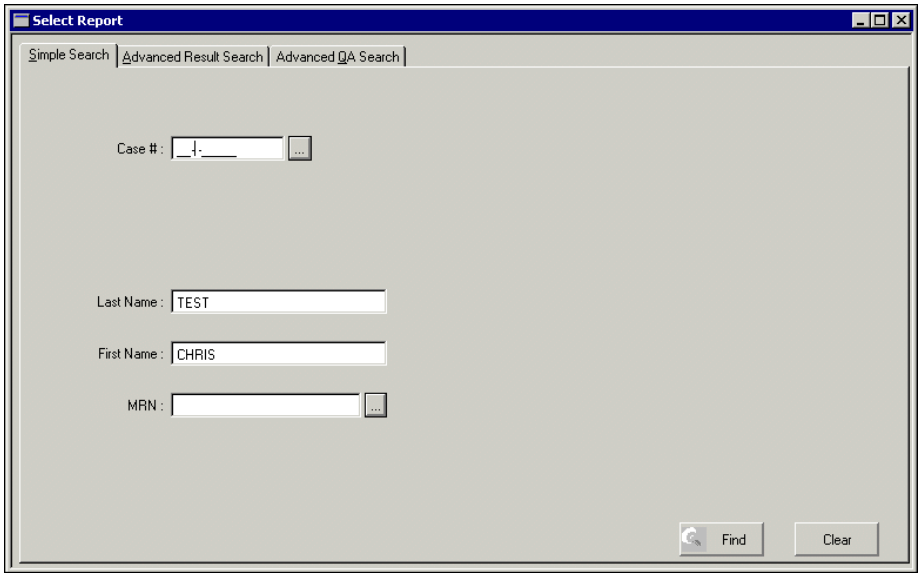


Figure 3-42. Select Report window - Simple Search tab.

Enter search criteria in the **Simple Search, Advanced Result Search,** or **Advanced QA Search** tab and click **Find**. The system displays a list of all cases that match the specified criteria on the **Cases List** tab similar to Figure 3-43.

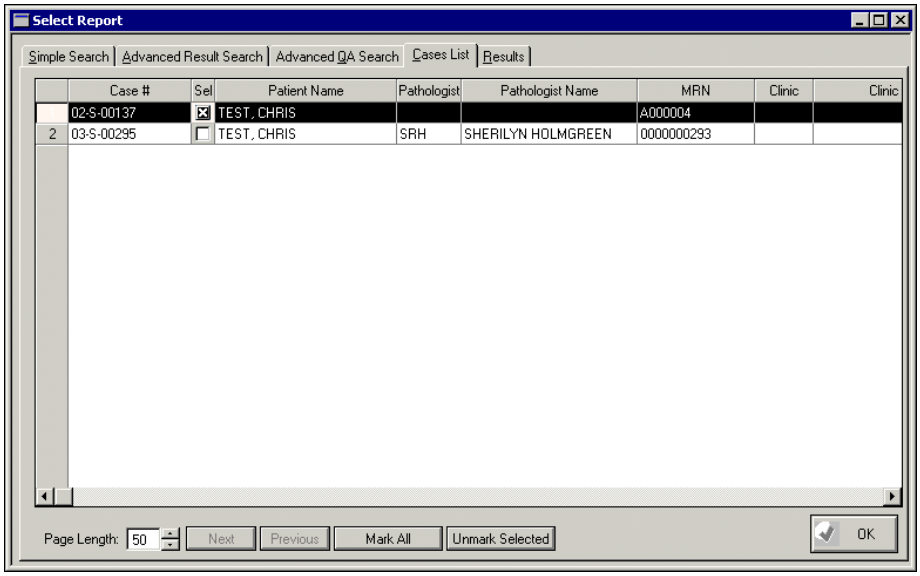


Figure 3-43. Select Report window - Cases List tab.

Highlight the case(s) you want to result, and click **Mark Selected**. Alternately, you can mark the **Sel.** checkbox next to each case that you want to result. When you have marked all the cases you want to result, click **OK** to display the report window. Refer to page **3-6** for more information on entering results for the case.

NOTE: The arrow keys located at the top of the MS Word or RTF Editor report window can be used to navigate between the selected cases. When you save the current case, the next selected case from the list is displayed.

Quality Assurance

The **Quality Assurance** option is used to perform quality assurance procedures. This option allows you to enter all information required to generate the necessary quality assurance and screening evidence reports. You can also enter the results of rescreened cases, reviewed cases, intraoperative correlations, and any follow up correlations.

Access the **Quality Assurance** option by selecting *Results > Quality Assurance* from the main menu. The **Advanced QA Search** tab of the **Select Report** window displays similar to Figure 3-44.

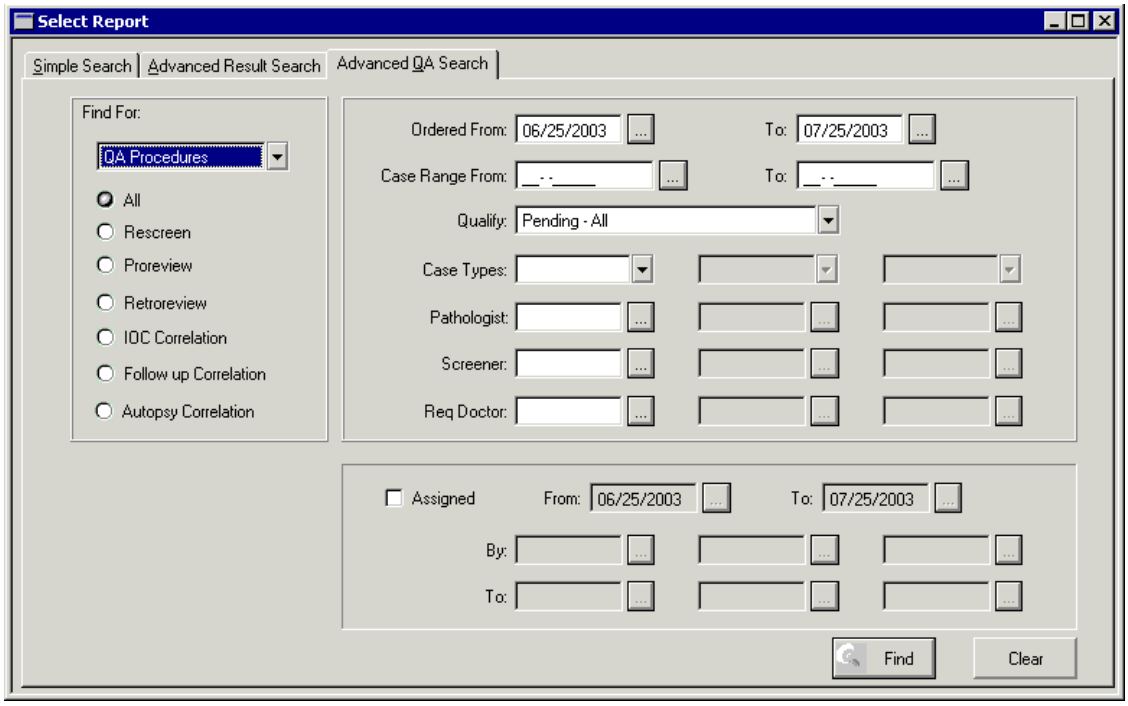


Figure 3-44. Select Report window – Advanced QA tab.

My QA Worklist

Use the **My QA Worklist** sub-option to collate cases pending QA entry by the user currently logged into the system. The system collates cases based on criteria defined in the **Options** setup file.

Select *Results > Quality Assurance > My QA Worklist* to access this option. The system displays the **Cases** tab with all pending cases that match the pre-defined search criteria if the **Invoke Search on Entry** checkbox is marked in the **Options** window - **Sign Out** tab - **My Sign Out Worklist** tab.

If this checkbox is unmarked, the system displays the **My QA Worklist** window similar to Figure 3-45. You can modify the default search criteria if the **Allow Edit of Search** checkbox is marked in the **Options** window – **Quality Assurance** tab - **My QA Worklist** tab. Click **Find** to retrieve pending cases that match the current search criteria.

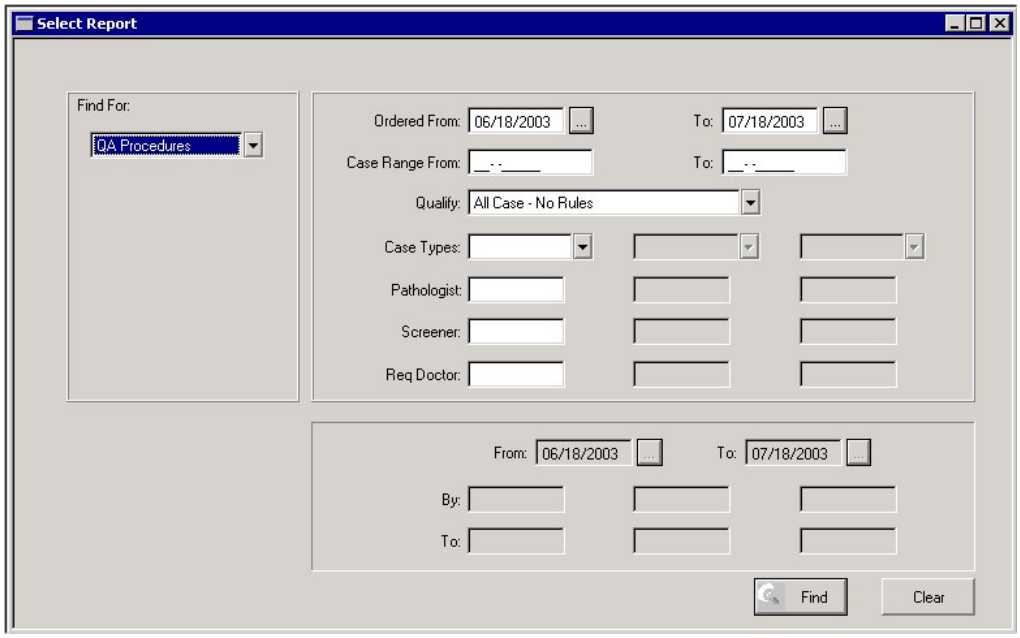
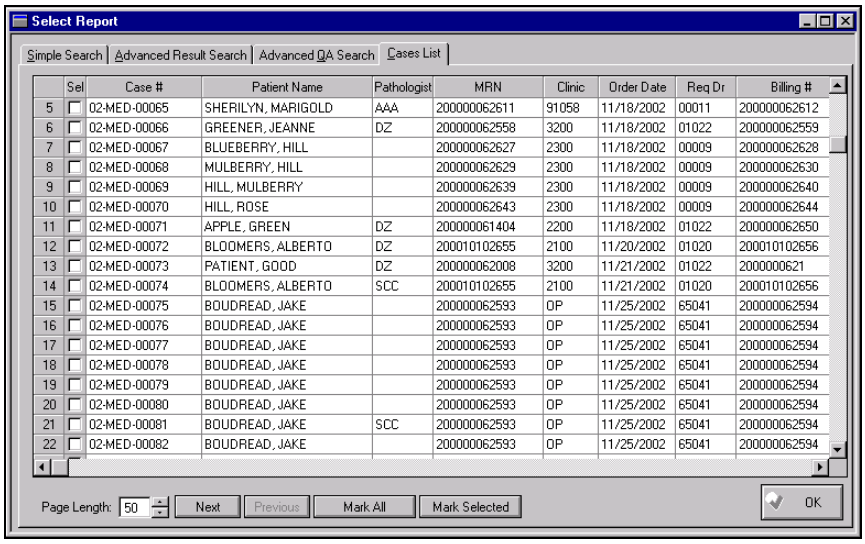


Figure 3-45. Select Report window – My QA Worklist window

Enter search criteria into any of the available fields and click **Find**. The system retrieves all cases that match the specified criteria and are pending QA. The results of the search are displayed on the **Cases List** tab, similar to Figure 3-46.



	Sel	Case #	Patient Name	Pathologist	MRN	Clinic	Order Date	Req Dr	Billing #
5	☐	02-MED-00065	SHERILYN, MARIGOLD	AAA	200000062611	91058	11/18/2002	00011	200000062612
6	☐	02-MED-00066	GREENER, JEANNE	DZ	200000062558	3200	11/18/2002	01022	200000062559
7	☐	02-MED-00067	BLUEBERRY, HILL		200000062627	2300	11/18/2002	00009	200000062628
8	☐	02-MED-00068	MULBERRY, HILL		200000062629	2300	11/18/2002	00009	200000062630
9	☐	02-MED-00069	HILL, MULBERRY		200000062639	2300	11/18/2002	00009	200000062640
10	☐	02-MED-00070	HILL, ROSE		200000062643	2300	11/18/2002	00009	200000062644
11	☐	02-MED-00071	APPLE, GREEN	DZ	200000061404	2200	11/18/2002	01022	200000062650
12	☐	02-MED-00072	BLOOMERS, ALBERTO	DZ	200010102655	2100	11/20/2002	01020	200010102656
13	☐	02-MED-00073	PATIENT, GOOD	DZ	200000062008	3200	11/21/2002	01022	2000000621
14	☐	02-MED-00074	BLOOMERS, ALBERTO	SCC	200010102655	2100	11/21/2002	01020	200010102656
15	☐	02-MED-00075	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
16	☐	02-MED-00076	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
17	☐	02-MED-00077	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
18	☐	02-MED-00078	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
19	☐	02-MED-00079	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
20	☐	02-MED-00080	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594
21	☐	02-MED-00081	BOUDREAD, JAKE	SCC	200000062593	OP	11/25/2002	65041	200000062594
22	☐	02-MED-00082	BOUDREAD, JAKE		200000062593	OP	11/25/2002	65041	200000062594

Figure 3-46. Quality Assurance - Cases List tab.

Select the cases you want to select for quality assurance verification and click the **Select** button. The **Results** tab for the selected case displays similar to Figure 3-47. The **Results** tab contains the report status, the QA procedure status, and the reason why the case qualifies for QA.

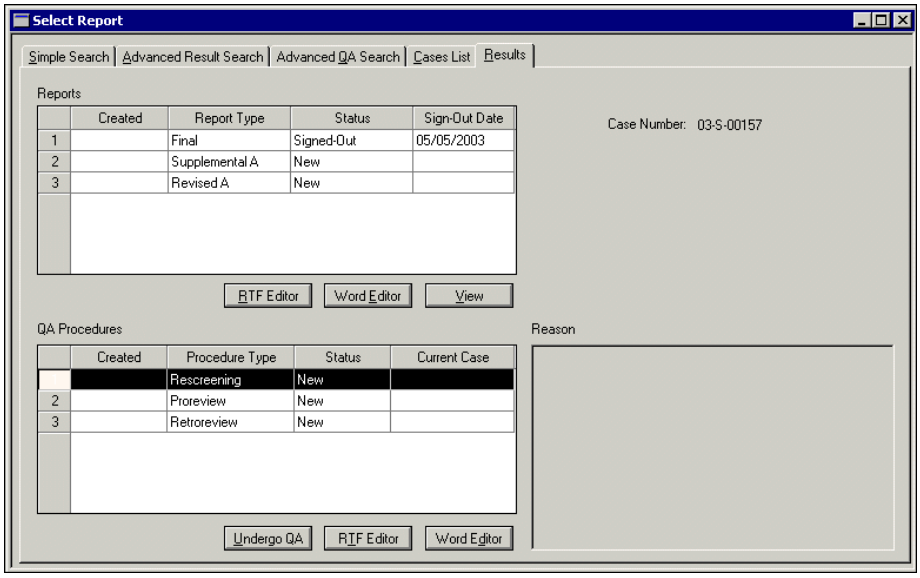


Figure 3-47. Quality Assurance - Results tab.

Highlight the QA procedure you want to perform from the **QA Procedures** grid and click the **Word** or **RTF Editor** button at the bottom of the window. The system displays the appropriate report in the MS Word report window. Make any necessary changes to the report and then click **Save Data**. The system displays the appropriate QA completion window. For more information on QA completion windows, refer to page **3-35**.

RTF Editor

Refer to page 3-7 for more information on the **RTF Editor**

Word Editor

Refer to page 3-6 for more information on the **MS Word Editor**

Undergo QA Button

Refer to page **3-5** for more information on the **Undergo QA** button.

Completion Windows

After you enter QA data, you must enter additional information required to complete the QA procedure in the appropriate completion window.

A completion window displays for rescreening, proreview, retroreview, autopsy correlation, and IOC correlation procedures. A sample completion window is shown in Figure 3-48. The exact completion window displayed depends on the case and procedure type.

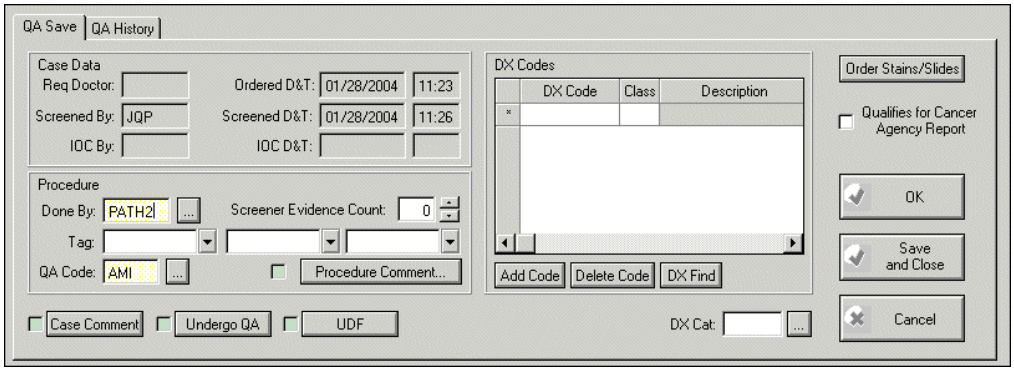


Figure 3-48. Sample completion window.

The only required fields in this window are the **Done By ID** and **QA Code** fields. After all data in the completion window is entered, click **OK**. The system asks you whether the procedure is complete or should remain pending. A procedure is complete if all applicable text and data has been entered. If you indicate that the procedure is complete, the system gives the case a status of **Completed**.

After saving the data, you can sign out the case, return to the cases list, or return to the main menu.

Rescreen and Proreview Procedures

This section details the rescreen and proreview QA procedures.

Qualification

A case will be pending for rescreen or proreview when the final diagnosis is entered and completed and the case is qualified via case comparison setup, random QA setup, or manual marking. Also, a case will only qualify for rescreening or proreview if the number of days allowed for entering the rescreen or proreview (specified in the Options file) has not been exceeded.

Forced QA

A rescreen or proreview procedure can be entered for a case when it is not pending for QA. This is referred to as *Forced QA* when these QA procedures are reported. A rescreen or proreview procedure can only be entered for a case if results have been entered. If no results have been entered for the case, the system does not allow a rescreen or proreview procedure to be performed on the case.

If the results are incomplete, an error message is displayed, but the rescreen or proreview procedure can still be performed. The final diagnosis procedure will then be marked as completed after you save the rescreen or proreview procedure. If the case is currently marked for the random QA drawing, it is removed from the available pool of cases.

Time Limit

Rescreen or proreview procedures can only be performed a specified number of days after sign out (defined in the **Entering Limit for Rescreening in Days after Sign Out** and **Entering Limit for Proreview in Days after Sign Out** fields in the **Options** window - **Quality Assurance** tab - **QA Limits** tab). Rescreen and proreview procedures are always pending prior to the sign out of the case, but a limit for the number of days after sign out must be set. When the number of days has been exceeded, the QA procedure becomes available in the **Action Entry** option for documentation. The procedure will have the status **Not Re-examined**.

Signed vs. Unsigned

The ability to edit or view a case with a **read-only** status depends on the sign out status of the case. When the case is signed out, the document is displayed in read-only mode. The following functions are not available in read-only mode:

- Canned Messages
- Lab Results
- Diagnosis (Dx) Cascade

If the case has not been signed out and the QA completion window is displayed, all normal report window functionality is available.

Completion Window

The completion windows for rescreen and proreview QA procedures contain the fields described below.

Done By ID

Enter the ID of the person that performed the QA procedure. The personnel records contained in this field's dynamic list have the **Can Rescreen** (for rescreen procedures) checkbox and **Can Review** (for proreview procedures) checkbox marked in the Personnel setup file. This field is required.

Screener Evidence Count

This field displays the number of slides screened by a User ID each day. This value can be edited, but to no more than the number of slides in the current case.

Tag

You can select up to three case tag letters. The codes available are defined in the **Simple Codes** option.

QA Code

Click the button to select a QA code to assign to the procedure. This field is required. The available codes are defined in the **Quality Assurance Categories** option.

Procedure Comment Button

Click this button to enter a free text comment using the rich text editor. This information is captured with the respective QA procedure.

The ability to select the type of canned message that will be available for insertion when a canned message is used in the **QA Comment** field is defined in the **Canned Message Type for Comment** field located in the **Options** window - **Quality Assurance** tab - **Common** tab.

Qualifies for Cancer Agency Report

Mark this checkbox to flag the case as qualifying for the Cancer Agency Report. For more information, consult ***Chapter 5.3 – Reports: Cancer Agency Report***.

NOTE: This checkbox will only appear if Cancer Agency Reporting is enabled in **Options**.

Dx Codes Grid

You can edit, add, or delete diagnosis codes in the QA completion window for unsigned cases only. The coding system available is based on the case type and the diagnostic dictionary selected during system setup.

Case Comment

This field allows you to view/edit/delete the case comment during the QA procedure.

Undergo QA Button

Click this button to manually mark/unmark cases for additional QA procedures.

UDF Button

Click this button to display the **User Defined Flag** window. The available flags are defined in the **User Flags** option (*Setup > User Flags*).

Dx Cat

Click the button to select a diagnosis category for unsigned cases only. The available codes are defined in the **Diagnosis Categories** option.

GYN Info / Med Info Buttons

These buttons allow you to view GYN and MED cytology information entered throughout the system. These buttons are only available on GYN and Med cases.

Revised Cases

A rescreen or proreview procedure cannot be performed after a revised report is created for the case. After the revised report is created, any rescreen or proreview entries that are pending are moved to the **Action Entry** option for documentation.

Completed vs. Not Completed Procedures

The ability to edit an existing QA procedure depends on whether the procedure has been marked as **completed** or **not completed**. Procedures marked as **completed** cannot be edited and are displayed in read-only mode. The case is also blocked from result entry once a QA procedure has been entered. This is done regardless of the status of the QA procedure. Once a QA procedure is entered, it is based on the previous diagnosis. Therefore, the previously assigned diagnosis cannot be changed. For the same reason, a completed QA procedure cannot be altered.

Random QA

In this section, the functionality of the random QA drawing feature is explained.

Random QA Qualification

The collection of cases for random QA is based on the settings defined in the **Options** window - **Quality Assurance** tab - **Random QA** tab and whether the case is negative or unknown for the diagnostic coding or category. If any of the diagnostic coding is positive, the case will not be selected for random QA.

Percentage of Cases Selected

The system determines the random percentage of cases based on these settings:

- Percent for rescreen (defined in the Personnel file)
- Percent for review (defined in the Personnel file)
- Percent for random rescreen (based on the defaults in the Options file)
- Percent for random proreview (based on the defaults in the Options file)
- Inclusion of High Risk cases (based on defaults in the Options file)

The percentage of cases selected for random rescreen and proreview is determined by checking the Personnel file for a percentage greater than ***0***. If a value greater than ***0*** exists for the screener associated with the case, the percentage specified in the screener's Personnel file is used. If the value is set to ***0*** in the Personnel file, the random percentage is taken from the system defaults defined in the Options file.

The system reads the case comparison setup and random settings only when you save the final diagnosis during result entry and only if you click **Yes** when the system prompts you with the message: "Procedure Completed." This qualification is reassessed by the system when a diagnosis is edited.

The system always checks non-random rules first. If the case meets any non-random scenario defined in the **Case Comparison Setup** option or is manually marked for QA, the case is qualified for QA regardless of the random rules.

Performing the Random QA Drawing

The random QA drawing can be performed either through the **Scheduler** option or you can start the process manually in the **Sign Out by Case**, **Sign Out by Pathologist**, **Sign Out by Range**, or **My Signout Worklist** options.

The random drawings are performed as follows:

The drawing is performed separately for each day, case type, and QA procedure. Each time the procedure is performed, the system counts the total number of cases that were marked for the random QA drawing for each day. These must be cases that were not selected by a previous random QA drawing.

The system calculates the total number of cases that are to be selected based on the percentages specified.

The system then counts how many of the cases from step 2 were previously selected for the day and calculates the difference between the needed number and the number already selected for that day. From this calculation, the correct number of cases required to meet the current percentage is selected.

The screener percentages are always selected first. If no value is defined for the screener in their Personnel file or if the setting is ***0***, the global random percentages set in the Options file are used instead.

All cases that were included in the random QA drawing are then marked by setting the **Random** flag for the case record. The system also notes the procedure performed. This is done to prevent the case from being randomly drawn again. However, if a user edits the diagnosis of the case, this flag is removed and the case will once again be eligible for the random QA drawing.

All cases that are randomly selected are marked as pending for QA with the reason **Random**. All cases that were not selected are released for sign out.

Sign Out

By default, the system does not allow any user to sign out any cases that qualified for either the rescreen or proreview random drawing if the drawing has not yet been performed. Users with permission to force sign out on QA marked cases can only force the sign out of an eligible case after the random QA drawing is completed.

Retroreview Procedure

This section details the retroreview QA procedure.

Qualification

A case will be pending for the retroreview procedure when it has been qualified via case comparison setup, random QA setup, or if it is marked manually. In addition, the case must be signed out, and the number of days allowed for performing the retroreview (specified in the Options file) must not be exceeded.

Forced QA

You can force QA for the retroreview procedure in the same manner as the rescreen and proreview procedures. See page **3-36**.

Time Limit

The retroreview procedure can only be performed a specified number of days after sign out (defined in the **Entering Limit for Retroreview in Days after Sign Out** field located in the **Options** window - **Quality Assurance** tab - **QA Limits** tab). Retroreview procedures are always pending after a case is signed out, but a limit for the number of days after sign out must be set. When the number of days has been exceeded the QA procedure will be available in the **Action Entry** option for documentation and will have the status of **Not Re-examined**.

Signed vs. Unsigned

The current sign out status of the case affects the retroreview procedure in the same manner as the rescreen and proreview procedures. See page **3-36**.

Completion Window

The completion window for the retroreview procedure is the same as that described for the rescreen and proreview procedures on page **3-36**. The exception is that only personnel records defined as pathologists or residents are available for selection in the dynamic list for the **Done By ID** field

Revised Cases

A retroreview procedure cannot be entered after a revised report has been created for the case. After the revised report is created, any pending retroreview entries are removed from the QA grid in the **Quality Assurance** option. After the revised report is signed out, the pending retroreview procedure can be performed and the updated diagnosis is displayed so the QA review can be completed.

Completed vs. Not Completed Procedures

The differences between **completed** and **not completed** retroreview procedures are identical to those described for the rescreening and proreview procedures on page **3-38**.

Random QA

The random QA drawing for retroreview procedures is identical to the random QA process described for rescreen and proreview procedures. See page **3-38**.

The system collates the percentage of cases selected for random retroreview based on the default percentage defined in the Options file.

IOC Correlation Procedure

This section details the intraoperative consultation (IOC) correlation QA procedure.

Qualification

A case is pending for the IOC correlation procedure if an intraoperative consultation and final diagnosis have been entered and completed. Also, the specified number of days allowed for entering the IOC Correlation (as defined in the Options file) must not be exceeded.

Forced QA

An IOC correlation cannot be forced. The procedure cannot be performed until the IOC and the final diagnosis sections of the report are completed.

Time Limit

The IOC correlation procedure can only be performed a number of days after sign out (defined in **Entering Limit for IOC Correlation in Days after Sign Out** field located in the **Options** window - **Quality Assurance** tab - **QA Limits** tab). IOC correlation procedures are always pending prior to the sign out of the case, but a limit for the number of days after sign out must be set. When the number of days has been exceeded the QA procedure becomes available in the **Action Entry** option for documentation. The procedure will have the status of **Overdue IOC Correlation**.

Signed vs. Unsigned

The sign out status of the case is not taken into consideration for IOC correlations. The final diagnosis cannot be edited during this QA procedure.

Completion Window

The completion window for the IOC correlation procedure is the same as that described for the rescreen and proreview procedures on page **3-36**. The exception is that only personnel records defined as pathologists or residents are available for selection in the dynamic list for the **Done By ID** field.

NOTE: The **GYN Info**, **Med Info**, and **UDF** buttons are not available in the IOC correlation completion window.

Revised Cases

An IOC correlation cannot be performed after a revised report has been created for the case. When a revised report is created, any pending IOC correlation procedures are displayed in the **Action Entry** option for documentation.

Completed vs. Not Completed Procedures

The differences between **completed** and **not completed** IOC correlation procedures are identical to those described for the rescreening and proreview procedures on page **3-38**.

Autopsy Correlation Procedure

This section details the autopsy correlation QA procedure.

Qualification

A case is pending for the autopsy correlation procedure if the clinicopathologic correlation and the final diagnosis have been entered and completed. Also, the specified number of days allowed for entering the autopsy correlation (as defined in the Options file) must not be exceeded.

Clinicopathologic Correlation Edited

A clinicopathologic correlation can only be entered once per case. If a user attempts to enter a second correlation entry, the original is shown as being edited.

Forced QA

An autopsy correlation cannot be forced. The procedure cannot be performed until the clinicopathologic correlation and the final diagnosis sections of the report are complete.

Time Limit

The autopsy correlation procedure can only be performed a specified number of days after sign out (defined in the **Entering Limit for Autopsy Correlation in Days after Sign Out** field located in the **Options** window - **Quality Assurance** tab - **QA Limits** tab). Autopsy correlation procedures are always pending after a case is signed out, but a limit for the number of days after sign out must be set. When the number of days has been exceeded the QA procedure will be available in the **Action Entry** option for documentation and will have the status of **Overdue Autopsy Correlation**.

Signed vs. Unsigned

The sign out status of the case is not taken into consideration for autopsy correlations. The final diagnosis cannot be edited during this QA procedure.

Completion Window

The completion window for the autopsy correlation procedure is the same as that described for the rescreen and proreview procedures on page **3-36**. The exception is that only personnel records defined as pathologists or residents are available for selection in the dynamic list for the **Done By ID** field.

NOTE: The **GYN Info**, **Med Info**, and **UDF** buttons are not available in the IOC correlation completion window.

Revised Cases

An autopsy correlation cannot be performed after a revised report has been created for the case. When a revised report is created, any pending autopsy correlation is moved to the **Action Entry** option for documentation.

Completed vs. Not Completed Procedures

The differences between **completed** and **not completed** autopsy correlation procedures are identical to those described for the rescreening and proreview procedures on page **3-38**.

Follow Up Correlation Procedure

This section details the follow up correlation QA procedure.

Qualification

A case is pending for follow up correlation if the previous and the current case are signed out, the difference between the registration date of the two cases does not exceed five years, the criteria defined in the **Case Comparison Setup** option for follow up procedures is met, and the number of days allowed for entering the follow up correlation has not been exceeded.

New Procedure

After you select the case for follow up correlation and the follow up procedure, the following information is displayed on the grid:

- **Case Number** - The case number.
- **Ordered Date** - The ordered date for the case.
- **Req. Dr**. - The requesting doctor for the case.
- **Pathologist** - The pathologist for the case.
- **Sign Out Date** - The date the case was signed out.
- **QA Setup** - This field displays ***Yes*** when the current case and the previous case satisfy a scenario defined in the **Case Comparison Setup** option. This field displays ***No*** when the current case and the previous case do not meet the criteria for any scenario defined in the **Case Comparison Setup** option.
- **Status** - This field displays ***No*** when there is no follow up correlation between the previous and current case. This field displayed ***Completed*** when all correlations between the current and previous case are completed. ***Pending*** is displayed when there is at least one pending correlation between the current and previous case.
- **Abnormal /Normal** - Displays whether the case results were abnormal or normal.
- **Dx Category** - The diagnostic category for the case.
- **Source Codes** - Displays the first three sources associated with the case. If more than three source codes are associated with the case, an ellipse (…) is displayed at the end of the list.

Select the case(s) for correlation from the grid. More than one case can be selected. Click the **OK** button.

NOTE: If any of the selected cases have not been resulted, are incomplete, or are unsigned the system displays an appropriate message. If you select an unresulted case, the system does not allow you to continue performing the follow up correlation.

After you click **OK**, all the selected cases are displayed in a single window. Separate tabs are displayed for current cases with the previous cases always displayed in the upper portion of the window. All case information is displayed in read-only mode. You can view GYN history, user-defined flags, processing history, and edit QA information (using the **Undergo QA** button) for the previous case using the various buttons located on the bottom of the window.

Forced QA

A follow up correlation can performed for a case even if the case is not pending for QA. This is referred to as *Forced QA* in QA procedure reports. A follow up correlation can only be performed for a case if the case has been resulted. If no results have been entered for the case, the system does not allow you to enter a follow up correlation for the case. If the results are incomplete or unsigned, an error message displays, but you can still perform the follow up correlation. If you continue to perform the follow up correlation, the final diagnosis procedure is marked as completed after you save the follow up correlation. Also, users will not be able to enter or edit results for the case.

When forcing a QA procedure, all current cases in the system are displayed for selection. This allows you to enter a follow up correlation when the criteria specified in the **Case Comparison Setup** option have not been met, but additional QA is needed.

Time Limit

The follow up correlation procedure can only be performed a specified number of days after sign out (defined in the **Entering Limit for Follow Up in Days after Sign Out** field located in the **Options** window - **Quality Assurance** tab - **QA Limits** tab). Follow up correlation procedures are always pending after a case is signed out, but a limit for the number of days after sign out must be set. When the number of days is exceeded, the QA procedure becomes available in the **Action Entry** option for documentation with the status of **Overdue Follow Up**.

Completion Window

The completion window for the autopsy correlation procedure is the same as that described for the rescreen and proreview procedures on page 3-36. The exception is that only personnel records defined as pathologists or residents are available for selection in the dynamic list for the **Done By ID** field.

NOTE: All correlation cases must contain a QA code on the respective tabs for the case representation. If a case does not contain a QA code the system displays an error message, but you can still save the data. When you save your data, all cases that contain the specified QA code are also saved. All cases that do not contain the QA code are not saved. If the procedure was pending, these cases remain unchanged.

Revised Cases

A follow up correlation cannot be performed after a revised report has been created for a case. When a revised report is created, any pending follow up correlation procedures are removed from the QA grid in the **Quality Assurance** option. After the revised report is signed out, the pending follow up procedures become available for completion and the updated diagnosis is displayed so that the follow up correlation can be completed.

Completed vs. Not Completed Procedures

When you save a follow up correlation, the system automatically marks it as completed. This is done to prevent the locking of multiple cases. For example, if five cases are correlated together and the procedure is left as not **completed**, all five cases are then locked, preventing further entries until the procedure is completed. A new procedure would then be required to overwrite an erroneous entry in the follow up correlation.

Sign Out Entry

The **Sign Out Entry** options are used to change a case status to **Final**. Afterwards, no changes can be made to the Final report without first generating a revised report. The sign out ID code, the person entering the information, and the date/time of sign out are registered by the system automatically.

Random QA

The random QA drawing can be performed from all **Sign Out Entry** options. All cases that qualify for the random drawing are held by the system (i.e., they cannot be signed out) until the QA procedure is performed. This process can be set up to run from the **Scheduler** option, unless you need to force the drawing to release a specific case. When you need to release a specific case, click the **Random QA** toolbar button prior to performing a search. If the search has already been performed, click the **Clear** button and then click the **Random QA** button. The system displays a confirmation message when the drawing has been completed and the cases that were held are made available.

NOTE: If the case you want to release was marked by the random selection for QA you must have the ability to force sign out on QA marked cases to sign the case out. This permission is assigned in the Personnel file.

SCC
Soft Computer

Sign Out by Case

Use the **Sign Out by Case** sub-option when you want to sign out a single case. Select *Results > Sign Out Entry > Sign Out by Case* to access this option. The **Sign Out by Case** tab displays similar to Figure 3-49.

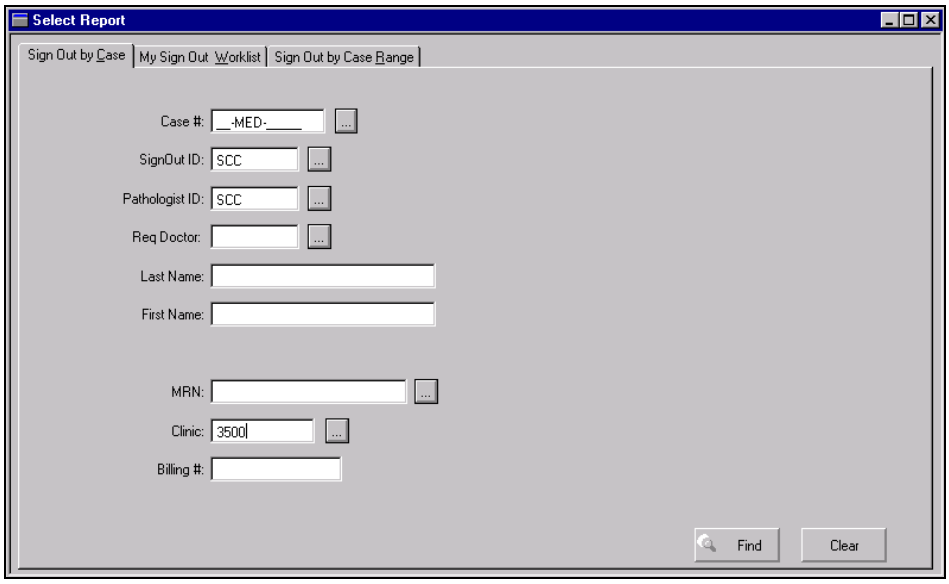


Figure 3-49. Select Report window - Sign Out by Case tab.

Enter search criteria in any of the available fields and click **Find**. The system displays a list of cases matching the entered criteria on the **Cases** tab, similar to Figure 3-52. Refer to **Completing the Sign Out Process** on page 3-51 for information on performing the remainder of the sign out process.

SCC
Soft Computer

My Sign Out Worklist

Use the **My Sign Out Worklist** sub-option to collate cases pending sign out by the user currently logged into the system. The system collates cases based on criteria defined in the Options setup file.

Select *Results > Sign Out Entry > My Sign Out Worklist* to access this option. The system displays the **Cases** tab with all pending cases that match the pre-defined search criteria if the **Invoke Search on Entry** checkbox is marked in the **Options** window - **Sign Out** tab - **My Sign Out Worklist** tab.

If this checkbox is unmarked, the system displays the **My Sign Out Worklist** tab similar to Figure 3-50. You can modify the default search criteria if the **Allow Edit of Search** checkbox is marked in the **Options** window - **Sign Out** tab - **My Sign Out Worklist** tab. Click **Find** to retrieve pending cases that match the current search criteria.

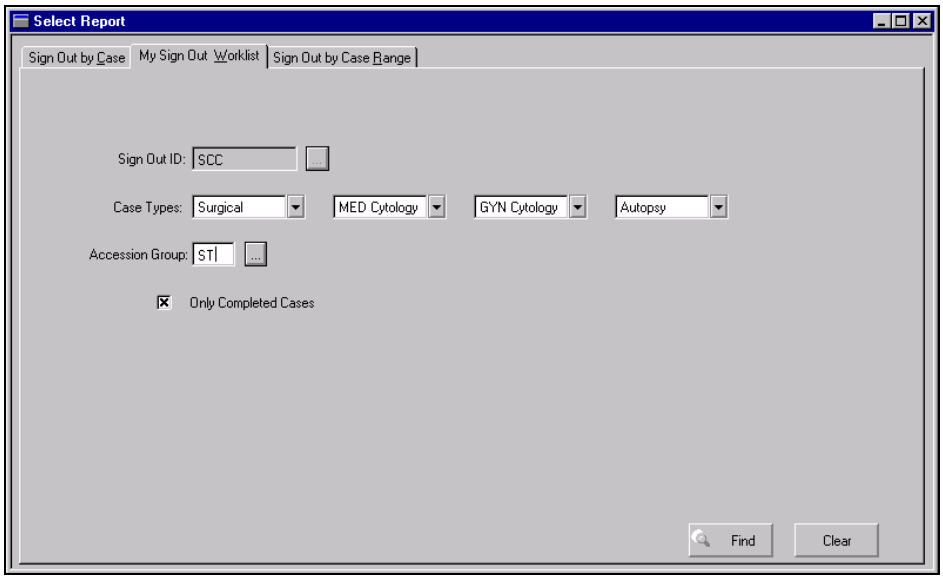


Figure 3-50. Select Report window - My Sign Out Worklist.

Sign Out ID

This field defaults to the currently logged in user ID or a user ID specified in the **Options** window - **Sign Out** tab - **My Sign Out Worklist** tab. When you click **Find**, the system retrieves all cases assigned to the specified sign out ID.

Only Completed Cases

Mark this checkbox to include only cases that have met all milestones in your search. If this checkbox is unmarked, the system includes all currently unsigned cases in the search.

Enter search criteria in any of the other available fields and click **Find**. The system displays a list of cases matching the entered criteria on the **Cases** tab, similar to Figure 3-52. Refer to **Completing the Sign Out Process** on page **3-51** for information on performing the remainder of the sign out process.

SCC
Soft Computer

Sign Out by Case Range

Use the **Sign Out by Case Range** sub-option when you want to sign out only cases belonging to a specific case range or if you want to sign out all cases. This option also allows you to sign out all cases within a specified date range. Select *Results > Sign Out Entry > Sign Out by Case Range* to access this option. The **Sign Out by Case Range** tab displays similar to Figure 3-51.

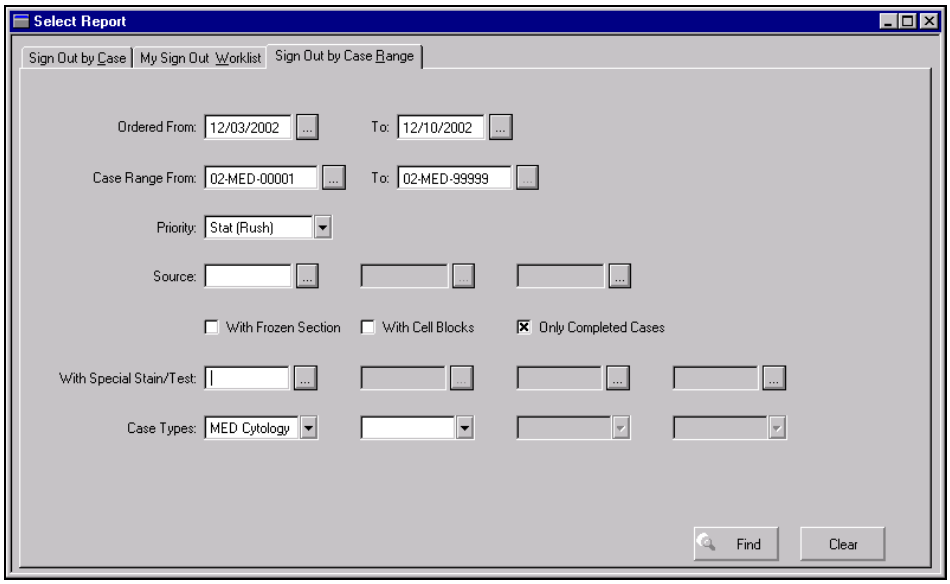


Figure 3-51. Select Report window - Sign Out by Case Range tab.

Ordered From and To

Enter a range of dates to include only cases ordered within the specified date range in the search. Click the ... buttons to select a date from the calendar.

Case Range From and To

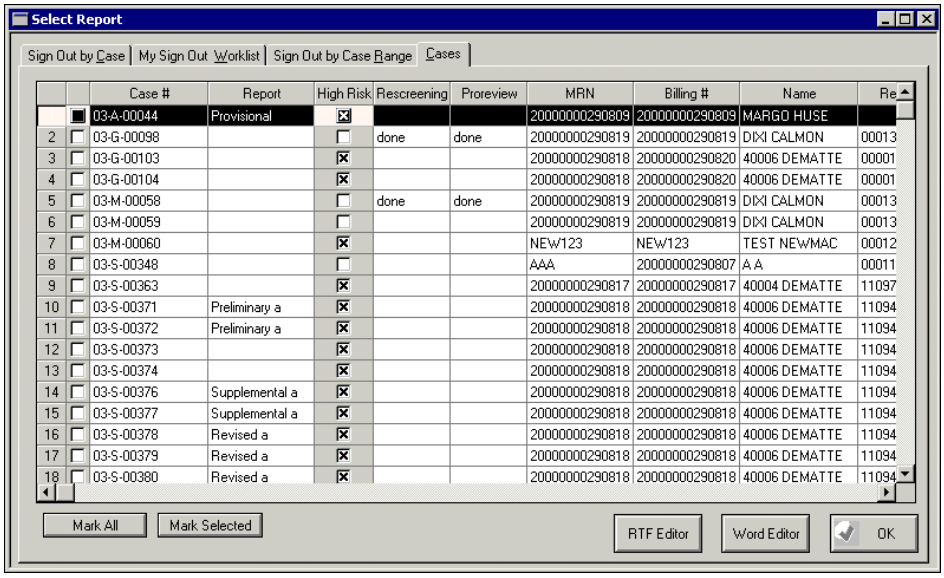
Enter a range of case numbers to include only cases with case numbers that fall within the specified range in the search. Click the ... buttons from a list of valid case numbers.

Enter search criteria in any of the other available fields and click **Find**. The system displays a list of cases matching the entered criteria on the **Cases** tab, similar to Figure 3-52. Refer to **Completing the Sign Out Process** on page 3-51 for information on performing the remainder of the sign out process.

Completing the Sign Out Process

After you use the **Sign out by Case**, **My Sign Out Worklist**, or **Sign Out by Case Range** sub-options to perform a search for cases pending sign out, click **Find** to display the **Cases** tab similar to Figure 3-52. The cases shown in the list are those that match the search criteria that are also available for sign out. The Cases tab automatically refreshes the list when a case's status changes.

NOTE: If you are using the **My Sign Out Worklist** option, the system will automatically perform the search using default criteria if the **Invoke Search on Entry** checkbox is marked in the **Options** window - **Sign Out** tab - **My Sign Out Worklist** tab.



		Case #	Report	High Risk	Rescreening	Proreview	MRN	Billing #	Name	Re
	■	03-A-00044	Provisional	☒			20000000290809	20000000290809	MARGO HUSE	
2	☐	03-G-00098		☐	done	done	20000000290819	20000000290819	DIXI CALMON	00013
3	☐	03-G-00103		☒			20000000290818	20000000290820	40006 DEMATTE	00001
4	☐	03-G-00104		☒			20000000290818	20000000290820	40006 DEMATTE	00001
5	☐	03-M-00058		☐	done	done	20000000290819	20000000290819	DIXI CALMON	00013
6	☐	03-M-00059		☐			20000000290819	20000000290819	DIXI CALMON	00013
7	☐	03-M-00060		☒			NEW123	NEW123	TEST NEWMAC	00012
8	☐	03-S-00348		☐			AAA	20000000290807	A A	00011
9	☐	03-S-00363		☒			20000000290817	20000000290817	40004 DEMATTE	11097
10	☐	03-S-00371	Preliminary a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
11	☐	03-S-00372	Preliminary a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
12	☐	03-S-00373		☒			20000000290818	20000000290818	40006 DEMATTE	11094
13	☐	03-S-00374		☒			20000000290818	20000000290818	40006 DEMATTE	11094
14	☐	03-S-00376	Supplemental a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
15	☐	03-S-00377	Supplemental a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
16	☐	03-S-00378	Revised a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
17	☐	03-S-00379	Revised a	☒			20000000290818	20000000290818	40006 DEMATTE	11094
18	☐	03-S-00380	Revised a	☒			20000000290818	20000000290818	40006 DEMATTE	11094

Figure 3-52. Select Report window - Cases tab

Select the cases that you want to sign out by marking the corresponding checkboxes. Click **OK**. The report window for the case displays similar to Figure 3-53. Cases that appear grayed-out are inaccessible. This may be due to any of the following factors: no security permission for the sign out level, random draw not yet performed for QA percentiles or pending QA.

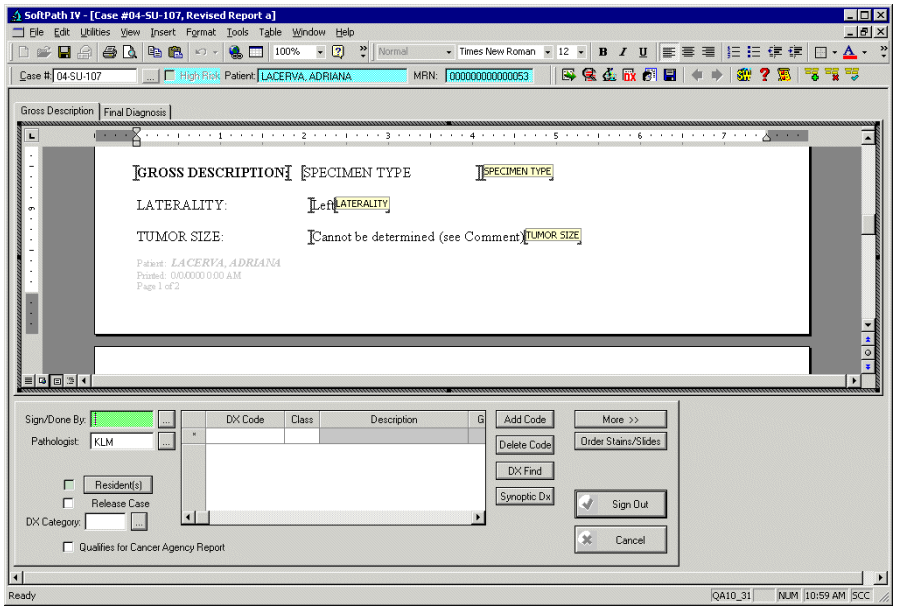


Figure 3-53. Report window for a GYN case.

The fields and buttons that can appear in the completion window are listed below. These may vary depending on case type, required QA procedures, etc.

Sign/Done By

Use this field to identify the employee performing the QA activity.

Pathologist

Use this field to identify the pathologist working the case.

Screener Evidence Count

This field displays the number of slides screened by a User ID each day. This value can be edited, but to no more than the number of slides in the current case.

Resident(s)

This button shows a search box used to identify any residents who worked on the case.

Release Case

Marking this check box forces release of a case directly to "**Signed Out**" status, bypassing the "**Hold time after signout**" setting in *Setup > Option s> Sign Out > Sign Out*.

DX Category

The diagnostic category for the case.

Qualifies for Cancer Agency Report

Mark this checkbox to flag the case as qualifying for the Cancer Agency Report. For more information, consult ***Chapter 5.3 – Reports: Cancer Agency Report***.

NOTE: This checkbox will only appear if Cancer Agency Reporting is enabled in **Options**.

Add Code

To add a new diagnosis code to the case, click the **Add Code** button. Refer to page **3-14** for more information on this functionality.

Delete Code Button

Highlight the diagnosis code on the grid that you want to delete and click this button. The diagnosis code is deleted.

DX Find Button

Clicking the **Dx Find** button prompts SoftPath to read the final diagnosis text and look for the appropriate codes. Refer to page **3-15** for more information on this functionality.

Sign Out Button

Click this button to save all your data and sign out the case. The report window closes and the system returns you to the list of cases eligible for sign out.

Cancel Button

Click this button to close the completion window and return to the report. Make any necessary additions and/or changes to the report and then click **Save Data**. The appropriate completion window displays, allowing you to sign out the case.

More Button

Click the **More** button to display the **Final Report** window for the current case similar to Figure 3-54. This window allows you to view or enter new information for the case. The tabs located in this window are described below. When you have finished entering data, click **OK** to save the information or click **Cancel** to return to the report window without saving the information.

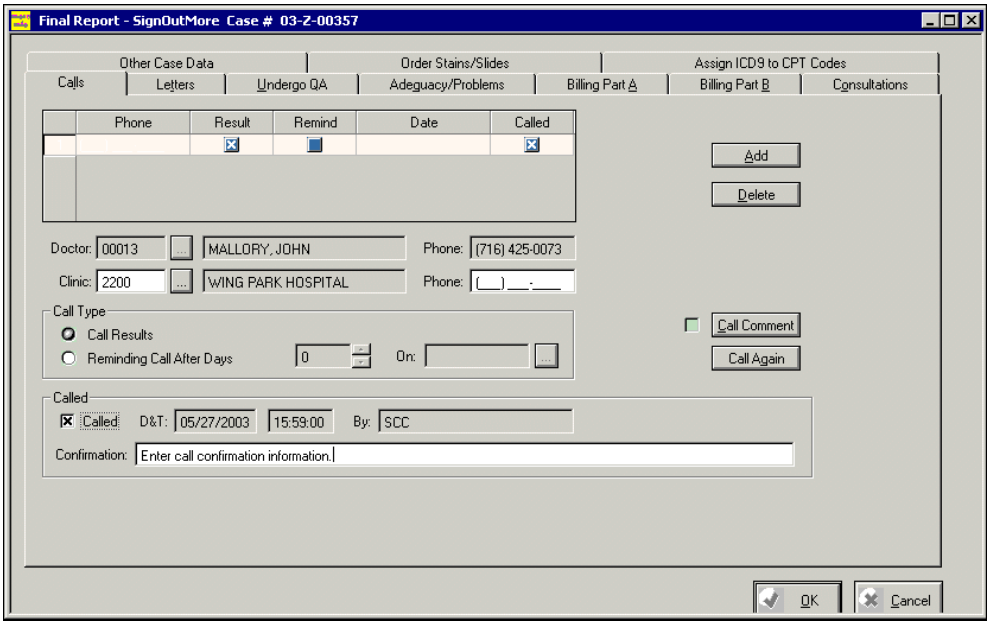


Figure 3-54. Final Report window.

Calls Tab

The **Calls** tab enables you to add calls to the current case. For a detailed description of this tab, refer to **Specimen Registration – Calls Tab** in **Chapter 2 - Order**.

Letters Tab

The **Letters** tab enables you to add letters to the current case. For a detailed description of this tab, refer to **Specimen Registration – Letters Tab** in **Chapter 2 - Order**.

Undergo QA Tab

This tab allows you to enter information about the QA procedures for the current case. For a detailed description of this tab, refer to **Specimen Registration – Undergo Tab** in **Chapter 2 - Order**.

Adequacy/Problems Tab

The **Adequacy/Problems** tab allows you to enter information regarding the adequacy or processing problem codes to be assigned at the case or specimen level. Up to three codes can be selected for Adequacy and Processing Problems. For a detailed description of this tab, refer to **Specimen Registration – Adequacy/Problems Tab** in **Chapter 2 - Order**.

Order Stains/Slides Tab

Refer to page **3-19** for information about the Order Stains/Slides Tab.

Other Case Data Tab

This tab allows you to enter additional information concerning the case, such as the number of service units or the number of report copies.

Billing Part A and Part B Tabs

These tabs display the calculated charges captured from the user-defined transaction table. You can only edit the **Change To**, **Change Type**, and **Location** fields. Both tabs display similar to Figure 3-55.

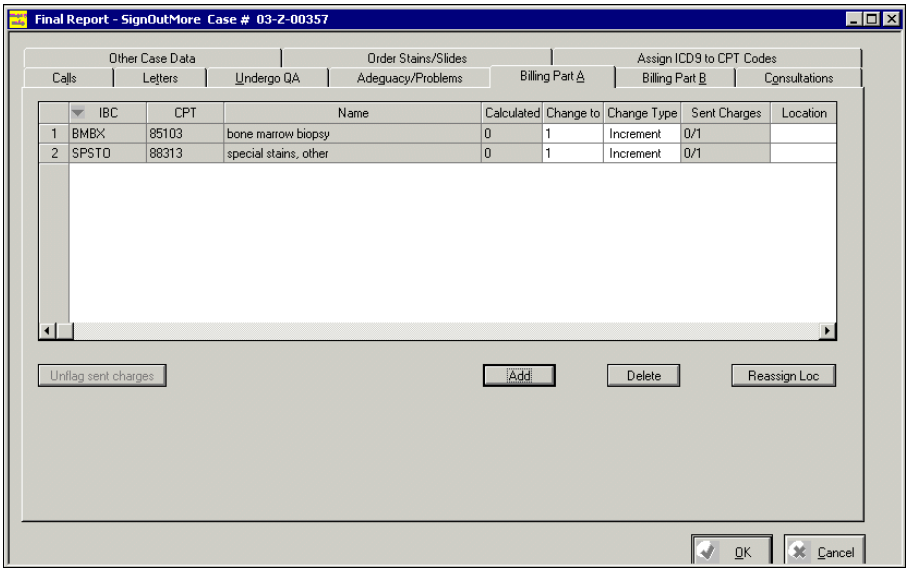


Figure 3-55. Final Report window - Billing Part A tab.

Change To

You can change a captured value entering a new value in the **Change To** field. Select a value for the **Change Type** field:

- **Permanent** - The system reads the manually entered value and not the automatically calculated value.
- **Increment** - The system reads the automatically calculated value and adds the manually entered value.

Enter a permanent/increment value in the **Change To** field. **Maximum 2 numeric characters**. The captured value will be changed when you click **OK**.

Sent Charges

This field displays number of charges sent to the SoftA/R® module.

Location

This field is used to enter the location where the test was performed for billing purposes. This location is sent, along with the billing charges, to the SoftA/R® module.

Unflag Sent Charges Button

Click this button to unflag charges that were previously sent to SoftA/R. These charges are no longer flagged as *billed*.

Add Button

Click this button to add any charge defined in the **Charge Code** option to the case. If you add a charge, the **Change To** field defaults to a value of ***1*** and the **Change Type** field defaults to **Increment**.

Delete Button

Select a charge and click this button to delete the charge from the case. You can only delete manually entered charges and you can only delete them before the charges are sent to the SoftA/R® module.

NOTE: Since automatically captured charges cannot be deleted, you can use credits to cancel the charges. This function credits both automatically captured charges and manually entered charges.

Reassign Loc Button

Click this button to change the location specified in the **Location** field if a default location is specified in the **Charge Code** option.

Assign ICD9 to CPT Codes Tab

This tab is used to associate up to four ICD9 codes with any available CPT codes for part B billing purposes.

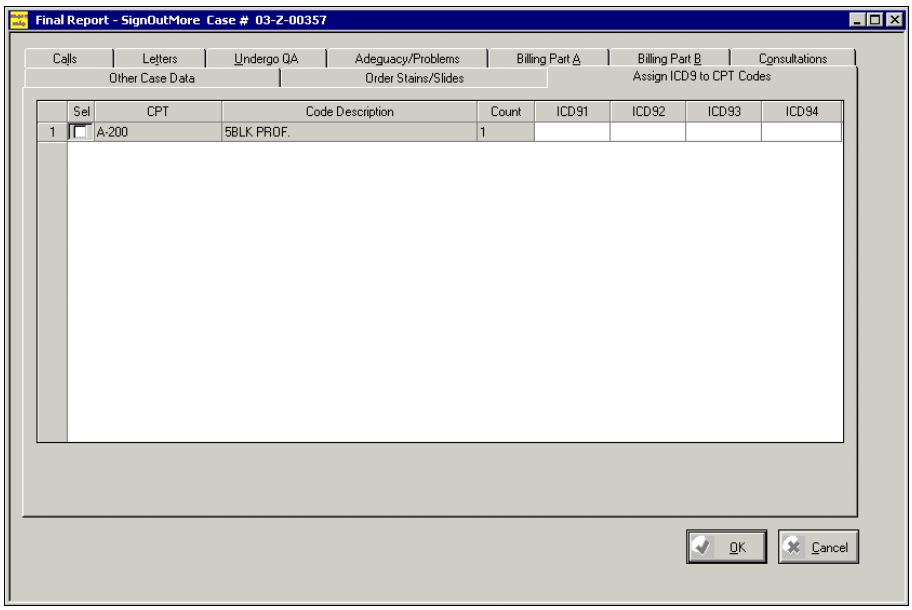


Figure 3-56. Final Report window - Assign ICD9 to CPT Codes tab.

ICD 9

Enter the ICD9 codes you want to associate with the available CPT codes in the **1.**, **2.**, **3.**, and **4.** fields.

CPT Code Grid

This grid displays the CPT codes available for the current case. Enter a number (1-4) corresponding with the ICD9 codes you entered at the top of the window in the **ICD9 1, ICD9 2, ICD9 3,** and **ICD9 4** columns. This assigns the specified ICD9 codes to the selected CPT code.

Fast Sign Out

The **Fast Sign Out** option is used to sign out cases in a batch mode. The required case status can be set in the Options file to determine the cases available in the **Fast Sign Out** option.

You cannot change any case information in this option. If the pathologist ID was not entered, it defaults from the ID entered in the **Done By ID** field during final diagnosis entry (but only when the parameter **Auto Sign ID** is active for the given case type). If you activate the parameter **Display Sign Out ID Window In Fast Sign Out**, the system allows you to select which sign out ID you want to use. The system displays all cases assigned to the specified sign out ID.

To access the **Fast Sign Out** option, select *Results > Sign Out Entry > Fast Sign Out* from the main menu. The **Fast Sign Out** search window displays similar to Figure 3-57.

There are four possible configurations for this option that are defined in the **Options** window - **Sign Out** tab - **Sign Out** tab. These configurations determine which windows display when you access this option.

- Both the **Display Sign Out ID Window In Fast Sign Out** and **Ability to S/O Cases Only For Logged On Pathologist** checkboxes are not marked. The **Fast Sign Out** search window is displayed similar to Figure 3-57. Enter search criteria and click **OK**. A list of cases that can be signed out and match the specified criteria is displayed.
- The **Display Sign Out ID Window In Fast Sign Out** checkbox is not marked, but the **Ability To S/O Cases Only For Logged On Pathologist** checkbox is marked. The user ID for the currently logged on user displays in the **Sign Out ID** field. Enter search criteria and click **OK**. The sign out ID is entered automatically by the system, and cannot be changed. After you click **OK**, the system displays a list of cases matching the specified criteria that can be signed out by you.
- The **Display Sign Out ID Window In Fast Sign Out** checkbox is marked, but the **Ability To S/O Cases Only For Logged On Pathologist** checkbox is not marked. The **Person Can Sign Out Lookup** window is displayed. Select the person signing out the case and click **OK**. Cases ready to sign out for the selected ID are displayed.
- Both the **Display Sign Out ID Window In Fast Sign Out** and **Ability to S/O Cases Only For Logged On Pathologist** checkboxes are marked. The **Fast Sign Out** window displays immediately with pending cases for the currently logged on user ID. No search window is available.

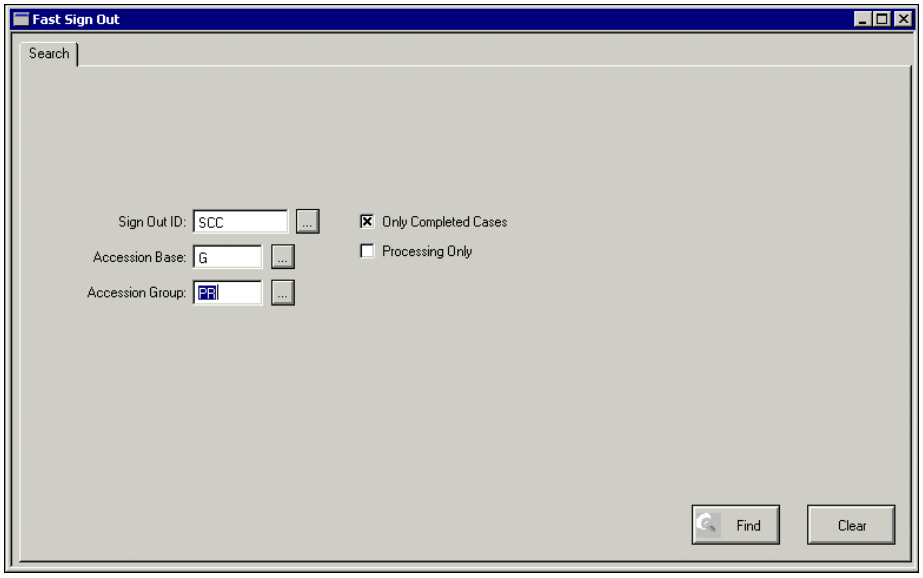
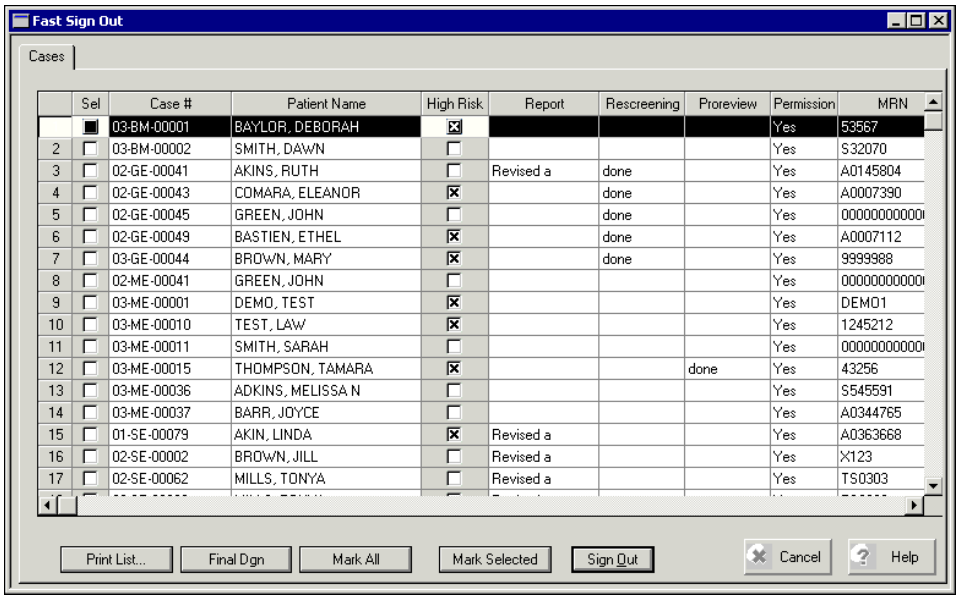


Figure 3-57. Fast Sign Out search window.

After entering the search criteria, click **OK** to display the **Fast Sign Out** window similar to Figure 3-58. This window lists all cases pending sign out that match the specified criteria.



	Sel	Case #	Patient Name	High Risk	Report	Rescreening	Proreview	Permission	MRN
	■	03-BM-00001	BAYLOR, DEBORAH	☒				Yes	53567
2	☐	03-BM-00002	SMITH, DAWN	☐				Yes	S32070
3	☐	02-GE-00041	AKINS, RUTH	☐	Revised a	done		Yes	A0145804
4	☐	02-GE-00043	COMARA, ELEANOR	☒		done		Yes	A0007390
5	☐	02-GE-00045	GREEN, JOHN	☐		done		Yes	00000000000
6	☐	02-GE-00049	BASTIEN, ETHEL	☒		done		Yes	A0007112
7	☐	03-GE-00044	BROWN, MARY	☒		done		Yes	9999988
8	☐	02-ME-00041	GREEN, JOHN	☐				Yes	00000000000
9	☐	03-ME-00001	DEMO, TEST	☒				Yes	DEMO1
10	☐	03-ME-00010	TEST, LAW	☒				Yes	1245212
11	☐	03-ME-00011	SMITH, SARAH	☐				Yes	00000000000
12	☐	03-ME-00015	THOMPSON, TAMARA	☒			done	Yes	43256
13	☐	03-ME-00036	ADKINS, MELISSA N	☐				Yes	S545591
14	☐	03-ME-00037	BARR, JOYCE	☐				Yes	A0344765
15	☐	01-SE-00079	AKIN, LINDA	☒	Revised a			Yes	A0363668
16	☐	02-SE-00002	BROWN, JILL	☐	Revised a			Yes	X123
17	☐	02-SE-00062	MILLS, TONYA	☐	Revised a			Yes	TS0303

Figure 3-58. Fast Sign Out window.

Select the cases you want to sign out. To select a case, highlight the case row(s) and click **Mark Selected**. To select all cases, click **Mark All**. After selecting the cases, click the **Sign Out** button. The selected cases are signed out using the ID that was assigned to the case and the system displays a confirmation message.

Print List

Should the user wish to print the list of cases qualifying for Fast Sign Out, invoking the Print List button will display a printer selection window for printing the list.

Final Dgn

Selection of the Final Dgn button will display the Final Diagnosis text for the highlighted case.

NOTE: The Final Diagnosis text is displayed in read-only mode.

Chapter 4. Query

The **Query** menu options provide a number of different methods that can be used to view detailed case information.

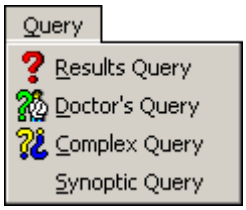


Figure 4-1. Query menu.

SoftPath Query Menu Options

The SoftPath Query option contains the following features and applications:

Results Query

To view detailed information for a single case, select the **Results Query** option. See ***Chapter 4.1—Query: Results Query***.

Doctor's Query

The **Doctor's Query** option allows an attending physician to select and view his or her own cases. See ***Chapter 4.2—Query: Doctor's Query***.

Complex Query

To enter more detailed search criteria and view more information for a search than the other two query options, select the **Complex Query** option. See ***Chapter 4.3—Query: Complex Query***.

Synoptic Query

To run a detailed query for cases where the synoptic reporting functionality was used during results entry, select the **Synoptic Query** option. See ***Chapter 4.4 – Query: Synoptic Query***.

Helpful Keyboard Shortcuts for all Query Screens	
F2	Opens **Accession Sequence Lookup**
TAB	Moves through the fields in order.
CTRL TAB	Used to switch between **Simple** and **Advanced** search.
CTRL "F"	Once all data is entered, use to **Find.**
CTRL "K"	To clear all information from Query screens.
ENTER	To run a search once all information has been entered.

Results Query

The **Result Query** option allows you to view detailed information for a single case. This option can also be used to query a patient instead of a case. The histories for the previous cases (active and archived) are available when the case is displayed.

Access the **Result Query** option by selecting *Query* > *Results Query* from the main menu. The **Result Query Search** window displays similar to Figure 4-2.

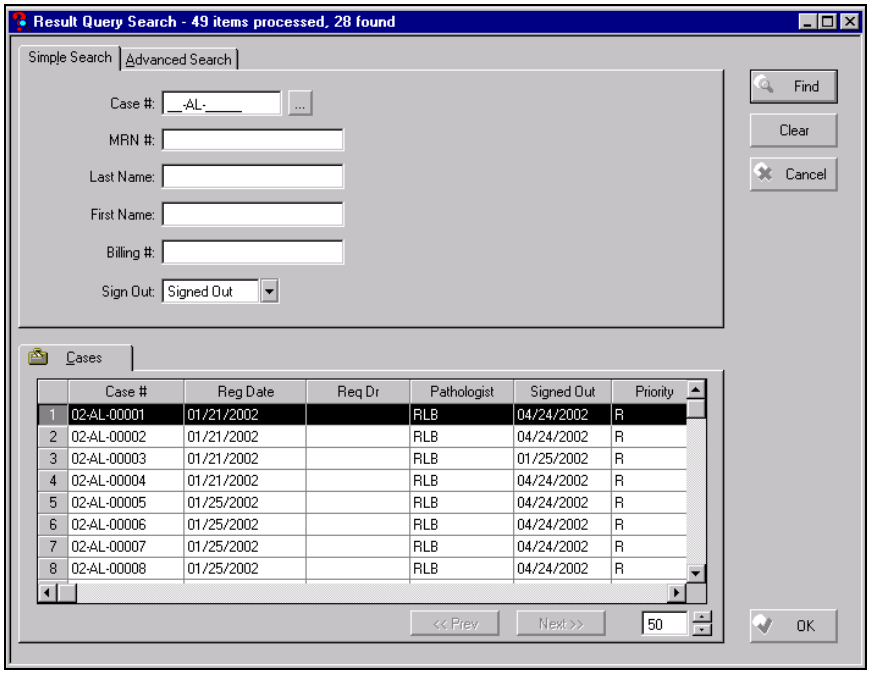


Figure 4-2. Result Query Search window.

In the **Result Query Search** window, select either the **Simple Search** or **Advance Search** tab.

- **Simple Search Tab -** When performing a search using this tab, you should search by the case number or the patient name. Any of the available fields can be used to limit the search.
- **Advanced Search Tab -** The **Advanced Search tab** allows you to enter more specific information to narrow the search. The **Advanced Search** tab displays similar to Figure 4-3.

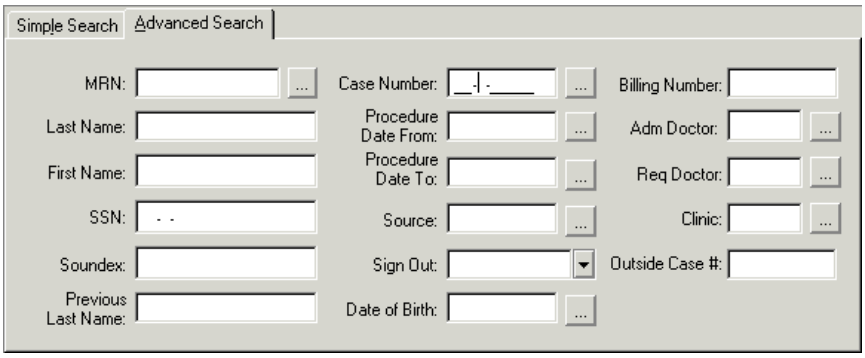


Figure 4-3. Result Query Search window - Advanced Search tab.

After entering all of the available search criteria, click the **Find** button. Cases or patients that match the specified criteria are displayed on the **Cases** tab.

Highlight a patient/case and click the **OK** button to perform a results query for the specified patient/case. The **Results Query** window displays similar to Figure 4-4.

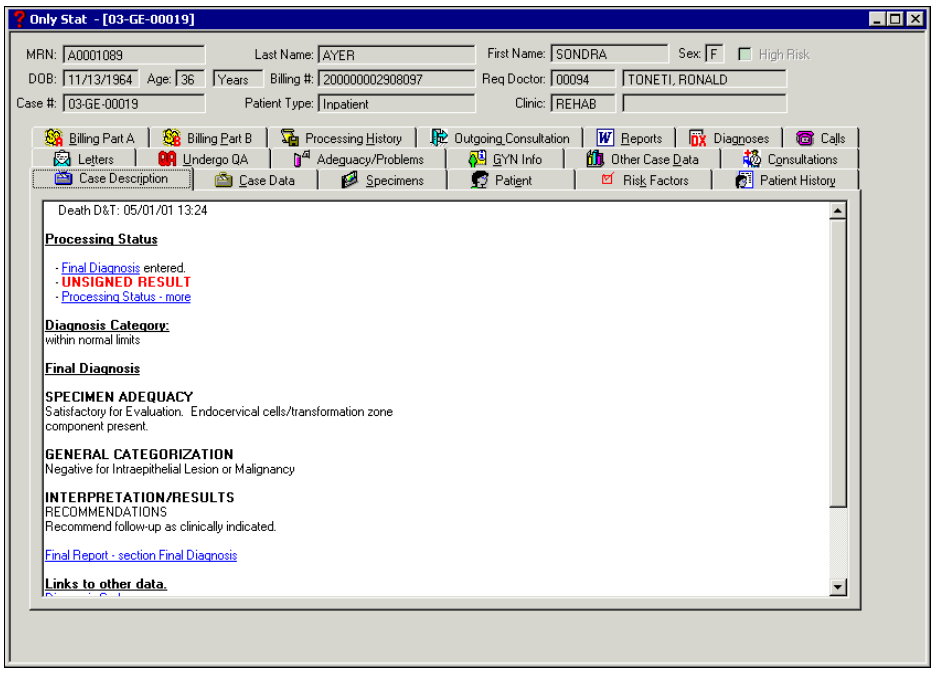


Figure 4-4. Results Query window.

The **Result Query** window displays the patient demographics, stay demographics, and case number for the selected case. This window also contains tabs that provide more detailed information about the selected case (the format of these tabs depends on the type of case selected).

NOTE: The **Result Query** window displays information in READ-ONLY mode. You can only edit information in the **Letters, Calls,** and **Undergo QA** tabs.

Case Description Tab

This tab displays the processing status of the case and provides hyperlinks to other **Result Query** tabs. You can view the final reports for the cases by clicking the final report hyperlinks.

NOTE: If the case has not been signed out, it is marked in red as an **unsigned result**.

NOTE: The ability to view the unsigned final diagnosis and gross description is determined in the **Security Settings** tab of the Personnel file. If you do not want users to be able to view the final report or gross description prior to sign out, set these permissions accordingly in the users' personnel records.

Case Data Tab

This tab displays the registration information about the case including case number, date and time of death, date and time of registration, date and time of autopsy, requesting doctor, pathologist, resident, priority, foreign case number, and HIS number.

Specimens Tab

This tab allows you to view detailed information regarding the specimens. The **Specimens** tab lists the following information: specimen ID, source code, description, body site, and collection method. The buttons available on this tab allow you to perform the following functions.

- **Processing Button -** Displays the **Specimen Processing** window. This window allows you to review the specimens and blocks submitted for the case.
- **Comment Button** - Click this button to view free text comments for the specimen.
- **Special Tests Button -** Displays the **Special Test** window for any ordered special stains.
- **Lab Tests Button -** Displays the **Laboratory Tests** window and all associated lab results.
- **Gross Description Button -** Displays the **Gross Description** window and all information concerning gross descriptions.
- **Source Flags Button -** Displays the **Source Flags** window and any flags or processing information.

Patient Tab

This tab displays patient demographics such as name, age, sex, race, medical record number, patient address, etc.

Billing Tabs (Part A and B)

The **Billing Part A** tab and the **Billing Part B** tab display the billing status of the case. Technical (part A) or professional (part B) internal billing codes are counted in the night billing by **IBC**, **CPT**, **Name**, **Calculated**, **Change To**, **Change Type**, **Sent Changes**, and **Location**.

Patient History Tab

This tab displays any previous history for the patient based on the criteria specified during system setup. The **Patient History** tab includes cases from both the active and archive databases. The information displayed includes case number, billing number, requesting doctor, pathologist, and order date.

NOTE: Clicking a case number in the **Patient History** tab bridges you to the **Result Query** window for the selected case. Red text signifies a case containing an abnormal result.

Undergo QA Tab

This section displays the quality assurance (QA) procedures assigned to and/or completed for the case. If the rescreen, proreview, or retroreview procedures have been performed, you can view when they were completed and the ID of the person that performed the procedure. The QA results are also displayed.

Adequacy/Problems Tab

The **Adequacy/Problems** tab contains two areas:

- **Adequacy Area -** Displays the adequacy codes (up to three) that have been assigned to the case or specimen.
- **Processing Problems Area -** Displays the processing problem codes (up to three) that have been assigned to the case or specimen.

The **Specimen Adequacy Info** window displays any free text entered for specimen adequacy/processing problems.

Other Case Data Tab

The **Other Case Data** tab allows you to view any previously entered data, including **Tag Letters** (up to three), **Reported To** doctor ID's (up to three), and the number of **Service Units** captured at all levels.

The autopsy flags include **Stillbirth**, **Partial Autopsy**, **Complete Autopsy**, **Undiagnosed Infection**, **ID Only**, **Intraoperative**, and **Consultations**.

The buttons available on this tab allow you to perform the following functions:

- **Case Comment Button** - Displays the **Case Comment** window, which contains any text entered during specimen registration.
- **Clinical Info Button -** Displays the **Clinical Info** window, which contains any clinical information entered during specimen registration.
- **Operation Info Button** - Displays the **Operation Info** window, which contains any operation information entered during specimen registration.

Processing History Tab

This tab displays the processing history for the case. The tab provides details for every action performed for the case including the date and time of the action, who performed the action (done by/typed by), and a description of the procedure/action. The **Additional Info** area displays any additional information related to the procedure/action. For printing actions, the system displays the Printer ID or Fax number that the final report was sent to.

Outgoing Consultation Tab

This tab displays information regarding the status of any outgoing consultation requests for the case. The buttons available on this tab allow you to perform the following functions:

- **Slide Sel Button -** If there are any slides associated with the current case that have been sent to the consultation, the checkbox next to the **Slide Sel** button is marked. Clicking **Slide Sel** displays the **Select Slides** window. All slides assigned to the current case that have not been sent out are displayed on the grid.
- **Block Sel Button** - If there are any blocks prepared in the laboratory for this case that have not been sent to the consultation, the checkbox next to the **Block Sel** button is marked. Clicking this button displays the **Select Block** window.
- **Comment Button -** If there is any comment for the case, the checkbox next to the **Comment** button is marked. Clicking this button displays the free text comment window.
- **Return Mat Button -** If any of the materials have been returned, the checkbox next to the **Returned Materials** button is marked. Clicking this button displays the **Returned Materials** window containing a list of materials that were sent out. Returned materials are also flagged on the grid in the **Returned Materials** window.

Reports Tab

The **Reports** tab allows you to view and/or print reports. The **Reports** tab contains the created date, report type, status, and sign-out date. The default report types displayed on this tab are defined in the **Query** tab of the Options file. The buttons available on this tab allow you to perform the following functions:

- **Mark/Unmark Selected** - Click this button to mark/unmark selected reports in the grid.
- **Mark/Unmark All** - Click this button to mark/unmark all of the reports in the grid.
- **View** - Click this button to view the marked reports.
- **Print** - Click this button to print the marked reports.
- **Send to HIS** - If the case has been signed out, click this button to manually send the report to the HIS.
- **All Reports** – This button shows all reports if the user has the appropriate security clearances.

NOTE: To restrict users to the final report only, do not give them access to this tab in the SoftSecurity™ module.

Diagnoses Tab

This tab displays the diagnosis codes assigned to the case.

Information displayed includes code, class, description, diagnostic coding system, diagnosis category, and diagnosis type.

Letters Tab

This tab displays information concerning any letters to be sent for the case. Users with security access can also add letters to the case from this tab. The buttons available on this tab allow you to perform the following functions:

- **Display Letter Button** - This button displays the attached letter.
- **Add New Button** - To add a new letter, click the **Edit** button on the toolbar and then click the **Add New** button. Adding a new letter is described in the **Specimen Registration** section of **Chapter 2 - Order**.

Calls Tab

This tab displays information about any calls requested for the case. Users with proper access can also add calls to the case. The buttons available on this tab allow you to perform the following functions:

- **Call Comment Button** - Click this button to display the **Requesting Call Comment** window.
- **Call Again Button -** Click this button if you want to repeat any call that has been performed.
- **Add Call Button** - To add a call to the case, click the **Edit** toolbar button and then click the **Add Call** button.

GYN Info Tab

This tab displays any GYN information that was entered during specimen registration. This tab is only displayed for GYN cytology cases. The buttons available on this tab allow you to perform the following functions:

- **Menop Info Button** - This button displays the **Menopause Information** window.
- **Comment Button** - This button displays the **GYN Info Comment** window.

MED Info Tab

This tab displays any MED cytology information entered during specimen registration or specimen processing. This tab is only displayed for MED cytology cases.

Autopsy Info Tab

The **Autopsy Info** tab displays information about the place, time, and manner of death. This tab is only displayed for autopsy cases.

Age Info/Body Tab

This tab displays information pertaining to the age and size of the body that was entered during specimen registration. This tab is only displayed for autopsy cases.

Organs/Bones Tab

There are two tables in this tab that contain information about organs and bones determined during the autopsy. This tab is only displayed for autopsy cases.

Risk Factors Tab

This tab is used to enter, modify, and view risk factors for the current patient. The grid on this tab displays the code, name, severity level, assigned date, expiration date, and MRN of all risk factors associated with the patient.

Doctor Query

The **Doctor Query** option allows the attending physician to select and view his or her own cases, based on the login ID. The system searches the cases in the active database first and then the archive database.

Access the **Doctor Query** option by selecting *Query* > *Doctor Query* from the main menu. The **Doctor Query Search** window displays similar to Figure 4-5.

NOTE: The **Doctor Query** window displays information in READ-ONLY mode. You can only edit information in the **Letters** and **Calls** tab.

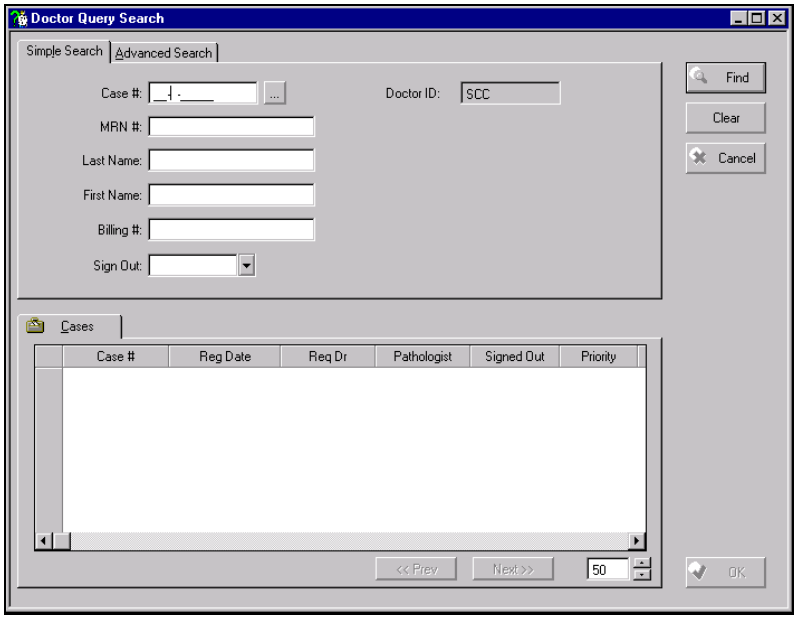


Figure 4-5. Doctor Query Search window.

NOTE: The login ID must match the Doctor ID that exists in the Doctors setup file.

In the **Doctor Query Search** window, select either the **Simple Search** or **Advance Search** tab.

- **Simple Search Tab -** When performing a simple search, search by the case number or the patient name. Any of the fields can be used to limit the search.
- **Advanced Search Tab -** The **Advanced Search** tab allows you to enter more specific information to narrow the search. The **Advanced Search** tab displays similar to Figure 4-6. The admitting doctor ID displayed in the **Adm Doctor** field defaults from the user ID of the currently logged in user and cannot be changed.

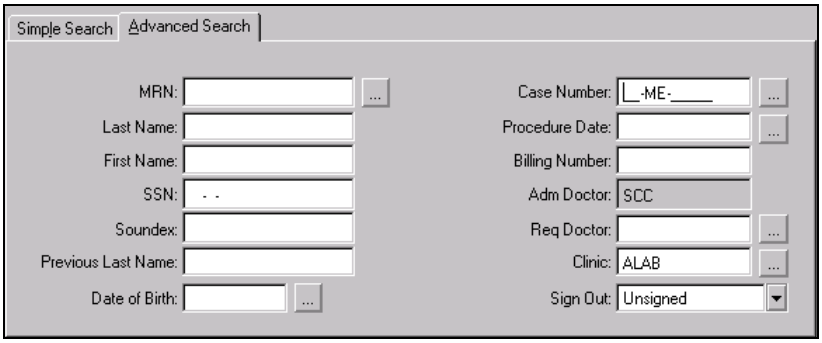


Figure 4-6. Doctor Query Search window - Advanced Search tab.

After entering any additional search criteria, click the **Find** button. Any cases or patients that match the specified criteria are displayed on the **Patient** or **Cases** tab.

The results of your search depend on the type of search performed.

- Results display on the **Cases** tab if the search was performed using case data.
- Results display on the **Patient** tab if the search was performed using patient data.

Highlight a patient or case and click the **Select** button to perform a query for the specified patient/case. The **Doctor Query** window displays the patient demographics, stay demographics, and case number for the selected case. This window also contains tabs that provide more detailed information about the selected case (the format of these tabs depends on the type of case selected). The fields and tabs of this window are identical to those contained in the **Result Query** window. Refer to ***page 4-3*** for detailed information about the tabs of the **Doctor Query** window.

NOTE: The **Doctor Query** window and all related tabs are displayed in READ-ONLY mode**.**

Complex Query

The **Complex Query** option allows you to enter more detailed search criteria and displays more information than the other **Query** menu options. It allows you to view all cases matching the search criteria, one by one, even if they do not concern the same patient. The **Complex Query** option allows you to search both the active and archive database.

Access the **Complex Query** option by selecting *Query > Complex Query* from the main menu. The **Complex Query** window displays similar to Figure 4-7.

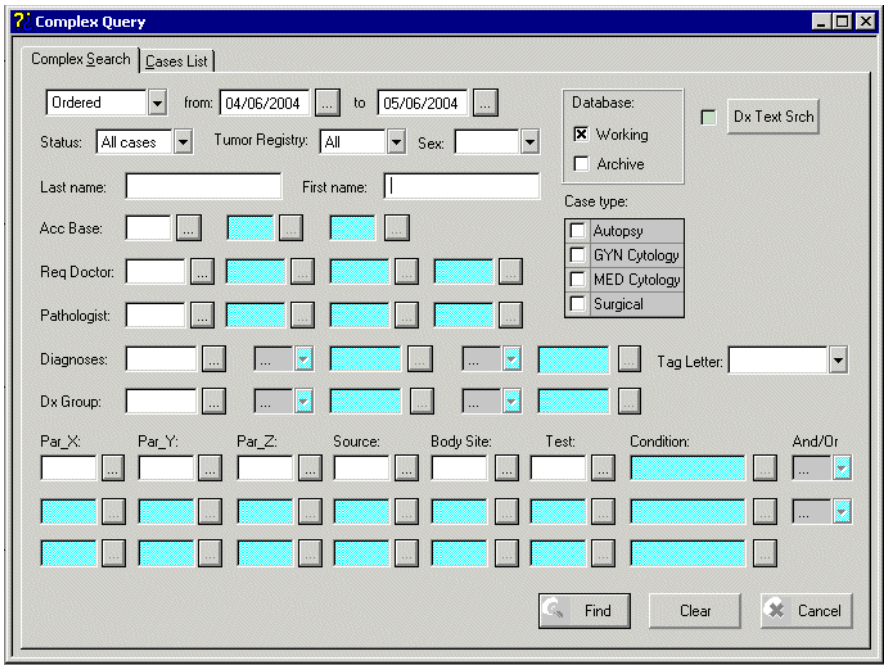


Figure 4-7. Complex Query window.

The **Complex Query** window allows you to search by several different combinations of variables and define the sorting criteria. More information results in a narrower and faster search. Some of the search criteria fields for the **Complex Query** option are described below.

Date Range

Select **Ordered** from the drop-down list and enter a range of dates to search for all cases ordered within the specified date range. Select **Signed Out** and enter a range of dates to search for all cases signed out within the specified date range. The range of dates can be entered manually or you can click the ... button to select a date from the calendar. The default number of days for the date range is defined in the Options file.

Status

Select the processing status of the cases you want to include in the complex search. Use the drop-down list to select one of the possible statuses.

Database

Mark the boxes corresponding to the database(s) you want to search: **Working** or **Archive**.

Case Type

Mark boxes corresponding to appropriate case type. Ex: Autopsy, GYN, MED, or Surgical.

Dx Text Search

Invoke the Dx Text Search button to specify the section of report text you want to search. Use the drop-down list to select from the following possible choices:

- **Final Diagnosis -** Searches the final diagnosis text.
- **Gross Description –** Searches for Gross Description text.

NOTE: This selection is only available if the parameter RH_GROSS_SAVE is set to "Y".

- **Clinical History -** Searches the **Clinical History** field.
- **Source Name -** Searches the **Source** field.

Words

Enter the words you want to search for based on the text field selected.

NOTE: And/Or operators are available to expand your search.

Req Doctor

Select the requesting doctor(s) to limit the search to, up to a maximum of four.

Pathologist

Select the pathologist(s) to limit the search to, up to a maximum of four.

Accession Base

Select the Accession base to limit the search to, up to a maximum of three.

Sex

Select a gender to limit the search to.

Last Name and **First Name**

Use these fields to search by patient name.

Tumor Registry

Select the Tumor Registry status to limit the search to. Select from Yes, No, or All.

Diagnoses

Click the button to display the **Select Diagnosis Code System** window similar to Figure 4-8.

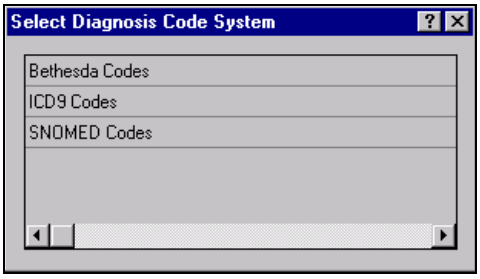


Figure 4-8. Select Diagnosis Code System window.

Double-click the diagnosis code system name to display the appropriate lookup window. Select the required diagnosis code. Up to three diagnosis codes can be entered.

The selection can be limited by entering an **And/Or** logic operator between the diagnosis codes. A logic operator connects each of the three codes. The **And** operator between two codes means that both codes must be present to qualify the case for display. The **Or** operator means that at least one code must be present for the case to qualify for display.

Select a logic operator by clicking the drop-down list button in the fields between the diagnosis code fields.

Tag Letter

Click to display a drop-down list of the available tag letters to search by.

Dx Group

Click the button to display the **Diagnosis Group Lookup** window. Select a group by double-clicking the appropriate row. You can select up to three diagnosis groups.

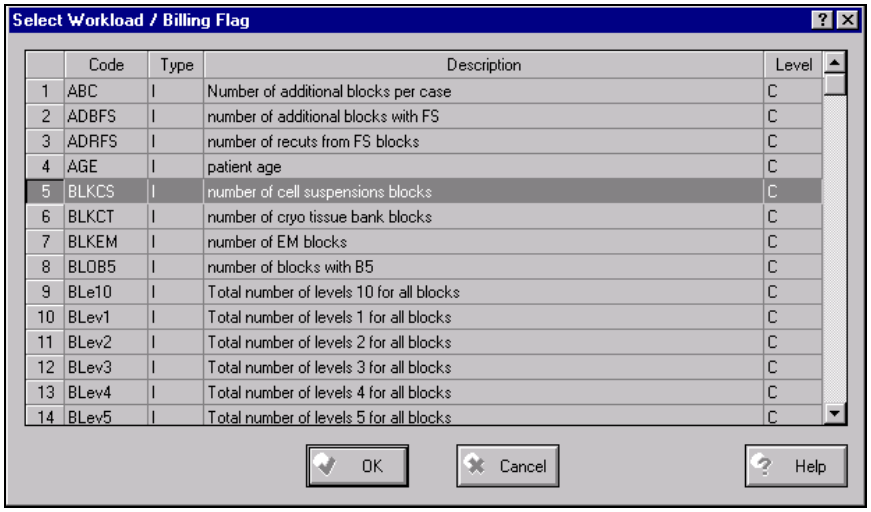
The selection can be limited by entering an **And/Or** logic operator between the diagnosis codes. A logic operator connects each of the three codes. The **And** operator between two codes means that both codes must be present to qualify the case for display. The **Or** operator means that at least one code must be present for the case to qualify for display.

Select a logic operator by clicking the drop-down list button in the fields between the diagnosis code fields.

Par X,Y,Z

These fields allow you to search for cases based on a defined set of parameters. The parameters available are drawn from the transaction lines in the Billing setup file.

You can select up to three parameter codes. Click the button to display the **Select Workload/Billing Flag** window. Select a code by double-clicking the appropriate row.



	Code	Type	Description	Level
1	ABC	I	Number of additional blocks per case	C
2	ADBFS	I	number of additional blocks with FS	C
3	ADRFS	I	number of recuts from FS blocks	C
4	AGE	I	patient age	C
5	BLKCS	I	number of cell suspensions blocks	C
6	BLKCT	I	number of cryo tissue bank blocks	C
7	BLKEM	I	number of EM blocks	C
8	BLOB5	I	number of blocks with B5	C
9	BLe10	I	Total number of levels 10 for all blocks	C
10	BLev1	I	Total number of levels 1 for all blocks	C
11	BLev2	I	Total number of levels 2 for all blocks	C
12	BLev3	I	Total number of levels 3 for all blocks	C
13	BLev4	I	Total number of levels 4 for all blocks	C
14	BLev5	I	Total number of levels 5 for all blocks	C

Figure 4-9. Select Workload/Billing Flag window.

Source

Select a source to limit the search.

Body Site

Select a body site to limit the search.

Test

Select a special stain/test to limit the search.

Condition

This field is used to define the conditions for the parameters selected in the **Par X, Y, Z** fields. Click the button to display the **Logic Calculator** similar to Figure 4-10.

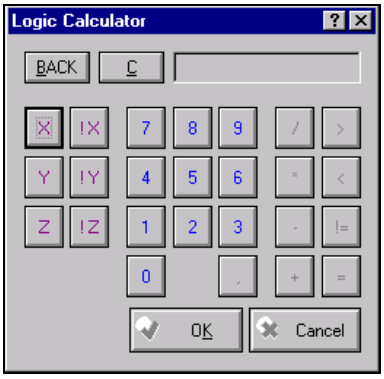


Figure 4-10. Logic Calculator.

Use the **Logic Calculator** shown in Figure 4-10 to set up conditions. A description of possible choices is provided below.

X	parameter X
Y	parameter Y
Z	parameter Z
!X	not X
!Y	not Y
!Z	not Z
,	separate two conditions
/	divided by
*	multiplied by
-	minus
+	plus
>	greater than
<	less than
!=	not equal
=	equal to

And/Or

Select the logic operator (**and** or **or**) to connect the next line of parameters. A logical operator connects each of the three lines of conditions. The **and** operator between two lines means that both conditions must be true to qualify the case for display. The **or** operator means that if at least one line has the true condition for this case, it qualifies for the query.

Completing the Query

After entering all search criteria, click **Find** to display the **Cases List** tab, which lists all cases matching the specified criteria.

Print List

Click the **Print List** button to print the list of cases that match the specified criteria.

Print Final Reports

Click the **Print Final Reports** button to print the final reports that have been selected from the qualifying list. By default all reports are selected, but it is possible to select and deselect reports if desired.

Highlight a case and click the **OK** button to perform a query for the specified patient/case. The **Complex Query** window displays the patient demographics, stay demographics, and case number for the selected case. This window also contains tabs that provide more detailed information about the selected case (the format of these tabs depends on the type of case selected). The fields and tabs of this window are identical to those contained in the **Result Query** window. Refer to page **4-3** for detailed information about these tabs

NOTE: The **Complex Query** window displays information in READ-ONLY mode. You can only edit information in the **Letters** and **Calls** tab.

SCC
Soft Computer

Synoptic Query

Synoptic Query provides the ability to run a detailed search for cases where synoptic reporting functionality has been used during results entry. Synoptic Query provides both an ad hoc search capability as well as the ability to save user-defined searches for later use.

Access the **Synoptic Query** option by selecting *Query > Synoptic Query* from the main menu. The **Synoptic Query** window displays similar to Figure 4-11.

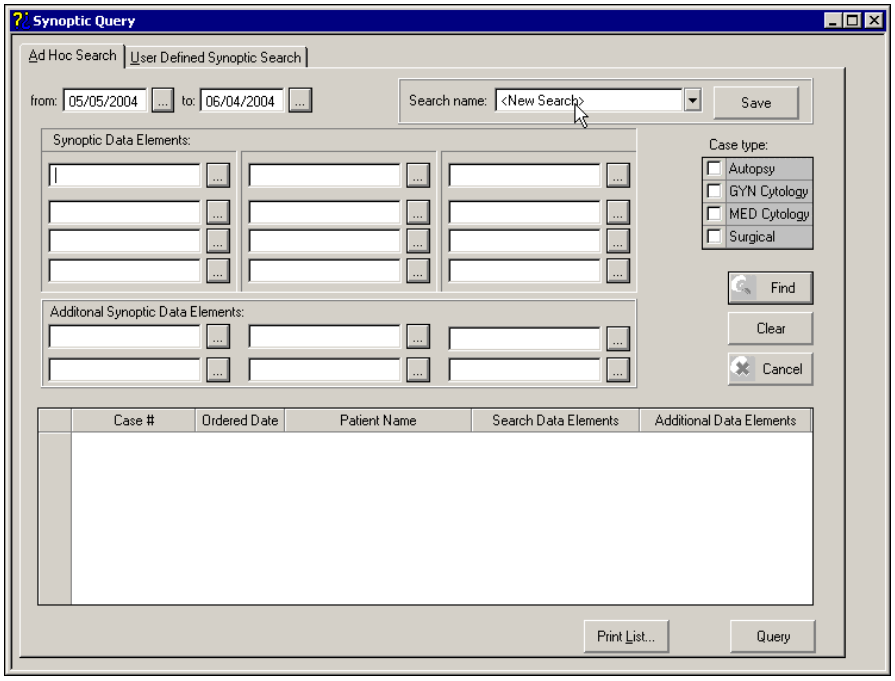


Figure 4-11. Synoptic Query window.

The ad hoc search screen provides the ability to search for three different synoptic data elements. Also, three options within those data elements can be selected below the elements to limit the search to. To include more data elements in the search grid, specify those elements in the Additional Synoptic Data Elements section.

NOTE: The Additional Synoptic Data Elements do not have an effect on the search. They simply appear in the search results grid as a way to isolate a specific case or cases.

Once a search has been specified, it can be saved for future use simply by clicking the Save button at the top right of the window. The system will then ask you to provide a name for your search. The search can then be accessed and run again using the User-Defined Synoptic Search tab in the Synoptic Query search window.

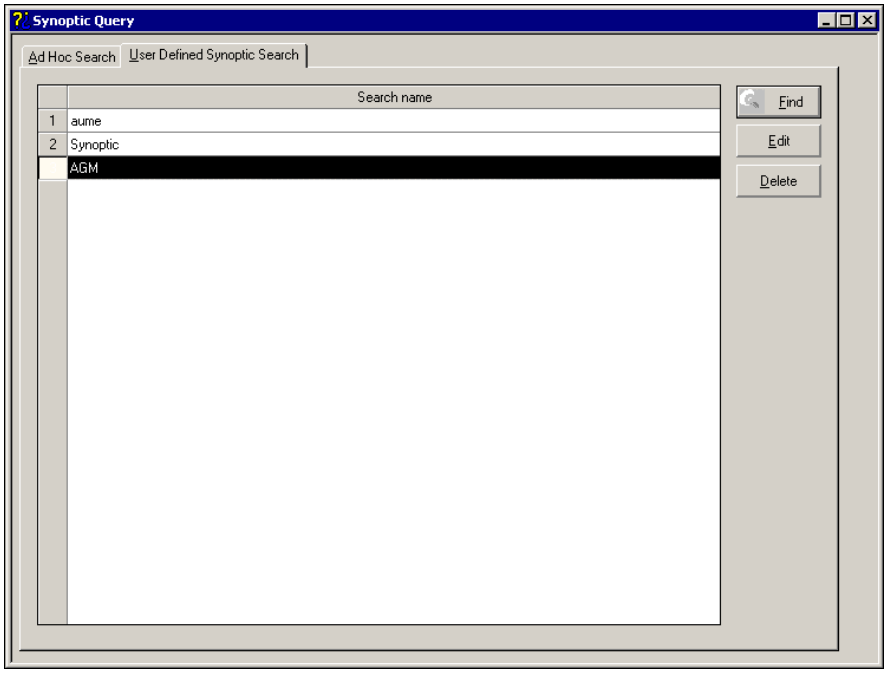


Figure 4-12. User Defined Synoptic Search tab.

Once cases that meet the search criteria are found, you can print the list of qualifying cases or bridge to the Case Description tab of Results Query for that case. See ***Chapter 4.1 – Query: Synoptic Query*** for more information about working within Results Query.

Chapter 5. Reports

The **Reports** menu options allow you to view or print result reports, quality assurance reports, ODBC reports, various system logs, and other reports. You can access any of the **Reports** options from the *Reports* menu on the SoftPath desktop.

NOTE: All examples and listings of report contents assume that you are using the standard system settings. If your organization is using any setting other than the standard reports, the data contained in the reports may differ from the examples given.

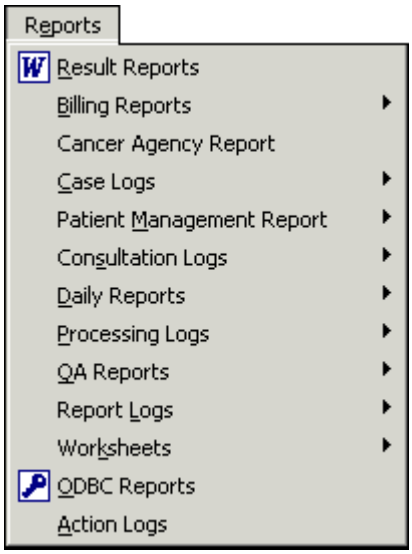


Figure 5-1. Reports menu.

SoftPath Report Launcher

All SoftPath reports (except Result reports, several management reports, and ODBC reports) are accessed using the **Report Launcher** window. The **Report Launcher** window is an application that helps you generate reports from the SoftPath database.

From the **Report** menu, select the report to open in the **Report Launcher**. After you select the report to open, the system bridges you to the **Report Launcher** window where the report criteria fields for the selected report are displayed. Enter the appropriate report criteria and click **Run** to generate the report. Common report criteria fields are detailed on page **5-12**.

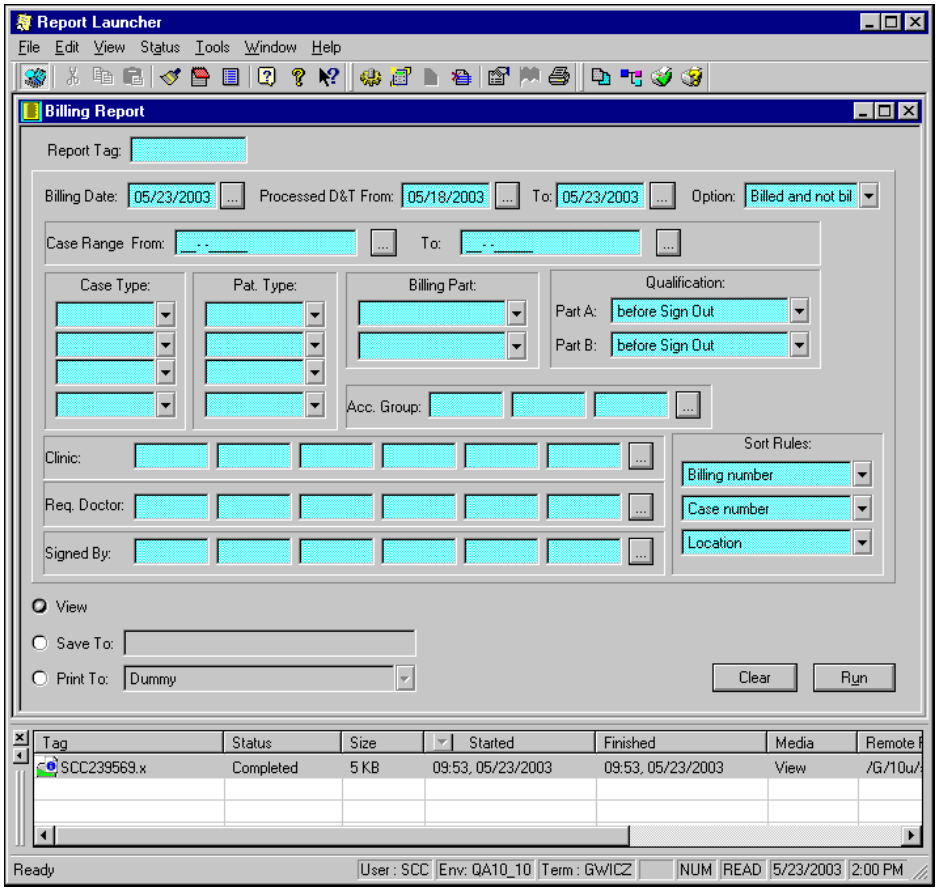


Figure 5-2. Report Launcher window.

Launcher Utility: Menus and Tool Buttons

To help you to navigate through the **Launcher** utility, each menu command and its corresponding tool button, if any, is listed and described below in the order in which it appears on the **Launcher** utility menu bar.

File Menu

The **File** menu in the **Launcher** utility enables you to close the current window without exiting the **Launcher** utility, and exit the **Launcher** utility without exiting SoftPath.

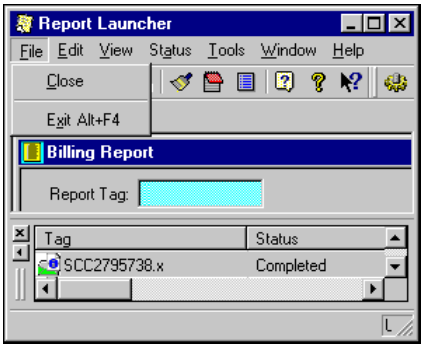


Figure 5-3. Launcher Utility: File Menu

Close

To close the current window without exiting the **Launcher** utility, select *File > Close.*

Exit

To exit the **Launcher** utility without exiting SoftPath, select **[File]>[Exit]**.

Edit Menu

The **Edit** menu enables you to cut, copy or paste information in the Launcher.

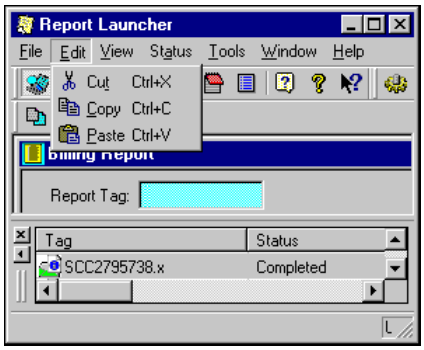


Figure 5-4. Launcher Utility: Edit Menu

Cut

To cut, select *Edit* > *Cut,* click the **Cut** button, or press **CTRL+X.**

Copy

To copy, select *Edit* > *Copy***,** click the **Copy** button, or press **CTRL+C.**

Paste

To paste, select *Edit* > *Paste,* click the **Paste** button, or press **CTRL+V.**

View Menu

The **View** menu enables you to show or hide the toolbar and/or status bar, and show or hide the status window. In addition, from this menu you can view the SoftPath Hosparams, view the trace file and scheduler log, and switch to the report list, report details or status window.

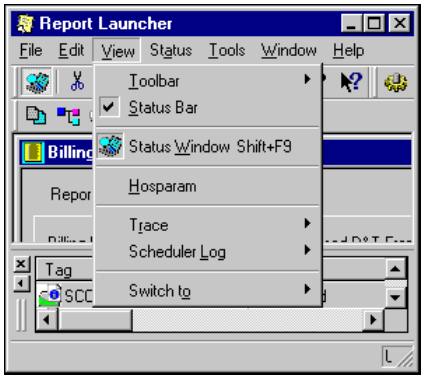


Figure 5-5. Launcher Utility: View Menu

Toolbar

To show the **Launcher** utility toolbar, select *View* > *Toolbar* ▶. The right-pointing arrow to the right of the menu command indicates that there is a submenu with additional options: **Standard**, **Report Status** and **Tools**. The check mark (✓) to the left of the menu option indicates that the toolbar is in view. To hide the toolbar, select *View* > *Status Bar* to clear the check mark.

Status Bar

To show the **Launcher** utility status bar, select *View* > *Status Bar*. The check mark (✓) to the left of the menu option indicates that the status bar is in view. To hide the status bar, select *View* > *Status Bar* to clear the check mark.

Status Window

To show or hide the status window, select *View* > *Status Window*, click the **Show or Hide Status Window** button, or press **SHIFT+F9**. The status window can be moved and/or resized within the launcher screen. This area contains a list of reports that have been generated recently. The columns display information for each of the reports. This area allows you to view, print, or delete existing reports. You can view reports in the top portion of the window if you double-click a report row in the **Report Status** area.

Trace

To display the **Trace File** window, select *View* > *Trace* ▸. The right-pointing arrow to the right of the menu command indicates that there is a submenu with additional options: **Main System** and **Auxiliary System**. This window displays all actions performed in the Launcher and Report Viewer.

Scheduler Log

To display the **Scheduler Log** window, select *View* > *Scheduler Log* ▸. The right-pointing arrow to the right of the menu command indicates that there is a submenu with additional options: **Main System** and **Auxiliary System**. This window displays all actions performed in the Launcher and Report Viewer.

Switch to

To switch to a different view, select *View* > *Switch to* ▸. The right-pointing arrow to the right of the menu command indicates that there is a submenu with additional options: **Report List (ALT + 1)**, **Report Details (ALT + 2)** and **Status Window (ALT + 3)**.

Status Menu

The **Status** menu in the **Launcher** utility enables you to filter and refresh a report; view, print and delete selected reports; flag and rerun a report; select all reports; and view properties.

Figure 5-6. Launcher Utility: Status Menu

Filter

To display the Report Filter Set Up window, select *Status* > *Filter*, click the **Filter** button, or press **CTRL+SHIFT+F**. The **Filter** button is available when the Status window is open.

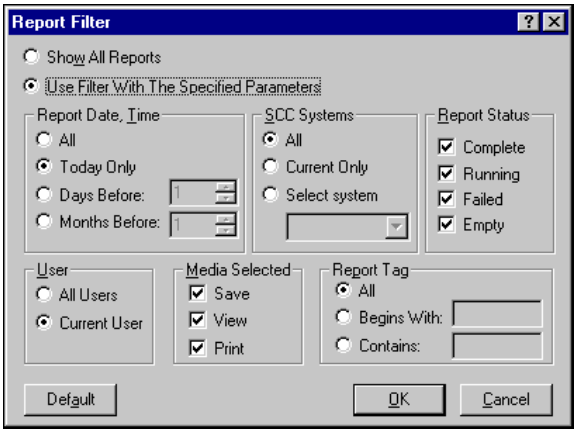


Figure 5-7. Report Filter Set Up window.

The Report Filter Set Up window enables you to customize the view of the grid on the Reports' Status System window. Make the desired changes and click **OK** to confirm the settings. If you click **Default**, the report grid will be created using default parameters. Click **Cancel** to close this window without making changes.

Refresh

The **Refresh** button is available when the **Status Window** is open. Click this button to refresh the data in the Status Window.

View

To view the selected report on your screen, select *Status* > *View*. This function is only available for reports with a **completed** status.

Print

To print a selected report to a specified printer, select *Status* > *Print* or click the **Print** button. The report is displayed on your screen for review. Select *File* > *Print* from the menu to print the report to a printer. This function is only available for reports with a completed status.

Delete

To delete the selected report(s), select *Status* > *Delete* or click the **Delete** button.

Rerun

To rerun a report, select *Status* > *Return.*

Select All

To mark all displayed folders as selected, select *Status* > *Select All,* click the **Select All** button, or press **CTRL+A**.

Properties

To display the detailed information on the selected report in the Detailed Report Info window, select *Status* > *Properties* or click the **Properties** button.

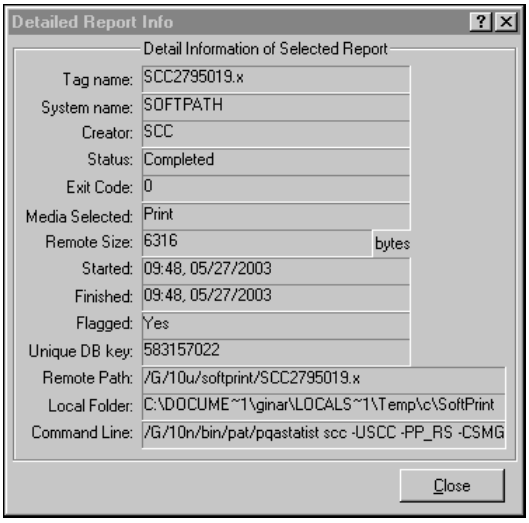


Figure 5-8. Detailed Report Info window.

Tools Menu

The **Tools** menu in the **Launcher** utility enables you to schedule reports; delete selected files; run reports; view existing reports; access the printer, change your password, access the User to User module; go to UNIX; and view options.

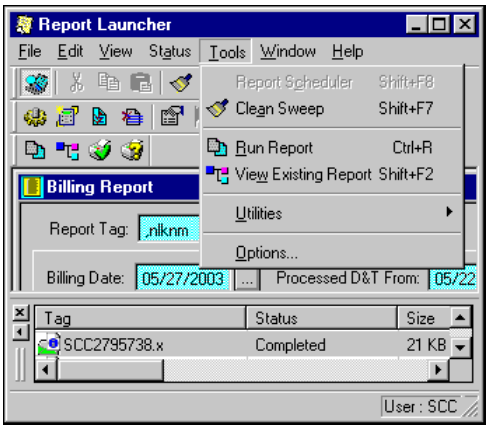


Figure 5-9. Launcher Utility: Tools Menu

Clean Sweep

To select files to delete stored on your local PC or on the server, select *Tools > Clean Sweep*, click the **Clean Sweep** button, or press **SHIFT+F7**. When you select this command, the **Select Files To Delete** window displays.

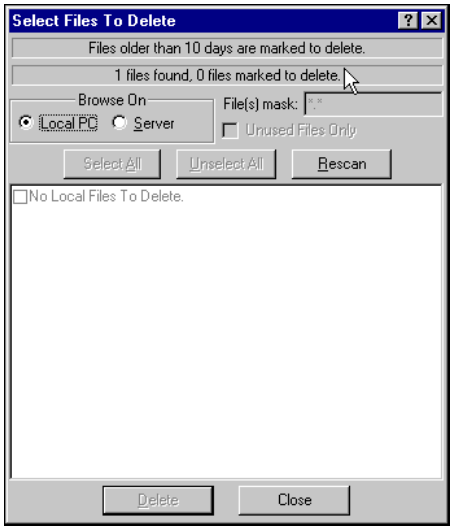


Figure 5-10. Select Files To Delete window.

Run Report

To load a report, select *Tools > Run Report*, click the **Run Report** button, or press **CTRL+R**. When you select this command a window will display all available report types. Select the type of report you wish to load and double-click it, or highlight it and click **OK**. The system will display the Search window for this report type.

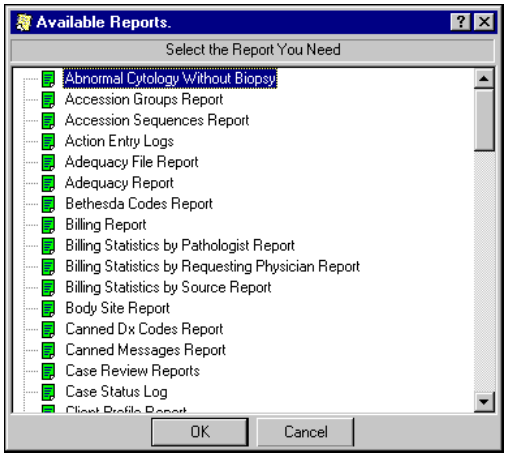


Figure 5-11. Available Reports window.

View Existing Report

To browse the remote directory to view existing reports, select *Tools > View Existing Report,* click the **View Existing Reports** button, or press **SHIFT+F2**. When you select this command, the **Browse Remote Directory** window displays.

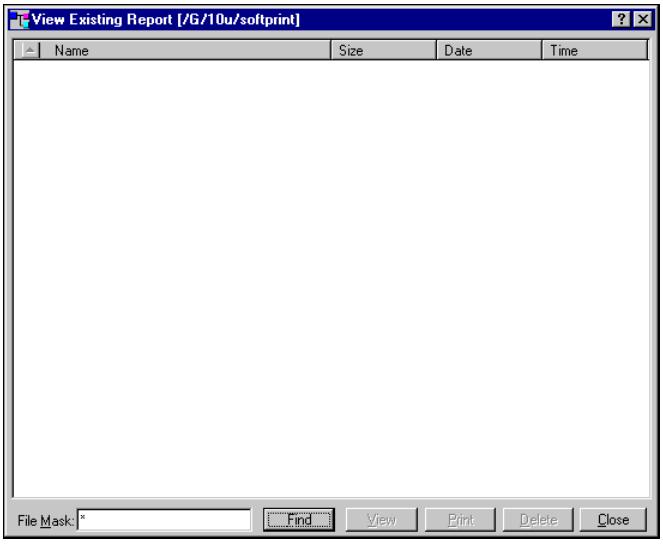


Figure 5-12. View Existing Reports window.

Click **Find** to display a list of reports. To view the report, click the desired report and then click the **View** button or double-click the entry; the system opens the report in the Launcher.

Highlight the report name and click **Print** to open the Select Printer window, which enables you to view, print, or save the report.

Click **Close** to return to the View Existing Reports window without opening a report.

Utilities

To check printers, view the printer status, change your password, access the User to User module, or go to UNIX, select *Tools* > *Utilities* and select a command from the submenu.

Options

To view the options, select *Tools* > *Options*. When you select this command, the **Global Launcher's Options** window displays.

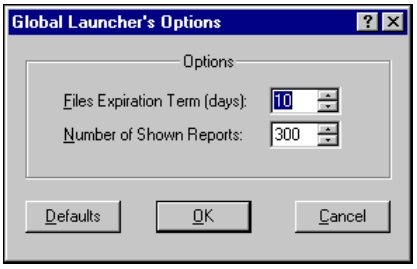


Figure 5-13. Global Launcher Options window.

Window Menu

The **Window** menu in the **Launcher** utility enables you to arrange multiple records and document windows on your desktop.

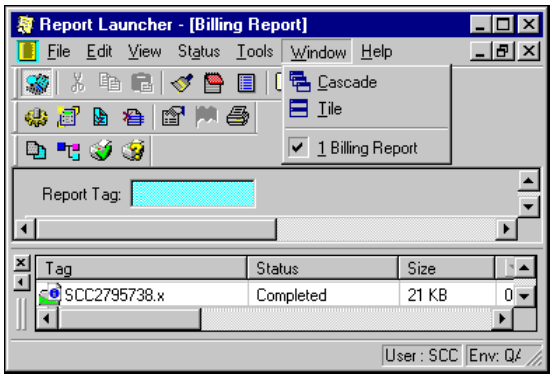


Figure 5-14. Launcher Utility: Window Menu

Cascade

Cascade places the subwindows in a waterfall configuration, with each subsequent screen in front of and slightly lower than the previous. To cascade your open windows, select *Windows > Cascade.*

Tile

Tile places the open subwindows top-to-bottom, often changing the size of the subwindows so all open windows are visible on the desktop. To tile your open windows horizontally, select *Windows > Tile.*

Window Indicator

This section of the SoftPath Launcher utility *Window* menu lists the open windows. A checkmark appears next to the *active* window (i.e., the window in which you are currently working).

Help Menu

The **Help** menu in the **Launcher** utility enables you to obtain information regarding the SoftPath **Launcher** utility.

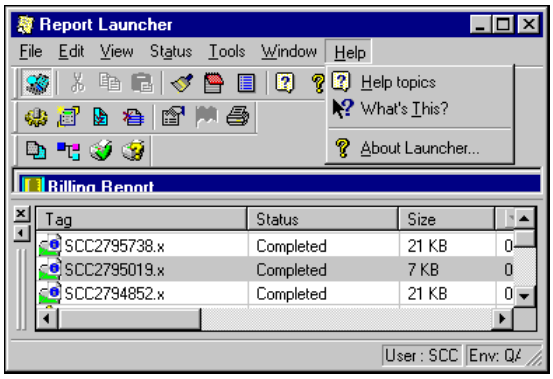


Figure 5-15. Launcher Utility: Help Menu

Help Topics

Select *Help > Help Topics* or click the **Help Topics** button to launch the help utility and access online help.

What's This?

Select *Help > What's This?* or click the **Help** button to launch the context-sensitive help. The cursor changes to an arrow with a question mark (?).

About Launcher…

When you select *Help > About Launcher* or click the **About** button, a message displays the copyright information and creation date for the **Launcher** utility.

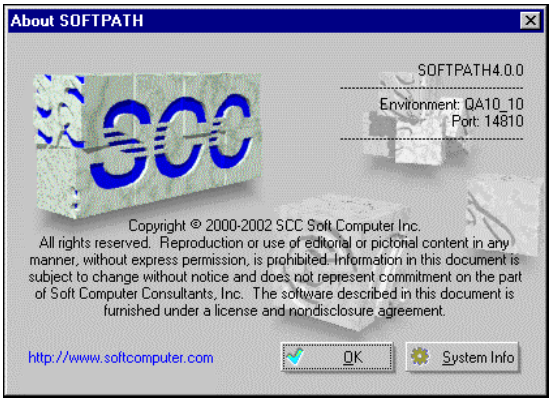


Figure 5-16. About Launcher window.

Launcher: Report Status System Window Fields

Click the **Status Window** button to display the Report Status System window. The status window contains a list of the reports that have been run, and enables you to view, print, and delete existing reports. This window can be docked at the bottom of the Launcher screen or floated.

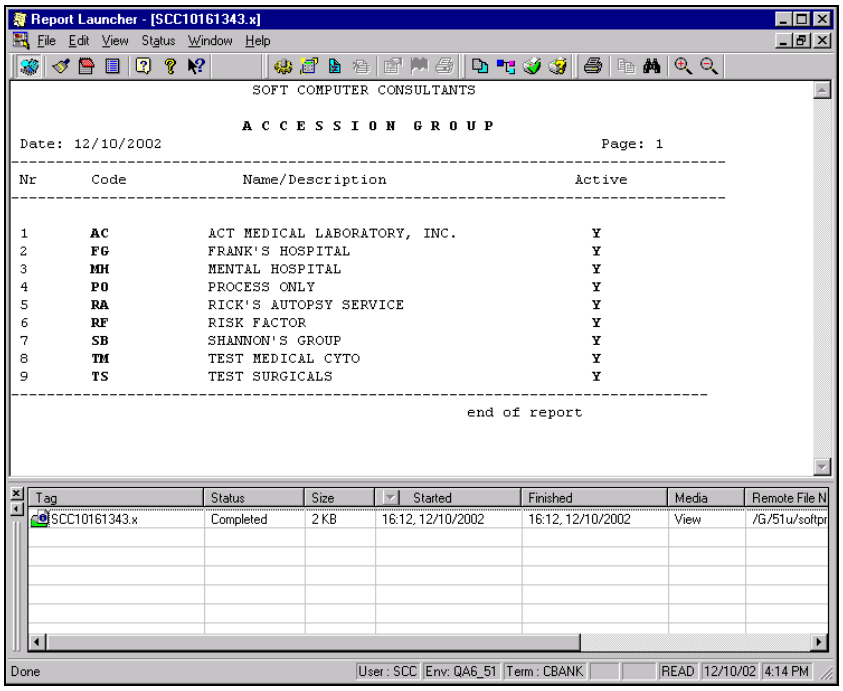


Figure 5-17. Report Status System window.

Tag

This column displays the report ID entered by the user that generated the report. If the user did not specify a tag, the system generates one automatically.

Status

This column displays the report status (**running**, **empty**, **completed**, or **failed**).

Size

This column displays the size of the report file in KB.

Started

This column displays the date and time the report was initiated.

Finished

This column displays the date and time the report finished printing.

Media

This column displays the type of print job:

Save - If the report has been saved in a chosen file.

Print - If the report has been printed.

View - If the report has been viewed.

Remote File Name

The contents of this column depend on the **Media** column. If the report was saved to a file, the file name is displayed. If the report was printed, this column displays the name of the printer where the report was printed. If the report was viewed on screen, the name of the view file is displayed.

Flagged

This column indicates whether the report was flagged as printed.

System

This column displays the name of the system from where the report was run.

Report Fields and Buttons

Many SoftPath reports use similar fields and functions for the entry of report criteria and selection of cases. This section describes some of these fields and buttons and how to make use of them to print SoftPath reports.

Acc Group

Enter the accession group to limit the search to. Click the button to select a valid accession group from the Accession Group Lookup window.

Acc No

Enter the accession number to limit the search to.

Alternative Criteria

All available fields in the search window are included when you use an "**and"** statement. Specific fields in the search window can be selected by using an "**or**" statement. Select at least two options from the search criteria available.

By Clinic

Mark this checkbox you want the banner pages collated using the clinic ID rather than the physician's ID. This option is only available if you are printing using Batch Restart.

Case Prefix

You can enter up to three case prefix codes to include only cases with the selected prefix in the report. The information can be entered manually or you can click the button to select a prefix from the **Accession Sequences Lookup** window.

Case Type

Select the case type you want to include in the report from the drop-down list.

Case Type/Worksheet Print Status Menus

Select the type of case and print status to include in the report from the drop-down lists. Only one selection is allowed for each field.

Final worksheets for gynecological and medical cytology cases can be printed as soon as specimen processing is completed.

Final worksheets for surgical pathology and autopsy cases are dependent on when the gross description was entered. If the gross description was performed at the same time as block and slide processing, then the gross description appears on the final worksheet (depending on how your template is set up).

A case is not considered to be pending after the worksheet is printed, after the final report is printed, or after the case is signed out.

Clinic

You can enter up to three clinic codes to include only cases associated with the specified clinic in the report. Click the button to select a clinic code from the **Clinic Code Lookup** window. Leave these fields blank to include cases for all clinics in the report.

Dx Category

Enter up to three diagnosis categories to include in the report. Click the button to select a diagnosis category from the **Diagnosis Category Lookup** window.

Dx Groups

Enter up to three diagnosis group codes to include in the report. Leave these fields blank to include all diagnosis groups in the report. Click the button to select a diagnosis group from the **Diagnosis Code Lookup** window.

From and To

Enter a specific date range to include only cases within the specified range in the report. The date can be entered manually or you can click the button to display a calendar to make a selection. The date in the **To** field must be greater than or equal to the date in the **From** field. Leave these fields blank to include all cases.

FS/Gr.Intr.

Select one of the following options from the drop-down list: **With FS Blocks, Gross Intr, All**, or **FS or Gross Intr**.

IOC Done By

Enter a personnel ID code to include only cases with IOC performed by that person in the report. Click the button to select a personnel code from the **Personnel Lookup** window.

Normal

Select whether to include **normal**, **abnormal**, or **all** cases in the report.

Pathologist

You can enter up to three pathologist ID codes to include only cases associated with the specified pathologists in the report. Click the button to select a pathologist ID code from the **Pathologist ID Lookup** window. Leave these fields blank to include cases for all pathologists in the report.

Patient Type

Enter up to three patient types to include in the report from the drop-down lists.

Print

Select the print status of the reports you want to print from the drop-down list.

Priority

Select a case priority from the drop-down list to include only cases with the specified priority in the report.

Procedures

Select a procedure from the drop-down list to include only cases associated with the specified procedure in the report.

Req Doctor

You can enter up to three requesting doctor codes to include only cases associated with the specified doctor in the report. Click the button to select a doctor code from the **Doctor Lookup** window. Leave these fields blank to include cases for all requesting doctors.

Rules

Select a QA rule from the drop-down list to include only cases that meet the specified rule in the report.

Scenario

Select the scenario for the report from the drop-down list. Scenarios are defined in the **Case Comparison/Setup** option.

Screened by

Enter the screener ID to include only cases screened by the specified screener. Click the button to select a screener from the **Personnel Lookup** window.

Summary Report/Detailed Report

Select whether you want to print a summary or detailed version of the current report using the specified criteria.

Sort Rules

Select a case property you want to use to sort the report from the drop-down list.

Source and Only Source

You can enter up to three source ID codes to include only cases with the specified sources in the report. Click the button to select a source ID code from the **Source Lookup** window. Leave these fields blank to include all sources in the report.

Status

Select the type of print job you want to initiate from the drop-down list. Options include:

- **All for Case** - All copies for the case will be printed, including those that have been printed and those that are pending.
- **One per Case** - One copy will be printed for the selected cases.
- **All Pending** - All copies that have not been printed will be selected.
- **Reprint Printed** - All copies that have been printed will be selected.

Type

Select the type of report you want to print from the drop-down list.

NOTE: If you select **Revised**, the system searches only for cases that have not been signed out. When a case is signed out, the revised report becomes the final report and can be retrieved by selecting the **Final** report type from the drop-down list.

Printing Reports

To print a report, enter all applicable report criteria in the available. Next, select one of the following option buttons:

- **View –** This option displays the report on your screen when you click **Run**.
- **Save –** After you select this option, enter a file name in the adjacent field. Click **Run** to generate the report and save the output in the specified electronic file.
- **Print To –** After you select this option, choose a printer from the drop-down list. Click **Run** to generate the report and send it to the specified printer.

SCC
Soft Computer

Result Reports

The **Result Reports** option allows you to print reports, worksheets and letters.

To access the **Result Report** option, select *Reports* > *Result Reports* from the main menu. The **Printing** window displays similar to Figure 5-18.

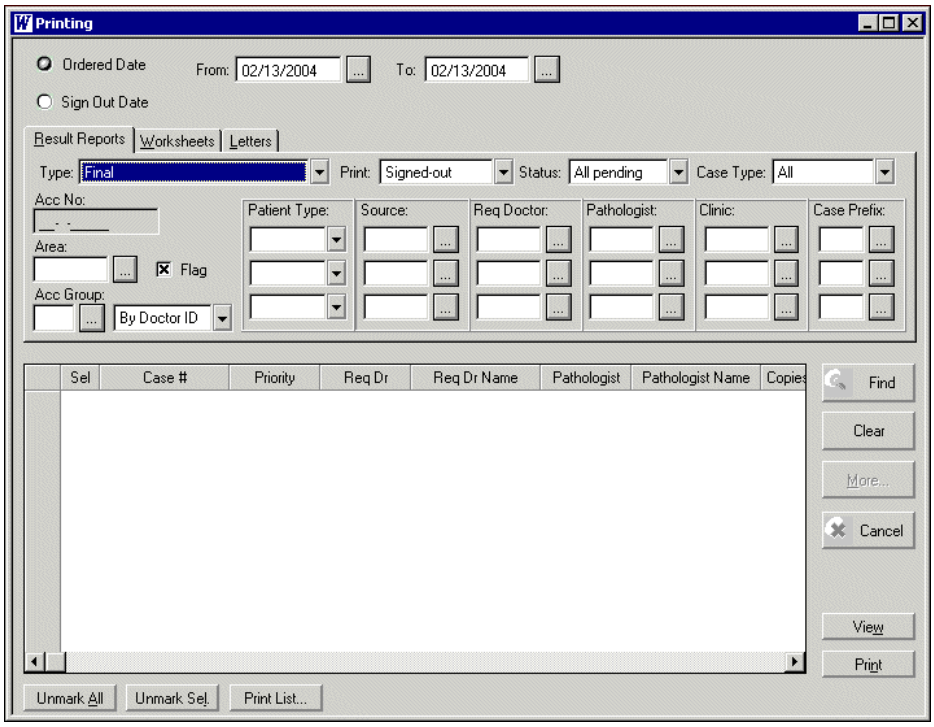


Figure 5-18. Printing window - Result Reports tab.

Result Report Tab

This tab is primarily used for batch printing. After you complete this tab, the system marks the case for the initial printing of the report. Additional copies can be reprinted if necessary.

You can search for pending cases by ordered date or sign-out date. Specify a range of dates and enter search criteria to select cases for batch printing of final reports, autopsy (FAD and PAD) reports, preliminary reports, revised reports and supplemental reports.

NOTE: If desired, the Req Doctor and Clinic searches can be expanded to include up to 25 codes each. To display this expansion, click on the Browse button for each field. This can be enabled in Options. If enabled, the Result Report search screen will appear similar to Figure 5-19. See page 6-113 for more information.

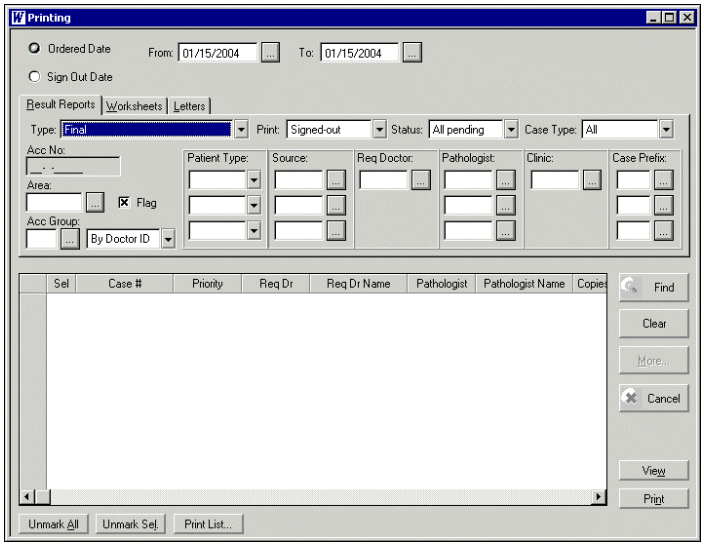


Figure 5-19. Result Reports search window with Expanded Doctor and Clinic search enabled.

Click **Find**. All cases that fall within the specified date range and match the specified report criteria are displayed for review.

NOTE: A report for a single case can also be printed from the **Result Entry** options, **Query** options, or the **Sign Out** option.

Worksheets Tab

This tab allows you to specify a range of dates and enter search criteria to select cases for batch printing of worksheets. These worksheets can be used to record the final diagnosis of the case, quality assurance information, billing codes, and diagnosis coding.

The worksheets contain all the information available at the time they are printed, including all previous cases and requested laboratory work (depending on how your template is set up). After the worksheet is printed for the first time, you must use the **Reprint** option to print additional copies with the same date and time as the original.

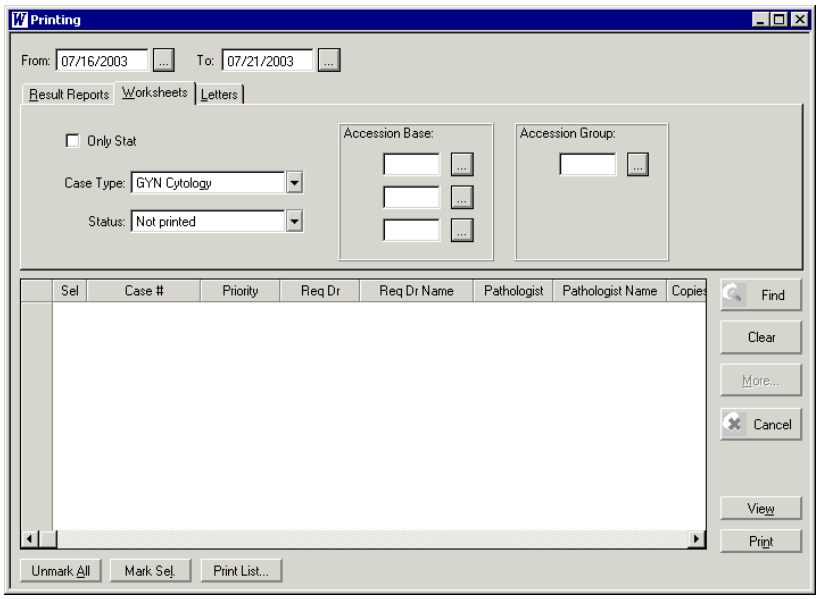


Figure 5-20. Printing window - Worksheets tab.

To speed processing, the report criteria fields default to the dates and selection necessary to list all cases that qualify for Final Results entry but have not had a worksheet printed. You can further limit the cases included on the worksheet by specifying additional criteria. After entering any report criteria, click the **Find** button to display a list of cases that match the specified criteria.

Letters Tab

This tab allows you to print letters previously requested and associated with specific cases in a batch format. The number of letters is limited to the number you define during setup. A different format will be used for each specific situation encountered. Variables such as patient name, MRN, admitting physician, pathologist, etc., are placed in the letter automatically by the system (depending on how your template is set up).

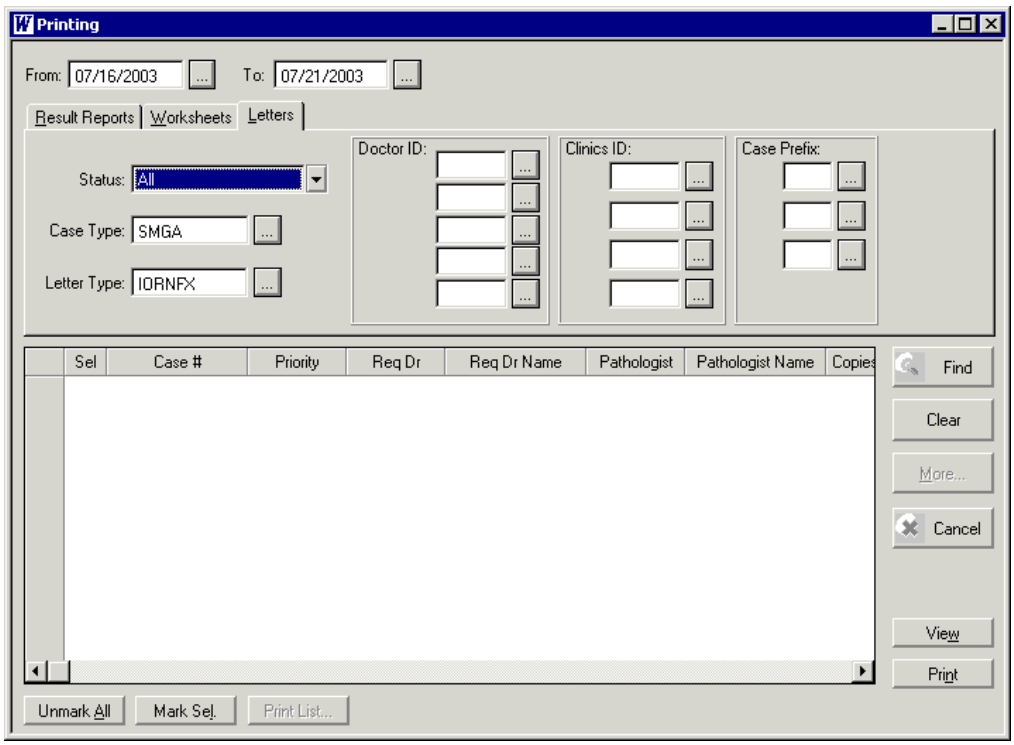


Figure 5-21. Printing window - Letters tab

In the **Letter Type** field, enter the type of letter you want to print. Click the button to display the **Multiple Choice** window. This window displays all available letter types. Select one or more letter types by marking the appropriate checkboxes. You can select up to six letter types.

The letters are prepared in MS Word using templates created for each type of letter defined during setup in the **Define Letters** option. The patient information is extracted from the system and inserted according to the template.

NOTE: Once a letter has been printed, it cannot be deleted from the case.

Billing Report

Billing reports are used to produce a report and/or file for billing purposes. A billing report can also use pre-defined parameters and run automatically in the **Scheduler** option. The report lists charges for each case. These charges are represented by final billing codes and not internal billing codes. The format of the report or file can be transferred to the SoftLab system, SoftA/R® system, or the HIS.

The **Billing Report** option allows you to run or print a billing report for all charges that qualify for billing since the previous billing. Any examination that has been processed or performed and has an approved final report is eligible for billing.

Access the **Billing Report** option by selecting *Reports > Billing Reports > Billing Report* from the main menu. The **Billing Report** window displays similar to Figure 5-22.

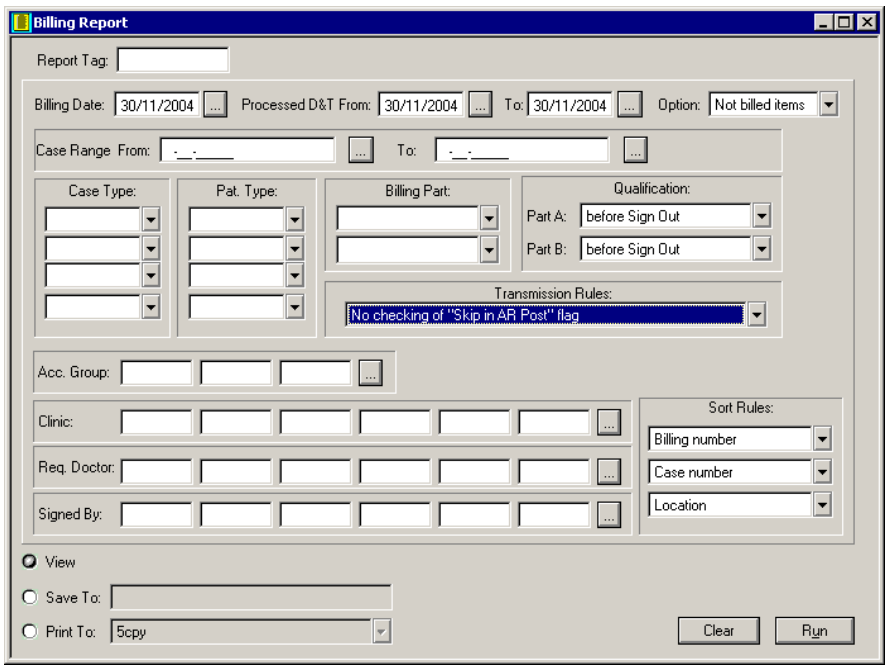


Figure 5-22. Billing Report Window

The main criterion for the Billing report is the processing date range. This date range is used differently when the billing is completed daily as opposed to when the billing is completed after cases are signed out. You must specify at least one report criterion (date or item selection) in order to create a report.

The **Transmission Rules** field allows the user to define if the system checks the status of "**Skip in AR Post**" flag (see page ***6-28***) in the Clinics Setup file when cases are collated for the billing report. Select one of the following options:

- **No Checking of "Skip in AR Post":** The flag is not read and all qualifying cases, based on search criteria, are qualified. This is the default selection.
- **Only Clinics flagged to "Skip in AR Post":** Only cases associated to Clinics with this flag set will qualify to the billing report run.
- **Only Clinics Not flagged to "Skip in AR Post":** Only cases associated to Clinics without this flag set will qualify to the billing report run.

Enter any report criteria and click **Run** to generate the report. The Billing report contains the case number, patient demographics, stay demographics, items billed (including the item description and code), and the number of times an item was billed.

Billing Worksheets

The **Billing Worksheet** option allows you to print a hard copy of the billing charges captured for manual entry/edit of billing codes. The format of the billing worksheet is user defined in the document setup file.

Access the **Billing Worksheets** option by selecting *Reports > Billing Reports > Billing Worksheets* from the main menu. The **Billing Worksheets** window displays similar to Figure 5-22.

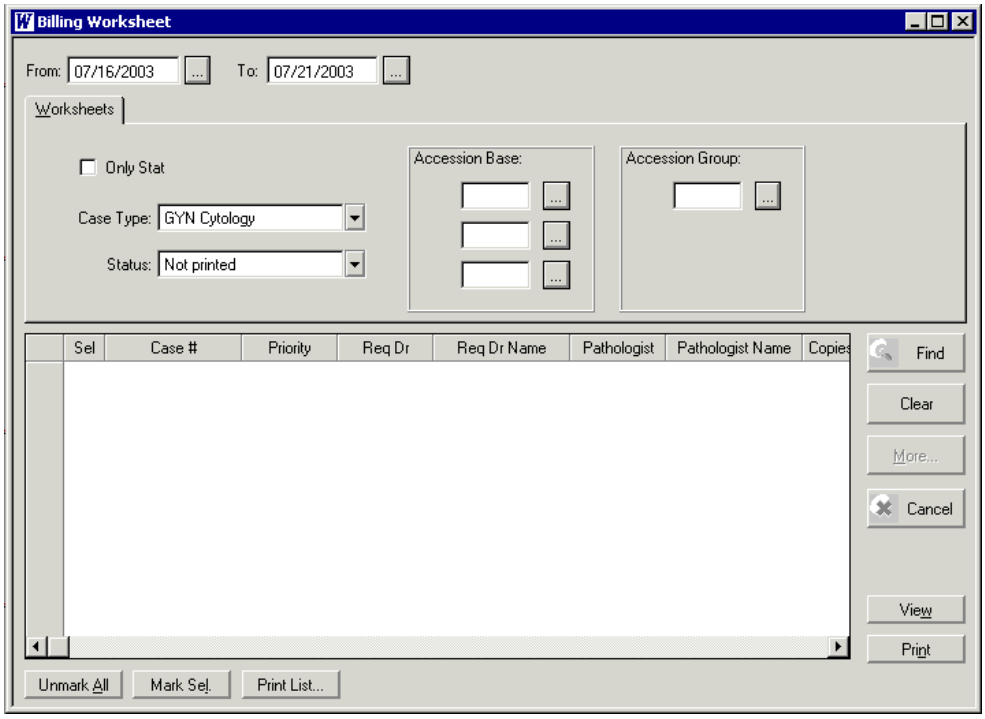


Figure 5-23Billing Worksheets window.

NOTE: The main criterion for this report is the order date range.

Billing Statistics by Requesting Physician

The Billing Statistics by Requesting Physician Report contains the case number, patient demographics, stay demographics, items billed (including the item description and code), and the number of times an item was billed.

Access the **Billing Statistics by Requesting Physician** option by selecting *Reports > Billing Reports Billing Statistics Report > By Requesting Physician* from the main menu. The **Billing Statistics by Requesting Physician Report** window displays similar to Figure 5-24.

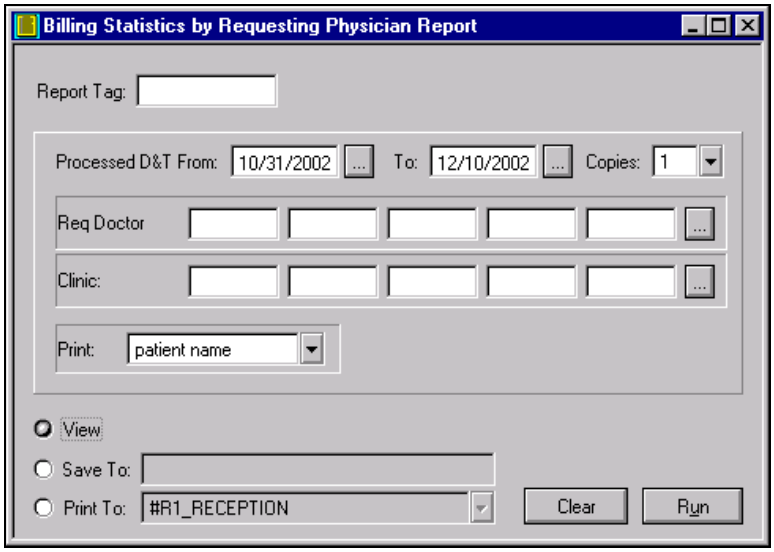


Figure 5-24. Billing Statistics by Requesting Physician Report window.

The main criterion for this report is the processing date range. This date range is used differently when the billing is completed daily as opposed to when the billing is completed after cases are signed out. You must specify at least one report criterion (date or item selection) to create a report.

Billing Statistics by Pathologist

The Billing Statistics by Pathologist Report contains the case number, patient demographics, stay demographics, items billed (including the item description and code), and the number of times an item was billed.

Access the **Billing Statistics by Pathologist** option by selecting *Reports > Billing Reports > Billing Statistics Report > By Pathologist* from the main menu. The **Billing Statistics by Pathologist Report** window displays similar to Figure 5-25.

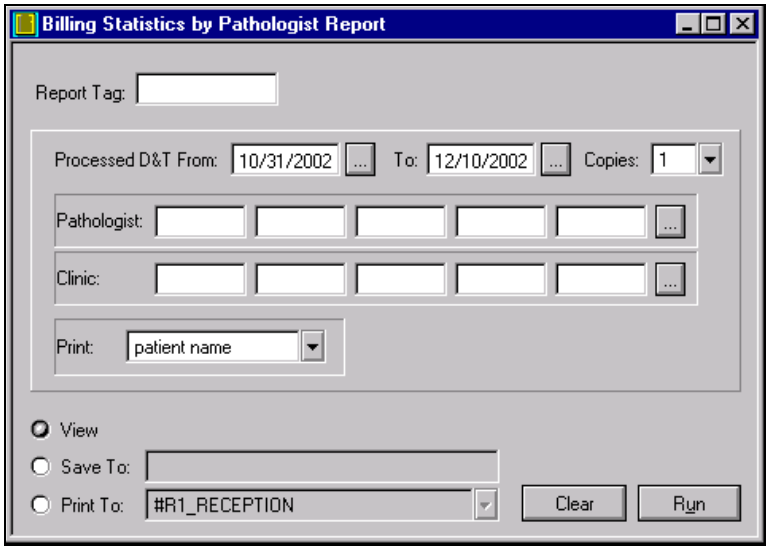


Figure 5-25. Billing Statistics Report by Pathologist Report window.

The main criterion for this report is the processing date range. This date range is used differently when the billing is completed daily as opposed to when the billing is completed after cases are signed out. You must specify at least one report criterion (date or item selection) in order to create a report.

Billing Statistics by Source

The Billing Statistics by Source Report contains the case number, patient demographics, stay demographics, items billed (including the item description and code), and the number of times an item was billed.

Access the **Billing Statistics by Source** option by selecting *Reports > Billing Reports > Billing Statistics Report > By Source* from the main menu. The **Billing Statistics by Source Report** window displays similar to Figure 5-26.

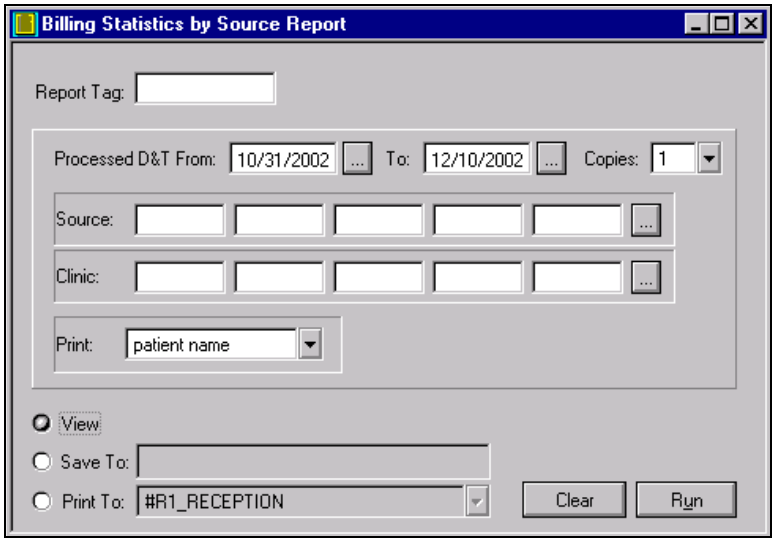


Figure 5-26. Billing Statistics by Source Report window.

The main criterion for this report is the processing date range. This date range is used differently when the billing is completed daily as opposed to when the billing is completed after cases are signed out. You must specify at least one report criterion (date or item selection) in order to create a report.

Cancer Agency Report

The Cancer Agency Report allows you to create a file that contains all cases flagged as qualifying for Cancer Agency Reporting (For more information on flagging files, depending on their status in your workflow, refer to page 3-37 for QA Entry and page 3-53 for Sign Out). This file is available for uploading to the appropriate governmental agency through the Internet. If desired, a hard copy of all the contents of this file may be generated.

NOTE: Cancer Agency reporting can only be used if it has been made available in Options. See ***Chapter 6.4--Setup: Options*** for more information.

The search window displays similar to Figure 5-27.

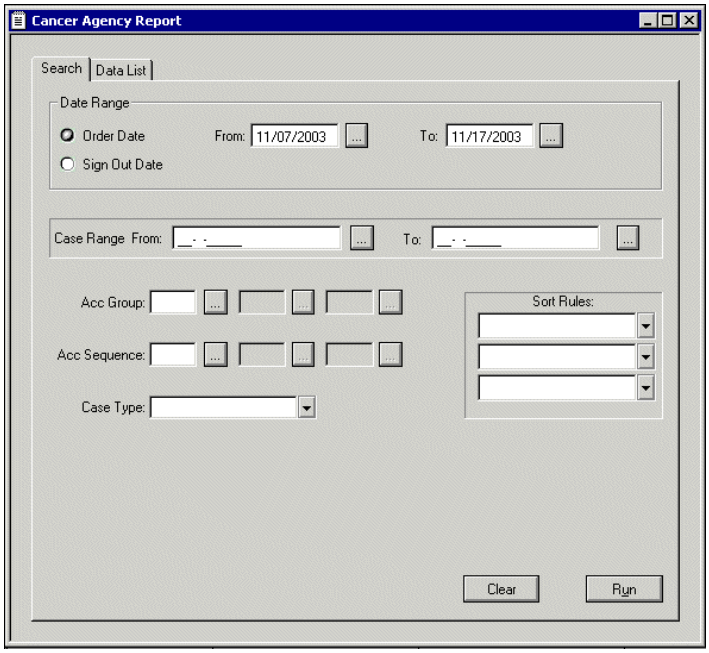


Figure 5-27. Cancer Agency Report search window

Cancer Agency reports can only be created manually through the search window. Once the search window is completed, you will see the Data List window for the report, similar to Figure 5-28. This window allows you to view a list of the cases qualifying for this report in addition to allowing you to enter information about where on your system you would like the report file saved and whether you would like to view or print the report.

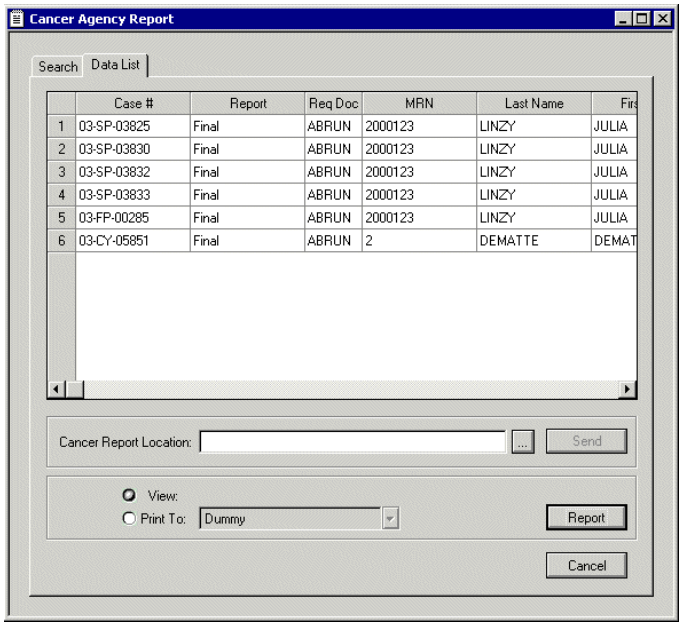


Figure 5-28. Cancer Agency Report – Data List window

These reports, once created, can also be sent electronically through the Internet to a Cancer Agency. When the report is run, the results are an ASCII-based report showing all cases flagged to be transmitted. After this file is created, the system will prompt you to send the report to the appropriate agency via that agency's website. If, for some reason, the report cannot be sent, it will be destroyed (but the report will be available to be run again at a later time). If the report is sent, the temporary file that contains the qualifying reports is moved to the directory specified in the hosparam rh_CANCER_REP_PATH. Those cases are then flagged as being successfully sent to the Cancer Agency and will not appear again when future Cancer Agency reports are run.

NOTE: Your lab's CLIA number may be required to send this report to the appropriate agency. To define this number, please complete the field found in ***Options --> System Settings***.

Case Logs

Autopsy Case Report

The **Autopsy Case Report** lists all of the autopsy procedures within a specific date range. The report contains the autopsy case number, patient last name, age, sex, date of death, date of autopsy, clinic, pathologist ID, deiner ID, resident ID, gross description date and status, PAD date and status, PAD sign out date, clinicopathological correlation date and status, FAD date and status, and the FAD sign out date.

Access the **Autopsy Case Report** option by selecting *Reports* > *Case Logs* > *Autopsy Case Report* from the main menu. The **Search Criteria for Autopsy Case Report** window displays similar to Figure 5-29.

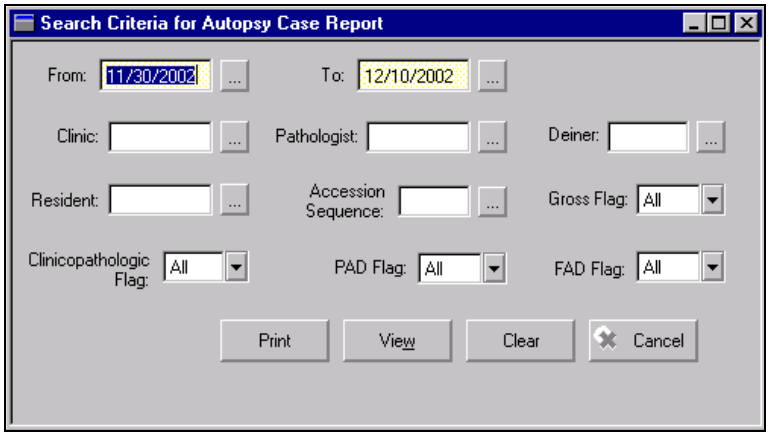


Figure 5-29. Search Criteria for Autopsy Case Report window.

The primary criterion for the Autopsy Case report is the ordered date range. You must specify at least one report criterion (date or item selection) in order to create a report.

Deleted Cases Log

The Deleted Cases Log provides a record of all cases that were deleted in the system with accession numbers that are not being re-used. The reason the case was deleted is also provided if one was entered.

Access the **Deleted Cases Log** option by selecting *Reports* > *Case Logs* > *Deleted Cases Log* from the main menu. The **Deleted Cases Log** window displays similar to Figure 5-30.

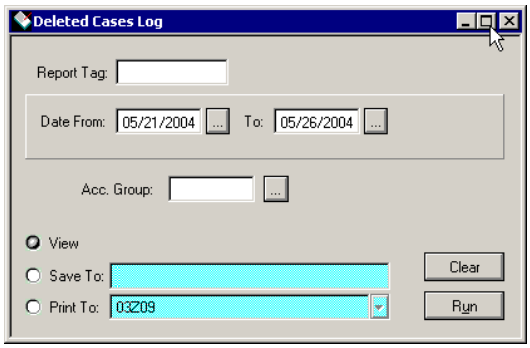


Figure 5-30. Deleted Cases Log window.

Deleted Stays Log

The Deleted Stays Log provides a listing of stays that have been deleted, as well as the user ID of the person who deleted the stay and the date and time that the deletion occurred. The report also provides the comment given during the deletion of the stay, if available.

Access the Deleted Stays Log by selecting *Reports > Case Logs > Deleted Stays Log* from the main menu. The Deleted Stays Log window displays similar to Figure 5-31.

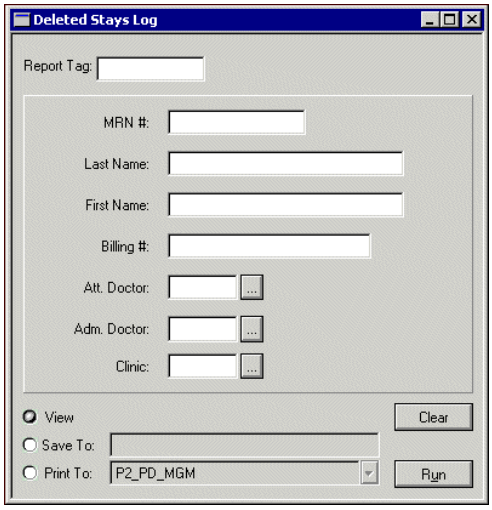


Figure 5-31. Deleted Stays Log window.

Doctor Cytology Report

The Doctor Cytology Report provides a listing of cases submitted for examination for each requesting physician by diagnosis category. This report includes the case number, patient name, date of service, date of birth, and age, sorted under each Diagnosis Category.

Access the **Doctor Cytology Report** option by selecting *Reports > Case Logs > Doctor Cytology Report* from the main menu. The **Doctor Cytology Report** window displays similar to Figure 5-32.

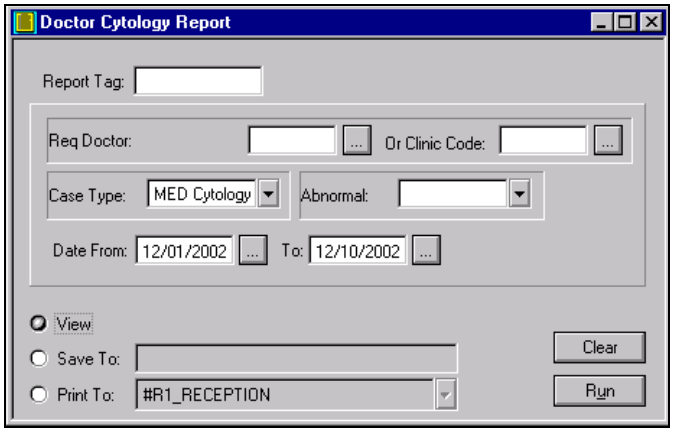


Figure 5-32. Doctor Cytology Report window.

Parent Source Log

The Parent Source Log prints a report that lists all cases with a specific "parent" source and all "children" of the specified parent source. The report only looks down the source tree, and not up. The report is sorted by the parent source code. The information listed for each case includes the accession number, received date, reported date, the pathologist who dictated the final diagnosis, the patient type (inpatient, outpatient, etc.), and the total number of cases for each source.

Access the **Parent Source Log** option by selecting *Reports > Case Logs > Parent Source Log* from the main menu. The **Parent Source Log** window displays similar to Figure 5-33.

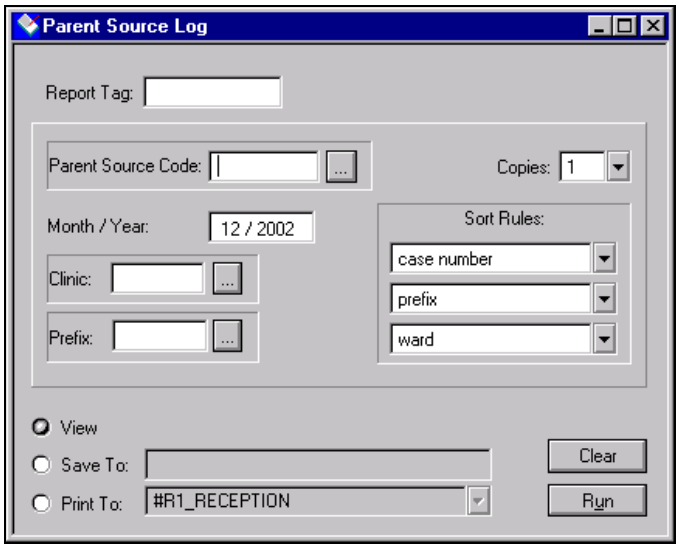


Figure 5-33. Parent Source Log window.

Resulted Cases Log

The Resulted Cases Log lists all of the cases that were signed out in a specific date range. The report lists the case number, patient name, sign out date and time, pathologist ID who signed final report, screener ID, ordered date and time, and technologist ID who entered the order into the system.

Access the **Resulted Cases Log** option by selecting *Reports > Case Logs > Resulted Cases Log* from the main menu. The **Resulted Cases Log** window displays similar to Figure 5-34.

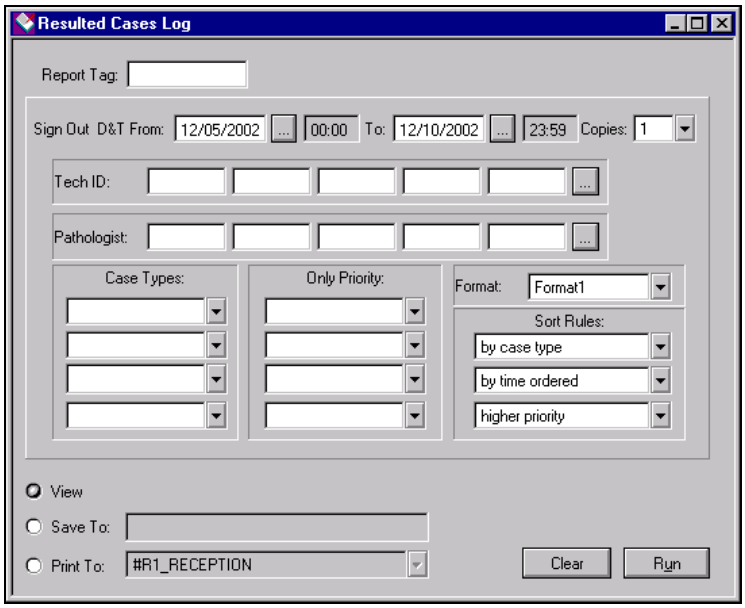


Figure 5-34. Resulted Cases Log window.

Revised Cases Log

The Revised Cases Log prints a report that lists all cases with a revised report created for a specific date range and/or case type. The reason for the revision is included on the report if one was entered. The report also provides the case accession number, specimen received date, report date(s) (original and revised), and the pathologist ID who dictated the report.

Access the **Revised Cases Log** option by selecting *Reports > Case Logs > Revised Cases Log* from the main menu. The **Revised Cases Log** window displays similar to Figure 5-35.

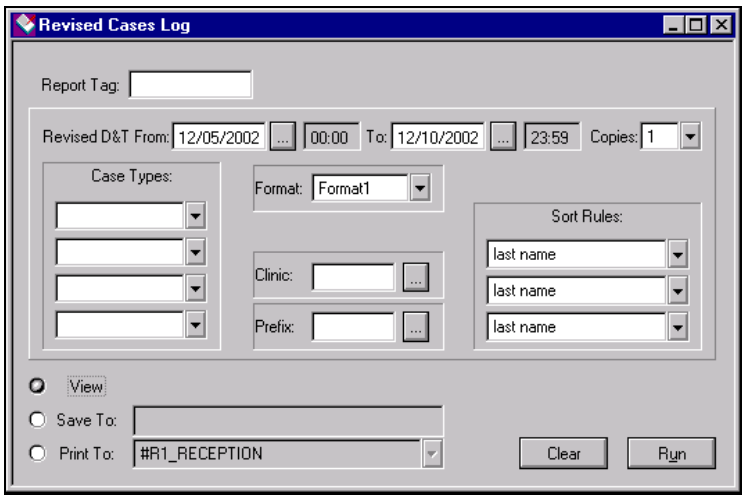


Figure 5-35. Revised Cases Log window.

Post Sign Out Modification Log

The Post Sign Out Modification Log lists all cases that were edited during the hold release time after sign out.

Access the **Post Sign Out Modification Log** option by selecting *Reports > Case Logs > Post Sign Out Modification Log* from the main menu. The **Post Sign Out Modification Log** window displays similar to Figure 5-35.

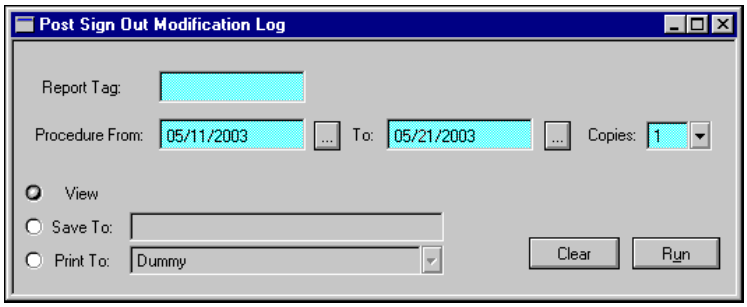


Figure 5-36. Post Sign Out Modification Log window.

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Patient Management Reports

Collated Patient History Report

The Collated Patient History Report allows you to search for, print, view, or save the history collated report for one or more specified patients.

Access the **Collated Patient History Report** option by selecting *Reports > Patient Management Reports > Collated Patient History Report* from the main menu. The **Search Criteria** window displays similar to Figure 5-37.

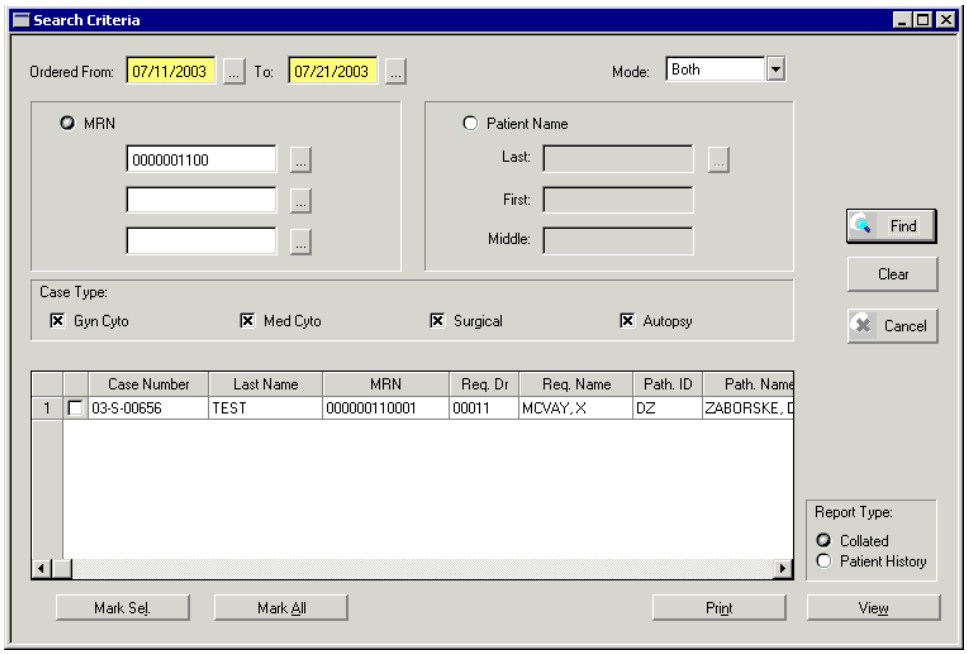

Figure 5-37. Search Criteria window (Collated Patient History Report).

Search for patients/cases to include in the report using the fields provided. You can search by MRN or patient name by clicking the corresponding option button, which activates the search criteria fields. Click **Find** to display a list of patients that match the specified criteria. The search results will display in a table at the bottom of the window.

Select the patients or cases you want to include by highlighting the appropriate row and clicking the **Mark Sel** button. Click **Mark All** to select all displayed cases/patients for the report.

Next, select the type of report you want to create:

- **Collated** - Produces a report containing case demographics and diagnoses for each case associated with the specified patient.
- **History** - Produces a list of case numbers for the specified patient.

Click the **View** button to preview the report on your screen or click **Print** to send the report to a printer.

High Risk Patient Report

The High Risk Patient Report provides a list of cases with high-risk patients. This report contains the patient risk factors, case number, diagnosis code, patient name, requesting doctor ID, technician ID, pathologist ID, rescreener ID, diagnosis category, source code, and sign out date.

Access the **High Risk Patient Report** option by selecting *Reports > Patient Management Report > High Risk Patient Report* from the main men. The **Criteria for High Risk Patient Report** displays similar to Figure 5-38.

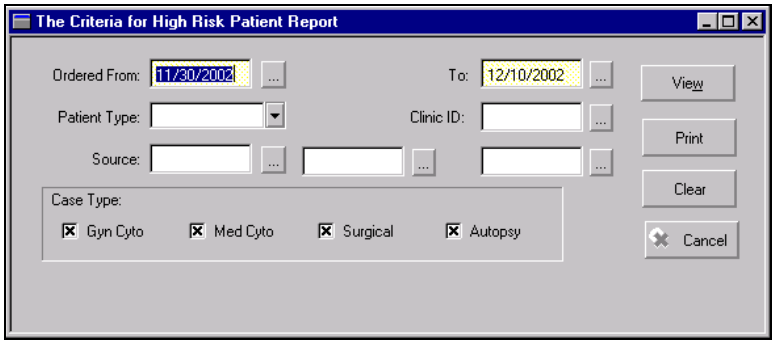

Figure 5-38. The Criteria for High Risk Patient Report window.

Consultation Logs

Incoming Consultation Log

The Incoming Consultation Log provides a list of incoming consultations for a specified date range.

Access the **Incoming Consultation Log** option by selecting *Reports* > *Consultation Logs* > *Incoming Consultation Log* from the main menu. The **Incoming Consultation Log** window displays similar to Figure 5-39.

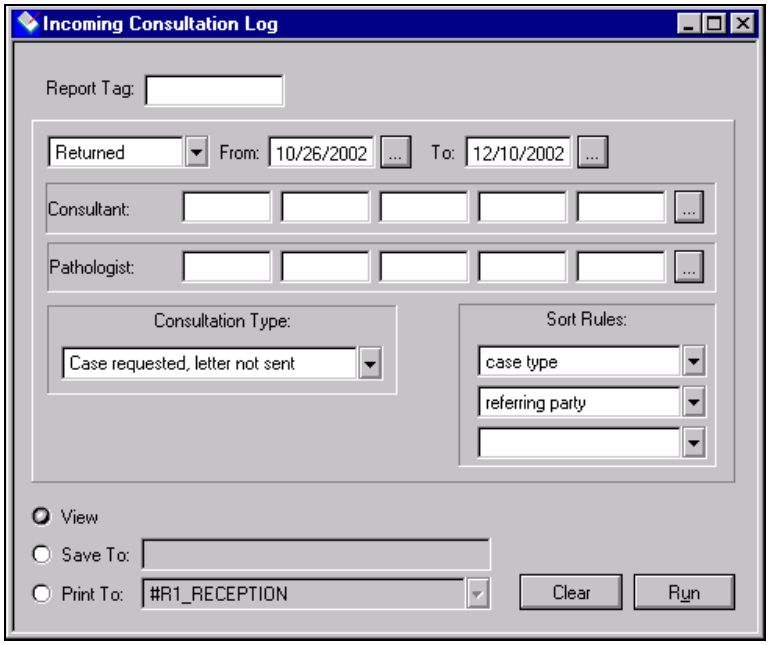

Figure 5-39. Incoming Consultation Log window.

Select whether you want to run the report by the ordered date or the returned date by selecting either **Ordered** or **Returned** from the data range drop-down list. Enter the date range and select the consultation type you want to include in the report from the **Consultation Type** drop-down list.

The **Consultation Type** drop-down list contains the following selections:

- **Case Requested Letter Not Sent** - Selecting this option collates all ordered incoming consultations with no received materials and no specified Request Letter date.
- **Letter Sent Material Not Received** - Selecting this option collates all ordered incoming consultations with materials that have not been received and printed request letters.
- **Material Received Case in Process** - This option collates all ordered incoming consultations with received materials that have not been returned.
- **Cases with Slides to be Returned** - This option collates all ordered incoming consultations with slides in the **Material Received** window and materials that have not been returned. In addition, the consultation discrepancy information must be completed
- **Completed Incoming Consultation** - This option collates all ordered incoming consultations with received and returned materials, a Consultation Report date, Request Letter date, a printed Request Letter, and complete Consultation Discrepancy Entry.

Enter any additional report criteria and then click **Run**. The report lists the case number, referring physician or pathologist, the request date, and the total number of cases.

Outgoing Consultation Log

The Outgoing Consultation Log lists outgoing consultations that have or have not been returned. This report lists the patient name, case number, materials (blocks and slides sent), date sent, pathologist, and destination (consultant).

Access the **Incoming Consultation Log** by selecting *Reports > Consultation Logs > Outgoing Consultation Log* from the main menu. The **Outgoing Consultation Log** window displays similar to Figure 5-40.

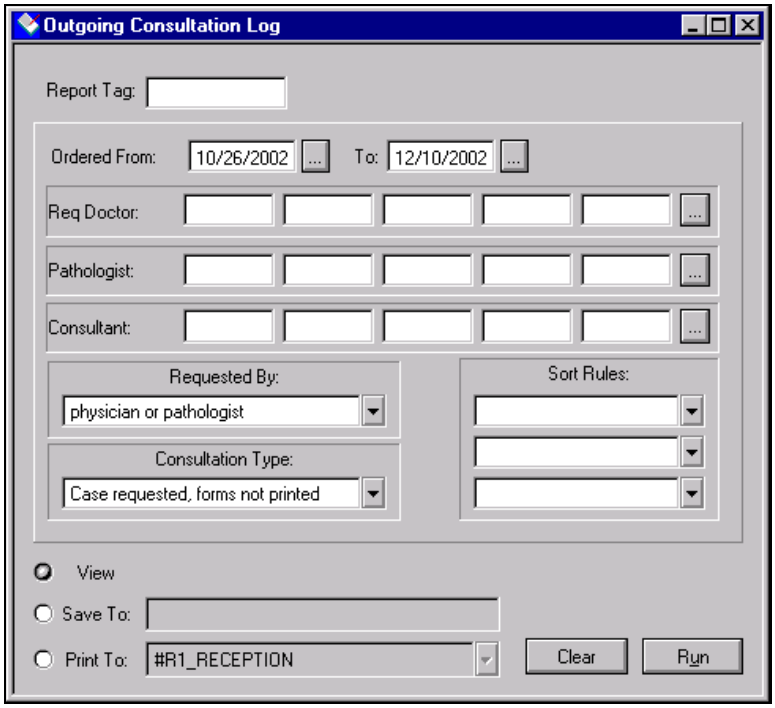

Figure 5-40. Outgoing Consultation Log window.

Temporary Data Log

The Temporary Data Log provides a list of all incoming consultation requests (without materials received) within the specified date range that are stored as **temporary**. This report lists the MRN, patient name, consultant, person that requested the consultation, and date requested.

Access the **Temporary Data Log** option by selecting *Reports > Consultation Logs > Temporary Data Log* from the main menu. The **Temporary Data Log** window displays similar to Figure 5-41.

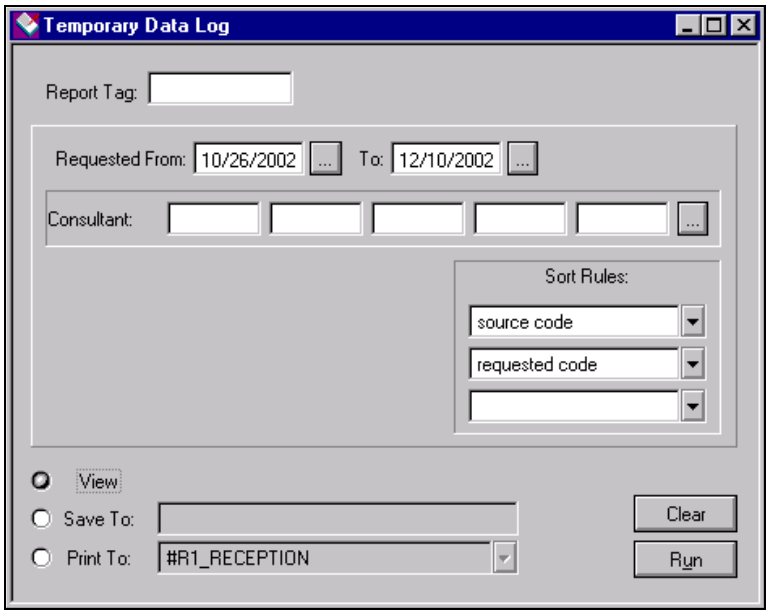

Figure 5-41. Temporary Data Log window.

Consultation Discrepancy Log

The **Consultation Discrepancy Log** provides a list of consultation cases that have had a consultation discrepancy entry completed. This report lists the case number, date requested, source (ID and name), and the discrepancy category.

Access the **Consultation Discrepancy Log** option by selecting *Reports > Consultation Logs > Consultation Discrepancy Log* from the main menu. The **Consultation Discrepancy Log** window displays similar to Figure 5-42.

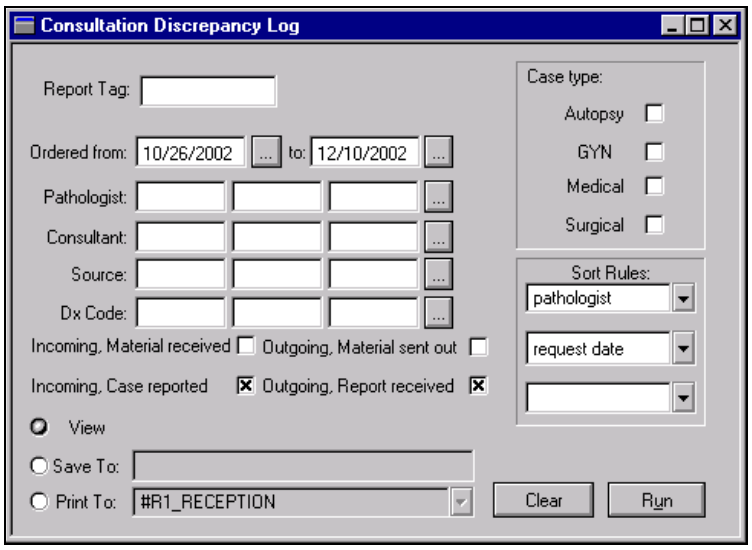

Figure 5-42. Consultation Discrepancy Log window.

Daily Reports

Case Status Log

The Case Status Log allows you to view the processing status of any case. This is useful when trying to keep track of a specific case specimen. This report prints the case accession number, date ordered, priority, and current processing status.

Access the **Case Status Log** option by selecting *Reports* > *Daily Reports* > *Case Status Log* from the main menu. The **Consultation Status Log** window displays similar to Figure 5-43.

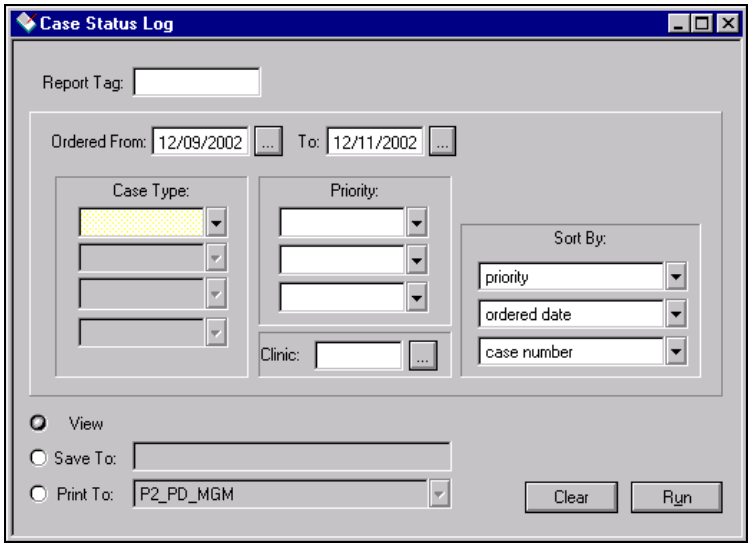

Figure 5-43. Case Status Log window.

This report uses the following abbreviations:

- **SP** - Specimen Processing
- **BE** - Blocks Embedding
- **BP** - Blocks Processing
- **SS** - Slides Stained
- **SL** - Slides Labeled
- **GE** - Gross Description Entry
- **WS** - Worksheet Printed
- **FD** - Final Diagnosis
- **FR** - Final Report Printed
- **SO** - Sign Out
- **SOR** - Sign Out Report Printed
- **QA** - Quality Assurance performed
- **FS** - Frozen Section
- **GIC** - Gross Intraoperative Consultation

Daily Accession Log

The Daily Accession Log lists all cases registered in the **Specimen Registration** option.

Access the Daily Accession Log option by selecting *Reports > Daily Reports > Daily Accession Log* from the main menu. The **Daily Accession Log** window displays similar to Figure 5-44.

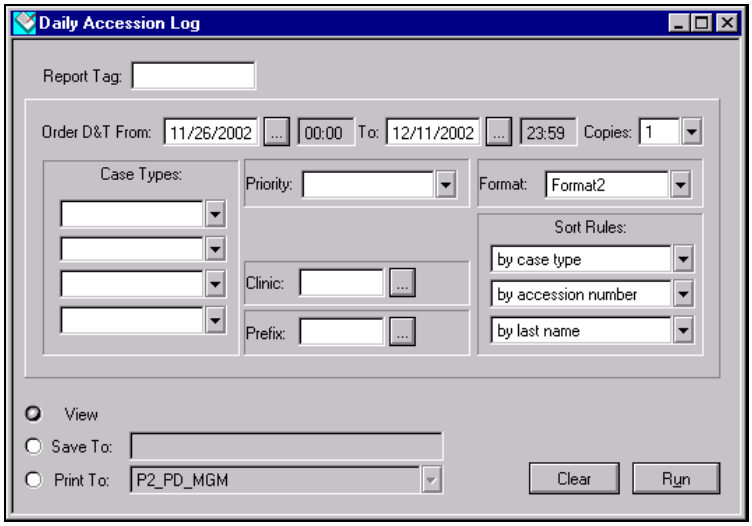

Figure 5-44. Daily Accession Log window.

Each format of the Daily Accession Log provides the following information:

- **Format 1** - case number, priority, specimen, body site, source code, and source name.
- **Format 2** - case number, patient last and first name, MRN, and source name.

Daily Case Log

The Daily Case Log provides a list of cases ordered during a specified date range.

Access the Daily Case Log option by selecting *Reports > Daily Reports > Daily Case Log* from the main menu. The **Daily Case Log** window displays similar to Figure 5-45.

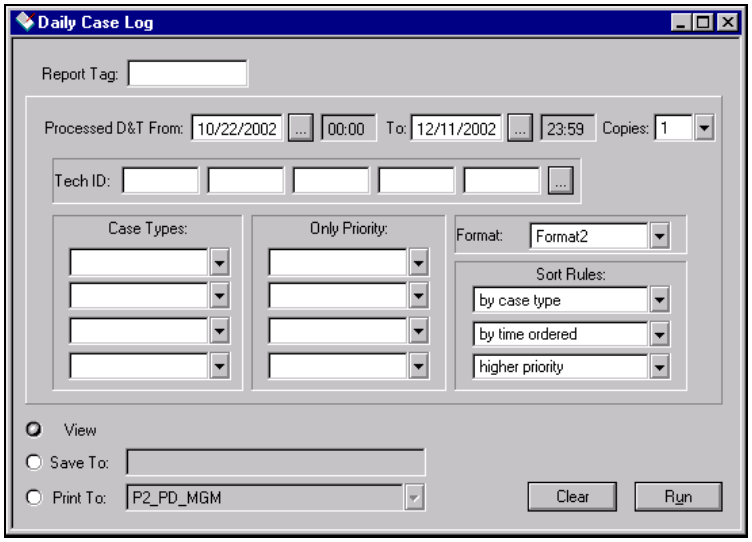

Figure 5-45. Daily Case Log window.

Each format of the Daily Case Log provides the following information:

- **Format 1** - Case number, priority, specimen ID, source ID, source name, technologist ID, and order date/time.
- **Format 2** - Case number, patient last and first name, MRN, clinic ID, source name, technologist ID, and order date/time.

Daily Result Log

The Daily Result Log should be used on a daily basis to provide a list of cases for a given technologist or pathologist during a specified date range, including the diagnosis codes entered by that technologist or pathologist. This report prints the case number, last name, first name, diagnosis codes, technologist ID, pathologist ID, requesting doctor, and source code.

Access the Daily Result Log option by selecting *Reports > Daily Reports > Daily Result Log* from the main menu. The **Daily Result Log** window displays similar to Figure 5-45.

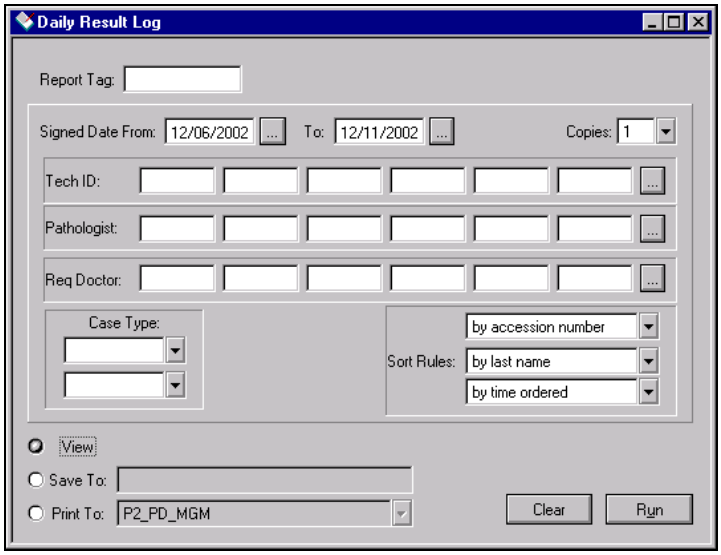

Figure 5-46. Daily Result Log window.

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Processing Logs

Cytology Slides Log

The Cytology Slides Log lists all of the cases with cytology slides registered within a given date range. This report prints the case number, priority, specimen number, block/slide number, number of slides the standard stain was applied to, special stains, number of restains, done by person, technologist ID, and the date/time the order was placed.

Access the **Cytology Slides Log** option by selecting *Reports > Processing Reports > Cytology Slides Log* from the main menu. The **Cytology Slides Log** window displays similar to Figure 5-47.

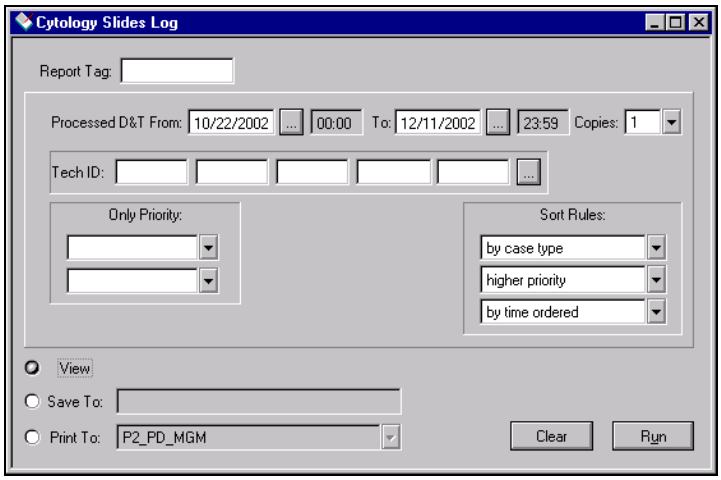


Figure 5-47. Cytology Slides Log window.

Daily Blocks Log

The Daily Blocks Log lists the cases with blocks processed within a given date range. This report prints the case number, priority, specimen number, source, blocks processed, and slides cut per block.

Access the **Daily Blocks Log** option by selecting *Reports > Processing Reports > Daily Blocks Log* from the main menu. The **Daily Blocks Log** window displays similar to Figure 5-48.

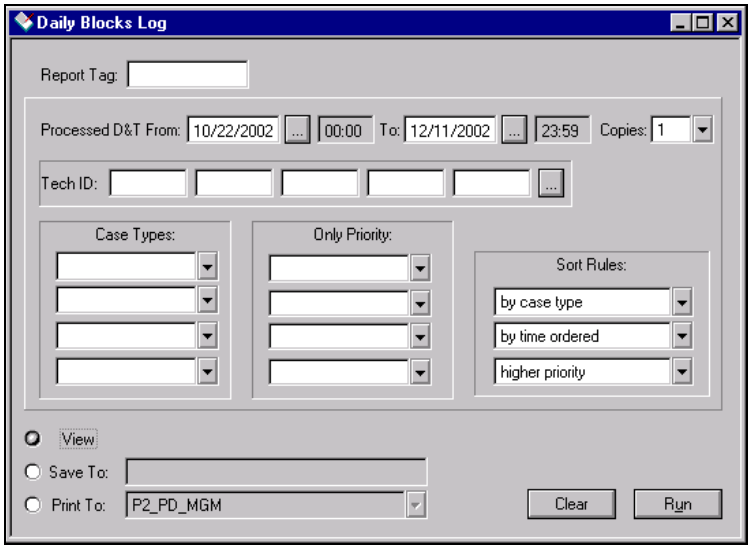


Figure 5-48. Daily Blocks Log window.

Deleted Specimen Log

The Deleted Specimen Log lists the cases with specimens that have been deleted. This report prints the accession number, patient name, date/time the specimen was deleted, the ID of the user that deleted the specimen, and the reason the specimen was deleted.

Access the **Deleted Specimen Log** option by selecting *Reports > Processing Reports > Deleted Specimen Log* from the main menu. The **Deleted Specimen Log** window displays similar to Figure 5-49.

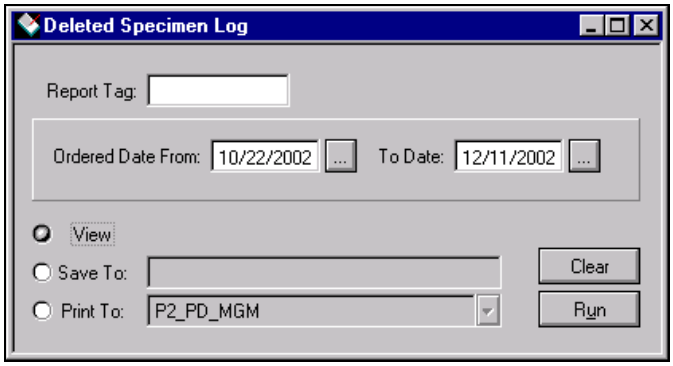


Figure 5-49. Deleted Specimens Log window.

Embedded Blocks Log

The Embedded Blocks Log lists all of the blocks that were embedded within a specified date range. This report contains the case number, priority, specimen ID, source codes, and a list of embedded blocks.

Access the **Embedded Blocks Log** option by selecting *Reports > Processing Logs > Embedded Blocks Log* from the main menu. The **Embedded Blocks Log** window displays similar to Figure 5-50.

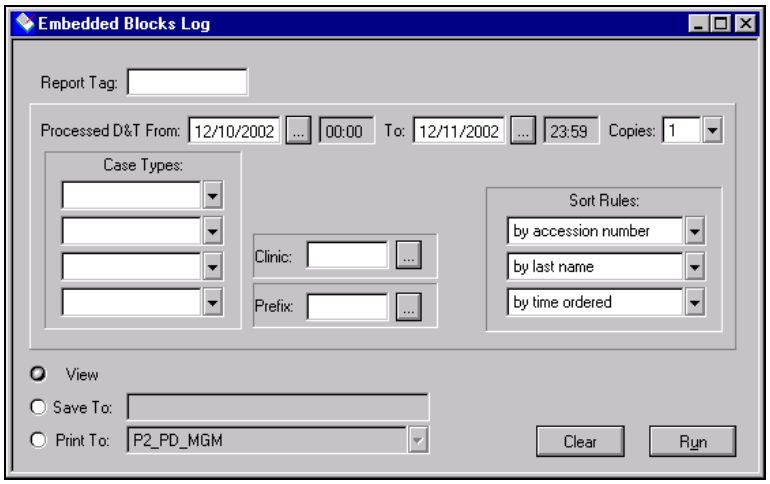


Figure 5-50. Embedded Block Log window.

Histology Slides Log

The Histology Slides Log lists all of the cases with histology slides registered within a given date range. This report prints the case number, priority, specimen ID, number of slides stained with the standard stain, special stains, number of restains, number of slides per case, done by ID, ordering technologist ID, and date/time ordered.

Access the **Histology Slides Log** option by selecting *Reports > Processing Logs > Histology Slides Log* from the main menu. The **Histology Slides Log** window displays similar to Figure 5-51.

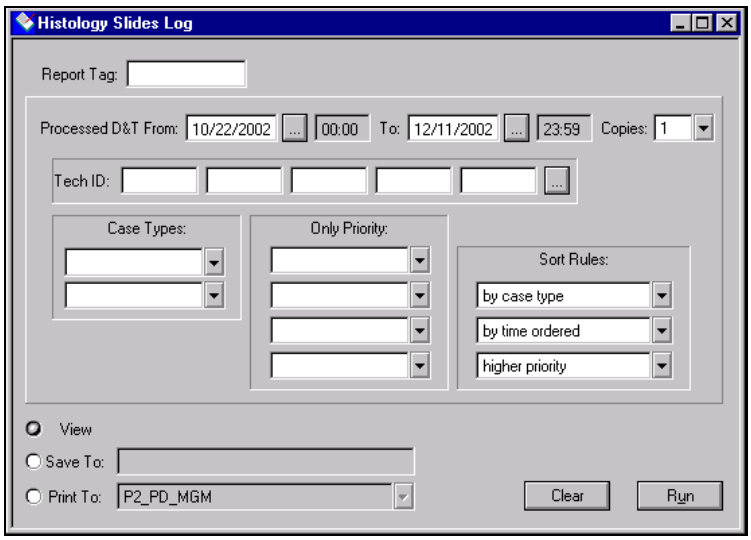


Figure 5-51. Histology Slides Log window.

Processed Blocks Log

The Processed Blocks Log lists all of the processed blocks (cut sections/levels) in a specified date range. This report prints the case number, priority, specimen ID, source code, a list of processed blocks, total number of cases, and total number of processed blocks.

Access the **Processed Blocks Log** option by selecting *Reports > Processing Logs > Processed Blocks Logs* from the main menu. The **Processed Blocks Log** window displays similar to Figure 5-52.

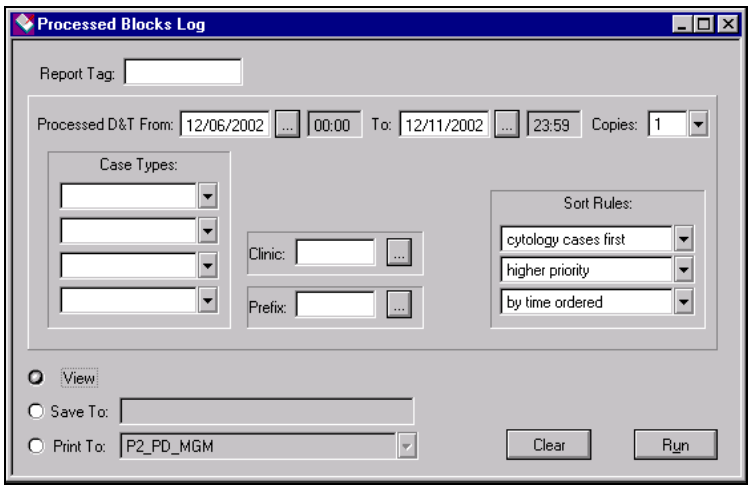


Figure 5-52. Processed Blocks Log window.

Processed Specimen Log

The Processed Specimens Log lists all of the specimens processed in the **One Case Processing** option, **Specimen Processing Worklist** option, or **Specimen Registration** option. This report prints the case number, priority, specimen ID, source code, block designation/number of pieces in the block, number of additional and regross blocks, number of frozen section blocks, number of cell blocks, number of smear slides, number of cytocentrifuge slides, number of membrane filter slides, number of monolayers, and number of touch preps.

Access the **Processed Specimen Log** option by selecting *Reports > Processing Logs > Processed Specimen Log* from the main menu. The **Processed Specimen Log** window displays similar to Figure 5-53.

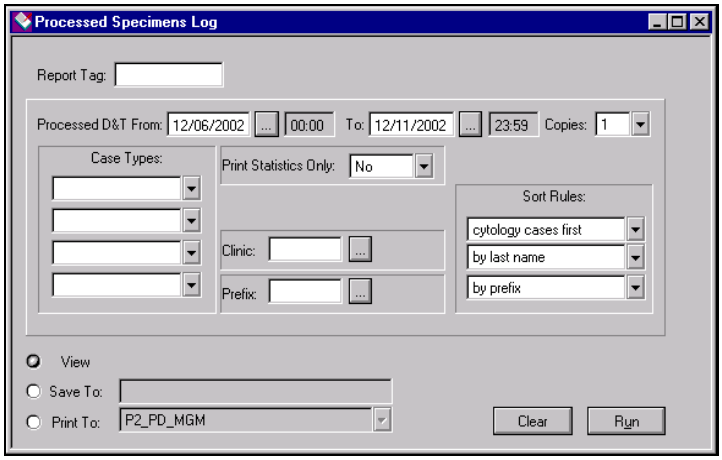


Figure 5-53. Processed Specimen Log window.

Special Stain Log

The Special Stain Log lists all of the cases with special stains/tests processed within a specific date range. This report prints the case accession number, priority, specimen ID, blocks and levels with the corresponding special stains, and the number of restains.

NOTE: The standard stains are not displayed.

Access the **Special Stain Log** option by selecting *Reports > Processing Logs > Special Stain Log* from the main menu. The **Special Stain Log** window displays similar to Figure 5-54.

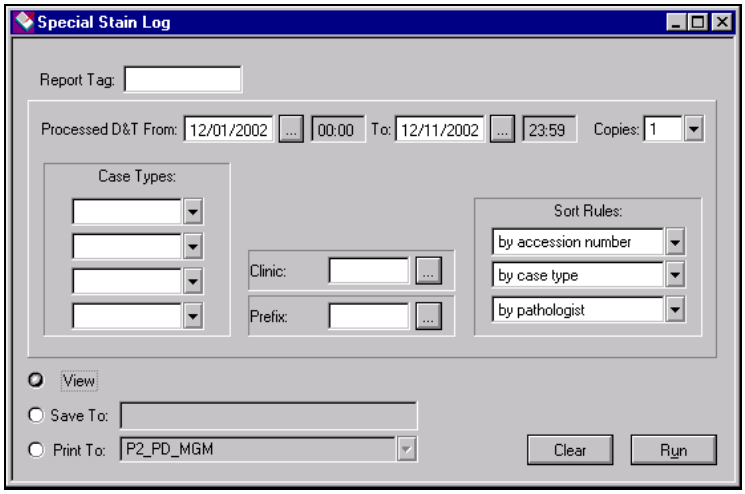


Figure 5-54. Special Stain Log window.

Specimen Status Log

The Specimen Status Log lists all specimens processed within a specified date range. This report prints the case number, priority, number of specimens, number of blocks, number of additional blocks, number of FS blocks, number of FS specimens, number of smears, number of cell blocks, number of cytocentrifuge slides, number of membrane filters, number of monolayer slides, number of touch prep slides, ordering tech ID, ordering date and time.

Access the **Specimen Status Log** option by selecting *Reports > Processing Logs > Specimen Status Log* from the main menu. The **Specimen Status Log** window display similar to Figure 5-55

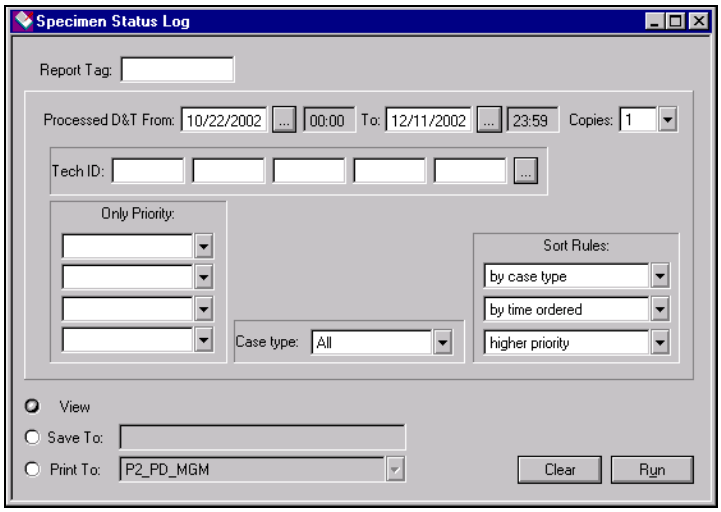


Figure 5-55. Specimen Status Log window.

QA Reports

Cytology-Histology Comparison Report

The Cytology-Histology Comparison Report provides a report that lists cytology cases (both GYN and MED) that have had, or have not had, a subsequent surgical case containing a source that is flagged as qualifying for biopsy in the source setup file.

This report prints the case number, MRN, requesting doctor, source, diagnosis code, diagnosis group and name, as well as the Pathologist's ID.

Access the **Cytology-Histology Comparison Report** option by selecting *Reports > QA Reports > Cytology-Histology Comparison Report* from the main menu. The **Cytology-Histology Comparison Report** window displays similar to Figure 5-56.

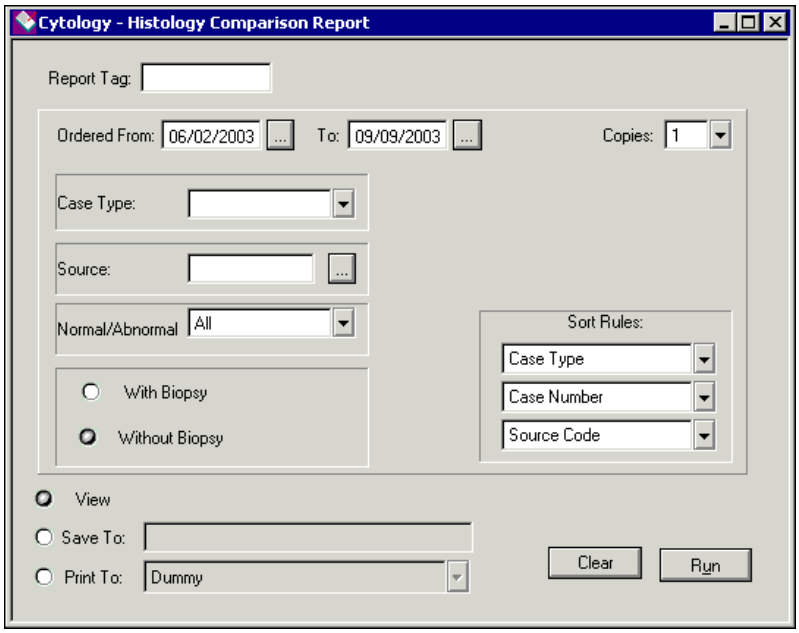


Figure 5-56. Cytology-Histology Comparison Report window.

Autopsy Correlation Report

The Autopsy Correlation Report is printed for completed Autopsy Correlations and includes the patient name, case number, death date/time, final diagnosis, done by ID, final diagnosis, procedure date/time, clinicopathologic correlation done by ID, clinicopathologic correlation procedure date/time, autopsy correlation done by ID, autopsy correlation procedure comment, autopsy correlation QA code.

Access the **Autopsy Correlation Report** option by selecting *Reports > QA Reports > Autopsy Correlation Report* from the main menu. The **Search Criteria for Autopsy Correlation Report** window displays similar to Figure 5-57.

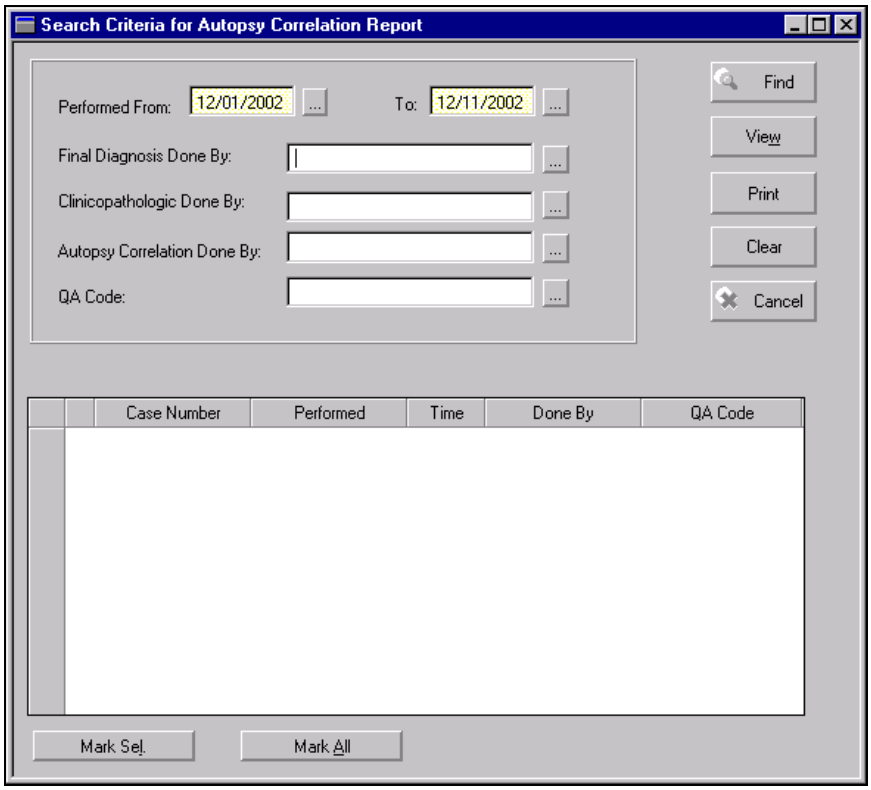


Figure 5-57. Autopsy Correlation Report Search window.

Enter search criteria in the fields provided and then click the **Find** button. Cases matching the specified criteria are displayed. Select the cases you want to include in the report by highlighting the row and clicking **Mark Sel**. Click **Mark All** to include all displayed cases in the report. After selecting the cases, click the **Print** button to print the report to a specified printer. Click **View** to preview the report on your screen.

Case Review Reports

The **Case Review Report** option allows you to review rescreening diagnosis information, rescreening diagnosis descriptions, specimen adequacy, diagnosis codes, and the results of the procedures performed. It provides seven different QA management reports. All pending QA must be performed on the case before it will qualify for these reports.

Access the **Case Review Reports** option by selecting *Reports > QA Reports > Case Review Reports* from the main menu. The **Case Review Reports** window displays similar to Figure 5-58.

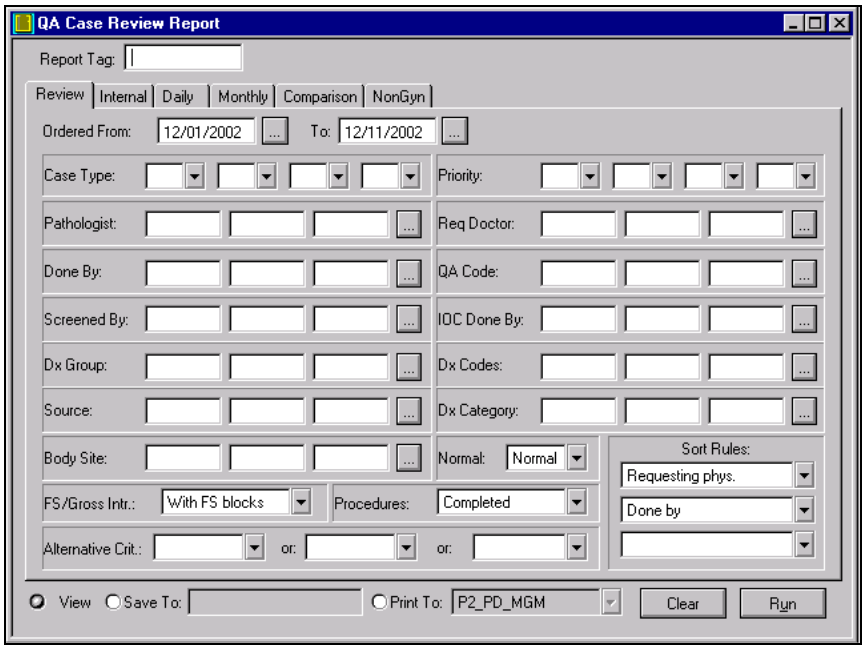


Figure 5-58. Case Review Reports window.

Review Tab - QA Case Review Report

The **Review** tab allows you to print the QA Case Review Report. This report is a cumulative diagnostic review that provides a list of cases with QA that has been performed. All pending QA must be completed before a case qualifies for this report.

NOTE: When the results QA code reflects that no change was made to the final diagnosis at the time of rescreening, the final diagnosis defaults to the original final diagnosis and prints this way on the report. If the diagnosis has been changed, then both are printed on the report.

Internal Tab - Internal Review Correlation Report

The **Internal** tab allows you to print the Internal Review Correlation Report. This report is a statistical management report for the internal correlation/review of cases with a proreview QA procedure that has been performed. The report lists the cases, includes any changes in the final diagnosis, and provides a summary of the total number of cases and percentages of cases that agree and disagree. Case comparison setup for proreview must be defined to use this report. In addition, all pending QA must be completed for the case to qualify for this report.

Daily Tab - Daily Cytotechnologist Correlation Report

The **Daily** tab allows you to print the Daily Cytotechnologist Correlation Report. This report is a cumulative diagnostic review report that provides a list of cases based with QA that has been performed. All pending QA must be completed for a case to qualify for these reports.

Monthly Tab - Monthly Cytotechnologist Correlation Report

The **Monthly** tab allows you to print the Monthly Cytotechnologist Correlation Report. This report provides a list of current and previous cases with a retro-review QA procedure that has been performed. All pending QA must be completed for both cases to qualify for these reports.

Comparison Tab - Comparison Report

The **Comparison** tab allows you to print the Comparison Report. This report is a management report that is used to compare the current case to a previous case based on case type and diagnosis category. Case comparison setup for proreview and QA reports must be defined in order to use this report.

When you select this tab, the **Select Comparison Type** window displays similar to Figure 5-59. Select the comparison type by double-clicking the corresponding row.

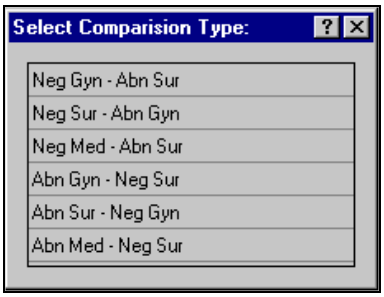


Figure 5-59. Select Comparison Type window.

Depending on the comparison type chosen, the appropriate report criteria window displays. Enter any search criteria and click **Run** to generate the report.

Non Gyn Tab - Non-Gynecological Cytotechnologist Correlation Report

The **Non-Gyn** tab allows you to print the Non-Gynecological Cytotechnologist Correlation Report. This report is a management report of cases that are correlated together because of the related significance established in the Case Comparison Setup for the Retroreview and QA Report options.

Tissue Committee Report

The Tissue Committee Report allows the user to compare pre-operative and post-operative diagnoses. The report can be printed on demand based on the defined search criteria.

Access the **Tissue Committee Report** option by selecting *Reports > QA Reports > Tissue Committee Report* from the main menu. The **Tissue Committee Report** window displays similar to Figure 5-60.

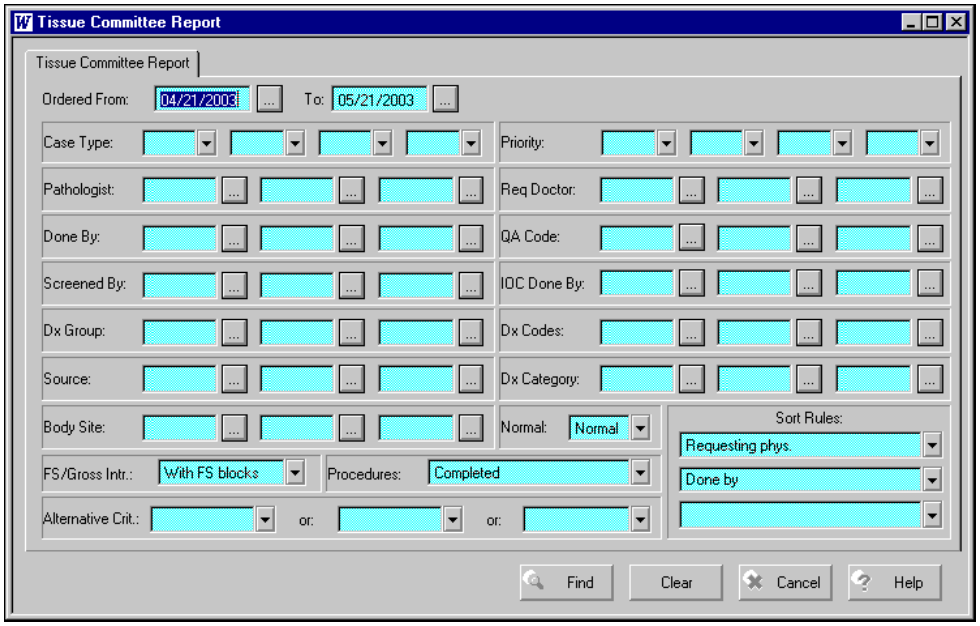


Figure 5-60. Tissue Committee Report window.

IOC Correlation Statistic Report

The IOC Correlation Statistic Report contains statistical information regarding performed IOC correlations. Checkboxes in the search window allow you to narrow the report to cases with frozen section blocks or without frozen section blocks. The report prints information about number of performed IOC correlations, number of cases with discovered discrepancies between IOC and the Final Report. The report also contains the total cases with IOC correlation performed, total FS cases, total FS blocks, percentage of cases that agree, percentage of cases that disagree, patient name, case number, and discrepancy category.

Access the **IOC Correlation Statistic Report** option by selecting *Reports > QA Reports > IOC Correlation Statistic Report* from the main menu. The **IOC Correlation Statistic Report** window displays similar to Figure 5-61.

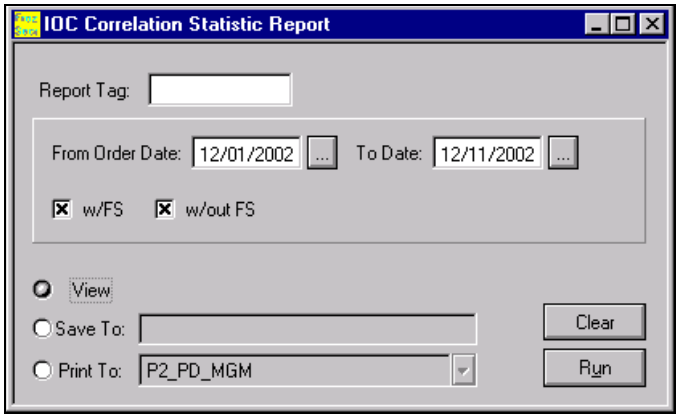


Figure 5-61. IOC Correlation Statistic Report window.

Outside Consultation Correlation

The Outside Consultation Correlation Report provides a listing of all of the cases with an outgoing consultation registered, the overall percentage of the agree/disagree choices, and a summary of discrepant cases during a given period of time. The report prints the total outgoing consultations, total number of cases that disagree, percentage of cases that agree, percentage of cases that disagree, patient name, case number, and discrepancy category.

Access the **Outside Consultation Correlation** option by selecting *Reports > QA Reports > Outside Consultation Correlation* from the main menu. The **Outside Consultation Correlation** window displays similar to Figure 5-62.

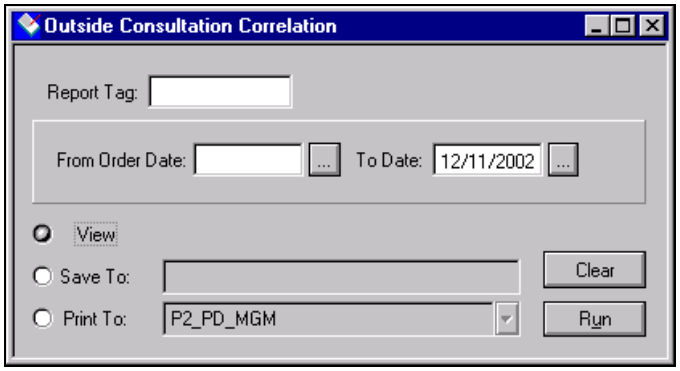


Figure 5-62. Outside Consultation Correlation window.

Screening Evidence Report

The Screening Evidence Report lists the number of slides examined by selected screeners during a specific period of time. This report provides evidence of having an adequate number of technologists on staff to handle the annual volume of cytology slides. Under the CLIA ’88 Regulations, no one person can screen more than 100 previously unscreened cytology slides per day. In addition, the maximum 100 slides cannot be examined in less than eight hours. The CLIA ’88 Regulations do not restrict the laboratory, only the screeners.

This report prints the screener name, screener ID, screening limit, hours worked in lab, slides screened in lab, hours worked outside of lab, slides screened outside of lab, total hours worked, and the total slides screened.

Access the **Screen Evidence Report** option by selecting *Reports > QA Reports > Screening Evidence Report* from the main menu. The **Screening Evidence Report** window displays similar to Figure 5-63.

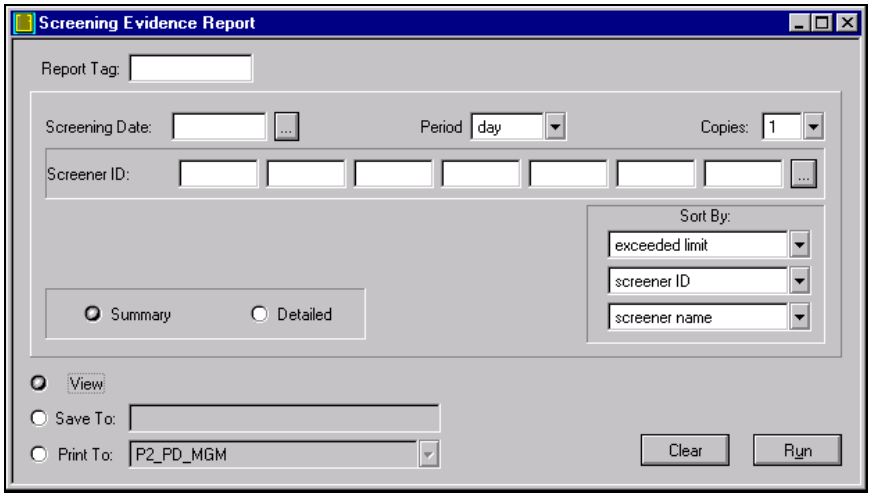


Figure 5-63. Screening Evidence Report window.

Summary Report

Select the **Summary** option button to run the summary version of the Screening Evidence Report. This report can be generated for any time period. It displays all data for the time period within a single table and contains totals for the specified time period.

Detailed Report

Select the **Detailed** option button to run the detailed version of the Screening Evidence Report. This report can be generated for any time period greater than one day and displays the data in individual tables based on the screener ID and the specified time period.

Screening Evidence Trend

The Screening Evidence Trend Report is used to compare the volume of a screener's work over a period of time. This information is especially useful when the volume of work to be performed exceeds the correct staffing ratio. This report can also be used as a quality assurance tool to determine which screeners exceed the expected number of slides screened during a specified time period.

This report prints the screener name, screener ID, hours worked, screening limit, time frame of the report, total number of hours worked, and the total number of slides screened.

Access the **Screening Evidence Trend** option by selecting *Reports > QA Reports > Screening Evidence Trend* from the main menu. The **Screening Evidence Trend Report** window displays similar to Figure 5-64.

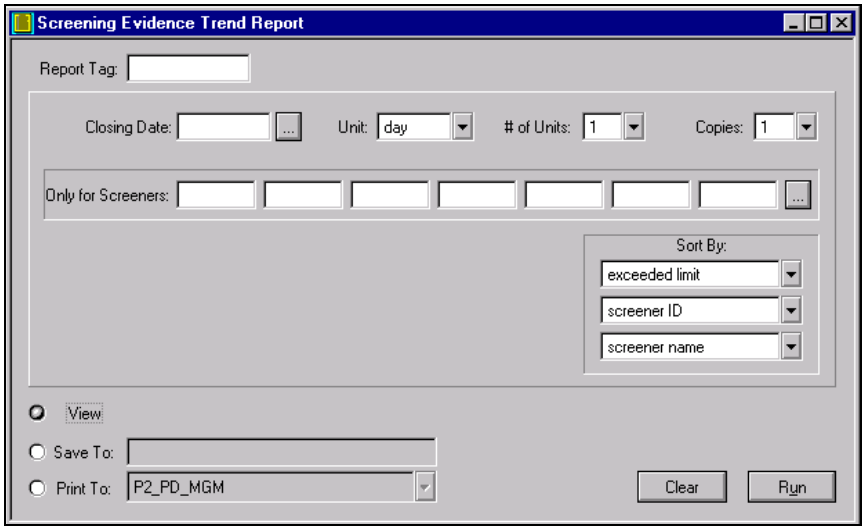


Figure 5-64. Screening Evidence Trend Report window.

Slides Rescreen Report

The Slides Rescreen Report provides information about all cases where a rescreening QA procedure was performed. This report prints the case number, date received, body site, source name, primary screener ID with date and time of primary screening, rescreener ID with date and time of rescreening, QA category, diagnosis codes, and diagnosis groups.

Access the **Slides Rescreen Report** option by selecting *Reports > QA Reports > Slide Rescreen Report* from the main menu. The **Slide Rescreen Report** window displays similar to Figure 5-65.

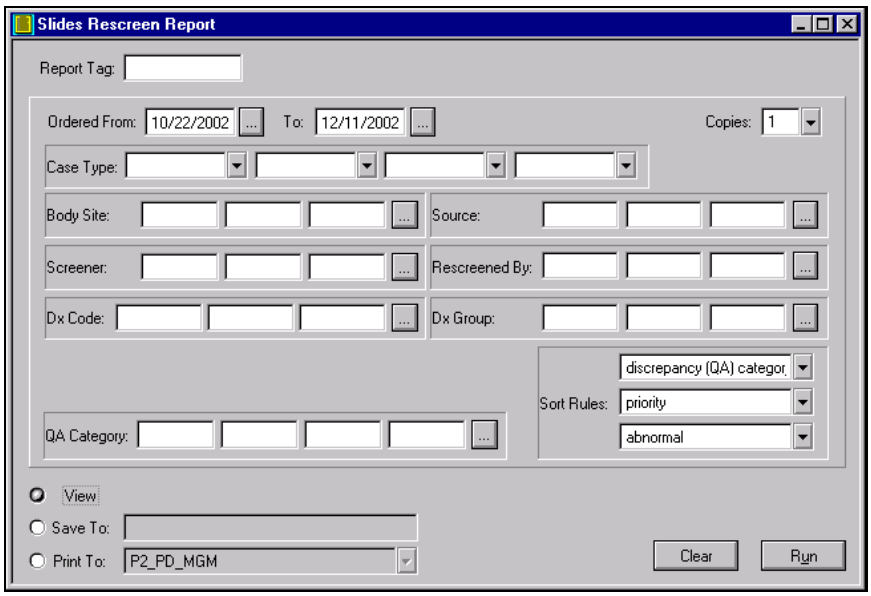


Figure 5-65. Slides Rescreen Report window.

Specimen Adequacy Report

The Specimen Adequacy Report provides statistics for specimens with specimen adequacy problems. The purpose of specimen adequacy recording is to monitor the proper fixation and identification of specimens submitted to the pathology laboratory and to ensure that all safety requirements are met. Specimen processing problems and quality assurance codes can be used as criteria to generate this report.

This report prints the processing problem, case number, patient name, procedure date, location, physician name, specimen adequacy problem code, and source code.

Access the **Specimen Adequacy Report** option by selecting *Reports > QA Reports > Specimen Adequacy Report* from the main menu. The **Specimen Adequacy Problem Report** window displays similar to Figure 5-66.

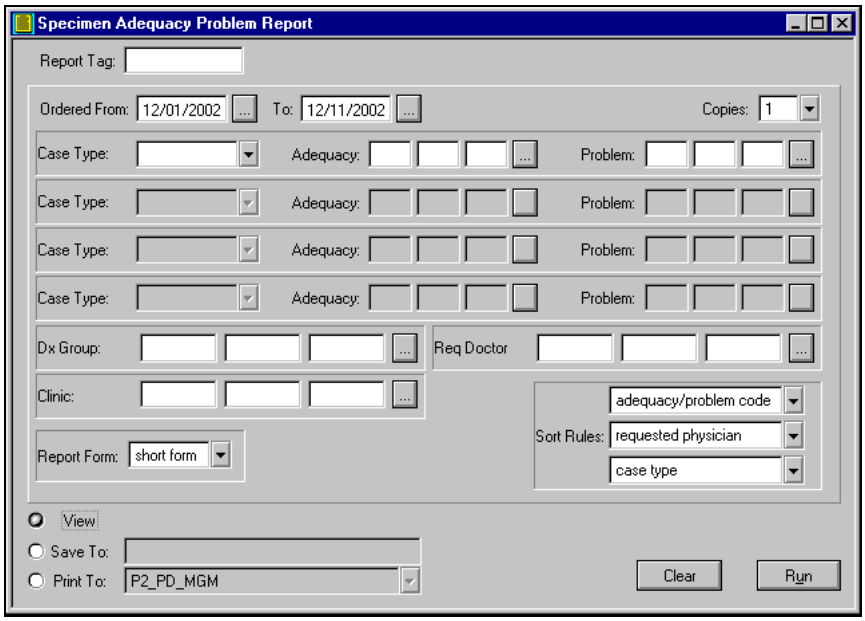


Figure 5-66. Specimen Adequacy Problem Report window.

IOC Correlation Report

This option allows you to prepare reports and logs with a list of cases with an IOC correlation procedure that has been performed. You can also prepare a worklist of cases that qualify for IOC correlation.

Access the **IOC Correlation Report** option by selecting *Reports > QA Reports > IOC Correlation Report* from the main menu. The **IOC Correlation Report** window displays similar to Figure 5-67.

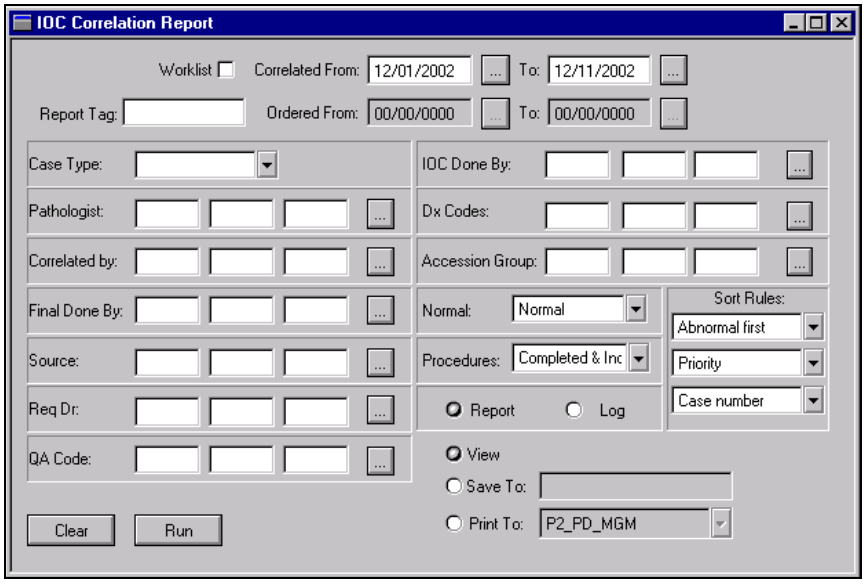


Figure 5-67. IOC Correlation Report window.

Enter any search criteria for the report. Select the **Report** option button to print a report or select the **Log** option button to print a log. Click **Run** to display the **List of Found Cases** window. Mark the checkboxes corresponding to the cases you want to include in the log or report.

If you mark the **Worklist** checkbox, the window includes only cases that require an IOC correlation QA procedure. If you leave this checkbox unmarked, the window includes only cases with the IOC correlation procedure performed.

After you select the case you want to include in the report/log/worklist, click the **OK** button to generate report.

Turnaround Time Report

The Turnaround Time (TAT) Report calculates and prints the workflow for almost any situation in the pathology department. Two categories can be evaluated for every workstation: **Response Time** and **Processing Time**.

- **Response time** measures the time between case registration (receiving the specimens) and the time the final report is sent out. This calculation is especially important for patient quality assurance. The FS TAT calculation is also available from this report.
- **Processing time** measures the time the case is processed at different workstations. This calculation is especially important to identify delays in processing where more resources may be needed.

NOTE: Use the **Holiday Schedule** selection in **Options** setup to define holidays that should not be included when calculating TAT.

Access the **Turnaround Time Report** option by selecting *Reports > QA Reports > Turnaround Time Report* from the main menu. The **Turnaround Time Report** window displays similar to Figure 5-68.

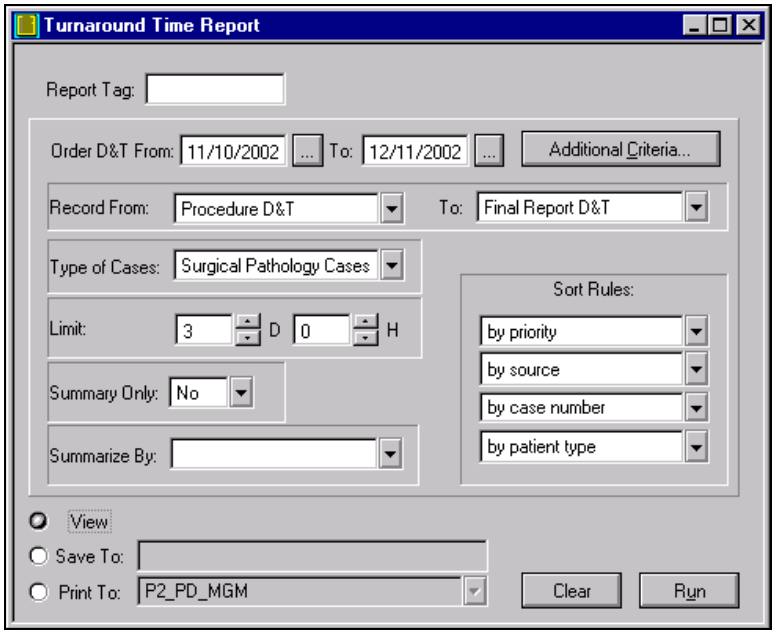


Figure 5-68. Turnaround Time Report window.

QA Statistical Reports

The summary version of the QA Statistical Report prints a statistical analysis for the screener compared with the lab. The statistical data includes the total QA procedures, total abnormal QA procedures, and total normal QA procedures with the percentage that agreed and disagreed and the qualification statistics. The report displays this information for both the screener and the lab.

The detailed version of the QA Statistical Report prints the statistical data contained in the summary version in addition to the ordered from/to date and time, QA procedure, QA done by ID, screener ID, pathologist, diagnosis group, diagnosis category, and source code for cases within a specified date range.

Access the **QA Statistical Reports** option by selecting *Reports > QA Reports > QA Statistical Reports* from the main menu. The **QA Statistical Report** window displays similar to Figure 5-69.

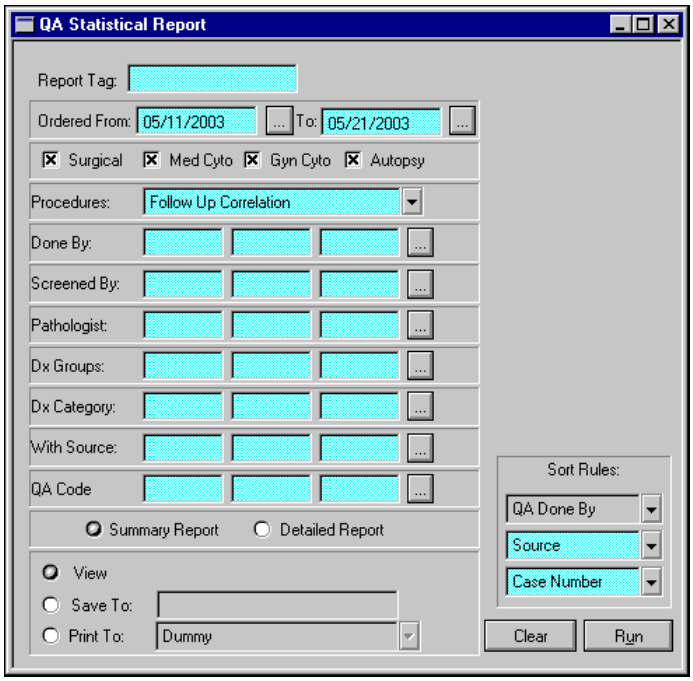


Figure 5-69. QA Statistical Report window.

QA Correlation Report

The detailed version of the QA Correlation Report prints the patient name, MRN, requesting doctor, pathologist, diagnosis category, source, ordered date/time, signed out date/time, diagnosis codes, collection method, QA code, and diagnosis text. All QA procedures (proreview, retroreview, follow up, and rescreen) performed within the specified range are displayed based on the scenario selected. The scenarios available are based on the currently active scenarios defined in the **Case Comparison Setup** option for QA. The procedure selected in this option affects the scenarios available for selection. The summary version of this report displays all of the data except for the diagnosis text.

Access the **QA Correlation Report** option by selecting *Reports > QA Reports > QA Correlation Report* from the main menu. The **QA Correlation Report** window displays similar to Figure 5-70.

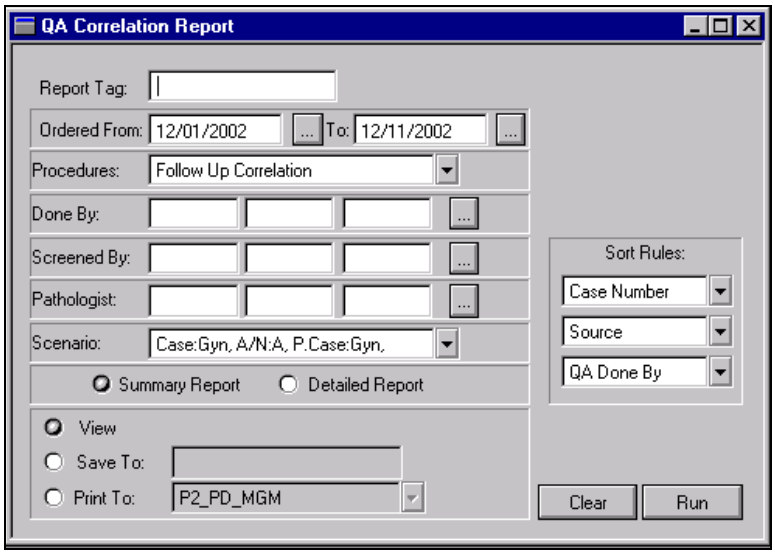


Figure 5-70. QA Correlation Report window.

QA Summary Report

The QA Summary Report contains information concerning QA procedures such as rescreen, proreview, and retroreview.

The QA Summary Report prints the case number, requesting doctor, ordered date/time, sign out date/time, pathologist, procedures, diagnosis, prior procedures performed outside the specified date range (marked with an asterisk *), done by ID for each procedure, date/time for each QA procedure, QA codes, procedure comments, diagnosis codes, and completion status.

The QA Summary Log displays a list of procedures that match the report criteria. Other information includes the case number, procedure date/time, who performed the procedure, procedure name, result, requesting doctor, pathologist, and completion status.

NOTE: When performing a simple search using the **Simple Search** tab, all three QA procedures (retroreview, proreview and rescreen) are included in the search by default.

Access the **QA Summary Report** option by selecting *Reports > QA Reports > QA Summary Report* from the main menu. The **QA Summary Report** window displays similar to Figure 5-71.

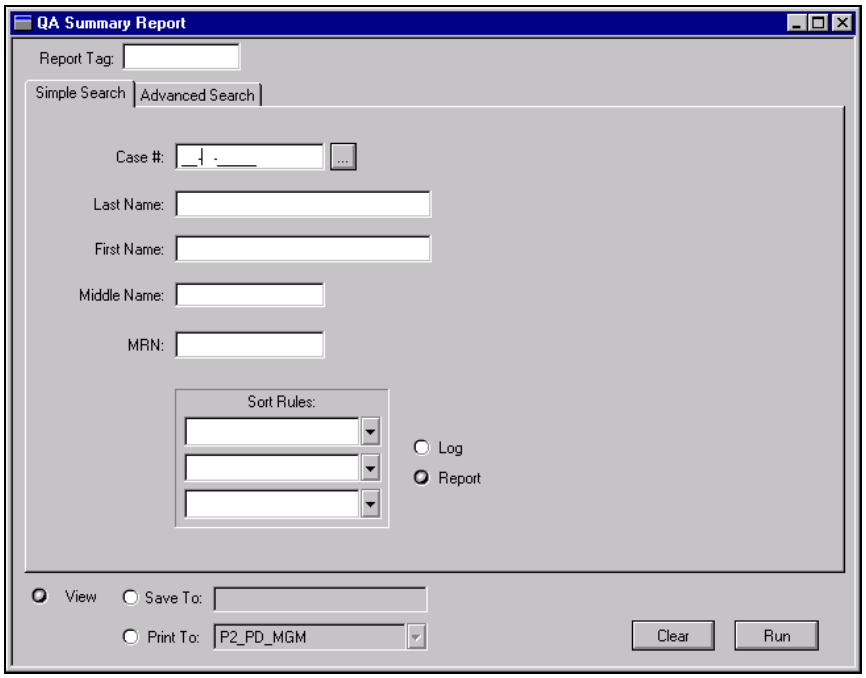


Figure 5-71. QA Summary Report window.

Follow Up Correlation Report

The **Follow Up Correlation Report** option allows you to generate reports and logs for cases with follow up procedure that were performed (report/log) and cases that qualify for follow up procedures (for worklists).

Access the **Follow Up Correlation** Report option by selecting *Reports > QA Reports > Follow Up Correlation Report* from the main menu. The **Follow Up Correlation Report** window displays similar to Figure 5-72.

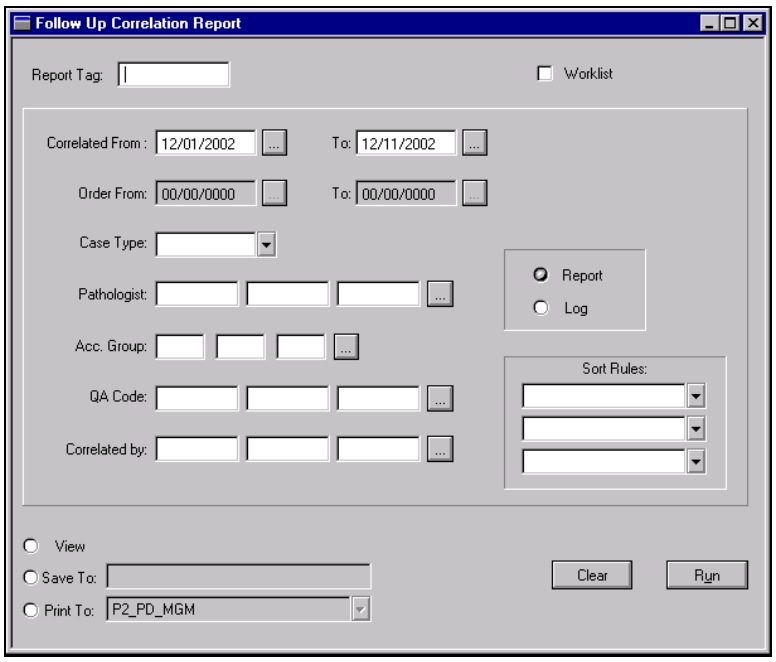


Figure 5-72. Follow Up Correlation Report window.

Enter any report criteria and indicate whether you want to prepare a log or a report. Click **Run**. A list of cases that match specified criteria displays in the **List of Found Cases** window. Select the cases you want to include in the report by highlighting the case row and clicking **Mark Sel**. Click **OK** after you selected all the cases you want to include in the report.

NOTE: If you mark the **Worklist checkbox**, the system will display a list of previous cases that qualify for the Follow Up Procedure for selection. If you don't set a selection flag into the **Worklist** checkbox the system displays the list of cases for which the Follow Up procedure was done.

Bethesda Final Diagnosis Comparison Report

The **Bethesda Final Diagnosis Comparison Report** provides statistics about screeners in regards to the Bethesda Final Diagnosis codes assigned to cases. It gives percentage figures for an individual screener's usage of the codes and a comparison to the lab's usage.

Access the **Bethesda Final Diagnosis Comparison Report** option by selecting *Reports > QA Reports > Bethesda Final Diagnosis Comparison Report* from the main menu. The **Bethesda Final Diagnosis Comparison Report** window displays similar to Figure 5-73.

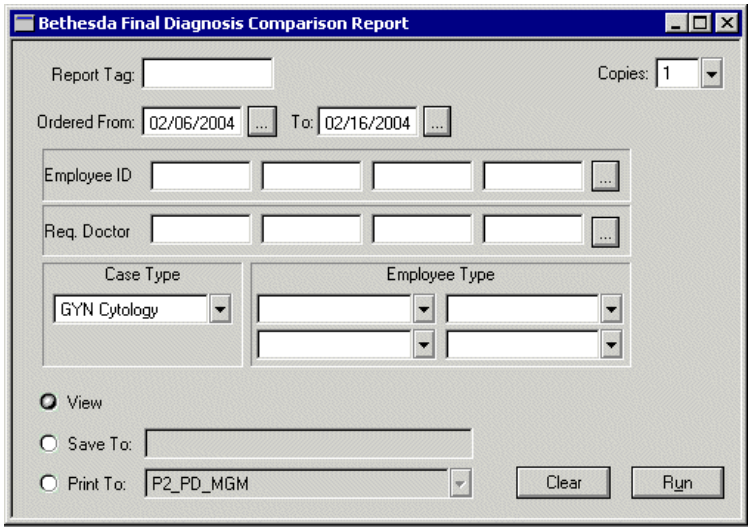


Figure 5-73. Bethesda Final Diagnosis Comparison Report window.

Bethesda Adequacy Comparison Report

The **Bethesda Adequacy Comparison Report** provides statistics about screeners in regards to the Bethesda adequacy codes assigned to cases. It gives percentage figures for the individual screener's usage as well as a comparison to the lab's overall usage.

Access the Bethesda Adequacy Comparison Report option by selecting *Reports > QA Reports > Bethesda Adequacy Comparison Report* from the main menu. The **Bethesda Adequacy Comparison Report** window displays similar to Figure 5-74.

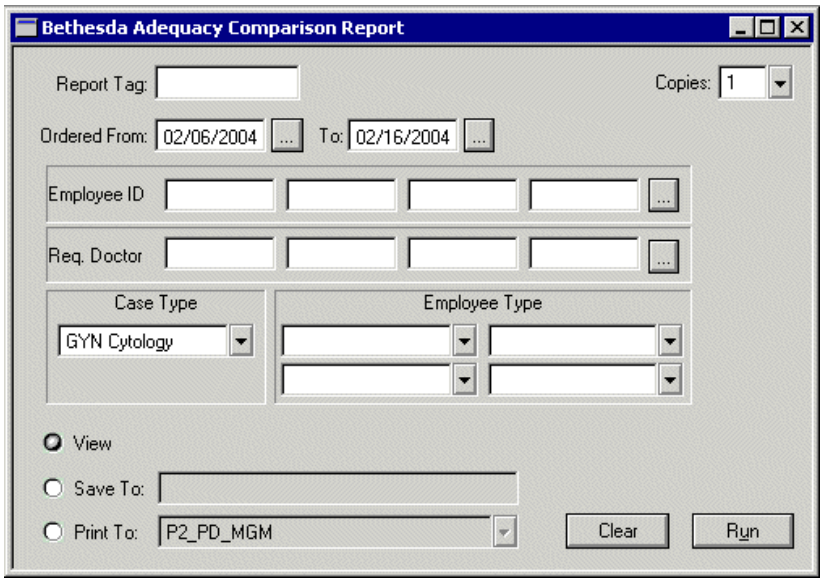


Figure 5-74. Bethesda Adequacy Comparison Report window.

SCC
Soft Computer

Report Logs

Preliminary Report Log

The Preliminary Report Log provides a record of all of the cases that have had a Preliminary Report created for a specific date range and/or case range. The Preliminary Report displays when you create a report.

Access the **Preliminary Report Log** option by selecting *Reports > Report Logs > Preliminary Report Log* from the main menu. The **Preliminary Report Log** window displays similar to Figure 5-75.

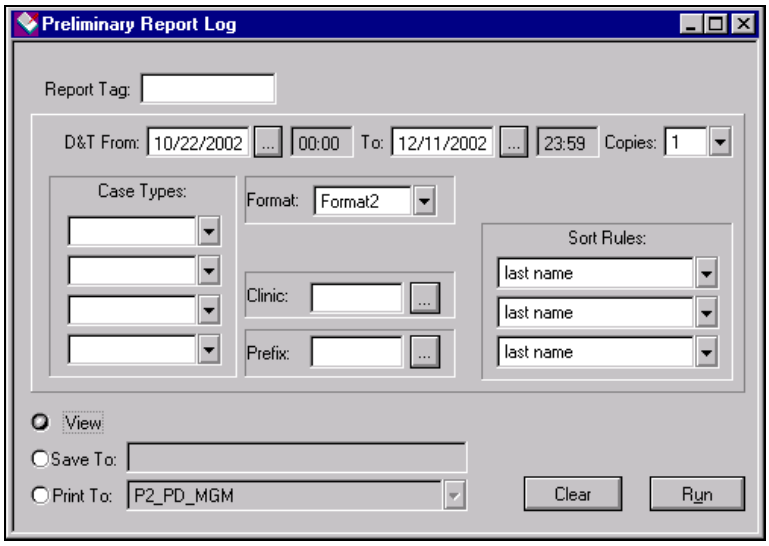


Figure 5-75. Preliminary Report Log window.

Supplemental Report Log

The Supplemental Report Log provides a record of all of the cases that have a supplemental report created for a specific date range and/or case type.

Access the **Supplemental Report Log** option by selecting *Reports > Report Logs > Supplemental Report Log* from the main menu. The **Supplemental Report Log** window displays similar to Figure 5-76.

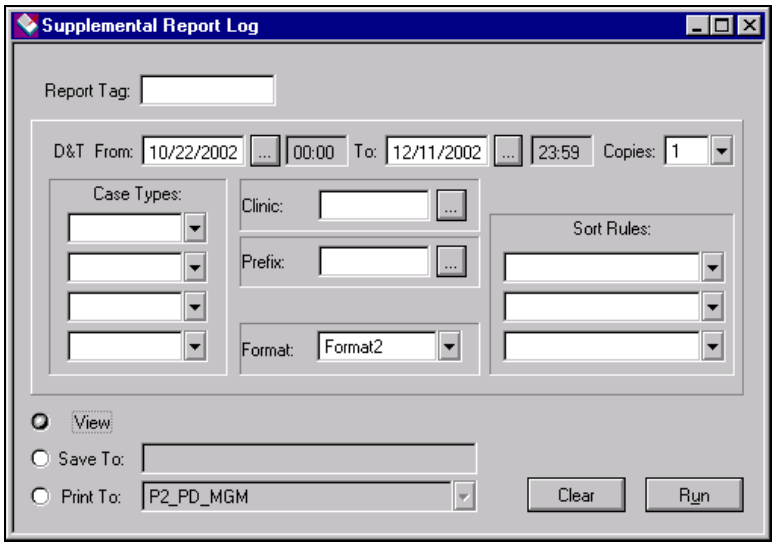


Figure 5-76. Supplemental Report Log window.

Worksheets

Rescreen Worksheet

The **Rescreen Worksheet** option allows you to prepare worksheets for cases that qualify for the rescreen procedure.

Access the **Rescreen Worksheet** option by selecting *Reports > Worksheets > QA Worksheets > Rescreen Worksheet* from the main menu. The **Rescreen Worksheet** window displays similar to Figure 5-77.

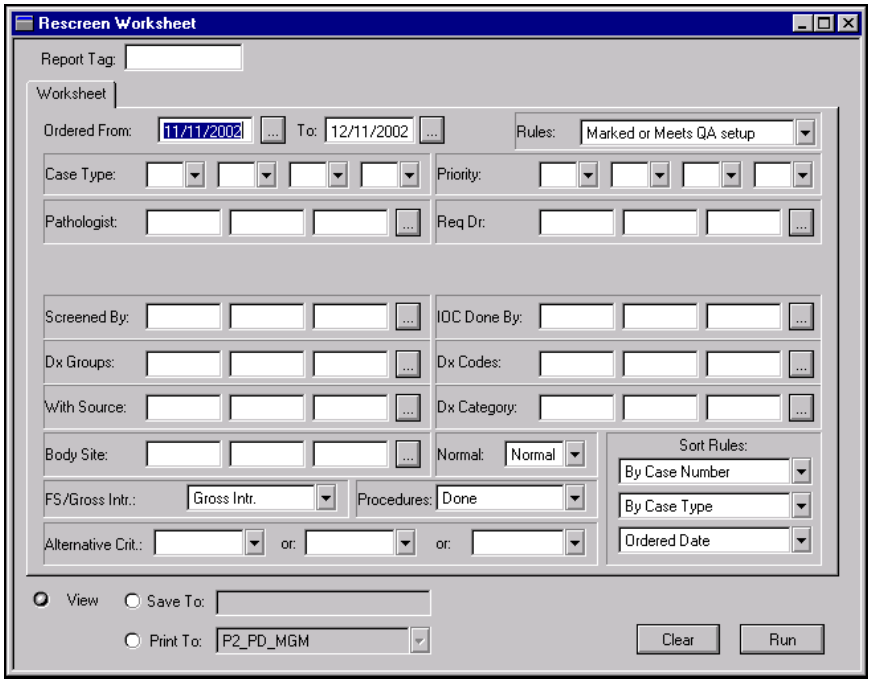


Figure 5-77. Rescreen Worksheet window.

Proreview Worksheet

The **Proreview Worksheet** option allows you to prepare worksheets for cases that qualify for the proreview procedure.

Access the **Proreview Worksheet** option by selecting *Reports > Worksheets > QA Worksheets > Proreview Worksheet* from the main menu. The **Rescreen Worksheet** window displays similar to Figure 5-78.

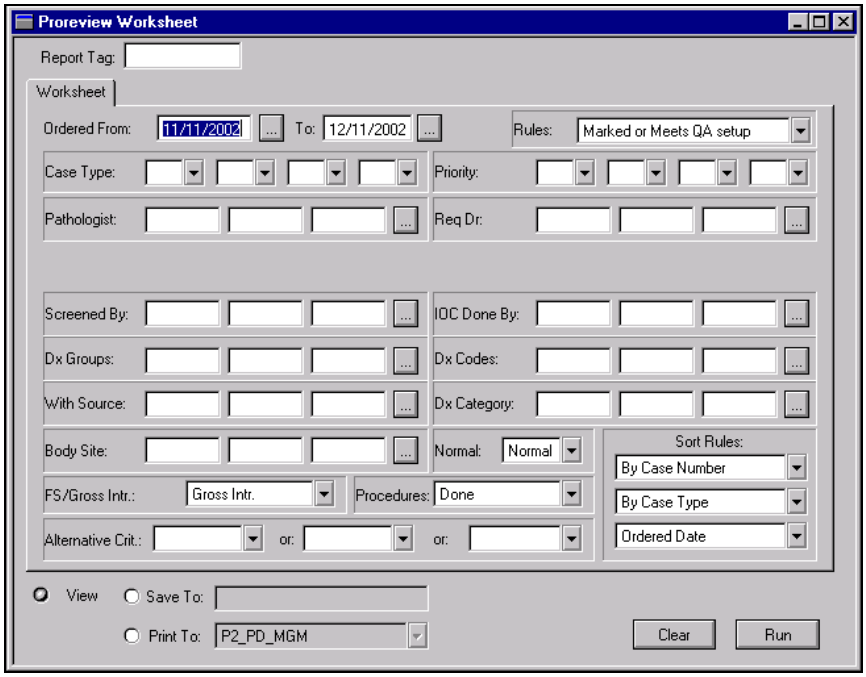


Figure 5-78. Proreview Worksheet window.

Retroreview Worksheet

The **Retroreview Worksheet** option allows you to prepare worksheets for cases that qualify for the retroreview procedure.

Access the **Retroreview Worksheet** option by selecting *Reports > Worksheets > QA Worksheets > Retroreview Worksheet* from the main menu. The **Retroreview Worksheet** window displays similar to Figure 5-79.

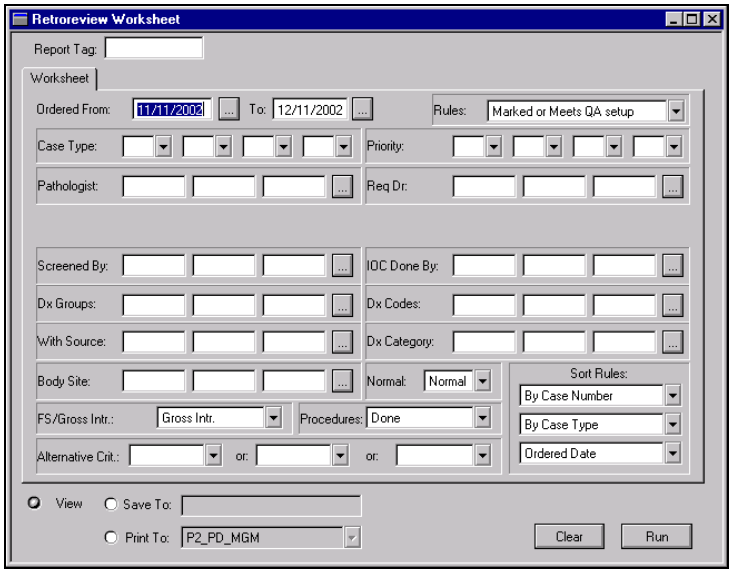


Figure 5-79. Retroreview Worksheet window.

Pending Stain Worksheet

The Pending Stain worksheet allows you to produce a report about pending stains in the lab based on factors including the ordered date and time, the pathologist, and the type of case.

Access the Pending Stain Worksheet option by selecting *Reports > Worksheets > Pending Stain Worksheet* from the main menu. The Pending Stain Worksheet window displays similar to Figure 5-80.

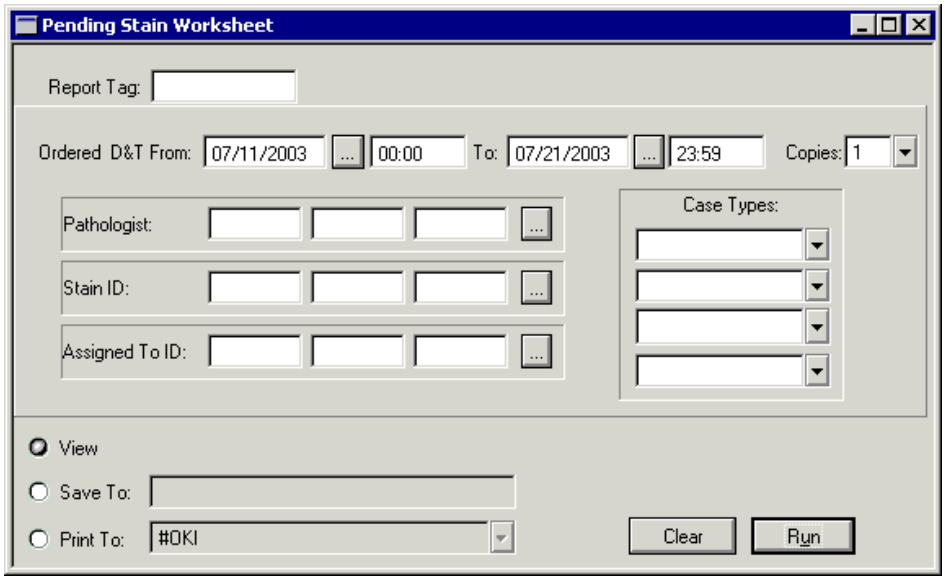


Figure 5-80. Pending Stain Worksheet window.

ODBC Reports

The **ODBC Reports** option allows the user to select and print a report from a list of reports previously defined using Microsoft Access and Structured Query Language (SQL).

NOTE: To use SQL reports rather than ODBC, SQL reporting must be enabled during installation of SoftPath.

Access the **ODBC Reports** option by selecting *Report > ODBC Reports* from the main menu. This opens Microsoft Access. The **Main Switchboard** window displays similar to Figure 5-81. Select the ODBC report you want to print by clicking the buttons to navigate through the different categories of reports.

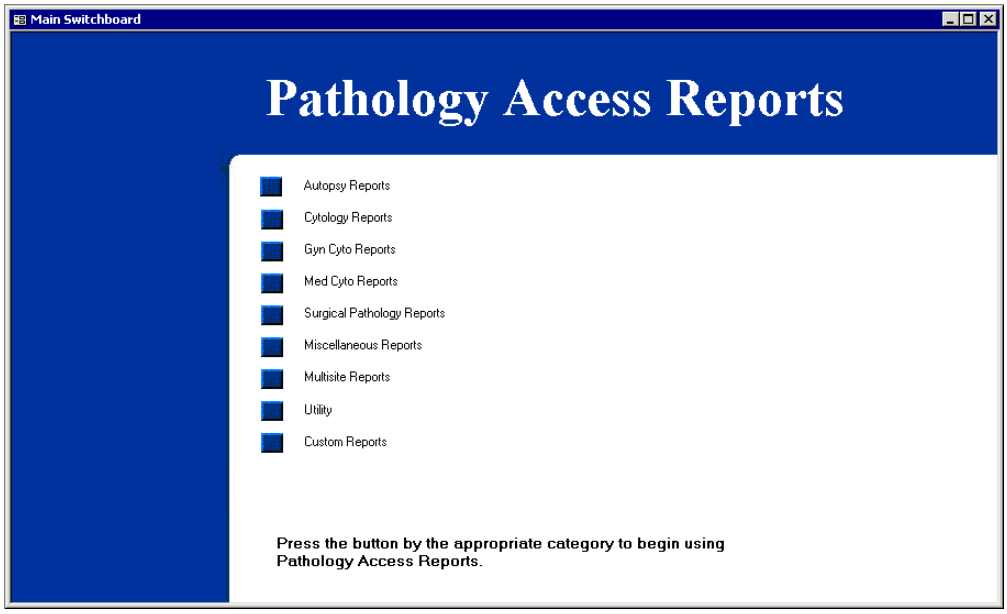


Figure 5-81. Main Switchboard window.

After you located and select the report you want to print, a report parameters window displays similar to Figure 5-82, allowing you to enter search criteria for the report.

NOTE: All types of User Defined Flags can be captured in ODBC reports.

Enter any report criteria and then click **Print Report** to print the report to a specified printer. Click **View Report** to preview the report on your screen.

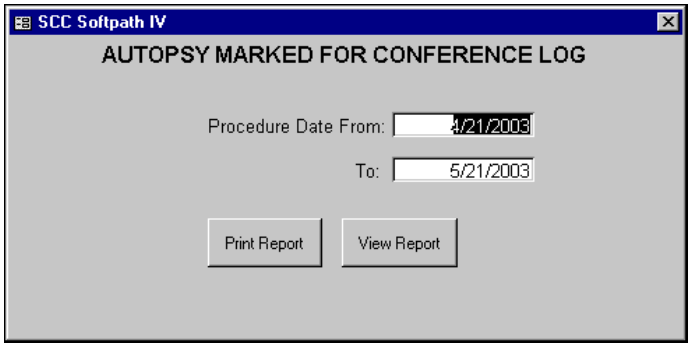


Figure 5-82. Report parameters window.

Autopsy Reports

A brief explanation of each Autopsy report will be listed in this section (Figure 5-83). To create a new ODBC report, use the **Define ODBC Reports** option located under **Utility** on the Main Menu.

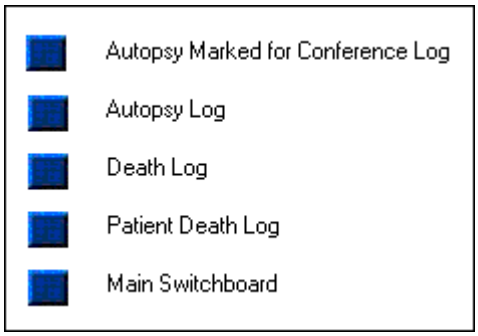


Figure 5-83. Autopsy Reports window.

Autopsy Marked for Conference Log

The Autopsy Marked for Conference Log lists all of the autopsy cases within a specific date range that were marked for a conference. The log can be printed for all conference dates or can only list cases for one conference date, when entered. The log contains the date of the sequence number on the log, patient name, MRN, ward, patient age and sex, date and time of death, date when the body was received, date when the history was sent to Medical Records (signed out), flag if the autopsy was performed, autopsy case accession number, date and time of autopsy, prosector code or name, date when the PAD was printed, and the date when the FAD was printed.

Autopsy Log

The Autopsy Log lists all autopsy procedures within a specific date range. The log contains the date of the sequence number on the log, patient name, MRN, ward, patient age and sex, date and time of death, date when body was received, date when the history was sent to Medical Records (signed out), flag if the autopsy was performed, autopsy case accession number, date and time of autopsy, prosector code or name, date when the PAD was printed, and the date when the FAD was printed.

Death Log

The Death Log lists all of the deaths with an autopsy case registered during a specific date range. The log contains the date of the sequence number on the log, patient name, MRN, ward, patient age and sex, date and time of death, date when the body was received, date when the history was sent to Medical Records (signed out), flag if the autopsy was performed, autopsy case accession number, date and time of autopsy, prosector code or name, date when the PAD was printed, and date when the FAD was printed.

Patient Death Log

The Patient Death Log lists all of the deaths registered in the system with or without an autopsy case registered. The log contains patient name, MRN, age, sex and the date and time of death.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Cytology Reports

A brief explanation of each Cytology report will be listed in this section (Figure 5-84). To create a new ODBC report, use the Define ODBC Reports option located under **Utilities** on the Main Menu.

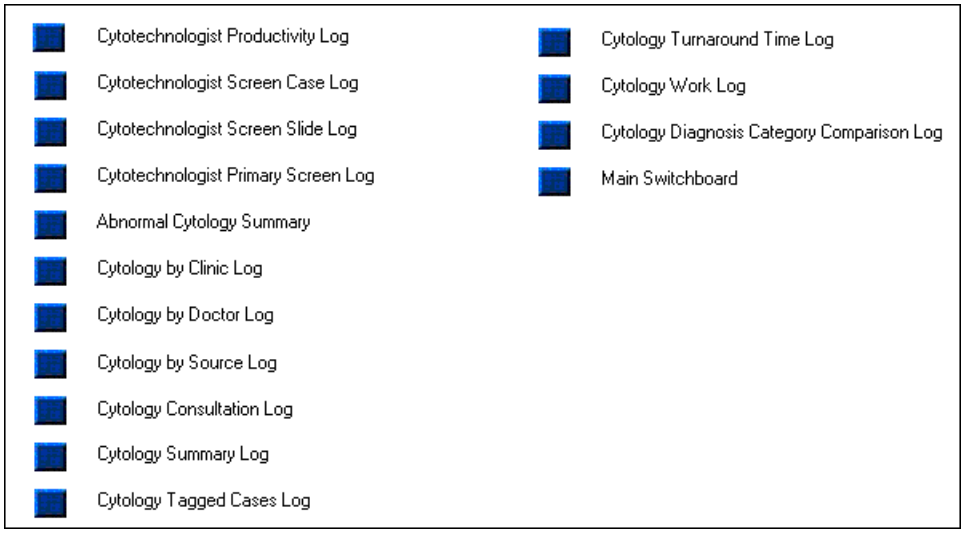


Figure 5-84. Cytology Reports window.

Cytotechnologist Productivity Log

The Cytotechnologist Productivity Log is a listing of the case numbers in which the primary screening was performed by a given cytotechnologist. The list is generated based on an order date range for a specific cytotechnologist. The log consists of the case number, number of slides associated with the case, patient name, primary screener final diagnosis, date and time, and the Dx CAT assigned to the case at the time of sign out.

Cytotechnologist Screen Case Log

The Cytotechnologist Screen Case Log provides a listing of the number of cases and QA cases screened by a given cytotechnologist. The log consists of the date ordered, count of GYN cases per date, count of Non-GYN cases per date, count of QA cases per date and the total cases per date.

Cytotechnologist Screen Slide Log

The Cytotechnologist Screen Slide Log provides a listing of the number of slides and QA slides screened by a given cytotechnologist. The log consists of the date ordered, count of GYN slides per date, count of Non-GYN slides per date, count of QA slides per date and the total slides per date.

Cytotechnologist Primary Screen Log

The Cytotechnologist Primary Screen Log provides a listing of the number slides (GYN, Non-GYN, and total) screened for a given technologist.

Abnormal Cytology Summary

This monthly summary report of abnormal cytology results lists the patient names, physician, procedure date, accession number, and diagnosis category.

Cytology by Clinic Log

The Cytology by Clinic Log reports a list of cases for a given date range and clinic code. The log includes the case number, MRN, procedure date, diagnosis, and pathologist code.

Cytology by Doctor Log

The Cytology by Doctor Log lists all gynecological and medical cytology cases for a specified date range by requesting doctor's ID. It lists the patient name, DOB, procedure date, and diagnosis category. Each page contains the cases for one doctor.

Cytology by Source Log

The Cytology by Source Log lists all cytology cases for a specified date range. Cases are sorted alphabetically by specimen source name. The fields include case number, source code, and name.

Cytology Consultation Log

The Cytology Consultation Log lists all cases with staff consultations listed monthly and sorted by case accession number. The case is matched by the **Consultation** field, where the consulting pathologist code is stored. The log consists of the procedure date, case number, patient name, diagnosis code, primary pathologist code, and the consulting pathologist code.

Cytology Summary Log

The Cytology Summary Log is a concise report of all the totals summarized from the first eleven (11) cytology reports described in this section.

Cytology Tagged Cases Log

The Cytology Tagged Cases Log is a listing of all of the cases within a specified date range that were marked in the tag letter field (flag) with a particular letter. The log contains the case number, patient MRN, requesting doctor ID, ward code, and the source name.

Cytology Turnaround Time Log

The Cytology Turnaround Time Log lists all cytology cases for the month. GYN cases are listed separately for inpatients and outpatients. Fields include the case number, received date, reported date, patient ward, patient type, and turnaround time in days (the difference between the received and reported dates).

Cytology Work Log

The Cytology Work Log prints for a given date range listing the cases by patient type and case number. The totals are listed for each patient type. The following information is listed for each case: case number, specimen source name, patient type, number of slides, number of smear slides, number of cytocentrifuges, and number of cell blocks. The default for the date range is the beginning and the end of the current day.

Cytology Diagnosis Category Comparison Log

The Cytology Diagnosis Category Comparison Log displays the totals of all GYN and MED cases for each assigned diagnosis category within the date range entered. The report includes the laboratory totals, individual screener totals, and a percentage comparison between the two values.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

GYN Cyto Reports

A brief explanation of each Gyn Cyto report will be listed in this section (Figure 5-85). To create a new ODBC report, use the Define ODBC Reports option located under **Utilities** on the Main Menu.

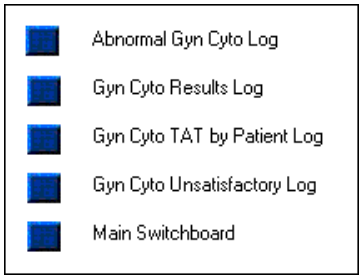


Figure 5-85. GYN Cyto Reports window.

Abnormal Gynecology Log

Abnormal Gynecology Log lists cases flagged as abnormal for the criteria entered.

GYN Cyto Results Log

GYN Cyto Results Log provides a listing of GYN results on a case-by-case basis, defined by the criteria entered.

GYN Cyto TAT by Patient Log

GYN Cyto TAT by Patient Type Log provides a listing of the turn around time values by patient type. The system displays the number of days elapsed between the received date and the sign out date.

GYN Cyto Unsatisfactory Log

GYN Cyto Unsatisfactory Log lists cases with a diagnosis cost deemed unsatisfactory assigned.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Med Cyto Reports

A brief explanation of each Med Cyto report will be listed in this section (Figure 5-86). To create a new ODBC report, use the Define ODBC Reports option located under **Utilities** on the Main Menu.

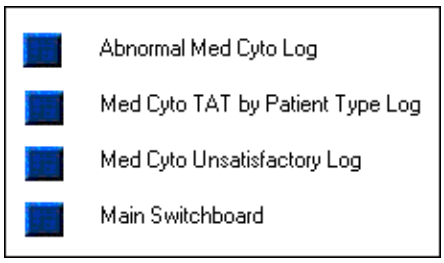


Figure 5-86. Med Cyto Reports window.

Abnormal Med Cyto Log

Abnormal Med Cyto Log lists cases flagged as abnormal for the criteria entered.

Med Cyto TAT by Patient Type Log

Med Cyto TAT by Patient Type Log provides a listing of the turn around time values by patient type. The system displays the number of days elapsed between the received date and the sign out date.

Med Cyto Unsatisfactory Log

Med Cyto Unsatisfactory Log lists cases with a diagnosis cost deemed unsatisfactory assigned.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Surgical Pathology Reports

A brief explanation of each Med Cyto report will be listed in this section (Figure 5-87). To create a new ODBC report, use the Define ODBC Reports option located under **Utilities** on the Main Menu.

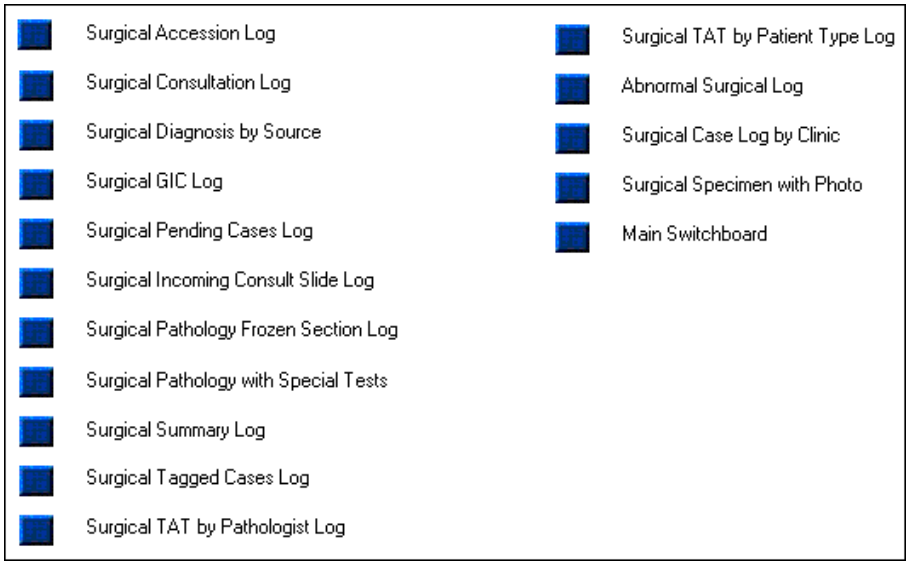


Figure 5-87. Surgical Pathology Reports window.

Surgical Accession Log

The Surgical Accession Log lists all surgical cases examined in the lab during the month and can be sorted and listed by case number, received and reported date, the pathologist code, and patient type.

Surgical Consultation Log

The Surgical Consultation Log lists all cases with staff consultations listed monthly and sorted by case accession number. The case is matched by the **Consultation** field, where the consulting pathologist code is stored. The report consists of the procedure date, case number, primary pathologist code, and the consulting pathologist code.

Surgical Diagnosis by Source

The Surgical Diagnosis by Source lists all cases for a given source type and date range with the final diagnosis. The report is sorted by case number.

Surgical GIC Log

Log lists all surgical cases with GIC performed. Cases qualify for the log if at least one Gross IOC is recorded.

Surgical Pending Cases Log

The Surgical Pending Cases Log lists all pending cases, sorted by case number, with surgical pathology specimens. The case is pending for that report if it is registered, but not signed out. The report is created weekly and contains the case number, received date, patient name, ward code, specimen source, surgeon name, and flags.

Surgical Incoming Consult Slide Log

The Surgical Incoming Consult Log produces a list of incoming consultations for a specified date range; it lists the case number, referring physician or pathologist, request date and total number of slides.

Surgical Pathology Frozen Section Log

The Surgical Pathology Frozen Section Log is a listing of all cases with frozen section blocks created based on the flag in the case record. The following fields are included: case number, patient ward, patient type, number of FS blocks, and some flags (B for source of breast, CL if source was *corpus luteum*, etc.; as defined in your Source file setup). The cases are sorted and totaled by the patient type and case number. The total number of cases and number of frozen section blocks are listed.

Surgical Pathology with Special Tests

Surgical Pathology with Special Tests lists all surgical cases that have had special stains (tests performed within a specific date range).

Surgical Summary Log

The Surgical Summary Log is a concise report of all totals summarizing the surgical pathology reports defined above.

Surgical Tagged Cases Log

The Surgical Tagged Cases Log lists cases within a specific date range that were marked in the Tag Letter field with a particular letter. The log contains the case number, MRN, requesting doctor ID, ward code, and the source name.

Surgical TAT by Pathologist Log

Surgical TAT by Pathologist Log provides a listing of the turn around time values by pathologist. The system displays the number of days elapsed between the received date and the sign out date.

Surgical TAT by Patient Type Log

Surgical TAT by Patient Type Log provides a listing of the turn around time values by patient type. The system displays the number of days elapsed between the received date and the sign out date.

Abnormal Surgical Log

This log lists abnormal surgical cases per month. An abnormal case is recognized by the abnormal flag that can be set in Result Entry by the user or is set automatically from the **Diagnosis Group** field. The report contains the case number, MRN, patient name, specimen source code, diagnosis code, and pathologist code.

Surgical Case Log by Clinic

This log lists the cases for a given date range and clinic code. It includes the case number, MRN, procedure date, and pathologist code.

Surgical Specimen with Photo

The Surgical Specimens with Photos report lists all cases that have had a gross photograph performed. The cases are matched by the specimen or case flag. The report includes the case number, surgeon name, patient ward, and patient type. The report can be listed monthly and is sorted by the patient type. The total number of specimens with a gross photograph performed is listed.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Miscellaneous Reports

A brief explanation of each Miscellaneous report will be listed in this section (Figure 5-88). To create a new ODBC report, use the Define ODBC Reports option located under **Utilities** on the Main Menu.

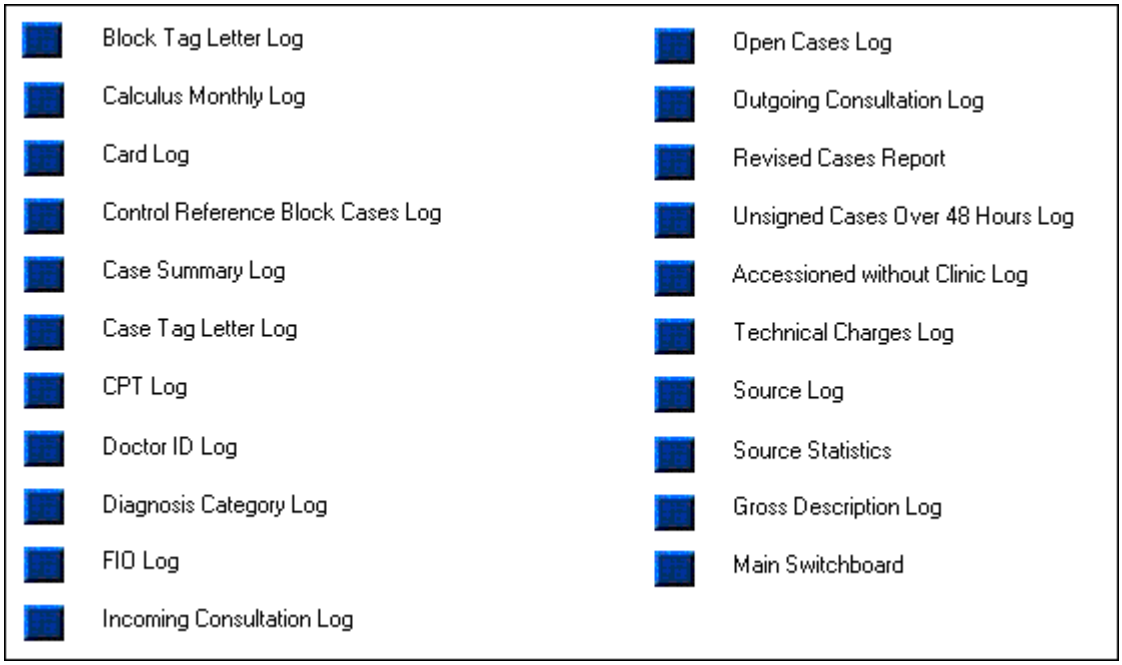


Figure 5-88. Miscellaneous Reports window.

Block Tag Letter Log

The Block Tag Letter Log lists all cases for designated tag letters within a specific date range. The log can be printed for all block tag letters or only for a specific tag letter. The report contains case accession number, sign out date, tag letter, and comment.

Calculus Monthly Log

The Calculus Monthly Log lists all the cases that contain a source with the pattern of "CALC" for a specified date range. For each case on the log, the accession number, patient ward, patient type, and source name is listed. The cases are sorted by the patient type first and the case number second with the totals for both inpatients and outpatients being listed.

The calculus is recognized by the source type with the main source type that represents the calculus defined in the Hosparam during installation. The different locations where the calculus comes from can be represented by the source types with the owner source for calculus defined in the Hospital Parameters file.

Card Log

The Card Log can list all cases for a specific date range by patient's last name and first name, MRN, case accession number, and patient's date of birth.

Control Reference Block Cases Log

The Control Reference Block Cases Log finds cases with a block marked for use as a control reference. It also lists case numbers, order dates, stains, specimen ID, and block.

Case Summary Log

The Case Summary Log produces a total list of cases for a specified month. The log lists case numbers, patient types, and dates ordered.

Case Tag Letter Log

The Case Tag Letter Log lists all cases for designated tag letters within a specific date range. The log can be printed for all case tag letters or only for a specific tag letter. The report contains case accession number, sign out date, tag letter, and case comment.

CPT Log

For each code in a specified time period, this report lists the CPT codes, associated description, and the number of occurrences. Sorts by ascending CPT codes.

Doctor ID Log

The Doctor ID Log lists doctors by their ID codes, last names, first names, second IDs, and third IDs.

Diagnosis Category Log

The Diagnosis Category Log breaks down cases by each diagnosis category in the system.

FIO Log

The FIO (For Identification Only) Log lists all cases that are matched based on the flag in the case record "Gross ID Only". The report is sorted by the patient type and is totaled, presenting you with the case number, patient ward, and type.

Incoming Consultation Log

The Incoming Consultations Log produces a list of incoming consultations for a specified date range; it lists the case number, referring physician or pathologist, request date and total number of cases.

Open Cases Log

The Open Cases Log lists all cases that are NOT signed out or open for a specific date range. The log lists the patient's last and first name, case accession number, source name, and date received.

Outgoing Consultation Log

This log lists outgoing consultations that have or have not (or both) been returned. It lists patient name, case number, materials (blocks and slides), date sent, pathologist, and destination (consultant).

Revised Cases Report

This report retrieves revised surgical cases for the months specified. It lists the case number, received date, revised date, pathologist, and the reason for revision.

Unsigned Cases Over 48 Hours Log

The Unsigned Cases Over 48 hours Log lists all unsigned cases 48 hours after registration. The log lists the case accession number, the pathologist, and date ordered. This is to allow the monitoring of cases that have been resulted over 48 hours, but are still not signed out.

Accessioned without Clinic Log

The Accessioned without Clinic Log shows all cases accessioned without a clinic on record.

Technical Charges Log

The Technical Charges Log lists the Final Billing Charges assigned during a defined date range and the total number of occurrences of these charges.

Source Log

The Source Log lists all sources processed within the defined date range and the total number of occurrences for each source.

Source Statistics

The Source Statistics lists all sources processed within the defined date range and the materials submitted for each source.

Gross Description Log

The Gross Description Log lists all cases that have had a Gross Description completed. The log includes the case number, specimen ID, source description, Done By ID, and the date and time the gross description was completed.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Multisite Reports

A brief explanation of each Multisite report will be listed in this section (Figure 5-90). To create a new ODBC report, use the Define ODBC Reports option located under Utilities on the Main Menu

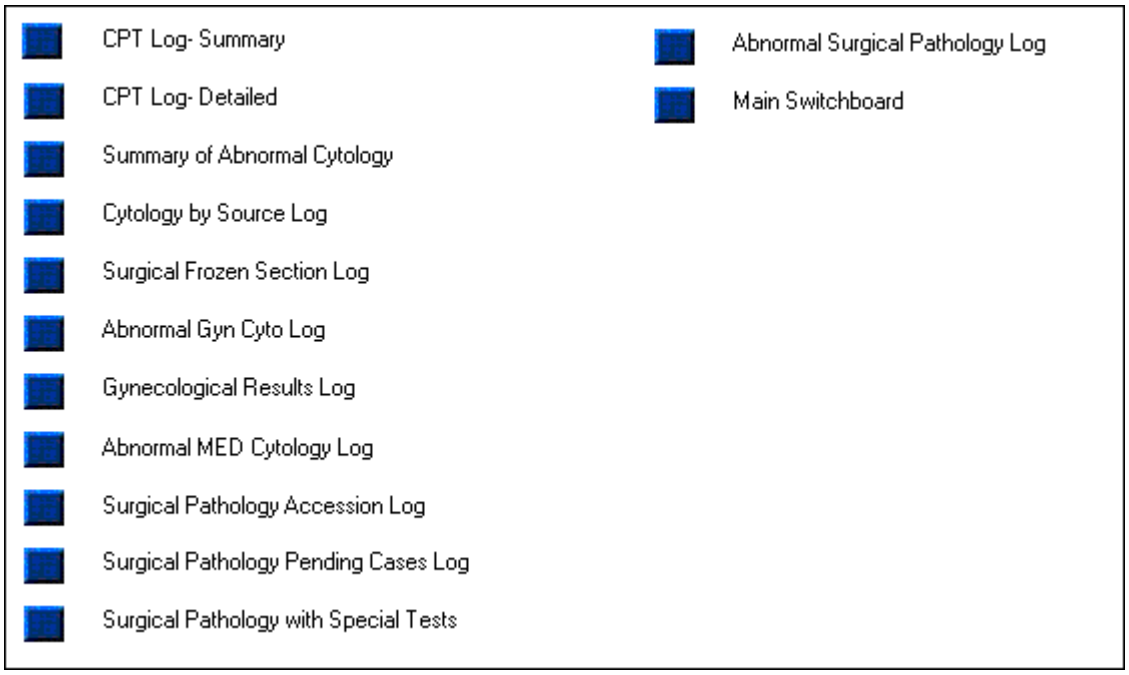


Figure 5-89. Multisite Reports window.

CPT Log- Summary

The CPT Log – Summary will produce a report of procedures performed by each accession group organized by CPT code.

CPT LOG- Detailed

Breaks down each accession group by showing the total CPT procedures for each IBC code.

Summary of Abnormal Cytology

The Summary of Abnormal Cytology shows each abnormal cytology case organized by accession group.

Cytology by Source Log

The Cytology by Source Log gives a breakdown of all cytology cases based on source.

Surgical Frozen Section Log

The Frozen Section Log shows the number of blocks with a frozen section categorized by accession group.

Abnormal Gynecology Log

The Abnormal Gynecology Log gives the cases with abnormal diagnosis codes categorized by accession group.

Gynecological Results Log

The Gynecological Results Log shows diagnosis codes and working personnel for cases within an accession group.

Abnormal MED Cytology Log

The Abnormal MED Cytology Log gives the abnormal MED cases for any or all accession groups.

Surgical Pathology Accession Log

The Surgical Pathology Accession Log shows every surgical case for any or all accession groups.

Surgical Pathology Pending Cases Log

The Surgical Pathology Pending Cases Log gives all pending cases for any or all accession groups.

Surgical Pathology with Special Tests

The Surgical Pathology with Special Tests report shows all cases that required a test classified as "special" for any or all accession groups.

Abnormal Surgical Pathology Log

The Abnormal Surgical Pathology Log gives the abnormal surgical cases for any or all accession groups.

Utility Reports

A brief explanation of each Utility report will be listed in this section (Figure 5-90). To create a new ODBC report, use the Define ODBC Reports option located under Utilities on the Main Menu

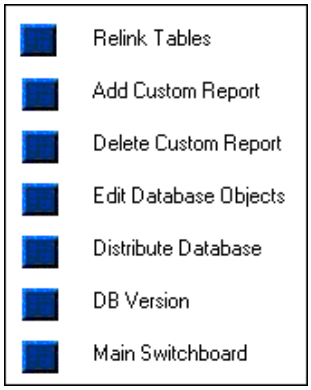


Figure 5-90. Utility Reports window.

Relink Tables

This Relink Tables utility will relink the tables in the Access database to the tables on the server. The ODBC data source name that was previously setup in the control panel must be entered for the tables to be linked.

Add Custom Report

The Add Custom Report is used to list your custom made reports on the Custom section of the switchboard so you can easily access them.

Delete Custom Report

The Delete Custom Report is used to delete custom reports from the switchboard.

Edit Database Objects

The Edit Database Objects will allow a user with full access permissions to edit the objects in the Access database.

Distribute Database

The Distribute Database will allow you to set the database as a reference for other users.

DB Version

The DB Version will list the version of the software.

Main Switchboard

The Main Switchboard will take you to the first screen on the switchboard.

Action Logs

The **Action Logs** option allows you to prepare reports and logs containing cases with an Action Entry procedure that was performed. You can also prepare worksheets with cases that qualify for this action entry.

Access the **Action Log** option by selecting *Reports > Action Logs* from the main menu. The **Log** tab of the **Action Entry Logs** window displays similar to Figure 5-91. The **Log** tab allows you to prepare a log containing cases for which an Action Entry procedure was performed. Enter search criteria to limit the log to specific cases and then click **Run** to generate the log.

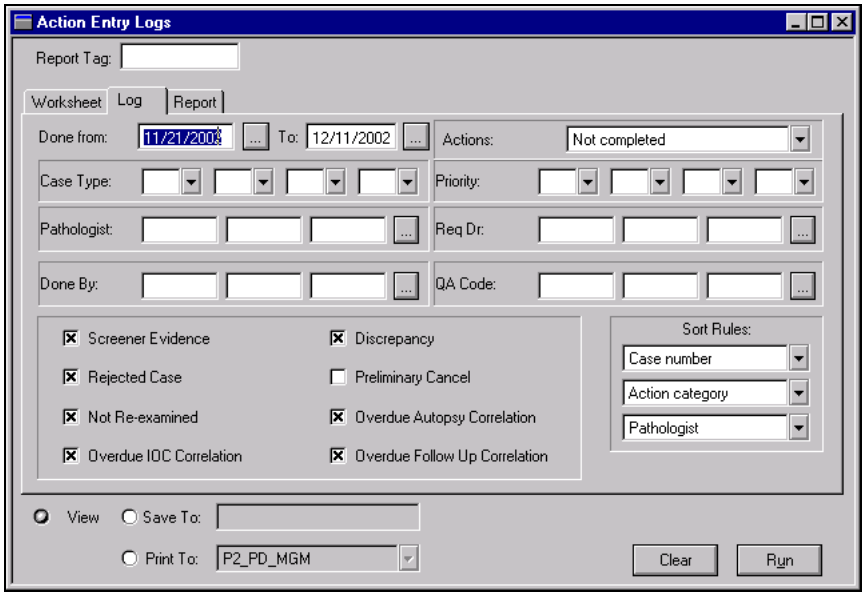


Figure 5-91. Action Entry Logs window.

Worksheet Tab

The **Worksheet** tab displays similar to Figure 5-92. This tab allows you to prepare worksheets with a list of cases that qualify for the Action Entry procedure. Enter search criteria to limit the worksheet to specific cases and then click **Run** to generate the worksheet.

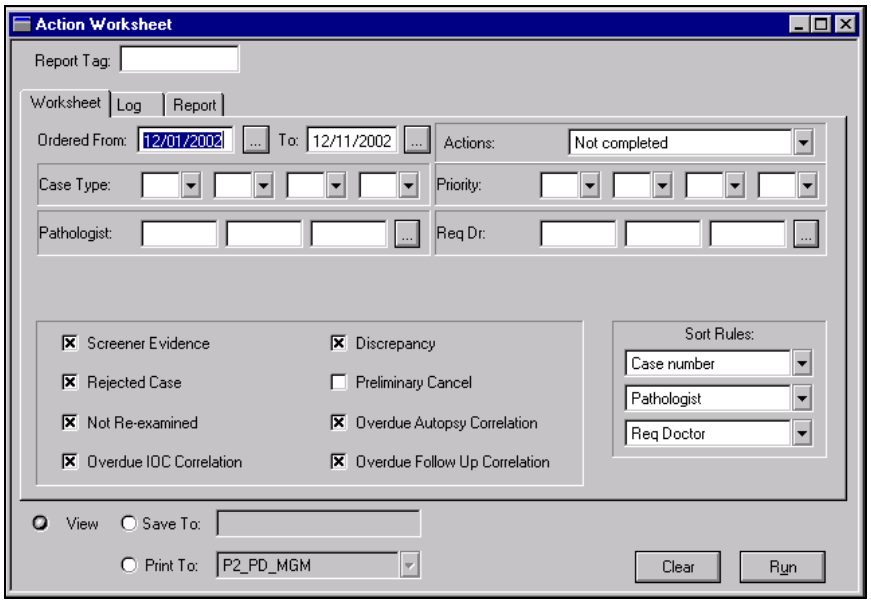


Figure 5-92. Action Worksheet window.

Report Tab

The **Report** tab displays similar to Figure 5-93. This tab allows you to prepare a report with a list of cases for which the Action Entry procedure was performed. Enter search criteria to limit the report to specific cases and then click **Run** to generate the report.

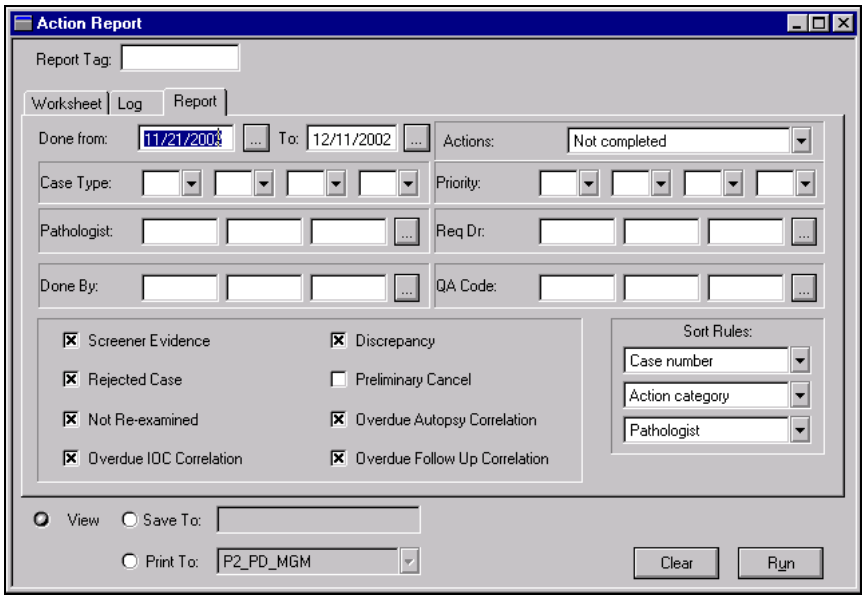


Figure 5-93. Action Report window.

Chapter 6. Setup

The **Setup** menu options are used to establish system-wide rules, defaults, and settings. From this menu, you can create and modify setup files, define the billing setup, set system options and defaults, create and modify simple codes and user flags, and other essential setup functions. Most users will not need to access these options on a day-to-day basis. Most setup files, billing setup, options, etc. will be defined during implementation.

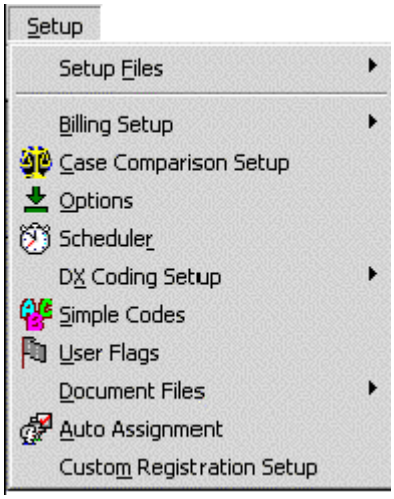


Figure 6-1. Setup menu.

SoftPath Setup Menu Options

The SoftPath Setup option contains the following features and applications:

Setup Files

The **Setup Files** contain records and data used to complete many important SoftPath functions. See ***Chapter 6.1—Setup: Setup Files***.

Billing Setup

Billing Setup contains options that allow you to enter and edit information regarding billing codes and procedures for your facility. See ***Chapter 6.2—Setup: Billing Setup***.

Case Comparison Setup

To establish the criteria that the system will use to automatically select cases to flag for QA rescreening and review, select the **Case Comparison Setup** option. See ***Chapter 6.3—Setup: Case Comparison Setup***.

Options

The **Options** file allows the system administrator to establish a limited number of user-defined system parameters that supersede the Hosparam file values that were initially established by SCC personnel. See ***Chapter 6.4—Setup: Options***.

Scheduler

To establish days, times, and other parameters for certain programs and reports so they can run automatically without operator intervention, select the **Scheduler** option. See ***Chapter 6.5—Setup: Scheduler***.

Dx Coding Setup

To establish parameters regarding diagnosis coding for your facility, select the **Dx Coding Setup** option. See ***Chapter 6.6—Setup: Dx Coding Setup***.

Simple Codes

The **Simple Codes** option allows you to define simple codes to be used within the system for certain informational fields. See ***Chapter 6.7—Setup: Simple Codes***.

User Flags

To define new flags to be used within SoftPath, select the **User Flags** option. See ***Chapter 6.8—Setup: User Flags***.

Document Files

Document Files allows you to prepare the layout and define other options regarding documents in your facility, including all reports. See ***Chapter 6.9—Setup: Document Files***.

Auto Assignment

To establish parameters for the automatic assignment of cases to personnel, select the Auto Assignment option. See ***Chapter 6.10—Setup: Auto Assignment***.

Custom Registration Setup

Custom Registration Setup allows you to define your own templates for registration screens within the system. See ***Chapter 6.11—Setup: Custom Registration Setup***.

Setup Files

Setup files contain records and data used to complete many important SoftPath functions. You can use these files to set parameters and defaults and the contents of these files populate dynamic lists for many SoftPath fields. You will create the majority of your setup files during implementation/setup, but periodically you may need to add new records to these files.

Adding a New Record

When you access most **Setup** menu options, a lookup window displays, allowing you to select an existing record for review or modification. If you want to add a new record to the file, click the **Add Record** button. A window displays, allowing you to enter data for the new record. Complete the fields and click **Save** to add the new record to the database.

NOTE: Use caution when creating new codes. Certain fields, such as the **Code** or **Case Type** fields cannot be modified after the record is initially created.

Editing an Existing Record

After you access the appropriate setup file option, enter search criteria in the lookup window to locate the record you want to edit. Click **Find**. Locate the record you want to edit and click the appropriate row to highlight it. Click **OK**.

The setup window for the record displays. Click **Edit** from the toolbar to modify the information contained in the fields. Certain fields, such as the **Code** or **Case Type** fields cannot be modified after the record is initially created. When you have completed all your modifications, click **Save**.

NOTE: If you unmark the **Active** checkbox when editing a record, the record is deactivated and will no longer be used by the system except for archive purposes. For example, if you deactivate a source code record, that source code will no longer be valid during specimen registration and will not display on any of the **Source** field dynamic lists.

Deleting an Existing Record

After you access the appropriate setup file option, enter search criteria in the lookup window to locate the record you want to delete. Click **Find**. Locate the record you want to delete and click the appropriate row to highlight it. Click **OK**. The setup window for the record displays. Click **Del** from the toolbar. The following message displays: "Do you really want to delete this record?"

Click **Yes** to delete the record.

OR

Click **No** to cancel the action.

If you click **Yes**, the record is deleted from the database.

NOTE: Use caution when deleting records from the setup file databases. Generally, you should deactivate a record instead of deleting it. To deactivate a record, edit the record and clear the **Active** checkbox.

Personnel File

The Personnel file stores information about laboratory employees that are given access to SoftPath. All personnel that will be interacting directly or indirectly with SoftPath should be registered and assigned to one of the categories based on a job type, (e.g. pathologist, technologist, etc.).

NOTE: Personnel must first be defined in SoftSecurity™ in the User file if they will have direct interaction with the system. Personnel that are needed for data entry by others but who will not be entering information directly to the system do not need to be defined in SoftSecurity.

Access the Personnel file by selecting *Setup > Setup Files > Personnel* from the main menu. The **Personnel Lookup** window will display. To add a new personnel record, click the **Add Record** button. The **Personnel Setup** window displays similar to Figure 6-2.

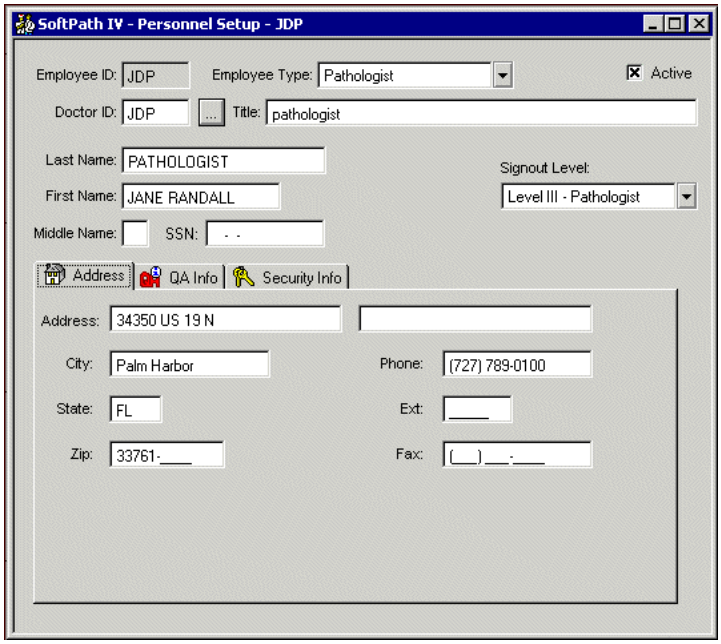


Figure 6-2. Personnel Setup window - Address tab.

The **Personnel Setup** window contains standard data that is used for the employee throughout the system. If the user that is being added is defined in the SoftSecurity module, it is best to go to the **Security Info** tab and select the user's SoftSecurity ID using the browser. When you attempt to enter a security ID, the system will prompt you to use the default values from SoftSecurity. If you decide to accept the defaults, the employee's title, last name, first name, middle name and any other data defined within SoftSecurity is imported into the personnel record.

Personnel Setup Fields

Employee ID

Enter a unique code to identify the employee. Maximum 5 alphanumeric characters.

Employee Type

Select an employee type. For example, this field is used with Manager's Dashboard to organize employees by type for work distribution.

Active

A check is displayed in the box to indicate an active employee. To inactivate an employee record, remove the check from the checkbox.

Doctor ID

Enter a doctor ID to identify the employee as a physician.

Title

Enter a title for the employee.

Last Name

Enter the employee's last name.

First Name

Enter the employee's first name.

Middle Name

Enter the employee's middle initial.

SSN

Enter the employee's Social Security number.

Sign Out Level

Select the level of sign out permission available for the login ID. This level determines the user's permission to sign out cases with the Diagnosis Codes corresponding to the defined level or lower. The required sign out level may be defined for each Diagnosis Code in the Diagnosis Code setup files. For example, a login ID with a sign out Level II can sign out cases with an associated Diagnosis Code of Level I or II but is prohibited from signing out a case with a Level III Diagnosis Code. Refer to page ***6-53*** for a description of the Diagnosis Code setup.

QA Info Tab

The **QA Info** tab is used to establish QA-related settings for the employee.

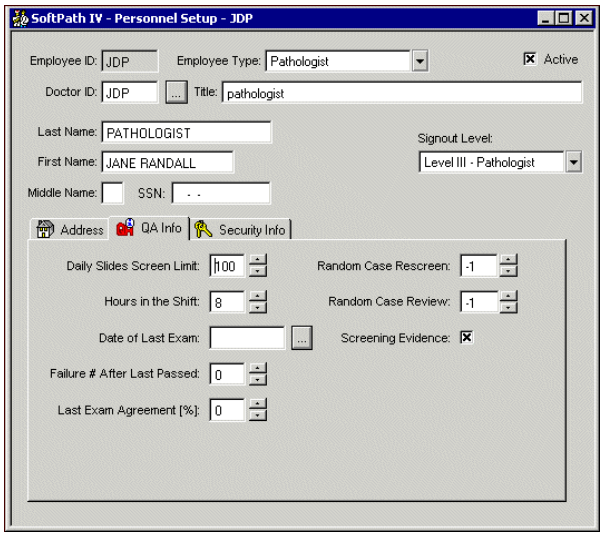


Figure 6-3. Personnel Setup window - QA Info tab.

Daily Slide Screen Limit Field

Enter the number of slides this employee is allowed to screen in one day during a regular shift. The value entered in this field is used by the system in the **Screener Evidence Entry** option to determine when the screener has exceeded the maximum number of slides. **Maximum numeric value of 100**.

Hours in the Shift

Enter the number of hours in one full shift. **Maximum 2 numeric characters**.

Date of Last Exam

Enter the date of this employee's last proficiency examination or click the button to select a date from the calendar. **MM/DD/YYYY format**.

Failure # After Last Passed

Enter the number of failed exams after the last passed exam. **Maximum 2 numeric characters**.

Last Exam Agreement (%)

Enter the percentage of the last examination agreement. **Maximum 2 numeric characters**.

Random Case Rescreen

The number you enter in this field indicates the percentage of cases screened by this user that will be selected for random rescreening.

Random Case Review

The number you enter in this field indicates the percentage of cases screened by this user that will be selected for random QA review.

Screening Evidence

Mark the **Screening Evidence** checkbox to record screening evidence information for the user.

Security Info Tab

The **Security Info** tab displays all security and permission information. This option allows you to define the level of SoftPath access granted to the employee.

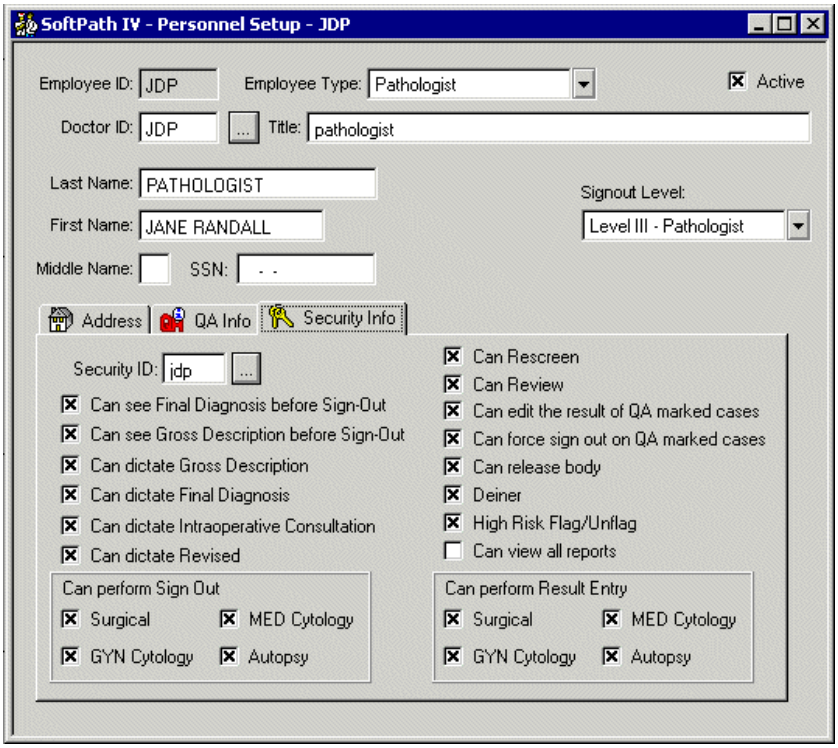


Figure 6-4. Personnel Setup window - Security Info tab.

Security ID

Enter the code defined in SoftSecurity for the user. This information can be entered manually, or you can click the button to display a list of ID codes present in the SoftSecurity database.

Can see Final Diagnosis before Sign-Out

Mark this checkbox if the user can view the diagnosis prior to sign-out in the various **Query** options.

Can see Gross Description before Sign-Out

Mark this checkbox if the user can view the gross description prior to sign-out in the various **Query** options.

Can Dictate Gross Description

Mark this checkbox if the user will be displayed in the dynamic list for the **Done By** field during gross description entry.

Can Dictate Final Diagnosis

Mark this checkbox if the user will be displayed in the dynamic list for the **Done By** field during final diagnosis entry.

Can Dictate Intraoperative Consultation

Mark this checkbox if the user will be displayed in the dynamic list for the **Done By** field during IOC entry.

Can Perform Sign-Out

Mark this checkbox if the user will be displayed in the dynamic list for the **Sign Out By** field in the various sign out areas within the system.

Surgical

Mark this checkbox if the user is authorized to perform sign out for surgical cases.

GYN Cytology

Mark this checkbox if the user is authorized to perform sign out for Gynecological cytology cases.

MED Cytology

Mark this checkbox if the user is authorized to perform sign out for MED cytology cases.

Autopsy

Mark this checkbox if the user is authorized to perform sign out for autopsy cases.

Can Perform Result Entry

Mark this checkbox to allow the user to enter reports in Final Result Entry.

Surgical

Mark this checkbox if the user is authorized to perform result entry for surgical cases.

GYN Cytology

Mark this checkbox if the user is authorized to perform result entry for Gynecological cytology cases.

MED Cytology

Mark this checkbox if the user is authorized to perform result entry for MED cytology cases.

Autopsy

Mark this checkbox if the user is authorized to perform result entry for autopsy cases.

Can Rescreen

Mark this checkbox if the user will be displayed in the dynamic list for the **Done By** field during Rescreen entry. This setting also determines whether the user can be assigned to a rescreen procedure.

Can Review

Mark this checkbox if the user will be displayed in the dynamic list for the **Done By** field during proreview entry. This setting also determines whether the user can be assigned to a proreview procedure.

Can Edit the Result of QA Marked Cases

Mark this checkbox to give the user the ability to edit the results of a QA marked case from within a QA activity (Rescreen, Retro, Proreview). If this box is not marked, the user will be able to complete the fields within the QA completion window and save the QA procedure, but they will not be able to edit the document.

Can Force Sign Out on QA Marked Cases

Mark this checkbox to give the user the ability to sign out QA cases. This setting will be recognized for cases with pending and completed QA procedures, but does not affect cases that are in the random pool before the drawing is completed. Cases in the random pool cannot be signed out regardless of this setting.

Can Release Body

Mark this checkbox to give the user the ability to edit the information displayed on the **Body Release** tab in the **Autopsy Specimen Registration** option.

Deiner

Mark this checkbox if the user will be displayed in the dynamic list for the **Deiner** field for autopsy cases.

High Risk Flag/Unflag

Mark this checkbox to give the user the ability to modify the **High Risk** flag in Patient Maintenance.

Can view all reports

Mark this checkbox to give the user the ability to view all reports in the Results Query option. This will give the user access to the “All Reports” button on the Query – Reports tab.

Collection Method

The Collection Method file, in conjunction with the Source file, is used to describe the specimen during specimen registration. The collection method describes how the specimen was obtained and includes other information regarding specimen handling. Both the **Collection Method** field and the **Source** field must be completed before you can successfully register a specimen. If a collection method is not entered during specimen registration, the default code from the Options file is automatically entered for each source.

Access the Collection Method file by selecting *Setup > Setup Files > Collection Method* from the main menu. The **Collection Method Lookup** window displays, containing the codes and names of the records previously defined. To add a new collection method record, click the drop-down list button to select the desired case type and click the **Add Record** button. The **Collection Method Setup** window displays similar to Figure 6-5.

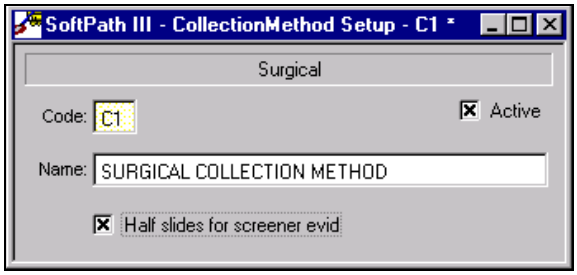


Figure 6-5. Collection Method window.

Code

Enter a unique acronym to identify the collection method. **Maximum 2 alphanumeric characters**.

Name

Enter a name/short description for the collection method. **Maximum 49 alphanumeric characters**.

Half Slides for Screener Evid

Mark this checkbox if a half slide should be counted for this collection method during screener evidence entry.

Source

The Source file contains source codes used to describe specimens/tissues. Processing protocol defaults are optional and can be designed to expedite specimen processing. You can override these default values during specimen processing.

Access the Source file by selecting *Setup > Setup Files > Source* from the main menu. The **Source Lookup** window displays containing the codes and descriptions for existing records. To add a new source record, click **Add Record**. The **Source Setup** window displays similar to Figure 6-6.

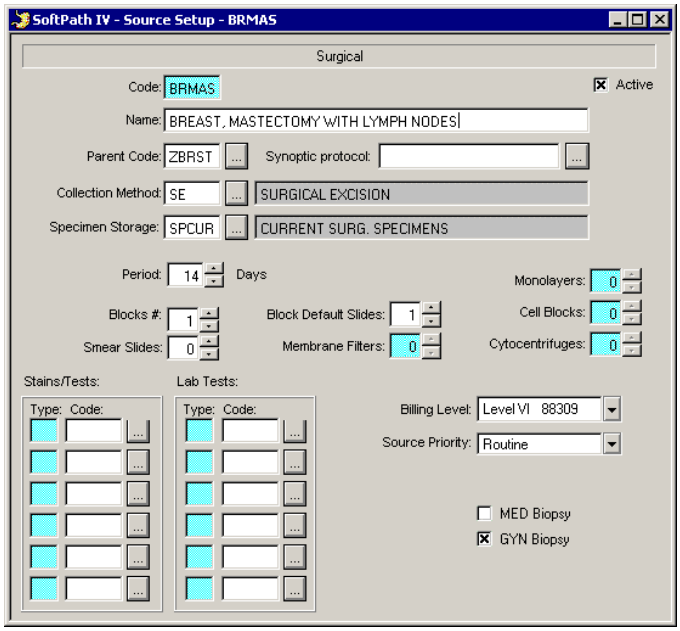


Figure 6-6. Source Setup window.

Code

Enter a unique acronym to identify the source. This code will be used during specimen registration to complete the **Source** field. Each source code must be unique. **Maximum 5 alphanumeric characters**.

Name

Enter the full name/description of the source. **Maximum 50 alphanumeric characters**.

Parent Code

Enter a parent source for this source code or click the ... button to select from a list of existing source codes. Source records have a tree-like structure in the database. One source code can be assigned as a parent source code for other related source types. A multi-level structure of source types can be created (with a maximum of nine levels).

Parent codes are useful when used during QA setup and when collating of data throughout the system. By building the sources as parents and children, you can collate QA and reporting based on the parent source, which allows one setup to qualify cases for QA collation or reporting by capturing all of the children attached to the same parent source.

Synoptic Protocol

Enter the synoptic protocol that is to be imported into the Word template for cases with this specimen registered. Click the ... button to select from a list of active synoptic protocols.

Collection Method

Enter the default collection method code you want to associate with this source code. Click the button to select from a list of active collection method codes for the current source's case type.

Specimen Storage

Enter a specimen storage location to associate with this source code or click the button to select from a list of active specimen storage codes.

Period (Days)

Enter the default number of days that the source will be active within the lab prior to permanent storage. The information entered directly affects inventory management and the pending status of specimens for storage. **Maximum 2 numeric characters**.

Block #

Enter the default number of primary blocks per specimen/case for this source. **Maximum 2 numeric characters**.

Smear Slides

Enter the default number of smear slides for this source. **Maximum 2 numeric characters**.

Block Default Slides

Enter the block default level for slide preparation for this source. **Maximum 2 numeric characters**.

Membrane Filters

Enter the default number of membrane filters for this source. **Maximum 2 numeric characters**.

Monolayers

Enter the default number of monolayers for this source. **Maximum 2 numeric characters**.

Cell Blocks

Enter the default number of cell blocks for this source. **Maximum 2 numeric characters**.

Cytocentrifuges

Click the arrow buttons to select the default number of cytocentrifuges for this source. **Maximum 2 numeric characters**.

Stains/Tests

Enter up to six special stains or tests that should be performed when this source type is registered. Click the button to select from a list of valid special stain or test codes.

Lab Tests

Enter up to six individual or group laboratory test codes or click the button to select from a list of valid codes. These codes are defined in the SoftLab system. When the pathologist's worksheet is printed, these codes will reflect pertinent information on the physiology of the source organ. The specified tests can be printed automatically on the final worksheet to provide more information to aid the pathologist with the final diagnosis.

Billing Level

Select the appropriate billing level (as defined in the CPT coding book) for this source from the drop-down list. The billing levels, when defined in the billing transaction table and the source file, can automatically capture the appropriate billing level based on the source code entered during specimen registration. Select one of the following:

Level I	88300	**Level V**	88307
Level II	88302	**Level VI**	88309
Level III	88304	**Level VII**	88160
Level IV	88305		

Source Priority

Select the priority for the source from the drop-down list.

GYN Biopsy Flag

To flag this source as qualifying as a biopsy for GYN cases, mark this checkbox. This flag is used when generating the Cytology-Histology Comparison Report. This flag will allow you to print a report containing those GYN Cytology cases that did not have a following surgical case containing a source with this flag marked.

MED Biopsy Flag

To flag this source as qualifying as a biopsy for MED cases, mark this checkbox. This flag is used when generating the Cytology-Histology Comparison Report. This flag will allow you to print a report containing those MED Cytology cases that did not have a following surgical case containing a source with this flag marked.

Body Site

The Body Site file contains body sites to be used in accordance with the source codes to further identify the source during specimen registration.

Access the Body Site file by selecting *Setup > Setup Files > Body Site* from the main menu. The **Body Site Lookup** window displays containing the codes and descriptions for existing records. To add a new body site record, click **Add Record**. The **Body Site Setup** window displays similar to Figure 6-7.

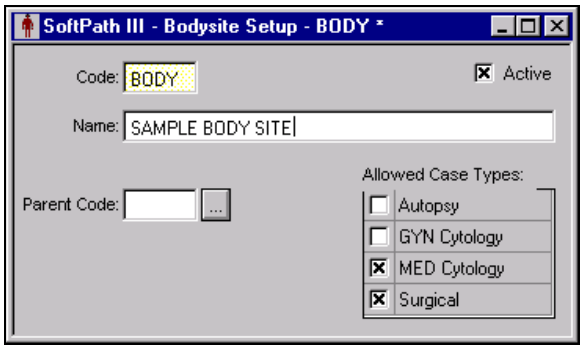


Figure 6-7. Body Site Setup window.

Code

Enter a unique acronym to identify the body site. This code should be entered during specimen registration in the **Body Site** field. **Maximum 5 alphanumeric characters**.

Name

Enter the full name or short description of the body site code. This name is used in reports.

Parent Code

Enter the code of the parent source or click the button to select from a list of valid body site codes. One body site code can be assigned as a parent code for other related body sites. This action can be repeated to produce a multi-level body site structure (with a maximum of nine levels).

Allowed Case Types

Mark the appropriate checkboxes to indicate the types of cases allowed to use this body site code. A maximum of four case type(s) may be selected.

Special Stains/Tests

The Special Stains/Tests file contains special stains or test procedures that can be performed for certain cases. This also includes information about the test, such as the number of slides required and the text for the labels.

Access the Special Stains/Tests file by selecting *Setup > Setup Files > Special Stains/Tests* from the main menu. The **Special Stains/Tests Lookup** window displays containing the codes and descriptions for existing records. Click **Add Record** to add a new special stain/test record. The **Special Stains/Tests Setup** window displays similar to Figure 6-7.

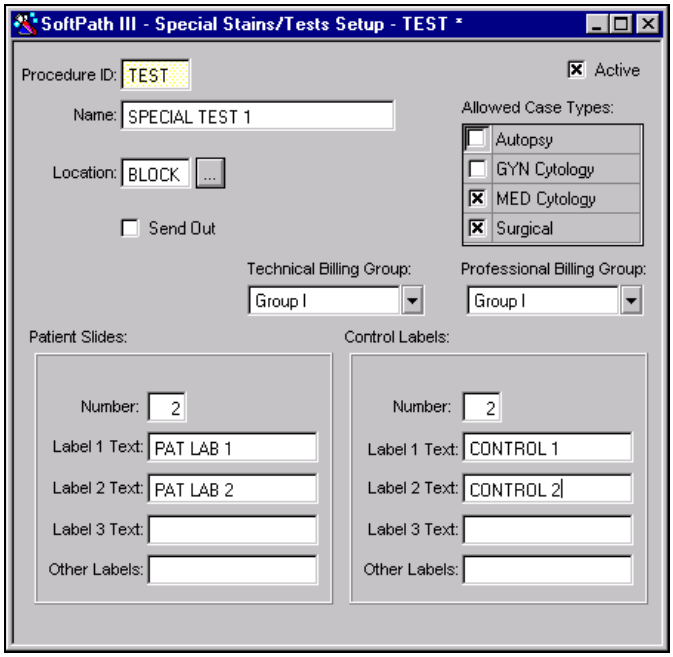


Figure 6-8. Special Stains/Tests Setup window.

Procedure ID

Enter a unique acronym to identify the special stains/tests. **Maximum 5 alphanumeric characters**.

Name

Enter the full name of the special stain/test. This name will be displayed on reports. **Maximum 25 alphanumeric characters**.

Location

Enter the code of the laboratory where the specimen is to be sent as defined in the Consultants Setup file. Click the button to select from a list of valid consultant codes. This is NOT a required field.

Send Out

Mark this checkbox if an outside laboratory will perform the testing.

Technical Billing Group

Select the technical billing group that the test belongs in from the drop-down list (I through IX).

Professional Billing Group

Select the professional billing group that the test belongs in from the drop-down list (I through IX).

Patient Slides Area

In the **Patient Slides** area, complete the following fields:

- **Number -** Enter the number of patient slide labels required per case for this procedure. **Maximum 2 numeric characters**.
- **Label Text -** Enter the text you want to print on the patient slide labels. **Maximum 12 alphanumeric characters**.

Control Labels Area

In the **Control Labels** area, complete the following fields:

- **Number -** Enter the number of control labels required for this procedure per case. **Maximum 2 numeric characters**.
- **Label Text -** Enter the text that you want to print on the control slide labels. **Maximum 12 alphanumeric characters**.

Stain Panel Setup

The Stain Panel file allows you to define special stains or test procedures to be performed as a group for selected cases. This setup file also allows you to define the number of slides required for the selected test and technical/professional billing definitions for the group. Access the Stain Panel file by selecting *Setup > Setup Files > Stain Panel Setup* from the main menu. The **Stain Panel Lookup** window displays containing the codes and descriptions for existing records. Click **Add Record** to add a new stain/test record. The **Stain** window displays similar to Figure 6-9.

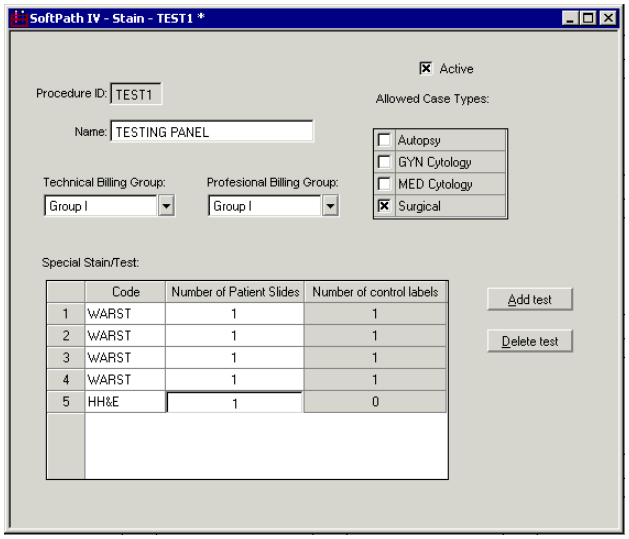


Figure 6-9. Stain window.

Procedure ID

Enter a unique ID code for the stain panel. **Maximum 5 alphanumeric characters**.

Name

Enter the name of the stain panel. **Maximum 22 alphanumeric characters**.

Technical Billing Group

Select the technical billing group that the stain panel will use from the drop-down list.

Professional Billing Group

Select the professional billing group that the stain panel will use from the drop-down list.

Add Test Button

Click **Add Test** to add a test to the stain panel. The **Special Stains/Test** grid becomes available for data entry.

Delete Test Button

Highlight the test you want to delete and click **Delete Test**. The test is removed from the grid.

Special Stain/Test Grid

When the grid is active, clicking the **Code** column allows you to select a special stain/test. Enter the required number of slides for this special stain/test in **Number of Patient Slides** and **Number of Control Labels** fields. The system inserts the default values taken from the corresponding stain file for each item, but this information can be modified.

The stains entered in the grid will be applied in the various processing options in the order in which the items are entered.

Accession Sequences

The **Accession Sequences** option defines the structure of the accession sequence numbers used for each case type. This includes whether the case is for processing only, or if the case needs a complete work-up that issues a patient report.

Access the Accession Group file by selecting *Setup > Setup Files > Accessions File > Accession Sequences* from the main menu. The **Accession Sequences Lookup** window displays. To add a new accession sequence record, click **Add Record**. The **Accession Sequences Setup** window displays similar to Figure 6-10.

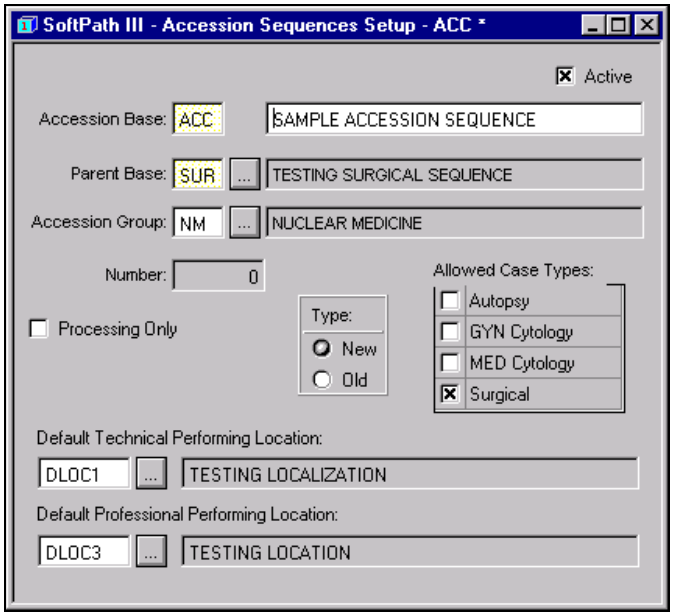


Figure 6-10. Accession Sequence Setup window.

Accession Base

Enter a unique accession base code (**Maximum 2 alphanumeric characters**) and a brief description (**Maximum 28 alphanumeric characters**) of the accession base.

Parent Base

Enter the code of the parent accession base if sequentially incrementing accession numbers are to be used between two case types. Click the ... button to select from a list of valid accession bases.

Accession Group

Enter the group code of the accession sequence that will be used. Each sequence must have an accession group associated with it and the code must be defined in the Accession Group file. Click the ... button to display a list of valid accession groups.

Number

Enter the starting sequence number. If you entered a parent code in the **Parent Base** field, the number must be **0**. **Maximum 5 numeric characters**.

Processing Only

Mark this checkbox if the accession sequence is to be used for "processing only" cases. The accession sequences designated for processing only will not be pending for transcription entry, but will be pending for specimen and block processing. The case must be electronically signed out of the SoftPath module. You can sign out cases in the **Fast Sign Out** option using the accession sequence for the case selection or by marking the **Processing Only** checkbox in the **Fast Sign Out** window.

Type

Select one of the following options for this accession sequence:

- **New -** The accession sequence will be used for new cases only.
- **Old** - The accession sequence will be used for cases previously registered in another system (e.g., computer, microfiche, manual cards).

Allowed Case Types

Select the case type(s) in which the accession sequence may be used for. Accession sequences defined for the Autopsy case type will remain exclusive to just autopsies.

Default Technical and Professional Billing Location

Enter the default technical and/or professional billing location for the accession sequence or click the button to select from a list of active billing locations. If you enter a billing location, the specified location becomes the default billing location on the **Accounting** tab in the **Specimen Registration** options if no billing locations are associated with the clinic. However, if a billing location exists for the clinic associated with the case, that clinic's location is used instead.

Accession Groups

The **Accession Groups** option allows you to define distinct group codes for each location and the structure of the accession sequence numbers used for each case type. The accession group code is entered in the Accession Sequence file to define the location used.

NOTE: This file MUST be established before the Accession Sequence file is set up.

Access the Accession Group file by selecting *Setup > Setup Files > Accessions File > Accession Groups* from the main menu. The **Accession Group Lookup** window will display. To add a new accession group record, click **Add Record**. The **Accession Groups Setup** window displays similar to Figure 6-11.

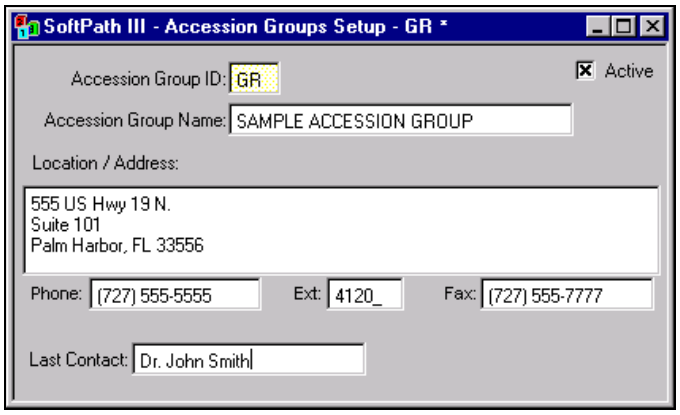


Figure 6-11. Accession Group Setup window.

Accession Group ID

Enter a unique accession group code. **Maximum 2 alphanumeric characters**.

Accession Group Name

Enter a unique group name. Maximum 30 alphanumeric characters.

Location/Address

Enter a maximum of five lines of text to indicate the facility's address.

Phone

Enter the phone number of the last contact at the facility. **Maximum 12 numeric characters.**

Ext

Enter the telephone extension of the last contact at the facility. **Maximum 5 alphanumeric characters.**

Fax

Enter the fax number of the last contact at the facility. **Maximum 12 numeric characters.**

Last Contact

Enter the name of the person to contact at the facility. **Maximum 19 alphanumeric characters**.

Quality Codes

The **Quality Codes** option allows you to monitor the proper fixation, identification, and safety requirements of a specimen submitted to the pathology laboratory. These options aid in categorizing technical and organizational problems that occur during processing, describe the diagnosis discrepancies between two examiners, and differentiate between the abnormal and normal cases for one or more case types.

Access the **Quality Codes** option by selecting *Setup* > *Setup Files* > *Quality Codes* from the main menu. The **Quality Codes Lookup** window displays. Select the proper adequacy option from the **Option** drop-down list similar to Figure 6-12. After selecting the case type and adequacy option, click **Find** to display existing records or click **Add Record** to create a new adequacy code of the specified type.

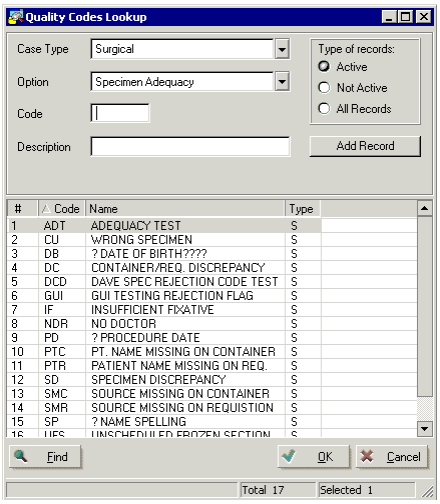


Figure 6-12. Quality Codes Lookup window.

Diagnosis Categories File

The **Diagnosis Categories File** option allows you to define extensive diagnosis codes that can be used to classify results and categorize them as normal or abnormal.

To access this option, select **Diagnosis Categories File** from the **Options** drop-down list and then select a case type. Click **Add Record** to display the **Adequacy File Setup** window similar to Figure 6-13.

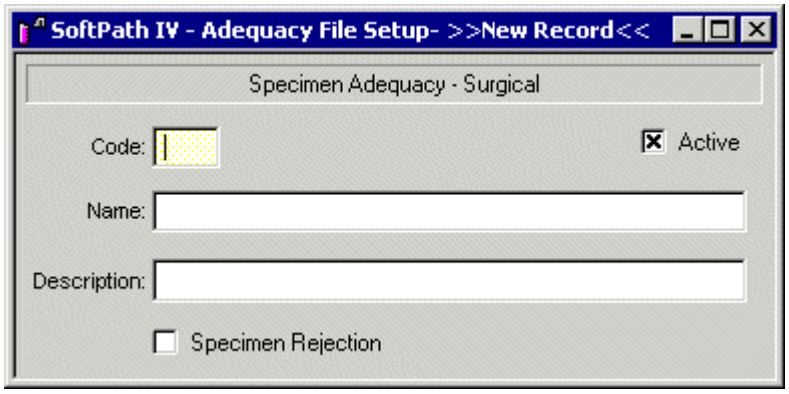


Figure 6-13. Adequacy File Setup window for diagnosis categories.

Code

Enter a unique acronym to identify the diagnosis category. **Maximum 3 alphanumeric characters**.

Name

Enter the full name of the diagnosis. **Maximum 31 alphanumeric characters**.

Description

Enter a brief description of the diagnosis category, as it should appear on reports. **Maximum 59 alphanumeric characters**.

Active

Mark this checkbox if the diagnosis category should be available for use in the system.

Specimen Rejection

Mark this checkbox to flag this diagnosis code as rejected. Any specimen using the code would then be blocked from processing. For example, in Specimen Registration, the specimen's information would only appear in read-only format.

Processing Problems

The **Processing Problems** option allows you to define different technical and organizational problems that may occur during processing. It determines if processing should continue when each type of problem has been detected.

To access this option, select **Processing Problems** from the **Options** drop-down list and then select a case type. Click **Add Record** to display the **Adequacy File Setup** window similar to Figure 6-14.

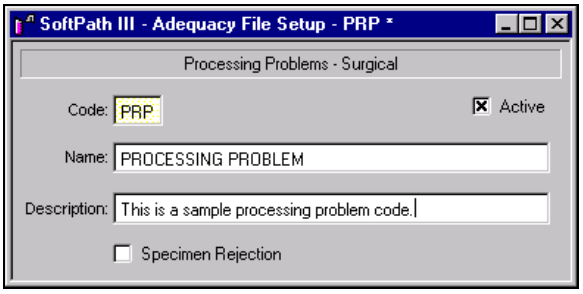


Figure 6-14. Adequacy File Setup window for processing problem codes.

Code

Enter a unique acronym to identify the processing problem. Maximum 3 alphanumeric characters.

Name

Enter the full name of the processing problem. Maximum 31 alphanumeric characters.

Description

Enter a brief description of this processing problem, as it should appear on reports. Maximum 59 alphanumeric characters.

Specimen Rejection

Mark this checkbox to indicate that the specimen with this processing problem has been rejected and no further processing is to proceed. Leave this checkbox blank to allow the user to note the specimen problem and to continue processing.

Quality Assurance Categories

Quality Assurance Categories are set up to define the differences in diagnoses that may occur between two examiners. The discrepancies are detected when a cytologist, pathologist, or another consultant and pathologist review the case.

To access this option, select **Quality Assurance Categories** from the **Options** drop-down list and then select a case type. Click **Add Record** to display the **Adequacy File Setup** window similar to Figure 6-15.

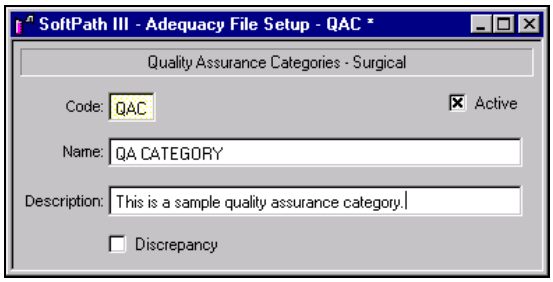


Figure 6-15. Adequacy File Setup window for QA categories.

Code

Enter a unique acronym to identify the QA category. **Maximum 3 alphanumeric characters.**

Name

Enter the full name of the QA category. **Maximum 31 alphanumeric characters.**

Description

Enter a brief description of the QA category that should be printed on reports. **Maximum 59 alphanumeric characters.**

Discrepancy

Mark this checkbox if the QA category indicates a discrepancy between the two examiners. This flag is used by the system to locate cases in the **Action Entry** option that will require documentation of the discrepancy.

Specimen Adequacy Codes

Specimen adequacy codes define the different deficiencies a received specimen may have and will determine if processing can continue when each type of deficiency is detected.

To access this option, select **Specimen Adequacy Codes** from the **Options** drop-down list and then select a case type. Click **Add Record** to display the **Adequacy File Setup** window similar to Figure 6-16.

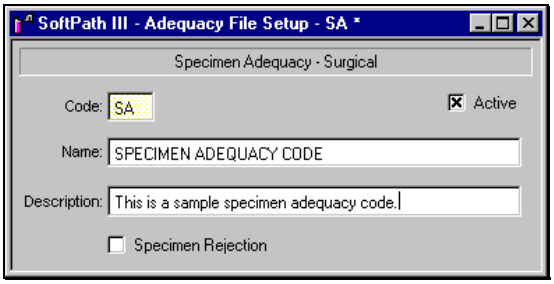


Figure 6-16. Adequacy File Setup window for specimen adequacy codes.

Code

Enter a unique acronym to identify the specimen adequacy. **Maximum 3 alphanumeric characters.**

Name

Enter the full name of the specimen adequacy code. **Maximum 31 alphanumeric characters.**

Description

Enter a brief description of the specimen adequacy code that will be printed on reports. **Maximum 59 alphanumeric characters.**

Specimen Rejection

Mark this box to indicate that specimens with this code should be rejected and processing should be stopped. Leave the field blank to note a specimen problem and continue processing.

Define Letters

The **Define Letters** option allows you to create form letters. The basic contents of the letter can be predefined (e.g., patient, test, and result information) and assigned a code name and a letter type.

Access the **Define Letters** option by selecting *Setup > Setup Files > Define Letters* from the main menu. The **Letter Lookup** window displays. To create a new form letter, select the letter type you want to create in the **Letter Type** drop-down list:

- **Follow-up Letter** is used to send a letter to a physician/patient following the sign out of a case, or on a specific date. In addition, it can be used to remind patients of appointments.
- **Incoming Form** is used to request material for consultation from another facility.
- **Insurance Form** is to be printed if needed for an outgoing consultation.
- **Outgoing Form** accompanies all materials sent for an outside consultation.
- **Incoming Form Return Material** accompanies material being returned to a facility that has requested a consultation.
- **Fax Cover Page** allows the definition of how the fax coversheet should read. (**This applies to only those that have faxing capabilities for MS Word documents**.)

After you select a letter type, click **Add Record** to create a new form letter. The **Define Letters Setup** window displays similar to Figure 6-17.

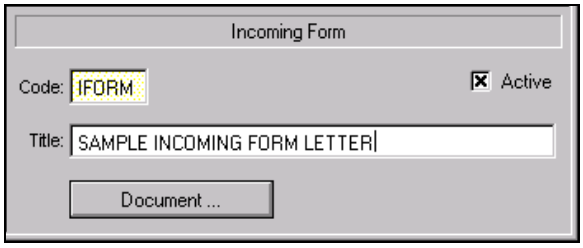


Figure 6-17. Define Letters window.

Code

Enter a unique code to identify the letter. **Maximum 5 alphanumeric characters.**

Title

Enter the title of the letter. **Maximum 35 alphanumeric characters.**

Document Button

After entering the required data in the **Define Letters Setup** window, click the **Document** button to access Microsoft Word to display the **Letter Setup** window similar to Figure 6-18.

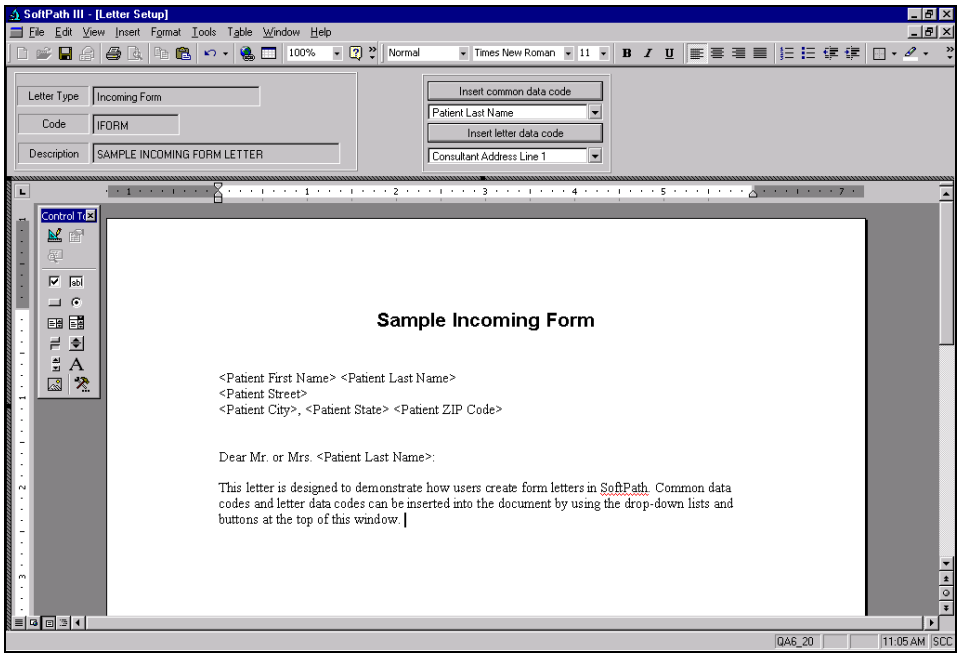


Figure 6-18. Letter Setup window.

Insert Common Data Code Button

Select a common data code from the drop-down list and click **Insert Common Data Code** to insert the code into the document at the current cursor location. These common data codes allow you to automatically insert information from SoftPath records into the letter when it is printed. For example, if you insert the **Clinic Name** data code, the appropriate clinic name will print on the letter when you generate it.

Insert Letter Data Code Button

Select a letter data code from the drop-down list and click **Insert Letter Data Code** to insert the code into the document at the current cursor location. These common data codes allow you to automatically insert information from SoftPath records into the letter when it is printed. For example, if you insert the **Consultant Address Line 1** data code, the first line of the consultant's address will print on the letter when you generate it.

Clinics File

The Clinics file stores information regarding the patients, including inpatient clinics and outpatient facilities. The data entered contains patient type, billing information, and clinic price schedules. All SCC modules commonly share this setup file.

Access the Clinics file by selecting *Setup > Setup Files > Clinics File* from the main menu. The system bridges you to the SoftLab system and displays the (SoftLab) **Wards/Clinics** window.

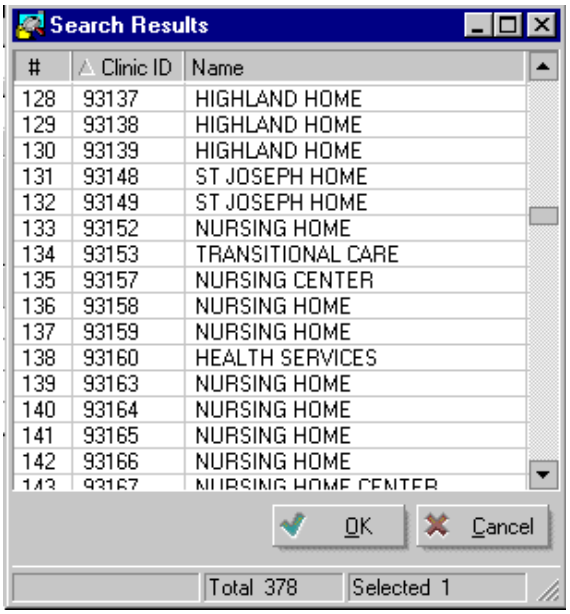
NOTE: Accessing the Clinics file bridges you to the SoftLab GUI or SoftLab ASCII application, depending on environmental variables. For further details, refer to the appropriate SoftLab User Manual.

- SoftLab GUI is called when the **HAS_GLAB** hosparam equals **Y**.
- SoftLab ASCII is call when the **HAS_GLAB** hosparam equals **N**

With the **Wards/Clinics** screen displayed, enter data in each applicable field. Fields are described below in the order they appear on screen.

Ward ID

Enter a unique code to identify the clinic. The ***code*** will print on Cumulative reports. Click the dynamic list button or press **F2** to display a list of all previously defined codes in the Search Results window (Figure 6-19). To select a code, either double-click the entry or click once to highlight and click **OK**. You can also arrow down to the selection and press **ENTER** to select. **Maximum 5 alphanumeric characters**.



#	Clinic ID	Name
128	93137	HIGHLAND HOME
129	93138	HIGHLAND HOME
130	93139	HIGHLAND HOME
131	93148	ST JOSEPH HOME
132	93149	ST JOSEPH HOME
133	93152	NURSING HOME
134	93153	TRANSITIONAL CARE
135	93157	NURSING CENTER
136	93158	NURSING HOME
137	93159	NURSING HOME
138	93160	HEALTH SERVICES
139	93163	NURSING HOME
140	93164	NURSING HOME
141	93165	NURSING HOME
142	93166	NURSING HOME
143	93167	NURSING HOME CENTER

Figure 6-19. Ward ID Dynamic List

Salesman ID

Defines the sales representative for the clinic/client (used for independent labs). Click the dynamic list button or press **F2** to display a dynamic list of all previously defined codes. To select a code, either double-click the entry or click once to highlight and click **OK**.

This is an optional field. **Maximum 15 alphanumeric characters**.

Area

Enter a unique code to identify the area in which this clinic is located.

- This code can be used to group clinics for batching and prioritizing of reports. This field is equivalent to the **Courier Route** field in the Doctor setup files.
- Both fields, Ward/Area and Doctor/Courier Route correspond to the **Area** field in screens for generating print jobs.
- This field can be used for grouping clinics that use identical age specific reference ranges.

Click the down arrow in the right side of field or press **F2** to display a dynamic list of all previously defined codes. To select a code, either double-click the entry or click once to highlight and click **OK**. **Maximum 5 alphanumeric characters**.

House doc (Optional field used by Independent Labs)

Enter the Doctor ID code if the Ward/Clinic has a **designated** physician assigned as the **house doctor**. This code can automatically default in Order Entry in the **Requesting Doctor** field, if the requesting doctor field is blank. Consult with SCC if you wish to use this field.

Active

Click check box to indicate whether or not this ward is active (currently in use).

Name

Enter the full name of this clinic as you want it to *appear on the Single-Sheet (RR format) reports*. This name does NOT print on Cumulative (CR format) reports. **Maximum 43 alphanumeric characters**.

NOTE: If you exceed 30 characters, notify SCC to adjust the report layout (this applies to Single-Sheet reports only).

Serv Type

Enter free text to describe the type of service this clinic provides. This field is optional and for informational use only. **Maximum 15 alphanumeric characters**.

License #

Enter the proper license number for this clinic if this clinic is required to operate under a license (e.g., a free-standing physician clinic). **Maximum 11 alphanumeric characters**.

Type

Enter a code to identify the type of patient residing within this clinic; click the down arrow in the right side of field to display a drop-down list of the following options:

Emergency Room
Home care
Inpatient
Nursing Home
Outpatient
Veterinary

To select an option, click on the entry once. This patient type is used in various report options, including **Billing**.

Pre-ops

Click check box to indicate a pre-op clinic. All abnormal results for patients in this clinic are automatically placed on the Call List.

OR

Leave blank if this is not a pre-op clinic. Results then qualify for the Call List based on the following:

- Order Entry **Call** field (denotes a marked order).
- Any applicable rules in the RBS Setup file.
- Call List Hosparam file settings.
- Service type and license number

Facility

Enter a hospital code for this clinic. This field can be used for grouping clinics that use identical age-specific reference ranges.

For Multisite clients using multisite billing, this code must be entered into the **Hosp** field in the Test Setup Table found under Multisite setup. The field is also used in MultiSecurity. **Maximum 7 characters**.

Group

Enter a unique code to identify the group. This field can be used for grouping clinics that use identical age specific reference ranges. This field is also used in MultiSecurity. **Maximum 7 characters**.

Depot (For multisite clients)

Enter a unique code to identify the depot. This field can be used for grouping clinics that use identical age specific reference ranges. **Maximum 2 characters**.

NOTE: The user can group clinics using identical age specific reference ranges by one of the following fields: Area, Facility, Group, or Depot. The field used for grouping purposes is controlled by Hosparam **Ranges_by_group** by entering **A**=Area, **F**=Facility, **G**=Group, or **D**=Depot. In the **Clinic** field, in **F5-Ranges**, in Individual Test Setup, the user can enter a clinic ID or the entry from the field used to group the clinics.

Collector

Enter the collection/billing company identification code. Used in conjunction with SoftA/R.

Insurance

Enter up to four insurance company names associated with this clinic. This field is ***required*** for the SoftA/R module. **Four fields, maximum 5 alphanumeric characters each**.

# of Report Copies

Enter the number of copies to be generated for the Ward/Clinic from Collated batch reporting.

Provider#

Enter a provider number for each insurance company in the **Insurance** field. This field is required for the SoftA/R module. **Four fields, maximum 11 alphanumeric characters each**.

Additional information

Enter optional free text for any insurance company entered in the corresponding **Insurance** field. This is for informational use only. **Four fields, maximum 19 alphanumeric characters each**.

Auto report

Click check box to indicate that this Ward/Clinic will use **Autoreporting** for SoftLab results.

OR

Leave blank if you do not want to use **Autoreporting**.

If checked, all lab results reports (single-sheet reports) for patients assigned to this clinic will print automatically to a designated printer. If blank, the Order Entry printer, the priority rule in the Hosparam file, or Individual Flag setup for a test in the order determines if an order for this clinic automatically prints upon result.

The System selects the appropriate level (1-5) and the printer as follows:

Individual Test Level

1. **Individual Test - Flag #14**: This level is used to autoreport test level (not order, clinic, or priority). The printer is selected first by clinic, then by the autoreporting default printer.

   NOTE: A single test within an order qualifies the entire order when the test is resulted and verified.

Clinic or Doctor Level

2. **Ward/Clinic** is the third level. A specific printer for this clinic can be defined on either of the Ward profile fields as follows:
   !PR XXX, where
   a) **XXX** denotes the first three characters of the printer's name. Each time an order that qualifies for autoreporting is verified, a Single-Sheet Report is generated to this printer.
   b) The Ward/Clinic printer overrides the default printer from the Hosparam, but is superseded by the printer defined in the Order Entry screen (Level 1).
3. The system defaults to the **Doctor** level, if defined, and the patient Stay-Clinic is not defined at the Ward/Clinic level. The printer must be defined as on the Clinic file in either of the profile fields (prof) in the Doctor's file as follows:
   !PR XXX, where
   a) **XXX** denotes the first three characters of the printer name or FAX ID.
   b) The **report** prints on the requesting doctor's printer if no printer is defined for the order or for the Ward/Clinic.

Priority Level

4. The final level is the **Hosparam priority** definition e.g., autoreport Stats only. First, this level looks to the Clinic printer, then to the Doctor's printer, and third, to the default printer to select the printing destination.

Default Printer

5. If the printer is not selected in Order Entry and there is NO Clinic or Doctor printer defined, then the orders for this Clinic that qualify for autoreporting will print to the default printer.
   a) Notify SCC of the name of the default printer to be defined in the Hosparam.
   b) This default situation for autoreporting is superseded by any printers as described in Level 1, 2, and 3.

Label at OE

Click check box to automatically print labels at Order Entry.

OR

Leave blank if you do not need to print labels at Order Entry.

After confirming your Hosparam controls, use this flag to generate automatic labels from Order Entry on Inpatient wards (and other non-outpatient wards).

NOTE: Stat and Outpatient labels do NOT require this flag, as they print based on Hosparam controls (see SCC personnel).

Auto rep. mic

Click check box, if this clinic's microbiology result reports should print automatically. This field applies only to the Autoreporting Micro option in the Interfaces Setup file. The reports are generated based on specified priorities.

OR

Leave blank if this clinic's microbiology results reports should not automatically print.

Generate MRN

Click check box to automatically generate a unique Medical Record Number when a patient without an MRN is added to the database. LIS will create an MRN when the record is saved to the database, using **X** as a prefix (e.g., **X1234567**).

OR

Leave blank if you do not want to automatically generate MRNs, even when none is given with patient information.

NOTE: This flag also generates a billing number when a patient without a billing number is added to the database. This requires Hosparam settings.

Single rep final

Click check box to prevent orders for LAB SINGLE-SHEET REPORTS (RR format) from printing until ALL tests included in chapters have been verified.

OR

Leave blank to print SoftLab Single-Sheet reports before all tests have been verified.

NOTE: This flag affects the Lab Single-Sheet Result Reports and Outpatient reports through manual batch reporting and the Print Scheduler. Setting overrides Autoreporting, if the two are different e.g., if autoreporting is set to print complete chapters and a ward has this flag set to checked, then the Ward receives its reports upon entire order completion.

Single Rep complete Chapters

Chart avail. for duplicate copy

Used in conjunction with **!DUPPT** in the Doctor Setup file. When this flag is checked and the **!DUPPT** tag is entered in the **Profile** line in the Doctor Setup file, a copy of a **Single Sheet Final Report** will print for the **Requesting Physician** and a copy of the **Discharge Report** will print for the **Attending Physician**.

Skip in AR post

Click check box to skip this Ward/Clinic when posting to SoftA/R. Patients assigned to this ward or clinic will be skipped by SoftA/R and posted to the HIS via the regular billing program.

OR

Leave blank to include this Ward/Clinic when posting to SoftA/R.

Skip bill

Click check box if this Ward/Clinic will be EXCLUDED from the LIS billing report.

OR

Leave blank to include the Ward in the LIS report.

Skip drawing (bill)

Click check box if you do NOT want to bill for drawing blood. This clinic will be EXCLUDED from the Phlebotomy Drawing charges (**see Chapter 1.15**) that may be defined in the Hosparam file (consult with SCC personnel).

OR

Leave blank if you DO want to bill for drawing blood.

DX req.atOE:

Click check box to require a diagnosis at the time of the Mini Order Entry.

OR

Leave blank to allow Order Entry without a diagnosis.

NOTE: THIS APPLIES TO MINI ORDER ENTRY ONLY.

Skip call

Click check box to exclude this ward or clinic from the call list.

OR

Leave blank to include this ward or clinic on the call list.

Price Schedule

Enter the price schedule used to bill the clinic as the default. This definition is used in the Individual and Group Tests setup; more than one clinic may use the same code. **Maximum 2 alphanumeric characters**.

Schedules allow you to create different billing prices for the same patient type.

EXAMPLE:

Inpatients default to the price set in the Individual Tests setup. Therefore, rather than using the default price linked to the billing code, the ICU ward uses the Schedule 1 price (as defined in Individual Tests setup, **Prices** tab).

It is necessary to consult with SCC if you wish to use this field as a Hosparam setting.

Starting Date

Enter the exact date when this clinic becomes operational. **Maximum 8 numeric characters using the mm/dd/yyyy format**.

Billing #

Enter a unique billing number if this Ward/Clinic is to be billed directly as a separate account.

It is necessary to consult with SCC if you wish to use this field as a Hosparam setting.

Clinic profile

Enter command-specific tags OR free-text information about the ward or clinic (e.g., office hours). **Two fields, maximum 47 alphanumeric characters each**.

The Command-Specific Tags include:

- The printer where autoreporting of this clinic's patient results will occur (if no printer is specified in Order Entry). Use the format **!PR XXX** (where **XXX** is the first three characters of printer name).
- The printer where Collated-Batch reports will print (if no printer is defined for the Collated-Batch job in the Print Scheduler). Use the format **!CHPR XXX** (where **XXX** is the first three characters of the printer name).
- The printer designation for an Advanced Beneficiary Notice form. Use the format **!PRC XXX** (where **XXX** is the first three characters of the printer name).
- Single-Sheet FORMAT used by the clinic, using the format **!RC XXX** (e.g., **!RC RR2**). See SCC personnel, as this tag is activated by a Hosparam setting. It supersedes hard-coded defaults, generic Hosparam settings, and Print Scheduler definitions.
- Single-Sheet LAYOUT used by the ward, using the format **!RR XXX** (e.g., **!RR RL2**). See SCC personnel, as this tag is activated by a Hosparam setting. It supersedes hard-coded defaults, generic Hosparam settings, and Print Scheduler definitions.

  NOTE: To use the Single-Sheet format and layout tags together, join them with a semicolon (**;**) (e.g., **!RC RR2;!RR RL2**). Single-Sheet batch jobs must be sorted by Clinic first (as the first-level criteria).
- Call List Schedule, enter **!CSCH xxxx-xxxx** tag to indicate the hours the clinic can be called with results. Calls outside the time parameters are skipped.

  EXAMPLE:

  !CSCH 0800-1200, 1500-1700 means that results to be called to this clinic will only appear on the call list between 8 a.m.-12 Noon and 1p.m.-5 p.m.

  !CSCH MON-FRI: 0900-1230, MON-FRI: 1500-1700, SAT: 0900-1200 means results to be called to this clinic will only appear on the call list Monday-Friday: 9 a.m.-12:30 p.m., 1p.m.-5 p.m., and Saturday from 9 a.m.-12 Noon.
- !DEPOT XX, where XX is a multisite depot. Tests ordered for patients in this ward will always be assigned to the workstations, to which orders from the depot are sent, regardless of the ordering region/depot.
- Collated Printing Schedule: Enter **!PSCH xxxx-xxxx-xxxx** where **xxxx** denotes hours (in military time) or the selection pattern. This indicates the schedule when the client/clinic will be eligible to have results reported. A clinic which **does not match the scheduled parameter** will be skipped from the collated run.
- **EXAMPLE:**

  !PSCH 0700-1500-1700 means that results will print for a run for any clinic with this tag/parameter at 0700, 1500, and at 1700 from the collated scheduler. This occurs daily since no days were specified.

  !PSCH MON-FRI:0800-1600-1800,SAT:1600 means that the client/clinic results will print Monday through Friday at 0800,1600, and 1800, on Saturday only at 1600, and no results will print on Sunday.

- **!CAT XXXXX** is the tag that links the Ward/Client to a specific billing rule. The Billing Rules are maintained in the SoftA/R main menu, selection **5-Setup**, **Billing Rules**. These rules are explained in Chapter Five of the SoftA/R User Manual. Each Ward/Clinic-CLIENT that will be billed through SoftA/R must have a tag on the **Ward Profile** line.
- If a patient is admitted without a medical record number (MRN) and/or a billing number, you can automatically generate them by entering **!NOMRN** in this field. THIS TAG HAS THE SAME RESULT AS ENTERING **Y** IN THE **Generate MRN** FIELD. This may occur with a specific clinic which does not follow the normal admission process or when the HIS ADT is down for a period. The system will provide a sequential number in the MRN field and/or the billing number field if required. When the correct MRN is available, you can merge the two records using the Patient Maintenance file option. Requires Hosparam setting.

Balance

This READ-ONLY field shows the current balance due from this clinic as recorded in SoftA/R.

Discount__%

Enter the percentage discount in whole numbers that is applied to the billing for this clinic (e.g., **10** = 10 percent off the price). This is an OPTIONAL field for the SoftA/R module (where clinic = client and the default price schedule for a client is **CLIN**). **Maximum 3 numeric characters**.

NOTE: In SoftLab, this field can be used with the Billing Report. Consult SCC personnel, as this is not a standard feature.

Price redirection to

This field allows you to redirect a test price for this client to any defined price schedule. This eliminates the need to enter the same fee schedule repeatedly under Individual or Group Tests setup. **Maximum 5 alphanumeric characters**.

EXAMPLE:

Enter **PRINS** to redirect the test price to the Private Insurance Fee Schedule. Once you have defined the **PRINS** carrier in the Individual and Group Tests setup sections, you can link this schedule/price to other carriers by entering **PRINS** in this **Price redirection** field. Examples of other entries include **MCR**, **MAID**, or **PRIV**.

NOTE: This option is used only with SoftA/R. Consult with SCC SoftA/R personnel for further details.

Total payments

This READ-ONLY field shows the total payments received from this clinic (if available) as recorded in SoftA/R.

Contact Information

After entering information into the fields of the Ward tab, click the Address and communication parameters tab. The **Contact Information** screen will display similar to Figure 6-20.

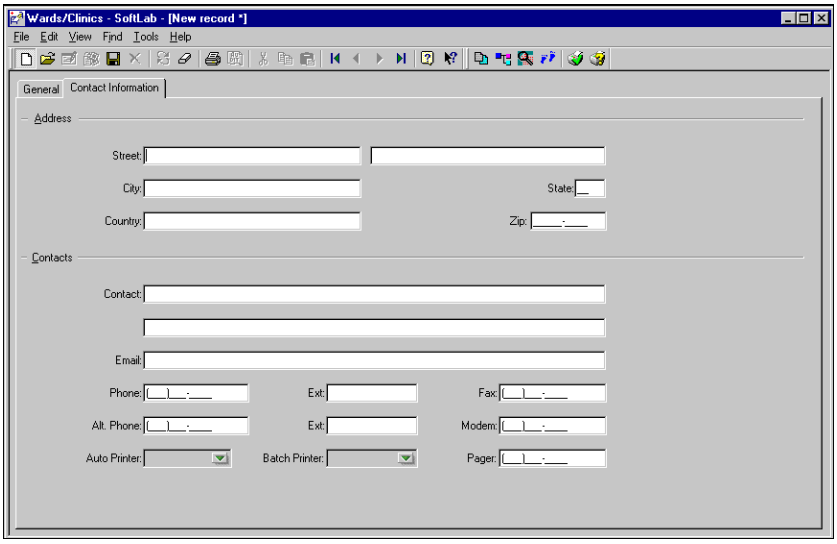


Figure 6-20. Address and Communication Parameters

Accessing Ranges

To access the **Ranges** window click on the Ranges tab. The **Ranges** window (under the **Edit** option) displays similar to Figure 6-21. This is the same Ranges window that appears when you select the Ranges option in the Individual Tests Setup file. The window allows you to edit established numeric test ranges for this clinic without leaving the Wards/Clinics setup. The modifications made from the Wards/Clinics file are applied to the specific test performed on a specific workstation as specified in the Individual Tests file.

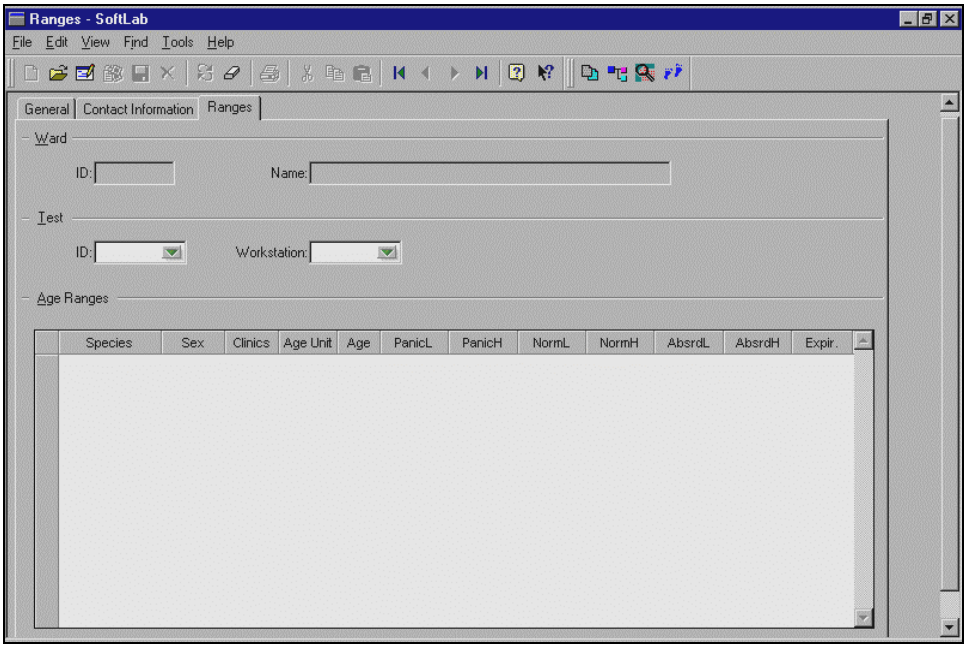


Figure 6-21. Ranges window

NOTE: To access the Ranges option while in Wards/Clinics, you MUST be in Edit mode with a record selected. Click on the Ranges tab to open the Test/Workstation window.

Test

Enter the test ID as defined in the Individual Tests Setup file, or click on the dynamic list button to display a list of valid test IDs and select one to insert in this field.

Workstation

Enter the workstation as defined in the Individual Tests Setup file, or click the dynamic list button to display a list of workstations and select one to insert in this field.

NOTE: Be sure the entry is appropriate for the Test ID entered in the preceding field and that Individual Test.

Once the test ranges are displayed, you can edit the clinic-specific lines only.

Tips for Wards/Clinics

Auto report

The System selects the appropriate level (1-5) and the printer as follows:

Individual Test Level

1. **Individual Test -** This level is used to autoreport at test level (not marked order, clinic or priority). The printer is selected first by clinic then by the autoreporting default printer.

   NOTE: A single test within an order qualifies the entire order when the test is resulted and verified.

Clinic or Doctor Level

2. **Ward/Clinic** is the third level. A specific printer for this clinic can be defined on either of the Ward profile fields as follows:
   !PR XXX, where
   a) **XXX** denotes the first three characters of the printer's name. Each time an order that qualifies for autoreporting is resulted/verified, a single-sheet report is generated to this printer.
   b) The Ward/Clinic printer overrides the default printer from the Hosparam, but is superseded itself by the printer defined in the Order Entry screen (Level 1).
3. The system defaults to the **Doctor** level, if defined and the patient Stay-**Clinic** is not defined at the Ward/Clinic level. The printer must be defined, as on the Clinic file, on either of the profile fields (prof) in the Doctor's file as follows:
   !PR XXX, where
   a) **XXX** denotes the first three characters of the printer name or FAX ID.
   b) The report prints on the requesting doctor's printer if no printer is defined for the order or for the Ward/Clinic.

Priority Level

4. The final level is the **Hosparam priority** definition e.g., autoreport Stats only. First, this level looks to the Clinic printer, then to the Doctor's printer and third, to the default printer to select the printing destination.

Default Printer

5. If the printer is not selected in Order Entry and there is NO Clinic or Doctor printer defined, then the orders for this Clinic that qualify for autoreporting will print to the default printer.
   a) Notify SCC of the name of the default printer to be defined in Hosparam.
   b) This default situation for autoreporting is superseded by any printers as described in Levels 1, 2, and 3..

Doctors File

The Doctors File stores the demographic information regarding the orders placed by physicians to the laboratory. Doctors who do not order tests on a regular basis do not require a definition. They are referred to as **Auxiliary Physicians** and their demographic information can be entered during specimen registration.

Access the Doctors file by selecting *Setup > Setup Files > Doctors File* from the main menu. The system bridges you to the SoftLab system and displays the (SoftLab) **Doctors** window.

NOTE: Accessing the Doctors file bridges you to the SoftLab GUI or SoftLab ASCII application, depending on environmental variables. For further details, refer to the appropriate SoftLab Setup Manual.

- SoftLab GUI is called when the **HAS_GLAB** hosparam equals **Y**.
- SoftLab ASCII is call when the **HAS_GLAB** hosparam equals **N**.

With the **Doctors** screen displayed, enter data in each applicable field. All other fields are described below in the order they appear on screen.

General Tab

Doctor

First ID

Enter alphanumeric characters for physician's ID code. Click the button to the right side of the **First ID** field to display a dynamic list of previously defined codes. Select a code (by clicking it once) and click **OK** or highlight the code and press **ALT+O**. The First ID may be used to SORT reports.

Second ID

Enter another identification code used to identify this doctor. This cross-reference number may be one that is used on another computer system (e.g., HIS). This field may be optional per HIS specifications. **Maximum 15 alphanumeric characters**.

Third ID

Enter another identification number used to identify this doctor. This cross-reference number may be one that is used on another computer system. This field may be optional per HIS specifications. **Maximum 15 alphanumeric characters**.

NOTE: Please consult SCC and your HIS specialist before choosing to use the second and third ID for cross-referencing.

Last Name

Enter the physician's last name in this field. **Maximum 19 characters.**

First

Enter the physician's first name in this field. **Maximum 15 characters.**

Middle

Enter the physician's middle initial in this field. **One alpha character.**

Active

Select Active or Not Active by using the list box to the right of the field.

License #

Enter the physician's medical license number in this field. **Maximum 10 alphanumeric characters.**

Title

Enter the physician's title in this field. This is an optional field. **Maximum 14 characters**.

Type

Enter the user-defined code to describe the specialty of the doctor. This is an optional field. **Maximum 3 alphanumeric characters**.

Service type

Enter an HIS code for SoftBank transfusion reports, or enter a user-defined type of service provided by the doctor (optional). **Maximum 15 characters**.

Clinic/Main Ward

ID

Enter the ID code of the main clinic, which serves as the primary location for the doctor. **Maximum 5 alphanumeric characters**. This code is used in one of the following two ways:

1. **Sorting Batch report job by Clinic:** (If the doctor has a Main Ward ID filled in , the Main Ward address (from clinic file) will be printed on doctor's banner page).

   a) The main copy looks to the clinic field for a printer destination, not to the requesting doctor field.

   b) The requesting doctor has more than one location or office and you want duplicate copies for patient type(s) to print with the Main Clinic address.

   - The clinic code must be defined under the ward/clinic setup with the appropriate address.
   - The **DUPPT** tag can be used to print an additional copy to requesting doctor.
   - The Main Ward ID and **DUPPT** are used by collated reports.
   - A duplicate copy of Final/Single-sheet Collated reports can be generated with the Main Clinic address on the report rather than the doctor address for specified patient type(s). (see **Profile** field Help).

2. **When using the collated/merge report program**, if a Doctor is defined with a Main Clinic ID, and the Doctor is listed in Order Entry as a Report-to doctor, then the address/printing destination for the doctor comes from the main clinic in Ward/Clinic file setup, not from the Doctor file.

Area

Once the **Clinic ID** field has been defined, the **Area** field will display the unique code used to identify the location of the clinic and where reports will be printed.

Name

Once the **Clinic ID** field has been defined, the **Name** field will display the name of the clinic. This name will appear on single sheet (RR format) reports. The name however, does not print on cumulative (CR format) reports.

Insurance

Enter up to four insurance company names associated with this doctor. **Four fields, maximum 5 alphanumeric characters each**.

Provider #

Enter a doctor provider number for each insurance company entered in the corresponding **Ins.** Field. **Four fields, maximum 11 alphanumeric characters each**.

Additional Information

Enter optional free text about each insurance company entered in the corresponding **Ins.** field. This is for informational use only. **Four fields, maximum 19 alphanumeric characters each**.

Number of Report Copies

Enter the number of copies of each report normally required by the doctor (**0-9**). This does NOT apply to the Instant Report option using the accent (**`**) keystroke from Order Entry, Query, etc. **Maximum 2 numeric characters**.

Courier route

Enter the route identification number used for specimen pickup. This field is also used as a filtering criterion for collated reports. **Maximum 5 characters**.

NOTE: Q requesting Dr., -j attending doctor (used like area in clinic) restricts run to only doctors in the selected route.

Doctor's schedule

Enter the doctor's schedule, office hours, and/or regularly scheduled office hours, using days and hours (e.g., **MON 0900-1400**). Optional field for INTERNAL information only. **Maximum 47 characters**.

Pickup schedule

Enter the specimen pickup schedule and/or special instructions for this doctor. Optional field for INTERNAL information only. **Maximum 47 characters**.

Profile

Enter any additional internal information not defined in previous fields. **Two lines**, **maximum 70 alphanumeric characters per line**.

Codes

To access the **Codes** window, click on **Codes** or press **ALT+C**. The **Codes** window displays similar to Figure 6-22. To use the **Codes** window, hit the dynamic arrow or press the **UP/DOWN ARROW** keys to bring forth the code.

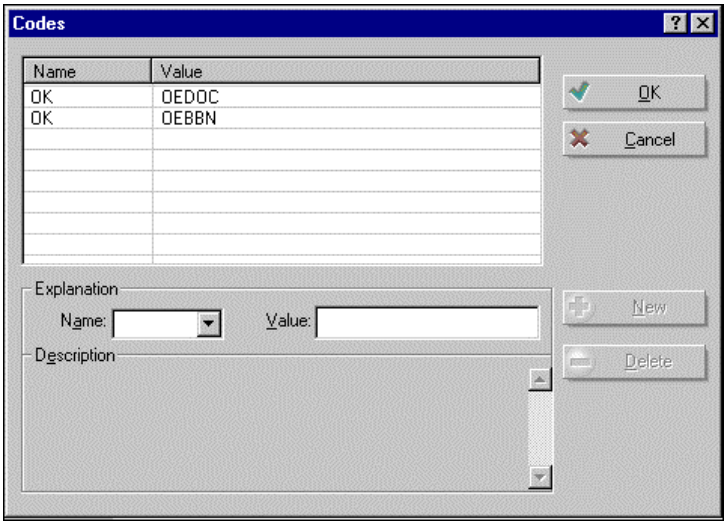


Figure 6-22. Codes window

Name

Select the code from the Name list box to the right of the field. You can use the mouse or arrow down to the name you want.

Value

Enter the value you would like to associate with the code.Your selection will appear in the box. Click **OK** or **ALT+O** to return to the **Doctor Setup** window.

EXAMPLE:

Order Entry Keypad: Enter **!OK OEXXX** to generate a keypad in Order-Entry, when this Doctor is the Requesting Doctor. The keypad must be defined in Keypad Setup as OEXXX, where XXX are three characters specific to this doctor/keypad.

Advanced Beneficiary Notice (ABN) Print Destination

PRC XXX (PRC-is the code and XXX is the value). To specify the printer to which an ABN should print, where **XXX** represents the first three characters of the printer name.

Autoreporting Print Destination

PRXXX (PR is the code XXXis the value). To specify the printer to which autoreporting will send reports, where **XXX** represents the first three characters of the printer **name**.

To use autoreporting for doctors, set the **Print copies for additional doctor** Flag to **Y** in the autoreporting Interface Setup (see the SoftLab User Manual).

NOTE: If the Report to field in Order Entry (see Order Entry in the SoftLab User Manual) contains any doctor codes, and if any of these doctors have the **!PR** tag defined in their setup records, the Autoreporting program will generate copies to both the ward printer and the doctor printer (if no printer is defined for either the doctor or ward, the reports print to the default printer).

Call List Instruction Message

CALLMxxxxx(CALLM is the code and xxxxx is the value) where **xxxxx** represents a canned Message ID known as a **call** instruction. The comment appears on the **Call** window in the call list when you press the instruction button.

Call List Instruction Schedule

CSCH xxxx(where CSCH is the code and xxxxx I the value). Enter a tag using the **!CSCH xxxxx...** format to indicate the hours that the doctor can be called with the results. Calls outside the time parameters are skipped.

EXAMPLE:

!CSCH 8-1300, 1430-1730 means that the doctor can be called between 8:00 a.m.- 1:00 p.m. and from 2:30 p.m. - 5:30 p.m.

NOTE: Any result that is verified outside the schedule (for doctor or clinic) will be **held** until the schedule **reopens** the doctor or clinic selection option. **Reopens** means the schedule begins again (e.g., the next day). In other categories of call list (e.g., inpatient), verified results can still be located during the hours excluded by the schedule category.

Collated Reports

CHPR xxx (where CHPR is the code and xxx is the value). To define the printer for collated reports, where **xxx** represents the first three characters of the printer **name**.

NOTE: Primary sorting criteria MUST be by doctor to link to this comment-tag.

Duplicate Copy of Single-Sheet/Finalized Discharge Reports

DUPPT xxx(where DUPPT is code and xxx is the value). To define the patient types that will generate duplicate report copies to be sent to the **requesting** doctor's main clinic, enter a code, where each **x** represents a separate patient type (e.g., **DUPPT O** or **DUPPT IOE**).

NOTE: This option applies to Single and/or Cumulative Discharge reports, collated or non-collated.

The **Main Clinic ID** field must be completed to tell SoftLab which clinic is to receive these duplicate reports.

In the Wards/Clinics Setup file, you MUST define the main clinic, and the record must include the tag **!PR** (which tells SoftLab which printer to select when generating these duplicate reports).

Order Entry Keypad

OK OExxx (where OK is the code and Oexxx is the value.) If this doctor is the *requesting* doctor with a special profile or ordering scheme, you can create and attach a keypad with specific tests for Order Entry purposes. (Format where **xxx** represents the keypad code.)

Report Format/Layout (RC and RR where Rc and RR are the codes and xxx is the report format/layout)

The report format/layout should be complete before entering these codes. You must define the tags and format. You can select a specific format and/or layout specific to the doctor. You must sort by Doctor first within a batch report job (e.g., DCN (Doctor-Clinic-Patient name)) to use these:

a) Enter **!RC** followed by the report format (e.g., **!RC RR2**)
b) Enter **!RR** layout (e.g., **!RR RL2**) where **RR2** and **RL2** are NOT default format/layout. If both tags are used, then you MUST separate them by a semicolon (**;**). This doctor-tag is superseded by the same tag linked on a clinic basis ONLY when using autoreporting.

If additional tests are to appear on the doctor's request sheet, you can list the test codes.

NOTE: Use of these tags is required when using autoreporting in a Multisite system. Each layout is hard-coded with the correct layout address per the reporting facility.Code NLB – For Clients with a Libra data file installed

If the flag “DoctorIsNotQualifiedToBeSeenInLibraDataFile” is checked: enter **NLB X** where X is any symbol. If order will be reported for LIBRA processing but doctor will have this tag set, then such doctor will be excluded from the Libra data file.

NOTE: If more than one tag is defined on the profile line, the tags must be separated by a comma (;).

Contact Information Tab

You may enter further information per doctor such as a fax number, pager number, or E-mail address. Click the **Contact Information** tab or you may tab to display a screen similar to Figure 6-23.

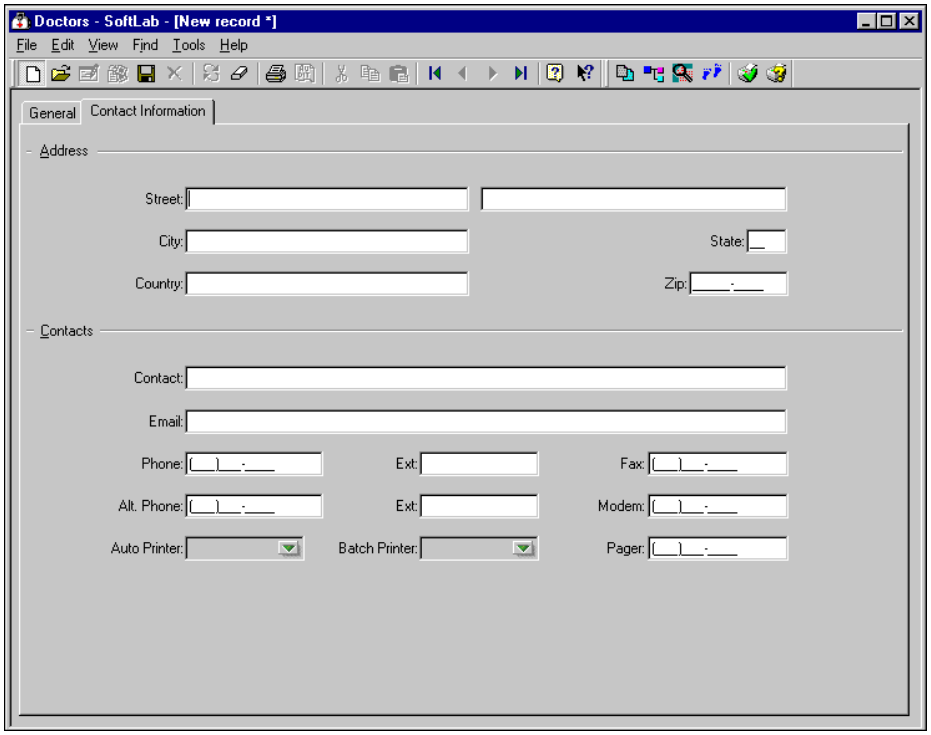


Figure 6-23. Contact Information tab

All fields are described in the order that they appear as information pertaining specifically to the doctor.

Street

Enter the complete street address. **Maximum 23 alphanumeric characters.**

City

Enter the city as part of the address. **Maximum 15 alphanumeric characters.**

State

Enter the appropriate state abbreviation as a part of the address. **Maximum 2 alpha characters**.

Country

Enter the country as part of the address. **Maximum 35 alphanumeric characters.**

Zip

Enter the zip code as part of the address. **Maximum 9 numeric characters.**

Contact

Enter the Contact person's name. **Maximum 47 alphanumeric characters.**

E-mail

Enter the e-mail address. This is for **Internal** use only.

Phone

Enter the phone number, including the area code. **Maximum 10 numeric characters.**

Ext

Enter the extension number. **Maximum 12 alphanumeric characters.**

Fax

Enter the full fax number, including the area code. This fax number will appear in the call list. **Maximum 10 numeric characters using the (xxx) xxx-xxxx format**.

Alt. Phone

Enter an alternate phone number, including the area code. **Maximum 10 numeric characters.**

Ext.

Enter the extension number for the alternate phone number. **Maximum 12 alphanumeric characters.**

Modem

Enter the full telephone number for the doctor's modem (including the area code). **Maximum 10 numeric characters using the (xxx) xxx-xxxx format**.

NOTE: This is strictly internal documentation. SoftLab does not look to this modem definition for reporting.

Auto Printer

To select an auto printer, use the dynamic list button .

Batch Printer

To select a batch printer, use the dynamic list button .

Pager

Enter the full pager number, including the area code. **Maximum 10 numeric characters using the (xxx) xxx-xxxx format**. This is for **internal** use only.

Duplicate Copies to Requesting Dr.

The **DUPPT** tag can be used to print an additional copy to requesting doctor. To get an extra copy to requesting doctor:

1. Add **DUPPT** <patient_types> .
   a. Patient's clinic type must match one of DUPPT patient types.
   b. Patient's clinic must have "**chart available for duplicate copy**" set to Y.
   c. Only final reports get duplicates.
   d. Duplicates are sent to CHPR printers (not to clinics).
   e. Requesting dr flag -ENYNNNN controls DUPPT duplicates.

Example:

Order# A0000001 req.by D0001 ward C0001 status FINAL

D0001 doctor profile: !CHPR D01; !DUPPT O;

C0001 clinic type O profile: !CHPR C01;

Collated report flag: -ENYNNNN sort by C

Expected result:

Order A0000001 prints two copies. First copy is sent to printer C01 and has clinic's C0001 banner. Second copy is sent to printer D01 and has doctor's D0001 banner.

Storage File

The **Storage File** option allows you to define where the specimens, blocks, and slides are to be stored. This also allows you to determine the details of the Storage file setup. You can have either a separate storage record for each storage area or a separate record for each shelf or box in each storage area.

Access the Storage file by selecting *Setup > Setup Files > Storage File* from the main menu. The **Storage Lookup** window will display. To add a new storage location, click **Add Record**. The **Storage File Setup** window will display similar to Figure 6-24.

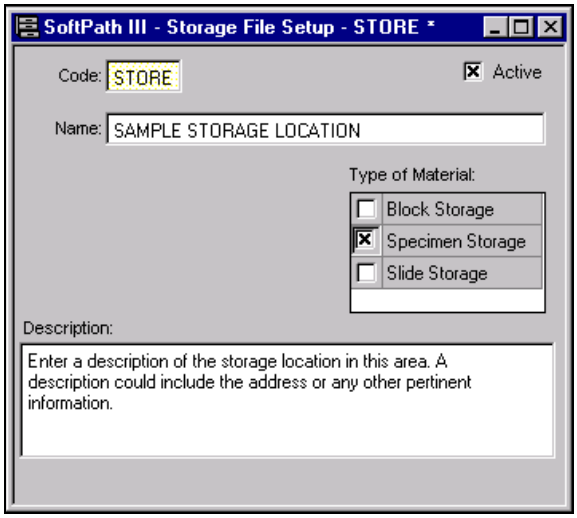


Figure 6-24. Storage File Setup window.

Code

Enter a unique acronym to identify the storage location. **Maximum 5 alphanumeric characters.**

Name

Enter the full name of the storage location. **Maximum 35 alphanumeric characters.**

Type of Material

Select the type of material you want to store in this storage area. Mark the **Block Storage**, **Specimen Storage**, or **Slide Storage** checkbox. The available selections are defined in the *Setup > Simple Codes > Storage Location Type* option.

Description

Enter a description of the storage area. This is a free text field.

Insurances

The **Insurances** option allows you to define specific information regarding each insurance carrier that has transactions with the laboratory. This information is used to establish and maintain billing records for the laboratory.

Access the Insurances file by selecting *Setup > Setup Files > Insurances* from the main menu. The system bridges you to the SoftLab system and displays the (SoftLab) **Insurances Setup** window.

NOTE: Accessing the Insurances file bridges you to the SoftLab GUI or SoftLab ASCII application, depending on environmental variables:

- SoftLab GUI is called when the **HAS_GLAB** equals Y.
- SoftLab ASCII is called when **HAS_GLAB** equals N.

With the **Insurances** window displayed, enter data in each applicable field. Fields are described below in the order they appear on the window.

Insurance ID

Enter a unique code to identify the insurance company. Click the dynamic list button to display a dynamic list of all previously defined codes (e.g., BCBS, EQC, METL, PRUD) or press **F2**, use the **UP/DOWN** arrow keys and then press **ENTER**. **Maximum 5 alphanumeric characters**.

Insurance Name

Enter all information required for this insurance type. **Maximum 30 alphanumeric characters**.

Active

Click the drop-down list button or use the **UP/DOWN** arrow keys to select **Active** to activate

OR

Select **Inactive** to deactivate the insurance company in the system.

You may also select **All** to include both active and inactive records.

Address

Enter the mailing address of the insurance company. **2 lines, 22 characters each line.**

City

Enter the city in which the insurance company is located.

State

Enter the state in which the insurance company is located.

ZIP

Enter the zip code of the insurance company location.

Phone

Enter the phone number of the insurance company.

Second Phone

Enter the secondary phone number of the contact or the insurance company.

A/R Only

For A/R use only. Not used for A/R GUI.

Price schedule

Enter the price schedule for this specific carrier. This is a NUMERIC category code. **Maximum 2 characters**.

The price schedule code must also appear in the Individual/Group Test file setup:

- Click on the **Prices** tab.
- Go to appropriate Carrier code (Party).
- Go to **Sch** field, and enter the schedule code for this carrier, as defined in Insurance File setup. Default is set to **0**.

Default category code is **0**. We do not recommend multiple price schedules, since you can use *Price Redirection*. However, multiple price schedules can be accommodated

Contact

Enter the name of the person who is the primary contact for the Insurance carrier. This is a free-text entry field. **Maximum 40 alphanumeric characters**.

Provider number (For SoftA/R only – not used for GUI A/R)

Enter the designated provider number for this Insurance carrier. **Maximum 11 alphanumeric characters**.

InsNo format

Enter the insurance number format to indicate the syntax that a carrier requires for ID numbers in the Patient Maintenance file. Medicare, for example, requires that a person's Social Security Number be used with an A, B, C, or D suffix, e.g. 111223333A. If incorrect data is entered, the message "*Wrong Syntax for this Insurance*" will display.

Payer ID (Not used for GUI A/R)

This field is required for SoftA/R only. Enter another Insurance code that will appear on the insurance claim form. **Maximum 9 alphanumeric characters.** Usually required for NEIC only.

Office ID (Not used for GUI A/R)

This field is required for SoftA/R or Electronic Billing only. Used for NEIC electronic claim filing. Office ID is the payer office. **Maximum 9 alphanumeric characters.**

ECS format (Not used for GUI A/R)

Electronic Claim Status. This field is required for SoftA/R when the Electronic claims 'flag' is checked. Click the dynamic list button to display a dynamic list of all previously defined codes. To enter a code, double-click an entry or click once and click enter.

Biller

Click the drop-down list button to select a biller/collector to be assigned to the carrier. Used in conjunction with the Ward/clinic collector field-

Flags

Click the **Flags** button to display the **Insurances Flags** window or tab to the field, then press the **SPACEBAR.** An example of the window is shown in Figure 6-25.

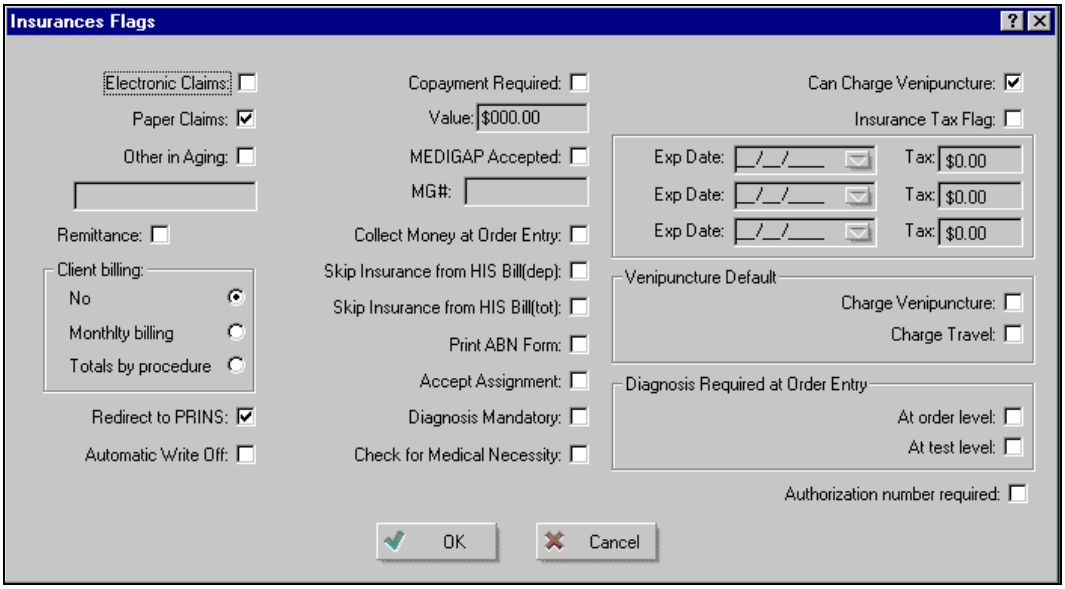


Figure 6-25. Insurance Record Flag Window

Set all applicable **flags** as follows:

NOTE: Fields that state they are needed "For SoftA/R only" are ONLY used for the ASCII based A/R system, not the New GUI A/R.

Electronic claims (For SoftA/R only)

Click the check box to file this carrier's claims electronically. This field can be chosen even if the **Paper claims** field is also selected.

Paper claims (For SoftA/R only)

Click the check box in order to print claims on paper when billing this carrier. This field can be chosen even if the **Electronic claims** field is also selected.

OTHER in aging (For SoftA/R only)

When printing the aging report, this carrier can be reported in the same category as all other carriers (PRINS) or in a separate category. Click the check box if you want it reported in a separate category.

Remittance (For SoftA/R only)

Click the check box to receive payment (remittance) electronically from this carrier.

Client billing (For SoftA/R only)

Click the check box to send monthly statements to this carrier. Enter **T** if you want special billing statements with **totals by procedure** instead of **detail by invoice**. Can only select or not select with check box.

Redirect to PRINS (For SoftA/R only)

Click the check box to redirect all CPT codes and prices to the PRINS (Private Insurance) price schedule for billing.

Automatic write off

Not currently in use.

Co-payment required (For SoftA/R only)

Click the check box if this carrier requires a co-payment.

Value

If the **Co-payment required** flag is selected, enter the amount of the co-payment (e.g., $5.00, $10.00, etc.) in this field.

MEDIGAP accepted (For SoftA/R only)

Click the check box if this carrier participates in the MEDIGAP insurance plan.

MG#

If the **MEDIGAP accepted** flag is selected, enter the MEDIGAP policy number in this field.

Collect money at Order Entry

Click the check box if the patient's account has gone to a collection agency. At Order Entry, a message automatically displays to advise you to contact the business office or collect money. This message is user-definable, but is programmed by SCC.

Skip insurance from HIS bill (dep)

Click the check box to indicate that certain departments will be skipped from HIS billing. (Contact SCC personnel as a Hosparam setting is involved.) Leaving this flag unchecked indicates that all departments are to be included in HIS billing. Refer to Labparam **(BILL_skip_dep_insurance).**

Skip insurance from HIS bill (tot)

Click the check box to indicate that this insurance will be skipped from HIS billing. Leaving this flag unchecked indicates that this insurance will be included on all HIS billing.

Print ABN form

Click the check box to indicate that an ABN form should be printed when Medical Necessity Checking criteria is met. Leave blank if an ABN form is not required.

Accept assignment (For SoftA/R only)

Click the check box to indicate that the client accepts assignment by carrier.

Diagnosis mandatory

Click the check box to prohibit saving an order in which the diagnosis has not been entered. Works in conjunction with the Hosparam **OE_ptype_reqdiag** and the **Diagnosis Required at Order Entry** Flag in Individual and Group Test setup. Leaving this flag unchecked indicates that the order can be saved without a diagnosis.

Check for Medical Necessity

Click the check box to perform Medical Necessity Checking, as defined in Hosparams **OE_ptype_reqdiag** and **OE_ptype_mednec**, the Diagnosis Required at Order Entry Flag, and Allowed/Not Allowed diagnosis setup in Individual and Group test setup. Leaving this field unchecked indicates that Medical Necessity Checking is not required.

Can charge venipuncture (For SoftA/R only)

Click the check box to bill this Insurance carrier for a venipuncture.

Insurance tax flag (For SoftA/R only)

Click the check box to add a tax amount to a test price. When checked, the group box containing expiration date and tax fields will alter to accept entry.

Leaving this flag unchecked indicates no tax amount should be added to the test price and the expiration date and tax fields will not be accessible.

Exp. Date *and* **Tax**

If the **Insurance tax flag** is selected, enter the expiration date(s) in the **Exp. Date** field(s) and the tax amount(s) in the **Tax** field(s).

Venipuncture default (For SoftA/R only)

Charge Venipuncture

Click the check box following Charge Venipuncture. You should ALWAYS charge for venipuncture for this carrier.

Charge Travel

Click on the check box to insert a check mark in this field if the carrier will be charged for travel, or leave unchecked if the carrier will not be charged for travel.

Diagnosis required at Order Entry

This flag determines the level at which a diagnosis is required. Click the appropriate check box if a diagnosis is required at the Order level or the Test level. If a diagnosis is required at both the Order and Test levels, click both check boxes. If a diagnosis is not required, leave both flags unchecked.

When a diagnosis is not entered at the appropriate level, a warning will be generated, however, the order will be saved.

The Diagnosis Required at Order Entry Flag works in conjunction with the Diagnosis Required at Order Entry Flag in Individual and Group Test setup.

Once you are finished setting the appropriate flags, click or tab to the **OK** button to return to the Insurances window.

Consultants File

The **Consultants File** option allows you to define the consultants, consultant firms, and facilities that regularly send or receive specimens, blocks, and slides to or from the laboratory. Each facility should be defined as a separate Consultants file record for all materials received from or sent out to an outside facility.

Access the **Consultants File** option by selecting *Setup > Setup Files > Consultants File* from the main menu. The **Consultants File Lookup** window will display. Click **Add Record** to add a new consultant record. The **Consultants File Setup** window displays similar to Figure 6-26.

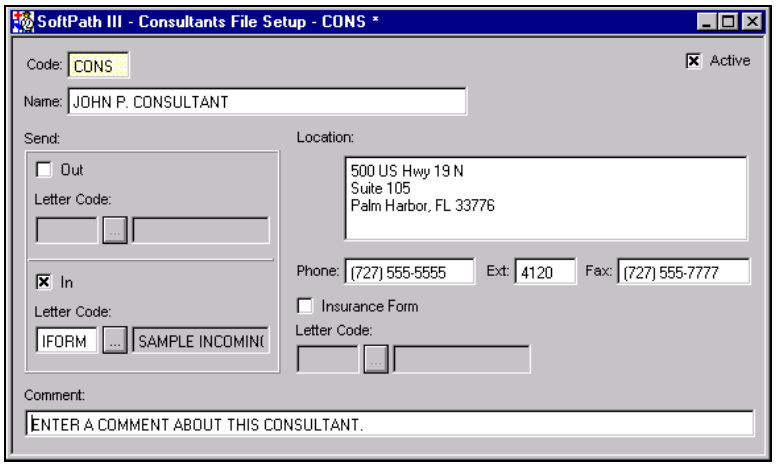


Figure 6-26. Consultant File Setup window.

Code

Enter a unique acronym to identify this consultant. **Maximum 5 alphanumeric characters.**

Name

Enter the full name of the consultant as you want it to appear in lookup windows and management reports. **Maximum 35 alphanumeric characters.**

Out

Mark this checkbox if the materials are normally sent from the laboratory to the outside consultant.

Letter Code (Out)

Click the ... button to display the **Letter Lookup by Type** window. Select the desired default letter from the list. The letter entered in this field is used by the system to select the default letter when this consultant is used in the **Outgoing Consultations** option.

In

Mark this checkbox if the materials are normally received from this outside consultant for processing in the laboratory.

Letter Code (In)

Click the ... button to display the **Letter Lookup By Type** window. Select the desired default letter from the list. The letter entered in this field is used by the system to select the default letter when this consultant is used in the **Incoming Consultations** option.

Location

Enter the consultant's mailing address as you want it to appear on envelopes and correspondence. **Maximum 5 lines.**

Insurance Form

Mark this checkbox to print an insurance form to accompany this consultant's request.

NOTE: Insurance forms that must accompany the request can be created in the **Define Letters** option.

Letter Code (Ins)

Click the button to display the **Letter Lookup By Type** window. Select the default insurance form from the list.

Comment

Enter any fees, consultants, specialties, or any other comments that may pertain to this consultant. Maximum 68 alphanumeric characters.

Canned Messages

The **Canned Messages** option allows you to define standard text inserts. The canned messages can be defined for use in many areas to expedite the entry of text into the system.

Access the **Canned Messages** option by selecting *Setup > Setup Files > Canned Messages* from the main menu. The **Canned Message Lookup** window will display. To create a new canned message, select the case type that you want the message to be used with. Then select the type of message you want to create from the **Message** drop-down list and click **Add Record** to create a new canned message. You may also define which document section to associate the new canned message with using the same Message drop-down list. Document Sections are defined in ***Chapter 6.9 – Setup: Document Files***. The **Canned Messages Setup** window for the selected case type and functional class displays similar to Figure 6-27. The selected case type and functional class displays at the top of the window. Message type varies with case type selection.

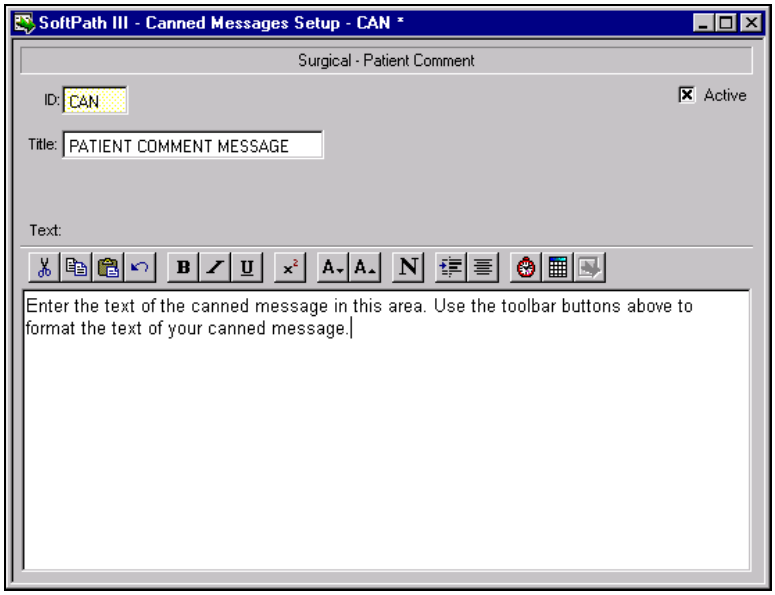


Figure 6-27. Canned Message window with MS Word format button

The default format for canned messages is **Rich Text**. Rich text canned messages are created for all text that will be inserted in data entry fields (i.e., comments and information fields). Complete the following fields in the **Canned Messages Setup** window:

ID

Enter a unique acronym to identify this canned message.

Title

Enter the title of the message.

Text

Enter the text of the message in the displayed box. Any of the displayed formatting buttons may be used in the body of the text. Stop characters can be inserted into the text of a canned message. The stop character is defined as a character with a special meaning that causes the cursor to stop. The system uses the vertical bar character (|) to mark stop points in the canned message. The tab key will need to be used to enter the variable information, (e.g., size, color). The bar (|) is removed when the message is imported into the document.

MS Word Format Button

Canned messages in MS Word format can be created for all text that will be inserted into a MS Word document in SoftPath such as a final diagnosis, gross description or IOC.

After entering the canned message ID and title, click the **MS Word Format** button to access Microsoft Word. The system will prompt you to save the record.

The top of the window displays basic information (such as code, title, case type and message) for the canned message. Enter any text, add graphics, and apply any other formatting that is required. The full range of MS Word functionality is available.

When all of the text entry is complete, click **Save** on the MS Word toolbar. Return to the **Canned Message Setup** window by closing the window. The system marks the checkbox next to the **MS Word Format** button, indicating that the text has been entered in Word format.

NOTE: A canned message can be entered in either rich text or MS Word format, but not as both. Once a canned message has been created, you cannot change the format unless you delete and re-create the message in the new format.

DRG Codes

The **DRG Codes** option allows you to maintain a dictionary file of standard DRG codes. The diagnoses of the different case types can be coded within this system.

Access the **DRG Codes** option by selecting *Setup > Setup Files > Dictionaries > DRG Codes* from the main menu. The **DRG Lookup** window will display. To add a new DRG code to the database, click **Add Record**. The **DRG Codes Setup** window displays similar to Figure 6-28.

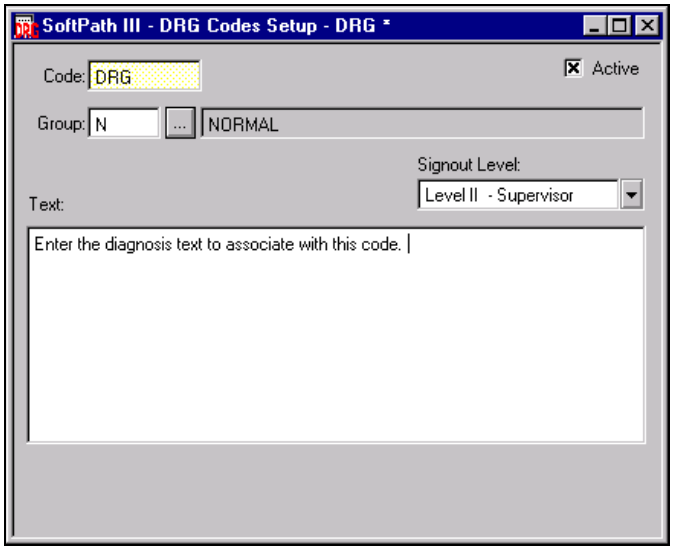


Figure 6-28. DRG Codes Setup window.

Code

Enter a unique acronym to identify the diagnosis. **Maximum 8 alphanumeric characters**.

Group

Enter the diagnosis group associated with this DRG code. Click the button to select from a list of valid diagnosis group codes. See page 6-54.

Signout Level

In the **Signout Level** drop-down list, select the Signout Level to be used when this diagnosis is associated with a case. The Signout Level is extremely important since it limits the personnel types allowed to sign out the case.

Text

Enter the text of the diagnosis.

ICD9 Codes

The **ICD9 Codes** option allows you to maintain a dictionary file of standard ICD9 codes. The diagnoses of different case types can be coded with this system.

Access the **ICD9 Codes** option by selecting *Setup > Setup Files > Dictionaries > ICD9 Codes* from the main menu. The **ICD9 Lookup** window will display. To add a new ICD9 code to the database, click **Add Record**. The **ICD9 Codes Setup** window displays similar to Figure 6-29.

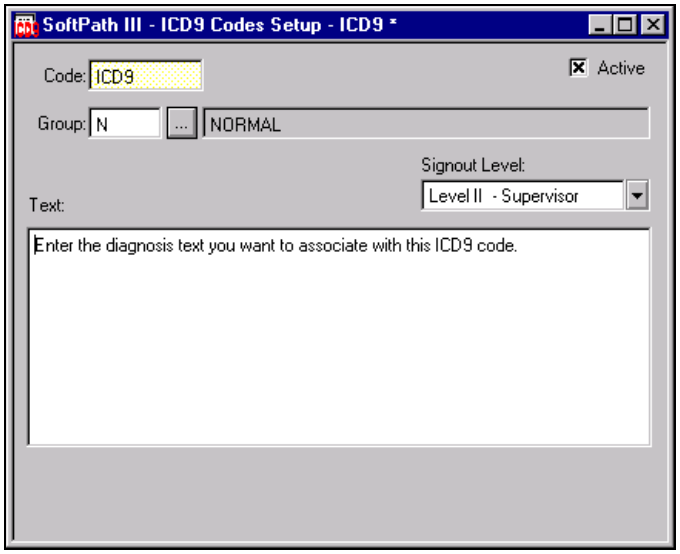


Figure 6-29. ICD9 Codes Setup window.

Code

Enter a unique acronym to identify this diagnosis. **Maximum 5 alphanumeric characters**.

Group

Enter the diagnosis group associated with this ICD9 code. Click the button to select from a list of valid diagnosis group codes. See page 6-54.

Signout Level

In the **Signout Level** drop-down list, select the signout level to be used when this diagnosis is associated with a case. The signout level is extremely important since it limits the personnel types allowed to sign out the case.

Text

Enter the text of the diagnosis.

SNOMED Codes

The **SNOMED Codes** option allows you to maintain a dictionary file of standard SNOMED codes. The diagnoses of different cases can be coded using this system.

Access the **SNOMED Codes** option by selecting *Setup > Setup Files > Dictionaries > SNOMED Codes* from the main menu. The **SNOMED Lookup** window displays. To add a new SNOMED code to the database, click **Add Record**. The **SNOMED Codes Setup** window displays similar to Figure 6-30.

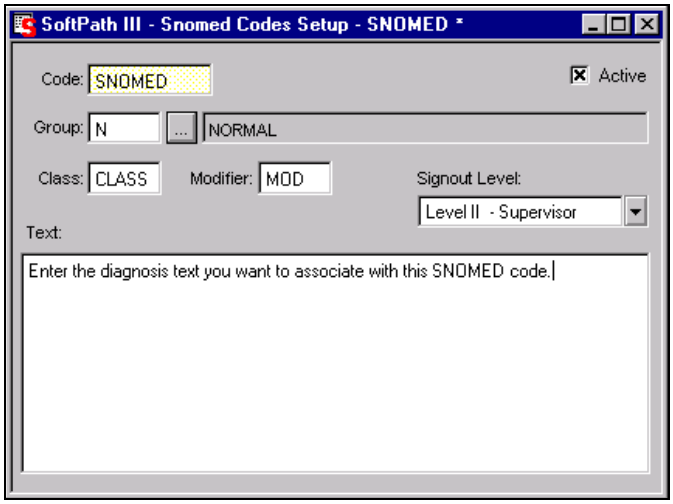


Figure 6-30. SNOMED Codes Setup window.

Code

Enter a unique acronym to identify the diagnosis. **Maximum 9 alphanumeric characters**.

Group

Enter the diagnosis group associated with this SNOMED code. Click the button to select from a list of valid diagnosis group codes. See page 6-54.

Class

Enter the code for the English term classification:

- A primary or preferred term.
- A synonym of the primary term.
- A term related to, but not synonymous with the primary term.
- The adjectival form of the term such as hepatic for liver. This allows for the use of automated language analysis.

Modifier

Enter a code that identifies the modifier. This applies to records imported from the standard SNOMED glossary.

Signout Level

In the **Signout Level** drop-down list, select the signout level to be used when this diagnosis is associated with a case. The signout level is extremely important as it limits the personnel types allowed to sign out the case.

Text

Enter the text of the diagnosis. This will display in the report.

Bethesda Codes

The **Bethesda Codes** option allows you to maintain a dictionary file of the standard Bethesda codes. The diagnoses of different case types can be coded with this system.

Access the **Bethesda Codes** option by selecting *Setup > Setup Files > Dictionaries > Bethesda Codes* from the main menu. The **Bethesda Lookup** window will display. To add a new Bethesda code to the database, click **Add Record**. The **Bethesda Codes Setup** window displays similar to Figure 6-31.

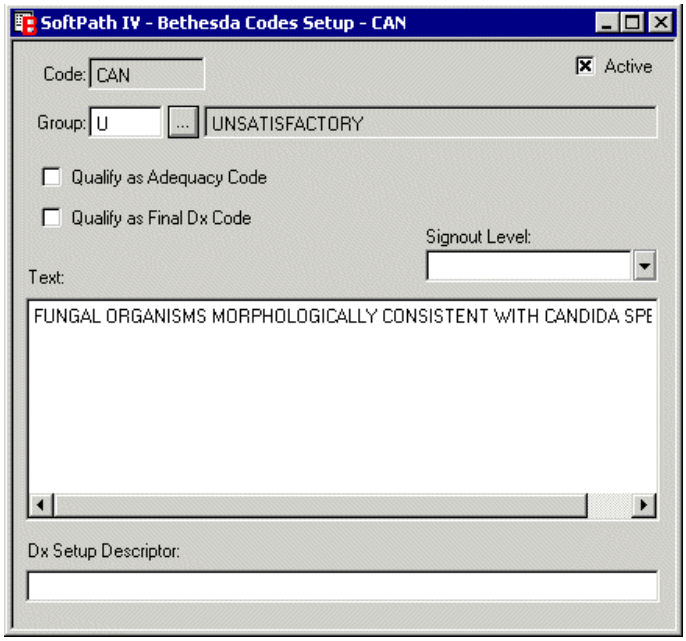


Figure 6-31. Bethesda Codes Setup window.

Code

Enter a unique acronym to identify the diagnosis. **Maximum 9 alphanumeric characters**.

Group

Enter the diagnosis group associated with this Bethesda code. Click the ... button to select from a list of valid diagnosis group codes. See page 6-54.

Qualify as Adequacy Code

Select this checkbox to define the code for QA reporting purposes as an Adequacy code. If selected, the code will qualify for the Bethesda Adequacy Comparison Report.

Qualify as Final Dx Code

Select this checkbox to define the code for QA reporting purposes as a Final Diagnosis code. If selected, the code will qualify for the Bethesda Final Diagnosis Comparison Report.

Signout Level

In the **Signout Level** drop-down list, select the signout level to be used when this diagnosis is associated with a case. The signout level is extremely important as it limits the personnel types allowed to sign out the case.

Text

Enter the text of the diagnosis. This text will display in the final report.

Dx Setup Descriptor

The Dx Setup Descriptor allows the user to enter a description for the code that will display in the browser and is different than the text of the code.

Canned Dx Codes

The Canned Diagnosis Codes dictionary is user-defined. It has a tree-like structure where any code can be a parent for other codes. Canned Diagnosis Codes can be defined separately for each case type.

Access the Canned Diagnosis Codes dictionary by selecting *Setup > Setup Files > Dictionaries > Canned Dx Codes* from the main menu. The **Canned Diagnosis Lookup** window will display. To add a new canned diagnosis code, select the case type from the **Case Type** drop-down list and click **Add Record**. The **Canned Dx Codes Setup** window displays similar to Figure 6-32

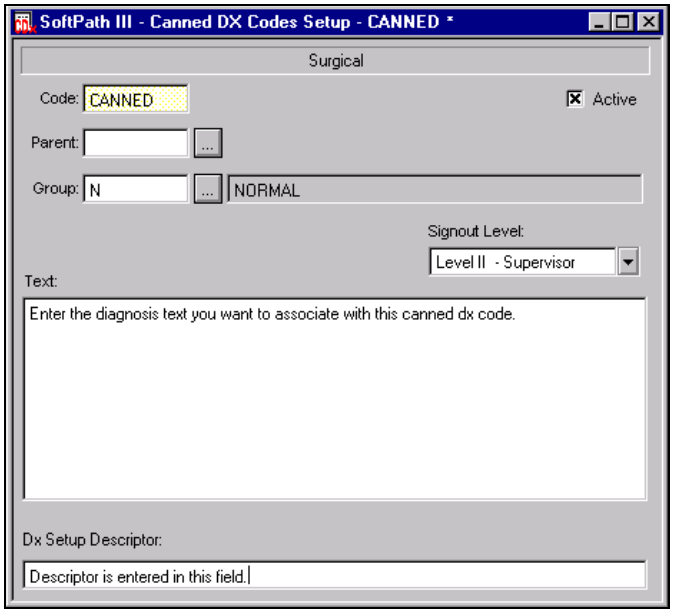


Figure 6-32. Canned Dx Codes Setup window.

Code

Enter a unique acronym to identify the diagnosis. **Maximum 5 alphanumeric characters**.

Parent

If applicable, enter the parent diagnosis code. This code MUST be defined in the Canned Diagnosis Codes dictionary. Click the button to select from a list of valid canned diagnosis codes.

Group

Enter the diagnosis group associated with this canned diagnosis code. Click the button to select from a list of valid diagnosis group codes. See page 6-54.

Sign out Level

In the **Signout Level** drop-down list, select the sign out level to be used when this diagnosis is associated with a case. The signout level is extremely important as it limits the personnel types allowed to sign out the case.

Text

Enter the text of the diagnosis.

Dx Setup Descriptor

The Dx Setup Descriptor allows the user to enter a description for the code that will display in the browser and is different than the text of the code.

Diagnosis Groups

Diagnosis groups are not specific for any case type or coding system. Each diagnosis code from the different selected coding systems should have a diagnosis group code assigned to it for reporting reasons. SoftPath uses the diagnosis group or diagnosis category to determine whether the final diagnosis represents normal or abnormal findings.

Access the **Diagnosis Groups** option by selecting *Setup > Setup Files > Dictionaries > Diagnosis Groups* from the main menu. The **Diagnosis Group Lookup** window will display. To add a new diagnosis group to the database, click **Add Record**. The **Diagnosis Groups Setup** window displays similar to Figure 6-33.

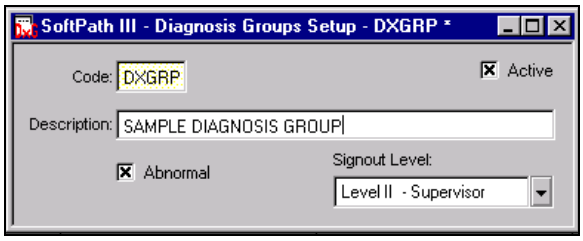


Figure 6-33. Diagnosis Groups Setup window.

Code

Enter a unique acronym to identify the diagnosis group. This code will be entered in the diagnosis code record. **Maximum 5 alphanumeric characters**.

Description

Enter a description of the diagnosis group. **Maximum 60 alphanumeric characters**.

Abnormal

Mark this checkbox if the diagnosis group result represents an abnormal result. Unmark this checkbox if the result represents normal findings.

Signout Level

The signout level associated with the diagnosis group is used by the system unless a signout level is associated with a diagnosis code that is included in the group. This allows for permissions to be set up at the group level while still allowing special circumstances and signout conditions for individual diagnosis codes.

Organs File

The **Organs File** option allows you to define which organs, bones, and body weight fields are to be used in the SoftPath autopsy functions.

Access the **Organs File** option by selecting *Setup* > *Setup Files* > *Organs File* from the main menu. The **Organs File Setup** window displays similar to Figure 6-34.

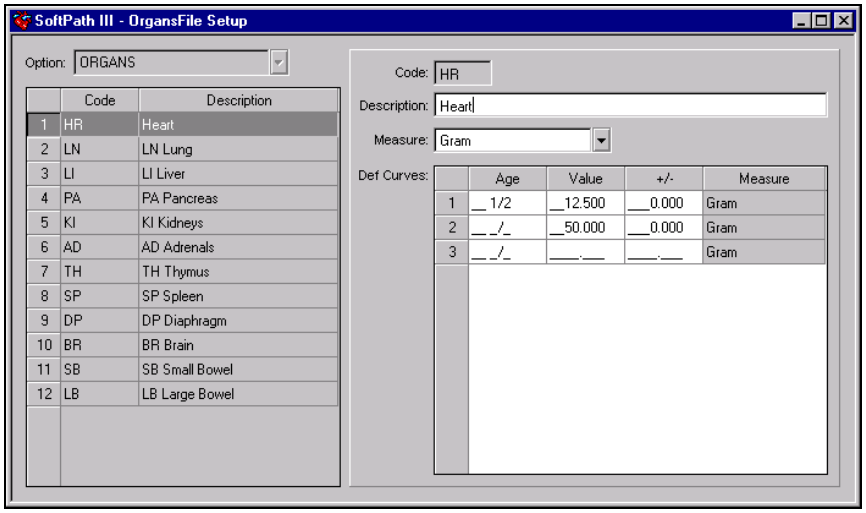


Figure 6-34. Organs File Setup window.

Select the option (organs, body weight, or bones) you want to define from the **Option** drop-down list. Click **New** on the SoftPath toolbar to enter new Organs file information.

Code

Enter the element code. **Maximum 2 alphanumeric characters.**

Description

Enter the description that you want to appear in lookup windows and reports. **Maximum 50 alphanumeric characters**.

Measure

Select a unit of measurement from the drop-down list. Choices are centimeter, gram, kilogram, millimeter, milligram, and meter.

Def Curves Area

These fields are used to define the normal values for an age group. Enter the gestational age (in weeks) and the weight/size of the item being defined with the limits for variation.

Client Profile

The **Client Profile** option allows you to link additional relevant information to the Clinics file. You can only have one clinic per client profile code.

Access the **Client Profile** option by selecting *Setup > Setup Files > Client Profile* from the main menu. The **Client Profile Lookup** window will display. To add a new client profile, click **Add Record**. The **Location Defaults** window displays similar to Figure 6-35.

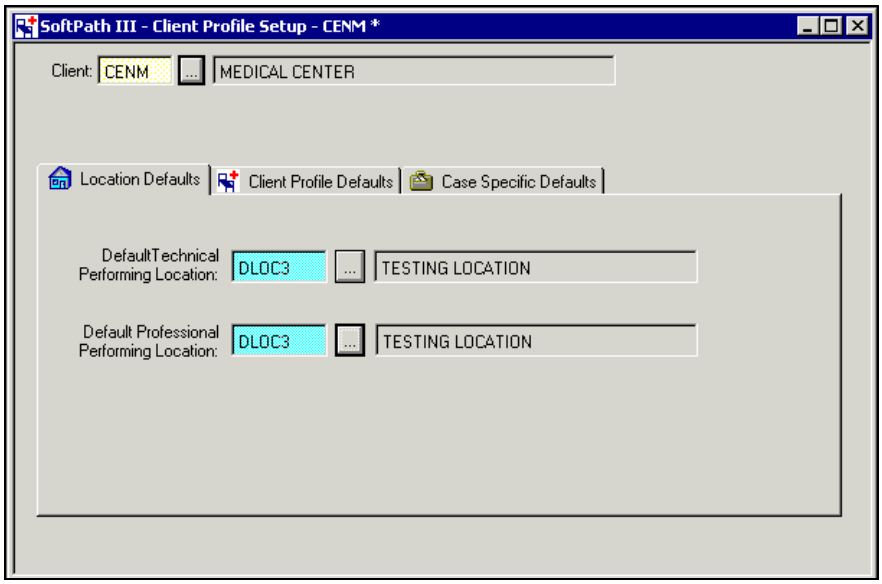


Figure 6-35. Client Profile Setup window – Location Defaults tab.

Client

Click the button to select a valid clinic code to associate with this client profile.

Default Technical and Professional Performing Location(s)

When the default billing location(s) for professional and technical billing have been defined in the Clinics file, a Client Profile is automatically created for the clinic. This information is then displayed in the client profile. These defaults can be changed when editing the record if necessary.

Click the button to select a valid Default Technical or Default Performing location.

Client Profile Defaults Tab

This tab is used to establish defaults for the current client profile. The Client Profile Defaults tab displays similar to that shown above in Figure 6-36.

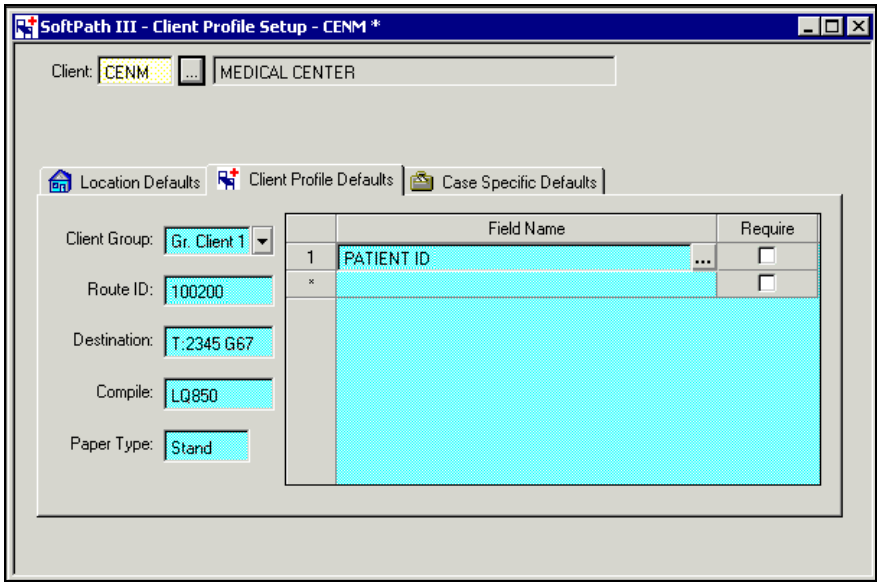


Figure 6-36. Client Profile Setup window – Client Profile Defaults tab.

Client Group

Select a client group code for this client profile from the drop-down list. These options are defined in the *Setup > Simple Codes > Client Group ID* option.

Route ID

Enter the route ID. This is a free-text field used for print routing information. **Maximum 10 characters**.

Destination

Enter the destination address that corresponds to the HIS reporting address (e.g., T: 2345, G67). **Maximum 10 alphanumeric characters**.

Compile

Specify the compile type that tells the HIS which format to use when preparing material received from SCC (e.g., LQ850 is an Epson). **Maximum 10 characters.**

Paper Type

Enter the information to be passed to the HIS to determine the type of paper the printer will use for the report. **Maximum five characters.**

Client Profile Grid

In the **Field Name**, column, click the button and select a valid field name from the list. The field is added to the grid. The available fields are defined during initial system setup in the **Simple Codes** setup option (Client Fields group).

Mark the **Required** checkbox to indicate that this field is required. Unmark this checkbox to indicate that the field is optional. Fields added into the grid can be marked as **required** or **optional**. Any field that is marked **required** must have an appropriate value entered before the case can be saved and/or accessioned. If these fields are not completed, the system displays the required fields for data entry when a user attempts to save the record.

Case Specific Defaults Tab

This tab is used to enter client-specified case defaults.

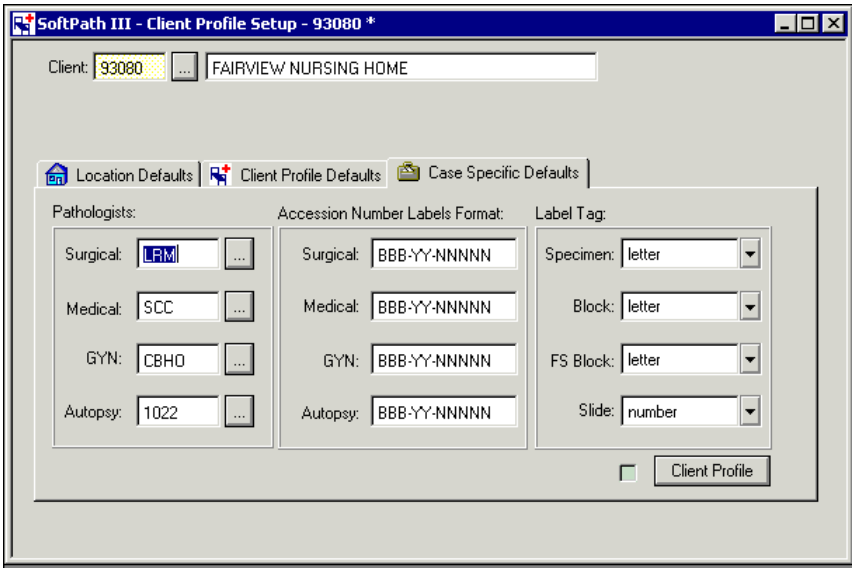


Figure 6-37. Client Profile Setup window - Case Specific Defaults tab.

Pathologists Area

Enter a pathologist ID in the **Surgical, Medical, GYN,** and **Autopsy** fields or click the ... button to select from a list of valid pathologist ID's. Cases of the corresponding type will automatically be assigned to the specified pathologist in specimen registration (based on the patient's associated clinic).

Accession Number Labels Format Area

Enter the format that should be used to print accession sequences on slide labels. This does not change the accession number format set in the Options file. Enter the accession number format for each case type in the corresponding **Surgical, Medical, GYN,** and **Autopsy** fields. **Maximum 32 alphanumeric characters**.

Data entered in this field should follow the standard nomenclature used in the standard setup of **B** (base), **Y** (year), and **N** (number). For example, if the case number is SUR-02-00000, the format should be BBB-YY-NNNNN.

Label Tag Area

Enter the label tag for the specimen code to be printed on the slide labels. This does not change the numbering format set in the Options file or the display in the various **Processing** options. Select a label tag for specimens, blocks, FS block, or slides in the corresponding **Specimen, Block, FS Block,** and **Slide** drop-down lists.

Client Profile Button

Click this button to display the **Free Text** window similar to Figure 6-38. Enter up to 30 lines of free text information about the client. Free text information only displays in the Client profile area.

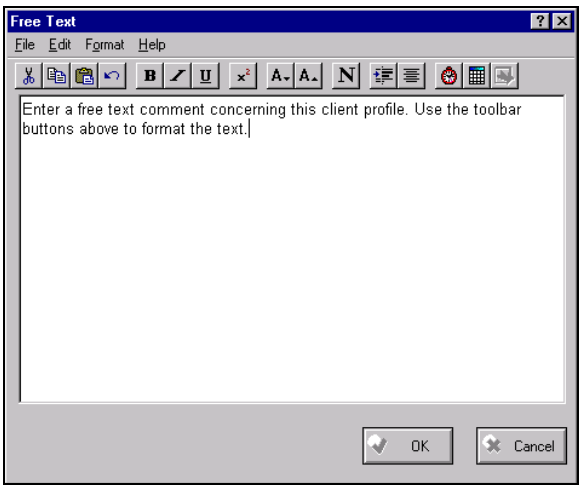


Figure 6-38. Free Text window.

Locations

The **Locations** option is used to create/define new billing locations in SoftPath.

Access the **Locations** option by selecting *Setup* > *Setup Files* > *Locations* from the main menu. The **Location Lookup** window will display. To add a new location to the database, click **Add Record**. The **Location Setup** window displays similar to Figure 6-39.

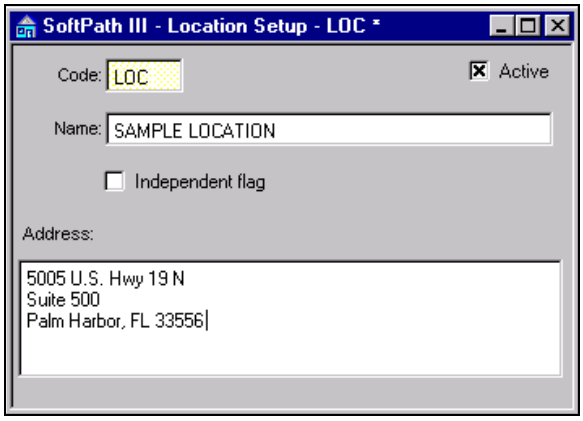


Figure 6-39. Location Setup window.

Code

Enter the element code. **Maximum 5 alphanumeric characters.**

Name

Enter the name/description for the location. **Maximum 50 alphanumeric characters**.

Address

Enter the address of the location. **Maximum 5 lines of text**.

Independent Flag

Mark this checkbox if the location will use unique billing for charges associated with the location in the **Technical Charge Codes** option. The location will override the default technical billing location defined in Billing setup.

Risk Factors

The **Risk Factors** option allows you to define patient risk factors.

Access the Risk Factors setup file by selecting *Setup > Setup Files > Risk Factors* from the main menu. The **Risk Factors Lookup** window displays. To add a new risk factor to the database, click **Add Record**. The **Risk Factors Setup** window displays similar to Figure 6-40.

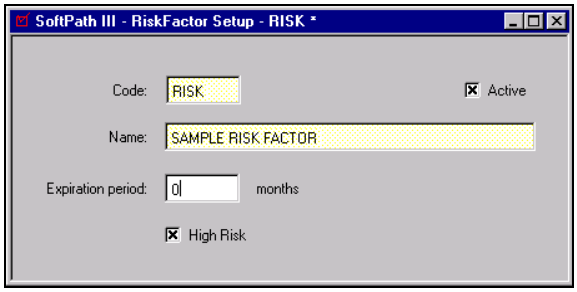


Figure 6-40. Risk Factors Setup window.

Code

Enter a unique acronym to identify the risk factor. **Maximum 5 alphanumeric characters.**

Name

Enter the name/short description for the risk factor. **Maximum 50 alphanumeric characters**.

Expiration Period

Enter the number of months (maximum 999 months) this risk factor should remain active after it is associated with a patient. Enter **0** or leave this field blank if you do not want the risk factor to expire. This value is used to determine the default expiration date when a new risk factor code is associated with a patient.

High Risk

Mark this checkbox to indicate that the risk factor is *high risk*. The **High Risk** flag will be marked for patients with this risk factor.

SCC
Soft Computer

Billing Setup

Technical Charge Codes

The **Technical Charge Codes** option allows you to define the relationship between the internal billing code (IBC) and the final billing code (FBC) and CPT codes for the technical component of the pathology billing (Part A).

Access the **Technical Charge Codes** option by selecting *Setup > Billing Setup > Technical Charge Codes* from the main menu. The **Technical Charge Lookup** window will display. To add a new technical charge code, click **Add Record**. The **Technical Charge** window displays similar to Figure 6-41.

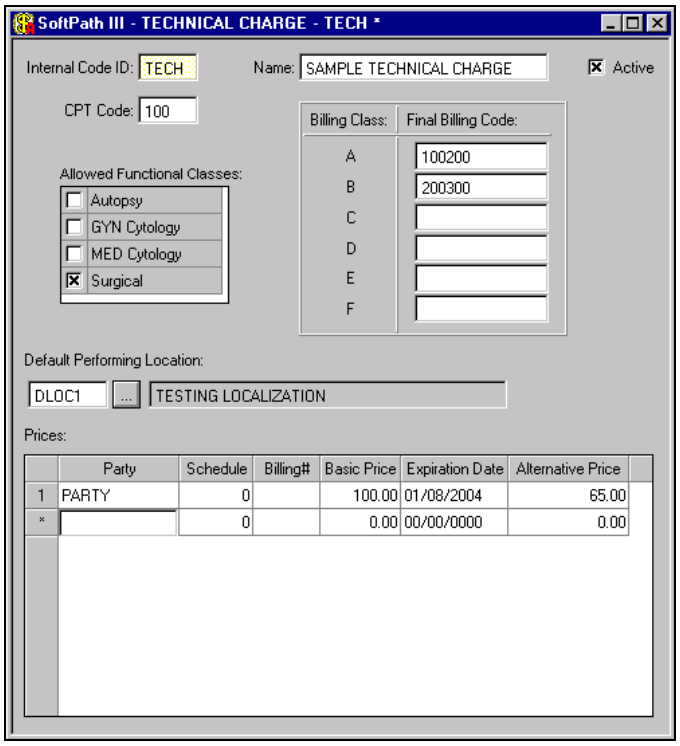


Figure 6-41. Technical Charge Code window.

Internal Code ID

Enter a unique acronym to identify the billing transaction. **Maximum 5 alphanumeric characters**.

Name

Enter the transaction name that you want to appear on billing reports (part A and B). **Maximum 22 alphanumeric characters**.

CPT code

Enter the applicable CPT code associated with the IBC and FBC code. **Maximum 5 alphanumeric characters**.

Allowed Functional Classes

Select the required functional class (case type) for this technical charge by marking the appropriate checkbox(es).

Billing Class/Final Billing Code

Enter the final billing code (FBC) for each billing class. This code will be sent to the HIS or a private billing agency. In some cases, the FBC cannot be defined, so the patient will not be billed even if an IBC were assigned to the transaction record.

Default Performing Location

Enter the default performing location for the billing transaction. The locations available are defined in the Locations setup file.

Prices Grid:

Complete the following fields in the **Prices** grid:

- **Party** - Enter the billing party.
- **Schedule** - Enter the billing schedule.
- **Billing #** - Enter the bill code number.
- **Billing Price** - Enter the basic billing price.
- **Expiration Date** - Enter the expiration date.
- **Alternative Price** - Enter the alternative billing price.

Professional Charge Codes

The **Professional Charge Codes** option defines the relationship between the internal billing code (IBC) and the final billing code (FBC) and CPT codes for the professional components of pathology billing.

Access the **Technical Charge Codes** option by selecting *Setup > Billing Setup > Professional Charge Codes* from the main menu. The **Professional Charge Lookup** window displays. To add a new professional charge code, click **Add Record**. The **Professional Charge** window displays similar to Figure 6-42.

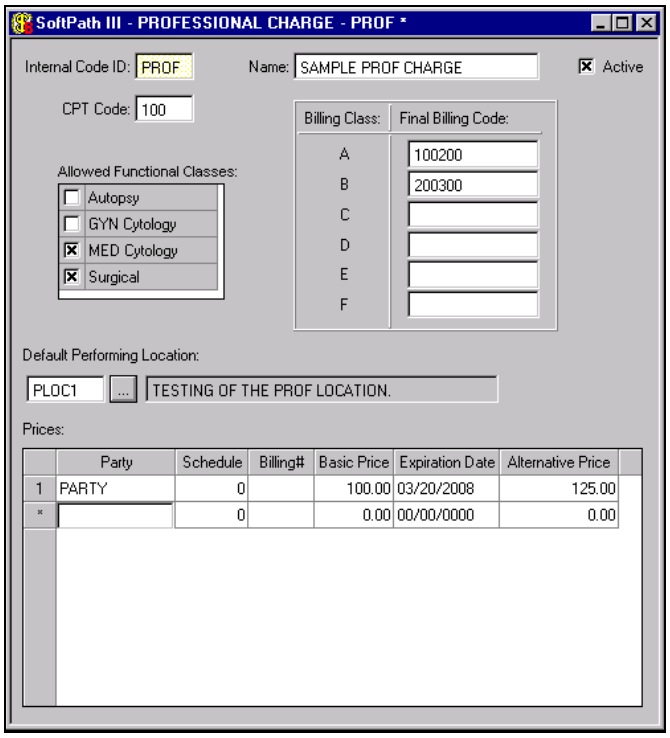


Figure 6-42. Professional Charge window.

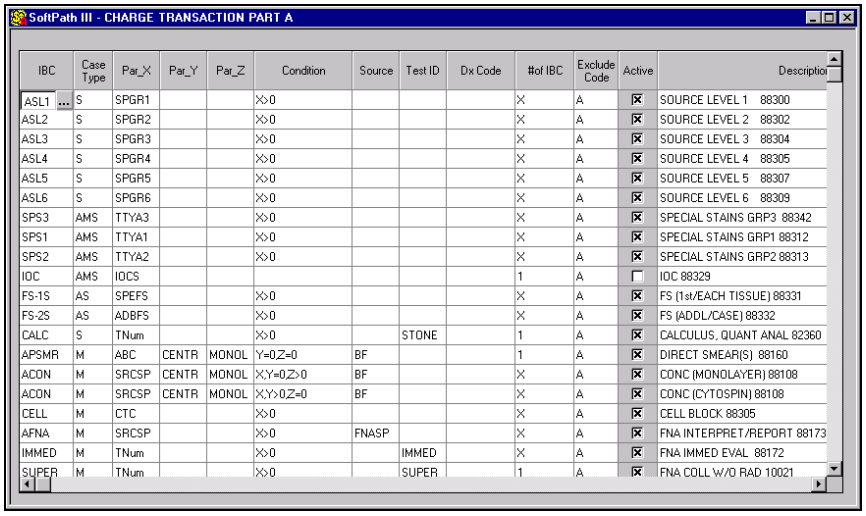
The window for the **Professional Charge Codes** option is identical to window for the **Technical Charge Codes** option. All data fields and buttons are described in the **Technical Charge Code** section on page **6-62**.

Charge Transaction Part A and Part B

The **Charge Transaction Part A** and **Charge Transaction Part B** options are used to define the charge transaction part A and part B tables. Prior to defining the transaction tables, all of the system files used (such as the Source, Special Stains/Tests, Diagnosis Code, and Insurances files) must be completed because they are used to group tests together in the transaction definitions. The billing transactions are defined in tables.

Access the **Charge Transaction Part A** option by selecting *Setup > Billing Setup > Charge Transaction Part A* from the main menu. The **Charge Transaction Part A** window displays similar to Figure 6-43.

NOTE: The procedure for accessing and using the **Charge Transaction Part B** option is identical to the procedure for accessing and using the **Charge Transaction Part A** option.


SoftPath III - CHARGE TRANSACTION PART A

IBC	Case Type	Par_X	Par_Y	Par_Z	Condition	Source	Test ID	Dx Code	#of IBC	Exclude Code	Active	Description
ASL1	S	SPGR1			X>0				X	A	☒	SOURCE LEVEL 1 88300
ASL2	S	SPGR2			X>0				X	A	☒	SOURCE LEVEL 2 88302
ASL3	S	SPGR3			X>0				X	A	☒	SOURCE LEVEL 3 88304
ASL4	S	SPGR4			X>0				X	A	☒	SOURCE LEVEL 4 88305
ASL5	S	SPGR5			X>0				X	A	☒	SOURCE LEVEL 5 88307
ASL6	S	SPGR6			X>0				X	A	☒	SOURCE LEVEL 6 88309
SPS3	AMS	TTYA3			X>0				X	A	☒	SPECIAL STAINS GRP3 88342
SPS1	AMS	TTYA1			X>0				X	A	☒	SPECIAL STAINS GRP1 88312
SPS2	AMS	TTYA2			X>0				X	A	☒	SPECIAL STAINS GRP2 88313
IOC	AMS	IOCS							1	A	☐	IOC 88329
FS-1S	AS	SPEFS			X>0				X	A	☒	FS (1st/EACH TISSUE) 88331
FS-2S	AS	ADBFS			X>0				X	A	☒	FS (ADDL/CASE) 88332
CALC	S	TNum			X>0		STONE		1	A	☒	CALCULUS, QUANT ANAL 82360
APSMR	M	ABC	CENTR	MONOL	Y=0,Z=0	BF			1	A	☒	DIRECT SMEAR(S) 88160
ACON	M	SRCSP	CENTR	MONOL	X,Y=0,Z>0	BF			X	A	☒	CONC (MONOLAYER) 88108
ACON	M	SRCSP	CENTR	MONOL	X,Y>0,Z=0	BF			X	A	☒	CONC (CYTOSPIN) 88108
CELL	M	CTC			X>0				X	A	☒	CELL BLOCK 88305
AFNA	M	SRCSP			X>0	FNASP			X	A	☒	FNA INTERPRET/REPORT 88173
IMMED	M	TNum			X>0		IMMED		X	A	☒	FNA IMMED EVAL 88172
SUPER	M	TNum			X>0		SUPER		1	A	☒	FNA COLL W/O RAD 10021

Figure 6-43. Charge Transaction Part A window

IBC Column

Click the button to select a valid internal billing code for this transaction. Each transaction must have one IBC assigned.

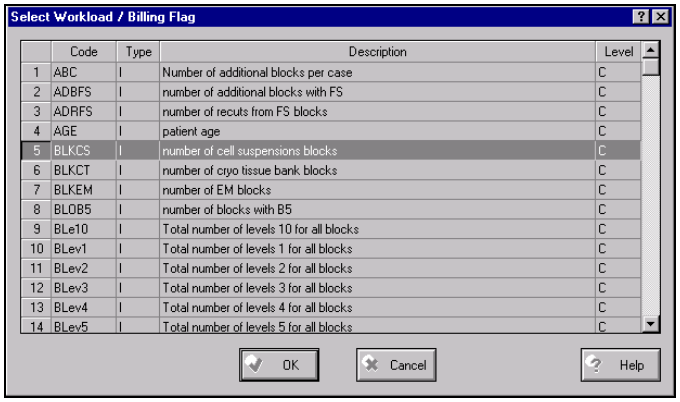
NOTE: The IBC must be defined in the **Professional Charge Codes** and **Technical Charge Codes** options before it is entered in the transaction records.

Case Type Column

The case type you specify in this column is connected with the IBC. After selecting the IBC in the first column, click the button in the **Case Type** column to select from a list of valid case types.

Par X, Par Y, and Par Z Columns

Enter the parameters X, Y, and Z, respectively. Click the buttons in each column to select a valid parameter code from the **Select Workload/Billing Flag** window that will display.



	Code	Type	Description	Level
1	ABC	I	Number of additional blocks per case	C
2	ADBFS	I	number of additional blocks with FS	C
3	ADRFS	I	number of recuts from FS blocks	C
4	AGE	I	patient age	C
5	BLKCS	I	number of cell suspensions blocks	C
6	BLKCT	I	number of cryo tissue bank blocks	C
7	BLKEM	I	number of EM blocks	C
8	BLOB5	I	number of blocks with B5	C
9	BLe10	I	Total number of levels 10 for all blocks	C
10	BLev1	I	Total number of levels 1 for all blocks	C
11	BLev2	I	Total number of levels 2 for all blocks	C
12	BLev3	I	Total number of levels 3 for all blocks	C
13	BLev4	I	Total number of levels 4 for all blocks	C
14	BLev5	I	Total number of levels 5 for all blocks	C

Figure 6-44. Select Workload/Billing Flag window.

Condition Column

Define the conditions for the transaction to be applied. Click the button to display the **Logic Calculator** window similar to Figure 6-45. Use the calculation to define the conditions.

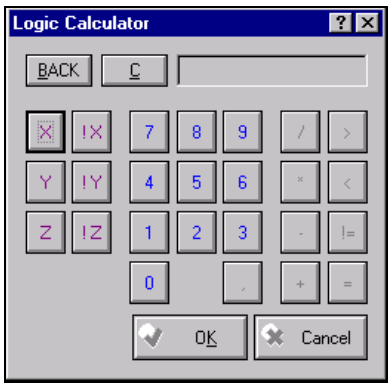


Figure 6-45. Logic Calculator

The following calculator commands are available:

X	Parameter X	/	Divided by
Y	Parameter Y	*	Multiplied by
Z	Parameter Z	-	Minus
!X	Not X	+	Plus
!Y	Not Y	>	Greater than
!Z	Not Z	<	Less than
<integer>	Numeric value	**!=**	Not equal
,	Separate two conditions (both must be true)	=	Equal

EXAMPLE: Enter *<5,Y>X*. The charges will be applied if the value of the variable *X* is less than *5* and the value of the variable *Y* is greater than the value of *X*.

Source Column

Enter the source type code to which this transaction applies. The source must be defined in the Source file. Click the button to select from a list of valid source codes. If you enter a source code into this field, the charges will only be applied if the specimen is associated with the specified source type or one of the source members in the source type tree-like structure.

Test ID Column

Enter the special stain/test code to which this transaction applies. The code must be defined in the Special Stains/Tests file. Click the button to select from a list of valid special stains/tests. If you enter a special stain/test code, the charges will be applied only when the specified special stain/test has been performed for the case.

Dx Code Column

Enter the diagnosis code to which this transaction applies. The code must be defined in the Dictionaries file. Click the button to select the diagnosis coding system appropriate for the transaction case type.

If you enter diagnosis code in this field, the charges specified in the transaction record are applied only when this diagnosis code is assigned to the case result.

# of IBC Column

Click the button to display the **Logic Calculator** window (Figure 6-45) where you can calculate the number of internal billing codes to be applied. See the description of the **Condition** column for more information.

Exclude Code Column

Enter the exclude code to further define the calculation. Click the button to display the **Exclude Choice** window. Select one of the following:

- **A (Additive) -** Add the charge from the transaction to the charges from other transactions with the exclude code **A**.
- **E (Exclude additive) -** If one or more transactions have *exclude additive* flags, only transactions with the exclude code **E** are applied to the case.
- **X (Exclude all) -** If one transaction with exclude all flags is encountered, only the charge from this transaction is applied. Only one transaction with the exclude code **X** (the first that qualifies and is encountered) will be used.

Description Column

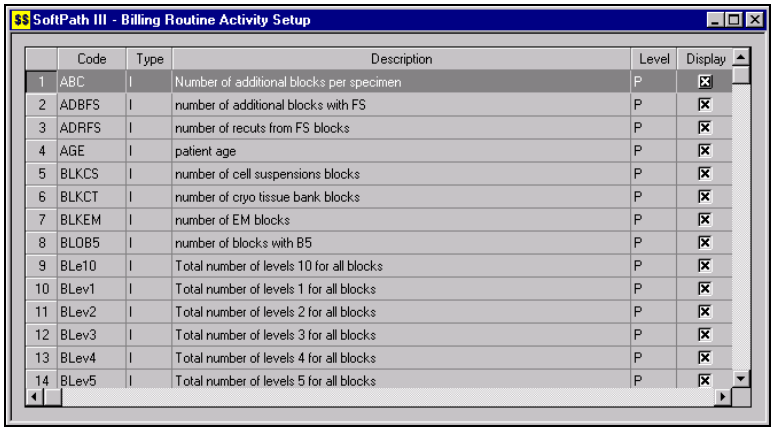
Enter a brief description of the transaction.

Billing Routine Activity

The **Billing Routine Activity** option allows you to define whether or not to display a particular code in the selection list for **Charge Transaction Part A** and **Charge Transaction Part B** tables.

Access the **Billing Routine Activity** option by selecting *Setup > Billing Setup > Billing Routine Activity* from the main menu. The **Billing Routine Activity Setup** window displays similar to Figure 6-46. Click **Edit** from the toolbar. Select the codes by marking the appropriate checkboxes in the **Display** column.

NOTE: You cannot make changes to the **Code**, **Type**, **Description**, or **Level** fields.



	Code	Type	Description	Level	Display
1	ABC	I	Number of additional blocks per specimen	P	☒
2	ADBFS	I	number of additional blocks with FS	P	☒
3	ADRFS	I	number of recuts from FS blocks	P	☒
4	AGE	I	patient age	P	☒
5	BLKCS	I	number of cell suspensions blocks	P	☒
6	BLKCT	I	number of cryo tissue bank blocks	P	☒
7	BLKEM	I	number of EM blocks	P	☒
8	BLOB5	I	number of blocks with B5	P	☒
9	BLe10	I	Total number of levels 10 for all blocks	P	☒
10	BLev1	I	Total number of levels 1 for all blocks	P	☒
11	BLev2	I	Total number of levels 2 for all blocks	P	☒
12	BLev3	I	Total number of levels 3 for all blocks	P	☒
13	BLev4	I	Total number of levels 4 for all blocks	P	☒
14	BLev5	I	Total number of levels 5 for all blocks	P	☒

Figure 6-46. Billing Routine Activity window.

SCC
Soft Computer

Case Comparison Setup

The **Case Comparison Setup** option allows you to establish the criteria that the system will use to automatically select cases to flag for QA rescreening and review.

Access the **Case Comparison Setup** option by selecting *Setup > Case Comparison Setup* from the main menu. The **Case Comparison Setup** window displays similar to Figure 6-47. To add a new case comparison row, click **New** on the SoftPath toolbar.

SoftPath III - CASE COMPARISON SETUP

Comparison Type: Rescreen

		CURRENT CASE							PREVIOUS CASE						
	Active	Current Case Type	A/N	Dx Cat.	Dx Group	Dx Code	Source Family	Employee Type	Previous Case Type	A/N	Dx Cat.	Dx Group	Dx Code	Source Family	Qualify by
1	☒	GYN Cytology	Abnormal						Surgical	Unknown					
2	☒	Surgical						Pathologist	Surgical						IOC Done by
3	☐	Surgical						Pathologist							Final Done by
4	☐	Surgical	Abnormal	IFM	FAKE	TESTC	AFISS	Clerk	Surgical	Normal					Final Done by
5	☐	MED Cytology	Normal						Surgical	Unknown					
6	☐	MED Cytology	Normal	IN	ATYP	INS	BR	Technologist	MED Cytology	Unknown	LTO				Clinicopathologi
7	☐	Surgical	Normal	INS	ATYP	A-00020	AFISS	Medical Secretary	Surgical	Unknown	NEG	UNDET	A-04000	AFIST	Final Done by
8	☐	Surgical							Surgical						
9	☒	GYN Cytology	Normal					Pathologist	GYN Cytology	Abnormal					IOC Done by
10	☒	GYN Cytology				CAN			GYN Cytology						
11	☐	Surgical						Pathologist	Surgical						Final Done by
12	☐	Surgical						Pathologist							IOC Done by
13	☐	GYN Cytology		AG					GYN Cytology		AS				

The patient history has been collated using the following data:
Active db: - Archive db: Last Name, First Name

Figure 6-47. Case Comparison Setup window.

Comparison Type

Select the appropriate comparison type from the drop-down list:

- **QA Reports -** Allows you to create and maintain a series of case criteria used to automatically flag qualifying cases for the corresponding Case Review report.
- **Follow Up -** Allows you to create and maintain a series of case criteria used to automatically flag qualifying cases for follow up.
- **Proreview -** Allows you to create and maintain a series of case criteria used to automatically flag qualifying cases for proreview.
- **Rescreen -** Allows you to create and maintain a series of case criteria used to automatically flag qualifying cases for rescreening.
- **Retroreview -** Allows you to create and maintain a series of case criteria used to automatically flag qualifying cases for retroreview.

Case Comparison Grid

The grid present in the **Case Comparison Setup** window is divided into two areas, **Current Case** and **Previous Case**. The parameters for the current case are entered in the **Current Case** area and the parameters for the previous case for the same patient are entered in the **Previous Case** area.

Case Type

Click the button to select from a list of valid case types for this comparison.

A/N

Click the button and select **Abnormal**, **Normal**, or **Unknown**.

Dx Cat

Click the button to select a valid diagnosis category code for this case comparison.

Dx Group

Click the button to select a valid diagnosis group code for this case comparison.

Dx Code

Click the button to select a valid diagnosis code for this case comparison.

Source Family

If you want to specify a source code as qualifying criteria, click the button to select from a list of valid source codes.

Employee Type

Click the button to select from a list of valid employee types for this comparison.

Qualify By Column

To select the method of qualifying cases for QA, click the button and select one of the available criteria:

0. **NULL** - No value.
1. **The same Dx code** - The current case will be flagged for review if the diagnosis codes for the current and previous cases are the same.
2. **The same Dx category** - The current case will be flagged for review if both the current and previous cases have the same diagnosis category. The cases must have Dx categories assigned.
3. **The same Dx group** - The current case will be flagged for review if the Dx groups for the current and previous cases are the same. This is possible only when the Dx codes are assigned and Dx groups are associated to the Dx codes.
4. **IOC Done By** - Comparison is based on the employee type defined for this report type in the Current Case area.
5. **Gross Done by** - Comparison is based on the employee type defined for this report type in the Current Case area.
6. **Final Done by** - Comparison is based on the employee type defined for this report type in the Current Case area.
7. **Clinicopathology Done by** - Comparison is based on the employee type defined for this report type in the Current Case area.

High Risk Column

To qualify cases for QA based on the High Risk flag associated to the patient record, mark this checkbox.

Options

The Options file allows the system administrator to establish a limited number of user-defined system parameters that supersede the Hosparam file values that were initially established by SCC personnel. Any parameters not defined by this option will be taken from the Hosparam file.

Access the Options file by selecting *Setup* > *Options* from the main menu. You can also use the **Options** button on the SoftPath toolbar. The **Options** window displays similar to Figure 6-48.

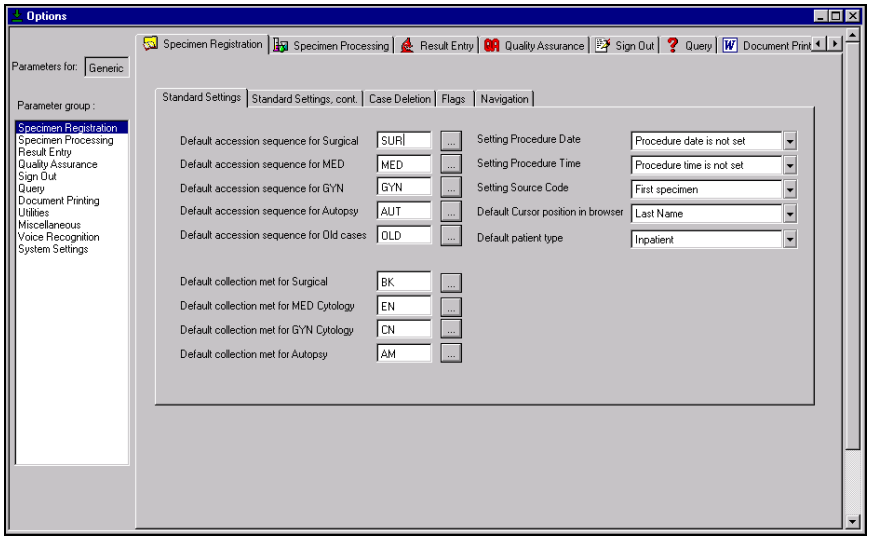


Figure 6-48. Options window.

Setting Type

The settings in the Options file must be determined for each individual user ID. For example, to set a default accession base for a specific site, the system administrator must set the default for each user at that site, based on their logon ID. You can change the setting type by clicking the User and Generic buttons located on the SoftPath toolbar.

NOTE: Some parameters can be defined as generic settings ONLY and are not accessible when defining options for a specific user.

- **Generic Settings** - Used to determine the global default settings for all users. This option must be selected when you first access the **Options** window if you want to use generic settings. The default setting type is **User Settings**, since the system user is not generally given permission to edit the default settings for the lab.
- **User Settings** - Used to determine specific default settings for individual users. This is the default setting type.

Parameter Group List

This list contains all the available Parameter Groups. The group list can be used to move from tab to tab by using the mouse and clicking the desired area.

Each tab contains the parameter variables specific to the functional group. Within each tab, there are several additional tabs containing function-specific parameter variables.

Click **Edit** on the toolbar to make changes to any of the settings in the Parameter Group tabs.

Specimen Registration Tab

Click **Edit** on the toolbar to make changes to any of the parameters.

This tab contains five other tabs described below:

- Standard Settings
- Standard Settings cont.
- Case Deletion
- Flags
- Navigation
- Tab Selection

Standard Settings Tab

The **Standard Settings** tab displays similar to Figure 6-49.

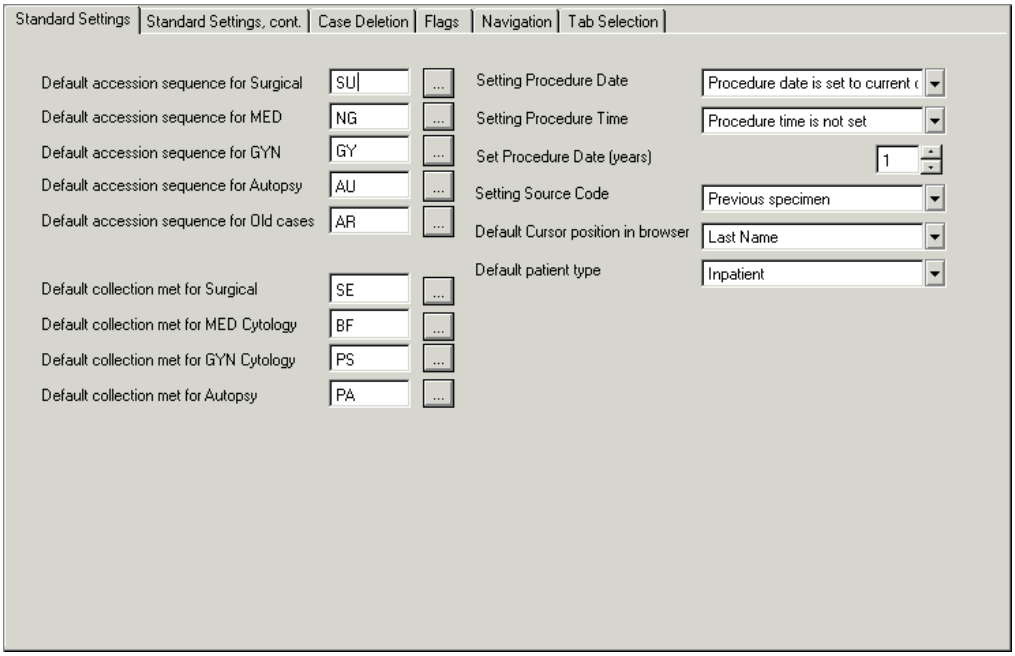


Figure 6-49. Options window - Specimen Registration tab - Standard Settings tab.

Default Accession Sequence

Enter the default accession sequence for the Surgical, MED, GYN, Autopsy and Old Case types. Click the ... button to display the **Accession Sequences Lookup** window from which the desired code can be selected.

The specified default accession sequence will only be used in the appropriate **Specimen Registration** option for the case type. If you use the **All Cases** specimen registration option, you will have to select the correct accession sequence. Once you select an accession sequence, the system automatically determines the case type and displays the appropriate **Specimen Registration** window for the case type.

User settings are available for surgical, MED cytology, GYN cytology, and autopsy case types. Generic settings are available for all case types.

Default Collection Method for Surgical, MED, GYN and Autopsy Cases

Enter a default collection method for specimen registration. Click the button to select from a list of valid collection method codes. The specified collection method will only be used when a collection method has not been associated with a source and the system parameters are set to use the source defaults. If the system is not set to use the source defaults the collection method entered will always be used regardless of the settings in the source file.

This option can be defined both at the user-specific level and the global (generic) level.

Setting Procedure Date

Select the default procedure date setting from the drop-down list. The procedure date can be set as the current system date or it may not be set.

NOTE: If set to "Procedure date is not set" the system will consider this a mandatory field and require the user to enter a date in the mm/dd/yyyy date format.

This option can be defined both at the user-specific level and the global (generic) level.

Setting Procedure Time

Select the default procedure time setting from the drop-down list. The procedure time can be defined as the current system time or it can be left blank.

NOTE: The procedure time is not required during specimen registration. If this field is left blank in specimen registration, all turnaround time reports based on the procedure date will be based on the time of 12:00 A.M. for the specified date. This can skew the actual turnaround times of the cases being reported.

This option can be defined both at the user-specific level and the global (generic) level.

Setting Source Code

Select the source code setting that will be used when adding a specimen in the system from the drop-down list. You can choose to add all subsequent specimens using the first specimen entered for the case or by using the last specimen added to the case. The setting source code is only used when adding a specimen to a case that already has at least one specimen entered. If no specimens have been entered the new entry will always be blank.

This option can only be defined on the global (generic) level.

Default Cursor Position in Browser

Select the field that the cursor will be positioned on the **Simple Search** and **Advanced Search** tabs when the **Specimen Registration** option is accessed.

This option can be defined both at the user-specific level and the global (generic) level.

Default Patient Type

Select the default patient type for new patients from the drop-down list. The available patient types are defined in the **Simple Codes** option. The default patient type will only be used for patients that are entered in conjunction with a clinic that does not have a specified default patient type. The default patient type specified in the Clinics file (if any) always takes priority over this default patient type you enter in this field.

This option can only be defined on the global (generic) level.

Standard Settings Cont

The **Standard Settings Cont** tab displays similar to Figure 6-50.

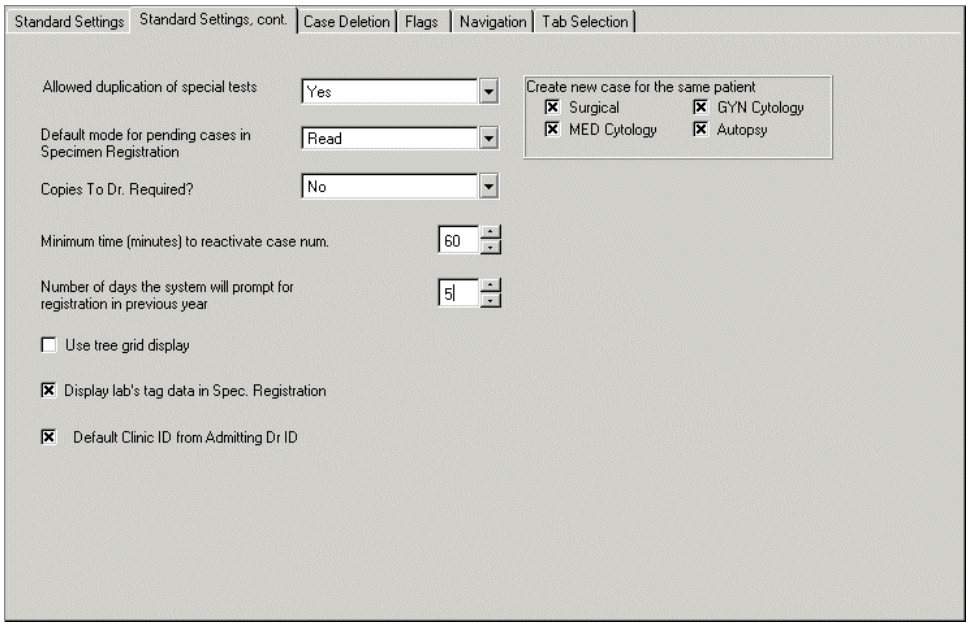


Figure 6-50. Options window - Specimen Registration tab - Standard Settings Cont tab.

Allowed Duplication of Special Tests

Select **Yes** to allow users to enter duplicate test codes during specimen processing and registration. Select **No** if you do not want to allow duplicates. The system will prompt the user if a duplicate is entered and will inform them that the duplicate must be deleted.

This option can only be defined on the global (generic) level.

Default Mode for Pending Cases in Specimen Registration

Select either **Read** mode (READ ONLY) or **Edit** mode as the default mode for pending cases in the **Specimen Registration** option. A pending case for Specimen Registration is a case that has not been signed out in the system. Cases that have been signed out are always opened in read-only mode regardless of the mode selected in this field.

This option can be defined both at the user-specific level and the global (generic) level.

Copies to Dr. Required?

Select **Yes** to require users to always specify a minimum of one copy to the doctor during specimen registration. If the **Copies To** field is left empty and the user attempts to save the registration record, the system prompts them to complete the field. Select **No** if you do not want users to be required to send copies. Copies can still be sent to doctors on a case-by-case basis as needed.

This option can only be defined on the global (generic) level.

Minimum Time (minutes) to Reactivate Case

Enter the minimum number of minutes permitted to reactivate a case number. Allowed value: up to 99 minutes.

This option can only be defined on the global (generic) level.

Number of Days System will Prompt for Registration in Previous Year

Enter the number of days in which to prompt the user after the beginning of the new year for registration of the case in the previous year. Allowed value: up to 365 days.

This option can only be defined on the global (generic) level.

Use tree grid display

If you mark this checkbox, a tree grid display will be presented in the following search screens: Patient Maintenance, Query and Specimen Registration.

This option can only be defined on the global (generic) level.

Display lab's tag data in Spec. Registration

If you mark this checkbox, the **Display Lab Tag** button displays on the **Other Case Data** tab of the **Specimen Registration** window. This button allows users to view any tag data associated with an imported lab patient. If this checkbox is not marked, the **Display Lab Tab** button is not displayed.

This option can only be defined on the global (generic) level.

Default Clinic ID from Admitting Dr ID

This checkbox allows the main Ward ID (as defined in the setup file) to be imported as the Admitting Dr ID when a new stay is created for a patient in Patient Maintenance.

This option can only be defined at the global (generic) level.

Create New Case for the Same Patient

Mark the checkboxes corresponding to the case types that will be prompted with the message: *create a new case for the same patient?* when specimen registration is completed and the user clicks the **Add** button. The user can then click **Yes** to use the same patient and stay for a second case, or they can click **No** to specify a new patient.

If you do not mark any case types, the system displays a search window that allows the user to specify a new patient when a new case is added.

This option can only be defined on the global (generic) level.

Case Deletion Tab

The **Case Deletion** tab is used to define the case deletion limits and displays similar to Figure 6-51.

NOTE: The options defined on this tab affect unsigned cases only. Signed out cases cannot be deleted.

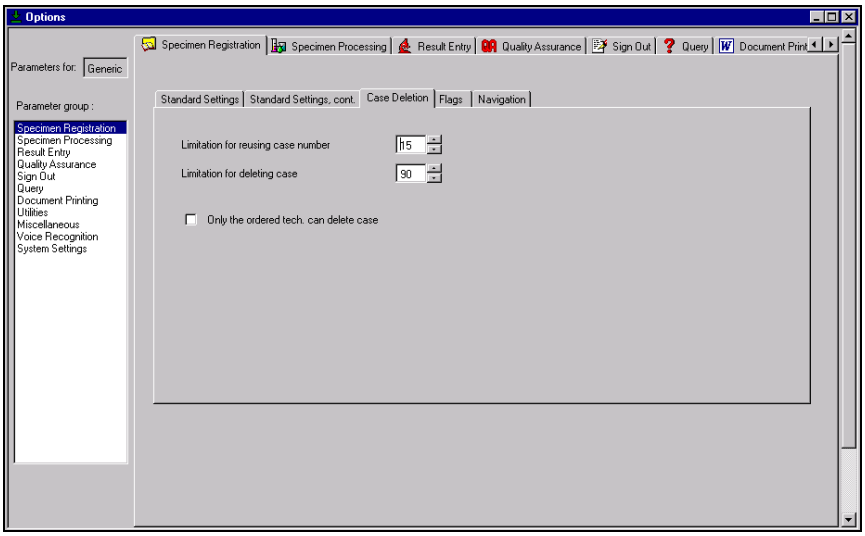


Figure 6-51. Options window - Specimen Registration tab - Case Deletion tab.

Limitation for Reusing Case Number

Enter the maximum number of days for reusing the case number after the case is deleted. For example, if you enter **5,** users have five days to reuse the case number before it is deleted.

If you enter a value greater than **0** in this field, the system asks users that delete a case whether they want to reuse the case number. If the user opts not to allow the case number to be reused, the case number cannot be reused, regardless of the value entered in this field.

If you enter **0** in this field, case numbers will not be available for reuse within the system.

This option can only be defined on the global (generic) level.

Limitation for Deleting Case

Enter the maximum number of days after the registration date of the case that users will be allowed to delete the case. For example, if you enter **10**, users will have ten days from the date of registration to delete the case. They cannot delete the case in the **Specimen Registration** window after this time has passed.

If you enter **0** in this field, users cannot delete cases in the **Specimen Registration** window.

This option can only be defined on the global (generic) level.

Only the Ordered Tech. Can Delete Case

Mark this checkbox if only the ordering technologist can delete the case. If you mark this checkbox, only the ordering technologist will be able to use the **Delete** button to delete cases in the **Specimen Registration** window. This button will be inactive for other users and they will not be able to delete cases during specimen registration.

This option can only be defined on the global (generic) level.

Flags Tab

The **Flags** tab allows you to define the available case flags and source flags in specimen registration for specific case types. The tab displays similar to Figure 6-52

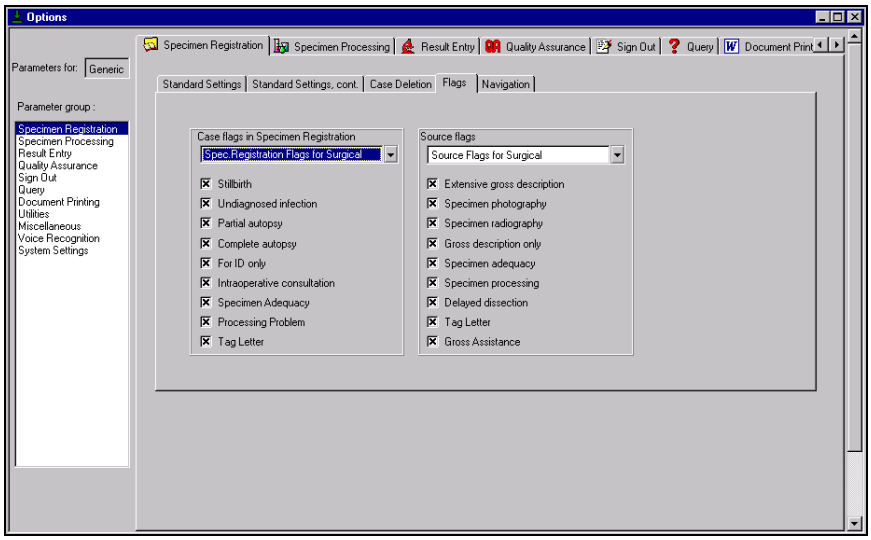


Figure 6-52. Options window - Specimen Registration tab - Flags tab.

Case Flags in Specimen Registration

Select a case type from the drop-down list. For each case type, mark the **Case Flags** checkboxes to indicate which source flags you want to display on the **Other Case Data** tab of the **Specimen Registration** window for the selected case type.

This option can only be defined on the global (generic) level.

Source Flags

Select a case type from the drop-down list. For each case type, mark the **Source Flags** checkboxes to indicate which source flags you want to display in the **Source Flags** window for the select case type. Users access the **Source Flags** window by pressing the **Source Flags** button in the **Specimen Registration** window.

This option can only be defined on the global (generic) level.

Navigation Tab

The **Navigation** tab displays similar to Figure 6-53.

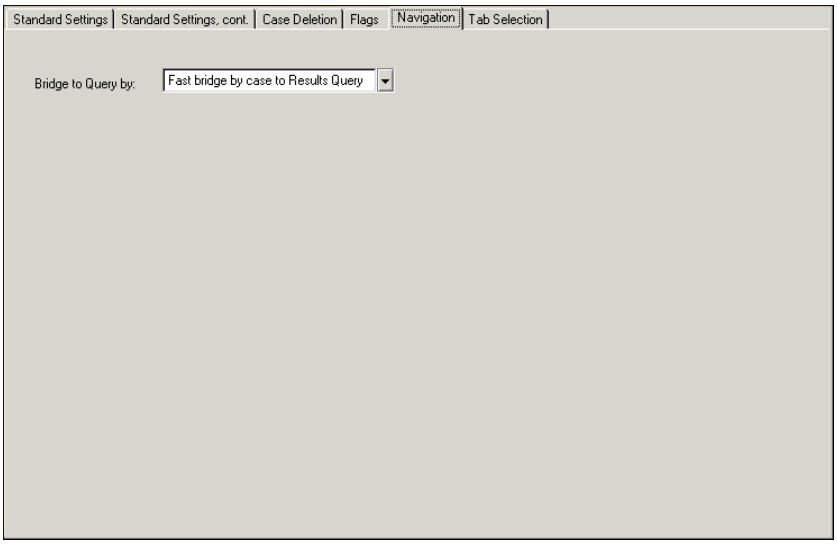


Figure 6-53. Options window - Specimen Registration tab - Navigation tab.

How to Bridge to Query from Specimen Registration

Select the method you want to use to bridge users from the **Specimen Registration** option to the **Results Query** option when they press the **Query** button on the SoftPath toolbar. This option can be defined both at the user-specific level and the global (generic) level.

- **Bridge by MRN to Results Query** – If you select this option, the **Result Query Search** window displays when the user clicks the **Query** toolbar button in the **Specimen Registration** option. The system inserts the current patient's MRN into the **MRN** field and displays a list of all cases that match the MRN. If only one case exists, the system displays the case data in the **Result Query** window.
- **Bridge by MRN to Results Query by Search Screen** – If you select this option, the **Result Query Search** window displays when the user clicks the **Query** toolbar button in the **Specimen Registration** option. The system inserts the current patient's MRN into the **MRN** field. The user can then enter additional search criteria. After entering search criteria, the user must click **Find** to initiate the search. The system displays a list of cases that match the specified search criteria.
- **Fast Bridge by case to Results Query –** If you select this option, the system displays data for the current case in the **Results Query** window when the user clicks the **Query** toolbar button in the **Specimen Registration** option. This option bypasses the **Results Query Search** window entirely.
- **Bridge by Case to Results Query by Search Screen –** If you select this option, the **Result Query Search** window displays when the user clicks the **Query** toolbar button in the **Specimen Registration** option. The system inserts the current case number into the **Case** field. The user can then enter additional search criteria. After entering search criteria, the user must click **Find** to initiate the search. The system displays a list of cases that match the specified search criteria. This option can be defined both at the user-specific level and the global (generic) level.

Tab Selection Tab

The Tab Selection tab displays similar to Figure 6-54.

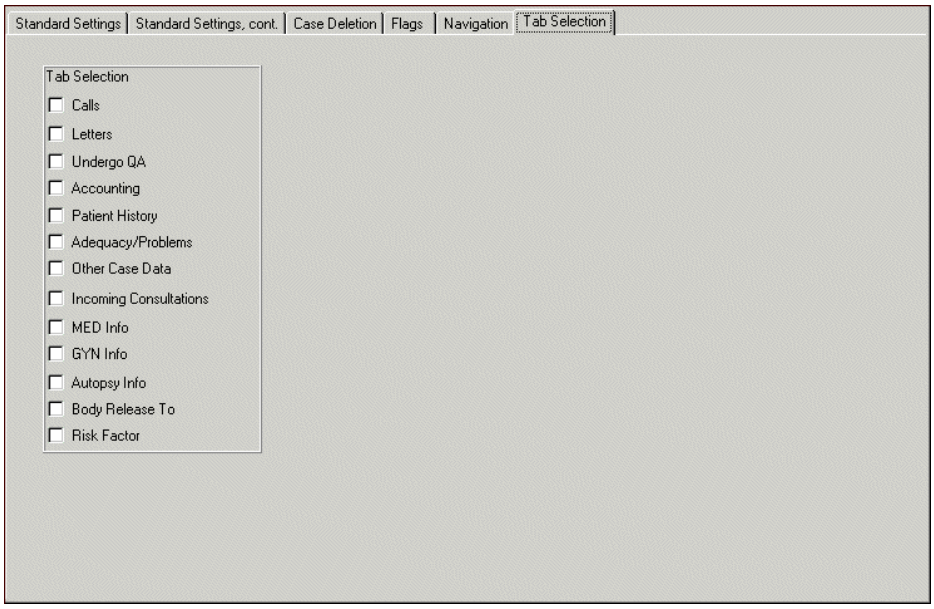


Figure 6-54. Options window - Specimen Registration tab – Tab Selection subtab.

Tab Selection

Select the checkboxes corresponding to the tabs to display in specimen registration. By default, the Case Data and Specimens tab will always display.

Specimen Processing Tab

This tab contains eight additional tabs described below:

- Universal Settings
- One Case
- Worklists
- Fast Processing
- Labels
- Flags
- Navigation
- Stain Evaluation

Universal Settings Tab

The **Universal Settings** tab displays similar to Figure 6-55.

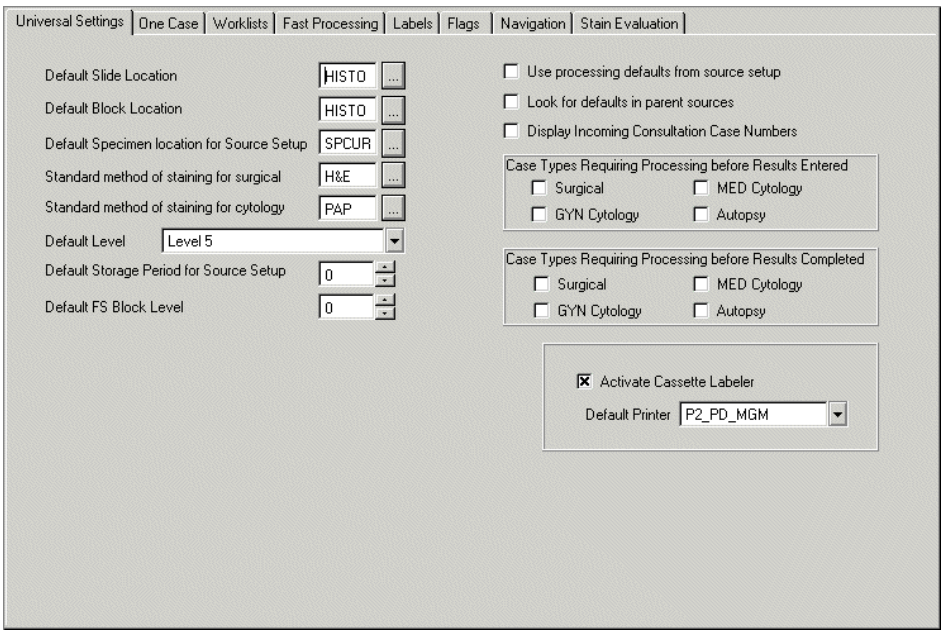


Figure 6-55. Options window - Specimen Processing tab - Universal Settings tab.

Default Slide Location

Enter the default location for slide storage or click the button to select from a list of valid storage codes that can be used to store slides. The default location specified here is used in the **Inventory** window during specimen processing.

This option can be defined both at the user-specific level and the global (generic) level.

Default Block Location

Enter the default location for block storage or click the button to select from a list of storage locations that are eligible to serve as block storage locations. The location you specify will be used in the **Inventory** window during specimen processing.

This option can be defined both at the user-specific level and the global (generic) level.

Default Specimen Location for Source Setup

Enter the default location for specimen storage or click the button to select from a list of storage locations that are eligible to serve as specimen storage locations. The location you specify will be used as the default storage location when you add a new record to the Source setup file.

This option can only be defined on the global (generic) level.

Standard Method of Staining for Surgical

Enter the standard stain to be used for histology slides or click the button to select from a list of valid stains.

This option can only be defined on the global (generic) level.

Standard Method of Staining for Cytology

Enter the standard stain to be used for cytology slides or click the button to select from a list of valid stains.

This option can only be defined on the global (generic) level.

Default Level

Select the default level for blocks. This level will only be used if source defaults are not being used or if there is no default level associated with the source and the defaults from the source file are being used.

This option can only be defined on the global (generic) level.

Default Storage Period for Source Setup

Enter the default time frame from the received date of the specimen until the specimen should be pending for storage. The time period you specify will be used as the default storage location when you add a new record to the Source setup file.

This option can only be defined on the global (generic) level.

Default FS Block Level

Enter the default number of slides applied to FS blocks.

This option can only be defined on the global (generic) level.

Activate Cassette Labeler

Mark this checkbox to activate the cassette labeling functionality of the system. This is also where to define the default printer to display in the Fast Processing search screen. See ***Chapter 2.5 – Processing: Print Cassettes*** for more information about this functionality.

Use Processing Defaults from Source Setup

Mark this checkbox to always use processing defaults from the Source setup file during specimen processing.

This option can only be defined on the global (generic) level.

Look for Defaults in Parent Sources

Mark this checkbox to use the defaults defined in the parent source codes during specimen processing when the child source does not have any default values defined.

For example, if the default value is equal to **0** in the child, but the value is greater than **0** for the parent, the system uses the default from the parent source. If the child source default is **1**, then the value **1** would be the default used for the primary blocks. The parent source defaults are only used for items that are left undefined in the source setup file and pertain only to the material defaults.

This option can only be defined on the global (generic) level.

Display Incoming Consultation Number

Mark this checkbox to display the Outside Case Number entered in the Materials Received window of Incoming Consultation beside the specimen code in One Case Processing

Case Types Requiring Processing Before Results Entered/Completed

These fields allow you to select case types that require processing before results are entered or completed. These case types would be flagged before qualifying as pending for Final Result Entry or before the final results are flagged as completed. By default, these checkboxes are cleared.

One Case Tab

The **One Case** tab displays similar to Figure 6-56.

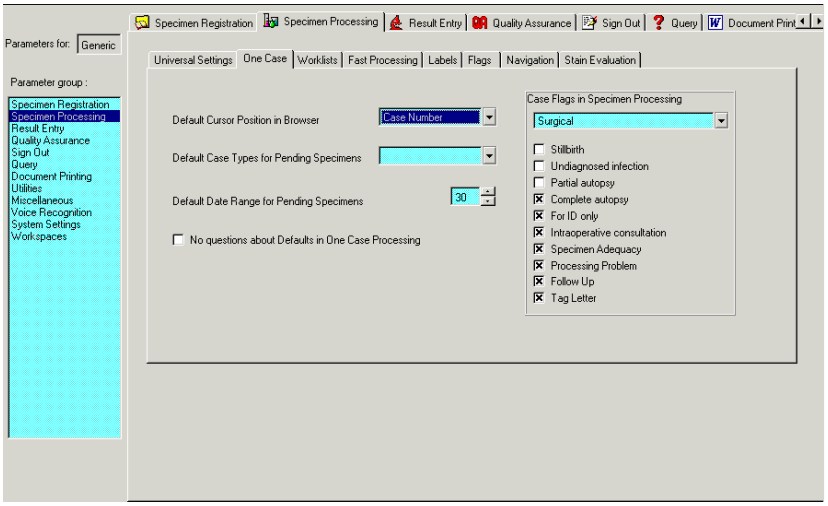


Figure 6-56. Options window - Specimen Processing tab - One Case tab.

Default Cursor Position in Browser

Select the field that the cursor should be positioned in each time you access the search window for the **One Case Processing** option. This setting is used for both the **Simple Search** and **Advanced Search** tabs.

This option can be defined both at the user-specific level and the global (generic) level.

Default Case Type for Pending Specimens

Select the default case type to display first on the **Pending Cases** tab from the drop-down list.

This option can be defined both at the user-specific level and the global (generic) level.

Default Date Range for Pending Specimens

Enter the default time in days to look back on the **Pending Cases** tab.

This option can be defined both at the user-specific level and the global (generic) level.

No Questions About Defaults in One Case Processing

Marking this checkbox causes the system to automatically apply processing defaults in the **One Case Processing** option. If the **Use Processing Defaults from Source Setup** checkbox (*Setup > Options > Specimen Processing tab > Universal Settings* tab) is also marked, the defaults are automatically applied without any additional action from the user. If the **Use Processing Defaults from Source Setup** checkbox is not marked, defaults for the various processing items (such as default level, default stain, etc.) are automatically applied without any additional action from the user.

Leave this checkbox unmarked to always prompt the user prior to applying any processing defaults to the case.

This option can only be defined on the global (generic) level.

Case Flags in Specimen Processing

Select a case type from the drop-down list and mark the checkboxes to indicate which flags should be available for data entry during specimen processing.

This option can only be defined on the global (generic) level.

Worklists Tab

The **Worklists** tab displays similar to Figure 6-57.

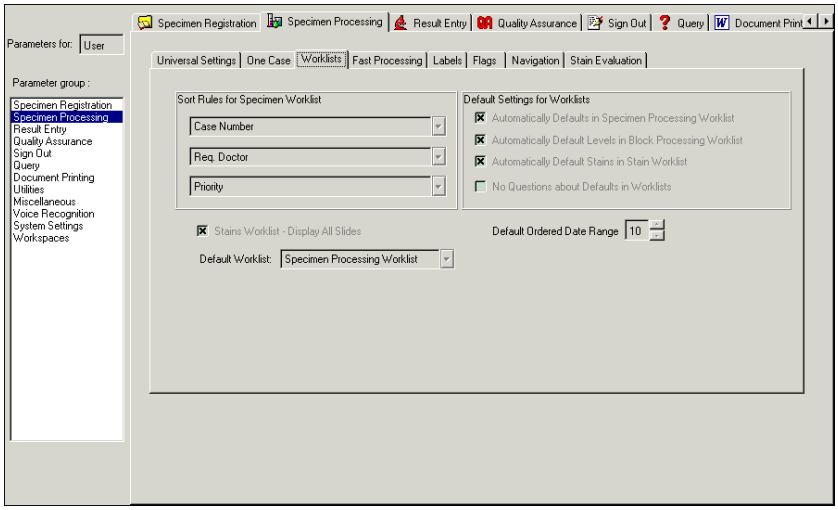


Figure 6-57. Options window - Specimen Processing tab - Worklists tab.

Sort Rules for Specimen Worklist

Select the default sort rules for the specimen processing worklist. You can select up to three sort rules that will be used in the worklist search window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Settings for Worklists

This function allows you to determine whether the system should ask the user to accept the processing defaults defined in the Source/Options file each time a worklist is accessed. Mark the checkboxes next to the appropriate options.

This option can be defined both at the user-specific level and the global (generic) level.

Stains Worklist - Display All Slides

Mark this checkbox to display all unsigned cases with the applied stains in the stains worklist in addition to the unstained slides.

This option can only be defined on the global (generic) level.

Default Ordered Date Range

Enter the default date range that specifies the number of days to look back for pending cases in the **Worklist Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Fast Processing Tab

The **Fast Processing** tab is used to define defaults for the **Fast Processing** option (*Processing > Fast Processing).* The **Fast Processing** tab displays similar to Figure 6-58.

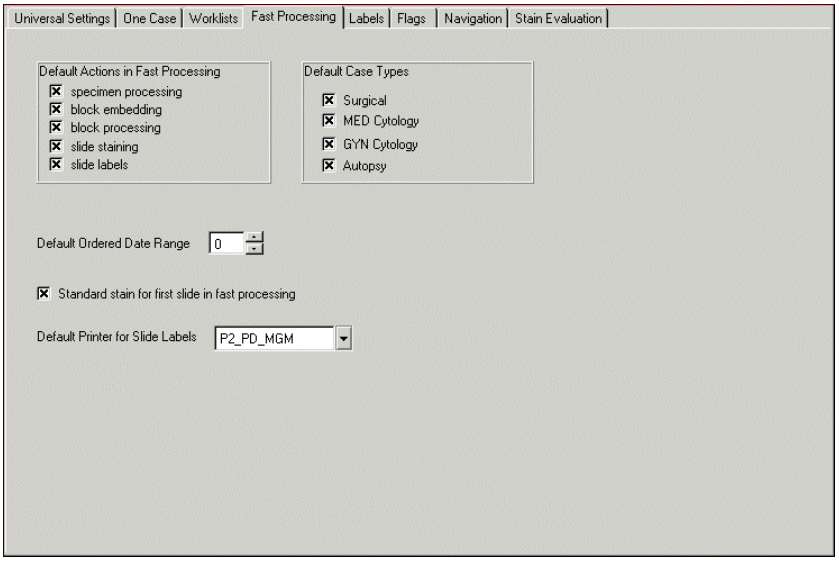


Figure 6-58. Options window - Specimen Processing tab - Fast Processing tab.

Default Actions in Fast Processing

Mark the checkboxes to indicate which actions should be used as defaults in the **Fast Processing Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Case Types

Mark the checkboxes to indicate the case types that should be used as defaults in the **Fast Processing Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Ordered Date Range

Enter the default date range that specifies the number of days to look back for pending cases in the **Fast Processing Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Standard Stain for First Slide in Fast Processing

Mark this checkbox to indicate that a standard stain should be applied to the first slide in the **Fast Processing** option.

This option can only be defined on the global (generic) level.

Default Printer for Slide Labels

Select the printer to display as the default slide label printer, as displayed in the **Fast Processing** search screen.

Labels Tab

The **Labels** tab is used to define defaults for the **Labels** option (*Processing > Labels*). The **Labels** tab displays similar to Figure 6-59.

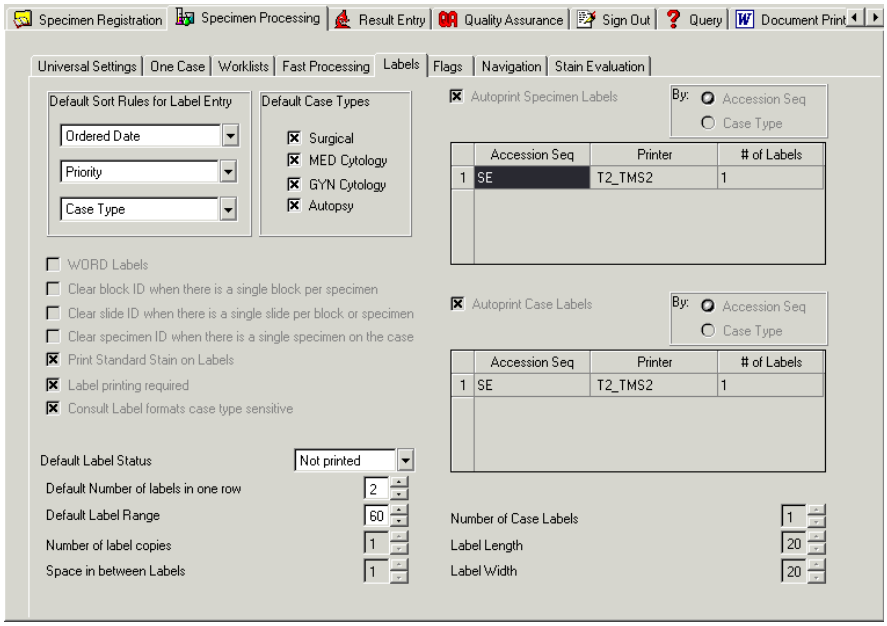


Figure 6-59. Options window - Specimen Processing tab - Labels tab.

Default Sort Rules for Label Entry

Select up to three default sort rules for the **Slide Labels Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Case Types

Mark the checkboxes that correspond to the case types to use as the default selections in the **Slide Labels Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

WORD Labels

Mark this checkbox to define whether labels will be printed using the Microsoft Word functionality.

Clear block ID when there is a single block per specimen

Mark this checkbox to omit the block ID on the label when only one specimen exists. Leave this checkbox unmarked to always include the block ID on the label.

This option can only be defined on the global (generic) level.

Clear slide ID when there is a single slide per block or specimen

Mark this checkbox to omit the slide ID on the label when only one specimen exists. Leave this checkbox unmarked to always include the slide ID on the label.

This option can only be defined on the global (generic) level.

Clear Specimen ID when there is a single specimen on the case

Mark this checkbox to omit the specimen ID on the label when only one specimen exists. Leave this checkbox unmarked to always include the specimen ID on the label.

This option can only be defined on the global (generic) level.

Print Standard Stain on Labels

Mark this checkbox to print the standard stain text on slide labels.

This option can only be defined on the global (generic) level.

Label Printing Required

Mark this checkbox to require label printing as a milestone within the system. If this checkbox is marked, cases will not be pending for results until the labels have been printed for the slides. If this checkbox is not marked, cases will be pending for results even if no labels have been printed.

NOTE: Other restrictions for pending status may be applied.

This option can only be defined on the global (generic) level.

Consult Label Formats Case Type Sensitive

Mark the checkbox to print the label formats for consultations using the standard histology and cytology label formats based on the slide type and the accession base associated with the case. Leave the checkbox unmarked to print one format for all consultation labels regardless of slide type and accession sequence.

This option can only be defined on the global (generic) level.

Default Label Status

Select the default printing status in the **Labels Search Screen** window for cases to be included in the pending list.

This option can be defined both at the user-specific level and the global (generic) level.

Default Number of Labels in One Row

Enter the number of slide labels per row for the slide label stock being used.

This option can be defined both at the user-specific level and the global (generic) level.

Default Label Range

Enter the default number of days to look back for pending cases in the **Slide Labels Search Screen** window.

This option can be defined both at the user-specific level and the global (generic) level.

Number of Label Copies

Enter the default number of specimen labels you want to print for each specimen.

This option can only be defined on the global (generic) level.

Space in Between Labels

Enter the number of lines that will be used for label spacing when MS Word does not generate the labels. The spacing of MS Word labels depends how you set up the label.

This option can only be defined on the global (generic) level.

Autoprint Specimen Labels

Mark this checkbox to have specimen labels print automatically when a new case registration is completed. The system may be configured to print to different printers based on the accession sequence or the case type. Once activated, the printer setup grid allows you to define the printer and number of labels to be used for each accession sequence/case type.

This option can only be defined on the global (generic) level.

Autoprint Case Labels

Mark this checkbox to have case labels print automatically when a new case registration is completed. The system may be configured to print to different printers based on the accession sequence or the case type. Once activated, the printer setup grid allows you to define the printer and number of labels to be used for each accession sequence/case type.

This option can only be defined on the global (generic) level.

Number of Case Labels

Enter the default number of case labels you want to print for each specimen.

This option can only be defined on the global (generic) level.

Label Length

Enter the number of lines that will be contained in the label length for labels that are not being generated from MS Word. The label length for MS Word labels depends on how you set up the label.

This option can be defined both at the user-specific level and the global (generic) level.

Label Width

Enter the number of columns that will be contained in the label width for labels that are not being generated from MS Word. The label width for MS Word labels depends on how you set up the label.

This option can be defined both at the user-specific level and the global (generic) level.

Flags Tab

The **Flags** tab displays similar to Figure 6-60.

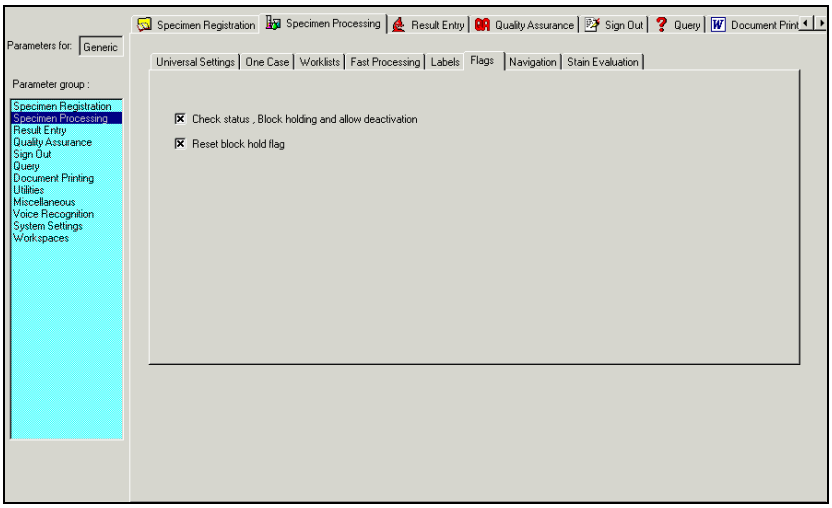


Figure 6-60. Options window - Specimen Processing tab - Flags tab.

Check Status, Block Holding, and Allow Deactivation

Mark this checkbox if you want the system to automatically check for processing flags, such as a block hold. The system suspends these cases from the pending lists for processing and does not allow further processing until the block hold is removed. This setting is used in conjunction with the **Reset Block Hold Flag** checkbox.

This option can only be defined on the global (generic) level.

Reset Block Hold Flag

Mark this checkbox if you want the system to reset the block hold flag on a nightly basis. This setting will only work if the **Check Status, Block Holding, and Allow Deactivation** checkbox are marked. Marking this checkbox without marking the **Check Status, Block Holding, and Allow Deactivation** checkbox will not reset the Block Hold flag.

This option can only be defined on the global (generic) level.

Navigation Tab

The **Navigation** tab displays similar to Figure 6-61.

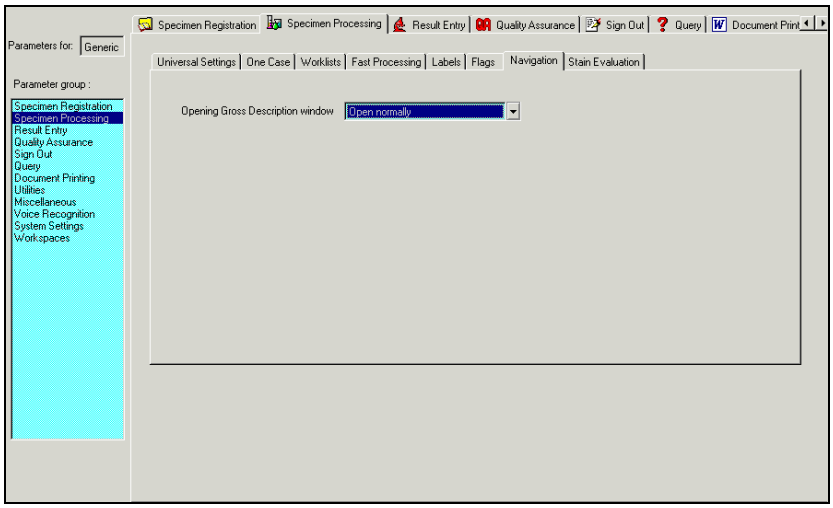


Figure 6-61. Options window - Specimen Processing tab - Navigation tab.

Opening Gross Description Window

Select one of the following options:

- **Open automatically** - SoftPath will open the **Gross Description** window (for medical cytology, gynecology, and autopsy cases) automatically when the cursor is advanced to the field.
- **Open normally** - The user must press Enter when the cursor is positioned in the field (for medical cytology, gynecology, and autopsy cases) to open the **Gross Description** window.

NOTE: If the user clicks the **Gross Description** button, the **Gross Description** window will be opened regardless of the option selected in this field.

This option can only be defined on the global (generic) level.

Stain Evaluation Tab

The **Stain Evaluation** tab displays similar to Figure 6-62.

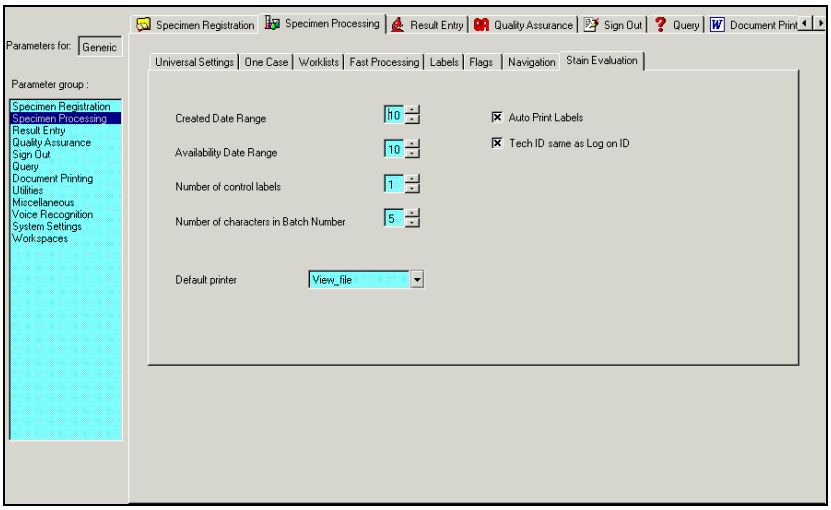


Figure 6-62. Options window - Specimen Processing tab - Stain Evaluation tab.

Created Date Range

Enter the default number of days to the batch creation date range. This default will be used in all search screens for the **Stain Evaluation** option.

This option can only be defined on the global (generic) level.

Availability Date Range

Enter the default number of days for the available date range for newly created stain batches in the system.

This option can only be defined on the global (generic) level.

Number of Control Labels

Enter the default number of copies of control labels that should be printed when the batch is created. This number is only a default and can be changed once the record is created.

This option can be defined both at the user-specific level and the global (generic) level.

Number of Characters in Batch Number

Enter the maximum number of characters you want to use for batch number assignment.

This option can only be defined on the global (generic) level.

Default printer

Select the default printer from the drop-down list. This selection works in conjunction with the **Auto Print Labels** checkbox. If you select a default printer in this field, but the system administrator has not marked the **Auto Print Labels** checkbox for your facility, labels will not automatically print to the specified default printer. The Auto Printing Labels feature is available as a global setting within the institution depending on whether the control labels will be generated based on the case or the stain batch.

This option can be defined both at the user-specific level and the global (generic) level.

Auto Print Labels

Mark this checkbox to print labels automatically. This checkbox is used in conjunction with the **Default Printer** drop-down list.

This option can only be defined on the global (generic) level.

Tech ID same as Logon ID

Mark this checkbox to use the currently logged in user of the system as the default technologist when a new batch is created. This is only a default and can be changed once the record is created during Stain QC batch assignment.

This option can be defined both at the user-specific level and the global (generic) level.

Result Entry Tab

This tab contains six additional tabs:

- Intraoperative Consultation
- Gross Description
- Final Result Entry
- Dx Coding
- Letters
- My Result Worklist

Intraoperative Consultation Tab

The **Intraoperative Consultations** tab displays similar to Figure 6-63.

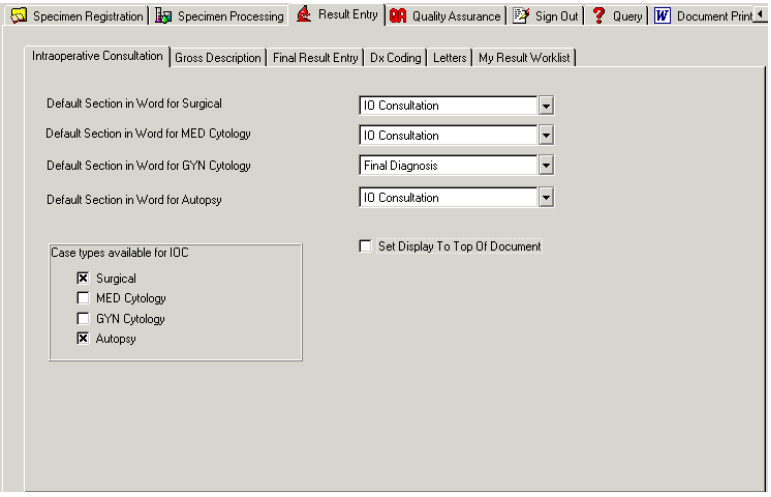


Figure 6-63. Options window - Result Entry tab - Intraoperative Consultation tab.

Default Section in Word for Surgical, Medical Cytology, GYN Cytology, and Autopsy

From the drop-down list, select the default position of the cursor in MS Word documents for each case type. The cursor positions available are based on the sections you create in the **Simple Codes** setup option. This setting is used by the system for cursor placement during IOC entry when the user utilizes the **Advanced Result Search** tab in the **My Results Worklist** option or **Results Entry** option and selects the **IOC** option button in the **Find For:** area.

This option can be defined both at the user-specific level and the global (generic) level.

Case Types Available for IOC

Mark the checkboxes to indicate that the corresponding case types should be included in the list of cases when the user utilizes the **Advanced Result Search** tab in the **My Results Worklist** option or **Results Entry** option and selects the **IOC** option button in the **Find For:** area. If a frozen section block is added or the **IOC** field is set to a value greater than ***0*** for a case type that you have not marked on this tab, the case will not be included in the pending list during result entry.

This option can only be defined on the global (generic) level.

Set Display to Top of Document

This option, when checked, allows the display to open at the top of the report when the MS Word template is opened.

Gross Description Tab

The **Gross Description** tab displays similar to Figure 6-64.

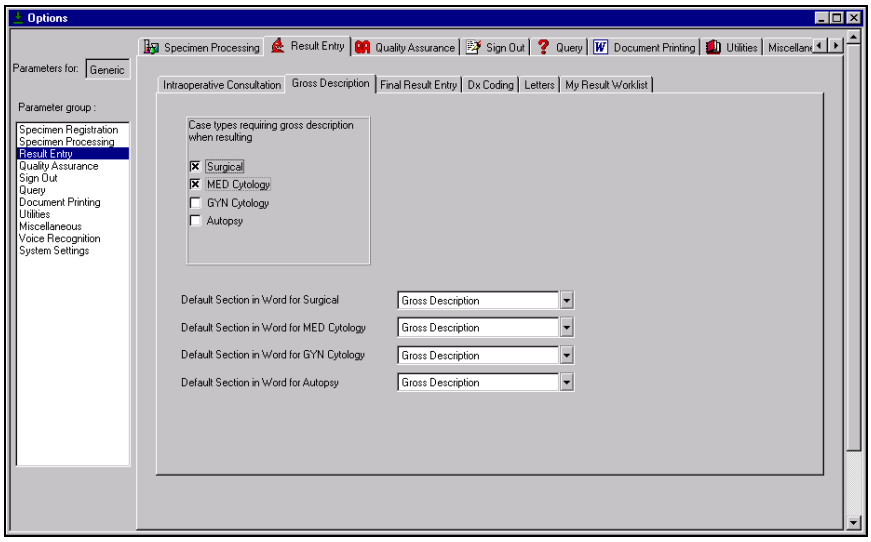


Figure 6-64. Options window - Result Entry tab - Gross Description tab.

Case Types Requiring Gross Description when Resulting

Mark the checkboxes to indicate which case types require gross description prior to final result entry. When you enter final results for one of the selected case types, the system will inform you that the gross description is required before you can enter and save the final diagnosis for the case.

This option can only be defined on the global (generic) level.

Default Section in Word for Surgical, MED Cytology, GYN Cytology, and Autopsy

Select the default position of the cursor in MS Word documents for each case type from the drop-down list. The available cursor positions are based on the sections you created in the **Simple Codes** setup file. These defaults are used by the system to determine where to position the cursor during gross description entry when you utilize the **Advanced Result Search** tab in the **My Results Worklist** option or **Results Entry** option and select the **Gross Description** option button in the **Find For:** area.

This option can be defined both at the user-specific level and the global (generic) level.

Final Result Entry Tab

The **Final Result Entry** tab displays similar to Figure 6-65.

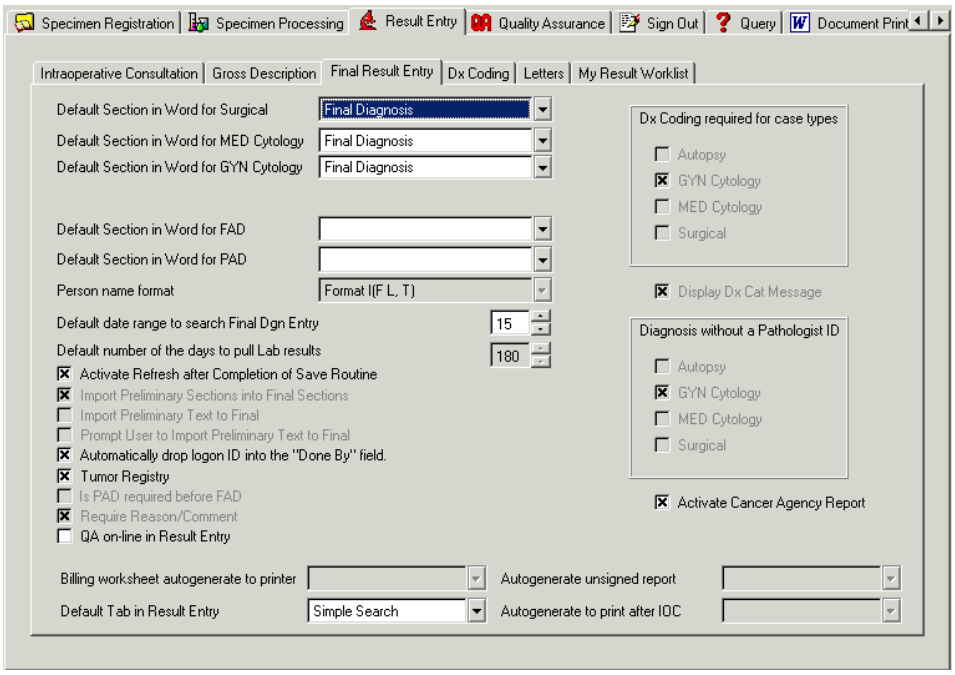


Figure 6-65. Options Window - Result Entry Tab - Final Result Entry Tab

Default Section in Word for Surgical, MED Cytology, GYN Cytology, FAD, and PAD

Select the default position of the cursor in MS Word documents for each case type from the drop-down list. The available cursor positions are based on the sections you created in the **Simple Codes** setup file. These defaults are used by the system to determine where to position the cursor during final results entry when you use the **Advanced Result Search** tab in the **My Results Worklist** option or **Results Entry** option and select either the **Final Entry**, **PAD**, or **FAD** option buttons in the **Find For:** area.

This option can be defined both at the user-specific level and the global (generic) level.

Person Name Format

Select one of the following formats for the names of personnel. This format is used for reporting purposes and displays on patient reports. The following formats are available:

- Format I (First Last, Title)
- Format II (First Last)
- Format III (Last, First)
- Format IV (Last, First, Title)
- Format V (First MI, Last, Title)
- Format VI (Last, First MI., Title)

This option can only be defined on the global (generic) level.

Default Date Range to Search Final Dgn Entry

Enter the number of days to look back for pending cases during final diagnosis entry. This default is applied when you use the **Advanced Result Search** tab in both the **Result Entry** and **My Results Worklist** options.

This option can be defined both at the user-specific level and the global (generic) level.

Default Numbers of Days to Pull Lab Result

Enter the number of days to search back in the SoftLab database for associated patient laboratory results to import into the worksheet or report.

This option can only be defined on the global (generic) level.

Activate Refresh after Completion of Save Routine

This option allows you to define if the case information will be automatically updated in the displayed document each time a save routine is completed. If left unmarked, the system will only refresh the case information and update the info in the report after the document is saved and closed.

NOTE: This option is provided as a tool to minimize the amount of time the system requires to move from case to case.

Import Preliminary Sections into Final Sections

If selected, the system will automatically import the individual documents sections from preliminary sections into the corresponding sections in the final report.

This option can only be defined on the global (generic) level.

NOTE: This option is only available if the **Import Preliminary text to Final** checkbox is unmarked.

Import Preliminary Text to Final

If selected, the system will automatically import the entire text of the most current preliminary report into the final report.

This option can only be defined on the global (generic) level.

Prompt User to Import Preliminary Text to Final

If selected, the system will prompt the user to import the preliminary text into the final report. This checkbox is only enabled if automatic import is not marked.

Automatically Drop Logon ID into "Done By" Field

Mark this checkbox to have the system automatically insert the user ID of the currently logged in user into the **Done By** field during final result, IOC entry, and QA entry.

This option can be defined both at the user-specific level and the global (generic) level.

Tumor Registry

Mark this box to activate the ability to flag a case for the Tumor Registry report. A case will qualify for the Tumor Registry flag if the source has been marked as a biopsy in the source setup file. Cases may be flagged from Result Entry, QA Entry, and Sign Out Entry completion windows.

Is PAD required before FAD

Mark this checkbox if the provisional anatomic diagnosis (PAD) must be performed prior to the final anatomic diagnosis (FAD).

This option can only be defined on the global (generic) level.

Require Reason/Comment

Mark this checkbox to have the system prompt the user to enter a Report Reason or Comment during completion of a Revised report.

QA on-line in Result Entry

If marked, the **QA Online** window will display after the confirmation of completion of **Final Diagnosis** in the **Result Entry** option.

This options can be defined on both the global (generic) and User levels.

Dx Coding Required for Case Types (Autopsy, GYN Cytology, MED Cytology, Surgical)

Mark the case types for which diagnosis codes are a required field.

This option can only be defined on the global (generic) level.

Display DX Cat Message

Mark this checkbox to have the system prompt the user to accept the current Dx category each time the final diagnosis is changed.

Diagnosis without a Pathologist ID

Mark this checkbox to indicate that a diagnosis may be entered without a Pathologist ID.

This option can only be defined on the global (generic) level.

Activate Cancer Agency Report

Mark this checkbox to enable the display of the "Qualifies for Cancer Agency Report" checkboxes within the final diagnosis, QA entry, and Sign Out entry completion windows. If flagged, that case will then be displayed in the Cancer Agency Report. See ***Chapter 5.3 – Reports: Cancer Agency Report***.

This setting may be defined at both the global (generic) and the user levels.

Billing Worksheet Autogenerate to Printer

Select the printer you want to use to print automatically generated billing worksheets. If no printer is defined, billing worksheets will not print.

This option can only be defined on the global (generic) level.

Default Tab in Result Entry

Select either the **Advanced Result Search** or **Simple Search** tab as the default tab in the **Result Entry Search** window.

This option can be defined both at the user-specific level and the global (generic) level.

Autogenerate Unsigned Report

Mark this checkbox to autogenerate unsigned final reports after completing the final diagnosis save routine.

This option can only be defined on the global (generic) level.

Autogenerate to Print After IOC

Define a printer to print an unsigned report after the completion of the IOC activity to activate this functionality. If no printer is defined, the system will not print the report automatically.

This option can only be defined on the global (generic) level.

Dx Coding Tab

The **Dx Coding** tab displays similar to Figure 6-66.

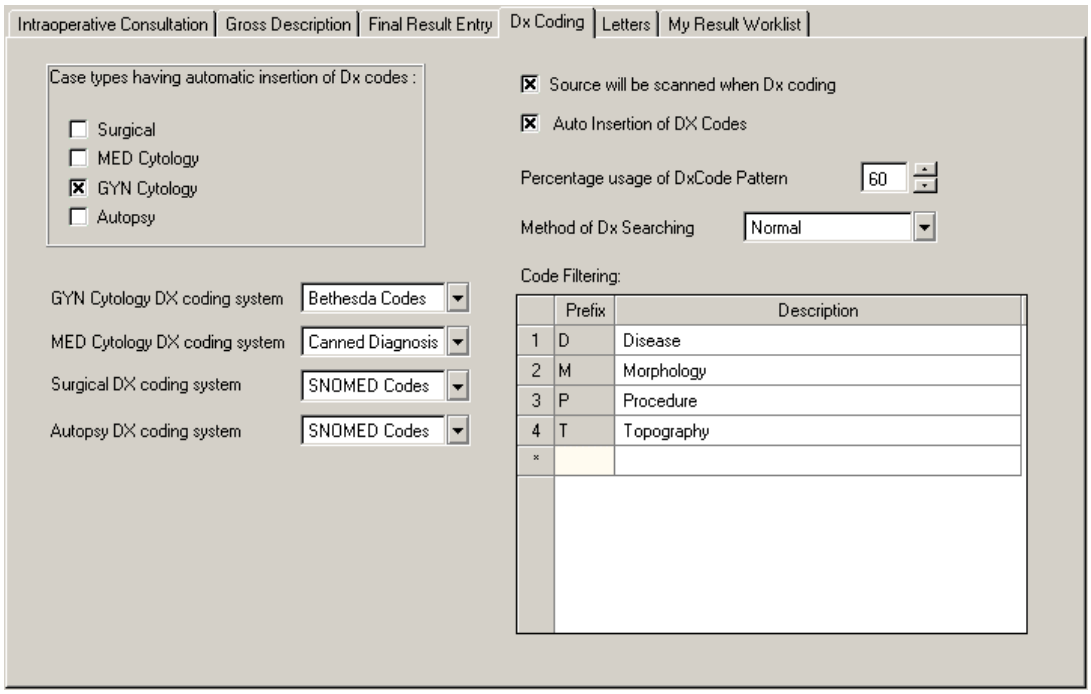


Figure 6-66. Options window - Result Entry tab - Dx Coding tab.

Case Types Having Automatic Insertion of Dx Codes

Mark the checkboxes to indicate which case types will have diagnosis codes inserted automatically by SoftPath based on the text entered in the Final Diagnosis section.

This option can only be defined on the global (generic) level.

Source will be Scanned when Dx Coding

Mark this checkbox if you want the system to include the source in the diagnostic coding of the case.

This option can only be defined on the global (generic) level.

Automatic Insertion of Dx Codes

Mark this checkbox if you want the system to automatically insert the diagnosis codes into the report completion window based on the system selection of diagnosis codes. This option applies only to case types selected in the **Case Types Having Automatic Insertion of Dx Codes** area. If the case type is unmarked in the **Case Types Having Automatic Insertion of Dx Codes** area but is marked in the **Automatic Insertion of Dx Codes** area, the system will display the codes collated by the system for confirmation by the user prior to inserting them. This allows the user to add or remove codes from those selected by the system within the same processing step.

This option can only be defined on the global (generic) level.

Percentage Usage of DxCode Pattern

This field allows you to define what percentage of SNOMED code text must be matched during a search. The higher the percentage, the more rigid the search and fewer search results will be generated.

Method of Dx Searching

This drop-down list allows you to select a predetermined search method of SNOMED codes, according to how thorough you would like code searching to be. The three options contained in the list are **Precise**, **Normal**, and **Fast**.

GYN Cytology, MED Cytology, Surgical, and Autopsy DX Coding System

Select the diagnostic coding system from the drop-down list for each of the four case types, Bethesda Codes, DRG Codes, SNOMED Codes, and Canned Diagnosis Codes.

This option can only be defined on the global (generic) level.

Code Filtering

Select up to 10 ***SNOMED Prefixes***, which can be defined in the Simple Codes Setup file, to limit the search. The grid displays the code prefix and the code description. By default, no filtering is defined.

NOTE: Functionality is available in SoftPath versions 4.2.1.6 and higher.

Letters Tab

The **Letters** tab allows you to designate which letter types will be available within the various system menu options. This tab displays similar to Figure 6-67.

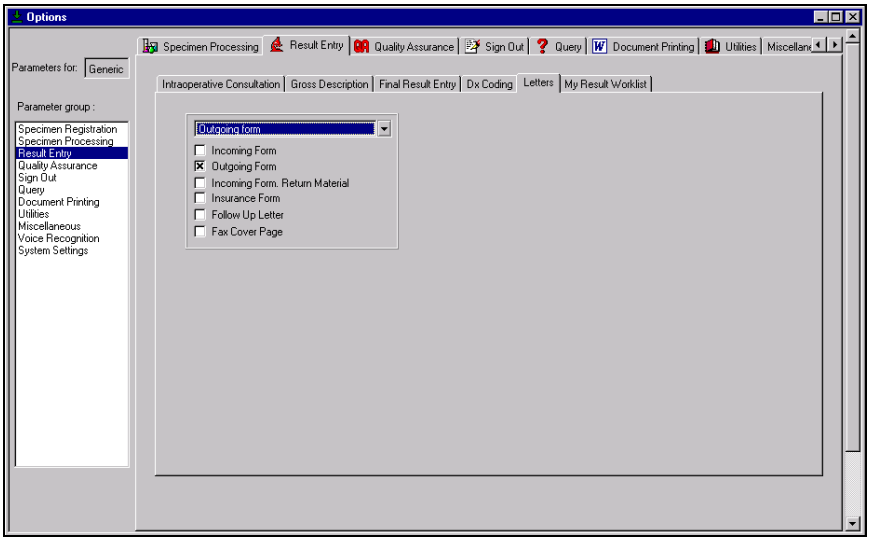


Figure 6-67. Options window - Result Entry tab - Letters tab

Select the form type from the drop-down list and then mark the checkboxes for the letters that you want to be available for the selected form type. The following letters can be associated with the selected form type:

- **Outgoing Form** - The selected form type will be displayed for the user to select wherever an outgoing consultation letter is available for selection.
- **Incoming Form** - The selected form type will be displayed for the user to select wherever an incoming request letter is available for selection.
- **Incoming Form Return Form** - The selected form type will be displayed for the user to select wherever an incoming return letter is available for selection.
- **Insurance** - The selected form type will be displayed for the user to select wherever an insurance letter is available for selection.

  This option can only be defined on the global (generic) level.

My Result Worklist

The **My Result Worklist** option allows you to create a pending list for resulting based on the criteria set within the search window. This option also allows you to auto-invoke the final report, minimizing the keystrokes required for report selection during result entry when working with a list of pending cases. The **My Result Worklist** tab will display similar to Figure 6-68.

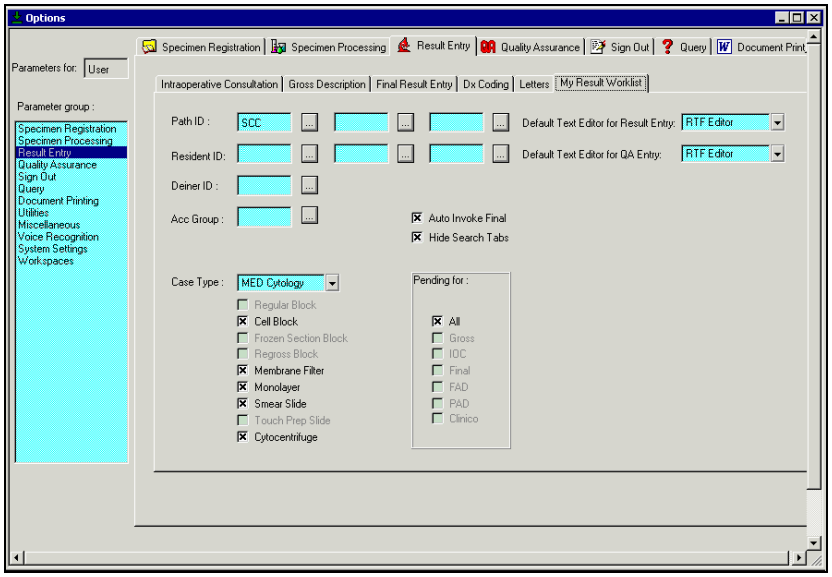


Figure 6-68. Options window - Result Entry tab - My Result Worklist tab

Path ID

Enter a pathologist ID to use when collating cases for result entry or click the button to select from a list of active pathologist ID codes. You can enter a maximum of three pathologist ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Resident ID

Enter a resident ID to use when collating cases for the **My Results Worklist** option or click the button to select from a list of active resident ID codes. You can enter a maximum of three resident ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Deiner ID

Enter a deiner ID to use to collate cases for the **My Results Worklist** option or click the button to select from a list of active deiner ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Accession Group

Enter an accession group to use to collate cases for the **My Results Worklist** option or click the button to select from a list of active accession group codes.

This option can be defined both at the user-specific level and the global (generic) level.

Auto Invoke Final

Mark this checkbox to always display the final report for the first qualifying case automatically in the **My Results Worklist** tab. After the report displays in MS Word format, the user can click the **Next** and **Previous** buttons to move between reports for all selected cases.

If this checkbox is left unmarked, the user will always have to make the report selection for the first case.

NOTE: This setting also affects the auto-invoke capability of the **My Workspace** option.

This option can be defined both at the user-specific level and the global (generic) level.

Hide Search Tabs

Mark this checkbox to hide the search tabs when the user accesses the **My Results Worklist** option. This allows you to restrict displayed results to only cases that match the default search criteria and denies users the ability to access other cases by using the search tabs.

If this checkbox is left blank, the search tabs will be available for use in the **My Results Worklist** option, allowing users to select any case currently in the system.

This option can be defined both at the user-specific level and the global (generic) level.

Case Type Area and Pending For Area

Select a case type from the drop-down list and select the corresponding materials desired for the selected case type. Repeat this process for each case type you want users to process using the **My Results Worklist** option.

Next, select the pending procedures for the cases in the **Pending For:** area. These settings are used in conjunction with the case type and the materials selected to produce the pending list of cases.

This option can be defined both at the user-specific level and the global (generic) level.

Default Text Editor for Result Entry

Select the default text editor for Result Entry from the drop-down list. Choose from RTF format and Microsoft Word as the default text editor.

This option can be defined at both the user-specific and the global (generic) level.

Default Text Editor for QA Entry

Select the default text editor for QA Entry from the drop-down list. Choose from RTF format and Microsoft Word as the default text editor.

This option can be defined at both the user-specific and the global (generic) level.

Quality Assurance Tab

This tab contains four tabs described below:

- Common
- QA Limits
- Random
- My QA Worklist

Common Tab

The **Common** tab displays similar to Figure 6-69.

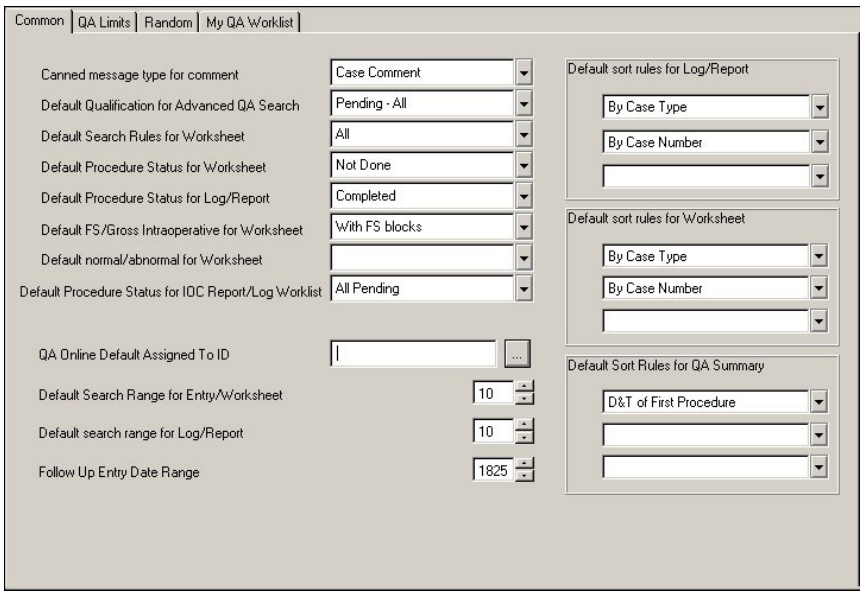


Figure 6-69. Options window - Quality Assurance tab - Common tab.

Canned Message Type for Comment

Select the canned message type you want to display by default when users select the **Canned Message** option when entering QA comments.

This option can only be defined on the global (generic) level.

Default Qualification for Advanced QA Search

Select the qualification status you want to use as the default for the **Advanced QA Search** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Default Search Rules for Worksheet

Select the qualification status you want to use as the default for the **Worksheet Search** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Default Procedure Status for Worksheet

Select a default procedure status for the **Worksheet Search** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Default Procedure Status for Log/Report

Select a default procedure status for QA logs or reports.

This option can be defined both at the user-specific level and the global (generic) level.

Default FS/Gross Intraoperative for Pending

Select the default value for the **FS/Gross IOC** field of the **Worksheet Search** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Default Normal/Abnormal for Worksheet

Select the default value for the **Normal/Abnormal** field of the **Worksheet Search** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Default Procedure Status for IOC Report/Log Worksheet

Select the default status of procedures to be included in the IOC report/log worksheet.

This option can be defined at both the user-specific and global (generic) levels.

QA Online Default Assigned To ID

This field allows you to enter the User ID that you would like to be the default Assigned To ID in the QA On-line screen. The ID entered will be defaulted into the Assigned To field of that screen.

This option can be defined both at the user-specific level and the global (generic) level.

Default Search Range for Entry/Worksheet

Enter the default number of days to look back for cases that require QA results entry or that belong on the Worksheet.

This option can be defined both at the user-specific level and the global (generic) level.

Default Search Range for Log/Report

Enter the default number of days to look back for cases to include in QA logs or reports.

This option can be defined both at the user-specific level and the global (generic) level.

Follow Up Entry Date Range

Enter the default number of days for the **Advanced QA Search** tab that will be used when the **Follow Up** option button is selected.

This option can be defined both at the user-specific level and the global (generic) level.

Default Sort Rules for Log/Report

Select the default sort rules for QA logs and reports.

This option can be defined both at the user-specific level and the global (generic) level.

Default Sort Rules for Worksheet

Select the default sort rules for the QA worksheet.

This option can be defined both at the user-specific level and the global (generic) level.

Default Sort Rules for QA Summary

Select the default sort rules for the QA Summary report/log.

This option can be defined at both the user-specific and global (generic) levels.

QA Limits Tab

The **QA Limits** tab displays similar to Figure 6-70.

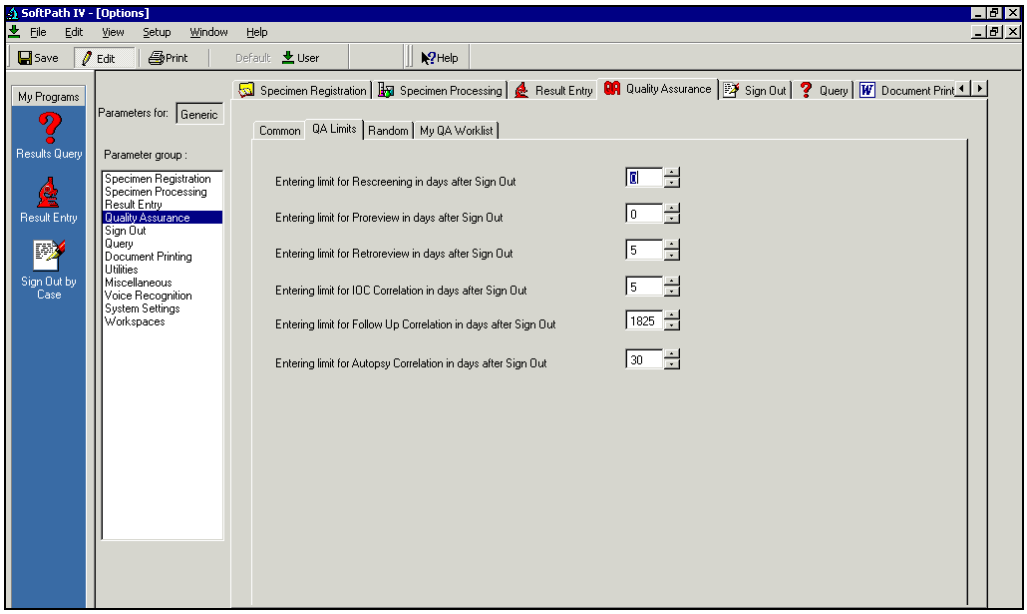


Figure 6-70. Options window - Quality Assurance tab - QA Limits tab.

Entering Limit for Rescreening, Proreview, Retroreview, IOC Correlation, Follow Up Correlation, and Autopsy Correlation in Days after Sign Out

Enter the maximum number of days after sign out that the corresponding QA procedure can still be performed. Once the time entered has expired, the QA procedure will be available for documentation within the **Action Entry** option.

These options can only be defined on the global (generic) level.

Random Tab

The **Random** tab allows you to define quality assurance settings. Using this tab, you can enter the percentage of cases of a given case type that will be selected for random retroreview, proreview, and/or rescreen.

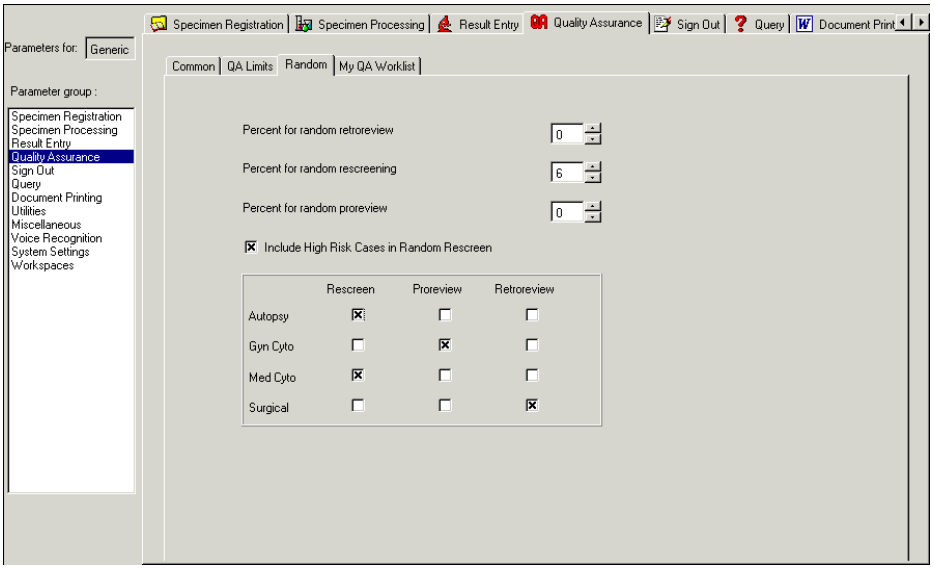


Figure 6-71. Options window - Quality Assurance tab - Random tab.

Percent for Random Retroreview, Rescreening, and Proreview

Enter the percentage of cases that you want selected for random retroreview, rescreening, or proreview. The percentages entered in these fields are used in conjunction with the case types you select for each QA procedure in the bottom half of the window to determine what percentage of each case type will be selected for random QA. All cases that have a normal diagnosis will be included in the random QA selection process based on the diagnosis codes and/or diagnosis category associated with the case. No cases containing an abnormal diagnosis will be selected for random QA. The **Case Comparison Setup** option should be used to set up all scenarios required for the QA of abnormal cases.

This option can only be defined on the global (generic) level.

Include High Risk Cases in Random Rescreen

Mark this checkbox to include all negative cases for High Risk patients in the Random Rescreen draw.

Rescreen, Proreview, Retroreview Checkboxes

Select the random QA procedures you want to perform for each of the four case types.

This option can only be defined on the global (generic) level.

My QA Worklist Tab

The **My QA Worklist** option allows you to create a pending list for resulting based on the criteria set within the search window. This option also allows you to auto-invoke the final report, minimizing the keystrokes required for report selection during result entry when working with a list of pending cases for QA. The My QA Worklist tab displays similar to Figure 6-72.

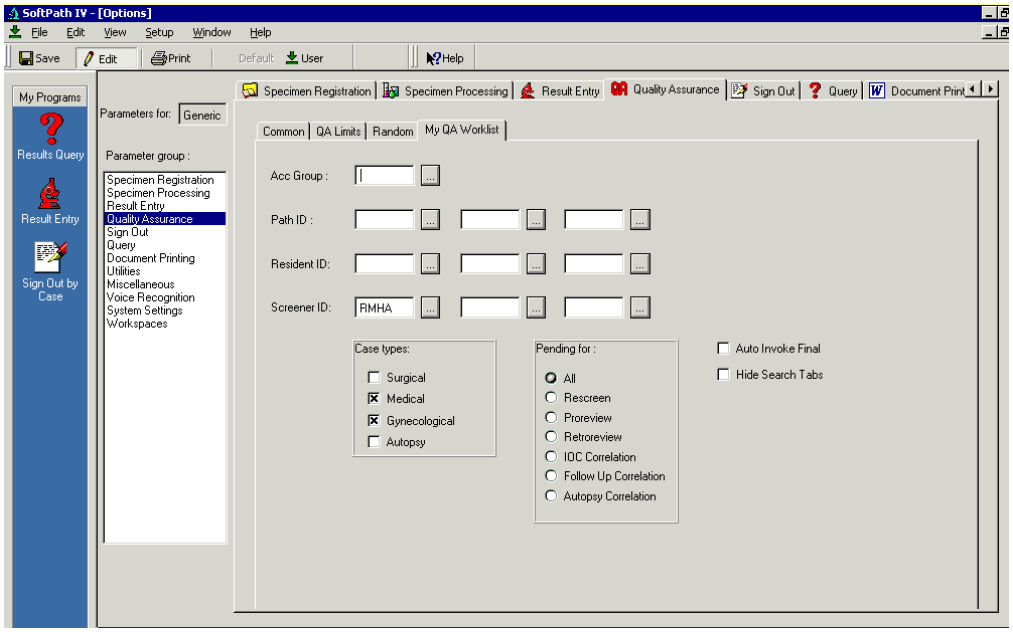


Figure 6-72. Options window - Quality Assurance tab – My QA Worklist tab.

Acc Group

Enter an accession group to use to collate cases for the **My QA Worklist** option or click the ... button to select from a list of active accession group codes.

This option can be defined both at the user-specific level and the global (generic) level.

Path ID

Enter a Pathologist ID or click the ... button to select from a list of active pathologist ID codes. You can enter a maximum of three pathologist ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Resident ID

Enter a resident ID or click the ... button to select from a list of active resident ID codes. You can enter a maximum of three resident ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Screener ID

Enter a Screener ID or click the ... button to select from a list of active screeners. You can enter a maximum of three Screener ID codes.

This option can be defined both at the user-specific level and the global (generic) level.

Case Type Area and Pending For Area

Select a case type from the drop-down list and select the corresponding materials desired for the selected case type. Repeat this process for each case type you want users to process using the **My QA Worklist** option.

Next, select the pending procedures for the cases in the **Pending For:** area. These settings are used in conjunction with the case type and the materials selected to produce the pending list of cases.

This option can be defined both at the user-specific level and the global (generic) level.

Auto Invoke Final

Mark this checkbox to always display the final report for the first qualifying case automatically in the **My QA Worklist** tab. The report opens using the default text editor (Word or RTF). After the report displays, the user can click the **Next** and **Previous** buttons to move between reports for all selected cases.

If this checkbox is left unmarked, the user will always have to make the report selection for the first case.

NOTE: This setting also affects the auto-invoke capability of the My Workspace option.

This option can be defined both at the user-specific level and the global (generic) level.

Hide Search Tabs

Mark this checkbox to hide the search tabs when the user accesses the **My QA Worklist** option. This allows you to restrict displayed results to only cases that match the default search criteria and denies users the ability to access other cases by using the search tabs.

If this checkbox is left blank, the search tabs will be available for use in the **My QA Worklist** option, allowing users to select any case currently in the system.

This option can be defined both at the user-specific level and the global (generic) level.

Sign Out Tab

This tab contains two tabs described below:

- Sign Out
- My Sign Out Worklist

Sign Out

This tab allows you to establish sign out defaults. The **Sign Out** tab displays similar to Figure 6-73.

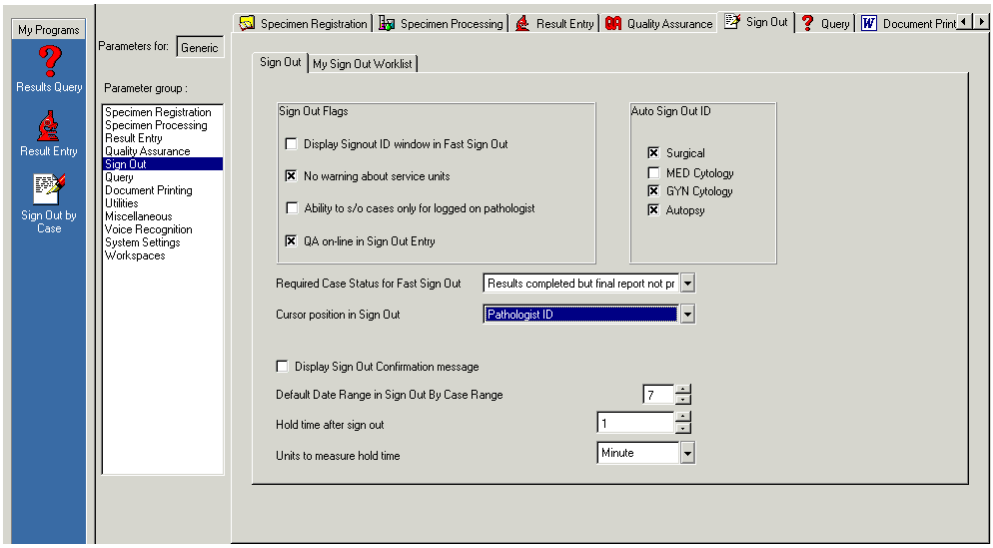


Figure 6-73. Options window - Sign Out tab

Display Sign Out ID Window in Fast Sign Out

If you mark this checkbox, a window containing available sign out ID is displayed for the user to select an appropriate sign out ID when the user accesses the **Fast Sign Out** option.

If this checkbox is left unmarked, a small search window is displayed when a user accesses any **Sign Out Entry** option, allowing the user to specify additional search criteria.

This option can only be defined on the global (generic) level.

No Warning about Service Units

Mark this checkbox if you do not want the system to prompt users (during the sign out process) to add service units when they are missing from a surgical case.

This option can only be defined on the global (generic) level.

Ability to S/O Only for Logged on Pathologist

If you mark this checkbox, the user will only be able to sign out a case using the current login ID in any **Sign Out Entry** option. The current login ID is automatically inserted into the **Sign Out ID** field and cannot be edited.

If this checkbox is marked and the **Display Sign Out ID Window in Fast Sign Out** checkbox is also marked, a window will not be displayed for sign out ID selection when any **Sign Out Entry** option is accessed. The system will automatically use the login ID to collate the listing of cases, restricting the current user to only their cases with no ability to change the search criteria.

This option can only be defined on the global (generic) level.

QA On-Line in Sign Out Entry

Mark this checkbox to display the **QA On-Line** window during sign out entry. This setting does not affect the **Fast Sign Out** option.

This option can only be defined on the global (generic) level.

Auto Sign Out ID

Check the appropriate boxes to indicate which case types you want the system to default the current login ID into the **Sign Out ID** field. This setting affects all sign out options where the **Sign Out ID** field is an editable entry.

This option can only be defined on the global (generic) level.

Required Case Status for Fast Sign Out

Define the required processing status the cases must have to qualify for the **Fast Sign Out** option. Click the drop-down list button to display available options.

This option can only be defined on the global (generic) level.

Cursor Position in Sign Out

Define the default cursor position for the search window when a user accesses any **Sign Out Entry** option. Click the drop-down list button to display the available options.

This option can be defined both at the user-specific level and the global (generic) level.

Display Sign Out Confirmation Message

Mark this checkbox to have the system display a message to confirm the sign out of any case.

Default Date Range in Sign Out by Case Range

Define the default date range by clicking the arrows to select the desired number.

This option can only be defined on the global (generic) level.

Hold Time After Sign Out

Enter a number to indicate how long a case should be held after sign out.

Units to Measure Hold Time

Select the unit in time that will be used in conjunction with the value entered in the **Hold Time After Sign Out** field to determine the hold time.

Hold Time

Enter a number to indicate how long a case will be held after sign out. If defined, the case(s) shall not be sent to the Print Server, HIS or Query until the time has elapsed.

My Sign Out Worklist Tab

This tab allows you to establish sign out defaults for the option My Sign Out Worklist. The **My Sign Out Worklist** tab displays similar to Figure 6-74.

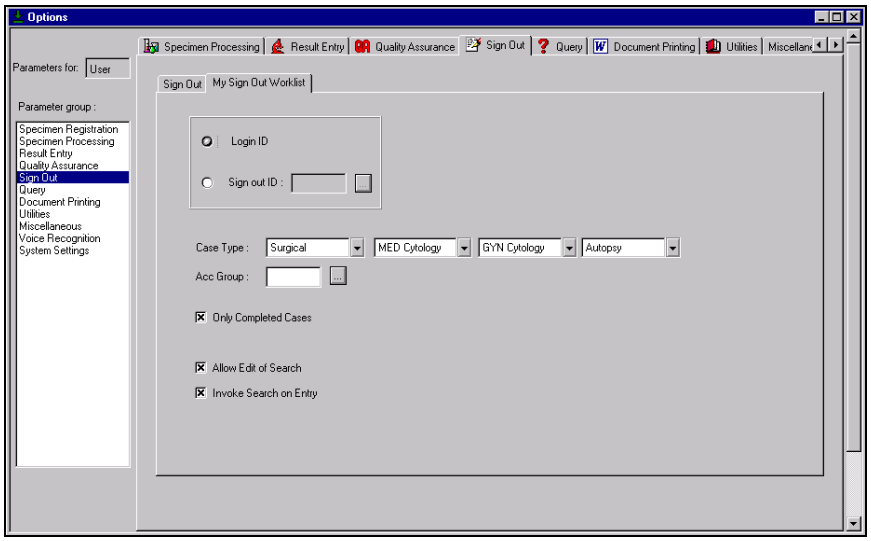


Figure 6-74. Options window - Sign Out tab - My Sign Out Worklist tab.

Login ID or Sign Out ID

Select the **Login ID** option button to use the current login ID as the default search criteria for the **My Sign Out Worklist** option.

OR

Select the **Sign Out ID** option button and enter an ID or click the ... button to select from the list of active personnel with permission to sign out cases. This option allows you to use a different ID as the default search criteria for the **My Sign Out Worklist** option.

NOTE: If the **Ability to S/O Cases only for Logged on Pathologist** checkbox in the **Sign Out** tab is marked this setting shall be disregarded and the login ID will always be used.

This option can be defined both at the user-specific level and the global (generic) level.

Case Type

Select up to a maximum of four case types as the default search criteria in the **My Sign Out Worklist** option.

This option can be defined both at the user-specific level and the global (generic) level.

Acc Group

Enter an accession group as the default search criteria in **My Sign Out Worklist**. You can click the ... button to select from a list of valid accession group codes.

This option can be defined both at the user-specific level and the global (generic) level.

Only Completed Cases

Mark this checkbox if you want only completed cases to be included in the default search for the **My Sign Out Worklist** option.

This option can be defined both at the user-specific level and the global (generic) level.

Allow Edit of Search

Mark this checkbox to allow the user to edit the search criteria in the **My Sign Out Worklist** option. Leave this checkbox unmarked to limit the user to the default criteria specified on this tab.

This option can be defined both at the user-specific level and the global (generic) level.

Invoke Search on Entry

Mark this checkbox to automatically begin a search based on the default criteria when a user accesses the **My Sign Out Worklist** option. Unmark this checkbox to display the search window with the default criteria when the user accesses the **My Sign Out Worklist** option.

This option can be defined both at the user-specific level and the global (generic) level.

Query Tab

The **Query** tab displays similar to Figure 6-75.

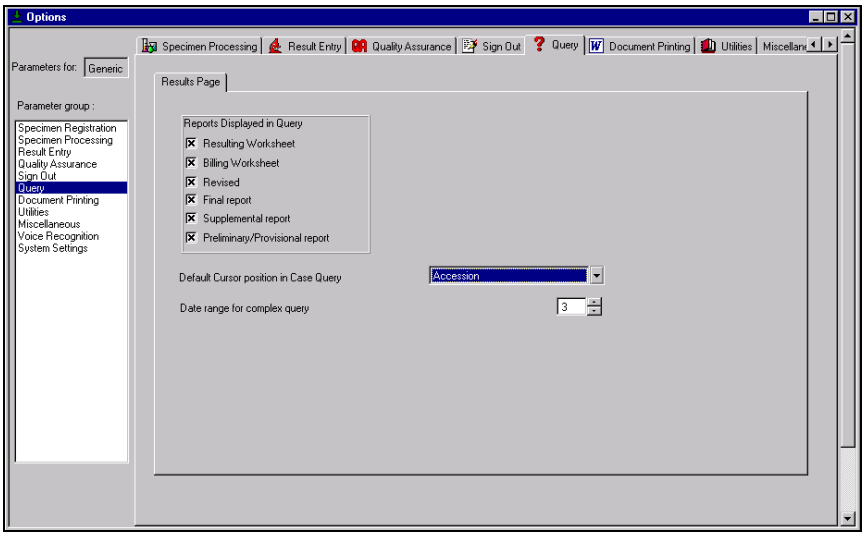


Figure 6-75. Options window - Query tab - Results Page tab.

Reports Displayed in Query

Mark the checkboxes next to the reports you want to display in the **Reports** tab of the **Query** options.

This option can only be defined on the global (generic) level.

Default Cursor position in Case Query

Select the field you want the cursor positioned in when a user first accesses a **Query** option.

This option can be defined both at the user-specific level and the global (generic) level.

Date Range for Complex Query

Enter the default number of days back to look for qualifying cases in the **Complex Query** option.

This option can be defined both at the user-specific level and the global (generic) level.

Document Printing Tab

This tab contains five tabs described below:

- Patient Reports
- Worksheets
- Letters
- Logs
- Management Reports
- Adequacy Report

Patient Reports Tab

The **Patient Reports** tab displays similar to Figure 6-76.

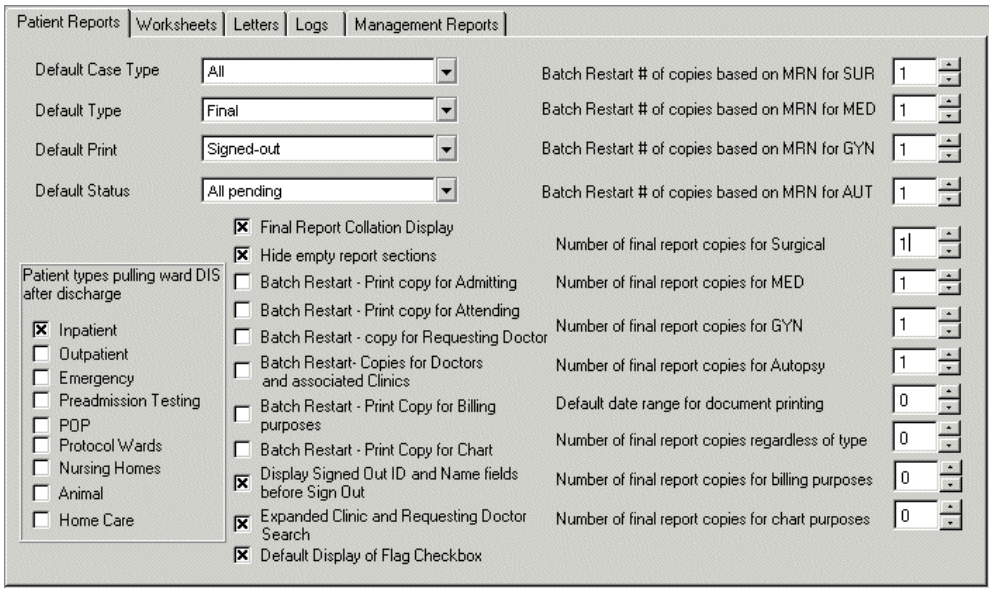


Figure 6-76. Options window - Document Printing tab - Patient Reports tab.

Default Case Type

Select the default case type to use for searches.

This option can be defined both at the user-specific level and the global (generic) level.

Default Type

Select the default report type to use for searches.

This option can be defined both at the user-specific level and the global (generic) level.

Default Print

Select the default print job case status to display when users access the search window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Status

Select the default print status to use for searches.

This option can be defined both at the user-specific level and the global (generic) level.

Batch Restart # of Copies Based on MRN for SUR, MED, GYN, AUT

Enter the default number of copies to print for each of the case types when batch printing is used.

This option can only be defined on the global (generic) level.

Patient Types Pulling Ward of DIS when Discharged

Mark the checkboxes to indicate which patient types should have the word ***DISCHARGED*** printed on their patient reports when the discharge macro is included in the report format.

This option can only be defined on the global (generic) level.

NOTE: The word ***DISCHARGED*** only prints on the final report when the patient is discharged prior to the sign out date. Once the case has been signed out the report becomes static and cannot be modified unless it is revised.

Final Report Collation Display

Mark this checkbox if you want to display the selection "All-Collated" in the **Type** field drop-down menu of the Results Report Option. This option has the system find every report available for a case, rather than just the report type you specified. From there, the Final Report Collation can be printed in its entirety.

This option can be defined both at the user-specific level and the global (generic) level.

Hide empty report sections

Mark this checkbox if you want to hide empty report sections in the printed copy of the final report.

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy for Admitting

Mark this checkbox if you want to print copies of the reports with the banner pages for admitting doctors when batch printing is used.

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy for Attending

Mark this checkbox if you want to print copies of the reports with the banner pages for attending doctors when batch printing is used.

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy for Requesting Doctor

Mark this checkbox if you want to print copies of reports with the banner pages for requesting doctors when batch printing is used.

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy for Doctors and associated Clinics

Mark this checkbox if you want to print copies of reports based on the number of report copies in the Clinic and Doctor files (when batch printing is used).

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy for Billing purposes

Mark this checkbox if you want to print copies of reports for billing purposes with the pending reports when using the Print Scheduler.

This option can only be defined on the global (generic) level.

Batch Restart - Print Copy to Chart

Mark this checkbox if you want to print copies of reports for medical records with the pending reports when using the Print Scheduler.

This option can only be defined on the global (generic) level.

Display Sign Out ID & Name fields before Sign Out

Mark this checkbox if you want the sign out ID & name (from the signature template setup) to display on the unsigned report.

NOTE: The signature graphic will not display on the document.

Expanded Clinic and Requesting Doctor Search

Mark this checkbox if you would like to expand searching in Result Reports to 25 Req Doctor and Clinic codes each.

Default Display of Flag Checkbox

Mark this checkbox to display the "Flag" checkbox in the Results Report search screen, as marked by default.

Number of Final Report Copies for Surgical, MED, GYN, and Autopsy

Enter the default number of copies to print for each case type when batch printing is *not* used to print signed out reports.

This option can only be defined on the global (generic) level.

Default Date Range for Document Printing

Enter the default number of days to use as the date range of patient reports.

This option can be defined both at the user-specific level and the global (generic) level.

Number of Final Report Copies Regardless of Type

Enter the default number of copies to print of signed out reports regardless of type when batch printing is *not* used.

This option can only be defined on the global (generic) level.

Number of Final Report Copies for Billing purposes

Enter the default number of copies to print for billing purposes.

This option can only be defined on the global (generic) level.

Number of Final Report Copies for chart purposes

Enter the default number of copies to print to be sent to Medical Records.

This option can only be defined on the global (generic) level.

Worksheets Tab

The **Worksheets** tab displays similar to Figure 6-77.

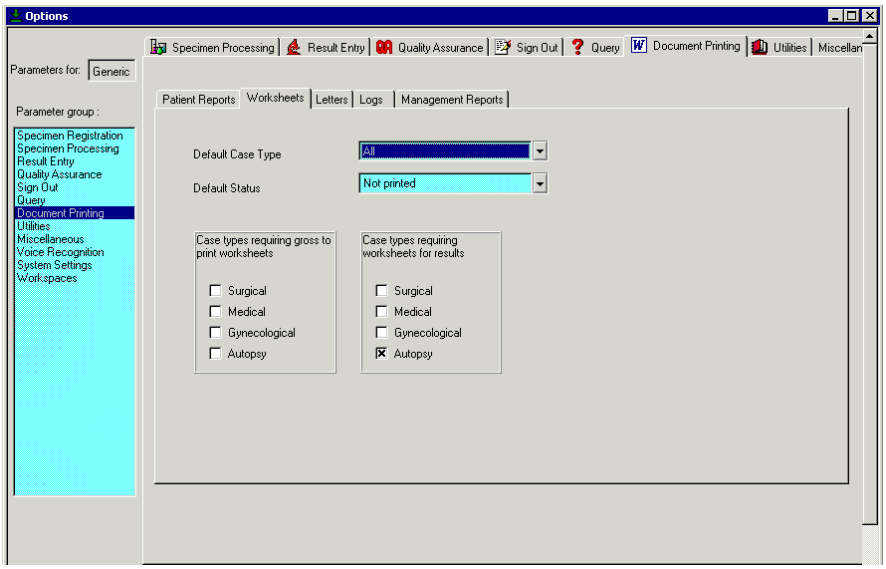


Figure 6-77. Options window - Document Printing tab - Worksheets tab.

Default Case Type

Select the default case type to use in the worksheet Search window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Status

Select the default print status for the worksheets in the worksheet Search window.

This option can be defined both at the user-specific level and the global (generic) level.

Case Types Requiring Gross to Print Worksheets

Select the case types that require a completed gross description before they qualify for the pending list for worksheet printing.

This option can only be defined on the global (generic) level.

Case Types Requiring Worksheets for Results

Select the case types that requiring that the worksheet be printed before qualifying for the pending results list(s).

This option can only be defined on the global (generic) level.

Letters Tab

The **Letters** tab displays similar to Figure 6-78 and allows you to define default search criteria to be used when printing letters.

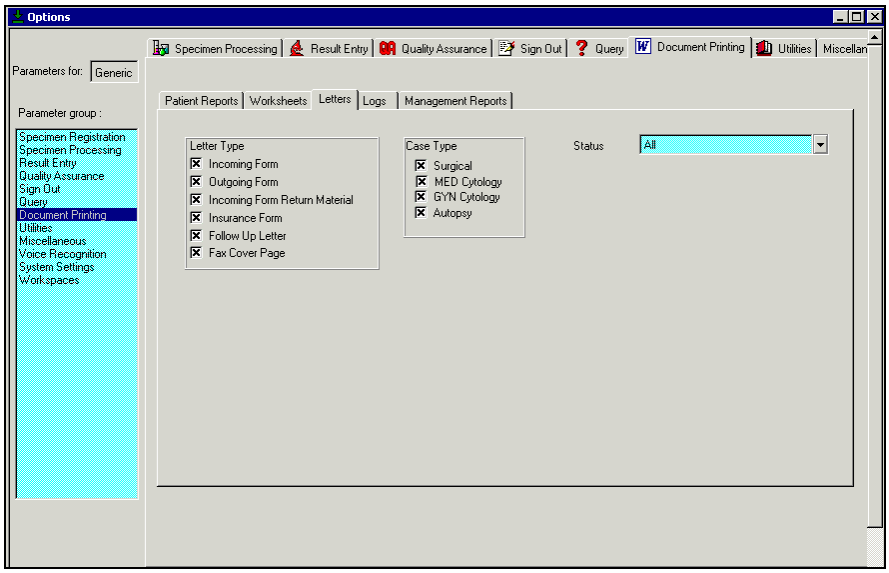


Figure 6-78. Options window - Document Printing tab - Letters tab.

Letter Type

Mark the appropriate checkboxes to use the selected letter types as defaults in the search window.

This option can be defined both at the user-specific level and the global (generic) level.

Case Type

Mark the checkboxes next to the case types that will default in the search window.

This option can be defined both at the user-specific level and the global (generic) level.

Status

Select the default print status for the search window.

This option can be defined both at the user-specific level and the global (generic) level.

Logs Tab

The **Logs** tab displays similar to Figure 6-79.

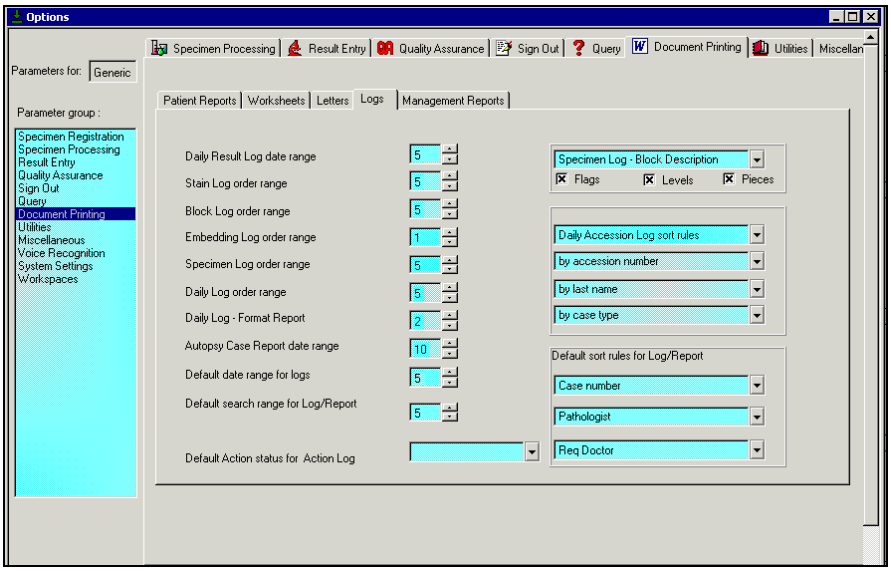


Figure 6-79. Options window - Document Printing tab - Logs tab.

Daily Result Log Date Range

Enter the default number of days to look back for cases in the **Daily Result Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Stain Log Order Range

Enter the default number of days to look back for cases to be included in the search window for the **Special Stains Log**.

This option can be defined both at the user-specific level and the global (generic) level.

Block Log Order Range

Enter the default number of days to look back for cases in the **Daily Block Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Embedding Log Order Range

Enter the default number of days to look back for cases in the **Embedded Blocks Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Specimen Log Order Range

Enter the default number of days to look back for cases in the **Specimen Status Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Daily Log Order Range

Enter the default number of days to look back for cases in the **Daily Accession Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Daily Log - Format Report

Select either format 1 or 2 (long or short) as the default report format for the **Daily Accession Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Autopsy Case Report Date Range

Enter the default number of days to look back for cases in the **Autopsy Case Report** search window

This option can be defined both at the user-specific level and the global (generic) level.

Default Date Range for Logs

Enter the default number of days to look back for cases to be included in the search window for the following logs: Cytology Slides Log, Deleted Cases Log, Resulted Cases Log, Revised Cases Log, Daily Cases Log, Daily Blocks Log, Deleted Specimen Log, Histology Slides Log, and Specimen Status Log.

This option can be defined both at the user-specific level and the global (generic) level.

Default Search Range for Log/Report

Enter the default number of days to look back for cases in the **Action Logs** search window. This setting is used for the **Log** and **Report** tabs in the **Action Log** option.

This option can be defined both at the user-specific level and the global (generic) level.

Default Action Status for Action Log

Select either **All**, **Completed**, or **Not Completed** as the default action status for the **Action Log** search window. This default is used for all tabs in the **Action Logs** option.

This option can be defined both at the user-specific level and the global (generic) level.

Block Description

Select the block descriptions for each available log type from the drop-down list at the top of the window. After you select the log type, mark the appropriate checkboxes to indicate which block descriptions you want to appear on the selected log. Repeat the selection process for each available log type.

This option can be defined both at the user-specific level and the global (generic) level.

Sort Rules

Select the default sort rules for each of the available log types from the drop-down lists. You can select up to three sort rules for the selected log type. Repeat the selection process for each available log type.

This option can be defined both at the user-specific level and the global (generic) level.

Default Sort Rules for Log/Report

Select the default sort rules for the **Action Log** and **Action Report** search windows. The selected default sort rules are used in the search screens for the **Log** and the **Report** tabs in the **Action Logs** option.

This option can be defined both at the user-specific level and the global (generic) level.

Management Reports Tab

The **Management Reports** tab displays similar to Figure 6-80.

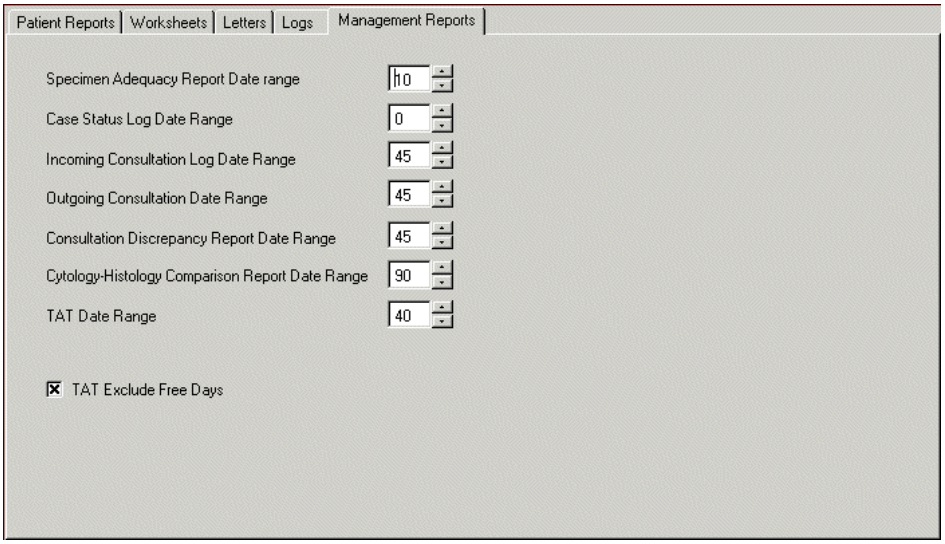


Figure 6-80. Options window - Document Printing tab - Management Reports tab.

Specimen Adequacy Report Date Range

Enter the default number of days to look back for cases in the **Specimen Adequacy Report** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Case Status Log Date Range

Enter the default number of days to look back for cases in the **Case Status Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Incoming Consultation Log Date Range

Enter the default number of days to look back for cases in the **Incoming Consultation Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Outgoing Consultation Date Range

Enter the default number of days to look back for cases in the **Outgoing Consultation Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Consultation Discrepancy Report Date Range

Enter the default number of days to look back for cases in the **Consultation Discrepancy Report** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Cytology-Histology Comparison Report Date Range

Enter the default number of days to look back for cases in the **Cytology-Histology Comparison Report** search window.

This option can be defined both at the user-specific level and the global (generic) level.

TAT Date Range

Enter the default number of days to look back for cases in the **Turnaround Time Report** search window.

This option can be defined both at the user-specific level and the global (generic) level.

TAT Exclude Free Days

Mark this checkbox to exclude non-working days from the turnaround time calculation. Non-working days are set up during the initial installation. Holidays can be added in the **Options** window.

This option can only be defined on the global (generic) level.

Utilities Tab

The **Utilities** tab contains six tabs described below:

- Screener Evidence
- Billing
- Billing, Cont.
- Action Entry
- Call Requests
- Maintenance
- Archive Utility

Screener Evidence Tab

The **Screener Evidence** tab displays similar to Figure 6-81.

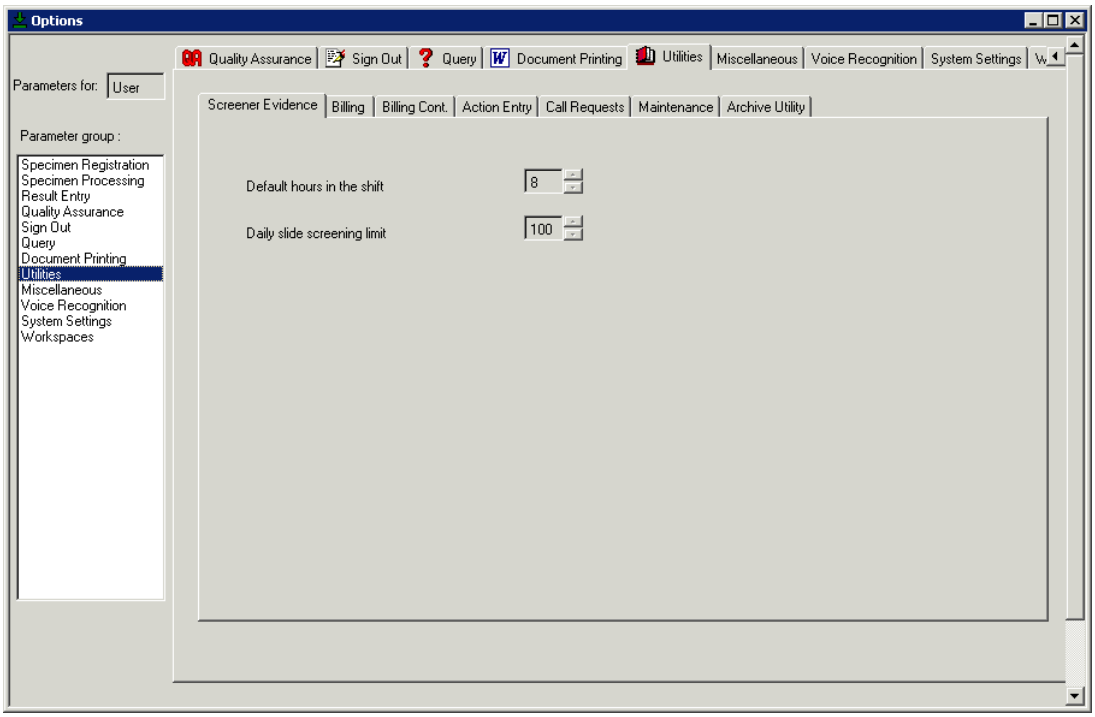


Figure 6-81. Options Window - Utilities Tab - Screener Evidence Tab

Default Hours in the Shift

Enter the default number of hours in a normal shift. The number of hours you enter is used as the default for all new records added to the Personnel file.

This option can only be defined on the global (generic) level.

Daily Slide Screening Limit

Enter the maximum number of slides that personnel are permitted to screen in a single shift. The limit you enter is used as the default for all new records added to the Personnel file.

This option can only be defined on the global (generic) level.

Billing Tab

The **Billing** tab displays similar to Figure 6-82.

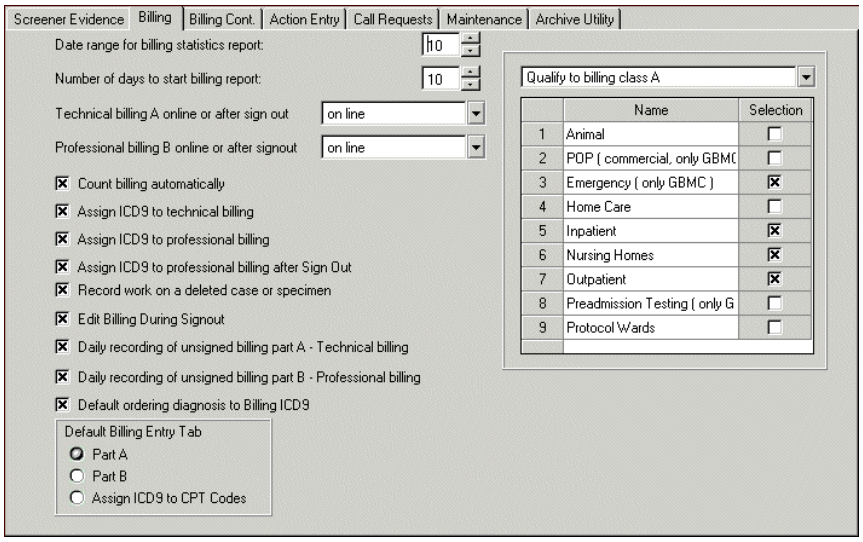


Figure 6-82. Options window - Utilities tab - Billing tab.

Date Range for Billing Statistics Report

Enter the default number of days to look back for cases in the **Billing Statistics Report** search window

This option can only be defined on the global (generic) level.

Number of Days to Start Billing Reports

Enter the default number of days to start billing reports in the **Billing Report** search window(s).

This option can only be defined on the global (generic) level.

Technical Billing A Online or after Signout

Select the default of either **On Line** or **Sign Out** for technical billing part A from the drop-down list. This default is used for the **Billing Report** search window(s).

This option can only be defined on the global (generic) level.

Professional Billing B Online or after Signout

Select the default of either **On Line** or **Sign Out** for technical billing part B from the drop-down list. This default is used for the **Billing Report** search window(s).

This option can only be defined on the global (generic) level.

Count Billing Automatically

Mark this checkbox to allow the system to count billing automatically. If you leave this checkbox unmarked, the count must be done manually by running the Billing Report.

This option can only be defined on the global (generic) level.

Assign ICD9 to Professional Billing

Mark this checkbox to assign ICD9 to professional billing. A window that allows the user to assign ICD9 codes will be displayed at sign out.

This option can only be defined on the global (generic) level.

Assign ICD9 to Technical Billing

Mark this checkbox to assign ICD9 to technical billing. A window that allows the user to assign ICD9 codes will be displayed at sign out.

This option can only be defined on the global (generic) level.

Assign ICD9 to Professional Billing after Sign Out

Mark this checkbox if you want the system to display a window that allows users to assign ICD9 codes to professional billing when the case is signed out.

This option can only be defined on the global (generic) level.

Record Work on a Deleted Case or Specimen

Mark this checkbox to record work on a deleted case or specimen.

This option can only be defined on the global (generic) level.

Edit Billing During Sign Out

If you mark this checkbox, the system will display the billing Part A and Part B tabs during the Sign Out routine.

This option can only be defined on the global (generic) level.

Daily Recording of Unsigned Billing Part A - Technical Billing

Mark this checkbox to record daily unsigned billing part A- Technical billing.

This option can only be defined on the global (generic) level.

Daily Recording of Unsigned Billing Part B - Professional Billing

Mark this checkbox to record daily unsigned billing part B- Professional billing.

This option can only be defined on the global (generic) level.

Default Ordering Diagnosis to Billing ICD9

Mark this checkbox to use the default ordering ICD9 codes as the final billing ICD9 codes during ICD9 assignment.

This option can be defined both at the user-specific level and the global (generic) level.

Patient Type to Qualify for Billing Class

This area is used to define patient types that qualify for each billing class. Select a billing class from the drop-down list. Mark the checkboxes next to all patient types that qualify for the selected billing class. Repeat the selection process for each available billing class in the list.

This option can only be defined on the global (generic) level.

Default Billing Entry Tab

If you select the **Part A** or **Part B** option buttons, the **Billing Part A** and **Billing Part B** tabs display when users save a case during the sign out process, allowing the users to enter billing information. If you select the **Assign ICD9 to CPT Codes** option button, the system displays the **Assign ICD9 to CPT Codes** tab when users save a case during the sign out process, allowing the users to associate ICD9 codes with CPT codes for the case.

This option can only be defined on the global (generic) level.

Billing, Cont. Tab

The Billing Cont. tab allows you to define the information to be displayed in the Billing report. It also provides the ability to define a user-determined multi-site ID that will be used in the Billing transmission. The Billing Cont. tab displays similar to Figure 6-83.

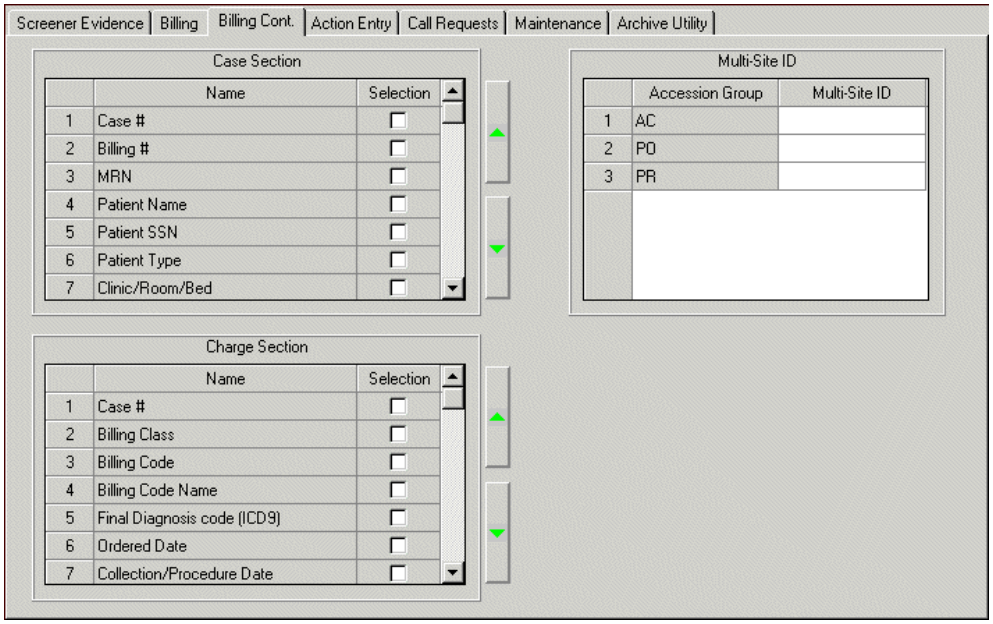


Figure 6-83. Options window – Utilities tab – Billing Cont subtab.

Case and Charge Sections

These fields allow you to select the data that you would like to appear in the case and charge sections of your billing reports. The up and down function buttons located to the right of the selection windows allow you to establish your own order in which these fields will appear in the report.

Multi-Site ID

This window enables you to define a multi-site ID for each accession group active in your SoftPath system. The Accession Group column will display all accession groups defined in the Accession Group setup file. The Multi-Site ID column accepts free text entry.

Action Entry Tab

The **Action Entry** tab displays similar to Figure 6-84.

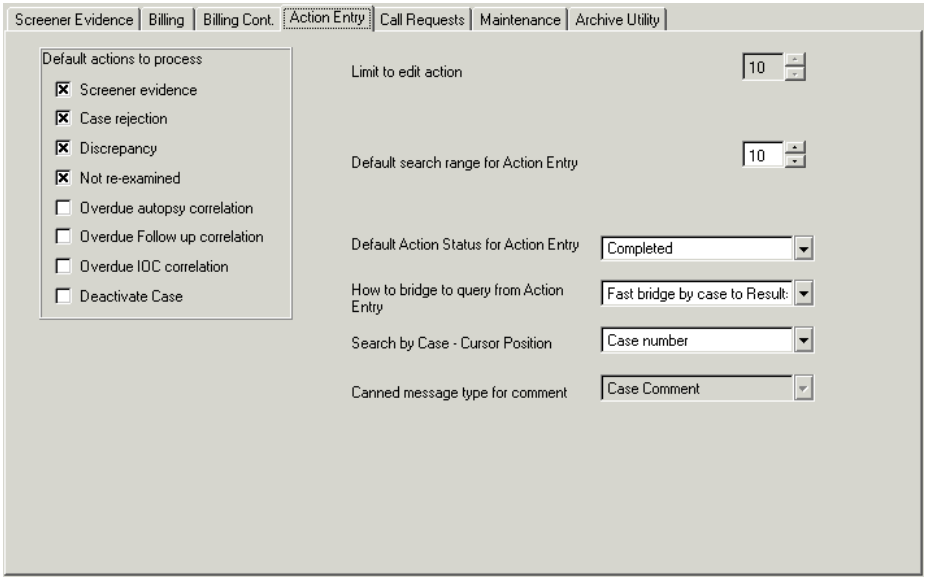


Figure 6-84. Options Window - Utilities Tab - Action Entry Tab

Default Actions to Process

Mark the checkboxes next to the actions that you want the system to mark by default in the **Action Log** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Limit to Edit Action

Enter the maximum number of days after the action has been completed that a user is permitted to edit the action.

This option can only be defined on the global (generic) level.

Default Search Range for Action Entry

Enter the default number of days to look back for cases in the **Action Entry** search window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Action Status for Action Entry

Select the default action status for cases in the **Action Entry** search window.

This option can be defined both at the user-specific level and the global (generic) level.

How to Bridge to Query from Action Entry

Select the default method for bridging from the Action Entry to the **Results Query** option. Refer to the options and their descriptions in the **Options - Specimen Registration Tab - Navigation Tab** in this chapter.

This option can be defined both at the user-specific level and the global (generic) level.

Search by Case - Cursor Position

Select the field where the cursor will be positioned in the search window when a user accesses the **Action Log** option and selects the **Search by Case** tab.

This option can be defined both at the user-specific level and the global (generic) level.

Canned Message Type for Comment

Select the default canned message type that you want to use when a user inserts canned messages into an action.

This option can only be defined on the global (generic) level.

Call Requests Tab

The **Call Requests Tab** displays similar to Figure 6-85.

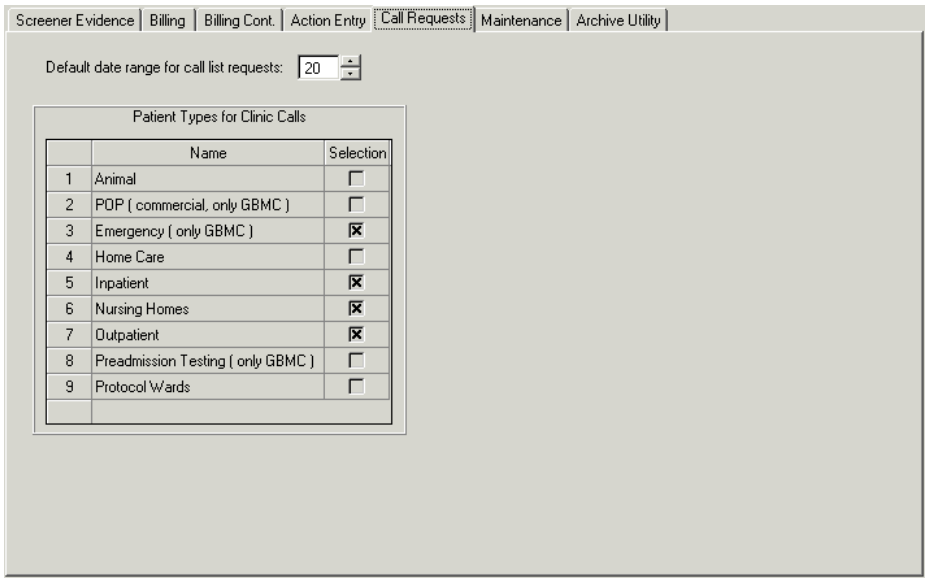


Figure 6-85. Options Window - Utilities Tab - Call Requests Tab

Default Range for Call List Requests

Enter the default number of days to look back for cases in the **Call List** search window. This option can be defined both at the user-specific level and the global (generic) level.

Patient Types for Clinic Calls

Mark the checkboxes next to the patient types that will receive calls based on the clinic associated with the case in the **Clinic** field. The patient types that are left unmarked will receive calls based on the requesting doctor associated with the case in the **Req Dr** field.

New calls for the patient types will default to the selections made on this tab. Users cannot enter a doctor call for a patient type marked for clinic calls and vice-versa.

This option can only be defined on the global (generic) level.

Maintenance Tab

The **Maintenance** tab displays similar to Figure 6-86.

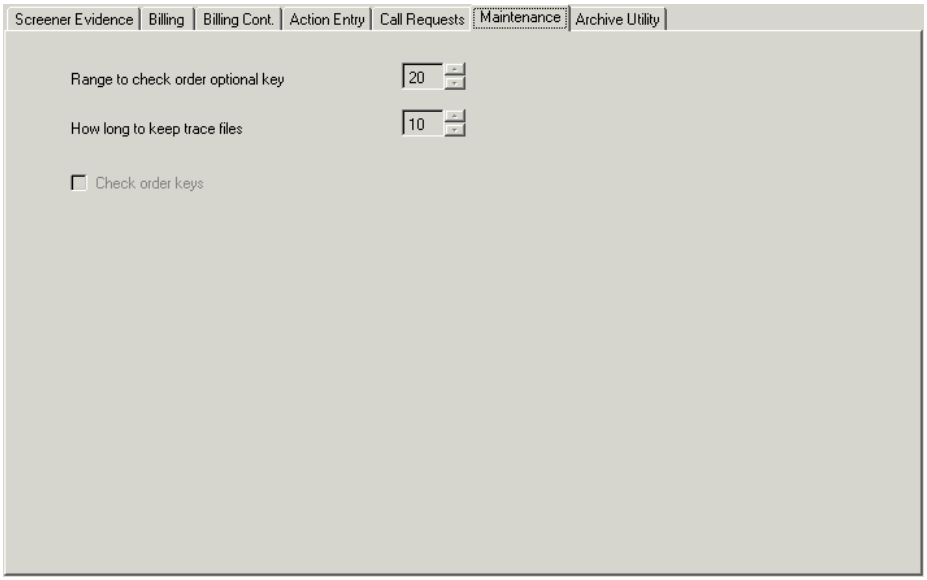


Figure 6-86. Options Window - Utilities Tab - Maintenance Tab

Range to Check Order Optional Key

Enter the number of days to look back for case statuses (e.g., processed, signed out, etc.) that do not match the data that is stored in the database.

This option can only be defined on the global (generic) level.

How Long to Keep Trace Files

Enter the number of days to maintain the trace files that captures a log of any correction made to the database.

This option can only be defined on the global (generic) level.

Check Order Keys

Marking this checkbox initiates a system self-repair process for the software. This process looks for statuses that are incorrect when compared to stored data and corrects them. The range specified in the **Range to Check Order Optional Key** field determines how far back the process looks back to compare data.

This option can only be defined on the global (generic) level.

Archive Utility

The **Archive** tab displays similar to Figure 6-87.

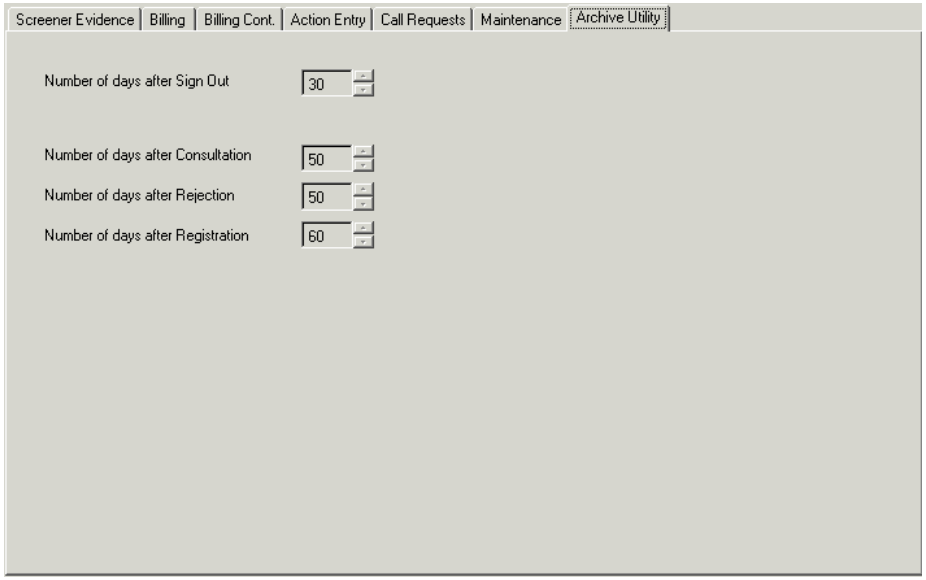


Figure 6-87. Options window - Utilities tab - Archive Utility tab.

Number of Days after Sign Out

Enter the number of days after sign out that a case will qualify for archival.

This option can only be defined on the global (generic) level.

Number of Days after Consultation

Enter the number days after the return of an outgoing consultation that a case will qualify for archival.

This option can only be defined on the global (generic) level.

Number of Days after Rejection

Enter the number of days after a case is rejected that it will qualify for archival.

This option can only be defined on the global (generic) level.

Number of Days after Registration

Enter the number of days after a case is registered that it will qualify for archival.

This option can only be defined on the global (generic) level.

Miscellaneous Tab

The **Miscellaneous** tab contains two tabs described below:

- Holiday Schedule
- Lookups

Holiday Schedule Tab

The **Holiday Schedule** tab allows you to define the current and previous year's holidays. When the holiday schedule is defined, SoftPath automatically removes those days from the turn-around-time calculations. This tab displays similar to Figure 6-88.

You can enter the dates of all the established U.S. holidays and up to three additional holidays. These fields accept four numeric characters in **mm/dd** format.

This option can only be defined on the global (generic) level.

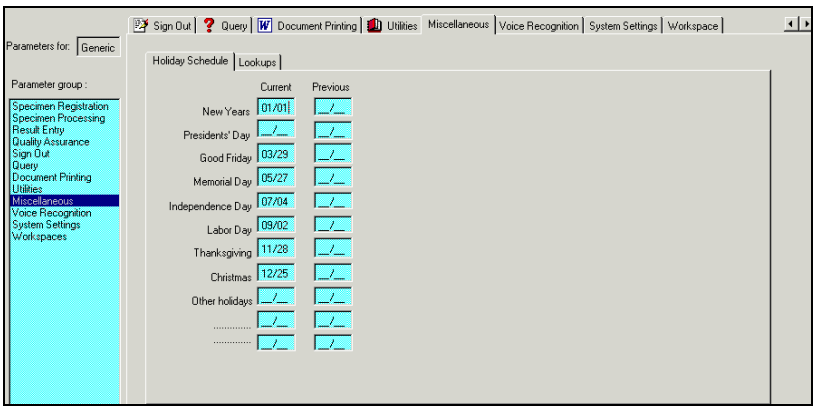


Figure 6-88. Options window - Miscellaneous tab - Holiday Schedule tab.

Lookups Tab

The **Lookups** tab allows you to define default settings for the **Body Site Lookup** and **Source Lookup** windows.

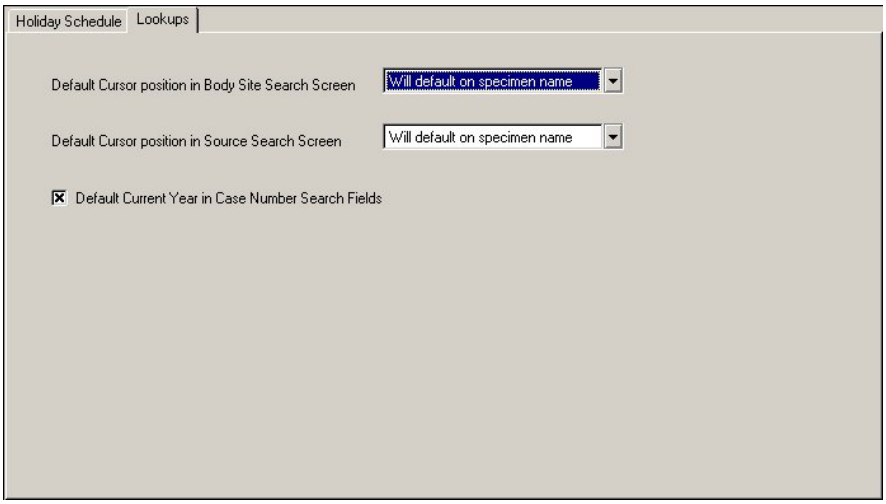


Figure 6-89. Options window - Miscellaneous tab - Lookups Tab

Default Cursor Position in Body Site Search Screen

Select the field where the cursor will be positioned when a user accesses the **Body Site Lookup** window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Cursor Position in Source Search Screen

Select the field where the cursor will be positioned when a user accesses the **Source Lookup** window.

This option can be defined both at the user-specific level and the global (generic) level.

Default Current Year in Case Number Search Fields

Check this box to have the current year appear as the default in any case number search fields.

This option can be defined both at the user-specific level and the global (generic) level.

NOTE: If you wish to use a bar code scanner in your facility, this box **must** remain unchecked.

Voice Recognition Tab

The **Voice Recognition** tab allows you to determine settings for using voice recognition. Leave this field blank if you do not want to use the voice recognition feature.

This option can be defined both at the user-specific level and the global (generic) level.

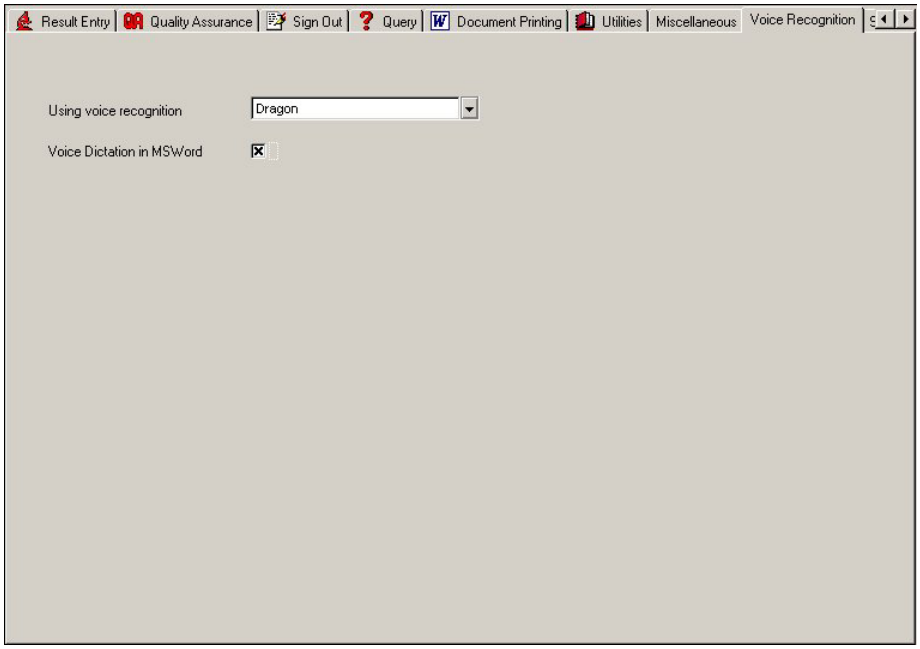


Figure 6-90. Options window - Voice Recognition Tab.

Voice Dictation in MSWord

Mark this checkbox to enable the ability to dictate directly into the MS Word document. When unmarked, the dictation shall be done using a text editor box.

System Settings Tab

The settings on this tab are editable only by SCC and will be set with the implementation specialist prior to the system live. Once these have been set and the system is live, SCC recommends that these settings not be changed.

The **System Settings** tab contains the four tabs described below:

- Patient History
- Common Settings
- Watermarks
- Conversion Cases
- SoftWeb
- Synoptic Reporting

Patient History Tab

The **System Settings** tab displays similar to Figure 6-91.

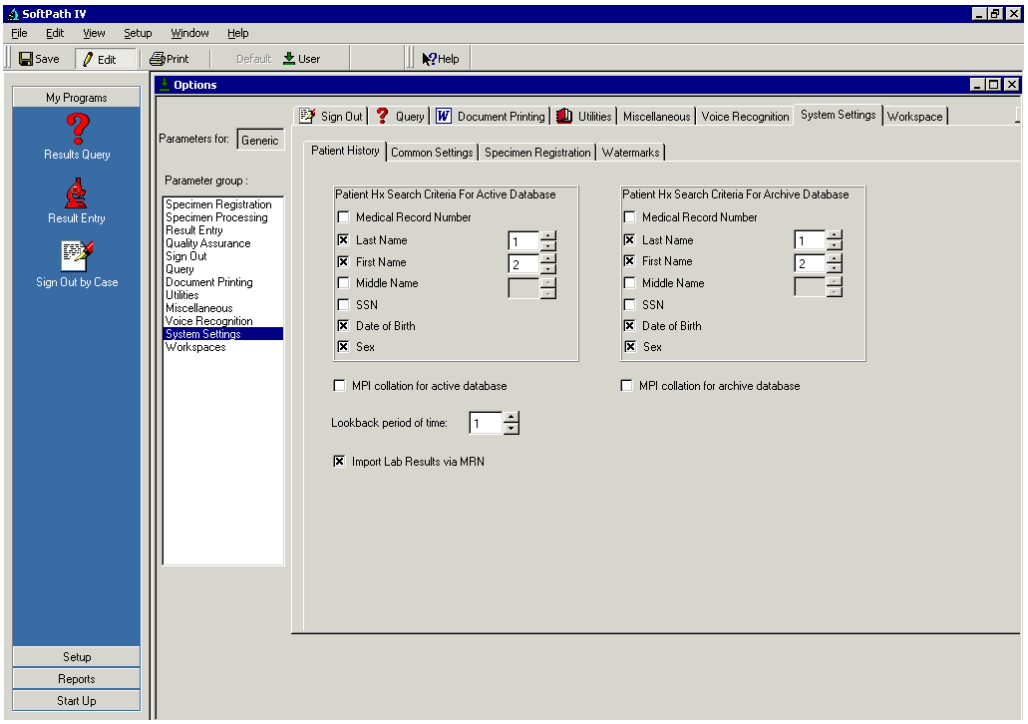


Figure 6-91. Options window - System Settings tab - Patient History tab.

Patient Hx Search Criteria for Active Database

Select the data elements that will be used to collate the patients in the active database. Use the checkboxes to make selections from the available data elements. You can also enter a number of characters to search for in the patient name in the fields adjacent to the **First Name, Last Name,** and **Middle Name** fields.

If you mark the **Medical Record Number** checkbox, all other entries will be irrelevant since only the MRN will be searched for by the system. Since the MRN is a unique number, there is no need to match any other data elements. The same is true for using MPI collation, however MPI is an additional add-on SoftPath feature and can only be used if purchased separately.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Patient Hx Search Criteria for Archive Database

Select the data elements that will be used to collate the patients in the archive database (old cases) with the patients in the active database. Be aware of the data integrity within the archive database when making these selections. If, in the past, the date of birth was not a required data element for data entry, SCC suggests this selection not be used to collate data for the archive database because it will not find any matches.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

NOTE: The MPI number cannot be used by or created for this database at this time.

MPI Collation for Active Database

If you mark the MPI collation checkbox, the system will match patient history based on the MPI number. If selected, all other match criteria will be disabled.

This option can only be defined on the global (generic) level.

Lookback Period of Time

Enter the number of years you want the system to look back for patient history information.

This option can only be defined on the global (generic) level.

Import Lab Results via MRN

Mark the checkbox to import lab results via MRN.

If this box is not selected, lab results will be collated by MPI number.

This option can only be defined on the global (generic) level.

Common Settings Tab

The **Common Settings** tab displays similar to Figure 6-92.

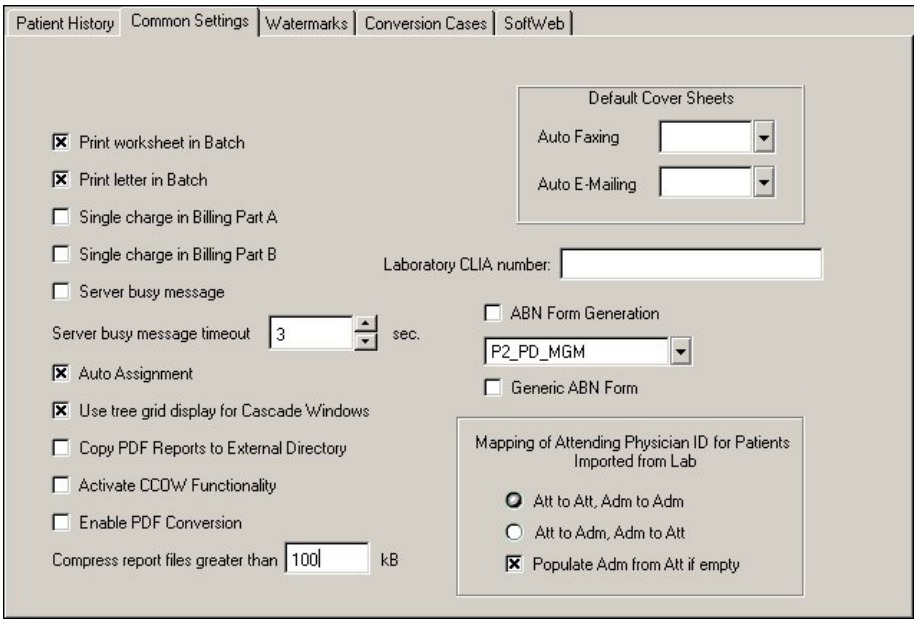


Figure 6-92. Options window - System Settings tab - Common Settings tab.

HIN Number Validation for French Clients

Mark this checkbox to enable HIN number validation for organizations based in Quebec.

NOTE: This option is only available in the French version of SoftPath.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Print Worksheet as Batch

Mark this checkbox if you want to give users the ability to batch print worksheets.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Print Letter as Batch

Mark this checkbox if you want to give users the ability to batch print letters.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Single Charge in Billing Part A

Mark this checkbox if you want to allow users to associate a single charge with a single IBC code during part A billing. Leave this checkbox unmarked to allow users to associate many charges with a single IBC code during part A billing.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Single Charge in Billing Part B

Mark this checkbox if you want to allow users to associate a single charge with a single IBC code during billing. In addition, users can only associate a single diagnosis code with each IBC code.

Leave this checkbox unmarked to allow users to associate many charges with a single IBC code during billing. If this checkbox is unmarked, users can associate up to two diagnosis codes with each IBC code.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Server Busy Message

Mark this checkbox if you want the system to display a message when the server is busy.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Server Busy Message Timeout

Enter the number of seconds you want to set as the default timeout for Server Busy Messages.

This option can only be defined on the global (generic) level and is defined by SCC personnel.

Auto Assignment

Mark this checkbox if you want to enable Auto Assignment functionality. Refer to ***Chapter 6.10—Setup: Auto Assignment.***

This option can only be defined on the global (generic) level.

Use Tree Grid Display for Cascade Windows

Mark this checkbox if you want to enable the tree grid display for cascade windows.

This option can be defined on both the global (generic) and user levels.

Copy PDF Reports to External Directory

Mark this checkbox if you want to copy reports in PDF format to an external directory.

This option can only be defined on the global (generic) level.

Activate CCOW Functionality

Mark this checkbox if you want to enable CCOW functionality. This will allow the use of **Context Manager** to maintain patient ID information when moving from SoftPath to another SCC product.

This option can only be defined on the global (generic) level.

Enable PDF Conversion

Mark this checkbox if you want all reports to be converted to PDF format at Sign Out.

Compress Report Files

Define a value (in kilobytes) where if a report file reaches this size, it will be automatically compressed by the system.

Default Cover Sheets

This functionality allows you to define the default cover sheets to be used in Autofaxing and Auto E-mailing.

Laboratory CLIA Number

This field allows you to define your lab's CLIA number that will be used for Cancer Agency reporting.

ABN Form Generation

Mark this checkbox to allow ABN forms to be printed from Specimen Registration. The drop-down box below this option allows you to select the appropriate printer.

Generic ABN Form

Mark this checkbox to use a generic ABN form when printing from Specimen Registration.

Watermarks Tab

The **Watermarks** tab displays similar to Figure 6-93.

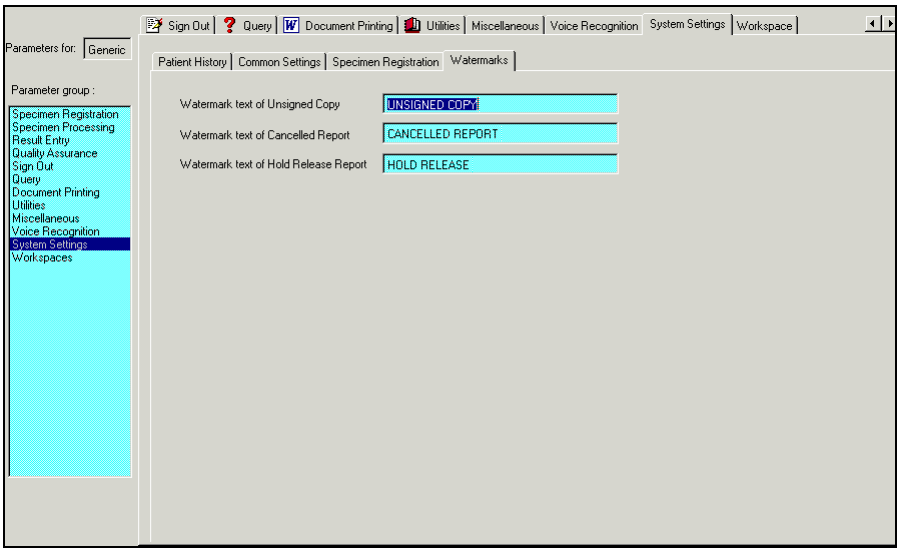


Figure 6-93. Options window –System Settings Tab – Watermarks Tab

Text for Unsigned, Cancelled, and Hold Release Reports

Enter the text of the watermark you want to print for cancelled, unsigned and Hold Release reports. This field cannot be left empty and the default text is ***Cancelled Report*** for a cancelled report, ***Unsigned Copy*** for an unsigned report and ***Hold Release*** for a Hold Release Report.

The system will display a sub tab, Conversion Case, under the System Settings Tab.

This option can only be defined on the global (generic) level.

Conversion Cases Tab

The **Conversion Cases** tab displays similar to Figure 6-94.

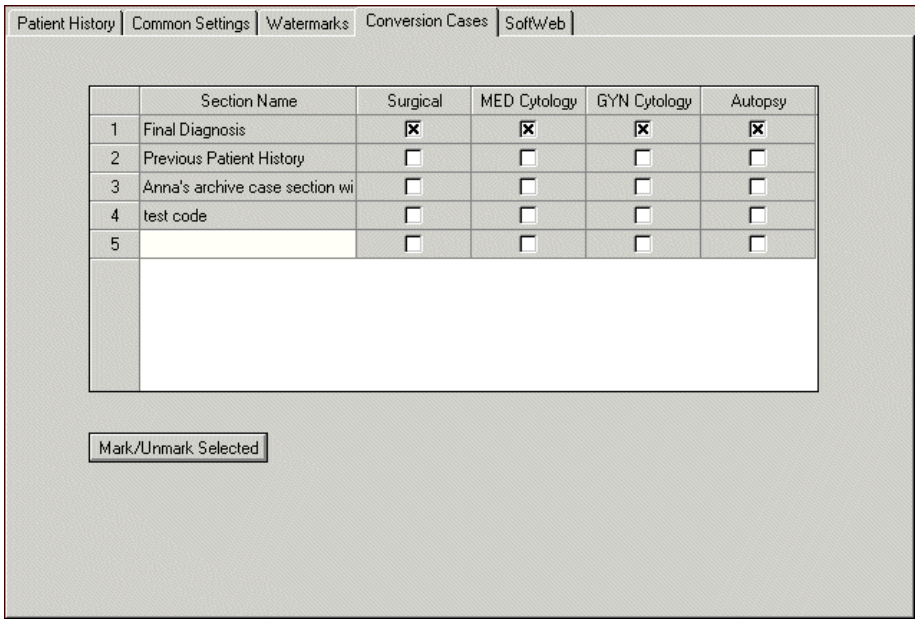


Figure 6-94. Options window – System Settings tab – Conversion Cases subtab.

The Conversion Cases grid displays the available database conversion sections and a row of corresponding case types. This grid allows you to define which section(s) will be displayed for which case type when using the **Previous Cases List** macro. The Final Diagnosis section will be marked for each case type by default.

This functionality can only be defined at the generic (global) level.

SoftWeb Tab

The SoftWeb tab displays similar to Figure 6-95.

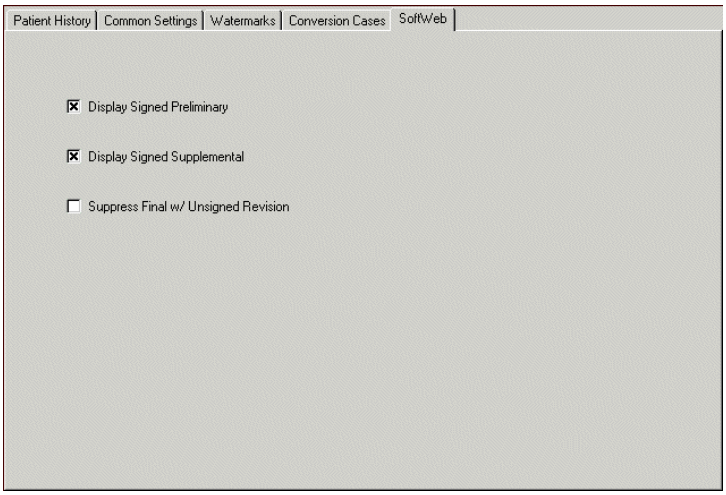


Figure 6-95. Options window – System Settings tab – SoftWeb subtab.

Display Signed Preliminary

Select this checkbox to define whether signed preliminary reports should be available to view in the SoftWeb system.

Display Signed Supplemental

Select this checkbox to define whether signed supplemental reports should be available to view in the SoftWeb system.

Suppress Final w/ Unsigned Revision

Select this checkbox to define whether final reports with unsigned revisions should be available to view in the SoftWeb system.

Synoptic Reporting Tab

The Synoptic Reporting tab displays similar to Figure 6-96.

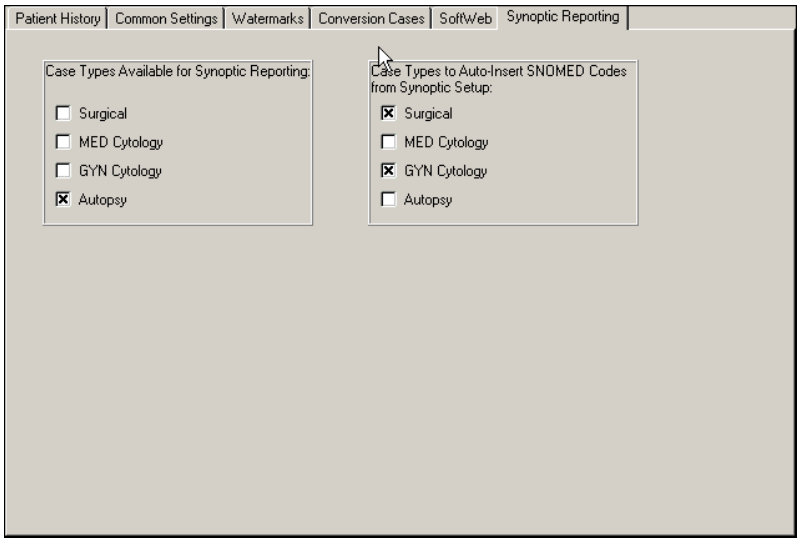


Figure 6-96. Options window – System Settings tab - Synoptic Reporting subtab.

Case Types Available for Synoptic Reporting

These checkboxes allow you to define for which case types synoptic reporting functionality will be made available.

Case Types to Auto-Insert SNOMED Codes from Synoptic Setup

These checkboxes allow you to define for which case types SNOMED codes will automatically be captured from the Synoptic Fragment setup based on the fragments selected in the report.

Workspace Tab

The **Workspace** tab contains three tabs described below:

- Manager's Dashboard
- My Workspace
- Permissions

Manager's Dashboard Tab

The **Manager's Dashboard** tab will display similar to Figure 6-97.

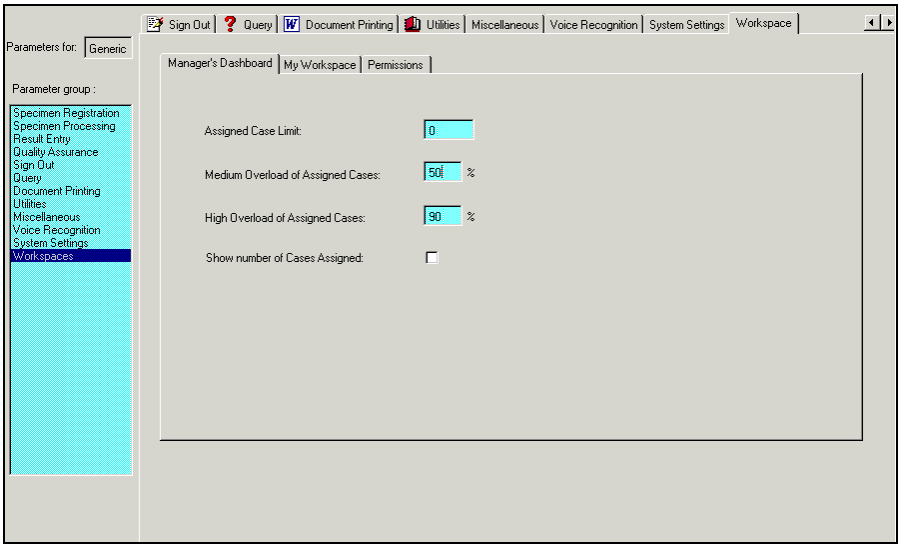


Figure 6-97. Options – Workspace – Manager's Dashboard

Assigned Case Limit

This option controls the display of the Workload Indicator Icon in the Manager's Dashboard. The Workload Indicator Icon displays in three colors: green for low workload, yellow for medium workload, and red for high workload. Enter a number that represents the maximum number of cases to be assigned to an employee.

This option can only be defined on the global (generic) level.

Medium Overload of Assigned Cases

Enter the percentage of overload of assigned cases. This percent ratio indicates the point at which the Workload Indicator Icon transitions from green (low workload) to yellow (medium workload).

This option can be defined both at the user-specific level and the global (generic) level.

High Overload of Assigned Cases

Enter the percentage of overload of assigned cases. This percent ratio indicates the point at which the Workload Indicator Icon transitions from yellow (medium workload) to red (high workload).

This option can be defined both at the user-specific level and the global (generic) level.

Show number of Cases Assigned

Mark this checkbox if you want the system to display the number of cases assigned to each employee in the Employee's display of the Manager's Dashboard.

This option can be defined both at the user-specific level and the global (generic) level.

My Workspace Tab

The My Workspace tab displays similar to Figure 6-98.

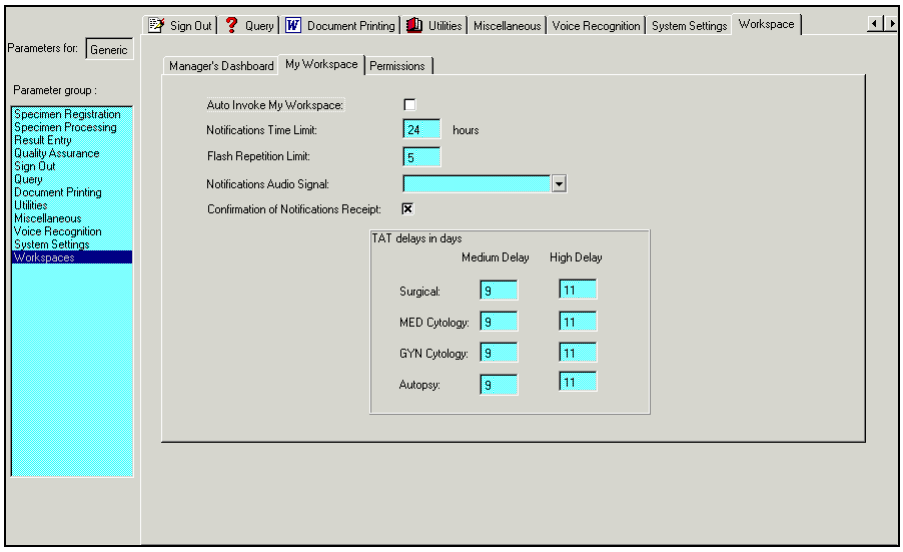


Figure 6-98. Options – Workspace – My Workspace Tab

Auto Invoke My Workspace

Mark the checkbox to automatically display your workspace at logon to the system.

This option can be defined both at the user-specific level and the global (generic) level.

Notifications Time Limit

Enter the number of hours notification will be held for review in the Notification Panel.

This option can be defined both at the user-specific level and the global (generic) level.

Flash Repetition Limit

Indicate the number of times the **Hold** button (or Notification Icon) flashes when a new notification is presented on the Notification Panel.

This option can be defined both at the user-specific level and the global (generic) level.

Notifications Audio Signal

Select a sound from the Notifications Audio Signal drop-down list box. The sound you select will be the signal you will hear when a new notification is presented on the Notification Panel.

This option can be defined both at the user-specific level and the global (generic) level.

Confirmation of Notifications Receipt

Mark the checkbox to activate confirmation of receipt of a notification by the receiver to the sender.

This option can be defined both at the user-specific level and the global (generic) level.

TAT Delays in days – Surgical, MED Cytology, GYN Cytology, Autopsy

This area is used to define the display color of the Turn Around Time Indicator Icon in the Work Assignment sections of the system (Manager's Dashboard, My Workspace). The TAT Indicator Icon displays in three colors. Green indicates the case is well within specified TAT, yellow indicates the case is approaching the TAT deadline, and red indicates that TAT has been missed.

Enter the number of days in the Medium Delay column to indicate the pint at which the TAT indicator Icon transitions from green to yellow.

Enter the number of days in the High Delay column to indicate the point at which the TAT Indicator Icon transitions from yellow to red.

This option can only be defined on the global (generic) level.

Permissions Tab

The Permissions tab displays similar to Figure 6-99.

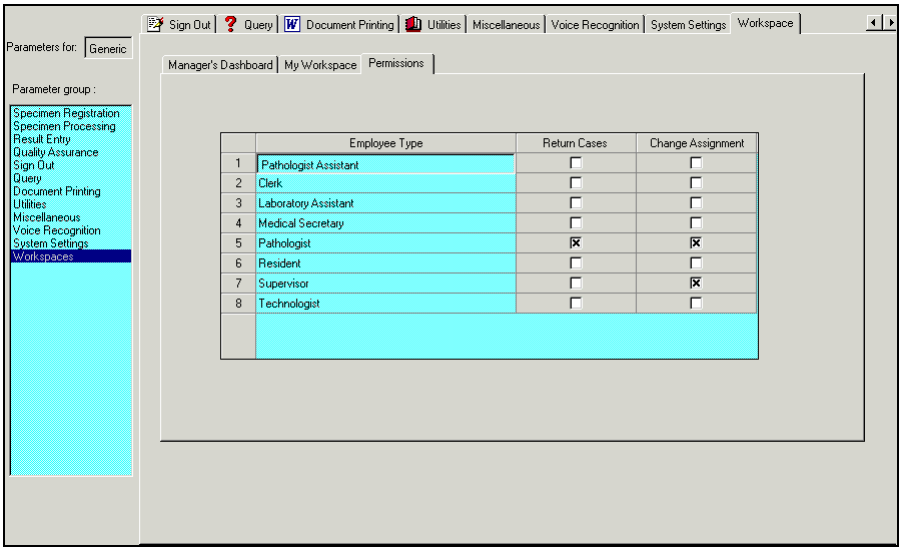


Figure 6-99. Options – Workspace – Permissions Tab

Employee Type

Each employee type can be authorized to Return Cases or Change Assignments based on the permissions granted.

Return Cases

Enter a checkmark in this field if the employee type is authorized to return cases to the unassigned queue.

Change Assignment

Enter a checkmark in this field if the employee type is authorized to change assignments, and transfer cases to another employee of the same employee type.

Scheduler

The **Scheduler** option allows you to establish days, times, and other parameters for certain programs and reports so they can run automatically without operator intervention.

Access the **Scheduler** option by selecting *Setup > Scheduler* from the main menu. The **Scheduler** window displays similar to Figure 6-100.

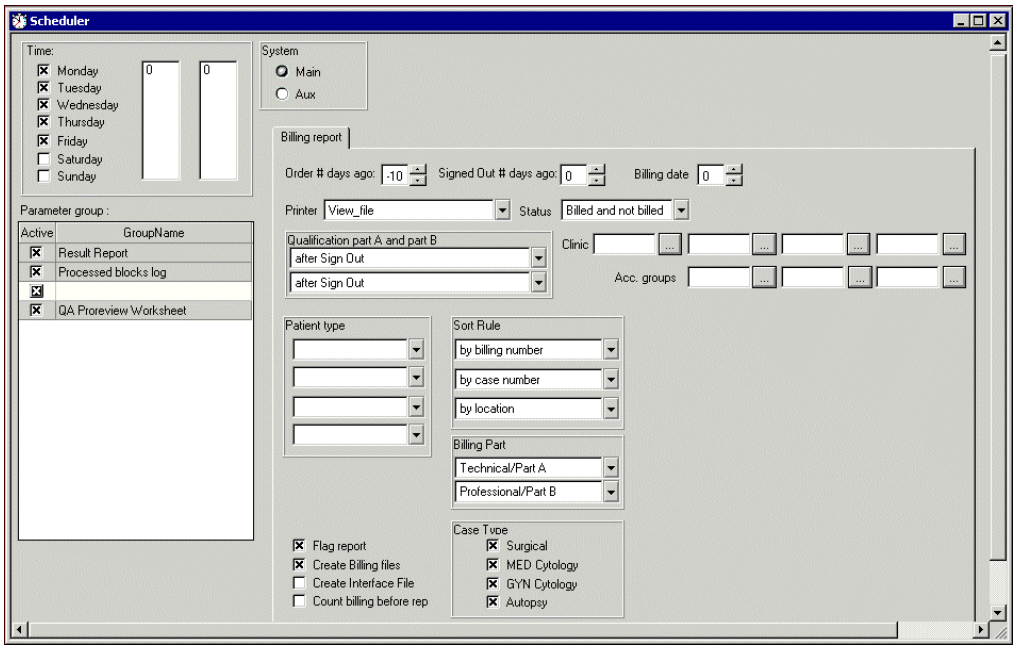


Figure 6-100. Scheduler window – Billing Report Tab.

After the **Scheduler** window displays, click **Add** on the toolbar. The **Add Group** window displays similar to Figure 6-101 and lists all available groups. Select the desired group from the list by highlighting it and clicking **OK**. A tab for the selected group is added and the **Scheduler** window displays in edit mode. You can then complete the fields and establish settings for the new group.

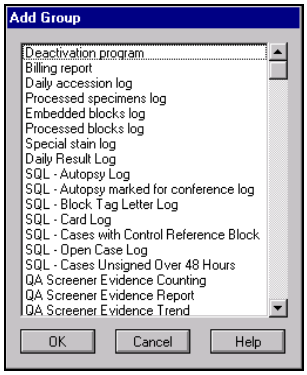


Figure 6-101. Add Group window

Time Area

This area is used to define the timing of the scheduled print job. Select the days, hours, and minutes when the chosen programs and reports should automatically run.

Double-clicking one of the fields next to the days of the week displays the **Hours and Minutes** window similar to Figure 6-102.

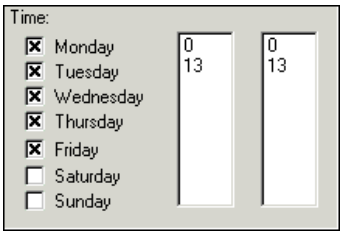


Figure 6-102. Time Area

Select the time that you want the report to run in hours and minutes by highlighting the correct values. The **Select All** button selects all of the possibilities in the field. To confirm the selections and close the **Hours and Minutes** window, click **OK**.

NOTE: If you select more than one hour, the minute value you select will be used for each hour selection. If multiple hour and minute values are selected, the system will use all possible hour and minute combinations when determining when to run the report. For example, if you select **13** and **14** in the hours column and select **15** and **30** in the minutes column, the report will be run four times during the specified days: once at 1:15 PM, again at 1:30 PM, at 2:15 PM, and again at 2:30 PM.

NOTE: As a standard part of the AIX Base Operating system (BOS) Runtime, the servers automatically adjust to the correct time for yearly time changes and PCs may prompt users to accept the time change.

Because the scheduler runs from cron during the time change, there could be a few concerns. In the Spring the system time advances one hour, so any scheduled jobs from 02:00 to 02:59 will have to be run manually; likewise, in the Fall the system time will fall back from 01:59 to 01:00. The same jobs will kick off again, but reports that are complete should be flagged and will not print again. Only a run that starts and does not finish (or flag as reported) within that hour will repeat. Backup will continue to run if still running or repeat if already done.

Some issues with collection and verification times cannot be avoided. The timestamps are generated with the current system time. A comment can always be attached to those orders collected or verified around the time change to avoid later confusion.

System Area

This area is used to define which system is used to run the reports. Select from one of the following:

- **Main -** The main system runs the reports.
- **Aux** - The auxiliary system that can be used when the main system is overloaded. SCC recommends that you run all large reports from the auxiliary system, especially when you generate the reports during peak times of activity (i.e., during normal business hours). This allows the system to run the report without affecting the resources on the main working system.

NOTE: To rename a particular scheduled event, right-click anywhere in the System Area and select **Sched Job Name**.

Parameter Group Area

All previously scheduled reports are displayed in this area. The **Active** checkboxes indicate the current status of the parameter groups. If the checkbox is marked, the report is active. Unmark the **Active** checkbox to set the status of the report to inactive. This checkbox is marked by default for all new records.

Scheduler Job Name Customization

The system allows the user to customize the name of the scheduled job. Right click on the tab and select the **Sched job name** option to enter the user-defined name for the job.

Tab Fields

The system creates a new line in the grid for each new parameter group that you add. The contents (i.e., parameter fields) of the individual tabs are determined by the group that you select. The system will display the currently selected parameter group for editing.

NOTE: For detailed descriptions of the parameter groups and parameters, see the appropriate sections for the corresponding reports in the SoftPath User Manual.

Available Scheduler Parameter Groups

Deactivation Program

This group provides the opportunity to define the parameters for the automatic deactivation of cases, specimens, slides, blocks, and labels.

Billing Report

This group provides the opportunity to automatically print the Billing Report as described on page 5-21.

Daily Accession Log

This group provides the opportunity to automatically print the Daily Accession Log as described on page 5-40.

Processed Specimens Log

This group provides the opportunity to automatically print the Processed Specimens Log as described on page 5-46.

Embedded Blocks Log

This group provides the opportunity to automatically print the Embedded Blocks Log as described on page 5-44.

Processed Blocks Log

This group provides the opportunity to automatically print the Processed Blocks Log as described on page 5-45.

Special Stain Log

This group provides the opportunity to automatically print the Special Stain Log as described on page 5-46.

Daily Result Log

This group provides the opportunity to automatically print the Daily Result Log as described on page 5-41.

SQL – Autopsy Log

This group provides the opportunity to automatically print the Autopsy Log as described on page 5-74.

SQL – Autopsy Marked for Conference Log

This group provides the opportunity to automatically print the Autopsy Marked for Conference Log as described on page 5-74.

SQL – Block Tag Letter Log

This group provides the opportunity to automatically print the Block Tag Letter Log as described on page 5-80.

SQL – Card Log

This group provides the opportunity to automatically print the Card Log as described on page 5-80.

SQL – Cases with Control Reference Block

This group provides the opportunity to automatically print the Cases with Control Reference Block as described on page 5-80.

SQL – Open Cases Log

This group provides the opportunity to automatically print the Open Case Log as described on page 5-81.

SQL – Cases Unsigned over 48 Hours

This group provides the opportunity to automatically print the Cases Unsigned over 48 Hours Log as described on page 5-81.

Tumor Registry

This group provides the opportunity to automatically print final reports that have been flagged in Results Entry for the Tumor Registry. See page ***6-95*** for information about the parameter in Options that governs this feature.

QA Screener Evidence Counting

No parameters are available for definition in this group.

QA Screener Evidence Report

This group provides the opportunity to automatically print the Screener Evidence Report as described on page 5-55.

QA Screener Evidence Trend

This group provides the opportunity to automatically print the Screener Evidence Trend as described on page 5-56.

QA Rescreen Worksheet

This group provides the opportunity to automatically print the Rescreen Worksheet as described on page 5-69.

QA Proreview Worksheet

This group provides the opportunity to automatically print the Proreview Worksheet as described on page 5-69.

QA Retroreview Worksheet

This group provides the opportunity to automatically print the Retroreview Worksheet as described on page 5-70.

Pending Stain Worksheet

This group provides the opportunity to automatically print the Pending Stain Worksheet as described on page 5-71.

QA Action Worksheet

This group provides the opportunity to automatically print the Action Worksheet as described on page 5-85.

QA Action Log

This group provides the opportunity to automatically print the Action Log as described on page 5-85.

QA Action Report

This group provides the opportunity to automatically print the Action Report as described on page 5-85.

QA Specimen Adequacy/Problem Log

This group provides the opportunity to automatically print the Specimen Adequacy/Problem Report as described on page 5-58.

QA Random

No parameters are available for definition in this group.

Result Report

This group provides the opportunity to automatically print the Result Report as described on page 5-17.

Result Worksheets

This group provides the opportunity to automatically print the Result Worksheets as described on page 5-18.

Result Letters

This group provides the opportunity to automatically print the Result Letters as described on page 5-19.

QA Follow up Correlation

This group provides the opportunity to automatically print the Follow up Correlation report as described on page 5-64.

QA IOC Correlation

This group provides the opportunity to automatically print the IOC Correlation report as described on page 5-59.

QA Summary

This group provides the opportunity to automatically print the QA Summary Report as described on page 5-63.

WP (WordPerfect) Convert

This group allows for automatic conversion of batches of WordPerfect reports to Word format for use in Results Entry. This functionality is further discussed in ***Appendix A – SoftPath Conversion on Demand Utility***.

Word to PDF Conversion

This group allows for batch conversion of all signed out Word reports to the Adobe PDF format. This allows for faster access to these documents, since the system will not have to convert the report when it is viewed or printed.

HIS Post Hold Release

This parameter group sends cases to the HIS for reports when the Hold Release status has expired. This group is necessary for systems that use the Hold Release functionality.

Dx Coding Setup

Edit Window

The **Edit Window** option allows you to design and set up the cascade diagnosis windows for all case types and dictionaries. This option allows you to edit the parameters of existing windows, delete an existing window, or create a new cascade diagnosis window.

Access the **Edit Window** option by selecting *Setup > Dx Coding Setup > Edit Window* from the main menu. The **Define Window** displays similar to Figure 6-103.

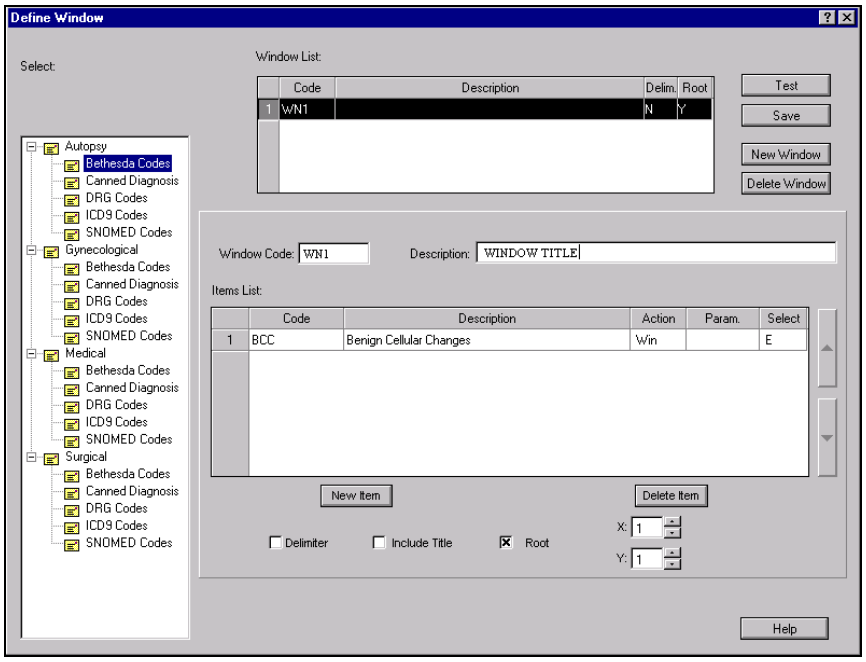


Figure 6-103. Define Window.

Select List

The **Select** list displays in case types and diagnosis code types in a tree-like structure. Clicking the plus sign (+) next to the case types expands the tree to reveal the diagnosis code types. Clicking the minus (-) sign collapses the levels.

Determine which case type you want to work with and expand the list. Then select a diagnosis code type. A list of defined windows for the specified diagnosis code type displays in the **Window List** area.

Defining New Windows

To create a new window, select the required case type and coding system from the **Select** list and click **New Window**. A blank row appears in the **Items List** with the next available window code number assigned in the **Window Code** field. Enter a title or description of the window. Define the parameters for the window by completing all the data entry fields in the **Items List**.

Window Code

When you create a new window, the system automatically generates the next sequential window code. If necessary, you can manually enter a new code for the window. The code must start with WN (e.g., WNO2). This code displays in the **Window List** area in the **Code** column.

Description

Enter the title of the window. This description is displayed in the **Window List** area.

Code (Item List)

Click the button to select from a list of valid diagnosis codes from the appropriate diagnosis code type.

NOTE: In addition to the diagnosis code, the following characters can be entered in this field:

- **%T** - free text
- **% M** - maturation index

Description (Item List)

The system displays the description of the code, which defaults from the Diagnosis Codes setup file. The text is for informational purposes only and does not print on reports.

Action (Item List)

Select the action performed when this code is selected. The available actions are:

Sel	Defines the window as a selectable item for display in the diagnosis cascade.
Fld	Inserts the maturation index for data entry in the diagnosis cascade.
Ftx	Inserts the free text editor for data entry in the diagnostic cascade.
Win	Provides a mechanism to open another window when a selection is made.
Ext	Exits from the window, saves the data entered, and proceeds to the next root window.
Qut	Quits the diagnostic cascade from the window and saves the data entered.

Param (Item List)

Enter a window code (e.g., WNO2). This code identifies which cascade window you want to open from the current window. The window code must be defined before you can enter it into the field. If the window is not yet defined, this field can be edited at a later time. If you do not want any windows to cascade from the current window, enter **0** in this field.

Select (Item List)

Enter a code to determine the type of action to be taken when the user selects a code and clicks **OK**.

E Exit the current window and go to the next root window. The item is marked and stored.

P Physically mark this code with an asterisk (*) and save it when exiting from the window.

Q Quit and return to the calling program. Stops all further window selections.

New Item Button

Click **New Item** to insert a new line in the **Items List**.

NOTE: A new item can also be added by clicking a blank row below the last defined row in the table or by pressing the **Insert** key on the keyboard.

Delete Item

Clicking this button deletes the currently selected window from the **Items List**.

Delimiter

Mark this checkbox if this window is to be used as the title on the report and any selected items associated with this window are to be placed under this title. If the **Include Title** checkbox is marked first, the default delimiter code will be inserted automatically, but can be edited at any time.

Include Title

Mark this checkbox to include the title when this window is selected.

Root

Mark this checkbox if the window should always displays in the diagnosis data entry sequence and this window, not a sub-window.

X, Y

Enter coordinates to indicate where the window should appear on the user's screen. The coordinates are measured in pixels. **X** is the horizontal axis and **Y** is the vertical axis.

EXAMPLE: For coordinates X=0, Y=0, the window will be located in the upper left of the screen. If a value greater than X=20, Y=20 is entered, the window may not display due to the length of the text in the window. SoftPath will automatically enter the default values for X, Y for a new window.

Test Button

Click this button to test the currently selected diagnosis window. If the selected window is a root window, the cascade will start with the selected window. If the selected window is not a root window, the cascade will start from the first root window. The selected diagnosis window will display similar to Figure 6-104. While in this test mode, you can preview how the window will appear to SoftPath users and ensure that it functions properly.

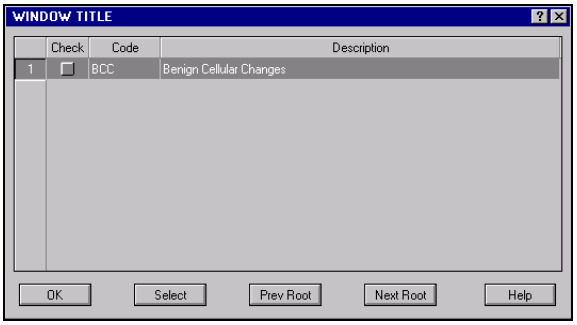


Figure 6-104. Test for Diagnosis Windows.

Delimiter Order

The **Delimiter Order** option allows you to define the order in which the root windows will cascade (open) for entering diagnoses and the order in which they will appear on the report. After creating a window, a unique delimiter code must be assigned to include the window in the sequence.

Access the **Delimiter Order** option by selecting *Setup > Dx Coding Setup > Delimiter Order* from the main menu. The **Delimiter Order** window displays similar to Figure 6-105.

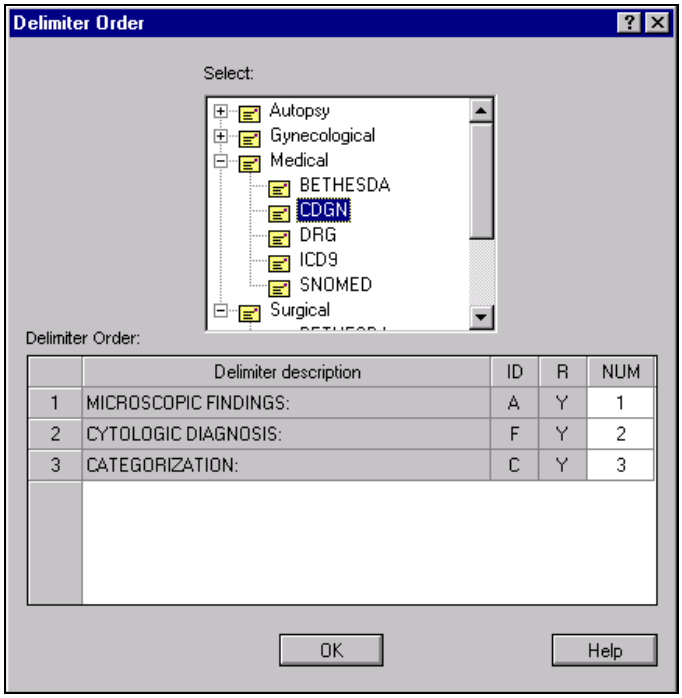


Figure 6-105. Delimiter Order window.

In the **Select** list, click the plus sign (+) next to the appropriate case and select a diagnosis type. Information for the selected diagnosis type displays in the **Delimiter Order** area. In the **Delimiter Order** area, you can establish the order in which the windows display.

Delimiter Description

This field displays the title (description) assigned to the window. This title prints on reports (if designated). Changes cannot be made to the title from this window. Use the **Edit Window** option to modify window properties.

ID

This field displays the unique delimiter code assigned to the window. It is used to mark the record in the database for a report title. Changes cannot be made to the title from this window. Use the **Edit Window** option to modify window properties.

R

This field displays the root flag assigned to the window.

NUM

This field displays the order in which the windows display when entering the diagnosis (i.e., the cascading order). Click this field and enter the delimiter's position/order in the cascade.

Test

The **Test** option allows you to test the cascade order of the root windows and the selection within each window. This option is used to verify the actions that need to be used during the setup procedure, such as physical marks, opening sub-windows, free text, maturation index (if applicable), and exiting the windows. If the windows do not cascade in the correct order, return to the **Edit Window** or **Delimiter Order** options to make the necessary adjustments.

Access the **Test** option by selecting *Setup > Dx Coding Setup > Test* from the main menu. The **Select** window displays a list of case types and diagnosis codes.

Click the plus sign (+) next to the appropriate case and select a diagnosis type. The first root window of the cascade displays. Select a code by highlighting it and clicking **Select**. The next window in the cascade displays. Continue with selecting codes until the cascade is completed.

Next Root Button

Click this button to display the next root, according to the delimiter order. After the last root displays, a message displays indicating that all root windows are opened.

Print Cascade

The **Print Cascade** option allows you to print the diagnosis cascade as a MS Word document. The diagnosis coding setup is shown in the form of bar codes.

Access the **Print Cascade** option by selecting *Setup > Dx Coding Setup > Print Cascade* from the main menu. The **Cascade, Template For:** window displays similar to Figure 6-106.

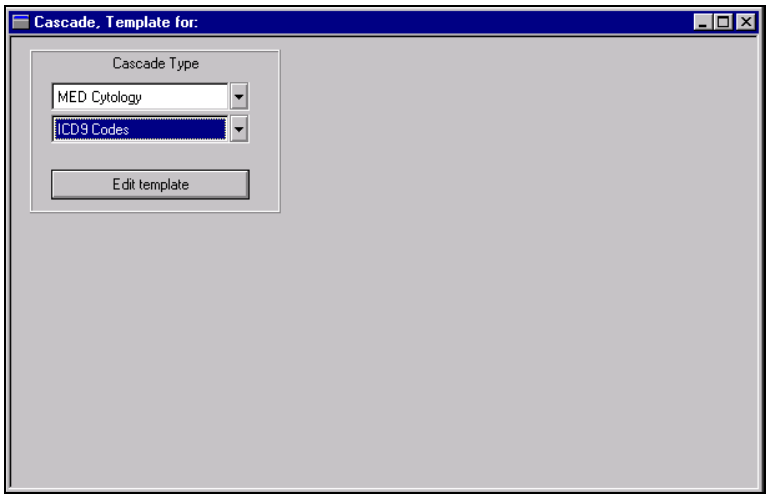


Figure 6-106. Cascade, Template For: window

Cascade Type

Select the required case type and diagnosis code type from the drop-down lists.

Edit Template Button

Select the required case type and diagnosis code type from the drop-down lists. The selected diagnosis code type displays in MS Word format. You have full access to MS Word toolbars and functionalities.

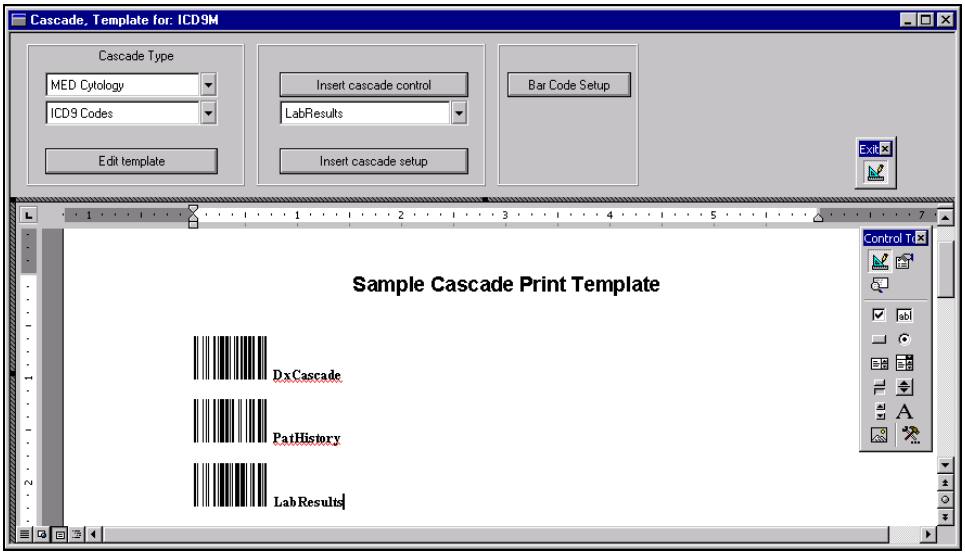


Figure 6-107. Cascade, Template For: window

Insert Cascade Control Button

Click this button after selecting the appropriate control key from the drop-down list to insert the cascade function keys in the template.

Insert Cascade Setup Button

Click this button to insert cascade setup labels and barcodes into the template. The barcodes inserted when using this button are determined by the window setup. If the window setup changes, the system will not automatically update the bar-coded sheet. After you insert the text and barcodes, they can be formatted as desired.

NOTE: The font size you use must not cause the lines within the barcode to merge. If this happens, the barcodes will not be readable.

Bar Code Setup Button

Mark the **Insert Bar Code** checkbox if you want the label to include a bar code in the label template. If you choose to include a bar code on the label, click the **Bar Code Setup** button. The **Bar Code Setup** window displays similar to Figure 6-108. This window is used to define the bar code used on the label. After you have finished entering the bar code information, click **Save** and then **Close** to return to the **Label Sheet Setup Case Label** window.

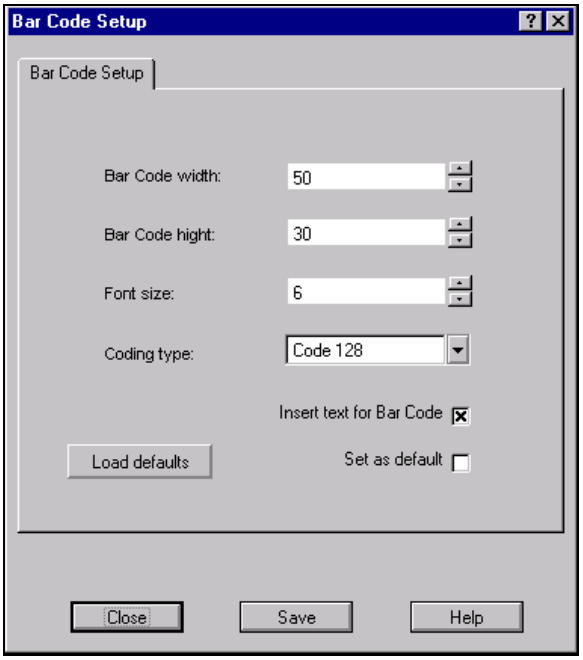


Figure 6-108. Bar Code Setup window.

Bar Code Width and **Bar Code Height**

Enter the width and height of the bar code in inches.

Font Size

Enter the font size (in points) for the bar code characters.

Coding Type

Select a bar coding system to use to generate the bar code from the drop-down list. Available coding types include **Code 128**, **Code 39**, and **Code 39 Full ASCII**.

Insert Text for Bar Code

Mark this checkbox to include text in the bar code.

Set as Default

Mark this checkbox to make the bar code settings you entered on this tab the default settings for bar codes. You can load the default settings you define by clicking the **Load Defaults** button.

Load Defaults Button

Click this button to use the default bar code settings.

SCC
Soft Computer

Simple Codes

The **Simple Codes** option allows you to define simple codes to be used within the system for certain informational fields.

Access the **Simple Codes** option by selecting *Setup* > *Simple Codes* from the main menu. The **Simple Codes** window displays similar to Figure 6-109.

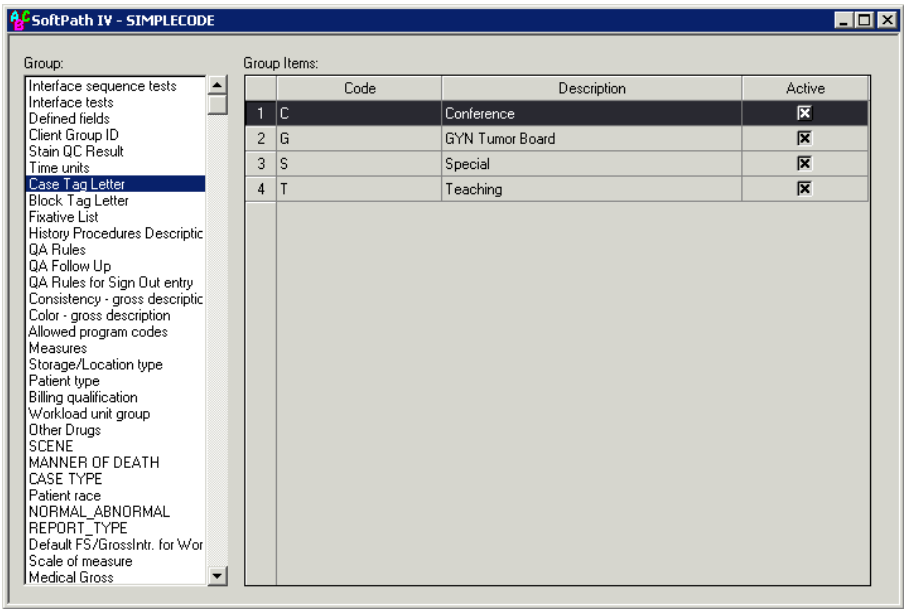


Figure 6-109. Simple Code Window

Group List

This area contains a list of groups with previously defined codes. This information is displayed in READ ONLY mode. Select a group to view information on the group in the **Group Items** grid.

Group Items Grid

After selecting a group from the **Group** list, a list of codes defined for the specified group displays in this grid. To edit information on this grid, click the **Edit** button on the toolbar.

Code

This field displays a unique alphanumeric code assigned to this field. This field cannot be modified.

Description

This field displays a description of the code.

Active

This field indicates whether the group items are active codes.

Adding a Simple Code

To add a simple code, click **New** on the toolbar to display the **Add Simple Code** window similar to Figure 6-110.

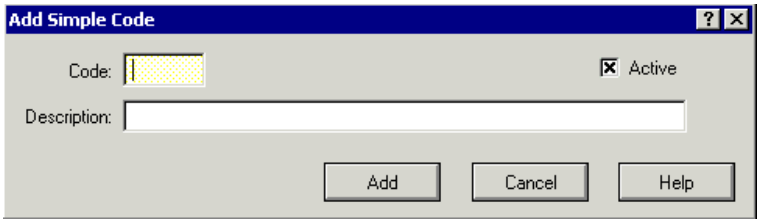


Figure 6-110. Add Simple Code Window

Code

Enter a unique acronym to identify this simple code. **This is a required field**. **Maximum 3 alphanumeric characters**.

Description

Enter a brief description of the simple code. **Maximum 13 alphanumeric characters**.

Simple Codes Groups

Each group displayed in the simple codes **Group** list is described below in the order it appears on the list.

Interface Sequence Tests

Allows you to define codes that will be available for use when testing interface sequences.

Interface Tests

Allows you to define codes that will be available for use when testing the interfaces of the system.

Defined Fields

Allows you to define additional fields that will be available for use in the **Client Profile** setup option. The codes associated with a clinic in the **Client Profile** option can be printed on patient reports.

Client Group ID

Allows you to define additional codes that will be available for entry in the Clinics file.

Stain QC Result

Allows you to define the QA coding available for use when performing stain QC.

Time Units

Allows you to define codes that represent units of time (hours, minutes, seconds, etc.)

Case Tag Letter

Allows you to define case tags that can be applied to a case (e.g., D = dialysis study). These are retrievable through ODBC reports and can also be printed on patient reports.

Block Tag Letter

Allows you to define block tags that can be used at the block level for specific purposes (e.g., teaching). These tag letters can be retrieved by using ODBC reports.

Fixative List

Allows you to define a list of fixatives used in a specific institution that can be applied to the cassette, (e.g., formalin, saline, B5).

History Procedures Description

Only the descriptions of the history procedures available can be edited in the **Simple Codes** option. The procedures available are hard-coded capture points within the system that are displayed in the **Processing History** tab located in various options throughout the system. The wording of the display can be changed according to your organization's specific needs, but the capture points for these values cannot be modified.

QA Rules

Displays the QA reasons that may be used to search for cases pending QA.

QA Follow Up

Displays the case Follow Up status that may be used to search for cases pending Follow Up.

QA Rules for Sign Out entry

Displays the search rules that may be used to find cases that are pending sign out.

Patient Type

Displays the system defined patient types provided with the application. Only the patient type description can be edited. Select **New** from the toolbar to add a new patient type for use in the system.

Billing Qualification

Displays the rules that are available for the setup of billing options.

Allowed Program Codes

Displays the system programs available for use in the definition of Tag Letters.

Workload Unit Group

Displays selections for use during configuration procedure of using SoftPath with SoftWorkload

Report Type

Displays the options that are available for selection in the report printing search screens.

Scale of Measure

Allows you to assign codes to the various scales of measure used in autopsy case registration.

Medical Gross

Displays the selection available in the MED Gross Description window.

Case Status

Displays the various case statuses that can be used to search for cases.

QA Procedure Reason

Displays the various qualifiers that are available for selection in Case Comparison Setup.

QA Assign

Displays the available assign.

Consistency - Gross Description

Allows you to define additional selections for the **Consistency** field that display in the MED cytology gross description window.

Color - Gross Description

Allows you to define additional selections for the **Color** field that display in the MED cytology gross description window.

Measures

Displays the measurements for review. The measurement codes cannot be edited in the **Simple Codes** option.

Storage/Location Type

Allows you to define additional selections for the Storage file.

Other Drugs

Allows you to define additional selections for the **Other Drugs** field located in the **Autopsy FOR, Forensic Information** window for specimen registration and result entry for FAD.

Scene

Allows you to define additional selections for the **Scene of Death** field located in the **Autopsy FOR, Forensic Information** window for specimen registration and result entry for FAD.

Manner of Death

Allows you to define additional selections for the **Manner of Death** field located in the **Autopsy FOR, Forensic Information** window for specimen registration and result entry for FAD.

Case Type

Allows you to define additional selections for the **Case Type** field located in the **Autopsy FOR, Forensic Information** window for specimen registration and result entry for FAD.

Patient Race

Allows you to define additional selections for the patient **Race** field in specimen registration and patient maintenance.

NOTE: The values available for **Race** field should always be the same in all SCC products to allow you to import and export between systems.

Normal/Abnormal

These values appear in the body of the QA Statistical report.

Default FS/Gross Intr for Worksheets

Allows you to define the FS search criteria available for selection in the QA Reports search screens.

Diagnosis Type

Only the descriptions of the diagnosis types may be edited in the Simple Codes option. The codes displayed are hard-coded values within the system that allow the system to display patient history as normal or abnormal.

Abnormal Diagnosis Strings

These entries are used for macro customization purposes when lab results are inserted into Results Entry.

Report Title Names

This group displays the report title names to be used by the Report Title merge field in the Document setup file.

Archive Case Section Names

Archive Case Section Names allows you to define the section names to be used when defining the sections to be displayed for converted cases:

Code

Enter a unique code for the document section.

Description

Enter the description for the document section.

Active

Click the checkbox to mark the document section as Active or Inactive.

SNOMED Prefixes

Define the SNOMED Prefixes used by the Dx Coding Filter. By default, the following prefixes are available as READ ONLY:

M Morphology

T Topography

P Procedure

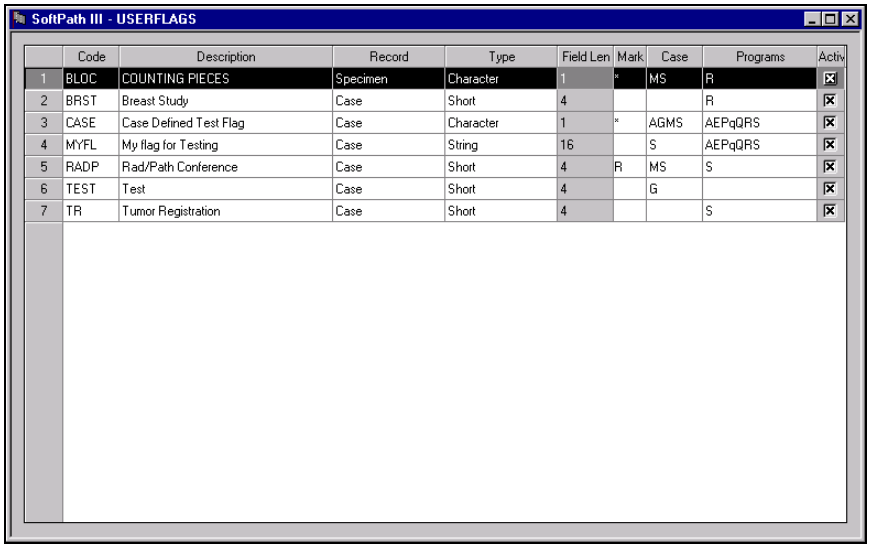
D Disease

NOTE: Functionality is available in SoftPath versions 4.2.1.6 and higher.

User Flags

The **User Flags** option allows you to define new flags to be used within SoftPath.

Access the **User Flags** option by selecting *Setup* > *User Flags* from the main menu. The **User Flags** window displays similar to Figure 6-111. To add a new user-defined flag, click **New** on the SoftPath toolbar to insert a blank row at the bottom of the table.



	Code	Description	Record	Type	Field Len	Mark	Case	Programs	Activ
1	BLOC	COUNTING PIECES	Specimen	Character	1	*	MS	R	☒
2	BRST	Breast Study	Case	Short	4			R	☒
3	CASE	Case Defined Test Flag	Case	Character	1	*	AGMS	AEPqQRS	☒
4	MYFL	My flag for Testing	Case	String	16		S	AEPqQRS	☒
5	RADP	Rad/Path Conference	Case	Short	4	R	MS	S	☒
6	TEST	Test	Case	Short	4		G		☒
7	TR	Tumor Registration	Case	Short	4			S	☒

Figure 6-111. User Flags window.

Code

Enter a unique alphanumeric code for the flag. **Maximum 4 alphanumeric characters**.

Description

Enter a description of the flag that will be used to define the code. **Maximum 25 alphanumeric characters**.

Record

Select the record that this flag will be applied to. Select from case or specimen.

Type

Select the type of input this flag will receive.

Field Len

The field length of the flag defaults to a numeric value determined by the type of flag chosen. This value cannot be modified.

Mark

Enter the character that is accepted in the field. The default sign is an asterisk (*****).

Case

Select the case types that can apply the new flag. Click the button and mark the checkboxes next to the case types you want to include.

Programs

Enter the name of the program you want to link to the flag. Click the button and mark the checkboxes next to the programs you want to link to the flag.

SCC
Soft Computer

Document Files

Report Setup

The **Report Setup** option allows you to prepare the layout of reports, including Final, Supplemental, Preliminary/Provisional, and Revised reports. All sections and their contents can be defined in this option.

Access the **Report Setup** option by selecting *Setup > Document Files > Report Setup* from the main menu. The **Accession Sequences Lookup** window displays. Select the accession sequence for the report you want to create by double-clicking it. The **Report Setup** window for the specified accession sequence displays similar to Figure 6-112.

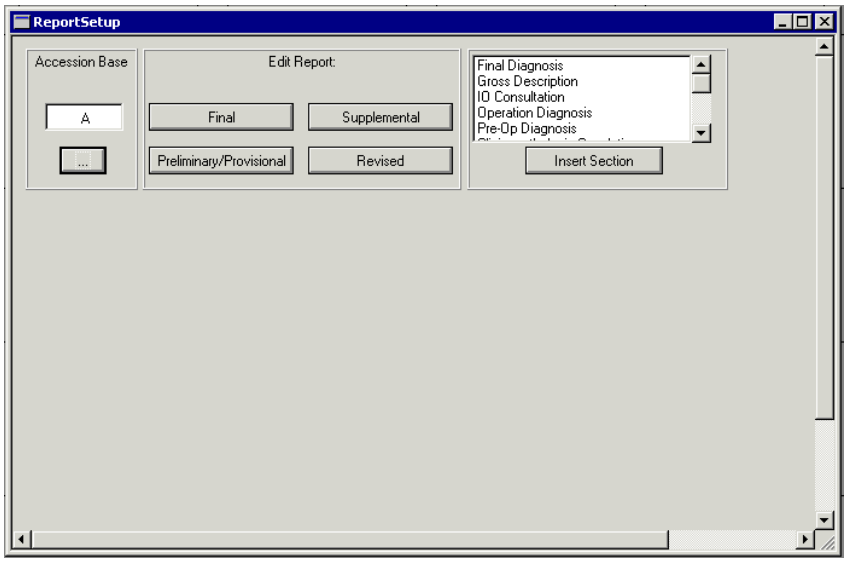


Figure 6-112. Report Setup window.

Accession Base

This field displays the accession sequence code. To change the accession sequence, click the ... button and select an accession sequence code from the list.

Edit Report Section

Select the report type you wish to create from the list on the right side of the window. The options include, Final, Supplemental, Preliminary/Provisional, and Revised.

The report setup window for the selected report format (e.g., Final) displays in MS Word similar to Figure 6-113. You have full access to MS Word features and functionality to format the report. Use the buttons for the **Insert Section**, **Insert Case Data Code**, and **Insert Common Data Code** drop-down lists to choose data elements to be included in the report.

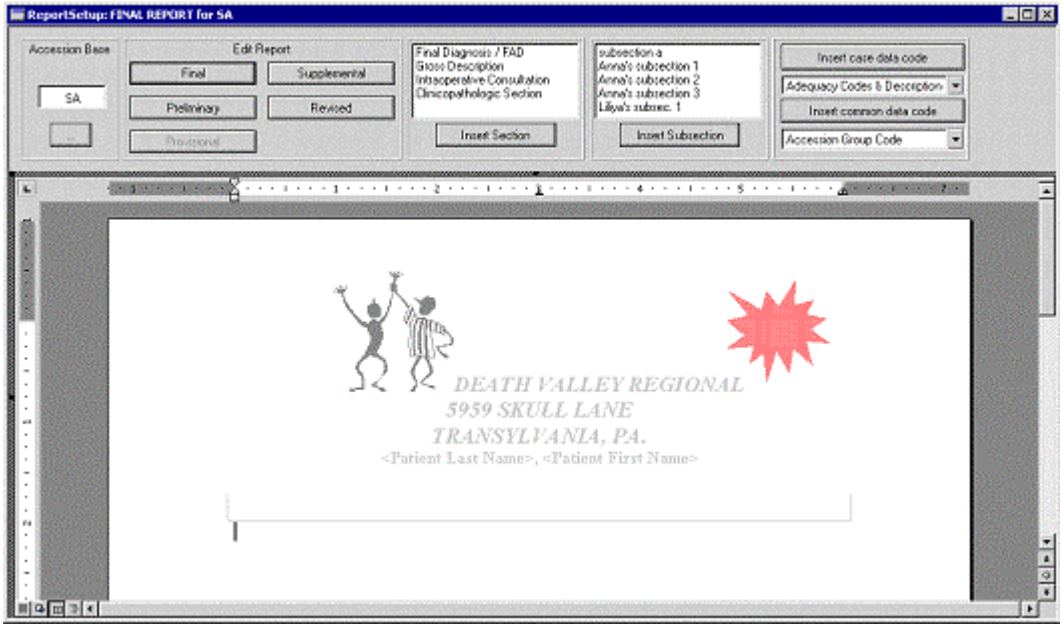


Figure 6-113. Report setup window for a Final Report.

Insert Section Button

Select a section from the list above and click this button to insert the selected section title into the document. If the selected section already exists in the document, SoftPath displays a warning message. The document sections available for selection are defined in the **Document Setup – Document Section** setup file.

Insert Subsection Button

Select a subsection from the list above and click this button to insert the selected subsection title into the document. If the selected section already exists in the document, SoftPath displays a warning message. The document sections available for selection are defined in the **Document Setup – User-Defined Subsections** setup file.

Insert Case Data Code Button

Case data codes include such items as sources and body sites. Insert the codes by positioning the cursor in the document where you want the data to appear. Select the appropriate data code from the drop-down list. To insert the code into the text, click the **Insert Case Data Code** button. The selected code will be inserted into the document. After the report is printed, all of the elements contained within the field codes will be printed on the report for the respective patient.

Insert Common Data Code Button

Common data codes contain case-specific information such as patient name, physician, accession number, clinic name, etc. Insert the codes by positioning the cursor in the document where you want the data to appear. Select the appropriate data code from the drop-down list. To insert the code into the text, click the **Insert Common Data Code** button. The selected code will be inserted into the document. After the report is printed, all of the elements contained within the field codes will be printed on the report for the respective patient.

Worksheet Setup

This option allows you to prepare the layout of the worksheets for all case types. All sections and their contents can be defined using this option.

Access the **Worksheet Setup** option by selecting *Setup > Document Files > Worksheet Setup* from the main menu. The **Accession Sequences Lookup** window displays. Select the accession sequence for the report you want to create by double-clicking it. The **Worksheet Setup** window for the specified accession sequence displays similar to Figure 6-114.

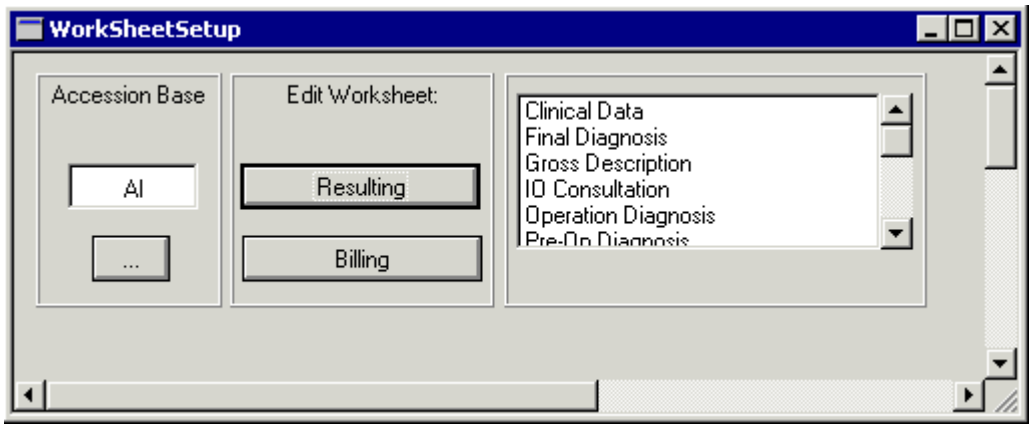


Figure 6-114. Worksheet Setup window.

Click the **Resulting** button to edit the resulting worksheet template for the accession sequence specified in the **Accession Base** field.

OR

Click the **Billing** button to edit the billing worksheet template for the accession sequence specified in the **Accession Base** field.

The system displays the specified template in an MS Word edit window similar to Figure 6-115. This window allows you to edit the resulting, billing, or special stain worksheet template.

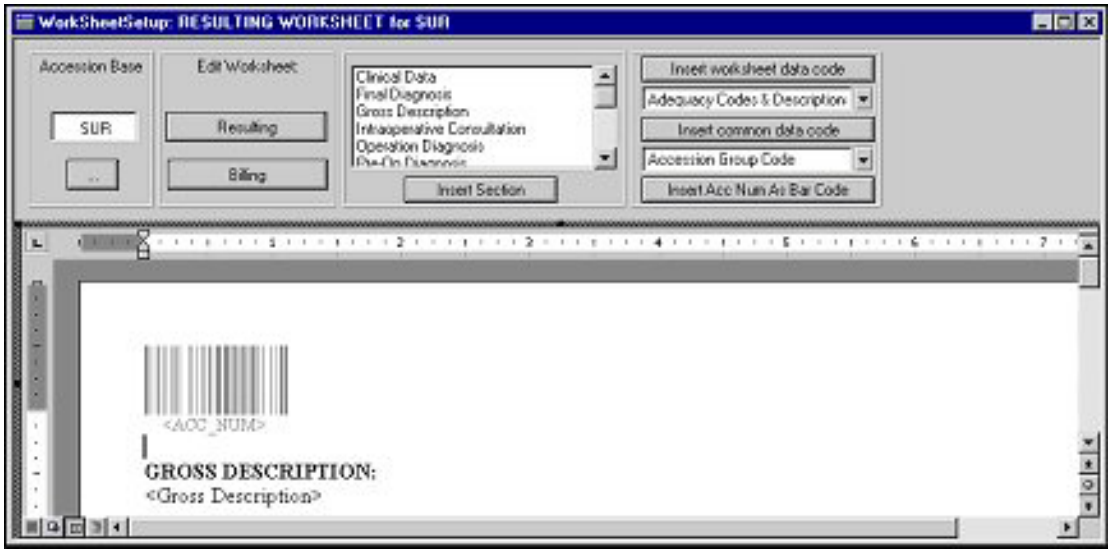


Figure 6-115. Worksheet Setup – Resulting/Billing button.

Insert Section Button

Select a section from the list above and click this button to insert the selected section title into the document. If the selected section already exists in the document, SoftPath displays a warning message.

Insert Worksheet Data Code

Worksheet data codes include such items as sources and body sites. Insert the codes by positioning the cursor in the document where you want the data to appear. Select the appropriate data code from the drop-down list. To insert the code into the text, click the **Insert Worksheet Data Code** button. The selected code will be inserted into the document. After the report is printed, all of the elements contained within the field codes will be printed on the report for the respective patient.

Insert Common Data Code

Common data codes contain case-specific information, such as patient name, physician, accession number, clinic name, etc. Insert the codes by positioning the cursor in the document where you want the data to appear. Select the appropriate data code from the drop-down list. To insert the code into the text, click the **Insert Common Data Code** button. The selected code will be inserted into the document. After the report is printed, all of the elements contained within the field codes will be printed on the report for the respective patient.

Insert Acc Num As Bar Code

This button allows you to insert an account number as a bar code. Click the button to display the **Bar Code Setup** window. This window allows you to define the default values of the bar code heights, widths, font sizes, and coding types. Refer to page **6-152** for more information on bar code setup.

Signature Setup

This option allows you to prepare signature templates for all case and report types.

Access the **Signature Setup** option by selecting *Setup > Document Files > Signature Setup* from the main menu. The **Accession Sequence Lookup** window will display. Select the desired accession sequence. The **Signature Setup: Signature Template for…** window displays similar to Figure 6-116.

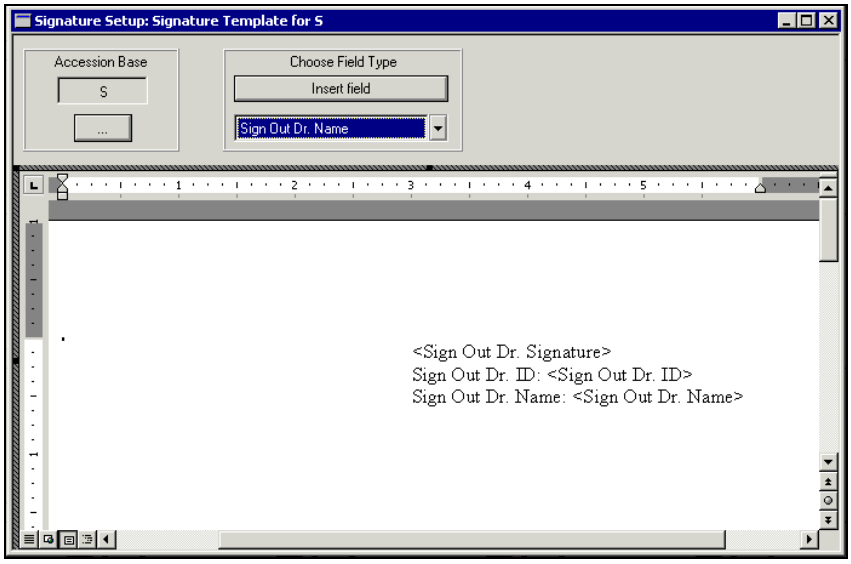


Figure 6-116. Signature Setup: Signature Template window.

Accession Base

This field displays the accession sequence code. To change the accession sequence, click the ... button and select a new accession sequence from the list.

Insert Field Button

Insert fields by positioning the cursor on the segment of the page you want the data to appear. Select the field from the drop-down list and click **Insert Field**. The selected field will be inserted into the document. When the report is printed, all elements contained within the field codes will be printed on the signature line of the report for the respective patient.

Banner Setup

This option allows you create or edit banner pages.

Access the **Banner Setup** option by selecting *Setup > Document Files > Banner Setup* from the main menu. The **Banner Setup** window displays similar to Figure 6-117. This window allows you to edit/create the clinic banner, doctor banner, auxiliary banner, and additional copy banner.

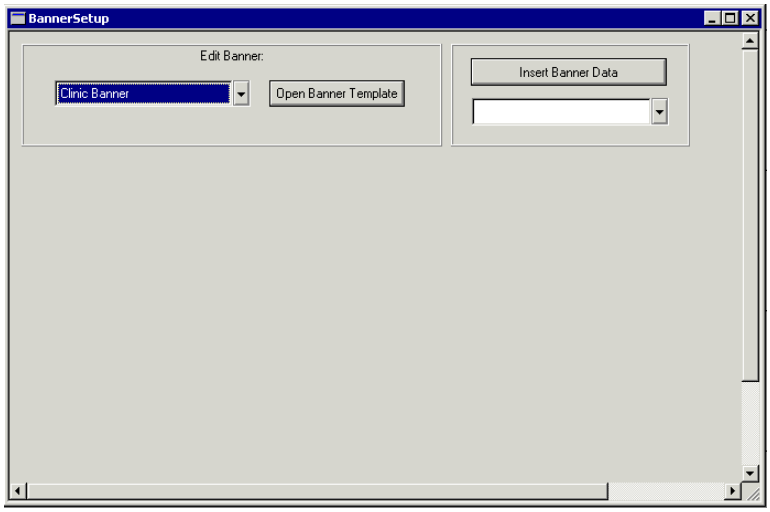


Figure 6-117. Banner Setup window.

Edit Banner Button

Click the arrow to make your selection from the **Edit Banner** list button. You can display and edit the banner you select in MS Word, using the full range of Word features and functions. The banners are used for the feature you select when printing a batch job.

Editing Banner Pages

Select the type of banner you want to create/edit (clinic banner, doctor banner, auxiliary doctor banner, or additional copy banner) by using the list button. The system displays the **Banner Setup** window similar to Figure 6-118. This window allows you to define a template for the banner page.

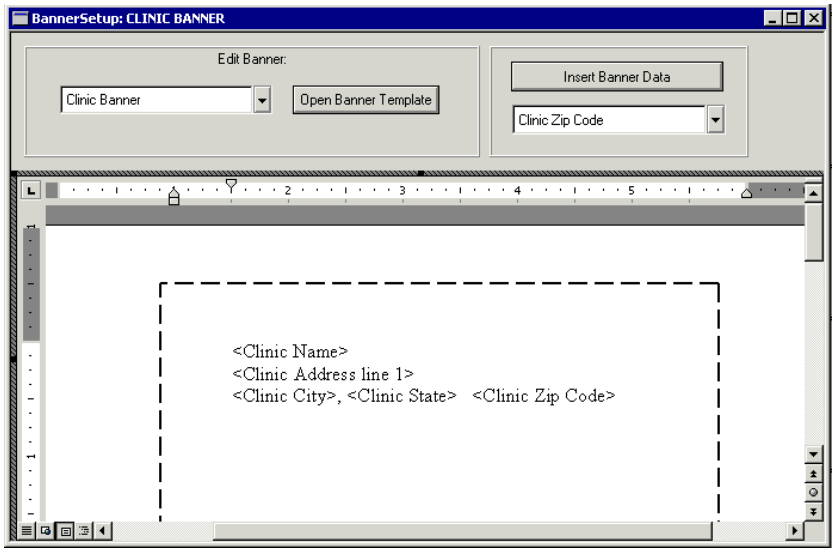


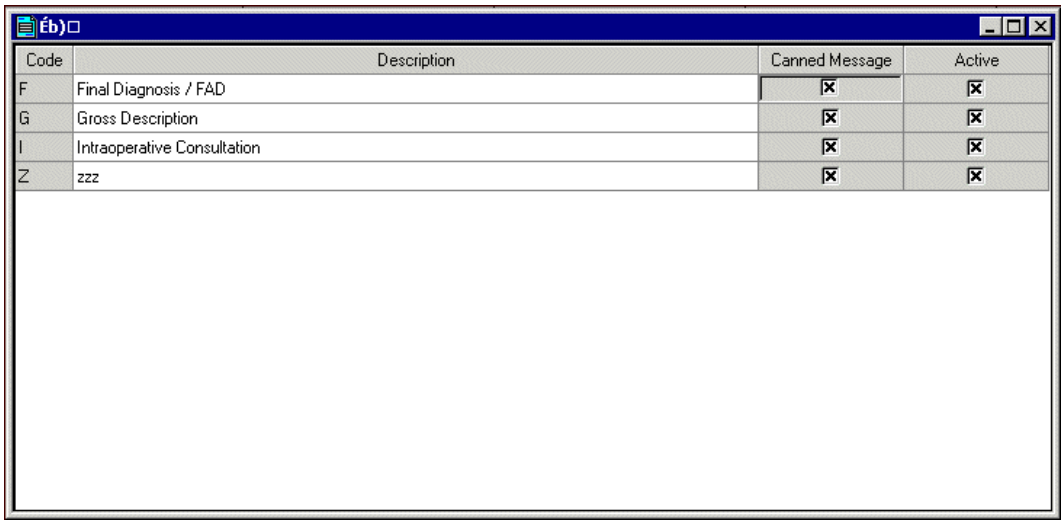
Figure 6-118. Open Banner Template

Insert Banner Data Button

Insert fields by positioning the cursor on the segment of the page you want the data to appear. Select the field from the drop-down list and click **Insert Banner Data**. The selected field will be inserted into the text window. When the banner is printed, all elements contained within the field codes will print on the banner.

Document Section Setup

The Document Section Setup option allows you to define new, modify existing, or delete reports sections from your documents as created in the SoftPath system. These sections, once defined here, will appear available in Report Setup. The Document Section Setup window appears similar to Figure 6-119.



Code	Description	Canned Message	Active
F	Final Diagnosis / FAD	☒	☒
G	Gross Description	☒	☒
I	Intraoperative Consultation	☒	☒
Z	zzz	☒	☒

Figure 6-119. Document Files menu – Document Section Setup window.

Code Column

The code column allows you to define a unique code for your document sections.

Description Column

Type the identifying name of your document section here.

Canned Message Column

In this column, you may associate your document sections with available canned messages.

Active Column

Click this column to activate or inactivate your document sections.

Label Setup

This option allows you to set up label sheets for printing groups of labels. Access the **Label Setup** option by selecting *Setup > Document Files > Label Setup* from the main menu. The **Label Setup** window displays similar to Figure 6-120.

NOTE: To enable the **Label Setup** option, the system administrator must activate the option in your SoftPath RPARAM file.

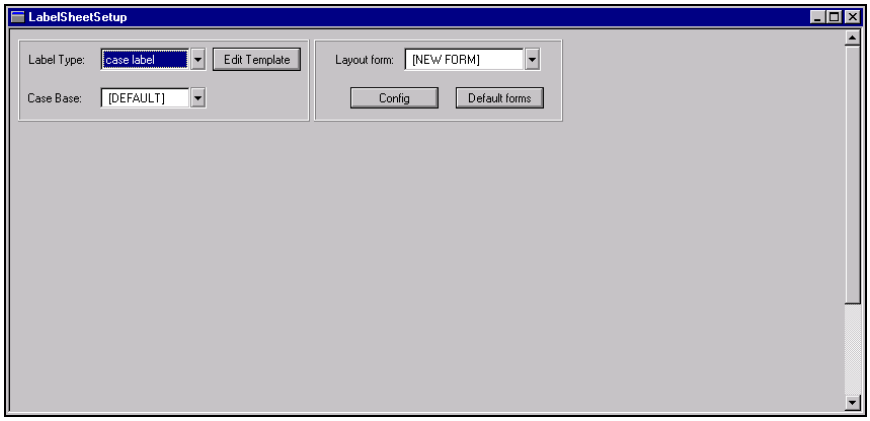


Figure 6-120. Label Setup window.

Label Type

Select the template you want to use for the labels contained in the label sheet. After you select a label type and layout form, you can click **Edit Template** to edit the MS Word document that defines the content and format of the labels contained on the label sheet.

Layout Form

Select the layout form you want to use for this label sheet from the drop-down list. The layout form determines the page layout, printer, page margin, and paper size for the label sheet.

To create a new layout form, select **[NEW FORM]** from the **Layout Form** drop-down list and click the **Config** button. To edit an existing layout form, select the form from the drop-down list and click **Config**.

Select the accession base you want to use for this label sheet from the drop-down list. The case base you select determines which label template is used.

Config Button

Select a layout form from the drop-down list and click this button to display a window containing three tabs that allow you to define page layout information for the form. This window displays similar to Figure 6-121. If you want to create a new form, select **[NEW FORM]** from the **Layout Form** drop-down list and then click the **Config** button. When you have finished defining the layout form, click **Save** to save your data and return to the **Label Setup** window.

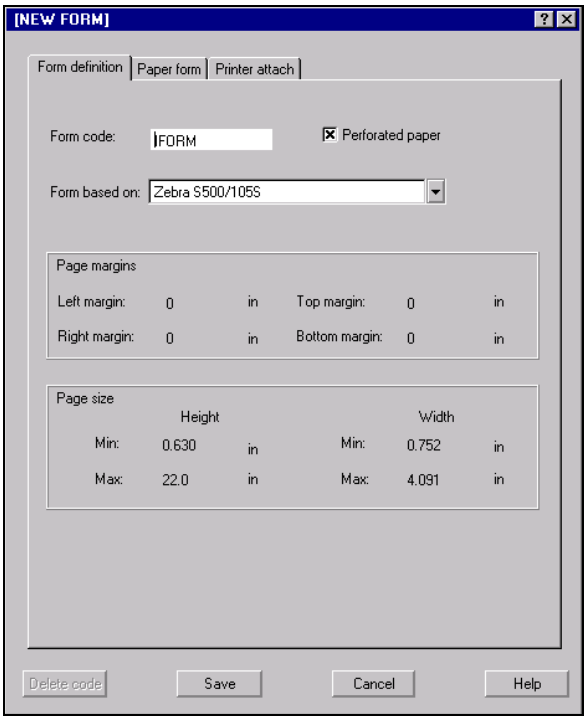


Figure 6-121. Layout form configuration window - Form Definition tab.

Form Code

Enter a name for the form in the **Form Code** field.

Form Based On

Select the printer type that you want to use to print labels that utilize this layout form from the drop-down list. The system displays the page margin and paper size for the specified printer type in the informational areas located in the bottom half of the window.

Perforated Paper

Mark the **Perforated Paper** checkbox if you want this label to print on a printer that uses perforated paper instead of single sheets.

Delete Code Button

Click this button to delete this layout form from the system.

Paper Form Tab

Select the **Paper Form** tab to define the position of the label on the page. This tab displays similar to the shown in Figure 6-122.

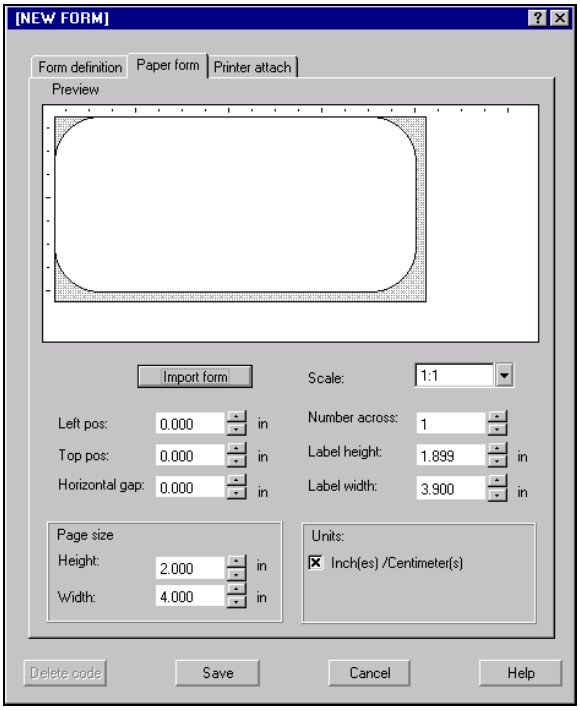


Figure 6-122. Layout form configuration window - Paper Form tab.

Scale

By default, the preview image located in the **Preview** area is displayed as the actual size (1:1) of the label. You can select a new scale from the **Scale** drop-down list to view a larger area of the page. This setting only affects the label display in the **Preview** area and has no effect on the printed label output.

Left Pos and **Top Pos**

Enter the distance between the edge of the labels and the left and top edges of the page.

NOTE: SCC recommends you use a left position of 1.000 inch and a top position of 1.000 inch for most label sheets.

Page Size

Enter the dimensions of the paper you will use to print the label sheets.

Number Across

Enter a value of ***1*** if your organization uses single label rolls for printing label sheets.

Label Height and **Label Width**

Enter the dimensions (height and width) of the labels for this label sheet.

Inches/Centimeters

Mark this checkbox if you want to specify all measurements on this tab using inches. Unmark this checkbox to specify all measurements on this tab using centimeters.

Import Form Button

Click the **Import Form** button to use page layout settings from an existing layout form. When you click this button, a window displays similar to Figure 6-123. Select the layout form with the settings you want to import into your current layout form and click **Import**. The system populates the fields of the **Paper Form** tab with the imported page layout data.

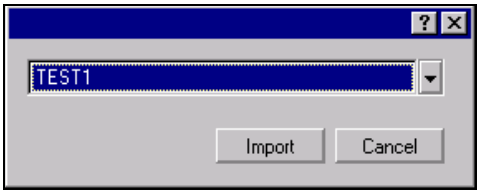


Figure 6-123. Import Form window.

Printer Attach Tab

This tab is used to associate printers located on the print server with the current layout form. All label sheets that use the layout form can be printed only from the attached printers specified in this tab.

To associate a printer with the layout format, highlight the printer you want to add in the **Print Server's Printers** list and click the right arrow button. The printer is removed from the list and displays in the **Attached Printers** list. To remove an attached printer, highlight the printer you want to remove in the **Attached Printers** list and click the left arrow button.

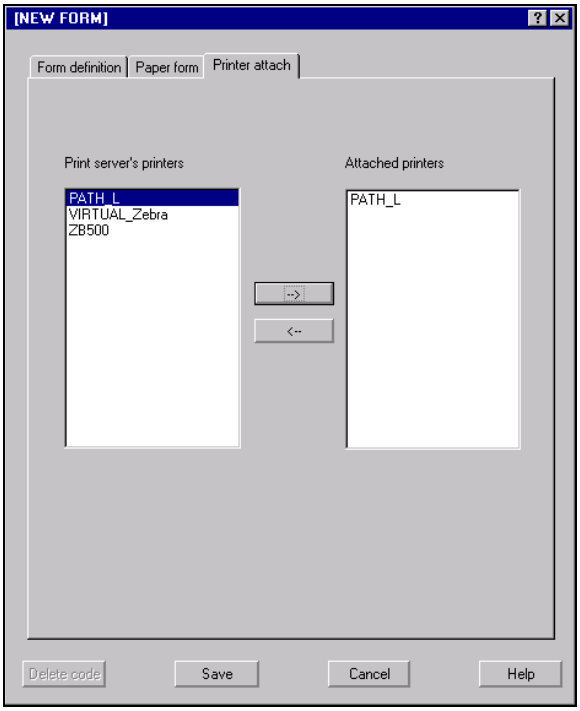


Figure 6-124. Layout form configuration window - Printer Attach tab.

Default Forms Button

Click the **Default Forms** button (located in the **Label Sheet Setup** window) to display the **Default Forms** window similar to Figure 6-125. The first column in the window displays a description of each available layout form. The second column displays the unique identifier for each layout form. Select a layout form by highlighting it and clicking **OK**.

NOTE: New forms that you create using the **Config** button become available in this window after you save the information.

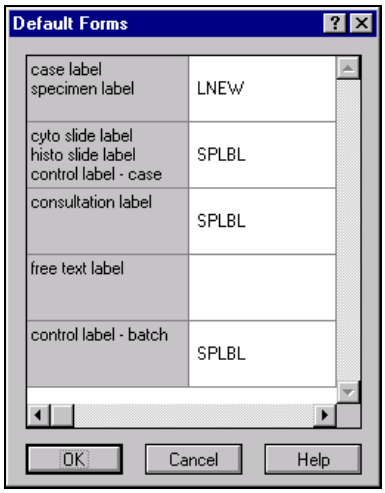


Figure 6-125. Default Forms window.

Edit Templates Button

In the **Label Type** field, select the template you want to use for the labels contained in the label sheet. After you select a label type and layout form, you can click **Edit Template** to edit the label template. Label templates are used to format the labels and determine the text and data codes printed on each label. The template uses the page layout information specified in the layout form you selected in the **Layout Form** drop-down list

When you click the **Edit Templates** button, the system displays the template for the currently selected label type and case base in the **Label Setup Case Label** window similar to Figure 6-126. When you have finished editing the template, click **Close** to return to the **Label Setup** window.

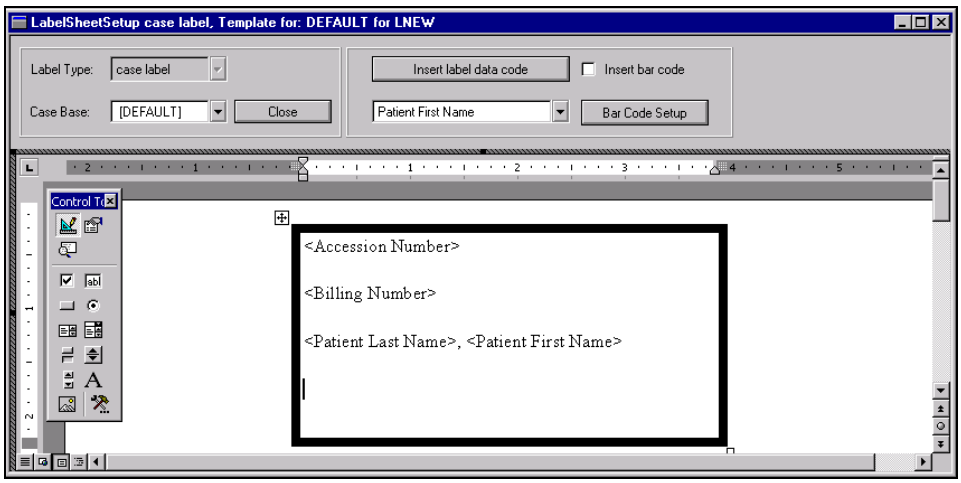


Figure 6-126. Label Sheet Setup Case Label window.

Case Base

This field displays the accession base for the current label template. You can change the accession base used for the label sheet by selecting a new base from the drop-down list. To create a separate label template for multiple accession bases, select the first case base and format the template accordingly. Then select the next accession base from the **Case Base** drop-down list. Click **Yes** when the system prompts you to save your changes. You can then enter text and data codes for the newly selected accession base. You can repeat this process for each case base in order to create a unique label template for each accession sequence.

Insert Label Data Code Button

Select a data code from the drop-down list and click **Insert Label Data Code** to insert the selected data code into the label template. Label data codes allow you to print specific data items from the SoftPath database on the labels. For example, if you insert the **<Accession Number>** data code, each label will include the accession number of the particular case associated with the label. Label data codes can be formatted just like normal text.

Insert Bar Code

Mark this checkbox to include a bar code on each label. Click the **Bar Code Setup** button to display the **Bar Code Setup** window. This window allows you to define the default values of the bar code heights, widths, font sizes, and coding types. Refer to page **6-152** for more information on bar code setup.

ABN Form Setup

The ABN Form Setup option allows you to create, edit, and delete the available ABN forms that will be used by your SoftPath system. The forms that you create and edit here will be available to use through Specimen Registration. See ***Chapter 1.2 – Order: Specimen Registration*** for more information. The ABN Form Setup window appears similar to Figure 6-127.

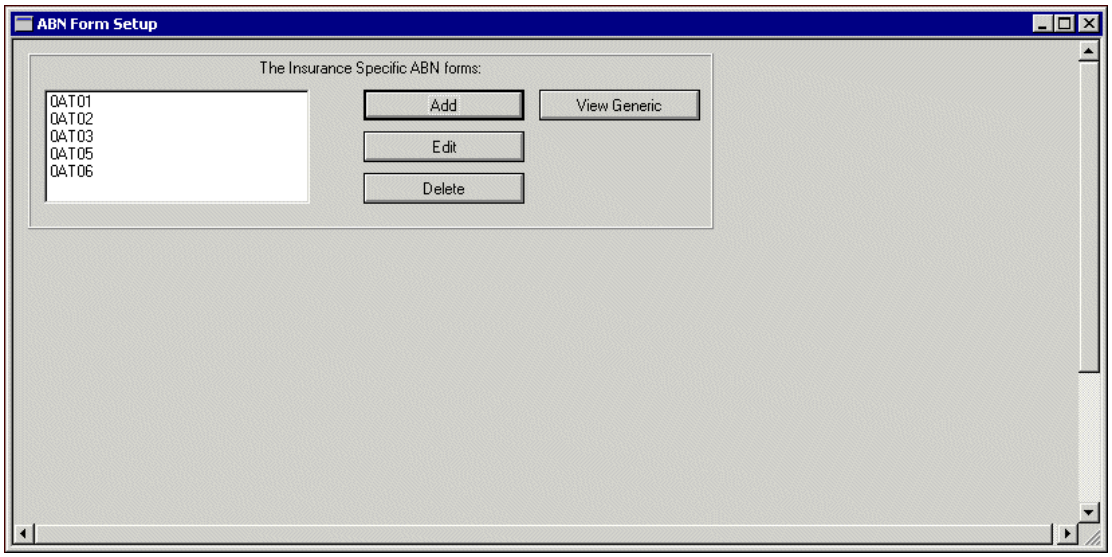


Figure 6-127. Document Files menu – ABN Form Setup window.

ABN Form Setup works with Microsoft Word functionality, allowing you to use that well-known interface to create your forms.

Add

Select this button to create a new ABN form. Once selected, you will be brought to the Word interface.

Edit

Select this button to edit the existing ABN form selected in the list on the left of the window. Once selected, you will be brought to the Word interface to make your edits.

Delete

Select this button to delete the ABN form selected in the list on the left of the window.

View Generic

Select this button to view a read-only copy of the generic ABN form as provided to SoftPath by SoftCompliance.

User Defined Sub-Sections

User Defined Sub-Sections allows users to define the subsections available for placement in the system documents, including Final and Preliminary reports. When you click on the User Defined Sub-Sections option, a setup window displays similar to Figure 6-128.

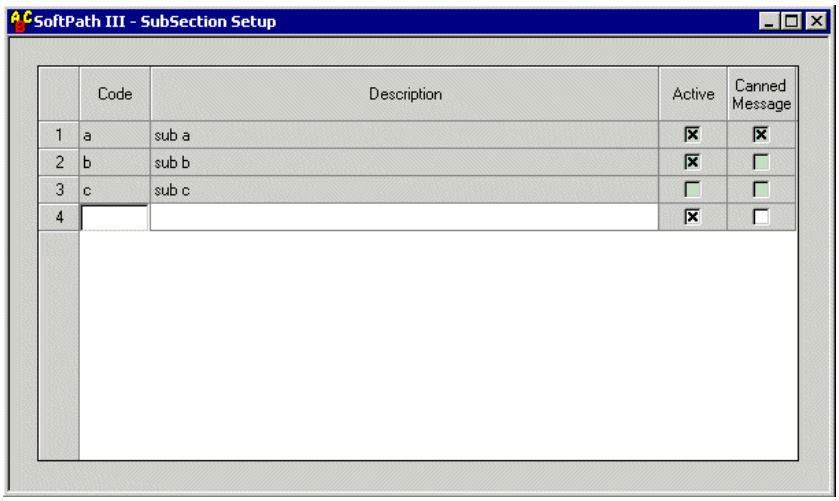


Figure 6-128. SubSection Setup window

The fields contained in the Setup window are described below:

Code

The code field allows you to assign a code to your subsections, used to identify the subsection throughout the program. This section only accepts alphabetic characters in lower-case.

Description

The Description field is where you define the heading that the subsection will carry within the document once it is inserted. This description is also how you will identify the subsection when setting up your reports in **Report Setup**.

Active

Use this checkbox to toggle your subsection from active to inactive.

Canned Message

The Canned Message checkbox can be used to associate a subsection with a canned message.

Auto Assignment

The Auto Assignment feature allows you to define parameters for the automatic assignment of incoming cases to personnel. These assignments can be made through the separation of case types (Autopsy, MED, GYN, and Surgical) and the levels of personnel (Clerks, Pathologists, etc.). Incoming cases can also be classified by source.

Personnel List

When **Auto Assignment** is selected in the Setup menu, the Auto Assignment window displays with the **Personnel List** tab active, as shown in Figure 6-129.

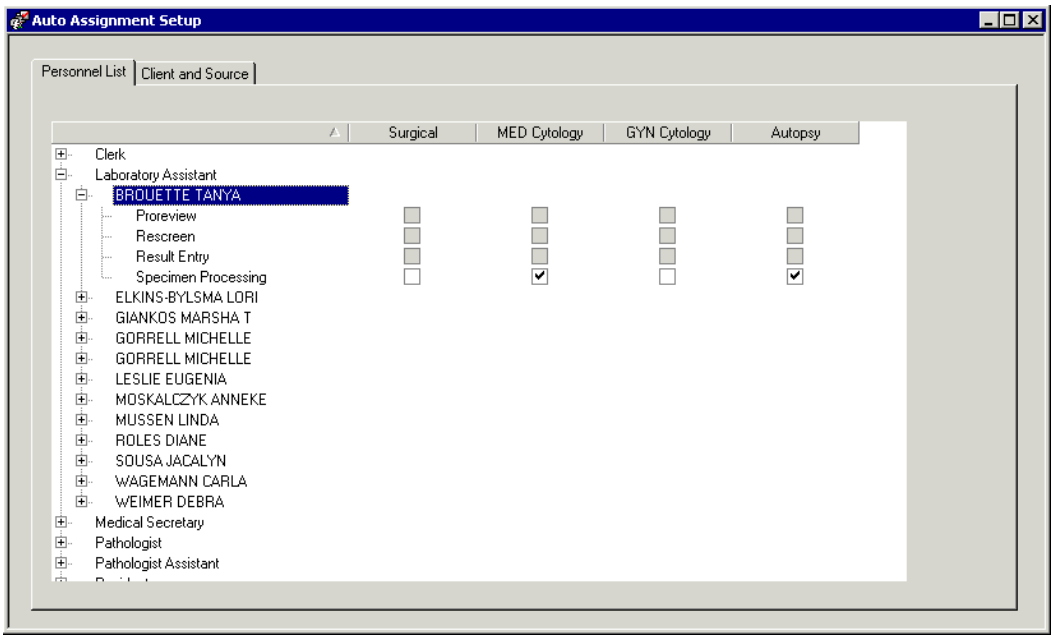


Figure 6-129. Setup menu: Auto Assignment window – Personnel List tab.

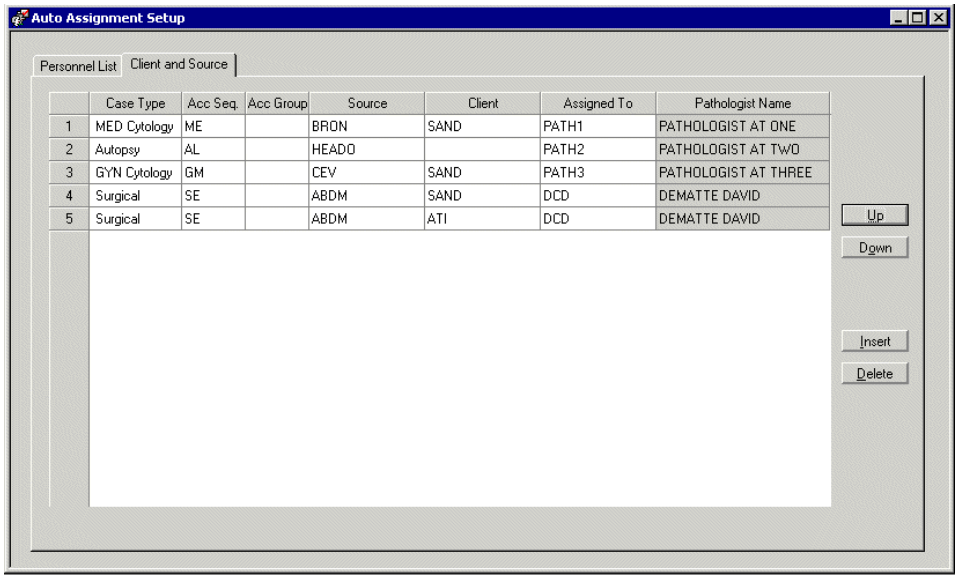
The **Personnel List** is expandable first by employee type and then by individual personnel. Once the employee is selected, you can choose which role they will play regarding the steps involved in processing a case.

NOTE: By default, all employees have access to Specimen Processing. Permissions for the other options are defined in the **Personnel** Setup file. See **Page** ***6-4*** for more information.

Clicking in the checkboxes under the desired case type will automatically assign that step in the processing of the incoming case to the employee.

Client and Source

Auto Assignment also allows you to assign incoming cases according to the source or client code. To do this, select the **Client and Source** tab of the Auto Assignment window. A window displays similar to Figure 6-130. To create a new assignment, click the **Insert** button on the right side of the tab. From there you can define the appropriate fields. To remove an assignment, select the entire row of the assignment and click the **Delete** button.



	Case Type	Acc Seq.	Acc Group	Source	Client	Assigned To	Pathologist Name
1	MED Cytology	ME		BRON	SAND	PATH1	PATHOLOGIST AT ONE
2	Autopsy	AL		HEADO		PATH2	PATHOLOGIST AT TWO
3	GYN Cytology	GM		CEV	SAND	PATH3	PATHOLOGIST AT THREE
4	Surgical	SE		ABDM	SAND	DCD	DEMATTE DAVID
5	Surgical	SE		ABDM	ATI	DCD	DEMATTE DAVID

Figure 6-130. Setup menu: Auto Assignment window – Client and Source tab.

Case Type

Clicking in this field will display a drop-down menu where you can select a case type for this assignment.

Acc Seq

This field allows you to define an accession sequence for this assignment.

Acc Group

This field allows you to define an accession group for this assignment.

Source

Clicking in this field will display a drop-down menu where you can select a source code for this assignment.

Client

This field allows either free text entry of a client code or a code lookup screen.

Assigned To

This field allows either free text entry of a pathologist's ID code or a lookup screen.

Pathologist

This field displays the full name associated to the Pathologist ID selected in read-only mode.

Custom Registration Setup

Launching Custom Registration Setup environment

To launch Custom Registration Setup from the main menu, select the Custom Registration Setup option in the Setup menu, as shown in Figure 6-131.

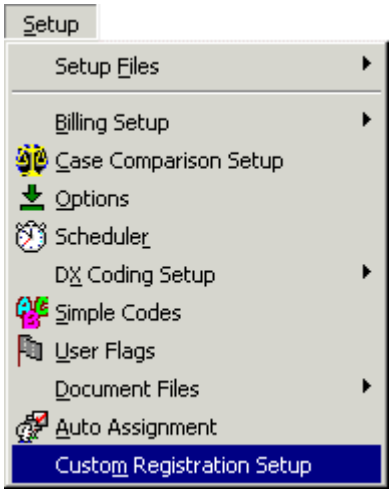


Figure 6-131. Setup menu: Custom Registration Setup option.

After selection of the Custom Registration Setup option, the Accession Base selection window appears as shown in Figure 6-132.

Use the arrow keys on the keyboard and arrow up or down to highlight the desired base, then press the enter key on the keyboard.

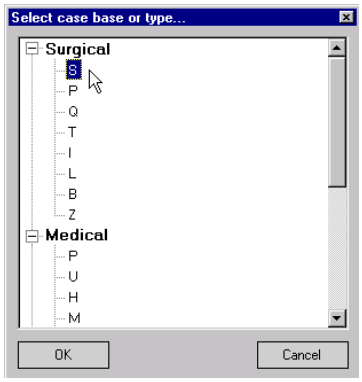


Figure 6-132. Custom Registration Setup: Accession Base selection window.

NOTE: Only one custom registration screen can be created for each accession base.

The Custom Registration Setup environment displays as shown in Figure 6-133.

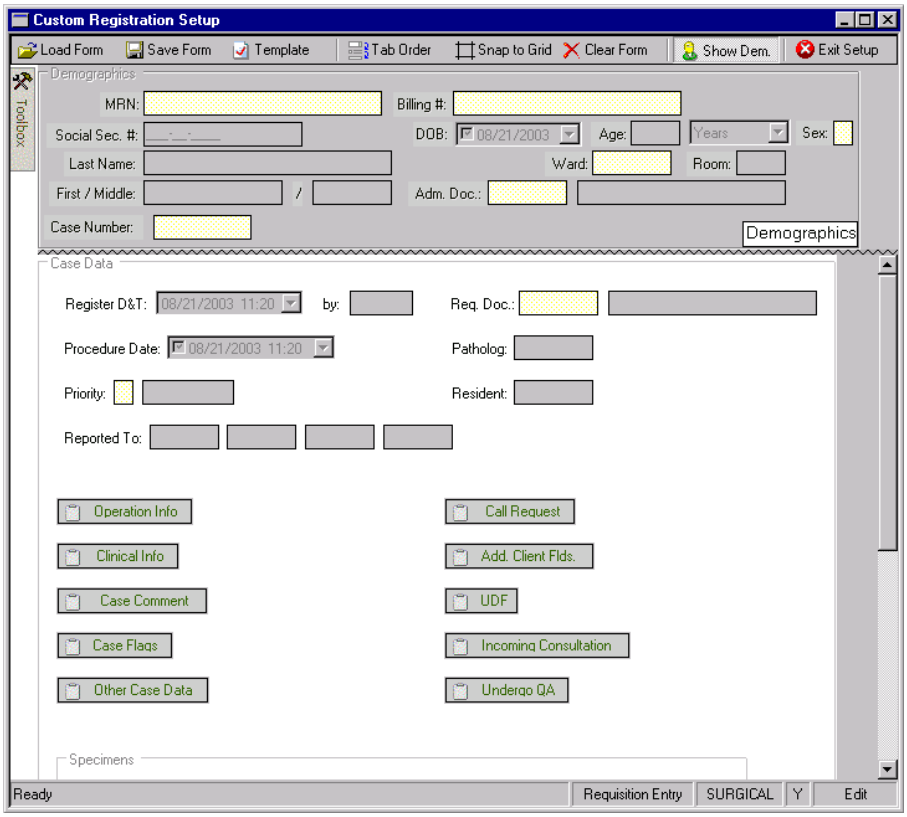
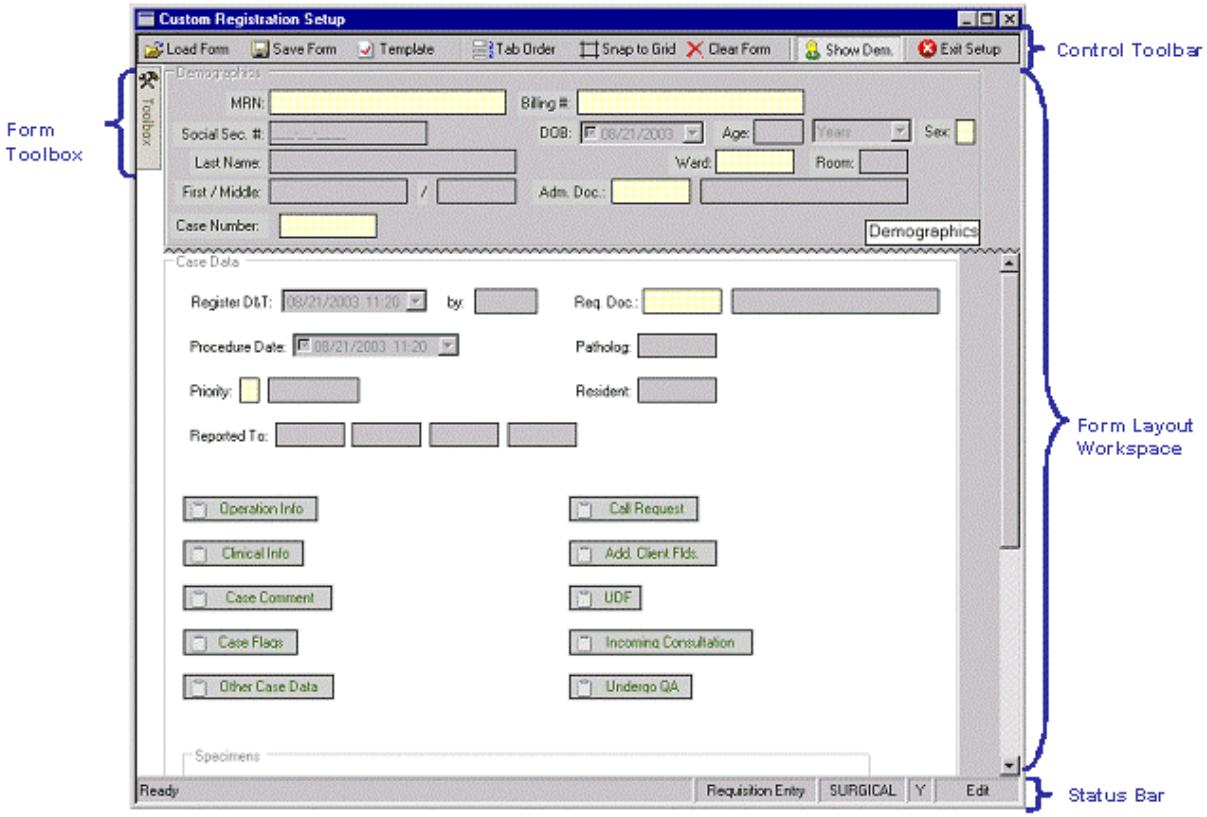


Figure 6-133. Custom Registration Setup environment screen.

Custom Registration Setup elements

The Custom Registration Setup environment consists of 4 main elements:

- Control Toolbar
- Form Toolbox
- Form Layout Workspace
- Status Bar



Control Toolbar

This toolbar contains the following buttons:

Load Form button:

Selecting this button will launch the "Select case or base type" window shown in Step #2. If the active form has had edits made to it, the system will prompt the user to save or discard the changes:

Save Form button:

Selecting this button will save any edits made to the active form.

Template button: Template

Selecting this button will load the system's default form template for the current case type and discard the current layout of the active form.

NOTE: This is an irreversible action; after this selection is made there is no way to recover the previous form layout.

Tab Order button: Tab Order

Selecting this button will toggle on the feature that allows the user to set the tab order of the current active form. Tab order is determined with sequential mouse clicks. When the Tab Order button is selected, the controls in the form will be numbered sequentially. This is the default tab order. To change the tab order to the desired sequence, select each control in the desired sequence with sequential mouse clicks. As the controls are selected, they are numbered with a small numeric box, shown in Figure 6-134.

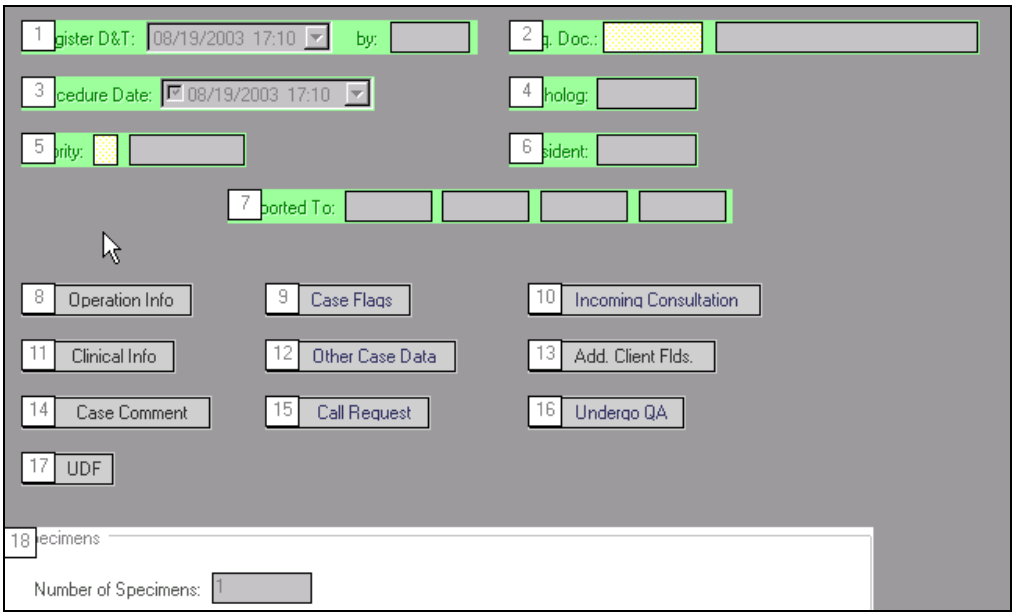


Figure 6-134. Tab Order environment window.

If a mistake is made, you must continue to assign sequence numbers until the end of the sequence; after that, you may begin again with the first number at the start of your desired sequence. To save your sequence, select the Tab Order button; this will toggle off the feature and save your settings.

Snap to Grid: Snap to Grid

Selecting this button will toggle on the feature that allows the user to determine the dimensions of an invisible grid that allows precise alignment of the various controls in each Form. The dimensions of the grid are global across all nested forms; grid dimensions are applied to all forms. To set the grid dimensions, select the Snap to Grid button to toggle on the feature, and right click in the body of the current active form; do not right click on controls.

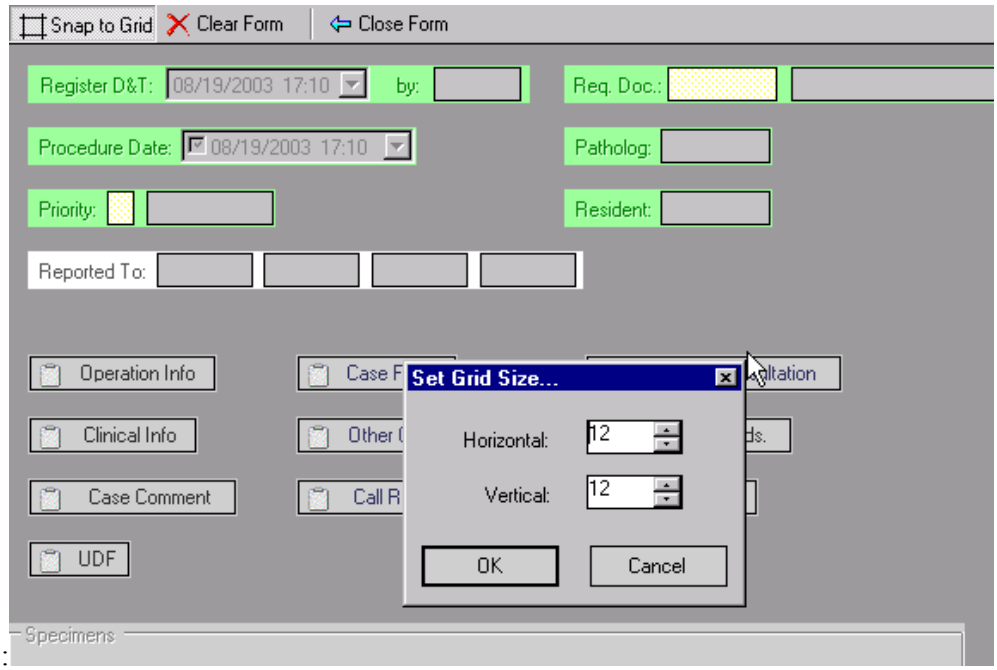


Figure 6-135. Set Grid Size window.

You may set the horizontal and vertical indexes for the grid; select OK to save your settings. Since the grid is not visible, it may take a little experimentation to set the grid specifications to your taste.

Clear Form button: Clear Form

Selecting this button will delete all non-required field controls from the current active form. Use this feature when you are unhappy with the current layout of your form, and you want to start designing your form from scratch.

NOTE: This is an irreversible action; the system will prompt the user to confirm deletion of controls.

Show Demographics button: Show Dem.

Selecting this button will toggle on and off the display of the Patient Demographics form. This form displays by default when the Custom Registration Setup environment is first displayed.

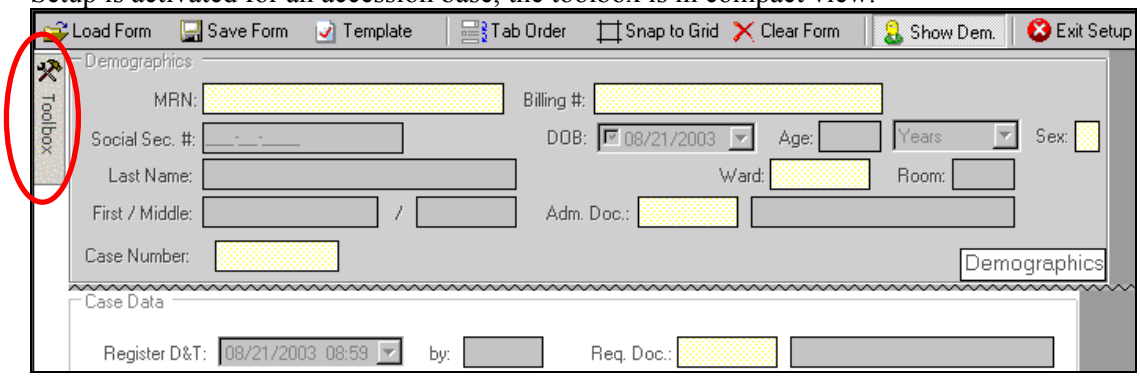
NOTE: This is a required form, and is not editable.

Exit Setup button: Exit Setup

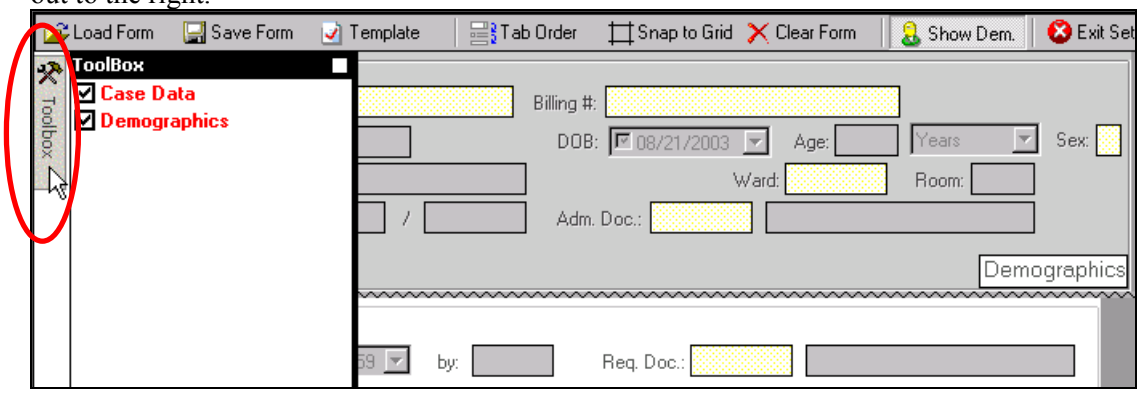
Selecting this button will exit the Custom Registration setup environment. If edits have been made to the current environment, the user will be prompted to save changes.

Form Toolbox

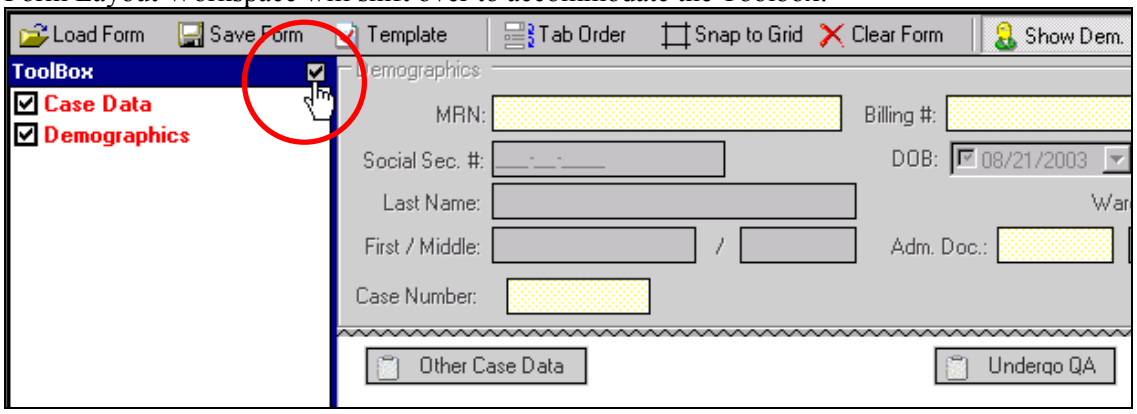
The Form Toolbox contains all of the field controls for a given form. When the Custom Registration Setup is activated for an accession base, the toolbox is in compact view.



To display the toolbox in its extended view, mouse over the toolbox icon. The toolbox will extend out to the right.



To lock the toolbox into full view, click the checkbox in the upper right corner of the toolbox. The Form Layout Workspace will shift over to accommodate the Toolbox:



Form Layout Workspace

The Form Layout Workspace is described in detail in the section titled **Form Layout**.

Status Toolbar

The Status Toolbar displays information about the current accession base that is active. The example below describes, from left to right:

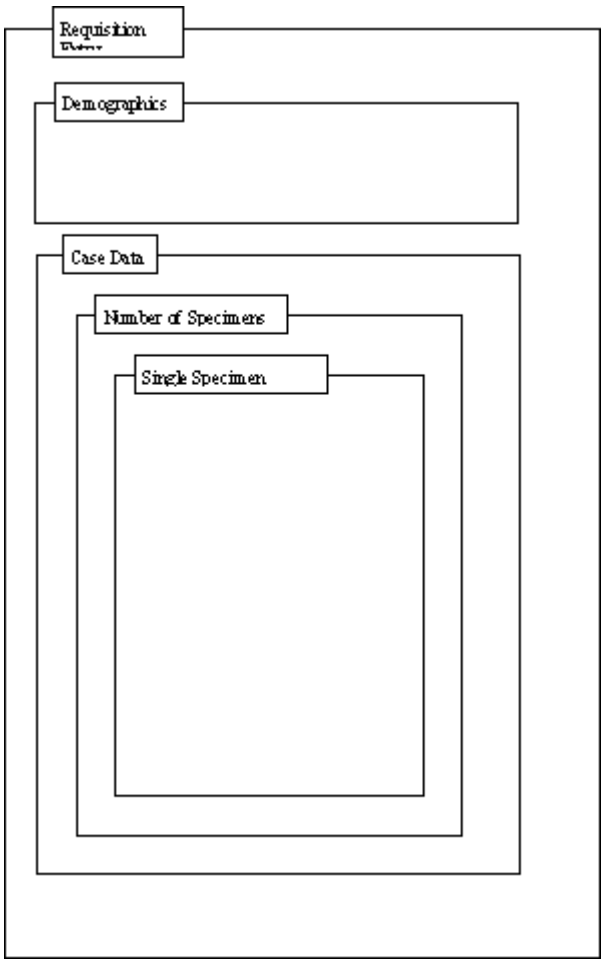
- The system is Ready
- The user is editing the Requisition Entry form
- The case type of the accession base is Surgical
- The code of the accession base, Y, that is loaded into Custom Registration Setup and active

The system is in Edit mode.

Ready	Requisition Entry	SURGICAL	Y	Edit

Form Layout

The Form Layout Workspace is comprised of a series of ***nested forms***. A schematic of the nested form layout is displayed below.

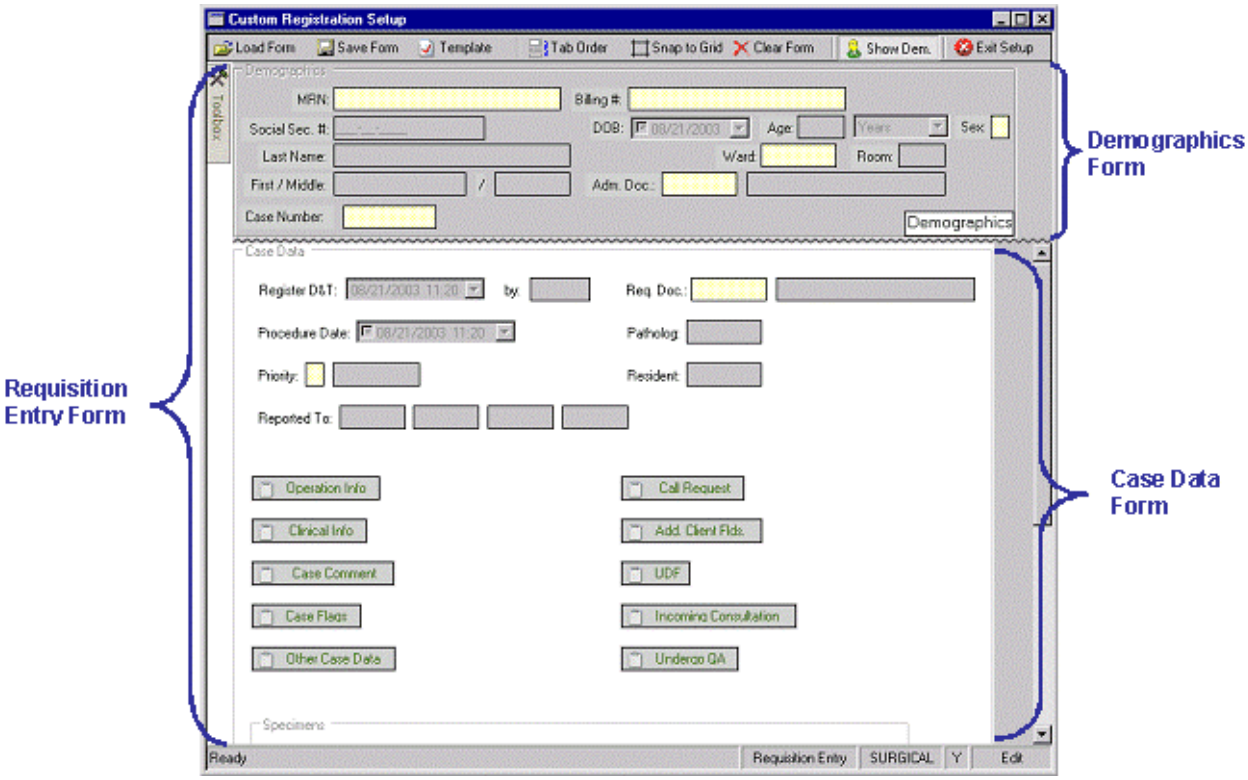


Each form may contain two types of objects: **children form objects** and **field control objects**. A child form is a form that is nested within a parent form. Field controls are elements that represent data entry fields. Both form objects and field control objects can be positioned within the parent container layouts using drag and drop functionality.

There are two types of field controls; **required** and **non-required**. Just as in the traditional data entry screens in the system, some of these data entry fields are required fields in which data entry is mandatory. The required controls are displayed in a bold red font in the Form Toolbox, and cannot be deleted from the container form in which they reside.

Requisition Entry Form

The Requisition Entry form is presented to the user when the Custom Registration Setup screen first displays. This form is the parent container of the four children forms where form layout design occurs. The Requisition Entry form cannot be edited, and is not labeled. The Requisition Entry form contains the Demographics form and the Case Data form.



Demographics Form

The Demographics form is required and is not editable. It contains no children forms. It contains the following field controls:

- MRN
- Billing number
- Social Security number
- Date of Birth
- Age
- Sex
- Last Name
- First/Middle Name
- Case number
- Ward
- Room number
- Admitting Doctor

Case Data Form

The Case Data form contains one child form - the Number of Specimens form. The Case Data Form contains the following field control elements (required fields are displayed in **bold**):

- **Additional Client Fields**
- Case Comment
- Clinical Info
- Foreign Case
- Operation Info
- Other Case Data
- Pathologist
- **Priority**
- **Procedure Date & Time**
- Registered Date & Time
- Reported To
- **Requesting Doctor**
- Resident
- **Specimens**

Number of Specimens Form

The Number of Specimens form contains one child form - the Single Specimen form. The Number of Specimens Form contains only one control, which is required:

- Number of Specimens

Single Specimen Form

The Single Specimen form contains no child forms. The Single Specimen form contains the following control elements (required fields are displayed in **bold**):

- Body Site
- **Collection Method**
- Lab Tests
- Modifier
- (# of) Pieces
- **Received D&T**
- **Source**
- Source Flags
- Special Tests
- Specimen Comment
- **Specimen Number**
- User Defined Flags

Form Design

To design a form in Custom Registration Setup, it is recommended that the Control Toolbox be displayed in extended view, as shown in Figure 6-136.

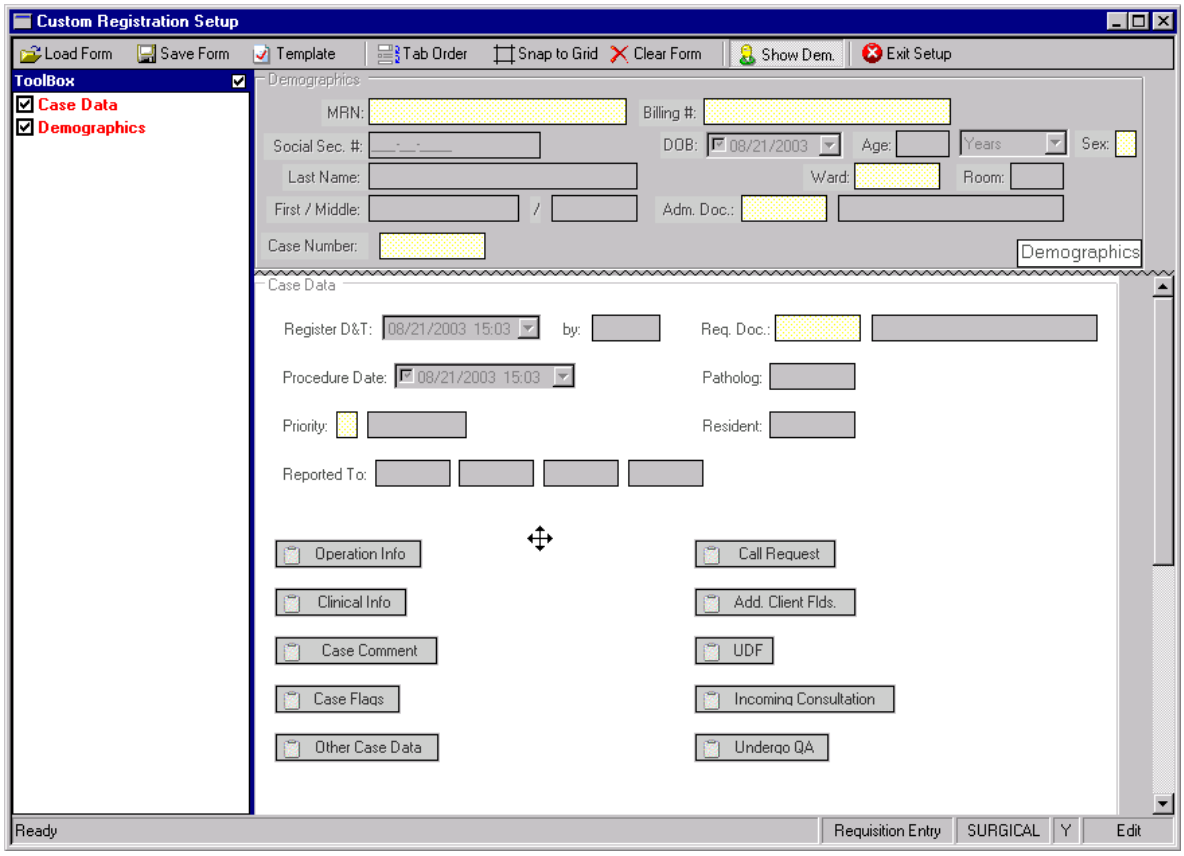


Figure 6-136. Custom Registration Setup: Control Toolbox displayed in extended view.

Double click the white area in the Case data form. This will open the Case Data form in edit mode. Notice that the cursor icon is shaped differently when it is positioned over a moveable object; in this case, the Call Request field control. When the cursor icon is shaped like this, , the drag and drop functionality is active and the object can be repositioned in the layout field. Additionally, the object will be highlighted in white. This functionality displays as shown in Figure 6-137.

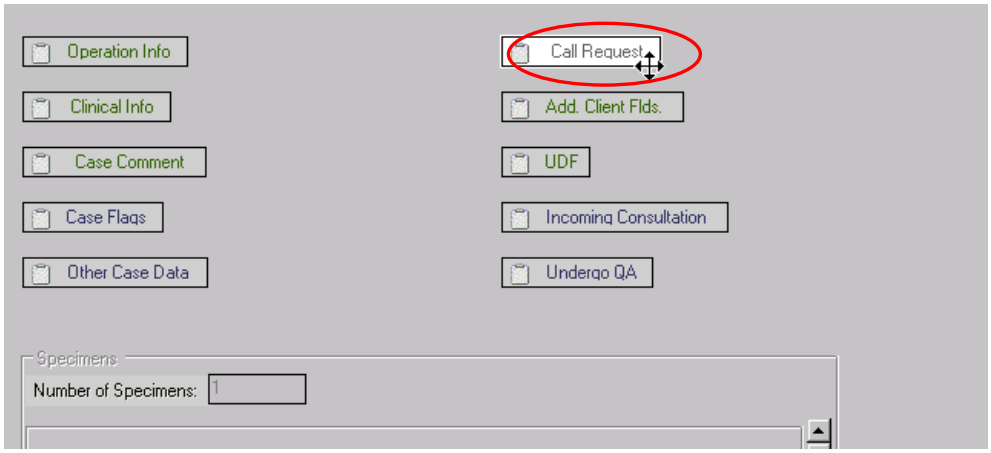


Figure 6-137. Custom Registration Setup: Drag-and-Drop functionality.

Child form objects can be positioned in the same manner.

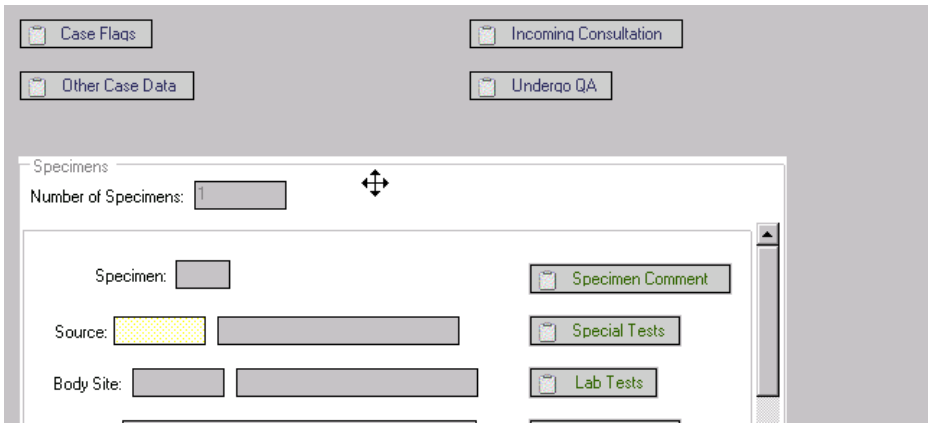
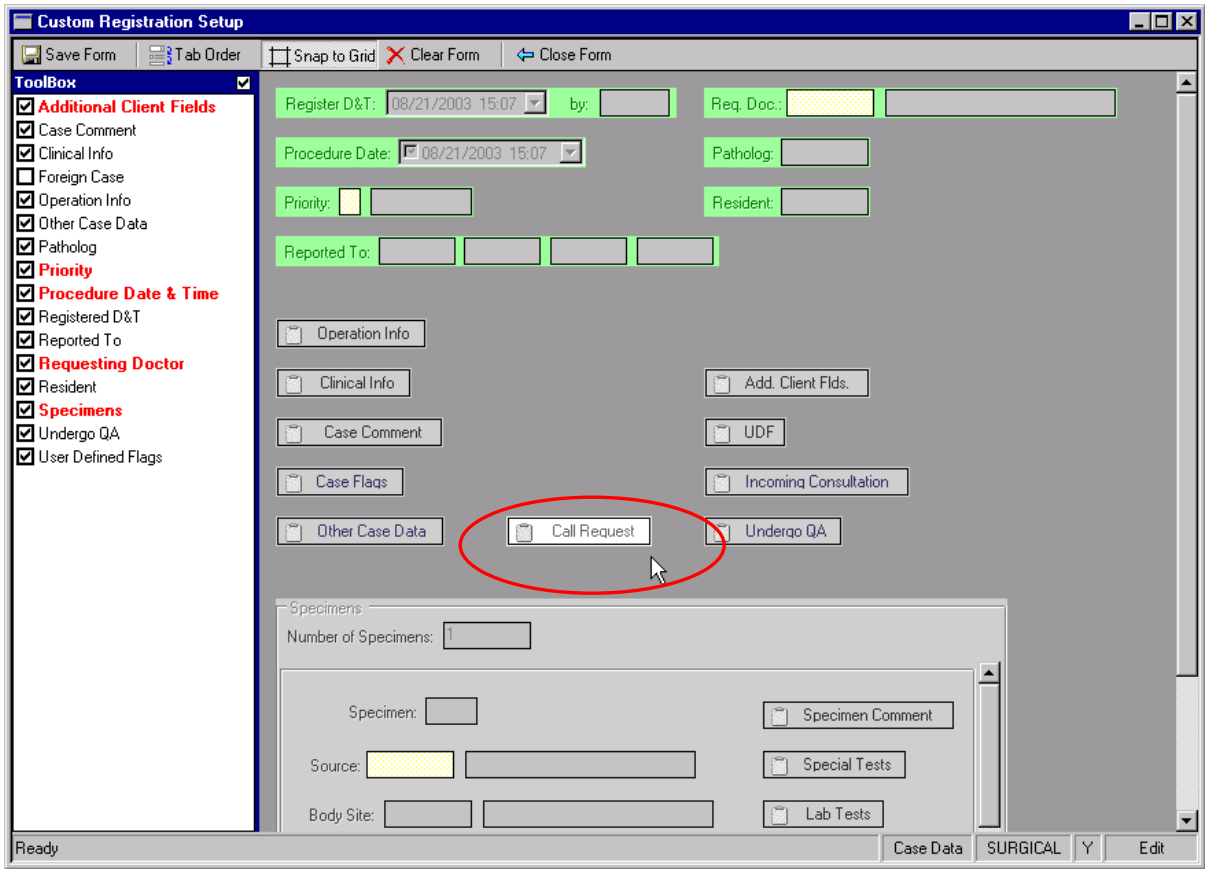
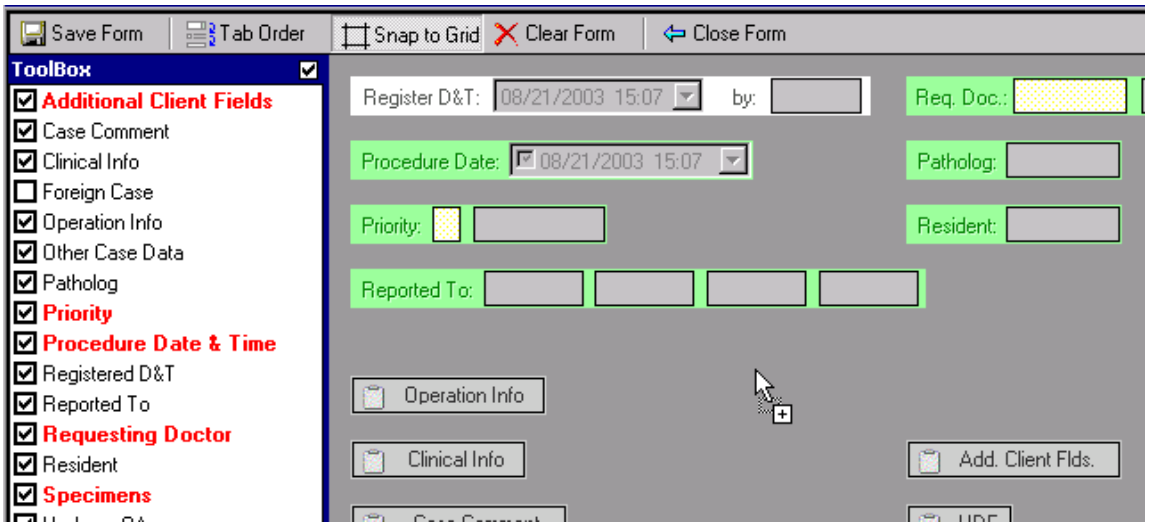


Figure 6-138. Drag-and-Drop functionality on a Child Form object.

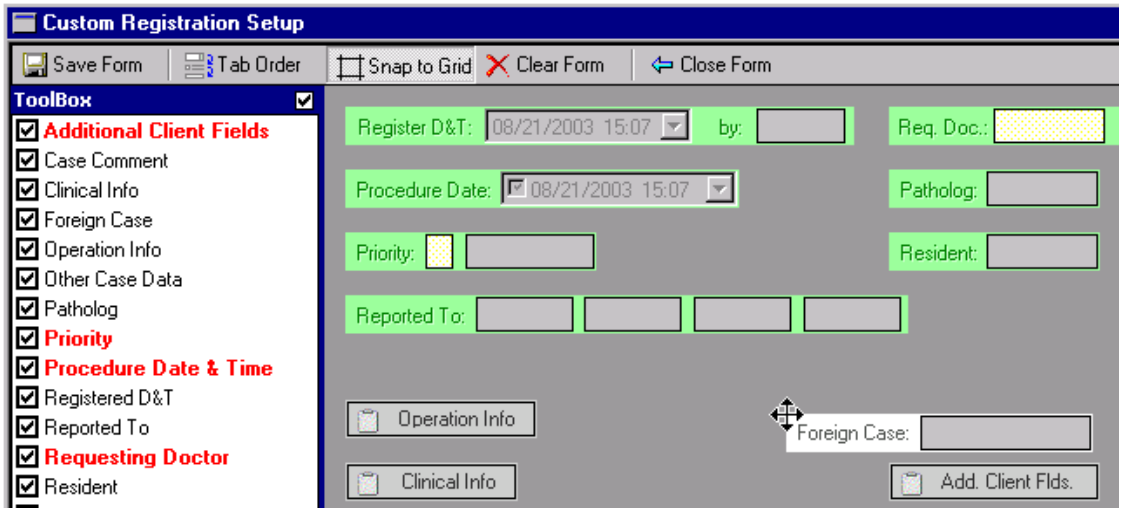
Notice that we have repositioned the Call Request field control in between the Other Case Data field control and the Undergo QA field control.



Notice that the Foreign Case field control does not nave a check mark in the corresponding check box. This indicates that the Foreign Case field is not currently included in the Case Data form. Now, drag and drop the Foreign Case field control from the Control Toolbox into the body of the Case Data form. The mouse cursor will change shape to indicate that the mouse cursor will add the field control where the cursor is when the control is dropped.



Now the Foreign Case field control can be positioned as desired. If the Snap to Grid button is toggled on, the system will align the field control with the others.



Notice that the Control Toolbar contains a new button, the Close Form button:

. Selecting this button will close the current active form. If edits have been made to current active form, the user will be prompted to save any changes to the form layout.

Chapter 7. Utility

The **Utility** menu options allow you to work with audit trails, perform action and billing entry, provide screening evidence, access archive utilities, set up remote printing, define ODBC reports, and more.

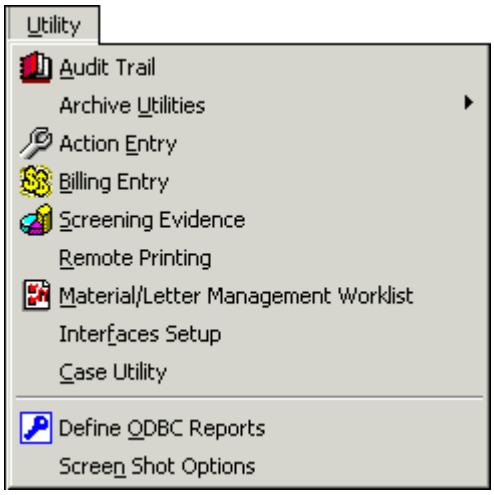


Figure 7-1. Utility menu.

SoftPath Utility Menu Options

The SoftPath Utility option contains the following features and applications:

Audit Trail

The **Audit Trail** option allows you to create and view reports regarding changes in system information. See ***Chapter 7.1—Utility: Audit Trail***.

Archive Utilities

To access utilities that allow you to define parameters regarding the archiving of your system, select the **Archive Utilities** option. See ***Chapter 7.2—Utility: Archive Utilities***.

Action Entry

To monitor unresolved QA situations, select the **Action Entry** option. See ***Chapter 7.3—Utility: Action Entry***.

Billing Entry

To modify a patient's billing transaction record, select the **Billing Entry** option. See ***Chapter 7.4—Utility: Billing Entry***.

Screening Evidence

To record statistics about screener performance, select the **Screening Evidence** option. See ***Chapter 7.5—Utility: Screening Evidence***.

Remote Printing

To set up remote printing and faxing services, select the **Remote Printing** option. See ***Chapter 7.6—Utility: Remote Printing***.

Material/Letter Management Worklist

The Material/Letter Management Worklist allows you to change technical billing locations, professional billing locations, specimen, block and slide storage, and the assignment of letters. See ***Chapter 7.7—Utility: Material/Letter Management Worklist***.

Interfaces Setup

This option bridges to the Interfaces Setup file of ***SoftLab***. See ***Chapter 7.8—Utility: Interfaces Setup***.

Case Utility

To suppress or restore a signed-out case, select the **Case Utility** option. See ***Chapter 7.9—Utility: Case Utility***.

Define ODBC Reports

The **Define ODBC Reports** option allows you to establish parameters regarding your database reporting features. See ***Chapter 7.10—Utility: Define ODBC Reports***.

Screen Shot Options

Use **Screen Shot Options** to send screen shots from SoftPath either to a printer or to an interested party through e-mail. See ***Chapter 7.11—Utility: Screen Shot Options***.

Audit Trail

The **Audit Trail** viewer allows the user to:

create reports detailing access to patient information

view changes made to patient demographics and results

view reports manually and automatically generated

view changes to setup.

The Viewer will also allow the user to set a variety of search criteria for each trace type.

There are four trace types available: **Patient Access**, **Patient Audit Trail**, **Batch Job**, and **Setup Audit Trail**. Associated with each trace type will be two parameters: category and action. The category defines what type of data is accessed (demographics, order, results, verified, results, or setup) while the action defines what is being done to the data (addition, deletion, modification, reading, or printing).

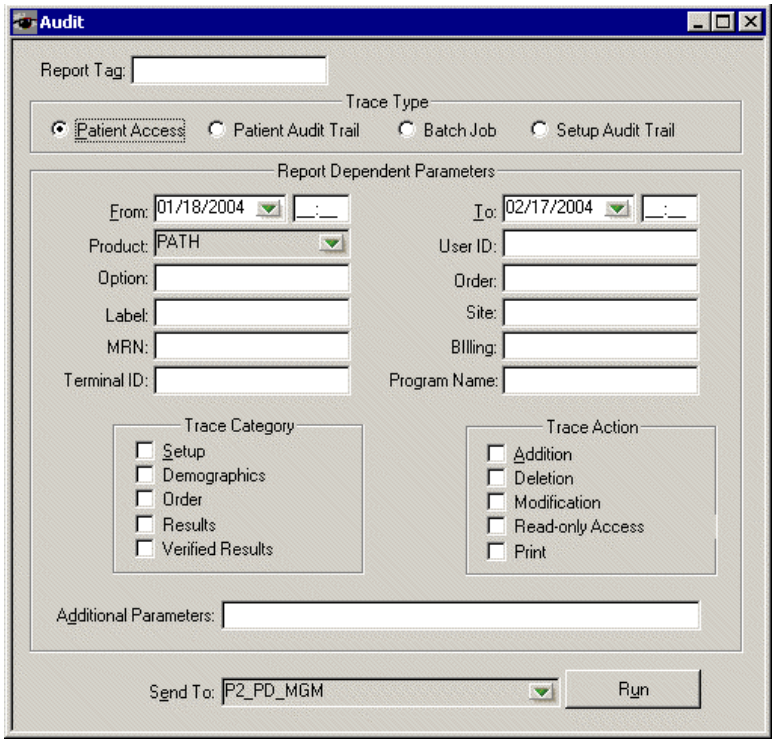


Figure 7-2. Audit Trail Viewer

Trace Type

Patient Access

The Patient Access report contains information about anytime a patient record or case is viewed. This includes changes of assignment performed via the Manager's Dashboard or My Workspace.

Patient Audit Trail

The Patient Audit Trail report contains information about edits that occur to patient records and cases.

Batch Job

This report will display every print job that is run either manually or from the Scheduler.

NOTE: This module is still currently under development.

Setup Audit Trail

This report will display all changes made to the setup files.

Report Dependent Parameters

From

Enter the beginning date for the search. Otherwise click on the dynamic list button and select a date from the calendar.

To

Enter the date to end the search. Otherwise click on the dynamic list button and select a date from the calendar.

Calendar

Click on the **down arrow** to the right of the field to display a calendar for the current month.

Select the desired day and month by clicking on them.

Changed the month by clicking on the **right and left arrows** on the calendar. Or you can click on the month and a drop-down list of months will display. Select the desired month by clicking on it.

Select the year by clicking on the **double arrows** or the **up/down arrow** to the right of the year.

Click **OK** to close.

Product

Select the Soft application. The drop-down menu will allow the user to select any combination of products or to select all products available.

User ID

Enter the specific ID or leave the field blank to view all users.

Option

This field refers to the Security Option number in SoftSec. This is a number that corresponds to the option/suboption in the product.

Order

This is the order number or applicable ID (case, folder, etc.).

Label

Used as an identifier for programmers to search for specific actions in audit trails. Programmers will use this field for troubleshooting.

Site

For client's with a multisite only. Specify the site code that the report will search.

MRN

The Medical Record Number assigned to the patient. This number is unique and may be system-generated or pulled from the HIS. Maximum 15 alphanumeric characters.

Billing

Enter the patient billing number. Maximum of 12 alphanumeric characters.

Terminal ID

Equals the ttyy#, which is located in the upper-left corner of the PC/terminal screen after login to the LIS system. For clients with terminal servers and network connections please contact an SCC representative from Hardware to configure these for you.

Program Name

The program name field is the name of the program or server that was used during the user's action in the application.

Trace Category

Trace Category defines what type of data is accessed. This is one of two parameters that are always associated with every audit trail function.

Setup

Demographics

Order

Results

Verified Results

Trace Action

Trace Action defines what is being done to the data. This is one of two parameters that are always associated with every audit trail function.

Addition

Deletion

Modification

Read-only Access

Print

Additional Parameters

In this field you can enter additional parameters for the report, if you want all lines that have a specific pattern. The syntax of the parameters is the same as for the egrep UNIX command.

Send To

Click the **down arrow** to select the printer option.

Run

Click to start run.

Audit Trail Reports

Based on **Trace Types**, this section includes the following examples of Audit Trail Reports: Patient Access, Patient Audit Trail, Batch Job, and Setup Audit Trail.

A **Comment Details** window (see Figure 7-3) displays when you double click on a row from a Patient Audit Trail, Batch Job, or Setup Audit Trail Report. The window includes a description of the specified field, including:

Field name

Old value

New value

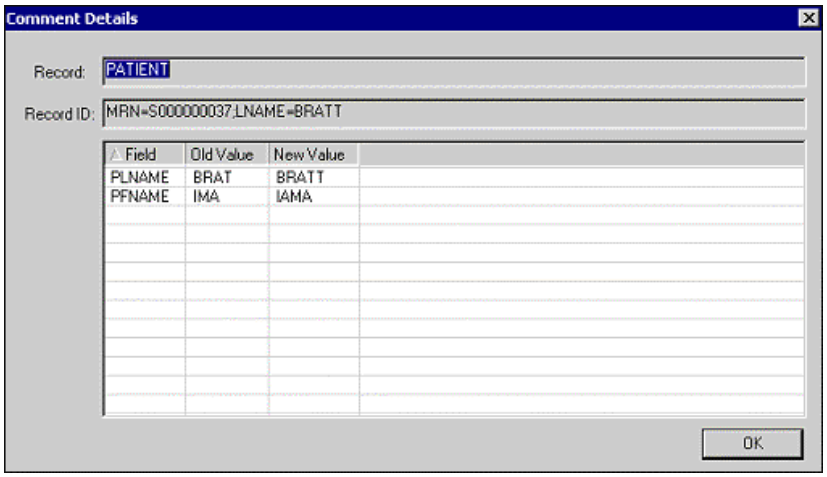
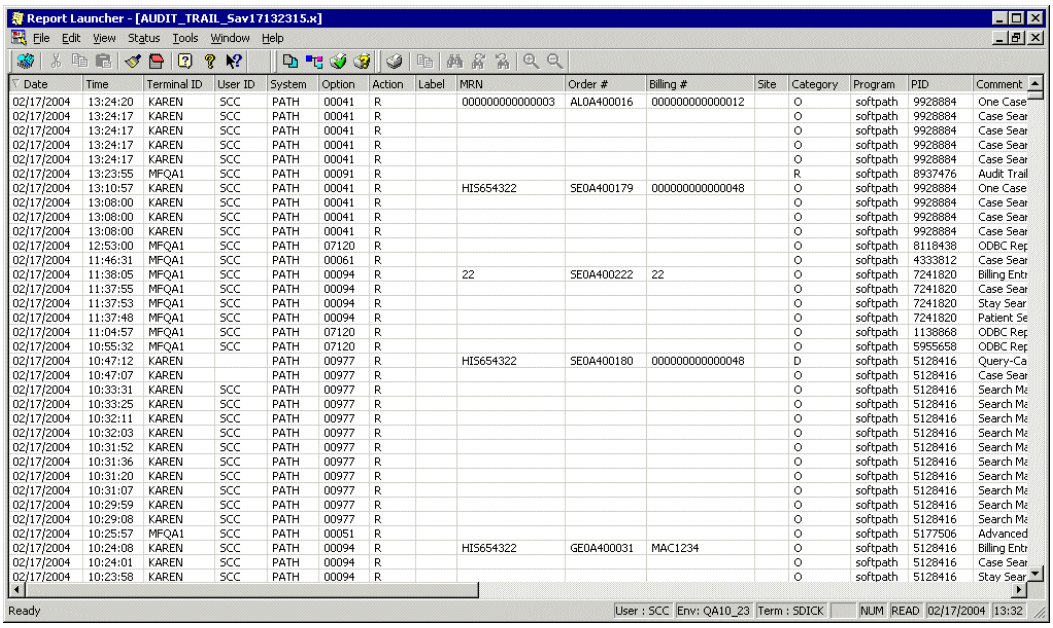


Figure 7-3. Comment Details

Patient Access Report

The Patient Access report contains information about anytime a patient record or case is viewed.



Date	Time	Terminal ID	User ID	System	Option	Action	Label	MRN	Order #	Billing #	Site	Category	Program	PID	Comment
02/17/2004	13:24:20	KAREN	SCC	PATH	00041	R		000000000000003	AL0A400016	000000000000012		O	softpath	9928884	One Case
02/17/2004	13:24:17	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:24:17	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:24:17	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:24:17	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:23:55	MFQA1	SCC	PATH	00091	R						R	softpath	8937476	Audit Trail
02/17/2004	13:10:57	KAREN	SCC	PATH	00041	R		HI5654322	SE0A400179	000000000000048		O	softpath	9928884	One Case
02/17/2004	13:08:00	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:08:00	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	13:08:00	KAREN	SCC	PATH	00041	R						O	softpath	9928884	Case Sear
02/17/2004	12:53:00	MFQA1	SCC	PATH	07120	R						O	softpath	8118438	ODBC Rep
02/17/2004	11:46:31	MFQA1	SCC	PATH	00061	R						O	softpath	4333812	Case Sear
02/17/2004	11:38:05	MFQA1	SCC	PATH	00094	R		22	SE0A400222	22		O	softpath	7241820	Billing Entr
02/17/2004	11:37:55	MFQA1	SCC	PATH	00094	R						O	softpath	7241820	Case Sear
02/17/2004	11:37:53	MFQA1	SCC	PATH	00094	R						O	softpath	7241820	Stay Sear
02/17/2004	11:37:48	MFQA1	SCC	PATH	00094	R						O	softpath	7241820	Patient Se
02/17/2004	11:04:57	MFQA1	SCC	PATH	07120	R						O	softpath	1138868	ODBC Rep
02/17/2004	10:55:32	MFQA1	SCC	PATH	07120	R						O	softpath	5955658	ODBC Rep
02/17/2004	10:47:12	KAREN		PATH	00977	R		HI5654322	SE0A400180	000000000000048		D	softpath	5128416	Query-Ca
02/17/2004	10:47:07	KAREN		PATH	00977	R						O	softpath	5128416	Case Sear
02/17/2004	10:33:31	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:33:25	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:32:11	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:32:03	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:31:52	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:31:36	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:31:20	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:31:07	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:29:59	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:29:08	KAREN	SCC	PATH	00977	R						O	softpath	5128416	Search Ma
02/17/2004	10:25:57	MFQA1	SCC	PATH	00051	R						O	softpath	5177506	Advanced
02/17/2004	10:24:08	KAREN	SCC	PATH	00094	R		HI5654322	GE0A400031	MAC1234		O	softpath	5128416	Billing Entr
02/17/2004	10:24:01	KAREN	SCC	PATH	00094	R						O	softpath	5128416	Case Sear
02/17/2004	10:23:58	KAREN	SCC	PATH	00094	R						O	softpath	5128416	Stay Sear

Figure 7-4. Sample Patient Access Report

Patient Audit Trail Report

The Patient Audit Trail Report gives a detailed report of all changes to Patient Maintenance or Case Records.

Report Launcher - [AUDIT_TRAIL_Sav07165943.x]

File Edit View Status Window Help

Date	Time	Terminal ID	User ID	System	Option	Action	Label	MRN	Order #	Billing #	Site	Category	Program	Comment
6/26/2003	2:36:47 PM	SCC1	SCC	LAB	00122	M	PMAD01	A0000036				D		PATIENT MRN=A000
6/26/2003	2:36:47 PM	SCC1	SCC	LAB	00122	A	PMAD01	A0000036		A0000036		D		PLAB BILL=A000003
6/26/2003	2:38:35 PM	SCC1	SCC	LAB	00123	A	PMMD01	A0000036				D		PINSUR INSNO=255
6/26/2003	2:38:35 PM	SCC1	SCC	LAB	00123	A	PMMD01	A0000036				D		PINSUR INSNO=225
6/26/2003	2:38:35 PM	SCC1	SCC	LAB	00123	A	PMMD01	A0000036				D		PINSUR INSNO=233
6/27/2003	9:41:47 AM	BCOCK	SCC	LAB	00026	M	MODMIC	0000000043032	0000000043032	591100050		V	mwsrvm	B1ACTIVE ID=59110
6/27/2003	9:41:47 AM	BCOCK	SCC	LAB	00026	A	MODMIC	0000000043032	0000000043032	591100050		V	mwsrvm	T1MTEST ID=RVMIC
6/27/2003	9:41:47 AM	BCOCK	SCC	LAB	00026	A	MODMIC	0000000043032	0000000043032	591100050		V	mwsrvm	U1TMESS LINE=1;tt
6/27/2003	9:41:47 AM	BCOCK	SCC	LAB	00026	M	MODMIC	0000000043032	0000000043032	591100050		V	mwsrvm	T1MTEST ID=CXPFG
6/27/2003	9:47:40 AM	BCOCK	SCC	LAB	00113	A	OEAD01	MRN3192	662700004	MRN3192		D	oe_lsrv	PATIENT MRN=MRN
6/27/2003	9:47:40 AM	BCOCK	SCC	LAB	00113	A	OEAD01	MRN3192	662700004	MRN3192		D	oe_lsrv	PLAB BILL=MRN3192
6/27/2003	9:47:40 AM	BCOCK	SCC	LAB	00113	A	OEAD01	MRN3192	662700004	MRN3192		D	oe_lsrv	ACTIVE ORDER=|AC
6/27/2003	9:48:51 AM	BCOCK	SCC	LAB	00022	M	POST2	G0000000000373	G0000000000373	662700000		R	mresrvm	ATEST |ATTIME:"707
6/27/2003	9:49:41 AM	BCOCK	SCC	LAB	00026	M	MODMIC	G0000000000373	G0000000000373	662700000		V	mwsrvm	B1ACTIVE ID=66270
6/27/2003	9:49:41 AM	BCOCK	SCC	LAB	00026	A	MODMIC	G0000000000373	G0000000000373	662700000		V	mwsrvm	T1MTEST ID=RVMIC
6/27/2003	9:49:41 AM	BCOCK	SCC	LAB	00026	A	MODMIC	G0000000000373	G0000000000373	662700000		V	mwsrvm	U1TMESS LINE=1;tt
6/27/2003	9:49:42 AM	BCOCK	SCC	LAB	00026	M	POST2	G0000000000373	G0000000000373	662700000		R	mwsrvm	ATEST |ATTIME:"946
6/27/2003	9:49:42 AM	BCOCK	SCC	LAB	00026	M	POST1	G0000000000373	G0000000000373	662700000		R	mwsrvm	ACTIVE ORDER=662
6/27/2003	9:49:42 AM	BCOCK	SCC	LAB	00026	M	MODMIC	G0000000000373	G0000000000373	662700000		V	mwsrvm	B1ACTIVE ID=66270
6/27/2003	9:49:42 AM	BCOCK	SCC	LAB	00026	M	MODMIC	G0000000000373	G0000000000373	662700000		V	mwsrvm	T1MTEST ID=CXURN
6/27/2003	9:52:05 AM	BCOCK	SCC	LAB	00026	M	MODMIC	G134343	G134343	620400042		V	mwsrvm	B1ACTIVE ID=62040
6/27/2003	9:52:05 AM	BCOCK	SCC	LAB	00026	A	MODMIC	G134343	G134343	620400042		V	mwsrvm	T1MTEST ID=RVMIC
6/27/2003	9:52:05 AM	BCOCK	SCC	LAB	00026	A	MODMIC	G134343	G134343	620400042		V	mwsrvm	U1TMESS LINE=1;tt
6/27/2003	9:52:17 AM	BCOCK	SCC	LAB	00026	M	MODMIC	G106430	G106430	620400032		V	mwsrvm	B1ACTIVE ID=62040
6/27/2003	9:53:50 AM	BCOCK	SCC	LAB	00022	M	POST2	$12ABD5	$12ABD5	662600000		R	mresrvm	ATEST |ATDATE:"200
6/27/2003	9:59:45 AM	BCOCK	SCC	LAB	00021	M	POST2	MRN3192	MRN3192	662700004		R	mresrvm	ATEST |ATTIME:"946
7/1/2003	8:48:44 AM	S.COM	SCC	LAB	00113	M	OEAD01	G0000000000025	670100000	GX0000000000025		D	order	PLAB BILL=GX000000
7/1/2003	8:48:44 AM	S.COM	SCC	LAB	00113	A	OEAD01	G0000000000025	670100000	GX0000000000025		D	order	ACTIVE ORDER=670
7/2/2003	12:19:40 PM	BCOCK	SCC	LAB	00113	A	OEAD01	MRN319206	670200001	MRN319206		D	order	ACTIVE ORDER=670
7/2/2003	2:43:09 PM	LLAZY	SCC	LAB	00112	M	OEMD01	0000000000123	592100010	00000000000123		D	oe_lsrv	PLAB BILL=00000000
7/2/2003	2:43:09 PM	LLAZY	SCC	LAB	00112	M	OEMD01	0000000000123	592100010	00000000000123		D	oe_lsrv	ACTIVE ORDER=592
7/2/2003	2:43:40 PM	LLAZY	SCC	LAB	00112	M	OEMD01	0000000000123	621000025	00000000000123		D	oe_lsrv	ACTIVE ORDER=621
7/3/2003	1:18:26 PM	BCOCK	SCC	LAB	00113	A	OEAD01	G0000000000373	670300001	G0000000000373		D	order	ACTIVE ORDER=670
7/7/2003	5:36:28 AM	S.COM	SCC	LAB	00113	M	OEAD01	G159022	670700000	G159022		D	order	PLAB BILL=G159022
7/7/2003	5:36:28 AM	S.COM	SCC	LAB	00113	A	OEAD01	G159022	670700000	G159022		D	order	ACTIVE ORDER=670
7/7/2003	5:44:09 AM	S.COM	SCC	LAB	00113	A	OEAD01	G159022	670700001	G159022		D	order	ACTIVE ORDER=670
7/7/2003	8:28:30 AM	S.COM	SCC	LAB	00113	A	OEAD01	G159022	670700003	G159022		D	order	ACTIVE ORDER=670
7/7/2003	8:34:08 AM	S.COM	SCC	LAB	00113	A	OEAD01	G159022	670700004	G159022		D	order	ACTIVE ORDER=670

Ready User : SCC Env: GAMBRO Term : HNLO1 NUM READ 7/7/2003 5:01 PM

Figure 7-5. Sample Patient Audit Trail Report

Batch Job Report

The Batch Job Report gives a detailed report of all batch print jobs attempted in the system.

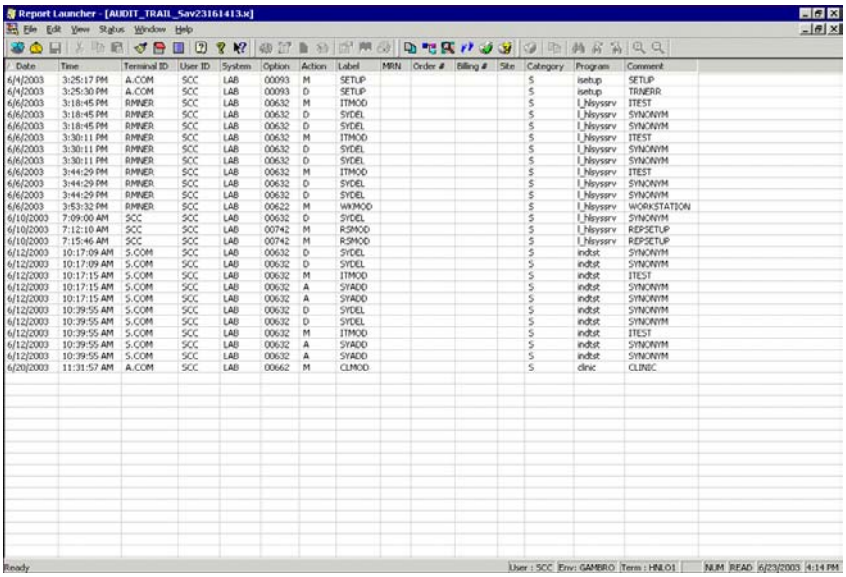
AUDIT_TRAIL_Sav26115234.x

Date	Time	Terminal ID	User ID	System	Option	Action	Label	MRN	Order #	Billing #	Site	Category	Program	Comment
8/6/2003	6:46:25 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/6/2003	6:46:38 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/6/2003	8:43:56 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/6/2003	8:44:05 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/6/2003	9:07:56 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/6/2003	9:08:05 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q
8/20/2003	11:36:04 AM	N/A	SCC	PATH	00000	P	WWNPR					R	printfile	lp -dcra1q

Figure 7-6. Sample Batch Job Report.

Setup Audit Trail Report

The **Setup Audit Trail** option allows you to monitor and report changes (including *no action*) to certain setup files after the initial installation period. This option creates a trace file that records each time a user accesses the **Archive Utility** sub-options. In addition, this feature records modifications to the Personnel file, Collection Method file, Consultation file, and Canned Message file. Since all of the actions are recorded in the database, it is possible that the audit trail becomes too large for the storage space available. Therefore, you should remove the audit trail after every ten days. The first-in-first out (FIFO) theory is used by the system to determine which audit trail items should be removed.



Date	Time	Terminal ID	User ID	System	Option	Action	Label	MRN	Order #	Billing #	Site	Category	Program	Comment
6/4/2003	3:25:17 PM	A.COM	SCC	LAB	00093	M	SETUP					S	isetup	SETUP
6/4/2003	3:25:30 PM	A.COM	SCC	LAB	00093	D	SETUP					S	isetup	TRNERR
6/6/2003	3:18:45 PM	RMNER	SCC	LAB	00632	M	ITMOD					S	I_Nsyssrv	ITEST
6/6/2003	3:18:45 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:18:45 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:30:11 PM	RMNER	SCC	LAB	00632	M	ITMOD					S	I_Nsyssrv	ITEST
6/6/2003	3:30:11 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:30:11 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:44:29 PM	RMNER	SCC	LAB	00632	M	ITMOD					S	I_Nsyssrv	ITEST
6/6/2003	3:44:29 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:44:29 PM	RMNER	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/6/2003	3:53:32 PM	RMNER	SCC	LAB	00622	M	WKMOD					S	I_Nsyssrv	WORKSTATION
6/10/2003	7:09:00 AM	SCC	SCC	LAB	00632	D	SYDEL					S	I_Nsyssrv	SYNONYM
6/10/2003	7:12:10 AM	SCC	SCC	LAB	00742	M	RSMOD					S	I_Nsyssrv	REPSETUP
6/10/2003	7:15:46 AM	SCC	SCC	LAB	00742	M	RSMOD					S	I_Nsyssrv	REPSETUP
6/12/2003	10:17:09 AM	S.COM	SCC	LAB	00632	D	SYDEL					S	indst	SYNONYM
6/12/2003	10:17:09 AM	S.COM	SCC	LAB	00632	D	SYDEL					S	indst	SYNONYM
6/12/2003	10:17:15 AM	S.COM	SCC	LAB	00632	M	ITMOD					S	indst	ITEST
6/12/2003	10:17:15 AM	S.COM	SCC	LAB	00632	A	SYADD					S	indst	SYNONYM
6/12/2003	10:17:15 AM	S.COM	SCC	LAB	00632	A	SYADD					S	indst	SYNONYM
6/12/2003	10:39:55 AM	S.COM	SCC	LAB	00632	D	SYDEL					S	indst	SYNONYM
6/12/2003	10:39:55 AM	S.COM	SCC	LAB	00632	D	SYDEL					S	indst	SYNONYM
6/12/2003	10:39:55 AM	S.COM	SCC	LAB	00632	M	ITMOD					S	indst	ITEST
6/12/2003	10:39:55 AM	S.COM	SCC	LAB	00632	A	SYADD					S	indst	SYNONYM
6/12/2003	10:39:55 AM	S.COM	SCC	LAB	00632	A	SYADD					S	indst	SYNONYM
6/20/2003	11:31:57 AM	A.COM	SCC	LAB	00662	M	CLMOD					S	clinc	CLINIC

Figure 7-7. Sample Setup Audit Trail Report

Archive Utilities

Internal Archiving

The **Internal Archiving** option allows you to run the Archive Utility program and to establish or change the number of days a case remains in the active database before it is archived. Archiving purges unnecessary information from the active database and creates an archive pool of cases that you can access in the system. The Archive Utility program usually runs automatically each night and uses the criteria setup in this option to select the cases to archive.

Access the **Internal Archiving** option by selecting *Utility > Archive Utilities > Internal Archiving* from the main menu. The **Internal Archiving** window displays similar to Figure 7-8. Enter search criteria to determine which the cases the system will select during the archival process.

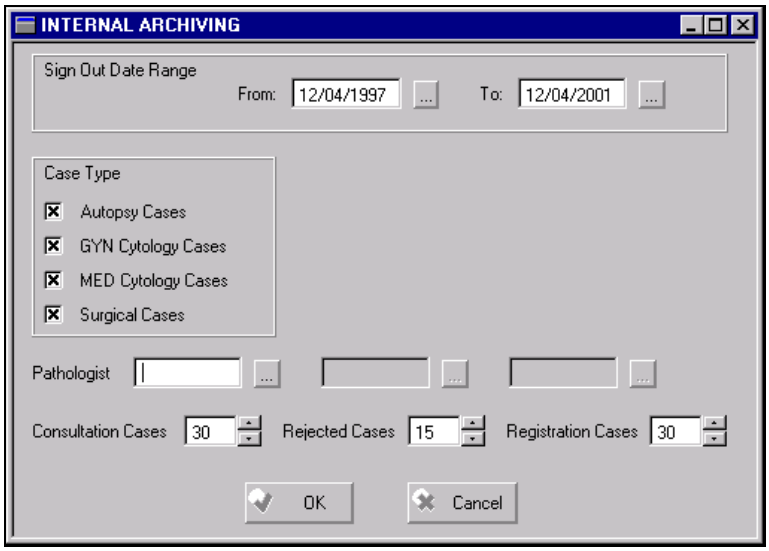


Figure 7-8. Internal Archiving window.

Sign Out Date Range

Enter a range of dates. You can click the ... buttons to select the dates from the calendar. The system archives all cases signed out within the specified range of dates. **Maximum 8 numeric characters using the mm/dd/yyyy format**.

Case Type

Mark the checkboxes next to the case types you want to include in the archive process.

Pathologist

Enter up three pathologist ID codes in these fields. Click the ... button to select from a list of valid pathologists.

Consultation Cases

Enter the required number of consultation cases that must exist before the system archives information. Consultation cases are cases with slides (including stains/tests) that have been sent out from the lab and returned (outgoing consultations) or received in the lab and returned (incoming consultations).

Rejected Cases

Enter the required number of rejected cases that must exist before the system archives information. Rejected cases are cases with a processing problem, a Specimen Adequacy code with a rejected flag set to yes, or a case where Action Entry is rejected.

Registration Cases

Enter the required number of registered cases that must exist before the system archives information.

OK Button

After you enter the archive criteria click **OK** to confirm the selection and start the scanning process. The **Internal Archiving Status** window displays similar to Figure 7-9.

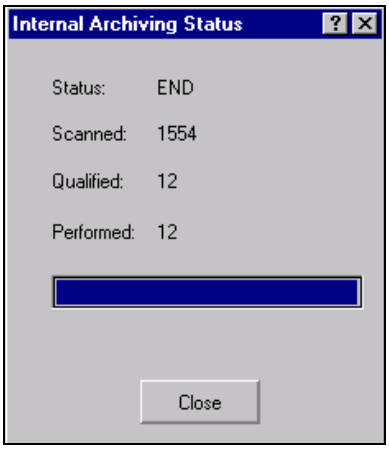


Figure 7-9. Internal Archiving Status window.

The following information is provided in the **Internal Archiving Status** window:

Status - The status of the scanning process.

Scanned - The number of scanned cases.

Qualified - The number of qualified cases.

Performed - The number of performed cases.

Close

Click the **Close** button to close the **Internal Archiving Status** window.

Action Entry

The **Action Entry** option allows you to document, verify, or acknowledge unresolved QA situations such as proficiency testing and screening evidence, of final diagnosis. This option is reserved for the pathology lab supervisor or pathologist.

Access the **Action Entry** option by selecting *Utility > Action Entry* from the main menu. The **Action Search** window displays. Enter search criteria in the available fields to search for specific cases. Click **Find** to display the results of the search on the **Cases** tab. Select a case. The **Actions for Case** tab displays, showing any actions required for the case and the option to add a new action to the case.

The **Actions for Case** tab contains information concerning actions such as: default action, status, date of action execution, time of action execution, ID of the personnel who performed the action, the result of the action and the number of the action. Double-click an action entry to display the **Action Entry** window. You can use this window to edit/view the action entry. To add a new action, click the **Add** button on the **Actions for Case** tab. The **Select Action to Add** window displays similar to Figure 7-10.

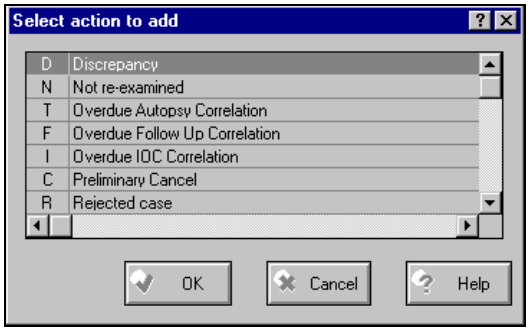


Figure 7-10. Select Action To Add window.

After you select the action type that you want to add to the current case and click **OK**, the **Action Entry** window displays similar to Figure 7-11. Patient and case information is displayed at the top of the window and cannot be modified.

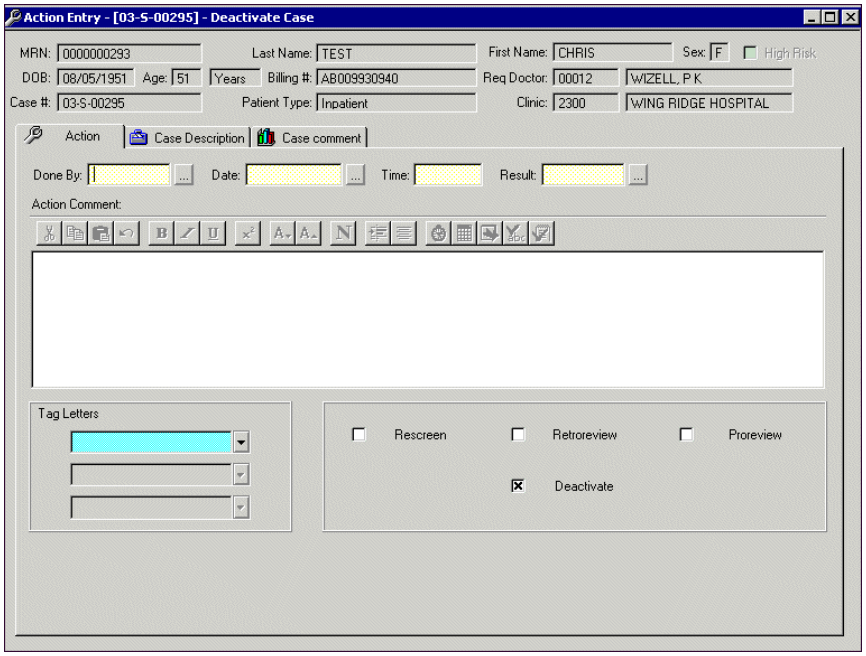


Figure 7-11. Action Entry window.

Done By

Enter the ID of the personnel performing the action or click the button to select from a list of qualified personnel. This is a required field.

Date

Enter the date that the action was performed or click the button to select the date from a calendar. This is a required field.

Time

Enter the time of the action. This field defaults to the current time. **HH:MM format**. This is a required field.

Result

Enter the QA code that describes result of the action. Click the button to select from a list of valid QA codes. This is a required field.

Action Comment

Enter a free text comment for the action.

Tag Letters

Select up to three tag letters from the drop-down lists. Tag letters are defined during file setup using the **Simple Codes** option.

Rescreen

Mark this checkbox to flag this case for rescreening.

NOTE: This checkbox is only available if the case has not been signed out.

Retroreview

Mark this checkbox to flag this case for retroreview.

Proreview

Mark this checkbox to flag this case for proreview.

NOTE: This checkbox is only available if the case has not been signed out.

Deactivate

Mark this checkbox to flag this case for deactivation.

NOTE: This checkbox is only available if the case has not been signed out.

Case Description Tab

This tab allows you to view more detailed information regarding the case. This tab also links the information to other data in SoftPath. Clicking one of the hyperlinks bridges you to a specific tab in the **Result Query** where you view additional information.

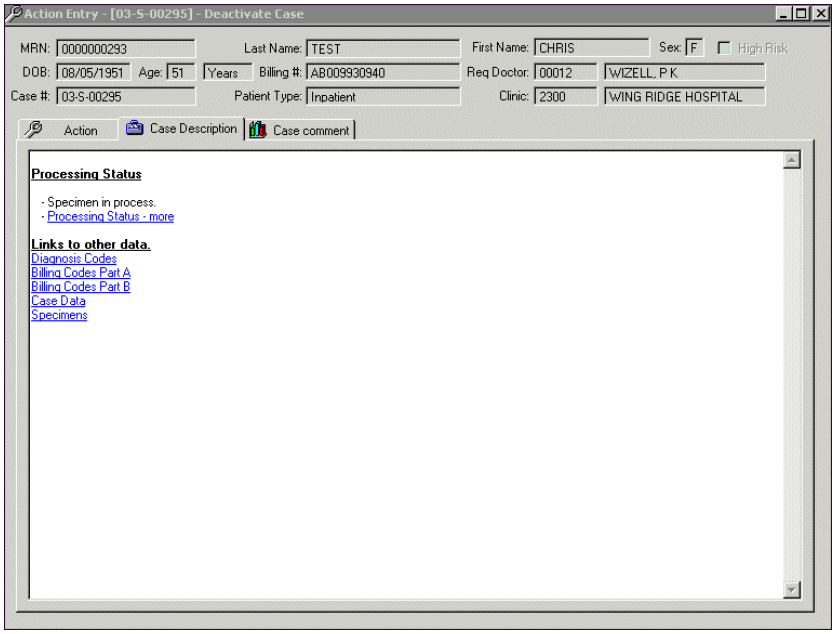


Figure 7-12. Case Description tab

Case Comment Tab

This tab allows you to enter a free-text comment for the case. After entering all desired data click **Cmpl** (complete) or **Save** from the SoftPath toolbar. Clicking **Cmpl** marks the action as completed. If you save the data before marking the action as complete, you can still edit the action up until the number of days specified in the Options file. If you click the **Cmpl** toolbar button, the action is marked as complete and can no longer be edited.

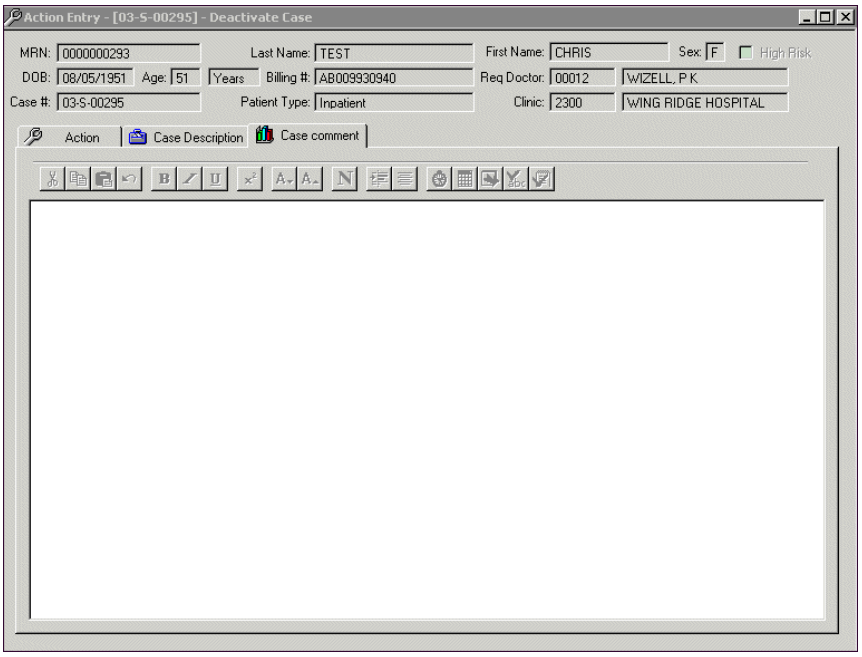


Figure 7-13. Case Comment tab.

Billing Entry

The **Billing Entry** option modifies the patient's billing transaction record. It is used in occurrences when an error is discovered after the billing report has been generated and sent to the billing agency (HIS or third party) for review. For example, an incorrect billing code or the number of times an item is billed are errors that can be corrected with this option. Billing is divided into two components: Technical (Part A) and Professional (Part B). Either can be corrected.

Access the **Billing Entry** option by selecting *Utilities* > *Billing Entry* from the main menu. The **Billing Search** window displays. After entering search criteria, click **Find**. All of the qualifying cases or patients will display in the **Billing Entry** window similar to Figure 7-14.

Part A Tab

The **Part A** tab contains a grid that lists the billing codes and the number of times each code is billed. This tab allows you to view, add, and modify Part A billing information.

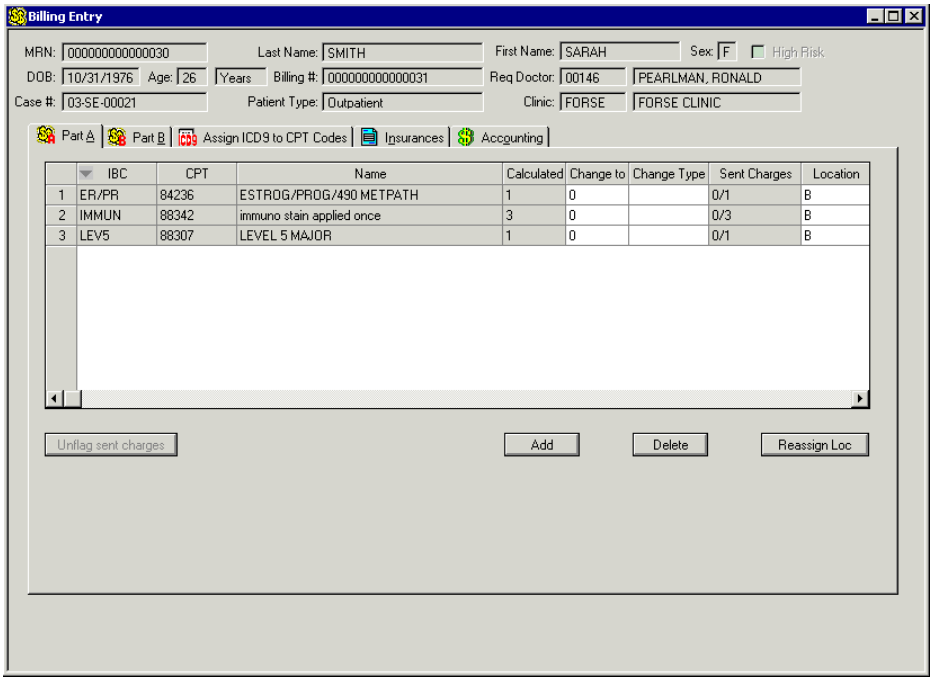


Figure 7-14. Billing Entry window - Part A tab.

You cannot modify the **IBC, CPT**, **Name**, **Calculated** and the **Sent Changes** fields. The **Change To** and **Change Type** fields can be modified if necessary.

To add a billing transaction to the list, click the **Add** button. The **Technical Charge Lookup** window displays, listing the available CPT codes. Select a code and click the **OK** button. The selected CPT code is inserted into the grid. To delete a billing transaction, highlight the transaction you want to delete and click the **Delete** button. The deleted transaction is removed from the grid.

Part B Tab

The **Part B** tab contains a grid that lists the billing codes and the number of times each code is billed. This tab allows you to view, add, and modify Part B billing information.

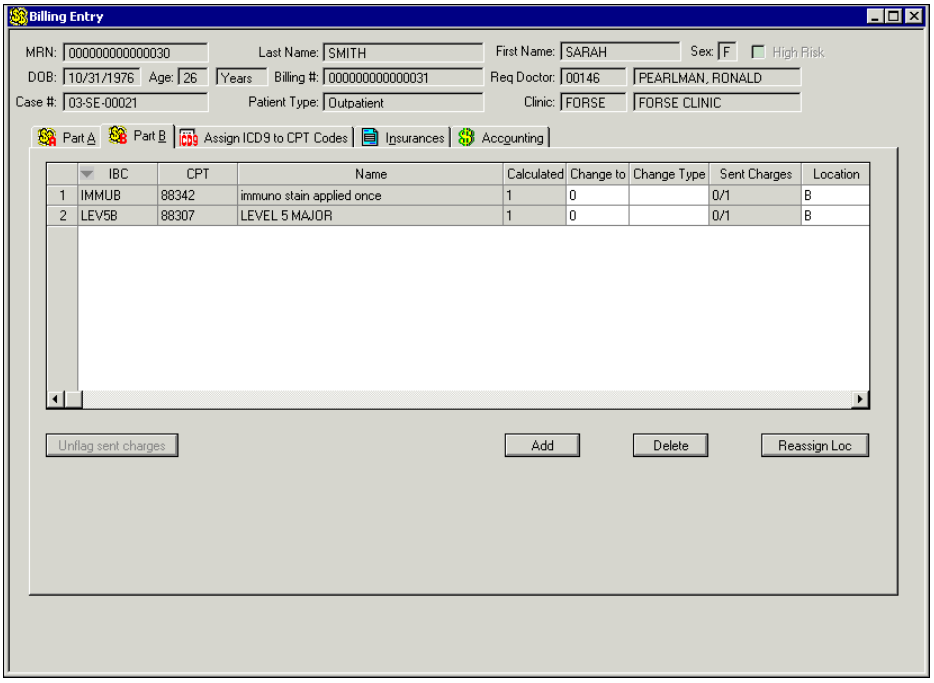


Figure 7-15. Billing Entry window - Part B tab.

You cannot modify the **IBC, CPT**, **Name**, **Calculated** and the **Sent Changes** fields. The **Change To** and **Change Type** fields can be modified if necessary.

To add a billing transaction to the list, click the **Add** button. The **Technical Charge Lookup** window displays, listing the available CPT codes. Select a code and click the **OK** button. The selected CPT code is inserted into the grid. To delete a billing transaction, highlight the transaction you want to delete and click the **Delete** button. The deleted transaction is removed from the grid.

Assign ICD9 to CPT codes Tab

While in this tab you can assign ICD9 to CPT codes.

NOTE: The billing report must be re-printed for the date that encompasses the case that was edited in order for the billing changes to be sent.

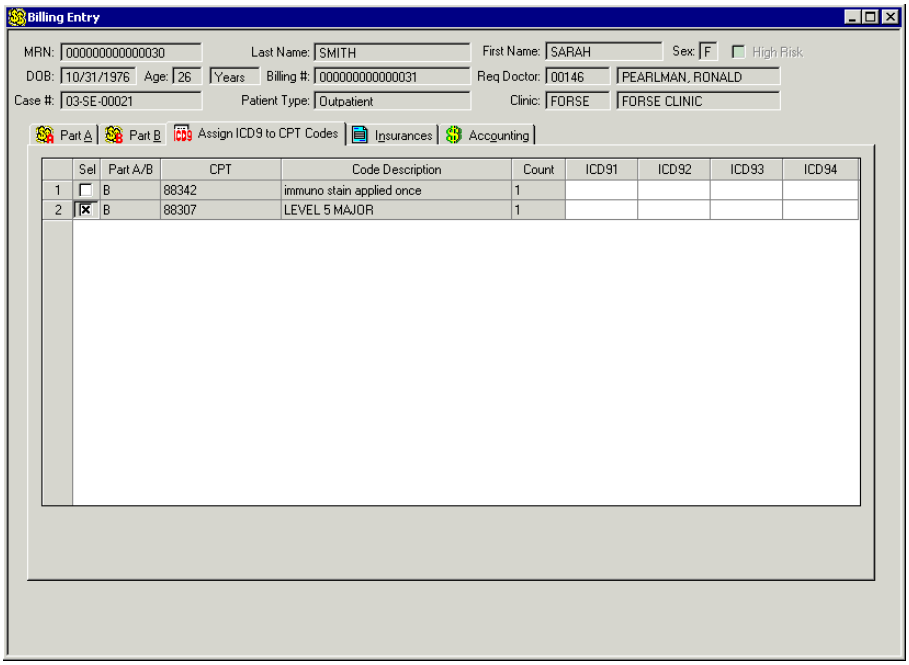


Figure 7-16. Billing Entry window - Assign ICD9 to CPS Codes tab.

ICD9

The grid displays the **ICD9** fields. Double clicking in the field will bring up the browser button. Click the button in each field to display the **ICD9 Lookup** window. This window allows you to select from a list of available ICD9 codes.

CPT Codes Grid

Below the **ICD9** area is a grid that contains following columns:

CPT - The CPT code to assign to an ICD9 code.

Code Description - A description of the CPT code

Count - The number of ICD9 codes to associate with the CPT codes.

ICD9 (1, 2, 3, 4) - The specific ICD9 codes that you want to associate with this CPT code. Entering a number in these fields associates the CPT code with the ICD9 code entered in the corresponding numbered field in the **ICD9** area.

NOTE: Marking multiple rows of the grid allows you to assign the same code to all rows selected.

Insurances

The Insurances tab allows you to view and enter a patient's insurance information.

Figure 7-17. Billing Entry – Insurances tab.

Accounting Tab

The Accounting tab displays information regarding the default performing locations and the default patient insurance information for the case.

Figure 7-18. Billing Entry – Accounting tab.

Screening Evidence

The **Screening Evidence** option is used daily by screeners to record the number of hours spent screening and the number of slides screened by the employee within a 24 hour period. Screeners should record the actual number of hours spent screening each day and the number of hours worked on projects and procedures performed other than screening slides. The screened volumes for other laboratories can be recorded here as well.

Access the **Screening Evidence** option by selecting *Utility > Screening Evidence* from the main menu. The **Screener ID Lookup** window displays. Search for a screener ID and then select it. The **Slide Screening Evidence** window for the selected screener ID displays similar to Figure 7-19.

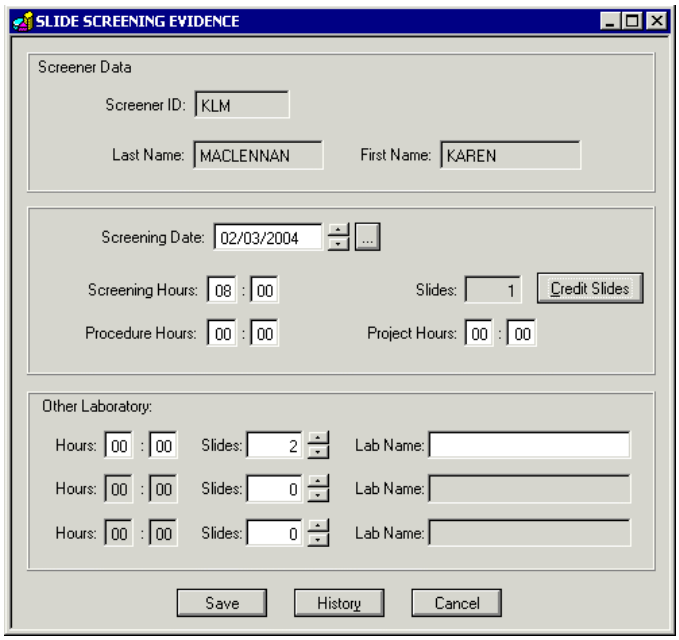


Figure 7-19. Slide Screening Evidence window.

Screening Date

Enter the screening date using **mm/dd/yyyy** format or click the button to select a date from the calendar. The arrow buttons can be used to increment/decrement the date.

NOTE: The screening date cannot be a date in the future. If you enter a future date, the system displays the message "Cannot be a future day."

Screening Hours

Enter the hours the screener spent screening slides. **HH:MM format.**

Procedure Hours

Enter the hours the screener spent performing the procedure**. HH:MM format.**

Slides

The **Slides** field is automatically calculated by the system based on the cases resulted on the date specified in the **Screening Date** field and the number of slides attached to each case. This is a READ ONLY field.

Credit Slides

Select this button to credit slides to your count that you did not work on. When clicked, the system displays a window similar to Figure 7-20. From this window, you may select how many slides in a case should be removed from your User ID. You may also enter a comment on why you are changing your slide count. These values will be appear in the Screening Evidence Report as described in ***Chapter 5.8 – Reports: QA Reports***.

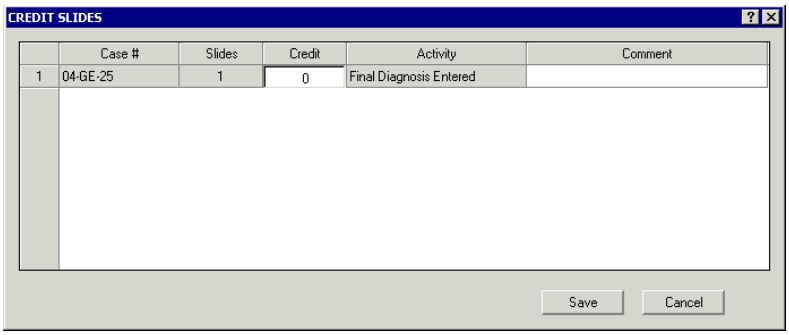


Figure 7-20. Credit Slides window.

Project Hours

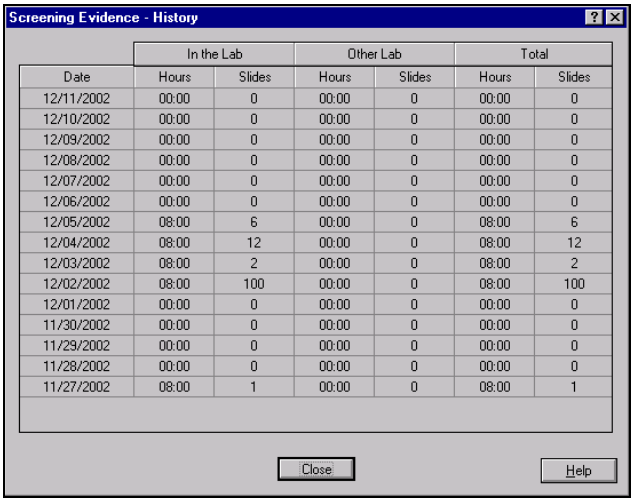
Manually enter the project hours. **HH:MM format**.

Other Laboratory Area

This section of the window is used to enter additional screening hours and the number of slides screened in the other laboratories. You can enter information for up to three laboratories.

History Button

Click this button to view the screening evidence history for the current screener ID. The **Screening Evidence - History** window displays similar to Figure 7-21.



Screening Evidence - History

	In the Lab		Other Lab		Total	
Date	Hours	Slides	Hours	Slides	Hours	Slides
12/11/2002	00:00	0	00:00	0	00:00	0
12/10/2002	00:00	0	00:00	0	00:00	0
12/09/2002	00:00	0	00:00	0	00:00	0
12/08/2002	00:00	0	00:00	0	00:00	0
12/07/2002	00:00	0	00:00	0	00:00	0
12/06/2002	00:00	0	00:00	0	00:00	0
12/05/2002	08:00	6	00:00	0	08:00	6
12/04/2002	08:00	12	00:00	0	08:00	12
12/03/2002	08:00	2	00:00	0	08:00	2
12/02/2002	08:00	100	00:00	0	08:00	100
12/01/2002	00:00	0	00:00	0	00:00	0
11/30/2002	00:00	0	00:00	0	00:00	0
11/29/2002	00:00	0	00:00	0	00:00	0
11/28/2002	00:00	0	00:00	0	00:00	0
11/27/2002	08:00	1	00:00	0	08:00	1

Close Help

Figure 7-21. Screening Evidence - History window.

The **Screening Evidence - History** window displays in READ ONLY mode. The window displays the date of the screening, screening hours spent in the lab, screening hours spent in the other lab, total screening hours, and the total number of slides screened. Click the **Close** button to return to the **Screening Evidence** window.

NOTE: Data cannot be saved if there have not been any slides screened. The system will display a message window "In order to Save, slides must be screened."

Remote Printing

The **Remote Printing** option is used for single or batch report printing to an off-site printer or fax via a modem. It allows you to set up remote printer/fax locations for the transmission of reports/faxes, track the status of all jobs sent through the modem and fax modem, and view the status of the modem server, fax server and the remote printing server. Reports can be sent as soon as the report is created or at a specific time using the **Print Scheduler** option.

To access the **Remote Printing** option from the **Interfaces** menu, scroll down to Remote Printing and click once. The **Remote Printing** menu displays similar to Figure 7-22.

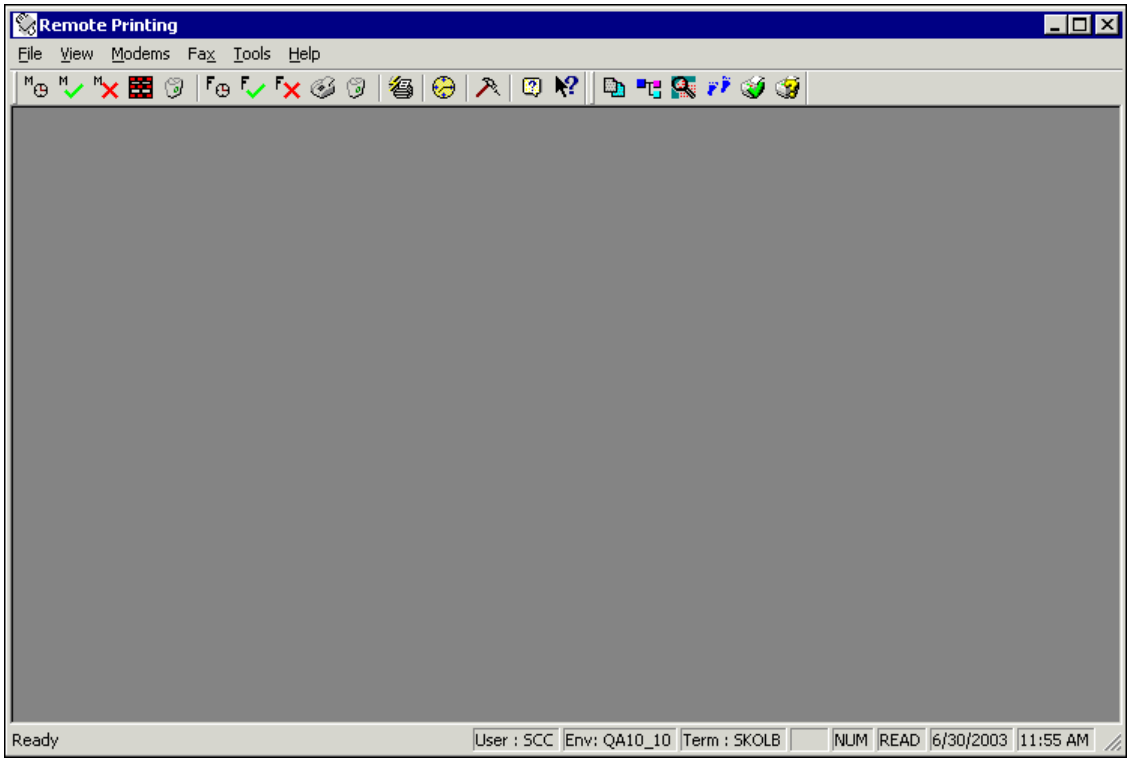


Figure 7-22. Main Menu-Interfaces-Remote Printing

Remote Printing Option Descriptions

To help make a selection from the **Remote Printing** menu, each option is listed below in the order it appears on the screen.

Modems

The **Modems** option allows you to view the Pending, Successful and Failed job logs along with the Modem server. It also provides an option to purge the modem logs.

Fax

The **Fax** option allows you to view the Pending, Successful and Failed job logs along with the Fax servers. It also provides an option to purge the fax logs.

Scheduled

The Scheduled option allows you to view the faxes that are scheduled to be queued.

Rptd

The **Rptd** option allows you to view the status of the remote printing server and will allow you to start or stop the server.

Setup

The **Setup** option allows you to add, delete, edit, find, and view the various remote printer/FAX setup definitions.

Modems

The **Modems** option allows you to view the Pending, Successful and the Failed job logs along with the Modem servers and the option to purge the modem logs. You can also **V**iew, **R**esend, **C**ancel_job, **D**elete_entry, **P**urge_log, view_**L**og and **Q**uit. These functions are at the bottom of the Pending, Successful and Failed log screens.

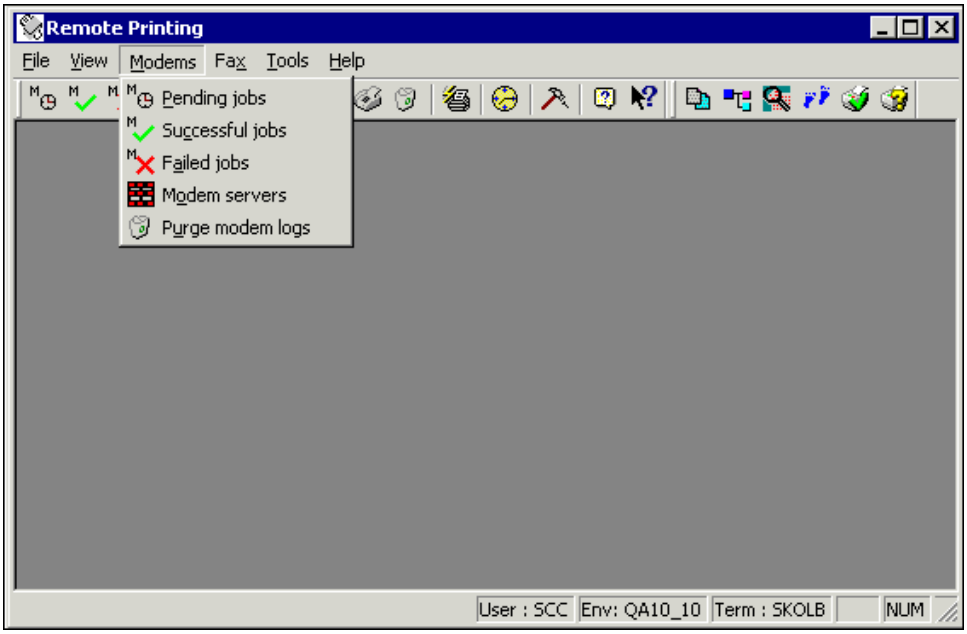


Figure 7-23. Modems Options

Pending Modem Jobs

The **Pending jobs** log option will list all pending jobs as well as queued jobs to be sent via modem similar to Figure 7-24. To access pending modem jobs, click the **Modem Pending Jobs** button, or click **Modems [Pending jobs].**

PENDING JOBS

#	File Name	Job#	Phone#	Queued Date	Queued Time	Attempt Date	Attempt Time	Num#	Max	Result
1	OKI15193501	1001	2522	02/15/02	19:35	02/15/02	19:35	0	20	QUEU
2	OKI1vLRaa.x	1002	2522	02/15/02	19:35	02/15/02	19:35	0	20	QUEU

Resend Job Cancel Job Cancel

Figure 7-24. Listing of Pending Jobs

The information displayed in the above listing includes; file name, job number, modem number, the date and time the job was queued, the date and time the job was attempted to be sent, the actual number of tries, the maximum number of tries (where 20 is the maximum), the result of the attempt, and the Modem number.

NOTE: If a job is not transmitted successfully the first time, the system automatically retries to a maximum of 20 attempts. After 20 attempts, the job goes to the Failed jobs log and must be queued again.

Successful Modem Jobs

To access successful modem jobs, click the **Modem Successful Jobs** button, or click **Modems [Successsful jobs]**.The Successful jobs log will list all successfully reported jobs similar to Figure 7-25.

SUCCESSFUL JOBS

#	File Name	Job#	Phone#	Queued Date	Queued Time	Attempt Date	Attempt Time	Num#	Max
1		1001	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
2		1014	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
3		1016	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
4		1019	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
5	VIT04135931	1004	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
6	VIT04172755	1010	9.4378645	02/04/99	17:27	02/04/99	17:27	1	20
7	VIT04174102	1011	9.4378645	02/04/99	17:41	02/04/99	17:41	1	20
8	VIT04174200	1012	9.4378645	02/04/99	17:42	02/04/99	17:42	1	20
9	VIT04174235	1013	9.4378645	02/04/99	17:42	02/04/99	17:49	2	20

Figure 7-25. List of Successful Jobs

This screen displays the file name, job number, modem number, date and time the job was queued, the date and time a job was attempted to be sent, number of times it was tried, maximum number of tries (20), and the result of the job (NORMAL indicates a successful attempt).

Failed Modem Jobs

To access failed modem jobs, click the **Modem Failed Jobs** button, or click **Modems [Failed jobs]**. The Failed jobs log will list all jobs that were unable to be completed similar to Figure 7-26.

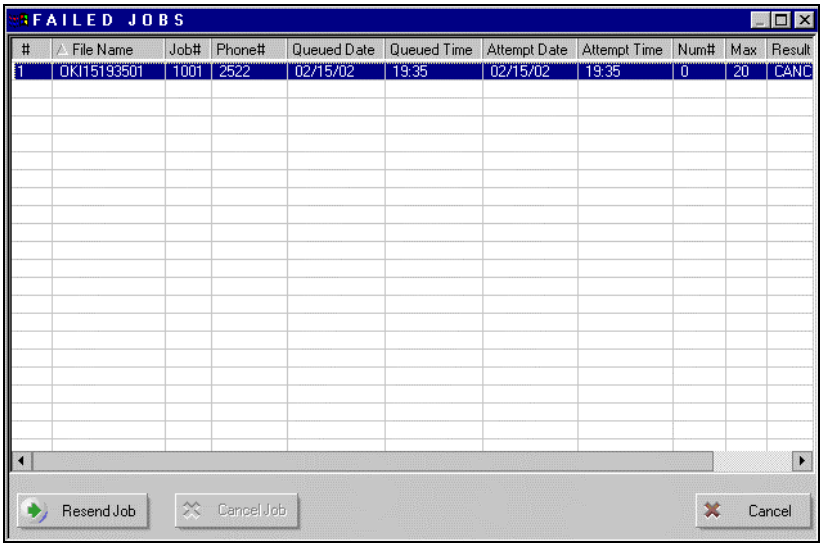


Figure 7-26. List of Failed Jobs

This screen displays the file name, the job number, the modem number, the queued date, the queued time, the date and time the job was attempted to be sent, the number of times it was tried, the maximum number of tries (20), and the result of the job.

NOTE: If a job was not transmitted successfully the first time, the system automatically retries to a maximum of 20 attempts. If, after 20 attempts, the job was not transmitted successfully, it displays on the Failed Jobs log and must be queued again. Use the Resend option on the menu at the bottom of the screen to start the process again.

Modem Servers

To access Modem Servers, click the **Modem Servers button**, or click **Modems [Modem Servers**]. Modem Servers show the modem devices along with the baud rate, status and the phone number of the modem/modems similar to Figure 7-27. The function keys at the bottom of the screen allow you to start, stop and delete the modems. You will also be able to view the device trace and the process id trace.

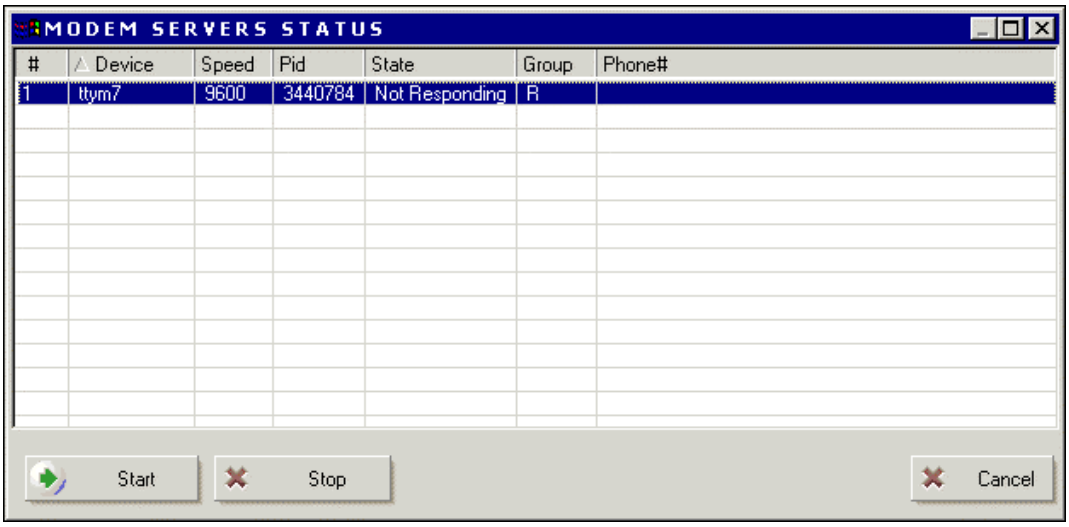


Figure 7-27. List of Modem Devices

Purge Modem Logs

To access the **purge modem jobs** option, click the Purge Modem Jobs button, or click **Modems [Purge modem jobs]**. The **Purge Modem Logs** option allows you to remove all log entries in the failed, pending and successful logs that are older than **x** amount of days. (See Figure 7-28.) Click, **OK** to purge, or click **Cancel** to cancel.

Figure 7-28. Modem Purge

Fax

The **Fax** option (see Figure 7-29) allows you to view the Pending, Successful and Failed job logs along the Fax servers. It also provides an option to purge the Fax logs. You can also View, **R**esend, **C**ancel_job, **D**elete_entry, **P**urge_log, view_**L**og and **Q**uit. These functions are at the bottom of the Pending, Successful and Failed log screens.

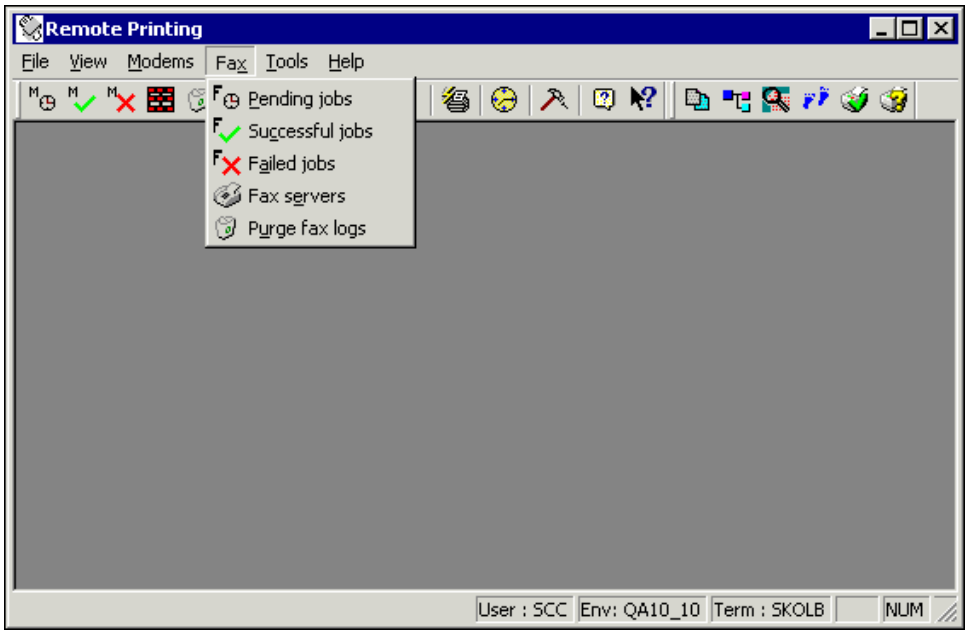


Figure 7-29. Utilities-Remote Printing-Fax

Pending Fax Jobs

To access the **pending jobs** option, click the **Fax Pending Jobs** button, or click **Fax [Pending jobs]**. Pending jobs displays a listing of what is queued to be faxed, similar to Figure 7-30.

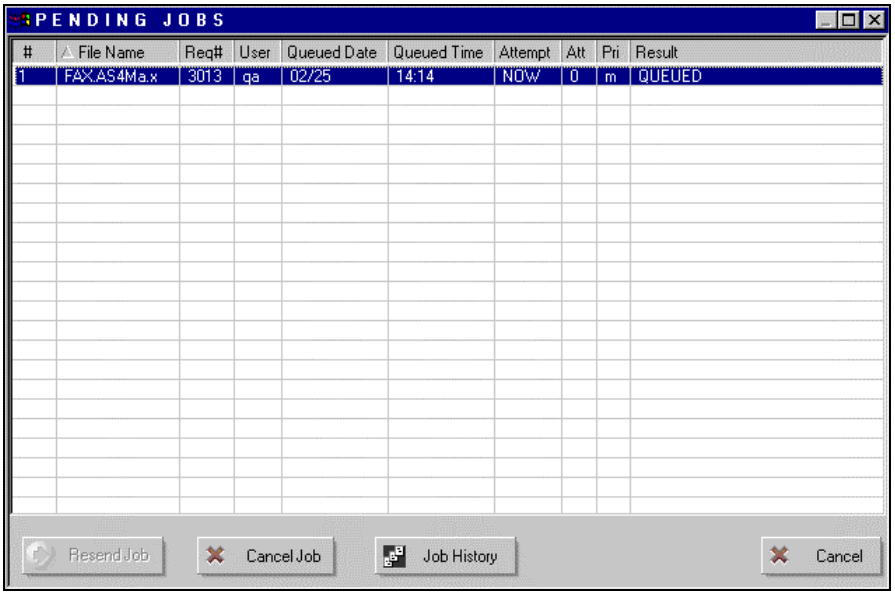


Figure 7-30. List of Queued Faxes

The information displayed in the Pending Jobs listing includes; file name, request number (job number), user ID, the date and time the fax was queued, date and time the fax was attempted, result, and number of times it was tried.

NOTE: If a job was not transmitted successfully the first time, the system automatically retries to a maximum of 5 attempts. If, after 5 attempts, the job was not transmitted successfully it displays on the Failed Jobs log.

Successful Fax Jobs

To access the **successful fax jobs** option, click the **Fax Successful Jobs** button, or click **Fax [Successful jobs]**. The successful jobs log will list all successfully reported jobs similar to Figure 7-31.

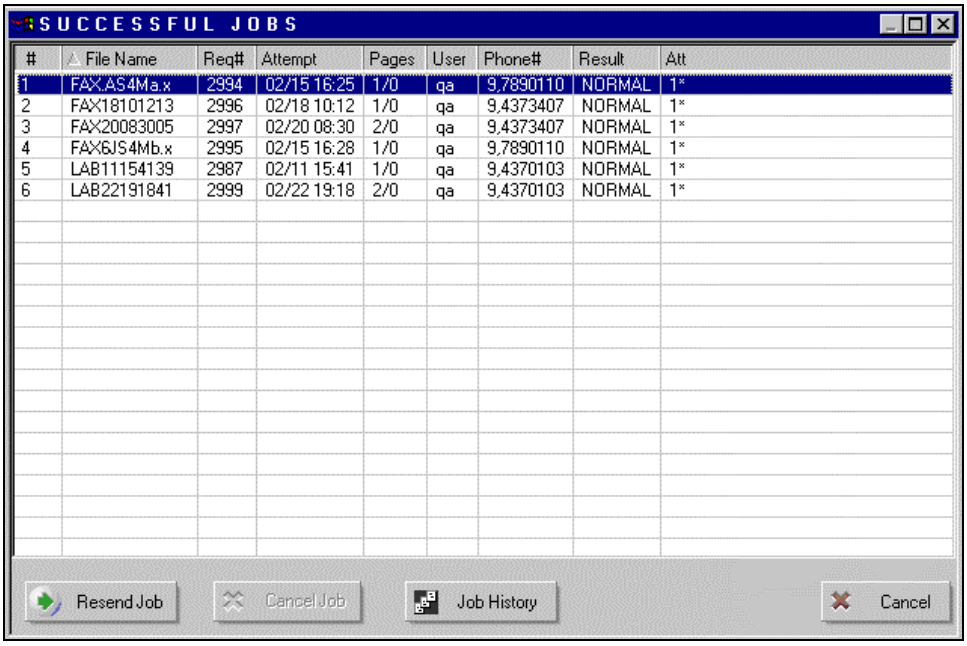


Figure 7-31. List of Successful Fax Jobs

The information displayed in the above listing includes; file name, job (request) number, date and time attempt to fax was made, number of pages sent/number of pages sent with at least one error, user ID, fax number, result of the attempt (NORMAL indicates a successful attempt), and the actual number of tries.

Failed Fax Jobs

To access the failed fax jobs option, click the **Fax Failed Jobs** button, or click **Fax [Failed jobs]**. The Failed jobs log will list all failed jobs similar to Figure 7-32.

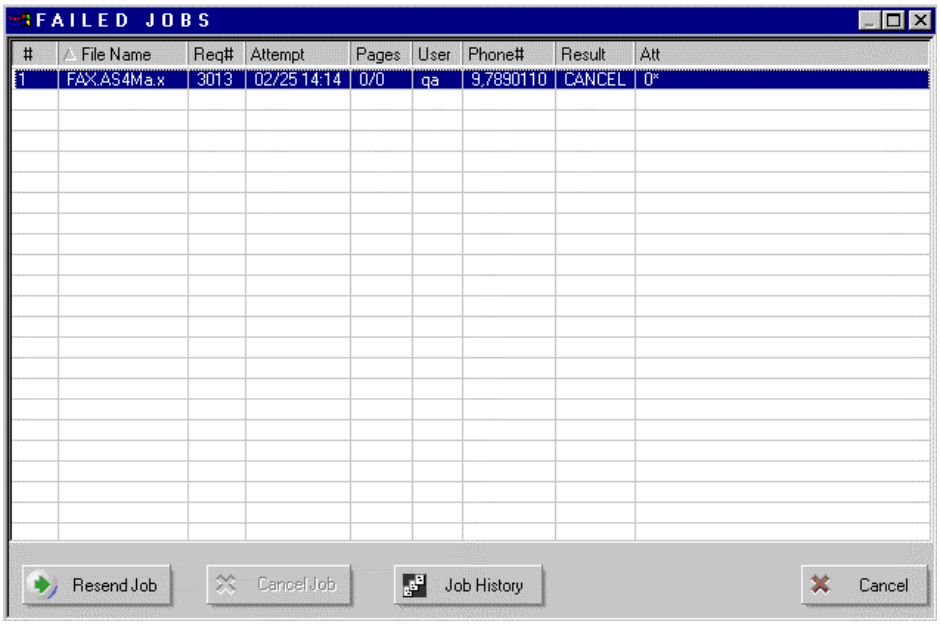


Figure 7-32. List of Failed Fax Jobs

The information displayed in the above listing includes; file name, job (request) number, date and time attempt to fax was made, number of pages sent/number of pages sent with at least one error, user ID, fax number, result of the attempt, and the actual number of tries (5 maximum).

NOTE: If a job was not transmitted successfully the first time, the system automatically retries to a maximum of 5 attempts. If, after 5 attempts, the job was not transmitted successfully, it must be queued again. Use the Resend option on the menu at the bottom of the screen to start the process over.

Fax Servers

To access the **fax servers** option, click the **Fax Servers** button, or click **Fax [Fax servers].** The Fax server shows the fax name and the device name along with the status of the fax similar to Figure 7-33.

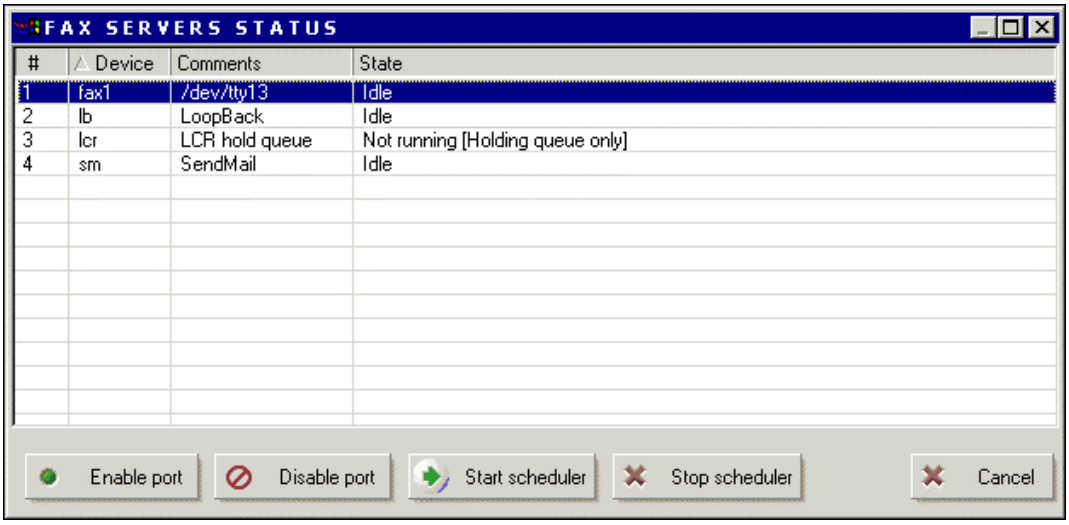


Figure 7-33. Fax Servers Status

Purge Fax Logs

To access the **Purge fax logs** option, click the **Purge fax logs** button, or click **Fax [Purge fax logs].** The Purge fax logs will allow you to remove all log entries in the failed, pending and successful logs that are older than **x** number of days similar to Figure 7-34. Click **OK** to purge fax logs, or click **Cancel** to cancel the purge.

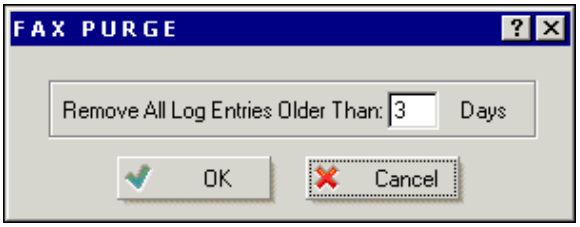


Figure 7-34. Fax Purge

Scheduler

To access the **Scheduler** option, click the **Scheduled Jobs** button, or click **Tools [Scheduler]**. The **Scheduler** option displays a list of all faxes scheduled to be queued, as defined in Setup, similar to Figure 7-35.

```
request scheduled date                    command
root.774763200.a Thu Jul 21 00:00:00 1994 rptsend ID120161011.x "lpinter1

View Cancel Send now view Log Quit
```

Figure 7-35. Listing of Scheduled Faxes

The information displayed in the above listing includes; the user ID/job (request) number, the date and time when the fax is scheduled to be sent, and program command (command/filename, etc.).

Run RPTD (Remote Printing Daemon)

To access the **RPTD** option, click the **Run RPTD** button, or click **Tools [RPTD].** The **RPTD** option allows you to view the status of the remote printing server and will allow you to start or stop the server. (See Figure 7-36.) You can also view the trace file for Remote Printing. The **RPTD** option will display the remote printing daemon process identification number if it is running.

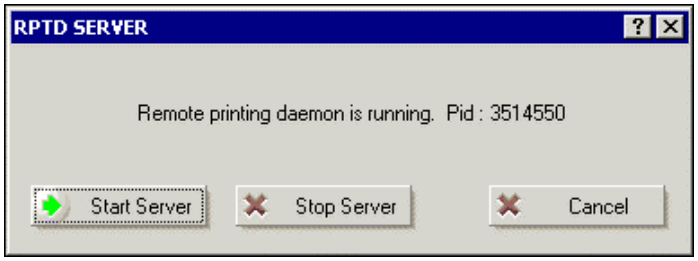
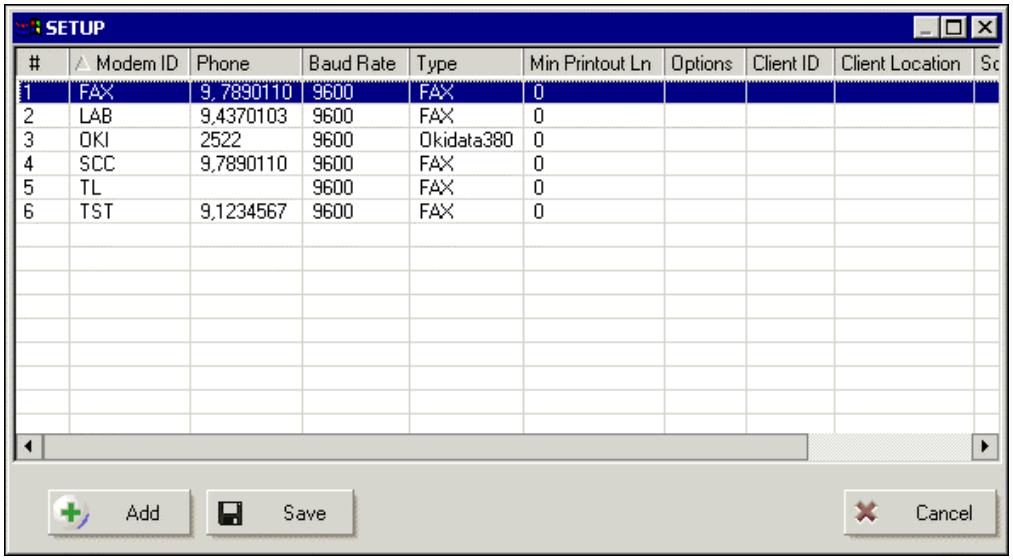


Figure 7-36. RPTD (Remote Printing Daemon)

Setup

To access the **Remote Printing Setup** option, click the **Remote Printing Setup** button, or click **Tools [Setup].** The **Setup** option allows you to add, delete, edit, find, and view the various remote printer/fax setups similar to Figure 7-37.



#	Modem ID	Phone	Baud Rate	Type	Min Printout Ln	Options	Client ID	Client Location	Sc
1	FAX	9, 7890110	9600	FAX	0				
2	LAB	9,4370103	9600	FAX	0				
3	OKI	2522	9600	Okidata380	0				
4	SCC	9,7890110	9600	FAX	0				
5	TL		9600	FAX	0				
6	TST	9,1234567	9600	FAX	0				

Figure 7-37. Remote Printers Setup Screen

Each of the options at the bottom of the screen is described below.

Add

Click the **Add** button to define a new remote printer/fax location. Click Add and the **Remote Printer Editing** window displays similar to Figure 7-38.

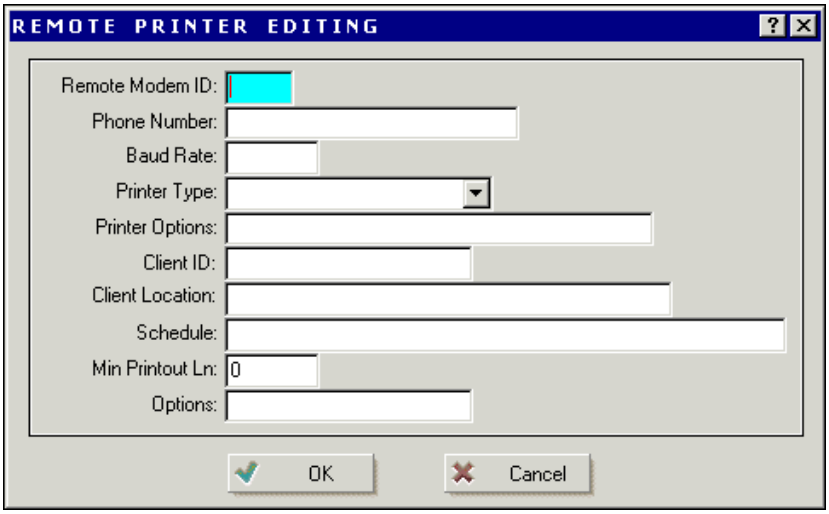


Figure 7-38. Remote Printer Editing Window

Remote Modem ID

Enter a unique ID for each remote printer/fax location. **Maximum three characters**. **Required field**.

Phone number

Enter the telephone number of the remote printer/fax location including any convention for dialing out (e.g., 9). Commas can be included to indicate a 3-second pause. **Required field**.

Baud Rate

Enter the baud rate of transmission, if desired, or press any key for a list of valid baud rates. (Usually a baud rate of 2400 is standard.)

Printer Type

Click the drop-down list button to select the printer type/fax or press any key for a list of the valid types. If you are using the fax, you must choose FAX as the printer type. If you are sending a report to a remote printer, choose the appropriate printer at the remote location. **Required field**.

Printer Options

The–**c** and the–**f** options are the only options that SCC is currently using.

-c Add a CR character after a newline of a formfeed.

-f Remove ending FF from input file.

Please contact SCC's Hardware department about these options when setting up your printers.

Client ID

Enter a client ID, if desired. **Maximum 7 alphanumeric characters**.

Client Location

Enter a client location, if desired. **Maximum 31 alphanumeric characters**.

Schedule

Enter the starting and ending time schedule, if desired, for sending the reports to print. Use the **hh:mm-hh:mm** format (repeat if necessary). Usually a schedule of 00:00-23:59 is standard. (This field only needs to be defined when a schedule of other than 24 hours is required e.g., 14:00-20:00.)

Min printout ln

Enter the minimal length of lines for a printout. Transmissions shorter than this length will be held until the length is exceeded. Default is **0**.

Options

The **Options** field is used to define a specific fax server name or a specific remote printer ID character, allowing a report to print through a specific fax server or through a specific Remote Printing daemon**. Intended for Multisite clients only**.

If you have more than one fax server, fax1 and fax2, SoftLab chooses the first available server when sending a fax. If you would like to send a fax through a specific server, put the parameter –d followed by the fax server name on the options line of the Fax ID. See Figure 7-39.

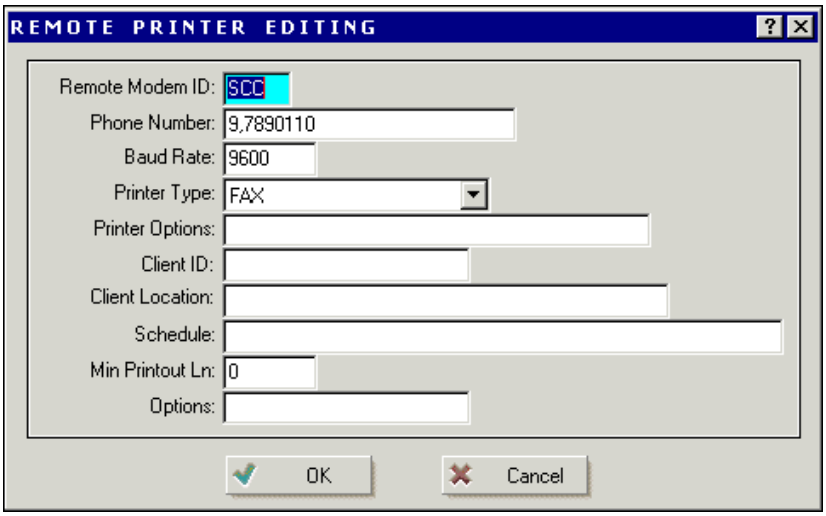


Figure 7-39. Example Remote Printer Setup

Using the above Remote Setup (Figure 7-39) if ID TEE, the Options line is defined as **–dfax2**. All reports that are to be faxed to TEE will always go through the server fax2.

When using more than one remote printing daemon, **mpd tty145 R and mpd tty142 T**, SoftLab will choose the daemons randomly unless they are defined in the Fax setup on the Options line. At the end of the command line for each remote printing daemon is an SCC defined character (e.g., mpd tty 145 **R**). (See Figure 7-40.) The default character for the primary Remote Printing daemon is always **R**. If a client has more than one remote-printing daemon, SCC will define the other daemons with different characters. To specify which Remote Printing daemon is used, put the character for a specific daemon on the Options line in the Fax setup for the remote modem ID.

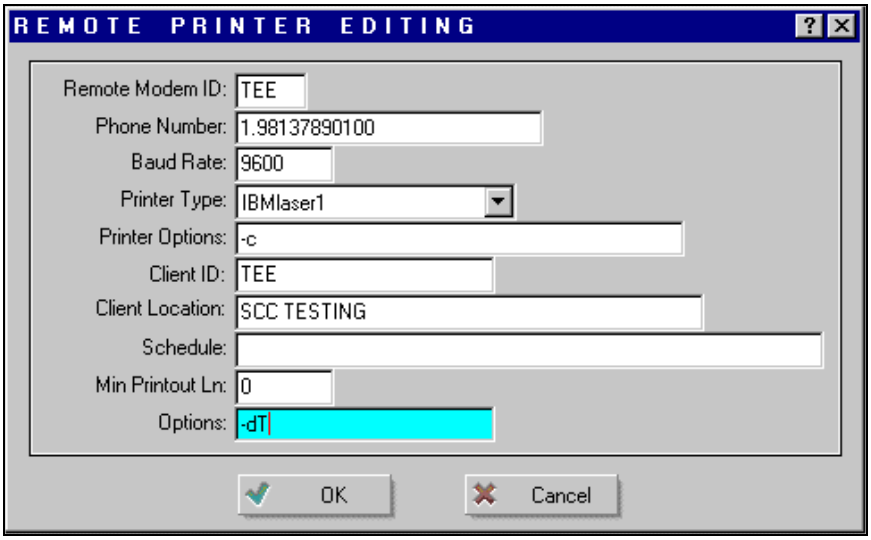


Figure 7-40. Sample Remote Printer Setup

Using the above Remote Setup for ID TEE, the Options line is defined as **–dT**. All reports that are to be printed to TEE will always go through the Remote Printing daemon with the end character of **T**.

When finished entering data, click **OK** and wait for the menu at the bottom to reappear. Click the **Save** button to save the data, or click **Cancel** to exit without saving the changes.

Editing an Existing Remote Printer/Fax Location

To edit an existing remote printer/fax location, double-click the option you wish to edit. The Remote Printer Editing screen displays similar to Figure 7-39. When data entry is complete, click **OK**, than click **Save** to save your changes.

Add a Remote Printer/Fax

Instructions are the same as described in **Setup**.

If you have a fax modem, it is important to create a dummy fax record. The dummy fax record contains only the information displayed in Figure 7-41 and is used for ad hoc faxing.

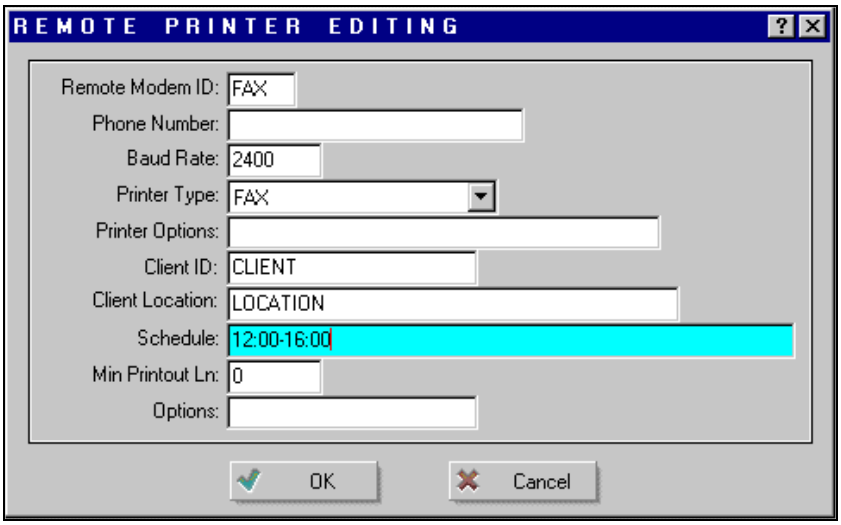


Figure 7-41. Sample Dummy Fax Record

When you need to send a fax through Order Entry, choose Fax, similar to Figure 7-42.

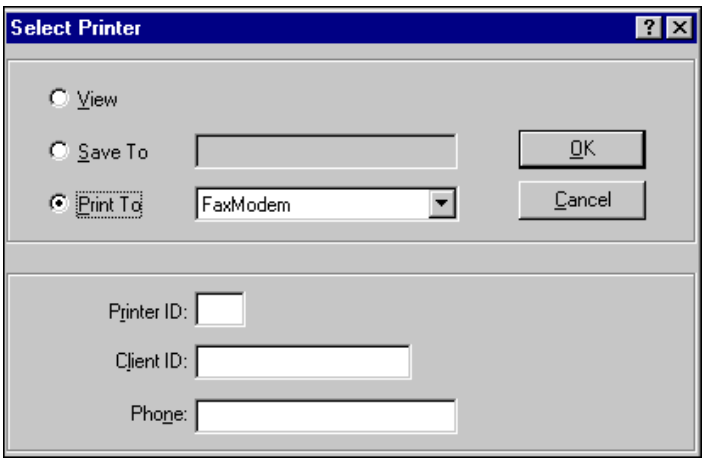


Figure 7-42. Printer Selection/Search Window-Order Entry

Enter the desired fax number in the search window similar to Figure 7-42.

FAX/Remote Reporting

The FAX/Remote Reporting system is on a network, multi-directional, cable system, as shown in

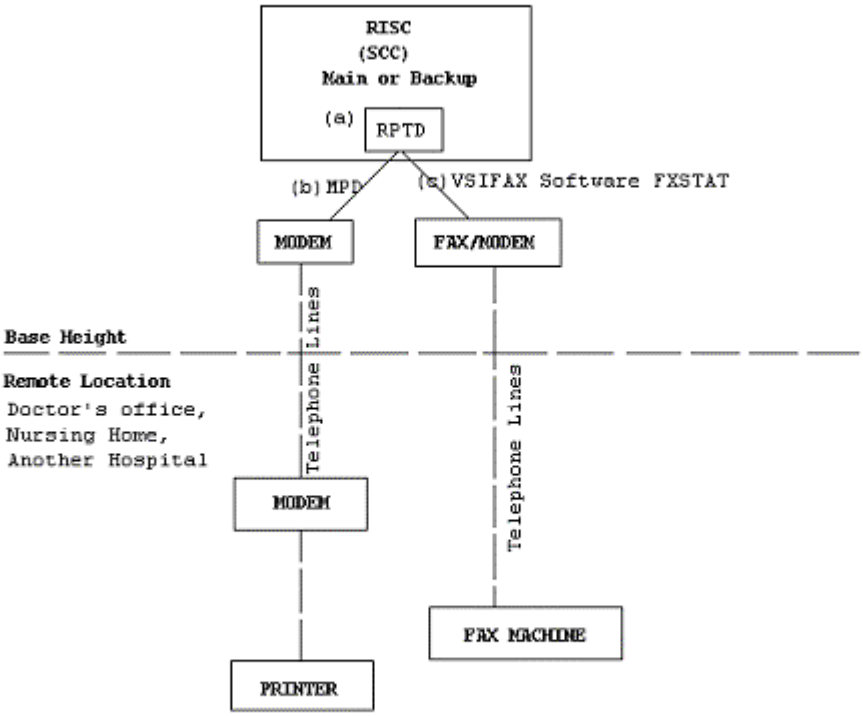


Figure 7-43. The following descriptions apply to the system:

RPTD	Remote printing daemon Trace File (/tmp/rpt.trace).
MPD	Modem Printing Daemon.

VSIFAX A software controlling queuing of jobs from the system to the fax machine

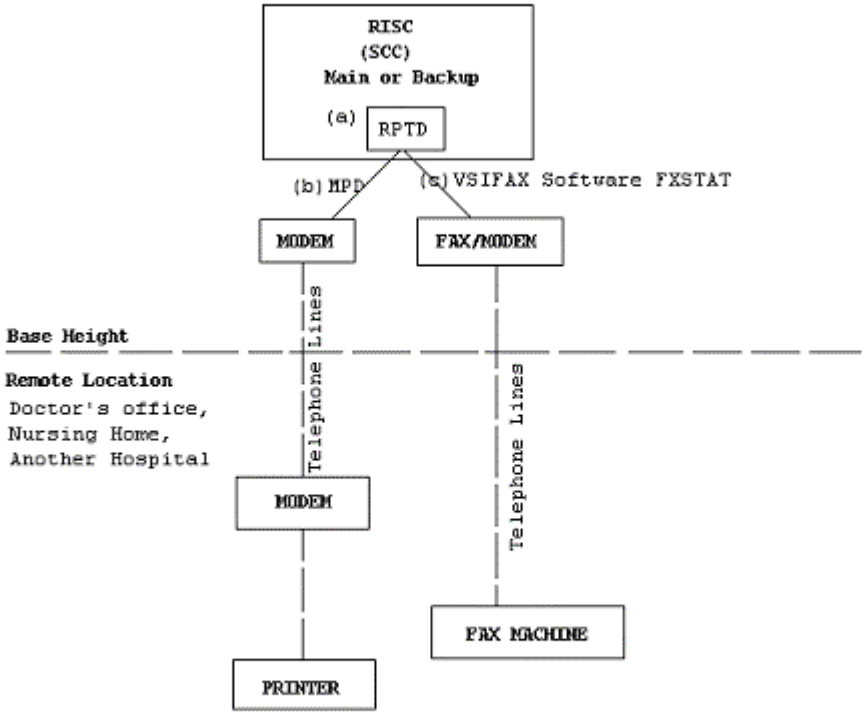


Figure 7-43. FAX Remote Reporting

Material/Letter Management Worklist

The Material/Letter Management Worklist allows you to change technical billing locations, professional billing locations, specimen, block and slide storage, and the assignment of letters. To begin, you first must run a search of cases. The Search window appears similar to Figure 7-44.

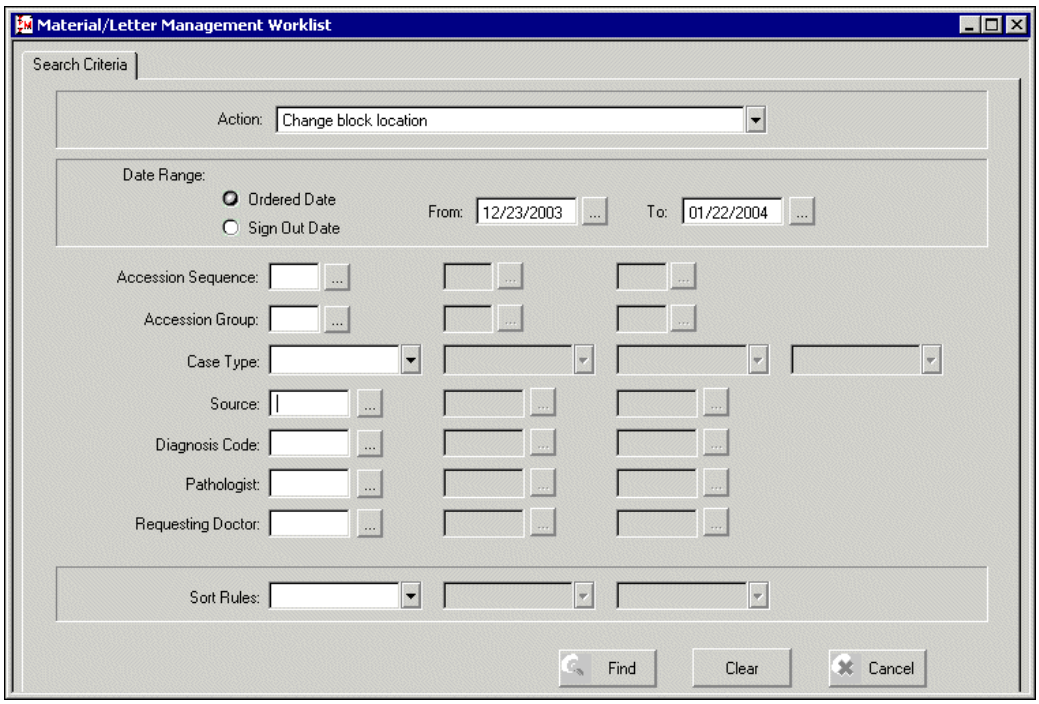


Figure 7-44. Material/Letter Management Worklist search window.

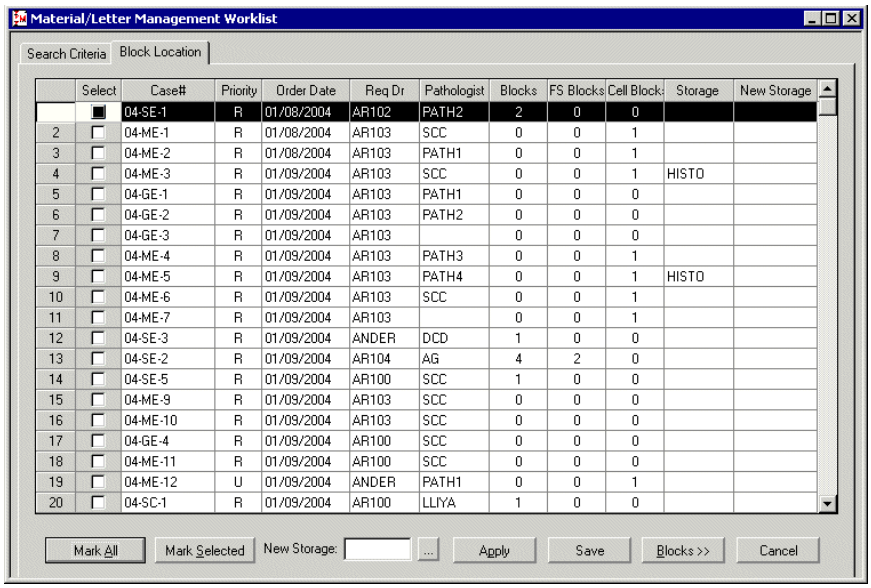
To run a search, you must first select the action you would like to perform. The available actions are:

- Change block location
- Change slide location
- Change specimen location
- Change technical billing location
- Change professional billing location
- Assign letters
- Force release of held cases

Once you have selected the action you wish to perform, you may then search the available cases by multiple criteria, including accession groups and sequences, case types, sources, diagnosis codes, pathologists, and requesting doctors. To search by multiple options in the same criteria, simply select those options in the fields that will become available once you choose to search by a criterion. At the bottom of the search window, an option that allows you to define rules to sort your results by appears. Once you have entered the appropriate information, click Find.

Change Block Location

Change Block Location allows you to enter a new storage location for blocks that met your search criteria. Once your search is completed, the system will show a list of the cases that met your criteria. This list displays similar to Figure 7-45.



	Select	Case#	Priority	Order Date	Req Dr	Pathologist	Blocks	FS Blocks	Cell Block:	Storage	New Storage
	■	04-SE-1	R	01/08/2004	AR102	PATH2	2	0	0		
2	☐	04-ME-1	R	01/08/2004	AR103	SCC	0	0	1		
3	☐	04-ME-2	R	01/08/2004	AR103	PATH1	0	0	1		
4	☐	04-ME-3	R	01/09/2004	AR103	SCC	0	0	1	HISTO	
5	☐	04-GE-1	R	01/09/2004	AR103	PATH1	0	0	0		
6	☐	04-GE-2	R	01/09/2004	AR103	PATH2	0	0	0		
7	☐	04-GE-3	R	01/09/2004	AR103		0	0	0		
8	☐	04-ME-4	R	01/09/2004	AR103	PATH3	0	0	1		
9	☐	04-ME-5	R	01/09/2004	AR103	PATH4	0	0	1	HISTO	
10	☐	04-ME-6	R	01/09/2004	AR103	SCC	0	0	1		
11	☐	04-ME-7	R	01/09/2004	AR103		0	0	1		
12	☐	04-SE-3	R	01/09/2004	ANDER	DCD	1	0	0		
13	☐	04-SE-2	R	01/09/2004	AR104	AG	4	2	0		
14	☐	04-SE-5	R	01/09/2004	AR100	SCC	1	0	0		
15	☐	04-ME-9	R	01/09/2004	AR103	SCC	0	0	0		
16	☐	04-ME-10	R	01/09/2004	AR103	SCC	0	0	0		
17	☐	04-GE-4	R	01/09/2004	AR100	SCC	0	0	0		
18	☐	04-ME-11	R	01/09/2004	AR100	SCC	0	0	0		
19	☐	04-ME-12	U	01/09/2004	ANDER	PATH1	0	0	1		
20	☐	04-SC-1	R	01/09/2004	AR100	LLIYA	1	0	0		

Figure 7-45. Material/Letter Management Worklist – Block Location list.

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Storage

This field allows you to enter a new storage location code for the cases or blocks that you have selected. Type a location code or select one from the dynamic list.

Apply

Click this button to apply your new storage location choice to the cases/blocks that you have selected.

Save

Select this button to save your changes.

Blocks

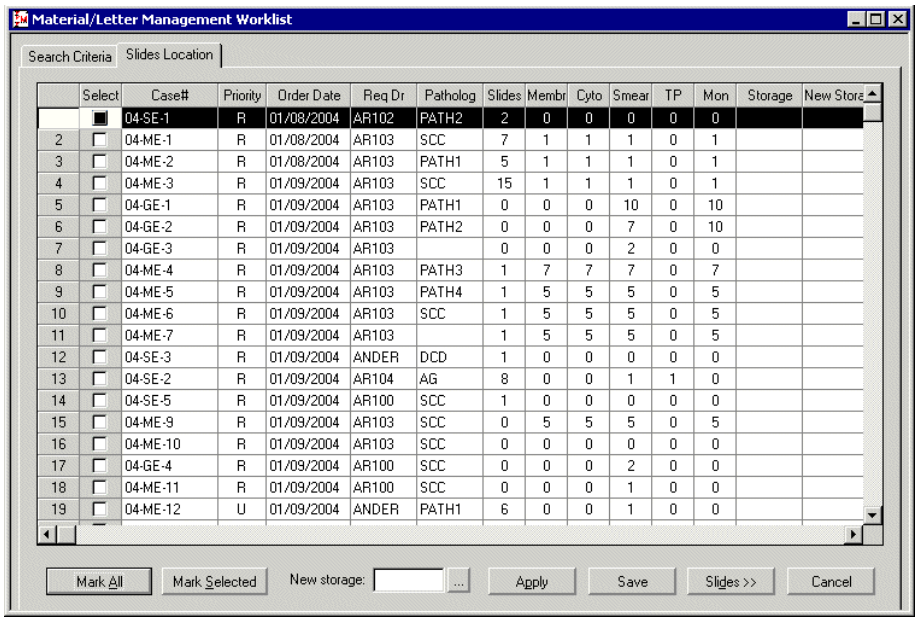
This button will expand a highlighted case in the list to show the blocks contained within that case. Use this button to select blocks rather than whole cases, if you wish.

Cancel

Click this button to return to the Main Menu.

Change Slide Location

Change Slide Location allows you to enter a new storage location for slides that met your search criteria. Once your search is completed, the system will show a list of the cases that met your criteria. This list displays similar to Figure 7-46.



	Select	Case#	Priority	Order Date	Req Dr	Patholog	Slides	Membr	Cyto	Smear	TP	Mon	Storage	New Store
	■	04-SE-1	R	01/08/2004	AR102	PATH2	2	0	0	0	0	0		
2	☐	04-ME-1	R	01/08/2004	AR103	SCC	7	1	1	1	0	1		
3	☐	04-ME-2	R	01/08/2004	AR103	PATH1	5	1	1	1	0	1		
4	☐	04-ME-3	R	01/09/2004	AR103	SCC	15	1	1	1	0	1		
5	☐	04-GE-1	R	01/09/2004	AR103	PATH1	0	0	0	10	0	10		
6	☐	04-GE-2	R	01/09/2004	AR103	PATH2	0	0	0	7	0	10		
7	☐	04-GE-3	R	01/09/2004	AR103		0	0	0	2	0	0		
8	☐	04-ME-4	R	01/09/2004	AR103	PATH3	1	7	7	7	0	7		
9	☐	04-ME-5	R	01/09/2004	AR103	PATH4	1	5	5	5	0	5		
10	☐	04-ME-6	R	01/09/2004	AR103	SCC	1	5	5	5	0	5		
11	☐	04-ME-7	R	01/09/2004	AR103		1	5	5	5	0	5		
12	☐	04-SE-3	R	01/09/2004	ANDER	DCD	1	0	0	0	0	0		
13	☐	04-SE-2	R	01/09/2004	AR104	AG	8	0	0	1	1	0		
14	☐	04-SE-5	R	01/09/2004	AR100	SCC	1	0	0	0	0	0		
15	☐	04-ME-9	R	01/09/2004	AR103	SCC	0	5	5	5	0	5		
16	☐	04-ME-10	R	01/09/2004	AR103	SCC	0	0	0	0	0	0		
17	☐	04-GE-4	R	01/09/2004	AR100	SCC	0	0	0	2	0	0		
18	☐	04-ME-11	R	01/09/2004	AR100	SCC	0	0	0	1	0	0		
19	☐	04-ME-12	U	01/09/2004	ANDER	PATH1	6	0	0	1	0	0		

Figure 7-46. Material/Letter Management Worklist – Slides Location list.

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Storage

This field allows you to enter a new storage location code for the cases or slides that you have selected. Type a location code or select one from the dynamic list.

Apply

Click this button to apply your new storage location choice to the cases/slides that you have selected.

Save

Select this button to save your changes.

Slides

This button will expand a highlighted case in the list to show the slides contained within that case. Use this button to select slides rather than whole cases, if you wish.

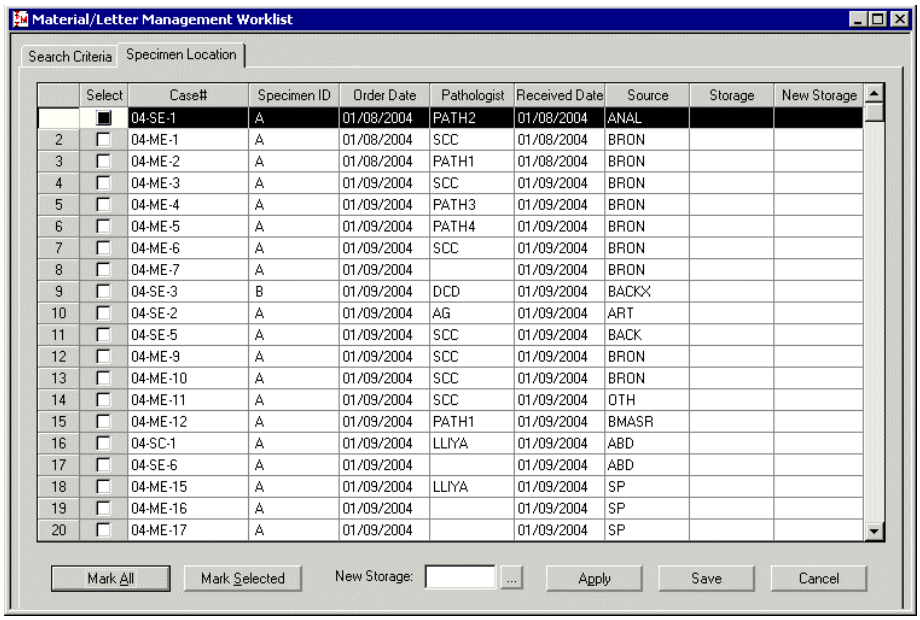
Cancel

Click this button to return to the Main Menu.

Change Specimen Location

Change Specimen Location allows you to enter a new storage location for specimens that met your search criteria. Once your search is completed, the system will show a list of the specimens that met your criteria. This list displays similar to Figure 7-47.

NOTE: Only specimens that have exceeded the time limit specified in the Source Setup file will be shown in your search results. See ***Chapter 6.1 – Setup: Setup Files*** for more information about this file.



	Select	Case#	Specimen ID	Order Date	Pathologist	Received Date	Source	Storage	New Storage
	■	04-SE-1	A	01/08/2004	PATH2	01/08/2004	ANAL		
2	☐	04-ME-1	A	01/08/2004	SCC	01/08/2004	BRON		
3	☐	04-ME-2	A	01/08/2004	PATH1	01/08/2004	BRON		
4	☐	04-ME-3	A	01/09/2004	SCC	01/09/2004	BRON		
5	☐	04-ME-4	A	01/09/2004	PATH3	01/09/2004	BRON		
6	☐	04-ME-5	A	01/09/2004	PATH4	01/09/2004	BRON		
7	☐	04-ME-6	A	01/09/2004	SCC	01/09/2004	BRON		
8	☐	04-ME-7	A	01/09/2004		01/09/2004	BRON		
9	☐	04-SE-3	B	01/09/2004	DCD	01/09/2004	BACKX		
10	☐	04-SE-2	A	01/09/2004	AG	01/09/2004	ART		
11	☐	04-SE-5	A	01/09/2004	SCC	01/09/2004	BACK		
12	☐	04-ME-9	A	01/09/2004	SCC	01/09/2004	BRON		
13	☐	04-ME-10	A	01/09/2004	SCC	01/09/2004	BRON		
14	☐	04-ME-11	A	01/09/2004	SCC	01/09/2004	OTH		
15	☐	04-ME-12	A	01/09/2004	PATH1	01/09/2004	BMASR		
16	☐	04-SC-1	A	01/09/2004	LLIYA	01/09/2004	ABD		
17	☐	04-SE-6	A	01/09/2004		01/09/2004	ABD		
18	☐	04-ME-15	A	01/09/2004	LLIYA	01/09/2004	SP		
19	☐	04-ME-16	A	01/09/2004		01/09/2004	SP		
20	☐	04-ME-17	A	01/09/2004		01/09/2004	SP		

Figure 7-47. Material/Letter Management Worklist – Specimen Location list

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Storage

This field allows you to enter a new storage location code for the specimens that you have selected. Type a location code or select one from the dynamic list.

Apply

Click this button to apply your new storage location choice to the specimens that you have selected.

Save

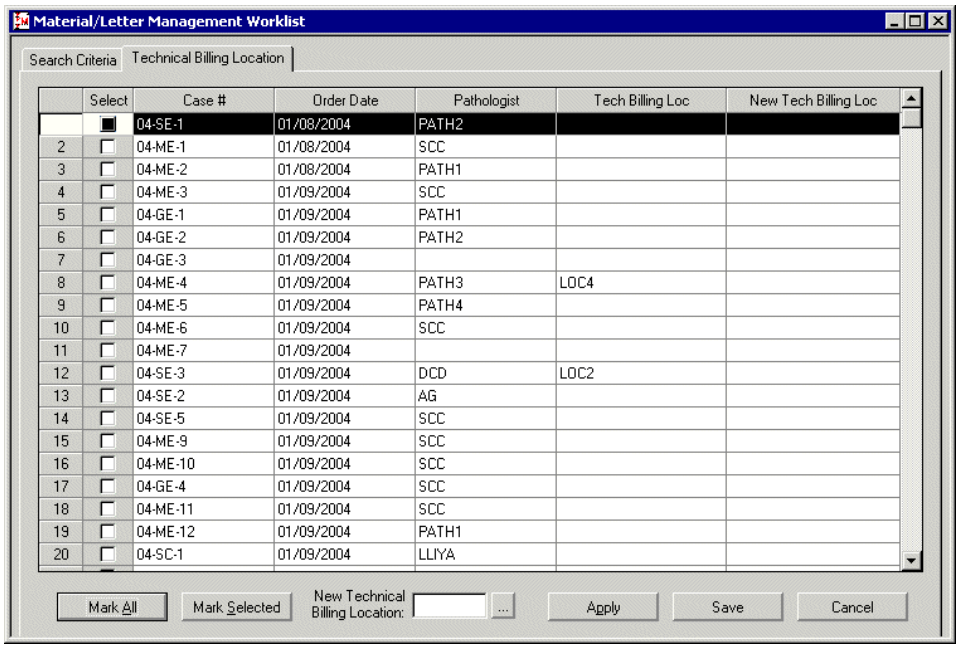
Select this button to save your changes.

Cancel

Click this button to return to the Main Menu.

Change Technical Billing Location

Change Technical Billing Location allows you to enter a new technical billing location for cases that met your search criteria. Once your search is completed, the system will show a list of the cases that met your criteria. This list displays similar to Figure 7-48.



	Select	Case #	Order Date	Pathologist	Tech Billing Loc	New Tech Billing Loc
	■	04-SE-1	01/08/2004	PATH2		
2	☐	04-ME-1	01/08/2004	SCC		
3	☐	04-ME-2	01/08/2004	PATH1		
4	☐	04-ME-3	01/09/2004	SCC		
5	☐	04-GE-1	01/09/2004	PATH1		
6	☐	04-GE-2	01/09/2004	PATH2		
7	☐	04-GE-3	01/09/2004			
8	☐	04-ME-4	01/09/2004	PATH3	LOC4	
9	☐	04-ME-5	01/09/2004	PATH4		
10	☐	04-ME-6	01/09/2004	SCC		
11	☐	04-ME-7	01/09/2004			
12	☐	04-SE-3	01/09/2004	DCD	LOC2	
13	☐	04-SE-2	01/09/2004	AG		
14	☐	04-SE-5	01/09/2004	SCC		
15	☐	04-ME-9	01/09/2004	SCC		
16	☐	04-ME-10	01/09/2004	SCC		
17	☐	04-GE-4	01/09/2004	SCC		
18	☐	04-ME-11	01/09/2004	SCC		
19	☐	04-ME-12	01/09/2004	PATH1		
20	☐	04-SC-1	01/09/2004	LLIYA		

Figure 7-48. Material/Letter Management Worklist – Technical Billing Location list

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Technical Billing Location

This field allows you to enter a new billing location code for the cases that you have selected. Type a location code or select one from the dynamic list.

Apply

Click this button to apply your new billing location choice to the cases that you have selected.

Save

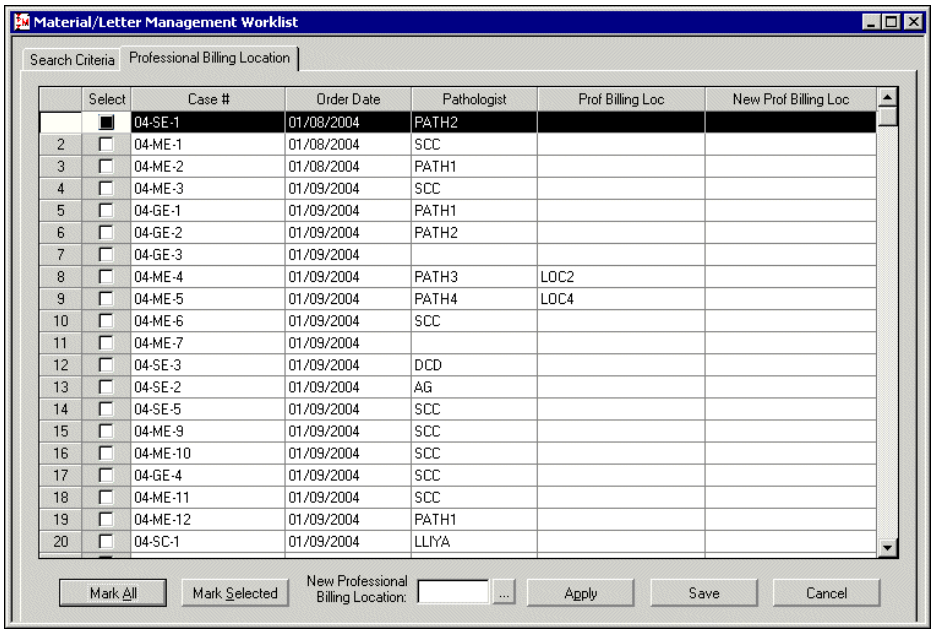
Select this button to save your changes.

Cancel

Click this button to return to the Main Menu.

Change Professional Billing Location

Change Professional Billing Location allows you to enter a new professional billing location for cases that met your search criteria. Once your search is completed, the system will show a list of the cases that met your criteria. This list displays similar to Figure 7-49.



	Select	Case #	Order Date	Pathologist	Prof Billing Loc	New Prof Billing Loc
	■	04-SE-1	01/08/2004	PATH2		
2	☐	04-ME-1	01/08/2004	SCC		
3	☐	04-ME-2	01/08/2004	PATH1		
4	☐	04-ME-3	01/09/2004	SCC		
5	☐	04-GE-1	01/09/2004	PATH1		
6	☐	04-GE-2	01/09/2004	PATH2		
7	☐	04-GE-3	01/09/2004			
8	☐	04-ME-4	01/09/2004	PATH3	LOC2	
9	☐	04-ME-5	01/09/2004	PATH4	LOC4	
10	☐	04-ME-6	01/09/2004	SCC		
11	☐	04-ME-7	01/09/2004			
12	☐	04-SE-3	01/09/2004	DCD		
13	☐	04-SE-2	01/09/2004	AG		
14	☐	04-SE-5	01/09/2004	SCC		
15	☐	04-ME-9	01/09/2004	SCC		
16	☐	04-ME-10	01/09/2004	SCC		
17	☐	04-GE-4	01/09/2004	SCC		
18	☐	04-ME-11	01/09/2004	SCC		
19	☐	04-ME-12	01/09/2004	PATH1		
20	☐	04-SC-1	01/09/2004	LLIYA		

Figure 7-49. Material/Letter Management Worklist – Professional Billing Location list

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Professional Billing Location

This field allows you to enter a new billing location code for the cases that you have selected. Type a location code or select one from the dynamic list.

Apply

Click this button to apply your new billing location choice to the cases that you have selected.

Save

Select this button to save your changes.

Cancel

Click this button to return to the Main Menu.

Assign Letters

Assign Letters allows you to change your current assignment of letters to the cases that met your search criteria. The system will show a list of those cases similar to Figure 7-50.

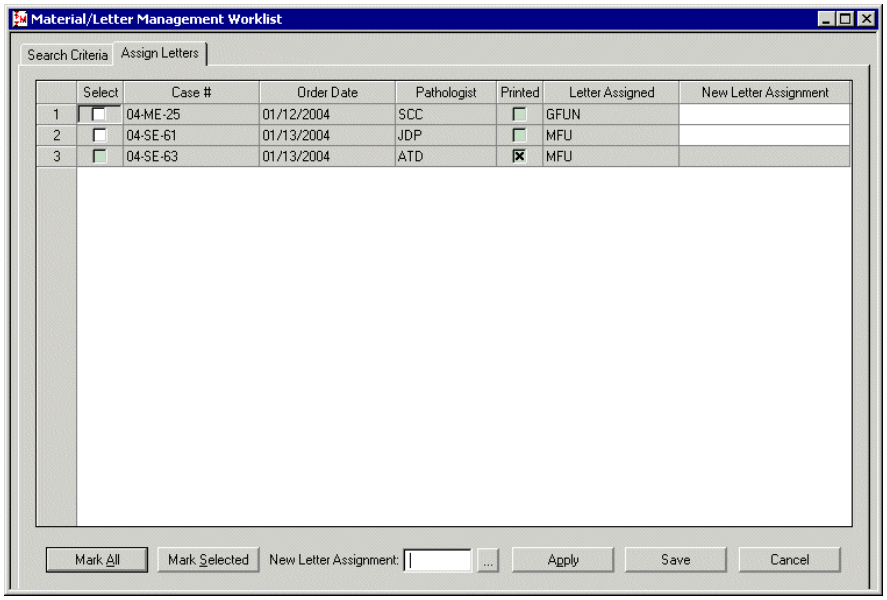


Figure 7-50. Material/Letter Management Worklist – Assign Letters

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

New Letter Assignment

This field allows you to assign a new letter code for the cases that you have selected. Type a letter code or select one from the dynamic list.

Apply

Click this button to apply your new letter assignment choice to the cases that you have selected.

Save

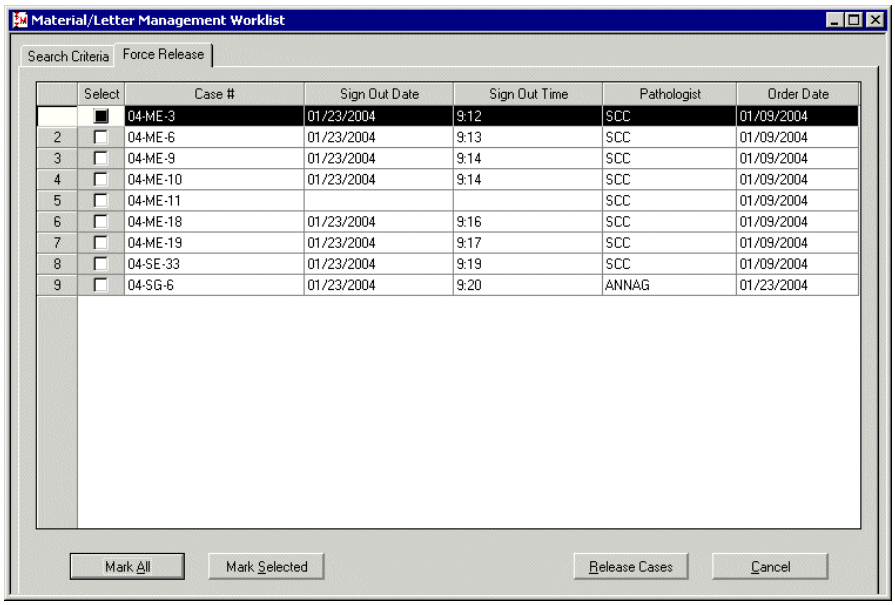
Select this button to save your changes.

Cancel

Click this button to return to the Main Menu.

Force Release of Held Cases

Force Release of Held Cases provides the ability to force the release of cases to the HIS, print server, and Query. Cases only qualify if they fall within the Hold Release time as defined on the Sign Out tab of Options. See ***Chapter 6.4 – Setup: Options*** for more information. The list of qualifying cases appears similar to Figure 7-51.



	Select	Case #	Sign Out Date	Sign Out Time	Pathologist	Order Date
	■	04-ME-3	01/23/2004	9:12	SCC	01/09/2004
2	☐	04-ME-6	01/23/2004	9:13	SCC	01/09/2004
3	☐	04-ME-9	01/23/2004	9:14	SCC	01/09/2004
4	☐	04-ME-10	01/23/2004	9:14	SCC	01/09/2004
5	☐	04-ME-11			SCC	01/09/2004
6	☐	04-ME-18	01/23/2004	9:16	SCC	01/09/2004
7	☐	04-ME-19	01/23/2004	9:17	SCC	01/09/2004
8	☐	04-SE-33	01/23/2004	9:19	SCC	01/09/2004
9	☐	04-SG-6	01/23/2004	9:20	ANNAG	01/23/2004

Figure 7-51. Material/Letter Management Worklist – Force Release list.

Mark/Unmark All

Click this button to select all of the cases in your list.

Mark/Unmark Selected

Click this button to select the highlighted case in the list.

Release Cases

Click this button to release those cases selected in the list.

Cancel

Click this button to return to the Main Menu.

Interfaces Setup

NOTE: This section originally appears in the SoftLab Version 3.19 User Manual, document ID LAB-G-U (Rel. 08/06/03)

The **Interfaces Setup** option allows you to define and maintain the communication and operating parameters for interfacing not only each laboratory instrument, but for other systems (e.g., HIS, billing) and separate program functions (e.g., automatic downloading, posting) having a protocol different from the SoftLab system.

To access this option, select **[Interfaces]**>**[Interfaces Setup]** from the main menu. The **Open Database** window displays. Select the database you wish to open, then click **OK**. The **Interfaces Setup** window displays similar to Figure 7-52.

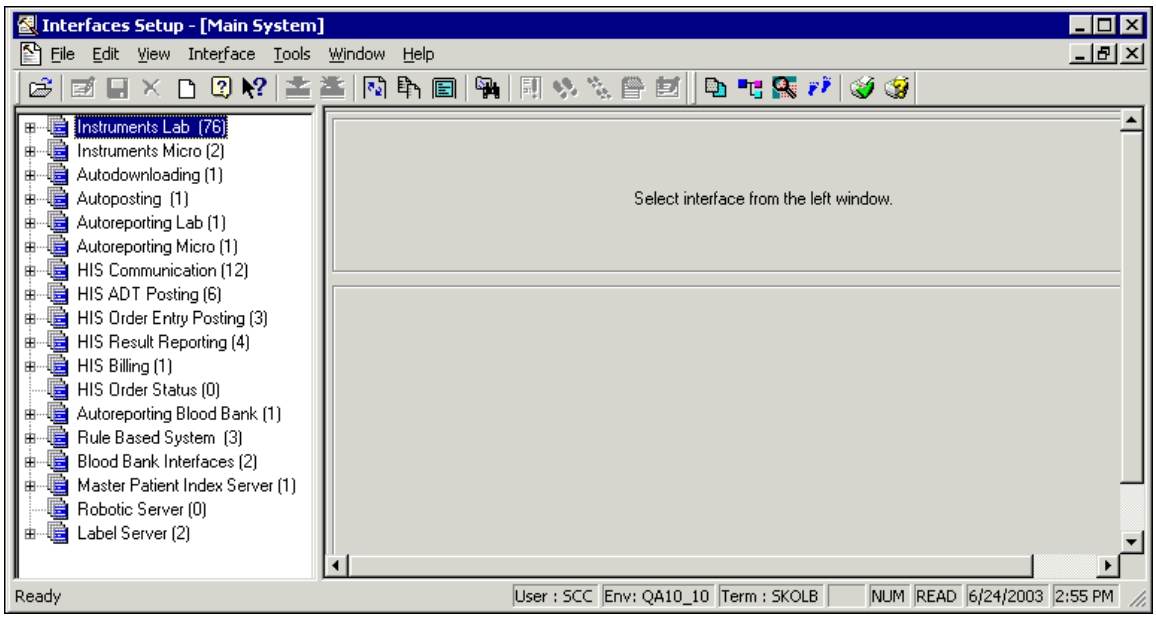


Figure 7-52. Select Setup Type Menu

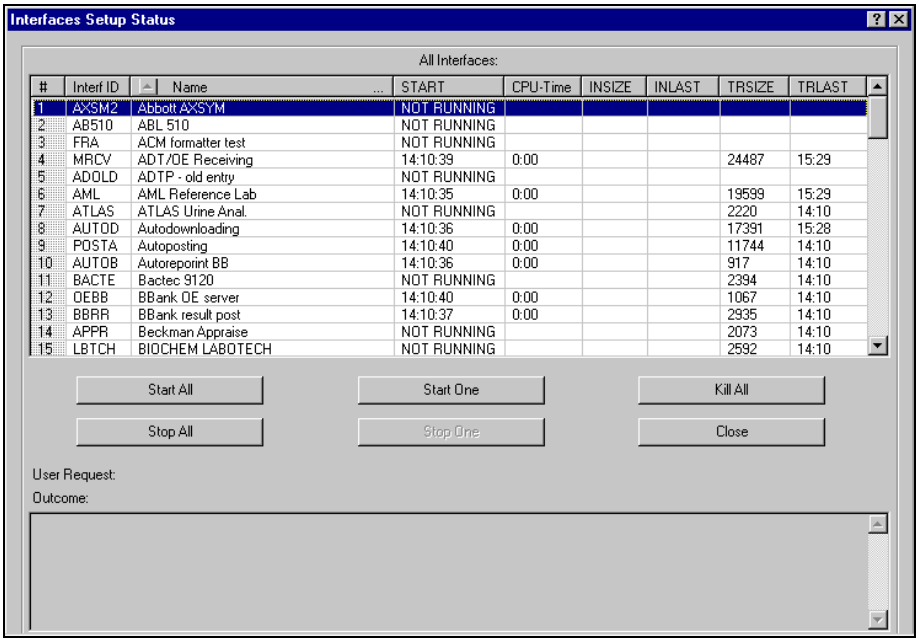
The **Database path**, **Programs path**, and **No.of dirs** (number of interface directories) fields are information fields ONLY and cannot be modified. The number of interfaces defined for each type displays in the right-hand (#) column.

Interfaces Setup Menu Options

The following options are available for the Interfaces Setup menu. Although the keys are similar to the function keys found on each individual interface screen (e.g., the **Instruments Lab** screen), there are some differences.

Status Screen

To access the **Status** option, select **[Operations]>[All Interfaces]>[Status Screen]** from the interfaces setup menu, or press **ALT+F5**. The **Interfaces Setup Status** window displays similar to Figure 7-53. This window displays the status of ALL interface programs: HIS, instrument's listening, autodownloading, autoprinting, etc. If an instrument is not working, its name is displayed with the following message, ***NOT RUNNING***.



#	Interf ID	Name	START	CPU-Time	INSIZE	INLAST	TRSIZE	TRLAST
1	AXSM2	Abbott AXSYM	NOT RUNNING					
2	AB510	ABL 510	NOT RUNNING					
3	FRA	ACM formatter test	NOT RUNNING					
4	MRCV	ADT/OE Receiving	14:10:39	0:00			24487	15:29
5	ADOLD	ADTP - old entry	NOT RUNNING					
6	AML	AML Reference Lab	14:10:35	0:00			19599	15:29
7	ATLAS	ATLAS Urine Anal.	NOT RUNNING				2220	14:10
8	AUTOD	Autodownloading	14:10:36	0:00			17391	15:28
9	POSTA	Autoposting	14:10:40	0:00			11744	14:10
10	AUTOB	Autoreporint BB	14:10:36	0:00			917	14:10
11	BACTE	Bactec 9120	NOT RUNNING				2394	14:10
12	OEBB	BBank OE server	14:10:40	0:00			1067	14:10
13	BBRR	BBank result post	14:10:37	0:00			2935	14:10
14	APPR	Beckman Appraise	NOT RUNNING				2073	14:10
15	LBTCH	BIOCHEM LABOTECH	NOT RUNNING				2592	14:10

Figure 7-53. Status Screen

The following data is displayed:

START	Time when the program was started.
CPU-TIME	Amount of processor time used. If greater than 4.00, the value blinks.
INSIZE	Size of file (raw data).
INLAST	Time when last data was received on this instrument.
TRSIZE	Size of the trace file. If greater than 2MB, the value blinks.
TRLAST	Time of the last transaction on this instrument.

Start All

To access the **Start All** option, click Operations, All Interfaces [Start All], or press **F6**. The **Start All** option STARTS or RESTARTS the communication with ALL of the interface programs. If **F6** is pressed while an instrument is running, the instrument will be disconnected and restarted. FOR SCC ONLY.

Stop All

To access the **Stop All** option, click **Operations**, **All Interfaces [Stop All]** or press **ALT+F8**. This Stops ALL communication with the interface programs. FOR SCC USE ONLY.

Instruments Lab (Interface)

The **Instruments Lab Interface** option describes the necessary fields used to set up lab instruments interfaces. Upon choosing the Instruments **Lab** option from the **Interfaces Setup** menu the **Instruments Lab Interface** window displays similar to Figure 7-54.

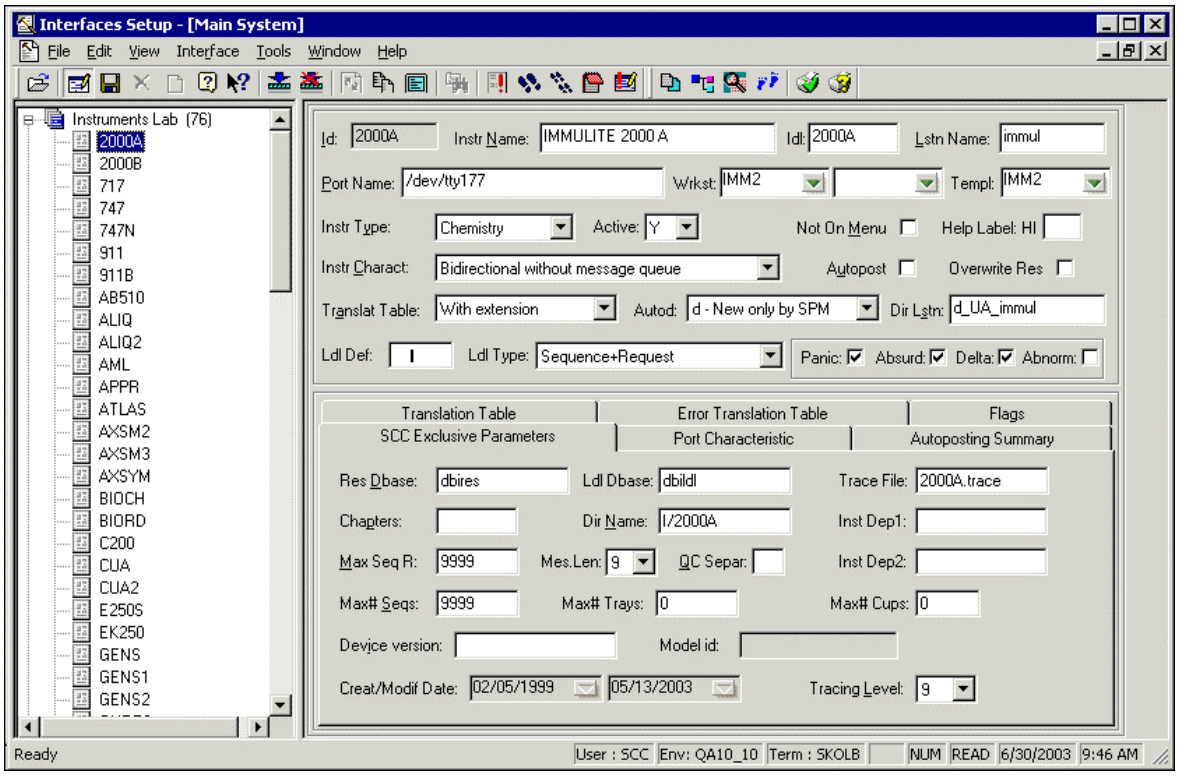


Figure 7-54. Instruments Lab Interface Window

Instruments Lab Interface Screen

SCC personnel do the initial definition of the interface. Do not modify any of the fields unless you are using the autoposting interface. If you are using the autoposting interface, then you will need to set the following fields.

Panic, Absurd, Delta, Abnorm

Select or clear the check box next to each of these fields to denote the system operation during manual batch and automatic posting procedures. The posting procedure will stop and display a message indicating a Panic, Absurd, Delta Failure, or Abnormal result if a check mark is present for that flag. The default values are:

Checked	Panic
Checked	Absurd
Checked	Delta
Unchecked	Abnormal

Autopost

Click the check box to insert a check mark in this field to set it to **Yes**. The program than looks at Panic, Absurd, Delta, Abnormal flags setup.

Inst.Dep2

Enter terminal ID that is located in workstation area that will display messages.

The fields described below are for SCC use and should not be changed without SCC consultation.

ID

Enter a unique acronym to identify this interface. You must also enter the name of the interface in the **Name** field (e.g., TDX-FLX); so if possible, let this ID code be an abbreviation of the interface name (e.g., FLXR). If two instruments of the same type are defined, differentiate each interface with a similar code (e.g., FLXR1, FLXR2). **Maximum 5 alphanumeric characters**.

Instr. Name

Displays the full or common name of the instrument. This name is displayed in the **Interface Selection** window . **Maximum 18 alphanumeric characters**.

Idl

The Idl is the name of the loadlist for a particular instrument. Defined by SCC and should not be changed by the user.

Lstn. Name

Displays the name of the listening program for the instrument. The **Lstn. Name** field is defined by SCC.

Port Name

The port name is the physical connection between the host computer and the instrument via a concentrator. Configuration of the port is determined by SCC Hardware personnel.

Wrkst

Enter the name of the workstation to which the instrument is assigned. Click the dynamic list button to display all workstations and select one to insert into this field. This pre-selects individual tests while building the loadlist. There are two fields for this option. For a test to be added to a loadlist, the workstation code defined in the **Individual Tests Setup** file (see **Chapter 2.1—Individual/Group Tests: Individual Test** in the **SoftLab Version 3.18 Setup Manual**) MUST match these fields. **Fixed code**.

NOTE: If the **Wrkst** field is blank, the workstation is NOT checked. If a loadlist is not produced, the workstation ID may not be correct.

Templ

Enter the code of the worksheet template the system will bridge to from the interface (\ **Worklist** key in the RESULTS menu, edit screen). **Fixed code**.

Instr. Type

Depending on the instrument, the entry in this field describes the way the listening program functions. Some of the common types of instruments are defined as the following:

Chemistry
Hematology
Batch Assay

The Instrument Type is set by SCC.

Active

Displays **Y** if this instrument is currently being used in the system, or displays **N** if it is not currently being used in the system.

Another code, **I**, may display. This is a special code for SCC use only.

DO NOT CHANGE any of these codes.

Not on Menu

Click the check box to insert a check mark in this field to suppress displaying of instrument on the interface menu.

Help Label: HI

SCC restricted. DO NOT CHANGE.

Instr.Charact.

This field provides information that describes the mode by which the instrument operates. The most common modes include the following:

Query
Unidirectional
Instrument Worklist

Dir. Lstn.

Displays the directory where the listening program is located.

Translat Table

A list of tests that are run by a given instrument. Each table entry contains the SoftLab test code, the corresponding test symbol recognized by the instrument, and (optionally) an extension or filter.

Overwrite Res

Click the check box to insert a check mark in this field to turn the overwrite res on. The system will overwrite posted results with new results.

OR

Leave unchecked to leave the overwrite res off. The system will not overwrite results already verified. If two sets of results are available, only the first set transmitted will be posted.

Ldl Def

Press **F1** to display the help screen. Use the **UP/DOWN** arrow keys to choose text that appears in the help screen.

Ldl Type

The options in this field control the way order and tests displays in a particular instrument's loadlist. Click the **drop-down list button** to select one of the options. Some of the options available are described below:

Sequence + Request	Displays tests according to their assigned sequence number, order number, tests for each order, and the status of each test in a particular order.
Batched Assay	Displays an individual test, number of orders associated with the individual test and the order numbers for the test.
Cup and Tray	Shows the order number, cup and tray position, number of tests for the order number, and the date and time of the loadlist entry and the test for the order.
B.A. doing sev. Tst.	Define
No loadlist	Define

Res.Dbase

The **Results Database** file is where the results are stored for the day.

Ldl Dbase

The **Loadlist Database** file contains all loadlist entries for the day.

Trace File

This is the name given to the file that contains the daily trace.

Chapters

Enter a chapter to be used for the Stat report program.

Dir.Name

This field is the pathway to the daily files.

Creat Modif Date

The **Creation Date** field contains the date that the program was initially setup on the system (this includes copying setup from one system to another). Changes that are made to the Interface setup will be recorded in this field. Only the date of the change is stored at this time. Future enhancements will capture what fields were changed and who made the changes.

Max Seq R

Defines the maximum number of results to be accepted by the interface. Use caution when editing this field. Entries should be greater than the daily workload for the instrument.

Autod

The **Autod** field allows tests to be downloaded to an instrument. If downloading is not desired, then enter **N** in the field. Other parameters include Q and D; however, before using these parameters, consult your SCC CSR.

Mes.Len.

If results are transmitted through the interface in free-text form, then SCC can define up to 60 lines to place the text. This field is generally used for the Reference Lab Interface. Consult SCC prior to entering any data in this field. Click the dynamic list button to enter a character.

Max# Seqs

Defines the maximum sequence number of orders allowed in the loadlist.

Max# Trays

Defines the maximum number of trays assigned to the instrument.

Max# Cups

Defines the maximum number of cups per tray.

Inst.Dep1

Instrument-dependent field. DO NOT CHANGE.

Tracing Level

Numeric entries determine how detailed the trace file will record. The higher the number, the more detailed the trace. When choosing a trace level, consider the following:

Some instruments transfer great amounts of data during the day.

The more data that is stored, the larger the file is. This could cause the interface to shutdown.

Please call your SCC representative to help you choose a trace level.

Port Characteristic

Defined by SCC.

Instruments Lab Interface Function Key Descriptions

ALT+Right Arrow

Allows you to scroll/page forward.

ALT+Left Arrow

Allows you to scroll/page backward

Flags Tab

To access the **Flags** option click the **Flags** tab located at the bottom of the screen. The flags setup window displays similar to Figure 7-55 and Figure 7-56. Click on the check box to insert a checkmark for YES to define the operational functions of the interface, or leave unchecked for no if flags are not used to define the operational functions of the interface.

NOTE: By default, all flags are unchecked for no. Caution must be used when changing the defaults.

Flags 1-15 are Loadlist and Results Flags. Flags 16-33 are Instrument Dependent and Miscellaneous flags.

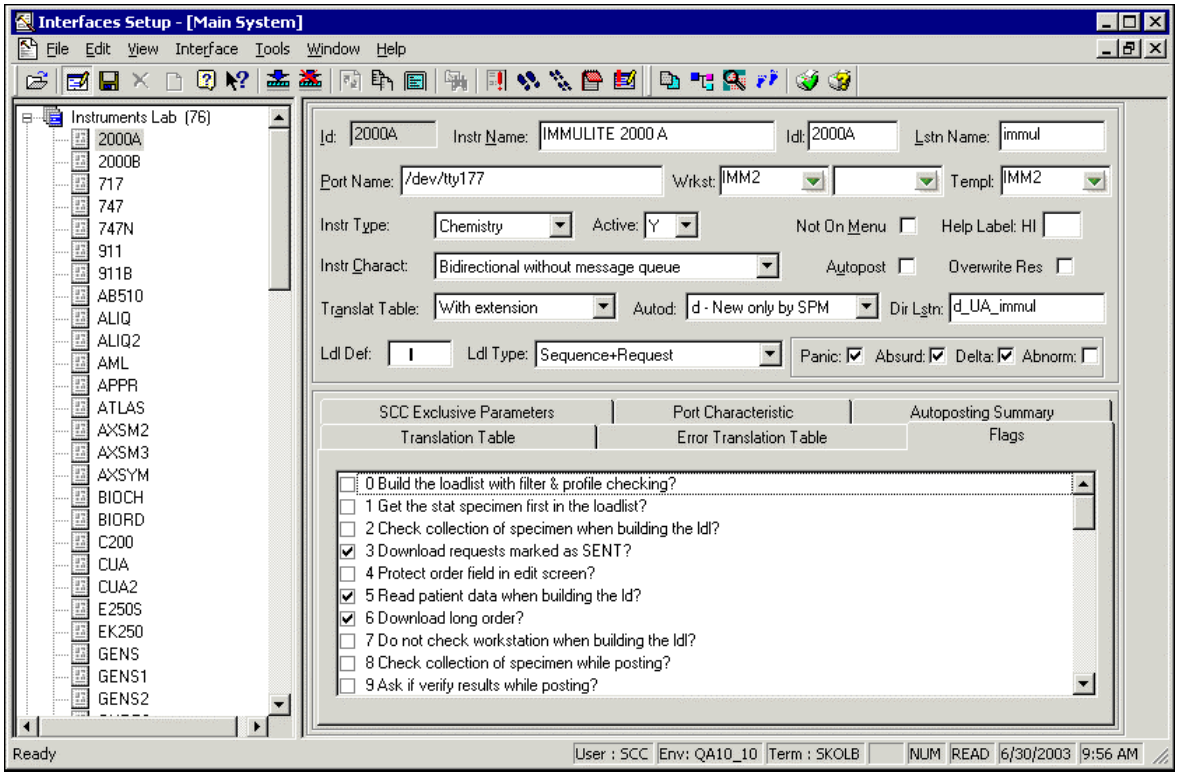


Figure 7-55. Flags Setup Window

Flags 34-39 are Automatic Posting Flags.

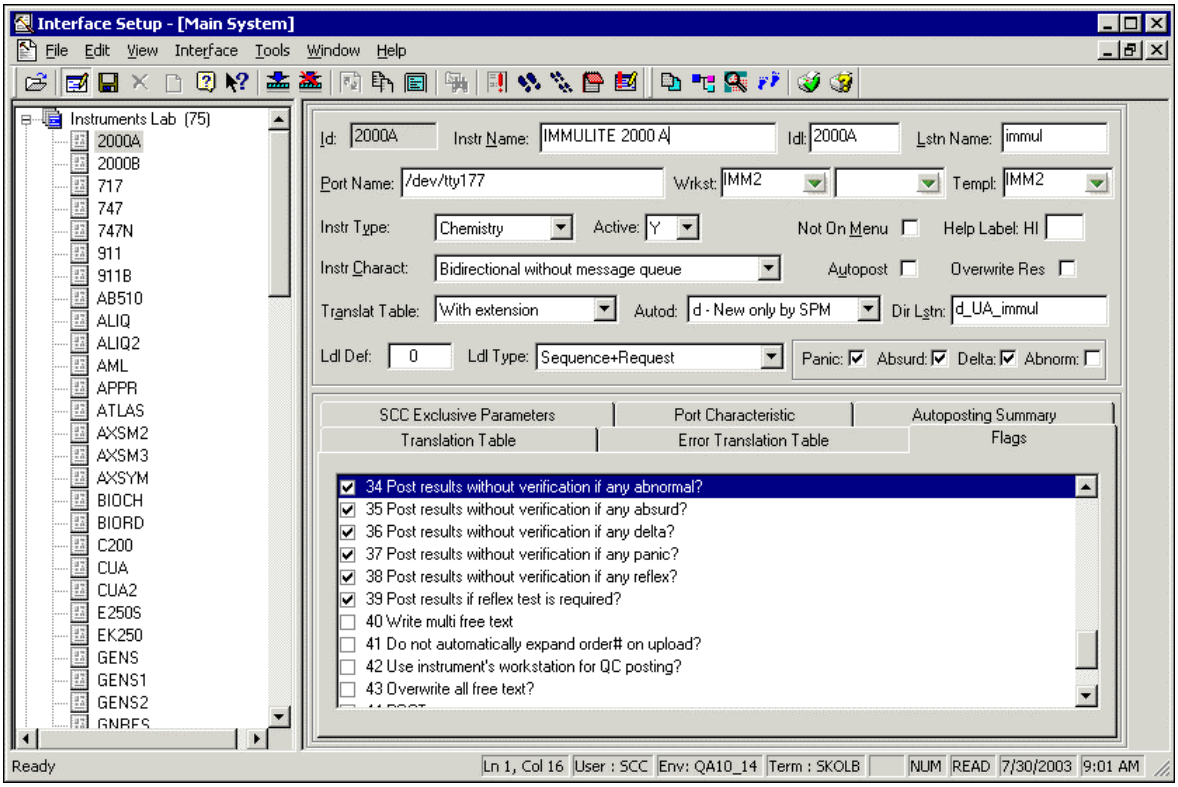


Figure 7-56. Flags Setup Window

Loadlist Flags

DO NOT CHANGE any of the flags except Flag 4 without contacting SCC customer support. Unassisted changes could cause problems with instrument/SCC communications.

0 Build the loadlist with filter & profile checking?

Click the check box to insert a check mark in this field if you want a window to appear when building the loadlist that allows you to enter a filter that is defined in the translation table.

OR

Leave unchecked if you do not want a window to appear.

1 Get the stat specimen first in the loadlist? (Instrument Dependent)

Click the check box to insert a check mark in this field if you want the Stat specimens to appear first on the loadlist.

OR

Leave unchecked if you do not want the Stat specimens to appear first on the loadlist.

NOTE: It does not work with autodownloading.

2 Check collection of specimen when building the ldl?

Click the check box to insert a check mark in this field if you only want specimens flagged as collected/received to appear on the loadlist when the building loadlist manually.

OR

Leave unchecked if autodownloading is being used. This flag MUST be defined as unchecked (all specimens).

3 Download requests marked as SENT? (Instrument Dependent)

Click the check box to insert a check mark in this field if you want the loadlist records with requests marked as **sent** to be downloaded to the instrument.

OR

Leave unchecked if you want the loadlist records flagged as **original** or **being sent**.

4 Protect order field in edit screen?

Click the check box to insert a check mark in this field if you want to protect the loadlist and result records from being edited.

OR

Leave unchecked if you do not want to protect the loadlist and records from being edited.

5 Read patient data while building the ldl.?

Click the check box to insert a check mark in this field if you want to transmit patient demographics to the instrument.

OR

Leave unchecked if you do not want to transmit patient demographics.

NOTE: This flag is instrument-dependent and should only be CHECKED if the instrument allows you to download demographics.

6 Download long order?

Click the check box to insert a check mark in this field if you want to download the full SCC order number.

OR

Leave unchecked if you do not want to download.

NOTE: When downloading requests, some instruments cannot accommodate the full length of the SCC order number (e.g., 17040001). If this flag is unchecked for no, the order number without the first two digits will be downloaded (e.g., 040001).

7 Do not check workstation when building the ldl? (For multisite clients only)

Disable filter when creating loadlist.

Results Flags

8 Check collection of specimen while posting?

Click the check box to insert a check mark in this field if you want to verify that the specimen is flagged as collected when posting results. A message will identify any specimen not flagged as collected, but results can be still posted.

OR

Leave unchecked if you do not want to verify the specimen. The system will post results without verifying if the specimen is flagged as collected.

9 Ask if verify results while posting?

Click the check box to insert a check mark in this field if you want the option of verifying the results when posting results. The prompt: *Do you want to verify result? Yes/No* will display before posting each result.

OR

Leave unchecked if you do not want the option. The prompt is not displayed and verification depends on Flag 10 (Post results without verification?).

NOTE: If you answer Yes to the prompt, the result is flagged as Verified in the patient and results databases. If you answer No to the prompt, the result is not verified in the patient database and is marked as P in the results database.

10 Post results without verification?

Used only if Flag 9 (Ask if verify results while posting?) is unchecked for no. Click the check box to insert a check mark in this field if you want to post the results without verification.

OR

Leave unchecked if you want to verify the results.

11 Do not post absurd result?

Click the check box to insert a check mark in this field if you want to skip posting of results with absurd values.

OR

Leave unchecked if you do not want to skip posting.

NOTE: If checked, absurd results will not be posted, but can be overwritten by the user through manual result entry or edit result. If unchecked, there is no change to the posting program.

12 Sort results in edit by template?

Click the check box to insert a check mark in this field if you want to sort results in the order of the worksheet template instead of the order transmitted by the instrument.

OR

Leave unchecked if you do not want to sort the results in the order of the worksheet template. Results are displayed in the order the instrument transmits.

NOTE: If checked, the following occurs during result editing: The system first searches for a template ID that matches the instrument ID field entered in the **Instruments Lab Interface** window. If this template is found, the results are sorted to match this template.

If the system cannot find a template ID matching the instrument ID field, it then searches for a template ID that matches the code entered in the Templ field. When this template is found, the results are sorted as defined by the template.

13 Automatically cancel reruns after posting?

Click the check box to insert a check mark in this field if you want the system to automatically cancel all remaining test reruns once one order has been posted.

OR

Leave unchecked if manual cancellation of reruns is required.

14 Stop posting procedure if rerun?

Click the check box to insert a check mark in this field if you want the posting procedure to stop when the system encounters a rerun.

OR

Leave unchecked if you do not want the system to stop.

15 Stop posting procedure if QC violation? (Only applies to manual posting)

Click the check box to insert a check mark in this field if you want the posting procedure to stop and to display a message when a QC result fails the rule defined.

OR

Leave unchecked if you want the posting procedure uninterrupted.

Instrument Dependent Flags

DO NOT CHANGE the following flags without contacting SCC customer support. Unassisted changes could cause problems with instrument/SCC communications.

16 Ignore checksum failed?

17 Suspend sending messages?

18 Omit sending checksum character?

19 Do not automatically expand order number?

Miscellaneous Flags

DO NOT CHANGE the next four flags without contacting SCC customer support. Unassisted changes could cause problems with instrument/SCC communications.

20 Do not download single ord# after loadlist build?

This flag answers the question, Do you want to suppress from downloading requests to the instrument, either when in build option/manual loadlist or when using the autodownloading feature? The type of instrument in use governs the flag setting. Any non-querying instrument (e.g., EKTA) should be set to unchecked, whereas the querying-capable instruments (e.g., Hitachi 747 and CX7) need to be checked for yes.

Click the check box to insert a check mark in this field if you want to suppress downloading of a single order number when building the loadlist (manual or autodownloading).

OR

Leave unchecked if you want to download a single order/orders.

NOTE: If unchecked for no when in the build/manual scanning, the order is downloaded after each scan.

21 Wait for response when doing single download?

This flag is valid only if Flag 20 (Do not download single ord# after loadlist build?) is unchecked for no.

Click the check box to insert a check mark in this field if you want to wait for a response when doing a single download. After each scanned order, the user will receive a message if the download was not successful (e.g., instrument busy, not ready, or communication error).

OR

Leave unchecked if you do not want to wait for the instrument's response after each scanned order number. This option speeds up the manual building of a loadlist. After the loadlist is built, make sure that all order numbers were successfully downloaded to the instrument.

22 Check tty when autodownloading?

This flag is instrument dependent. The user now has the ability to indicate how autodownloading is to be accomplished based on the terminal **tty**.

Click the check box to insert a check mark in this field if you want the system to look at the **tty** defined in the **Inst.Dep2** field of the **Instruments Lab Interface** window. If a **tty** is defined, the test request must have been ordered using this terminal. If not, the autodownloading program will not download this request to the instrument loadlist. A laboratory that must restrict autodownloading to a specific terminal/department (e.g., Respiratory Therapy) normally uses this option.

OR

Leave unchecked if you want the system to automatically download the order to this instrument regardless of the **tty** used during Order Entry.

23 Use instrument's sequence number in results?

Click the check box to insert a check mark in this field if you do not want the listening program to generate the sequence number. The listening program does not generate the sequence number but stores the number sent by the instrument. Used when the sequence number is used to match loadlist (Clinitek) or to store tray and cup information (Array, Astra, CX3).

OR

Leave unchecked if you want the sequence number automatically generated by the listening program. Sequence numbers start with 001 for the first result received after 00:00 midnight and increments by 1 with each next result received. The sequence number format (01, 001, 0001, etc.) depends on the **Max Seq R** field in the Instruments Lab Interface screen (Figure 8210-1). The default format is 3-digits long where **Max Seq R** = blank or 999 (e.g., 001). If **Max Seq R** = 99, the format will be 2-digits long (e.g., 01). If **Max Seq R** = 99999, the format will be 5-digit long (e.g., 00001).

24 Go to Order Entry Add option automatically?

This flag is used to restrict users from accessing different parts of the system.

Click the check box to insert a check mark in this field if you want the system to automatically bridge to the **Order Entry** option. Upon completion of order entry, the system will automatically return to the Interface menu.

OR

Leave unchecked if you want the user to manually bridge to **Order Entry** or access the order entry option from the Main Menu.

25 Set verification date as run date during posting?

Click the check box to insert a check mark in this field to set the verification date in the SoftLab database to the date and time of posting.

OR

Leave unchecked to set the verification date in the SoftLab database to the date and time the result was received from the instrument.

26 Adjust results according to the rules in transl.tbl?

Click the check box to insert a check mark in this field to adjust the results according to the rules defined in the Tests Translation Table (**trnt**) and Error Translation Table (**errt**).

OR

Leave unchecked to save the results as sent by instrument.

27 Go to Look option automatically?

Click the check box to insert a check mark in this field to advance the cursor to the RESULTS menu, Look option.

OR

Leave unchecked to position the cursor on the RESULTS menu, Open option.

28 Disable posting results if specimen is not collected?

Click the check box to insert a check mark in this field if you do not want post results if the specimen is not flagged as **C** (Collected).

OR

Leave unchecked if you want to post results even if the specimen is not flagged as **C** (Collected).

29 Display warning while manual posting if rerun,abnorm

Click the check box to insert a check mark in this field to display a warning during manual posting if a rerun or abnormal result is encountered.

OR

Leave unchecked if you do not want to display a warning during manual posting if a rerun or abnormal result is encountered.

30 Do not store results of tests not present in trn.tbl

Click the check box to insert a check mark in this field to store the results of the tests if the tests are not present in the translation table.

OR

Leave unchecked if you do not want to store the results of tests that are not present in the translation table.

31 Add group tests when building loadlist?

This flag is instrument-dependent.

Click the check box to insert a check mark in this field to download the group test code.

OR

Leave unchecked to not download the group test.

32 Protect all fields in edit screen?

You cannot edit result records after they come across the interface.

33 Translate alphanumeric order number?

Click the check box to insert a check mark in this field to translate alphanumeric order number to numeric for instruments that require numeric orders.

Automatic Posting Flags

34 Post results without verification if any abnormal?

Click the check box to insert a check mark in this field if you want to post results, if any abnormal, without verification.

OR

Leave unchecked if you want to verify results.

35 Post results without verification if any absurd?

Click the check box to insert a check mark in this field if you want to post results, if any absurd, without verification.

OR

Leave unchecked if you want to verify results.

36 Post results without verification if any delta?

Click the check box to insert a check mark in this field if you want to post results, if any delta, without verification.

OR

Leave unchecked if you want to verify results.

37 Post results without verification if any panic?

Click on the check box to insert a check mark in this field for Yes if you want to post results, if any panic, without verification.

OR

Leave unchecked for No if you want to verify results.

38 Post results without verification if any reflex?

Click the check box to insert a check mark in this field if you want to post results, if any reflex, without verification.

OR

Leave unchecked if you want to verify results.

39 Post results if reflex test is required?

Click the check box to insert a check mark in this field if you want to post results when reflex test is required.

OR

Leave unchecked if you do not want to post results.

Translation Table Tab

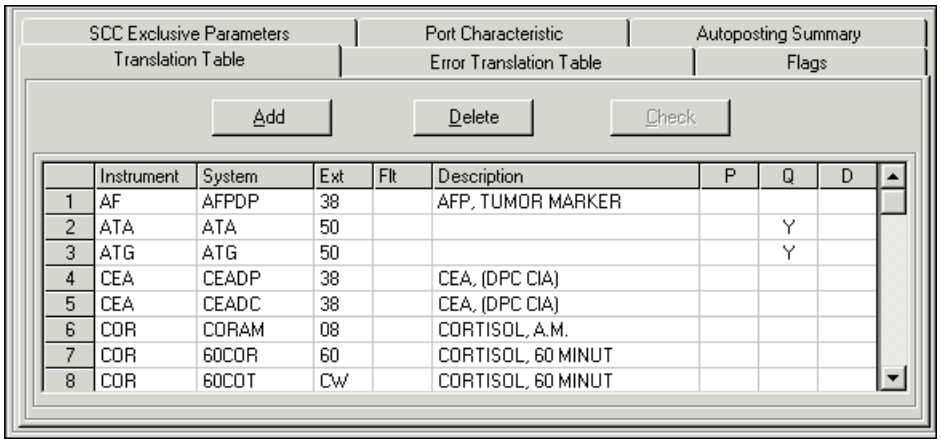
To access the Translation Table click the Translation Table tab located at the bottom of the screen. The information required for this table is derived from the instrument manufacturer's interface specifications. The translation table is used:

To translate the tests ordered in SoftLab into codes understood by the instrument and to convert the instrument test codes with results into codes understood by SoftLab.

To qualify tests to be added to the loadlist. When building the loadlist, only tests from the translation table are qualified and added to the loadlist.

To provide an interpretation of which SoftLab test code to use when more than one exists for the instrument test code.

The translation table format will vary depending on the Translation Table type chosen. Figure 7-57 displays a Sample Translation Table.



	Instrument	System	Ext	Flt	Description	P	Q	D
1	AF	AFPDP	38		AFP, TUMOR MARKER			
2	ATA	ATA	50				Y	
3	ATG	ATG	50				Y	
4	CEA	CEADP	38		CEA, (DPC CIA)			
5	CEA	CEADC	38		CEA, (DPC CIA)			
6	COR	CORAM	08		CORTISOL, A.M.			
7	COR	60COR	60		CORTISOL, 60 MINUT			
8	COR	60COT	CW		CORTISOL, 60 MINUT			

Figure 7-57. Sample Translation Table

The following is a brief description of the fields that appear on the Translation Table:

Instrument

This field contains the test code as defined in the instrument specifications.

System

This is the SoftLab test code for the same test. SoftLab may have more than one test code for the same analyte on the instrument (e.g., **GENT**).

Ext

This field represents the extension for the order#/suffix. Extension zero should be entered as **00**. Extension one should be entered as **01**, etc.

This is the same as the bar code suffix defined in the **Specimen Tube Type Setup** file (see **Chapter 1.1—Basic Setup: Specimen Tube Types** in the **SoftLab Version 3.18 Setup Manual**).

Flt

This is the fluid type defined in the instrument specifications. Common types are numeric codes or:

SE Serum
SF Spinal fluid
UR Urine
TL Timed urine
PL Plasma

Depending on instrument type, a filter may be required along with instrument ID. SCC personnel will advise you if this is necessary.

Description

The individual SoftLab test name will automatically appear when the test code is entered.

This field may also be used to define rules to automatically change the instrument result to an interpreted result:

Set Flag #26 ("Adjust results according to the rules in the transl. tbl" to **Y**).

In the translation table of this instrument, define one or more additional entries with the same instrument test code, but preceded by the special character "|". Leave the system test code, extension and suffix fields blank.

For each of these entries, enter a rule in the blank description field. Rule syntax is as follows:

<rule>:	<expression> <new value>
<expression>:	<operator><value>
	<operator><value>&<operator><value>
	<operator><value>|<operator><value>
<operator>:	>
	<
	>=
	<=
	==
	=
<value>:	string
<new value>:	string
	CANCEL

Examples:

For the test HBCM, values less than 0.8 should be replaced by the word **NEGATIVE**, values greater than 1.2 by the word **POSITIVE**, and values between 0.8 and 1.2 reported as **GRZ** (gray zone), the translation table will look like:

Instrument	System	Description
HBCM	HBC	HBCM test
|HBCM		<.8 NEGATIVE
|HCBM		>1.2 POSITIVE
|HCBM		>=.8&<=1.2 GRZ

For the test XYZ, values +++ should be replaced by **3+**, ++ by **2+,** and + by **1+**. The translation table will look like:

Instrument	System	Description
XYZ	XXYZ	xxyz test description
|XYZ		=+++ 3+
|XYZ		=++ 2+
|XYZ		=+ 1+

For the test ABC values greater than 100.00 should cause automatic cancellation of this test (setting flag **C** without changing result value):

Instrument	System	Description
ABC	AABC	aabc test description
|ABC		>100 CANCEL

P

Answer the question, ***Post this result with the rest?*** If set to **N**, the test will not post when all the other tests are posted. It must be posted individually. This is used for a partial posting.

Q

Answer the question, ***QC result goes here?*** A **Y** (Yes) in this field directs the interface program to assign the result of quality control to this test when multiple SoftLab codes exist for the same instrument code.

D

Answer the question, ***Download?*** Some instruments cannot process tests that are only calculations if they are downloaded. An **N** (No) in this field will keep the test from being downloaded. A blank field means, if asked, download the test to the instrument.

NOTE: The interface program to convert SoftLab orders into tests understood by the instrument uses The Instrument, Flt, and D fields. **The interface program to convert results from the instrument into tests SoftLab can understand uses the System, Ext., Q, and P fields**.

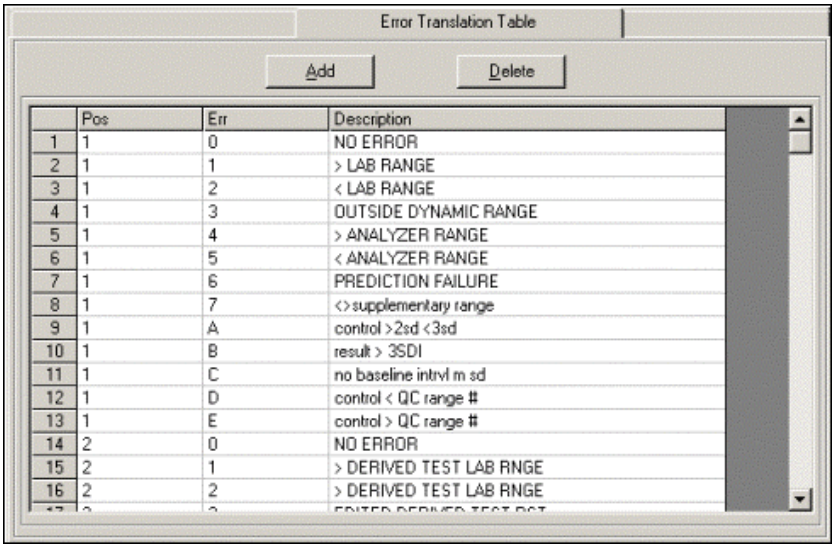
To define a result which is below a minimum value as '<X.X', enter '**<X.X<X.X**' (e.g., **<2.0<2.0** reads for any value less than 2, report those values less than 2). A vertical bar (|) must precede the instrument code. The **System**, **Ext.**, and **Flt.** fields are left blank.

Error Translation Table Tab

To access the Error Translation Table click on the Error Translation Table tab located at the bottom of the screen. The information required for this table is derived from the instrument manufacturer's interface specifications. Many instruments generate error codes to alert the operator of possible abnormal results. Some instruments are capable of transmitting these codes to a host computer, others are not. If the instrument is capable of transmitting these codes, the interface program stores them in the results record.

An exclamation mark (**!**) must be entered at the beginning of the **Description** field for automatic cancellation. When an exclamation point (**!**) is the first character of the **Description** field in the Error Translation Table, this error, when sent by the instrument, will cause the automatic cancellation of the given result (flag **C** Canceled in the Interface Results Menu/Edit screen). If a character (e.g., **a**) has multiple meanings, depending upon the position of the character, a wild card (*) cannot be used.

Figure 7-58 displays a Sample Error Translation Table.



	Pos	Err	Description
1	1	0	NO ERROR
2	1	1	> LAB RANGE
3	1	2	< LAB RANGE
4	1	3	OUTSIDE DYNAMIC RANGE
5	1	4	> ANALYZER RANGE
6	1	5	< ANALYZER RANGE
7	1	6	PREDICTION FAILURE
8	1	7	<>supplementary range
9	1	A	control >2sd <3sd
10	1	B	result > 3SDI
11	1	C	no baseline intrvl m sd
12	1	D	control < QC range #
13	1	E	control > QC range #
14	2	0	NO ERROR
15	2	1	> DERIVED TEST LAB RNGE
16	2	2	> DERIVED TEST LAB RNGE

Figure 7-58. Sample Error Translation Table

The following is a brief description of the fields that appear on the Error Translation Table:

Pos

An asterisk (*) wild card in any position; error shows up in the Interface.

Err

User code; instrument interface recognizes error code translation table.

Description

Enter an instrument error code description.

This field may also be used to define an action that can be taken by the listening program when certain error codes are received from the instrument. When an error code is received for a given test, the listening program is able to:

Automatically cancel this test (set flag **C**).

Replace received result by predefined value.

Set an internal flag that will cause batch-posting procedure to stop at this result.

In order for each action to be taken, a special character should be entered at the beginning of the description field of the error translation table for the given error code. These characters are:

! Exclamation point for automatic cancellation.

| Vertical bar for value change.

^ Caret for batch posting stopping.

NOTE: These characters are independent of each other and may appear in any order.

Start Interface

Click the Start Interface button, or click **Operations [Start Interface],** or press **ALT+F10**. Starts OR RESTARTS the communication for that one interface program. USE WITH CAUTION!

Stop Interface

Click the **Stop Interface** button, or click **Operations [Stop Interface],** or press **F8**. Stops communication with that one interface program.

Trace

Click the **Trace** button, or click **View [Trace],** or press **F9**. The **Trace** option allows you to view a trace file on the instrument's transactions.

Trace Tail

Click the **Trace Tail** button, or click **View [Trace Tail],** or press **CTRL+F9**. The **Trace Tail** option is used for troubleshooting. An active trace file that allows checking if tests are being downloaded and if communication exists between host and instruments.

Installation Notes

Click the **Installation Notes** button, or click **View [Installation Notes],** or press **CTRL+I**. Installation notes for hardware personnel.

Status

Click the **Status** button, or click **View [Status],** or press **CTRL+U**. Checks to see if instrument is running.

Autoposting Summary Tab

Click the **Autopost Summary** tab to access the Automatic Posting Setup Summary, similar to Figure 7-59.

NOTE: You cannot enter data in this window.

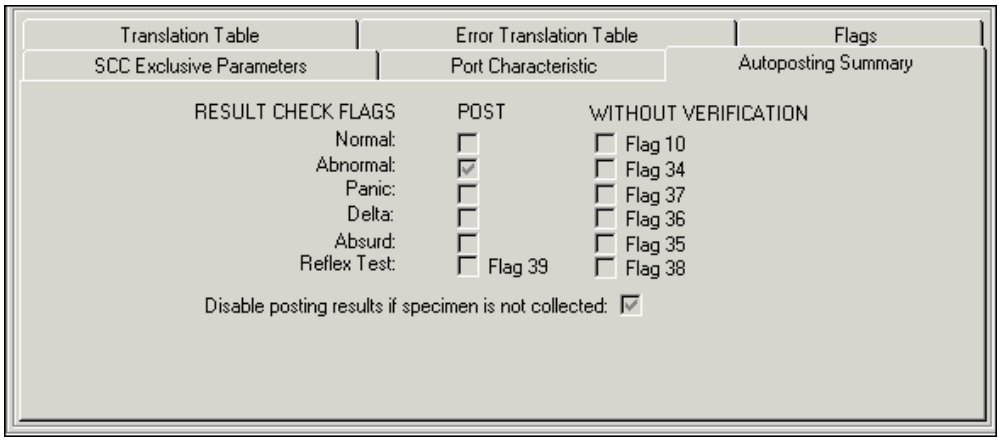


Figure 7-59. Automatic Posting Setup Summary

SCC
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HIS Order Entry Posting

The HIS Order Entry Posting interface is a program that processes transactions from the HIS and posts to the SCC database. The ROE server for Recurring Order Entry is frequently coupled with the HIS Order Entry Posting interface. If you purchased ROE this is where you would find the ROE server setup.

To access the **HIS Order Entry Posting** option from the **Interface Setup** menu, click HIS Order Entry Posting, than double-click on the one you wish to view. The HIS. The **HIS Order Entry Posting** window displays similar to Figure 7-60.

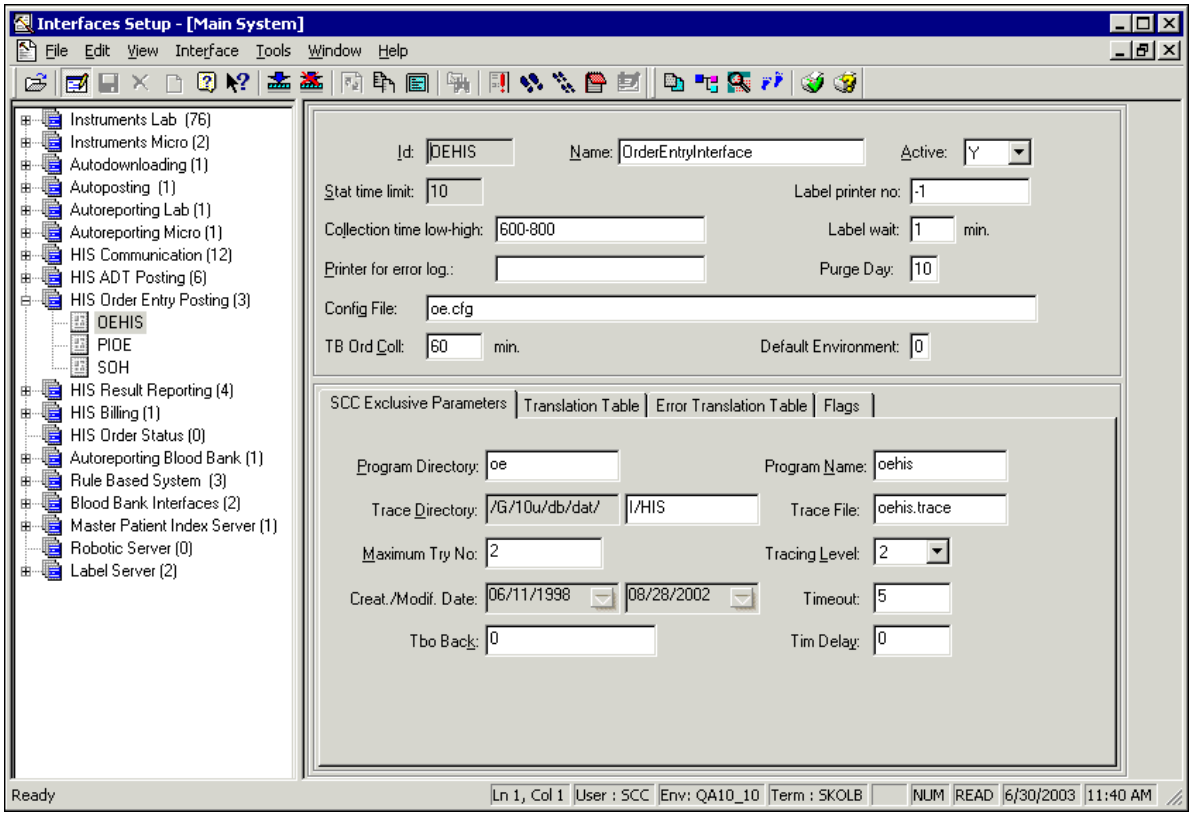

Figure 7-60. Main Menu-Interface-Setup, HIS Order Entry Posting

HIS Order Entry Posting Screen

With the **HIS Order Entry Posting** window displayed, enter data in each applicable field. For common field descriptions, see ***Introduction: Common: Fields***. All other fields are described below.

ID

SCC will enter interface ID code.

Name

The name of the interface will be automatically entered in this field. This field is NOT available for data entry.

Active

Click the drop-down list button to select **Y** if this instrument is currently being used in the system. Select **N** (no) if this instrument is not currently being used in the system.

NOTE: Another code, **I**, may display. This is a special code for SCC use only. **DO NOT CHANGE** any of these codes.

Stat time limit

This field is currently not in use.

Label printer no

This field is currently not in use.

Collection time low-high

This field is currently not in use.

Label wait__ min

Enter the time to wait to automatically print labels through the interface. Default = **1** min.;**0** = print labels immediately.

Printer for error log

This field is currently not in use.

Purge day

SCC exclusive. The number of days that are stored in a temporary database that have been posted by the HIS.

Config file

SCC usage only.

TB Ord Coll ___ min

If the difference between a TIMED order and to be collected for ROUTINE specimens is greater than this parameter, then the priority for a ROUTINE specimen becomes TIMED.

Default environment

For Multisite only. This is a default environment if the system cannot determine the testing environment that is found under Test Setup (Individual Test and Group Test). Defaults to **0**.

Flags Tab

Click the **Flags** tab to view the defined flags for this option.

Click the check box if the flag(s) is used to define the operational functions of the interface.

OR

Leave unchecked if the flag(s) is not used to define the operational functions of the interface.

SCC Exclusive Parameters Tab

Click the SCC Exclusive Parameters tab to access the SCC exclusive parameters window.

Program Directory

Enter the name of the directory for the posting program. **Maximum 13 alphanumeric characters**.

Program Name

Enter the name of the posting program. **Maximum 13 alphanumeric characters**.

Trace Directory

SCC defined.

Trace File

The Trace File is the name given to the file that contains the daily trace.

Maximum Try No

The maximum number of times that the program will try to post to the LIS before resulting in an error.

Tracing Level

Numeric entries determine how detailed the trace file will record. The higher the number, then the more detailed the trace. When choosing a trace, consider the following: some instruments transfer great amounts of data during the day. The more data stored, the larger the file is, which in turn can cause the interface to shutdown. For help in choosing a trace file, please call your SCC representative.

Creat./Modif. Date

This field is NOT available for data entry.

Timeout

SCC exclusive. Program waits for time defined for next batch of data for processing.

Tbo back

Default = **0** (today's date). SoftLab does not look at orders that have been placed by the HIS prior to today's date.

Tim delay

Not in use.

When data entry is complete, click the **Save** button, or click **File [Save].** The following message displays:

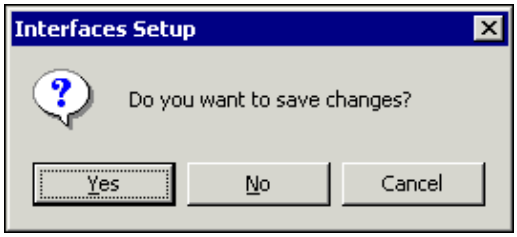

Figure 7-61. Interface Setup Save Changes Message

Click **Yes** to save the information to the database. The cursor returns to the menu line.

OR

Click **No** or **Cancel** to return to the menu line without saving the information.

Translation Table Tab

Click the **Translation Table** tab to access the Translation Table. The Translation Table displays similar to Figure 7-62.

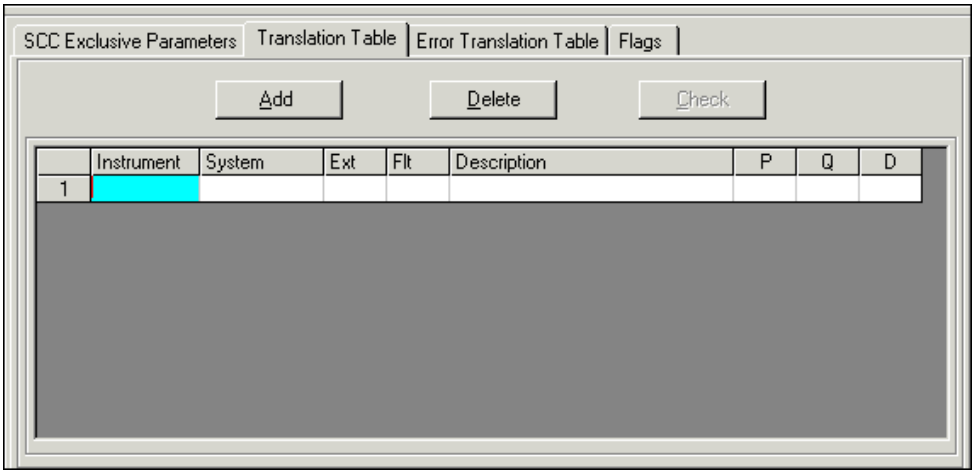

Figure 7-62. Translation Table Tab

The Translation Table is CLIENT SPECIFIC. There are certain cases when this table is used for a test conversion. Depending on the HIS, a translation table is available for adding additional tests when a test is ordered through the HIS. An example may be if the HIS does not have the ability to order packed cells when a cross-match is ordered. SCC will prepare this table, if required.

Error Translation Table

Click the **Error Translation Table** tab to access the Error Translation Table. The Error Translation Table displays similar to Figure 7-63.

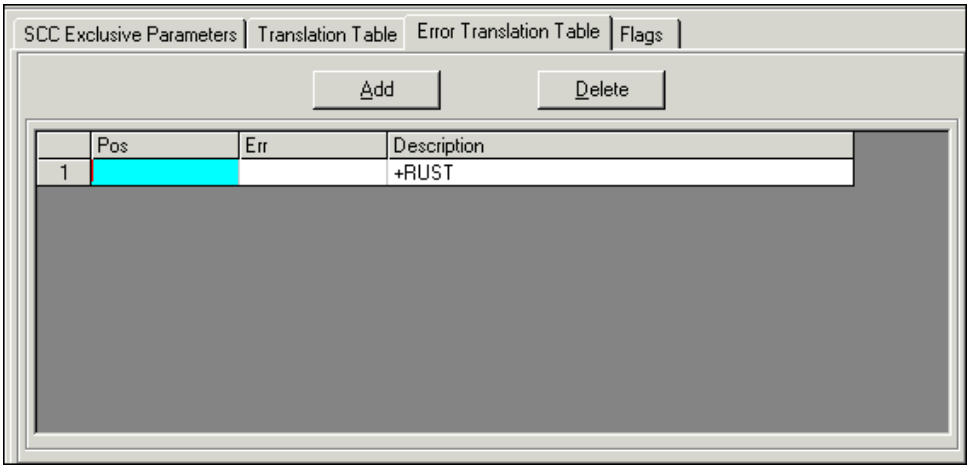

Figure 7-63. Error Translation Table Tab

HIS Order Entry Posting Toolbar Options

Start Interface

Click the **Start Interface** button, or click **Operations [Start Interface],** or press **ALT+F10** to restart the interface program. The following message displays similar to Figure 7-64.

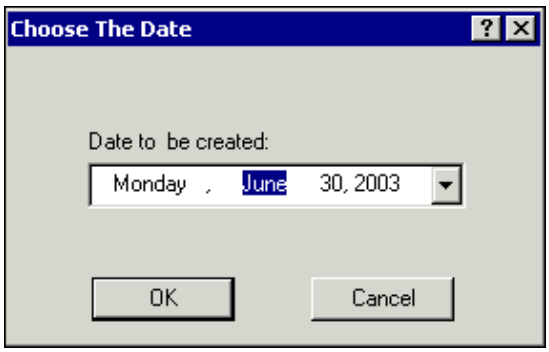

Figure 7-64. Start Message

Click the **OK** button to continue, or click the **Cancel** button to cancel. If you click **OK** to continue, the date and time of the restart displays in the Restart Action Report similar to Figure 7-65.

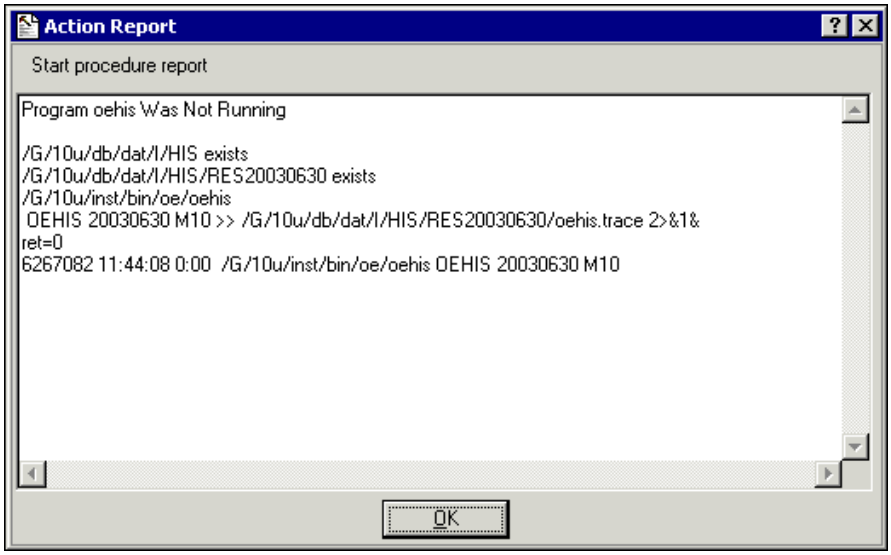

Figure 7-65. Restart Action Report

Stop Interface

Click the **Stop Interface** button, or click **Operations [Stop Interface],** or press **F8** to stop communication with the interface program. A message similar to the one shown in Figure 7-66 displays.

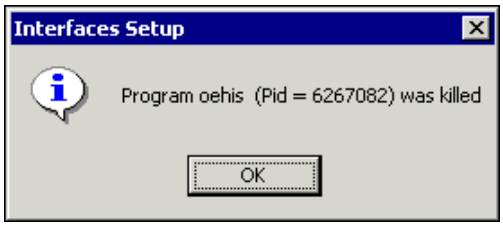

Figure 7-66. Communication Message

Trace

Click the **Trace** button, or click **View [Trace],** or press **F9**. The **Trace** option allows you to view a trace file on the instrument's transactions (see Figure 7-67).

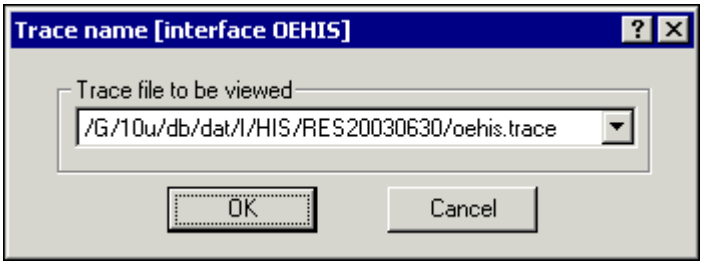

Figure 7-67. Trace File Message

Click **OK** to continue, or click **Cancel** to exit. If you click OK to continue the trace information displays.

Trace Tail

Click the **Trace Tail** button, or click **View [Trace Tail],** or press **CTRL+F9**. This option is currently not in use.

Installation Notes

Click the Installation **Notes** button, or click **View [Installation Notes],** or press **CTRL+I**. Installs notes that are helpful when setting up interfaces.

Status

Click the **Status** button, or click **View [Status],** or press **CTRL+U**. Checks to see if instrument is running.

HIS Order Entry Posting Features

The following stand-alone modules were combined into one "oehis":

HIS Lab and Micro order entry
HIS BloodBank order entry
Multisite HIS order entry
Purging HIS database

Monitoring events (warnings, errors, cancellations, etc.) module has been added to print out, save in files, or to use to run user-specified actions.

Monitoring Classes

OE_ERROR: Critical error (either database or AIX system error) **oehis** is terminated. Restart **oehis** or call SCC.
OE_CANC: Lab or Micro cancellation requests.
OE_REJECT: Lab and Micro rejected requests (e.g., duplicate tests, bad HIS data, etc).
OE_NOBILL: Request for nonexistent billing numbers.

EXAMPLE:

An order was received for a patient who has no billing number in SoftLab. Either the HIS did not send the patient billing number at registration or it sent some erroneous or inconsistent information. SoftLab will try to post this patient's data for two days, after which, the order will be automatically purged.

OE_PURGE: Purged request that was not processed.
OE_ERRTST: Invalid test ordered.

EXAMPLE:

A test code was received from the HIS that is not in the SoftLab file setup. This usually results from an incorrect entry in a test translation table on the HIS system or no HIS-compatible entry in the Individual Test Secondary ID field in SoftLab. It might indicate some other problem on the HIS side or an error in communications.

OE_BBCANC: SoftBank cancellation request.
OE_BBERR: SoftBank demographic error, posting error,.. etc.
OE_STAT: Stat requests for SoftLab, SoftBank, and SoftMic.
OE_BADENV: Multisite error. Wrong environment.

Monitoring Actions

F-File
P-Printing
X-Faxing
T-Terminal - Sending message to status line + tone
U-Customize - User-definable (set by SCC).

Where to Set Up

Error Translation Table tab-Field description of order entry posting program.

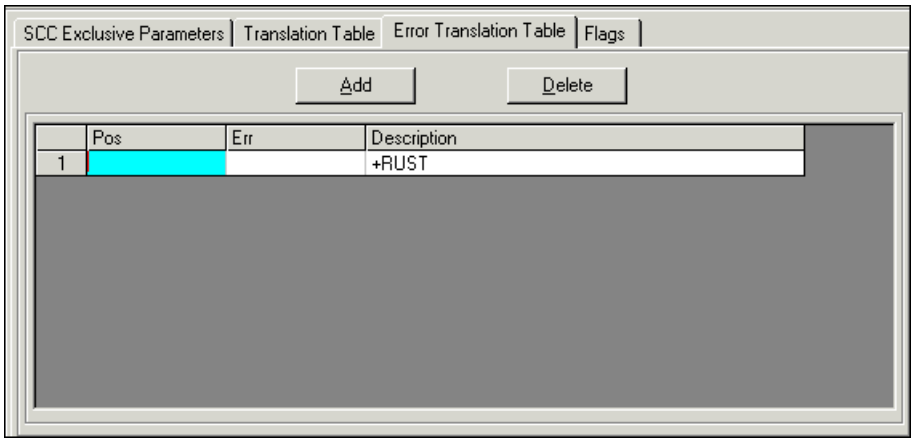

Figure 7-68. Error Translation Table

How to Activate Monitoring Class and Assign the Action

Define the monitoring class parameters, as follows, in the Translation Error Table.

```
OE_ERROR|P|PRI|      (Fields Delimiter = '|')
OE_ERROR|F|errlog|
OE_BBERR|F|bberr|
OE_CANC|F|labcan|
OE_STAT|T|tty21i|
OE_REJECT|U|usrscript|
(fields)     1     2     3
```

Field Descriptions

1 Monitoring class ID

2/3 Action code/respective entry

if 2=**P** (printing), then 3=printer ID

if 2=**X** (faxing), then 3=fax ID

if 2=**U** (user defined command), then 3=command

if 2=**F** (append to a file), then 3=filename suffix [e.g., oehis.suffix/default "errlog"/]

if 2=**T** terminal, then 3=tty?? number and terminal type

[e.g. tty21i , tty11w, tty11v tty21/1w

i-ibm3151 w-wyse 370 v-vt220 PC

There is no limit to the number of monitoring classes, different printers, and files used. If the same file suffix is used, messages from different monitoring classes are added into the same file.

The first line printed or saved in the file begins with:

```
11/26 17:22 OE_ERR:
```

To view/print the above mentioned files, use **SHIFT** + **F2**.

Automatic faxing to SCC in case of terminating "oehis"

How to Set Up

Define in the Translation Error Table an **OE_ERROR** monitoring class with the following parameter:

`OE_ERROR|X|SCC` ("SCC" - Soft Computer Consultants fax ID)

This option is available only if the VISIFAX module is installed.

User Defined Label Printing Setup.

Fields:

Pos. and **Err.** - Two-digit printer number from */usr/lib/printerc* or security. (Set Pos.=0 for one-digit numbers.) Used if the printer name was not specified in the **Description** field.

Description - Contains rules of label printing

```
description <=> template[:range][ prn]
range <=> time:time[:days]
```

where:

Template - Look at table below

Range - Time range for label printing

Time - Hours and minutes (four digits, e.g., 1120)

Days - Days of week (0-6 Saturday-Sunday-Monday, empty string = all week)

prn - Unique label printer name (first three characters)

Type	Template	Examples	
			Labels will be printed for ...
by procedure	,test	,CBC ,BGM	CBC tests BGM tests
by clinic and priority	.ward +priority	.ICU +S .ICU +RT	nurse collect specimens, ICU ward and Stat priority collected specimens, ICU ward, Routine and Time priority
	^ward +priority	^ICU +SUT	phlebotomy collect specimens, ICU ward and Stat, Urgent and Time priority
	ward +priority	ICU +R	ICU ward and R priority tests
by clinic	ward	ICU	ICU ward
by patient type	‘patient type	‘O	O patient type
by priority	+priority	+T +SU	T priority S and U priority
by department	=depot	=U	U department if other printer was found
default printer	DEFAULT	DEFAULT	default printer if previous rules doesn’t match printer
microbiology media labels	.MIC	.MIC	

Priority codes must be entered as**+S**,**+U**,**+R**, or**+T**. The clinic code for nurse-collected specimens must be entered as **.clinic**. If a label printer is defined for the clinic, the labels will be printed on that printer. Otherwise, the printer defined for the order priority will be used. If no order priority printer is defined, the default printer is used. If a **.MIC** printer is defined, it is used for media labels; otherwise, media labels are not printed. If the procedure label printer is defined, other criteria are discarded.

Printing the labels for weekdays and time range of the above-mentioned category.

Description field is used:

EXAMPLE: 0 1 +S:0700:1720
0 2 +S:0000:0700
0 2 +S:1720:2400

```
[Print labels for STAT from 7:00 a.m. to 5:00 p.m. on printer 1,
otherwise,  on printer 2.]
      0  1   ER:0700:1700:135
[Print from 7:00 a.m. to 5:00 p.m. on Monday, Wednesday, and Friday]
```

New User-Modifiable Flags

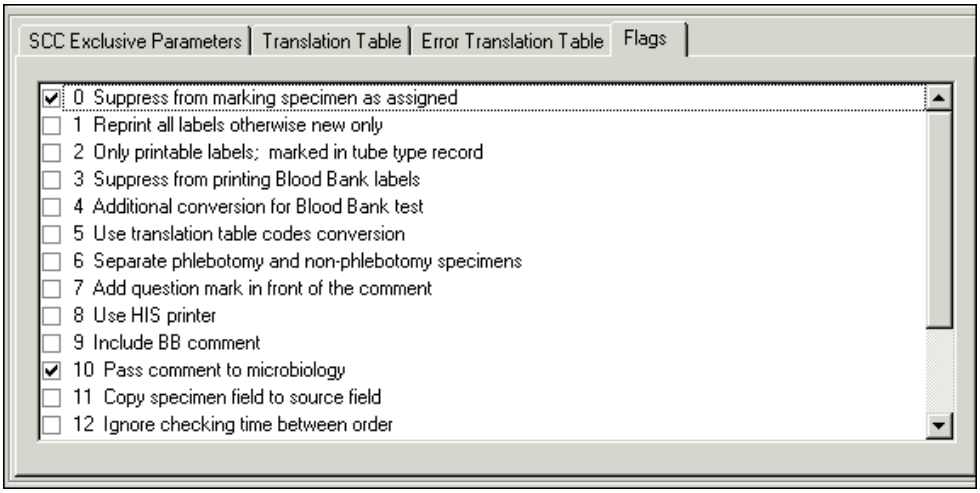

Figure 7-69. Flags Tab

NOTE:

Flag 13 is nonfunctional for OEHIS.

All interface flags for the ROE server remain intentionally nonfunctional.

HIS Order Entry grouping criteria

It is important to notice that the parameters controlling order grouping are defined in four different places in the LIS system (further explanation of these files come together with LIS documentation).

These four flags are:

HOSPITAL PARAMETER FILE also referred to as Hosparam file.

TEST SETUP

INSTRUMENT SETUP (together with the Instrument Error Translation table).

HIS Order Entry CONFIGURATION FILE also referred to as CONFIG file.

NOTE: Stat time limit and Routine time limit are not used.

Generally, criteria fall under four categories, although the number of categories can be configured. Criteria priority are assigned in order of appearance.

REJECTING - Standard configuration

Under the following circumstances, the HIS procedure is rejected:

HIS number is duplicated (for add or cancel) - CONFIG

Procedure cannot be ordered individually - TEST SETUP

Procedure timer-between-order is violated - TEST SETUP

HIS has Routine priority and exists uncollected duplicate Routine test in LIS with the same collection scheduled date and time - CONFIG (scheduled date and time is usually referred to as sweep date and time)

HIS has Timed priority an exists uncollected duplicate Timed test in LIS with the collection time within time between-order - CONFIG

Same as above but both are Stat uncollected (regardless of collection date and time) - CONFIG

CANCELING - This will be customized

All tests with specified HIS number matching will be canceled - CONFIG

MERGING

Merging Together of an order placed on **HIS** and an existing order on **LIS** in the following instances if **BOTH** orders are not **COLLECTED** and **SHARE** the same specimens (tube types).

A **STAT** placed on **HIS** will combine with an *existing **Stat** in **LIS*** if the orders are placed up to 20 minutes apart.

A **STAT** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the *to be collected time* of the **LIS** order is up to 20 minutes difference.

A **TIMED** placed on **HIS** will combine with an *existing **STAT** on **LIS*** if the *to be collected time* of the **TIMED** is within 15 minutes of the **STAT**.

A **ROUTINE** placed on **HIS** will combine with an *existing **STAT** on **LIS*** if the *scheduled collection time* is within 15 minutes of the **STAT** collection time (assumes current time of order is placed).

A **TIMED** placed on **HIS** will combine with an *existing **ROUTINE** on **LIS*** if the *scheduled collection time* (from Hosparam) for the **ROUTINE** is within 30 minutes of the *to be collected time* of the **TIMED**.

A **ROUTINE** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the orders placed *assume a scheduled collection time* (from Hosparam) within 30 minutes of the *to be collected time* of the LIS order.

A **TIMED** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the *to be collected time of both* orders are within 20 minutes.

A **ROUTINE** placed on **HIS** will combine with an *existing **ROUTINE** on **LIS*** according to the *scheduled collection time* defined in Hosparams.

NOTE: The reason we differentiate merging criteria between like and unlike specimens is to prevent performing additional phlebotomy on a patient.

Merging together of an order placed on **HIS** and an *existing order on **LIS*** in the following instances if **BOTH** orders are **NOT COLLECTED** and **DO NOT SHARE** the same specimens or partially share specimens.

A **STAT** placed on **HIS** will combine with an *existing **Stat** on **LIS*** if the orders are placed up to 10 minutes apart.

A **STAT** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the *to be collected time* on the LIS order is up to 10 minutes difference.

A **TIMED** placed on **HIS** will combine with an *existing **Stat** on **LIS*** if the *to be collected time* of the **TIMED** is within 10 minutes of the **STAT** collection time (assumes current time order is placed).

A **ROUTINE** placed on **HIS** will combine with an *existing **Stat** on **LIS*** if the *scheduled collection time* of the Routine (from Hosparam) is within 10 minutes of the Stat collection time (assumes time order is placed).

A **TIMED** placed on **HIS** will combine with an *existing **ROUTINE** on **LIS*** if the *scheduled collection time* (from Hosparam) for the routine is within 15 minutes of the *to be collected time* of the Timed.

A **ROUTINE** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the orders placed *assume a scheduled collection time* (from Hosparam) within 15 minutes of the *to be collected time* of the LIS order.

A **TIMED** placed on **HIS** will combine with an *existing **TIMED** on **LIS*** if the *to be collected time* of **BOTH** orders are within 10 minutes.

A **ROUTINE** placed on **HIS** will combine with an *existing **ROUTINE** on **LIS*** according to the *scheduled collection time* defined in Hosparams.

Both LIS and HIS are collected or labeled and share the same specimens and collection times are 30 minutes apart regardless of the priority.

Hosparam parameters still apply

Tests with the same **OE_category** will not be merged (**OE_category** is defined in TEST SETUP)

Tests can be ordered **OE_days_back** days back

Collection time for different priorities is estimated as follows:

Routine	Based on collection schedule from Hosparam (cron format)
Timed	Is specified on the transaction from HIS
Stat, Urgent	Current date and time is assumed

As mentioned, the above criteria are standard configuration and they come together with our package as a setup and configuration file. Customizations can be performed according to your needs and requirements.

Case Utility

The Case Utility option is used to suppress or restore a signed-out case. Suppression of a case will block the case from Query, Result Reports, Specimen Request, and Specimen Processing.

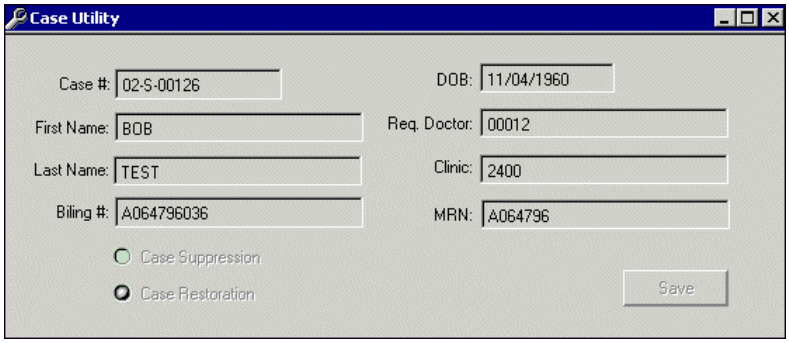

Figure 7-70. Case Utility

SCC
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Define ODBC Reports

The **Define ODBC Reports** option allows you to define your own custom reports using Structured Query Language (SQL). You can use this option to view, design, or print existing ODBC Reports. When you select the **Define ODBC Reports** option, Microsoft Access launches. MS Access provides you with the tools to produce SQL scripts for database inquiry. The report formats that you create can be stored for later use.

Access the **Define ODBC Reports** option by selecting *Utility > Define ODBC Reports* from the main menu. The **Main Switchboard** window displays. Select the **Utility** option to display the **Utility** window (Figure 7-71).

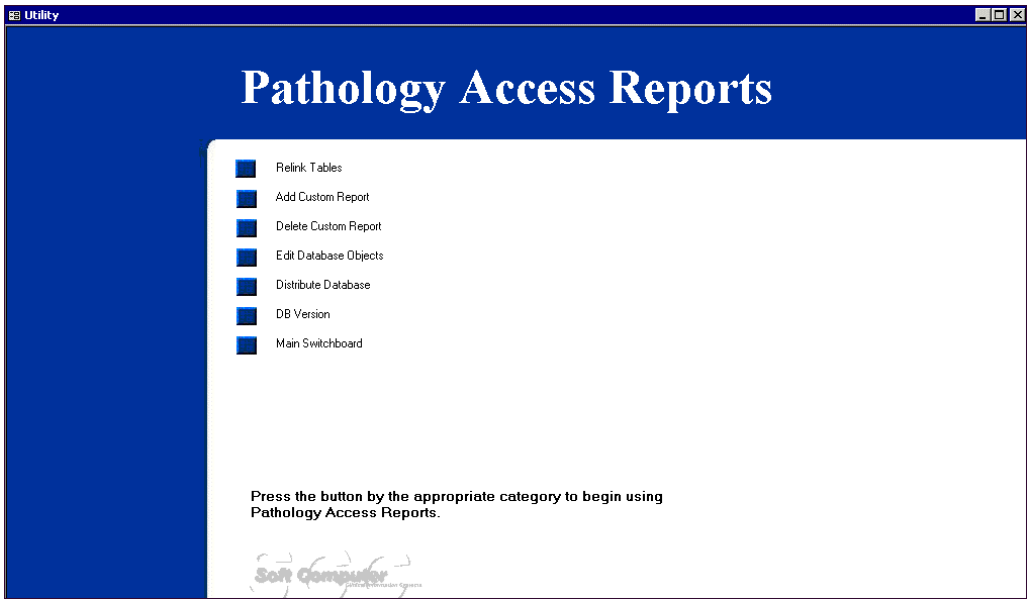

Figure 7-71. Utility window.

While in this window you can select a record to edit or relink.

A description of the data fields and function buttons are provided below.

Choose Report

Click the drop-down list button to display the list with all accessible report codes. Select the required one by clicking it.

Edit button

Click this button to display the Microsoft Access window with the "pathSQL: Database" window (Figure 7-72) where you can perform any necessary changes.

Relink Button

This button allows you to relink all tables to the current Pathology settings in the SIMBA driver. When you click **Relink**, the **pathSQL: Database** window displays in MS Access similar to Figure 7-72.

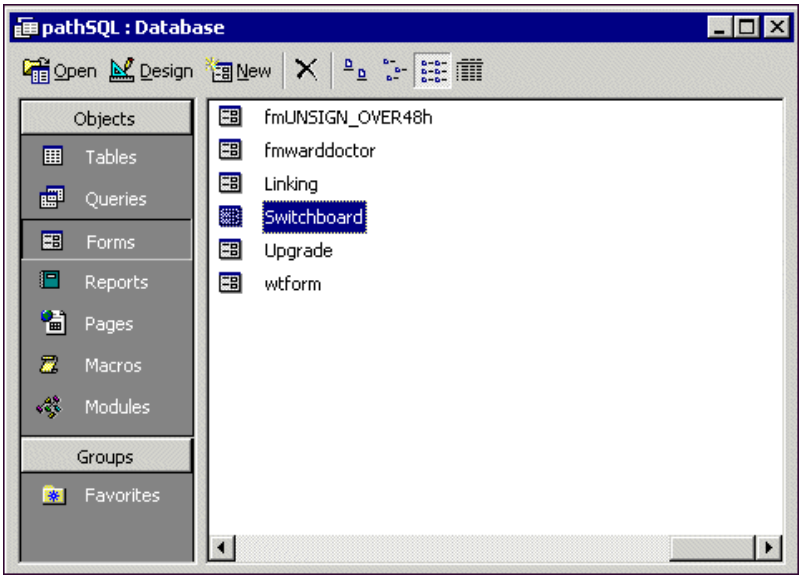

Figure 7-72. Microsoft Access - pathSQL: Database window.

The **pathSQL: Database** window contains seven buttons located on the left side of the window:

Tables - Allows you to view existing tables defined in different databases or add new tables to the database.

Queries - Allows you to view/edit existing queries or create new queries.

Forms - Allows you to create your own forms for displaying or entering data.

Reports - Allows you to view/edit existing reports or create new ones.

Pages – Displays all the shortcuts to data access pages in the database.

Macros - Allows you to run/edit existing macros or create new macros.

Modules - Allows you to edit existing modules or create new modules.

NOTE: When you select the **Define ODBC Reports** option, the system opens the Microsoft Access application. MS Access provides you with the tools required to produce an ODBC report and contains comprehensive on-line help information.

Screen Shot Options

Screen Shot Sender is a utility program that allows you to capture a screen image and send it to a printer or e-mail it to a destination. Screen shots can be scaled to a whole page, three-quarter page, half page, or not scaled at all. Once you set up the Screen Shot Sender program, you can capture the screen shots by pressing the **Print Screen** button at the upper right side of your keyboard. You can then print the screen shot to the printer you specified by pressing the **Print** button in the Screen Shot Sender dialog box.

Opening the Screen Shot Sender Options Dialog Box

To open the Screen Shot Sender, choose *Utility> Screen Shot Options* from the menu bar. The **Screen Shot Sender Options** dialog box displays, similar to Figure 7-73.

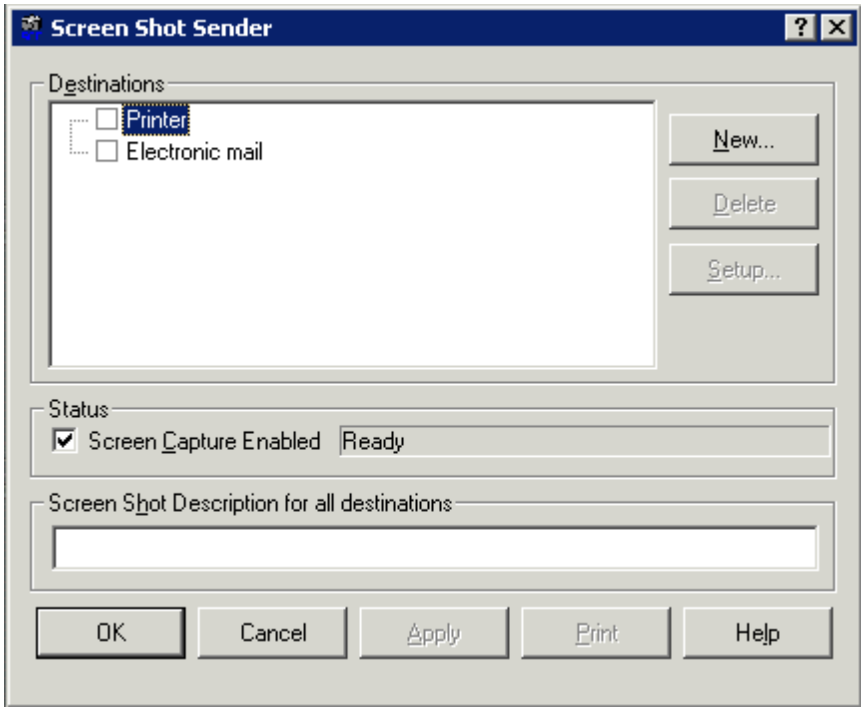

Figure 7-73. Screen Shot Sender Options Dialog Box

Setting the Screen Shot Options

Before capturing the image, select your destination from the Screen Shot Options dialog box.

In the Destinations section of the Screen Shot Sender dialog box, click to highlight your selection of where to send the screen shots: to a printer or an e-mail destination. Click the **New** button. Depending on your choice, either the Printer Destination or Mail Destination window will appear.

Printer as Destination – Data Entry Instructions

The Printer Destination window (Figure 7-74) is used to set up the designated printer, give a description of the screen shot, and select your Settings.

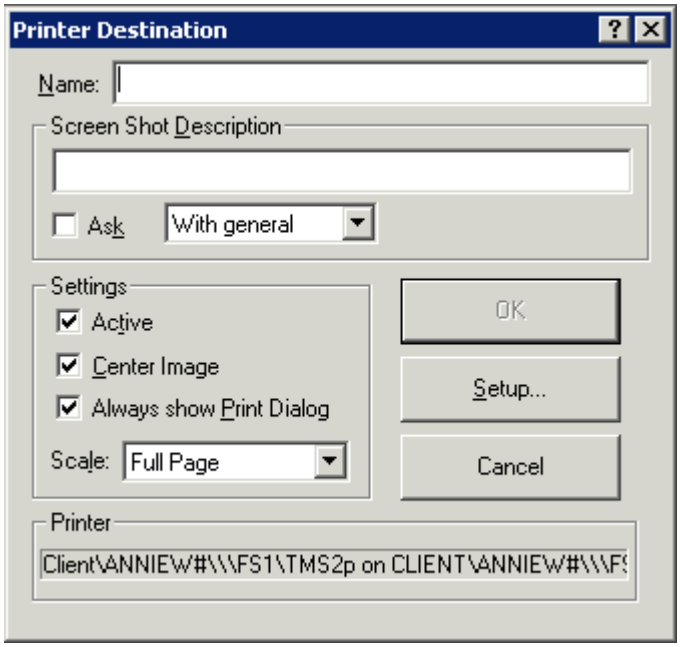

Figure 7-74. Printer Destination Window

Printer Destination Data Entry Instructions

Name

Type the name of your printer. For example, if you wanted more than one printer set up as a destination you might name this printer "Printer 1."

Screen Shot Description

Type the description of the screen shot you will be taking. The description can be defined at setup or when you are ready to take the screen shot.

Ask

If the Ask box is checked, the system will prompt you to add a description for the screenshot before it is sent to its destination.

Description Selection

From the drop-down list, select one of the following options:

With General	Print the general and specific description
Only it	Print the specific description
Only General	Print the general description
No Description	Do not print a description

Settings

Active

The Active check box reflects the state of the destination itself. It is marked if the destination has a check mark in the Screen Shot Sender dialog, Destinations tree.

Center Image

Check this box if you want the image centered on the page.

Always show Print Dialog

Check this box to display the print dialog box to appear when printing a screen shot.

Scale

Set the scale of the screen shot image. You can select from:

- Full page
- Half page
- Quarter page
- No Scaling

OK

Click the OK button to accept changes and save the settings.

Setup

Click the Setup button to access the Print Setup dialog box. The Print Setup dialog box allows you to make changes to the setup, including changing the paper orientation, selecting a printer other than the default printer, and printing a number of copies, among other options.

Cancel

Click the Cancel button to exit the screen without saving changes.

Printer

Displays the location of the default printer.

Electronic Mail as Destination – Data Entry Instructions

The Mail Destination window (Figure 7-74) is used to set up the designated email, give a description of the screen shot, and select your Settings.

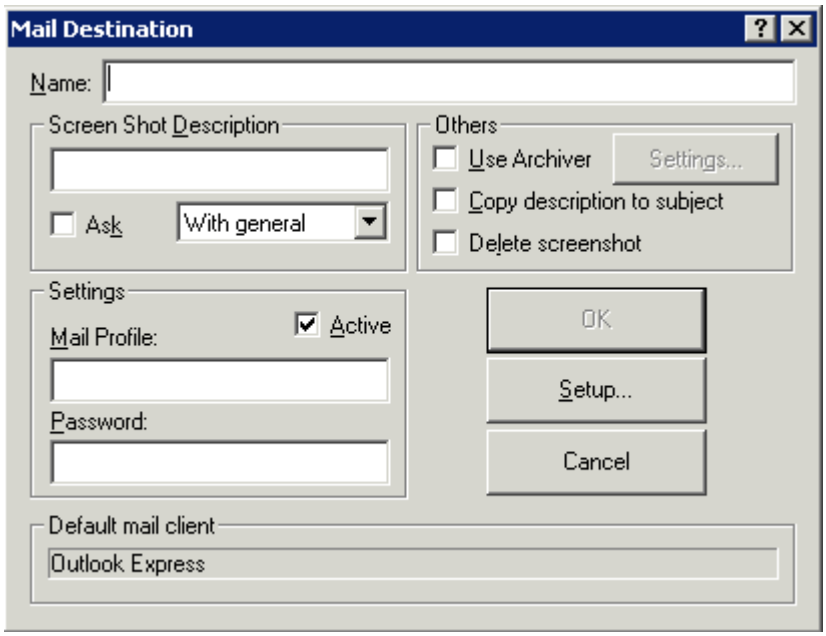

Figure 7-75. Mail Destination Window

Name

Type the name of your e-mail destination. For example, if you wanted more than one e-mail account set up as a destination you might name this destination "My e-mail."

Screen Shot Description

Enter the description of the screen shot you will be taking. The description can be defined at setup or when you are ready to take the screen shot.

Ask

If the Ask box is checked, the system will prompt you to add a description for the screenshot before it is sent to its destination.

Description Selection

From the drop-down list, select one of the following options:

With General	Print the general and specific description
Only it	Print the specific description
Only General	Print the general description
No Description	Do not print a description

Settings

Mail Profile

Enter the mail profile to be used.

Active

Mark this checkbox to activate the mail profile.

Password

Enter the password for the designated mail profile.

Others

Use Archiver

Mark the checkbox to use Archiver. Click on the Settings button to view or change the Archiver settings.

Copy Description to Subject

Mark the checkbox so that the description is placed in the subject field of the mail message.

Delete Screenshot

Mark the checkbox to delete the screenshot.

OK

Click the OK button to accept changes and save the settings.

Setup

Click the Setup button to access the Mail Setup dialog box. The Mail Setup dialog box allows you to make changes to the email setup.

Cancel

Click the Cancel button to exit the screen without saving changes.

Default Mail Client

Displays the default email client.

To Capture and Print/Send a Screen Shot:

To utilize the Screen Shot Sender option, begin with the desired image on your screen and press the **Print Screen** button on your keyboard. Open the Screen Shot Sender Dialog Box (Figure 7-73), and highlight either a desired printer or email destination. Click on the print button to print or the OK button to send the screen shot through email.

Chapter 8. Work Assignment

The **Work Assignment** menu options allow you to view the cases that have been assigned to specific personnel, to assign new cases, to view and manage the cases that have been assigned to you, and more.

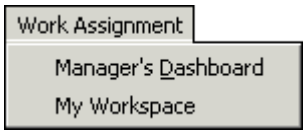

Figure 8-1. Work Assignment menu

SCC
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Manager's Dashboard

The **Manager's Dashboard** option allows you to view the cases that have been assigned to each personnel member, to assign unassigned cases, and to reassign cases to different personnel.

Access the **Manager's Dashboard** option by selecting *Work Assignment > Manager's Dashboard* from the main menu. The **Manager's Dashboard** window is displayed (Figure 8-2).

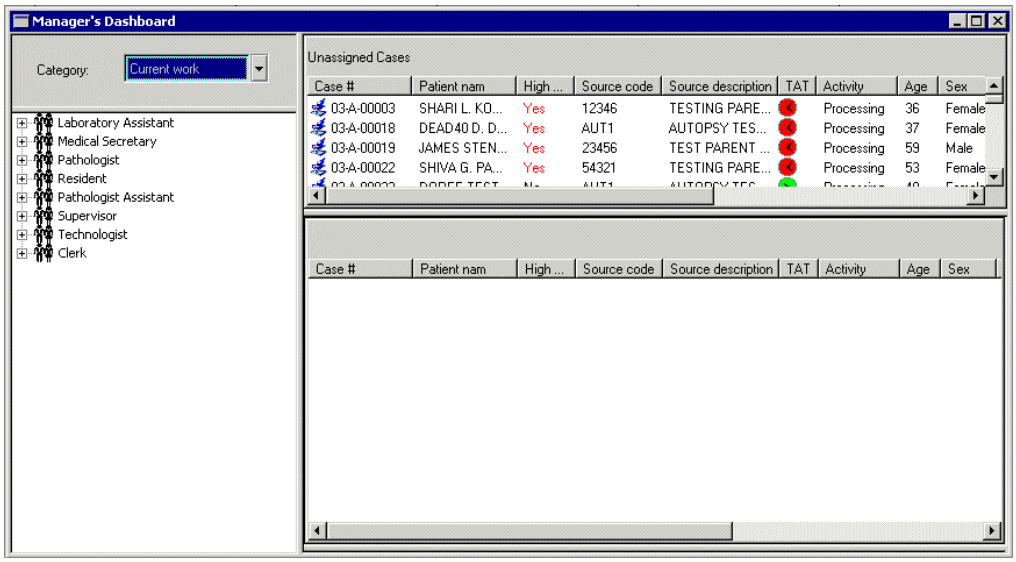

Figure 8-2. Manager's Dashboard window.

By default, the menu tree on the left side of this window lists the personnel types (categories) that are defined in Personnel setup (see ***Chapter 6—Setup: Personnel***). To view only one category, click the **Category** drop-down arrow and select the desired category from the list.

Click the plus sign (+) next to each category to view the personnel in that category. If a person has cases assigned to them, a plus sign appears next to their name and the number of cases as well as the number of slides for those cases appears in parentheses after their name. Click the plus sign to expand the level and view the case numbers. When a person's name is selected, the list of their cases also appears in the lower-right section of the window (Figure 8-3).

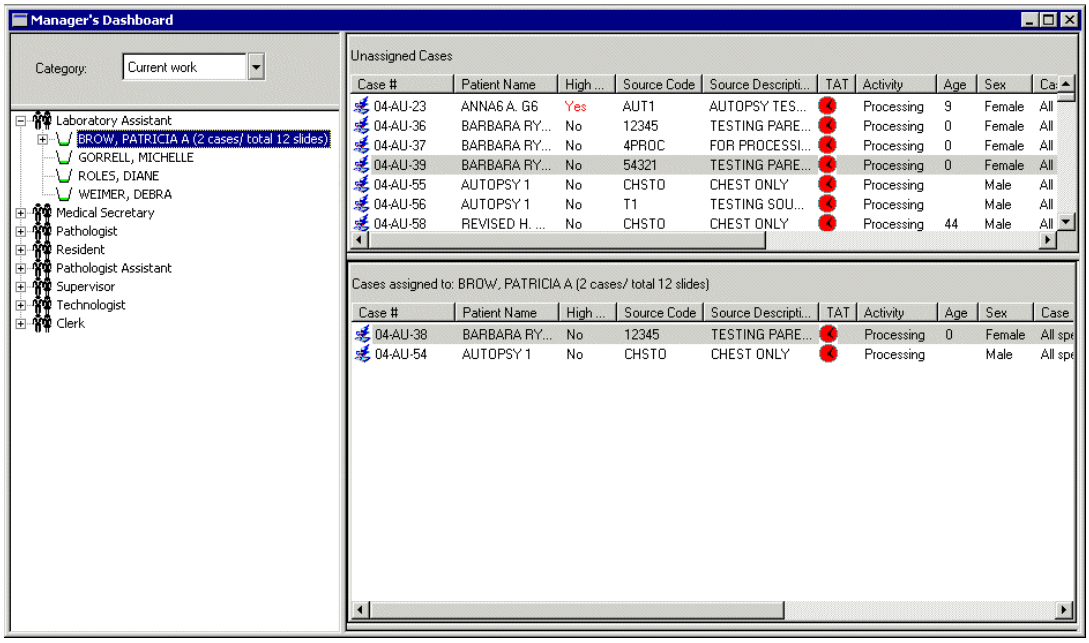

Figure 8-3. Manager's Dashboard with cases displayed.

To the left of each personnel member's name is a workload indicator that shows whether the person has a low, medium, or high workload, as defined by the assigned case limit and overload percentages defined in the Managers' Dashboard setup (see ***Chapter 6—Setup: Options, Workspaces Tab, Manager's Dashboard sub-tab***).

The workload indicator is green if the person's assigned case limit is less than the medium overload percentage.

The workload indicator is yellow if the person's assigned case limit is equal to or greater than the medium overload percentage, but less than the high overload percentage.

The workload indicator is red if the person's assigned case limit is greater than or equal to the high overload percentage.

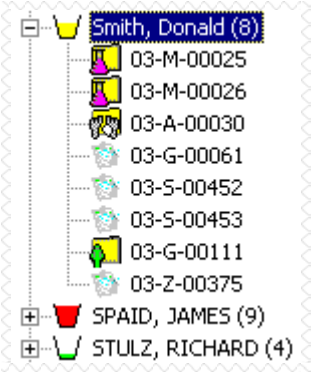

Figure 8-4. Personnel Tree Showing Workload Indicators.

The upper-right section of this window lists the cases that have not been assigned.

The Cases Grids

The Unassigned Cases Grids and the Cases Assigned To grid contain the same columns. The information provided includes:

- **High Risk** – shows whether the patient has been flagged as high risk for abnormal results based on a previous case report.
- **Source code** – code of the specimen source.
- **Source description** – description of the specimen source.
- **TAT** – this column shows whether the activity is within the turnaround time specified for the case type (see ***Chapter 6—Setup: Options, Workspaces Tab, My Workspace Sub-tab***). If this column shows a green clock, the activity is within the designated turnaround time, and is less than the medium delay. If this column shows a yellow clock, the activity is greater than or equal to the medium delay, but less than the high delay. If this column shows a red clock, the activity has met or exceeded the high delay.
- **Activity** – the currently pending activity (e.g., Processing, Result Entry, Sign Out).
- **spec #** – number of specimens in the case.

- **blk #** – number of blocks in the case.
- **Ord date** – date the order was entered.
- **Cmpl date** – date the specimen was due for completion.
- **sld #** – number of slides in the case.

Assigning or Reassigning Cases

To assign an unassigned case, or to reassign a case to a different employee, click on the case (or a group of cases) to highlight it, then click-and-drag the case to the name of the employee to whom the case will be assigned.

Viewing Processing History

To view the processing history of any case, right-click on that case. The **Processing History** window appears (Figure 8-5).

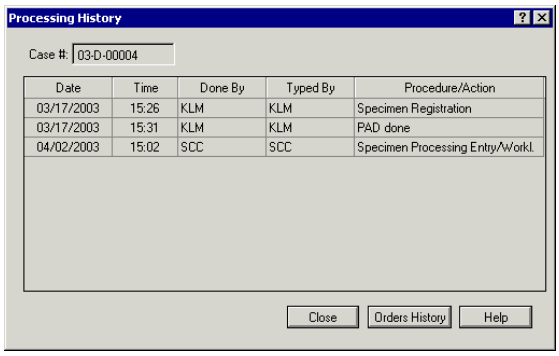

Figure 8-5. Processing History window.

This window also enables you to view the history of the orders placed under this case number. To do so, click **Orders History**. The Orders History window appears (Figure 8-6).

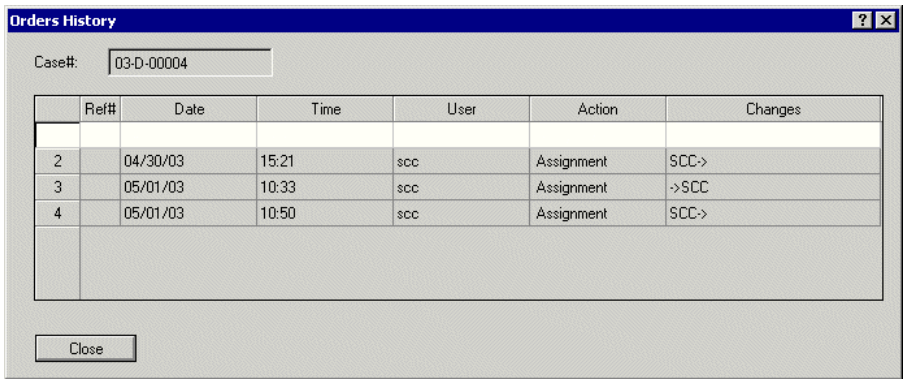

Figure 8-6. Orders History window.

SCC
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My Workspace

The **My Workspace** option allows you to view the cases that have been assigned to you. You can then bridge to other SoftPath options to perform an action on the case, or you can reassign the case to another employee with the same personnel type as you. You can also view the list of unassigned cases and assign these to yourself or another employee with the same personnel type. For example, if you are a pathologist, you can assign cases to another pathologist. If you are a laboratory assistant, you can assign cases to another laboratory assistant (see ***Chapter 6—Setup: Personnel***).

Access the **My Workspace** option by selecting *Work Assignment > My Workspace* from the main menu. The **My Workspace** window displays similar to Figure 8-7.

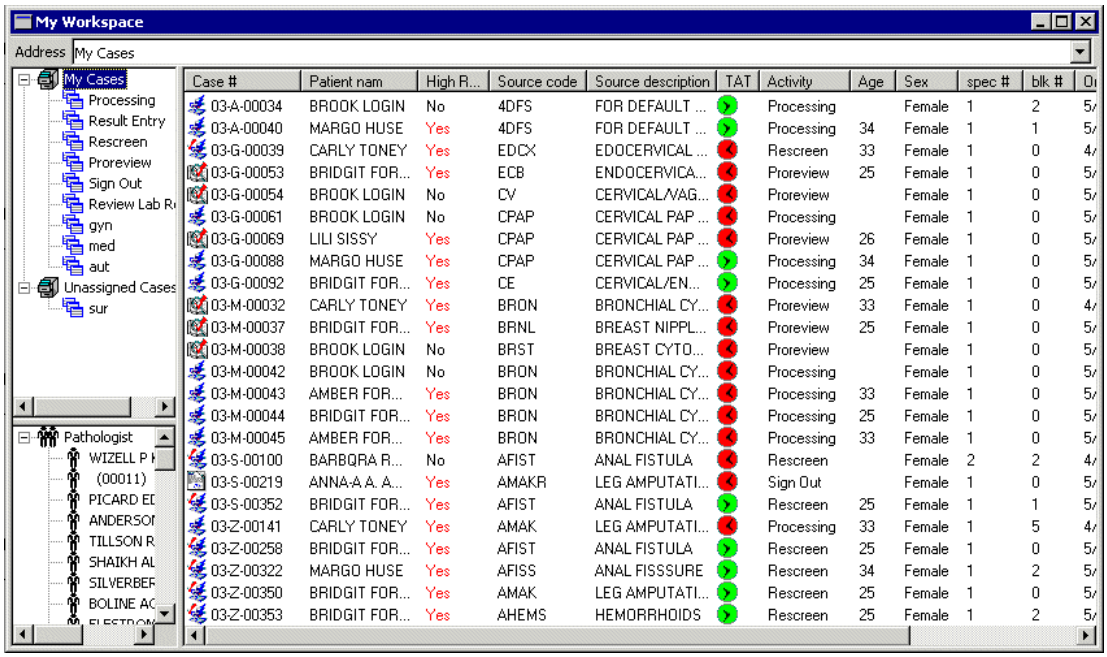


Figure 8-7. My Workspace window.

By default, all cases assigned to you are displayed on the right side of the screen. For a description of the cases grid, see ***page 8-4***.

The Queues List

The top-left section of the screen displays a list of work queues. To view only the cases for a specific queue, select it from the list. You can also change the queue by selecting it from the **Address** drop-down list at the top of the window. To view all cases again, select **My Cases**.

This area also enables you to view the unassigned cases. Select **Unassigned Cases** from the list. If queues have been added for unassigned cases, you can also view the unassigned cases from a particular case type by selecting it from the list. Unassigned Cases do not have queues assigned by default.

Adding/Editing Queues

To add a new queue, select **My Cases** and then right-click and select **[Add Queue]** from the menu that appears.

To edit a queue, select the queue to be edited, and then right-click and select **[Edit Queue]** from the menu that appears.

The Queue window appears (Figure 8-8).

If you are adding a new queue, enter the name in the **Name** field. If you are editing a queue, that queue's name appears in the **Name** field and cannot be edited. To change the name of a queue, you must delete the existing queue and add a new one with the desired name.

Select the Pending Activities and Case Types that you would like to appear in the queue. Click **OK** to save your changes and return to the My Workspace window.

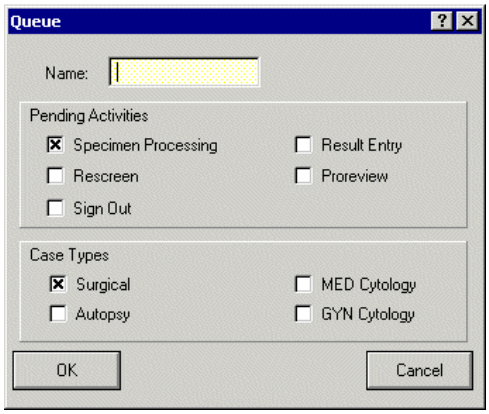


Figure 8-8. Queue window.

Unassigning or Reassigning Cases

If permitted for your personnel type, you can reassign cases to another employee or move them from your assigned cases back to the unassigned cases list. For information on defining permissions, see ***Chapter 6—Setup: Options, Workspace Tab, Permissions Sub-tab***.

To remove a case that has been assigned to you, click on the case to highlight it, then click-and-drag the case to the unassigned cases list.

The lower-left section of the screen displays a list of employees with the same personnel type as you. To reassign a case (or assign an unassigned case) to another person, click on the case to highlight it, then click-and-drag the case to the name of the person to whom the case will be assigned.

You can move multiple cases at one time. To select a range of cases, press and hold **SHIFT** while selecting the first and last case in the range. All cases in between will be selected. To select multiple, non-adjacent cases, press and hold **CTRL** while selecting each desired case. Once the desired cases have been selected, drag them to the proper location.

Bridging to Other Options

You can bridge to other SoftPath options to perform actions on a case. To do so, select the case (or a group of cases) and click the toolbar button that corresponds to the desired option. Choose from the following:

- OCP (One Case Processing)
- Worklists
- Result Entry
- QA Entry
- Sign Out

Once you are finished working in the bridged option, close the option window to return to the My Workspace window.

Viewing Processing History

To view the processing history of any case, right-click on that case and select **[Processing History]** from the menu that appears. The **Processing History** window appears (Figure 8-5).

Appendix A - SoftPath Conversion on Demand Utility

This section is designed to acquaint you with the use of the SoftPath *Conversion on Demand* utility. The Conversion on Demand utility allows you to upgrade/convert reports from SoftPath with Word Perfect systems to the new SoftPath III (GUI) system without having to perform a one-time conversion of your database that could take weeks or months (depending on the database size).

The Conversion on Demand utility requires minimal user interaction. Signed out reports resulted in SoftPath with Word Perfect can be converted and viewed from any window that allows you to view/print reports. If the case has not been previously converted, the system will convert the report when it is viewed.

For example, to view a report that was resulted in SoftPath with Word Perfect, you would simply access the **Results Query** option, query the appropriate case, and view the report. The utility would then automatically convert the report from Word Perfect format to Adobe Acrobat PDF (portable document file) format. The only noticeable difference is that the report is displayed in PDF format.

However, the conversion is not always automatic. The following instances require you to perform a function or task to complete the conversion process for a report that was resulted in SoftPath with Word Perfect but not signed out:

- **Unsigned Word Perfect Reports -** Word Perfect reports that have not been signed out must be processed in the **Result Entry** option and converted into MS Word format before processing can continue. You can still view the reports in any window that allows you to view/print reports.
- **Unsigned Cascading Windows** - These reports are converted into MS Word format when the Conversion on Demand utility is set up. You can still view the unsigned Word Perfect reports in any window that allows you to view/print reports. The reports display in MS Word format.

  NOTE: The only time that a case resulted in cascading windows will have a PDF document created is if there is an associated Supplemental or Revised report created in Word Perfect or if the case was signed out in SoftPath with Word Perfect.

Setup

SCC programmers will enable and set up the Conversion on Demand utility. Once the utility has been set up, cases from SoftPath with Word Perfect will be modified as follows:

- All signed out reports will qualify for conversion to PDF format.
- Cases that have been processed and resulted (i.e., have completed reports) in Word Perfect, and are not signed out, will have their report status downgraded from **completed** to **incomplete**. These reports will need to be converted.
- Cases that have been processed and resulted (i.e., have completed reports) in cascading windows will have relevant MS Word documents created. The report status of these documents is downgraded from **completed** to **incomplete**. This applies only to cases resulted in cascading windows that do not have an associated Word Perfect report (i.e. revised or supplemental report).
- Cases that are pending quality assurance (QA) will qualify for conversion to MS Word format.

Conversion Instructions

After the utility is set up, you can begin converting cases. This can be done in a number of ways, depending on the report status and whether the case was resulted in Word Perfect or in cascading windows. Perform the following to convert documents with the corresponding report statuses:

- **Signed Out Report (All)** - Open the report using any SoftPath function that allows you to view/print reports. See page **A-3**.
- **Unsigned Word Perfect Report** - Requires user interaction. See page **A-4**.
- **Unsigned Cascading Windows Report** - Requires user interaction. See page **A-5**.
- **Batch Conversions (All) (Scheduler)** - Requires user interaction. See page **A-6**.

Converting Signed Out Reports from the Result Entry Option

Access the **Result Entry** option by selecting *Results > Case Result > Result Entry* from the main menu. The **Select Report** window displays. Enter the case number associated with the report that you want to convert and click **Find**. The **Results** tab displays similar to Figure A-1.

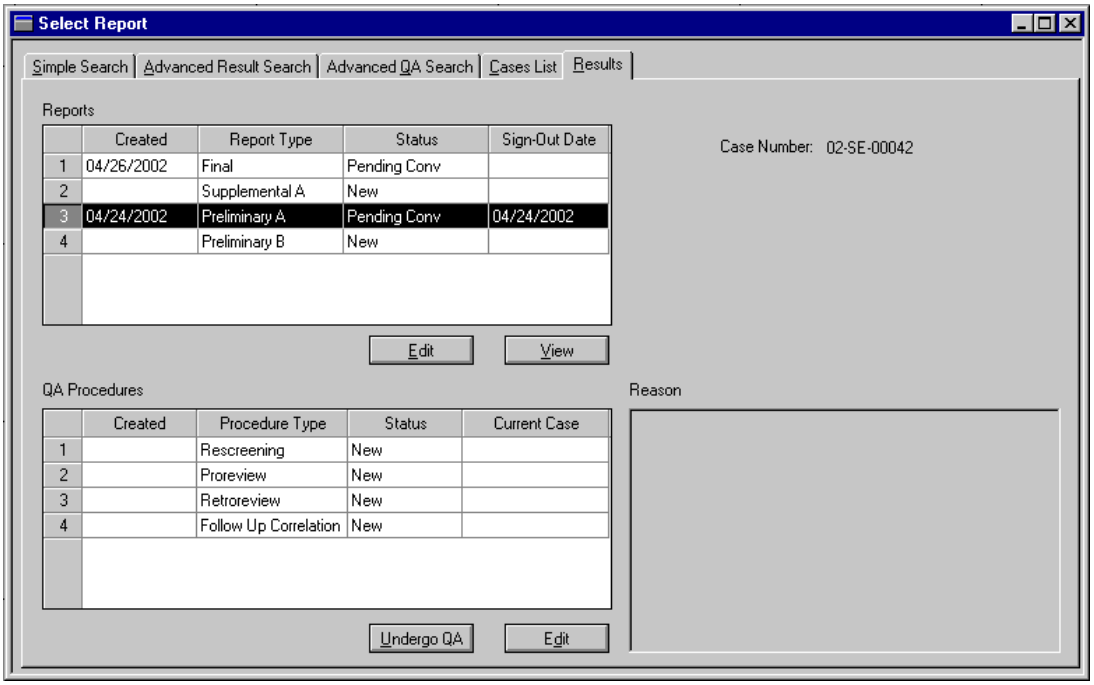


Figure A-1. Select Report window - Results tab.

NOTE: If none of the reports created for this case have been previously viewed, the report status is pending conversion. The date the report was signed out still appears in the **Signed Out Date** column.

Highlight the report that you want to convert and then click **View**. The PDF viewer displays the document in PDF format. The report is successfully converted from Word Perfect to PDF format and saved automatically. Close all windows and return to the SoftPath main window.

Converting Signed Out Reports from the Result Query Option

Select *Query* > *Result Query* from the main menu. The **Result Query Search** window displays. Enter the case number associated with the report that you want to convert and click **Find**. The **Result Query** window displays, containing information for the specified case. Click the **Reports** tab. The window appears similar to Figure A-2.

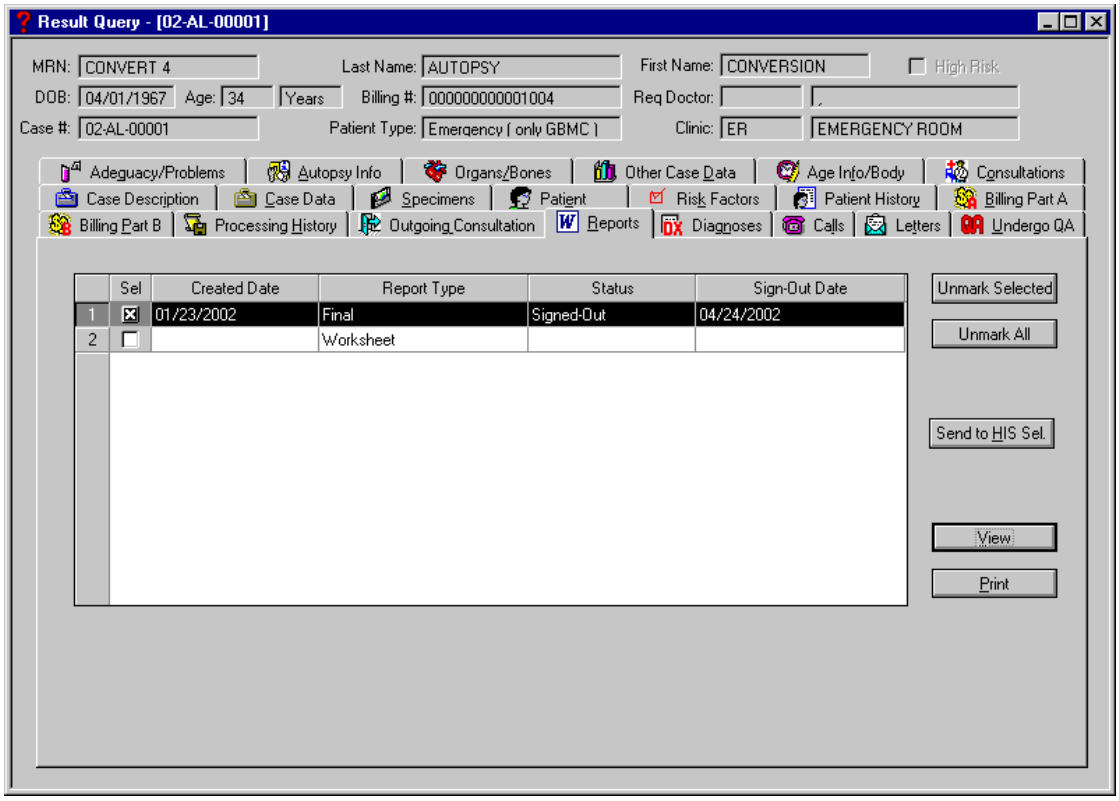


Figure A-2. Result Query - Reports tab.

Highlight the report you want to convert and click **View**. The PDF viewer displays the document in PDF format. The report is successfully converted from Word Perfect to PDF format and saved automatically. Close all windows and return to the SoftPath main window.

NOTE: These instructions apply to all case types regardless of how they were resulted (i.e., Word Perfect or cascading windows).

Converting Unsigned Word Perfect Reports

To convert reports created in Word Perfect that have not been signed out, select *Results* > *Case Result* > *Result Entry* from the main menu. The **Select Report** window displays. Enter the case number associated with the report that you want to convert and click **Find**. The **Results** tab displays similar to Figure A-3.

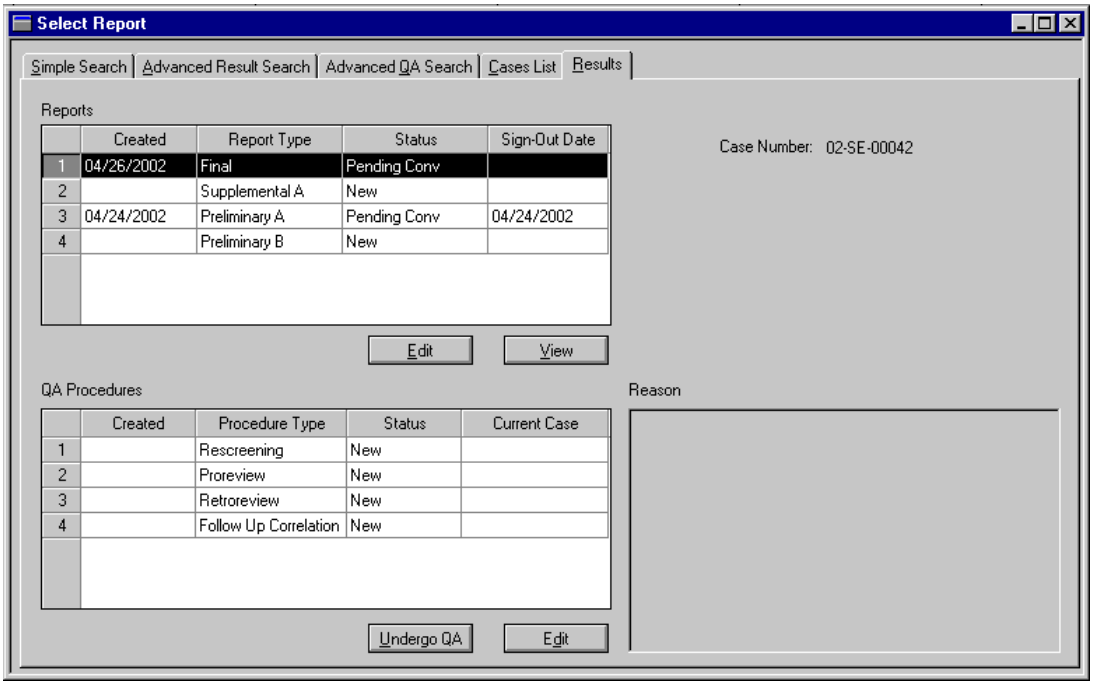


Figure A-3. Select Report - Results tab.

Highlight the report that you want to convert and then click **View**. The PDF viewer and MS Word open within the report window and display in split-screen format. All pertinent case information from the database, except for the gross description and final diagnosis, is inserted into the MS Word document.

The gross description and final diagnosis are not inserted into the MS Word document automatically. You will need to manually transfer this information from the PDF viewer to the MS Word document. To do this, click the **Select Text Tool** button on the PDF viewer toolbar. Use **Select Text Tool** to highlight the final diagnosis text. Press **CTRL+C** or select *Edit* > *Copy* from the PDF viewer menu to copy the text to the clipboard. Do not select headers or field titles.

Select the **Final Diagnosis** tab in the MS Word report window. The system inserts the cursor in the final diagnosis section. Press **CTRL+V** or select *Edit* > *Paste* from the MS Word menu to insert the text you copied from the PDF viewer into the final diagnosis section.

Now you will need to copy the gross description into the MS Word document. In the PDF viewer window, use the **Select Text Tool** to highlight the gross description. Press **CTRL+C** or select *Edit* > *Copy* from the PDF viewer menu to copy the text to the clipboard. Select the **Gross Description** tab in the MS Word report window and press **CTRL+V** or select *Edit* > *Paste* from the MS Word menu to insert the copied text into the gross description section.

Click the **Save Section** button. The appropriate completion window displays at the bottom of the screen. Complete the required fields and click the **Save** button. The following message displays: "Is the Final Dx Procedure completed?" Click **Yes** to confirm that you have completed the final diagnosis. Another message displays: "Is the Gross Description Procedure completed?" Click **Yes** to continue. The system closes the window and displays the **Results** tab of the **Select Report** window.

The case is now ready to be signed out using the normal sign out process. The PDF document is saved but cannot be viewed. If you need to view this document at a later date, it can be retrieved by SCC personnel. Only the MS Word document is available for viewing and processing.

Converting Unsigned Reports Resulted in Cascading Windows

To convert reports created using cascading windows, select *Results > Case Result > Result Entry* from the main menu. The **Select Report** window displays. Enter the case number associated with the report that you want to convert and click **OK**. The **Results** tab displays similar to Figure A-4.

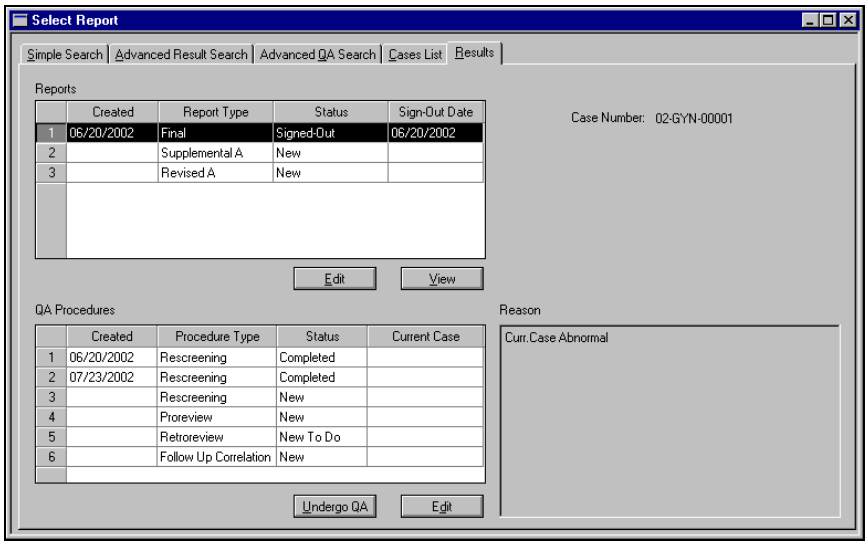


Figure A-4. Select Report - Results tab.

Highlight the report that you want to convert and then click **Edit**. The MS Word report window displays, containing the relevant case data including the final diagnosis. Click the **Save Section** button. A completion window displays similar to Figure A-5.

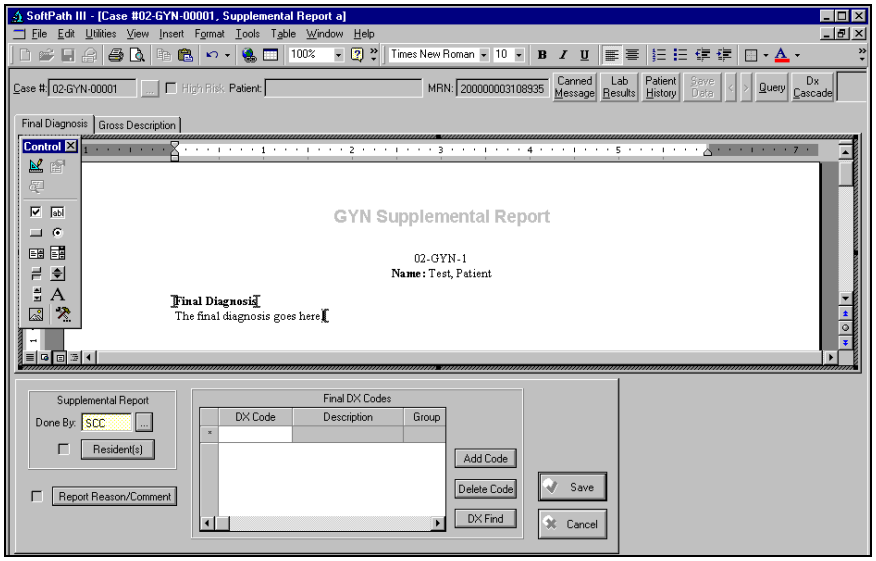


Figure A-5. Report window with completion window displayed.

Enter the appropriate information in the completion window and click **Save**. The system displays the following message: "Is the Final Diagnosis completed?" Click **Yes** to confirm that you have completed the final diagnosis. Close all windows. The report created using cascading windows is successfully converted to MS Word format.

NOTE: For cases that were originally resulted in cascading windows and had subsequent supplemental or revised reports, refer to **Converting Unsigned Word Perfect Reports** on page A-4.

Batch Conversion Process

Use this process to convert all reports within a given range. To begin the process, select *Setup > Scheduler* from the main menu. The **Scheduler** window opens and displays information for the first item of the **Parameter Group** list. Click the **New** button on the SoftPath toolbar. The **Add Group** window displays similar to Figure A-6.

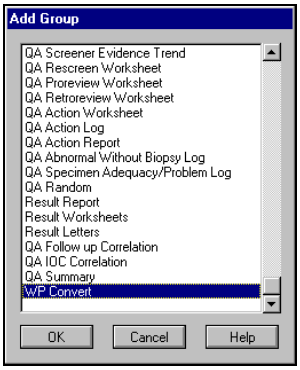


Figure A-6. Add Group window.

Scroll to the bottom of the list and select **WP Convert**. Click **OK**. A new tab called **WP Convert** is created and displayed, similar to Figure A-7.

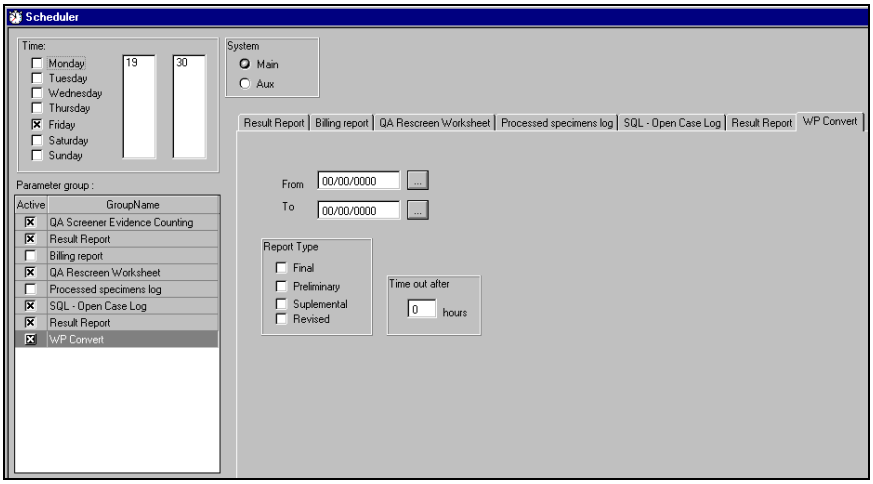


Figure A-7. Scheduler window - WP Convert tab.

In the **Time** area of the **Scheduler** window, mark the checkbox that corresponds to the day of the week that you want to perform the batch conversion process. Next, double-click one of the columns next to the list of days. The **Hours and Minutes** window displays similar to Figure A-8. Enter the time that you want to perform the process in the **Hours and Minutes** window. For example, if you wanted the process to run at 19:30 you would enter **19** in the first column and **30** in the second column of the **Hours and Minutes** window. Click **OK**.

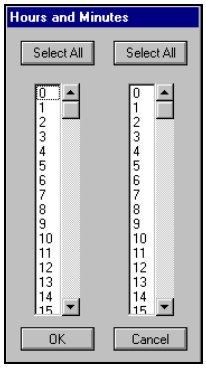


Figure A-8. Hours and Minutes window.

NOTE: Because of the amount of system resources needed to run the conversion utility, SCC recommends that the utility is set to run at a time when system usage is low (e.g., nights and weekends). Running the utility at peak usage times could affect system performance.

In the **System** area, select the **Main** option button to convert reports in the main database or select the **Aux** option button to convert reports in the auxiliary database.

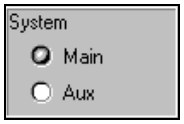


Figure A-9. System area of the Scheduler window.

Select the **WP Convert** tab. Specify a range of dates in the **From** and **To** fields. The batch conversion will include all cases that fall within the specified date range. **Do not leave these fields blank**. Leaving these fields blank causes the system to attempt to convert all cases that are pending conversion in the system. Attempting to convert so many cases at one time can adversely affect system performance.

In the **Report Type** area, mark the checkboxes to indicate which report types you want to include in the conversion process.

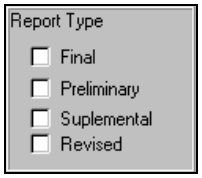


Figure A-10. Report Type area of the WP Convert tab.

In the **Time Out After** field, enter the maximum number of hours you want to allow the system to take to perform the conversion process. If you do not enter a value in this field, the system will run the utility until all selected cases have been processed and you will not have the ability to stop the process if it carries over into a high-usage time of the day. This option allows you to stop the conversion utility if it takes longer than expected to complete the task.

Click the **Save** button on the SoftPath toolbar and close the window. If you want to make any changes, you can return to the **Scheduler** window and click the **Edit** button to modify the settings.

This batch conversion process creates the PDF documents for reports that have been signed out and are pending conversion. This allows for faster access to these documents, since the system will not have to convert the report when it is viewed or printed. For the cases that are not signed out, you will still have to complete the conversion processes described earlier for each report format (Word Perfect or cascading windows).

SCC
Soft Computer

Appendix B - Print Admin 3.2 Guide

The Print Administrator is used to configure and monitor Print Server components, which include print workers, printers, faxes, etc. It also allows you to monitor print jobs.

Main Menu

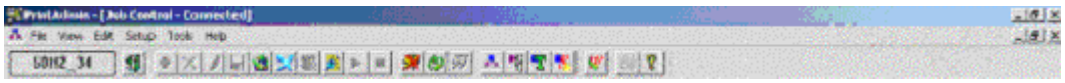


Figure B-1. Main Menu: Tool Bar

The main menu (Figure B-1), includes the following options:

File

The **File** menu contains the following options: New, Open, Print Setup, Recent files, and Exit.

View

The **View** menu allows you to toggle from view the Tool Bar and the Status Bar.

Edit

The **Edit** menu contains the following options: Add, Delete, Edit, Save, Reprint Job(s), Cancel Job(s), Show Faxes, and Show History.

Setup

The Setup menu contains the following options: Job List Setting, Printer List Test Setting, Printer Setup Setting, and Worker List Setting.

Tools

The Tools menu contains the following options: Job Control, Worker Control, Printer List Test, Printer Setup, and Export/Import Setup Wizard.

NOTE: Menu options are accessible from the tool bar as well. Move the mouse over a tool bar icon to display a tool tip with the option name.

Start/Stop Print Worker

When the Worker Control window is opened, select an existing print worker with “Down” status and click **Start Print Worker** button to start the print worker; likewise, click the **Stop Print worker** button to stop a currently running print worker.

Monitoring Print Jobs

The **Job Control** option is used to monitor print job(s). Selecting the Job Control button from the tool bar displays the Job Control window.

View Print Jobs for a Connected Printer

1. Select the printer name from the Printer drop-down list or leave the field blank to include all printers.
2. Select the print job status from the Status drop down list
3. Select a system from the System drop down list or leave the field blank to include all systems.
4. Click the Refresh button from the tool bar

   Result: The list of jobs is displayed

Display the Job History Window

The **Job History window** displays the following information about the print job: job code (status), Host ID, Result Date and Time. Use the following steps to display the **Job History window** (Figure B-3).

1. Select a rejected or a printed job and click the right mouse button

   Result: A pop-up menu displays similar to the one shown in Figure B-2

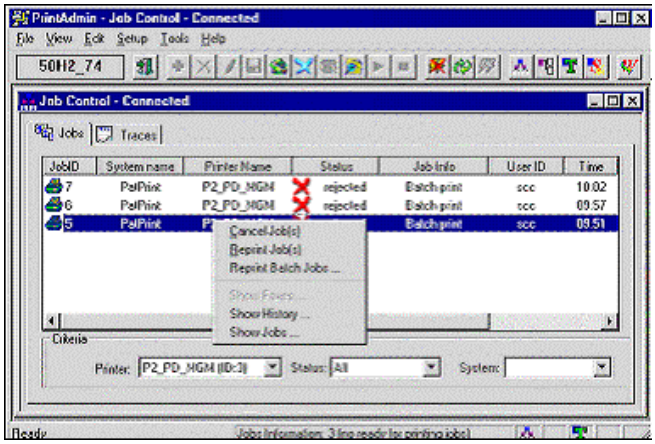


Figure B-2. Job Pop-up Menu

2. Select the **Show History** option.

   Result: The **Job History window** (Figure B-3) for the selected job is displayed.

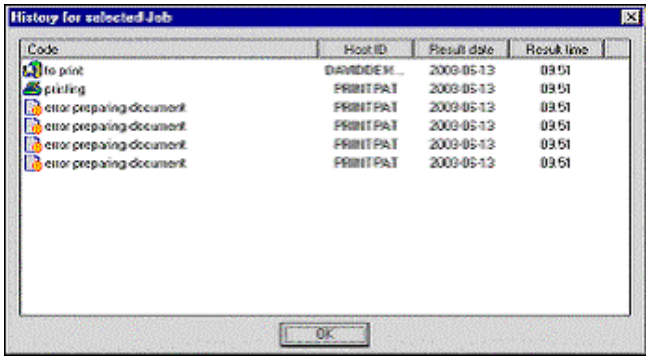


Figure B-3. The Job History screen

3. When you have completed viewing the Job History screen, click **OK**.

   Result: The **Job History window** closes.

Display the Job Information Window

The **Job Information window** displays information about the print job. Use the following steps to display the Job Information window.

1. Select a printed job and click the right mouse button

   Result: A pop-up menu displays similar to Figure B-2

2. Select the **Show Job**.

   Result: The **Show Job Information** window displays job information

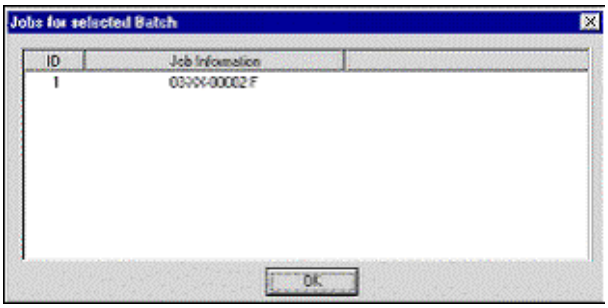


Figure B-4. Jobs for Selected Batch Window

3. When you have completed viewing the **Job Information window**, click **OK**.

   Result: The **Job Information window** closes.

NOTE: By right-clicking and opening the Job Popup menu (Figure B-2), you can **cancel** or **reprint** the selected job.

Monitoring Print Workers

A Print Worker is a Print Server component that is run on the PC. It reads data from the database and runs the proper program to print jobs. The Print Worker Control option allows the user to monitor Print Workers.

Adding a New Print Worker

1. Select the **Add** button from the tool bar.

   Result: The Worker setup tab is displayed.

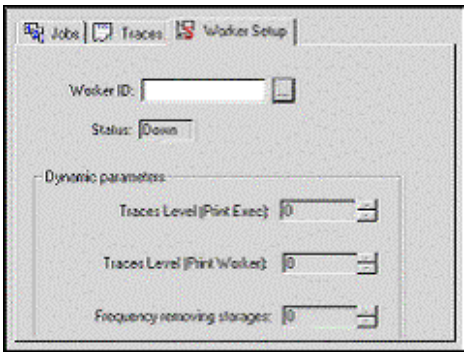


Figure B- 5. Print Worker Control Window

2. Select the Worker ID browse button (▢).

   Result: A list of computers is displayed.

3. Select the PC with the Print Server (PrnSrv) installed.
4. Click **OK**.

   Result: The Print Worker is displayed in the Worker ID field.

5. Click the Save button to save your changes.

Monitoring Printers

1. Select the **Printer Setup** button ( ) from tool bar.

   Result: The Printer Setup window (Figure B-6) opens.

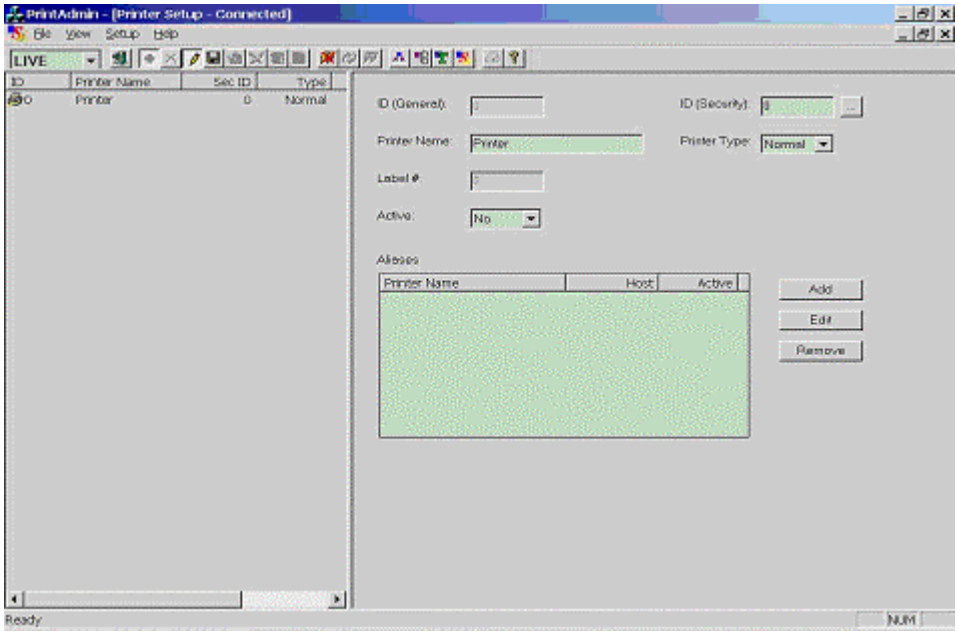


Figure B-6. Printer Setup window: Add Button Selected

2. Click the **Add** button ( ) from the tool bar.

   Result: The **Printer Setup** window fields are editable.

3. Select the **ID (Security)** browser button ( ).

   Result: The **Security Printer Browser** Window (Figure B-7) is displayed.

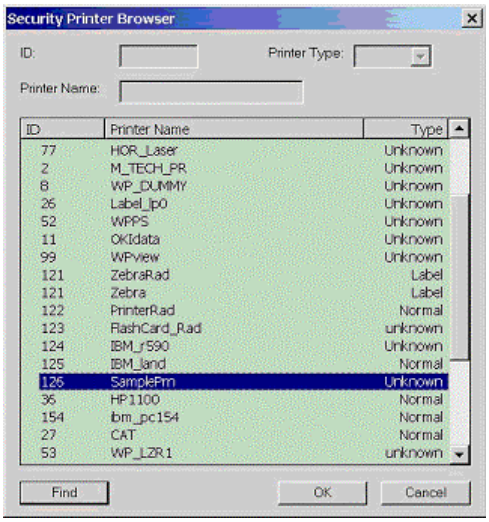


Figure B-7. Security Printer Browser window

4. Select a printer.
5. Click **OK**.

   Result: The selected printer name is displayed in the Printer name field.

Next, you will need to map a security printer by a physical printer defined on PrnSrv.

6. Click the **Add** button to the right side of the Aliases grid.

   Result: The **Alias window** (Figure B-8) is displayed.

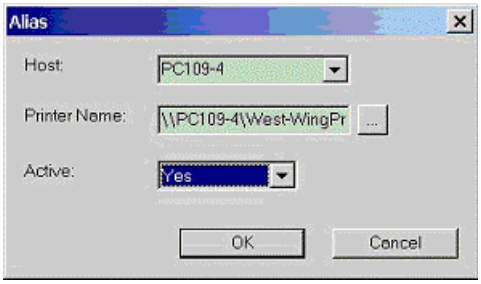


Figure B-8. Alias Window

7. Select a host from the **Host** drop down list.

   Note: A printer must be defined in Windows on the selected PC. If the printer is connected to another computer, you must define that printer on the PrnSrv PC as a network printer.

8. Click the **Printer Name** browser button ( ).

   Result: The Printers Browser window is displayed.

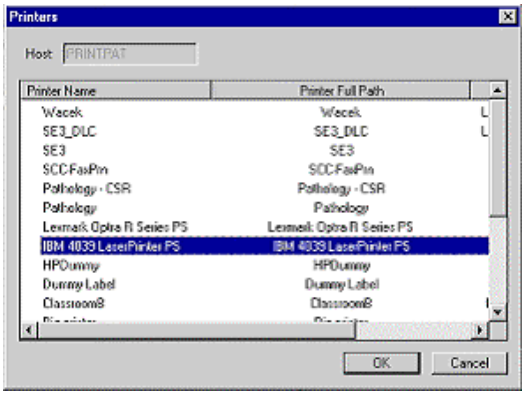


Figure B-8. Printers Browser Window

9. Select a printer from the list.
10. Click **OK**.
11. Set the Active field to **Yes**, using the drop down list.
12. Click **OK**.
13. Click save your changes.

    Result: The added printer will be displayed in the Printer Setup window (Figure B-9).

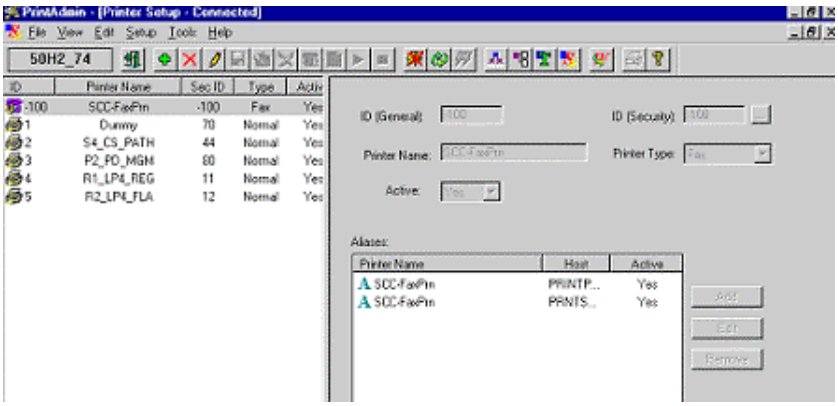


Figure B-9. Printer Setup Window: New Printer Added

Using the Print Administrator Wizard

The Print Administration Wizard helps you configure the print server quickly.

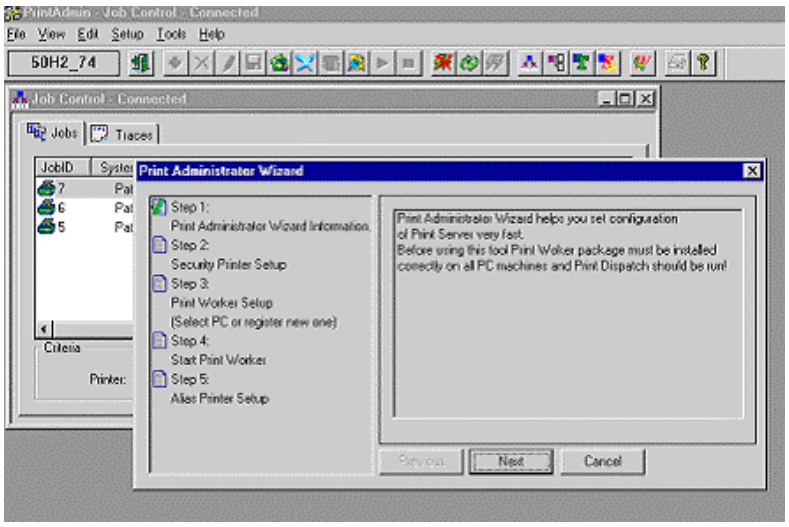


Figure B-10. Print Administrator Wizard Window

1. Click the **Print Administrator Wizard** button.

   Result: The **Print Administrator Wizard** (Figure B-10) is started.

2. Click the **Next** button.

   Result: The **Add Security Printer Name** window (Figure B-11) is displayed.

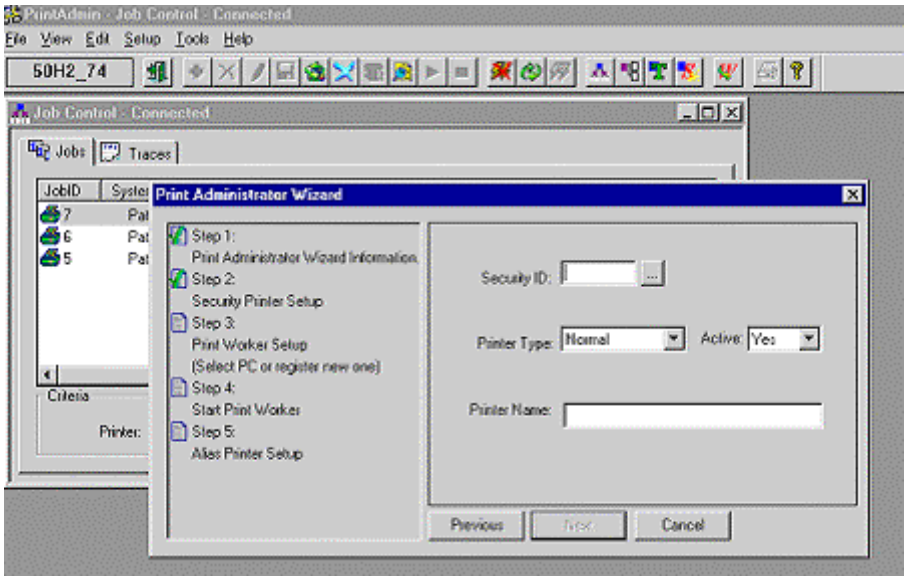


Figure B-11. Add Security Printer Name Window

3. Click the **Security ID** browser button (...).

   Result: The **Security Printer Browser** window (Figure B-12) is displayed

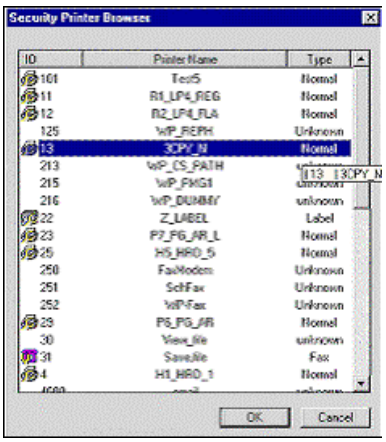


Figure B-12. Security Printer Browser

4. Select the security printer name.
5. Click **OK**.

   Result: The selected printer is displayed in the **Security Name** field.
6. Click **Next**.

   Result: The **Select Worker ID** window (Figure B-13) is displayed.

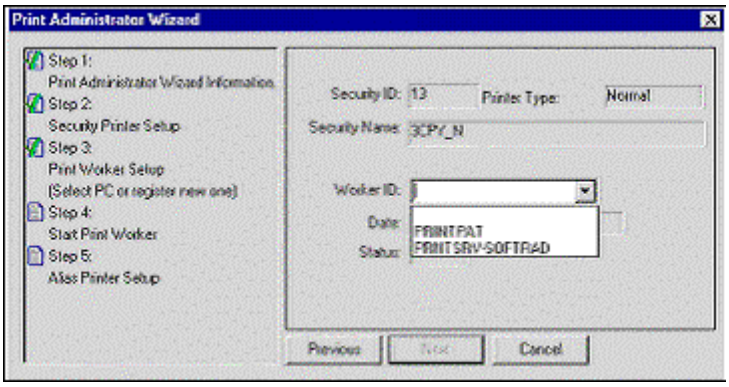


Figure B-13. Print Administrator Wizard: Select Worker ID Window

7. Select a **Print Worker** from the **Worker ID** drop down list.

   Result: The Worker name is displayed in the **Host name** field.
8. Click **Next**.
9. Click the **Printer name** browser button (▭).

   Result: A list of installed printers (Figure B-14) is displayed.

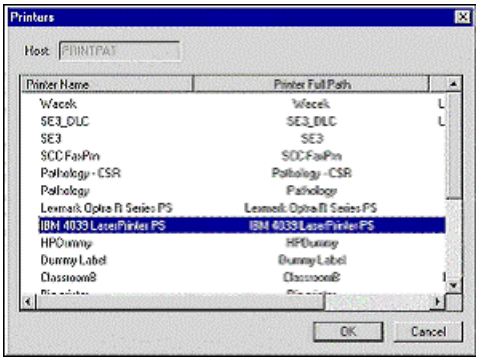


Figure B-14. Printers Browser: Physical Printers List

10. Select a printer.

11. Click **OK**.

    Result: The selected printer will be displayed in the Print Administrator Wizard (Figure B-15).

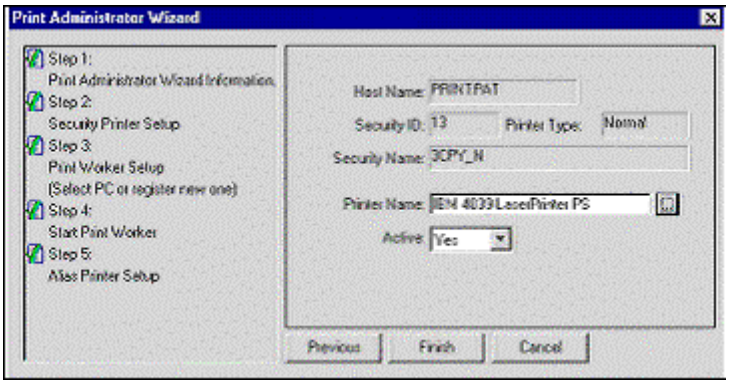


Figure B-15. Print Administrator Wizard: Physical Printer is Added

12. Click the **Finish** button.

    Result: The Print Server configuration is complete.

Printer List Test

The **Printer List Test** tool bar button is used to test if a User, as denoted by use of their User ID, is able to see a specified list of printers from SoftPRS.

To examine a list of available printers for a user, use the following steps.

1. Select the Specify User ratio button.
2. Enter the User's ID in the **User ID** field.
3. Set the **Printer Type** field to Normal.
4. Click **Find**.

   Result: The list of printers, which includes the Printer ID, Printer name, and Type, displays on the right side of the search screen

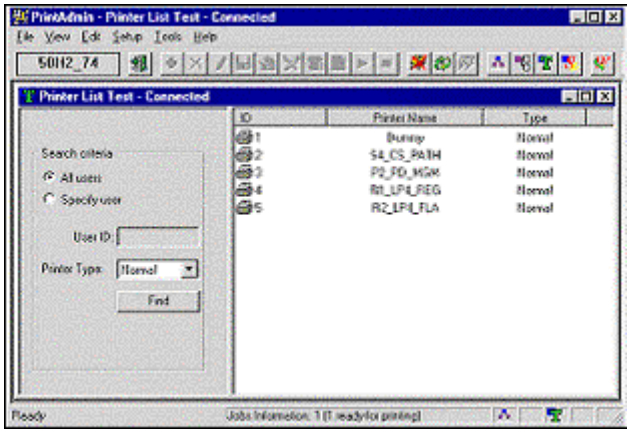


Figure B-16. Printer List Test

Sample Print Server Configuration: One *PrnSrv* PC with One *SamplePrn* Printer for the SoftPath System

Add Printer to SCC security system

1. (Unix shell):Add following line to $PRINTERC file:

   SamplePrn `!P:xxx:echo "" >/dev/null 2>&1`

   where: xxx is a unique number in $PRINTERC file
2. Using the SoftSec security system, add the SamplePrn printer to SoftPath system.
3. Give permissions for all SoftPath options to user **scc**.

Configure PrintWorker on *PrnSrv* PC

1. Install drivers for printers.
2. Run the PrintAdmin program.

   Result: The PrintAdmin Screen is displayed

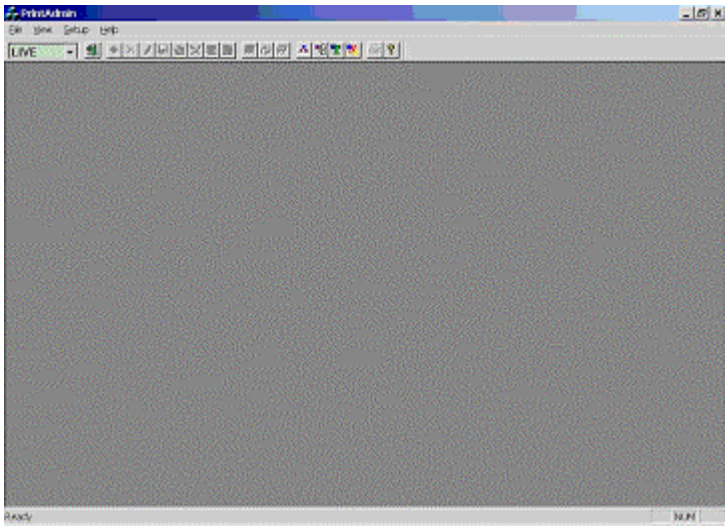


Figure B- 17. Print Admin Screen

3. Click to open the **Launch Worker Control** option.
4. Click on the Worker Setup tab (Figure B-18).

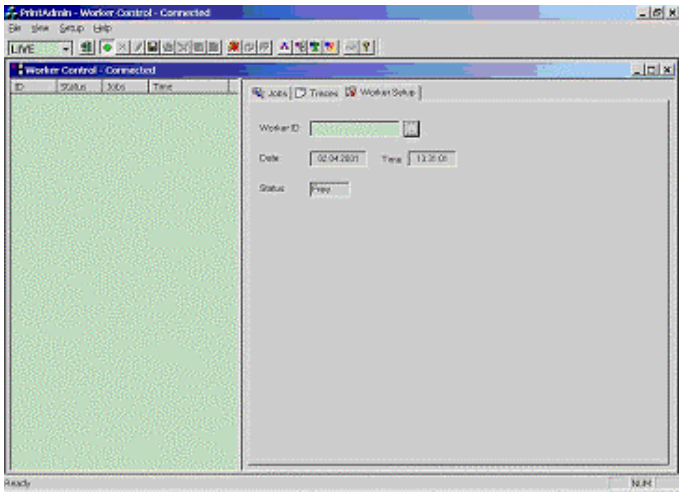


Figure B-18. Print Admin Screen - Worker Setup Tab

5. Click to add a Worker PC.
6. Click the Worker ID browser ( )

   Result: The **Browse Hosts** window (Figure B- 19) is displayed.

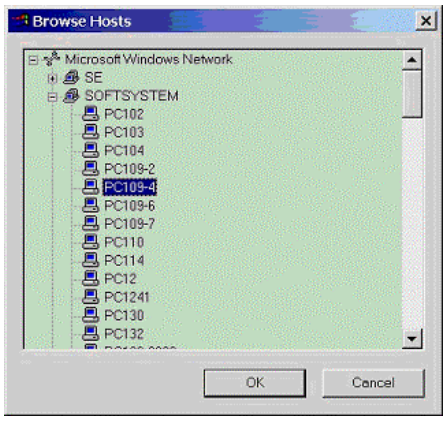


Figure B- 19. Browse Hosts Window

7. Select the PC with Print Server installed (*PrnSrv*).
8. Click **Save**.

   Result: The added Print Worker will be displayed on the list.

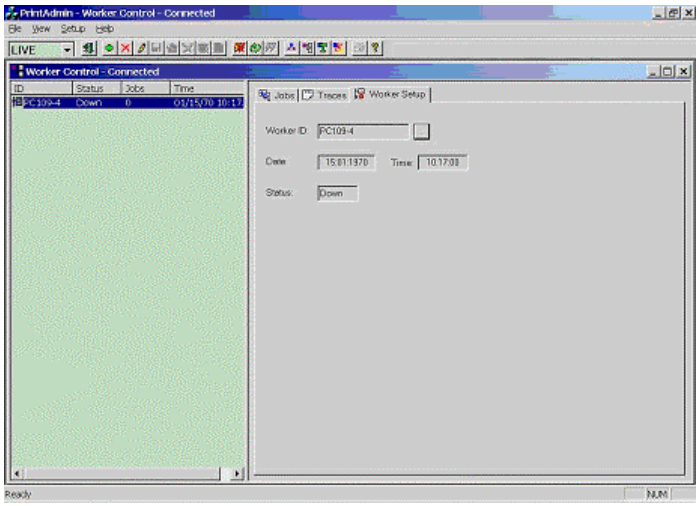


Figure B- 20. Print Admin Screen - PrnSrv Installed

Configure Printer Settings

1. Click .

   Result: The **Printer Setup** window (Figure B- 21) opens.

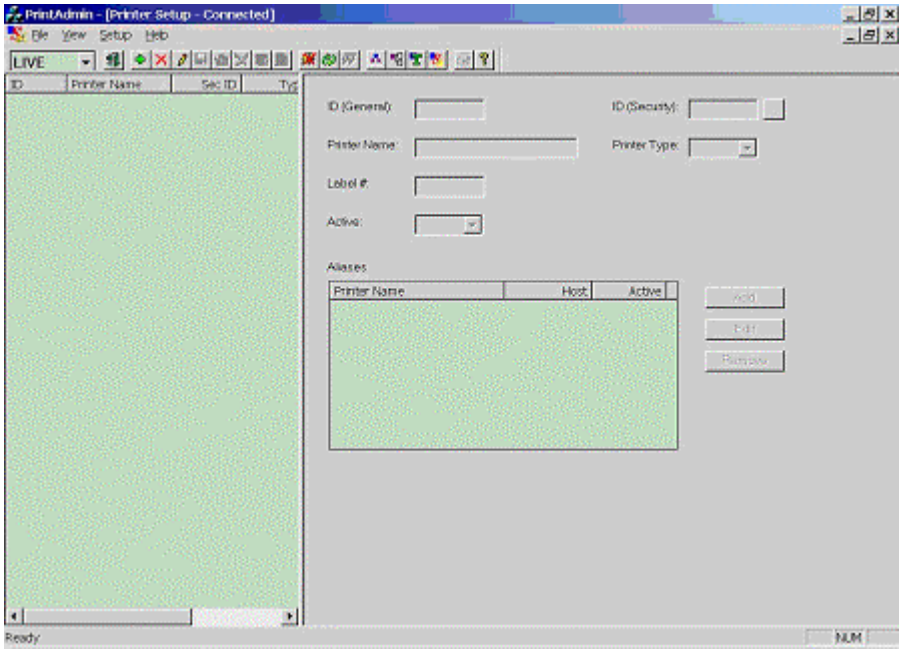


Figure B- 21. Printer Setup Window

2. Click .

   Result: The **Printer Setup** window fields are editable.

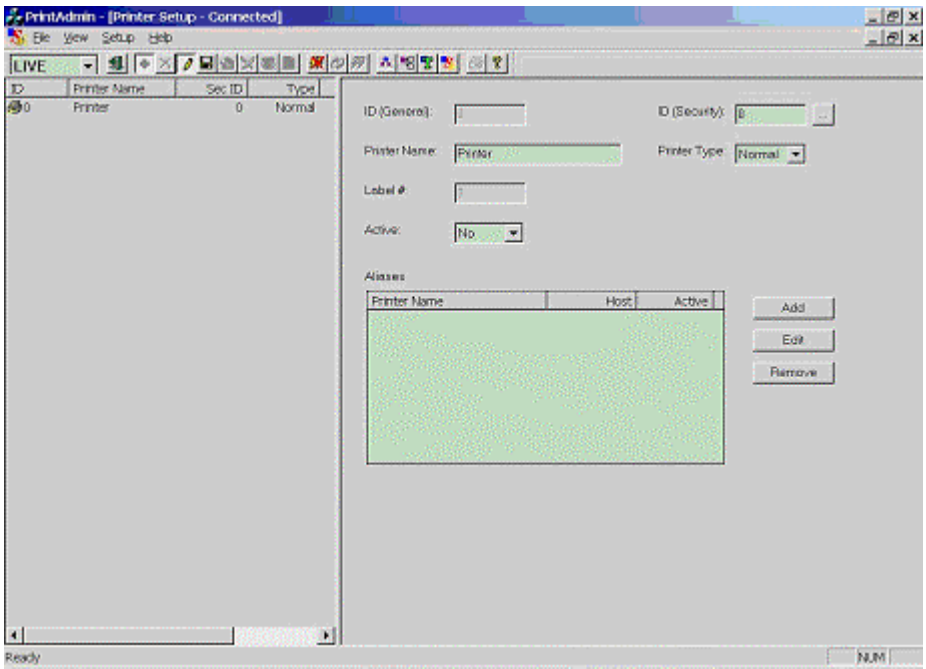


Figure B- 22. Printer Setup Window - Add Printer

3. Click the **ID (Security)** browser ( ).

   Result: The **Security Printer Browser** window (Figure B-23) is displayed.

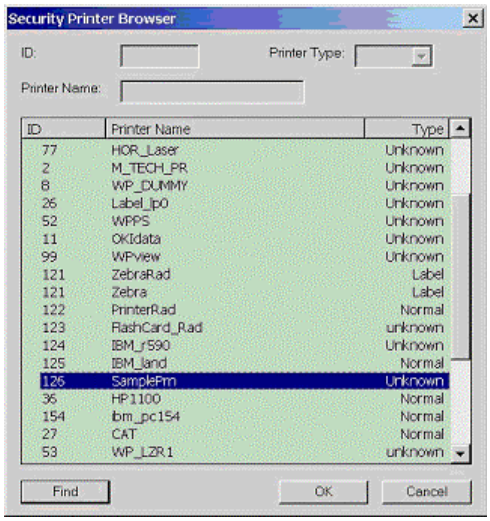


Figure B-23. Security Printer Browser window

4. Select *SamplePrn*.
5. Select a **Printer Type**. Allowed values are as follows:

Normal	Regular printer
Label	Label printer (e.g., Zebra, Solus, Oki)
Fax	SCC-FaxPrn printer

6. Set the **Active** field to **Yes**, which will enable the printer.
7. Click the **Add** button to the right side of the Aliases grid.

   Result: The **Alias window** (Figure B-8) is displayed.

   NOTE: Preferably, defined printers should be setup as network printers on a hospital print server.

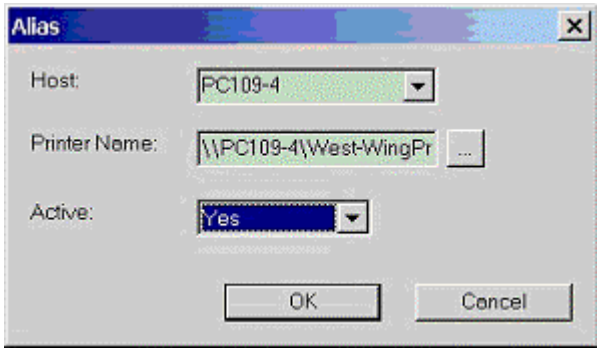


Figure B-24. Alias Window

8. Select a host from the Host drop down list.

   Note: A printer must be defined on the selected PC. If the printer is connected to another computer, you must define that printer on the PrnSrv PC as a network printer.
9. Click the **Printer Name** browser button (...) to.

   Result: The **Printers Browser** window (Figure B- 25) is displayed.

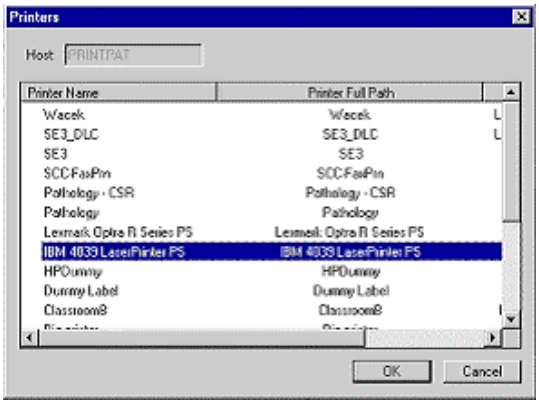


Figure B- 25. Printers Browser Window

10. Select a printer from the list.
11. Click **OK**.
12. Set the **Active** field to **Yes**, using the drop down list.
13. Click **OK**.
14. Click .

    Result: The added printer will be displayed in the Printer Setup window.

Add Second Print Server Printer for *PrnSrv* PC

In order to add a second printer named *SecondPrn* to Print Server configuration (as described in the previous exercise), follow the steps below:

1. Add *SecondPrn* printer on *PrnSrv* PC
2. Configure Print Server link to the printer, where *SamplePrn* is *SecondPrn*
3. Add Print Server "Dummy" printer for *PrnSrv* PC

   Note: In some situations, it is necessary to send a report label to the "Dummy" printer to force order report status. A document hard copy is not necessary.
4. Configure Print Server link to the printer where your *SamplePrn* is *Dummy.*

Adding a *Dummy* Printer to the PrnSrv PC

In order to add a dummy printer named *Dummy* to the Print Server configuration, follow the steps below:

1. From the PC Desktop, click *Start > Settings > Printers and Faxes*.
2. Click on **Add a Printer**.

   Result: The **Add Printer Wizard** is displayed.
3. Click the **Next** button.

   Result: The **Local or Network Printer** panel is displayed.
4. Select **Local Printer attached to this computer**.
5. Uncheck **Automatically detect and install my plug and play printer**.
6. Click the **Next** button.

   Result: The **Select the Printer Port** panel is displayed.
7. Select **Create New Port**.
8. Select **Local Port** type from the dropdown list.
9. Click the **Next** button.

   Result: The **Port Name** dialog box is displayed
10. In, **Enter the port name** type **null**.
11. Click **OK**.
12. Click the **Next** button.

    Result: The **Install Printer Software** screen is displayed.
13. Choose a printer type (e.g., "IBM 4019 LaserPrinter").
14. Click the **Next** button.

    Result: The **Name Your Printer** panel is displayed.
15. In the **Printer Name** field, enter *Dummy*.
16. For the question, *Do you want to use this printer as the default printer?,* select **No**.
17. Click **Next**.

    Result: The **Printer Sharing** panel is displayed.
18. Click **Share Name**.

    Result: Dummy is automatically filled entered as the Share Name.
19. Click the **Next** button.

    Result: The **Location and Comments** panel is displayed.

20. Click the **Next** button.
    Result: The **Print Test Page** panel is displayed.
21. For the question, *Do you want to print a test page?,* select **No**.
22. Click the **Next** button.

    Result: The **Completing the Add Print Wizard** screen is displayed with the selected properties for the Dummy printer.
23. Click **Finish**.

    Result: The *Dummy* printer has been added and displays in the **Printers and Faxes** list.

Fax configuration

Print Server can merge and send documents to the Fax system (VisiFax). In order to add a Fax to your Print Server, a special configuration must be done. Use the following steps to configure a fax.

NOTE: If Acrobat Reader version 6 will be used, the printer driver should be compatible with Postscript Level 2 – such as "QMS ColorScript 1000 Level 2". In this case change the driver from "IBM 4019 LaserPrinter PS39" to "QMS ColorScript 1000 Level 2"

Install a Printer for Creating Post Script Documents on *PrnSrv* PC

1. From the PC Desktop, click *Start* > *Settings* > *Printers and Faxes*.
2. Click on **Add a Printer**.

   Result: The **Add Printer Wizard** is displayed.
3. Click the **Next** button.

   Result: The **Local or Network Printer** panel is displayed.
4. Select **Local Printer attached to this computer**.
5. Uncheck **Automatically detect and install my plug and play printer**.
6. Click the **Next** button.

   Result: The **Select the Printer Port** panel is displayed.
7. Select **Create New Port**.
8. Select **Local Port** type from the dropdown list.
9. Click the **Next** button.

   Result: The **Port Name** dialog box is displayed
10. In, **Enter the port name** type *null*.
11. Click **OK**.
12. Click the **Next** button.

    Result: The **Install Printer Software** screen is displayed.
13. Choose the printer type: *IBM 4019 LaserPrinter PS39*.

    Note: "PS" is very important.
14. Click the **Next** button.

    Result: The **Name Your Printer** panel is displayed.
15. In the **Printer Name** field, enter *SCC-FaxPrn*.
16. For the question, *Do you want to use this printer as the default printer?,* select **No**.
17. Click **Next**.

    Result: The **Printer Sharing** panel is displayed.
18. Click **Share Name**.

Result: Dummy is automatically filled entered as the Share Name.

19. Click the **Next** button.

    Result: The **Location and Comments** panel is displayed.

20. Click the **Next** button.

    Result: The **Print Test Page** panel is displayed.

21. For the question, *Do you want to print a test page?,* select **No**.

22. Click the **Next** button.

    Result: The **Completing the Add Print Wizard** screen is displayed with the selected properties for the Dummy printer.

23. Click **Finish**.

    Result: *SCC-FaxPrn* has been added and displays in the **Printers and Faxes** list.

Configure a Print Server Link to the Printer

1. Open PrintAdmin.
2. Click the Printer Setup Button ( )
3. Click .
4. Select **Fax** from the **Printer Type** dropdown list.

   Result: The **Printer Name** and **ID (Security)** fields are automatically filled in.

5. Select **Yes** from the **Active** dropdown list.
6. Click the **Add** button to the right side of the Aliases grid.

   Result: The **Alias window** (Figure B-8) is displayed.

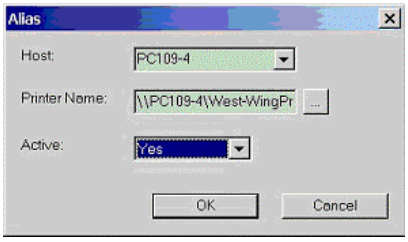


Figure B-26. Alias Window

7. Select a host from the Host drop down list.

   Note: A printer must be defined on the selected PC. If the printer is connected to another computer, you must define that printer on the PrnSrv PC as a network printer.

8. Click the **Printer Name** browser button ( ) to.

   Result: The **Printers Browser** window (Figure B- 25) is displayed.

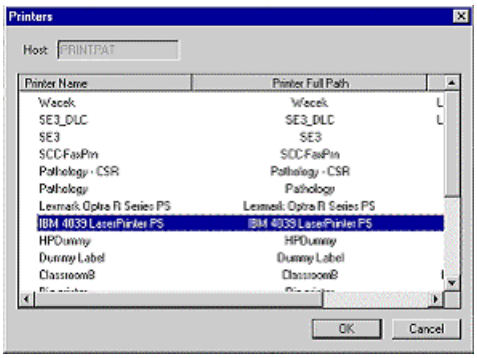


Figure B- 27. Printers Browser Window

9. Select the printer from the list.
10. Click **OK**.
11. Set the **Active** field to **Yes** using the drop down list.
12. Click **OK**.
13. Click .

    Result: The SCC-FaxPrn printer is added to Printer Setup window (Figure B-28).

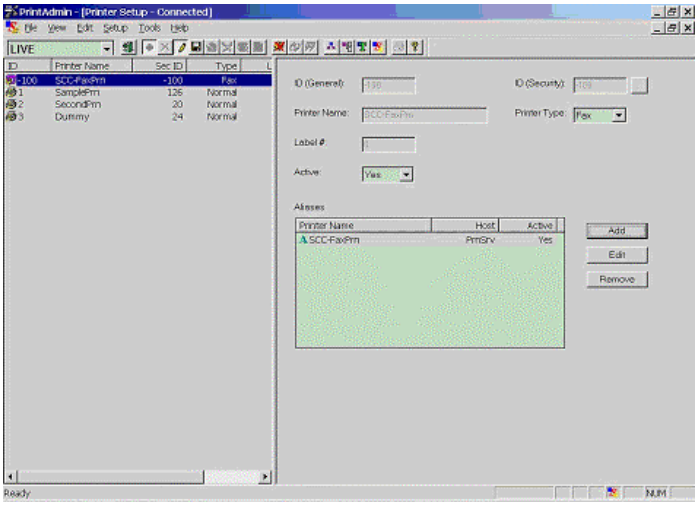


Figure B-28. Printer Setup Window – SCC-FaxPrn Added

Adobe Acrobat Reader Printing Settings for Faxes printing (PostScript options)

It is very important to set proper Postscript Language level for faxes printed from PDF files.

1. Open any PDF File in Adobe Acrobat Reader.
2. Select *File* > *Print*.

   Result: The **Print** dialog box is displayed.

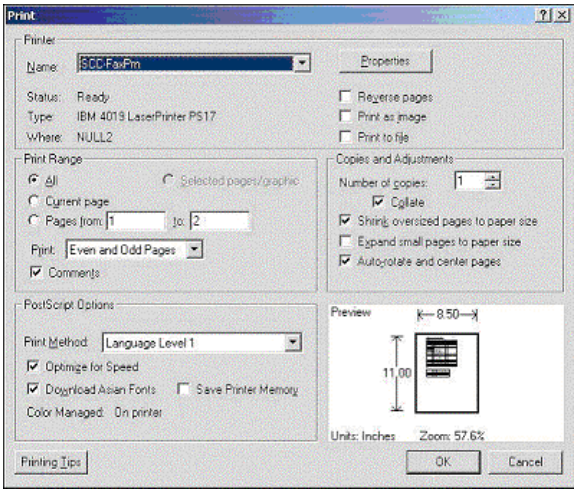


Figure B-29. Adobe Reader - Print Dialog Box

3. Select *SCC-FaxPrn* from the **Name** dropdown list.
4. In the Postscript Option section, change the **Print Method** to **Language Level 1**.

   Note: In newer versions of Adobe Reader, select the **Advanced** button to access Postscript Options.

Portable Document Format converter configuration

Print Server can create and convert Word documents to PDF (Portable Document Format) documents by using the GhostScript Postcript to PDF interpreter. In order to add the PDF converter to the Print Server, a special configuration must be done.

Install Printer for Creating PDF documents on *PrnSrv* PC

By default "SCC-PDFConvPrn" is installed during install process. Check if "SCC-PDFConvPrn" or "SCC-PDFConvPrnGS" exists in the Printer Folder. If they are not in the Printer folder, use the following steps.

1. Click the **Add Printer** button.
2. Choose the "QMS ColorScript 1000 Level 2" printer.
3. Enter the printer name as "SCC-PDFConvPrn," making sure that the port name is "SCCPDFCONV:" for normal install or "SCCPDFCONVTEST:" for testing version.

Configure Print Server link to the to PDF Converter on GhostScript

1. Clicking the button.
   Result: The **Printer Setup** window (Figure B-6) is displayed.
2. Click the **Add** button ( ).
   Result: The **Printer Setup** window (Figure B-6) fields are editable.
3. Select **PDF Convert** from the **Printer Type** dropdown list.
   Result: The **Printer Name** and **Security ID** is automatically entered.
4. Enable the printer by setting the **Active** field to **Yes**.
5. Click the **Add** button to the right of the **Aliases** list.
   Result: The **Alias** window (Figure B-8) is displayed.
6. Click the **Printer Name** browser button ( ).
   Result: The **Printers Browser** window (Figure B-9) is displayed.
7. Select "SCC-PDFConvPrn" (or the defined printer) and click **OK**.
8. Click the **Save** button ( ).
   Result: The selection is saved.

Remote Printer configuration

Print Server can merge and send documents to a Remote Printer system. In order to add a Remote Printer to the Print Server, a special configuration must be done. Use the following steps to configure a Remote Printer.

Install a Remote Printer

On the Print Server PC, install an alias printer in Microsoft Windows with the proper driver. The proper driver can be determined by checking any tag on the printer. This printer should be connected to any null port. For instructions on setting up a printer, refer to page ***B-14***, keeping in mind to use the proper driver.

Add A Remote Printer to SCC Security System

1. (Unix shell): Add a new remote printer using the **remsetup** program. Set the remote printer name (e.g., RP1)
2. (Unix shell): Add following line to $PRINTERC file:

   ```
   SCC-RemotePrn-RP1   !P:xxx:echo "" >/dev/null 2>&1
   where: xxx is a unique number in $PRINTERC file, RP1 or the
   unique name defined in the previous step.
   ```
3. Using the SoftSec security system, add `SCC-RemotePrn-RP1` to the SoftPath system.
4. Give permissions for all SoftPath options to user **scc**.

Configure Print Server Link to the Remote Printer

1. Open PrintAdmin.
2. Click the Printer Setup Button ( )
3. Click .
4. Select **Remote** from the **Printer Type** dropdown list.

   Result: The **Printer Name** and **ID (Security)** fields are automatically filled in.
5. Click the **ID (Security)** Browser button ( )

   Result: The **Security Printer Browser** Window (Figure B-7) is displayed.

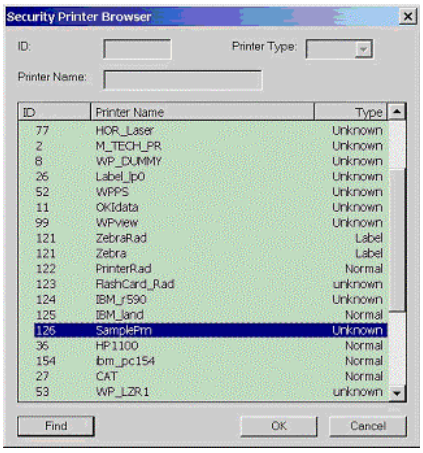


Figure B-30. Security Printer Browser window

6. Select the configured remote printer.
7. Click **OK**.
8. Select **Yes** from the **Active** dropdown list.

9. Click the **Add** button to the right side of the Aliases grid.

   Result: The **Alias window** (Figure B-8) is displayed.

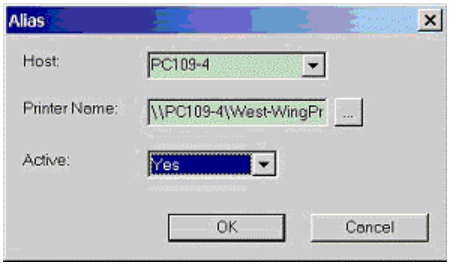


Figure B-31. Alias Window

10. Select a host from the Host drop down list.

    Note: A printer must be defined on the selected PC. If the printer is connected to another computer, you must define that printer on the PrnSrv PC as a network printer.

11. Click the **Printer Name** browser button (...) to.

    Result: The **Printers Browser** window (Figure B- 25) is displayed.

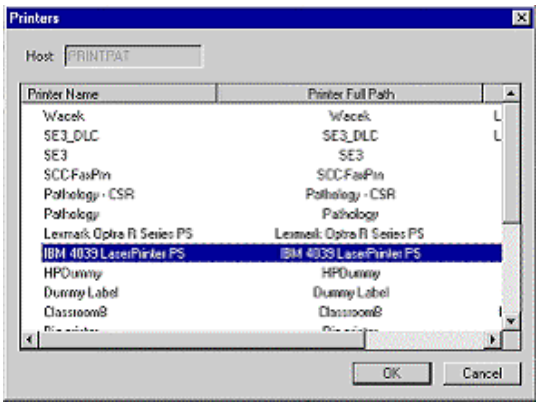


Figure B- 32. Printers Browser Window

12. Select the printer from the list.
13. Click **OK**.
14. Set the **Active** field to **Yes** using the drop down list.
15. Click **OK**.
16. Click .

    Result: The Remote printer is added to Printer Setup window.

Add second *PrnSrv2* PC

The process of creating, merging and sending documents to a printer is very complicated and takes a lot of time on the PC where the Print Server runs. When a number of printers are connected to those PCs, the process of printing documents is faster than the process of preparing them to print, so printers and users will be waiting. In order to increase the speed of creating documents, a second PC for merging documents can be used. Both PCs can be connected to the same printers or can have separate ones printers.

Notice: When two Print Server PC machines are preparing documents for the same printer, the document order in a batch print can be changed.

Add *PrnSrv2* PC to Print Server Workers List

1. Open the **PrintAdmin** program.
2. Click *Tools* > *Worker Control*.

   Result: The **Worker Control** window is displayed.

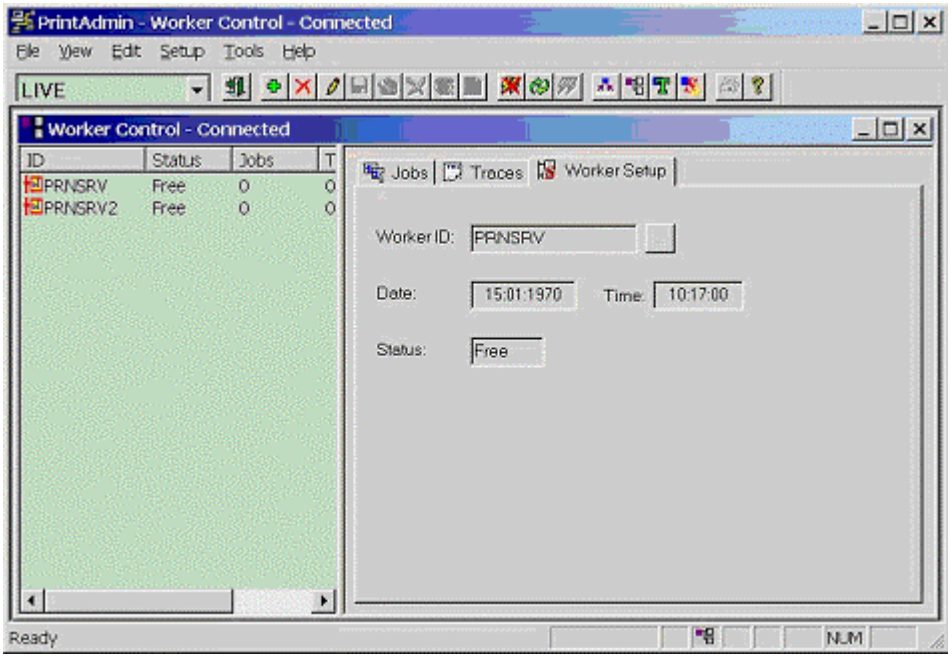


Figure B- 33. Worker Control Window - Worker Setup Tab

3. Click to add a worker PC.
4. In the **Worker ID** field, enter *PRNSRV2*.
5. Click .

   Result: The new Print Worker, *PRNSRV2*, now displays on the left hand side of the Worker Control Window similar to Figure B- 33

Use Two Print Server PCs for Creating and Merging Documents for One Printer

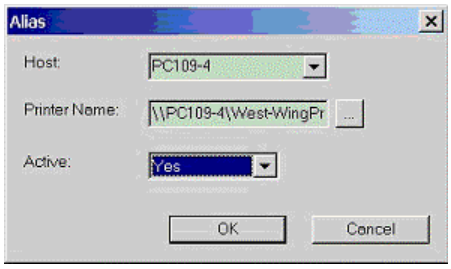
Printer Installation

Install all physical printers connected to *PrnSrv* PC as network printers on *PrnSrv2* PC. For more information about installing printers to the PrnSrv PCs, refer to ***Adding A Dummy Printer To PrnSrv PC***, replacing specific references to the *Dummy* printer with the desired printer.

Configure Print Server Link to the Printer

1. Open the **PrintAdmin** program.
2. Click the **Printer Setup** Button ( ).
3. Select *SimplePrn* printer from the list.
4. Click the **Edit** button.
5. Click the **Add** button to the right side of **Aliases**.

   Result: The **Alias window** (Figure B-8) is displayed.



6. In the **Host** field, enter *PRNSRV2*, or the selected name of the second Print Server PC.
7. In the **Printer Name** field, enter a printer that is adequate to the first one but installed on PrnSrv2 PC. Use the browser button ( ), if needed.
8. Select **Yes** from the **Active** dropdown list.
9. Click .

   Result: Now both PCs will be used to prepare documents for one printer. Unfortunately, the document order in a batch print can be changed. See

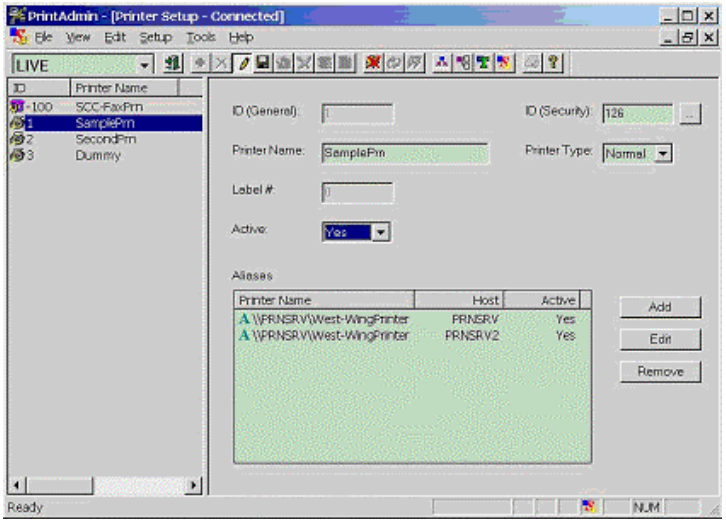


Figure B- 34. Printer Setup Window - Two Print Server PCs

Using Second Print Server PC as an Auxiliary Configuration

You can limit the use of the second Print Server PC connection as an auxiliary configuration. Follow the steps for Configuring the Print Server Link to the Printer, except in step 8, select No from the Active dropdown list. In such situations, the second Print Server PC will merge, but you can easily switch between preparing documents from one Print Server PC to another by toggling on/off the Active field in Aliases list. In Figure B- 35, a sample configuration is presented.

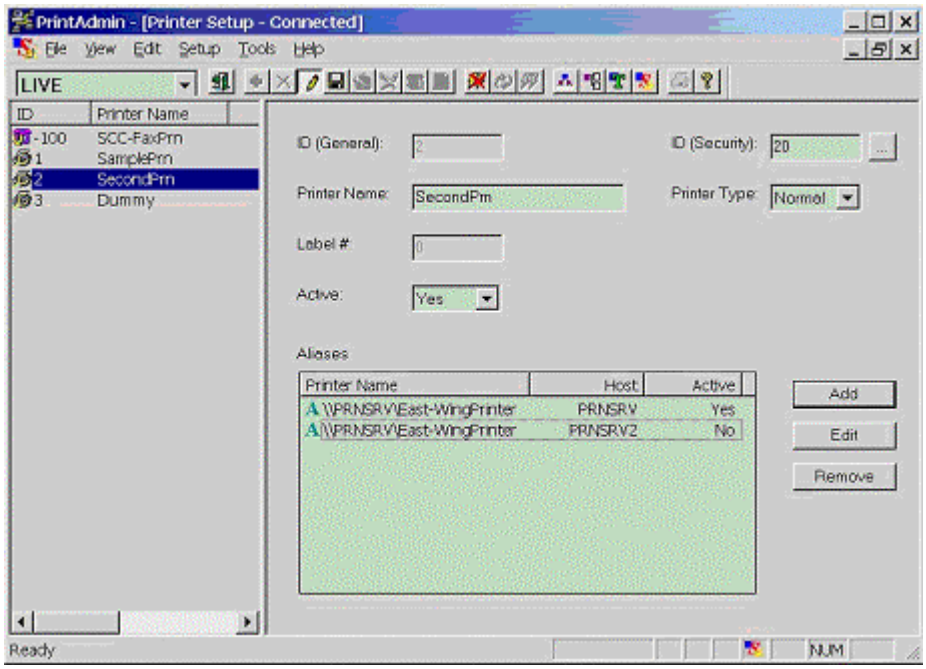


Figure B- 35. Auxiliary Configuration - Printer Sample

Division of the merging process can also be applied for Faxing and Dummy printing. In Figure B- 36, a sample configuration is presented.

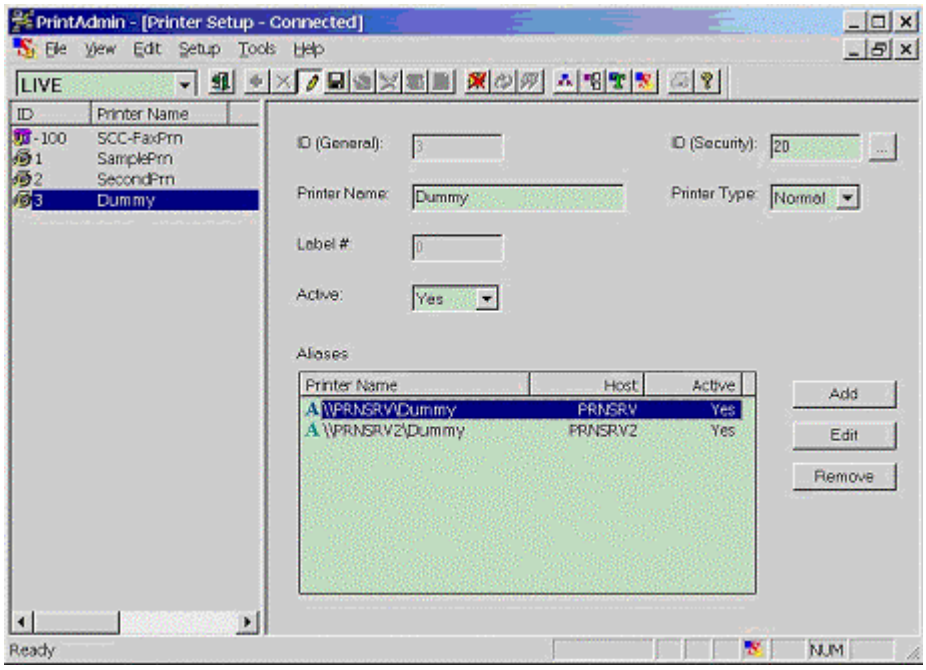


Figure B- 36. Auxiliary Configuration - Faxing/Dummy Printing Sample

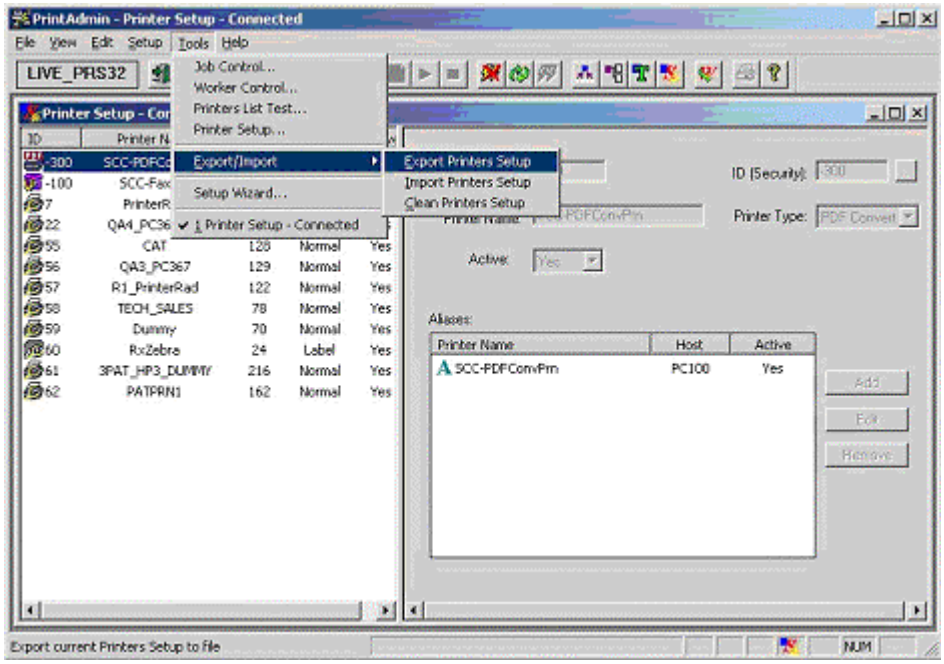
Exporting/Importing Printer Configuration Files

NOTE: Reprinted from GUI Print Server Configuration Guideline Document ID T01D067

Exporting Print Server Configuration

Sometimes, especially during Print Server upgrading, there is a need to export the entire Print Server Configuration (such as printer names, workers, aliases) to a file. For this task there is a special option in Printers Setup: **Export Printers Setup**. You can access this option from the PrintAdmin main menu by selecting, *Tools > Export/Import > Export Printers Setup*.

NOTE: Exporting the Print Server configuration should be done every time a change is made.



The **Export Printers Setup** option allows you to save the entire Printer Configuration to a single file with the ".pss" (Print Server Settings) extension. After choosing this option from the menu, the standard "Save As" file dialog appears. Enter any valid file name to save to the selected file location. This file has a very simple format that follows the following format:

Printer Name, Printer Type, Print Worker HOST, Printer Alias Name [,Priority - optional] where

Printer Name	Denotes a Printer Name defined in Security (e.g., Dummy).	
Printer Type	**P**	Normal printer
	F	Fax Printer
	C	PDF Converter
	L	Label printer
	R	Remote printer
Print Worker Host	Host name where specified printer has Exec-Addin.	
Printer Alias Name	Physical printer name defined for specified host above	

See Figure B-37, for a Sample Printer Setup File.

```
# This file is used for modify configuration of printers
# for setup Print Server - modify it at your own risk
# Field Format:
# Printer Name, Type, Print Worker HOST, Printer Alias Name [,Priority - optional]
# where Type:
#    P - Normal
#    F - Fax
#    C - PDF Convert
#    R - Remote
#


# Printer: SCC-PDFConvPrn
SCC-PDFConvPrn, C, PRNSRV, SCC-PDFConvPrn

# Printer: SCC-FaxPrn
SCC-FaxPrn, F, PRNSRV2, SCC-FaxPrn

# Printer: CAT
CAT, P, PRNSRV2, Redirect IBM 4019 LaserPrinter PS39
CAT, P, PRNSRV, Redirect IBM 4019 LaserPrinter PS39
```

Figure B-37. Sample Printers Setup File

Importing Print Server Configuration

The **Import Printers Setup** option is used for configuration importing or to create a configuration from a previously prepared Print Server Settings file. To import a configuration, follow these steps:

1. From the PrintAdmin main menu, select *Tools > Export/Import >Import Printers Setup.*

   Result: The **Open File** dialog box is displayed.
2. Choose the desired *.pss file.
3. Click the **Open** button.

   Result: If no errors were encountered, the entire printer configuration is imported to the Printer Server.

   NOTE: If errors are encountered, the Import Error message (Figure B- 38) is displayed.

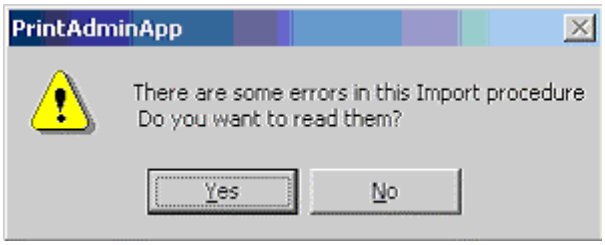


Figure B- 38. PrintAdmin Import Error Message

Click **Yes** to view Error.log file. Figure B- 39 is a sample Error log.

Error log for Print Server Admin Import
Import file path "C:\Export.pss"

Line 14: SCC-PDFConvPrn, C, PRNSRV, SCC-PDFConvPrn
Error: Host "PRNSRV" has not defined printer name "SCC-PDFConvPrn"

Line 17: SCC-FaxPrn, F, PRNSRV, SCC-FaxPrn
Error: Host "PRNSRV" has not defined printer name "SCC-FaxPrn"

Line 28: CAT, P, PRNSRV2, Redirect IBM 4019 LaserPrinter PS39
Error: Host "PRNSRV" has not defined printer name "Redirect IBM 4019 LaserPrinter PS39"

Printer "CAT" with Host "PRNSRV" exist - not changed.

Figure B- 39. Sample Error Log

Clean Printer Setup

The Clear Printer Setup option erases Printer Settings from the Print Server.

WARNING: Please make a backup copy of printer settings (see: ***Export Printer Settings*** for more information on this option) before using this option. If you do not make a backup copy of the printer settings all of the settings will be lost.

Access this option from the PrintAdmin main menu by selecting *Tools > Export/Import > Clean Printers Setup*. Before using this option, a message asks you to confirm the action. Click **Yes** to confirm or **No** to cancel the action.

Appendix C - Master Patient Index

NOTE: This appendix is reprinted from the SoftLab 3.19 User Manual (Doc. ID LAB-G-U).

The **Master Patient Index (MPI)** option is a mechanism used to link patients with different MRNs or HCNs (Canadian clients). MPI is an **optional feature** available as an add-on to SoftLab.

A server (MPIS) is utilized which is connected to the SoftLab, SoftMic, and SoftPath. The MPIS also allows you to search by **Patient Previous Name** and to broadcast warnings about **Epidemiologically Significant Occurrences**. In the event the MPIS is down, a warning will be generated to notify users that the system cannot communicate with the server. Any transactions during the down-time will be queued and sent once the MPIS is restarted.

To access the **MPIS** option, select **[Interfaces]>[Master Patient Index]** from the main menu, or use the alternate keystroke **ALT+I** then type **S**. You can also select **[Master Patient Index]** from the menu tree. The **Interfaces Setup** window displays similar to C-1.

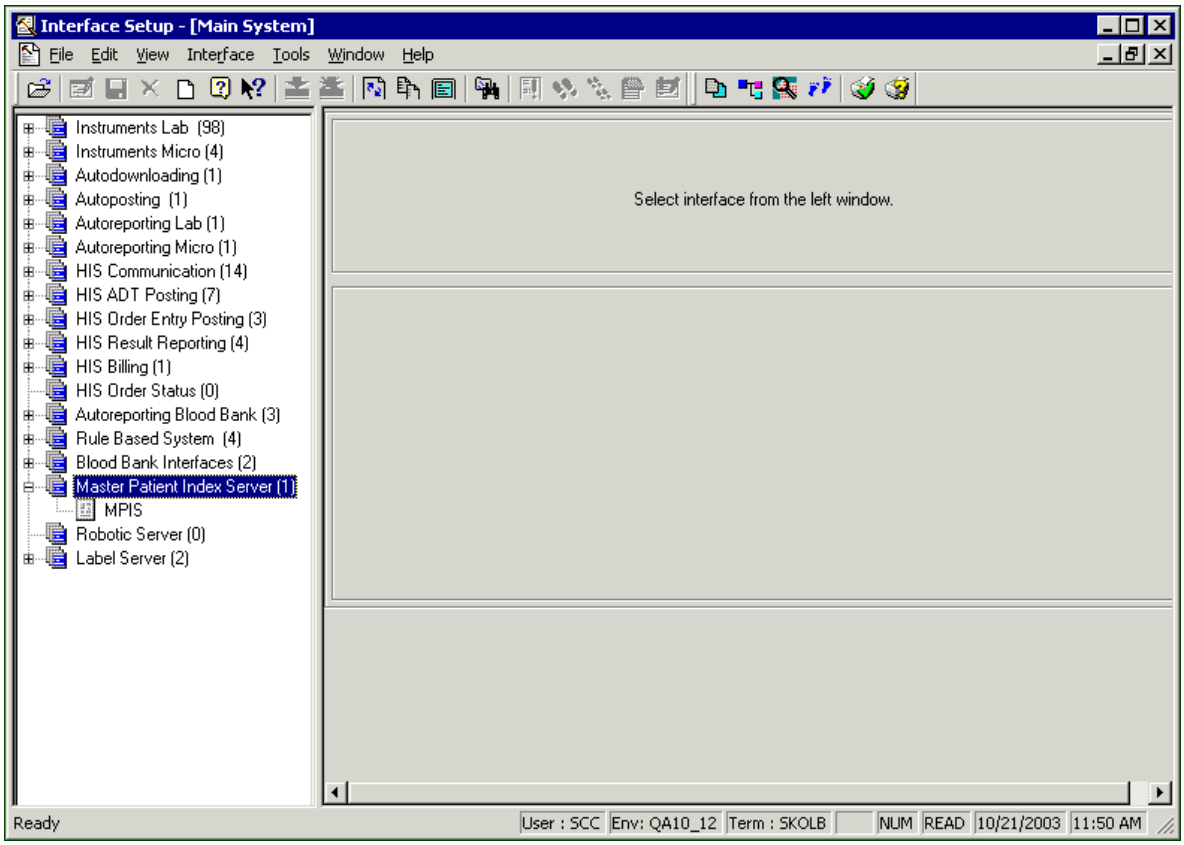


Figure C-1. Interfaces, Interface Setup Screen

Double-click the **Master Patient Index Server** option. You can also use the **UP/DOWN ARROW** keys to select the correct option and then press **ENTER**. A list of available servers displays (Figure C-2). Select the MPI Server you want to view. The **Master Patient Index Server** window displays similar to Figure C-2.

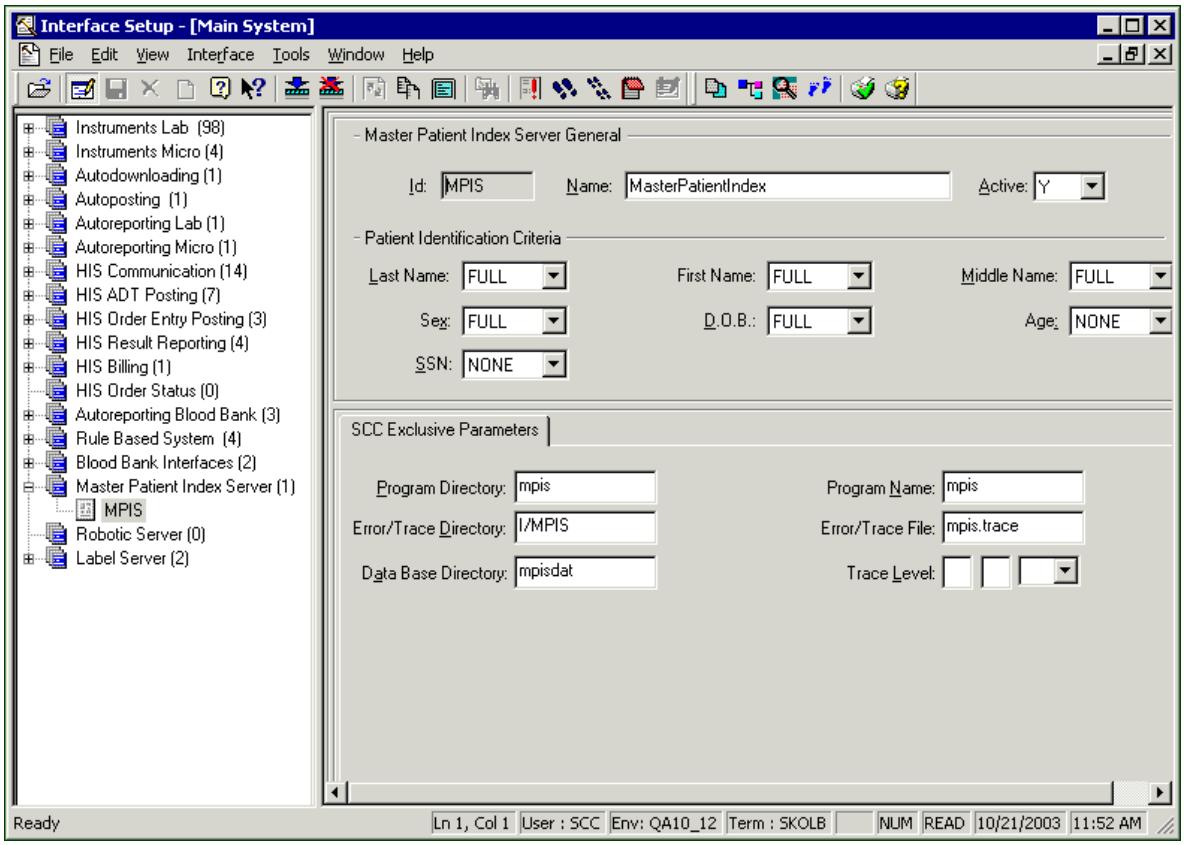


Figure C-2. Patient Linking Criteria

A link can be established by selecting certain criteria in the **Master Patient Index Server** window. The criteria are as follows: Patient's Last Name, First Name, Middle Initial, DOB, Sex, Age, and SSN. The link criteria for Middle Initial, DOB, Sex, Age, and SSN can be either **Full** or **None**. The link criteria for Last Name and First Name can be **Full**, **Partial**, or **None**.

A partial match for name is a match based on the shorter of the two names. For example, if the link criteria is **Full** match for Last Name and **Partial** match for First Name, "Bob Smith" would be linked to "Bobby Smith". However, "Bob Smith" would not be linked to "Robert Smith" since the pattern "Bob" is not found in Robert.

Even though the MPIS may be accessed under interfaces, it is not enough to restart the MPIS when making a change. The entire MPI database must be rebuilt when making a change in linking criteria because the MPI number generated may be different with different criteria. This rebuilding of the MPI database requires a programmer's intervention.

The MPI actually creates two numbers; one is an internal number that the MPIS uses and is never displayed; the other is displayed and is used for searches, etc. The number that is displayed is 13 characters in length and is generated based on an algorithm dependent upon linking criteria. If linking criteria is Last Name, First Name, then the number generated uses the first four letters of the last name, first letter of the first name, date of birth, and an extension to make it unique for those rare cases where patients have same last names, first names, and dates of birth. If linking criteria contains the Social Security Number (or HCN), then the MPI number generated is basically that SSN/HCN number with an extension added to make it unique.

Order Entry-SoftLab, SoftMic

The Order Entry search will look similar to C-3, when searching by a specific patient name.

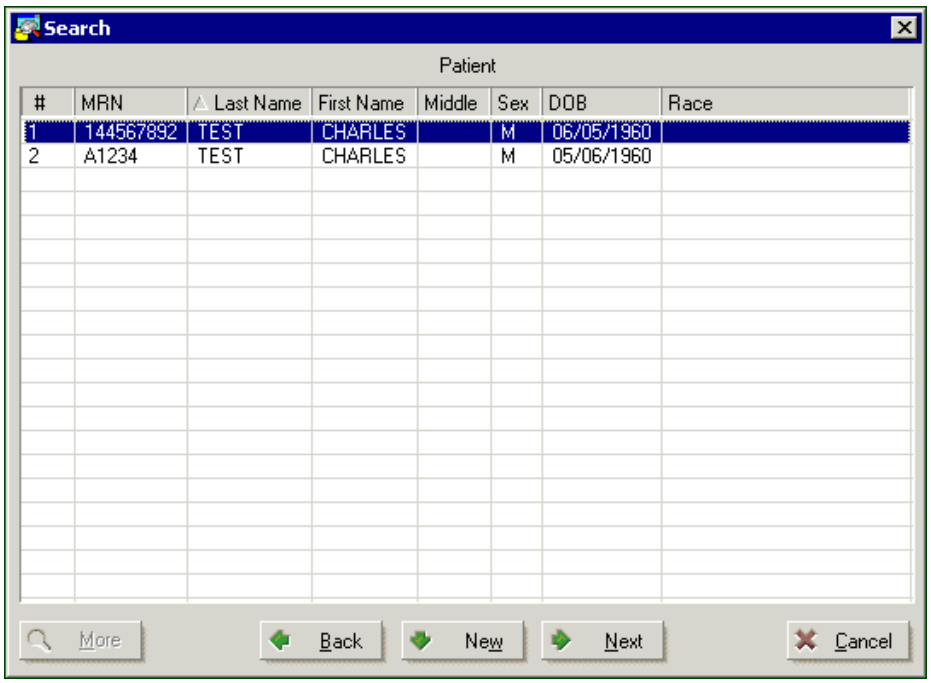


Figure C-3. SoftLab Order Entry Search Window

After specifying a patient's name, the MPI database is searched to find any **linked** matching patients. The first list displayed (Figure C-3) shows data found in the MPI database. Once you make a selection from the first screen, the SoftLab database is searched and a list of patients matching the specified criteria is displayed. After this point, the system behaves as it normally would when selecting a patient in Order Entry. This option may be turned off from the Hosparam level. Consequently, the system will behave as it would normally when selecting a patient. The MPI database will not be searched first, however, an MPI number will be generated if necessary, or the patient will be linked to an existing MPI if one is found. This will be transparent to the user.

Show Linked Patients

Once a patient order is displayed in Order Entry, press **ALT+V,** then type **L**, or click the **Show Linked Patients** button to display all linked patients (see (Figure C-4). This is independent of the Hosparam setting.

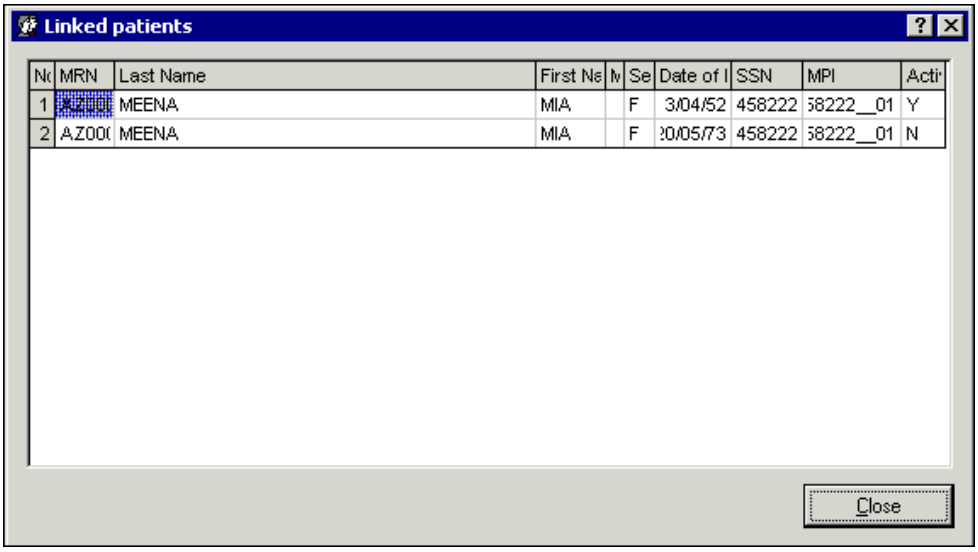


Figure C-4. List of matching patients found in MPI database

Results–SoftLab

The Results Entry system will perform delta checking and patient previous result searches across a patient's MRNs.

Simple Query-SoftLab

The Simple Query program with the field **other name** is checked allows the MPI database to be searched when querying results on a patient. The first window displayed is a list of patients found in the MPI database which match entered selection criteria similar to Figure C-4. Once the search is complete, a list of matching patients found in the SoftLab database is displayed (Figure C-5).

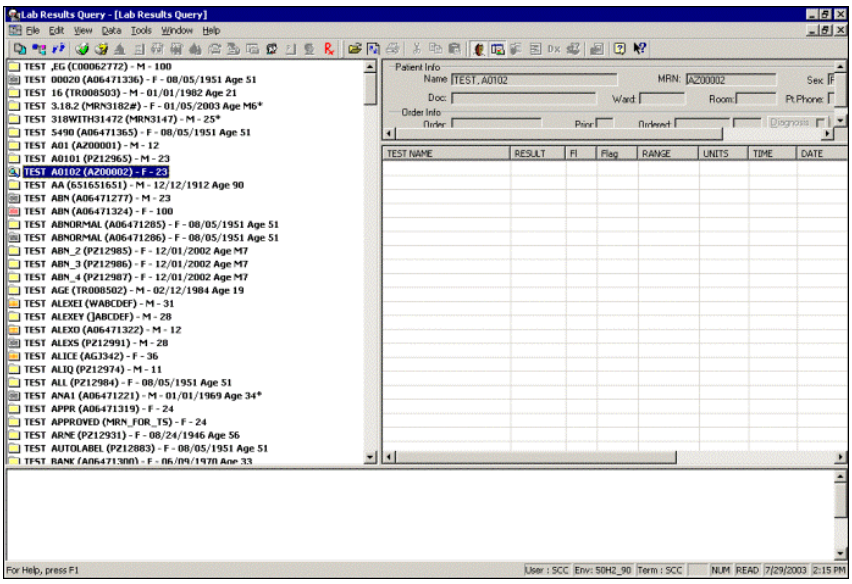


Figure C-5. SoftLab Database Search

Patient History Report-SoftLab

A new field is available to specify an MPI number in order to generate a cumulative report for a patient across MRNs. If you do not know the MPI number, click the **dynamic-list** button to display a look-up screen to search by patient name or MRN similar to Figure C-6. The option **Complete History** must be selected.

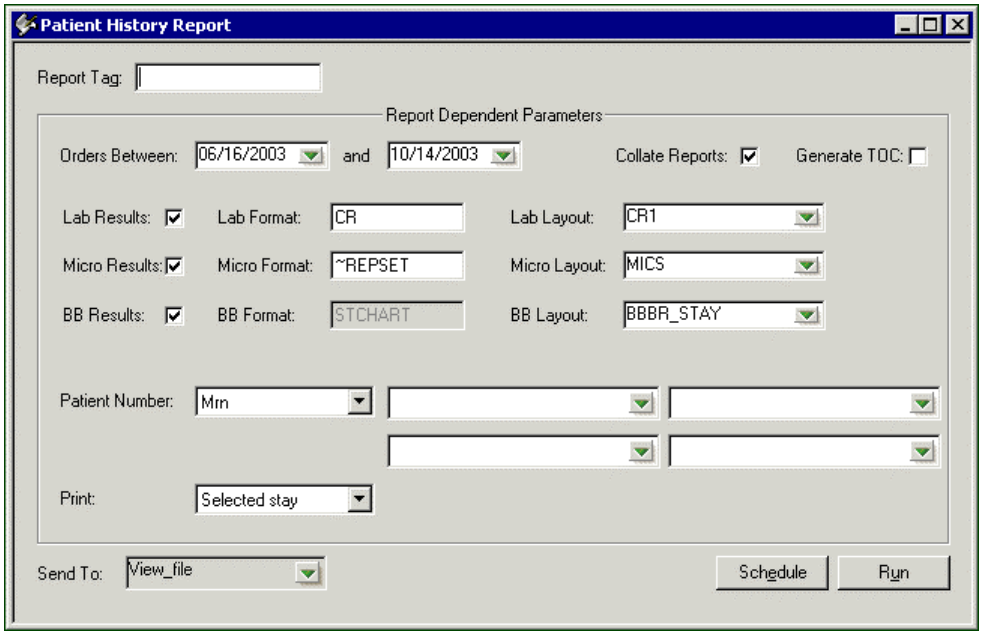


Figure C-6. Patient History Search Window

Query-SoftMic

The SoftMic program does not actively query the MPI database when performing queries. Instead, it stores the generated MPI number in a hidden field (secondary ID) for the patient. You may query across MRNs but you cannot perform a look-up by patient's previous name. There is not a field on the SoftMic search screen to search by MPI number. The MPI number does not display on the patient selection screen during searches. If a specified patient is linked by MPI to another patient, a secondary selection window will appear displaying all patients linked to that MPI number. The **SoftMic Query** selection screen looks and behaves exactly the same way it would normally. The only difference is when you press the **backslash** (\) key for patient history. All orders for linked patients will display.

SoftBank

MPI will be available in a future release of SoftBank.

SoftPath

Specimen Registration does communicate with MPIS, but it does not retrieve patient data based on the MPI database. If a patient is registered in the SoftPath module who was not previously registered in either SoftPath or SoftLab, then an MPI number will be generated and stored with the patient's demographics. If the patient was not previously registered in SoftPath but was registered in SoftLab, the patient's demographics will be imported along with the MPI number.

Accessibility in SoftPath

- The MPI number **cannot** be used to perform a search for patient or case data within the SoftPath system from a search screen.
- Previous patient history for worksheets will search on the MPI number and will import all collated data on the worksheet.
- The Cumulative Report located under the **Report** menu will perform a behind-the-scenes search on the MPI number based on the MRN that you have entered.

Additional Uses for the MPIS

The ability to search by a patient's previous or other name is a feature in **SoftLab Order Entry** and **Simple Query**. When a patient's last name is changed, either by manually editing in Order Entry or Patient Maintenance or through a demographic update from the ADT, the system will search the database for orders placed under both names.

The system displays all linked patients in the database that currently have or have ad the name being used in the search.

NOTE: When Last Name is used as a linking criteria and the last name is changed, the link will be broken. However, the MPI database does store this patient with the previous name, which may be queried. In order to relink these patients in the database, all previous records need to be updated with the current name.

Appendix D – PathQuery

PathQuery is a utility that allows read-only access to Results Query information through the use of a stand-alone client application. This application can be installed on PCs that either cannot support or should not have access to the full SoftPath system. For example, PathQuery could be installed in a high-traffic area where personnel would only be searching for information, rather than entering data.

PathQuery begins with a simple desktop and a menu bar with **File**, **View**, and **Query** options. Once the Query menu option is selected, the simple and advanced search windows found in the full version of SoftPath appear, as shown in Figures D-1 and D-2 below.

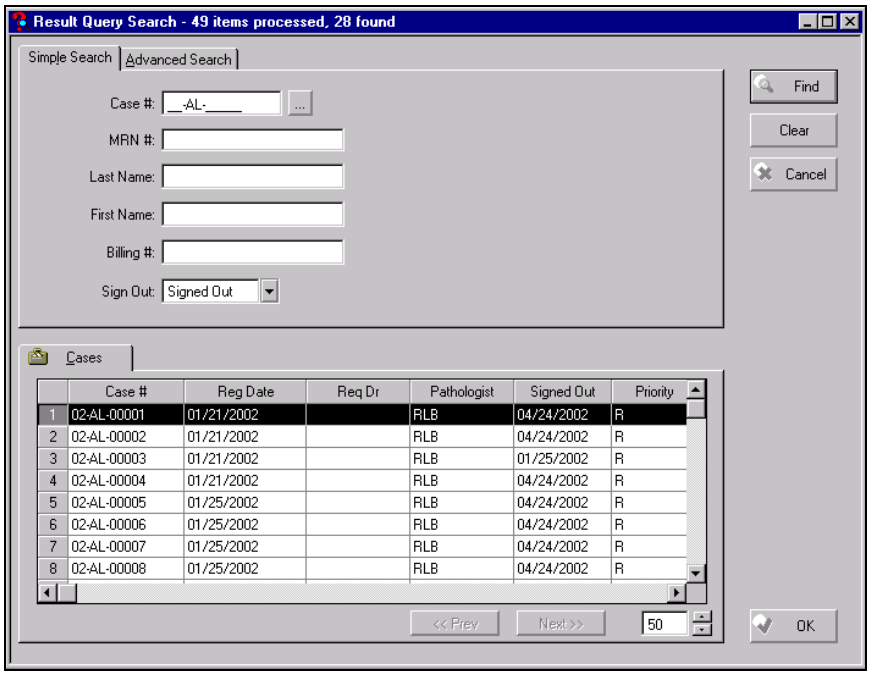


Figure D-1. Result Query search window - Simple Search tab.

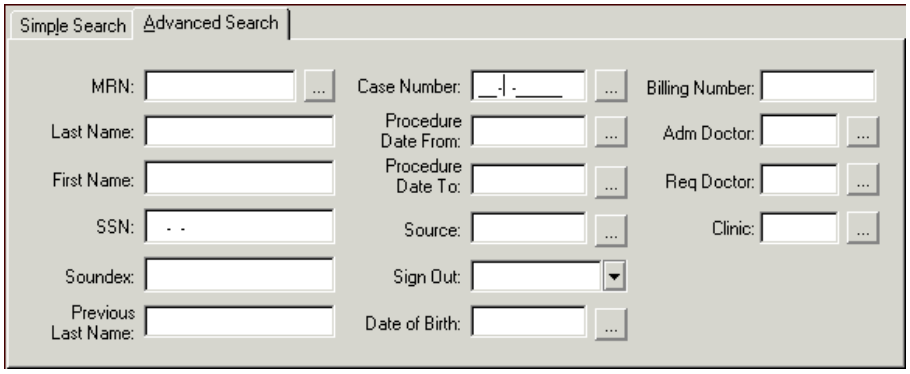


Figure D-2. Results Query search window - Advanced Search tab.

Once you have selected your case, the **Result Query** window appears with your patient's demographic data appearing at the top along with two tabs, the **Case Data** tab and the **Reports** tab. The Case Data tab displays all information about a case, just as it would in the full version of SoftPath. The difference, however, is that the information is presented in read-only format. The Case Data window displays similar to Figure D-3.

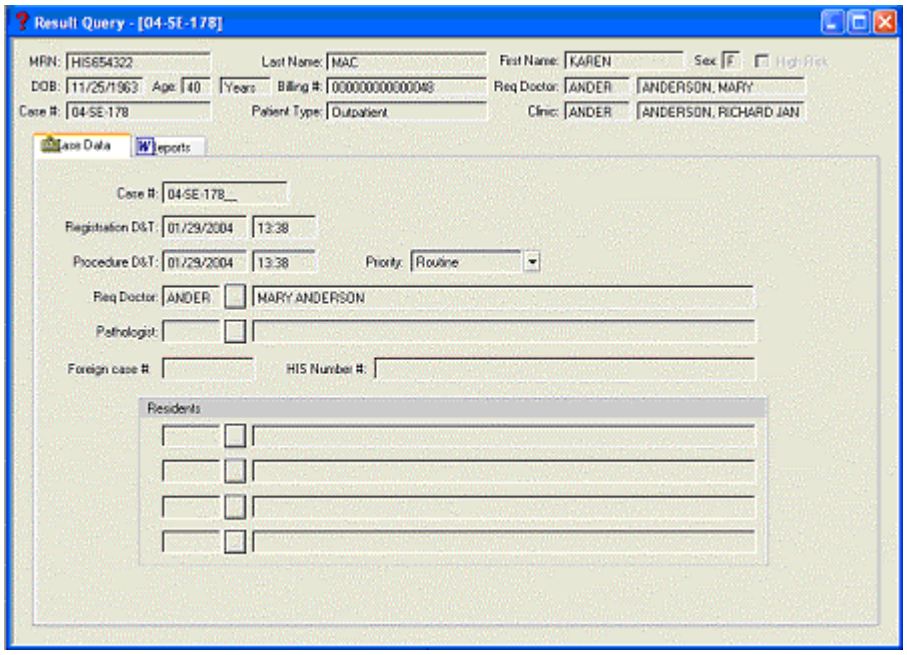
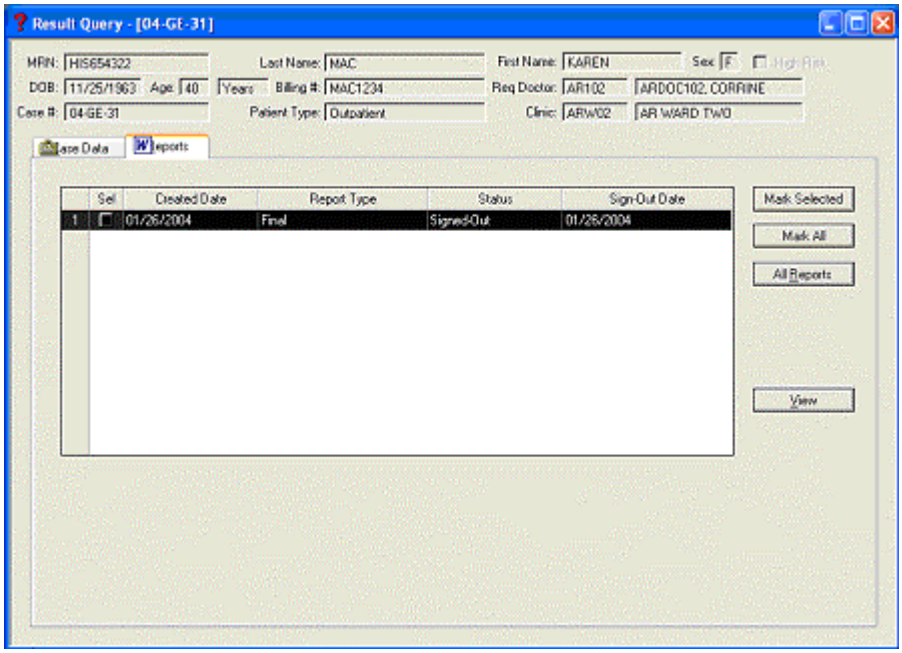


Figure D-3. Result Query window - Case Data tab

The other available tab, the Reports tab, displays similar to Figure D-4. Any active, signed out reports for your case display in the grid. To view a report, simply highlight it and select the Mark Selected button or double-click on the selection checkbox in the grid and select the View button. You may also select all available reports using the Mark All button. The report(s) you have selected will appear in PDF format. From there, you can print the PDF report.



Appendix E - Available Billing Routines

The system provides the following hard-coded billing routines for display/use in the charge transaction tables for both part A & part B.

ABC - Number of additional blocks per case This routine finds cases with additional/regross blocks and count the number of these blocks per case. An additional block will be based on the existence of flags entered in the Regross Block field.
ADBFS - number of additional blocks with FS This routine finds cases containing more than 1 FS block and will calculate the total number of FS blocks -1. FS Blocks will be based on the field FS Block.
ADRFS - number of recuts from FS blocks This routine finds cases with FS blocks that contain recuts and count the recuts.
AGE - patient age This routine looks at the patient's age.
Age at Sign Out This routine searches for cases based upon the patient age at the time of sign out
BLKCS - number of cell suspensions blocks This routine finds cases with Cell Suspension blocks and count the number of blocks. A Cell Suspension Block will be based on the block flag Cell Suspensions.
BLKCT - number of cryo tissue bank blocks This routine finds cases with Cryo Tissue Bank blocks and count the number of blocks. A Cryo Tissue Bank block will be based on the block flag Cryo Tissue Bank.
BLKEM - number of EM blocks This routine finds cases with EM blocks and count the number of blocks. An EM block will be based on the block flag EM Block.
BLOB5 - number of blocks with B5 This routine finds cases with B5 blocks and count the number of blocks. A B5 block will be based on the block flag Block with B5.

BLe10 - Total number of levels 10 for all blocks This routine counts the total number of slides that are the 10th level for all blocks attached to the case.
BLev1 - Total number of levels 1 for all blocks This routine counts the total number of slides that are the 1st level for all blocks attached to the case.
BLev2 - Total number of levels 2 for all blocks This routine counts the total number of slides that are the 2nd level for all blocks attached to the case.
BLev3 - Total number of levels 3 for all blocks This routine counts the total number of slides that are the 3rd level for all blocks attached to the case.
BLev4 - Total number of levels 4 for all blocks This routine counts the total number of slides that are the 4th level for all blocks attached to the case.
BLev5 - Total number of levels 5 for all blocks This routine counts the total number of slides that are the 5th level for all blocks attached to the case.
BLev6 - Total number of levels 6 for all blocks This routine counts the total number of slides that are the 6th level for all blocks attached to the case.
BLev7 - Total number of levels 7 for all blocks This routine counts the total number of slides that are the 7th level for all blocks attached to the case.
BLev8 - Total number of levels 8 for all blocks This routine counts the total number of slides that are the 8th level for all blocks attached to the case.
BLev9 - Total number of levels 9 for all blocks This routine counts the total number of slides that are the 9th level for all blocks attached to the case.
BRect - total number of recuts This routine finds cases with recuts and count the number of recuts for all blocks. A Recut will be based on the Recut button used to create slides from blocks that are noted with an R.
CENTR - Number of cytocentrifuges (MED cyt.) This routine finds cases with Cytocentrifuges and count the number of Cytocentrifuges. A Cytocentrifuge will be based on the field Cytocentrifuge.
CONLY - case reviewed by MD,(slides to the lab) This routine finds cases with an Incoming Consultations where slides were received and the consultation report date is not a null value.

COREV - case reviewed by MD This routine finds cases with an Incoming Consultation where No Material was received and the consultation report date is not a null value.
CPREP - case reviewed by MD,(slides done in the lab) This routine finds cases with an Incoming Consultation where no slides are received and tissue is received.
CTC - total number of cell blocks This routine finds cases with Cell Blocks and count the number of Cell Blocks. A Cell Block will be based on the field Cell Block.
DGNA - Abnormal diagnosis is assigned This routine finds cases with the abnormal diagnosis code entered in the transaction table. This must be used in conjunction with the dx code field in the table.
DGNN - Normal diagnosis is assigned This routine finds cases with the normal diagnosis code entered in the transaction table. This must be used in conjunction with the dx code field in the table.
DTC - total number of decal blocks This routine finds cases with decal blocks and count the total number of decal blocks. The Decal Blocks will be based on the block flag Decal Block.
EXTGR - specimens with Extensive Gross This routine finds cases marked for extensive gross. The Extensive Gross will be based on the specimen flag Extensive Gross Description and a true value contained within the field.
FIXNO - Number of fixed slides per case This routine counts the number of slides associated to the case that have been flagged as fixed.
FSBLK - number of blocks with FS This routine finds cases with FS Blocks and count the total number of FS blocks per case. The FS Block will be based on the field FS Block.
GDAS - Gross description entered by Pathologist Assistant This routine finds cases marked for Gross Assistance. The Gross Assistance will be based on the specimen flag Gross Assistance and a true value contained within the field.
FIDO - number of specimens For Identification Only This routine finds cases marked For Identification Only. This routine return the numeric value of the field "For Identification Only".
IOC - Gross Intraoperative Consultation This routine finds cases marked for Gross Intraoperative Consultation. The Gross Intraoperative Consultation will be based on the case flag Gross Intraoperative Consultation and the numeric value entered within the field.
MDREV - case requires MD slides/smears review This routine finds cases containing a true value in the field "Required interpretation by physician" for cytology cases.
MEMFL - Number of membrane filters This routine finds all cases containing membrane filters and count the total number per case. The Membrane Filters will be based on the field Membrane Filter.

MONOL - Number of monolayers per case This routine finds all cases containing monolayers and count the total number per case. The Monolayers will be based on the field Monolayers for the case types where it is available.
NCI - Total number of regular slides per case This routine finds all cases containing slide and count the total number of standard slides per case. The slides will be based on the creation of standard slides from a block.
NOFSR - number of slides for review This routine counts the number of slides on the case when Proreview has been performed.
OFBR - number of blocks received (incoming consultations) This routine finds all cases with an incoming consultation and blocks received and will count the blocks.
OFSR - number of slides received (incoming consultations) This routine finds all cases with an incoming consultation and slides received and will count the slides.
ONCE - count transaction once This routine finds the values entered in the current transaction and regardless of the total number of items matching the transaction in the case will only count one.
PBC - Number of primary blocks per case This routine finds the number of primary blocks on a case and will represent the numeric value. The primary block will be based on the field Primary Block and the numeric value it contains.
PBK - primary + additional blocks This routine finds the number of primary and the number of additional/regross blocks on a case and will represent the total numeric value of these two fields. The primary block field will be based on the field Primary Block and the additional block field will be based on the Additional Block field.
PRIOR - stat case priority This routine finds cases where the priority of the case is stat.
QARES - QA rescreening done by Senior Cytotechnologist This routine finds cases where the rescreen was performed with the personnel type of "S".
RESTA - total number of restains This routine finds cases that contain restains and will count the total number per case. Restains will be based on the application of a stain after the initial stain has been applied.
REJCA - number of Rejected Cases This routine finds all cases that have been flagged as 'rejected' or 'deactivated'. this routine will be used in the Billing Charge Transaction as an "Exclude All" type that will replace all previously calculated billing.
SC - number of specimens This routine finds all cases that contain specimens and count the total number of specimens per case.

SEXM - Patient Sex Male The system provides the ability to find all cases where the patient sex has been identified as male.
SEXF - Patient Sex Female The system provides the ability to find all cases where the patient sex has been identified as female.
SEXU - Patient Sex Unknown The system provides the ability to find all cases where the patient sex has been identified as unknown.
SOUSP - Number of Specimens Defined by User Source. This routine counts the number of specimens that are equal to the total number of related specimens on the case.
SPEB5 - number of specimens with B5 This routine finds cases that contain B5 blocks associated with sources and will count the B5 value once for each specimen occurence regardless of the number of B5 blocks on the specimen. The B5 Block will be based on the B5 Block flag in block flags.
SPEFS - Number of specimens with FS This routine finds cases with FS Blocks associated with sources and will count the FS value once for each specimen occurence regardless of the number of FS blocks on the specimen. The FS Block will be based on the FS Block field.
SPEPH - Number of specimens with photography This routine finds cases with specimens flagged for photography and will count the total number of photography flags for each specimen on the case. The Photography value will be based on a true value in the Photography field in the source flags.
SPERA - number of specimens with radiography This routine finds cases with specimens flagged for radiography and will count the total number of radiography flags for each specimen on the case. The Radiography value will be based on a true value in the Radiography field in the source flags.
SPERJ - Number of rejected specimens This routine finds cases with rejected specimens and count the total number of rejected specimens per case. The rejection of the specimen will be based on the processing problem flag associated to the specimen and the code entered in the processing problem must be flagged for specimen rejection in the Processing Problem setup file.
SPETP - number of specimens with touch prep. This routine finds cases with specimens that have associated touch prep slides and will count the numeric value for all touch prep slides on all sources within the case. The Touch Prep value will be based on the numeric value entered in the Touch Prep field.
SPGR1 - number of specimens with source billing level 1 This routine finds cases with specimens that have a defined billing level of 1 in the source setup file and will count the all sources on the case meeting this criteria.
SPGR2 - number of specimens with source billing level 2 This routine finds cases with specimens that have a defined billing level of 2 in the source setup file and will count the all sources on the case meeting this criteria.
SPGR3 - number of specimens with source billing level 3 This routine finds cases with specimens that have a defined billing level of 3 in the source setup file and will count the all sources on the case meeting this criteria.

SPGR4 - number of specimens with source billing level 4 This routine finds cases with specimens that have a defined billing level of 4 in the source setup file and will count the all sources on the case meeting this criteria.
SPGR5 - number of specimens with source billing level 5 This routine finds cases with specimens that have a defined billing level of 5 in the source setup file and will count the all sources on the case meeting this criteria.
SPGR6 - number of specimens with source billing level 6 This routine finds cases with specimens that have a defined billing level of 6 in the source setup file and will count the all sources on the case meeting this criteria.
SPGR7 - number of specimens with source billing level 7 This routine finds cases with specimens that have a defined billing level of 7 in the source setup file and will count the all sources on the case meeting this criteria.
SRCSP - number of specimens with defined by user parent source This routine counts the number of specimens that are related with a parent child relationship and the value will be equal to the total number of related specimens on the case.
SSLD - Total number of special stained slides per case This routine finds cases with slides that have a special stained applied and count the total number of these within each case. A special stain will be recognized as a stain that is not defined as the standard stain for the respective case type.
TAGA - Tag letter equal to A This routine counts all block tag letters equal to A and give the total.
TAGB - Tag letter equal to B This routine counts all block tag letters equal to B and give the total.
TBLA1 - number of blocks with tests from group 1 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.
TBLA2 - number of blocks with tests from group 2 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.
TBLA3 - number of blocks with tests from group 3 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TBLA4 - number of blocks with tests from group 4 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TBLA5 - number of blocks with tests from group 5 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.

TBLA6 - number of blocks with tests from group 6 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.
TBLA7 - number of blocks with tests from group 7 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.
TBLA8 - number of blocks with tests from group 8 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.
TBLA9 - number of blocks with tests from group 9 A applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TBLB1 - number of blocks with tests from group 1 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TBLB2 - number of blocks with tests from group 2 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file.
TBLB3 - number of blocks with tests from group 3 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.
TBLB4 - number of blocks with tests from group 4 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TBLB5 - number of blocks with tests from group 5 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TBLB6 - number of blocks with tests from group 6 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.
TBLB7 - number of blocks with tests from group 7 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.

TBLB8 - number of blocks with tests from group 8 B applied This routine capture the total number of blocks that have an associated test that has been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TBLB9 - number of blocks with tests from group 9 B applied This routine captures the total number of blocks that have an associated test that has been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TBNum - number of blocks to which particular test was applied This routine captures the total number of blocks per case that have an associated test that is defined in the transaction table in the Test ID field. This routine represent the total number of times the entered test was applied to all blocks for the case.
TNCYT - smear slides + cytocentrifuges + membrane filters This routine captures the total number of smear slides, cytocentrifuges, and membrane filters on the case. The total of all three types of slides will be the value represented by the routine. The Smear Slides may be entered in the system in the field Smear Slides. The Cytocentrifuges may be entered in the system in the field Cytocentrifuges. The Membrane Filters may be entered in the system in the field Membrane Filters.
TNum - number of times that particular test was applied This routine captures the total number of times a particular test was applied on the case. This routine will be used in conjunction with the Test ID field in the transaction table. The Test will be captured in the system when it associated with the specimen/block.
TSCYT - smr slides+cytocentrifuges+membrane filters+cell blocks This routine captures the total number of smear slides, cytocentrifuges, membrane filters, and cell blocks on the case. The total of all four items will be the value represented by the routine. The Smear Slides may be entered in the system in the field Smear Slides. The Cytocentrifuges may be entered in the system in the field Cytocentrifuges. The Membrane Filters may be entered in the system in the field Membrane Filters. The Cell Blocks may be entered in the system in the field Cell Block.
TT1A1 - # of tests from group 1 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.
TT1A2 - # of tests from group 2 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.
TT1A3 - # of tests from group 3 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TT1A4 - # of tests from group 4 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TT1A5 - # of tests from group 5 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.
TT1A6 - # of tests from group 6 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.

TT1A7 - # of tests from group 7 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.
TT1A8 - # of tests from group 8 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.
TT1A9 - # of tests from group 9 A applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TT1B1 - # of tests from group 1 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TT1B2 - # of tests from group 2 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file
TT1B3 - # of tests from group 3 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.
TT1B4 - # of tests from group 4 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TT1B5 - # of tests from group 5 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TT1B6 - # of tests from group 6 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.
TT1B7 - # of tests from group 7 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.
TT1B8 - # of tests from group 8 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TT1B9 - # of tests from group 9 B applied once per case This routine captures the total number of tests for the case that have been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TT2A1 - # of tests from group 1 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.
TT2A2 - # of tests from group 2 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.

TT2A3 - # of tests from group 3 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TT2A4 - # of tests from group 4 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TT2A5 - # of tests from group 5 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.
TT2A6 - # of tests from group 6 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.
TT2A7 - # of tests from group 7 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.
TT2A8 - # of tests from group 8 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.
TT2A9 - # of tests from group 9 A applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TT2B1 - # of tests from group 1 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TT2B2 - # of tests from group 2 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file.
TT2B3 - # of tests from group 3 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.
TT2B4 - # of tests from group 4 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TT2B5 - # of tests from group 5 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TT2B6 - # of tests from group 6 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.

TT2B7 - # of tests from group 7 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.
TT2B8 - # of tests from group 8 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TT2B9 - # of tests from group 9 B applied twice per case This routine captures the total number of tests applied twice for the case that have been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TT3A1 - # of tests from group 1 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.
TT3A2 - # of tests from group 2 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.
TT3A3 - # of tests from group 3 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TT3A4 - # of tests from group 4 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TT3A5 - # of tests from group 5 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.
TT3A6 - # of tests from group 6 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.
TT3A7 - # of tests from group 7 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.
TT3A8 - # of tests from group 8 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.

TT3A9 - # of tests from group 9 A applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TT3B1 - # of tests from group 1 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TT3B2 - # of tests from group 2 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file.
TT3B3 - # of tests from group 3 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.
TT3B4 - # of tests from group 4 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TT3B5 - # of tests from group 5 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TT3B6 - # of tests from group 6 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.
TT3B7 - # of tests from group 7 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.
TT3B8 - # of tests from group 8 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TT3B9 - # of tests from group 9 B applied 3 times per case This routine captures the total number of tests applied three times for the case that have been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TT4A1 - #of tests from group 1A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.

TT4A2 - #of tests from group 2A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.
TT4A3 - #of tests from group 3A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TT4A4 - #of tests from group 4A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TT4A5 - #of tests from group 5A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.
TT4A6 - #of tests from group 6A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.
TT4A7 - #of tests from group 7A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.
TT4A8 - #of tests from group 8A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.
TT4A9 - #of tests from group 9A applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TT4B1 - #of tests from group 1B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TT4B2 - #of tests from group 2B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file.
TT4B3 - #of tests from group 3B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.

TT4B4 - #of tests from group 4B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TT4B5 - #of tests from group 5B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TT4B6 - #of tests from group 6B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.
TT4B7 - #of tests from group 7B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.
TT4B8 - #of tests from group 8B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TT4B9 - #of tests from group 9B applied 4 times & more per case This routine captures the total number of tests applied four or more times for the case that have been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TTNA1 - # of tests from group 1 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level I in the Technical Billing Group field in the stain/test setup file.
TTNA2 - # of tests from group 2 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level II in the Technical Billing Group field in the stain/test setup file.
TTNA3 - # of tests from group 3 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level III in the Technical Billing Group field in the stain/test setup file.
TTNA4 - # of tests from group 4 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level IV in the Technical Billing Group field in the stain/test setup file.
TTNA5 - # of tests from group 5 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level V in the Technical Billing Group field in the stain/test setup file.
TTNA6 - # of tests from group 6 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VI in the Technical Billing Group field in the stain/test setup file.
TTNA7 - # of tests from group 7 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VII in the Technical Billing Group field in the stain/test setup file.

TTNA8 - # of tests from group 8 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VIII in the Technical Billing Group field in the stain/test setup file.
TTNA9 - # of tests from group 9 A applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level IX in the Technical Billing Group field in the stain/test setup file.
TTNB1 - # of tests from group 1 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level I in the Professional Billing Group field in the stain/test setup file.
TTNB2 - # of tests from group 2 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level II in the Professional Billing Group field in the stain/test setup file.
TTNB3 - # of tests from group 3 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level III in the Professional Billing Group field in the stain/test setup file.
TTNB4 - # of tests from group 4 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level IV in the Professional Billing Group field in the stain/test setup file.
TTNB5 - # of tests from group 5 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level V in the Professional Billing Group field in the stain/test setup file.
TTNB6 - # of tests from group 6 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VI in the Professional Billing Group field in the stain/test setup file.
TTNB7 - # of tests from group 7 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VII in the Professional Billing Group field in the stain/test setup file.
TTNB8 - # of tests from group 8 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level VIII in the Professional Billing Group field in the stain/test setup file.
TTNB9 - # of tests from group 9 B applied to the case This routine captures the total number of tests applied for the case that have been defined as Billing Level IX in the Professional Billing Group field in the stain/test setup file.
TTYA1 - # of types of tests from group 1 A applied to the case This routine captures the type of test (not tests) from group 1A and give the total value.
TTYA2 - # of types of tests from group 2 A applied to the case This routine captures the type of test (not tests) from group 2A and give the total value.

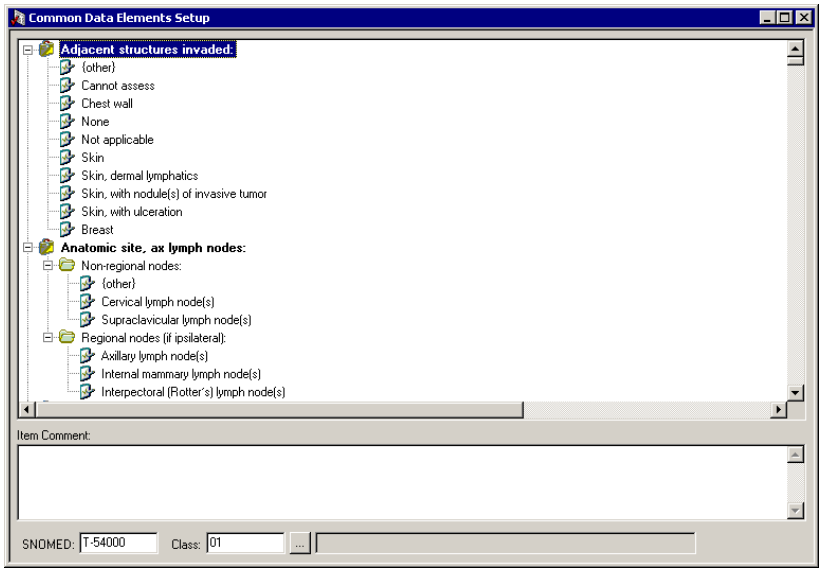
TTYA3 - # of types of tests from group 3 A applied to the case This routine captures the type of test (not tests) from group 3A and give the total value.
TTYA4 - # of types of tests from group 4 A applied to the case This routine captures the type of test (not tests) from group 4A and give the total value.
TTYA5 - # of types of tests from group 5 A applied to the case This routine captures the type of test (not tests) from group 5A and give the total value.
TTYA6 - # of types of tests from group 6 A applied to the case This routine captures the type of test (not tests) from group 6A and give the total value.
TTYA7 - # of types of tests from group 7 A applied to the case This routine captures the type of test (not tests) from group 7A and give the total value.
TTYA8 - # of types of tests from group 8 A applied to the case This routine captures the type of test (not tests) from group 8A and give the total value.
TTYA9 - # of types of tests from group 9 A applied to the case This routine captures the type of test (not tests) from group 9A and give the total value.
TTYB1 - # of types of tests from group 1 B applied to the case This routine captures the type of test (not tests) from group 1B and give the total value.
TTYB2 - # of types of tests from group 2 B applied to the case This routine captures the type of test (not tests) from group 2B and give the total value.
TTYB3 - # of types of tests from group 3 B applied to the case This routine captures the type of test (not tests) from group 3B and give the total value.
TTYB4 - # of types of tests from group 4 B applied to the case This routine captures the type of test (not tests) from group 4B and give the total value.
TTYB5 - # of types of tests from group 5 B applied to the case This routine captures the type of test (not tests) from group 5B and give the total value.
TTYB6 - # of types of tests from group 6 B applied to the case This routine captures the type of test (not tests) from group 6B and give the total value.
TTYB7 - # of types of tests from group 7 B applied to the case This routine captures the type of test (not tests) from group 7B and give the total value.
TTYB8 - # of types of tests from group 8 B applied to the case This routine captures the type of test (not tests) from group 8B and give the total value.
TTYB9 - # of types of **tests from group 9 B applied to the case** This routine captures the type of test (not tests) from group 9B and give the total value.

Appendix F – Integration of Synoptic Reporting with SoftPath

Common Data Elements Setup

In this setup, the user can define the common data elements (CDE's) that can be used to define the fragments of the Synoptic Report:

The screen setup looks as follows:



The common data elements are the root items of the tree. They will display as the descriptor within the MS Word template in SoftPath.

The child items within the CDE's are the choice that will be available for selection and inclusion in the MS Word document. Each child may have sub-choices and these cub-choices are presented as nested items.

The system provides the following function buttons:

- **Add Item** – To add a new common data element at the end of the existing tree
- **Add Sub** – to add a choice (sub-item) to the highlighted data element or a sub-choice to a highlighted choice
- **Del Item** – to delete the highlighted data element of choice. If the user selects to delete a data element that has choices (or a choice that has sub-choices), all sub-items will also be deleted.
- **Edit Item** – To change the name of the highlighted item or sub-item
- **From Clip** – To allow the user to insert common data elements and sub-items from an outside source

At the bottom of the screen, the user can enter a comment for the highlighted item or sub-item. This comment will be displayed as a tool tip in the SoftPath report or on the status bar when a user manually adds a common data element to a report.

The system also provides the ability to define a SNOMED code to the item or sub-item.

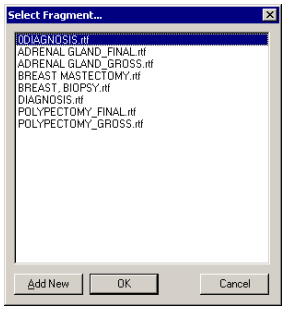
- SNOMED field – to define the SNOMED code to be captured for this common data element of sub-item when selected in the Final Report template. This many be entered using keyboard entry or lookup from the SNOMED dictionary using the provided ellipsis button.
- Class field – to allow the user to define SNOMED class (if applicable)
- Description field – will display the name/description of the selected SNOMED code in read only mode

Fragments Setup

In this setup, the user can define the Fragments that will be used to compose the report.

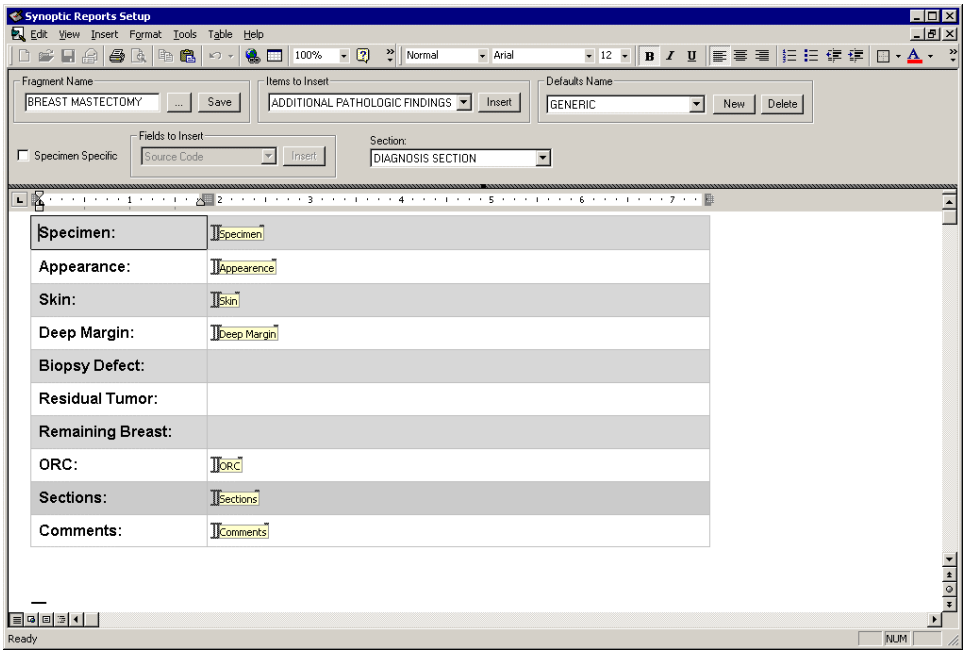
The fragment is part of the document defined with MS Word that can be inserted in the SoftPath Final Report document.

Upon invoking the Fragments button from the main toolbar, the system will display the list of existing Fragments. The user may select and existing fragment to edit or Add New



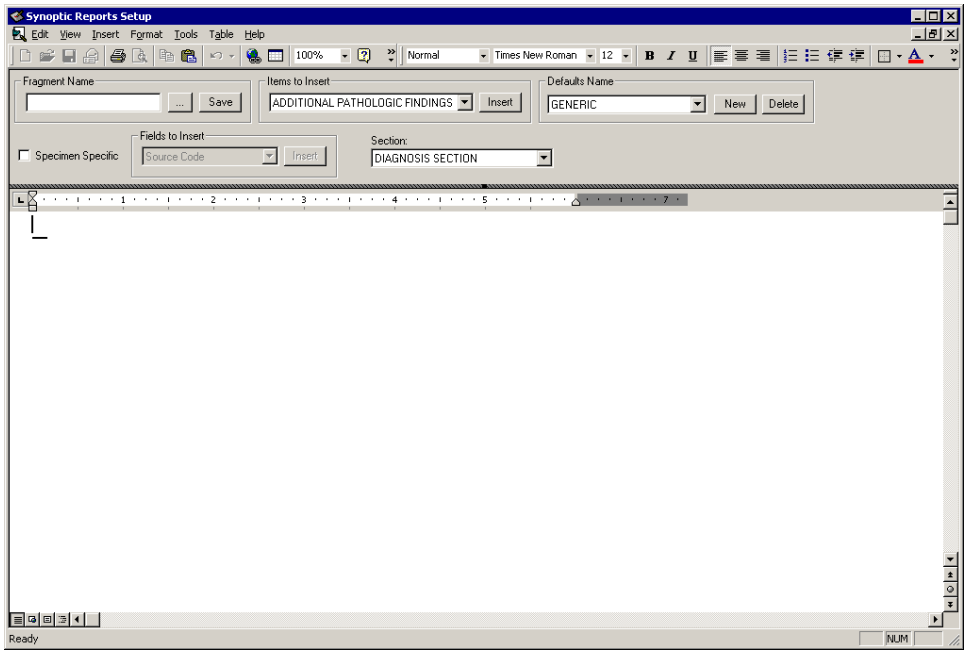
Select Existing Fragment

Selecting an existing Fragment will display MS Word Synoptic template with defined fields.



Select New Fragment

Selecting Add New will display a blank MS Word document for creation of the fragment template.



Setup

Fragment Name:

For each Fragment the user shall enter a name to identify the fragment. Because it is used for identification purposes, each name must be unique

Specimen Specific:

- The user may define if the fragment should be inserted separately into the document for each specimen that is registered for the case. This is done by marking the "Specimen Specific" checkbox.
  - If not marked then the fragment will be inserted only once into the document
- If the fragment is "Specimen Specific" the user may insert fields for specimen identification. These will include:
  - Specimen Code
  - Source Code
  - Source Name
- If the fragment is not Specimen Specific, the field will display in read only mode
- If the user attempts to unmark the Specimen Specific checkbox for a fragment that contains specimen fields, the system will block this change.

Items to Insert:

- The user may insert any common data element into the Fragment by use if the "Items to Insert" button. Invoking this function button will display all common data elements that have been defined in the Common Data Element Setup
- Select the desired Common Data Element, place the cursor in the desired position in the template and click the Insert button.

Defaults Name:

- The user may define defaults for each fragment or data element. Select "New" from the Select Defaults field and enter the name of the new default setting.
- To define the default selections for the fragment or common data element, place the mouse pointer on the fragment or CDE and single click using the left mouse button. Select the items or sub-items to be marked by default. The selected items will be imported into the template and may be saved under the new default name.

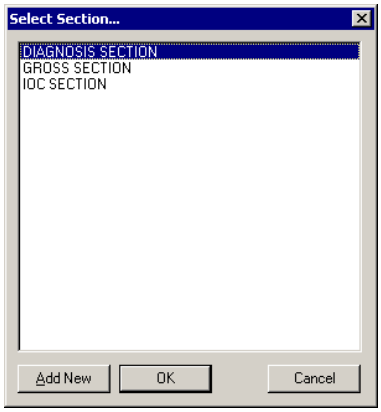
Section:

- The user may define the document section that the fragment shall be inserted into with SoftPath
- The selections available are defined in the Section Setup

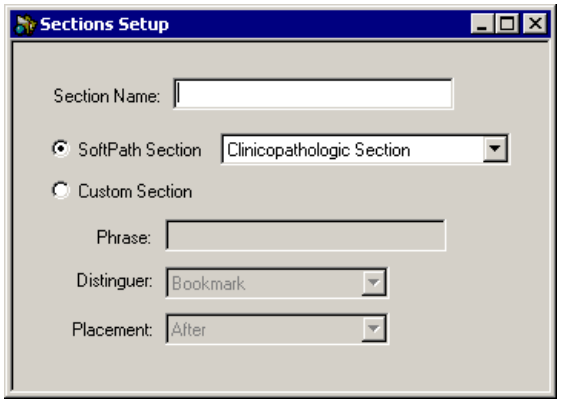
Section Setup

The system allows the user to define Synoptic Sections that can be used in the SoftPath Final Report document

Invoking the Sections button from the main Synoptic toolbar will display the list of existing sections.



Select Add New to define custom section names.



The user may enter the Section name to be available for selection in the Fragments setup file. All Section names must be unique.

The section may be defined as either a SoftPath or Custom Section:

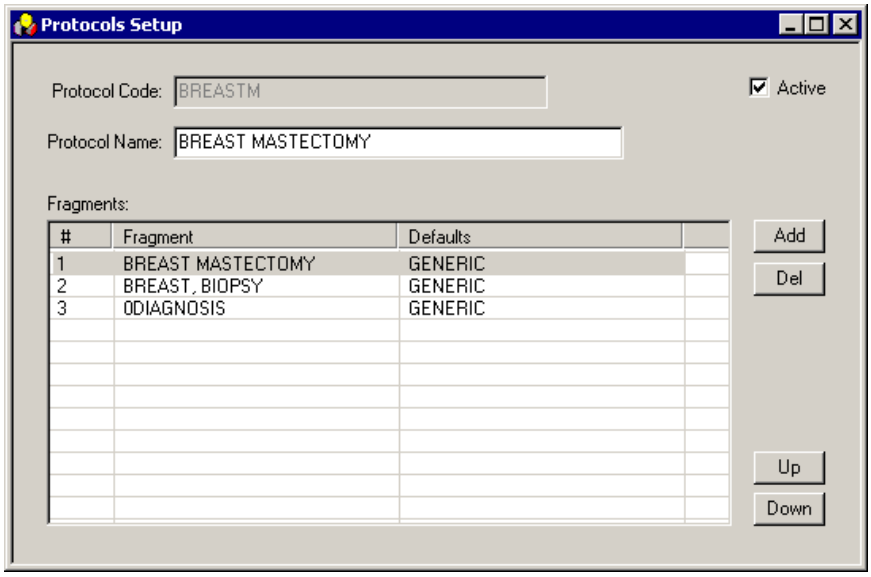
- If the section is to be defined as a SoftPath section the user may select the SoftPath document section that the Fragment will be inserted into. The selection of the document section is a mandatory field if the radio button "SoftPath Section" is marked

- If the section is to be defined as a Custom Section, the user may specify
  - Phrase – the keywords to find the desired section in the document
  - Distinguisher – to specify if the system will look for words or a bookmark in the document
  - Placement – to specify if the section will be placed before or after the define phrase

Protocols Setup

Bases on the Fragments and Sections setup, the user may define protocols that contain multiple Fragments.

Invoking the Protocols button will display the list of existing Protocols. The user may edit an existing Protocol or create a new Protocol



Protocol Code

The user may enter a unique code to identify the Protocol

Protocol Name

The user may enter a unique name to identify the Protocol

Fragments

The user may select the Fragments to be included in the defined Protocol. To Add a Fragment to an existing or new Protocol:

- Select the Add button to add a new row to the grid
- Click on the Fragment column to display the drop down menu containing the list of defined Fragments.
- Click on the Defaults column to display the drop down menu containing the list of defined Defaults for the selected Protocol. By default the "Generic" set of defaults will be imported into the grid.
- If multiple Fragments are defined for the Protocol, the user may define the order of appearance by means of the Up and Down function buttons.
- Fragments may be deleted from the Protocol by highlighting the Fragments and selecting the Del button
- When complete select Save from the toolbar.

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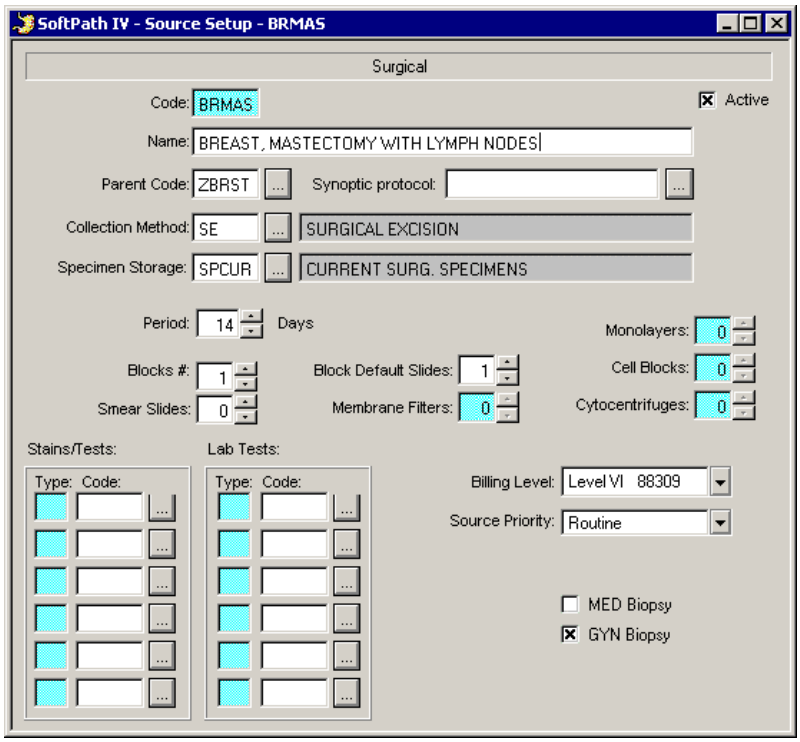
SoftPath – Synoptic Functionality

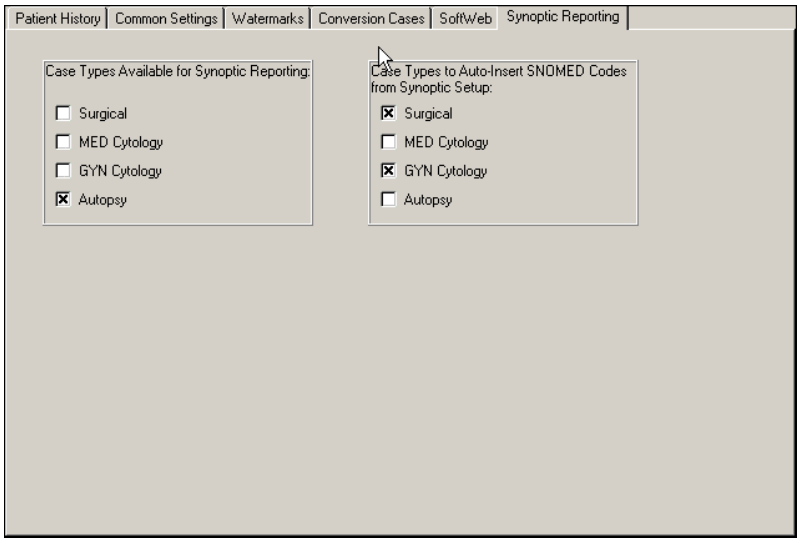
Source Setup

In the Source Setup file the user may assign a Synoptic Protocol to a source code. When assigned the system will import the defined Protocol into the Final Report template for cases accessioned with that Source.



Enter the Protocol to be associated with the displayed Source code. This may be done using manual entry or by invoking the ellipsis button which will display the list of available Protocols.

Options – System Settings tab – Synoptic Reporting subtab



Options window – System Settings tab - Synoptic Reporting subtab.

Case Types Available for Synoptic Reporting

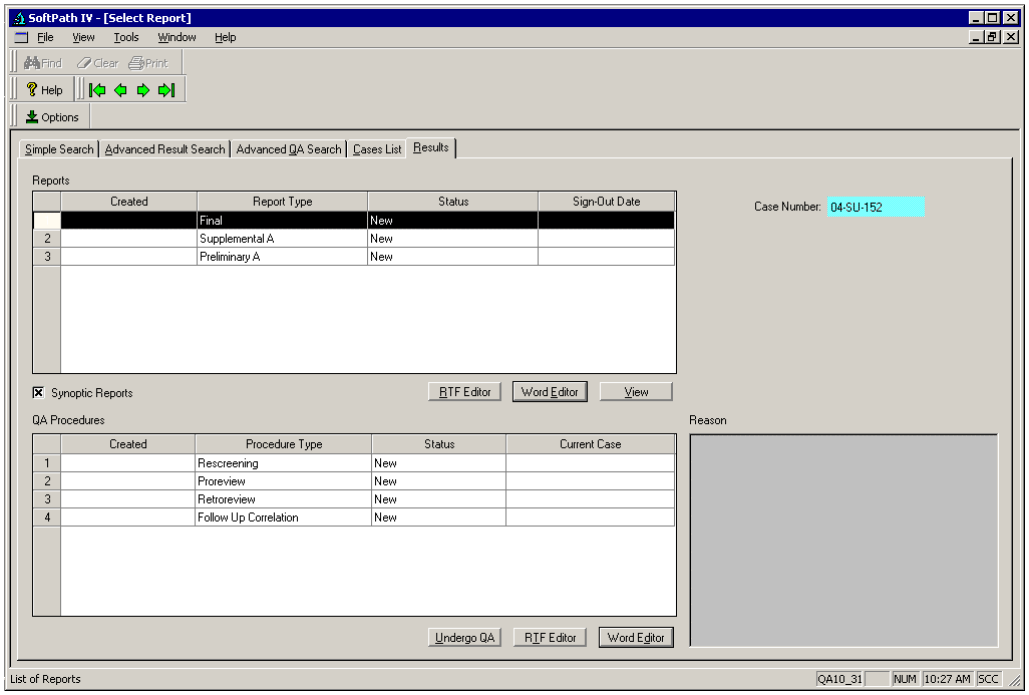
These checkboxes allow you to define for which case types synoptic reporting functionality will be made available.

Case Types to Auto-Insert SNOMED Codes from Synoptic Setup

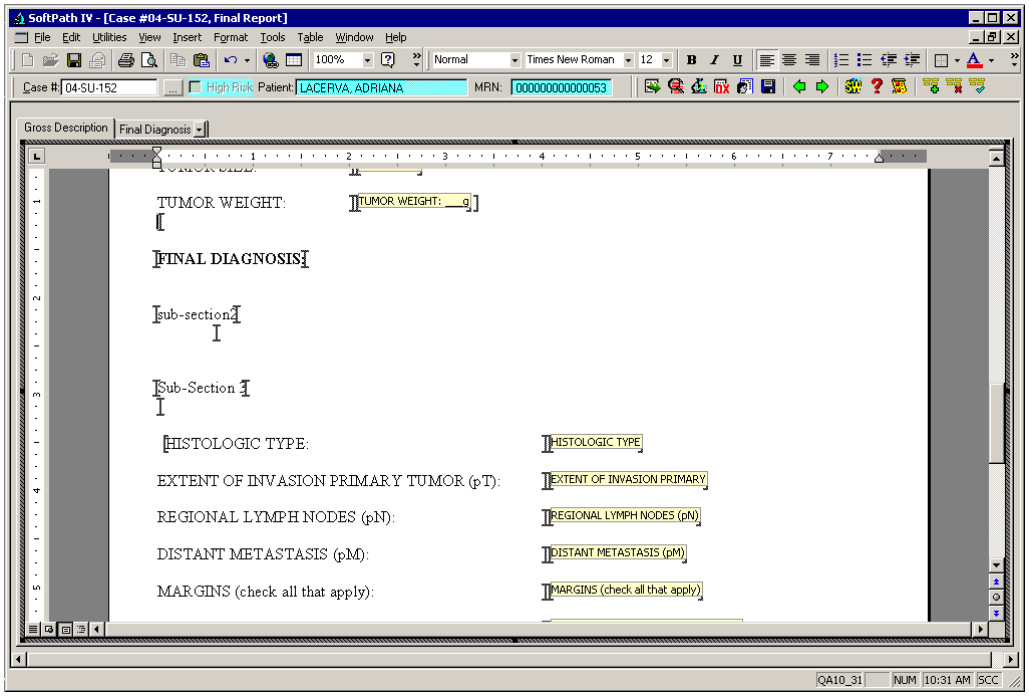
These checkboxes allow you to define for which case types SNOMED codes will automatically be included in reports based on the data entered using synoptic reporting.

Results Entry

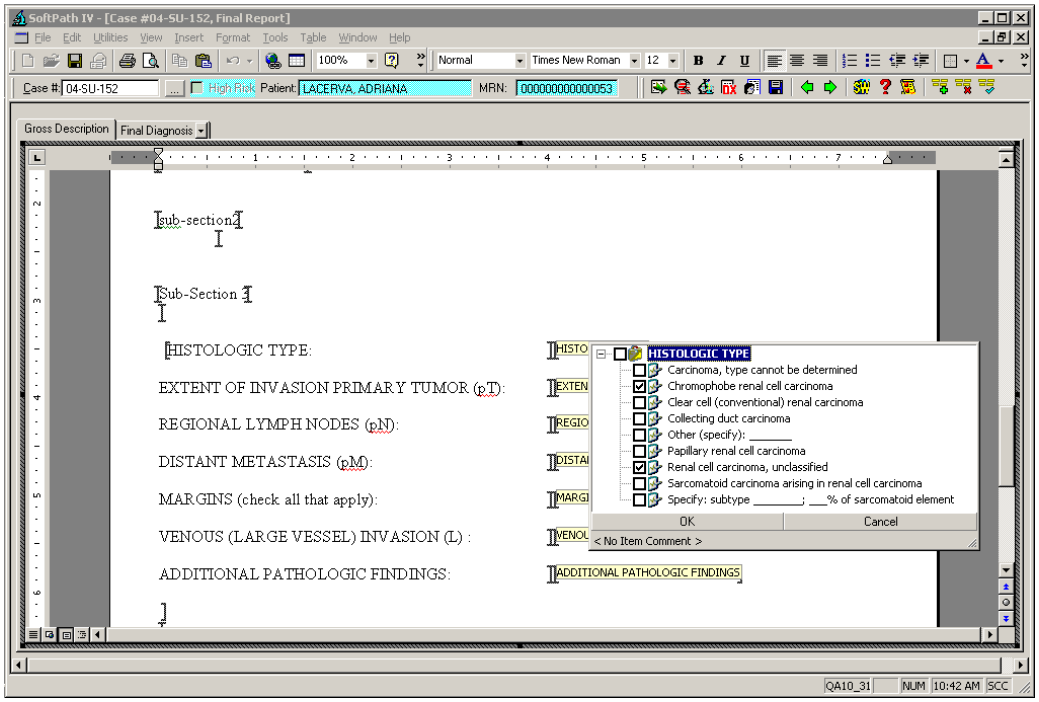
When the Results tab displays in Results Entry for a case where a synoptically active source code was used, the Synoptic Reports checkbox will default to being active, as shown below.



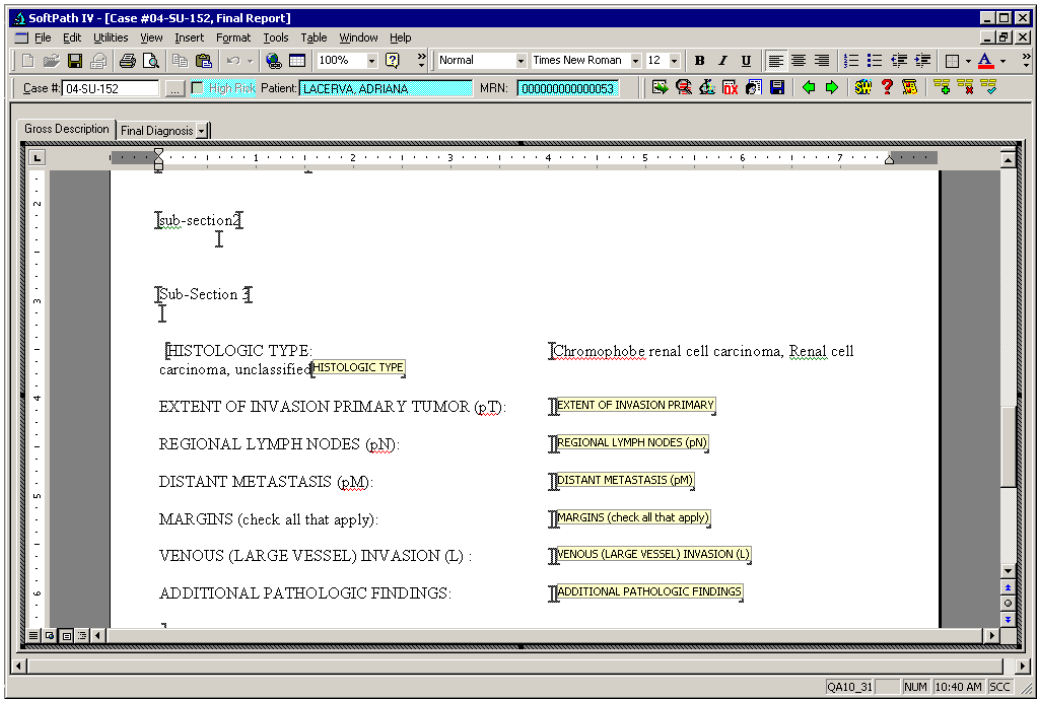
Once a report is selected and the Word Editor button is clicked, the system will bring up the appropriate template. Notice that the appropriate Synoptic fragment as defined in the source file already appears in the correct report section.



To enter data, simply click on the yellow synoptic entry box. A checklist will appear, as shown below.



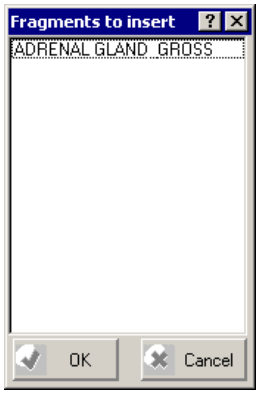
Once you make your selections, click OK. Your selections will appear in the report.



Results Entry – Available Toolbar Buttons within MS Word

Synoptic Reporting – Insert Fragment

Selection of this button inserts a synoptic reporting fragment wherever the cursor resides in the document. These fragments may be defined in the Synoptic Reporting Setup utility. Once this button is clicked, a selection window will appear listing the appropriate fragments available for the source code on record for the case. Click one of the fragments and select OK.



Fragment Insertion window.

Synoptic Reporting – Delete Fragment

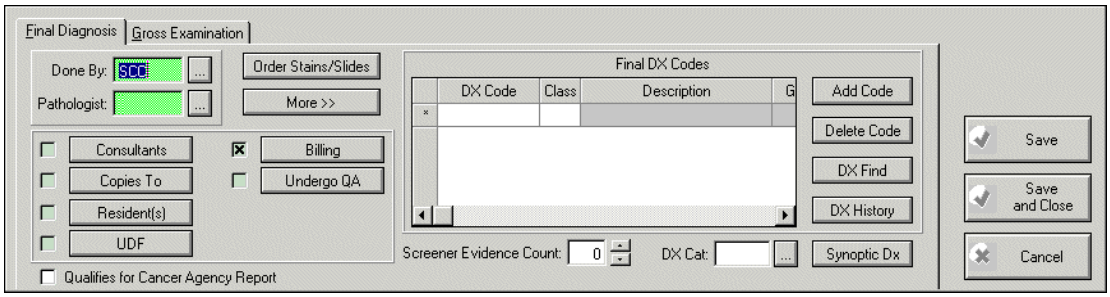
Selection of this button deletes the currently selected fragment from the report.

Synoptic Reporting – Fragment Defaults

Selection of this button applies the default entries to the selected fragment, as defined in the Synoptic Reporting Setup utility.

Completion Windows – Synoptic Dx button

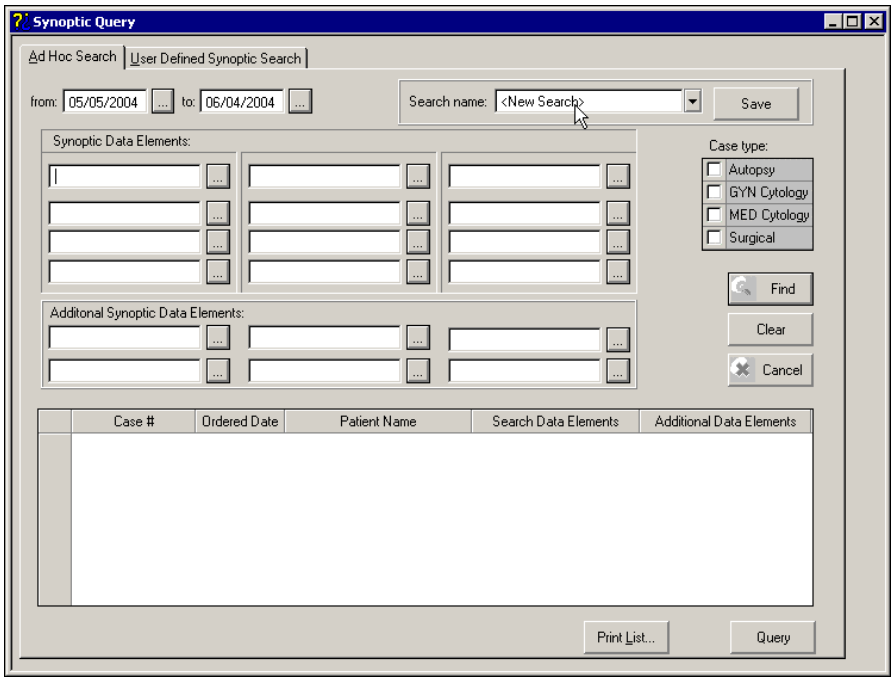
All save completion windows throughout SoftPath, including those for QA procedures and Sign Out, now include a Synoptic Dx button, which will automatically enter the appropriate SNOMED codes into the Dx code grid. Please see the Synoptic Reports setup utility section of this document for further information about assigning SNOMED codes to synoptic CDEs and fragments.



Synoptic Query

Synoptic Query provides the ability to run a detailed search for cases where synoptic reporting functionality has been used during results entry. Synoptic Query provides both an ad hoc search capability as well as the ability to save user-defined searches for later use.

Access the **Synoptic Query** option by selecting *Query > Synoptic Query* from the main menu. The **Synoptic Query** window displays.

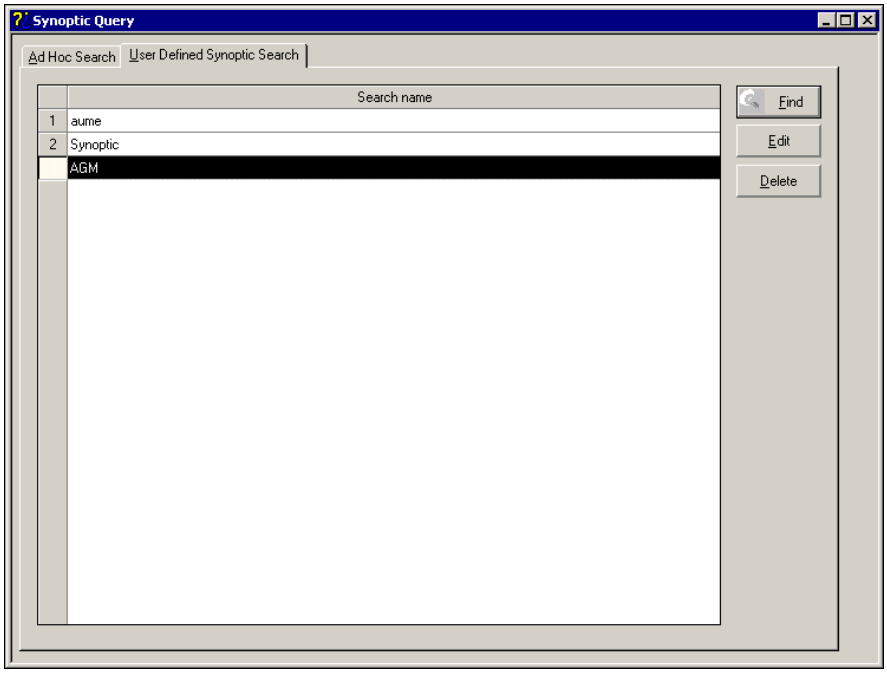


Synoptic Query window.

The ad hoc search screen provides the ability to search for three different synoptic data elements. Also, three options within those data elements can be selected below the elements to limit the search to. To include more data elements in the search grid, specify those elements in the Additional Synoptic Data Elements section.

NOTE: The Additional Synoptic Data Elements do not have an effect on the search. They simply appear in the search results grid as a way to isolate a specific case or cases.

Once a search has been specified, it can be saved for future use simply by clicking the Save button at the top right of the window. The system will then ask you to provide a name for your search. The search can then be accessed and run again using the User-Defined Synoptic Search tab in the Synoptic Query search window.



User Defined Synoptic Search tab.

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Appendix G - Voice Integration Commands - Navigation and Dictation Glossary

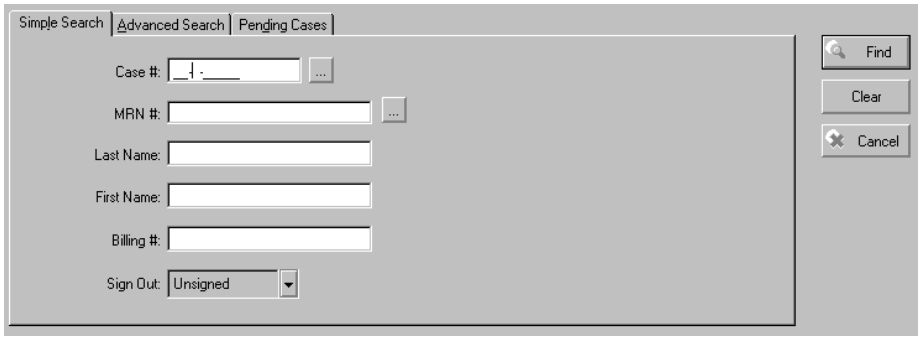
Processing

From the Main menu, “Processing” launches Processing sub-menu

One Case Processing

"One Case Processing" launches the Simple Search Screen

Simple Search Screen



Case Number Field

"Case number". Dictate Case Number.

Search Case Number

"Lookup for". Launches Accession Sequences Lookup browser window.

MRN Field

"Medical Record Number". Dictate MRN.

Search MRN Number

"Lookup for". Launches Patient Lookup browser window.

Last Name Field

"Last name”. Dictate last name.

First Name Field

"First name". Dictate first name.

Billing Number Field

"Billing Number". Dictate billing number.

Find Button

"Find". Selects the Find button.

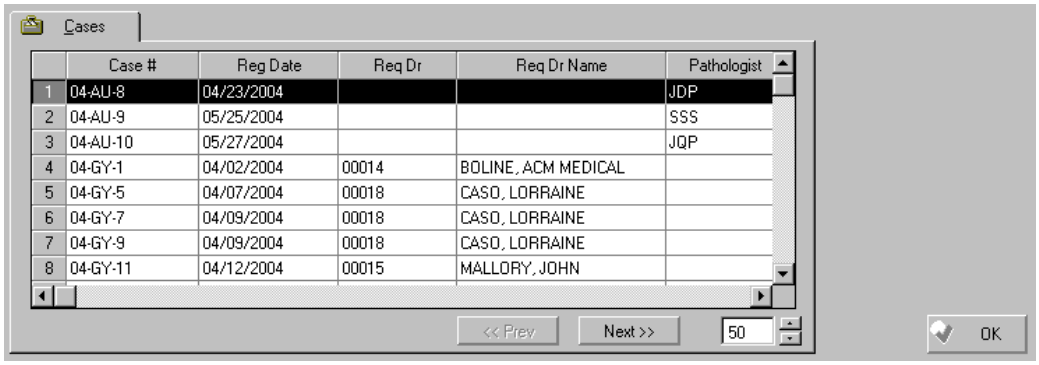
Clear Button

"Clear". Selects the Clear Button.

Cancel Button

"Cancel". Selects the Cancel button.

Cases Tab, Result List

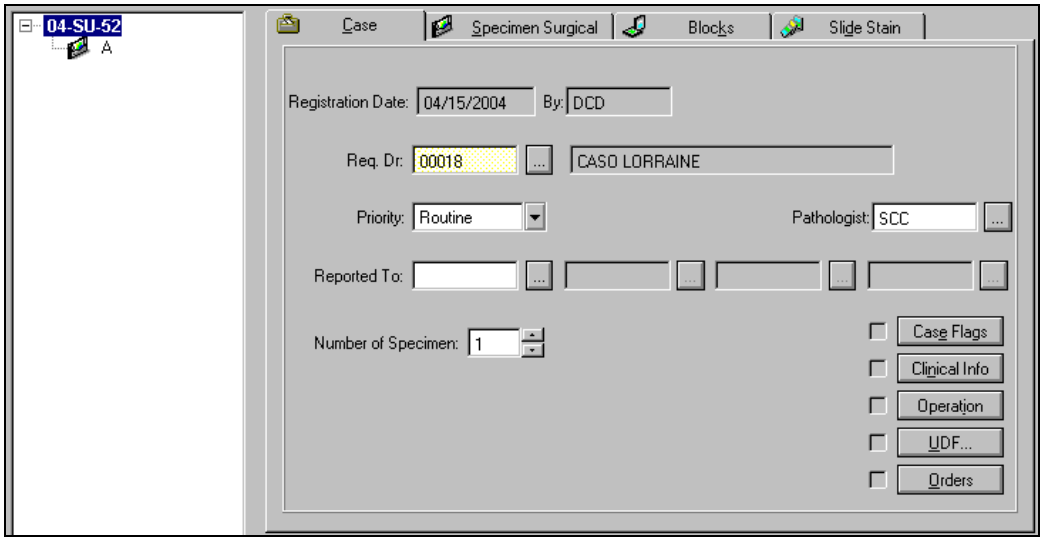


"Select [row number]". Select desired case row from the Case tab.

OK button

"OK". Loads selected case into One Case Processing.

One Case Processing Tab



Case Tab

"Case". Selects the Case tab.

Navigation of Tree Grid Display

"Expand". Expands the tree grid display of the highlighted case.

Req. Dr Field

"Requesting Doctor". Selects the Req. Dr. field.

Req Dr Lookup

"Lookup for". Launches Requesting Doctor Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired doctor in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select doctor and close Requesting Doctor Lookup browser window.

Priority Field

"Priority". Selects the Priority field.

Priority Field Expansion

“Expand". Expands the Priority field drop-down list.

Priority Field Selection

"[Name]". Selects an item from the Priority drop-down list.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Lookup for Pathologist field

"Lookup for". Launches Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired pathologist in the Pathologist Lookup browser window. Follow with the command "OK" to select pathologist and close Pathologist Lookup browser window.

Reported To Field

“Reported to". Select the Reported To Field

Lookup for Reported To field

"Lookup for". Launches Doctor Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired doctor in the Doctor Lookup browser window. Follow with the command "OK" to select doctor and close Doctor Lookup browser window.

Number of Specimen Field

"Number of Specimen". Select the Number of Specimen field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

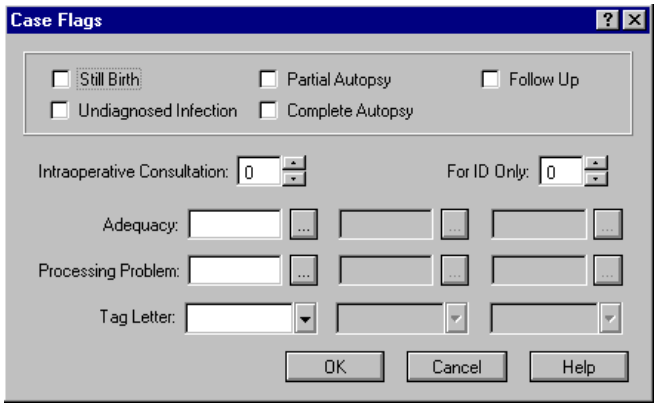
"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Case Flags Button

"Case Flags". Selects the Case Flags button.



Still Birth Checkbox

"Still Birth". Selects Still Birth checkbox.

Undiagnosed Infection Checkbox

"Undiagnosed Infection". Selects the Undiagnosed Infection checkbox.

Partial Autopsy Checkbox

“Partial Autopsy". Selects the Partial Autopsy checkbox.

Complete Autopsy Checkbox

"Complete Autopsy". Selects the Complete Autopsy checkbox.

Follow Up Checkbox

"Follow Up". Selects the Follow Up checkbox.

Intraoperative Consultation Field

"Intraoperative Consultation". Selects the Intraoperative Consultation field.

Dictate Number Value

“[Number]”. Dictate desired number

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

For ID Only Field

"For ID Only". Selects the For ID Only field.

Dictate Number Value

“[Number]”. Dictate desired number

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Adequacy Field

"Adequacy". Selects the Adequacy field.

Lookup for Adequacy field

"Lookup for". Launches Quality Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired quality code in the Quality Codes Lookup browser window. Follow with the command "OK" to select code and close Quality Codes Lookup browser window.

Processing Problem Field

"Processing Problem". Selects the Processing Problem field.

Lookup for Processing Problem field

"Lookup for". Launches Processing Problem Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired quality code in the Processing Problem Lookup browser window. Follow with the command "OK" to select code and close Processing Problem Lookup browser window.

Tag Letter Field

"Tag Letter". Selects the Tag Letter field.

Tag Letter Field Expansion

"Expand". Expands the Tag Letter field drop-down list.

Tag Letter Field Selection

"[Name]". Selects an item from the Tag Letter drop-down list.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Clinical Info Button

"Clinical Info". Selects the Clinical Info button

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects OK button.

Cancel Button

"Cancel". Selects Cancel button.

Operation Button

"Operation". Selects the Operation button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

UDF Button

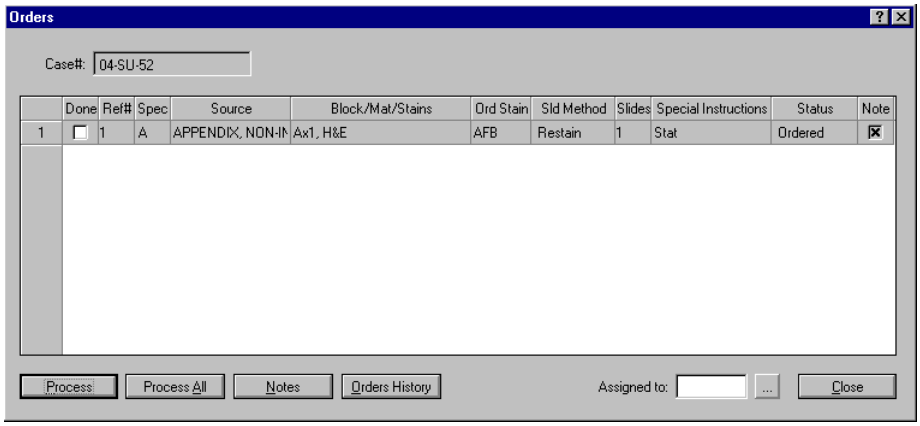
"User Defined Flags". Selects the UDF button.

Flag Selection

"UDF Name". Selects the name of the UDF flag.

Orders Button

"Orders". Selects the Orders Button.



Select Order

"Select [row number]." Selects a specific row in the Orders grid.

Flag as Done

"Done". Marks the Done checkbox of the selected row.

Process Button

"Process". Selects the Process button.

Process All Button

"Process all". Selects the Process All button.

Notes Button

"Notes". Selects the Notes button.

Text Entry

Enter text using voice dictation.

Current D&T Button

"Current date and time". Selects the Current D&T User button.

Close Button

"Close". Selects the close button.

Orders History

"Orders History". Selects the Orders History button.

Close Button

"Close". Selects the close button.

Assigned To Field

"Assigned To". Selects the Assigned To field. Enter Text using voice dictation.

Lookup for Assigned To field

"Lookup for". Launches Personnel Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired individual in the Personnel Lookup browser window. Follow with the command "OK" to select personnel and close Personnel Lookup browser window.

Close Button

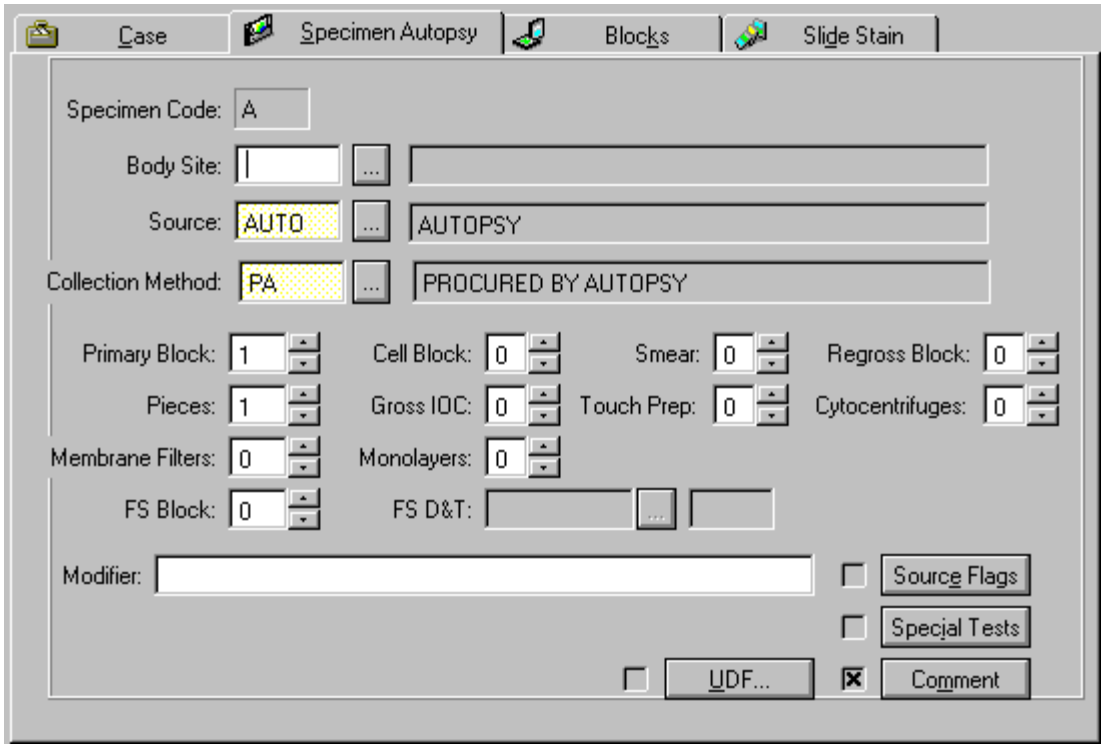
"Close". Selects the Close button.

SCC
Soft Computer

All Specimens Tabs

Expanding Tree Grid Display

"Expand". Expands the materials under the Specimen level to the block level.



Specimen Autopsy Tab

"Specimen Autopsy". Selects the Specimen Autopsy tab.

Body Site Field

"Body Site". Selects Body Site field

Lookup for Body Site field

"Lookup for". Launches Body Site Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Body Site in the Personnel Lookup browser window. Follow with the command "OK" to select body site and close Body Site Lookup browser window.

Source Field

"Source". Selects the Source field.

Lookup for Source field

"Lookup for". Launches the Source Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Source in the Source Codes Lookup browser window. Follow with the command "OK" to select source code and close Source Codes Lookup browser window.

Collection Method Field

"Collection Method". Selects the Collection Method field.

Lookup for Collection Method field

"Lookup for". Launches the Collection Method Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired collection method in the Collection Method Source Codes Lookup browser window. Follow with the command "OK" to select collection method and close Collection Method Lookup browser window.

Primary Block Field

"Primary Block". Selects the Primary Block field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Pieces Field

"Pieces". Selects the Pieces field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Membrane Filters Field

"Membrane Filters". Selects the Membrane Filters field

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Frozen Section Blocks Field

"Frozen Section Blocks". Selects the Frozen Section Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Frozen Section Date Field

"Frozen Section Date". Selects the Frozen Section Date field. Follow with voice dictation to add date in the following format: "[MMDDYYYY]".

Frozen Section Time Field

"Go Next". Moves cursor from Frozen Section Date field and selects the Frozen Section Time field. Follow with voice dictation to add time in the following format: "[# # # #]. Use Military time format

Cell Blocks Field

"Cell Blocks". Selects the Cell Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Gross IOC Field

"Gross I O C". Selects the Gross IOC field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Monolayers Field

"Monolayers". Selects the Monolayers field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Smear Field

"Smear". Selects the Smear field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Touch Prep Field

"Touch Prep". Selects the Touch Prep field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Regross Block or Additional Block Field

"Regross Blocks" or "Additional Blocks". Selects the Regross Block or Additional Block field (dependent on system settings).

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Cytocentrifuges Field

"Cytocentrifuges". Selects the Cytocentrifuges field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Modifier Field

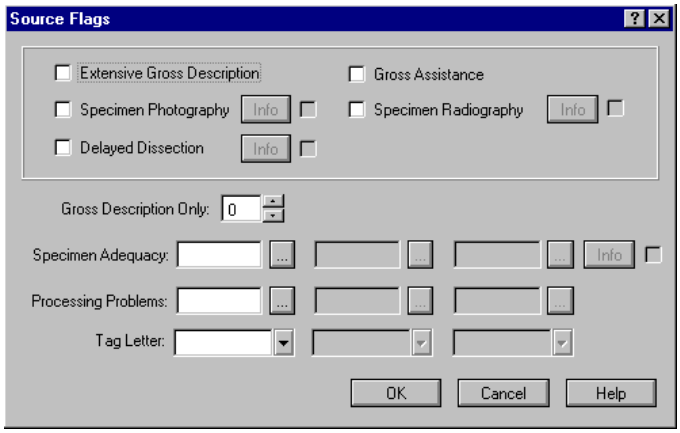
"Modifier". Selects the Modifier field.

Modifier Comment Dictation

Enter text using voice dictation.

Source Flags Button

"Source Flags". Selects the Source Flags Button



Extensive Gross Description Checkbox

"Extensive Gross". Selects the Extensive Gross Description checkbox.

Gross Assistance Checkbox

"Gross Assistance". Selects the Gross Assistance checkbox

Specimen Photography Checkbox

"Specimen Photography". Selects the Specimen Photography checkbox.

Specimen Photography Info Button

"Photography Info". Selects the Specimen Photography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button

Specimen Radiography Checkbox

"Specimen Radiography". Selects the Specimen Radiography checkbox.

Specimen Radiography Info Button

"Radiography Info". Selects the Specimen Radiography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Delayed Dissection Checkbox

"Delayed Dissection". Selects the Delayed Dissection checkbox.

Delayed Dissection Info Button

"Dissection Info". Selects the Delayed Dissection Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Gross Description Only Field

"Gross Description Only". Selects the Gross Description Only field

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Specimen Adequacy Field

"Specimen Adequacy". Selects the Specimen Adequacy field.

Lookup for Specimen Adequacy Field

"Lookup for". Launches the Quality Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Quality Code in the Quality Codes Lookup browser window. Follow with the command "OK" to select quality code and close Quality Codes Lookup browser window.

Specimen Adequacy Info Button

"Adequacy Info". Selects the Specimen Adequacy Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

“Cancel". Selects the Cancel button.

Processing Problems Field

"Processing Problems". Selects the Processing Problems field

Lookup for Processing Problems

"Lookup for". Launches the Processing Problem Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Processing Problem Code in the Processing Problems Lookup browser window. Follow with the command "OK" to select processing problem code and close Processing Problems Lookup browser window.

Tag Letter Field

"Tag Letter". Selects the Tag Letter field.

Tag Letter Field Expansion

"Expand". Expands the Tag Letter field drop-down list.

Tag Letter Field Selection

"[Name]". Selects an item from the Tag Letter drop-down list.

OK Button

"OK" Selects the OK button.

Cancel Button

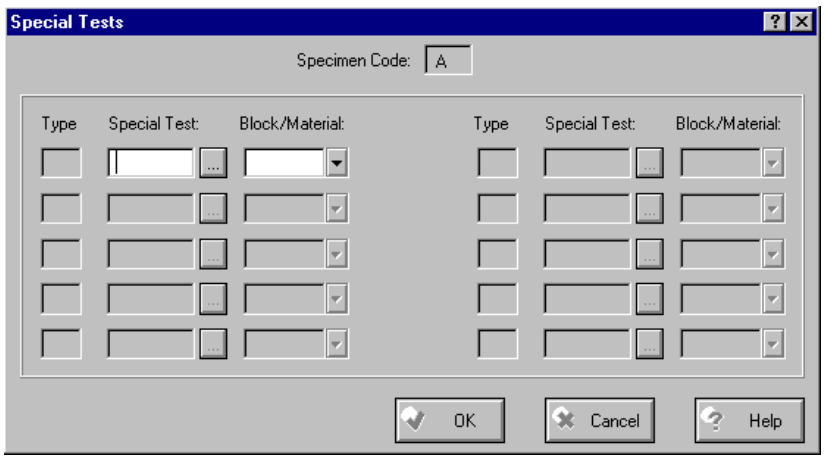
“Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Special Tests Button.

"Special Tests". Selects the Special Tests button.



Special Test Field

"Special Test". Selects the Special Tests field.

Lookup for Special Tests Field

"Lookup for". Launches the Special Stains/Test/Stains Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired special test in the Special Tests Lookup browser window. Follow with the command "OK" to select quality code and close Special Tests Lookup browser window.

Block/Material Field

"Block Material". Selects the Block Material drop-down list.

Block/Material Field Expansion

"Expand". Expands the Block Material drop-down list.

Block/Material Field Selection

"[Name]". Selects an item from the Block Material drop-down list.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Comment Button

"Comment" Selects the Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button

UDF Button

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

OK Button

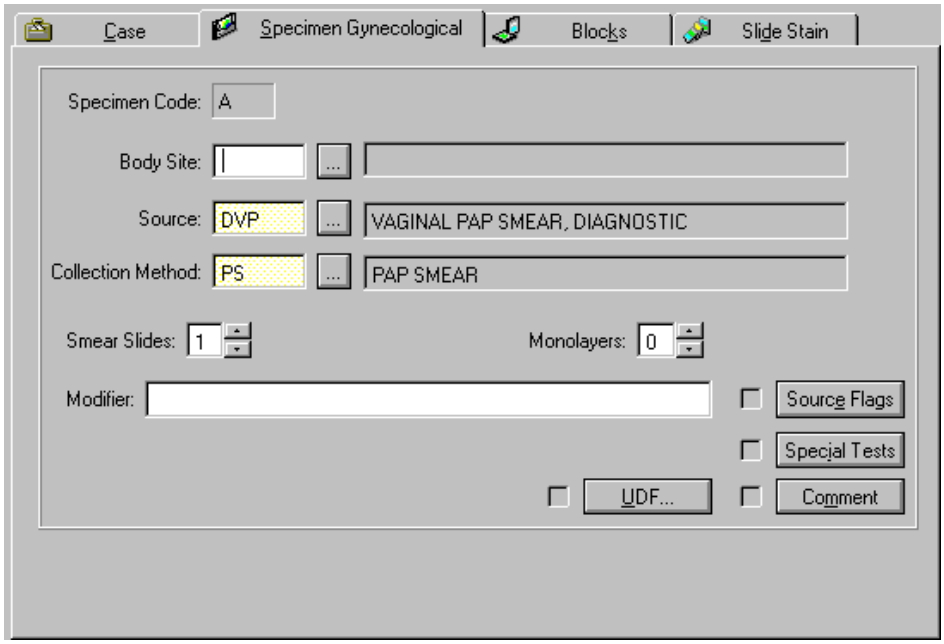
"OK". Selects the OK button

Cancel Button

"Cancel". Selects the Cancel button.

Specimen Gynecological Tab

"Specimen Gynecological". Selects the Specimen Gynecological Tab.



Body Site Field

"Body Site". Selects the Body Site field

Lookup for Body Site field

"Lookup for". Launches the Body Site Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired body site in the Body Site Lookup browser window. Follow with the command "OK" to select body site and close Body Site Lookup browser window.

Source Field

"Source". Selects the Source field.

Lookup for Source field

"Lookup for". Launches the Source Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired source code in the Source Codes Lookup browser window. Follow with the command "OK" to select source code and close Source Codes Lookup browser window.

Collection Method Field

"Collection Method". Selects the Collection Method field.

Lookup for Collection Method field

"Lookup for". Launches the Collection Method Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired collection method in the Collection Method Lookup browser window. Follow with the command "OK" to select collection method Collection Method Lookup browser window.

Smear Slides Field

"Smears". Selects the Smear Slides field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

Subtract [number]". Dictate desired number that will be subtracted from current number.

Monolayers Field

"Monolayers". Selects the Monolayers field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

Subtract [number]". Dictate desired number that will be subtracted from current number.

Modifier Field

"Modifier". Selects the Modifier field.

Modifier Comment Dictation

Enter text using voice dictation.

Source Flags Button

"Source Flags". Selects the Source Flags button. See **Specimen Autopsy Tab** for detailed description of voice commands for this option.

Special Tests Button

"Special Tests". Selects the Special Tests button. See **Specimen Autopsy Tab** for detailed description of voice commands for this option.

Comment Button

"Comment". Selects the Comment button

Text Entry

Enter text using voice dictation.

OK Button

"OK" Selects the OK button.

UDF Button.

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

OK Button

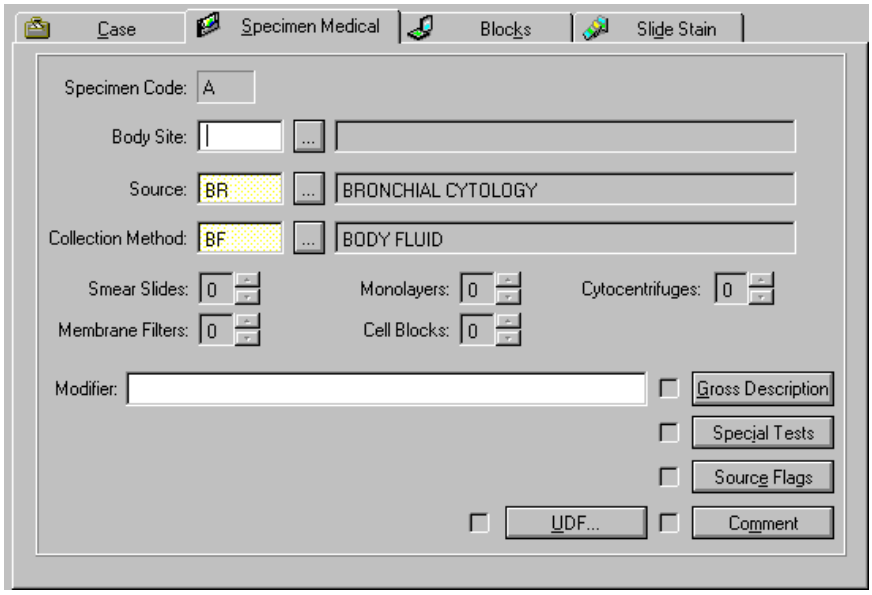
"OK". Selects the OK button

Cancel Button

"Cancel". Selects the Cancel button.

Specimen Medical Tab

"Specimen Medical". Selects the Specimen Medical Tab.



Body Site Field

"Body Site". Selects the Body Site field.

Lookup for Body Site field

"Lookup for". Launches the Body Site Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired body site in the Body Site Lookup browser window. Follow with the command "OK" to select body site and close Body Site Lookup browser window.

Source Field

"Source". Selects the Source field.

Lookup for Source field

"Lookup for". Launches the Source Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired source code in the Source Codes Lookup browser window. Follow with the command "OK" to select source code and close Source Codes Lookup browser window.

Collection Method Field

"Collection Method". Selects the Collection Method field

Lookup for Collection Method field

"Lookup for". Launches the Collection Method Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired collection method in the Collection Method Lookup browser window. Follow with the command "OK" to select collection method Collection Method Lookup browser window.

Smear Slides Field

"Smear Slides". Selects the Smear Slides field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Membrane Filters Field

"Membrane Filters". Selects the Membrane Filters field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Monolayers Field

"Monolayers". Selects the Monolayers field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Cell Blocks Field

"Cell Blocks". Selects the Cell Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Cytocentrifuges Field

"Cytocentrifuges". Selects the Cytocentrifuges field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Modifier Field

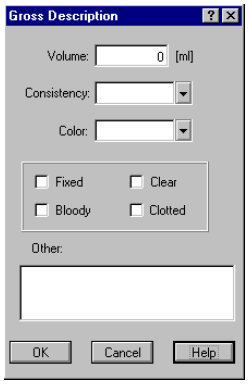
"Modifier". Selects the Modifier field.

Modifier Comment Dictation

Enter text using voice dictation.

Gross Description Button

"Gross Description". Selects the Gross Description button



Volume Field

"Volume". Selects the Volume field.

Dictate Number Value

"[Number]". Dictate desired number.

Consistency Field

"Consistency". Selects the Consistency field.

Consistency Field Expansion

"Expand". Expands the Consistency field drop-down list.

Consistency Field Selection

"[Name]". Selects the desired item from the drop-down list.

Color Field

"Color". Selects the Color field.

Color Field Expansion

"Expand". Expands the Color field drop-down list.

Color Field Selection

"[Name]". Selects the desired item from the drop-down list.

Fixed Checkbox

"Fixed". Selects the Fixed checkbox.

Clear Checkbox

"Clear". Selects the Clear Checkbox.

Blood Checkbox

"Bloody". Selects the Bloody checkbox.

Clotted Checkbox

"Clotted". Selects the Clotted checkbox.

Other Comment Field

"Other". Selects the Other text box. Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel" Selects the Cancel button.

Help Button

"Help" Selects the Cancel button.

Special Tests Button

"Special Tests" Selects the Special Tests button. See **Specimen Autopsy Tab** for detailed description of voice commands for this option.

Source Flags Button

"Source Flags". Selects the Source Flags button. See **Specimen Autopsy Tab** for detailed description of voice commands for this option.

Comment Button

"Comment". Selects the Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

UDF Button

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

OK Button

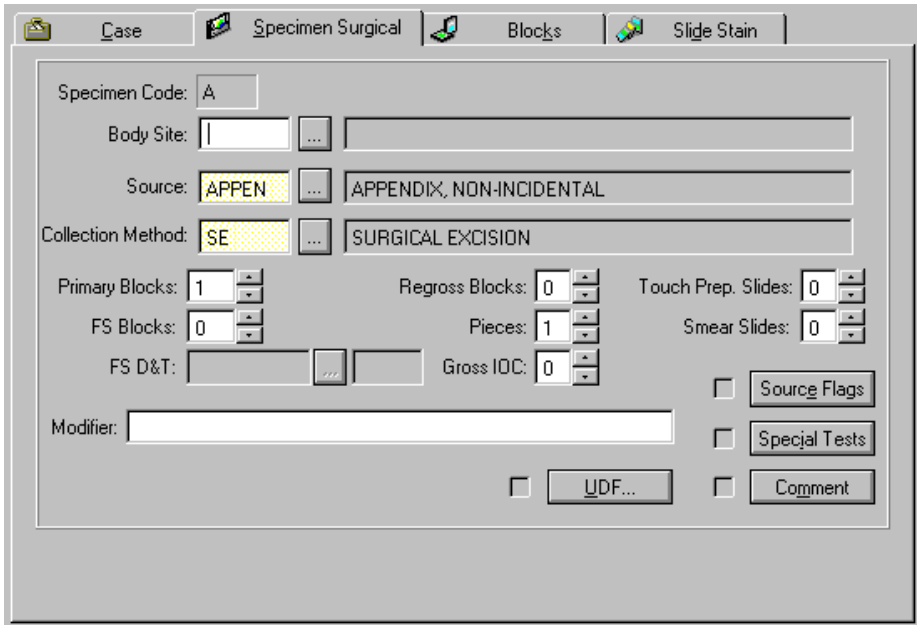
"OK". Selects the OK button

Cancel Button

"Cancel". Selects the Cancel button.

Specimen Surgical Tab

"Specimen Surgical". Selects the Specimen Surgical Tab.



Body Site Field

"Body Site". Selects the Body Site field.

Lookup for Body Site field

"Lookup for". Launches the Body Site Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired body site in the Body Site Lookup browser window. Follow with the command "OK" to select body site and close Body Site Lookup browser window.

Source Field

"Source". Selects the Source field.

Lookup for Source field

"Lookup for". Launches the Source Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired source code in the Source Codes Lookup browser window. Follow with the command "OK" to select source code and close Source Codes Lookup browser window.

Collection Method Field

"Collection Method". Selects the Collection Method field

Lookup for Collection Method field

"Lookup for". Launches the Collection Method Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired collection method in the Collection Method Lookup browser window. Follow with the command "OK" to select collection method Collection Method Lookup browser window.

Primary Blocks Field

"Primary Blocks". Selects the Primary Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

FS Blocks Field

"Frozen Section Blocks". Selects the Frozen Section Blocks field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Frozen Section Date Field

"Frozen Section Date". Selects the Frozen Section Date field. Follow with voice dictation to add date in the following format: "[MMDDYYYY]".

Frozen Section Time Field

"Go Next". Moves cursor from Frozen Section Date field and selects the Frozen Section Time field. Follow with voice dictation to add time in the following format: "[# # # #]. Use Military time format

Regross Block or Additional Block Field

"Regross Blocks" or "Additional Blocks". Selects the Regross Block or Additional Block field (dependent on system settings).

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Pieces Field

"Pieces". Selects the Pieces field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Gross IOC Field

"Gross I O C". Selects the Gross IOC field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Touch Prep Slides Field

"Touch Prep Slides". Selects the Touch Prep Slides field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Smear Slides

"Smear Slides". Selects the Smear Slides field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Modifier Field

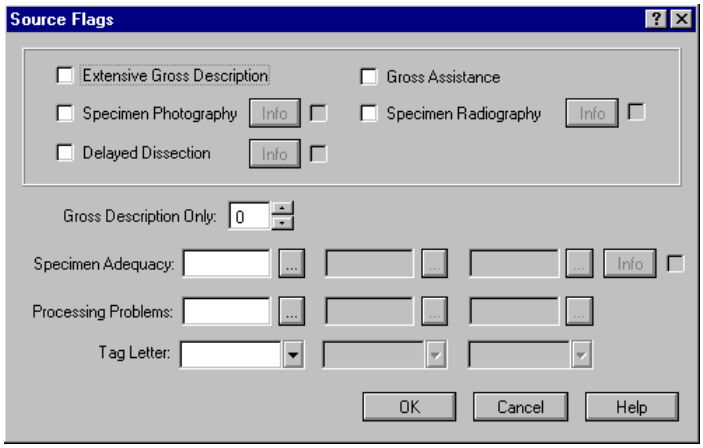
"Modifier". Selects the Modifier field.

Modifier Comment Dictation

Enter text using voice dictation.

Source Flags Button

"Source Flags". Selects the Source Flags button.



Extensive Gross Description Checkbox

"Extensive Gross". Selects the Extensive Gross Description checkbox.

Gross Assistance Checkbox

"Gross Assistance". Selects the Gross Assistance checkbox

Specimen Photography Checkbox

"Specimen Photography". Selects the Specimen Photography checkbox.

Specimen Photography Info Button

"Photography Info". Selects the Specimen Photography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button

Specimen Radiography Checkbox

"Specimen Radiography". Selects the Specimen Radiography checkbox.

Specimen Radiography Info Button

"Radiography Info". Selects the Specimen Radiography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Delayed Dissection Checkbox

"Delayed Dissection". Selects the Delayed Dissection checkbox.

Delayed Dissection Info Button

"Dissection Info". Selects the Delayed Dissection Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Gross Description Only Field

"Gross Description Only". Selects the Gross Description Only field

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Specimen Adequacy Field

"Specimen Adequacy". Selects the Specimen Adequacy field.

Lookup for Specimen Adequacy Field

"Lookup for". Launches the Quality Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Quality Code in the Quality Codes Lookup browser window. Follow with the command "OK" to select quality code and close Quality Codes Lookup browser window.

Specimen Adequacy Info Button

"Adequacy Info". Selects the Specimen Adequacy Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

“Cancel". Selects the Cancel button.

Processing Problems Field

"Processing Problems". Selects the Processing Problems field

Lookup for Processing Problems

"Lookup for". Launches the Processing Problem Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Processing Problem Code in the Processing Problems Lookup browser window. Follow with the command "OK" to select processing problem code and close Processing Problems Lookup browser window.

Tag Letter Field

"Tag Letter". Selects the Tag Letter field.

Tag Letter Field Expansion

"Expand". Expands the Tag Letter field drop-down list.

Tag Letter Field Selection

"[Name]". Selects an item from the Tag Letter drop-down list.

OK Button

"OK" Selects the OK button.

Cancel Button

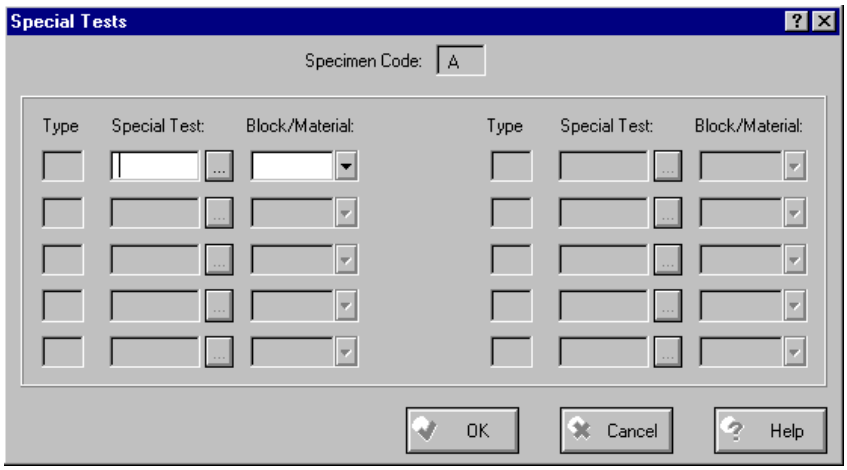
“Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Special Tests Button

"Special Tests". Selects the Special Tests button.



Special Test Field

"Special Test". Selects the Special Tests field.

Lookup for Special Tests Field

"Lookup for". Launches the Special Stains/Test/Stains Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired special test in the Special Tests Lookup browser window. Follow with the command "OK" to select quality code and close Special Tests Lookup browser window.

Block/Material Field

"Block Material". Selects the Block Material drop-down list.

Lookup for Block/Material Field

"Expand". Expands the Block Material drop-down list.

Browser Selection

"[Name]". Selects an item from the Block Material drop-down list.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Comment Button

"Comment" Selects the Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button

Cancel Button

"Cancel". Selects the Cancel button.

UDF Button.

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

OK Button

"OK". Selects the OK button

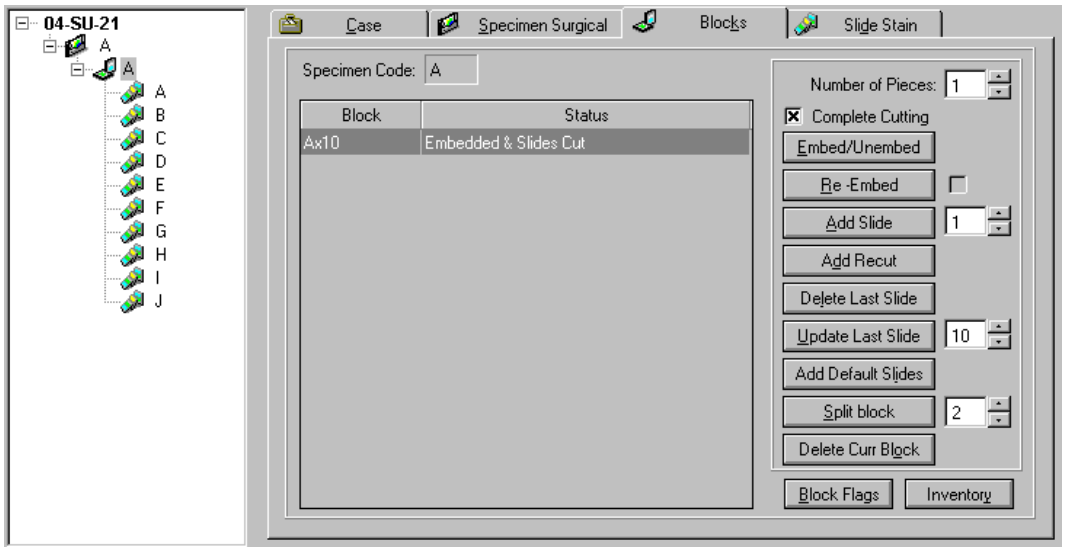
Cancel Button

"Cancel". Selects the Cancel button.

SCC
Soft Computer

Blocks Tab

"Blocks". Selects the Blocks Tab in One Case Processing



Expand Tree Grid Display

"Expand". Expands the materials under the Block level to the Slide level

Navigation between multiple Blocks

The system allows traversal between each listed block by speaking the following commands:

First Block

"First". Navigates to the first block for the selected specimen in the tree grid display.

Next Block

"Next". Navigates to the next block in the order of blocks listed in the tree grid view. This command will move the cursor down one block at a time.

Previous Block

"Previous". Navigates to the previous block in the order of blocks listed in the tree grid view This command will move the cursor up one block at a time.

Last Block

“Last". Navigates to the last block for the selected specimen in the tree grid display

Number of Pieces Field

"Number of Pieces". Selects the Number of Pieces field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Complete Cutting Checkbox

"Complete Cutting". Selects the Complete Cutting Checkbox

Embed/Unembed Button

"Embed Unembed". Selects the Embed/Unembed button.

Re-Embed Button

"Re embed". Selects the Re-embed button.

Add Slide Button

"Add Slide". Selects the Add Slide button.

Number of Slides Field

"New slide number". Selects the Number of Slides field adjacent to the Add Slides button

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Add Recut Button

"Add Recut". Selects the Add Recut button.

Delete Last Slide Button

"Delete Last Slide". Selects the Delete Last Slide button.

Update Last Slide Button

"Update Last Slide". Selects the Update Last Slide button.

Number of Slides Field

"Last slide number". Selects the Number of Slides field adjacent to the Update Last Slides button.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Add Default Slides Button

“Add Default Slides". Selects the Add Default Slides button.

Split Block Button

"Split Block". Selects the Split Block button.

Number of Blocks Field

"Block number". Selects the Number of Blocks field adjacent to the Split Block button.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

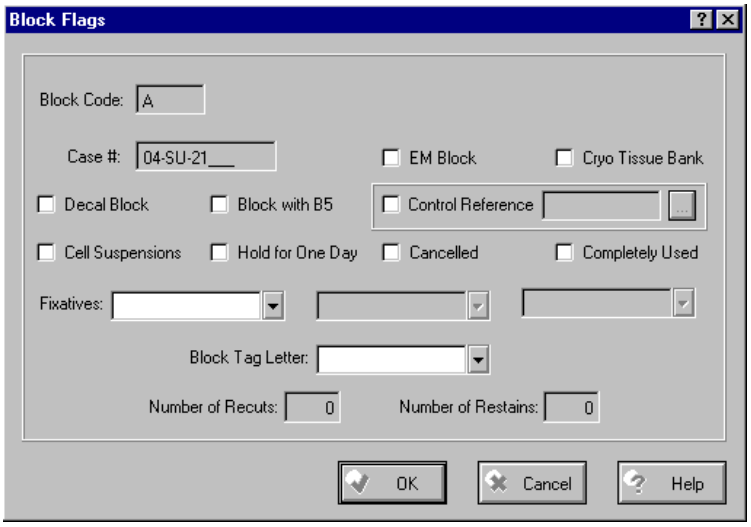
"Subtract [number]". Dictate desired number that will be subtracted from current number.

Delete Current Block Button

"Delete Current Block". Selects the Delete Current Block button.

Block Flags Button

"Block Flags". Selects the Block Flags button.



EM Block Checkbox

"EM Block". Selects the EM Block checkbox.

Cryo Tissue Bank Checkbox

"Cryo Tissue Bank". Selects the Cryo Tissue Bank checkbox.

Decal Block Checkbox

"Decal Block". Selects the Decal Block checkbox.

Block with B5 Checkbox

"B5 Block". Selects the Block with B5 checkbox

Control Reference Checkbox

"Control Reference". Selects the Control Reference checkbox.

Stain Field for Control Reference

"Stain". Selects the Stain field.

Lookup for Stain field

"Lookup for". Launches the Special Stains / Test / Stain Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Special Stains / Test / Stain Panels Lookup browser window. Follow with the command "OK" to select desired code and close Special Stains / Test / Stain Panels Lookup browser window.

Cell Suspensions Checkbox

"Cell Suspensions". Selects the Cell Suspensions checkbox.

Hold for One Day Checkbox

"Hold for One Day". Selects the Hold for One Day checkbox.

Cancelled Checkbox

"Cancelled". Selects the Cancelled checkbox.

Completely Used Checkbox

"Completely Used". Selects the Completely Used checkbox.

Fixatives Field

"Fixatives". Selects the Fixatives field.

Fixatives Field Expansion

"Expand". Expands the Fixatives drop-down list.

Fixatives Field Selection

"[Name]". Selects an item from the Fixatives drop-down list.

Block Tag Letter Field

"Block Tag Letter". Selects the Block Tag Letter field.

Block Tag Letter Field Expansion

"Expand". Expands the Block Tag Letter drop-down list.

Block Tag Letter Field Selection

"[Name]". Selects an item from the Block Tag Letter drop-down list.

OK Button

"OK". Selects the OK button.

Cancel Button

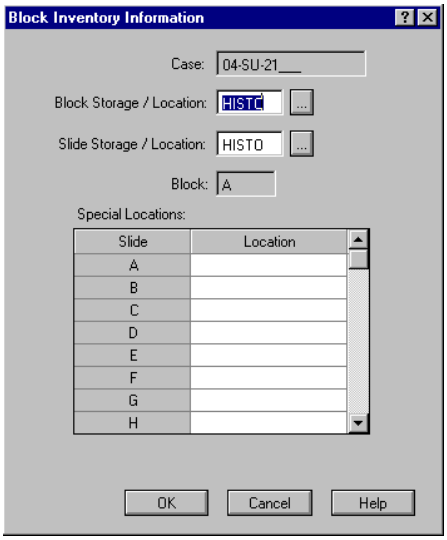
"Cancel". Selects the OK button.

Help Button

"Help". Selects the Help button.

Inventory Button

"Inventory". Selects the Inventory button.



Block Storage/Location Field

"Block Storage". Selects the Block Storage/Location field.

Lookup for Block Storage/Location field

"Lookup for". Launches the Storage Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Storage Lookup browser window. Follow with the command "OK" to select desired code and close the Storage Lookup browser window.

Slide Storage/Location

"Slide Storage". Selects the Slide Storage/Location field.

Lookup for Slide Storage/Location field

"Lookup for". Launches the Storage Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Storage Lookup browser window. Follow with the command "OK" to select desired code and close the Storage Lookup browser window.

Special Locations

"Special Locations". Selects the Special Locations grid.

Location Text Entry

Enter test using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

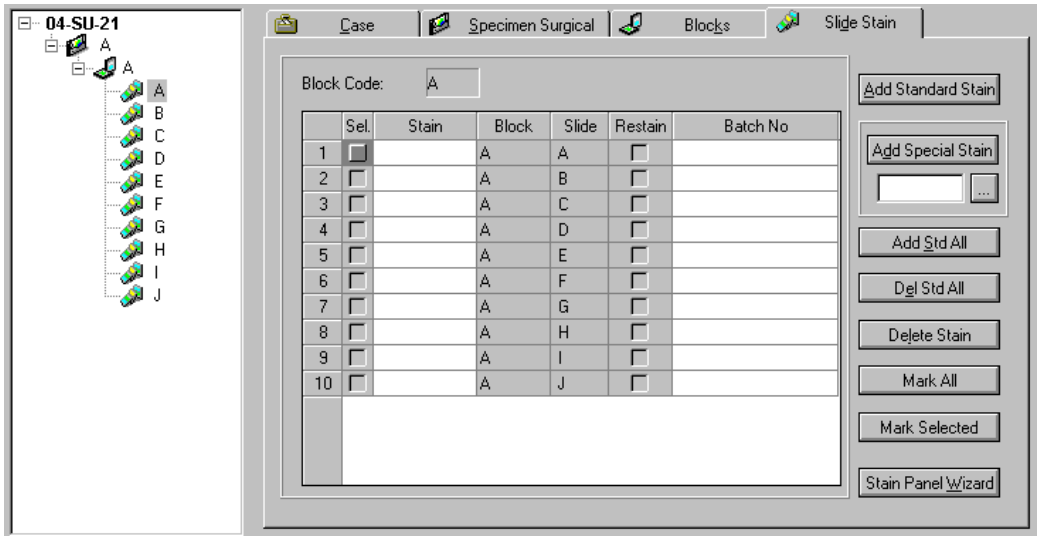
Help Button

"Help". Selects the Help button.

SCC
Soft Computer

Slide Stain Tab

"Slide Stain" Selects the Slide Stain tab.



Expand Tree Grid Display

"Expand". Expands the materials under the Block level to the Slide level

Navigation Between Multiple Slides

The system allows traversal between each listed slide by speaking the following commands:

First Slide

"First". Navigates to the first slide for the selected block in the tree grid display.

Next Slide

"Next". Navigates to the next slide in the order of slides listed in the tree grid display. This command will move the cursor down one slide at a time.

Previous Slide

"Previous". Navigates to the previous slide in the order of slides listed in the tree grid display. This command will move the cursor up one slide at a time.

Last Slide

"Last". Navigate to the last slide for the selected block in the tree grid display.

Slide Selection in Slide Stain Tab Grid

"Select [Number]". Selects the line number that corresponds to that specific slide in the Slide Stain Tab Grid.

Add Standard Stain Button

"Add Standard Stain". Selects the Add Standard Stain button

Add Special Stain Button

"Add Special Stain". Selects the Add Special Stain button

Special Stain Selection Field

"Special Stain". Selects the Special Stain field.

Lookup for Special Stain Selection field

"Lookup for". Launches the Special Stains/Test/Stain Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Special Stains/Test/Stain Panels browser window. Follow with the command "OK" to select desired code and close the Special Stains/Test/Stain Panels browser window.

Add Std All Button

"Add Standard All". Selects the Add Standard All button.

Del Std All Button

"Delete Standard All". Selects the Delete Standard All button.

Delete Stain Button

"Delete Stain". Selects the Delete Stain button.

Mark All Button

"Mark All". Selects the Mark All button.

Unmark All Button

"Unmark All". Selects the Unmark All button.

Mark Selected Button

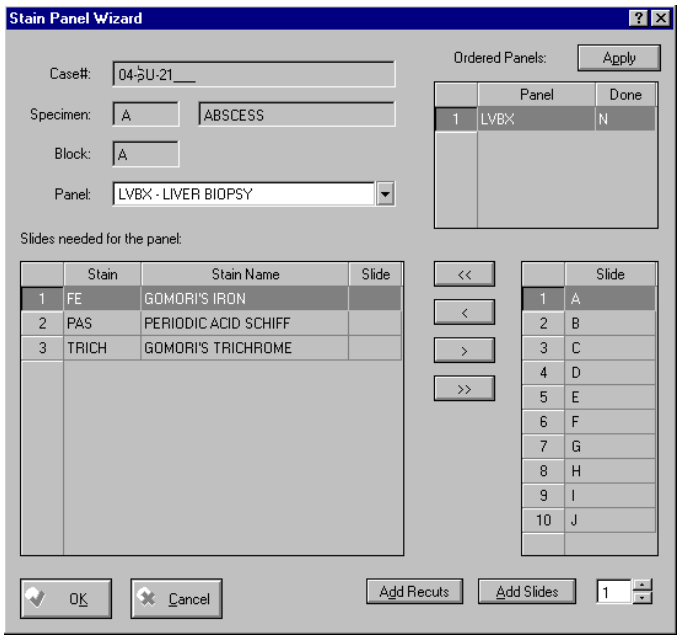
"Mark Selected". Selects the Mark Selected button.

Unmark Selected Button

"Unmark Selected". Selects the Unmark Selected button.

Stain Panel Wizard Button

"Stain Panel Wizard". Selects the Stain Panel Wizard button.



Panel Field

"Panel". Selects the Panel field.

Panel Field Expansion

"Expand". Expands the Panel drop-down list.

Panel Field Selection

"[Name]". Selects the name in the Panel drop-down list.

Slide Selection

"Select Slide [Row Number]". Selects a slide from the Slides list.

Slide Stain

"Select Stain [Row Number]". Selects a stain from the Stains list.

Move Button (<)

"Move". Selects the Move button (<).

Move All Button (<<)

"Move All". Selects the Move All button (<<).

Remove Button (>)

"Remove". Selects the Remove button (>).

Remove All Button (>>)

"Remove All". Selects the Remove All button (>>).

Add Slides Button

"Add Slides". Selects the Add Slides button.

Add Recuts Button

"Add Recuts". Selects the Add Recuts button.

Number of Slides

"Slide Number". Selects the Number of Slides field adjacent to the Add Slides button.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

OK Button

"OK". Selects the OK button

Cancel Button

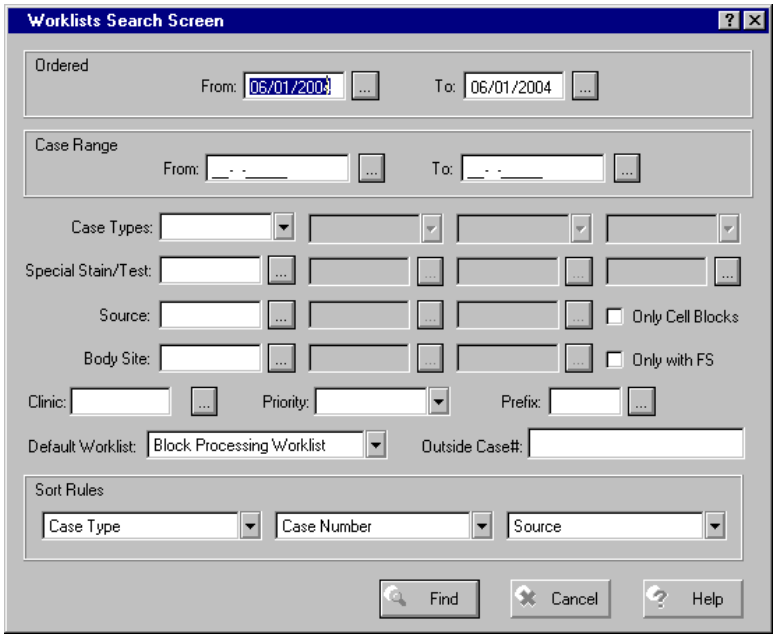
"Cancel". Selects the Cancel button.

Apply Button

"Apply". Selects the Apply button.

Worklists

"Worklists". Launches the Worklists Search Screen.



Ordered Date From Field

"Ordered Date From". Selects the Ordered Date From field. Dictate desired date in the following format "[MMDDYYYY]".

Ordered Date To Field

"Ordered Date To". Selects the Ordered Date To field. Dictate desired date in the following format "[MMDDYYYY]".

Case Range From Field

"Case Range From". Selects the Case Range From field. Dictate the desired case number "[Case Number]"

Case Range To Field

"Case Range To". Selects the Case Range To field. Dictate the desired case number "[Case Number]".

Case Types Field

"Case Types". Selects the Case Types field

Case Types Field Expansion

"Expand". Expands the Case Types drop-down list.

Case Types Field Selection

"[Name]". Selects an item from the Case Types drop-down list.

Special Stains/Tests

"Special Stains/Tests". Selects the Special Stains Tests field.

Lookup For

"Lookup for". Launches the Special Stains/Test/Stains Panel Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Special Stains/Test/Stains Panel Lookup browser window. Follow with the command "OK" to select desired code and close the Special Stains/Test/Stains Panel Lookup browser window.

Source Field

"Source". Selects the Source field.

Lookup for

"Lookup for". Launches the Source Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Source Codes Lookup browser window. Follow with the command "OK" to select desired code and close the Source Codes Lookup browser window.

Body Site Field

"Body Site". Selects the Body Sites field.

Lookup for

"Lookup for". Launches the Body Site Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Body Site Lookup browser window. Follow with the command "OK" to select desired code and close the Body Site Lookup browser window.

Only Cell Blocks Checkbox

"Only Cell Blocks". Selects the Only Cell Blocks checkbox.

Only with FS Checkbox

"Only with Frozen Section". Selects the Only with FS checkbox.

Clinic Field

"Clinic". Selects the Clinic field.

Lookup for

“Lookup for". Launches the Clinic Code Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Clinic Code Lookup browser window. Follow with the command "OK" to select desired code and close the Clinic Code Lookup browser window.

Priority Field

"Priority". Selects the Priority field.

Priority Field Expansion

"Expand". Expands the Priority drop-down list.

Priority Field Selection

"[Name]". Selects an item from the Priority drop-down list.

Prefix Field

"Prefix". Selects the Prefix field.

Lookup for

"Lookup for". Launches the Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select desired code and close the Accession Sequences Lookup browser window.

Default Worklist Field

"Default Worklist". Selects the Default Worklist field.

Default Worklist Field Expansion

"Expand". Expands the Default Worklist drop-down list.

Default Worklist Field Selection

"[Name]". Selects an item from the Default Worklist drop-down list.

Sort Rules Field

"Sort Rules". Selects the Sort Rules field.

Sort Rules Field Expansion

"Expand". Expands the Sort Rules drop-down list.

Sort Rules Field Selection

"[Name]". Selects an item from the Default Worklist drop-down list.

Find Button

"Find". Selects the Find button

Cancel Button

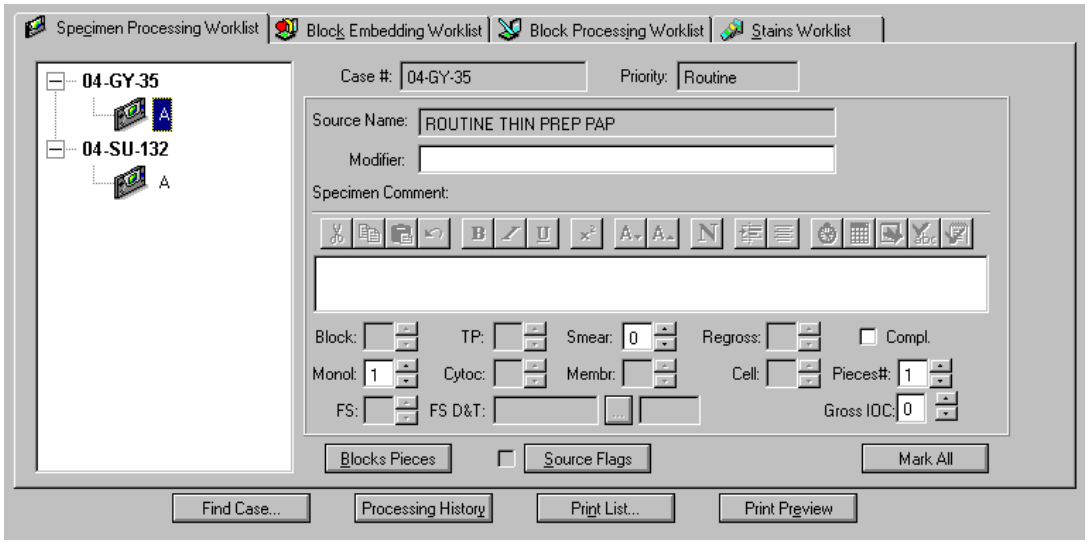
"Cancel". Selects the Cancel button.

Help button

“Help”. Selects the Help button.

Specimen Processing Worklist Tab

"Specimen Processing Worklist". Selects the Specimen Processing Worklist tab.



Navigation between Multiple Specimens

The system allows traversal between each listed specimen by speaking the following commands:

First

"First". Navigates to the first specimen in the tree grid display.

Next

"Next". Navigates to the next specimen in the tree grid display. This command will move the cursor down one specimen at a time.

Previous

"Previous". Navigates to the previous specimen in the tree grid display. This command will move the cursor up one specimen at a time.

Last

"Last". Navigates to the last specimen in the tree grid display.

Modifier Field

“Modifier”. Selects the modifier field.

Modifier Field, Text Entry

Enter text using voice dictation.

Specimen Comment Field

"Specimen Comment". Selects the Specimen Comment field.

Specimen Comment Field, Text Entry

Enter text using voice dictation.

Primary Block Field

"Primary Block". Selects the Primary Block field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Smear Field

"Smear". Selects the Smear field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Touch Prep Field

"Touch Prep". Selects the Touch Prep field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Regross Block or Additional Block Field

"Regross Blocks" or "Additional Blocks". Selects the Regross Block or Additional Block field (dependent on system settings).

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Monolayers Field

"Monolayers". Selects the Monolayers field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Cytocentrifuges Field

"Cytocentrifuges". Selects the Cytocentrifuges field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Membrane Filters Field

"Membrane Filters". Selects the Membrane Filters field

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Cell Blocks Field

"Cell Blocks". Selects the Cell Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Gross IOC Field

"Gross I O C". Selects the Gross IOC field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Pieces Field

"Pieces". Selects the Pieces field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Frozen Section Blocks Field

"Frozen Section Blocks". Selects the Frozen Section Blocks field.

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Frozen Section Date Field

"Frozen Section Date". Selects the Frozen Section Date field. Follow with voice dictation to add date in the following format: "[MMDDYYYY]".

Frozen Section Time Field

"Go Next". Moves cursor from Frozen Section Date field and selects the Frozen Section Time field. Follow with voice dictation to add time in the following format: "[# # # #]. Use Military time format

Complete (Compl.) Checkbox

"Completed". Selects the Completed checkbox.

Blocks Pieces Button

"Blocks Pieces". Selects the Blocks Pieces button

Mark All Button

"Mark All". Selects the Mark All button.

Find Case Button

"Find Case". Selects the Find Case button.

Case Number

"[Case number]". Enter a case number using voice dictation.

Processing History Button

"Processing History". Selects the Processing History button.

Print List Button

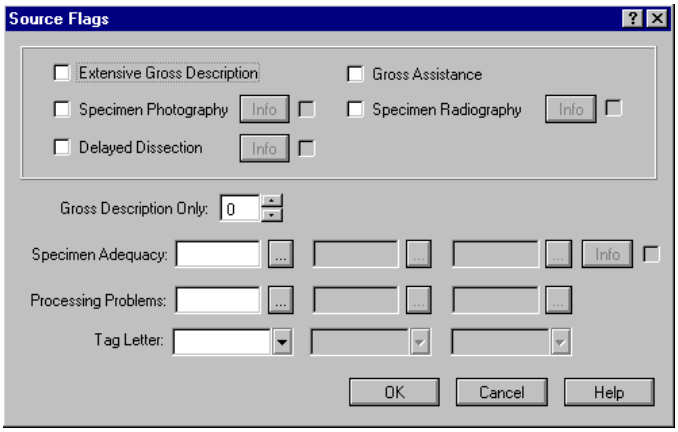
"Print List". Selects the Print List button.

Print Preview Button

"Print Preview". Selects the Print Preview button.

Source Flags Button

"Source Flags". Selects the Source flags button and launches the Source flags window.



Extensive Gross Description Checkbox

"Extensive Gross". Selects the Extensive Gross Description checkbox.

Gross Assistance Checkbox

"Gross Assistance". Selects the Gross Assistance checkbox

Specimen Photography Checkbox

"Specimen Photography". Selects the Specimen Photography checkbox.

Specimen Photography Info Button

"Photography Info". Selects the Specimen Photography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button

Specimen Radiography Checkbox

"Specimen Radiography". Selects the Specimen Radiography checkbox.

Specimen Radiography Info Button

"Radiography Info". Selects the Specimen Radiography Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Delayed Dissection Checkbox

"Delayed Dissection". Selects the Delayed Dissection checkbox.

Delayed Dissection Info Button

"Dissection Info". Selects the Delayed Dissection Info button.

Text Entry

Enter text using voice dictation.

OK Button

“OK". Selects the OK button.

Cancel

"Cancel". Selects the Cancel button.

Gross Description Only Field

"Gross Description Only". Selects the Gross Description Only field

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Specimen Adequacy Field

"Specimen Adequacy". Selects the Specimen Adequacy field.

Lookup for Specimen Adequacy Field

"Lookup for". Launches the Quality Codes Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Quality Code in the Quality Codes Lookup browser window. Follow with the command "OK" to select quality code and close Quality Codes Lookup browser window.

Specimen Adequacy Info Button

"Adequacy Info". Selects the Specimen Adequacy Info button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

“Cancel". Selects the Cancel button.

Processing Problems Field

"Processing Problems". Selects the Processing Problems field

Lookup for Processing Problems

"Lookup for". Launches the Processing Problem Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Processing Problem Code in the Processing Problems Lookup browser window. Follow with the command "OK" to select processing problem code and close Processing Problems Lookup browser window.

Tag Letter Field

"Tag Letter". Selects the Tag Letter field.

Tag Letter Field Expansion

"Expand". Expands the Tag Letter field drop-down list.

Tag Letter Selection

"[Name]". Selects an item from the Tag Letter drop-down list.

OK Button

"OK" Selects the OK button.

Cancel Button

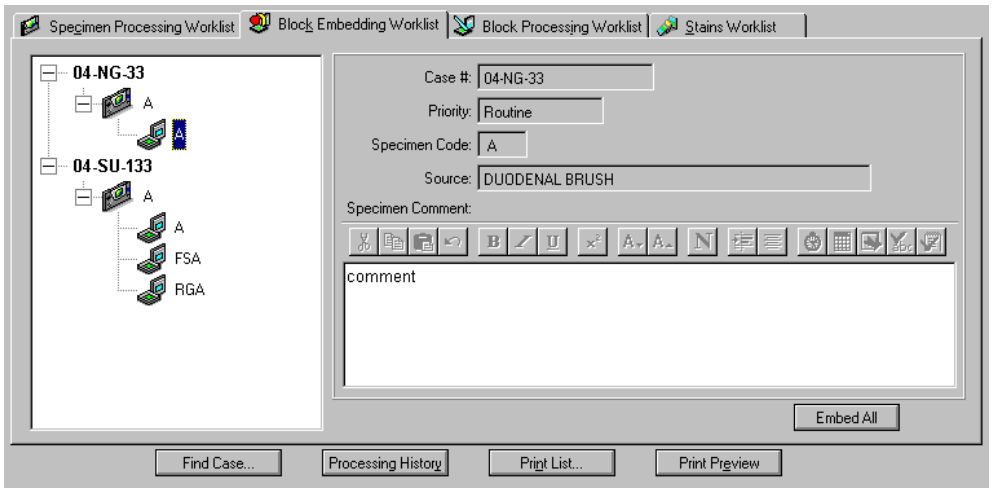
“Cancel". Selects the Cancel button.

Help Button

"Help". Selects the Help button.

Block Embedding Worklist Tab

"Block Embedding Worklist". Selects the Block Embedding Worklist tab.



Specimen Comment Field

"Specimen Comment". Selects the Specimen comment section.

Specimen Comment Text Entry

"[Comment]". Enter text into the Specimen Comment section using voice dictation.

Embed All Button

"Embed All". Selects the Embed All button.

Find Case Button

"Find Case". Selects the Find Case button.

Case Number

"[Case number]". Enter a case number using voice dictation.

Processing History Button

"Processing History". Selects the Processing History button.

Print List Button

"Print List". Selects the Print List button.

Print Preview Button

"Print Preview". Selects the Print Preview button.

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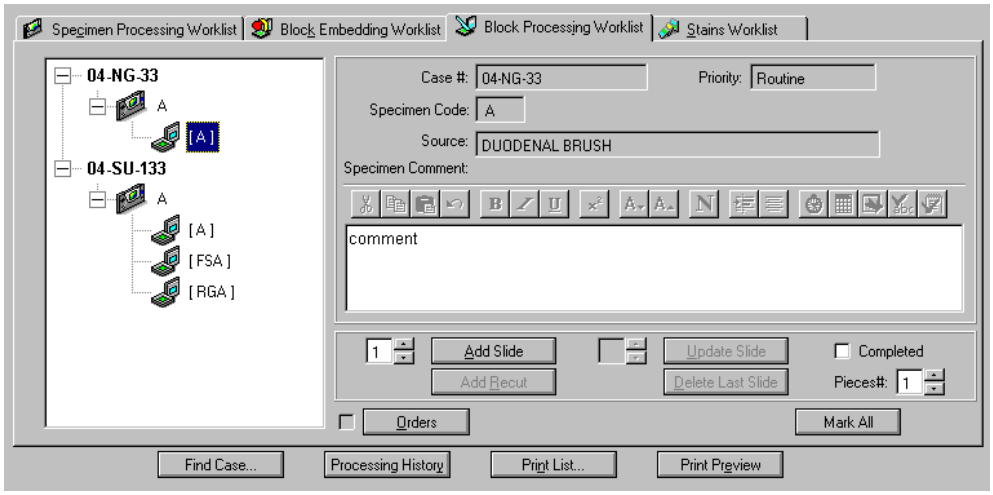
Block Processing Worklist Tab

"Block Processing Worklist". Selects the Block Processing Worklist Tab.



Specimen Comment Field

"Specimen Comment". Selects the Specimen comment section.

Specimen Comment

"[Comment]". Enter text into the Specimen Comment section using voice dictation.

Add Slide Button

"Add Slide". Selects the Add Slide button.

Number of Slides Field

"New slide number". Selects the Number of Slides field adjacent to the Add Slides button

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Add Recut Button

"Add Recut". Selects the Add Recut button.

Update Last Slide Button

"Update Last Slide". Selects the Update Last Slide button.

Number of Slides Field

"Last slide number". Selects the Number of Slides field adjacent to the Update Last Slides button.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Delete Last Slide Button

"Delete Last Slide". Selects the Delete Last Slide button.

Completed Checkbox

"Completed". Selects the Completed checkbox.

Pieces Field

"Pieces". Selects the Pieces field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

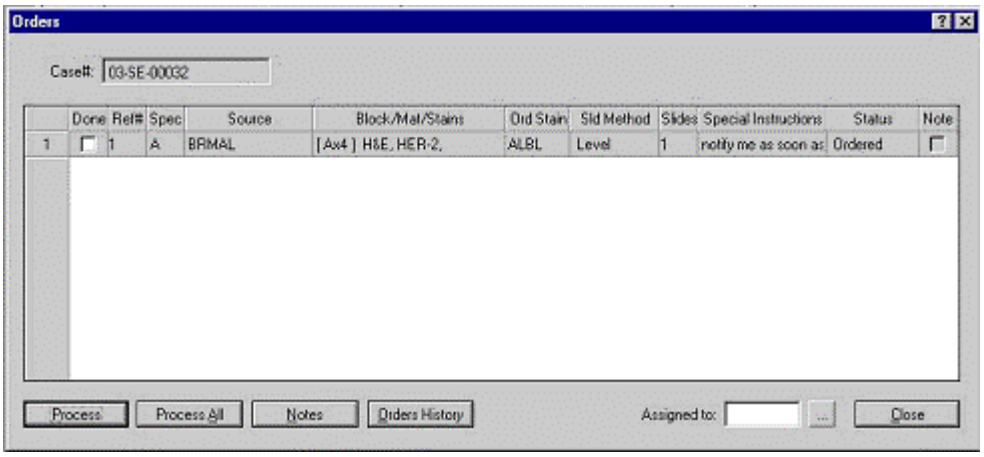
"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Orders Button

"Orders". Opens the Orders window.



Selecting an Order

"Select [row number]. Selects a specific row in the Orders grid.

Flag as Done

"Done". Marks the Done checkbox of the selected row.

Process Button

"Process". Selects the Process button.

Process All Button

"Process all". Selects the Process All button.

Notes Button

"Notes". Selects the Notes button.

Text Entry

Enter text using voice dictation.

Current D&T Button

"Current date and time". Selects the Current D&T User button.

Close Button

"Close". Selects the Close button.

Orders History Button

"Orders History". Selects the Orders History button.

Close Button

"Close". Selects the Close button.

Assigned To Field

"Assigned To". Selects the Assigned To field. Enter Text using voice dictation.

Lookup for Assigned To field

"Lookup for". Launches Personnel Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired individual in the Personnel Lookup browser window. Follow with the command "OK" to select personnel and close Personnel Lookup browser window.

Close Button

"Close". Selects the Close button.

Mark All

"Mark All". Selects the Mark All button.

Find Case Button

"Find Case". Selects the Find Case Button

Case Number Field

"[Case number]". Enter a case number using voice dictation.

Processing History Button

"Processing History". Selects the Processing History button.

Print List Button

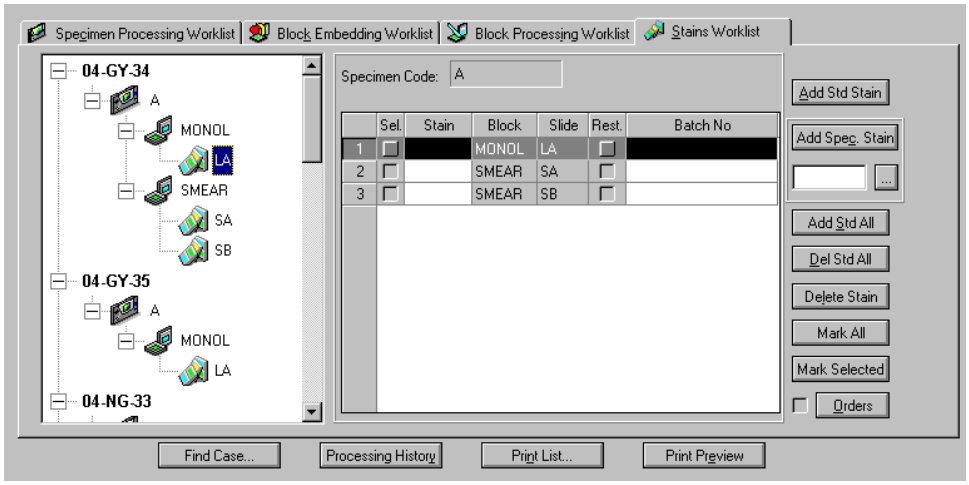
"Print List". Selects the Print List Button.

Print Preview Button

"Print Preview". Selects the Print Preview button.

Stains Worklist Tab

"Stains Worklist". Selects the Stains Worklist Tab.



Navigation Between Multiple Slides

The system allows traversal between each listed slide by speaking the following commands:

First Slide

"First". Navigates to the first slide for the selected block in the tree grid display.

Next Slide

"Next". Navigates to the next slide in the order of slides listed in the tree grid display. This command will move the cursor down one slide at a time.

Previous Slide

"Previous". Navigates to the previous slide in the order of slides listed in the tree grid display. This command will move the cursor up one slide at a time.

Last Slide

"Last". Navigate to the last slide for the selected block in the tree grid display.

Slide Selection in Slide Stain Tab Grid

"Select [Number]”. Selects the line number that corresponds to that specific slide in the Slide Stain Tab Grid.

Add Standard Stain Button

"Add Standard Stain". Selects the Add Standard Stain button

Add Special Stain Button

"Add Special Stain". Selects the Add Special Stains button

Special Stain Selection Field

“Special Stain”. Selects the Special Stain Field.

Lookup for Special Stains

"Lookup for". Launches the Special Stains Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Special Stain Code in the Special Stains Lookup browser window. Follow with the command "OK" to select special stain code and close Special Stains Lookup browser window.

Add Std All Button

"Add Standard All". Selects the Add Standard All button.

Del Std All Button

"Delete Standard All". Selects the Delete Standard All button

Delete Stain Button

"Delete Stain". Selects the Delete Stain button.

Mark All Button

"Mark All". Selects the Mark All button.

Mark Selected Button

"Mark Selected". Selects the Mark Selected button

Unmark All Button

"Unmark All". Selects the Unmark All button

Unmark Selected Button

"Unmark Selected". Selects the Unmark Selected button

Orders Button

"Orders". Selects the Orders button.

See previous section, Block Processing Worklist Tab, for complete functionality of the Orders button and its' options.

Find Case Button

"Find Case". Selects the Find Case

Case Number

The system shall provide the ability to dictate the case number.

Processing History Button

"Processing History". Selects the Processing History button.

Print List Button

"Print List". Selects the Print List button.

Print Preview Button

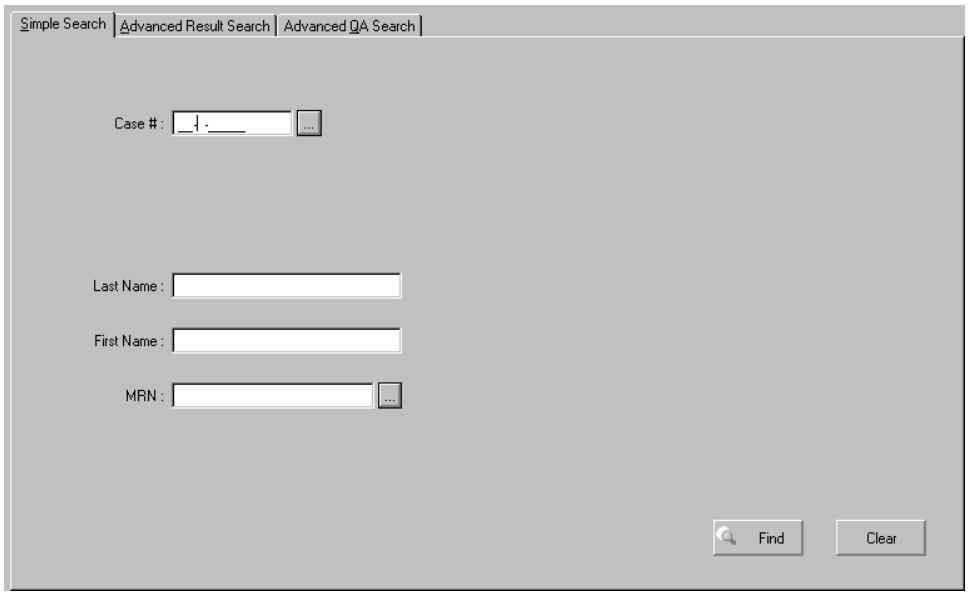
"Print Preview". Selects the Print Preview button.

Case Results

From the main menu, "Case Results" launches the Case Results Search Screen

Simple Search

"Simple Search". Selects the Simple Search Tab.



Case Number Field

"Case number". Selects the Case number field. Enter a case number using voice dictation.

Lookup for Case Number

"Lookup for". Launches the Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Accession Sequences Code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select Accession Sequences code and close Accession Sequences Lookup browser window.

Last Name Field

"Last name". Selects the Last Name Field. Enter a last name using voice dictation.

First Name

"First name". Selects the First Name Field. Enter a first name using voice dictation.

MRN Field

"Medical Record Number [#####...]". Selects the MRN field. followed by the command "Find"

Lookup for MRN Field

"Lookup for". Launches the Patient Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired Patient code in the Patient Lookup browser window. Follow with the command "OK" to select Patient code and close Patient Lookup browser window.

Find Button

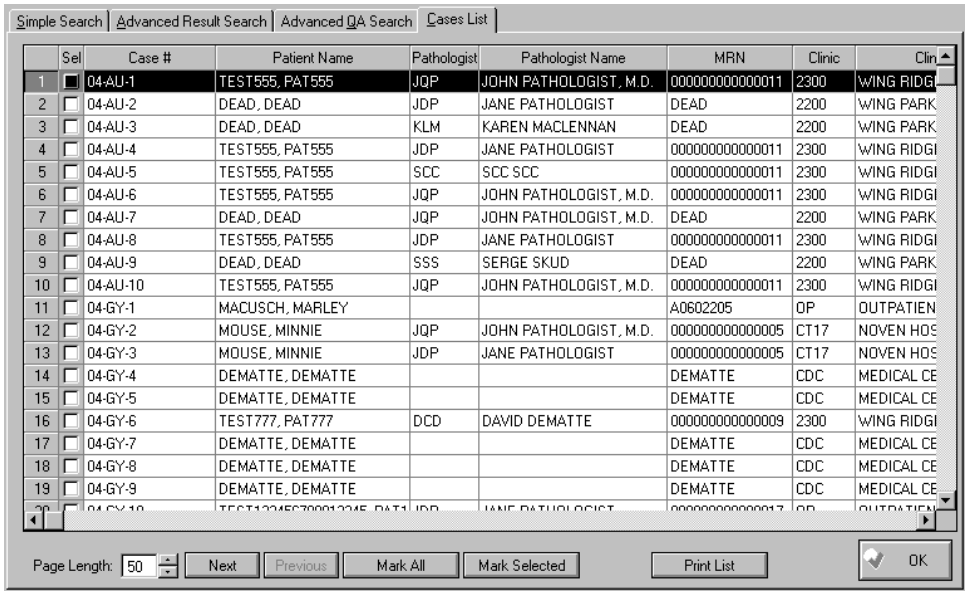
"Find". Selects the Find button.

Clear Button

"Clear". Selects the Clear button.

Cases List

"Cases list". Selects the Cases List Tab.



	Sel	Case #	Patient Name	Pathologist	Pathologist Name	MRN	Clinic	Clin
1	☐	04-AU-1	TEST555, PAT555	JQP	JOHN PATHOLOGIST, M.D.	000000000000011	2300	WING RIDGI
2	☐	04-AU-2	DEAD, DEAD	JDP	JANE PATHOLOGIST	DEAD	2200	WING PARK
3	☐	04-AU-3	DEAD, DEAD	KLM	KAREN MACLENNAN	DEAD	2200	WING PARK
4	☐	04-AU-4	TEST555, PAT555	JDP	JANE PATHOLOGIST	000000000000011	2300	WING RIDGI
5	☐	04-AU-5	TEST555, PAT555	SCC	SCC SCC	000000000000011	2300	WING RIDGI
6	☐	04-AU-6	TEST555, PAT555	JQP	JOHN PATHOLOGIST, M.D.	000000000000011	2300	WING RIDGI
7	☐	04-AU-7	DEAD, DEAD	JQP	JOHN PATHOLOGIST, M.D.	DEAD	2200	WING PARK
8	☐	04-AU-8	TEST555, PAT555	JDP	JANE PATHOLOGIST	000000000000011	2300	WING RIDGI
9	☐	04-AU-9	DEAD, DEAD	SSS	SERGE SKUD	DEAD	2200	WING PARK
10	☐	04-AU-10	TEST555, PAT555	JQP	JOHN PATHOLOGIST, M.D.	000000000000011	2300	WING RIDGI
11	☐	04-GY-1	MACUSCH, MARLEY			A0602205	OP	OUTPATIEN
12	☐	04-GY-2	MOUSE, MINNIE	JQP	JOHN PATHOLOGIST, M.D.	000000000000005	CT17	NOVEN HOS
13	☐	04-GY-3	MOUSE, MINNIE	JDP	JANE PATHOLOGIST	000000000000005	CT17	NOVEN HOS
14	☐	04-GY-4	DEMATTE, DEMATTE			DEMATTE	CDC	MEDICAL CE
15	☐	04-GY-5	DEMATTE, DEMATTE			DEMATTE	CDC	MEDICAL CE
16	☐	04-GY-6	TEST777, PAT777	DCD	DAVID DEMATTE	000000000000009	2300	WING RIDGI
17	☐	04-GY-7	DEMATTE, DEMATTE			DEMATTE	CDC	MEDICAL CE
18	☐	04-GY-8	DEMATTE, DEMATTE			DEMATTE	CDC	MEDICAL CE
19	☐	04-GY-9	DEMATTE, DEMATTE			DEMATTE	CDC	MEDICAL CE

Select Row Number

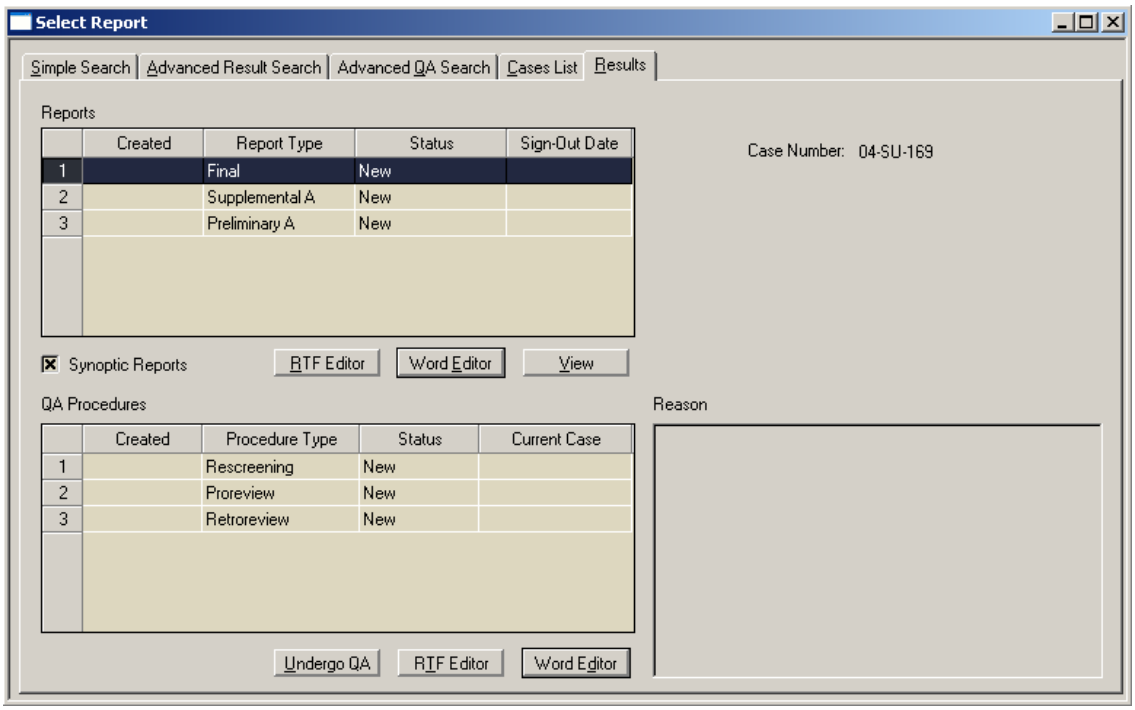
"Select [row number]" followed by the command "Mark Selected". Select a row number and mark its' selection box.

OK Button

"OK". Selects the OK button.

Results Tab (All Case Types – Autopsy, Gynecological, Medical, Surgical)

"Results Tab." Selects the Results Tab.



Final Reports (Gynecological, Medical, Surgical)

"Final". Selects the Final report type.

RTF Editor Button

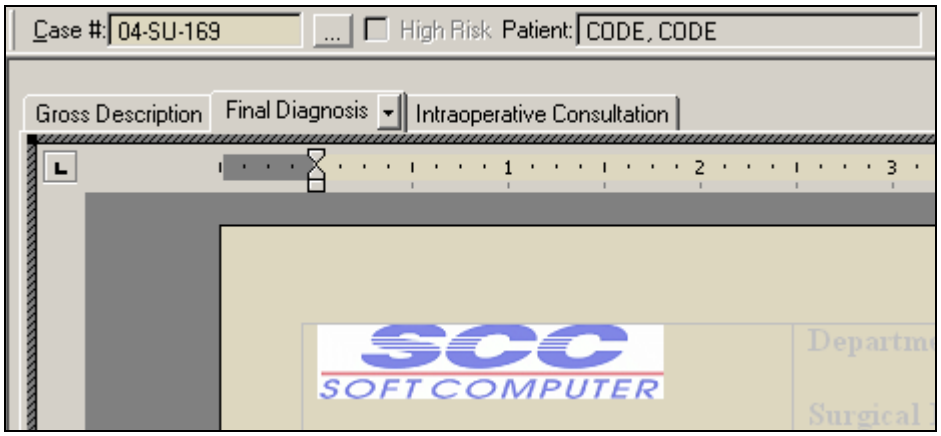
"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Dictation into MS Word Editor

The system provides the ability to select Sections, Navigate, and Dictate into MS Word.



Section Tab Name Selection

"[Tab name]". Selects the Section tab. Cursor is positioned for data entry into section.

Sub-Section Tab Name Selection

Sub-Section tabs shall be limited to mouse selection only.

Final Diagnosis Section

"Final Diagnosis". Selects the Final Diagnosis Section. Cursor is positioned for data entry into section.

Gross Description Section

"Gross Description". Selects the Gross Description Section. Cursor is positioned for data entry into section.

IOC (Intraoperative Consultation) Section

"IntraOperative Consultation". Selects the IntraOperative Consultation Section. Cursor is positioned for data entry into section.

Clinical Data

"Clinical Data". Selects the Clinical Data Section. Cursor is positioned for data entry into section.

Pre-Op Information

"Pre-Op Information". Selects the Pre-Op Information Section. Cursor is positioned for data entry into section.

Section Dictation

The system provides two methods to dictate data using voice functionality: 1) Standard Dragon Dictation functionality that employs a dictation box; OR 2) direct dictation into the MS Word template.

To Use Standard Dragon Dictation functionality, follow these steps:

Section Tab Name Selection

"[Tab name]". Selects the Section tab. Cursor is positioned for data entry into section.

Launch Dictation Box

"Start Dictation". Launches the Dragon dictation box.

Text Entry

Enter text using voice dictation.

Close Dictation Box

"End Dictation". Closes the Dragon dictation box and inserts dictated text into the selected report section

To Use Direct Dictation into the MS Word Template, follow these steps:

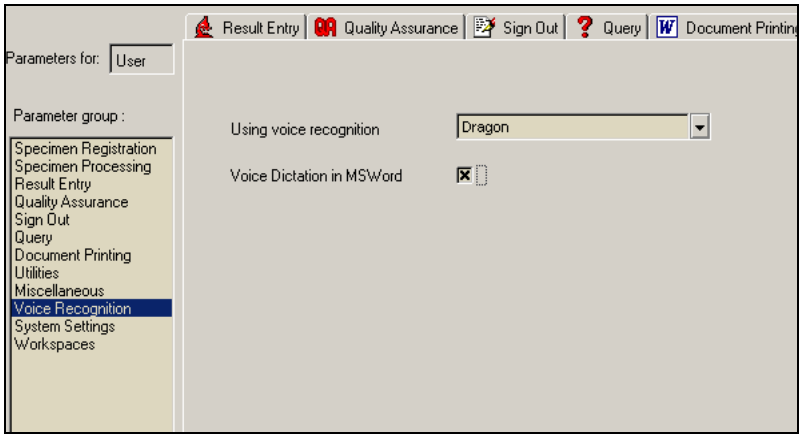
Section Tab Name Selection

"[Tab name]". Selects the Section tab. Cursor is positioned for data entry into section.

Text Entry

Enter text using voice dictation. The text will automatically be inserted into the selected report section.

NOTE: The system requires an option to be set in Setup, Options, Voice Recognition for Direct Dictation into MS Word to be enabled:



Navigating in the document

The system has the ability to navigate through the entered text using standard Dragon voice functionality as follows:

Find Text (Text Search)

The system shall have the ability to find text within the document by entering dictation mode with the phrase "Find [text]". Searches for the named text, closes dictation mode after text is found.

Home

"Home". Navigates to the top of the document.

End

"End". Navigates to the bottom of the document.

End Of Line

"End of line". Navigates to the end of the currently selected line of text.

Beginning of line

"Beginning of line". Navigates to the start of the currently selected line of text.

Up

"Page Up". Navigates the cursor up one line of text at a time.

Down

"Page Down". Navigates the cursor down one line of text at a time.

Tab

"Tab". Selects the Tab Key on the keyboard.

New line

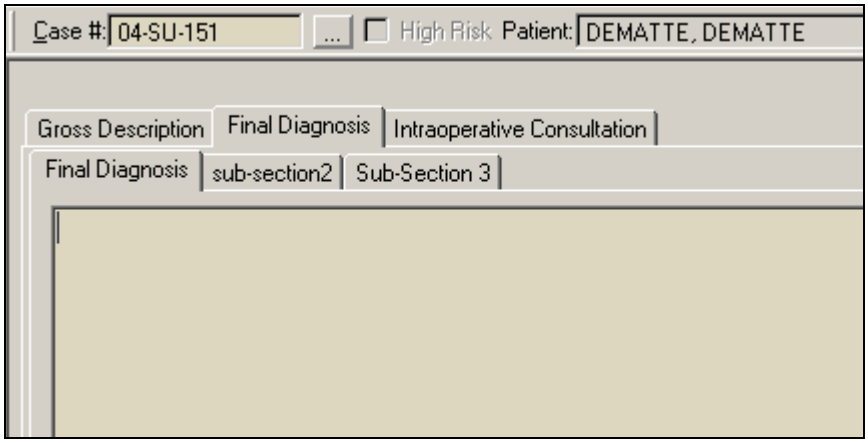
The system shall have the ability to start a new line with the phrase "New line"

Formatting

The system shall provide the ability to format the dictated text using standard Dragon formatting functionality. Please refer to Dragon reference material.

Correction

The system shall provide the ability to correct the dictated text using standard Dragon correction functionality. Please refer to Dragon reference material.



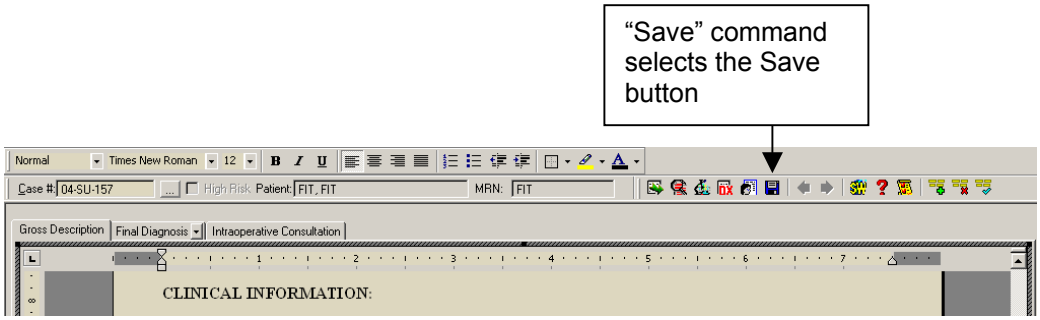
Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to previous section for details.

NOTE: Sub Sections are selectable using voice functionality in the RTF editor.

Sub Section Tab Name Selection

"[Tab name]". Selects the Sub Section tab. Cursor is positioned for data entry into section.

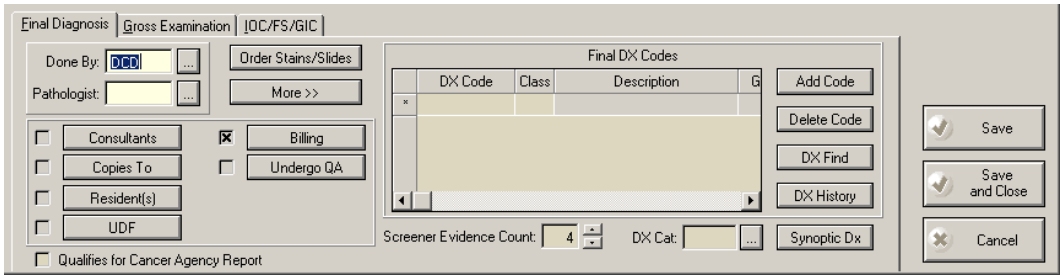


Save Section – Final Diagnosis

"Save ". Select the Save button in the Report toolbar to begin the Save and Completion process.

Final Diagnosis Tab

"Final Diagnosis". Selects the Final Diagnosis tab.



Done By Field

"Done by". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Final Diagnosis Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Final Diagnosis Lookup browser window. Follow with the command "OK" to select Person Dictating Final Diagnosis code and close Person Dictating Final Diagnosis Lookup browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Lookup for Pathologist Field

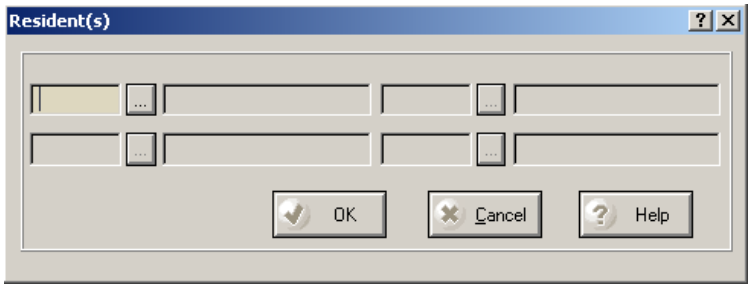
"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist Lookup browser window.

Resident Button

"Resident". Selects the Resident button.



Lookup for Resident Field

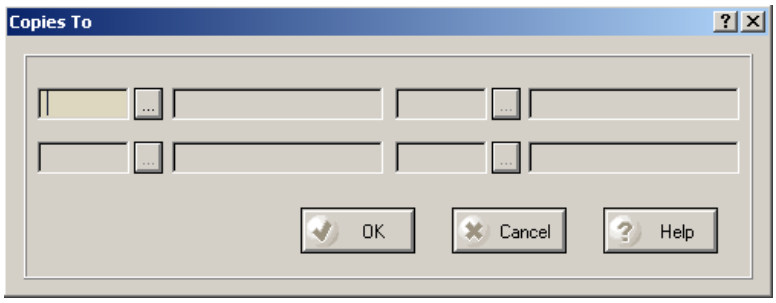
"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Copies To Button

"Copies to". Selects the Copies To button.

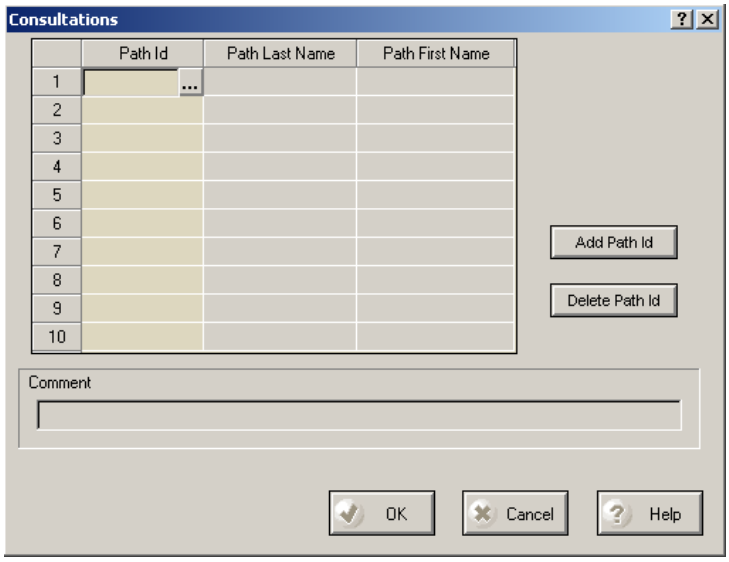


Lookup for Requesting Doctor Field

"Lookup for". Launches the Requesting Doctor browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select Requesting Doctor code and close Requesting Doctor Lookup browser window.



Consultants Button

"Consultations". Selects the Consultants button.

Lookup for Consultants Fields

"Lookup for". Launches the Requesting Doctor browser window.

Browser Selection

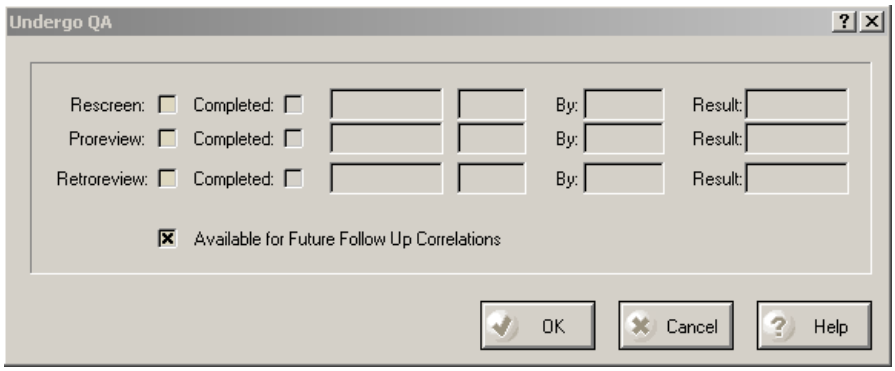
"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select Requesting Doctor code and close Requesting Doctor Lookup browser window.

Consultant Comment Field

"Comment". Selects the Comment field. Enter a comment using voice dictation

Undergo QA Button

"Undergo QA". Selects the Undergo QA button.



Proreview Checkbox

"Proreview". Selects the Proreview checkbox.

Rescreen Checkbox

"Rescreen". Selects the Rescreen checkbox.

Retroreview Checkbox

"Retroreview". Selects the Retroreview checkbox.

UDF Button.

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

Final DX Codes Field(s)

The system has the ability to enter final diagnosis codes:

Add Code Button

"Add Code". Selects the Add Code button.

Dx Find Button

"DX Find". Selects the Dx Find button.

Delete Code Button

"Delete Code". Selects the Delete Code button.

Dx History

"Dx History". Selects the Dx History button.

Billing Button

"Billing". Selects the Billing button.

Billing Part A Tab

"Billing Part A". Selects the Billing Part A tab. **Note:** Data entry within this tab shall be limited to keyboard/mouse entry.

Billing Part B Tab

"Billing Part B". Selects the Billing Part B tab. **Note:** Data entry within this tab shall be limited to keyboard/mouse entry.

Dx Cat (Category) Field

"Category". Selects the Dx Cat field.

Lookup for Dx Cat Field

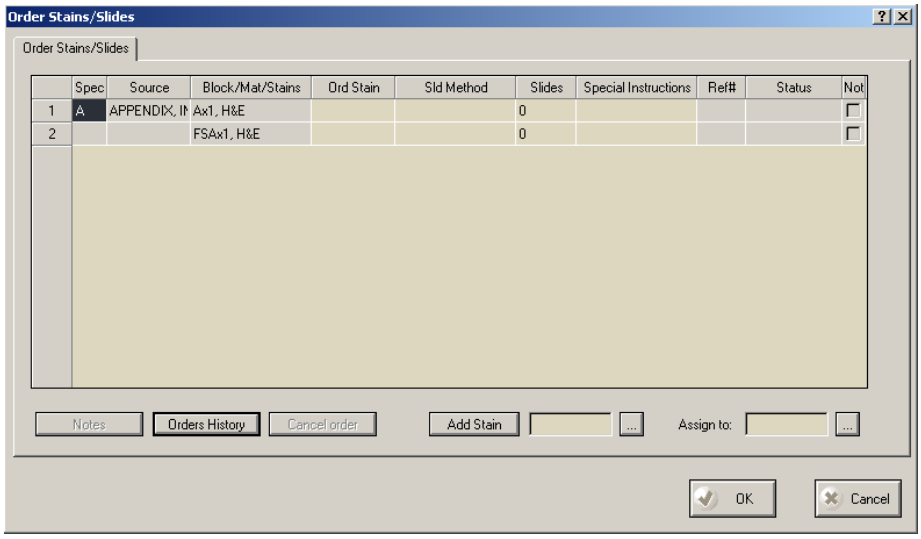
"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Diagnosis Category code and close Diagnosis Category Lookup browser window.

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button.



Select Material (Line Number)

"Select [Line Number]". Selects the line number of the specified material.

Add Stain Field

"Order Stain". Selects the Order Stain field adjacent to the Add Stain button.

Lookup for Add Stain Field

"Lookup for". Launches the Special Stains/Test/Stain Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Special Stains/Test/Stain Panels Lookup browser window. Follow with the command "OK" to select Special Stains/Test/Stain Panels code and close Special Stains/Test/Stain Panels browser window.

Add Stain

"Add Stain". Selects the Add Stains button. Applies the selected stain that was looked up in previous step to the selected material in the Order Stains/Slides Grid.

Assign To

"Assign To". Selects the Assign To field.

Lookup for Assign To Field

"Lookup for". Launches the Personnel Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Personnel Lookup browser window. Follow with the command "OK" to select Personnel code and close Personnel browser window.

Notes Button

"Notes". Selects the Notes button

Text Entry

Enter text using voice dictation

Current D&T Button

"Current Date and Time". Selects the Current D&T button.

Close Button

"Close". Selects the Close button.

OK Button

"OK". Selects the OK button

Cancel Button

"Cancel". Selects the Cancel button.

Screener Evidence Count Field

"Screener Evidence". Selects the Screener Evidence Count Field.

Add Number Value

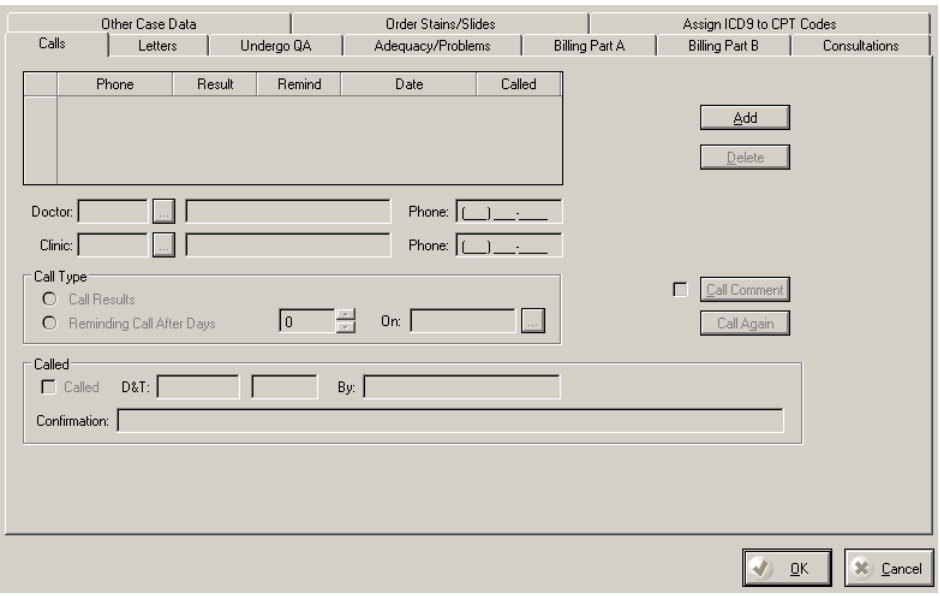
"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

More Button

"More". Selects the More button.



Billing Part A Tab

"Billing Part A". Selects the Billing Part A tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Billing Part B Tab

"Billing Part B". Selects the Billing Part B tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Calls Tab

"Calls". Selects the Calls tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Letters Tab

"Letters". Selects the Letters tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Undergo QA Tab

"Undergo QA". Selects the Undergo QA tab. Voice commands to select Rescreen, Proreview, and Retroreview are the same as previously described and will not be repeated.

Adequacy/Problems Tab

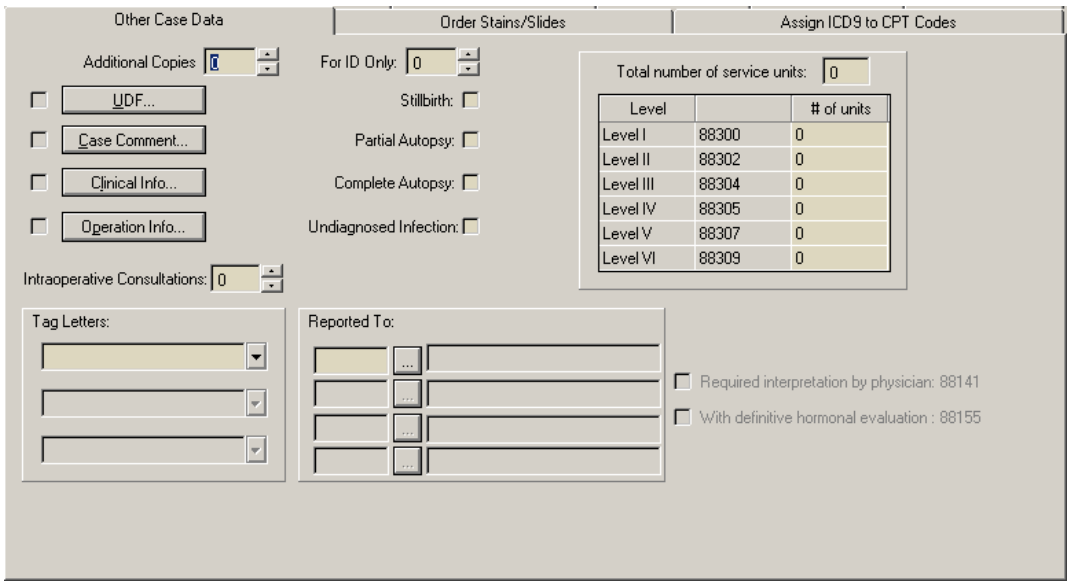
"Adequacy Problems". Selects the Adequacy/Problems tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Consultations Tab

"Consultations". Selects the Consultations tab. Voice commands within this tab are the same as previously described and will not be repeated.

Other Case Data Tab

"Other Case Data". Selects the Other Case Data tab. Voice functionality within this tab is as follows:



Additional Copies

The system shall provide the ability to edit the Additional Copies field by using the command "Additional Copies".

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

For ID only

The system shall provide the ability to edit the For ID only field using the command "For ID Only"

Dictate Number Value

"[Number]". Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

UDF Button.

"User Defined Flags". Selects the UDF button

Flag Selection

"UDF Name". Selects the name of the UDF flag as displayed.

Case Comment

"Case Comment". Selects the Case Comment button.

Case Comment Window

Enter a comment using voice dictation.

OK Button

"OK". Selects the OK button for the Case Comment window.

Cancel Button

"Cancel" Selects the Cancel button for the Case Comment window.

Clinical Info Button

"Clinical Info". Selects the Clinical Info button.

Clinical Info Window

Enter a comment using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button

Operation Info Button

"Operational Info". Selects the Operation Info button.

Operation Info Window

Enter a comment using voice dictation.

OK Button

"OK" Selects the OK button.

Cancel Button

"Cancel" Selects the Cancel button.

Intraoperative Consultations Field

"Intraoperative Consultations". Selects the Intraoperative Consultations field.

Dictate Number Value

“[Number]”. Dictate desired number.

Add Number Value

"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Stillbirth Checkbox

"Stillbirth". Selects the Stillbirth checkbox.

Partial Autopsy Checkbox

"Partial Autopsy". Selects the Partial Autopsy checkbox.

Complete Autopsy Checkbox

"Complete Autopsy". Selects the Complete Autopsy checkbox.

Undiagnosed Infection Checkbox

"Undiagnosed Infection". Selects the Undiagnosed Infection checkbox.

Tag Letter Field

"Tag Letter". Selects the Tag Letter field.

Tag Letter Field Expansion

"Expand". Expands the Tag Letter field drop-down list.

Tag Letter Selection

"[Name]". Selects an item from the Tag Letter drop-down list.

Reported To Field

"Reported To". Selects the Reported To field.

Lookup for Reported To Field

"Lookup for". Launches the Doctor Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Doctor Lookup browser window. Follow with the command "OK" to select Doctor code and close Doctor browser window.

Total Number of Service Units

"Service Units" Selects the Total Number of Service Units field. Dictate a number into this field using voice dictation.

Level One # of Units

"Level One [number]". Selects the number field for Level One. Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Level Two # of Units

"Level Two [number]". Selects the number field for Level Two. Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Level Three # of Units

"Level Three [number]". Selects the number field for Level Three. Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Level Four # of Units

"Level Four [number]". Selects the number field for Level Four Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Level Five # of Units

"Level Five [number]". Selects the number field for Level Five. Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Level Six # of Units

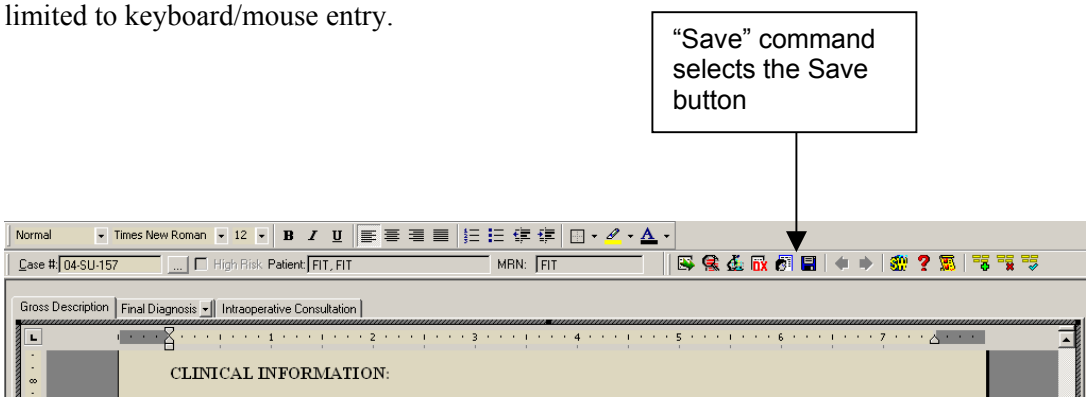
"Level Six [number]". Selects the number field for Level Six. Dictate number using voice dictation. Use "Add [Number]" and "Subtract [Number] to change value.

Order Stains/Slides Tab

"Order Stains Slides". Selects the Order Stains/Slides tab. Voice commands within this tab are the same as previously described and will not be repeated here.

Assign ICD9 to CPT Tab

"Assign ICD9 to CPT". Selects the Assign ICD9 to CPT tab. Data entry within this tab shall be limited to keyboard/mouse entry.



Save Section – Gross Description

"Save ". Select the Save button in the Report toolbar to begin the Save and Completion process.

Gross Description (Examination) Tab

"Gross Examination". Selects the Gross Examination tab.

Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Gross Description Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Gross Description Lookup browser window. Follow with the command "OK" to select Person Dictating Gross Description code and close Person Dictating Gross Description browser window.

Copies To Field

"Copies to". Selects the Copies To button.

Lookup for Requesting Doctor Field

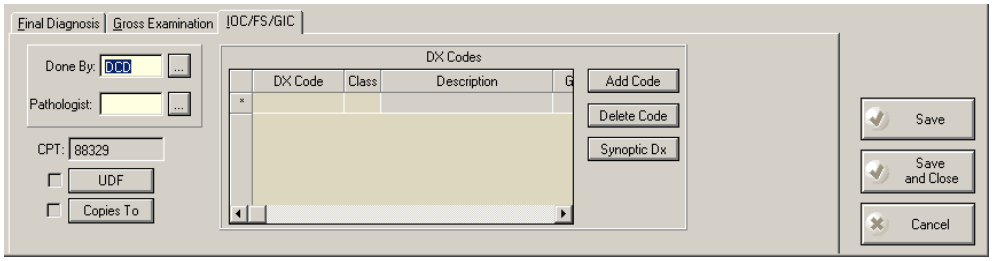
"Lookup for". Launches the Requesting Doctor browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select Requesting Doctor code and close Requesting Doctor Lookup browser window.

IOC/FS/GIC Tab

The system shall have the ability to invoke the save screen for IOC Entry for all case types via voice recognition by using the command "Save"



Done By Field

"Done By" Selects the Done By field.

Lookup for Person Dictating IO Consultation Lookup Field

"Lookup for". Launches the Person Dictating IO Consultation browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating IO Consultation Lookup browser window. Follow with the command "OK" to select Person Dictating IO Consultation code and close Person Dictating IO Consultation Lookup browser window.

Clinical Data, Pre-Op (All case types)

The system shall have the ability to save from these options through voice recognition

Save Button

"Save". Selects the Save button. Completes the completion process and saves the result entry.

Save and Close Button

"Save and close". Selects the Save and Close button. Completes the completion process, saves the result entry, and closes the report window.

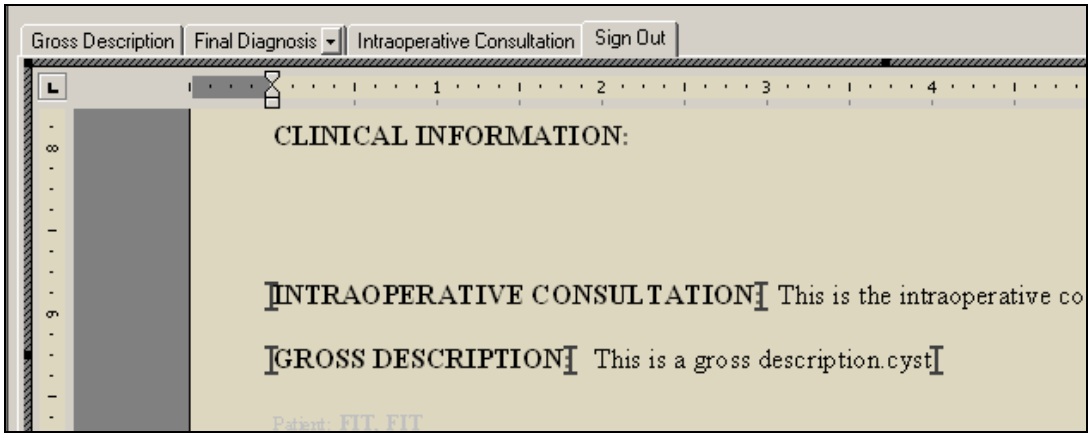
Cancel Button

"Cancel". Selects the Cancel button. Aborts the completion process, closes the completion window, and returns user to result report.

SCC
Soft Computer

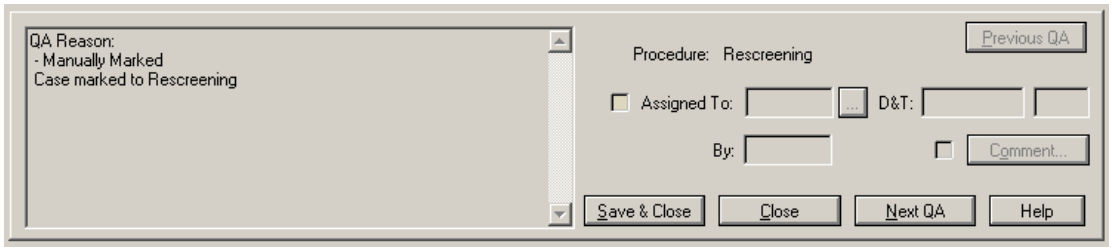
Sign Out Tab

"Sign Out". Selects the Sign Out tab when Result Entry has been completed.



QA Online Window

The system provides the ability to navigate and perform data entry within the QA Online window



Assigned To

"Assigned To". Selects the Assigned To Checkbox. The voice command “Tab” selects the Assigned To Lookup Field.

Lookup for Assigned To Field

"Lookup for". Launches the Person Can Rescreen browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Rescreen Lookup browser window. Follow with the command "OK" to select Person Can Rescreen code and close Person Can Rescreen Lookup browser window.

Save & Close Button

"Save and Close". Selects the Save & Close button.

Close Button

"Close". Selects the Close button.

Next QA Button

"Next QA". Selects the Next QA button.

Help Button

"Help". Selects the Help button.

Previous QA Button

"Previous QA". Selects the Previous QA button.

Comment Button

"Comment". Selects the Comment button.

Comment Window

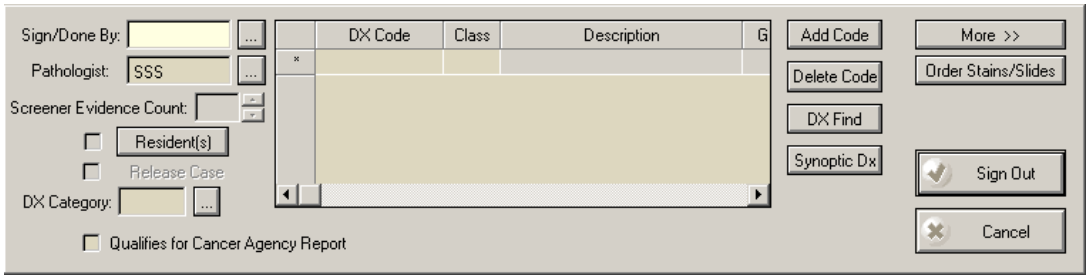
Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.



Sign Out/Done By Field

"Sign Out ID". Selects the Sign Out/Done By field.

Lookup for Sign Out/Done By Field

"Lookup for". Launches the Person Can Signout Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Signout Lookup browser window. Follow with the command "OK" to select Person Can Signout code and close Person Can Signout Lookup browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Lookup for Pathologist Field

"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist Lookup browser window.

Screener Evidence Count Field

"Screener Evidence". Selects the Screener Evidence Count field.

Add Number Value

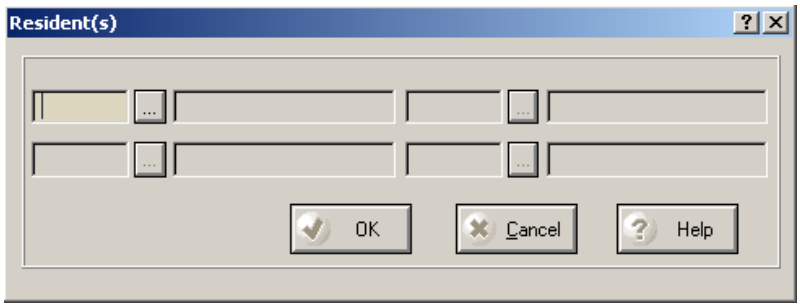
"Add [number]". Dictate desired number that will be added to current number.

Subtract Number Value

"Subtract [number]". Dictate desired number that will be subtracted from current number.

Resident Button

"Resident". Selects the Resident button.



Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Release Case Checkbox

"Release case". Selects the Release Case checkbox

Dx Category Field

"Category". Selects the Dx Category field.

Lookup for Dx Category Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Diagnosis Code Buttons (Add Code, Delete Code, Dx Find)

"Add Code", “Delete Code”, “Dx Find”. Selects the corresponding buttons. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details.

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details.

More Button

"More". Selects the More button. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details

Sign Out Button

"Sign Out". Selects the Sign Out button.

Cancel Button

"Cancel". Selects the Cancel button.

Toolbar Button Functions

Dx Cascade

"Cascade". Selects the DX Cascade button.

Navigate Cascaded windows

The system has the ability to recognize numbers when selecting cascading windows; for instance, "Select 1", "Select 2", "Select 3", etc.

Free Text Entry

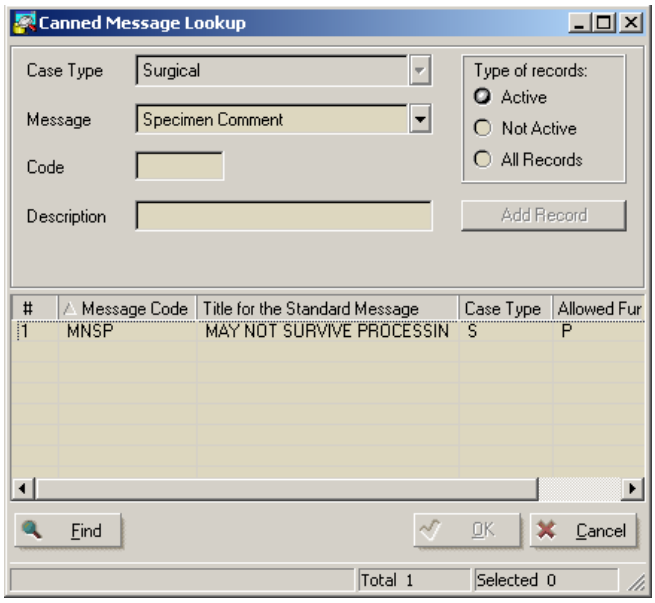
Enter free text using voice dictation.

Save Cascade Window Sequence

"OK". Selects the OK button and saves the cascade sequence.

Canned Messages Button

"Canned message". Selects the Canned Messages button, launches the Canned Messages Lookup window.



Message Field

"Message". Selects the Message field.

Message Field Navigation

"Up", "Down". Scrolls up and down through the items that belong to the Message field.

Code Field

"Code". Selects the Code field. Enter text into this field using voice dictation.

Description Field

"Description". Selects the Message field. Enter text into this field using voice dictation.

Active Radio Button

"Active". Selects the Active radio button.

Not Active Radio Button

"Not Active". Selects the Not Active radio button.

All Records Radio Button

"All Records". Selects the All Records radio button.

Find Button

"Find". Selects the Find button, initiates search for canned message corresponding to search criteria.

Select Canned Message

“Select [number]”. Selects the number of the row of the desired Canned Message in the search results grid of the Canned Messages Lookup window. “OK”. Selects the selected canned message to be edited. Enter additional text into canned message using voice dictation.

OK Button

"OK". Selects the OK button and saves the canned message, inserting it at cursor site in report.

Cancel Button

"Cancel". Selects the Cancel button and aborts the canned message procedure, returning user to cursor site in report.

Lab Results Button

The system shall have the ability to invoke the search screen for lab results through voice recognition with the phrase "Lab Results"

Test Selection

The system shall have the ability to select from a list of tests through voice navigation as described in Common Directions.

Multiple tests

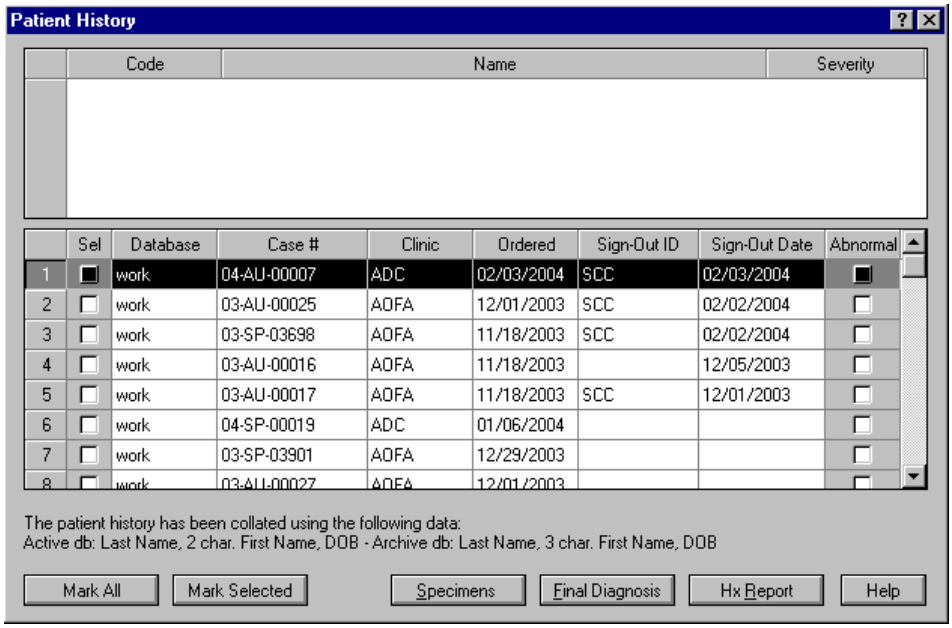
The system shall have the ability to select multiple tests by speaking the selection numbers of the tests desired. i.e. "Select #1, #2, #3, ..."

Ability to insert lab results

The system shall have the ability to insert selected lab results with the phrase "Import results."

Patient History Button (Version 3.17.x)

"Patient History". Selects the Patient History button. Launches the Patient History window.



Case Selection

"Select [Number]" Selects the row number of the case of interest.

Mark All Button

"Mark All" Selects the Mark All button.

Mark Selected Button

"Mark Selected" Selects the Mark Selected button.

Unmark All Button

"Unmark All" Selects the Unmark All button.

Unmark Selected Button

"Unmark Selected" Selects the Unmark All button.

Hx (History) Report Button

"History Report". Selects the Hx Report button; generates Patient History report based on selections made in the

Patient History Button (Version 4.2.x)

"Patient History". Selects the Patient History button and automatically generates a Patient History report.

DX (Diagnosis) History Button

"Dx History". Selects the Dx History button.

SoftWeb Button

"SoftWeb". Selects the SoftWeb button.

Query

"Query". Selects the Query button. "Yes" to the prompt loads the Query window. "Close window" closes the Query window and returns user to patient case in Results Entry.

Arrow Navigation

"Previous Case". Selects the left pointing arrow for case navigation.

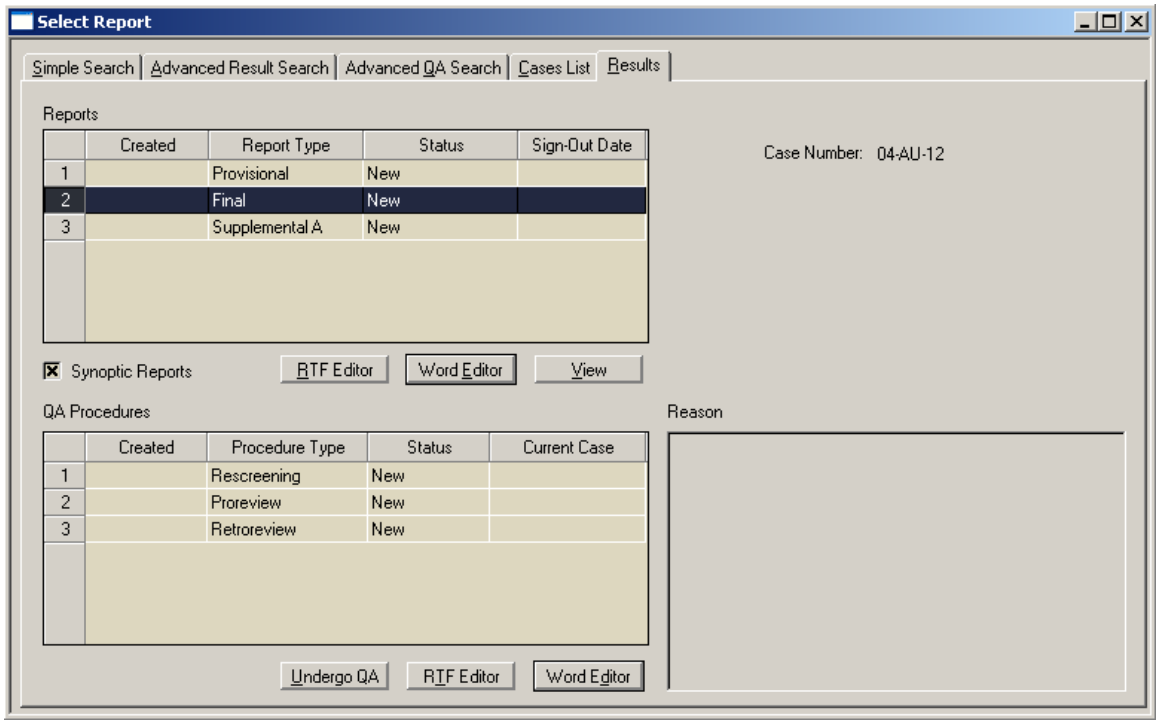
"Next Case". Selects the right pointing arrow for case navigation.

Change case number

"Go To Case". Selects the Case Number field. Once field is selected, use voice dictation to enter a case number. "Enter". Selects the enter key on the keyboard and loads case into Result Entry screen.

Final Anatomic Diagnosis Report – FAD (Autopsy)

"Final". Selects the Final report type.



RTF Editor Button

"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Dictation into MS Word Editor

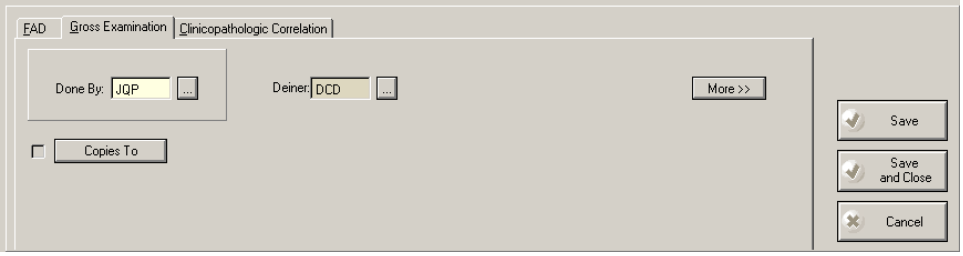
The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.

Gross Description (Examination) Save Section

"Save". Selects the Save button. Data must be entered in the Gross description section.



Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Gross Description Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Gross Description Lookup browser window. Follow with the command "OK" to select Person Dictating Gross Description code and close Person Dictating Gross Description browser window.

Deiner Field

"Deiner". Selects the Deiner field.

Lookup for Deiner Field

"Lookup for". Launches the Assist As Deiner Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Assist As Deiner Lookup browser window. Follow with the command "OK" to select Assist As Deiner code and close Assist As Deiner browser window.

Copies To Button

"Copies to". Selects the Copies To button.

Lookup for Requesting Doctor Field

"Lookup for". Launches the Requesting Doctor browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select Requesting Doctor code and close Requesting Doctor Lookup browser window.

More Button

"More". Selects the More button.

Age Info/Body Tab

"Age Info Body". Selects the Age Info/Body tab. Data Entry within this tab shall be limited to keyboard/mouse entry.

Organs/Bones Tab

"Organs Bones". Selects the Organs/Bones tab. Data Entry within this tab shall be limited to keyboard/mouse entry.

Save Button

"Save" Selects the Save button.

Save and Close Button

"Save and close". Selects the Save and Close button.

Cancel Button

"Cancel". Selects the Cancel button.

Clinicopathologic Correlation Save Section

"Save". Selects the Save button. Data must be entered into the Clinicopathologic Correlation section.

Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Pathologist and Resident ID Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist and Resident ID Lookup browser window. Follow with the command "OK" to select Pathologist and Resident ID code and close Pathologist and Resident ID browser window.

Save Button

"Save". Selects the Save button.

Save and Close Button

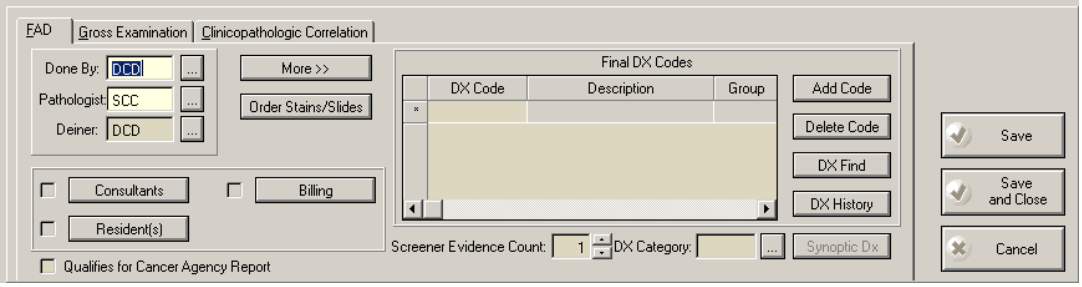
"Save and close". Selects the Save and Close button.

Cancel Button

"Cancel". Selects the Cancel button.

Final Diagnosis (FAD) Save Section

"Save". Selects the Save button. Data must be entered into the Final Anatomic Diagnosis section.



Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Final Diagnosis Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Final Diagnosis Lookup browser window. Follow with the command "OK" to select Person Dictating Final Diagnosis code and close Person Dictating Final Diagnosis browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Lookup for Pathologist Field

"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist Lookup browser window.

Deiner Field

"Deiner". Selects the Deiner field.

Lookup for Deiner Field

"Lookup for". Launches the Assist As Deiner Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Assist As Deiner Lookup browser window. Follow with the command "OK" to select Assist As Deiner code and close Assist As Deiner browser window.

Resident Button

"Resident". Selects the Resident button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Billing Button

"Billing". Selects the Billing button.

Billing Part A Tab

"Billing Part A". Selects the Billing Part A tab. **Note:** Data entry within this tab shall be limited to keyboard/mouse entry.

Billing Part B Tab

"Billing Part B". Selects the Billing Part B tab. **Note:** Data entry within this tab shall be limited to keyboard/mouse entry.

Consultants Button

"Consultations". Selects the Consultants button.

Lookup for Consultants Fields

"Lookup for". Launches the Requesting Doctor browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select Requesting Doctor code and close Requesting Doctor Lookup browser window.

Consultant Comment Field

“Comment”. Selects the Comment field. Enter a comment using voice dictation

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

More Button

"More". Selects the More button.

History Tab

“History". Selects the History tab.

Autopsy Info Tab

"Autopsy Info" Selects the Autopsy Info tab.

Calls Tab

"Calls". Selects the Calls tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Letters Tab

"Letters". Selects the Letters tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Age Info/Body Tab

"Age Info Body". Selects the Age Info/Body tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Organs/Bones Tab

"Organs Bones". Selects the Organs/Bones tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Other Case Data Tab

"Other Case Data". Selects the Other Case Data tab. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Adequacy/Problems Tab

"Adequacy Problems". Selects the Adequacy/Problems tab. Data entry within this tab shall be limited to keyboard/mouse entry.

Order Stains/Slides Tab

"Order Stains Slides". Selects the Order Stains/Slides tab. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dx Cat (Category) Field

"Category". Selects the Dx Cat field.

Lookup for Dx Cat Field

"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Diagnosis Category code and close Diagnosis Category Lookup browser window.

Final DX Codes Field(s)

The system has the ability to enter final diagnosis codes:

Add Code Button

"Add Code". Selects the Add Code button.

Dx Find Button

"DX Find". Selects the Dx Find button.

Delete Code Button

"Delete Code". Selects the Delete Code button.

Dx History

"Dx History". Selects the Dx History button.

Save Button

"Save". Selects the Save button.

Save and Close Button

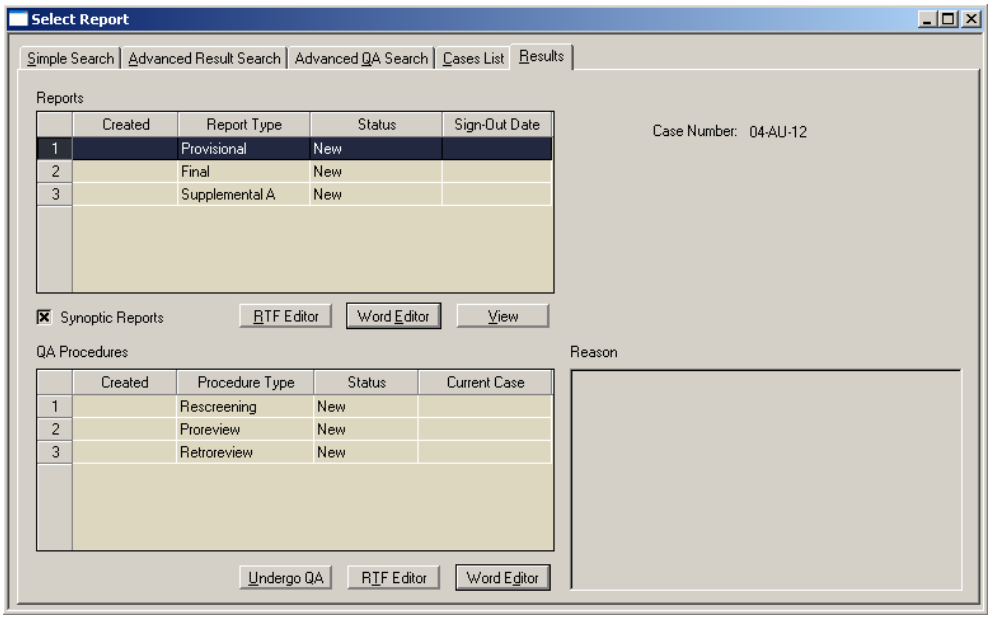
"Save and close". Selects the Save and Close button.

Cancel Button

"Cancel". Selects the Cancel button.

Preliminary Anatomic Diagnosis Report - PAD (Autopsy)

"Provisional". Selects the Provisional Report type.



RTF Editor Button

"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Dictation into MS Word Editor

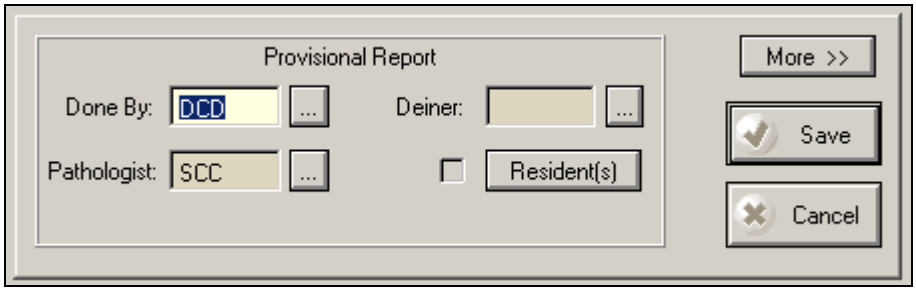
The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.

Provisional Save Section

"Save Section". Selects the Save button. All report sections must have data entered.



Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Final Diagnosis Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Final Diagnosis Lookup browser window. Follow with the command "OK" to select Person Dictating Final Diagnosis code and close Person Dictating Final Diagnosis browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Lookup for Pathologist Field

"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist Lookup browser window.

Deiner Field

"Deiner". Selects the Deiner field.

Lookup for Deiner Field

"Lookup for". Launches the Assist As Deiner Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Assist As Deiner Lookup browser window. Follow with the command "OK" to select Assist As Deiner code and close Assist As Deiner browser window.

Resident Button

"Resident". Selects the Resident button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

More Button

"More". Selects the More button.

Age Info/Body Tab

"Age Info Body". Selects the Age Info/Body tab. Data Entry within this tab shall be limited to keyboard/mouse entry.

Organs/Bones Tab

"Organs Bones". Selects the Organs/Bones tab. Data Entry within this tab shall be limited to keyboard/mouse entry.

Save Button

"Save". Selects the Save button.

Save and Close Button

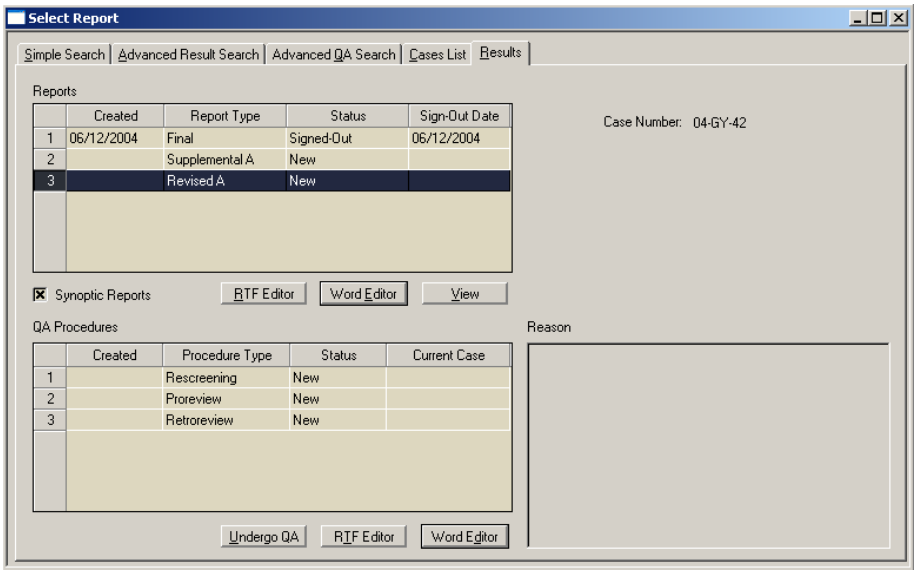
"Save and close". Selects the Save and Close button.

Cancel Button

"Cancel". Selects the Cancel button.

Revised Reports (All Case types)

"Revised [letter code]". Selects the Revised case of interest.



RTF Editor Button

"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Report Matrix Selection

"Revised New" or "Final". Selects the report template of interest from the Report Matrix Selection window and loads the report template into the appropriate text editor.

Dictation into MS Word Editor

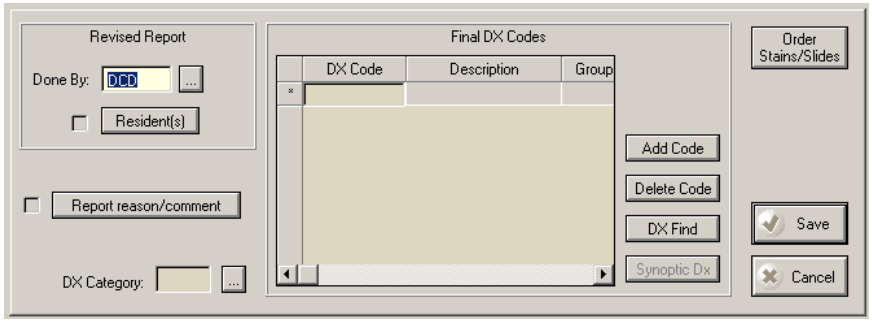
The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.

Save Section(s)

"Save". Selects the Save button



Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Person Dictating Revised Report Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Dictating Revised Report Lookup browser window. Follow with the command "OK" to select Person Dictating Revised Report code and close Person Dictating Revised Report browser window.

Resident Button

"Resident". Selects the Resident button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Final DX Codes Field(s)

The system has the ability to enter final diagnosis codes:

Add Code Button

"Add Code". Selects the Add Code button.

Delete Code Button

"Delete Code". Selects the Delete Code button.

Dx Find Button

"DX Find". Selects the Dx Find button.

Report Reason/Comment Button

"Comment" Selects the Report Reason/Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Dx Cat (Category) Field

"Category". Selects the Dx Cat field.

Lookup for Dx Cat Field

"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Diagnosis Category code and close Diagnosis Category Lookup browser window

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Save Button

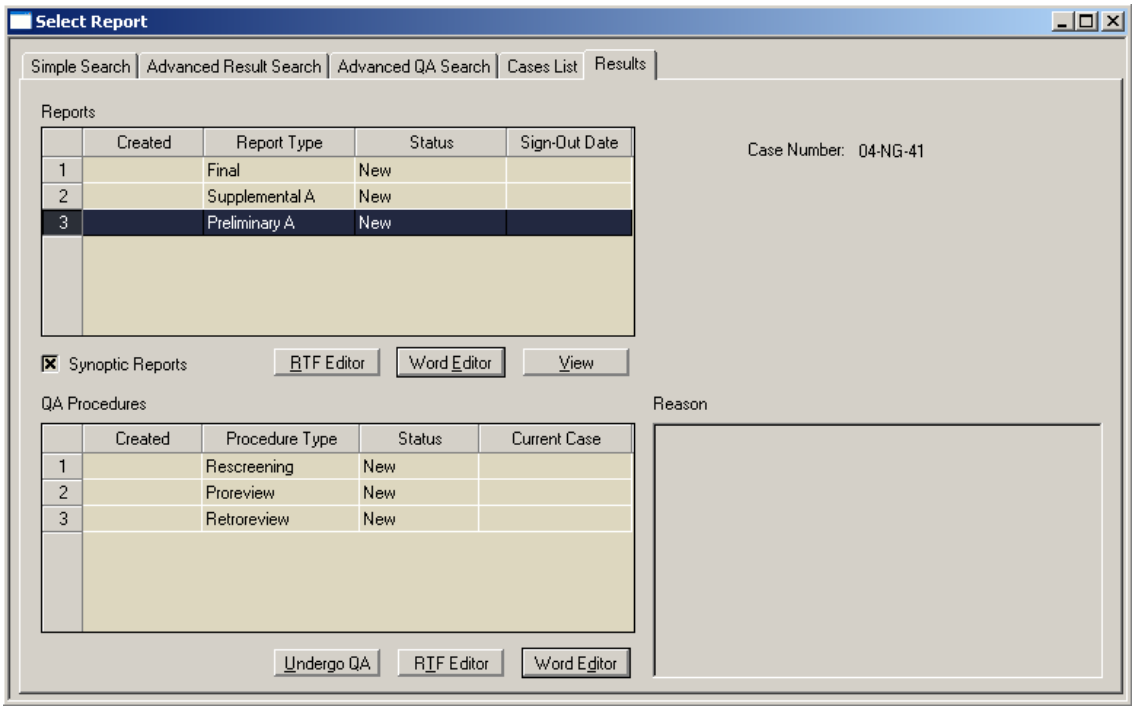
"Save". Selects the Save button.

Cancel Button

"Cancel". Selects the Cancel button.

Preliminary Result Reports (Gynecological, Medical, Surgical)

"Preliminary [Letter code]". Selects the Preliminary Report of interest.



RTF Editor Button

"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Dictation into MS Word Editor

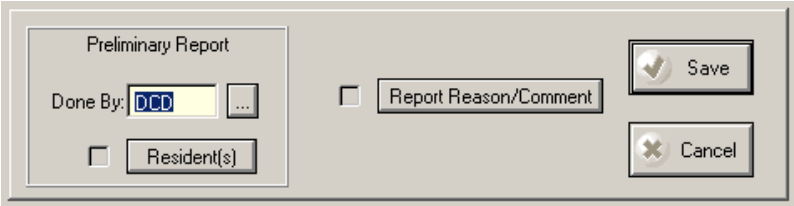
The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details

Save Section(s)

"Save". Selects the Save button.



Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist browser window.

Resident Button

"Resident". Selects the Resident button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Report Reason/Comment Button

"Comment" Selects the Report Reason/Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Save Button

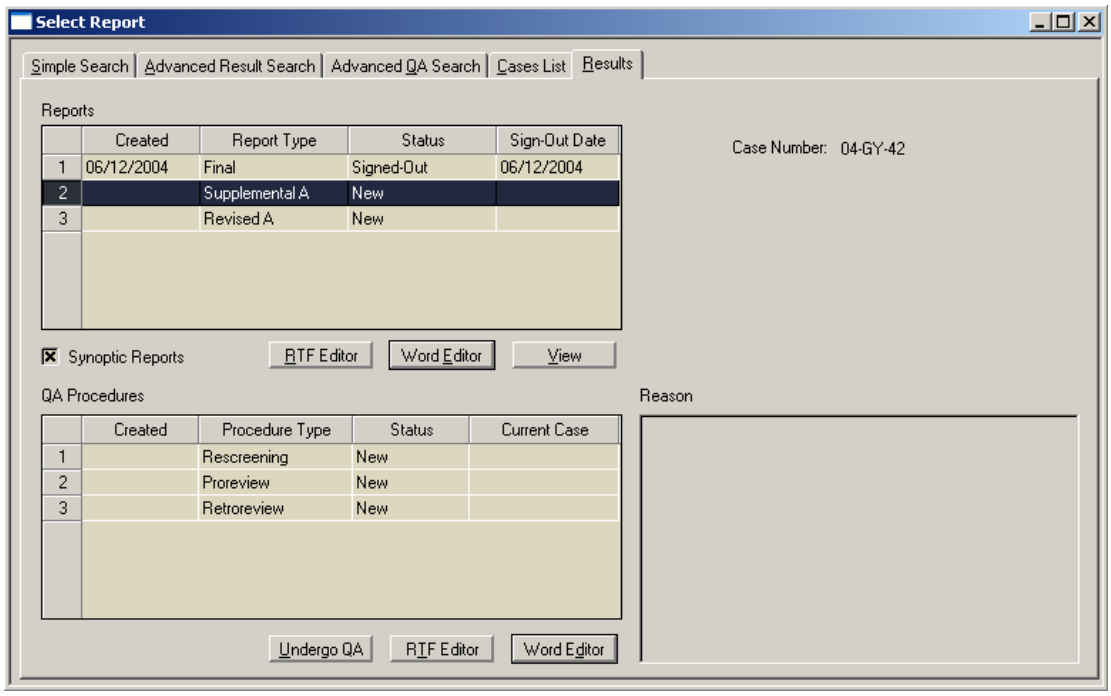
"Save". Selects the Save button.

Cancel Button

"Cancel". Selects the Cancel button.

Supplemental Reports (All case types)

"Supplemental [Letter code]". Selects the Supplemental Report of interest.



RTF Editor Button

"RTF Editor". Selects the RTF Editor button.

Word Editor Button

"Word Editor". Selects the Word Editor button.

Report Matrix Selection

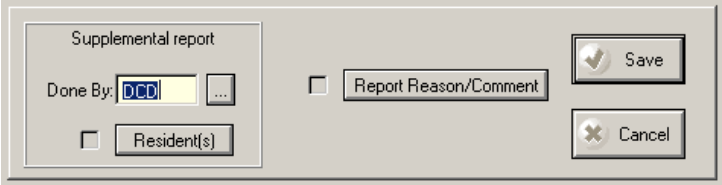
"Supplemental New" or "Final". Selects the report template of interest from the Report Matrix Selection window and loads the report template into the appropriate text editor.

Dictation into MS Word Editor

The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details



Save Section(s)

"Save". Selects the Save button.

Done By Field

"Done By". Selects the Done By field.

Lookup for Done By Field

"Lookup for". Launches the Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select Pathologist code and close Pathologist browser window.

Resident Button

"Resident". Selects the Resident button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Report Reason/Comment Button

"Comment" Selects the Report Reason/Comment button.

Text Entry

Enter text using voice dictation.

OK Button

"OK". Selects the OK button.

Cancel Button

"Cancel". Selects the Cancel button.

Save Button

"Save". Selects the Save button.

Cancel Button

"Cancel". Selects the Cancel button.

SCC
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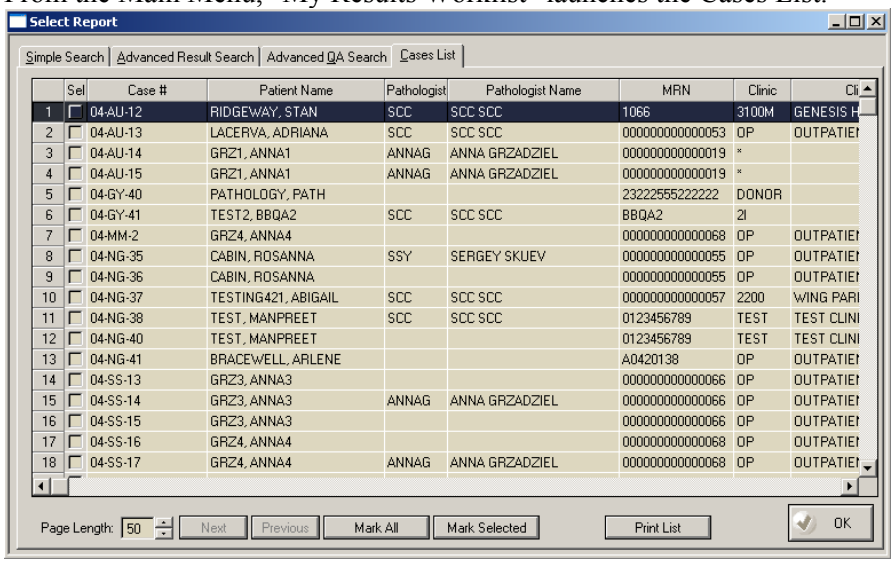
My Results Worklist

From the Main Menu, "My Results Worklist" launches the Cases List.



	Sel	Case #	Patient Name	Pathologist	Pathologist Name	MRN	Clinic	Cli
1	☐	04-AU-12	RIDGEWAY, STAN	SCC	SCC SCC	1066	3100M	GENESIS H
2	☐	04-AU-13	LACERVA, ADRIANA	SCC	SCC SCC	000000000000053	OP	OUTPATIEI
3	☐	04-AU-14	GRZ1, ANNA1	ANNAG	ANNA GRZADZIEL	000000000000019	*	
4	☐	04-AU-15	GRZ1, ANNA1	ANNAG	ANNA GRZADZIEL	000000000000019	*	
5	☐	04-GY-40	PATHOLOGY, PATH			23222555222222	DONOR	
6	☐	04-GY-41	TEST2, BBQA2	SCC	SCC SCC	BBQA2	2I	
7	☐	04-MM-2	GRZ4, ANNA4			000000000000068	OP	OUTPATIEI
8	☐	04-NG-35	CABIN, ROSANNA	SSY	SERGEY SKUEV	000000000000055	OP	OUTPATIEI
9	☐	04-NG-36	CABIN, ROSANNA			000000000000055	OP	OUTPATIEI
10	☐	04-NG-37	TESTING421, ABIGAIL	SCC	SCC SCC	000000000000057	2200	WING PARI
11	☐	04-NG-38	TEST, MANPREET	SCC	SCC SCC	0123456789	TEST	TEST CLINI
12	☐	04-NG-40	TEST, MANPREET			0123456789	TEST	TEST CLINI
13	☐	04-NG-41	BRACEWELL, ARLENE			A0420138	OP	OUTPATIEI
14	☐	04-SS-13	GRZ3, ANNA3			000000000000066	OP	OUTPATIEI
15	☐	04-SS-14	GRZ3, ANNA3	ANNAG	ANNA GRZADZIEL	000000000000066	OP	OUTPATIEI
16	☐	04-SS-15	GRZ3, ANNA3			000000000000066	OP	OUTPATIEI
17	☐	04-SS-16	GRZ4, ANNA4			000000000000068	OP	OUTPATIEI
18	☐	04-SS-17	GRZ4, ANNA4	ANNAG	ANNA GRZADZIEL	000000000000068	OP	OUTPATIEI

Case Selection

"Select [row number].” Selects and highlights the row number of interest.

Next Button

"Next". Selects the Next button and loads next search set of cases, based on Page Length Field setting.

Previous Button

"Previous". Selects the Previous button and loads Previous search set of cases, based on Page Length Field setting.

Mark All Button

“Mark All.” Selects all checkboxes of all displayed rows.

Mark Selected Button

“Mark Selected” Selects the checkbox of the highlighted row.

Unmark All Button

“Unmark All”. Deselects all marked checkboxes of all displayed rows.

Unmark Selected Button

“Unmark Selected”. Deselects the checkbox of the highlighted row.

Print List Button

“Print List". Selects the Print List button.

OK Button

“OK". Selects the OK button.

Result Entry Functionality

All Result Entry functionality within this section is the same as previously described and will not be repeated. Please refer to **Case Results Section** for details.

SCC
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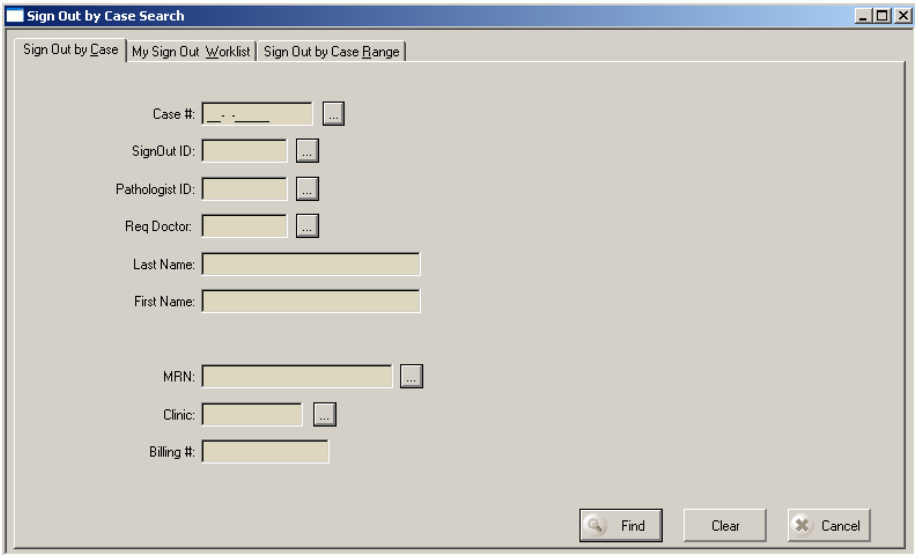
Sign Out by Case

From the Main menu, “Sign Out by Case" launches the Sign Out by Case Search Screen.



Case Number Field

"Case number". Selects the Case Number field. Case number may be entered using voice dictation.

Case Number Field Lookup

"Lookup for". Launches Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select code and close Accession Sequences Lookup browser window. Dictate remainder of accession sequence.

Sign Out ID Field

"Sign Out ID". Selects the Sign Out ID field. Sign Out ID may be entered using voice dictation.

Sign Out ID Field Lookup

"Lookup for". Launches Person Can Sign Out Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Sign Out Lookup browser window. Follow with the command "OK" to select code and close Person Can Sign Out Lookup browser window.

Pathologist ID Field

"Pathologist ID". Selects the Pathologist ID field. Pathologist ID may be entered using voice dictation.

Pathologist ID Field Lookup

"Lookup for". Launches Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select code and close Pathologist Lookup browser window.

Requesting Doctor Field

"Requesting Doctor". Selects the Requesting Doctor field. Requesting Doctor ID may be entered using voice dictation.

Requesting Doctor Field Lookup

"Lookup for". Launches Requesting Doctor Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Requesting Doctor Lookup browser window. Follow with the command "OK" to select code and close Requesting Doctor Lookup browser window.

Last Name Field

"Last name". Selects the Last Name field. Last name may be entered using voice dictation.

First Name Field

"First name". Selects the First Name field. First name may be entered using voice dictation.

MRN Field

"Medical record number". Selects the Medical Record Number field. MRN may be entered using voice dictation.

MRN Field Lookup

"Lookup for". Launches Patient Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Patient Lookup browser window. Follow with the command "OK" to select code and close Patient Lookup browser window.

Clinic Field

"Clinic". Selects the Clinic field. Clinic ID may be entered using voice dictation.

Clinic Field Lookup

"Lookup for". Launches Clinic Code Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Clinic Code Lookup browser window. Follow with the command "OK" to select code and close Clinic Code Lookup browser window.

Billing Number Field

"Billing number". Selects the Billing Number field. Enter billing number using voice dictation.

Find Button

"Find". Selects the Find button.

Clear Button

"Clear". Selects the Clear button.

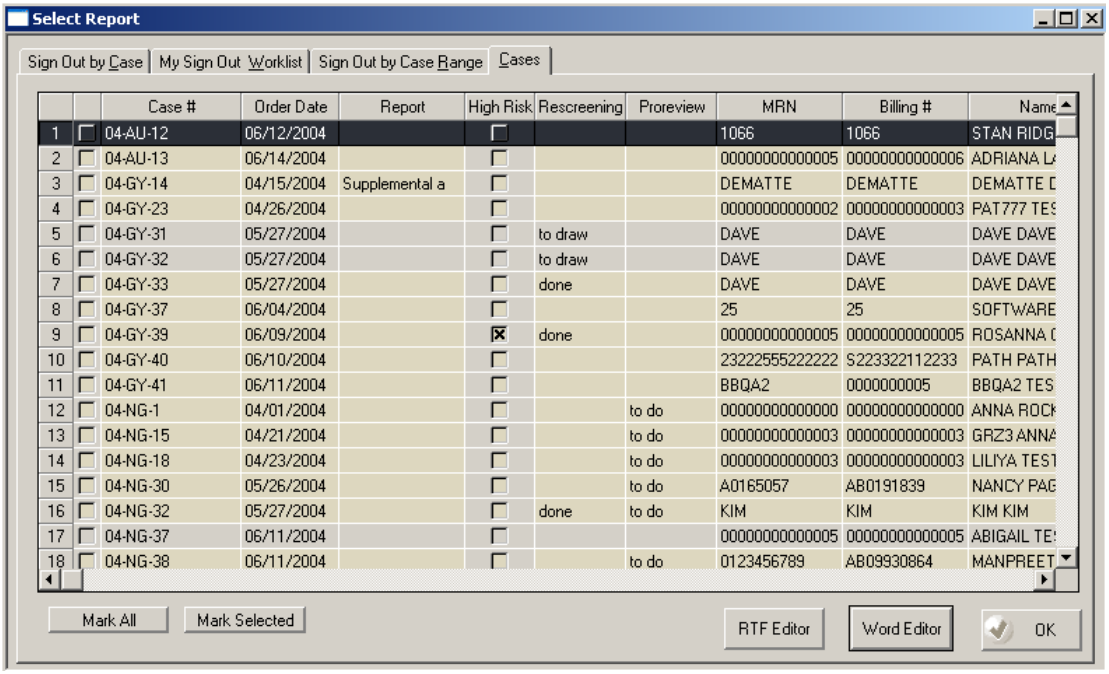
Cancel Button

"Cancel". Selects the Cancel button.

Cases List Navigation

Case Selection

"Select [row number]”. Selects the row number of interest.



		Case #	Order Date	Report	High Risk	Rescreening	Proreview	MRN	Billing #	Name
1		04-AU-12	06/12/2004					1066	1066	STAN RIDG
2		04-AU-13	06/14/2004					00000000000005	00000000000006	ADRIANA L
3		04-GY-14	04/15/2004	Supplemental a				DEMATTE	DEMATTE	DEMATTE D
4		04-GY-23	04/26/2004					00000000000002	00000000000003	PAT777 TES
5		04-GY-31	05/27/2004			to draw		DAVE	DAVE	DAVE DAVE
6		04-GY-32	05/27/2004			to draw		DAVE	DAVE	DAVE DAVE
7		04-GY-33	05/27/2004			done		DAVE	DAVE	DAVE DAVE
8		04-GY-37	06/04/2004					25	25	SOFTWARE
9		04-GY-39	06/09/2004		☒	done		00000000000005	00000000000005	ROSANNA C
10		04-GY-40	06/10/2004					23222555222222	S223322112233	PATH PATH
11		04-GY-41	06/11/2004					BBQA2	0000000005	BBQA2 TES
12		04-NG-1	04/01/2004				to do	00000000000000	00000000000000	ANNA ROCK
13		04-NG-15	04/21/2004				to do	00000000000003	00000000000003	GRZ3 ANNA
14		04-NG-18	04/23/2004				to do	00000000000003	00000000000003	LILIYA TEST
15		04-NG-30	05/26/2004				to do	A0165057	AB0191839	NANCY PAG
16		04-NG-32	05/27/2004			done	to do	KIM	KIM	KIM KIM
17		04-NG-37	06/11/2004					00000000000005	00000000000005	ABIGAIL TES
18		04-NG-38	06/11/2004				to do	0123456789	AB09930864	MANPREET

Mark All Button

"Mark All". Selects the Mark All button.

Mark Selected Button

"Mark Selected”. Selects the Mark Selected button.

Unmark All Button

"Unmark All". Selects the Unmark All button.

Unmark Selected Button

"Unmark Selected". Selects the Unmark Selected button.

RTF Editor Button

"RTF Editor". Selects the RTF Editor button; all selected cases will be loaded into the RTF Editor for Sign Out.

Word Editor Button

"Word Editor". Selects the Word Editor button; all selected cases will be loaded into the Word Editor for Sign Out.

OK Button

"OK". Selects the OK button; all selected cases will be loaded into the Word Editor for Sign Out.

Sign Out Functions

Document Editing

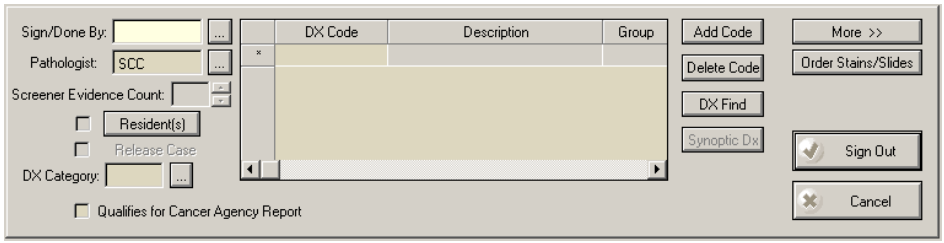
The system provides the ability to edit the document using voice dictation functions using the same functionality as previously described:

Dictation into MS Word Editor

The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.



Sign/Done By Field

"Done By". Selects the Sign/Done By field.

Sign/Done By Field Lookup

"Lookup for". Launches Person Can Sign Out Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Sign Out Lookup browser window. Follow with the command "OK" to select code and close Person Can Sign Out Lookup browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Pathologist Field Lookup

"Lookup for". Launch Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select code and close Pathologist Lookup browser window

Residents Button

"Resident". Selects the Residents button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Release Case Checkbox

"Release Case". Selects the Release Case checkbox.

Dx Category Field

"Category". Select the Dx Category field.

Lookup for Dx Category Field

"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Resident code and close Diagnosis Category Lookup browser window.

Add Code Button

"Add Code". Selects the Add Code button.

Delete Code Button

"Delete Code". Selects the Delete Code button

Dx Find

"Dx Find". Selects the Dx Find button.

More Button

"More". Selects the More button. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Sign Out Button

"Sign Out". Selects the Sign Out button.

Cancel Button

"Cancel". Selects the Cancel button.

SCC
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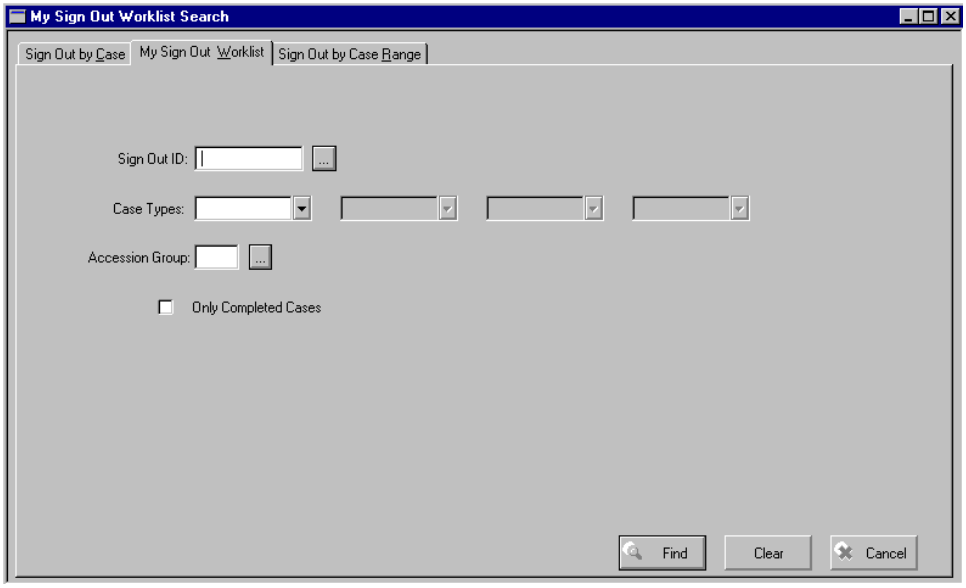
My Sign Out Worklist

From the Main Menu, "My Sign Out Worklist" launches the My Sign Out Worklist Search Screen.



Sign Out ID Field

The system shall have the ability to automatically drop in the logged in Pathologist ID or change it as previously defined.

Case Types Field

The system shall have the ability to select the Case Types field with the phrase "Case Types"

Select Case Types

The system shall have the ability to display the available case types by using the command "expand"

Accession Group Field

The system shall have the ability to specify accession group by using the phrase "Accession Group [XX]"

Search

The system shall have the ability to invoke the search screen for the Accession Group field by using the command "Lookup for"

Only Completed Cases Checkbox

"Only completed cases". Selects the Only Completed Cases checkbox.

Find Button

"Find". Selects the Find button.

Clear Button

"Clear". Selects the Clear button.

Cancel Button

"Cancel". Selects the Cancel button.

Sign Out Functions

Document Editing

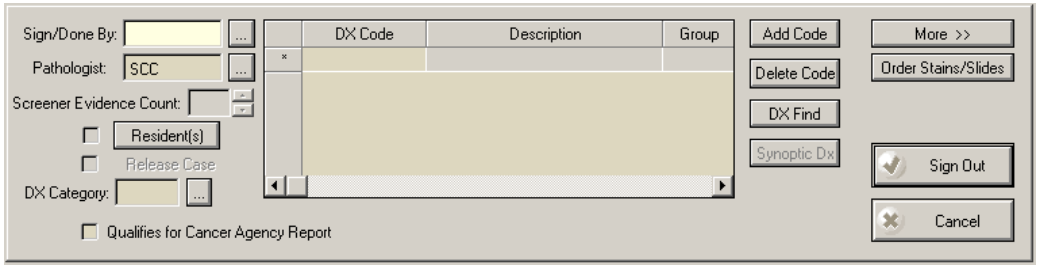
The system provides the ability to edit the document using voice dictation functions using the same functionality as previously described:

Dictation into MS Word Editor

The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.



Sign/Done By Field

"Done By". Selects the Sign/Done By field.

Sign/Done By Field Lookup

"Lookup for". Launches Person Can Sign Out Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Sign Out Lookup browser window. Follow with the command "OK" to select code and close Person Can Sign Out Lookup browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Pathologist Field Lookup

"Lookup for". Launch Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select code and close Pathologist Lookup browser window

Residents Button

"Resident". Selects the Residents button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Release Case Checkbox

"Release Case". Selects the Release Case checkbox.

Dx Category Field

"Category". Select the Dx Category field.

Lookup for Dx Category Field

"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Resident code and close Diagnosis Category Lookup browser window.

Add Code Button

"Add Code". Selects the Add Code button.

Delete Code Button

"Delete Code". Selects the Delete Code button

Dx Find

"Dx Find". Selects the Dx Find button.

More Button

"More". Selects the More button. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Sign Out Button

"Sign Out". Selects the Sign Out button.

Cancel Button

"Cancel". Selects the Cancel button.

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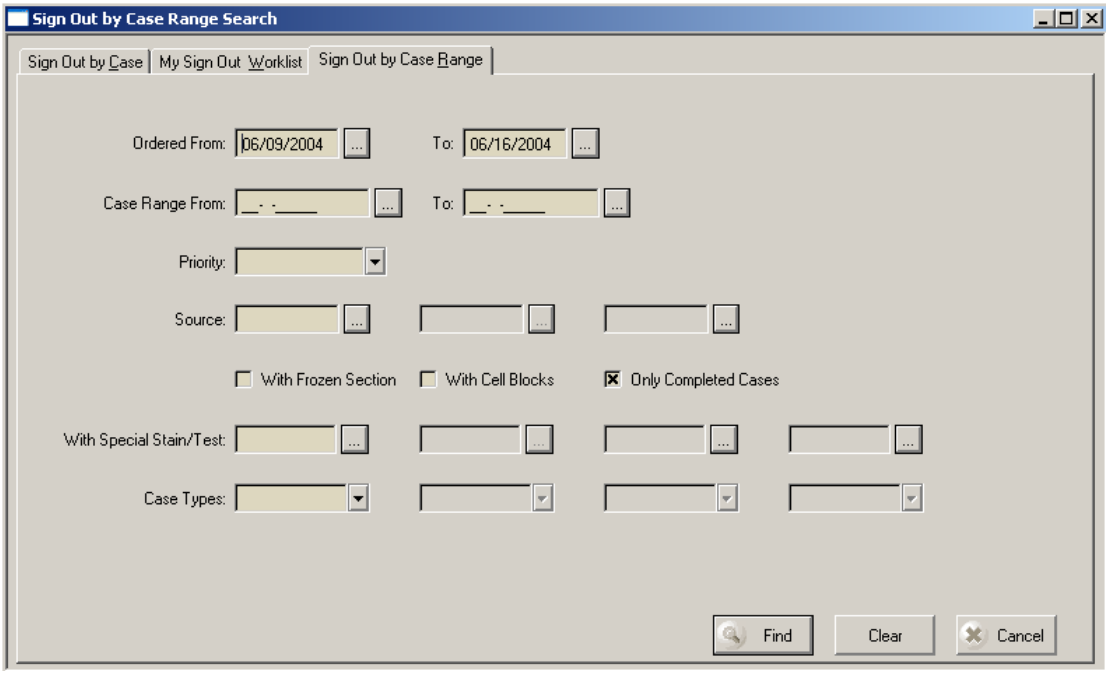
Sign Out by Case Range

From the Main Menu, “Sign Out by Case” launches the Sign Out by Case Search Screen.
“Sign Out by Case Range”. Selects the Sign Out by Case Range Search Screen.



Ordered From Date Field

"Ordered From". Selects the Ordered From Date field. Enter a date using voice dictation.

Lookup for Date Field

"Lookup for". Launches the Date browser window.

Browser Selection

"Left", “Right”, “Up”, “Down”. Moves the active date field in the date grid.

“Enter”. Selects active date field in the date grid and closes Date Browser window.

Ordered To Date Field

"Ordered To". Selects the Ordered To Date field. Enter a date using voice dictation.

Lookup for Date Field

"Lookup for". Launches the Date browser window.

Browser Selection

"Left", “Right”, “Up”, “Down”. Moves the active date field in the date grid.

“Enter”. Selects active date field in the date grid and closes Date Browser window.

Case Range From Field

"Case range from". Selects the Case Range From field. Enter a case number using voice dictation.

Lookup for Case Range From Field

"Lookup for". Launches the Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select Accession Sequences code and close Accession Sequences Lookup browser window.

Case Range To

"Case range to". Selects the Case Range From field. Enter a case number using voice dictation.

Lookup for Case Range To Field

"Lookup for". Launches the Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select Accession Sequences code and close Accession Sequences Lookup browser window.

Priority Field

"Priority". Selects the Priority field.

Priority Field Expansion

"Expand". Expands the Priority drop-down list.

Priority Field Selection

"[Name]". Selects an item from the Priority drop-down list

Source Field

"Source". Selects the Source field.

Lookup for Source Field

"Lookup for". Launches the Source Codes browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Source Codes browser window. Follow with the command "OK" to select Source code and close Source Codes browser window.

Only Completed Cases Checkbox

"Only completed cases". Selects the Only Completed Cases checkbox.

With Frozen Section Checkbox

"With frozen section". Selects the With Frozen Section checkbox.

With Cell Blocks Checkbox

"With cell blocks". Selects the With Cell Blocks checkbox.

With Special Stain/Test Field

"Special Stains Tests". Selects the With Special Stain/Test field.

Lookup for Special Stain/Test Field

"Lookup for". Launches the Special Stains/Test/Stain Panels Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Special Stains/Test/Stain Panels Lookup browser window. Follow with the command "OK" to select code and close Special Stains/Test/Stain Panels Lookup browser window.

Case Types Field

"Case types". Selects the Case Types field.

Case Types Field Expansion

"Expand". Expands the Case Types drop-down list.

Case Types Field Selection

"[Name]". Selects an item from the Case Types drop-down list

Find Button

"Find". Selects the Find button.

Clear Button

"Clear". Selects the Clear button.

Cancel Button

"Cancel". Selects the Cancel button.

Sign Out Functions

Document Editing

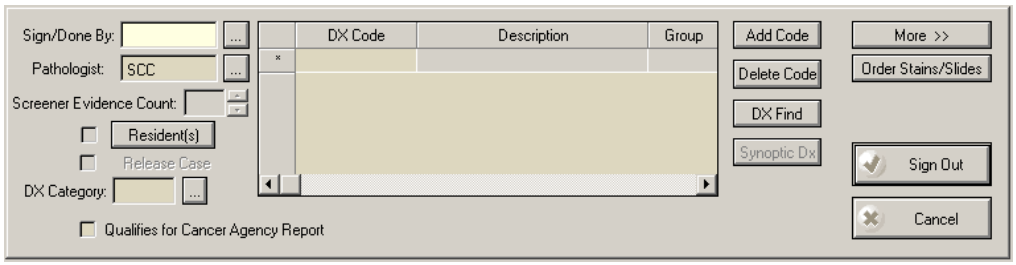
The system provides the ability to edit the document using voice dictation functions using the same functionality as previously described:

Dictation into MS Word Editor

The system provides the ability to select Sections, Navigate, and Dictate into MS Word. All voice functionality within this section is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Dictation into RTF Editor

The system provides the ability to dictate into the RTF Editor. All Section selection, Navigation, and Dictation techniques are identical with commands for Dictation into MS Word Editor. Please refer to **Final Report Section** for details.



Sign/Done By Field

"Done By". Selects the Sign/Done By field.

Sign/Done By Field Lookup

"Lookup for". Launches Person Can Sign Out Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Person Can Sign Out Lookup browser window. Follow with the command "OK" to select code and close Person Can Sign Out Lookup browser window.

Pathologist Field

"Pathologist". Selects the Pathologist field.

Pathologist Field Lookup

"Lookup for". Launch Pathologist Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Pathologist Lookup browser window. Follow with the command "OK" to select code and close Pathologist Lookup browser window

Residents Button

"Resident". Selects the Residents button.

Lookup for Resident Field

"Lookup for". Launches the Resident browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Resident Lookup browser window. Follow with the command "OK" to select Resident code and close Resident Lookup browser window.

Release Case Checkbox

"Release Case". Selects the Release Case checkbox.

Dx Category Field

"Category". Selects the Dx Category field.

Lookup for Dx Category Field

"Lookup for". Launches the Diagnosis Category Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Diagnosis Category Lookup browser window. Follow with the command "OK" to select Resident code and close Diagnosis Category Lookup browser window.

Add Code Button

"Add Code". Selects the Add Code button.

Delete Code Button

"Delete Code". Selects the Delete Code button

Dx Find

"Dx Find". Selects the Dx Find button.

More Button

"More". Selects the More button. This functionality is the same as previously described. Please see **Final Diagnosis Tab** section for more details

Order Stains/Slides Button

"Order Stains Slides". Selects the Order Stains/Slides button. All voice functionality within this option is the same as previously described and will not be repeated. Please refer to **Final Report Section** for details.

Sign Out Button

"Sign Out". Selects the Sign Out button.

Cancel Button

"Cancel". Selects the Cancel button.

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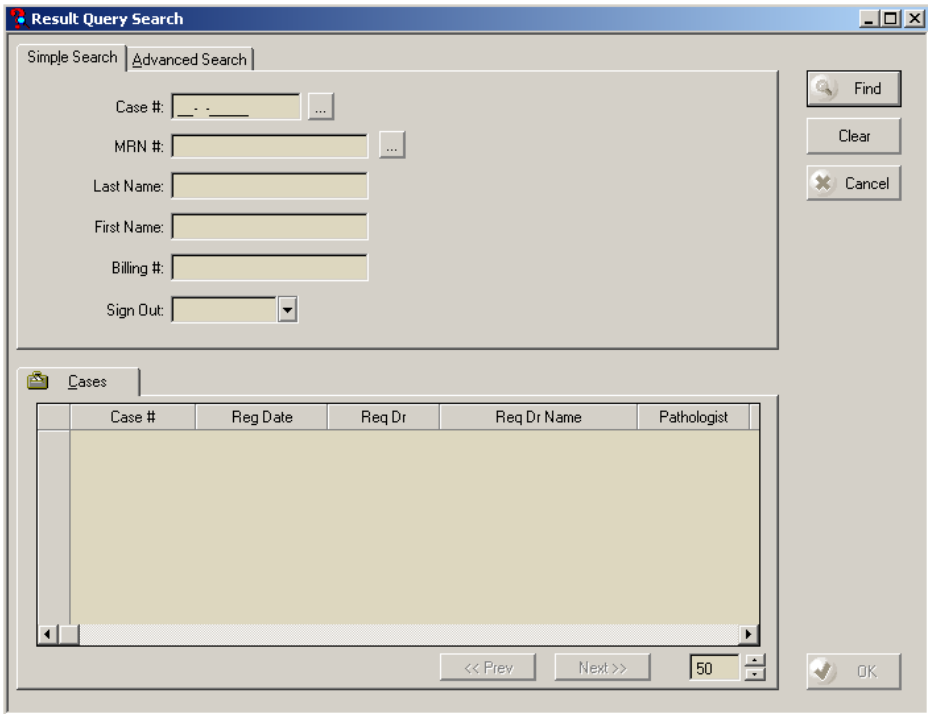
Results Query

From the Main Menu, "Results Query" launches the Results Query Simple Search Screen.



Case Number Field

"Case number". Selects the Case Number field. Case number may be entered using voice dictation.

Case Number Field Lookup

"Lookup for". Launches Accession Sequences Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Accession Sequences Lookup browser window. Follow with the command "OK" to select code and close Accession Sequences Lookup browser window. Dictate remainder of accession sequence.

MRN Field

"Medical record number". Selects the Medical Record Number field. MRN may be entered using voice dictation.

MRN Field Lookup

"Lookup for". Launches Patient Lookup browser window.

Browser Selection

"Select [number]". Selects the number of the row of the desired code in the Patient Lookup browser window. Follow with the command "OK" to select code and close Patient Lookup browser window.

Last Name Field

“Last name”. Selects the Last Name field. Enter a First Name using voice dictation.

First Name Field

"First name". Selects the First Name field. Enter a Last Name using voice dictation.

Billing Number Field

"Billing number". Selects the Billing Number field. Enter billing number using voice dictation.

Sign Out Field

"Unsigned". Selects the Unsigned item in the Sign Out field.

"Signed out". Selects the Signed Out item in the Sign Out field.

Find Button

"Find". Selects the Find button.

Clear Button

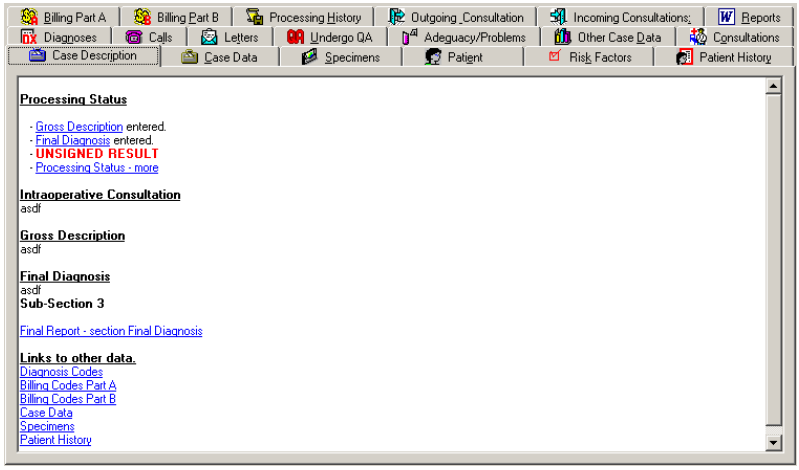
"Clear". Selects the Clear button.

Cancel Button

"Cancel". Selects the Cancel button.

Query Screen Tab Selection

The system allows for selection of the Query Result tabs using voice recognition.



Case Description Tab

"Case Description". Selects the Case Description tab.

Case Data Tab

"Case Data". Selects the Case Data tab.

Specimens Tab

"Specimens". Selects the Specimens tab.

Patient Tab

"Patient". Selects the Patient tab.

Risk Factors Tab

"Risk Factors". Selects the Risk Factors tab.

Calls Tab

"Calls". Selects the Calls tab.

Letters Tab

"Letters".

Undergo QA Tab

"Undergo QA". Selects the Undergo QA tab.

Adequacy/Problems Tab

"Adequacy Problems". Selects the Adequacy/Problems tab.

Other Case Data Tab

"Other Case Data". Selects the Other Case Data tab.

Consultations Tab

"Consultations". Selects the Consultations tab.

Patient History Tab

"Patient History". Selects the Patient History tab.

Billing Part A Tab

"Billing Part A". Selects the Billing Part A tab.

Billing Part B Tab

"Billing Part B". Selects the Billing Part B tab.

Processing History Tab

"Processing History". Selects the Processing History tab.

Outgoing Consultation Tab

"Outgoing Consultation"

Reports Tab

"Reports". Selects the Reports Tab.

Report Selection

"Select [row number]". Selects the row number of interest.

Mark Selected

"Mark Selected". Marks the checkbox of the selected row of interest.

View Button

"View". Selects the View button.

Print Button

"Print". Selects the Print button.

Diagnosis Tab

"Diagnosis". Selects the Diagnosis tab.

Incoming Consultation Tab

"Incoming Consultation". Selects the Incoming Consultation tab.

GYN Info Tab

"G Y N Info". Selects the GYN Info tab. Dictate each letter in GYN, e.g. "G. Y. N. Info".

MED Info Tab

"Med Info". Selects the MED Info tab.

Organs/Bones Tab

"Organs Bones". Selects the Organs/Bones tab.

Age Info/Body Tab

"Age Info Body". Selects the Age Info/Body tab.

Autopsy Info Tab

"Autopsy Info". Selects the Autopsy Info tab.

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Common Directions

The system has the ability to use specific commands through voice recognition throughout the system.

Yes

"Yes". Selects the answer Yes in a message prompt.

No

"No". Selects the answer No in a message prompt.

OK

"OK". Selects the answer OK in a message prompt.

Enter

"Enter". Selects the Enter key on the keyboard.

Save

"Save". Saves data or actions where applicable.

Cancel

"Cancel". The system shall have the ability to cancel any process with the phrase

Close window

"Close window". Closes the current active window.

Search Screen

"Lookup for". Selects the Lookup for ellipse button for fields provided with this functionality.

Navigation Within Lookup Browsers

The system has the ability to navigate the cursor with the following commands: "Move Up", "Move Down", "Move left", "Move right", "Page Up", Page Down", "Tab forward", "Tab backward", "First entry", and "Last entry"

Next

"Next". Selects the Next button within list grid displays.

Previous

"Previous". Selects the Previous button within list grid displays.

Find

"Find". Initiates a search from a search screen with current search criteria.

Print

"Print". Selects the Print button.

Number Field Commands

Dictate Number Values

The system provides the ability to enter a numeric value in a numeric field by dictating the value to be entered.

Add to a Current Value

"Add [number]". Adds the dictated value to the current numeric value.

Add One

"Add One". Increases current numeric value by one.

Add Two

"Add Two". Increases current numeric value by two.

Add Three

"Add Three". Increases current numeric value by three.

Add Four

"Add Four". Increases current numeric value by four.

Add Five

"Add Five". Increases current numeric value by five.

Add Six

"Add Six". Increases current numeric value by six.

Add Seven

"Add Seven". Increases current numeric value by seven.

Add Eight

"Add Eight". Increases current numeric value by eight.

Add Nine

"Add Nine". Increases current numeric value by nine.

Add Ten

"Add Ten". Increases current numeric value by ten.

Subtract from a Current Value

"Subtract [number]". Subtracts the dictated value from the current numeric value.

Subtract One

"Subtract One". Decreases current numeric value by one.

Subtract Two

"Subtract Two". Decreases current numeric value by two.

Subtract Three

"Subtract Three". Decreases current numeric value by three.

Subtract Four

"Subtract Four". Decreases current numeric value by four.

Subtract Five

"Subtract Five". Decreases current numeric value by five.

Subtract Six

"Subtract Six". Decreases current numeric value by six.

Subtract Seven

"Subtract Seven". Decreases current numeric value by seven.

Subtract Eight

"Subtract Eight" Decreases current numeric value by eight.

Subtract Nine

"Subtract Nine". Decreases current numeric value by nine.

Subtract Ten

"Subtract Ten". Decreases current numeric value by ten.

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Dragon 7 Voice Dictation Installation and Training Guide

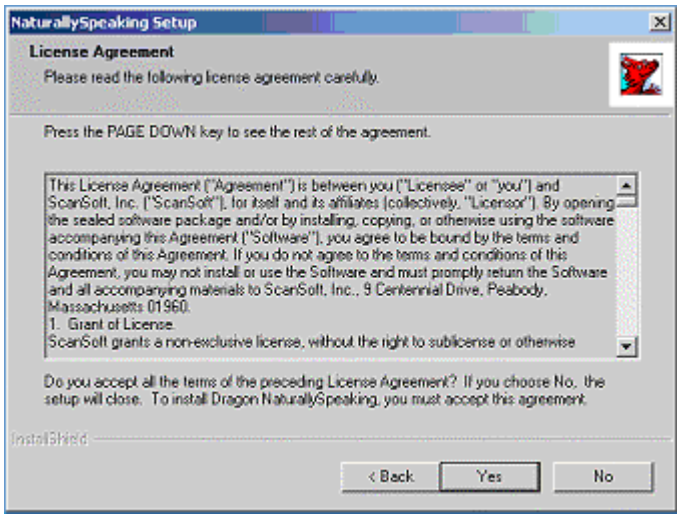
System Notes:

- Dragon 7 Naturally Speaking installed on each dictation station (PC)
- Noise canceling headset
- SoftPath IV installed thick client (not metaframe) on each dictation station (PC)
- PC Requirements (End of guide)

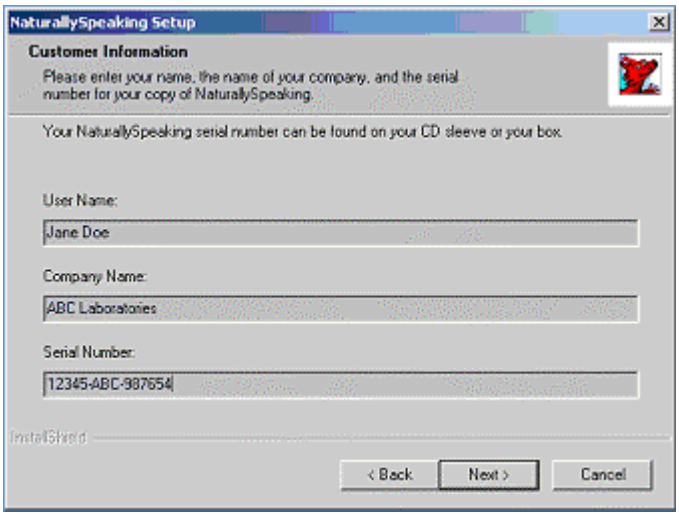
Installation

1. Insert the installation media into the CD Rom drive of the workstation and initiate setup routine.
2. Select Next.

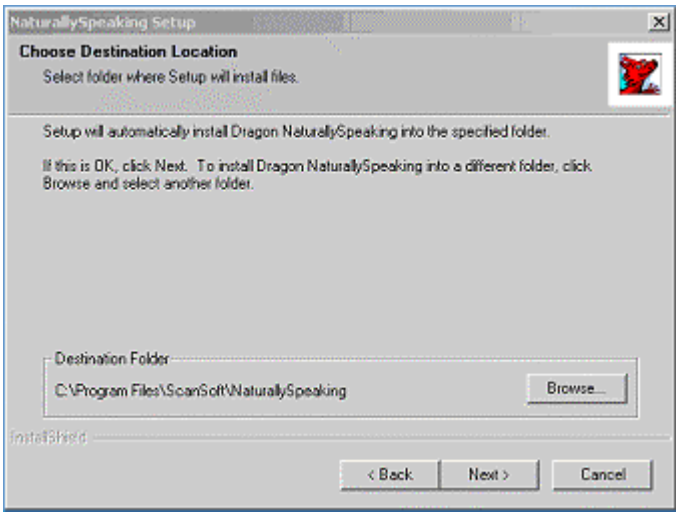
3. Select Yes.



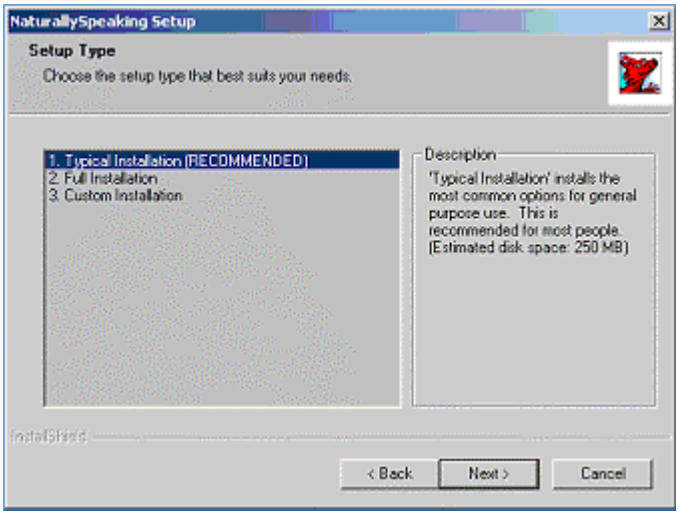
4. Enter information and serial number and select Next.



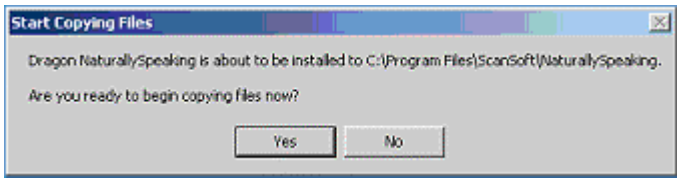
5. Select Next.



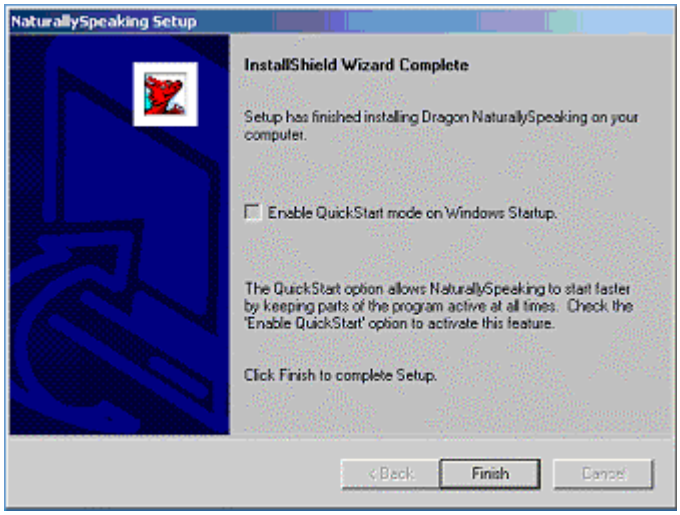
6. Select Typical Installation and select Next.



7. Select Yes; installation will proceed.



8. When installation is complete, select the Finish button. Do not select Enable Quick Start.



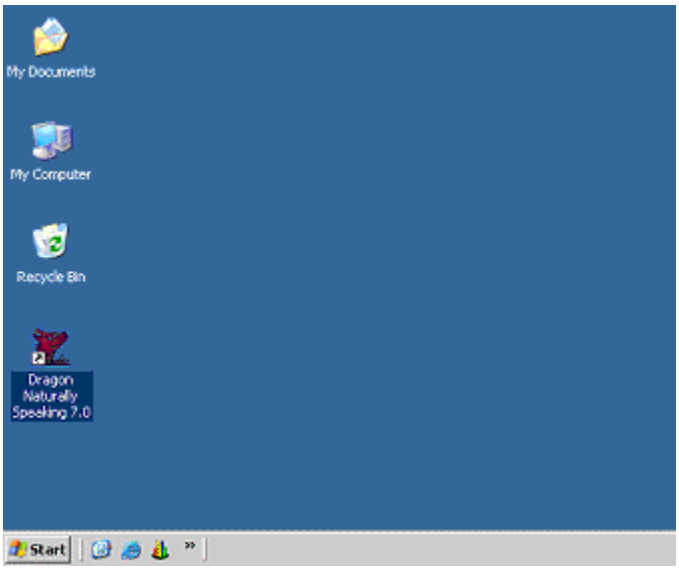
Please confirm at this time that you have the most up to date version of Dragon software. You may check to see if there have been any updates or service packs released at ScanSoft's website, **http://www.scansoft.com**.

Voice Training

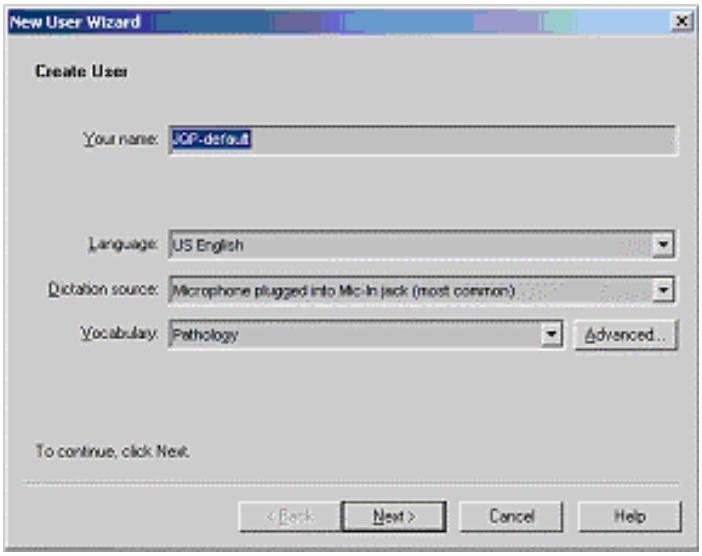
Each user that will utilize voice functionality on the workstation must create a user profile and train Dragon 7 in order for voice functionality to operate accurately. Voice training takes about 20 minutes to complete. If an individual user needs voice functionality on multiple workstations, an individual's voice profile must be stored on each workstation to be utilized. It is possible to export the user profile created on the first workstation to a network share and propagate this profile to additional workstations as needed for ease of deployment.

User Profile Setup

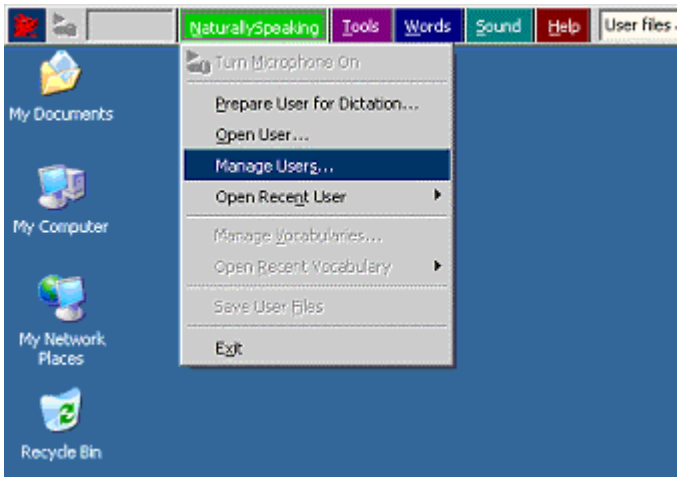
1. Select the Dragon Icon to launch the program.



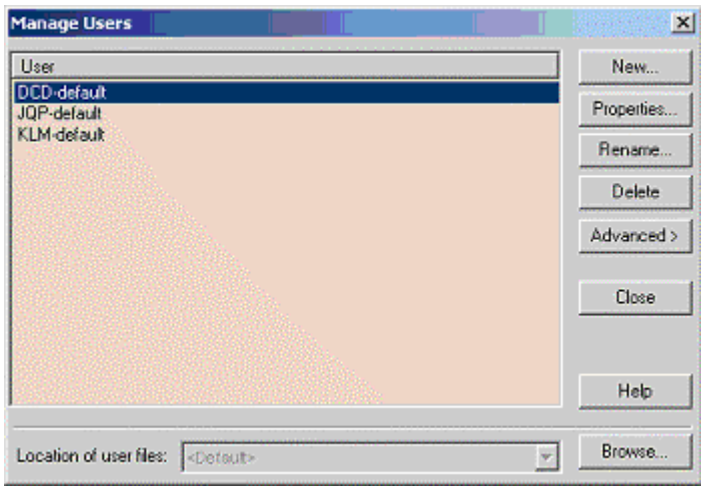
2. The first time Dragon launches, the New User Wizard window displays. Select the Your Name field, and enter a user name using the following format: <XXX-default>, where XXX is the user's login code to SoftPath. This allows SoftPath to identify and load the correct Dragon user profile when a specific user logs into the SoftPath application. For the Language field, select U.S. English; for Dictation source, select Microphone plugged into Mic-In jack; for Vocabulary, select Pathology. Select Next.



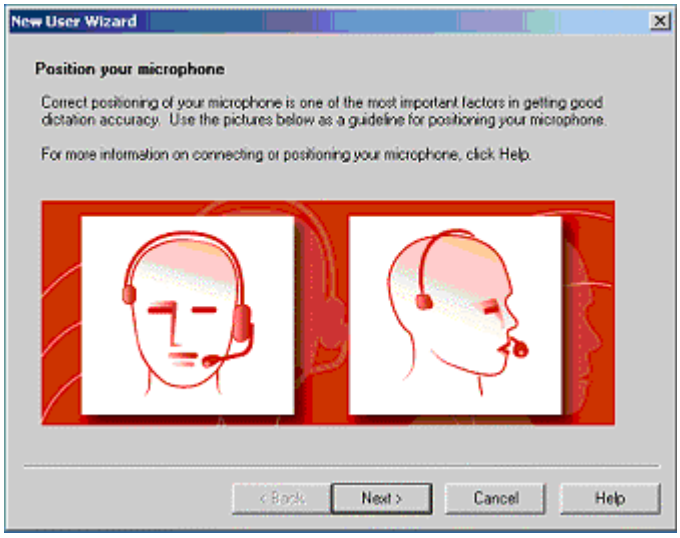
To set up a user profile from the Dragon Toolbar (after the first time Dragon launches), select the Naturally Speaking button on the Toolbar, select the Manage Users menu item.



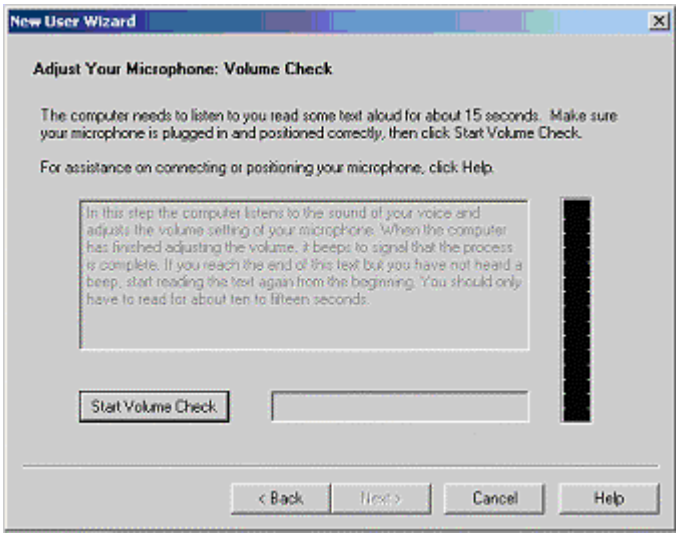
Select the New button. This launches the New User Wizard.



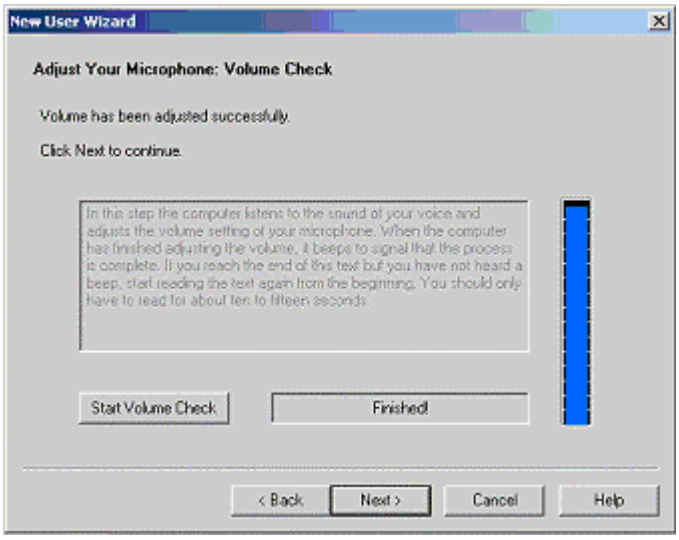
3. Set microphone position and select Next.



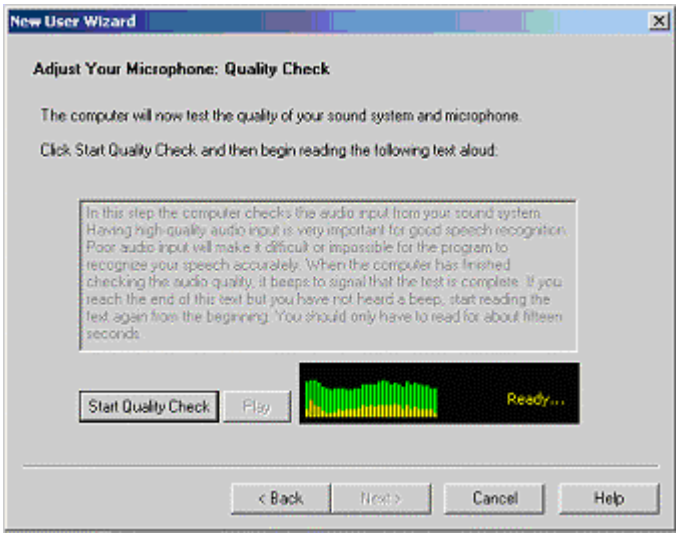
4. Select Start Volume Check and read indicated text.



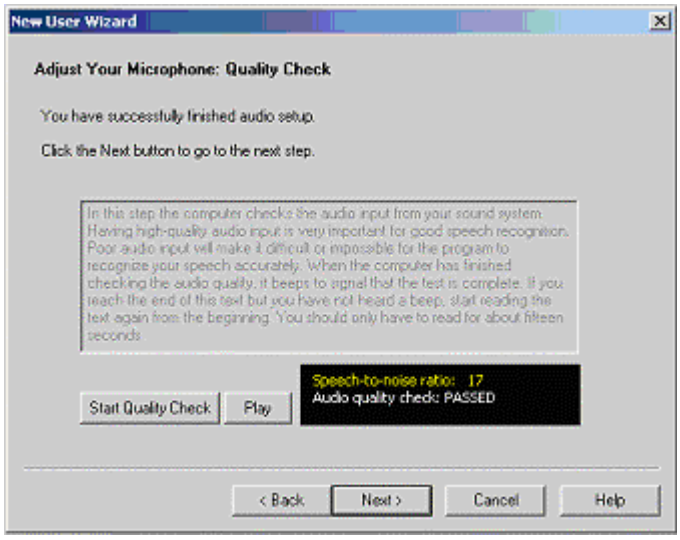
5. After Volume Check is complete, select Next.



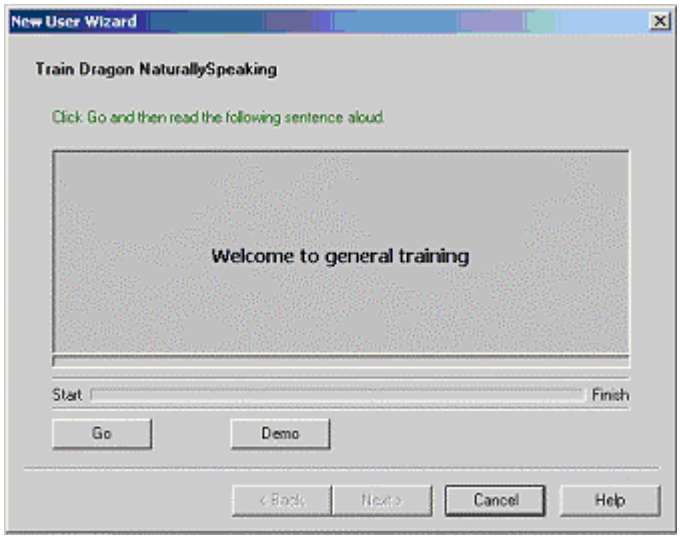
6. Select Start Quality Check and read indicated text.



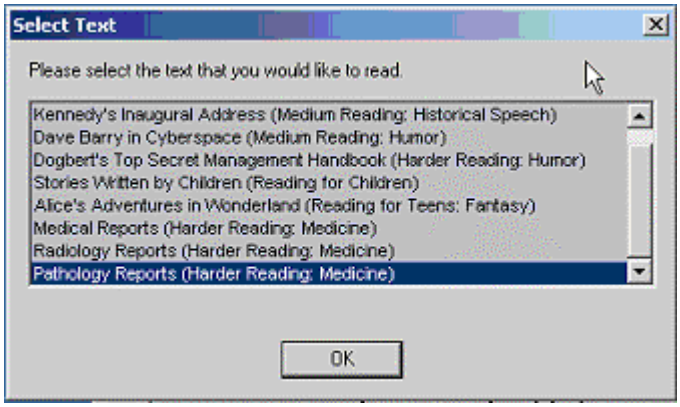
7. After Quality Check has successfully passed, select Next.



8. Select Go and follow the prompts in reading aloud.



9. Select an excerpt to read from. It is recommended to select Pathology Reports.



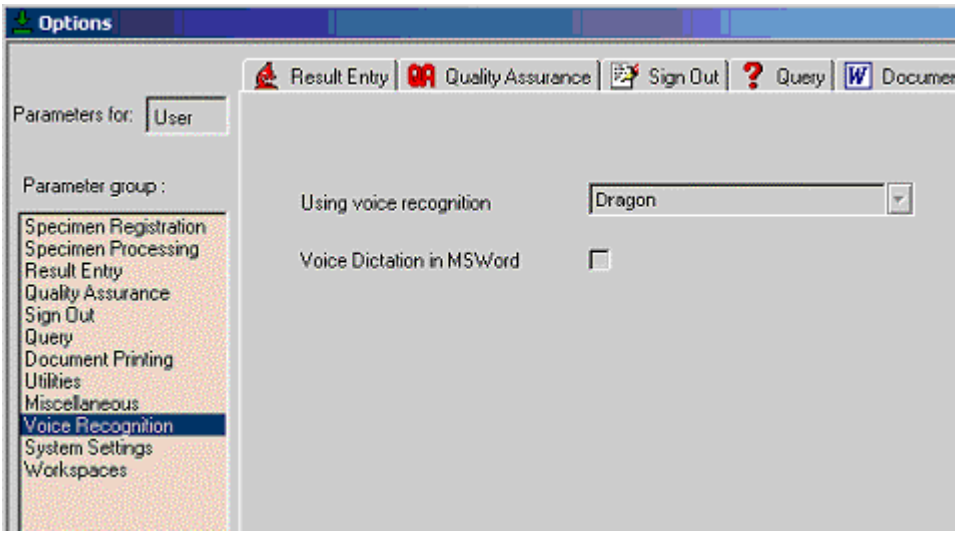
When training is complete, the system displays an acknowledgement prompt. Select OK to complete training.

Install SoftPath IV

The next step is to have SoftPath IV installed on the PC in thick client mode. When installing SoftPath with Voice, the installer must choose Custom installation, and then select the Voice option from the components screen. Ensure that the user ID has access to voice dictation in the SoftSec module (Option 8910 – Voice Recognition Setup) Login with the required user ID and select Setup – Options – Voice Recognition. Select User and Edit from the toolbar.

Select the voice recognition system (Dragon) to be used from the drop down menu and save the changes. Each time the selected user ID logs into the system the application will start the Dragon application for use.

NOTE: Do not have Dragon 7 running on the desktop if you are planning to use Voice Dictation in SoftPath IV. You must allow SoftPath to open Dragon if you wish to use the navigation capability of the system.

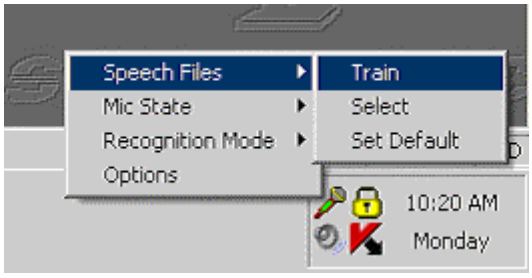


Exit and login to the system with the user ID configured to use Dragon

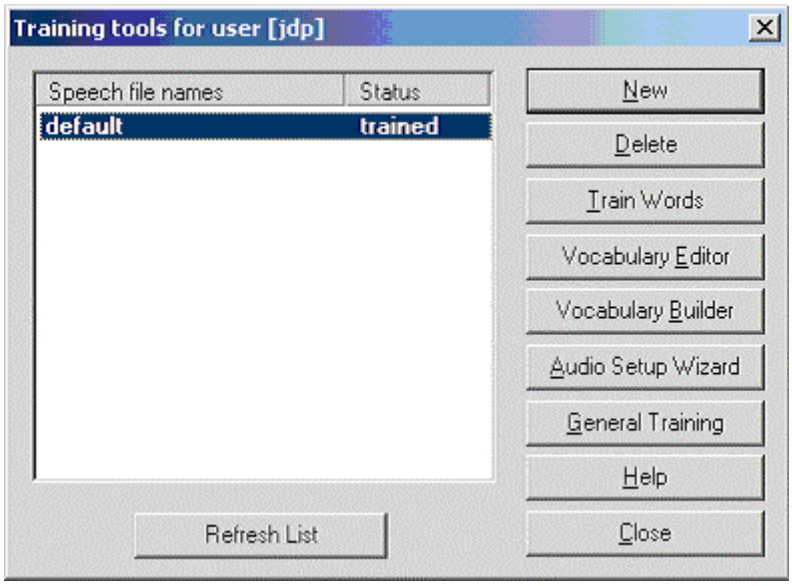
The system will open SoftPath and Dragon 7. This will be indicated by the presence of a microphone in the status bar

The microphone state is displayed via the microphone icon in the status bar. Red indicates that the microphone is turned off. Yellow indicates the microphone is “asleep”. Green indicates that the microphone is awake and ready for command.

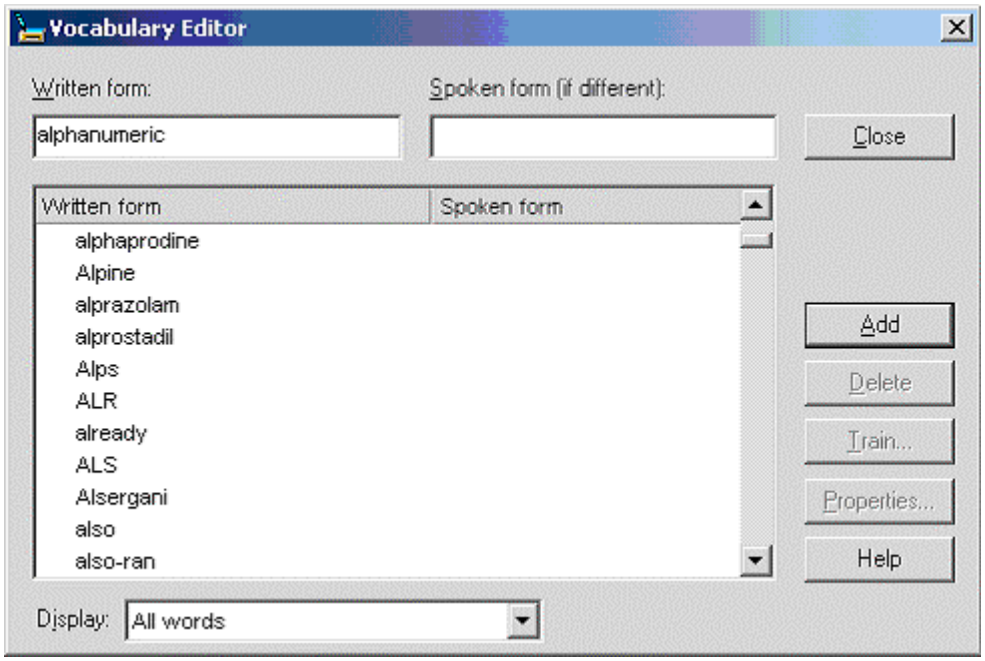
Click on the microphone to access the Train Speech files option and verify that the default speech file is trained.



The system will display the user file that has been loaded. This will be the trained default based on the login ID



To add customized words to the trained vocabulary select the default speech file and click the Vocabulary Editor button



Enter each word to be added in the written form field and click the Add button. The system will add the word to the list and activate the Train button.

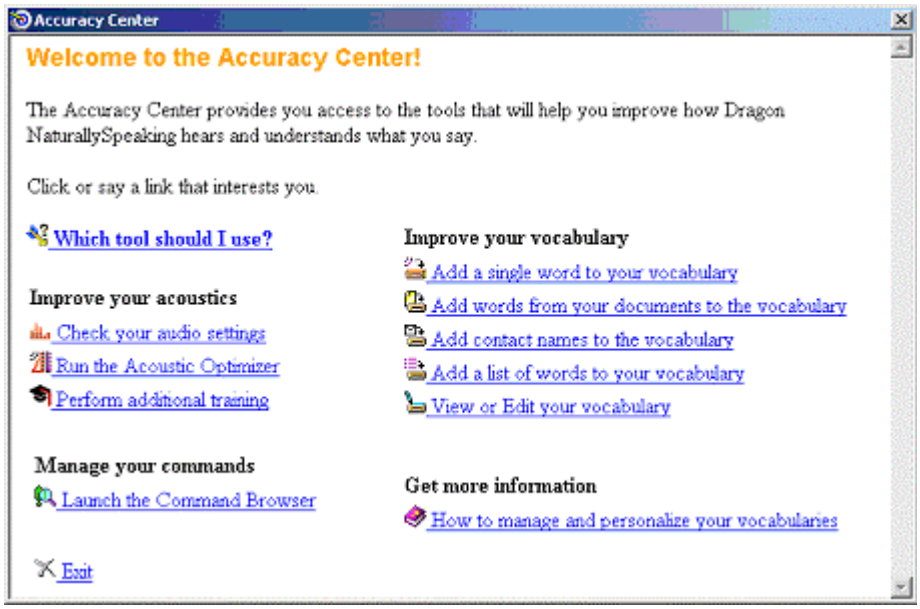
Train the system to recognize the word or phrase by clicking the Train button and following the directions.

Performing Additional Training for Enhanced Recognition

NOTE: The user must exit from the SoftPath application before opening Dragon from the desktop

When the system is first set up the user performs a limited training. To improve the accuracy of the word recognition load Dragon 7had been a from the desktop and perform additional training

Select the Accuracy Center from the Dragon Tools menu



Click the Perform Additional Training link form the displayed menu to continue the training process

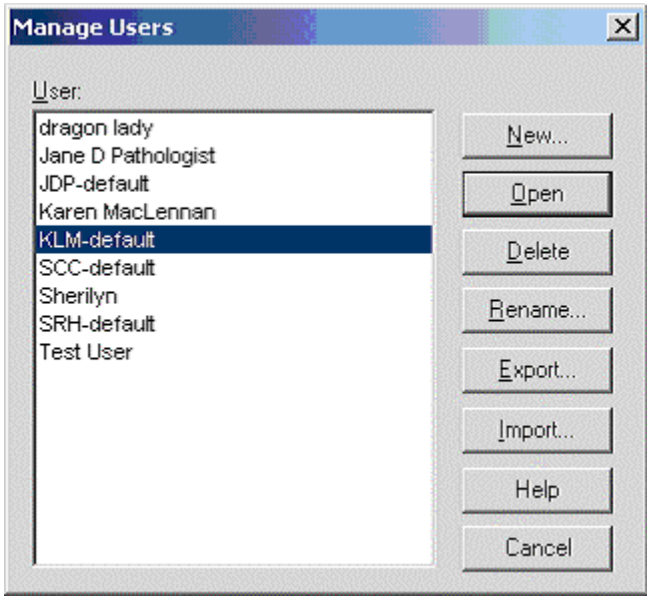
Follow the directions and read the text provided. Additional training takes about 20 minutes.

Installation of User Files on Multiple PC's

Once a Voice profile has been created and trained it may be propagated to multiple PC's without requiring users to perform training on each PC they may utilize.

To allow users to utilize Voice Recognition and Dragon at multiple PC's you may use the Import/Export capability of Dragon.

Select the Open/Manage Users option from the Naturally Speaking option of the Dragon toolbar.



Select the user profile to be copied and select Export. Export the user file to a local network drive

At the second PC, create the user profile, and import the user files from the network drive.

This can be performed as often as needed to populate the available PC's

SoftPath 4.2 GUI and Dragon Naturally Speaking 7 Software and Hardware Requirements

Hardware Requirements

Clients have one option for deploying the SoftPath v4.2 GUI application in conjunction with ScanSoft's Dragon Naturally Speaking 7:

"***Thick***" client, where local workstations run the software directly and connect to a UNIX server (backend)

Hardware/Software Matrix

	Parameter		Minimum	Recommended
SERVER (Backend)	Machine OLTP (online transaction processing)		5	20-200
	Processor, # of processors		1	4
	RAM		512 MB RAM	2-6 Gb RAM
	Disk space (without database)		2 Gb	3 Gb
Client Workstation (Frontend)	Processor Frequency		PIII 500MHz	P4 2.0MHz*
	RAM		256 MB RAM	512 MB RAM*
	Monitor Size		17 inch	17 inch
	Disk Space (single user environment)	space required to install the product files	60 MB	100 MB
		space required to download the product distribution package	50 MB	60 MB
		space required for data, trace and temporary files	190 MB	540 MB
		Total disk space (per environment)	300 MB	700 MB*
PrintServer Client (Frontend)	Processor Frequency		PIII 500MHz	PIII 800MHz
	RAM		256 MB RAM	512 MB RAM
	Monitor Size		17 inch	17 inch
	Disk Space (one environment)	space required to install the product files	60 MB	100 MB
		space required to download the product distribution package	50 MB	60 MB
		space required for data, trace and temporary files	300 MB	500 MB
		Total disk space (per environment)	310 MB	660 MB

* Tested and approved by SCC Product Development.

Appendix H – PatAdmin

The **PatAdmin** (SoftPath Administrator Program) utility is used to convert MS Word documents into RTF format, unlock documents, distribute macros and signatures, enable document sections and subsections for use with the RTF Editor, edit the setup for Complex Data Templates, edit code descriptions within the RffData and Simple Codes files, update the ODBC Reports file, unlock an accession sequence, and view Hosparam settings. Users can be given access to this system and limited options within the system, but this feature should only be used by the system administrator and trusted users. The PatAdmin main user interface displays similar to Figure H-1.

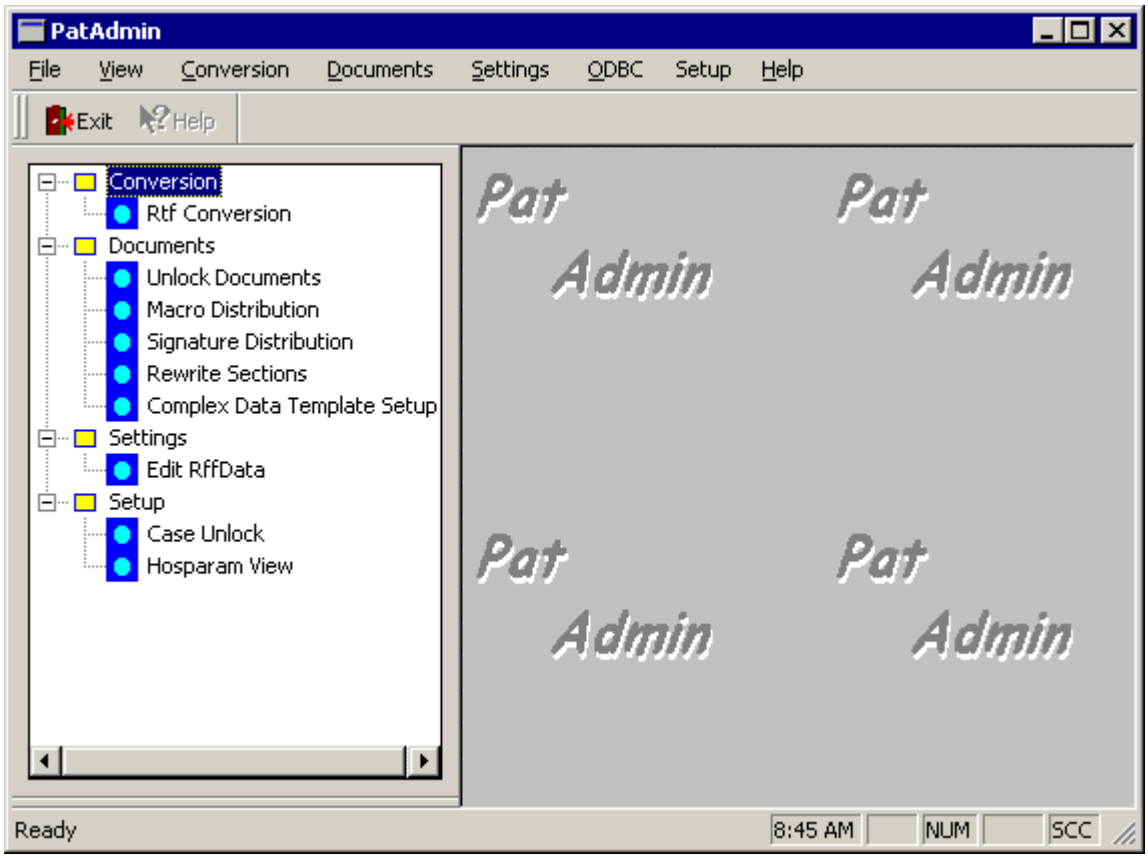


Figure H-1. PatAdmin Main User Interface

File

The **File** menu is used to setup a printer, open a recent file, or exit the PatAdmin program.

View

The **View** menu is used to toggle the Toolbar, Status Bar, and PatAdmin Bar from view. The PatAdmin Bar contains access to many of the same features available through the PatAdmin menus.

Conversion

The Conversion menu allows the user to access the RTF Conversion option.

RTF Conversion

RTF Conversion converts all unsigned reports and templates from MS Word storage documents (.DOC) to .RTF format.

NOTE: **Access to this option is limited to the login ID SCC.**

NOTE: This option needs to be run when upgrading versions 3.17.x, 4.1.x, or 4.2.0 to version 4.2.1.x or higher.

To access the **Convert RTF** option, select *Conversion > RTF Conversion* and the **Convert to RTF** Window (Figure H-2) is displayed.

To convert files, click the **Convert to RTF** button (Convert to RTF). The following file types will be converted: Report, Letter, Worksheet, Signature, Banner, and ABN Form Templates, and Edited Letter and Unsigned Report documents. When the conversion is completed, a list of all of the templates that could not be converted and the reason why is displayed.

NOTE: MS Word must be installed on the PC where this option is used.

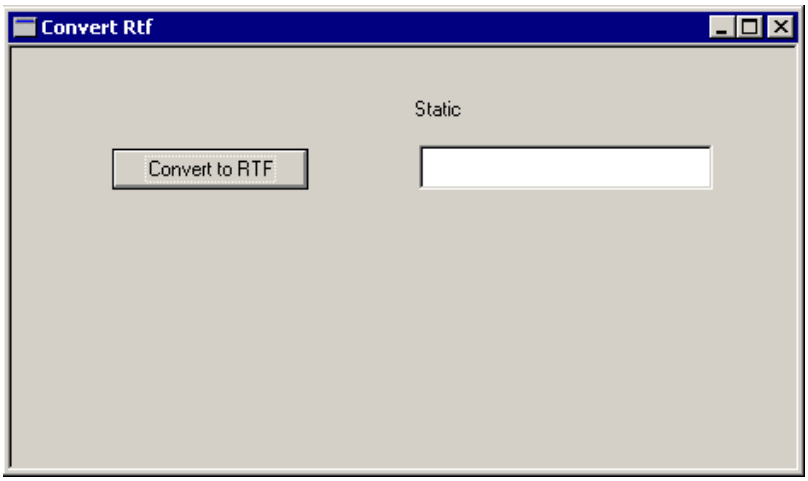


Figure H-2. Convert To RTF Window

Documents

The Documents menu allows the user to access the Unlock Documents, Macro Distribution, Signature Distribution, Rewrite Sections, and Complex Data Template Setup options.

Unlock Documents

The Unlock Documents option unlocks any locked report documents.

To access the **Unlock Documents** feature, select *Documents > Unlock Documents* and the **Unlock Documents** window (Figure H-3) is displayed.

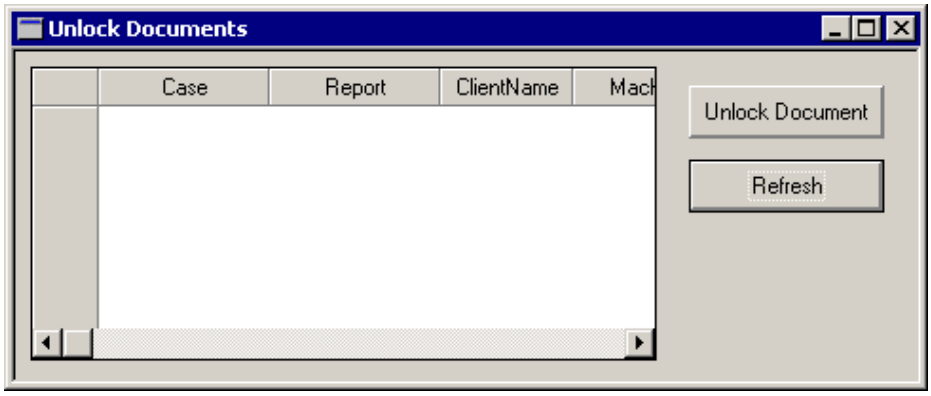


Figure H-3. Unlock Documents Window

Case

Displays the case number of the locked document.

Report

Displays the report type that has been locked.

Client Name

Displays the User ID of the user that has locked the document.

PC Name/IP Address

Displays the PC name (if available) or the IP Address of the machine on which the report was locked.

Lock Status

Displays the lock status.

Unlock Document

Click the **Unlock** button to unlock the selected document. The grid updates the lock status once the document is unlocked

Refresh

Click the **Refresh** button to refresh the locked documents grid.

Macro Distribution

The **Macro Distribution** option distributes the customized PatClient.dot file to the RISC box for use by other users.

NOTE: **Access to this option is limited to the login ID SCC.**

WARNING: Only select the PatClient.doc document for distribution.

To access this option, select *Documents* > *Macro Distribution*. The **Macro Distribution** window (Figure H- 4) is displayed.

NOTE: For versions 4.2.1.x and higher, most macros are stored as *.rtf files instead of *.dot files. SoftLab and SoftMic files are still stored as *.dot files.

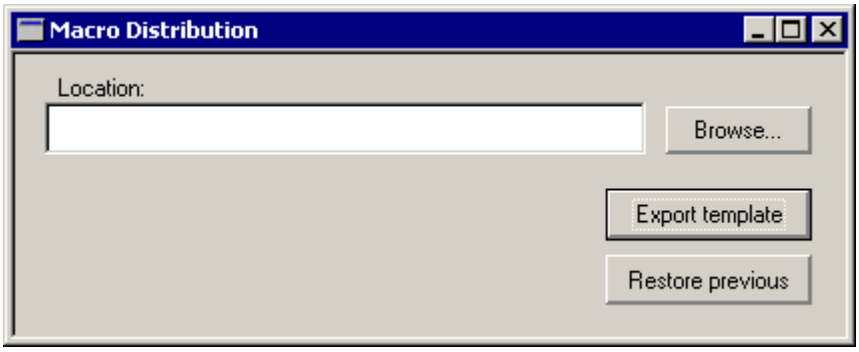


Figure H- 4. Macro Distribution Window

Location

Enter the location of the customized PatClient.dot file. Use the Browse button (Browse...) to search for the location of the file.

Export Template Export template

Click the **Export Template** button to distribute the selected PatClient.dot file to the RISC box for use by all users.

Restore Previous Restore previous

Click the **Restore Previous** button to restore the previous version of the PatClient.dot file to the RISC box, if a previous version exists.

Signature Distribution

The **Signature Distribution** option distributes the client signature picture files to the RISC box for use by all users. This option is designated for Client Service Representatives and Implementers who create a client's setup files and templates.

NOTE: **Access to this option is limited to the login ID SCC.**

To access this option, select *Documents* > *Signature Distribution*. The **Signature Distribution** window (Figure H-5) is displayed.

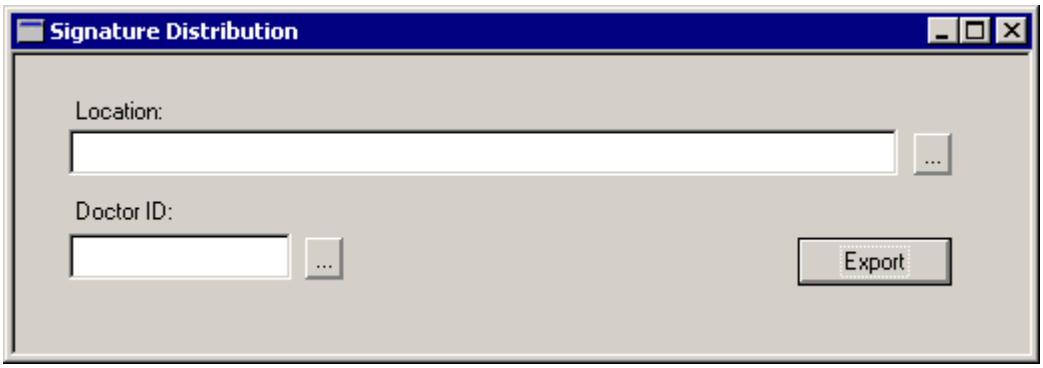


Figure H-5. Signature Distribution Window

Location

Enter the location of the signature picture file. Click the **Browse** button (...) to search for the location of the file.

Doctor ID

Enter the Personnel ID code that should be associated with the signature file. Click the **Browse** button (...) to search for the Personnel ID.

Export Export

Click the **Export** button to distribute the signature picture file to the RISC box.

Rewrite Sections

The Rewrite Sections option enables document sections and subsections for use with the RTF Editor.

NOTE: **Access to this option is limited to the login ID SCC.**

NOTE: This installation procedure is required during the upgrade from 3.17.x versions to 4.x versions.

To access this option, select *Documents > Rewrite Sections*. The **Rewrite Sections** window (Figure H-5) is displayed.

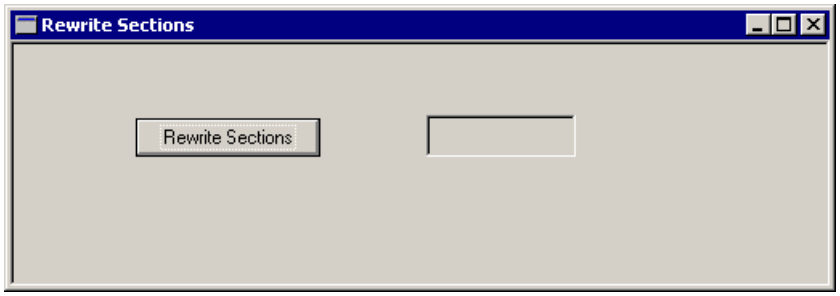


Figure H-6. Rewrite Section Window

Click the **Rewrite Sections** button (Rewrite Sections) to enable users to use the existing document sections and subsection in the RTF Editor for editing Result Reports in **Result Entry**, **QA**, and **Sign Out Entry**.

Complex Data Template Setup

The **Complex Data Template Setup** option allows the user to edit the Complex Data Templates setup, which provides the ability to replace Word macros in the SoftPath system.

NOTE: **Access to this option is limited to the login ID SCC.**

To access this option, select *Documents > Complex Data Template Setup*. The **Macro Template** window (Figure H-7) is displayed.

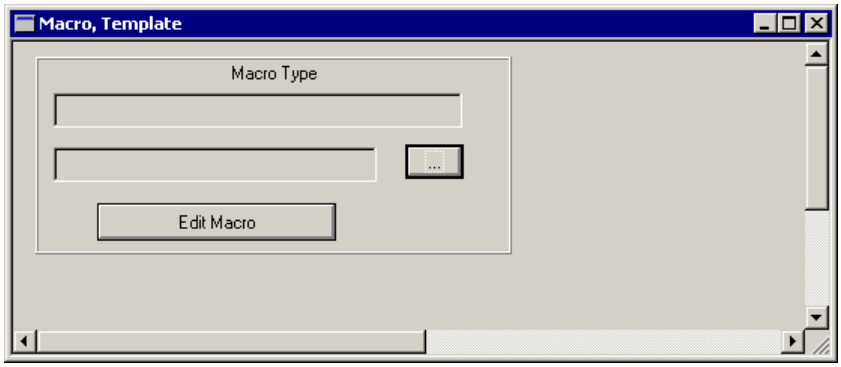


Figure H-7. Macro Template Window

The **Macro Template** window allows the user to edit standard generic macros and save updated macros as custom macros.

Macro Type

Displays the level of the selected Macro. This field is READ ONLY.

Macro Name

Displays the name of the Macro to be edited. This field is READ ONLY.

Browser

Click the browser button to open the **Macro Browser** window (Figure H-8). The Macro Browser window displays both client and generic macros.

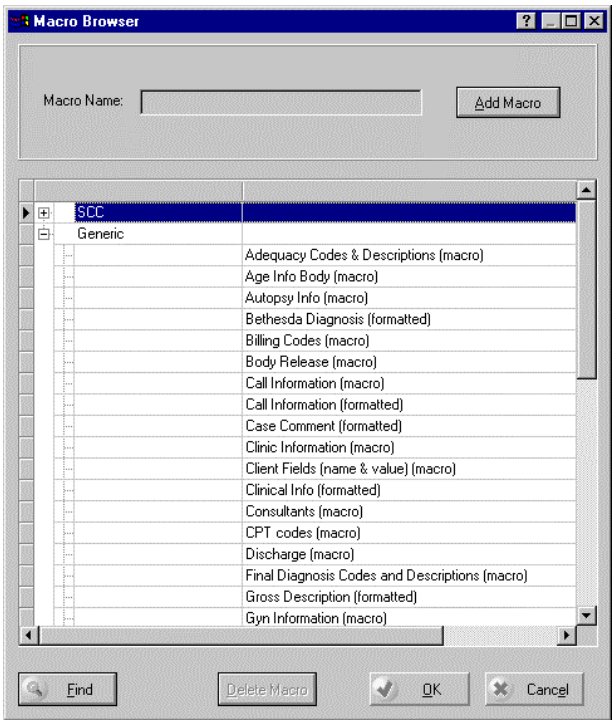


Figure H-8. Macro Browser Window

Macro Name

Displays the name of the select macro to edit in the **Add Macro** window. This field is READ ONLY.

Add Macro

Click the **Add Macro** button to display the **Add Macro** window (Figure H-9), which allows the user to select an existing macro to add to the selected level. Select a macro from the dropdown list and click **OK** to confirm the selection. Click **Cancel** to exit without adding a macro.

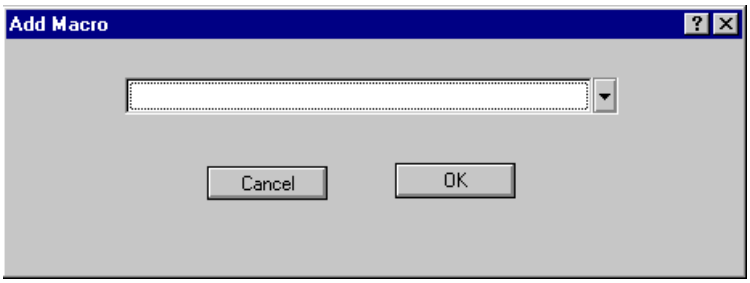


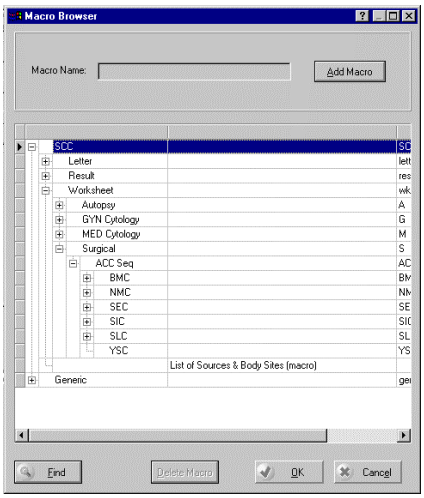
Figure H- 9. Add Macro Window

Custom macros can be added at any level in the tree grid. For instance, adding a custom macro at the Result level for “List of Sources & Body Sites” will be available for all Results Reports in all Case Types in All Accession Sequences. Additionally, macros can be added to a specific accession sequence.

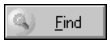
Macro Browser Grid

Displays all macros that exist in the system both the generic and client specific. Click the plus or minus signs to expand or contract the tree grid lists. All existing Macros are listed under the Generic Root item and are READ ONLY.

The editable macros are arranged in the following order:



- Letter
- Result
- Worklist
  - Autopsy
  - GYN Cytology
  - MED Cytology
  - Surgical
    - <Accession Sequence>

Find 

Click the **Find** button to read and refresh the entire macro structure of the system.

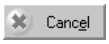
Delete Macro

Click the **Delete Macro** button to delete any previously saved custom level Client macro. A message displays asking for confirmation to delete the macro; click **Yes** to delete the macro or **No** to exit without deleting.

NOTE: This button is inactive when a generic level macro is selected.

OK

Click **OK** to associate the selected Client Macro Level with a specific macro to edit.

Cancel 

Click **Cancel** to return to the Macro Template window.

Edit Macro

Click the **Edit Macro** button to edit the selected macro, associate it with the selected level, and open the **Word Macro Template Editor** window (Figure H-10). The **Word Template Editor** allows the user to edit macros in the MS Word editing workspace, save edited macros for use in SoftPath as custom macros, and edit custom macros.

NOTE: If the **Code** or **Macro** section is not defined correctly, the report will not open and an error message will display.

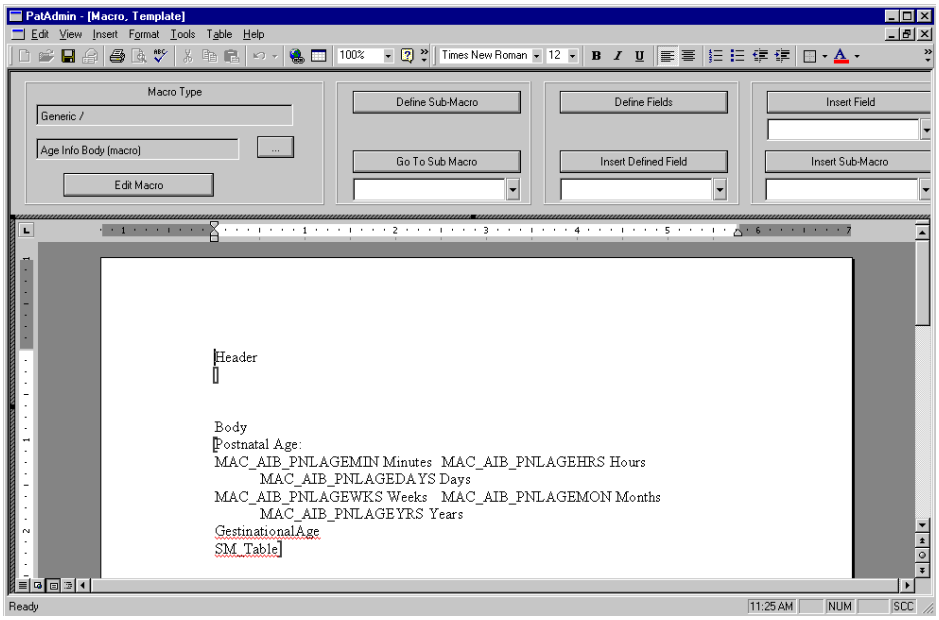


Figure H-10. Word Macro Template Editor Window

Define Sub-Macro

Click the **Define Sub-Macro** button to create a new sub-macro. The **Add Sub-Macro** window (Figure H-11) will display. Enter a name in the **Sub-Macro Name** field. Click **OK** to save the new sub-macro name and insert it in the position of the cursor in the **Macro Template Editor** window. Click **Cancel** to discard information entered in the window.

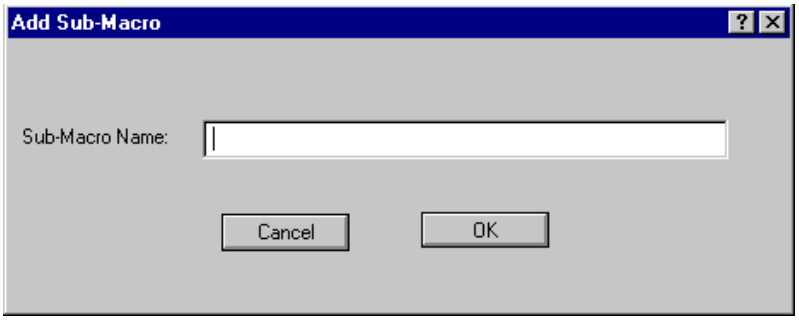


Figure H-11. Add Sub-Macro window

Go to Sub-Macro

Select a sub-macro that has already been defined from the dropdown list and click the **Go to Sub-Macro** button to navigate to the selected sub-macro in the document.

Define Fields

Click the Define Fields button to display the **Define Variable** window, which allows the user to compose and save computational expressions that contain conditional values and can execute complex data processing functions available from the **Insert Defined Fields** button and the **Macro Template** window.

Macro Name

Displays the macro name. This field is READ ONLY.

Variable Name

Select a variable from a list of all previously saved variables.

Add New

Click the **Add New** button to open the **Add Variable** window. Enter a name for the new variable in the free-text field. **Maximum 48 alphanumeric characters**. Click **OK** to add the new variable or **Cancel** to exit without saving.

Delete

Click the **Delete** button to delete the variable currently selected in the **Variable Name** field.

Insert Sub-Macro

Select a sub-macro from the dropdown list and click the **Insert Sub-Macro** button to insert the macro into either the **Value if Condition Met** or the **Value if Condition Not Met** field, based on cursor position.

NOTE: This list contains all of the sub-macros defined with the **Define Sub-Macro** button.

Insert Defined Field

Select a variable from the dropdown list and click the **Insert Defined Field** button to insert the defined field into either the **Value if Condition Met** or the **Value if Condition Not Met** field, based on cursor position.

NOTE: This list contains all of the system variable names defined with the **Add New** button from the **Variable Name** field.

Insert Field

Select a field from the dropdown list and click the **Insert Field** button to insert the field into either the **Value if Condition Met** or the **Value if Condition Not Met** field, based on cursor position.

NOTE: This list contains all of the system field names associated with the macro as defined in the Macro Name field.

Condition

Create or edit conditional complex data statement, which includes DocVariables, decimal and text constants, and Boolean expressions. **Maximum 256 alphanumeric characters**. Use the **Defined Field** button, the **Insert Field** button, or the **Insert Sub-Macro** button for further input.

Value if Condition Met

Define the value of the result of the expression if the condition in the Condition field is met. **Maximum 256 alphanumeric characters**. Use the **Defined Field** button or the **Insert Field** button for further input.

Value if Condition Not Met

Define the value of the result of the expression if the condition in the Condition field is NOT met. **Maximum 256 alphanumeric characters**. Use the **Defined Field** button or the **Insert Field** button for further input.

Test

Click the test button to verify the syntax consistency of the conditional statement defined in the **Condition**, **Value if Condition is Met**, and **Value of the Condition is Not Met** fields. The system prompts with a message that verifies the syntax consistency if passed or message stating that it failed, the error type, and the position of the error if an error occurred.

Cancel

Click the **Cancel** button to discard all changes made in the **Define Variable** window and return to the **Macro Template** window.

OK

Click **OK** to save all changes made in the **Define Variable** window and return to the **Macro Template** window.

Insert Defined Field Insert Defined Field

Select a custom defined field variable from the dropdown list and click the **Insert Defined Field** button to insert the variable in the current cursor position.

Insert Field Insert Field

Select one of the predefined data fields from the dropdown list and click the **Insert Field** button to insert the variable in the current cursor position.

NOTE: These fields are Macro specific.

Insert Sub-Macro Insert Sub-Macro

Select a defined macro from the dropdown list and click the **Insert Sub-Macro** button to insert the sub-macro in the current cursor position.

Settings

The **Settings** menu allows the user to access the **Edit RffData** option.

NOTE: **Access to this menu is limited to the login ID SCC.**

Edit RffData

The Edit RffData option edits code descriptions within the RffData and Simple Codes files. This option is designated for use by Client Service Representatives and Implementers for updating and refreshing RffData in the database.

NOTE: **Access to this option is limited to the login ID SCC.**

To access this option, select *Settings* > *Edit RffData*. The **Rff Data Window** (Figure H-12) is displayed.

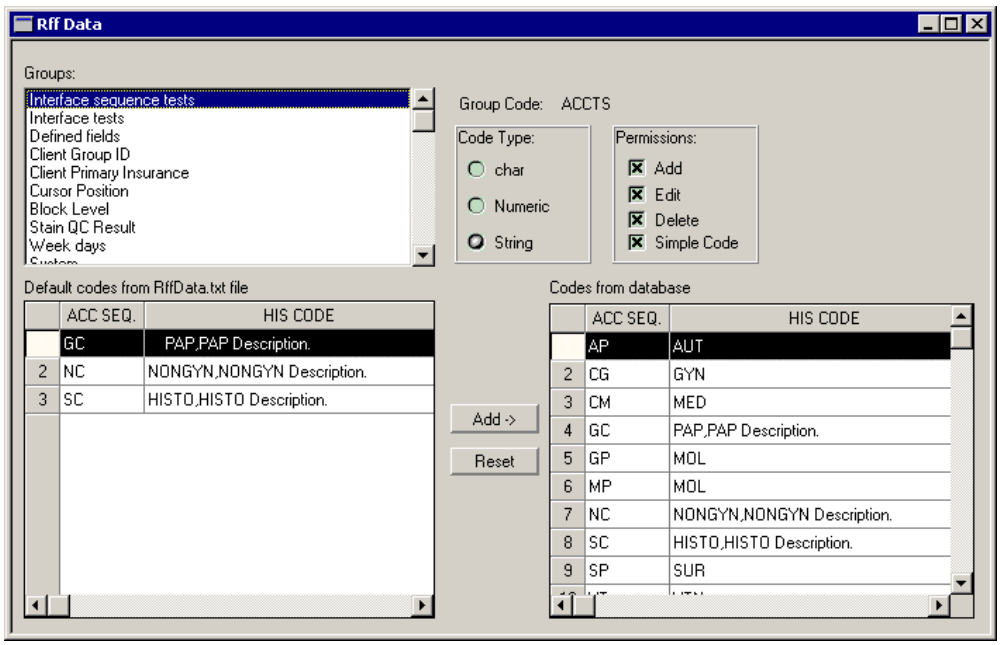


Figure H-12. Rff Data Window

Groups Display

Displays a list of descriptions of all existing RffData groups, including Simple Codes. This is a READ ONLY field.

Group Code

Displays the database code for the selected group. This is a READ ONLY field.

Code Type

Displays the Code Type (char, numeric, or string) associated with the selected group. This is a READ ONLY field.

Permissions

Displays the available edit permissions for the selected group. This is a READ ONLY field.

Add	Addition of new codes is allowed.
Edit	Editing of existing codes is allowed.
Delete	Deletion of existing codes is allowed.
Simple Code	Available for display or edit in the Simple Codes setup file.

Default Codes from RffData.txt File Grid

Displays the default codes and descriptions for the selected group, which are distributed in the RffData.txt file in SoftPath. These are READ ONLY fields.

Codes from Database Grid

Displays the current codes and descriptions available in the Setup Database for the selected group.

NOTE: If any group is editable or the installation procedure was not performed properly, the codes or descriptions may be different than the default file. If needed, this can be corrected by pressing the **Add** or **Reset** buttons.

Add Add ->

Click the **Add** button to add a selected code from the RffData.txt file to the Setup Database. Only codes that are not currently exist in Setup will be added and the descriptions are not updated.

Reset Reset

Click the **Reset** button to update all codes for the selected group in the Setup Database based on the RffData.txt file.

ODBC

The Settings menu allows the user to access the **ODBC Upgrade** option.

ODBC Upgrade

The **ODBC Upgrade** option updates the SoftPath ODBC Reports *.dbd file on the current PC from the most current version of the file available on the RISC box.

NOTE: **Access to this option is limited to the login ID SCC.**

To access this option, select *ODBC > ODBC Upgrade*.

Setup

The Setup menu contains the **Case Unlock** and **Hosparam View** options.

Case Unlock

The **Case Unlock** option allows the user to manually unlock an accession number.

To access this option, select *Setup > Case Unlock*. The **Case Unlock** window (Figure H-13) is displayed.

NOTE: This function is not dependent on the established time frame set in the RACC_REACT parameter.

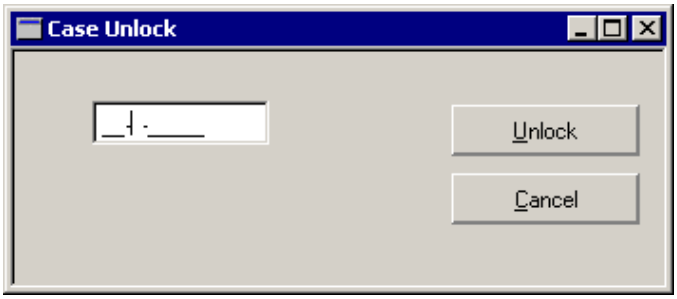


Figure H-13. Case Unlock Window

Accession Number

Enter the two-character year, accession sequence, and the case number to unlock.

Unlock Unlock

Click the unlock button to unlock the locked case.

Cancel Cancel

Click the Cancel button to cancel the unlock request and return to the main menu.

Hosparam View

The **Hosparam View** option displays all Hosparam settings that have been defined in the $RPARAM file. This option is READ ONLY.

To access this option, select *Setup* > *Hosparam View*. The **Hosparam View** window (Figure H-14) is displayed.

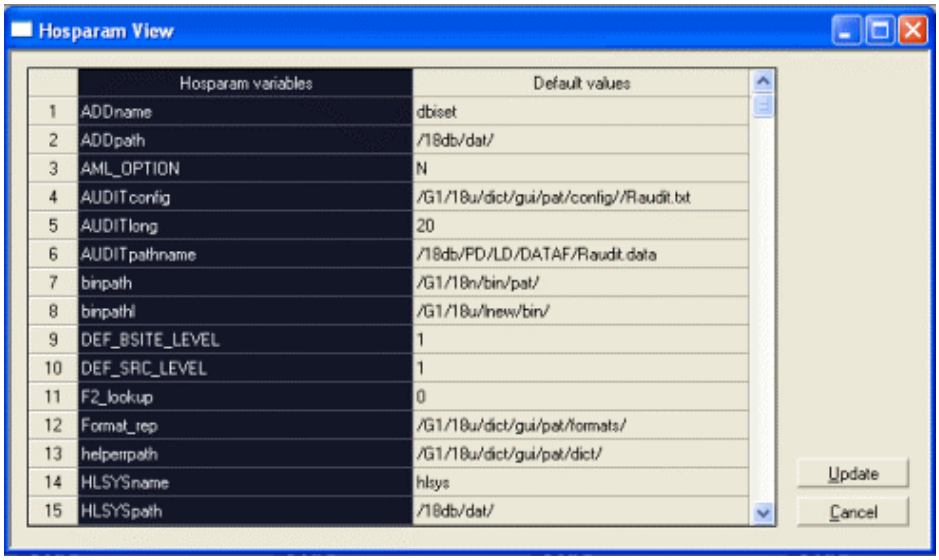


Figure H-14. Hosparam View Window

Help

The Help menu contains information about the PatAdmin program.

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Soft Computer

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