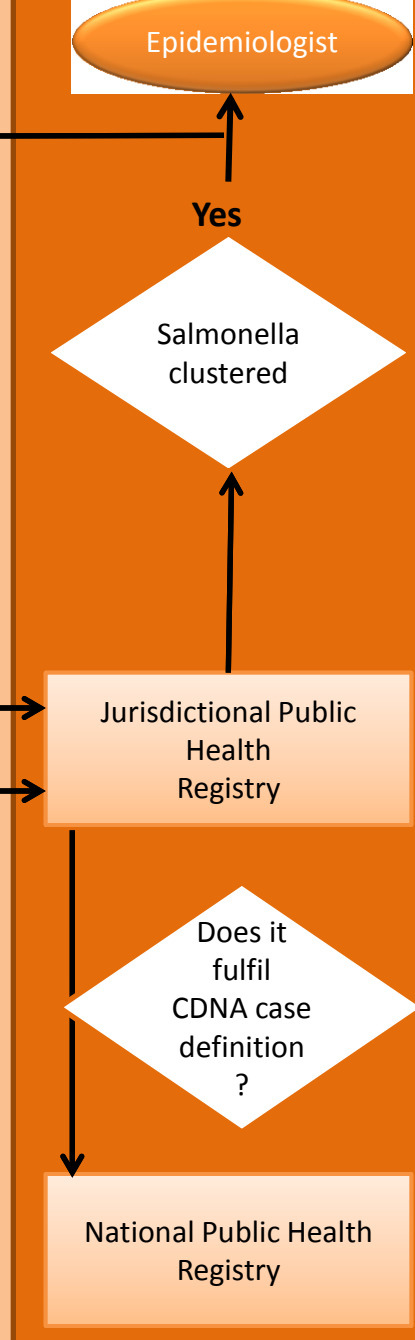
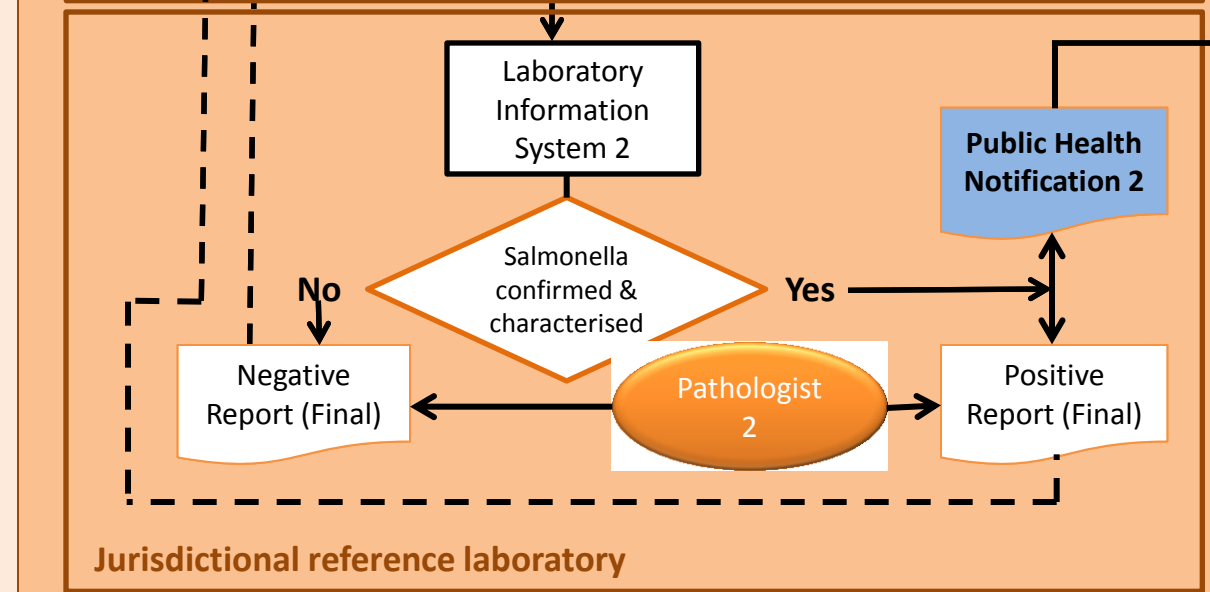
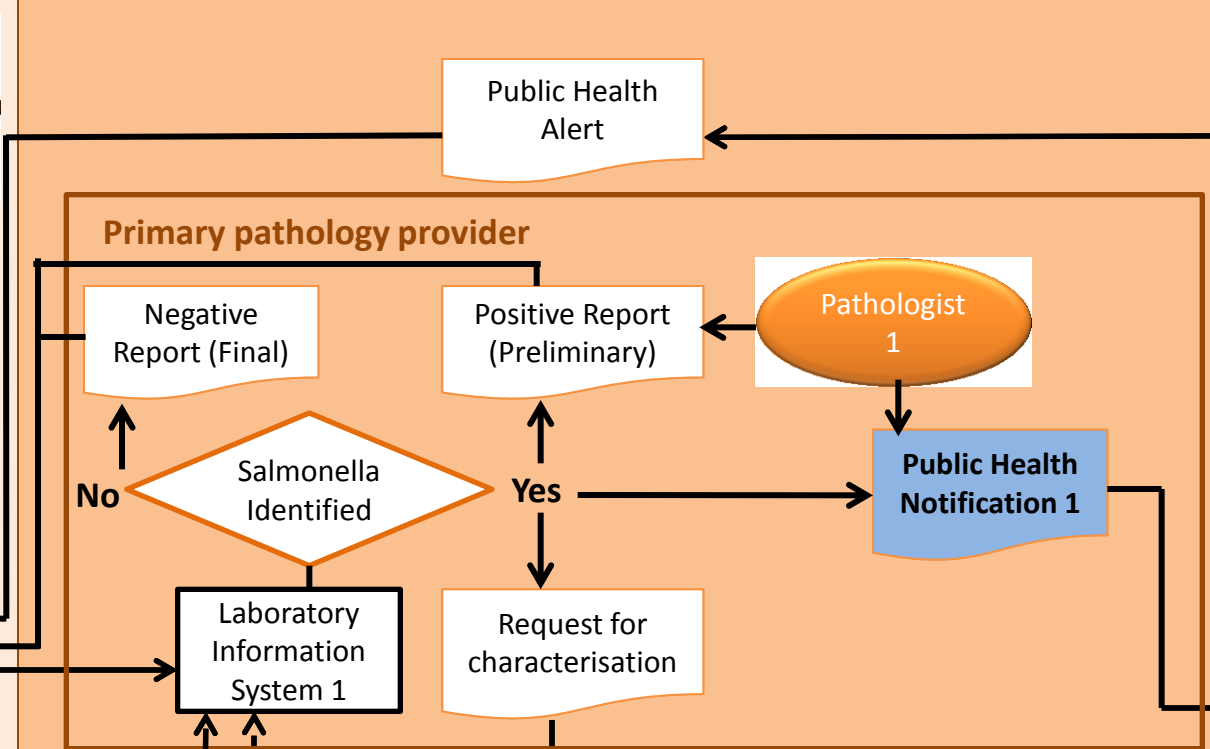
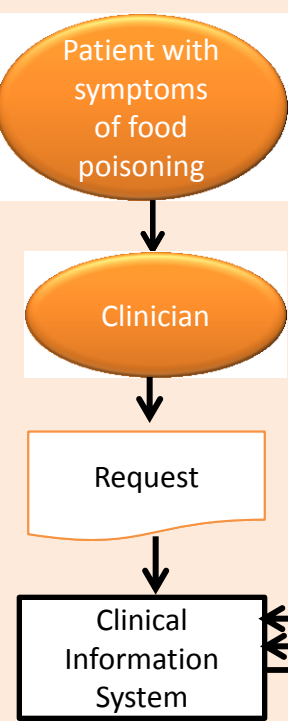


Clinical encounter

Pathology testing and reporting

Public health registry



Information and terminology for Salmonella reporting

	Terminology standard	Minimum information required by Jurisdictional Reference Laboratory from Primary pathology provider	Minimum information required for Public health Notification 1 from Primary pathology provider	Minimum information required for Public health Notification 2 from Jurisdictional reference laboratory
Requesting doctor				
Name	-	Yes	Yes	Yes
Address of the practice	-	Yes	Yes	Yes
Telephone	-	Yes	Yes	Yes
Fax	-	Yes	Yes	Yes
Medicare provider number	-	Yes	Yes	Yes
Patient demographics				
Name	-	Yes	Yes	Yes
Sex	-	Yes	Yes	Yes
Date of birth	-	Yes	Yes	Yes
Residential address (Including state and postcode)	-	Yes	Yes	Yes
Medical Record Number	-	If admitted	If admitted	If admitted

Information and terminology for Salmonella reporting

	Terminology standard	Minimum information required by Jurisdictional Reference Laboratory from Primary pathology provider	Minimum information required for Public health Notification 1 from Primary pathology provider	Minimum information required for Public health Notification 2 from Jurisdictional reference laboratory
Clinical information				
Main symptoms	-	If available	If available	If available
Immunosuppression	-	If available	If available	If available
Hospital admission	-	If available	If available	If available
Travel history	-	If available	If available	If available
Specimen attributes				
Laboratory accession number	-	Yes	Yes	Yes
Type (e.g. stool, rectal swab, etc.)	SNOMED-CT-AU	Yes	Yes	Yes
Date of collection	-	Yes	Yes	Yes
Date of receipt	-	-	-	Yes

Information and terminology for Salmonella reporting

	Terminology standard	Minimum information required by Jurisdictional Reference Laboratory from Primary pathology provider	Minimum information required for Public health Notification 1 from Primary pathology provider	Minimum information required for Public health Notification 2 from Jurisdictional reference laboratory
Results				
Name of the pathogen	SNOMED-CT-AU	Genus level	Genus level	Species and subspecies levels
Method of identification	LOINC	Yes	Yes	Yes
Subtyping information e.g. serovar, phage type, MLVA type, MLST type, SNP type etc.	LOINC	-	-	Yes
Antibiotic susceptibility results	LOINC	If available	If available	If available
Date of the result to a clinician	-	Yes	Yes	Yes
Testing laboratory				
Name	LOINC	Yes	Yes	Yes
Contact details (address, telephone, fax, email, website)	LOINC	Yes	Yes	Yes
Type of the report (e.g. preliminary, final, supplementary)	LOINC	Yes	Yes	Yes
Date of notification to a registry	-	Yes	Yes	Yes