Oregon State Cancer Registry (OSCaR)

Electronic Pathology Reporting Manual

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Oregon State Cancer Registry
Oregon Health Authority | Public Health Division
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Portland, Oregon 97232

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What is the Oregon State Cancer Registry (OSCaR)?

OSCaR is a statewide, population-based reporting system that collects and analyzes information about cancer cases occurring in Oregon. OSCaR was established by the 1995 Oregon legislature and began collecting information on all cancers diagnosed in Oregon as of January 1, 1996. The legislation defines the purpose of OSCaR as:

Providing information to design, target, monitor, facilitate, and evaluate efforts to determine the causes or sources of cancer among the residents of Oregon; and reduce the burden of cancer in Oregon.

Data from OSCaR provide an overview of all cancers diagnosed in Oregon. This information is useful for cancer prevention programs, clinicians, policy makers, and the public for understanding the impact of cancer among Oregonians. In addition, OSCaR is a source of data for researchers who are conducting their own studies into the causes and/or treatment of specific types of cancers.

Oregon Reporting Law - Why Report to OSCaR

Definition and Statute specific to pathology laboratory reporting:

ORS 432.500 (1) "Clinical laboratory" means a facility where microbiological, serological, chemical, hematological, immunohematological, immunological, toxicological, cytogenetical, exfoliative cytological, histological, pathological or other examinations are performed on material derived from the human body, for the purpose of diagnosis, prevention of disease or treatment of patients by physicians, dentists and other persons who are authorized by license to diagnose or treat humans.

ORS 432.510 (2) The authority shall adopt rules necessary to carry out the purposes of ORS 432.510 (Cancer and tumor registry system) to 432.550 (Action for damages) and 432.900 (Civil penalty), including but not limited to designating which types of cancer and benign tumors of the brain and central nervous system are reportable to the statewide registry, the data to be reported, the data reporting standards and format and the effective date after which reporting by health care facilities, clinical laboratories and practitioners shall be required. When adopting rules under this subsection, the authority shall, to the greatest extent practicable, conform the rules to the standards and procedures established by the American College of Surgeons Commission on Cancer, with the goal of achieving uniformity in the collection and reporting of data.

ORS 432.520 (4) Any clinical laboratory diagnosing cases of cancer or benign tumors of the brain and central nervous system shall report each case to the authority or its authorized representative within a time period and in a format prescribed by the authority.

Definition and Rule specific to pathology laboratory reporting:

OAR 333-010-0000 (8) "Clinical laboratory" means a facility where microbiological, serological, chemical, hematological, immunohematological, immunological, toxicological, cytogenetical, exfoliative cytological, histological, pathological or other examinations are performed on material derived from the human body, for the purpose of diagnosis, prevention of disease or treatment of patients by physicians, dentists and other persons who are authorized by license to diagnose or treat humans.

OAR 333-010-0032 (1) Clinical laboratories must report to OSCaR all cases with test results indicative of and specific for a reportable cancer or reportable non-malignant condition, as defined in OAR 333-010-0000(16) and 333-010-0000(18) respectively, ("Cancer Pathology Reports") in accordance with the following provisions. Clinical laboratories must submit all Cancer Pathology Reports to OSCaR using the electronic data exchange format and codes set forth in the guidelines for Pathology Laboratory Electronic Reporting issued by the North American Association of Central Cancer Registries ("NAACCR"), unless reported to a health system cancer registry. The NAACCR Guidelines for Pathology Laboratory Electronic Reporting are available from OSCaR.

(2) Clinical laboratories must also report to OSCaR all cases with biopsies (excluding cytology tests) indicative of and specific for a reportable pre-malignant condition, as defined in OAR 333-010-0000(16), in an electronic format mutually agreed to by OSCaR and the clinical laboratory. These reports must include (if available to the clinical laboratory):

(a) Name, address, and telephone number of the physician listed on the lab order;

(b) Name, address, and telephone number of the reporting laboratory;

(c) Patient name, gender, address (if available), birth date, race/ethnicity;

(d) Primary site and type of cancer-related condition; and

(e) Date of diagnosis.

(3) OSCaR will make lists of reportable cancers, reportable non-malignant conditions, and reportable pre-malignant conditions available on the Oregon State Cancer Registry website: www.healthoregon.org/oscar. If a clinical laboratory fails to submit the required cancer pathology reports or reports of pre-malignant conditions to OSCaR according to the standards and format prescribed, OSCaR may inform the laboratory in writing of the disparity between the laboratory's reporting performance and the reporting standards and consult with the laboratory regarding methods for bringing the

clinical laboratory's reporting performance into compliance with the reporting standards.

(4) If a clinical laboratory is not able to submit cancer pathology reports or reports of pre-malignant conditions electronically, OSCaR may authorize the clinical laboratory to report by mail or facsimile for a limited period of time to be specified by OSCaR.

(5) OSCaR shall establish a system of confirmation of receipt of cancer pathology reports and reports of pre-malignant conditions submitted by clinical laboratories.

Statutory/Other Authority: ORS 432.510 & 432.520
Statutes/Other Implemented: ORS 432.510 & 432.520
History: PH 13-2011, f. 12-28-11, cert. ef. 1-1-12

Confidentiality

The Oregon State Cancer Registry is mandated by law to collect cancer incidence data, and as such, must act as custodian of these data. This is to ensure the records are held in trust, and that the privacy of individual patients, reporting facilities, and physicians is protected. Confidentiality of OSCaR data is protected under statutory authority (ORS 432.530), and is detailed under the Cancer Reporting Regulations (OAR 333-010-0050).

OSCaR and HIPAA

The HIPAA Privacy Rule allows covered entities to disclose PHI to public health authorities when required by federal, tribal, state, or local laws ***[45 CFR 164.512(a)].*** This includes state laws (or state procedures established under such law) that provide for receiving reporting of disease or injury, child abuse, birth, or death, or conducting public health surveillance, investigation, or intervention. The Privacy Rule permits covered entities to disclose PHI, without authorization, to public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. [***45 CFR 164.512(b)]***

Reportable Conditions

All invasive malignant neoplasms and specified benign neoplasms of the brain and CNS are reportable.

All in-situ carcinomas, ***except carcinoma in-situ of the cervix uteri, and basal and squamous cell carcinoma of the skin,*** are reportable.

VIN 3, VAIN 3, AIN 3 (squamous intraepithelial neoplasia Grade 3) and, juvenile astrocytoma, pilocytic astrocytomas, and piloid astrocytoma are reportable.

Comprehensive casefinding lists can be found on the OSCaR website at http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/Pages/reporting.aspx.

Reporting Format

Health Level Seven (HL7)

Labs should report cases to OSCaR using the HL7 file layout as defined in the *North American Association of Central Cancer Registries (NAACCR) Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting Version 4.0* at https://www.naaccr.org/pathology-laboratory-electronic-reporting/

This is a more specific implementation of the standard HL7 Unsolicited Observation (ORU) message. The files should be constructed according to the usual HL7 guidelines for batch submissions, with file and batch headers present. Each message within the file should be comprised of a single path report and each path report should be associated with a single Observation Report ID (OBR) segment.

OSCaR Required Data Items and HL7 Data Specifications

OSCaR requires specific HL7 data items to be completed for each reportable case. A listing of required items for labs is provided in **Appendix B** of this manual.

How and When to Report

There are currently (2) options available for transmission of HL7 pathology data to the Oregon State Cancer Registry (OSCaR).

1. The **Public Health Information Network Messaging System (PHIN MS)** a CDC-provided software employs Electronic Business using Extensible Markup Language (ebXML) technology. PHIN MS can securely send and receive any message type over the Internet, facilitating interoperability among myriad public health information systems. OSCaR maintains a queue in the OHA Public Health Division's PHINMS system to accept automatically uploaded HL7 data files. OSCaR will work directly with facilities that wish to use the PHINMS system. Monthly data submissions are considered the minimum for this mode of submission.

2. **WebPlus** is a Web application, from the CDC, that runs on Microsoft® Internet Information Services (IIS) and stores the data in a Microsoft SQL Server database. A secure sockets layer (SSL) digital certificate is installed on the Web server for site authentication, and for SSL encryption of data transferred between the clients and the Web server. Cancer incidence submissions should be uploaded to OSCaR via the Web Plus system monthly unless otherwise unless other arrangements have been agreed upon with OSCaR. **Appendix C** provides instructions on uploading files.

Steps to approve a pathology lab for electronic reporting

Step 1

- ✓ **Pathology lab** Completes *Pathology Laboratory Initial Survey* form
- ✓ **Pathology lab** Reviews OSCaR *Pathology Laboratory Reporting Manual*

Step 2

- **OSCaR** enables access to Web Plus for file uploading; email sent to pathology lab contact

(EITHER ONE OPTION/OR THE OTHER, NOT BOTH)

- **OSCaR** enables access to the OHA-PHD PHINMS system; email sent to pathology lab contact & OHA-PHD PHNMS Administrator.

Pathology lab attempts initial logon and resets default assigned password

Step 3

- ✓ **Pathology lab** prepares and transmits test file
- ✓ **OSCaR** validates test file; Step 3 repeated until all issues are resolved

Step 4

- ✓ **OSCaR** emails verification for live production upon successful validation of test file
- ✓ **Pathology lab** transmits pathology files to OSCaR monthly or quarterly

Contact information for questions and feedback

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Appendix A

Oregon State Cancer Registry (OSCaR)

Pathology Laboratory Initial Survey

Please answer each question by checking the correct response(s) or entering information in the spaces provided. If you have any questions, please contact Shannon Evangelista at 971-673-0986 or oscar.ohd@state.or.us. *Thank you!*

Pathology lab information

CLIA #	
Name of Laboratory	
Address (street, city, state, ZIP)	
Name of Director	
Telephone Number	
Fax Number	
Email	
Website (optional)	

Pathology lab technical contact information

Whom should we contact to discuss the ***technical*** details of your laboratory reporting to OSCaR?

Name	
Title/Credentials	
Address (street, city, state, ZIP)	
Phone Number	
Fax	
Email	

Current status of laboratory reporting of tumors

At present, how do you perform laboratory reporting to OSCaR?

- ☐ Paper
- ☐ Electronic
- ☐ Don't report to OSCaR

Other labs

Do you transmit pathology reports for other laboratories? ☐ Yes (if yes, please list below) ☐ No

Laboratory name	Location

Electronic data system functions

What type of software package do you use for pathology reports? _____

NAACCR file formats

- ☐ HL7 2.51
- ☐ HL7 2.31
- ☐ HL7 other
- ☐ ASCII pipe-delimited

Please send completed form via fax or email to:

Shannon Evangelista
Oregon Public Health Division, OSCaR
800 NE Oregon St. STE 730, Portland Oregon 97232-2195
Phone 971-673-0986 ● FAX 971-673-0996
oscar.ohd@state.or.us

Authorization to collect or receive individually identifiable health information in these records is covered under ORS 432.520.

Consistent with the HIPAA Privacy Rules, 45 CFR § 164.512(b), the Oregon Health Authority staff and/or representatives identified above are authorized to collect or receive individually identifiable health information as a Public Health Authority for the purpose of preventing or controlling disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions.

The information requested constitutes the minimum necessary information for the public health purpose, function or activity described above. This statement provides the authority for the Department of Human Services staff and/or representatives identified below to collect or receive this information, pursuant to applicable state or federal law and the HIPAA Privacy Rule, 45 § 164.514(h)(1).

Appendix B

OSCaR Required Data Items and HL7 Data Specifications

This section lists the specific data items OSCaR requires and references only HL7 elements relevant to the reporting of these items. It does not address the matter of formatting an Unsolicited Observation Message (ORU) or the basic elements of HL7. Please refer to the *Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting, and Version 2.2 at* http://www.naaccr.org/StandardsandRegistryOperations/VolumeV.aspx to explain the HL7 description of each element of the ORU and its potential role in cancer reporting.

This document should be regarded as a supplement to *Volume V, Version 2.2* for laboratories unfamiliar with HL7. For laboratories already familiar with HL7 and the ORU message, this document contains most of the information necessary to construct files for reporting, with minimal reference to *Volume V, Version 2.2* and the HL7 standards themselves.

HL7 Segment	HL7 Seq	Sub-Comp	HL7 Item#	HL7 Element Name	HL7 Data Type	OSCaR Database Field	NAACCR Usage	NAACCR Item #	NAACCR Item Name
OBR	3		00217	Filler Order Number	EI	Accession Number	R	7090	Path Report #
PID	3		00106	Patient identifier list	CX	Patient Identifier	R	2300,	Medical Record #
PID	5	1		Family Name	FN	Patient Last Name	R	2230	Name-Last
PID	5	2		Given Name	ST	Patient First Name	RE	2240	Name-First
PID	5	3		Middle initial or name	ST	Patient Middle Name	RE	2250	Name-Middle
PID	11	1.1		Street or Mailing Address	ST	Patient Street Address at DX	R	2330	Addr at DX-No & Street
PID	11	2		Other designation	ST	Patient Street Address at DX, Apt # or Suite #	RE	2330	Addr at DX-No & Street
PID	11	3		City	ST	Patient Address City at DX	RE	70	Addr at DX-City
PID	11	4		State or province	ST	Patient Address State at DX	RE	80	Addr at DX-State
PID	11	5		ZIP or postal code	ST	Patient Zipcode at DX	RE	100	Addr at DX-Postal Code
PID	7		00110	Date/time of birth	TS	Patient DOB	RE	240	Birth Date
PID	3		00106	Patient identifier list	CX	Patient SSN	R	2320	Social Security No.
PID	8		00111	Sex	IS	Patient Sex	RE	220	Sex
PID	10		00113	Race	CE	Patient Race	RE	160	Race 1
PID	22		00125	Ethnic Group	CE	Patient Ethnicity	RE	190	Spanish/Hispanic Origin
MSH	4	2		Universal ID (CLIA number)	ST	Producers ID	CE	7515	Reporting Facility ID
MSH	4	1		Laboratory Name	IS	Laboratory Name	RE	7020	Path Lab Name
MSH	4	1		Laboratory Address – Street	IS	Laboratory Street Address	RE	7020	Path Lab Addr-Street
MSH	4	1		Laboratory Address – City	IS	Laboratory City	RE	7020	Path Lab Addr-City
MSH	4	1		Laboratory Address – State	IS	Laboratory State	RE	7020	Path Lab Addr-State
MSH	4	1		Laboratory Address – ZIP/Postal Code	IS	Laboratory Zipcode	RE	7020	Path Lab Addr-Postal code
MSH	4	1		Laboratory Phone Number	IS	Laboratory Phone Number	RE	7020	Path Lab-Telephone
OBR	16	1		ID Number	ST	DX MD License Number	RE	7100	Path Ordering Client/Phys-Lic No

HL7 Segment	HL7 Seq	Sub-Comp	HL7 Item#	HL7 Element Name	HL7 Data Type	OSCaR Database Field	NAACCR Usage	NAACCR Item #	NAACCR Item Name
OBR	16	2.1		Surname	ST	DX MD Last Name	R	7120	Path Ordering Client/Phys-LName
OBR	16	3		Given Name	ST	DX MD First Name	RE		Path Ordering Client/Phys-FName
ORC	24	1		Street Address	SAD	DX MD Street Address	RE	7140	Path Ordering Client/Phys Addr-Street
ORC	24	3		City	ST	DX MD Address City	RE	7150	Path Ordering Client/Phys Addr-City
ORC	24	4		State or province	ST	DX MD Address State	RE	7160	Path Ordering Client/Phys Addr-State
ORC	24	5		ZIP or postal code	ST	DX MD Zipcode	RE	7170	Path Ordering Client/Phys Addr-Postal Code
OBR	17		00250	Order Callback Phone No.	XTN	DX MD Phone Number	RE	7180	Path Ordering Client/Phys Phone
ORC	21	10		Organization identifier	ST	DX Location Facility ID Number	RE	7190	Path Ordering Facility Number (AHA or other standard facility number)
ORC	21	1		Organization name	ST	DX Location Facility Name	RE	7200	Path Ordering Facility Name
ORC	22	1.1		Street or Mailing Address	ST	DX Location Facility Street Address	R	7210	Path Ordering Fac Addr-No & St
ORC	22	2		Other designation	ST	DX Location Facility Street Address, Suite Number	RE	7210	Path Ordering Fac Addr-No & St
ORC	22	3		City	ST	DX Location Facility Address City	RE	7220	Path Ordering Fac Addr-City
ORC	22	4		State or Province	ST	DX Location Facility Address State	RE	7230	Path Ordering Fac Addr-State
ORC	22	5		ZIP or postal code	ST	DX Location Facility Zipcode	RE	7240	Path Ordering Fac Addr-Postal code
ORC	23		01313	Ordering Facility Phone No.	XTN	DX Location Facility Phone Number	RE	7250	Path Ordering Facility-Telephone
OBR	32	1.2		Family Name	ST	Reporting Pathologist Last Name	R	7260	Pathologist Last Name
OBR	32	1.3		Given Name	ST	Reporting Pathologist First Name	RE	7270	Pathologist First Name
OBR	32	1.1		ID Number	ST	Reporting Pathologist License Number	RE	7300, 7305	Pathologist Lic No., Pathologist Lic No. NPI
OBR	7		00241	Observation Date/Time	TS	Date of Specimen Collection	R	7320	Path-Date Spec Collection
OBX	11		00579	Observation result status	ID	Result Status	R	7330	Path-Result Status
OBX	5		00573	Pathology Report Text	**	Pathology Report Text	R	2570	Path--ICD-CM codes, Path--Text Diagnosis, Path--Final Diagnosis, Path--Comment Section

OSCaR Data Item Descriptions for HL7

Accession Number
Reported in Observation Requirement Section 3 (OBR3), this value should uniquely identify the path report with the lab system. This might be called a slide number, a test number, a report number, etc.

Patient Identifier
Reported in Patient Identification Section 3 (PID3), collection of personal identifiers or any identifying code associated with the patient in question should be reported here. “PI” must be the type of identifier.

Patient Last Name, First Name, Middle Name
The current assumed legal name of the patient should be sent in this field. The name type code in this field should always be "L – Legal”.

Patient Address
These fields list the mailing address of the patient. Multiple addresses for the same person may be sent in the following sequence: the primary mailing address must be sent first in the sequence; if the mailing address is not sent, then a repeat delimiter must be sent in the first sequence.
If the street address is unknown or not available use ‘UNKNOWN’; if city is unknown or not available use ‘UNKNOWN’; if state is unknown or not available use ‘ZZ’; if postal code is unknown or not available use ‘99999’.

Patient Date of Birth
This field contains the patient's date of birth. The user values the field only as far as needed. When a system has only a partial date, e.g., month and year, but not day, the missing values may be interpreted as zeros.

Patient Social Security Number
This is another item to be reported in the identifier list of PID3, this one must contain a type of ‘SS’.

Patient Sex
This field contains the patient's sex. Refer to *User-defined Table 0001-Sex* for valid values. If sex is not available, use ‘U’ for unknown.

Patient Race
This field identifies the patient's race. Refer to *User-defined Table 0005-Race* for valid values. If Race is not available, use ‘U’ for unknown.

For more detailed race values see the Center for Disease Control’s Race/Ethnicity Code Set 1.0 at:
CDC RACE AND ETHNICITY CODE SET -VERSION 1.0

Patient Ethnicity
This field further defines patient ancestry. Valid values are listed in *User-defined Table 0189-Ethnic group*.

For more detailed race values see the Center for Disease Control's Race/Ethnicity Code Set 1.0 at: CDC RACE AND ETHNICITY CODE SET -VERSION 1.0

Laboratory/Sending Facility's Name, Address Fields, Phone Number, and Laboratory Facility Id Number
The originator of HL7 message will place the text name and address of the sending laboratory or reporting site, followed by the unique Clinical Laboratory Improvement Act (CLIA) identifier of the originating institution. Information about CLIA numbers can be found at Clinical Laboratory Improvement Amendments (CLIA).

Dx Md/Ordering Provider License Number and Name
This field identifies the care provider who ordered the pathology report (e.g., surgeon or physician). The number and the name of the care provider must be present. This format is the same as Common Order 12 section (ORC12) for ordering provider.

Dx Md/Ordering Provider Address Fields
This field contains the address of the care provider requesting the order. This field contains relevant address information for the provider described in OBR16.
If the street address is unknown or not available use 'UNKNOWN'; if city is unknown or not available use 'UNKNOWN'; if state is unknown or not available use 'ZZ'; if postal code is unknown or not available use '99999'. When none of the address is available, use 'NA'.

Dx Md/Ordering Provider Phone Number
This field is the telephone number for reporting a status or a result to the care provider using the standard format with extension and/or beeper number when applicable.

Dx Location/Ordering Facility Id Number and Name
Sometimes, tests are ordered from facilities without specifying an ordering provider. For instance, an outpatient surgical facility may send biopsy tissue for pathologic examination without specifying the surgeon that actually performed the biopsy. In the case where no ordering provider is identified, knowledge of the ordering facility allows public health officials to follow-up on positive tests to obtain further clinical and epidemiologic information. Information on the ordering facility is most relevant to cancer registries.

The facility's local number or American Hospital Association (AHA) identifier should be placed in the third component <ID Number (NM) > if there is one available, and "AHA" should appear in <assigning authority (HD)> indicating the ID number used here to identify the laboratory has been assigned by AHA.

If an AHA or other facility-specific ID is associated with the ordering of the test, (whether instead of, or in addition to, an individual identified in the dx md elements) the address of the facility should be placed in the subcomponents of ORC22, ordering location address. Should it be impossible to

distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

Dx Location/Ordering Address Fields
These fields contain the address of the facility placing the order.

If the street address is unknown or not available use 'UNKNOWN'; if city is unknown or not available use 'UNKNOWN'; if state is unknown or not available use 'ZZ'; if postal code is unknown or not available, use '99999'. When none of the address is available, use 'NA'.

If an AHA or other facility-specific ID is associated with the ordering of the test (whether instead of, or in addition to, an individual identified in the dx md elements), the address of the facility should be placed in the subcomponents of ORC22, ordering location address. Should it be impossible to distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

Dx Location/Ordering Phone Number
ORC23 Ordering facility phone number (XTN48, required when available, Repeating) 01313
Definition: This field contains the telephone number of the facility placing the order. This field further identifies the laboratory identified in ORC21.

If ordering facility phone number is not available, use '(999)999-9999'.

If an AHA or other facility-specific ID is associated with the ordering of the test (whether instead of, or in addition to, an individual identified in the dx md elements), the phone number of the facility should be placed in ORC23, ordering location phone number. Should it be impossible to distinguish between 'individual' and 'facility' ordering providers, the facility fields should always be the ones used for reporting.

Reporting Pathologist, Reporting Pathologist License Number
This field identifies the physician or other clinician who interpreted the observation and is responsible for the report content. Use the first and last name of the physician//pathologist who interpreted the observation/result or the Universal Physician Identification Number (UPIN).

Date of Specimen Collection
This field is the clinically relevant date/time of the observation. In the case of observations taken directly from a subject, it is the actual date and time the observation was obtained. In the case of a specimen-associated study, this field shall represent the date and time the specimen was collected or obtained. (This is a results-only field except when the placer or a third party has already drawn the specimen.) This field is conditionally required. When the OBR is transmitted as part of a report message, the field must be filled in. If it is transmitted as part of a request and a sample has been sent along as part of the request, this field must be filled in because this specimen time is the physiologically relevant date-time of the observation.

The user values the field only as far as needed. When a system has only a partial date, e.g., month and year, but not day, the missing values may be interpreted as zeros. The time zone is assumed to be that of the sender.

If the actual date of collection is not available, the date of receipt of specimen may be used.

Record Status

Standard HL7 status values are used here. Refer to *HL7 Table 0085-observation result status codes interpretation for values*

C - Correction
F - Final Results
D - Delete

Preliminary and partial results should not be sent; such data should be held until it reaches a Final status. In cases of corrections or deletes, the Accession Number will be used to determine what report to amend or delete. The first OBX following an OBR is what will be considered.

The **path report text** should be sent in one or more OBX segments having a value type (OBX2) of FT or TX. TX is preferred if the text is being sent one "line" per segment, FT is preferred if all text of a particular type is being sent in a single OBX. Note, though, that text-formatting codes are neither required nor desired in the case of reporting FT data to OSCaR. The type of text being sent in a particular OBX segment must be identified in the OBX3 element (observation identifier) using the following LOINC codes:

22637-3 - Final Diagnosis
33746-9 - Text Diagnosis
22636-5 - Clinical History
22633-2 - Nature of Specimen
22634-0 - Gross Pathology
22635-7 - Microscopic Pathology
22638-1 - Comments
22639-9 - Supplemental Reports

Should it not be possible to categorize the path report text, the full text should all be submitted as '22637-3 Final Diagnosis'.

Appendix C

WebPlus File Upload for Pathology Laboratories

Description: This procedure describes how pathology laboratories can submit data files via WebPlus to the Oregon State Cancer Registry (OSCaR).

GENERAL INFORMATION

- One option OSCaR uses for cancer incidence reporting is a web-based application called WebPlus. All records are saved in a SQL database at OSCaR. Cases entered by one facility or office are not visible to other facilities.

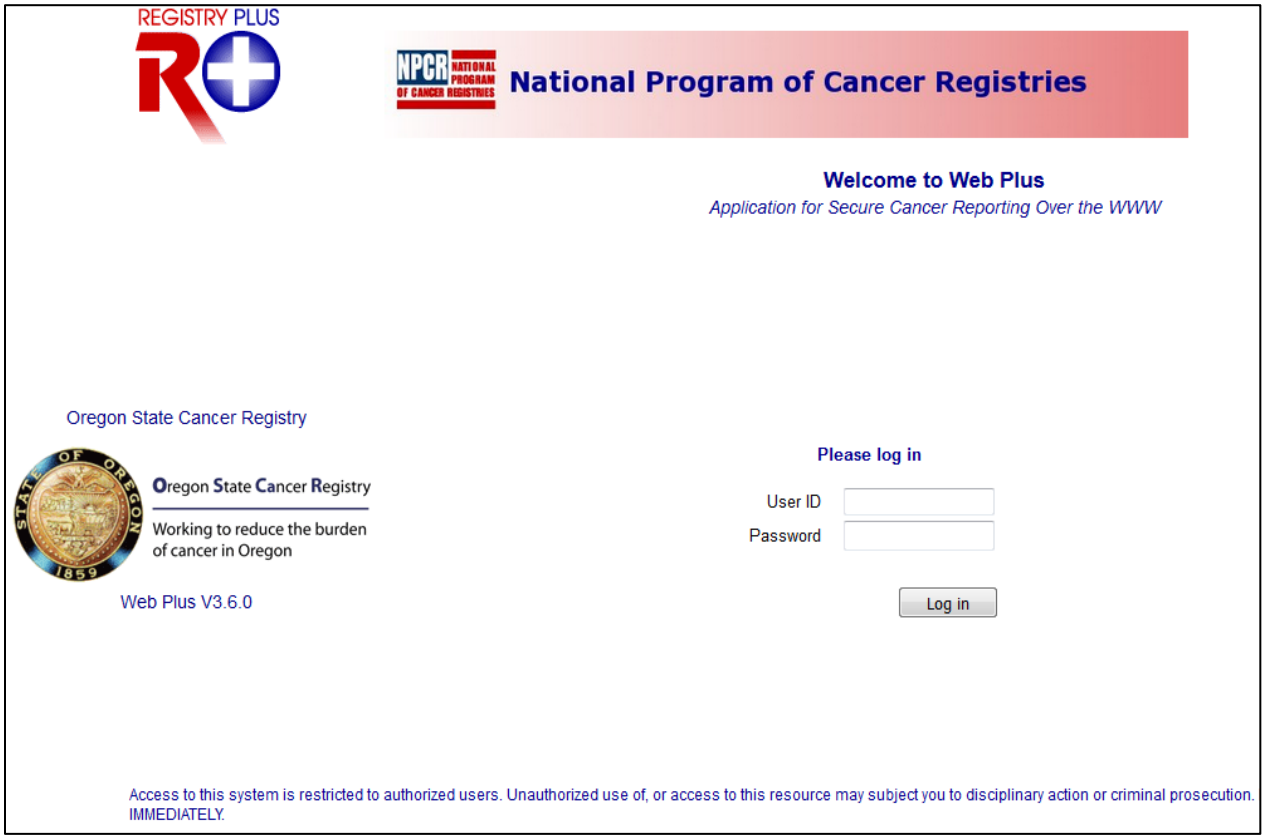
- WebPlus is a secured access application. You should be prepared to provide full name, phone number and email address for each person initiating file uploads from your laboratory reporting location.

- Registering your laboratory to enable the use of WebPlus requires contacting OSCaR at 971-673-0986 or oscar.ohd@state.or.us

PROCEDURE for uploading files to WebPlus

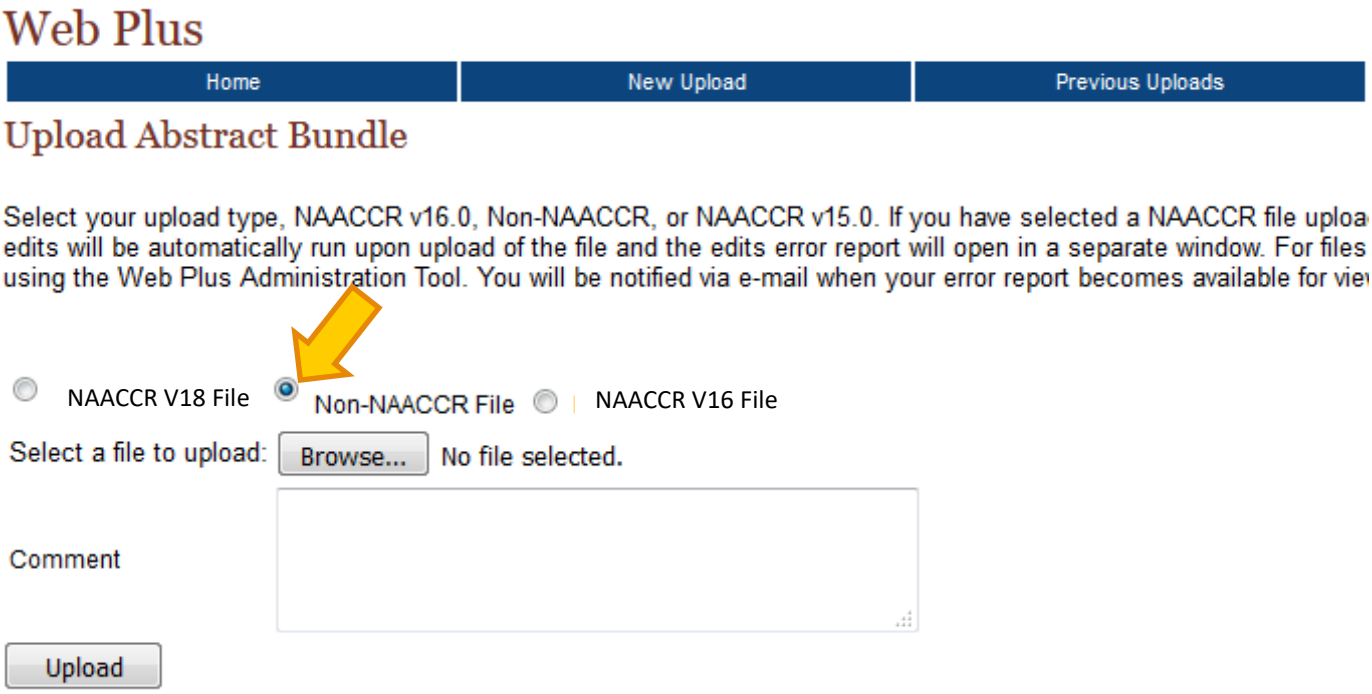
Uploading files

1. When the WebPlus registration process is complete and you have received your credentials via email, you will logon at this website.
2. https://oscarwebplus.hr.state.or.us/logonen.aspx
3. Enter your [User ID], [Password], and click [Log In].



*The first time you log in, you will be required to change your password.

4. Successful logon to WebPlus will result in landing on your Home Page as pictured below.



6. Click on [New Upload].

7. Click on the [Non-NAACCR File] button. When uploading laboratory data files, the Non-NAACCR file button **MUST** be selected. Select the file to upload by clicking on the [Browse] button and navigating to the location of the file.

8. Click on [Upload].

9. If your file upload is successful, the following message will appear at the bottom of the screen: *The file has been uploaded as a Non-NAACCR file.*

10. Click on [Log out] to exit Web Plus.

You should receive the following auto-send email:

Dear First Name Last Name,

Your non-NAACCR file: C:\yourfilename\ was successfully uploaded to Web Plus and received by the Oregon State Cancer Registry on 01/01/2020 10:40:08 AM.

WebPlus System Administrator

Oregon State Cancer Registry