

Research Article



Annals of Clinical Biochemistry 2024, Vol. 0(0) 1–28 © The Author(s) 2024



Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/00045632241261274 journals.sagepub.com/home/acb

S Sage

A SARS-CoV-2 minimum data standard to support national serology reporting

Esmond Urwin¹, Joanne Martin², Neil Sebire³, Andy Harris⁴, Jenny Johnson⁵, Erum Masood⁵, Gordon Milligan⁵, Lucy Mairs⁴, Antony Chuter⁶, Michael Ferguson⁵, Philip Quinlan⁷ and Emily Jefferson⁵

Abstract

Background: Healthcare laboratory systems produce and capture a vast array of information, yet do not always report all of this to the national infrastructure within the United Kingdom. The global COVID-19 pandemic brought about a much greater need for detailed healthcare data, one such instance being laboratory testing data. The reporting of qualitative laboratory test results (e.g. positive, negative or indeterminate) provides a basic understanding of levels of seropositivity. However, to better understand and interpret seropositivity, how it is determined and other factors that affect its calculation (i.e. levels of antibodies), quantitative laboratory test data are needed.

Method: 36 data attributes were collected from 3 NHS laboratories and 29 CO-CONNECT project partner organisations. These were assessed against the need for a minimum dataset to determine data attribute importance. An NHS laboratory feasibility study was undertaken to assess the minimum data standard, together with a literature review of national and international data standards and healthcare reports.

Results: A COVID serology minimum data standard (CSMDS) comprising 12 data attributes was created and verified by 3 NHS laboratories to allow national granular reporting of COVID serology results. To support this, a standardised set of vocabulary terms was developed to represent laboratory analyser systems and laboratory information management systems.

Conclusions: This paper puts forward a minimum viable standard for COVID-19 serology data attributes to enhance its granularity and augment the national reporting of COVID-19 serology laboratory results, with implications for future pandemics.

Keywords

SARS-CoV-2, COVID-19, interoperability, data standards, laboratory data, serology, healthcare terminology, healthcare vocabulary

Accepted: 13th May 2024

Introduction

With the emergence of the coronavirus severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2) in late 2019 and the subsequent pandemic, the need to understand and study the virus became paramount. The ability to diagnose and understand a health threat and develop processes, behaviours, vaccines and therapeutics to fight it comes in part from the ability to amass, assess and analyse timely and meaningful data as quickly as possible. At the start of the pandemic, there was no comprehension of whether people who had contracted COVID-19 would be

Corresponding author:

Esmond Urwin, Digital Research Service, University Park, University of Nottingham, Nottingham NG7 2RD, UK.

Email: esmond.urwin@nottingham.ac.uk

¹Digital Research Service, University of Nottingham, Nottingham, UK

²Centre for Genomics and Child Health, Queen Mary University of London, London, UK

³Institute of Child Health Population Policy and Practice, UCL Great Ormond Street Institute of Child Health, London, UK

⁴X-Lab Ltd., Leeds, UK

⁵School of Medicine, University of Dundee, Dundee, UK

⁶Public and Patient Involvement Group, University of Nottingham, Nottingham, UK

⁷School of Medicine, University of Nottingham, Nottingham, UK

immune to later infection and, if so, how long immunity would last. Understanding serology and seroprevalence was key to determining how effective vaccines can be for both current and future variants.^{6,7} Vendors were developing new assays but could not calibrate the results as there was insufficient data on how to equate antibody binding units with immunity. Laboratories that were developing new assay techniques were not able to share or compare data between the differing techniques, compounding the problem.^{8–11}

Within England, National Health Service (NHS) laboratories can send data by way of Labgnostic (The National Pathology Exchange, NPEx). The data that is sent varies lab to lab and health board to health board. There is no standard approach, nor is there a core minimum defined set of data attributes that are reported. This is in part due to the multitude of systems that exist for the creation and reporting of the data. There is no onward automated feed from Labgnostic to National Health Service (NHS) Digital (now NHS England), meaning that linkage to other relevant nationally collected health datasets does not take place routinely.

When the pandemic started, SARS-CoV-2 serology data was added to the data feeds sent from Test and Trace laboratories via Labgnostic to NHS Digital. However, data from NHS laboratories were not sent. High-level qualitative results were reported, that is, SARS-CoV-2 test results stating outcomes, those being either positive, negative or indeterminate. Although many laboratories produced and recorded quantitative data and results, very few reported this granular level data to Labgnostic, moreover, to be able to report this would have necessitated the development of new data pipelines to transfer the augmented SARS-CoV-2 test results to organisations such as NHS Digital.

The consistent reporting of qualitative data has proven a useful approach to understanding levels of seropositivity with the population; however, it is binary in nature (positive or negative) and reactive. To gain a greater understanding of the range of antibody levels within a seropositive population, and potentially gauge the consequences with respect to new SARS-CoV-2 variants, there was a need for more granular data to be reported from laboratories nationally. 12-14 A good example of the minimum data variables (attributes) was described by the Centre for Controlled Disease, 15 which stated 20 data variables as a core minimum to the recording and reporting of SARS-CoV-2 testing, together with associated guidelines. 16 Additionally, the World Health Organisation (WHO) has put forward an International Standard (IS) for SARS-CoV-2, for which it states seven data variables assessed across a range of different SARS-CoV-2 S protein assays. 17 They identified the limitation of sample sizes and recognised that more data was needed to further develop the standardisation approach and harmonisation efforts. The application of the WHO standard has shown that it promotes the ability to better analyse and compare immunology data across different datasets. 18 However, emphasis was placed upon the need for 'a standardised quantification of anti-SARS-CoV-2 antibodies', being of 'the utmost importance'. 18 A call for action by the scientific community during 2022 called for more immunology data to help facilitate the comparison of quantitative assays results data to help better understand immune responses. 19 Additionally, others also recognised this needed to be done to further develop SARS-CoV-2 data representation and standardisation to enable comparability across different testing methods and for population based studies too. 20-24

The precise, unambiguous and standardised representation of data, its quality, subsequent harmonisation and interoperability is important as it constitutes the foundation for the accurate and meaningful analysis of multiple sources of data from different domains, institutions and countries.^{25,26} However, being able to collate, harmonise and represent data from different types of laboratory systems can be problematic. 27–33 There are multiple variations that apply to laboratory testing procedures. Firstly, there are different assays that can be used to test for SARS-CoV-2 which, dependent upon the test being performed, produce different numerical outcomes.^{3,34} Such results are not easily comparable due to the difference in ranges and values between differing assay types, due to different target antigens and different detection technologies. 35-39 Secondly, test kit batch variability within a given test type can introduce variance into the measurement process within laboratories. 40-42 Thirdly, laboratory analyser systems themselves are subject to variance, this can in part be due to how machines are setup and calibrated thus producing bias and could include analytical imprecision. 43,44 Lastly, there are a variety of different Laboratory Information Management Systems (LIMS), which record and represent data generated from the laboratory analyser systems. Moreover, these can be individually configured for the purpose at hand; thus, variation can exist between different instances of the same LIMS software, that is, laboratory A's LIMS software configuration could be different from that of laboratory B, even though they both use the same piece of LIMS software.

When studied from a holistic viewpoint, this equates to multiple sources of variance throughout the laboratory testing process. ^{43,45} To be able to fully understand and grasp how such variance exists and occurs throughout the testing process, the data must be accurate in the first place; moreover, the representation of the data itself must be formal and standardised. ^{46–49} It is crucial that the description of each data attribute is unambiguous and explicit, so that it precisely describes what it represents, thereby removing the ability to misinterpret its meaning. ^{50–52} Thus, the use and application of naming and naming conventions are paramount to present a standardised approach and, where possible, foster and enable interoperability.

Many laboratories name data attributes according to their own specifications and needs, thus producing local encoded messages. Whilst this is perfectly fine within the context of a singular or group of laboratories that utilise this code, when trying to share or interpret such encoding outside of that localised context, for example, nationally, it can be incredibly difficult to decipher such local naming conventions. Thus, trying to glean what testing kits and platforms are being used and how the actual results have been arrived at from reported laboratory data presents a serious problem.

Definitions and standards for data attributes and specification for many laboratory assays and test results are available within the United Kingdom, including specifications for interoperability via Labgnostic (e.g. Health Level 7 messaging). 53–56 Additionally, there are standardised naming conventions for assays and test kits. However, the thorough and correct application and usage of such standards varies between laboratories.

The authors of the paper were involved in a range of initiatives across the country responding to the pandemic for example the National Core Studies Programme and found that granular COVID-19 data was not captured nor was it available for the Scientific Advisory Group for Emergencies (SAGE) to help answer pandemic questions. Sir Michael Fergusson chair of UK Health Security Agency (UKHSA) Scientific Advisory Group for antibody testing which, in its final lessons-learned recommended that pandemic preparedness should include 'The ability to safely and quickly link serological/immune surveillance data to clinical and genomic data to answer research questions that can inform public health policy'. Si

The CO-CONNECT project was a 2-year research programme funded by the Medical Research Council and the Department of Health and Social Care to build a federated platform streamlining the process for researchers to find and access COVID-19 related datasets from around the United Kingdom. ^{58,59} Serology data was key to informing the COVID-19 response, with researchers requiring access to granular level serology data linked to relevant longitudinal healthcare records. This paper presents a defined minimum set of standardised data attributes for the reporting of SARS-CoV-2 laboratory results developed by the CO-CONNECT project, together with a set of formalised names for laboratory analyser systems, LIMS software providers and SARS-CoV-2 serology measurements as part of the CO-CONNECT standardised vocabulary.

Method

The method applied for the COVID-19 serology minimum data standard (CSMDS) is illustrated in Figure 1. An inductive mixed methods approach was adopted utilising Delphi and teach-back qualitative methods. ^{60–64}

The first three stages formed an iterative feedback process loop, to enable the development of a representative

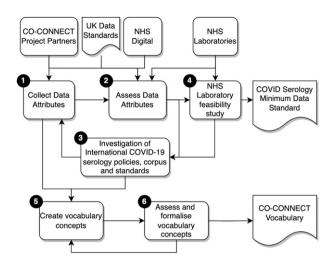


Figure 1. Co-Connect COVID-19 serology data standard development methodology.

set of data attributes for a minimum data standard. The fourth stage was a laboratory feasibility study to assess the CSMDS. Stages 5 and 6 were used to develop the CO-CONNECT vocabulary. The six stages employed in the method were thus:

- Stage 1: Collection of data attributes: The data came from the CO-CONNECT partners organisations and three NHS laboratories. Each of the CO-CONNECT partners were collecting relevant COVID-19 serological data, from research cohorts and unconsented longitudinal datasets. After the relevant access permissions were gained from each organisation, metadata was extracted from anonymised data exports utilising the ODSHI White Rabbit statistical profiling tool⁶⁵ and shared with the CO-CONNECT team for analysis. Three NHS laboratories at Barts Health NHS Trust (Barts), NHS Great Ormond Street Hospital for Children (GOSH) and NHS Tayside acted as exemplar sources of laboratory data, providing excerpts of data being reported. These different data feeds provided an initial set of 36 individual data attributes.
- Stage 2: Assessment of data attributes. Figure 2 depicts the approach taken for Stage 2, to which a Delphi method was used to help reach a consensus. 61,66,67 Weekly workpackage meetings enabled debate and feedback against progress utilising expert knowledge from the project group, together with findings from stage three and UK data standards. Individual expert assessments took place independently of weekly meetings. From these processes ranked data attribute lists were produced together with collected expert feedback. The teach-back method was used, combining views and Delphi ranking votes, to reach a consensus. The iterative

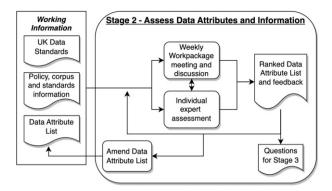


Figure 2. Stage 2 - assess data attributes and information processes.

approach enabled the group to focus on the importance of data attributes within the standard highlighting those that were considered critical for reporting granular data. Those that were not were removed from the standard. Questions were collected to be answered in Stage 3.

- Stage 3: Investigation of International COVID-19 serology policies, corpus and standards: To further support the development of the CSMDS, other sources of information were studied, such as national standards, international standards, work from other organisations, other nations and the corpus of literature upon the subject. 15,16,49,54,55,68-70 These fed into Stages 1 and 2 to inform the debate and further refine the approach.
- Stage 4: NHS laboratory feasibility study: Once the CSMDS had reached a level of maturity, the next stage was to understand whether it represented the COVID-19 serology test result data being collected within the CO-CONNECT partner organisations and pilot NHS laboratories and if it was fit for purpose. To accomplish this, a 4-step process was applied to each of the pilot laboratories at NHS Barts, NHS GOSH:

Step 1: Assessment of laboratory HL7 messages – Anonymised excerpts of HL7 COVID-19 serology messages from the three laboratories were studied to understand how they represented the test data within the HL7 message syntax.

Step 2: Comparison of laboratory HL7 messages against the CSMDS - the CSMDS was compared against each laboratory HL7 COVID-19 serology message to determine which CSMDS data attributes were represented and which were not, in effect a gap analysis was performed. The missing data attributes were highlighted.

Step 3: Definition of HL7 changes – Utilising the highlighted missing CSMDS data attributes, changes were defined for each of the laboratories' HL7 messages so that they could be represented

within them. In effect, where to put each data attribute within the message and accordingly the data type to use.

- Step 4: Laboratory assessment of the proposed HL7 changes each of the three NHS laboratories assessed the proposed changes to their existing HL7 COVID-19 serology messages to move towards CSMDS standardisation. Specifically: (a) was it possible to make the necessary changes to their LIMS software and output the data attributes needed for the CSMDS; and (b) how easy was it to accomplish these changes and were there any complications that might hinder the move towards CSMDS standardisation?
- Stage 5: Creation of vocabulary concepts: Data attributes and exemplar HL7 laboratory messages were collected throughout the process of developing the CSMDS, these were examined to understand the types of laboratory analyser systems and LIMS software that were being used to capture the data. To support this, a web-based evaluation of current analysers and LIMS software was undertaken, together with a study of numerous hospital trust ISO 15189 accreditation certificates. From these, a list of laboratory analyser systems and LIMS software was compiled with the associated manufacturers.
- Stage 6: Assessment and formalisation of vocabulary concepts: The CO-CONNECT project data team reviewed the entries within the list of analysers and LIMS software and assessed whether they were suitable and fit for purpose. Outputs from these assessments formed a feedback loop to Stage 5 and changes were made to the compiled list.

Results

The final outputs were (i) a COVID-19 serology minimum data standard comprised of 12 data attributes and (ii) a formalised CO-CONNECT vocabulary for laboratory analyser systems, LIMS software providers and SARS-CoV-2 serology measurements:

COVID-19 serology minimum data standard

From the starting point of 36 data attributes from the CO-CONNECT project partners, 12 data attributes were finally considered by the group to be an absolute minimum data attribute set to allow better reporting of granular data. The minimum data standard for COVID-19 serology is shown in Table 1.

The 12 data attributes can be grouped into 3 main areas: (a) identifier, (b) test setup and (c) results as shown in Table 1.

Table 1. COVID-19 serology minimum data standard data attributes.

| Data element | Format | Value set/dictionary/definition | Group |
|---------------------------------|---------|--|------------|
| Identifier | Varchar | NHS number (for England and Wales) or Community Health Index (CHI) number (for Scotland): this uniquely represents the person that the sample has been taken from and is being used for the test | Identifier |
| Date and time of test | Varchar | The date and time of when the test was performed | Test |
| Test code (SNOMED-CT dm+d) | Varchar | Type of test being performed | Setup |
| Sample type code | Varchar | Type of sample, for example, serum or plasma | |
| Analyser type platform/ | Varchar | Laboratory machine or method used to setup and perform the test | |
| Test kit name/code | Varchar | Code or name of the assay test kit used to perform the test | |
| Test outcome code | Varchar | Code for the outcome of test – pass or fail | Results |
| Qualitative result (local) | Varchar | Text result of the test – positive, negative and indeterminate | |
| Qualitative result value | Integer | Qualitative numerical output associated with the qualitative result | |
| Quantitative result value | Integer | Numerical result of the test performed – antibody binding units | |
| Quantitative result description | Varchar | Description of the numerical result – signal to cut-off (S/Co) ratio | |
| Clinical comment | Varchar | Free text comments describing the test output/outcomes | |

Standardised vocabulary

Laboratories often used local vocabulary within the HL7 test messages. This brought about difficulties when sharing data between different laboratories or on a much grander scale, that is, nationally. Two such instances of this were the naming of laboratory analyser systems and LIMS software. No standardised naming convention (vocabulary) was observed across a randomly selected number of different laboratory result reports within England.

Thus, as part of the development work for the CSMDS, a total of 231 concepts were created to represent laboratory analyser systems (Table 2), together with 46 concepts representing numerous LIMS software (Table 3). Additionally, a further 25 concepts representing SARS-CoV-2 serology measurements for antibodies were created to formally represent both the qualitative and quantitative results produced by tests (Table 4).

The Observational Medical Outcomes Partnership (OMOP) Common Data Model (CDM) approach to the description of concepts was utilised to structure the expression of the CO-CONNECT vocabulary concepts. ^{72,73} Employing the OMOP CDM schema to describe concepts in a standardised manner supports interoperability and reuse. ^{74–77} Tables 2–4 illustrate how the concepts were formalised by IQVIA (a company who provide OHDSI and OMOP services) and form part of the larger standardised CO-CONNECT vocabulary that has been published for universal use.

Each concept of the CO-CONNECT vocabulary has a 'concept_name' and a 'domain_id' (a unique domain identification). The laboratory analyser systems and LIMS software have a domain_id of device (see Tables 2 and 3), whilst the SARS-CoV-2 serology measurement domain id

is a measurement (see Table 4). The 'vocabulary id' is a code that represents each vocabulary. For the laboratory analyser systems it is CO-CONNECT Analyser, for LIMS software it is CO-CONNECT LIMS-LIS and for the SARS-CoV-2 serology measurements it is CO-CONNECT Serology. The 'concept class id' is a semantic tag which is a unique identifier for the class a specific concept belongs to. ⁷⁴ The concept class id for laboratory analyser systems (see Table 2) and LIMS software (see Table 3) is device. whilst for SARS-CoV-2 serology measurements (see Table 4), it is either precoordinated pair or measurement, dependent upon the specific concept being described. The 'standard concept' is null (non-standard) for all laboratory analyser systems, LIMS and SARS-CoV-2 serology measurements concepts, as the CO-CONNECT vocabulary is non-standard. 68,74

As part of the process, the CO-CONNECT concepts were, where possible, mapped to the representative standard SNOMED codes. These concepts can now be used to represent the respective devices and measurements within the OMOP CDM. Each concept has a unique 'concept_code' (source code) for each of the three CO-CONNECT vocabulary sections.⁵³ These source identifiers follow the nomenclature of:

- CC-LAB-xxx for laboratory analyser systems;
- CC-LIMS-xxx for LIMS software;
- CC-SEROLOGY-xxx for SARS-CoV-2 serology measurements.

The CC stands for CO-CONNECT, whilst the xxx signifies an assigned integer, for example, 001. The fields of 'valid_start_date', 'valid_end_date' and 'invalid_reason' signify the lifecycle of a vocabulary. The 'valid start date'

 Table 2.
 CO-CONNECT standardised vocabulary laboratory analyser systems concepts.

| and the state of t | ocapaiai / iai | الماسية الماسية | cellis collecpes. | | | | |
|--|----------------|------------------------------------|-------------------|--------------------------------------|--------------|------------------|---|
| concept_name | domain_id | l vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
| Abbot Diagnostics ACCELERATOR a3600 |) Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-001 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ACCELERATOR p540 | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-002 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity c | Device | CO-CONNECT | Device | Null (non- | CC-LAB-003 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity ci | Device | CO-CONNECT | Device | Null (non- | CC-LAB-004 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity hq | Device | CO-CONNECT Application | Device | Null (non- | CC-LAB-005 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity hs | Device | CO-CONNECT | Device | Null (non- | CC-LAB-006 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity i | Device | CO-CONNECT Application | Device | Null (non- | CC-LAB-007 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics Alinity s | Device | CO-CONNECT | Device | Null (non- | CC-LAB-008 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT c16000 | Device | CO-CONNECT | Device | Standard) Null (non- | CC-LAB-009 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT c4000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-010 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT c8000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-011 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT il 000SR | Device | CO-CONNECT | Device | Null (non- | CC-LAB-012 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT i2000SR | Device | CO-CONNECT | Device | Null (non- | CC-LAB-013 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics ARCHITECT i4000SR | Device | CO-CONNECT | Device | Null (non- | CC-LAB-014 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics CELL-DYN | Device | CO-CONNECT | Device | Null (non- | CC-LAB-015 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics CELL-DYN Emerald 22 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-016 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics CELL-DYN Emerald | Device | Analyser CO-CONNECT Analyser | Device | standard) Null (non- | CC-LAB-017 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics CELL-DYN Ruby | Device | CO-CONNECT | Device | Null (non- | CC-LAB-018 | 01/01/2022 | 31/12/2099 |
| Abbot Diagnostics CELL-DYN Sapphire | Device | Analyser CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-019 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

| 4 | _ | |
|---|----------|----|
| | Continuo | נו |
| | i | j |
| | 2 | Ę |
| | ć | |
| | ç | ָ |
| , | ٠ | _ |
| | | |
| (| • | į |
| | 0 | υ |
| • | ć | 5 |
| | C | d |
| ı | | - |

| concept_name | domain_id | d vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|-----------------------------------|-----------|------------------------|------------------|--------------------------------------|--------------|------------------|---|
| Abbot Diagnostics GLP Systems | Device | CO-CONNECT | Device | Null (non- | CC-LAB-020 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter Access 2 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-021 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter APAS Independence | Device | CO-CONNECT | Device | Null (non- | CC-LAB-022 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter Aquios CL | Device | CO-CONNECT | Device | Null (non- | CC-LAB-023 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5800 | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-024 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5810 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-025 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5811 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-026 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5812 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-027 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5820 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-028 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5821 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-029 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5822 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-030 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5830 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-031 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5831 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-032 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5832 | Device | CO-CONNECT Apalyser | Device | Null (non-standard) | CC-LAB-033 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5840 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-034 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5841 | Device | CO-CONNECT Apalyser | Device | Null (non- | CC-LAB-035 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU 5842 | Device | CO-CONNECT Apalyser | Device | Null (non- | CC-LAB-036 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter AU480 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-037 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter Biomek 4000 | Device | CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-038 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

| concept_name | domain_id | l vocabulary_id | concept_class_id | id standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason | alid_reason |
|------------------------------------|-----------|------------------------|------------------|-------------------------|--------------|------------------|---|-------------|
| Beckman Coulter Biomek i5 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-039 | 01/01/2022 | 31/12/2099 | |
| Beckman Coulter Biomek i7 | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-040 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | i i | |
| Beckman Coulter Biomek i9 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-041 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | Ċ | standard) | | 0000 | 0000 | |
| Deckinan Courter biomek indenius | Device | Analyser | Device | ruii (non- standard) | CC-LAB-042 | 01/01/2022 | 31/12/2033 | |
| Beckman Coulter DxC700 AU | Device | CO-CONNECT | Device | Null (non- | CC-LAB-043 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxC700 AU dTS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-044 | 01/01/2022 | 31/12/2099 | |
| | ı | Analyser | ı | standard) | ! | | | |
| Beckman Coulter DxH 900 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-045 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxH 900 SMS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-046 | 01/01/2022 | 31/12/2099 | |
| - | | Analyser | | standard) | | 9 | | |
| Beckman Coulter DxH 900-2 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-047 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxH 900-2 SMS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-048 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxH 900-3 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-049 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxH 900-3 SMS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-050 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxH SMS II | Device | CO-CONNECT | Device | Nall (non- | CC-LAB-051 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter Dxl 1600 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-052 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter Dxl 600 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-053 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter Dxl 690T | Device | CO-CONNECT | Device | Null (non- | CC-LAB-054 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter Dxl 800 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-055 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter Dxl 801 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-056 | 01/01/2022 | 31/12/2099 | |
| | | Analyser | | standard) | | | | |
| Beckman Coulter DxM 1040 MicroScan | Device | CO-CONNECT | Device | Null (non- | CC-LAB-057 | 01/01/2022 | 31/12/2099 | |
| WalkAway | | Analyser | | standard) | | | | |

Table 2. (continued)

Table 2. (continued)

| concept_name | domain_id | 1 vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|--|-----------|------------------------|------------------|-------------------------|--------------|------------------|---|
| Beckman Coulter DxM 1040 MicroScan | Device | CO-CONNECT | Device | Null (non- | CC-LAB-058 | 01/01/2022 | 31/12/2099 |
| WalkAway with Labrid Beckman Coulter DxM 1096 MicroScan | Device | CO-CONNECT | Device | Null (non- | CC-LAB-059 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter DxM 1096 MicroScan | Device | CO-CONNECT | Device | Null (non- | CC-LAB-060 | 01/01/2022 | 31/12/2099 |
| VvalkAway with Labrro Beckman Coulter DxU 810c Iris | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-061 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter DxU 840m Iris | Device | Analyser CO-CONNECT | Device | standard) | CC-LAB-062 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Beckman Coulter DxU 850m Iris | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-063 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter DxU Iris 840 Workcell | Device | CO-CONNECT | Device | Null (non- | CC-LAB-064 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter DxU Iris 850 Workcell | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-065 | 01/01/2022 | 31/12/2099 |
| MMA TOTAL TO SOME TO SOME STATE OF THE SOME STAT | | Analyser | | standard) | 770 av 1 00 | 6606/10/10 | 9000/01/16 |
| | 200 | Analyser | | standard) | | 01/01/2022 | 21.12/2017 |
| Beckman Coulter MicroScan AutoSCAN-4 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-067 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Beckman Coulter PK7300 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-068 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter PK7400 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-069 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | 9 | |
| Beckman Coulter WalkAway 40 plus System | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-070 | 01/01/2022 | 31/12/2099 |
| Beckman Coulter WalkAway 40 plus | Device | CO-CONNECT | Device | Null (non- | CC-LAB-071 | 01/01/2022 | 31/12/2099 |
| System with LabPro | | Analyser | | standard) | | | |
| Beckman Coulter WalkAway 96 plus | Device | CO-CONNECT | Device | Null (non- | CC-LAB-072 | 01/01/2022 | 31/12/2099 |
| System | | Analyser | | standard) | | | |
| Beckman Coulter WalkAway 96 plus | Device | CO-CONNECT | Device | Null (non- | CC-LAB-073 | 01/01/2022 | 31/12/2099 |
| System with LabPro | | Analyser | | standard) | 450 04 | 7,000 | 0000/01/10 |
| bio-rad bio-riex 200 | Device | Analyser | Device | standard) | CC-LAD-074 | 01/01/2022 | 51/12/2057 |
| Bio-Rad Bio-Plex 3D | Device | CO-CONNECT | Device | Null (non- | CC-LAB-075 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Bio-Rad ChemicDoc | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-076 | 01/01/2022 | 31/12/2099 |
| | | ` | | ` | | | |

Table 2. (continued)

| ₽ | |
|---|--|
| 6 | |
| ŭ | |
| _ | |
| | |
| | |
| | |

| concept name | domain ic | domain id vocabulary id | concept class id | concept class id standard concept | concept code | valid start date | concept code valid start date valid end date invalid reason |
|---|-----------|-------------------------|------------------|-----------------------------------|--------------|------------------|---|
| | | HOLE 400 00 | | | | | |
| Bio-Rad ChemicDoc MP | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-0// | 01/01/2022 | 31/12/2099 |
| Bio-Rad ChemicDoc XRS+ | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-078 | 01/01/2022 | 31/12/2099 |
| Bio-Rad QX ONE Droplet Digital PCR (ddPCR) System | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-079 | 01/01/2022 | 31/12/2099 |
| Bio-Rad QX200 AutoDG Droplet Digital | Device | CO-CONNECT | Device | Null (non- | CC-LAB-080 | 01/01/2022 | 31/12/2099 |
| Bio-Rad QX200 Droplet Digital PCR | Device | CO-CONNECT | Device | Null (non- | CC-LAB-081 | 01/01/2022 | 31/12/2099 |
| (adPCK) System Biokit best2000 | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-082 | 01/01/2022 | 31/12/2099 |
| Biokit DS2 | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-083 | 01/01/2022 | 31/12/2099 |
| Biokit ELx50 | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-084 | 01/01/2022 | 31/12/2099 |
| Biokit ELx800 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-085 | 01/01/2022 | 31/12/2099 |
| Biokit Monogen | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-086 | 01/01/2022 | 31/12/2099 |
| bioMérieux easyMAG | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-087 | 01/01/2022 | 31/12/2099 |
| bioMérieux EMAG | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-088 | 01/01/2022 | 31/12/2099 |
| Diasorin ETI-Max 3000 | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-089 | 01/01/2022 | 31/12/2099 |
| Diasorin LIAISON | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-090 | 01/01/2022 | 31/12/2099 |
| Diasorin LIAISON XL | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-091 | 01/01/2022 | 31/12/2099 |
| Diasorin LIAISON XS | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-092 | 01/01/2022 | 31/12/2099 |
| Dynex Agility | Device | CO-CONNECT | Device | Null (non- | CC-LAB-093 | 01/01/2022 | 31/12/2099 |
| Dynex DS2 | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-094 | 01/01/2022 | 31/12/2099 |
| Dynex DSX | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-095 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

Table 2. (continued)

| concept_name | domain_id | 1 vocabulary_id | concept_class_id | concept_class_id standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|---------------------------------------|-----------|------------------------|------------------|-----------------------------------|--------------|------------------|---|
| Dynex Multiplier | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-096 | 01/01/2022 | 31/12/2099 |
| Euroimmun Analyser I | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-097 | 01/01/2022 | 31/12/2099 |
| Euroimmun Analyser I-2P | Device | CO-CONNECT | Device | Null (non- | CC-LAB-098 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROArrayScanner | Device | CO-CONNECT | Device | Null (non- | CC-LAB-099 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROBlotMaster | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-100 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROBlotOne | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-101 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROLabWorkstation ELISA | Device | CO-CONNECT | Device | Null (non- | CC-LAB-102 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROLabWorkstation IFA | Device | CO-CONNECT | Device | Null (non- | CC-LAB-103 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROPattern | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-104 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROPattern Microscope Live | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-105 | 01/01/2022 | 31/12/2099 |
| Euroimmun EUROStar III Plus | Device | CO-CONNECT | Device | Null (non- | CC-LAB-106 | 01/01/2022 | 31/12/2099 |
| Euroimmun IF Sprinter | Device | CO-CONNECT | Device | Null (non- | CC-LAB-107 | 01/01/2022 | 31/12/2099 |
| Euroimmun MERGITE! | Device | CO-CONNECT | Device | Null (non- | CC-LAB-108 | 01/01/2022 | 31/12/2099 |
| Euroimmun Pre-NAT II | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-109 | 01/01/2022 | 31/12/2099 |
| Euroimmun RA Analyser 10 | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-110 | 01/01/2022 | 31/12/2099 |
| Euroimmun Sprinter XL | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-111 | 01/01/2022 | 31/12/2099 |
| Grifols Chorus Trio | Device | CO-CONNECT | Device | Null (non- | CC-LAB-112 | 01/01/2022 | 31/12/2099 |
| Grifols HELIOS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-113 | 01/01/2022 | 31/12/2099 |
| Grifols HELMED | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-114 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

| (pənu | |
|--------------|---|
| contin | |
| 2. (c | |
| able 2 | |
| Ta/ | l |

| concept_name | domain_id | domain_id vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|--|-----------|------------------------------------|------------------|--------------------------------------|--------------|------------------|---|
| Grifols SQII ELISA | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-115 | 01/01/2022 | 31/12/2099 |
| Grifols Triturus ELISA | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-116 | 01/01/2022 | 31/12/2099 |
| Immucor Echo Lumenas | Device | CO-CONNECT | Device | Null (non- | CC-LAB-117 | 01/01/2022 | 31/12/2099 |
| Immucor NEO | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-118 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros 3600 | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-119 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros 4600 | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-120 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros 5600 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-121 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros ECiQ | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-122 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros XT 3400 Device |) Device | CO-CONNECT | Device | Null (non- | CC-LAB-123 | 01/01/2022 | 31/12/2099 |
| Ortho Clinical Diagnostics Vitros XT 7600 Device |) Device | Analyser CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-124 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 4000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-125 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 4000 c311 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-126 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 4000 e411 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-127 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 6000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-128 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 6000 c501 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-129 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 6800 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-130 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 8000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-131 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 8000 c502 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-132 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 8000 c701 | Device | CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-133 | 01/01/2022 | 31/12/2099 |
| | | | | , | | | |

Table 2. (continued)

| concept_name | domain_id | l vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|---------------------------------------|-----------|---------------------------|------------------|--------------------------------------|--------------|------------------|---|
| Roche Cobas 8000 c702 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-134 | 01/01/2022 | 31/12/2099 |
| Roche Cobas 8800 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-135 | 01/01/2022 | 31/12/2099 |
| Sebia Capillary 2 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-136 | 01/01/2022 | 31/12/2099 |
| Sebia Capillarys 3 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-137 | 01/01/2022 | 31/12/2099 |
| Sebia Capillarys 3 OCTA | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-138 | 01/01/2022 | 31/12/2099 |
| Sebia Capillarys 3 TERA | Device | CO-CONNECT | Device | Null (non- | CC-LAB-139 | 01/01/2022 | 31/12/2099 |
| Sebia Capillarys 3 TERA MC | Device | CO-CONNECT | Device | Null (non- | CC-LAB-140 | 01/01/2022 | 31/12/2099 |
| Sebia Capillarys 3 TERA TLA | Device | CO-CONNECT | Device | Null (non- | CC-LAB-141 | 01/01/2022 | 31/12/2099 |
| Sebia Hydrasys 2 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-142 | 01/01/2022 | 31/12/2099 |
| Sebia Minicap Flex-Piercing | Device | CO-CONNECT | Device | Null (non- | CC-LAB-143 | 01/01/2022 | 31/12/2099 |
| Siemens ADIVA 1240 Chemistry System | Device | CO-CONNECT | Device | Null (non- | CC-LAB-144 | 01/01/2022 | 31/12/2099 |
| Siemens ADIVA 1800 Chemistry System | Device | CO-CONNECT | Device | Null (non- | CC-LAB-145 | 01/01/2022 | 31/12/2099 |
| Siemens ADIVA Chemistry XPT System | Device | CO-CONNECT Application | Device | Null (non-standard) | CC-LAB-146 | 01/01/2022 | 31/12/2099 |
| Siemens ADVIA Centaur CP Immunoassay | , Device | CO-CONNECT | Device | Null (non- | CC-LAB-147 | 01/01/2022 | 31/12/2099 |
| Siemens ADVIA Centaur XP Immunoassay | / Device | CO-CONNECT | Device | Null (non- | CC-LAB-148 | 01/01/2022 | 31/12/2099 |
| Siemens ADVIA Centaur XPT Immunoassay | / Device | CO-CONNECT | Device | Null (non- | CC-LAB-149 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica | Device | CO-CONNECT Apalyser | Device | Standard) Null (non-standard) | CC-LAB-150 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica 1500 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-151 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica CH 930 | Device | CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-152 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

Table 2. (continued)

| 0 |
|---|
| Ġ |
| 7 |
| U |
| ÷ |
| _ |
| 0 |
| Ü |
| |
| |
| |
| |
| |
| |
| |

| concept_name_ | domain_ic | domain_id vocabulary_id | concept_class_id | concept_class_id standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|-------------------------------------|-----------|-------------------------|------------------|---------------------------------------|--------------|------------------|---|
| Siemens Atellica IM 1300 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-153 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica IM 1600 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-154 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica NEPH 630 System | Device | CO-CONNECT | Device | Null (non- | CC-LAB-155 | 01/01/2022 | 31/12/2099 |
| Siemens IMMUITE 2000XPi Immunoassay | Device | CO-CONNECT | Device | Stalidal d) Null (non- | CC-LAB-156 | 01/01/2022 | 31/12/2099 |
| System STAGO Compact Max | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-157 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | - | | |
| STAGO Compact Max 3 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-158 | 01/01/2022 | 31/12/2099 |
| STAGO ST Genesia System | Device | CO-CONNECT | Device | Null (non- | CC-LAB-159 | 01/01/2022 | 31/12/2099 |
| STAGO STA Satellite Max | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-160 | 01/01/2022 | 31/12/2099 |
| STAGO STA-R Max | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-161 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| STAGO STA-R Max 3 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-162 | 01/01/2022 | 31/12/2099 |
| STAGO STart Max | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-163 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Starrsed AutoCompact analyser | Device | CO-CONNECT Apalyser | Device | Null (non- | CC-LAB-164 | 01/01/2022 | 31/12/2099 |
| Starrsed InteRRLiner | Device | CO-CONNECT | Device | Null (non- | CC-LAB-165 | 01/01/2022 | 31/12/2099 |
| Starrsed RL | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-166 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Starrsed RS | Device | CO-CONNECT | Device | Null (non- | CC-LAB-167 | 01/01/2022 | 31/12/2099 |
| Starrsed ST | Device | CO-CONNECT | Device | Stalidard) Null (non- | CC-LAB-168 | 01/01/2022 | 31/12/2099 |
| Ē | | Analyser | | standard) | 9 | (000) | 9900/01/10 |
| Starfsed I L | Device | Analyser | Device | standard) | CC-LAB-109 | 01/01/2022 | 51/12/2057 |
| Sysmex Cellavision DC-1 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-170 | 01/01/2022 | 31/12/2099 |
| Sysmex Cellavision DM1200 | Device | CO-CONNECT Analyser | Device | staildard) Null (non- standard) | CC-LAB-171 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

Table 2. (continued)

| concept_name | domain_id | l vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | valid_start_date valid_end_date invalid_reason |
|----------------------|-----------|------------------------|------------------|--------------------------------------|--------------|------------------|--|
| Sysmex CN-6000 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-172 | 01/01/2022 | 31/12/2099 |
| Sysmex Cyflow Cube 6 | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-173 | 01/01/2022 | 31/12/2099 |
| Sysmex Cyflow Cube 8 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-174 | 01/01/2022 | 31/12/2099 |
| Sysmex Cyflow Polidy | Device | CO-CONNECT | Device | Null (non- | CC-LAB-175 | 01/01/2022 | 31/12/2099 |
| Sysmex Cyflow Space | Device | CO-CONNECT Applyser | Device | standard) Null (non- standard) | CC-LAB-176 | 01/01/2022 | 31/12/2099 |
| Sysmex DI-60 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-177 | 01/01/2022 | 31/12/2099 |
| Sysmex OSNA | Device | CO-CONNECT | Device | Null (non- | CC-LAB-178 | 01/01/2022 | 31/12/2099 |
| Sysmex PS-10 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-179 | 01/01/2022 | 31/12/2099 |
| Sysmex SENTIFIT 270 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-180 | 01/01/2022 | 31/12/2099 |
| Sysmex SP-10 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-181 | 01/01/2022 | 31/12/2099 |
| Sysmex TOSOH GII | Device | CO-CONNECT | Device | Null (non- | CC-LAB-182 | 01/01/2022 | 31/12/2099 |
| Sysmex UC-3500 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-183 | 01/01/2022 | 31/12/2099 |
| Sysmex UD-10 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-184 | 01/01/2022 | 31/12/2099 |
| Sysmex UF-5000 | Device | CO-CONNECT Application | Device | Null (non-standard) | CC-LAB-185 | 01/01/2022 | 31/12/2099 |
| Sysmex XE-2100 | Device | CO-CONNECT Analyser | Device | Null (non-standard) | CC-LAB-186 | 01/01/2022 | 31/12/2099 |
| Sysmex XE-5000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-187 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-1000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-188 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-1000 PURE | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-189 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-1000V | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-190 | 01/01/2022 | 31/12/2099 |

| (continued) | |
|-------------|--|
| | |

| concept_name | domain_id | vocabulary_id | concept_class_id | s_id standard_concept | concept_code | valid_start_date | valid_start_date valid_end_date invalid_reason |
|--|-----------|------------------------|------------------|---------------------------|--------------|---|--|
| Sysmex XN-1500 | Device | CO-CONNECT Analyser | Device | Null (non- standard) | CC-LAB-191 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-2000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-192 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-2000V | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-193 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-300 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-194 | 01/01/2022 | 31/12/2099 |
| Svemex XN-3000 | Device | Analyser | Device | standard) | CC-1 AB-195 | 200/10/10 | 6606/61/18 |
| 000-100 | | Analyser | | standard) | | 7707 | |
| Sysmex XN-3100 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-196 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-350 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-197 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-450 | Device | CO-CONNECT Apalyser | Device | Null (non- | CC-LAB-198 | 01/01/2022 | 31/12/2099 |
| Sysmex XN-550 | Device | CO-CONNECT | Device | Nill (non- | CC-1 AR-199 | 2202/10/10 | 6602/21/18 |
| | | Analyser | | standard) | | | |
| Sysmex XN-9000 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-200 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-9100 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-201 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-9100 Compact Integration | Device | CO-CONNECT | Device | Null (non- | CC-LAB-202 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XN-9100 Maximum Workload | Device | CO-CONNECT | Device | Null (non- | CC-LAB-203 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | 700 | ((0,10,10,10 | 9900/01/16 |
| Symmer Alv-1100 301 ding & Al chilving | באונפ | Analyser | 2 | standard) | 107-107 | 0110112022 | 7/15/50/ |
| Sysmex XN-9100 Workload Balance | Device | CO-CONNECT | Device | Null (non- | CC-LAB-205 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| Sysmex XP-300 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-206 | 01/01/2022 | 31/12/2099 |
| | | Analyser | | standard) | | | |
| TECAN D300e Digital Dispenser | Device | CO-CONNECT | Device | Null (non- | CC-LAB-207 | 01/01/2022 | 31/12/2099 |
| i | | Analyser | | standard) | - | 9 | |
| TECAN Fluent | Device | CO-CONNECT | Device | Null (non- | CC-LAB-208 | 01/01/2022 | 31/12/2099 |
| TECAN Fluent Automation Workstation | Device | CO-CONNECT | Device | Stalldal u) Null (non- | CC-L AB-209 | 01/01/2022 | 31/12/2099 |
| | | | | | | 1 | |

Table 2. (continued)

| concept_name | domain_id | l vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|--------------------------------|-----------|------------------------|------------------|--------------------------------------|--------------|------------------|---|
| TECAN Freedom | Device | CO-CONNECT | Device | Null (non- | CC-LAB-210 | 01/01/2022 | 31/12/2099 |
| TECAN Freedom EVO | Device | CO-CONNECT | Device | Null (non- | CC-LAB-211 | 01/01/2022 | 31/12/2099 |
| TECAN Hydro | Device | CO-CONNECT | Device | Null (non- | CC-LAB-212 | 01/01/2022 | 31/12/2099 |
| TECAN HydroFlex | Device | CO-CONNECT | Device | Null (non- | CC-LAB-213 | 01/01/2022 | 31/12/2099 |
| TECAN HydroSpeed | Device | Analyser CO-CONNECT | Device | standard) Null (non- | CC-LAB-214 | 01/01/2022 | 31/12/2099 |
| TECAN Infinite | Device | CO-CONNECT | Device | Null (non- | CC-LAB-215 | 01/01/2022 | 31/12/2099 |
| TECAN Infinite 200 PRO | Device | CO-CONNECT | Device | Null (non- | CC-LAB-216 | 01/01/2022 | 31/12/2099 |
| TECAN Infinite F50 | Device | CO-CONNECT | Device | Null (non- | CC-LAB-217 | 01/01/2022 | 31/12/2099 |
| TECAN Infinite F50 Robotoic | Device | CO-CONNECT | Device | Null (non- | CC-LAB-218 | 01/01/2022 | 31/12/2099 |
| TECAN LABWERX | Device | CO-CONNECT | Device | Null (non- | CC-LAB-219 | 01/01/2022 | 31/12/2099 |
| TECAN Lumi | Device | CO-CONNECT | Device | Null (non- | CC-LAB-220 | 01/01/2022 | 31/12/2099 |
| TECAN M Nano | Device | CO-CONNECT | Device | Null (non- | CC-LAB-221 | 01/01/2022 | 31/12/2099 |
| TECAN Spark | Device | CO-CONNECT | Device | Null (non- | CC-LAB-222 | 01/01/2022 | 31/12/2099 |
| TECAN Spark Cyto | Device | CO-CONNECT | Device | Null (non- | CC-LAB-223 | 01/01/2022 | 31/12/2099 |
| TECAN Sunrise | Device | CO-CONNECT | Device | Null (non- | CC-LAB-224 | 01/01/2022 | 31/12/2099 |
| Trinity Biotech DS2 | Device | CO-CONNECT Application | Device | Null (non-standard) | CC-LAB-225 | 01/01/2022 | 31/12/2099 |
| Trinity Biotech DSX | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-226 | 01/01/2022 | 31/12/2099 |
| Trinity Biotech Fluorescence | Device | CO-CONNECT | Device | Null (non- | CC-LAB-227 | 01/01/2022 | 31/12/2099 |
| Trinity Biotech Premier Hb9210 | Device | CO-CONNECT Analyser | Device | standard) Null (non- standard) | CC-LAB-228 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

| l able 1. (continued) | | | | | | | |
|----------------------------|----------|-------------------------|---------------|-------------------------|-----------------------|------------------|---|
| concept_name | domain_i | domain_id vocabulary_id | concept_class | s_id standard_concept | concept_code | valid_start_date | concept_class_id standard_concept concept_code valid_start_date valid_end_date invalid_reason |
| Trinity Biotech Tri-stat | Device | CO-CONNECT | Device | Null (non- standard) | CC-LAB-229 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Trinity Biotech Tri-stat 2 | Device | CO-CONNECT | Device | Null (non- standard) | CC-LAB-230 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Vitech V8 Interliner a | Device | CO-CONNECT Analyser | Device | Null (non- | CC-LAB-231 01/01/2022 | 01/01/2022 | 31/12/2099 |

Table 3. CO-CONNECT standardised vocabulary LIMS software concepts.

| concept_name | domain_ic | domain_id_vocabulary_id | concept_class_id | concept_class_id standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|--|-----------|-------------------------|------------------|-----------------------------------|------------------------|------------------|---|
| Agilent SLIMS | Device | CO-CONNECT | Device | Null (non- | CC-LIMS-001 | 01/01/2022 | 31/12/2099 |
| ApexHealthCare Apex LIS | Device | CO-CONNECT | Device | Null (non-standard) | CC-LIMS-002 | 01/01/2022 | 31/12/2099 |
| Autoscribe Informatics COVID LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non-standard) | CC-LIMS-003 | 01/01/2022 | 31/12/2099 |
| Autoscribe Informatics Express | Device | CO-CONNECT | Device | Null (non-standard) | CC-LIMS-004 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Autoscribe Informatics Gemini | Device | CO-CONNECT | Device | Null (non-standard) | CC-LIMS-005 | 01/01/2022 | 31/12/2099 |
| Autoscribe Informatics Stability | Device | CO-CONNECT LIMS-LIS | Device | Null (non-standard) | CC-LIMS-006 | 01/01/2022 | 31/12/2099 |
| Autoscribe Informatics Tracker | Device | CO-CONNECT | Device | Null (non- standard) | CC-LIMS-007 | 01/01/2022 | 31/12/2099 |
| Benchling LIMS | Device | CO-CONNECT | Device | Null (non-standard) | CC-LIMS-008 | 01/01/2022 | 31/12/2099 |
| CGM LABDAQ | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-009 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Cirdan Ultra | Device | CO-CONNECT | Device | Null (non- standard) | CC-LIMS-010 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Clinisys LabCentre | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-011 | 01/01/2022 | 31/12/2099 |
| Clinisys WinPath | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-012 | 01/01/2022 | 31/12/2099 |
| CloudLIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-013 | 01/01/2022 | 31/12/2099 |
| Computer Frameworks Lab Management System | Device | CO-CONNECT | Device | Null (non- standard) | CC-LIMS-014 01/01/2022 | 01/01/2022 | 31/12/2099 |
| CrelioHealth LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-015 01/01/2022 | 01/01/2022 | 31/12/2099 |
| Dendi Software Dendi LIS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-016 | 01/01/2022 | 31/12/2099 |
| DXC Apex | Device | CO-CONNECT | Device | Null (non- standard) | CC-LIMS-017 | 01/01/2022 | 31/12/2099 |
| DXC Telepath | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-018 | 01/01/2022 | 31/12/2099 |
| Epic Beaker | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-019 | 01/01/2022 | 31/12/2099 |

(continued)

| f | ב |
|-----|--------|
| - | Ď |
| | Ī |
| • | Ξ |
| 1 | 5 |
| 5 | 3 |
| - (| Э |
| | 1 |
| . ' | |
| | = |
| | _ |
| | _ |
| (| י ע |
| (| י ע |
| (| ; |

| concept_name | domain_i | domain_id vocabulary_id | concept_class_id | concept_class_id standard_concept | concept_code | valid_start_date | concept_code valid_start_date valid_end_date invalid_reason |
|----------------------------------|----------|-------------------------|------------------|-----------------------------------|------------------------|------------------|---|
| Labgen LIS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-020 | 01/01/2022 | 31/12/2099 |
| Labguru LIMs | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-021 | 01/01/2022 | 31/12/2099 |
| LabTrak LIS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-022 | 01/01/2022 | 31/12/2099 |
| LabVantage LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-023 01/01/2022 | 01/01/2022 | 31/12/2099 |
| LabWare LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-024 01/01/2022 | 01/01/2022 | 31/12/2099 |
| LigoLab liS and RCM | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-025 | 01/01/2022 | 31/12/2099 |
| Mak-System e-Traceline | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-026 | 01/01/2022 | 31/12/2099 |
| MBioLIMS BioBanking | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-027 | 01/01/2022 | 31/12/2099 |
| Mill Systems MillCare | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-028 | 01/01/2022 | 31/12/2099 |
| NHS Custom Built LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-029 | 01/01/2022 | 31/12/2099 |
| Onlims Online LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-030 | 01/01/2022 | 31/12/2099 |
| SciNote | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-031 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica Data Manager | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-032 | 01/01/2022 | 31/12/2099 |
| Siemens Atellica Process Manager | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-033 | 01/01/2022 | 31/12/2099 |
| Soft Computer SoftLab | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-034 | 01/01/2022 | 31/12/2099 |
| STARLIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-035 | 01/01/2022 | 31/12/2099 |
| Sunquest Laboratory | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-036 | 01/01/2022 | 31/12/2099 |
| Sussex Biologicals Bank Manager | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-037 | 01/01/2022 | 31/12/2099 |
| Sysmex Delphic LIS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-038 01/01/2022 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

| • | т | ┑ |
|---|---|----|
| | , | • |
| | О | J |
| | - | = |
| | = | ر |
| | 7 | = |
| | 7 | - |
| • | | 7 |
| | ٠ | _ |
| | c | Ξ |
| | 7 | ₹ |
| | ç | J |
| | i | ٦, |
| | | • |
| • | • | _ |
| | | |
| | | |
| | | ۰ |
| t | v | ٦ |
| • | | 6 |
| | - | |
| | а | u |
| | • | _ |
| - | 4 | = |
| | r | 1 |
| - | - | 3 |
| | п | d |
| | | |

| concept_name | domain_i | domain_id vocabulary_id | concept_class_id | l standard_concept | concept_code valid_start_da | concept_class_id standard_concept concept_code valid_start_date valid_end_date invalid_reason |
|----------------------------------|----------|-------------------------|------------------|-------------------------|-----------------------------|---|
| Technidata BactiLink | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-039 01/01/2022 | 31/12/2099 |
| Technidata Genet | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-040 01/01/2022 | 31/12/2099 |
| Technidata HistoCyto | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-041 01/01/2022 | 31/12/2099 |
| Technidata NexLabs | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-042 01/01/2022 | 31/12/2099 |
| Technidata Workstation | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-043 01/01/2022 | 31/12/2099 |
| Thermo Fishcer Sample Manager | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-044 01/01/2022 | 31/12/2099 |
| ThirdWave Analytics Lockbox LIMS | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-045 01/01/2022 | 31/12/2099 |
| Well Sky | Device | CO-CONNECT LIMS-LIS | Device | Null (non- standard) | CC-LIMS-046 01/01/2022 | 31/12/2099 |

 Table 4.
 CO-CONNECT standardised vocabulary SARS-COV-2 serology measurement concepts.

| concept_name | domain_id | vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | valid_start_date valid_end_date invalid_reason |
|--|-------------|------------------------------------|------------------------|-------------------------|-------------------------|------------------|--|
| SARS-CoV-2 antibody detection result Measurement positive | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 001 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody detection result Measurement CO-CONNECT negative | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 002 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody detection result Measurement indeterminate | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 003 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgA antibody detection result positive | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 004 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgA antibody detection result negative | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 005 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgA antibody detection result indeterminate | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 006 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgM antibody detection result positive | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 007 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgM antibody detection result negative | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC. SEROLOGY- 008 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgM antibody detection result indeterminate | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 lgG antibody detection result positive | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC. SEROLOGY. | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 lgG antibody detection result negative | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgG antibody detection result indeterminate | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC. SEROLOGY- | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgM + IgG antibody detection result positive | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 013 | 01/01/2022 | 31/12/2099 |

| _ |
|--------------|
| σ |
| Ð |
| ⊇ |
| .⊑ |
| ᆮ |
| ō |
| |
| ٠ŏ |
| ŭ |
| ٥. |
| 4. |
| ٥. |
| 4. (c |
| 4. (c |

| able 1: (Collullued) | | | | | | | |
|---|-------------|------------------------------------|------------------------|-------------------------|-------------------------|------------------|--|
| concept_name | domain_id | vocabulary_id | concept_class_id | standard_concept | concept_code | valid_start_date | valid_start_date valid_end_date invalid_reason |
| SARS-CoV-2 IgM + IgG antibody detection result negative | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 014 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 IgM + IgG antibody detection result indeterminate | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 015 | 01/01/2022 | 31/12/2099 |
| Measurement of severe acute respiratory syndrome coronavirus-2 antibody IgA | Measurement | Measurement CO-CONNECT Serology | Measurement | Null (non- standard) | CC- SEROLOGY- 016 | 01/01/2022 | 31/12/2099 |
| Measurement of severe acute respiratory syndrome coronavirus-2 antibody IgM | Measurement | CO-CONNECT Serology | Measurement | Null (non- standard) | CC- SEROLOGY- 017 | 01/01/2022 | 31/12/2099 |
| Measurement of severe acute respiratory syndrome coronavirus-2 antibody IgG | Measurement | Measurement CO-CONNECT Serology | Measurement | Null (non- standard) | CC- SEROLOGY- 018 | 01/01/2022 | 31/12/2099 |
| Measurement of severe acute respiratory syndrome coronavirus-2 antibody leM+leG | Measurement | Measurement CO-CONNECT Serology | Measurement | Null (non- standard) | CC- SEROLOGY- 019 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to nucleocapsid Measurement CO-CONNECT (N) protein present | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 020 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to spike (S) protein present | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 021 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to nucleocapsid Measurement CO-CONNECT (N) protein absent | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 022 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to spike (S) protein absent | Measurement | Measurement CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC. SEROLOGY- 023 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to nucleocapsid Measurement (N) protein indeterminate | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 024 | 01/01/2022 | 31/12/2099 |
| SARS-CoV-2 antibody to spike (S) protein indeterminate | Measurement | CO-CONNECT Serology | precoordinated pair | Null (non- standard) | CC- SEROLOGY- 025 | 01/01/2022 | 31/12/2099 |
| | | | | | | | |

for all concepts was set as the first of December 2022 and the 'valid_end_date' was set as the thirty first of December 2099. There were no values for 'invalid_reason' as the vocabulary is currently valid. These concepts form part of the larger CO-CONNECT formalised vocabulary, which augments the currently available international standardised vocabularies, such as SNOMED.⁶⁸

As data completion rates were low, it was necessary to specifically ask for the additional data points and national laboratories had to invest time and effort into providing these as it was not normal practice to share more than the result. This points to fundamental differences in the data requirements of the clinical and research use cases. Most NHS labs are configured to support clinical use cases and the additional data items required to provide research-quality data mean additional configuration, testing and work that cannot be justified within the clinical context. The paucity of implementable standards in this domain only makes it harder. Data points such as device type/id and the specific methodology used are not seen as critical/high value items in the clinical domain.

Feasibility of adoption of the CSMDS

During the laboratory feasibility studies at Barts, GOSH and Tayside, it was found that it would be straight forward to change their laboratory systems to report the CSMDS granular data. Ten of the major LIMS software providers were contacted, introduced to the proposed CSMDS and asked to complete a survey on whether their software could accommodate the reporting of the CSMDS data attributes. Three LIMS software providers replied to the survey, with two stating that there would be no foreseen problems in implementing such a CSMDS, they could capture and report all of the data attributes and in fact were currently doing so for most assays. The third responded that instances of their software where setup differently with potentially different interfaces and therefore they were unsure if they could support the CSMDS. Further analysis is needed to fully understand at a national level what the barriers to implementation might be.

Discussion and conclusions

The CO-CONNECT project investigated how COVID-19 serology laboratory results are captured and reported within the UK, focussing on how to improve these processes and how to capture more granular data. High-level qualitative results (positive, negative, etc.) were found to be routinely captured, yet many testing laboratories produce an array of quantitative data which could also be relatively easily reported. How data is reported via national systems such as Labgnostic (in England) and Scottish Care Information Store (equivalent system in Scotland) varies across different laboratories, ranging from full reporting to almost no

reporting of quantitative data. This is in part due to how individual laboratories are configured, the analyser machines they utilise and the LIMS software they employ to capture, structure and then report said data. There was no nationally specified minimum set of data attributes for the reporting of COVID-19 serology results that laboratories could apply and adhere to, to support the reporting of granular results across the United Kingdom. The COVID-19 Serology Minimum Data Standard (CSMDS) fills this gap and sets out a clear and structured approach to what should be captured and reported, stipulating 12 distinct data attributes. The approach and method applied could be further refined and applied on a larger scale.

We found locally encoded naming conventions are often applied to data attributes, for example, the name given to the laboratory analyser system conducting the test. Utilising controlled vocabularies such as LOINC and SNOMED-CT resolves this variance supporting comparisons at a national level across assays, test kits, laboratory analyser systems and LIMS software. Our work has produced a set of formalised concepts as part of the CO-CONNECT standardised vocabulary for the representation of laboratory analyser systems, LIMS software names and SARS-CoV-2 serology measurements to support such an approach, with the view to understanding and potentially reducing variability of reporting testing data. These new concepts form the first step towards a standardised representation of laboratory analyser systems and LIMS software, not only for serology, but potentially for numerous other laboratory tests. Such an approach, if adopted nationally, can enable clear, unambiguous identification and reporting of the laboratory analyser systems, the LIMS software being used and the results for testing at a given point in time.

Historically, the granular level of detail has not been routinely captured as the calibrations and research questions generally have already been undertaken over many years prior to use in clinical care. COVID-19 was a new disease, and a rapid testing program was delivered within a clinical setting without prior research and calibration. To be able to respond in a timelier fashion to future pandemics and to support research requiring national level laboratory data linked to other relevant healthcare records, we highly recommend that standardised, granular level, laboratory data is captured nationally and shared using automated pipelines with organisations collecting other national health datasets. Although in England some high-level data is captured from several health trusts, granular level data is not fully captured and none of the information is currently shared and linked to other national health datasets via automated pipelines. Within Scotland, data is captured via the Sci-Store system but is also not standardised and automatically linked. When we investigated if granular level data could be captured at a Scottish national level, we were informed that the systems for capturing the data were antiquated and cannot be modified to capture more fields without risking stability.

Looking forward, there are three potential areas to address for this work to progress:

- The work set out herein has utilised three NHS laboratories to gain a snapshot of the current situation, together with exemplar data from other CO-CONNECT partner NHS laboratories, thus it is not wholly representative of all organisations across the United Kingdom. This is therefore a limitation. Across England, there are multiple laboratories, using many different types of analysers and LIMS software, ranging from brand new state-of-the art systems to antiquated legacy systems. To facilitate adoption of the CDMDS, a thorough assessment of a wider range of organisations, technologies, software and reported laboratory messages must be performed to appreciate who does what, with what and how.
- 2. There is a need to apply a standardised vocabulary for the reporting of laboratory results. The use of more detailed standardised naming conventions (for laboratory analyser systems, LIMS software and SARS-CoV-2 serology measurements) will enable the reporting of higher quality detailed data. This will potentially allow for greater understanding of variability in laboratories which could support further work to address and decrease this.
- 3. To support future pandemics and research using test data, a new data pipeline should be built and configured, so that results can be reported to organisations such as NHS England.

Acknowledgements

The authors wish to thank all the staff members involved from NHS Tayside, NHS GOSH and NHS BARTS for their efforts with data collection and assessment work as part of this study.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: We acknowledge the support from CO-CONNECT funded by UKRI (MRC) and DHSC (NIHR) (MR/V03488X/1) and supported by a consortium of 29 partner organisations, NHS Tayside, NHS GOSH and NHS BARTS whose infrastructure made this research possible.

Ethical approval

No ethical approval was required for this research work, and the basis for the research was infrastructure.

Guarantor

ERJ.

Contributorship

ENU contributed to writing – original draft, writing – review and editing, methodology, data collection, investigation, formal analysis and supervision: JM contributed to writing – review and editing, methodology, investigation and formal analysis; NJS contributed to writing - review and editing, methodology, investigation and formal analysis; AH contributed to writing - review and editing, data collection, investigation and formal analysis; JJ contributed to writing - review and editing, methodology, investigation, formal analysis and supervision; EM contributed to writing - review and editing, data collection, investigation and formal analysis; GM contributed to writing review and editing, investigation and supervision; LM contributed to data collection and investigation; AC contributed to writing review and editing and investigation; MF contributed to writing review and editing, methodology, data analysis, investigation and formal analysis; PQ contributed to funding acquisition, writing review and editing and supervision; ERJ contributed to funding acquisition, writing - review and editing, methodology, investigation, formal analysis and supervision.

ORCID iDs

Esmond Urwin https://orcid.org/0000-0003-4626-2172

Jenny Johnson https://orcid.org/0000-0002-6755-1267

Gordon Milligan https://orcid.org/0000-0002-1171-5234

Antony Chuter https://orcid.org/0000-0002-0646-5939

Philip Quinlan https://orcid.org/0000-0002-3012-6646

Emily Jefferson https://orcid.org/0000-0003-2992-7582

References

- Hui DS, I Azhar E, Madani TA, et al. The continuing 2019nCoV epidemic threat of novel coronaviruses to global health - the latest 2019 novel coronavirus outbreak in Wuhan, China. *Int J Infect Dis* 2020; 91: 264–266.
- Altmann DM, Douek DC and Boyton RJ. What policy makers need to know about COVID-19 protective immunity. *Lancet* 2020; 395(10236): 1527–1529.
- Coronavirus (COVID-19) Scaling up our testing programmes. https://www.gov.uk/government/publications/ coronavirus-covid-19-scaling-up-testing-programmes (2020, accessed September 2023).
- National core studies programme. https://www.gov.uk/ guidance/national-core-studies-programme (2020, accessed October 2023).
- Venter M and Richter K. Towards effective diagnostic assays for COVID-19: a review. *J Clin Pathol* 2020; 73(7): 370–377.
- WHO Working Group on the Clinical Characterisation and Management of COVID-19 infection. A minimal common outcome measure set for COVID-19 clinical research. *Lancet Infect Dis* 2020; 20(8): e192–e197.

- Clarke KE, Jones JM, Deng Y, et al. Seroprevalence of infection-induced SARS-CoV-2 antibodies — United States, september 2021–february 2022. MMWR Morb Mortal Wkly Rep 2022; 71: 606–608.
- 8. Espejo AP, Akgun Y, Al Mana AF, et al. Review of current advances in serologic testing for COVID-19. *Am J Clin Pathol* 2020; 154(3): 293–304.
- 9. Petherick A. Developing antibody tests for SARS-CoV-2. *Lancet* 2020; 395(10230): 1101–1102.
- Nuccetelli M, Pieri M, Grelli S, et al. SARS-CoV-2 infection serology: a useful tool to overcome lockdown? *Cell Death Dis* 2020; 6(38): 38.
- 11. Letizia AG, Ge Y, Vangeti S, et al. SARS-CoV-2 seropositivity and subsequent infection risk in healthy young adults: a prospective cohort study. *Lancet Respir Med* 2021; 9(7): 712–720.
- Khoury DS, Cromer D, Reynaldi A, et al. Neutralizing antibody levels are highly predictive of immune protection from symptomatic SARS-CoV-2 infection. *Nat Med* 2021; 27: 1205–1211.
- Cromer D, Steain M, Reynaldi A, et al. Neutralising antibody titres as predictors of protection against SARS-CoV-2 variants and the impact of boosting: a meta-analysis. *Lancet Microbe* 2022; 3(1): E52–e61.
- Lisboa Bastos M, Tavaziva G, Abidi SK, et al. Diagnostic accuracy of serological tests for covid-19: systematic review and meta-analysis. *BMJ* 2020; 370: m2516.
- 15. COVID-19 Pandemic Response. *Laboratory data reporting: CARES act section 18115. Report.* USA: Centres for Disease Control and Prevention, 2022.
- Centres for disease control and prevention antibody test guidelines. https://www.cdc.gov/coronavirus/2019-ncov/hcp/ testing/antibody-tests-guidelines.html (2020, accessed October 2022).
- Infantino M, Pieri M, Nuccetelli M, et al. The WHO International Standard for COVID-19 serological tests: towards harmonization of anti-spike assays. *Int Immunopharm* 2021; 100: 108095.
- Ruetalo N, Flehmig B, Schindler M, et al. Long-Term humoral immune response against SARS-CoV-2 after natural infection and subsequent vaccination according to WHO international binding antibody units (BAU/mL). *Viruses* 2021; 13(12): 2336.
- Knezevic I, Mattiuzzo G, Page M, et al. WHO International Standard for evaluation of the antibody response to COVID-19 vaccines: call for urgent action by the scientific community. *Lancet Microbe* 2022; 3(3): E235–E240.
- Fernández-Suárez A, Jiménez Coronado R, Clavijo Aroca C, et al. New insights into antibody levels against SARS-CoV-2 for healthcare personnel vaccinated with tozinameran (Comirnaty). *PLoS One* 2022; 17(11): e0276968.
- Claro F, Silva D, Pérez Bogado JA, et al. Lasting SARS-CoV-2 specific IgG Antibody response in health care workers from Venezuela, 6 months after vaccination with Sputnik V. *Int J Infect Dis* 2022; 122: 850–854.

- Cavalcanti E, Isgrò MA, Rea D, et al. Vaccination strategy and anti - SARS-CoV-2 S titers in healthcare workers of the INT – IRCCS "fondazione pascale" cancer center (naples, Italy). *Infect Agents Cancer* 2021; 16(1): 32.
- Halfon P, Jordana S, Blachier S, et al. Anti-spike protein to determine SARS-CoV-2 antibody levels: is there a specific threshold conferring protection in immunocompromised patients? *PLoS One* 2023; 18(4): e0281257.
- Bergeri I, Whelan MG, Ware H, et al. Global SARS-CoV-2 seroprevalence from January 2020 to April 2022: a systematic review and meta-analysis of standardized population-based studies. *PLoS Med* 2022; 19(11): e1004107.
- Rinaldi E, Stellmach C, Rajkumar NMR, et al. Harmonization and standardization of data for a pan-European cohort on SARS- CoV-2 pandemic. NPJ Digit Med 2022; 5(1): 75.
- Tate J and Panteghini M. Standardisation the theory and the practice. Clin Biochem Rev 2007; 28(3): 127–130.
- 27. Dahlweid FM, Kämpf M and Leichtle A. Interoperability of laboratory data in Switzerland a spotlight on Bern. *J Lab Med* 2018; 42(60): 251–258.
- Cosmatos I and Bulgrien M. Standardizing laboratory results from diverse real-world data to enable meaningful assessments of drug safety and effectiveness. PharmaSUG conference on pharmaceutical software users group, North Carolina, SAS, 24–27 May 2021
- Cholan RA, Pappas G, Rehwoldt G, et al. Encoding laboratory testing data: case studies of the national implementation of HHS requirements and related standards in five laboratories. *J Am Med Inf Assoc* 2022; 29(8): 1372–1380.
- Bastarache L, Brown JS, Cimino JJ, et al. Developing realworld evidence from real-world data: transforming raw data into analytical datasets. *Learn Health Syst* 2022; 6(1): e10293.
- Huser V, Sastry C, Breymaier M, et al. Standardizing data exchange for clinical research protocols and case report forms: an assessment of the suitability of the Clinical Data Interchange Standards Consortium (CDISC) Operational Data Model (ODM). J Biomed Inf 2015; 57: 88–99.
- 32. Abhyankar S, Demner-Fushman D and McDonald CJ. Standardizing clinical laboratory data for secondary use. *J Biomed Inf* 2012; 45(4): 642–650.
- 33. Pradhan S, Gautam K and Pant V. Variation in laboratory reports: causes other than laboratory error. *JNMA J Nepal Med Assoc* 2022; 60(246): 222–224.
- Etievant S, Bal A, Escuret V, et al. Performance assessment of SARS-CoV-2 PCR assays developed by WHO referral laboratories. *J Clin Med* 2020; 9(6): 1871.
- Understanding cycle threshold (Ct) in SARSC-CoV-2 RT-PCR

 a guide for health protection teams. https://www.gov.uk/government/publications/cycle-threshold-ct-in-sars-cov-2-rt-pcr (2020, accessed October 2022).
- Perkmann T, Perkmann-Nagele N, Koller T, et al. Anti-Spike protein assays to determine SARS-CoV-2 antibody levels: a

- head-to-head comparison of five quantitative assays. *Microbiol Spectr* 2021; 9(1): e0024721.
- 37. Müller L, Kannenberg J, Biemann R, et al. Comparison of the measured values of quantitative SARS-CoV-2 spike antibody assays. *J Clin Virol* 2022; 155: 105269.
- 38. Yamamoto M, Okazaki K, Kitai Y, et al. Comparison of six antibody assays and two combination assays for COVID-19. *Virol J* 2022; 19(1): 24.
- Gong F, Wei H-X, Li Q, et al. Evaluation and comparison of serological methods for COVID-19 diagnosis. *Front Mol Biosci* 2021; 8: 682405.
- 40. Thompson S and Chesher D. Lot-to-Lot variation. *Clin Biochem Rev* 2018; 39(2): 51–60.
- 41. Ambade V, Misra P, Vashum Y, et al. Analysis of short-term variation and long-term drift during reagent kit lot change in an NABL accredited clinical biochemistry laboratory. *J Med Biochem* 2021; 40(1): 92–98.
- 42. Cabo J, Morimont L, Baudar J, et al. Variability among commercial batches of normal pooled plasma in lupus anticoagulant testing. *Int J Lab Hematol* 2023; 45(1): 126–136.
- Ismail Y, Ismail AA and Ismail AA. Erroneous laboratory results: what clinicians need to know. *Clin Med* 2007; 7(4): 357–361.
- Greene DN, Holmes DT, Liang J, et al. Challenges in harmonizing integrated healthcare network laboratories: multi-center evaluation of the AccuTnI+3 troponin assay. *Clin Biochem* 2015; 48(4–5): 268–274.
- 45. Dintzis SM, Stetsenko GY, Sitlani CM, et al. Communicating pathology and laboratory errors: anatomic pathologists' and laboratory medical directors' attitudes and experiences. *Am J Clin Pathol* 2011; 135: 760–765.
- 46. Wang J, Garnett E, Bierl C, et al. TRUU-lab: methods for optimization of test names for understanding and utilization. *Am J Clin Pathol* 2020; 154(1): S1–S2.
- 47. Garnett E, Wang J, Jackson B, et al. What's in a name? Comparative analysis of laboratory test naming guidelines as applied to common confusing test names. *J Clin Pathol (Lond)* 2020; 154(1): 18–19.
- Martin MK. No lab is an island: universal coding of laboratory test names. J Vet Diagn Invest 2021; 33(3): 415–418.
- Guidance for mapping to SARS-CoV-2 LOINC terms: synonyms: SARS-CoV-2, 2019 novel coronavirus, 2019-nCoV. https://loinc.org/sars-coronavirus-2/(2020, accessed September 2022).
- Tevis DS, Flores SR, Kenwood BM, et al. Harmonization of acronyms for volatile organic compound metabolites using a standardized naming system. *Int J Hyg Environ Health* 2021; 235: 113749.
- 51. Reid YA. Best practices for naming, receiving, and managing cells in culture. *In Vitro Cell Dev Biol Anim* 2017; 53(9): 761–774.
- 52. Passiment E, Meisel JL, Fontanesi J, et al. Decoding laboratory test names: a major challenge to appropriate patient care. *J Gen Intern Med* 2013; 28(3): 453–458.

- 53. DAPB4017: patholog test and results standard. https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dapb4017-pathology-test-and-results-standard (2020, accessed October 2022).
- National Pathology FHIR messaging specifications. https://developer.nhs.uk/apis/itk3nationalpathology-1-1-0/(2022, accessed October 2022).
- Unified test list. https://nhsengland.kahootz.com/ PathologyandDiagnostics/view?objectID=13047024 (2021, accessed October 2022).
- HL7 version 2 messaging standard. https://www.hl7.org/implement/standards/product_brief.cfm?product_id=185 (2011, accessed October 2022).
- 57. Written Evidence Submitted by Professor Sir Michael Ferguson, *Regius professor of life sciences*. Dundee: University of Dundee. https://committees.parliament.uk/writtenevidence/118486/pdf/(2022, accessed October 2023).
- CO-CONNECT. Covid curated and open analysis and research platform. https://co-connect.ac.uk/(2021, accessed September 2022).
- Jefferson E, Cole C, Mumtaz S, et al. A hybrid architecture (CO-CONNECT) to facilitate rapid discovery and access to data across the United Kingdom in response to the COVID-19 pandemic: development study. *J Med Internet Res* 2022; 24(12): E40035.
- Creswell JW. Research design: qualitative, quantitative, and mixed methods approaches. 3rd ed. Los Angeles: Sage Publications, Inc., 2009, pp. 72–74.
- 61. Woudenberg F. An evaluation of Delphi. *Technol Forecast Soc Change* 1991; 40(2): 131–150.
- 62. Beiderbeck D, Frevel N, von der Gracht HA, et al. Preparing, conducting, and analyzing Delphi surveys: cross-disciplinary practices, new directions, and advancements. *MethodsX* 2021; 8: 101401.
- Howie-Esquivel J and Bidwell JT. A state-of-the-art review of teach-back for patients and families with heart failure: how far have we come? *J Cardiovasc Nurs* 2023; 38(4): E120–E130.
- 64. Sleiman AA, Gravina NE and Portillo D. An evaluation of the teach-back method for training new skills. *J Appl Behav Anal* 2023; 56(1): 117–130.
- OHDSI WhiteRabbit. https://github.com/OHDSI/ WhiteRabbit (2014, accessed October 2022).
- Dalkey N and Helmer O. An experimental application of the Delphi method to the use of experts. *Manag Sci* 1963; 9(3): 458–467.
- 67. Dalkey NC. *Experiments in group prediction*. Santa Monica: Rand Corporation, 1968, pp. 4–5.
- SNOMED CT NHS Digital resource. https://digital.nhs.uk/ services/terminology-and-classifications/snomed-ct. (2022, accessed October 2022).
- 69. Arora RK, Joseph A, van Wyk J, et al. SeroTracker: a global SARS-CoV-2 seroprevalence dashboard. *Lancet* 2021; 21(4): E75–E76.

- Smith D, Bowring C, Wells N, et al. The avon longitudinal study of parents and children - a resource for COVID-19 research: questionnaire data capture november 2020 – march 2021. Wellcome Open Res 2021; 6: 155.
- 71. ISO 15198 Medical laboratories requirements for quality and competence. Geneva: ISO, 2012
- 72. OHDSI observational medical outcomes partnership (OMOP). https://www.ohdsi.org/data-standardization/(2023, accessed February 2023).
- OHDSI OMOP common data Model (CDM). https://ohdsi. github.io/CommonDataModel/cdm53.html (2023, accessed February 2023).

- The book of OHDSI. https://ohdsi.github.io/TheBookOfOhdsi/ StandardizedVocabularies.html (2021, Accessed April 2023).
- Recommendations for data standards in health data research. https://ukhealthdata.org/wp-content/uploads/2021/12/ 211124-White-Paper-Recommendations-of-Data-Standardsv2-1.pdf (2021, Accessed April 2023).
- Introduction to semantic interoperability. https://iris.paho.org/bitstream/handle/10665.2/55417/PAHOEIHIS21023_eng.pdf?sequence=1&isAllowed=y (2021, Accessed April 2023).
- Awaysheh A, Wilcke J, Elvinger F, et al. A review of medical terminology standards and structured reporting. *J Vet Diagn Invest* 2018; 30(1): 17–25.