OID Identifier Request Form

This form will assist in the assignment of new Object Identifier(s) for your organization.

If you are requesting OID(s) for more than one health care organization (e.g. Hospital, Family Health Team, Independent Health Facility), please fill in one form for each requesting organization.

## Section 1: Submitter/Contact Information (Mandatory)

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| First Name: | Enter First Name |
| Last Name: | Enter Last Name |
| Email: | Enter Email |
| Tel: | Enter Telephone |
| Organization of the submitter: | Submitter’s Organization |
| Submitter Role/Job Title: | Submitter’s Role or Title |

## Section 2: Background Information (Mandatory)

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| Project /Electronic Health Record (EHR) Asset for which the OID(s) is requested:Example: eConsult implementation  | Enter associated Project or EHR Asset |
| Reason for the request:Example: require OIDs for System Registry (ONE ID) Certificate; adding new contributing source to Provincial Client Registry (PCR) | Purpose of OID Request |

## Section 3: Organization Information (Mandatory)

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| Name of the health care organization for which the OID(s) is requested: |  |
| Affiliated LHIN: |  |
| Building Address (number and street name): |  | Suite Number (if applicable): |  |
| Building Name (for multi-building sites): |  | P.O. Box (if applicable): |  |
| City/Town: |  | Postal Code: |  |
| **Organization Type:** |
| [ ]  Ambulance Service[ ]  Aboriginal Health Access Centre[ ]  A centre, program or service for community health or mental health[ ]  Service provider under the Home Care and Community Services Act[ ]  Community Health Centre[ ]  Designated Psychiatric Facility under the Mental Health Act[ ]  Independent Health Facility[ ]  Oncology Centre | [ ]  Pharmacy[ ]  Public Hospital[ ]  Private Hospital[ ]  Public Health Unit[ ]  Retirement Home licensed under the Retirement Homes Act, 2010[ ]  Long–Term Care Home under the Long Term Care Homes Act, 2007[ ]  Nurse Practitioner Led Clinic[ ]  Midwifery Practice/Clinic | [ ]  Family Health Team[ ]  Family Health Group[ ]  Family Health Organization[ ]  Family Health Network[ ]  Primary Care Network[ ]  Sole Physician or Physician Group Practice[ ]  Walk-in clinic[ ]  Other: specify details |
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| **If there has been any change to the organization (e.g. name change, merger, split) in the last 8 years, please fill in the following information.** |
| Nature of the organization change: | [ ] New Organization [ ] Merger [ ] Split [ ] Name change [ ] Other: specify details |
| Details pre-change Example: previous legal name, previous member sites, other information | Details of pre-changes |
| Details post-changeExample: new legal name, new member sites, other information etc.)  | Details of the post-changes |

## Section 4: OID Request Details (Mandatory)

Please check the type of OIDs you would like to request (check all that apply).

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| **System Registry (ONE ID)** This section outlines the OIDs required for eHealth Ontario ONE ID. |
| Do you require a System OID?If yes provide name of the system. | [ ] YES [ ] NoName of the system |
| Do you require a System Node OID?If Yes, please provide name of the System Node. If there is more than one System Node, provide name for all. | [ ] YES [ ] NOSystem Node Name |

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| **Provincial Client Registry (PCR)**This section outlines the OIDs used in Ontario’s PCR. |
| Do you require an OID for Medical Record Number (MRN) Assigning Authority? This OID identifies the issuer of the patient’s medical record number (MRN).If Yes provide the name of the MRN assigning authority. | [ ] YES [ ] NOName of the MRN assigning authority |
| Does the organization share MRN Pool with another organization (HIC): | [ ] YES [ ] NO |
| If yes, Shared pool Organization Name(s): | Shared Pool Organization Name |
| Do you require a PCR Definitional Authority ID OID?This OID identifies the definitional source, the highest level of the contributing source identification of a PCR contribution feed. If Yes provide the name of the definitional source. | [ ] YES [ ] NOName of the definitional source |
| Do you require an EHR Repository ID OID? This OID identifies the system instance of the PCR contributing source. | [ ] YES [ ] NOName of the system instance for PCR contribution |

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| **Diagnostic Imaging Common Service (DICS)** This section outlines the OIDs used in Ontario’s DICS. |
| Do you require a DI Accession Number OID?This OID identifies the local Radiological Information System which issues the Accession Number as the unique identifier of the diagnostic imaging test being performed for a patient. | [ ] YES [ ] NO |
| Do you require a DI Procedure Code System OID?This OID identifies the local Radiological Information System sending the diagnostic imaging procedure codes for a local facility. | [ ] YES [ ] NO |
| Do you require a site OID for the contributing site? If Yes please specify the name of the contributing site(s) for which the Site OID(s) will be assigned to. | [ ] YES [ ] NOName of the contributing site(s) |
| Do you require a Local Provider ID Assigning Authority OID?This OID identifies the entity which issues the provider’s local credential (e.g. provider’s HIS mnemonic) to be used in their local clinical systems. | [ ] YES [ ] NO |
| If this is for a multi-site organization, is the same Local Provider ID shared across all sites? | [ ] YES [ ] NO [ ] Not applicable – single site |
| If yes provide name of all sites: | Details of multi-sites |
| Is the same Local Provider ID shared with any other organization (HIC)?  | [ ] YES [ ] NO |
| If yes provide the name(s) of the shared organization(s): | Specify details |

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| **ConnectingOntario CDR**Please contact the eHealth Ontario Account Management team for your region for further instruction. |

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| **Primary Care Electronic Medical Record (EMR)** This section outlines the primary care EMR OIDs used in their EHR implementation using XDS/CDA based standard (e.g. contribution to BORN, Primary Care CDR).  |
| Do you require an Author Institution OID?This OID identifies the authoring organization of the clinical documents to be contributed to EHR.If Yes provide the name of the author institution. | [ ] YES [ ] NOName of the Author Institution |
| Do you require a XDS DocumentSubmission Set OID?This OID identifies the Document Set ID assigning authority of the clinical documents to be contributed to EHR. | [ ] YES [ ] NO |
| Do you require a XDS DocumentEntry OID?This OID identifies the document ID assigning authority of the clinical documents to be contributed to EHR. | [ ] YES [ ] NO |
| Do you require an EMR Patient ID Assigning Authority OID?This OID identifies the assigning authority of the local Patient ID (e.g. chart number) generated by the EMR. | [ ] YES [ ] NO |

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| **Provincial Provider License Assigning Authority OID**This OID identifies the entity (typically a regulatory college) which issues the provincial licenses for the providers within their jurisdiction, e.g. College of Physicians and Surgeons of Ontario. |
| What type of provincial provider license assigning authority OID do you require? | Provider License Details |

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| **Code System OID**Common public code systems include all code systems intended for use where the organization responsible for the creation and maintenance of the code system is not always either the creator/sender or consumer/receiver of the data instance. Public Examples: LOINC, SNOMED, Health Canada DINsLocal code systems are those that are only used in communication by or with the organization responsible for creating that code system. Local Examples: internal lab test codes, internal location codes, etc. |
| Do you require a Code System OID? | [ ] YES [ ] NO |
| Please provide the name and description of the Code System that the OID identifies. | Name and Description of Code System |
| Is this a public code system or local code system? | [ ] Public [ ] Local  |

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| **Other OID**If the OID you are requesting is not listed above, please provide the below details. |
| Other Identifier: | [ ] YES [ ] NO |
| Please provide details of the requested OID, including the represented concept and purpose of use: | Details of other OID Request |