



National Standards Authority of Ireland

IRISH STANDARD

**I.S. EN 1614:2006**

ICS 35.240.80

**HEALTH INFORMATICS - REPRESENTATION  
OF DEDICATED KINDS OF PROPERTY IN  
LABORATORY MEDICINE**

National Standards  
Authority of Ireland  
Glasnevin, Dublin 9  
Ireland

Tel: +353 1 807 3800  
Fax: +353 1 807 3838  
<http://www.nsai.ie>

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EUROPEAN STANDARD  
NORME EUROPÉENNE  
EUROPÄISCHE NORM

**EN 1614**

September 2006

ICS 35.240.80

Supersedes ENV 1614:1995

English Version

**Health informatics - Representation of dedicated kinds of  
property in laboratory medicine**

Medizinische Informatik - Darstellung von bestimmten Arten  
von Eigenschaften in der Laboratoriumsmedizin

This European Standard was approved by CEN on 14 August 2006.

CEN members are bound to comply with the CEN/CENELEC Internal Regulations which stipulate the conditions for giving this European Standard the status of a national standard without any alteration. Up-to-date lists and bibliographical references concerning such national standards may be obtained on application to the Central Secretariat or to any CEN member.

This European Standard exists in three official versions (English, French, German). A version in any other language made by translation under the responsibility of a CEN member into its own language and notified to the Central Secretariat has the same status as the official versions.

CEN members are the national standards bodies of Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.



EUROPEAN COMMITTEE FOR STANDARDIZATION  
COMITÉ EUROPÉEN DE NORMALISATION  
EUROPÄISCHES KOMITEE FÜR NORMUNG

**Management Centre: rue de Stassart, 36 B-1050 Brussels**

<b>Contents</b>	<b>Page</b>
<b>Foreword</b> .....	<b>3</b>
<b>Introduction</b> .....	<b>4</b>
<b>1 Scope</b> .....	<b>5</b>
<b>1.1 Purpose</b> .....	<b>5</b>
<b>1.2 Field of application</b> .....	<b>6</b>
<b>1.3 Uses</b> .....	<b>6</b>
<b>1.4 Limitations</b> .....	<b>6</b>
<b>2 Normative references</b> .....	<b>6</b>
<b>3 Terms and definitions</b> .....	<b>6</b>
<b>4 Requirements</b> .....	<b>7</b>
<b>4.1 Representation of dedicated kind-of-property</b> .....	<b>7</b>
<b>Annex A (informative) Representation of dedicated kinds-of-property</b> .....	<b>9</b>
<b>Annex B (informative) C-NPU</b> .....	<b>12</b>
<b>Annex C (informative) LOINC</b> .....	<b>13</b>
<b>Bibliography</b> .....	<b>14</b>

## **Foreword**

This document (EN 1614:2006) has been prepared by Technical Committee CEN/TC 251 "Health informatics", the secretariat of which is held by NEN.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by March 2007, and conflicting national standards shall be withdrawn at the latest by March 2007.

This document supersedes ENV 1614:1995.

The major technical changes are that issues relating to the distinction between kinds and instances of property have been resolved and that normative references to IUPAC-IFCC C-NPU have been removed.

According to the CEN/CENELEC Internal Regulations, the national standards organizations of the following countries are bound to implement this European Standard: Austria, Belgium, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland and United Kingdom.

## **Introduction**

This European Standard provides a model for the representation of dedicated kinds of property in laboratory medicine.

The need for this work stems from the increasing use of computerized clinical laboratory information systems, and the increasing need for reliable communication between laboratory information systems and between laboratory and other health care information systems (HCIS).

Potential users of this European Standard are:

- international and national organizations responsible for development, maintenance or registration of nomenclatures, classifications and coding systems;
- designers and developers of HCIS, e.g. laboratory information systems (LIS);
- persons responsible for acquisition of HCIS and checking compliance with standards;
- designers and developers of computerized diagnostic devices and data acquisition systems;
- developers of communication standards.

The degree to which a message (such as a clinical laboratory report) needs to be expressed in a formal, systematic language depends on the geographical, linguistic, social or professional distance between the communicating parties. The greater the distance, the greater the risk of misunderstanding.

Within any one clinical laboratory, local jargon terms may be used which are usually well understood between colleagues (Local Dialect A in Figure 1), but which would not be sufficiently widely known for communication with the outside world. Likewise, a laboratory and its local community of users, such as hospital or community physicians, may use a "local dialect" of the language of clinical laboratories which is well understood by all concerned; but if communication possibilities are wider, even transnational, risks of serious misunderstanding arise.

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