

QA Checklist 1

The table below provides a summary of the most important criteria to validate prior to submitting your Request for Change (RFC) to Infoway. Note that if your RFC is submitted to SNOMED International, **adherence to these criteria is also mandatory**:

- **Provide Clear Justification for Requesting a Change or New Concept:** All requests (International or National) must be supported by a clear justification for the reason for change. It helps with understanding the nature and context of the requirement and it aids in assessing the risks and benefits that are associated with making the change. "Content gap" is typically an insufficient rationale for change.
- **Provide a Reference:** All requests must be supported by at least one reference that is a and authoritative source such as a scientific or professional journal or a resource from a professional association or society.
- **Provide a Definition:** This is required for new concepts being requested. Definitions are narrative explanations about the precise meaning of the concept or content change request. Unambiguous definitions are especially important where the request is for an obscure disease or a new procedure, or a concept that is unusual in its nature. Restating the requested descriptions is not a sufficient definition.
- **Provide the implementation date:** The implementation date is essential for determining whether the content change requests will be made in the Canadian Edition, by direct submission to SNOMED International, or a combination of the two.

Before submitting a Request for Change (RFC)	Guidance
Check duplicates of submitted RFCs	
<input type="checkbox"/> Verify that the content required does not already exist in the CA Edition (validate synonyms)	<p>Search not only for the exact term but try different words or word combinations that may express the same clinical idea.</p> <p>Search the Canadian Edition for the latest Canadian and International content.</p>
<input type="checkbox"/> Verify that the content required does not already exist in SNOMED CT Core (validate synonyms)	<p>Search not only for the exact term but try different words or word combinations that may express the same clinical idea.</p>
<input type="checkbox"/> Verify that content selected is 'current' or active. A concept that has a status of outdated, limited, duplicated, ambiguous, erroneous, moved elsewhere, retired should NOT be used	<p>If a concept has been INACTIVATED, it should not be used.</p> <p>To determine the replacement concept, on the SNOMED International Browser, search for the inactivated concept, select the "Refset" Tab and validate the associated concept which can in most cases be the replacement concept candidate.</p>
Find the proper Parent	
<input type="checkbox"/> Provide a <i>proposed</i> parent (and semantic tag)	<p>Determine the correct hierarchy the content is part of, based on the context of use. The requested concept must be part of the same top level hierarchy as the parent. If a direct parent does not exist, use the nearest grandparent or more distant ancestor concept in the hierarchy in the proposed parent field.</p>
Include a Reference & Supporting documents	
<input type="checkbox"/> Provide clinically valid references <input type="checkbox"/> Provide a clear justification for the request <input type="checkbox"/> Provide a text definition for new concepts <input type="checkbox"/> Provide the use case	<p>Valid references are required for new content.</p> <p>All reference material must be publicly available, recent and authoritative. Wikis are not recognized as authoritative.</p> <p>Provide the use case: how and where content will be used?</p>
Include French translations (if required)	

<input type="checkbox"/> Provide the translation and supporting documentation as required	<p>If a translated term is required, you may provide the term with the appropriate supporting information, or a request can be submitted for "New Description" if a translation of existing concept is required. In cases where English concepts or descriptions do not exist for the requested translation, English concepts and descriptions must first be finalized before translation to ensure semantic equivalency.</p> <p>Note that in both use cases, it is important that the requests must comply to the French Editorial Guidelines.</p>
<p>Validate compliance to Editorial Guidelines</p> <p>Link to SNOMED International Editorial Guide</p> <p>Link to Generic Canadian Editorial Guidelines</p> <p>Link to French Canadian Editorial Guidelines</p>	<p style="text-align: center;">Guidance</p>
<input type="checkbox"/> Acronym and abbreviation	<p>Refer to SNOMED International Editorial Guide:</p> <p>General Naming Conventions - Abbreviations (and Acronyms)</p>
<input type="checkbox"/> Article	<p>Omit the inclusion of grammatical articles like "an" and "the".</p> <p>General Naming Conventions - Articles</p>
<input type="checkbox"/> Capitalization	<p>For English descriptions, capitalize the first letter in the first word in each description and capitalize proper nouns, adjectives derived from proper nouns, and acronyms. Other words in the description should be lower case. For French descriptions, do not capitalize the first letter in the first word unless it is a proper noun or an acronym. The following is an example of the incorrect capitalization on an English term:</p> <p>Diphtheria and Tetanus toxoids and Acellular pertussis (product)</p> <p>Refer to capitalization sections of the SNOMED International Editorial Guide and the French Canadian Editorial Guidelines.</p>
<input type="checkbox"/> Eponym	<p>Use the full description in the FSN. One of the synonyms (syn) will not include an apostrophe or final "s" (E.g.: Down syndrome). PS or syn will include the apostrophe "s".</p> <p>* Descriptions should have one with apostrophe "s" AND one without * If one is missing, add it.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>General Naming Conventions - Eponyms</p>
<input type="checkbox"/> Lateralization	<p>Please refer to the following guidelines:</p> <ul style="list-style-type: none"> • Anatomy Concept Model • Clinical Finding/Disorder Naming Conventions • Procedure Modeling
<input type="checkbox"/> Past tense verbal form	<p>Must not be used. Existing terms containing past tense verbs will be moved to the situation hierarchy.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Past tense verbal forms and sentence function types</p>
<input type="checkbox"/> Plural	<p>The use of plural is to be avoided. Use singular.</p> <p><i>Exceptions:</i> "grouper" concepts may have a synonym that is plural.</p> <p>EXAMPLE of exception: Procedures for splenic lesions</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Plurals</p>

<input type="checkbox"/> Spacing	<p>Use one space in front of an opening parenthesis and after a closing parenthesis, but not within parentheses</p> <p>EXAMPLE: aaaa (bbbb) cccc</p> <p>Where a name includes a '+' symbol a space must be placed either side of the plus symbol.</p> <p>EXAMPLE: Pediatric vaccine product containing only diphtheria standard dose + tetanus antigens (medicinal product)</p>
<input type="checkbox"/> Verbal noun	<p>The action word describing the clinical action is the verbal noun ending in "-ion" rather than "-ing".</p> <p>EXAMPLE: Incision rather than Incising</p> <p><i>Exception:</i> When no other verbal form is available, the "-ing" form may be used or when common usage sanctions the noun form, it may be used (e.g. Suturing of tricuspid valve or cautery of wart).</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Verbal nouns</p>
<input type="checkbox"/> (&)	<p>Not to be used. To be replaced by 'and'.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Special characters</p>
<input type="checkbox"/> Apostrophe (')	<p>No space between the apostrophe and the s, where applicable. For Eponyms, refer to 'Eponym' above.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Apostrophes</p>
<input type="checkbox"/> Caret symbols (^)	<p>This is used as a pair of symbols to enclose character strings that properly should be displayed as superscript. Single caret symbols are not allowed. Note that no spaces are allowed in between the symbols.</p> <p>EXAMPLE: Technetium Tc^{99m} medronate (substance)</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Caret symbols (^)</p>
<input type="checkbox"/> Colons (:)	<p>To separate acronyms from the rest of a name: There is no space between the acronym and the colon, but a space must be added after the colon.</p> <p>EXAMPLE: FH: Gout</p> <p>NOTE: In French, there is a space before and after the (:)</p> <p>There is no space before or after a ratio.</p> <p>EXAMPLE: lidocaine hydrochloride 1.5%/epinephrine 1:200,000 injection solution vial (product)</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Colons</p>
<input type="checkbox"/> Dash (-)	<p>Avoid usage as much as possible.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Hyphens and dashes</p>
<input type="checkbox"/> Hyphen (-)	<p>The hyphen is used to join words and to separate syllables. There should be no space either before or after the hyphen. Note that more and more words are written without the hyphen.</p> <p>EXAMPLES: intra-articular Zollinger-Ellison syndrome</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Hyphens and dashes</p>

<input type="checkbox"/> Forward slash (/)	<p>Not to be used. The 'assumed' meaning behind this symbol may vary: may mean a 'or', a 'and/or' and sometimes is part of an expression's abbreviation (O/E). Writing the whole term without the slash confirms it's meaning without confusion or ambiguity. This symbol may be found in acronyms with findings concepts. No space either before or after the slash.</p> <p>EXAMPLES: O/E - abdominal mass palpated Bone structure of head and/or neck</p> <p>This topic is covered in SNOMED International Editorial Guide: Forward slashes</p>
<input type="checkbox"/> Plus sign (+)	<p>Insert a space before and after the sign when unifies two words. For combination drug products.</p> <p>EXAMPLE: diphtheria + tetanus vaccine</p> <p>This topic is covered in SNOMED International Editorial Guide: Plus signs</p>
FSN specific	
<input type="checkbox"/> Semantic tag	<p>The description ends with a parenthesis that includes the hierarchy tag, to be unique.</p> <p>EXAMPLE: gout (disorder)</p>
<input type="checkbox"/> Language dialect	<p>The Canadian Edition uses US English spelling by default.</p>
<input type="checkbox"/> Avoid plural	<p>Use the singular form unless the concept necessarily involves multiples.</p> <p>EXAMPLE: multiple lumps (finding) or function of specific cranial nerves (observable entity).</p>
<input type="checkbox"/> No eponym	<p>Use full description as the FSN, and the eponymous term as a synonym.</p> <p>EXAMPLE: 'Moro reflex' should be a synonym of FSN: "infant startle reflex"</p> <p><i>Exception:</i> exceptionally long and unwieldy.</p>
<input type="checkbox"/> No dash	<p>The dash must be replaced with words that clarify the meaning.</p>
<input type="checkbox"/> Avoid colon	<p><i>Exceptions:</i> allowed in the FSNs of organisms, substances, or products where the colon is a proper part of the name such as in ratios and in tumor stages.</p>
<input type="checkbox"/> Avoid forward slash	<p><i>Exceptions:</i> A forward slash may be used for representing units of measure, as required in the pharmaceutical products hierarchy, and in laboratory test results and units of measure hierarchies.</p> <p>Used in the construct "and/or" in FSNs.</p> <p>There should be no space either before or after the slash.</p>
<input type="checkbox"/> No acronym	<p>Acronyms are not permitted in FSNs and must be expanded if used in synonyms. See the SNOMED International Editorial Guide.</p>
<input type="checkbox"/> No abbreviation	<p>Abbreviations are prohibited in FSNs and synonyms, with specified exceptions. See the SNOMED International Editorial Guide.</p> <p>Terms containing abbreviations will not be accepted into the International Release.</p>
Hierarchy specific	
<input type="checkbox"/> Procedure: Diagnostic Imaging	<p>Many concepts and descriptions have been created in the CA Edition. These concepts are part of the Procedure hierarchy.</p> <p>Refer to this document for Canadian specific guidelines: Canadian Edition Editorial Guidelines for Clinical Imaging Procedures.</p> <p>This topic is covered in SNOMED International Editorial Guide: Clinical Imaging Procedure Naming Conventions.</p>

<input type="checkbox"/> Substances	<p>Many concepts and descriptions have been created in the CA Edition (i.e. antigens and immunoglobulins).</p> <p>For Immunization, refer to the SNOMED International Editorial Guidelines - Vaccine Products.</p> <p>This topic is covered in SNOMED International Editorial Guide:</p> <p>Antibodies and antigens</p> <p>Antivenin and descendants</p>
<input type="checkbox"/> Pharmaceuticals / biological product	<p>Many concepts and descriptions have been created in the CA Edition (i.e. vaccine products).</p> <p>For Immunization, refer to the SNOMED International Editorial Guidelines - Vaccine Products.</p>
<input type="checkbox"/> Microorganism (organism)	<p>This topic is covered in SNOMED International Editorial Guidelines.</p> <p>Refer to:</p> <ul style="list-style-type: none"> • Microbiology Content Development – Canadian Editorial Guidelines SNOMED CT • Observable Entity and Microbiology Test Results • Organism Naming Conventions
<input type="checkbox"/> Social context (occupation)	<p>There are no guidance on this topic in SNOMED International Editorial Guidelines.</p> <p>Occupations in healthcare are often specific to jurisdictions, although there is a National Occupational Classification published by Government of Canada that provides the "generic" occupations that are available in Canada.</p> <p>RFCs related with the occupation submitted by the jurisdictions must come from the authoritative sources like Colleges or Associations (e.g. CPSO, CNO).</p> <p>National Occupational Classification (NOC)</p> <p>CIHI (Canadian Institute for Health Information) - Health Workforce</p> <p>Alternative references to recognized Public School (University, College, Cegep) can be provided as supporting documentation.</p>
<input type="checkbox"/> Clinical findings (finding)	<p>Standard placement and use of the term "normal" (e.g. Normal vaginal microbiota (finding)) is currently being discussed. The interim convention for clinical (non-test) observations is to place the term "normal" at the beginning of the FSN (e.g. 76863003 Normal heart rate (finding)). For test-related findings, the term normal will follow the object being tested for (e.g. 169082008 Nuclear magnetic resonance normal (finding)).</p> <p>Decision of SNOMED International via briefing paper for discussion by EAG and CMAG/MF to go here.</p>