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 or rationale for the request for change. A strong rationale helps with understanding the nature and context of the requirement and it aids in assessing the risks and benefits associated with making the change. “Content gap” is typically an insufficient reason for change.
- **Provide a Reference**: All requests must be supported by at least one reference that is a recent and from an authoritative source such as a scientific or professional journal, or a resource from a professional association or society. Sound references are essential for grounding the request for change in healthcare, and for aiding decisions related to national or international applicability of the concept.
- **Provide a Definition**: A definition is required for new concept requests. Definitions are narrative explanations of the precise meaning of a concept. 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 typically 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	
☐ Verify that the content required does not already exist in the CA Edition (validate synonyms)	Search not only for the exact term but try different words or word combinations that may express the same clinical idea. Search the Canadian Edition for the latest Canadian content. Search the CA Daily Build browser for any content that under development but not yet published.
☐ Verify that the content required does not already exist in SNOMED CT Core (validate synonyms)	Search not only for the exact term but try different words or word combinations that may express the same clinical idea. Search the International Edition for the latest International content. Search the International Daily Build browser for any content that under development but not yet published.
☐ 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	If a concept has been INACTIVATED, it should not be used. 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.
Find the proper Parent	
☐ Provide a *proposed* parent (and semantic tag)	Determine the correct hierarchy based on the context of use. The requested concept must be part of the same top-level hierarchy as its 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.
Include a Reference & Supporting documents	
☐ Provide clinically valid references ☐ Provide a clear justification for the request ☐ Provide a text definition for new concepts ☐ Provide the use case	Valid references are required for new content. See Section 8. References All reference material must be publicly available, recent and from authoritative sources such as scientific or professional journals or professional society publications. Wikis or patient information sites are not recognized as authoritative. Provide the use case: how and where content will be used?
Include French translations (if required)	

☐ Provide the translation and supporting documentation as required	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. Note that in both use cases, it is important that the requests must comply to the French Canadian Editorial Guidelines.
Validate compliance to Editorial Guidelines Link to **SNOMED International Editorial Guide** Link to **Generic Canadian Editorial Guidelines** Link to **French Canadian Editorial Guidelines**	**Guidance**
☐ Acronym and abbreviation	Refer to SNOMED International Editorial Guide: General Naming Conventions - Abbreviations (and Acronyms)
☐ Article	Omit the inclusion of grammatical articles like “an” and “the”. General Naming Conventions - Articles
☐ Capitalization	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: Diphtheria and Tetanus toxoids and Acellular pertussis (product) Refer to capitalization sections of the SNOMED International Editorial Guide and the French Canadian Editorial Guidelines.
☐ Eponym	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". *Descriptions should have one with apostrophe "s" AND one without.* If one is missing, add it. This topic is covered in SNOMED International Editorial Guide: General Naming Conventions - Eponyms
☐ Lateralization	Please refer to the following guidelines: • Anatomy Concept Model • Clinical Finding/Disorder Naming Conventions • Lateralized Procedure Naming Conventions
☐ Past tense verbs and sentence types	Must not be used. Existing terms containing past tense verbs will be moved to the (situation) hierarchy. This topic is covered in SNOMED International Editorial Guide: Past tense verbs and sentence types
☐ Plural	The use of plural is to be avoided. Use singular. *Exceptions*: "grouper" concepts may have a synonym that is plural. EXAMPLE of exception: Procedures for splenic lesions This topic is covered in SNOMED International Editorial Guide: Plurals

☐ Spacing	Use one space in front of an opening parenthesis and after a closing parenthesis, but not within parentheses EXAMPLE: aaaa (bbbb) cccc Where a name includes a '+' symbol a space must be placed either side of the plus symbol. EXAMPLE: Pediatric vaccine product containing only diphtheria standard dose + tetanus antigens (medicinal product)
☐ Action verbs	The action word describing the clinical action is the verbal noun ending in "-ion" rather than "-ing". EXAMPLE: Incision rather than Incising *Exception:* 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). This topic is covered in SNOMED International Editorial Guide: Action verbs
☐ Special character	The special characters <, >, &, %, $, @, # are not allowed in FSNs and should be spelled out. This topic is covered in SNOMED International Editorial Guide: Special character
☐ Apostrophe (')	No space between the apostrophe and the s, where applicable. For Eponyms, refer to 'Eponym' above. This topic is covered in SNOMED International Editorial Guide: Apostrophe
☐ Caret symbols (^)	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. EXAMPLE: Technetium Tc^99c^ medronate (substance) This topic is covered in SNOMED International Editorial Guide: Caret symbols
☐ Colon (:)	Generally, colons are not allowed except in the FSNs of organisms, substances, or products where the colon is part of the name, tumor stages, and in non-FSN descriptions. There is no space before or after a ratio. EXAMPLE: lidocaine hydrochloride 1.5%/epinephrine 1:200,000 injection solution vial (product) EXAMPLE: Empey index (observable entity) with Synonym: FEV1:PEF ratio In French descriptions, there is a space before and after the colon (:) EXAMPLE: antécédents : tissu ou organe artificiel (situation) This topic is covered in SNOMED International Editorial Guide: Colon
☐ Dash (-)	Avoid usage as much as possible. This topic is covered in SNOMED International Editorial Guide: Hyphen and dash
☐ Hyphen (-)	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. EXAMPLES: intra-articular Zollinger-Ellison syndrome This topic is covered in SNOMED International Editorial Guide: Hyphen and dash

☐ Forward slash (/)	Not to be used in FSNs other than units of measure and and/or type concepts. The 'assumed' meaning behind this symbol is ambiguous and 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 topic is covered in SNOMED International Editorial Guide: Forward slashes
☐ Plus sign (+)	Use of plus signs is discouraged, though is used in (product), (disposition) and (substance) hierarchies. Insert a space before and after the sign when unifies two words. For combination drug products. EXAMPLE: diphtheria + tetanus vaccine This topic is covered in SNOMED International Editorial Guide: Plus sign
FSN specific	
☐ Semantic tag	FSNs end with a semantic (hierarchy) tag in parentheses. EXAMPLE: Gout (disorder)
☐ Language dialect	The Canadian Edition uses US English spelling by default.
☐ Avoid plural	Use the singular form unless the concept necessarily involves multiples. EXAMPLES: Multiple lumps (finding) or Function of specific cranial nerves (observable entity).
☐ No eponym	Use full description as the FSN, and the eponymous term as a synonym. EXAMPLE: 'Moro reflex' should be a synonym of FSN: “infant startle reflex” *Exception*: exceptionally long and unwieldy.
☐ No dash	The dash must be replaced with words that clarify the meaning.
☐ Avoid colon	*Exceptions:* 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.
☐ Avoid forward slash	*Exceptions*: 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 • protein names for separating multiple domains or functions There should be no space either before or after the slash.
☐ No acronym	Acronyms are not permitted in FSNs and must be expanded if used in synonyms. See the SNOMED International Editorial Guide.
☐ No abbreviation	Abbreviations are not permitted in FSNs. See the SNOMED International Editorial Guide.
Hierarchy specific	**Refer to SNOMED International Editorial Guide per Hierarchy, for those not listed below**
☐ Substances	Many concepts and descriptions have been created in the CA Edition (i.e. antigens and immunoglobulins). For Immunization, refer to the SNOMED International Editorial Guidelines - Vaccine Products. This topic is covered in SNOMED International Editorial Guide: Antibodies and antigens Antivenin and descendants

☐ Pharmaceuticals / biological product	Many concepts and descriptions have been created in the CA Edition (i.e. vaccine products). For Immunization, refer to the SNOMED International Editorial Guidelines - Vaccine Products.
☐ Microorganism (organism)	This topic is covered in SNOMED International Editorial Guidelines. Refer to: • Microbiology Content Development – Canadian Editorial Guidelines SNOMED CT • Observable Entity and Microbiology Test Results • Organism Naming Conventions
☐ Social context (occupation)	There is currently no editorial guidance on this topic in the SNOMED International Editorial Guidelines. 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. RFCs related with the occupation submitted by the jurisdictions must come from the authoritative sources like Colleges or Associations (e.g. CPSO, CNO). Alternative references to recognized Public School (University, College, Cegep) can be provided as supporting documentation.