

Category	English Story	Data Tab
3	Mr. Padwatin Amudee comes in to see Dr. Charles Brown saying he is having trouble urinating. Ongoing problems that are currently being monitored include hypertension and prostate cancer. PSA is done and the score is 10. The decision is to go on hormone treatment and the patient is given his first dose of Lupron.	Cat3 Case3

Category 3 Case 3

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.11 3883.10.20.3	Header					
2.16.840.1.113 883.10.20.3	Date Case Report Exported	5/12/2012				SHALL
2.16.840.1.113 883.10.20.3	Patient Last Name	AMUDEE				SHALL
2.16.840.1.113 883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113 883.10.20.3	Patient First Name	PADWATIN				SHALL
2.16.840.1.113 883.10.20.3	Patient Middle Name	NAHKON				SHALL
2.16.840.1.113 883.10.20.3	Patient Maiden Name					SHOULD
2.16.840.1.113 883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	7200 Bryant Ave No				SHALL
	City	Minneapolis				SHALL
	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	55401		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Start Date	8/13/2003				SHALL
	End Date	2/3/2008				SHALL
	Patient Street Address	3100 85th Ave No				SHALL

	City	Brooklyn Park				SHALL
	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	55443		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	2/4/2008				SHALL
	Address History: End Date					SHALL
2.16.840.1.113 883.10.20.3	Patient Telephone	7634932222				SHALL
2.16.840.1.113 883.10.20.3	Patient Sex/Gender	M	Male	2.16.840.1.11 3883.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113 883.10.20.3	Patient Date of Birth	9/1/1956				SHALL
2.16.840.1.113 883.10.20.3	Patient Medical Record Number	85335844-1				SHALL
2.16.840.1.113 883.10.20.3	Patient Social Security Number	353-82-1188		2.16.840.1.11 3883.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.113 883.10.20.3	Patient Race	2046-1	Thai	2.16.840.1.11 3883.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.113 883.10.20.3	Patient Race (multiple)	2037-0	Hmong	2.16.840.1.11 3883.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.113 883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.11 3883.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.1.14 .1	Patient Birth Place	ND	North Dakota	2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Patient Marital Status	M	Married	2.16.840.1.11 3883.5.2	HL7 Marital Status	SHALL
2.16.840.1.113 883.10.20.3	Physician Name	Charles Brown				SHALL
2.16.840.1.113 883.10.20.3	Physician ID (NPI)	1407821212		2.16.840.1.11 3883.4.6	NPI	SHALL
2.16.840.1.113 883.10.20.3	Physician Street Address	1000 GAMBLE DR				SHALL
2.16.840.1.113 883.10.20.3	City	ST. LOUIS PARK				SHALL

2.16.840.1.113 883.10.20.3	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	55416		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA		1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.113 883.10.20.3	Physician email					SHALL
2.16.840.1.113 883.10.20.3	Physician Telephone	9528836789				SHALL
2.16.840.1.113 883.10.20.3	Physician specialty	207Q00000X	Family Medicine	2.16.840.1.11 3883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.113 883.10.20.3	Provider Organizatio n ID	1194881234		2.16.840.1.11 3883.4.6	NPI	SHALL
2.16.840.1.113 883.10.20.3	Provider Organizatio n Name	Primary Doc Clinic				SHALL
2.16.840.1.113 883.10.20.3	Provider Organizatio n Street Address	3932 33RD AVE S				SHALL
2.16.840.1.113 883.10.20.3	City	BLOOMINGT ON				SHALL
2.16.840.1.113 883.10.20.3	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	55425		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.113 883.10.20.3	Provider Organizatio n Telephone	9528831212				SHALL
	[Encompass ing Encounter]					SHALL
1.3.6.1.4.1.193 76.1.4.1.3.1	Provider Referred From ID (NPI)	2030405522				SHALL
1.3.6.1.4.1.193 76.1.4.1.3.1	Provider Referred From Name	TIO VETMENNON				SHALL
2.16.840.1.113 883.10.20.3	Provider Referred From Street Address	14350 Tungsten Street				SHALL

2.16.840.1.113 883.10.20.3	City	ST. LOUIS PARK				SHALL
2.16.840.1.113 883.10.20.3	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code	55416		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.113 883.10.20.3	Provider Referred From Telephone	9526756843				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13 .4	Usual Occupation	4820	Securities, commodities, and financial services sales agents	2.16.840.1.11 3883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13 .4	Usual Industry	6970	Securities, commodities, funds, trusts, and other financial investments	2.16.840.1.11 3883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13 .4	Smoking Status	266919005	Never Smoker	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19 376.1.5.3.1.1. 5.3.7	Payers Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.17	Primary Payer at Diagnosis	611	BC Managed Care – HMO	2.16.840.1.11 3883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.17		HM	Health Maintenance Organization	2.16.840.1.11 3883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.19 376.1.7.3.1.3. 14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.3.14 .1	Narrative	Stage 1 Malignant neoplasm of prostate				SHALL

1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Diagnosis Date	4/2/2010				SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Histologic Type	8140	Adenocarcin oma, NOS	2.16.840.1.11 3883.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1		M8140/3	Adenocarcin oma, NOS	2.16.840.1.11 3883.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1		35917007	Adenocarcin oma	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Behavior	3	Malignant, Primary	2.16.840.1.11 3883.3.520.3. 14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Diagnostic confirmatio n	1	Positive Histology	2.16.840.1.11 3883.3.520.3. 3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Primary Site	185	Malignant neoplasm of prostate	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1		181422007	Entire prostate (body structure)	2.16.840.1.11 3883.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .1	Laterality	0	Not a paired site	2.16.840.1.11 3883.3.520.3. 1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical Stage Group	1		2.16.840.1.11 3883.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.11 3883.3.520.3. 10	NAACCR TNM Clinical Stage Descriptor	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.11 3883.3.520.3. 5	NAACCR TNM Edition Number	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical Staged By	1	Managing physician	2.16.840.1.11 3883.3.520.3. 4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical T			2.16.840.1.11 3883.3.520.3. 6	NAACCR TNM Clinical Tumor	SHALL

1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	Date/Time					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical N			2.16.840.1.11 3883.3.520.3. 7	NAACCR TNM Clinical Node	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	Date/Time					SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	TNM Clinical M			2.16.840.1.11 3883.3.520.3. 8	NAACCR TNM Clinical Metastasis	SHALL
1.3.6.1.4.1.193 76.1.7.3.1.4.14 .2	Date/Time					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 6	Active Problems Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	problem start date	4/20/1998				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does not = completed or aborted)
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	Problem	401.9	Unspecified hypertension	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2		38341003	Hypertensive disorder	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	Problem Status	Active	Active			SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	problem start date	4/2/2010				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	problem stop date					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	Problem	185	Malignant neoplasm of prostate	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2		399490008	Adenocarcin oma of prostate	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL

1.3.6.1.4.1.193 76.1.5.3.1.4.5. 2	Problem Status	Active	Active			SHALL
1.3.6.1.4.1.19 376.1.5.3.1.1. 13.2.7	Progress Note Section					SHALL
	Progress Notes Narrative	Patient having problems urinating. Will ck PSA. PSA high, Lupron ordered.				SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3. 28	Coded Results Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Code	82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19		36415	Collection of venous blood by venipuncture	2.16.840.1.11 3883.6.12	CPT-4	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19		38.99	Other puncture of vein	2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19				2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.19	Procedure Date	5/12/2012				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Simple Observatio n Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Code (Lab Test Name)	2857-1	Prostate specific Ag [Mass/volum e] in Serum or Plasma	2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Value data type (xsi:type)	PQ	Physical Quantity			SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Value	10				SHALL

1.3.6.1.4.1.193 76.1.5.3.1.4.13	Result Units	ng/mL				SHALL (when Value@xsi:type="PQ")
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Result Date/Time	5/12/2012				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Diagnosing Facility	General Pathology Lab				MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.13	Diagnostic facility ID	11D2223333		2.16.840.1.11 3883.4.7	CLIA	MAY
2.16.840.1.11 3883.10.20.1.12	Procedures Section					SHALL
2.16.840.1.113 883.10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.113 883.10.20.1.29	Procedure			2.16.840.1.11 3883.6.1	LOINC	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.11 3883.6.12	CPT-4	SHALL
2.16.840.1.113 883.10.20.1.29				2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.113 883.10.20.1.29	Site of procedure			2.16.840.1.11 3883.6.96	SNOMEDCT	MAY
2.16.840.1.113 883.10.20.1.29	Date of procedure					SHOULD
1.3.6.1.4.1.19 376.1.7.3.1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL
1.3.6.1.4.1.19 376.1.5.3.1.3.19	Medications Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date	4/20/1998				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Timing (Frequency)	qd	Daily			SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose	100				SHOULD

	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasureC aseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site			2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7. 2	Product Entry					SHALL
	manufactur edMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)	197379	Atenolol	2.16.840.1.11 3883.6.88	RxNorm	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name	Atenolol				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)	Atenolol 100 mg tablet				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date	5/12/2012				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Timing (Frequency)	monthly				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route	C28161	Intramuscula r	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose	7.5				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasureC aseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site	RT	Right Thigh	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7. 2	Product Entry					SHALL
	manufactur edMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.11 3883.6.88	RxNorm	SHOULD

1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name	Lupron				SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.193 376.1.5.3.1.3. 21	Medications Administered Section (medications that are administered during the encounter)					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Start Date	5/12/2012				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Frequency	monthly				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Route	C28161	Intramuscular	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose	7.5				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Site	RT	Right Thigh	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.193 76.1.5.3.1.4.7. 2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Code (of Product Name)	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.11 3883.6.88	RxNorm	SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Name	Lupron				SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.7	Strength (original text)					SHOULD

1.3.6.1.4.1.19 376.1.5.3.1.3. 31	Care Plan Section					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Encounters Entry					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)			2.16.840.1.11 3883.4.6	NPI	SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.4.14	Provider Referred to Name					SHOULD
2.16.840.1.113 883.10.20.3	Provider Referred to Street Address					SHALL
2.16.840.1.113 883.10.20.3	City					SHALL
2.16.840.1.113 883.10.20.3	State			2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113 883.10.20.3	Postal Code			2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.113 883.10.20.3	Country					SHALL
2.16.840.1.113 883.10.20.3	Provider Referred to Telephone					SHALL