

| Category | English Story | Data Tab |
|----------|--|------------|
| 3 | Kerri Marshall presents at the local oncology clinic, Metro Oncology Center to see Dr. George Cohen for adjuvant chemotherapy following the diagnosis of infiltrating duct carcinoma in her right breast. A biopsy, lumpectomy, and sentinel lymph node surgery have already been performed by Dr. Cutright at Blaisdale Hospital. Dr. George Cohen and patient agree that the recommended chemotherapy regimen of Adriamycin and Cytoxan x 4 cycles is appropriate and the first treatment is given at this appointment. Patient is referred to Dr. Tenser for a Radiation Oncology consultation. | Cat3 Case1 |

Category 3 Case 1

| templateID | Data Element | Code/Value | Display Name | Code System OID | Code System Name | Conformance |
|---------------------------------------|---------------------------|----------------------------|---------------|-----------------------------|------------------|---------------|
| 2.16.840.1.1138 83.10.20.3 | Header | | | | | |
| 2.16.840.1.11388 3.10.20.3 | Date Case Report Exported | 7/29/2012 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Last Name | MARSHALL | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Name Suffix | | | | | SHOULD |
| 2.16.840.1.11388 3.10.20.3 | Patient First Name | KERRI | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Middle Name | LAURA | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Maiden Name | | | | | SHOULD |
| 2.16.840.1.11388 3.10.20.3 | Patient Name Alias | | | | | SHOULD |
| | Patient Address | | | | | SHALL |
| | Patient Street Address | 9228 Queensland Lane | | | | SHALL |
| | City | Buffalo | | | | SHALL |
| | State | NY | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| | Postal Code | 14202 | | 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 | 6/13/2001 | | | | SHALL |
| | End Date | 7/31/2009 | | | | SHALL |
| | Patient Street Address | 7330 Berkshire | | | | SHALL |

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|--------------------------------------|--|-----------------------------|---------------------------|-----------------------------|---|--------------|
| | | Way No | | | | |
| | City | Albany | | | | SHALL |
| | State | NY | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| | Postal Code | 12204 | | 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 | 8/1/2009 | | | | SHALL |
| | Address History: End Date | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Telephone | 7162583719 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Sex/Gender | F | Female | 2.16.840.1.11 3883.5.1 | HL7 Administrative Gender | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Date of Birth | 8/13/1947 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Medical Record Number | 1594355539 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Social Security Number | 258-41-1441 | | 2.16.840.1.11 3883.4.1 | United States Social Security Administration (SSA) | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Race | 2039-6 | Japanese | 2.16.840.1.11 3883.6.238 | Race & Ethnicity - CDC | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Race (multiple) | 2046-1 | Thai | 2.16.840.1.11 3883.6.238 | Race and Ethnicity - CDC | MAY |
| 2.16.840.1.11388 3.10.20.3 | Patient Ethnicity | 2186-5 | Not Hispanic or Latino | 2.16.840.1.11 3883.6.238 | Race and Ethnicity - CDC | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.1.14.1 | Patient Birth Place | OH | Ohio | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Patient Marital Status | D | Divorced | 2.16.840.1.11 3883.5.2 | HL7 Marital Status | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician Name | George Cohen | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician ID (NPI) | 5551234578 | | 2.16.840.1.11 3883.4.6 | NPI | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician Street Address | 3548 Sassafrass Blvd. | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | City | Albany | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |

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| 2.16.840.1.11388 3.10.20.3 | State | NY | | 2.16.840.1.11 3883.6.231 | US Postal Codes | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Postal Code | 12204 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Country | USA | United States | 1.0.3166.1 | ISO 3166-1 | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician email | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician Telephone | 7163924495 | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Physician specialty | | | 2.16.840.1.11 3883.6.101 | NUCC Health Care Provider Taxonomy | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Organization ID | 1586495532 | | 2.16.840.1.11 3883.4.6 | NPI | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Organization Name | Metro Oncology Center | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Organization Street Address | 3548 Sassafrass Blvd. | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | City | Albany | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | State | NY | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Postal Code | 12204 | | 2.16.840.1.11 3883.6.231 | US Postal Codes | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Country | USA | United States | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Organization Telephone | 7163924495 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.4.1.3.1 | [Encompassin g Encounter] | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.4.1.3.1 | Provider Referred From ID (NPI) | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.4.1.3.1 | Provider Referred From Name | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Referred From Street Address | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | City | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | State | | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| 2.16.840.1.11388 | Postal Code | | | 2.16.840.1.11 | US Postal Codes | SHALL |

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| 3.10.20.3 | | | | 3883.6.231 | | |
| 2.16.840.1.11388 3.10.20.3 | Country | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Referred From Telephone | | | | | SHALL |
| 1.3.6.1.4.1.193 76.1.5.3.1.3.16. 1 | Coded Social History Section | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13.4 | Usual Occupation | 3250 | Veterinarians | 2.16.840.1.11 3883.6.240 | U.S. Census Occupation Code | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13.4 | Usual Industry | 7480 | Veterinary services | 2.16.840.1.11 3883.6.310 | U.S. Census Industry Code | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13.4 | Smoking Status | 8517006 | Former Smoker | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |
| 1.3.6.1.4.1.193 76.1.5.3.1.1.5.3 .7 | Payers Section | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.17 | Primary Payer at Diagnosis | 121 | Medicare-FFS | 2.16.840.1.11 3883.3.221.5 | Source of Payment Typology (PHDSC) | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.17 | | MF | Medicare Advantage Private Fee for Service | 2.16.840.1.11 3883.6.255 | X12 Data Element 1336 | SHOULD |
| 1.3.6.1.4.1.193 76.1.7.3.1.3.14. 1 | Cancer Diagnosis Section | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.3.14.1 | Narrative | Stage 1A Malignant neoplasm of female breast; upper-outer quadrant | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Cancer Diagnosis Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Diagnosis Date | 1/14/2012 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Histologic Type | 8500 | Infiltrating duct carcinoma | 2.16.840.1.11 3883.6.43.1 | ICD-O-3 | SHALL |
| | | M8500/3 | Infiltrating duct carcinoma | 2.16.840.1.11 3883.6.103 | ICD-9-CM | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | | 408643008 | Infiltrating ductal | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |

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| | | | carcinoma of breast | | | |
| 1.3.6.1.4.1.19376 .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 |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Diagnostic confirmation | 1 | Positive Histology | 2.16.840.1.11 3883.3.520.3.3 | NAACCR Diagnostic Confirmation | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Primary Site | 174.4 | Malignant neoplasm of female breast; upper-outer quadrant | 2.16.840.1.11 3883.6.103 | ICD-9CM (diagnoses) | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | | 272670002 | Breast quadrant (body structure) | 2.16.840.1.11 3883.6.96 | Body Site (SNOMEDCT) | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.1 | Laterality | 1 | Right | 2.16.840.1.11 3883.3.520.3.1 | NAACCR Laterality at Diagnosis | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical Stage Entry | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical Stage Group | IA | | 2.16.840.1.11 3883.15.6 | TNM 7th Edition | SHALL |
| 1.3.6.1.4.1.19376 .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 |
| 1.3.6.1.4.1.19376 .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 |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical Staged By | 3 | Pathologist and managing physician | 2.16.840.1.11 3883.3.520.3.4 | NAACCR TNM Clinical Staged By | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical T | T1 | | 2.16.840.1.11 3883.3.520.3.6 | NAACCR TNM Clinical Tumor | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | Date/Time | 1/14/2012 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical N | N0 | | 2.16.840.1.11 3883.3.520.3.7 | NAACCR TNM Clinical Node | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | Date/Time | 1/14/2012 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | TNM Clinical M | M0 | | 2.16.840.1.11 3883.3.520.3.8 | NAACCR TNM Clinical Metastasis | SHALL |
| 1.3.6.1.4.1.19376 .1.7.3.1.4.14.2 | Date/Time | 1/14/2012 | | | | SHALL |
| 1.3.6.1.4.1.193 | Active | | | | | SHALL |

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| 76.1.5.3.1.3.6 | Problems Section | | | | | |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | problem start date | 1/14/2012 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | problem stop date | | | | | SHALL (when Problem Status=complete d or aborted) SHALL NOT (when Problem Status does not = completed or aborted) |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | Problem | 174.4 | Malignant neoplasm of female breast; upper-outer quadrant | 2.16.840.1.11 3883.6.103 | ICD-9CM (diagnoses) | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | | 408643008 | Infiltrating ductal carcinoma of breast | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | Problem Status | ACTIVE | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | problem start date | 4/13/2012 | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | problem stop date | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | Problem | 300.02 | Generalized anxiety | 2.16.840.1.11 3883.6.103 | ICD-9CM (diagnoses) | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | | 21897009 | Generalized anxiety disorder | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.5.2 | Problem Status | ACTIVE | | | | SHALL |
| 1.3.6.1.4.1.193 76.1.5.3.1.1.13. 2.7 | Progress Note Section | | | | | SHALL |
| | Progress Notes Narrative | Patient is given first dose of Adjuvant Chemotherapy | | | | SHALL |
| 1.3.6.1.4.1.193 76.1.5.3.1.3.28 | Coded Results Section | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | Procedure Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | Procedure Code | | | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |

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| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | | | | 2.16.840.1.11 3883.6.12 | CPT-4 | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | | | | 2.16.840.1.11 3883.6.104 | ICD-9-CM Procedures | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | | | | 2.16.840.1.11 3883.6.1 | LOINC | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.19 | Procedure Date | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Simple Observation Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Code (Lab Test Name) | | | 2.16.840.1.11 3883.6.1 | LOINC | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Value data type (xsi:type) | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Value | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Result Units | | | | | SHALL (when Value@xsi:type="PQ") |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Result Date/Time | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Diagnosing Facility | | | | | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.13 | Diagnostic facility ID | | | 2.16.840.1.11 3883.4.7 | CLIA | MAY |
| 2.16.840.1.1138 83.10.20.1.12 | Procedures Section | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | Procedure Activity Entry | | | | | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | Procedure | | | 2.16.840.1.11 3883.6.1 | LOINC | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | | | | 2.16.840.1.11 3883.6.96 | SNOMEDCT | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | | | | 2.16.840.1.11 3883.6.12 | CPT-4 | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | | | | 2.16.840.1.11 3883.6.104 | ICD-9-CM Procedures | SHALL |
| 2.16.840.1.11388 3.10.20.1.29 | Site of procedure | | | 2.16.840.1.11 3883.6.96 | SNOMEDCT | MAY |
| 2.16.840.1.11388 3.10.20.1.29 | Date of procedure | | | | | SHOULD |
| 1.3.6.1.4.1.193 76.1.7.3.1.3.14. 2 | Procedure Section - Radiation Oncology | | | | | SHALL |
| | Narrative | | | | | SHALL |

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| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Medications Section | | | | | SHALL |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Medications Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Start Date | 7/29/2012 | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Stop Date | | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Frequency | | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Route | C38276 | Intravenous | 2.16.840.1.11 3883.3.26.1.1 | NCI Thesaurus | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Dose | 2 | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Dose Unit | mg | | 2.16.840.1.11 3883.11.1283 9 | UnitsOfMeasureCaseSensitive | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Site | LA | Left Arm | 2.16.840.1.11 3883.12.163 | Body Site (HL7) | MAY |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Rate | | | | | MAY |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7.2 | Product Entry | | | | | SHALL |
| | manufactured Material | | | | | SHALL |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Code (of Product Name) | 310024 | Doxorubicin 2 MG/ML Injectable Solution | 2.16.840.1.11 3883.6.88 | RxNorm | SHALL |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Name | Adriamycin 2 MG/ML Injectable Solution | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Strength (original text) | | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Medications Entry | | Chemotherapy | | | SHALL |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Start Date | 7/29/2012 | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Stop Date | | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Frequency | | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Route | C38276 | Intravenous | 2.16.840.1.11 3883.3.26.1.1 | NCI Thesaurus | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Dose | 20 | | | | SHOULD |
| 1.3.6.1.4.1.19376.1.5.3.1.4.7 | Dose Unit | mg | | 2.16.840.1.11 3883.11.1283 | UnitsOfMeasureCaseSensitive | SHOULD |

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| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Site | LA | Left arm | 2.16.840.1.11 3883.12.163 | Body Site (HL7) | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Rate | | | | | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7.2 | Product Entry | | | | | SHALL |
| | manufactured Material | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Code (of Product Name) | 637543 | Cyclophospha mide 20 MG/ML Injectable Solution | 2.16.840.1.11 3883.6.88 | RxNorm | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Name | Cytosan | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Strength (original text) | | | | | SHOULD |
| 1.3.6.1.4.1.193 76.1.5.3.1.3.21 | Medications Administere d Section (medications that are administered during the encounter) | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Medications Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Start Date | 7/29/2012 | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Stop Date | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Frequency | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Route | C38276 | Intravenous | 2.16.840.1.11 3883.3.26.1.1 | NCI Thesaurus | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Dose | 2 | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Dose Unit | mg | | 2.16.840.1.11 3883.11.1283 9 | UnitsOfMeasureC aseSensitive | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Site | LA | Left Arm | 2.16.840.1.11 3883.12.163 | Body Site (HL7) | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Rate | | | | | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7.2 | Product Entry | | | | | SHALL |
| | manufactured Material | | | | | SHALL |

| | | | | | | |
|---|---------------------------------|--|---|------------------------------------|-----------------------------|---------------|
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Code (of Product Name) | 310024 | Doxorubicin 2 MG/ML Injectable Solution | 2.16.840.1.11 3883.6.88 | RxNorm | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Name | Adriamycin 2 MG/ML Injectable Solution | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Strength (original text) | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Medications Entry | | Chemotherapy | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Start Date | 7/29/2012 | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Stop Date | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Frequency | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Route | C38276 | Intravenous | 2.16.840.1.11 3883.3.26.1.1 | NCI Thesaurus | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Dose | 20 | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Dose Unit | mg | | 2.16.840.1.11 3883.11.1283 9 | UnitsOfMeasureCaseSensitive | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Site | LA | Left arm | 2.16.840.1.11 3883.12.163 | Body Site (HL7) | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Rate | | | | | MAY |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7.2 | Product Entry | | | | | SHALL |
| | manufactured Material | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Code (of Product Name) | 637543 | Cyclophosphamide 20 MG/ML Injectable Solution | 2.16.840.1.11 3883.6.88 | RxNorm | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Name | Cytosan | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.7 | Strength (original text) | | | | | SHOULD |
| 1.3.6.1.4.1.19376 .1.5.3.1.3.31 | Care Plan Section | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.14 | Encounters Entry | | | | | SHALL |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.14 | Provider Referred to (NPI) (APT | 1234543198 | | 2.16.840.1.11 3883.4.6 | NPI | SHOULD |

| | | | | | | |
|------------------------------------|-------------------------------------|------------------------|---------------|-----------------------------|------------------|---------------|
| | Mood) | | | | | |
| 1.3.6.1.4.1.19376 .1.5.3.1.4.14 | Provider Referred to Name | Dr. Tenser | | | | SHOULD |
| 2.16.840.1.11388 3.10.20.3 | Provider Referred to Street Address | 11925 Jefferson Street | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | City | Albany | | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | State | NY | | 2.16.840.1.11 3883.6.92 | FIPS 5-2 (State) | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Postal Code | 12204 | | 2.16.840.1.11 3883.6.231 | US Postal Codes | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Country | USA | United States | | | SHALL |
| 2.16.840.1.11388 3.10.20.3 | Provider Referred to Telephone | 7163284776 | | | | SHALL |