

Category	English Story	Data Tab
4	Mr. Donald Carroll returns to Riverview RadOnc Center and received low dose external proton beam radiation to the left neck today, supervised by Dr. Lawrence Gray. In addition to his chronic lymphocytic leukemia, Mr. Carroll is being actively monitored for high cholesterol.	Cat4 Case1

Category 4 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.113883.10.20.3	Header					
2.16.840.1.113883.10.20.3	Date Case Report Exported	3/22/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	CARROLL				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	DONALD				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	RAMONE				SHALL
2.16.840.1.113883.10.20.3	Patient Maiden Name					SHOULD
2.16.840.1.113883.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	12400 Pineview Trail				SHALL
	City	Baltimore				SHALL
	State	MD		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	21202		2.16.840.1.113883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Start Date	9/25/1978				SHALL
	End Date	1/30/1999				SHALL
	Patient	400				SHALL

	Street Address	Cottonwood Ave				
	City	Baltimore				SHALL
	State	MD		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	21202		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	1/31/1999				SHALL
	Address History: End Date					SHALL
2.16.840.1.113883.10.20.3	Patient Telephone	4103751995				SHALL
2.16.840.1.113883.10.20.3	Patient Sex/Gender	M	Male	2.16.840.1.1138 83.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113883.10.20.3	Patient Date of Birth	4/15/1950				SHALL
2.16.840.1.113883.10.20.3	Patient Medical Record Number	11111122-5				SHALL
2.16.840.1.113883.10.20.3	Patient Social Security Number	470-28-2937		2.16.840.1.1138 83.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.113883.10.20.3	Patient Race	2106-3	White	2.16.840.1.1138 83.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.113883.10.20.3	Patient Race (multiple)			2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.113883.10.20.3	Patient Ethnicity	2135-2	Hispanic or Latino	2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.19376.1.7.3.1.1.14.1	Patient Birth Place	AZ	Arizona	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883.10.20.3	Patient Marital Status	W	Widowed	2.16.840.1.1138 83.5.2	HL7 Marital Status	SHALL
2.16.840.1.113883.10.20.3	Physician Name	Lawrence Gray				SHALL
2.16.840.1.113883.10.20.3	Physician ID (NPI)	4245958899		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.113883.10.20.3	Physician Street	6317 Ballard Street				SHALL

	Address					
2.16.840.1.113883.10.20.3	City	Baltimore		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883.10.20.3	State	MD		2.16.840.1.113883.6.231	US Postal Codes	SHALL
2.16.840.1.113883.10.20.3	Postal Code	21202				SHALL
2.16.840.1.113883.10.20.3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.113883.10.20.3	Physician email					SHALL
2.16.840.1.113883.10.20.3	Physician Telephone	4102588321				SHALL
2.16.840.1.113883.10.20.3	Physician specialty			2.16.840.1.113883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.113883.10.20.3	Provider Organization ID	3754852213		2.16.840.1.113883.4.6	NPI	SHALL
2.16.840.1.113883.10.20.3	Provider Organization Name	Riverview RadOnc Center				SHALL
2.16.840.1.113883.10.20.3	Provider Organization Street Address	6317 Ballard Street				SHALL
2.16.840.1.113883.10.20.3	City	Baltimore				SHALL
2.16.840.1.113883.10.20.3	State	MD		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883.10.20.3	Postal Code	21202		2.16.840.1.113883.6.231	US Postal Codes	SHALL
2.16.840.1.113883.10.20.3	Country	USA	United States			SHALL
2.16.840.1.113883.10.20.3	Provider Organization Telephone	4102588321				SHALL
	[Encompassing 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

2.16.840.1.113883.10.20.3	Provider Referred From Street Address					SHALL
2.16.840.1.113883.10.20.3	City					SHALL
2.16.840.1.113883.10.20.3	State			2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883.10.20.3	Postal Code			2.16.840.1.113883.6.231	US Postal Codes	SHALL
2.16.840.1.113883.10.20.3	Country					SHALL
2.16.840.1.113883.10.20.3	Provider Referred From Telephone					SHALL
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	7010	Computer, automated teller, and office machine repairers	2.16.840.1.113883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	5480	Office supplies and stationery stores	2.16.840.1.113883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	449868002	Current every day smoker	2.16.840.1.113883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7	Payers Section					SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	513	Commercial Managed Care - PPO	2.16.840.1.113883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.17		PR	Preferred Provider Organization (PPO)	2.16.840.1.113883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.19376.1.7.3.1.3.14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.19376.1.7.3.1.3.14.1	Narrative		B-cell chronic lymphocytic leukemia			SHALL
1.3.6.1.4.1.19376.1	Cancer					SHALL

.7.3.1.4.14.1	Diagnosis Entry					
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Diagnosis Date	3/15/2012				SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Histologic Type	9823	B-cell chronic lymphocytic leukemia	2.16.840.1.1138 83.6.43.1	ICD-O-3	SHALL
		M9823/3	Chronic lymphoid leukemia	2.16.840.1.1138 83.6.103	ICD-9-CM	SHALL
		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.1138 83.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Diagnostic confirmation	5	Positive laboratory test/marker study	2.16.840.1.1138 83.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Primary Site	204.1	Lymphoid Leukemia; chronic	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
		313229003	All bone marrow of ilium (body structure)	2.16.840.1.1138 83.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.1	Laterality	0	Not a paired site	2.16.840.1.1138 83.3.520.3.1	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			2.16.840.1.1138 83.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Clinical Stage Descriptor			2.16.840.1.1138 83.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Edition			2.16.840.1.1138 83.3.520.3.5	NAACCR TNM Edition Number	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Clinical Staged By			2.16.840.1.1138 83.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Clinical T			2.16.840.1.1138 83.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	Date/Time					SHALL

1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Clinical N			2.16.840.1.1138 83.3.520.3.7	NAACCR TNM Clinical Node	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	Date/Time					SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	TNM Clinical M			2.16.840.1.1138 83.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
1.3.6.1.4.1.19376.1 .7.3.1.4.14.2	Date/Time					SHALL
1.3.6.1.4.1.19376 .1.5.3.1.3.6	Active Problems Section					SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.5.2	problem start date	8/9/2002				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	272.4	Other and unspecified hyperlipidemia	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.5.2		55822004	hyperlipidemia	2.16.840.1.1138 83.6.96	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	3/15/2012				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	204.1	Lymphoid Leukemia; chronic	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.5.2		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.1138 83.6.96	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 .1.5.3.1.1.13.2.7	Progress Note Section					SHALL

	Progress Notes Narrative	Pt returns to Tri-State Radiation Oncology and received low dose external proton beam radiation to the left neck today.				SHALL
1.3.6.1.4.1.19376.1.5.3.1.3.28	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			2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.1138 83.6.12	CPT-4	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.1138 83.6.1	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)			2.16.840.1.1138 83.6.1	LOINC	SHALL
	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			2.16.840.1.1138 83.4.7	CLIA	MAY
2.16.840.1.11388.3.10.20.1.12	Procedures Section					SHALL
	Procedure					SHALL

	Activity Entry					
2.16.840.1.113883.10.20.1.29	Procedure			2.16.840.1.113883.6.1	LOINC	SHALL
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.96	SNOMEDCT	SHALL
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.12	CPT-4	SHALL
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.113883.10.20.1.29	Site of procedure			2.16.840.1.113883.6.96	SNOMEDCT	MAY
2.16.840.1.113883.10.20.1.29	Date of procedure					SHOULD
1.3.6.1.4.1.19376.1.7.3.1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative	Pt received low dose external proton beam radiation to the left neck today.				SHALL
1.3.6.1.4.1.19376.1.5.3.1.3.19	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	8/9/2002				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	Timing (Frequency)	ACM	in the morning			SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.113883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	10				SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.113883.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.113883.12.163	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

	manufacturedMaterial					SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Code (of Product Name)	476345	Ezetimibe 10 MG / Simvastatin 10 MG Oral Tablet	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Name	Simcor				SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.19376.1.5.3.1.3.21	Medications Administered 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					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			2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Dose					SHOULD
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Dose Unit			2.16.840.1.1138 83.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	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
	manufacturedMaterial					SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Code (of Product Name)			2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.19376.1 .5.3.1.4.7	Name					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 Mood)			2.16.840.1.1138 83.4.6	NPI	SHOULD
1.3.6.1.4.1.19376.1 .5.3.1.4.14	Provider Referred to Name					SHOULD
2.16.840.1.113883. 10.20.3	Provider Referred to Street Address					SHALL
2.16.840.1.113883. 10.20.3	City					SHALL
2.16.840.1.113883. 10.20.3	State			2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883. 10.20.3	Postal Code			2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.113883. 10.20.3	Country					SHALL
2.16.840.1.113883. 10.20.3	Provider Referred to Telephone					SHALL