

Category	English Story	Data Tab
4	Ms. Barbara Green arrives at RadOnc Ltd for her final radiation treatment for her infiltrating duct carcinoma of the right breast. She has previously undergone a lumpectomy, sentinel lymph node evaluation, and chemotherapy regimen of Adriamycin and Cytoxan x 4 cycles. Patient appears in good health and received the final dose to complete the recommended radiation therapy plan of 50.4GY w 6MV in 25F/38ED, boost 10GY w e06 in 5F/6ED, total dose 60.4GY in 30F/44ED. Patient made an appointment to see her medical oncologist at Metro Oncology Center, Dr. George Cohen.	Cat4 Case3

Category 4 Case 3

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	8/2/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	GREENE				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	BARBARA				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	ROSEANNA				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	14266 78th Street NE				SHALL
	City	Buffalo				SHALL
	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	14202		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	5/15/2006				SHALL
	End Date	11/30/2008				SHALL
	Patient Street Address	19452 Norfolk Street				SHALL

	City	Albany				SHALL
	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	12204		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
	Address History: Start Date	12/1/2008				SHALL
	Address History: End Date					SHALL
2.16.840.1.113883 .10.20.3	Patient Telephone	7164346556				SHALL
2.16.840.1.113883 .10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.113 883.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.113883 .10.20.3	Patient Date of Birth	5/5/1950				SHALL
2.16.840.1.113883 .10.20.3	Patient Medical Record Number	147852369				SHALL
2.16.840.1.113883 .10.20.3	Patient Social Security Number	358-64-4785		2.16.840.1.113 883.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.113883 .10.20.3	Patient Race	2039-6	Japanese	2.16.840.1.113 883.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.113883 .10.20.3	Patient Race (multiple)	2046-1	Thai	2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.113883 .10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.113 883.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.1.14.1	Patient Birth Place	SC	South Carolina	2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.113 883.5.2	HL7 Marital Status	SHALL
2.16.840.1.113883 .10.20.3	Physician Name	GEORGE HOPPER				SHALL
2.16.840.1.113883 .10.20.3	Physician ID (NPI)	1000000001		2.16.840.1.113 883.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Physician Street Address	12233 78TH STREET				SHALL
2.16.840.1.113883 .10.20.3	City	BUFFALO		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	State	NY		2.16.840.1.113 883.6.231	US Postal Codes	SHALL

2.16.840.1.113883 .10.20.3	Postal Code	14267				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	7166923302				SHALL
2.16.840.1.113883 .10.20.3	Physician specialty	2085R0001X	Radiation Oncology [Radiology]	2.16.840.1.113 883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.113883 .10.20.3	Provider Organization ID	4443332221		2.16.840.1.113 883.4.6	NPI	SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Name	RadOnc Ltd				SHALL
2.16.840.1.113883 .10.20.3	Provider Organization Street Address	12233 78TH STREET				SHALL
2.16.840.1.113883 .10.20.3	City	BUFFALO				SHALL
2.16.840.1.113883 .10.20.3	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	14267		2.16.840.1.113 883.6.231	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	7166923302				SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	[Encompassing Encounter]					SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	Provider Referred From ID (NPI)	5551234578	George Cohen			SHALL
1.3.6.1.4.1.19376. 1.4.1.3.1	Provider Referred From Name	George Cohen				SHALL
2.16.840.1.113883 .10.20.3	Provider Referred From Street Address	3548 Sassafrass Blvd.				SHALL
2.16.840.1.113883 .10.20.3	City	Albany				SHALL
2.16.840.1.113883 .10.20.3	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	12204		2.16.840.1.113 883.6.231	US Postal Codes	SHALL
2.16.840.1.113883	Country	USA	United			SHALL

.10.20.3			States			
2.16.840.1.113883 .10.20.3	Provider Referred From Telephone	7163924495				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.16.1	Coded Social History Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13.4	Usual Occupation	8750	Jewelers and precious stone and metal workers	2.16.840.1.113 883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.13.4	Usual Industry	5190	Jewelry, luggage, and leather goods stores	2.16.840.1.113 883.6.310	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	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.1.5.3.7	Payers Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.17	Primary Payer at Diagnosis	121	Medicare- FFS	2.16.840.1.113 883.3.221.5	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	2.16.840.1.113 883.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.19376. 1.7.3.1.3.14.1	Narrative	Stage 1A Infiltrating Duct Carcinoma of the Right Breast				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	2.16.840.1.113 883.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.19376.		M8500/3	Infiltrating	2.16.840.1.113	ICD-9-CM	SHALL

1.7.3.1.4.14.1			duct carcinoma	883.6.103		
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1		408643008	Infiltrating ductal carcinoma of breast	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Behavior	3	Malignant, primary	2.16.840.1.113 883.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113 883.3.520.3.3	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	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1		272670002	Breast quadrant (body structure)	2.16.840.1.113 883.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.1	Laterality	1	Right	2.16.840.1.113 883.3.520.3.1	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		2.16.840.1.113 883.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.113 883.3.520.3.10	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	2.16.840.1.113 883.3.520.3.5	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	2.16.840.1.113 883.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	TNM Clinical T	T1		2.16.840.1.113 883.3.520.3.6	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		2.16.840.1.113 883.3.520.3.7	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		2.16.840.1.113 883.3.520.3.8	NAACCR TNM Clinical	SHALL

					Metastasis	
1.3.6.1.4.1.19376. 1.7.3.1.4.14.2	Date/Time	1/14/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.6	Active Problems Section					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	problem start date	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=completed 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	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2		408643008	Infiltrating ductal carcinoma of breast	2.16.840.1.113 883.6.96	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	2.16.840.1.113 883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2		21897009	Generalized anxiety disorder	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.1.13.2. 7	Progress Note Section					SHALL

	Progress Notes Narrative	Patient received the final dose to complete the recommended radiation therapy plan. Patient made an appointment to see her medical oncologist at Metro Oncology Center, Dr. George Cohen.					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.28	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			2.16.840.1.113 883.6.1	LOINC		SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.113 883.6.96	SNOMEDCT		SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.113 883.6.12	CPT-4		SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.19				2.16.840.1.113 883.6.104	ICD-9-CM Procedures		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)			2.16.840.1.113 883.6.1	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			2.16.840.1.113 883.4.7	CLIA	MAY
2.16.840.1.1138 83.10.20.1.12	Procedures Section					SHALL
2.16.840.1.113883 .10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.113883 .10.20.1.29	Procedure			2.16.840.1.113 883.6.1	LOINC	SHALL
2.16.840.1.113883 .10.20.1.29		392021009	Lumpectom y of breast	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
2.16.840.1.113883 .10.20.1.29		19301	Partial mastectomy	2.16.840.1.113 883.6.12	CPT-4	SHALL
2.16.840.1.113883 .10.20.1.29		85.2	Local excision of lesion of breast	2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.113883 .10.20.1.29	Site of procedure	119184005	Breast part	2.16.840.1.113 883.6.96	SNOMEDCT	MAY
2.16.840.1.113883 .10.20.1.29	Date of procedure	1/17/2012				SHOULD
2.16.840.1.113883 .10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.113883 .10.20.1.29	Procedure			2.16.840.1.113 883.6.1	LOINC	SHALL
2.16.840.1.113883 .10.20.1.29		396487001	Sentinel lymph node biopsy	2.16.840.1.113 883.6.96	SNOMEDCT	SHALL
2.16.840.1.113883 .10.20.1.29		38500	Sentinel lymph node biopsy	2.16.840.1.113 883.6.12	CPT-4	SHALL
2.16.840.1.113883 .10.20.1.29		40.23	Sentinel lymph node biopsy	2.16.840.1.113 883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.113883 .10.20.1.29	Site of procedure	68171009	Axillary lymph node structure (body structure)	2.16.840.1.113 883.6.96	SNOMEDCT	MAY
2.16.840.1.113883 .10.20.1.29	Date of procedure	1/17/2012				SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.2	Procedure Section - Radiation Oncology					SHALL

	Narrative	Patient completed her last radiation dose of 50.4GY w 6MV in 25F/38ED, boost 10GY w e06 in 5F/6ED, total dose 60.4GY in 30F/44ED. Tolerated well.					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.3.19	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	1/29/2012					SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Stop Date	6/4/2012					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	2.16.840.1.113 883.3.26.1.1	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		2.16.840.1.113 883.11.12839	UnitsOfMeasure CaseSensitive		SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.113 883.12.163	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	2.16.840.1.113 883.6.88	RxNorm		SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name	Adriamycin 2 MG/ML Injectable Solution					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. 1.5.3.1.4.7	Medications Entry						SHALL

1.3.6.1.4.1.19376. 1.5.3.1.4.7	Start Date	1/29/2012				SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Stop Date	6/4/2012				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	2.16.840.1.113 883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Dose	500				SHOULD
	Dose Unit	mg		2.16.840.1.113 883.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.113 883.12.163	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	Cyclophosp hamide 20 MG/ML Injectable Solution	2.16.840.1.113 883.6.88	RxNorm	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Name	Cytosan				SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.3.21	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					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			2.16.840.1.113 883.3.26.1.1	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			2.16.840.1.113 883.11.12839	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Site			2.16.840.1.113 883.12.163	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 manufactured Material					SHALL
1.3.6.1.4.1.19376. 1.5.3.1.4.7	Code (of Product Name)			2.16.840.1.113 883.6.88	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
1.3.6.1.4.1.1937 6.1.5.3.1.3.31	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)	5551234578		2.16.840.1.113 883.4.6	NPI	SHOULD
1.3.6.1.4.1.19376. 1.5.3.1.4.14	Provider Referred to Name	George Cohen				SHOULD
2.16.840.1.113883 .10.20.3	Provider Referred to Street Address	3548 Sassafrass Blvd.				SHALL
2.16.840.1.113883 .10.20.3	City	Albany				SHALL
2.16.840.1.113883 .10.20.3	State	NY		2.16.840.1.113 883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.113883 .10.20.3	Postal Code	12204		2.16.840.1.113 883.6.231	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 Referred to Telephone	7163924495				SHALL

SHALL