

Category	English Story	Data Tab
5	Mr. Mikaleh Absolom comes in to see Dr. Felix Oster to discuss treatment options for his prostate cancer. Ongoing problems that are currently being monitored include Diabetes and prostate cancer. He has had prior radiation therapy. PSA test indicates a level of 17. Patient agrees to begin hormone therapy and starts his first course of Lupron. The patient is also referred to Dr. Chris Cortex at the mental health clinic.	Cat5 Case1

## Category 5 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
<b>2.16.840.1.113883.10.20.3</b>	<b>Header</b>					
2.16.840.1.113883.10.20.3	Date Case Report Exported	11/18/2012				<b>SHALL</b>
2.16.840.1.113883.10.20.3	Patient Last Name	ABSOLOM				<b>SHALL</b>
2.16.840.1.113883.10.20.3	Patient Name Suffix					<b>SHOULD</b>
2.16.840.1.113883.10.20.3	Patient First Name	MIKALEH				<b>SHALL</b>
2.16.840.1.113883.10.20.3	Patient Middle Name	J				<b>SHALL</b>
2.16.840.1.113883.10.20.3	Patient Maiden Name					<b>SHOULD</b>
2.16.840.1.113883.10.20.3	Patient Name Alias					<b>SHOULD</b>
	<b>Patient Address</b>					<b>SHALL</b>
	Patient Street Address	1422 Elm Street N				<b>SHALL</b>
	City	Minneapolis				<b>SHALL</b>
	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)	<b>SHALL</b>
	Postal Code	55401		2.16.840.1.113883.6.231	US Postal Codes	<b>SHALL</b>
	Country	USA		1.0.3166.1	ISO 3166-1	<b>SHALL</b>
	Start Date	4/10/1991				<b>SHALL</b>

	End Date	4/21/2007				<b>SHALL</b>
	Patient Street Address	14422 178th Avenue N				<b>SHALL</b>
	City	Brooklyn Park				<b>SHALL</b>
	State	MN		2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
	Postal Code	55443		2.16.840.1.11388 3.6.231	US Postal Codes	<b>SHALL</b>
	Country	USA	United States	1.0.3166.1	ISO 3166-1	<b>SHALL</b>
	Address History: Start Date	4/21/2007				<b>SHALL</b>
	Address History: End Date					<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Telephone	3204335467				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Sex/Gender	M	Male	2.16.840.1.11388 3.5.1	HL7 Administrative Gender	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Date of Birth	1/27/1955				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Medical Record Number	1768744-6				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Social Security Number	123-55-3214		2.16.840.1.11388 3.4.1	United States Social Security Administration (SSA)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Race	2028-9	Asian	2.16.840.1.11388 3.6.238	Race & Ethnicity - CDC	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Race (multiple)	2106-3	White	2.16.840.1.11388 3.6.238	Race and Ethnicity - CDC	<b>MAY</b>
2.16.840.1.1 13883.10.20 .3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.11388 3.6.238	Race and Ethnicity - CDC	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .1.14.1	Patient Birth Place	CA	California	2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Patient Marital Status	M	Married	2.16.840.1.11388 3.5.2	HL7 Marital Status	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Physician Name	Felix Oster				<b>SHALL</b>

2.16.840.1.1 13883.10.20 .3	Physician ID (NPI)	3364391776		2.16.840.1.11388 3.4.6	NPI	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Physician Street Address	44 1st Street				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	City	Osseo		2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	State	MN		2.16.840.1.11388 3.6.231	US Postal Codes	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Postal Code	55311				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Country	USA	United States	1.0.3166.1	ISO 3166-1	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Physician email					<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Physician Telephone	3204437767				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Physician specialty	207RH0003X	Hematology & Oncology [Internal Medicine]	2.16.840.1.11388 3.6.101	NUCC Health Care Provider Taxonomy	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Organization ID	6428531889		2.16.840.1.11388 3.4.6	NPI	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Organization Name	Joiner Clinic				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Organization Street Address	44 1st Street				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	City	Osseo				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	State	MN		2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Postal Code	55311		2.16.840.1.11388 3.6.231	US Postal Codes	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Country	USA	United States			<b>SHALL</b>

2.16.840.1.1 13883.10.20 .3	Provider Organization Telephone	3204437767				<b>SHALL</b>
	<b>[Encompassing Encounter]</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.4.1.3 .1	Provider Referred From ID (NPI)	9384756192				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.4.1.3 .1	Provider Referred From Name	Marian Dernest				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Referred From Street Address	672 Walnut Avenue				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	City	Osseo				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	State	MN		2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Postal Code	55311		2.16.840.1.11388 3.6.231	US Postal Codes	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Country	USA	United States			<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Referred From Telephone	3204439983				<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.3.16.1</b>	<b>Coded Social History Section</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13.4	Usual Occupation	6420	Painters, construction and maintenance	2.16.840.1.11388 3.6.240	U.S. Census Occupation Code	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13.4	Usual Industry	0770	Construction	2.16.840.1.11388 3.6.310	U.S. Census Industry Code	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13.4	Smoking Status	266919005	Never Smoker	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.1.5.3.7</b>	<b>Payers Section</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.17	Primary Payer at Diagnosis	611	BC Managed Care – HMO	2.16.840.1.11388 3.3.221.5	Source of Payment Typology (PHDSC)	<b>SHOULD</b>

1.3.6.1.4.1.1 9376.1.5.3.1 .4.17		HM	Health Maintenance Organization	2.16.840.1.11388 3.6.255	X12 Data Element 1336	<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.7. 3.1.3.14.1</b>	<b>Cancer Diagnosis Section</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .3.14.1	Narrative	Stage 4 Malignant neoplasm of prostate				<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.7.3. 1.4.14.1</b>	<b>Cancer Diagnosis Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Diagnosis Date	4/2/2009				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Histologic Type	8140	Adenocarcino ma, NOS	2.16.840.1.11388 3.6.43.1	ICD-O-3	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1		M8140/3	Adenocarcino ma, NOS	2.16.840.1.11388 3.6.103	ICD-9-CM	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1		35917007	Adenocarcino ma	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.11388 3.3.520.3.14	NAACCR Behavior Code	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.11388 3.3.520.3.3	NAACCR Diagnostic Confirmation	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Primary Site	185	Malignant neoplasm of prostate	2.16.840.1.11388 3.6.103	ICD-9CM (diagnoses)	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1		181422007	Entire prostate (body structure)	2.16.840.1.11388 3.6.96	Body Site (SNOMEDCT)	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.1	Laterality	0	Not a paired site	2.16.840.1.11388 3.3.520.3.1	NAACCR Laterality at Diagnosis	<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.7.3. 1.4.14.2</b>	<b>TNM Clinical Stage Entry</b>					<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical Stage Group	IV		2.16.840.1.11388 3.15.6	TNM 7th Edition	<b>SHALL</b>

1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.11388 3.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.11388 3.3.520.3.5	NAACCR TNM Edition Number	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical Staged By	3	Pathologist and managing physician	2.16.840.1.11388 3.3.520.3.4	NAACCR TNM Clinical Staged By	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical T	T4		2.16.840.1.11388 3.3.520.3.6	NAACCR TNM Clinical Tumor	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	Date/Time	4/2/2009				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical N	N1		2.16.840.1.11388 3.3.520.3.7	NAACCR TNM Clinical Node	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	Date/Time	4/2/2009				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	TNM Clinical M	M1		2.16.840.1.11388 3.3.520.3.8	NAACCR TNM Clinical Metastasis	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.7.3.1 .4.14.2	Date/Time	4/2/2009				<b>SHALL</b>
<b>1.3.6.1.4.1.1 19376.1.5. 3.1.3.6</b>	<b>Active Problems Section</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	problem start date	4/20/1998				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	problem stop date					<b>SHALL (when Problem Status=complete d or aborted) SHALL NOT (when Problem Status does not = completed or aborted)</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	Problem	250.00	Diabetes mellitus type 2	2.16.840.1.11388 3.6.103	ICD-9CM (diagnoses)	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2		44054006	Diabetes mellitus type 2	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	Problem Status	Active				<b>SHALL</b>

1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	problem start date	4/2/2009				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	problem stop date					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	Problem	185	Malignant neoplasm of prostate	2.16.840.1.11388 3.6.103	ICD-9CM (diagnoses)	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2		399490008	Adenocarcino ma of prostate	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.5.2	Problem Status	Active	Active			<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.1.13.2. 7</b>	<b>Progress Note Section</b>					<b>SHALL</b>
	Progress Notes Narrative	Patient returned to the clinic having changed his mind about hormone therapy. Lupron started today. PSA levels = 17. Patient also referred to MetroMental Health Clinic.				<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.3.28</b>	<b>Coded Results Section</b>					<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.19</b>	<b>Procedure Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.19	Procedure Code	82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.19		36415	Collection of venous blood	2.16.840.1.11388 3.6.12	CPT-4	<b>SHALL</b>

			by venipuncture			
1.3.6.1.4.1.1 9376.1.5.3.1 .4.19		38.99	Other puncture of vein	2.16.840.1.11388 3.6.104	ICD-9-CM Procedures	<b>SHALL</b>
				2.16.840.1.11388 3.6.1	LOINC	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.19	Procedure Date	11/18/2012				<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.13</b>	<b>Simple Observation Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Code (Lab Test Name)	2857-1	Prostate specific Ag [Mass/volume ] in Serum or Plasma	2.16.840.1.11388 3.6.1	LOINC	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Value data type (xsi:type)	PQ	Physical Quantity			<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Value	17				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Result Units	ng/mL				<b>SHALL (when Value@xsi:type= "PQ")</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Result Date/Time	11/18/2012				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Diagnosing Facility	General Pathology Lab				<b>MAY</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.13	Diagnostic facility ID	12D4567890		2.16.840.1.11388 3.4.7	CLIA	<b>MAY</b>
<b>2.16.840.1. 113883.10. 20.1.12</b>	<b>Procedures Section</b>					<b>SHALL</b>
<b>2.16.840.1. 113883.10. 20.1.29</b>	<b>Procedure Activity Entry</b>					<b>SHALL</b>
2.16.840.1.1 13883.10.20 .1.29	Procedure			2.16.840.1.11388 3.6.1	LOINC	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .1.29		26294005	radical prostatectom y	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>SHALL</b>



2.16.840.1.1 13883.10.20 .1.29				2.16.840.1.11388 3.6.12	CPT-4	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .1.29		60.5	prostatectomy, radical (any approach)	2.16.840.1.11388 3.6.104	ICD-9-CM Procedures	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .1.29	Site of procedure	181422007	entire prostate	2.16.840.1.11388 3.6.96	SNOMEDCT	<b>MAY</b>
2.16.840.1.1 13883.10.20 .1.29	Date of procedure	9/22/2011				<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.7. 3.1.3.14.2</b>	<b>Procedure Section - Radiation Oncology</b>					<b>SHALL</b>
	Narrative	In 2011, Patient received 35gY external beam radiation of the lumbar spine over a 3 week period for metastatic prostate CA.				<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.3.19</b>	<b>Medications Section</b>					<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7</b>	<b>Medications Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Start Date	4/20/1998				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Stop Date					<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Timing (Frequency)	qd				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Route	C38288	Oral	2.16.840.1.11388 3.3.26.1.1	NCI Thesaurus	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose	500				<b>SHOULD</b>

1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose Unit	mg		2.16.840.1.11388 3.11.12839	UnitsOfMeasureCaseSensitive	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Site			2.16.840.1.11388 3.12.163	Body Site (HL7)	<b>MAY</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Rate					<b>MAY</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7.2</b>	<b>Product Entry</b>					<b>SHALL</b>
	<b>manufacturedMaterial</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Code (of Product Name)	861783	Metformin hydrochloride 500 MG / pioglitazone 15 MG Oral Tablet	2.16.840.1.11388 3.6.88	RxNorm	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Name	metFORMIN hydrochloride 500 MG / pioglitazone 15 MG [Actoplus Met 15/500]				<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Strength (original text)					<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7</b>	<b>Medications Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Start Date	11/18/2012				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Stop Date					<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Timing (Frequency)	monthly				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Route	C28161	Intramuscular	2.16.840.1.11388 3.3.26.1.1	NCI Thesaurus	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose	7.5				<b>SHOULD</b>

1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose Unit	mg		2.16.840.1.11388 3.11.12839	UnitsOfMeasureCaseSensitive	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Site	RT	Right Thigh	2.16.840.1.11388 3.12.163	Body Site (HL7)	<b>MAY</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Rate					<b>MAY</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7.2</b>	<b>Product Entry</b>					<b>SHALL</b>
	<b>manufacturedMaterial</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Code (of Product Name)	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.11388 3.6.88	RxNorm	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Name	Lupron				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Strength (original text)					<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.3.21</b>	<b>Medications Administered Section</b> (medications that are administered during the encounter)					<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7</b>	<b>Medications Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Start Date	11/18/2012				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Stop Date					<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Timing (Frequency)	monthly				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Route	C28161	Intramuscular	2.16.840.1.11388 3.3.26.1.1	NCI Thesaurus	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose	7.5				<b>SHOULD</b>

1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Dose Unit	mg		2.16.840.1.11388 3.11.12839	UnitsOfMeasureCaseSensitive	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Site	RT	Right Thigh	2.16.840.1.11388 3.12.163	Body Site (HL7)	<b>MAY</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Rate					<b>MAY</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.7.2</b>	<b>Product Entry</b>					<b>SHALL</b>
	<b>manufacturedMaterial</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Code (of Product Name)	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.11388 3.6.88	RxNorm	<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Name	Lupron				<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.7	Strength (original text)					<b>SHOULD</b>
<b>1.3.6.1.4.1. 19376.1.5. 3.1.3.31</b>	<b>Care Plan Section</b>					<b>SHALL</b>
<b>1.3.6.1.4.1. 19376.1.5.3. 1.4.14</b>	<b>Encounters Entry</b>					<b>SHALL</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.14	Provider Referred to (NPI) (APT Mood)	7771177711		2.16.840.1.11388 3.4.6	NPI	<b>SHOULD</b>
1.3.6.1.4.1.1 9376.1.5.3.1 .4.14	Provider Referred to Name	Chris Cortex				<b>SHOULD</b>
2.16.840.1.1 13883.10.20 .3	Provider Referred to Street Address	10884 Acocet Street NW				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	City	Osseo				<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	State	MN		2.16.840.1.11388 3.6.92	FIPS 5-2 (State)	<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Postal Code	55311		2.16.840.1.11388 3.6.231	US Postal Codes	<b>SHALL</b>

2.16.840.1.1 13883.10.20 .3	Country	USA	United States			<b>SHALL</b>
2.16.840.1.1 13883.10.20 .3	Provider Referred to Telephone	7634299370				<b>SHALL</b>

