

Category	English Story	Data Tab
5	Mr. Frederick Finalles arrives at the clinic for his appointment with Dr. Doug Doall. Ongoing problems that are currently being monitored include Alzheimer's Disease and malignant melanoma. He receives his final dose of interferon. Because the lung lesion is not responding, the patient has decided on no further treatment and requests supportive care. He is being referred to Dr. Gerald Slowden for pain management and end of life preparations.	Cat5 Case2

Category 5 Case 2

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	11/12/2012				SHALL
2.16.840.1.113883.10.20.3	Patient Last Name	FINALLES				SHALL
2.16.840.1.113883.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.113883.10.20.3	Patient First Name	FREDERICK				SHALL
2.16.840.1.113883.10.20.3	Patient Middle Name	PHILLIP				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	4322 Opportunity Drive				SHALL
	City	Hallandale				SHALL
	State	FL		2.16.840.1.113883.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	33008		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	7/1/1974				SHALL

	End Date	2/28/2002				SHALL
	Patient Street Address	910 Western Street				SHALL
	City	Altoona				SHALL
	State	Iowa		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
	Postal Code	50009		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	3/1/2002				SHALL
	Address History: End Date					SHALL
2.16.840.1.1 13883.10.20. 3	Patient Telephone	3055551234				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Sex/Gender	M	Male	2.16.840.1.1138 83.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Date of Birth	3/29/1947				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Medical Record Number	334-22-3323				SHALL
2.16.840.1.1 13883.10.20. 3	Patient Social Security Number	888-00-1222		2.16.840.1.1138 83.4.1	United States Social Security Administratio n (SSA)	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Race	2106-3	White	2.16.840.1.1138 83.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Race (multiple)			2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.1 13883.10.20. 3	Patient Ethnicity	2135-2	Hispanic or Latino	2.16.840.1.1138 83.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 1.14.1	Patient Birth Place	TX	Texas	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Patient Marital Status	W	Widowed	2.16.840.1.1138 83.5.2	HL7 Marital Status	SHALL
2.16.840.1.1 13883.10.20. 3	Physician Name	Doug Doall				SHALL

2.16.840.1.1 13883.10.20. 3	Physician ID (NPI)	9182736450		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.1 13883.10.20. 3	Physician Street Address	172 Main Street				SHALL
2.16.840.1.1 13883.10.20. 3	City	Des Moines		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	State	IA		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	50301				SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL
2.16.840.1.1 13883.10.20. 3	Physician email					SHALL
2.16.840.1.1 13883.10.20. 3	Physician Telephone	5553332256				SHALL
2.16.840.1.1 13883.10.20. 3	Physician specialty	207RH0003X	Hematology & Oncology [Internal Medicine]	2.16.840.1.1138 83.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization ID	1232123421		2.16.840.1.1138 83.4.6	NPI	SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization Name	Pemiere City Clinic				SHALL
2.16.840.1.1 13883.10.20. 3	Provider Organization Street Address	172 Main Street				SHALL
2.16.840.1.1 13883.10.20. 3	City	Des Moines				SHALL
2.16.840.1.1 13883.10.20. 3	State	IA		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	50301		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States			SHALL

2.16.840.1.1 13883.10.20. 3	Provider Organization Telephone	5553332256					SHALL
2.16.840.1.1 13883.10.20. 3	[Encompassing Encounter]						SHALL
1.3.6.1.4.1.1 9376.1.4.1.3. 1	Provider Referred From ID (NPI)	8372917509					SHALL
1.3.6.1.4.1.1 9376.1.4.1.3. 1	Provider Referred From Name	Mark Hammer					SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred From Street Address	8422 West Mercury St					SHALL
2.16.840.1.1 13883.10.20. 3	City	Des Moines					SHALL
2.16.840.1.1 13883.10.20. 3	State	IA		2.16.840.1.1138 83.6.92	FIPS 5-2 (State)		SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	50302		2.16.840.1.1138 83.6.231	US Postal Codes		SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	United States				SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred From Telephone	7023432218					SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.16.1	Coded Social History Section						SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Usual Occupation	4600	Childcare workers	2.16.840.1.1138 83.6.240	U.S. Census Occupation Code		SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Usual Industry	8470	Child day care services	2.16.840.1.1138 83.6.310	U.S. Census Industry Code		SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13.4	Smoking Status	428041000124 106	Current some day smoker	2.16.840.1.1138 83.6.96	SNOMEDCT		SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.1.5.3.7	Payers Section						SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.17	Primary Payer at Diagnosis	61	Medicare Other	2.16.840.1.1138 83.3.221.5	Source of Payment Typology (PHDSC)		SHOULD

		MP	Medicare Primary	2.16.840.1.1138 83.6.255	X12 Data Element 1336	SHOULD
1.3.6.1.4.1.1.3.14.1	Cancer Diagnosis Section					SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.3.14.1	Narrative	Stage 4 Malignant Melanoma of the trunk				SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Diagnosis Date	4/15/2011				SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Histologic Type	8720	Malignant Melanoma	2.16.840.1.1138 83.6.43.1	ICD-O-3	SHALL
		M8720/3	Malignant Melanoma, NOS	2.16.840.1.1138 83.6.103	ICD-9-CM	SHALL
		2092003	Malignant Melanoma	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.1138 83.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.1138 83.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Primary Site	172.5	Malignant Melanoma of the trunk, except scrotum	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
		181492002	Entire skin of back (body structure)	2.16.840.1.1138 83.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.1	Laterality	1	Right	2.16.840.1.1138 83.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.2	TNM Clinical Stage Group	IV		2.16.840.1.1138 83.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.1.9376.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.1138 83.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL

1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.1138 83.3.520.3.5	NAACCR TNM Edition Number	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical Staged By	3	Pathologist and managing physician	2.16.840.1.1138 83.3.520.3.4	NAACCR TNM Clinical Staged By	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical T	T2		2.16.840.1.1138 83.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time	11/12/2012				SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical N	N1		2.16.840.1.1138 83.3.520.3.7	NAACCR TNM Clinical Node	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time	11/12/2012				SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	TNM Clinical M	M1		2.16.840.1.1138 83.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
1.3.6.1.4.1.1 9376.1.7.3.1. 4.14.2	Date/Time	11/12/2012				SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.6	Active Problems Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem start date	1/31/2007				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does not = completed or aborted)
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem	331.0	Alzheimer's disease	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2		26929004	Alzheimer's disease	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem start date	4/15/2011				SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	problem stop date					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2	Problem	172.5	Malignant Melanoma of the trunk, except scrotum	2.16.840.1.1138 83.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.5.2		93651008	Malignant melanoma of skin of trunk	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 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	Patient has undergone chemotherapy and radiation therapy for his Stage IV melanoma; His final dose of interferon is given today. Because the lung lesion is not responding, the patient has decided on no further treatment and requests supportive care. He is being referred to Dr. Gerald Slowden for pain management and end of life preparations.				SHALL
1.3.6.1.4.1. 19376.1.5.3 .1.3.28	Coded Results Section					SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Code	177302005	Wide excision of skin lesion	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19		11600	Excision, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	2.16.840.1.1138 83.6.12	CPT-4	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19		86.4	Radical excision of skin lesion	2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19				2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Date	8/22/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Code (Lab Test Name)	22637-3	Path report.final diagnosis	2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Value	excisional biopsy of 3 cm lesion, right lesion - malignant melanoma. Lung metastasis reported by clinical history.				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Units					SHALL (when Value@xsi:type="PQ ")
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Date/Time	8/22/2012				SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnosing Facility	Robert Plast				MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnostic facility ID	22D2266666		2.16.840.1.1138 83.4.7	CLIA	MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Code	169069000	CT of chest	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19		71250	Computed tomography, thorax; without contrast material	2.16.840.1.1138 83.6.12	CPT-4	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19				2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19		29252-4	Multisection ^WO contrast	2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.19	Procedure Date	8/22/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Code (Lab Test Name)	29252-4	Multisection ^WO contrast	2.16.840.1.1138 83.6.1	LOINC	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Value	CT Thorax indicates multiple lesions within the lung, consistent with malignant melanoma.				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Units					SHALL (when Value@xsi:type="PQ")

1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Result Date/Time	8/22/2012				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnosing Facility	Robert Plast				MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.13	Diagnostic facility ID	22D2266666		2.16.840.1.1138 83.4.7	CLIA	MAY
2.16.840.1. 113883.10. 20.1.12	Procedures Section					SHALL
2.16.840.1.1 13883.10.20. 1.29	Procedure Activity Entry					SHALL
2.16.840.1.1 13883.10.20. 1.29	Procedure			2.16.840.1.1138 83.6.1	LOINC	SHALL
2.16.840.1.1 13883.10.20. 1.29		177302005	Wide excision of skin lesion	2.16.840.1.1138 83.6.96	SNOMEDCT	SHALL
2.16.840.1.1 13883.10.20. 1.29		11600	Excision, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	2.16.840.1.1138 83.6.12	CPT-4	SHALL
2.16.840.1.1 13883.10.20. 1.29		86.4	Radical excision of skin lesion	2.16.840.1.1138 83.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.1 13883.10.20. 1.29	Site of procedure	416433004	Skin and subcutaneous tissue structure of forearm (body structure)	2.16.840.1.1138 83.6.96	SNOMEDCT	MAY
2.16.840.1.1 13883.10.20. 1.29	Date of procedure	8/22/2012				SHOULD
1.3.6.1.4.1. 19376.1.7.3 .1.3.14.2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL

1.3.6.1.4.1.1.19376.1.5.3.1.3.19	Medications Section					SHALL
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Start Date	1/31/2007				SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Timing (Frequency)	bid	Twice daily			SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Dose	8				SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitivity	SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Site			2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.1.19376.1.5.3.1.4.7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Code (of Product Name)	583132	Galantamine 8 MG Extended Release Capsule	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Name	Razadyne				SHALL
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1.19376.1.5.3.1.4.7	Medications Entry					SHALL

1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Start Date	2/3/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Stop Date	11/12/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Frequency					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Route	C38276	Intravenous	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose	25000000				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose Unit	iU	international units per meter squared	2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitivity	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Site	RA	Right arm	2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Rate					MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Code (of Product Name)	311074	Interferon Alfa-2b 25000000 UNT/ML Injectable Solution	2.16.840.1.1138 83.6.88	RxNorm	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Name	Intron A 25000000 UNT/ML Injectable Solution				SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Strength (original text)					SHOULD
1.3.6.1.4.1. 9376.1.5.3 .1.3.21	Medications Administered Section (medications that are administered)					SHALL

	during the encounter)					
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Medications Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Start Date	2/3/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Stop Date	11/12/2012				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Frequency					SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Route	C38276	Intravenous	2.16.840.1.1138 83.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose	25000000				SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Dose Unit	iU	international units per meter squared	2.16.840.1.1138 83.11.12839	UnitsOfMeasureCaseSensitive	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Site	RA	Right arm	2.16.840.1.1138 83.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Rate					MAY
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7.2	Product Entry					SHALL
	manufacturedMaterial					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Code (of Product Name)	311074	Interferon Alfa-2b 25000000 UNT/ML Injectable Solution	2.16.840.1.1138 83.6.88	RxNorm	SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Name	Intron A 25000000 UNT/ML Injectable Solution				SHOULD

1.3.6.1.4.1.1 9376.1.5.3.1. 4.7	Strength (original text)					SHOULD
1.3.6.1.4.1. 19376.1.5.3 .1.3.31	Care Plan Section					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Encounters Entry					SHALL
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Provider Referred to (NPI) (APT Mood)	4565432789		2.16.840.1.1138 83.4.6	NPI	SHOULD
1.3.6.1.4.1.1 9376.1.5.3.1. 4.14	Provider Referred to Name	Gerald Slowden				SHOULD
2.16.840.1.1 13883.10.20. 3	Provider Referred to Street Address	1023 Farmers Road				SHALL
2.16.840.1.1 13883.10.20. 3	City	Des Moines				SHALL
2.16.840.1.1 13883.10.20. 3	State	IA	Iowa	2.16.840.1.1138 83.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1 13883.10.20. 3	Postal Code	50302		2.16.840.1.1138 83.6.231	US Postal Codes	SHALL
2.16.840.1.1 13883.10.20. 3	Country	USA	Unite States			SHALL
2.16.840.1.1 13883.10.20. 3	Provider Referred to Telephone	5553332222				SHALL

