

Category	English Story	Data Tab
5	Mary Jane Doe returns to Metro Oncology clinic complaining of severe back pain. Ongoing problems that are currently being monitored include anxiety and breast cancer. Patient has had a lumpectomy and radiation to the chest. CT of the lumbar spine shows an osteolytic lesion in the lumbar body L4 consistent with metastatic breast cancer. ER/PR and Her2 are all positive. Patient receives her first dose of chemotherapy. Patient is referred to BestOnc Clinic for further assessment and possible inclusion in a clinical trial.	Cat5 Case3

Category 5 Case 3

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name	Conformance
2.16.840.1.11383.10.20.3	Header					
2.16.840.1.11383.10.20.3	Date Case Report Exported	7/29/2012				SHALL
2.16.840.1.11383.10.20.3	Patient Last Name	Doe				SHALL
2.16.840.1.11383.10.20.3	Patient Name Suffix					SHOULD
2.16.840.1.11383.10.20.3	Patient First Name	Mary				SHALL
2.16.840.1.11383.10.20.3	Patient Middle Name	Jane				SHALL
2.16.840.1.11383.10.20.3	Patient Maiden Name					SHOULD
2.16.840.1.11383.10.20.3	Patient Name Alias					SHOULD
	Patient Address					SHALL
	Patient Street Address	6130 West First Street				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	3/7/2002				SHALL
	End Date	7/7/2007				SHALL
	Patient Street Address	11123 Yonkers Street				SHALL
	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	7/8/2007				SHALL
	Address History: End Date					SHALL
2.16.840.1.1138 83.10.20.3	Patient Telephone	716-316-6166				SHALL
2.16.840.1.1138 83.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.11 3883.5.1	HL7 Administrative Gender	SHALL
2.16.840.1.1138 83.10.20.3	Patient Date of Birth	1/3/1947				SHALL
2.16.840.1.1138 83.10.20.3	Patient Medical Record Number	774433-2				SHALL
2.16.840.1.1138 83.10.20.3	Patient Social Security Number	555-00-1212		2.16.840.1.11 3883.4.1	United States Social Security Administration (SSA)	SHALL
2.16.840.1.1138 83.10.20.3	Patient Race	2039-6	Japanese	2.16.840.1.11 3883.6.238	Race & Ethnicity - CDC	SHALL
2.16.840.1.1138 83.10.20.3	Patient Race (multiple)	2046-1	Thai	2.16.840.1.11 3883.6.238	Race and Ethnicity - CDC	MAY
2.16.840.1.1138 83.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.11 3883.6.238	Race and Ethnicity - CDC	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.1.14.1	Patient Birth Place	NY	New York	2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1138 83.10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.11 3883.5.2	HL7 Marital Status	SHALL
2.16.840.1.1138 83.10.20.3	Physician Name	Felix Oster				SHALL
2.16.840.1.1138 83.10.20.3	Physician ID (NPI)	7000000001		2.16.840.1.11 3883.4.6	NPI	SHALL
2.16.840.1.1138 83.10.20.3	Physician Street Address	524 Main Street				SHALL
2.16.840.1.1138 83.10.20.3	City	BUFFALO		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1138 83.10.20.3	State	NY		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.1138 83.10.20.3	Postal Code	14267				SHALL
2.16.840.1.1138 83.10.20.3	Country	USA	United States	1.0.3166.1	ISO 3166-1	SHALL

2.16.840.1.1138 83.10.20.3	Physician email					SHALL
2.16.840.1.1138 83.10.20.3	Physician Telephone	7165553302				SHALL
2.16.840.1.1138 83.10.20.3	Physician specialty	207RX0202X	Medical Oncology [Internal Medicine]	2.16.840.1.11 3883.6.101	NUCC Health Care Provider Taxonomy	SHALL
2.16.840.1.1138 83.10.20.3	Provider Organization ID	1230981100		2.16.840.1.11 3883.4.6	NPI	SHALL
2.16.840.1.1138 83.10.20.3	Provider Organization Name	METRO ONCOLOGY				SHALL
2.16.840.1.1138 83.10.20.3	Provider Organization Street Address	12234 78TH STREET				SHALL
2.16.840.1.1138 83.10.20.3	City	BUFFALO				SHALL
2.16.840.1.1138 83.10.20.3	State	NY		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1138 83.10.20.3	Postal Code	14267		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.1138 83.10.20.3	Country	USA				SHALL
2.16.840.1.1138 83.10.20.3	Provider Organization Telephone	7165553300				SHALL
1.3.6.1.4.1.1937 6.1.4.1.3.1	[Encompassing Encounter]					SHALL
1.3.6.1.4.1.1937 6.1.4.1.3.1	Provider Referred From ID (NPI)	5551234550		2.16.840.1.11 3883.4.6	NPI	SHALL
1.3.6.1.4.1.1937 6.1.4.1.3.1	Provider Referred From Name	Willard GenDoc				SHALL
2.16.840.1.1138 83.10.20.3	Provider Referred From Street Address	7355 Zane Ave. No.				SHALL
2.16.840.1.1138 83.10.20.3	City	BUFFALO				SHALL
2.16.840.1.1138 83.10.20.3	State	NY		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1138 83.10.20.3	Postal Code	14267-0002		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.1138 83.10.20.3	Country	USA	United States			SHALL
2.16.840.1.1138 83.10.20.3	Provider Referred From Telephone	7165564902				SHALL

1.3.6.1.4.1.193 76.1.5.3.1.3.16 .1	Coded Social History Section					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13.4	Usual Occupation	1020	Software developers, applications and systems software	2.16.840.1.11 3883.6.240	U.S. Census Occupation Code	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13.4	Usual Industry	7380	Computer systems design and related services	2.16.840.1.11 3883.6.310	U.S. Census Industry Code	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13.4	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
1.3.6.1.4.1.1937 6.1.5.3.1.4.17	Primary Payer at Diagnosis	121	Medicare-FFS	2.16.840.1.11 3883.3.221.5	Source of Payment Typology (PHDSC)	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.17		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
1.3.6.1.4.1.1937 6.1.7.3.1.3.14.1	Narrative	Stage 1A Infiltrating Duct Carcinoma of the Right Breast				SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Cancer Diagnosis Entry					SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Diagnosis Date	1/14/2010				SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Histologic Type	8500	Infiltrating duct carcinoma	2.16.840.1.11 3883.6.43.1	ICD-O-3	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1		M8500/3	Infiltrating duct carcinoma	2.16.840.1.11 3883.6.103	ICD-9-CM	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1		408643008	Infiltrating ductal	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL

			carcinoma of breast			
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Behavior	3	Malignant, primary	2.16.840.1.11 3883.3.520.3.14	NAACCR Behavior Code	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.11 3883.3.520.3.3	NAACCR Diagnostic Confirmation	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Primary Site	174.4	Malignant neoplasm of female breast; upper-outer quadrant	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1		272670002	Breast quadrant (body structure)	2.16.840.1.11 3883.6.96	Body Site (SNOMEDCT)	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.1	Laterality	1	Right	2.16.840.1.11 3883.3.520.3.1	NAACCR Laterality at Diagnosis	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.2	TNM Clinical Stage Entry					SHOULD
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.2	TNM Clinical Stage Group	IA		2.16.840.1.11 3883.15.6	TNM 7th Edition	SHALL
1.3.6.1.4.1.1937 6.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.11 3883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor	SHALL
	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.11 3883.3.520.3.5	NAACCR TNM Edition Number	SHALL
	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
	TNM Clinical T	T1		2.16.840.1.11 3883.3.520.3.6	NAACCR TNM Clinical Tumor	SHALL
	Date/Time	1/14/2010				SHALL
	TNM Clinical N	N0		2.16.840.1.11 3883.3.520.3.7	NAACCR TNM Clinical Node	SHALL
	Date/Time	1/14/2010				SHALL
	TNM Clinical M	M0		2.16.840.1.11 3883.3.520.3.8	NAACCR TNM Clinical Metastasis	SHALL
	Date/Time	1/14/2010				SHALL
1.3.6.1.4.1.1937 76.1.5.3.1.3.6	Active Problems Section					SHALL

1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	problem start date	1/14/2010				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	problem stop date					SHALL (when Problem Status=completed or aborted) SHALL NOT (when Problem Status does not = completed or aborted)
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	Problem	174.4	Malignant neoplasm of female breast; upper-outer quadrant	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2		408643008	Infiltrating ductal carcinoma of breast	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	Problem Status	ACTIVE				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	problem start date	4/13/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	problem stop date					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	Problem	300.02	Generalized anxiety	2.16.840.1.11 3883.6.103	ICD-9CM (diagnoses)	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2		21897009	Generalized anxiety disorder	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.5.2	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 presents with severe back pain. X-ray indicates probable metastatic disease. Patient is referred to the BestOnc Clinic in Minnesota.				SHALL

1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Coded Results Section					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Code	82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19		36415	Collection of venous blood by venipuncture	2.16.840.1.11 3883.6.12	CPT-4	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19				2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19				2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Code (Lab Test Name)	10480-2	Estrogen+Progesterone receptor Ag [Presence] in Tissue by Immune stain	2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value	Positive				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Units					SHALL (when Value@xsi:type="P Q")
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Date/Time	7/29/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnosing Facility	METRO ONCOLOGY				MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnostic facility ID	1230981100		2.16.840.1.11 3883.4.6	NPI	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Code	82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL

1.3.6.1.4.1.1937 6.1.5.3.1.4.19		36415	Collection of venous blood by venipuncture	2.16.840.1.11 3883.6.12	CPT-4	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19				2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19				2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Simple Observation Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Code (Lab Test Name)	48676-1	HER2:Imp:Pt:T iss:Nom:	2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value	Positive				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Units					SHALL (when Value@xsi:type="P Q")
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Date/Time	7/29/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnosing Facility	METRO ONCOLOGY				MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnostic facility ID	1230981100		2.16.840.1.11 3883.4.6	NPI	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Code	241580002	CT of lumbar spine	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19		72133	CT lumbar spine, low back; without and with contrast	2.16.840.1.11 3883.6.12	CPT-4	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19				2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19		44114-7	Spine Lumbar CT W and WO contrast IT	2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.19	Procedure Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Simple Observation Entry					SHALL

1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Code (Lab Test Name)	44114-7	Spine Lumbar CT W and WO contrast IT	2.16.840.1.11 3883.6.1	LOINC	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value data type (xsi:type)	ST				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Value	CT of the lumbar spine shows an osteolytic lesion in the lumbar body L4, consistent with metastatic breast cancer				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Units					SHALL (when Value@xsi:type="P Q")
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Result Date/Time	7/29/2012				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnosing Facility					MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.13	Diagnostic facility ID			2.16.840.1.11 3883.4.7	CLIA	MAY
2.16.840.1.113 883.10.20.1.12	Procedures Section					SHALL
2.16.840.1.1138 83.10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.1138 83.10.20.1.29	Procedure			2.16.840.1.11 3883.6.1	LOINC	SHALL
2.16.840.1.1138 83.10.20.1.29		392021009	Lumpectomy of breast	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
2.16.840.1.1138 83.10.20.1.29		19301	Partial mastectomy	2.16.840.1.11 3883.6.12	CPT-4	SHALL
2.16.840.1.1138 83.10.20.1.29		85.2	Local excision of lesion of breast	2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.1138 83.10.20.1.29	Site of procedure	119184005	Breast part	2.16.840.1.11 3883.3.88.12. 3221.8.9	SNOMEDCT	MAY
2.16.840.1.1138 83.10.20.1.29	Date of procedure	1/17/2012				SHOULD
2.16.840.1.1138 83.10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.1138 83.10.20.1.29	Procedure			2.16.840.1.11 3883.6.1	LOINC	SHALL
2.16.840.1.1138 83.10.20.1.29		396487001	Sentinel lymph node biopsy	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL

2.16.840.1.1138 83.10.20.1.29		38500	Sentinel lymph node biopsy	2.16.840.1.11 3883.6.12	CPT-4	SHALL
2.16.840.1.1138 83.10.20.1.29		40.23	Sentinel lymph node biopsy	2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.1138 83.10.20.1.29	Site of procedure	441709004	Specimen from sentinel lymph node	2.16.840.1.11 3883.3.88.12. 3221.8.9	SNOMEDCT	MAY
2.16.840.1.1138 83.10.20.1.29	Date of procedure	1/17/2012				SHOULD
2.16.840.1.1138 83.10.20.1.29	Procedure Activity Entry					SHALL
2.16.840.1.1138 83.10.20.1.29	Procedure			2.16.840.1.11 3883.6.1	LOINC	SHALL
2.16.840.1.1138 83.10.20.1.29		38216008	Infusion chemotherapy for malignant neoplasm	2.16.840.1.11 3883.6.96	SNOMEDCT	SHALL
2.16.840.1.1138 83.10.20.1.29		96365	Intravenous infusion therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	2.16.840.1.11 3883.6.12	CPT-4	SHALL
2.16.840.1.1138 83.10.20.1.29		99.25	Injection or infusion of cancer chemotherapeutic substance	2.16.840.1.11 3883.6.104	ICD-9-CM Procedures	SHALL
2.16.840.1.1138 83.10.20.1.29	Site of procedure	72098002	left upper arm structure	2.16.840.1.11 3883.6.96	SNOMEDCT	MAY
2.16.840.1.1138 83.10.20.1.29	Date of procedure	1/17/2010				SHOULD
1.3.6.1.4.1.193 76.1.7.3.1.3.14 .2	Procedure Section - Radiation Oncology					SHALL
	Narrative					SHALL
1.3.6.1.4.1.193 76.1.5.3.1.3.19	Medications Section					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Medications Entry					SHALL

1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Start Date	4/13/2010				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Timing (Frequency)	BID	Twice a day			SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose	12.5				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Site			2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured Material					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Code (of Product Name)	562790	Paroxetine 12.5 MG Extended Release Tablet	2.16.840.1.11 3883.6.88	RxNorm	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Name	Paxil				SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Start Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose	2				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Rate					MAY

1.3.6.1.4.1.1937 6.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured					SHALL
	Material					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Code (of Product Name)	310024	Doxorubicin 2 MG/ML Injectable Solution	2.16.840.1.11 3883.6.88	RxNorm	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Name	Adriamycin 2 MG/ML Injectable Solution				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Medications					SHALL
	Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Start Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose	500				SHOULD
	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured					SHALL
	Material					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Code (of Product Name)	637543	Cyclophospha mide 20 MG/ML Injectable Solution	2.16.840.1.11 3883.6.88	RxNorm	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Name	Cytosan				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.3.21	Medications					SHALL
	Administered					SHALL
	Section					SHALL

	(medications that are administered during the encounter)					
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Start Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose	2				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured Material					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Code (of Product Name)	310024	Doxorubicin 2 MG/ML Injectable Solution	2.16.840.1.11 3883.6.88	RxNorm	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Name	Adriamycin 2 MG/ML Injectable Solution				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Medications Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Start Date	7/29/2012				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Stop Date					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Frequency					SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.11 3883.3.26.1.1	NCI Thesaurus	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Dose	500				SHOULD

	Dose Unit	mg		2.16.840.1.11 3883.11.1283 9	UnitsOfMeasure CaseSensitive	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.11 3883.12.163	Body Site (HL7)	MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Rate					MAY
1.3.6.1.4.1.1937 6.1.5.3.1.4.7.2	Product Entry					SHALL
	manufactured Material					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Code (of Product Name)	637543	Cyclophospha mide 20 MG/ML Injectable Solution	2.16.840.1.11 3883.6.88	RxNorm	SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Name	Cytosan				SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.7	Strength (original text)					SHOULD
1.3.6.1.4.1.193 76.1.5.3.1.3.31	Care Plan Section					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.14	Encounters Entry					SHALL
1.3.6.1.4.1.1937 6.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)	5551234578		2.16.840.1.11 3883.4.6	NPI	SHOULD
1.3.6.1.4.1.1937 6.1.5.3.1.4.14	Provider Referred to Name	BestOnc Clinic				SHOULD
2.16.840.1.1138 83.10.20.3	Provider Referred to Street Address	3548 Sassafrass Blvd.				SHALL
2.16.840.1.1138 83.10.20.3	City	Anoka				SHALL
2.16.840.1.1138 83.10.20.3	State	MN		2.16.840.1.11 3883.6.92	FIPS 5-2 (State)	SHALL
2.16.840.1.1138 83.10.20.3	Postal Code	55303		2.16.840.1.11 3883.6.231	US Postal Codes	SHALL
2.16.840.1.1138 83.10.20.3	Country	USA	United States			SHALL
2.16.840.1.1138 83.10.20.3	Provider Referred to Telephone	7633924495				SHALL