<div align="center">2003<br>Temporary File Generated by ACME</div>

| Position | Variable | Item# | Name | Format | | Code Structure Description |
|---|---|---|---|---|---|---|
| 1 - 4 | Date of Death--Year | 29 | DOD_YR | 4 | | Year of Death (numeric) |
| 5 - 6 | State of Death | 16 | ST_OCC | $2 | | Alpha - see FIPS table 5-2; NCHS Part 8 Instruction Manual |
| 7 - 12 | Certificate Number | | CERT_# | 6 | | left 0 filled; 000001-999999 |
| 13 | coder status | | CS | 1 | | Numeric, Valid codes: 0 - 9 |
| 14 - 17 | Lot number | | LOT | 4 | | NCHS ID Information. Numeric, 0001 - 9999. (States commonly use "book number" |
| 18 | Section number | | SECT | 1 | | NCHS ID Information. Numeric, 0 - 9 |
| 19 - 21 | Shipment number | | SHIP | $3 | | NCHS ID Information. Alpha\Numeric. Usually month of death or month of receipts |
| | Receipt Date Inserted at NCHS | | | | | |
| 22 - 23 | NCHS receipt date --Month | | REC_MO | $2 | | 01-12, blank |
| 24 - 25 | NCHS receipt date --Day | | REC_DY | $2 | | 01-31, blank |
| 26 - 29 | NCHS receipt date --Year | | REC_YR | $4 | | >=year of death, blank |
| 30 - 33 | PGM version control - SuperMICAR | | VER_SM | 4 | | Computer Generated. Version number of SuperMICAR |
| 34 - 37 | PGM version control - MICAR200 | | VER_200 | 4 | | Computer Generated. Version number of MICAR200 |
| 38 - 41 | PGM version control - ACME\TRANSAX | | VER_ACTR | 4 | | Computer Generated. Version number of ACME\TRANSAX |
| 42 | Manner of Death | 37 | MANNER | $1 | N | Natural |
| | | | | | A | Accident |
| | | | | | S | Suicide |
| | | | | | H | Homicide |
| | | | | | P | Pending Investigation |
| | | | | | C | Could not be determined |
| | | | | | | Blank |
| 43 | Intentional reject | | INT_REJ | $1 | | 1 - 5, 9, or blank. See NCHS instruction Manual Part 2b for code structure |
| 44 | ACME system reject codes | | SYS_REJ | $1 | 1 | MICAR Reject - dictionary match |
| | | | | | 2 | ACME reject |
| | | | | | 3 | MICAR Reject - Rule Application |
| | | | | | 4 | Reviewed |
| | | | | | 0 | Not Rejected |
| | | | | | | blank |
| 45 | Place of Injury - **Computer Generated** | 40 | INJPL | $1 | 0 | Home |

| Position | Variable | Item# | Name | Format | | Code Structure Description |
|---|---|---|---|---|---|---|
| | | | | | 1 | Residential Institution |
| | | | | | 2 | School, Other Institutions, Administrative Area |
| | | | | | 3 | Sports and Recreation Area |
| | | | | | 4 | Street/Highway |
| | | | | | 5 | Trade and Service Area |
| | | | | | 6 | Industrial and Construction Area |
| | | | | | 7 | Farm |
| | | | | | 8 | Other specified Place |
| | | | | | 9 | Unspecified Place |
| | | | | | | Blank |
| 46 - 50 | manual underlying cause code | | MAN_UC | $5 | | From Input; blank of not coded. 5th position reserved for use if ICD becomes 5-digit code |
| 51 - 55 | ACME underlying cause code | | ACME_UC | $5 | | ACME selected underlying cause. 5th position reserved for future use if ICD becomes 5-digit code. |
| 56 - 215 | Entity Axis Codes | 32 | | $160 | | Maximum of 20 codes. 8 positions each. Format for each 8 positions: |
| | 1.  Part\line number | | | | 1 | Part I. Line a |
| | | | | | 2 | Part I. Line b |
| | | | | | 3 | Part I. Line c |
| | | | | | 4 | Part I. Line d |
| | | | | | 5 | Part I. Line e |
| | | | | | 6 | Part II |
| | 2.  Sequence within line | | | 1 | | 1 - 8 maximum number of codes per line |
| | 3 - 6.  ICD code | | | 4 | | |
| | 7.  Reserved position | | | 1 | | Used for NCHS "created" codes; blank for all other codes.  NOTE:  created codes should be converted to actual ICD-10 code if the EA field is moved to the final mortality data record |
| | 8. E-code indication | | | 1 | & | Ampersand |
| | | | | | | blank |
| | | | | | | The value coded in the 8th position should not be moved to the final mortality data record. |
| 216 | Was an Autopsy Performed? | 33 | AUTOP | $1 | Y | Yes |

| Position | Variable | Item# | Name | Format | | Code Structure Description |
|---|---|---|---|---|---|---|
| | | | | | N | No |
| | | | | | U | Unknown |
| 217 | Were Autopsy Findings Available to | 34 | AUTOPF | $1 | Y | Yes |
| | Complete the Cause of Death? | | | | N | No |
| | | | | | U | Unknown |
| | | | | | X | Not Applicable: Computer generated |
| 218 | Did Tobacco Use Contribute to Death? | 35 | TOBAC | $1 | Y | Yes |
| | | | | | N | No |
| | | | | | P | Probably |
| | | | | | U | Unknown |
| | | | | | C | Not on certificate |
| 219 | Pregnancy | 36 | PREG | 1 | 1 | Not pregnant within past yea |
| | | | | | 2 | Pregnant at the time of death |
| | | | | | 3 | Not pregnant, but pregnant within 42 days of death |
| | | | | | 4 | Not pregnant, but pregnant 43 days to 1 year before death |
| | | | | | 9 | Unknown if pregnant within last yea |
| | | | | | 8 | Not Applicable: Computer generated |
| | | | | | 7 | Not on certificate |
| 220 | If Female--Edit Flag: From EDR only | | PREG_BYPASS | $1 | 0 | Edit Passed |
| | | | | | 1 | Edit Failed, Data Queried, and Verified |
| | | | | | 2 | Edit Failed, Data Queried, but not Verified |
| | | | | | | BLANK |
| 221 - 222 | Date of Injury--Month | 38 | DOI_MO | $2 | | 01-12, 99, Blank |
| 223 - 224 | Date of Injury--Day | 38 | DOI_DY | $2 | | 01-31, 99, Blank |
| 225 - 228 | Date of Injury--Year | 38 | DOI_YR | $4 | | 4-digit year, 9999, blank |
| 229 - 232 | Time of Injury | 39 | TOI_HR | $4 | | 0000-2359, 9999, blank |
| 233 | Injury at Work? | 41 | WORKINJ | $1 | Y | Yes |
| | | | | | N | No |
| | | | | | U | Unknown |
| | | | | | | Blank |
| | | | | | X | Not Applicable: Computer generated |
| 234 - 263 | Title of Certifier | 45 | CERTL | $30 | D | Certifying Physician |
| | | | | | P | Pronouncing and Certifying Physician |
| | | | | | M | Medical Examiner/Coroner |

TRANSAX Input Record Format
2003
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| Position | Variable | Item# | Name | Format | | Code Structure Description |
|---|---|---|---|---|---|---|
| | | | | | | Enter Full Text for Other Individual Legally Allowed to Certify |
| 264 | Activity at Time of death: **Computer Generated** | | INACT | $1 | 0 | While engaged in sports activity |
| | | | | | 1 | While engaged in leisure activities |
| | | | | | 2 | While working for income |
| | | | | | 3 | While engaged in other types of work |
| | | | | | 4 | While resting, sleeping, eating, or engaging in other vital activities |
| | | | | | 8 | While engaged in other specified activities |
| | | | | | 9 | During unspecified activity |
| | | | | | | Blank |
| 265-276 | Auxiliary State file number | | AUXNO | 12 | | 000000000001-999999999999; blank |
| 277-306 | State Specific Data | | STATESP | $30 | | Optional.  Any information entered through SuperMICAR for state use only. |