

## Cancer Registry Test Data

English Story	Data Tab	Category
Mr. John Jacob Smith came in for his annual physical with Dr. Charles Brown. Ongoing problems that are currently being monitored include hypertension. PSA was ordered and digital rectal exam was performed in the course of his physical exam. Nodular, hard, prostate was noted on DRE. PSA score was 7. Final Diagnosis is adenocarcinoma of the Prostate. Referred to urologist, Dr. Abraham Kern for biopsy of prostate.	Cat1 Case1	1

## Category 1 Case 1

Data Element	Code/Value	Display Name	Code System OID	Code System Name
<b>Header</b>				
Date Case Report Exported	4/2/2012			
Patient Last Name	SMITH			
Patient Name Suffix				
Patient First Name	JOHN			
Patient Middle Name	JACOB			
Patient Maiden Name				
Patient Name Alias				
<b>Patient Address</b>				
Patient Street Address	1122 Main Street			
City	Minneapolis			
State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
Postal Code	55401		2.16.840.1.113883.6.231	US Postal Codes
Country	USA	United States		
Start Date	5/2/2001			
End Date	9/30/2009			
Patient Street Address	4807 89th Ave N			
City	Brooklyn Park			
State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)

## Cancer Registry Test Data

Postal Code	55443		2.16.840.1.113883.6.231	US Postal Codes
Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
Address History: Start Date	10/1/2009			
Address History: End Date				
Patient Telephone	7635608033			
Patient Sex/Gender	M	Male	2.16.840.1.113883.5.1	HL7 Administrative Gender
Patient Date of Birth	6/13/1952			
Patient Medical Record Number	112334-7			
Patient Social Security Number	123-45-6789		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
Patient Race	2058-6	African American	2.16.840.1.113883.6.238	Race & Ethnicity - CDC
Patient Race (multiple)	2072-7	Jamaican	2.16.840.1.113883.6.238	Race and Ethnicity - CDC
Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.113883.6.238	Race and Ethnicity - CDC
Patient Birth Place	WI	Wisconsin	2.16.840.1.113883.6.92	FIPS 5-2 (State)
Patient Marital Status	M	Married	2.16.840.1.113883.5.2	HL7 Marital Status
Physician Name	Charles Brown			
Physician ID (NPI)	1407821212		2.16.840.1.113883.4.6	NPI
Physician Street Address	1000 GAMBLE DR			
City	ST. LOUIS PARK		2.16.840.1.113883.6.92	FIPS 5-2 (State)
State	MN		2.16.840.1.113883.6.231	US Postal Codes
Postal Code	55416			
Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
Physician email				
Physician Telephone	9528836789			

## Cancer Registry Test Data

Physician specialty	207Q00000X	Family Medicine	2.16.840.1.113883.6.101	NUCC Health Care Provider Taxonomy
Provider Organization ID	1194881234		2.16.840.1.113883.4.6	NPI
Provider Organization Name	Primary Doc Clinic			
Provider Organization Street Address	3932 33RD AVE S			
City	BLOOMINGTON			
State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
Postal Code	55425		2.16.840.1.113883.6.231	US Postal Codes
Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
Provider Organization Telephone	9528831212			
<b>[Encompassing Encounter]</b>				
Provider Referred From ID (NPI)				
Provider Referred From Name				
Provider Referred From Street Address				
City				
State			2.16.840.1.113883.6.92	FIPS 5-2 (State)
Postal Code			2.16.840.1.113883.6.231	US Postal Codes
Country				
Provider Referred From Telephone				
<b>Coded Social History Section</b>				
Social History Narrative	Patient has never smoked. He practices criminal law with Wells Legal, LLC			

## Cancer Registry Test Data

Usual Occupation	210	Lawyer	2.16.840.1.113883.6.240	U.S. Census Occupation Code
Usual Industry	727	Law Firm	2.16.840.1.113883.6.310	U.S. Census Industry Code
Smoking Status	266919005	Never Smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>Payers Section</b>				
Payer Type	611	BC Managed Care – HMO	2.16.840.1.114222.4.11.3591	Source of Payment Typology (PHDSC)
	HM	Health Maintenance Organization	2.16.840.1.113883.6.255	X12.3 Data Element Dictionary
<b>Cancer Diagnosis Section</b>				
Narrative	Prostate cancer			
<b>Cancer Diagnosis Entry</b>				
Diagnosis Date	4/2/2012			
Histologic Type	8140	Adenocarcinoma, NOS	2.16.840.1.113883.6.43.1	ICD-O-3
	8140/3	Adenocarcinoma, NOS	2.16.840.1.114222.4.11.6038	ICD-9-CM
	35917007	Adenocarcinoma	2.16.840.1.113883.6.96	SNOMEDCT
Behavior	3	Malignant, Primary	2.16.840.1.113883.3.520.3.14	NAACCR Behavior Code
Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.520.3.3	NAACCR Diagnostic Confirmation
Primary Site	185	Malignant neoplasm of prostate	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
	181422007	Entire prostate (body structure)	2.16.840.1.113883.3.88.12.322 1.8.9	Body Site (SNOMEDCT)
Laterality	0	Not a paired site	2.16.840.1.113883.3.520.3.1	NAACCR Laterality at Diagnosis
<b>TNM Clinical Stage Entry</b>				
TNM Clinical Stage Group			2.16.840.1.113883.15.6	TNM 7th Edition

## Cancer Registry Test Data

TNM Clinical Stage Descriptor			2.16.840.1.113883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor
TNM Edition			2.16.840.1.113883.3.520.3.5	NAACCR TNM Edition Number
TNM Clinical Staged By			2.16.840.1.113883.3.520.3.4	NAACCR TNM Clinical Staged By
TNM Clinical T			2.16.840.1.113883.3.520.3.6	NAACCR TNM Clinical Tumor
Date/Time				
TNM Clinical N			2.16.840.1.113883.3.520.3.7	NAACCR TNM Clinical Node
Date/Time				
TNM Clinical M			2.16.840.1.113883.3.520.3.8	NAACCR TNM Clinical Metastasis
Date/Time				
<b>Active Problems Section</b>				
problem start date	4/20/1998			
problem stop date				
Problem	401.9	Unspecified hypertension	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
	38341003	Hypertensive disorder	2.16.840.1.113883.6.96	SNOMEDCT
Problem Status	Active	Active		
problem start date	4/2/2012			
problem stop date				
Problem	185	Malignant neoplasm of prostate	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
	399490008	Adenocarcinoma of prostate	2.16.840.1.113883.6.96	SNOMEDCT
Problem Status	Active	Active		
<b>Progress Note Section</b>				

## Cancer Registry Test Data

Progress Notes Narrative	Digital rectal exam discovered palpable mass within the prostate. Referring patient to Dr. Kern for further evaluation			
<b>Coded Results Section</b>				
<b>Procedure Entry</b>				
Procedure Code				
			2.16.840.1.113883.6.1	LOINC
	82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.113883.6.96	SNOMEDCT
	36415	Collection of venous blood by venipuncture	2.16.840.1.113883.6.1	CPT-4
	38.99	Other puncture of vein	2.16.840.1.113883.6.104	ICD-9-CM Procedures
Procedure Date	4/2/2012			
<b>Simple Observation Entry</b>				
Code (Lab Test Name)	2857-1	Prostate specific Ag [Mass/volume] in Serum or Plasma	2.16.840.1.113883.6.1	LOINC
Value data type (xsi:type)	PQ	Physical Quantity		
Coded Result (Value)	7			
Result Units	ng/mL			
Result Text	7 ng/mL			
Interpretation				
Result Date/Time	4/2/2012			
Diagnosing Facility	Primary Doc Clinic			
Diagnostic facility ID	1194881234			CLIA

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<b>Procedures Section</b>				
<b>Procedure Activity Entry</b>				
Procedure			2.16.840.1.113883.6.1	LOINC
			2.16.840.1.113883.6.96	SNOMEDCT
			2.16.840.1.113883.6.1	CPT-4
			2.16.840.1.113883.6.104	ICD-9-CM Procedures
Site of procedure			2.16.840.1.113883.3.88.12.322 1.8.9	SNOMEDCT
Date of procedure				
<b>Medications Section</b>				
<b>Medications Entry</b>				
Start Date	4/20/1998			
Stop Date				
Timing (Frequency)	qd	Daily		
Route	C38288	Oral	2.16.840.1.113883.3.88.12.322 1.8.7	Medication Route FDA Value Set
Dose	100			
Dose Unit	MG		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
Site			2.16.840.1.114222.4.11.3370	Administrative Site
Rate				
Code	197379	Atenolol	2.16.840.1.113883.6.88	RxNorm
Coded Product Name	Atenolol			
Strength	100 mg tablet			
<b>Medications Administered Section (medications that are administered during the encounter)</b>				
<b>Medications Entry</b>				
Start Date				
Stop Date				

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Frequency				
Route				
Dose				
Site				
Rate				
Code				
Coded Product Name				
Strength				
<b>Care Plan Section</b>				
<b>Observation Requests Entry</b>				
<b>Immunization Entry</b>				
<b>Medication Entry</b>				
<b>Procedure Entry</b>				
<b>Encounters Entry</b>				
Provider Referred to (NPI) (APT Mood)	1891815555		2.16.840.1.113883.4.6	NPI
Provider Referred to Name	Dr. Abraham Kern			
Provider Referred to Street Address	3723 Main Street			
City	Anoka			
State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
Postal Code	55303		2.16.840.1.113883.6.231	US Postal Codes
Country	USA	United States		
Provider Referred to Telephone	7632455233			



## Cancer Registry Test Data

English Story	Data Tab	Category
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	5

## Category 5 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name
2.16.840.1.113883.10.20.3	Header				
2.16.840.1.113883.10.20.3	Date Case Report Exported	11/18/2012			
2.16.840.1.113883.10.20.3	Patient Last Name	ABSOLOM			
2.16.840.1.113883.10.20.3	Patient Name Suffix				
2.16.840.1.113883.10.20.3	Patient First Name	MIKALEH			
2.16.840.1.113883.10.20.3	Patient Middle Name	J			
2.16.840.1.113883.10.20.3	Patient Maiden Name				
2.16.840.1.113883.10.20.3	Patient Name Alias				
	Patient Address				

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	Patient Street Address	1422 Elm Street N			
	City	Minneapolis			
	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	55401		2.16.840.1.113883.6.23 1	US Postal Codes
	Country	USA		2.16.840.1.114222.4.11. 828	ISO 3166-1
	Start Date	4/10/1991			
	End Date	4/21/2007			
	Patient Street Address	14422 178th Avenue N			
	City	Brooklyn Park			
	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	55443		2.16.840.1.113883.6.23 1	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
	Address History: Start Date	4/21/2007			
	Address History: End Date				
2.16.840.1.113883.10.20.3	Patient Telephone	3204335467			
2.16.840.1.113883.10.20.3	Patient Sex/Gender	M	Male	2.16.840.1.113883.5.1	HL7 Administrative Gender
2.16.840.1.113883.10.20.3	Patient Date of Birth	1/27/1955			

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2.16.840.1.113883.10.20.3	Patient Medical Record Number	1768744-6			
2.16.840.1.113883.10.20.3	Patient Social Security Number	123-55-3214		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
2.16.840.1.113883.10.20.3	Patient Race	2028-9	Asian	2.16.840.1.113883.6.23 8	Race & Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Race (multiple)	2106-3	White	2.16.840.1.113883.6.23 8	Race and Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.114222.4.11. 876	Race and Ethnicity - CDC
1.3.6.1.4.1.19376.1.7.3.1.1.14.1	Patient Birth Place	CA	California	2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Patient Marital Status	M	Married	2.16.840.1.113883.5.2	HI7 Marital Status
2.16.840.1.113883.10.20.3	Physician Name	Felix Oster			
2.16.840.1.113883.10.20.3	Physician ID (NPI)	3364391776		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Physician Street Address	44 1st Street			
2.16.840.1.113883.10.20.3	City	Osseo		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	State	MN		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Postal Code	55311			
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
2.16.840.1.113883.10.20.3	Physician email				

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2.16.840.1.113883.10.20.3	Physician Telephone	3204437767			
2.16.840.1.113883.10.20.3	Physician specialty	207P00000X	Hematology & Oncology [Internal Medicine]	2.16.840.1.113883.6.101	NUCC Health Care Provider Taxonomy
2.16.840.1.113883.10.20.3	Provider Organization ID	6428531889		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Provider Organization Name	Joiner Clinic			
2.16.840.1.113883.10.20.3	Provider Organization Street Address	44 1st Street			
2.16.840.1.113883.10.20.3	City	Osseo			
2.16.840.1.113883.10.20.3	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	55311		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Organization Telephone	3204437767			
	<b>[Encompassing Encounter]</b>				
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From ID (NPI)	9384756192			
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From Name	Marian Dernest			

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2.16.840.1.113883.10.20.3	Provider Referred From Street Address	672 Walnut Avenue			
2.16.840.1.113883.10.20.3	City	Osseo			
2.16.840.1.113883.10.20.3	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	55311		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Referred From Telephone	3204439983			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.16.1</b>	<b>Coded Social History Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Social History Narrative	Patient has never smoked. He works as an interior painter for commercial properties			
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	642	Painter, house or other buildings	2.16.840.1.113883.6.24 0	U.S. Census Occupation Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	077	Painting contractors (const.)	2.16.840.1.113883.6.31 0	U.S. Census Industry Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	266919005	Never Smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7</b>	<b>Payers Section</b>				

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1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	611	BC Managed Care – HMO	2.16.840.1.114222.4.11.3591	Source of Payment Typology (PHDSC)
1.3.6.1.4.1.19376.1.5.3.1.4.17		HM	Health Maintenance Organization	2.16.840.1.113883.6.255	X12 Data Element 1336
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.1</b>	<b>Cancer Diagnosis Section</b>				
	Narrative	Stage 4 Prostate cancer			
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.1</b>	<b>Cancer Diagnosis Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnosis Date	4/2/2009			
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Histologic Type	8140	Adenocarcinoma, NOS	2.16.840.1.113883.6.43.1	ICD-O-3
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		8140/3	Adenocarcinoma, NOS	2.16.840.1.114222.4.11.6038	ICD-9-CM
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		35917007	Adenocarcinoma	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.113883.3.520.3.14	NAACCR Behavior Code
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.520.3.3	NAACCR Diagnostic Confirmation
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Primary Site	185	Malignant neoplasm of prostate	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		181422007	Entire prostate (body structure)	2.16.840.1.113883.3.88.12.3221.8.9	Body Site (SNOMEDCT)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Laterality	0	Not a paired site	2.16.840.1.113883.3.520.3.1	NAACCR Laterality at Diagnosis

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<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.2</b>	<b>TNM Clinical Stage Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Group	IV		2.16.840.1.113883.15.6	TNM 7th Edition
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.113883.3.52 0.3.10	NAACCR TNM Clinical Stage Descriptor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.113883.3.52 0.3.5	NAACCR TNM Edition Number
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Staged By	3	Pathologist and managing physician	2.16.840.1.113883.3.52 0.3.4	NAACCR TNM Clinical Staged By
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical T	4		2.16.840.1.113883.3.52 0.3.6	NAACCR TNM Clinical Tumor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	4/2/2009			
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical N	1		2.16.840.1.113883.3.52 0.3.7	NAACCR TNM Clinical Node
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	4/2/2009			
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical M	1		2.16.840.1.113883.3.52 0.3.8	NAACCR TNM Clinical Metastasis
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	4/2/2009			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.6</b>	<b>Active Problems Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	4/20/1998			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	250.00	Diabetes mellitus type 2	2.16.840.1.113883.6.10 3	ICD-9CM (diagnoses)

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1.3.6.1.4.1.19376.1.5.3.1.4.5.2		44054006	Diabetes mellitus type 2	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	Active		2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	4/2/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	185	Malignant neoplasm of prostate	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5.2		399490008	Adenocarcinoma of prostate	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	Active	Active	2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
<b>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.7</b>	<b>Progress Note Section</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>1.3.6.1.4.1.19376.1.5.3.1.3.28</b>	<b>Coded Results Section</b>				



## Cancer Registry Test Data

<b>1.3.6.1.4.1.19376.1.5.3.1.4.19</b>	<b>Procedure Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Code			2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.19		82078001	Collection of blood specimen for laboratory (procedure)	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.19		36415	Collection of venous blood by venipuncture	2.16.840.1.113883.6.1	CPT-4
1.3.6.1.4.1.19376.1.5.3.1.4.19		38.99	Other puncture of vein	2.16.840.1.113883.6.104	ICD-9-CM Procedures
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Date	11/18/2012			
<b>1.3.6.1.4.1.19376.1.5.3.1.4.13</b>	<b>Simple Observation Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Code (Lab Test Name)	2857-1	Prostate specific Ag [Mass/volume] in Serum or Plasma	2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.13	Value data type (xsi:type)	PQ	Physical Quantity	..	..
1.3.6.1.4.1.19376.1.5.3.1.4.13	Coded Result (Value)	17			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Units	ng/mL			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Text	17 ng/mL			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Interpretation				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Date/Time	11/18/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnosing Facility	General Pathology Lab			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnostic facility ID	111222333			CLIA
<b>2.16.840.1.113883.10.20.1.12</b>	<b>Procedures Section</b>				
2.16.840.1.113883.10.20.1.29	<b>Procedure Activity Entry</b>				
2.16.840.1.113883.10.20.1.29	Procedure			2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.29		26294005	radical prostatectomy	2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.29		60.5	prostatectomy, radical (any approach)	2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.29	Site of procedure	181422007	entire prostate	2.16.840.1.113883.3.88.12.3221.8.9	SNOMEDCT
2.16.840.1.113883.10.20.1.29	Date of procedure	9/22/2011			
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.2</b>	<b>Procedure Section - Radiation Oncology</b>				

## Cancer Registry Test Data

	Narrative	In 2011, Patient received 35gY external beam radiation of the lumbar spine over a 3 week period for metastatic prostate CA.			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.19</b>	<b>Medications Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	4/20/1998			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)	qd			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	500			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	861783	Metformin hydrochloride 500 MG / pioglitazone 15 MG Oral Tablet	2.16.840.1.113883.6.88	RxNorm

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	metFORMIN hydrochloride 500 MG / pioglitazone 15 MG [Actoplus Met 15/500]			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	11/18/2010			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)	monthly			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C28161	Intramuscular	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	7.5			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site	RT	Right Thigh	2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	Lupron			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				

## Cancer Registry Test Data

<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>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	11/18/2010			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)	monthly			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C28161	Intramuscular	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	7.5			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site	RT	Right Thigh	2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	311284	Leuprolide 7.5 MG Extended Release Suspension	2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	Lupron			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.31</b>	<b>Care Plan Section</b>				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.1.20.3.1	Observation Requests Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.12	Immunization Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Medication Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Encounters Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)	7771177711		2.16.840.1.113883.4.6	NPI
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to Name	Chris Cortex			
2.16.840.1.113883.10.20.3	Provider Referred to Street Address	10884 Acocet Street NW			
2.16.840.1.113883.10.20.3	City	Osseo			
2.16.840.1.113883.10.20.3	State	MN		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	55311		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Referred to Telephone	763429937			

## Cancer Registry Test Data

English Story	Data Tab	Category
Bonnie Louise Trolling arrives at UW Dermatology Associates to see Dr. Edward Ferguson, for excision of a lentigo maligna melanoma on her left forearm. She was referred by Dr. Jack Drake, Manor Creek Clinic. Patient has no active problems, other than the lentigo maligna. After discussing options and associated risks, Dr. Edward Ferguson performed a wide-excision. The patient is instructed to keep the surgical area dry and to avoid any heavy lifting for one week. Follow-up appointment should be schedule for 2 weeks post-op.	Cat2 Case1	2

## Category 2 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name
<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	2/25/2012			
2.16.840.1.113883.10.20.3	Patient Last Name	TROLLING			
2.16.840.1.113883.10.20.3	Patient Name Suffix				
2.16.840.1.113883.10.20.3	Patient First Name	BONNIE			
2.16.840.1.113883.10.20.3	Patient Middle Name	LOUISE			
2.16.840.1.113883.10.20.3	Patient Maiden Name	KING			
2.16.840.1.113883.10.20.3	Patient Name Alias				
	<b>Patient Address</b>				
	Patient Street Address	4732 Cheese Avenue			
	City	Madison			
	State	WI		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	53705		2.16.840.1.113883.6.231	US Postal Codes

## Cancer Registry Test Data

	Country	USA	United States		
	Start Date	4/1/2001			
	End Date	6/30/2011			
	Patient Street Address	14979 Badger Way North			
	City	Menomonie			
	State	WI		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	54751		2.16.840.1.113883.6.231	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11.8 28	ISO 3166-1
	Address History: Start Date	7/1/2011			
	Address History: End Date				
2.16.840.1.113883.10.20.3	Patient Telephone	262-993-4711			
2.16.840.1.113883.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.113883.5.1	HL7 Administrative Gender
2.16.840.1.113883.10.20.3	Patient Date of Birth	9/22/1964			
2.16.840.1.113883.10.20.3	Patient Medical Record Number	325941988			
2.16.840.1.113883.10.20.3	Patient Social Security Number	325-82-9876		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
2.16.840.1.113883.10.20.3	Patient Race	2058-6	African American	2.16.840.1.113883.6.238	Race & Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Race (multiple)			2.16.840.1.113883.6.238	Race and Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.114222.4.11.8 76	Race and Ethnicity - CDC
1.3.6.1.4.1.19376.1.7.3.1.1.14 .1	Patient Birth Place	IA	Iowa	2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Patient Marital Status	L	Legally separated	2.16.840.1.113883.5.2	HL7 Marital Status



## Cancer Registry Test Data

2.16.840.1.113883.10.20.3	Physician Name	Edward Fergson			
2.16.840.1.113883.10.20.3	Physician ID (NPI)	114466770		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Physician Street Address	1122 BLAGIE BLVD			
2.16.840.1.113883.10.20.3	City	MIDDLETON			
2.16.840.1.113883.10.20.3	State	WI		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	56562-5531		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11.8 28	ISO 3166-1
2.16.840.1.113883.10.20.3	Physician email				
2.16.840.1.113883.10.20.3	Physician Telephone	6088295485			
2.16.840.1.113883.10.20.3	Physician specialty	283X00000X	Dermatology [Allopathic & Osteopathic Physicians]	2.16.840.1.113883.6.101	NUCC Health Care Provider Taxonomy
2.16.840.1.113883.10.20.3	Provider Organization ID	5544332211		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Provider Organization Name	UW Dermatology Associates			
2.16.840.1.113883.10.20.3	Provider Organization Street Address	621 SCIENCE DRIVE			
2.16.840.1.113883.10.20.3	City	MADISON			
2.16.840.1.113883.10.20.3	State	WI		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	53711		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11.8 28	ISO 3166-1
2.16.840.1.113883.10.20.3	Provider Organization Telephone	6082657550			
1.3.6.1.4.1.19376.1.4.1.3.1	<b>[Encompassing Encounter]</b>				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From ID (NPI)	2345125896			
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From Name	Jack Drake			
2.16.840.1.113883.10.20.3	Provider Referred From Street Address	179 Broad Street			
2.16.840.1.113883.10.20.3	City	MADISON			
2.16.840.1.113883.10.20.3	State	WI		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	53711		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
2.16.840.1.113883.10.20.3	Provider Referred From Telephone	6088290054			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.16.1</b>	<b>Coded Social History Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Social History Narrative	Patient is an Accountant at Bean Counters LLC; not a smoker.			
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	80	Accountant	2.16.840.1.113883.6.240	U.S. Census Occupation Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	728	Accounting services	2.16.840.1.113883.6.310	U.S. Census Industry Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	266919005	Never Smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7</b>	<b>Payers Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	52	Private Health Insurance - Indemnity	2.16.840.1.114222.4.11.3591	Source of Payment Typology (PHDSC)
1.3.6.1.4.1.19376.1.5.3.1.4.17		IN	Indemnity	2.16.840.1.113883.6.255	X12 Data Element 1336

## Cancer Registry Test Data

<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.1</b>	<b>Cancer Diagnosis Section</b>				
	Narrative				
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	<b>Cancer Diagnosis Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnosis Date	2/25/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Histologic Type	8742	Lentigo Maligna	2.16.840.1.113883.6.43.1	ICD-O-3
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		8742	Lentigo Maligna	2.16.840.1.114222.4.11.6038	ICD-9-CM
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		302836005	Lentigo Maligna	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Behavior	2	In situ; non-invasive	2.16.840.1.113883.3.520.3.14	NAACCR Behavior Code
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.520.3.3	NAACCR Diagnostic Confirmation
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Primary Site	172.6	Malignant Melanoma of upper limb, including shoulder	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		416433004	Skin and subcutaneous tissue structure of forearm (body structure)	2.16.840.1.113883.3.88.12.3221.8.9	Body Site (SNOMEDCT)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Laterality	2	Left	2.16.840.1.113883.3.520.3.1	NAACCR Laterality at Diagnosis
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.2</b>	<b>TNM Clinical Stage Entry</b>	Stage 0 malignant melanoma			

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Group	0		2.16.840.1.113883.15.6	TNM 7th Edition
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.113883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.113883.3.520.3.5	NAACCR TNM Edition Number
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Staged By	2	Pathologist	2.16.840.1.113883.3.520.3.4	NAACCR TNM Clinical Staged By
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical T	0		2.16.840.1.113883.3.520.3.6	NAACCR TNM Clinical Tumor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	2/25/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical N	0		2.16.840.1.113883.3.520.3.7	NAACCR TNM Clinical Node
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	2/25/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical M	0		2.16.840.1.113883.3.520.3.8	NAACCR TNM Clinical Metastasis
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time	2/25/2012			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.6</b>	<b>Active Problems Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	2/25/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	172.6	Malignant Melanoma of upper limb, including shoulder	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.5.2		302836005	Lentigo Maligna	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	Active	Active	2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
<b>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.7</b>	<b>Progress Note Section</b>				
	Progress Notes Narrative	Patient referred from Manor Creek Clinic with a lentigo maligna melanoma on her left forearm. Wide excision of the lesion performed. Patient given post-op instructions, and asked to make a follow-up visit in two weeks.			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.28</b>	<b>Coded Results Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.1.9</b>	<b>Procedure Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.1.19	Procedure			2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.1.19		177302005	Wide excision of skin lesion	2.16.840.1.113883.6.96	SNOMEDCT

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.19		11600	Excision, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	2.16.840.1.113883.6.1	CPT-4
1.3.6.1.4.1.19376.1.5.3.1.4.19		86.4	Radical excision of skin lesion	2.16.840.1.113883.6.104	ICD-9-CM Procedures
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Date	2/25/2012			
<b>1.3.6.1.4.1.19376.1.5.3.1.4.13</b>	<b>Simple Observation Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Code (Lab Test Name)	22637-3	Path report.final diagnosis	2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.13	Value data type (xsi:type)				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Coded Result (Value)				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Units				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Text	Wide excision of lentigo maligna, left forearm: no residual lentigo maligna identified.			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Interpretation				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Date/Time	2/25/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnosing Facility	UW Dermatology Associates			

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnostic facility ID	5544332211			CLIA
<b>2.16.840.1.113883.10.20.1.12</b>	<b>Procedures Section</b>				
	<b>Procedure Activity Entry</b>				
2.16.840.1.113883.10.20.1.29					
2.16.840.1.113883.10.20.1.29	Procedure			2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.29		177302005	Wide excision of skin lesion	2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.29		11600	Excision, malignant lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.29		86.4	Radical excision of skin lesion	2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.29	Site of procedure	416433004	Skin and subcutaneous tissue structure of forearm (body structure)	2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.29	Date of procedure	2/25/2012			
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.2</b>	<b>Procedure Section - Radiation Oncology</b>				
	Narrative				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.19</b>	<b>Medications Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)			2.16.840.1.113883.11.12839	HL7 UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit			2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<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>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit			2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				



## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.3.88.1 2.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3 .31</b>	<b>Care Plan Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.1.2 0.3.1</b>	<b>Observation Requests Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.1 2</b>	<b>Immunization Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medication Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.1 9</b>	<b>Procedure Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.1 4</b>	<b>Encounters Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)			2.16.840.1.113883.4.6	NPI
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to Name				
2.16.840.1.113883.10.20.3	Provider Referred to Street Address				
2.16.840.1.113883.10.20.3	City				
2.16.840.1.113883.10.20.3	State			2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code			2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country				
2.16.840.1.113883.10.20.3	Provider Referred to Telephone				

## Cancer Registry Test Data

English Story	Data Tab	Category
Mr. Donald Carroll returns to Tri-State Radiation Oncology and received low dose external proton beam radiation to the left neck today, supervised by Dr. Lawrence Gray. In addition to his chronic lymphocytic leukemia, Mr. Anderson is being actively monitored for high cholesterol.	Cat4 Case1	4

## Category 4 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name
<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	3/22/2012			
2.16.840.1.113883.10.20.3	Patient Last Name	CARROLL			
2.16.840.1.113883.10.20.3	Patient Name Suffix				
2.16.840.1.113883.10.20.3	Patient First Name	DONALD			
2.16.840.1.113883.10.20.3	Patient Middle Name	RAMONE			
2.16.840.1.113883.10.20.3	Patient Maiden Name				
2.16.840.1.113883.10.20.3	Patient Name Alias				
	<b>Patient Address</b>				
	Patient Street Address	12400 Pineview Trail			
	City	Baltimore			
	State	MD		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	21202		2.16.840.1.113883.6.23 1	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
	Start Date	9/25/1978			
	End Date	1/30/1999			

## Cancer Registry Test Data

	Patient Street Address	400 Cottonwood Ave			
	City	Baltimore			
	State	MD		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	21202		2.16.840.1.113883.6.23 1	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
	Address History: Start Date	1/31/1999			
	Address History: End Date				
2.16.840.1.113883.10.20.3	Patient Telephone	4103751995			
2.16.840.1.113883.10.20.3	Patient Sex/Gender	M	Male	2.16.840.1.113883.5.1	HL7 Administrative Gender
2.16.840.1.113883.10.20.3	Patient Date of Birth	4/15/1950			
2.16.840.1.113883.10.20.3	Patient Medical Record Number	11111122-5			
2.16.840.1.113883.10.20.3	Patient Social Security Number	470-28-2937		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
2.16.840.1.113883.10.20.3	Patient Race	2106-3	White	2.16.840.1.113883.6.23 8	Race & Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Race (multiple)			2.16.840.1.113883.6.23 8	Race and Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Ethnicity	2135-2	Hispanic or Latino	2.16.840.1.114222.4.11. 876	Race and Ethnicity - CDC
1.3.6.1.4.1.19376.1.7.3.1.1.14 .1	Patient Birth Place	AZ	Arizona	2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Patient Marital Status	W	Widowed	2.16.840.1.113883.5.2	HL7 Marital Status
2.16.840.1.113883.10.20.3	Physician Name	Lawrence Gray			

## Cancer Registry Test Data

2.16.840.1.113883.10.20.3	Physician ID (NPI)	4245958899		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Physician Street Address	6317 Ballard Street			
2.16.840.1.113883.10.20.3	City	Baltimore		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	State	MD		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Postal Code	21202			
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
2.16.840.1.113883.10.20.3	Physician email				
2.16.840.1.113883.10.20.3	Physician Telephone	4102588321			
2.16.840.1.113883.10.20.3	Physician specialty			2.16.840.1.113883.6.10 1	NUCC Health Care Provider Taxonomy
2.16.840.1.113883.10.20.3	Provider Organization ID	3754852213		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Provider Organization Name	Riverview RadOnc Center			
2.16.840.1.113883.10.20.3	Provider Organization Street Address	6317 Ballard Street			
2.16.840.1.113883.10.20.3	City	Baltimore			
2.16.840.1.113883.10.20.3	State	MD		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	21202		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Organization Telephone	4102588321			
	<b>[Encompassing Encounter]</b>				
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From ID (NPI)				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From Name				
2.16.840.1.113883.10.20.3	Provider Referred From Street Address				
2.16.840.1.113883.10.20.3	City				
2.16.840.1.113883.10.20.3	State			2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code			2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country				
2.16.840.1.113883.10.20.3	Provider Referred From Telephone				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.16.1</b>	<b>Coded Social History Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Social History Narrative	Patient smokes 2 packs per day; Patient installs copy machines for Accurate Copy Products.			
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	701	Office machine installer	2.16.840.1.113883.6.24 0	U.S. Census Occupation Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	548	Office equipment sales & service (ret.)	2.16.840.1.113883.6.31 0	U.S. Census Industry Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	449868002	Current every day smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7</b>	<b>Payers Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	513	Commercial Managed Care - PPO	2.16.840.1.114222.4.11. 3591	Source of Payment Typology (PHDSC)

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.17		PR	Preferred Provider Organization (PPO)	2.16.840.1.113883.6.255	X12 Data Element 1336
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.1</b>	<b>Cancer Diagnosis Section</b>				
	Narrative	CLL			
<b>1.3.6.1.4.1.19376.1.7.3.1.4.1.4.1</b>	<b>Cancer Diagnosis Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnosis Date	3/15/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Histologic Type	9833	Chronic lymphocytic leukemia	2.16.840.1.113883.6.43.1	ICD-O-3
		9833/3	Chronic lymphocytic leukemia	2.16.840.1.114222.4.11.6038	ICD-9-CM
		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Behavior	3	Malignant, Primary	2.16.840.1.113883.3.520.3.14	NAACCR Behavior Code
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnostic confirmation	5	Positive laboratory test/marker study	2.16.840.1.113883.3.520.3.3	NAACCR Diagnostic Confirmation
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Primary Site	169.1	Bone marrow	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
		313229003	All bone marrow of ilium (body structure)	2.16.840.1.113883.3.88.12.3221.8.9	Body Site (SNOMEDCT)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Laterality	0	Not a paired site	2.16.840.1.113883.3.520.3.1	NAACCR Laterality at Diagnosis

## Cancer Registry Test Data

<b>1.3.6.1.4.1.19376.1.7.3.1.4.1.4.2</b>	<b>TNM Clinical Stage Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Group			2.16.840.1.113883.15.6	TNM 7th Edition
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor			2.16.840.1.113883.3.52 0.3.10	NAACCR TNM Clinical Stage Descriptor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Edition			2.16.840.1.113883.3.52 0.3.5	NAACCR TNM Edition Number
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Staged By			2.16.840.1.113883.3.52 0.3.4	NAACCR TNM Clinical Staged By
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical T			2.16.840.1.113883.3.52 0.3.6	NAACCR TNM Clinical Tumor
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time				
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical N			2.16.840.1.113883.3.52 0.3.7	NAACCR TNM Clinical Node
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time				
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical M			2.16.840.1.113883.3.52 0.3.8	NAACCR TNM Clinical Metastasis
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	Date/Time				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.6</b>	<b>Active Problems Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	8/9/2002			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	272.4	Other and unspecified hyperlipidemia	2.16.840.1.113883.6.10 3	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5.2		55822004	hyperlipidemia	2.16.840.1.113883.6.96	SNOMEDCT

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	ACTIVE		2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	3/15/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	204.1	Lymphoid Leukemia; chronic	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5.2		277473004	B-cell chronic lymphocytic leukemia	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	ACTIVE		2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
<b>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.7</b>	<b>Progress Note Section</b>				
	Progress Notes Narrative	Pt returns to Tri-State Radiation Oncology and received low dose external proton beam radiation to the left neck today.			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.28</b>	<b>Coded Results Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.1.9</b>	<b>Procedure Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Code			2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.113883.6.1	CPT-4



## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.19				2.16.840.1.113883.6.104	ICD-9-CM Procedures
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Date				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.13</b>	<b>Simple Observation Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Code (Lab Test Name)			2.16.840.1.113883.6.1	LOINC
	Value data type (xsi:type)			..	..
1.3.6.1.4.1.19376.1.5.3.1.4.13	Coded Result (Value)				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Units				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Text				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Interpretation				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Date/Time				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnosing Facility				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnostic facility ID				CLIA
<b>2.16.840.1.113883.10.20.1.12</b>	<b>Procedures Section</b>				
	<b>Procedure Activity Entry</b>				
2.16.840.1.113883.10.20.1.29	Procedure			2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.29				2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.29	Site of procedure			2.16.840.1.113883.3.88.12.3221.8.9	SNOMEDCT
2.16.840.1.113883.10.20.1.29	Date of procedure				
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.2</b>	<b>Procedure Section - Radiation Oncology</b>				

## Cancer Registry Test Data

		Pt received low dose external proton beam radiation to the left neck today.			
	Narrative				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.19</b>	<b>Medications Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	8/9/2002			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)	ACM	in the morning		
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	10			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	476345	Ezetimibe 10 MG / Simvastatin 10 MG Oral Tablet	2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	Simcor			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<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>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit			2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.3.88.12.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.31</b>	<b>Care Plan Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.1.20.3.1</b>	<b>Observation Requests Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.12</b>	<b>Immunization Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medication Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.19</b>	<b>Procedure Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.14</b>	<b>Encounters Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)			2.16.840.1.113883.4.6	NPI
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to Name				

## Cancer Registry Test Data

2.16.840.1.113883.10.20.3	Provider Referred to Street Address				
2.16.840.1.113883.10.20.3	City				
2.16.840.1.113883.10.20.3	State			2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code			2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country				
2.16.840.1.113883.10.20.3	Provider Referred to Telephone				

## Cancer Registry Test Data

English Story	Data Tab	Category
Kerri Marshall presents at the local oncology clinic, Metro Oncology Center to see Dr. George Cohen for adjuvant chemotherapy following the diagnosis of infiltrating duct carcinoma in her right breast. A biopsy, lumpectomy, and sentinel lymph node surgery have already been performed by Dr. Cutright at Blaisdale Hospital. Dr. George Cohen and Mary Jane agree that the recommended chemotherapy regimen of Adriamycin and Cytosan x 4 cycles is appropriate and the first treatment is given at this appointment. Mary Jane is referred to Dr. Tenser for a Radiation Oncology consultation.	Cat3 Case1	3

### Category 3 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name
2.16.840.1.113883.10.20.3	<b>Header</b>				
2.16.840.1.113883.10.20.3	Date Case Report Exported	7/29/2012			
2.16.840.1.113883.10.20.3	Patient Last Name	MARSHALL			
2.16.840.1.113883.10.20.3	Patient Name Suffix				
2.16.840.1.113883.10.20.3	Patient First Name	KERRI			
2.16.840.1.113883.10.20.3	Patient Middle Name	LAURA			
2.16.840.1.113883.10.20.3	Patient Maiden Name				
2.16.840.1.113883.10.20.3	Patient Name Alias				
	<b>Patient Address</b>				
	Patient Street Address	9228 Queensland Lane			
	City	Buffalo			

## Cancer Registry Test Data

	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	14202		2.16.840.1.113883.6.231	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
	Start Date	6/13/2001			
	End Date	7/31/2009			
	Patient Street Address	7330 Berkshire Way No			
	City	Albany			
	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	12204		2.16.840.1.113883.6.231	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
	Address History: Start Date	8/1/2009			
	Address History: End Date				
2.16.840.1.113883.10.20.3	Patient Telephone	7162583719			
2.16.840.1.113883.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.113883.5.1	HL7 Administrative Gender
2.16.840.1.113883.10.20.3	Patient Date of Birth	8/13/1947			
2.16.840.1.113883.10.20.3	Patient Medical Record Number	1594355539			
2.16.840.1.113883.10.20.3	Patient Social Security Number	258-41-1441		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
2.16.840.1.113883.10.20.3	Patient Race	2039-6	Japanese	2.16.840.1.113883.6.238	Race & Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Race (multiple)	2046-1	Thai	2.16.840.1.113883.6.238	Race and Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.114222.4.11.876	Race and Ethnicity - CDC

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.7.3.1.1.1 4.1	Patient Birth Place	OH	Ohio	2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.113883.5.2	HI7 Marital Status
2.16.840.1.113883.10.20.3	Physician Name	George Cohen			
2.16.840.1.113883.10.20.3	Physician ID (NPI)	5551234578		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Physician Street Address	3548 Sassafrass Blvd.			
2.16.840.1.113883.10.20.3	City	Albany		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Postal Code	12204			
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
2.16.840.1.113883.10.20.3	Physician email				
2.16.840.1.113883.10.20.3	Physician Telephone	7163924495			
2.16.840.1.113883.10.20.3	Physician specialty			2.16.840.1.113883.6.101	NUCC Health Care Provider Taxonomy
2.16.840.1.113883.10.20.3	Provider Organization ID	1586495532		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Provider Organization Name	Metro Oncology Center			
2.16.840.1.113883.10.20.3	Provider Organization Street Address	3548 Sassafrass Blvd.			
2.16.840.1.113883.10.20.3	City	Albany			
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	12204		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Organization Telephone	7163924495			

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.4.1.3.1	<b>[Encompassing Encounter]</b>				
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From ID (NPI)				
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From Name				
2.16.840.1.113883.10.20.3	Provider Referred From Street Address				
2.16.840.1.113883.10.20.3	City				
2.16.840.1.113883.10.20.3	State			2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code			2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country				
2.16.840.1.113883.10.20.3	Provider Referred From Telephone				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.16.1</b>	<b>Coded Social History Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Social History Narrative	Patient works as a veterinarian at the Village Pet Clinic. She has not smoked for 2 years.			
1.3.6.1.4.1.19376.1.5.3.1.4.1.3.4	Usual Occupation	325	Veterinarian	2.16.840.1.113883.6.240	U.S. Census Occupation Code
1.3.6.1.4.1.19376.1.5.3.1.4.1.3.4	Usual Industry	748	Veterinarians	2.16.840.1.113883.6.310	U.S. Census Industry Code
1.3.6.1.4.1.19376.1.5.3.1.4.1.3.4	Smoking Status	8517006	Former Smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7</b>	<b>Payers Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.1.7	Primary Payer at Diagnosis	121	Medicare-FFS	2.16.840.1.114222.4.11.3591	Source of Payment Typology (PHDSC)



## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.1 7		MF	Medicare Advantage Private Fee for Service	2.16.840.1.113883.6.255	X12 Data Element 1336
<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.1</b>	<b>Cancer Diagnosis Section</b>				
	Narrative	Stage 1A Infiltrating Ductal Carcinoma of the Right Breast			
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.1</b>	<b>Cancer Diagnosis Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Diagnosis Date	1/14/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Histologic Type	8500	Infiltrating ductal carcinoma	2.16.840.1.113883.6.43. 1	ICD-O-3
		8500/3	Infiltrating ductal carcinoma	2.16.840.1.114222.4.11. 6038	ICD-9-CM
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1		408643008	Infiltrating ductal carcinoma of breast	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Behavior	3	Malignant, primary	2.16.840.1.113883.3.520 .3.14	NAACCR Behavior Code
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.520 .3.3	NAACCR Diagnostic Confirmation
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Primary Site	174.4	Malignant neoplasm of female breast; upper-outer quadrant	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1		272670002	Breast quadrant (body structure)	2.16.840.1.113883.3.88. 12.3221.8.9	Body Site (SNOMEDCT)

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.7.3.1.4.1 4.1	Laterality	1	Right	2.16.840.1.113883.3.520 .3.1	NAACCR Laterality at Diagnosis
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.2</b>	<b>TNM Clinical Stage Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical Stage Group	IA		2.16.840.1.113883.15.6	TNM 7th Edition
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical Stage Descriptor	0	None	2.16.840.1.113883.3.520 .3.10	NAACCR TNM Clinical Stage Descriptor
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Edition	7	AJCC Staging Manual, 7th Edition	2.16.840.1.113883.3.520 .3.5	NAACCR TNM Edition Number
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical Staged By	3	Pathologist and managing physician	2.16.840.1.113883.3.520 .3.4	NAACCR TNM Clinical Staged By
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical T	1		2.16.840.1.113883.3.520 .3.6	NAACCR TNM Clinical Tumor
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	Date/Time	1/14/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical N	0		2.16.840.1.113883.3.520 .3.7	NAACCR TNM Clinical Node
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	Date/Time	1/14/2012			
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	TNM Clinical M	0		2.16.840.1.113883.3.520 .3.8	NAACCR TNM Clinical Metastasis
1.3.6.1.4.1.19376.1.7.3.1.4.1 4.2	Date/Time	1/14/2012			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.6</b>	<b>Active Problems Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	problem start date	1/14/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	problem stop date				

## Cancer Registry Test Data

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	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2		408643008	Infiltrating ductal carcinoma of breast	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	Problem Status	ACTIVE		2.16.840.1.113883.11.20 .9.19	ProblemAct StatusCode
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	problem start date	4/13/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	Problem	300.2	Generalized anxiety	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2		21897009	Generalized anxiety disorder	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5 .2	Problem Status	ACTIVE		2.16.840.1.113883.11.20 .9.19	ProblemAct StatusCode
<b>1.3.6.1.4.1.19376.1.5.3.1.1.13.2.7</b>	<b>Progress Note Section</b>				
	Progress Notes Narrative	Patient is given first dose of Adjuvant Chemotherapy			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.28</b>	<b>Coded Results Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.19</b>	<b>Procedure Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.1 9	Procedure Code			2.16.840.1.113883.6.1	LOINC

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.1 9				2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.1 9				2.16.840.1.113883.6.1	CPT-4
1.3.6.1.4.1.19376.1.5.3.1.4.1 9				2.16.840.1.113883.6.104	ICD-9-CM Procedures
1.3.6.1.4.1.19376.1.5.3.1.4.1 9	Procedure Date				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.13</b>	<b>Simple Observation Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Code (Lab Test Name)			2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Value data type (xsi:type)			..	..
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Coded Result (Value)				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Result Units				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Result Text				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Interpretation				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Result Date/Time				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Diagnosing Facility				
1.3.6.1.4.1.19376.1.5.3.1.4.1 3	Diagnostic facility ID				CLIA
<b>2.16.840.1.113883.10.20.1.12</b>	<b>Procedures Section</b>				
2.16.840.1.113883.10.20.1.2 9	<b>Procedure Activity Entry</b>				

## Cancer Registry Test Data

2.16.840.1.113883.10.20.1.2 9	Procedure			2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.2 9	Site of procedure			2.16.840.1.113883.3.88. 12.3221.8.9	SNOMEDCT
2.16.840.1.113883.10.20.1.2 9	Date of procedure				
2.16.840.1.113883.10.20.1.2 9	<b>Procedure Activity Entry</b>				
2.16.840.1.113883.10.20.1.2 9	Procedure			2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.2 9				2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.2 9	Site of procedure			2.16.840.1.113883.3.88. 12.3221.8.9	SNOMEDCT
2.16.840.1.113883.10.20.1.2 9	Date of procedure				

## Cancer Registry Test Data

<b>1.3.6.1.4.1.19376.1.7.3.1.3.14.2</b>	<b>Procedure Section - Radiation Oncology</b>				
	Narrative				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.19</b>	<b>Medications Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit			2.16.840.1.113883.11.12.839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<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>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	7/29/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	2			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG/ML		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site	LA	Left Arm	2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	310024	Doxorubicin 2 MG/ML Injectable Solution	2.16.840.1.113883.3.88.12.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	Adriamycin 2 MG/ML Injectable Solution			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>		Chemotherapy		
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	7/29/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date	7/29/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38276	Intravenous	2.16.840.1.113883.3.88.12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	20			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	mg/mL		2.16.840.1.113883.11.12839	UnitsOfMeasureCaseSensitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site	LA	Left arm	2.16.840.1.114222.4.11.3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	637543	Cyclophosphami de 20 MG/ML Injectable Solution	2.16.840.1.113883.3.88. 12.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	Cytosan			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.31</b>	<b>Care Plan Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.1.20.3.1</b>	<b>Observation Requests Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.12</b>	<b>Immunization Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medication Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.19</b>	<b>Procedure Entry</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.14</b>	<b>Encounters Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)	1234543198		2.16.840.1.113883.4.6	NPI
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to Name	Dr. Tenser			
2.16.840.1.113883.10.20.3	Provider Referred to Street Address	11925 Jefferson Street			
2.16.840.1.113883.10.20.3	City	Albany			
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	12204		2.16.840.1.113883.6.231	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Referred to Telephone	7163284776			



## Cancer Registry Test Data

English Story	Data Tab	Category
Ms. Heather Hamilton arrives for her screening colonoscopy with Dr. Abraham Helpman. Ongoing problems that are currently being monitored include mild anxiety. Several polyps were removed and sent to pathology. Diagnosis was returned as: Multiple adenomatous polyps in the colon. Patient is referred to Dr. Martin Mayhill for surgical consultation.	Cat6 Case1	6

## Category 6 Case 1

templateID	Data Element	Code/Value	Display Name	Code System OID	Code System Name
<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	7/29/2012			
2.16.840.1.113883.10.20.3	Patient Last Name	HAMILTON			
2.16.840.1.113883.10.20.3	Patient Name Suffix				
2.16.840.1.113883.10.20.3	Patient First Name	HEATHER			
2.16.840.1.113883.10.20.3	Patient Middle Name	MARIA			
2.16.840.1.113883.10.20.3	Patient Maiden Name				
2.16.840.1.113883.10.20.3	Patient Name Alias				
	<b>Patient Address</b>				
	Patient Street Address	2222 West 78 Street			
	City	Buffalo			
	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	14202		2.16.840.1.113883.6.23 1	US Postal Codes

## Cancer Registry Test Data

	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
	Start Date	3/7/2003			
	End Date	7/7/2009			
	Patient Street Address	2243 Ash Street			
	City	Albany			
	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
	Postal Code	12204		2.16.840.1.113883.6.23 1	US Postal Codes
	Country	USA	United States	2.16.840.1.114222.4.11.828	ISO 3166-1
	Address History: Start Date	7/7/2009			
	Address History: End Date				
2.16.840.1.113883.10.20.3	Patient Telephone	3452235566			
2.16.840.1.113883.10.20.3	Patient Sex/Gender	F	Female	2.16.840.1.113883.5.1	HL7 Administrative Gender
2.16.840.1.113883.10.20.3	Patient Date of Birth	11/31/1947			
2.16.840.1.113883.10.20.3	Patient Medical Record Number	456742-2			
2.16.840.1.113883.10.20.3	Patient Social Security Number	525-00-8888		2.16.840.1.113883.4.1	United States Social Security Administration (SSA)
2.16.840.1.113883.10.20.3	Patient Race	2039-6	Japanese	2.16.840.1.113883.6.23 8	Race & Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Race (multiple)	2046-1	Thai	2.16.840.1.113883.6.23 8	Race and Ethnicity - CDC
2.16.840.1.113883.10.20.3	Patient Ethnicity	2186-5	Not Hispanic or Latino	2.16.840.1.114222.4.11.876	Race and Ethnicity - CDC
1.3.6.1.4.1.19376.1.7.3.1.1.14.1	Patient Birth Place	NY	New York	2.16.840.1.113883.6.92	FIPS 5-2 (State)

## Cancer Registry Test Data

2.16.840.1.113883.10.20.3	Patient Marital Status	D	Divorced	2.16.840.1.113883.5.2	HI7 Marital Status
2.16.840.1.113883.10.20.3	Physician Name	ABRAHAM HELPMAN			
2.16.840.1.113883.10.20.3	Physician ID (NPI)	1000000001		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Physician Street Address	12233 78TH STREET			
2.16.840.1.113883.10.20.3	City	BUFFALO		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Postal Code	14267-0002			
2.16.840.1.113883.10.20.3	Country	USA	United States	2.16.840.1.114222.4.11. 828	ISO 3166-1
2.16.840.1.113883.10.20.3	Physician email				
2.16.840.1.113883.10.20.3	Physician Telephone	7165553302			
2.16.840.1.113883.10.20.3	Physician specialty	207W00000X	Medical Oncology [Internal Medicine]	2.16.840.1.113883.6.10 1	NUCC Health Care Provider Taxonomy
2.16.840.1.113883.10.20.3	Provider Organization ID	1230981100		2.16.840.1.113883.4.6	NPI
2.16.840.1.113883.10.20.3	Provider Organization Name	METRO ONCOLOGY			
2.16.840.1.113883.10.20.3	Provider Organization Street Address	12233 78TH STREET			
2.16.840.1.113883.10.20.3	City	BUFFALO			
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	14267-0002		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA			

## Cancer Registry Test Data

2.16.840.1.113883.10.20.3	Provider Organization Telephone	7165553300			
1.3.6.1.4.1.19376.1.4.1.3.1	<b>[Encompassing Encounter]</b>				
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From ID (NPI)	555123455			
1.3.6.1.4.1.19376.1.4.1.3.1	Provider Referred From Name	Willard GenDoc			
2.16.840.1.113883.10.20.3	Provider Referred From Street Address	7355 Zane Ave. No.			
2.16.840.1.113883.10.20.3	City	BUFFALO			
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	14267-0002		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Referred From Telephone	7165564902			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.1.6.1</b>	<b>Coded Social History Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.3.16.1	Social History Narrative	Patient is a software developer. She has not smoked for 4 years.			
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Occupation	102	Software developer	2.16.840.1.113883.6.24 0	U.S. Census Occupation Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Usual Industry	738	Software development	2.16.840.1.113883.6.31 0	U.S. Census Industry Code
1.3.6.1.4.1.19376.1.5.3.1.4.13.4	Smoking Status	8517006	Former Smoker	2.16.840.1.113883.6.96	SNOMEDCT
<b>1.3.6.1.4.1.19376.1.5.3.1.1.5.3.7</b>	<b>Payers Section</b>				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.17	Primary Payer at Diagnosis	121	Medicare-FFS	2.16.840.1.114222.4.11.3591	Source of Payment Typology (PHDSC)
1.3.6.1.4.1.19376.1.5.3.1.4.17		MF	Medicare Advantage Private Fee for Service	2.16.840.1.113883.6.25.5	X12 Data Element 1336
<b>1.3.6.1.4.1.19376.1.7.3.1.3.1.4.1</b>	<b>Cancer Diagnosis Section</b>				
	Narrative	Multiple adenomatous polyps in the colon			
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.1</b>	<b>Cancer Diagnosis Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnosis Date	1/14/2010			
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Histologic Type	8221	multiple adenomatous polyps	2.16.840.1.113883.6.43.1	ICD-O-3
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		8221/0	multiple adenomatous polyps	2.16.840.1.114222.4.11.6038	ICD-9-CM
1.3.6.1.4.1.19376.1.7.3.1.4.14.1		6379007	multiple adenomatous polyps	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Behavior	0	Benign	2.16.840.1.113883.3.52.0.3.14	NAACCR Behavior Code
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Diagnostic confirmation	1	Positive Histology	2.16.840.1.113883.3.52.0.3.3	NAACCR Diagnostic Confirmation
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Primary Site	211.3	Benign neoplasm of colon	2.16.840.1.113883.6.10.3	ICD-9CM (diagnoses)

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.7.3.1.4.14.1		71854001	Colon structure (body structure)	2.16.840.1.113883.3.88.12.3221.8.9	Body Site (SNOMEDCT)
1.3.6.1.4.1.19376.1.7.3.1.4.14.1	Laterality	0	Not a paired site	2.16.840.1.113883.3.520.3.1	NAACCR Laterality at Diagnosis
<b>1.3.6.1.4.1.19376.1.7.3.1.4.14.2</b>	<b>TNM Clinical Stage Entry</b>				
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Group			2.16.840.1.113883.15.6	TNM 7th Edition
1.3.6.1.4.1.19376.1.7.3.1.4.14.2	TNM Clinical Stage Descriptor			2.16.840.1.113883.3.520.3.10	NAACCR TNM Clinical Stage Descriptor
	TNM Edition			2.16.840.1.113883.3.520.3.5	NAACCR TNM Edition Number
	TNM Clinical Staged By			2.16.840.1.113883.3.520.3.4	NAACCR TNM Clinical Staged By
	TNM Clinical T			2.16.840.1.113883.3.520.3.6	NAACCR TNM Clinical Tumor
	Date/Time				
	TNM Clinical N			2.16.840.1.113883.3.520.3.7	NAACCR TNM Clinical Node
	Date/Time				
	TNM Clinical M			2.16.840.1.113883.3.520.3.8	NAACCR TNM Clinical Metastasis
	Date/Time				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.6</b>	<b>Active Problems Section</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	4/15/2009			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	300.2	Generalized anxiety	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.5.2		21897009	Generalized anxiety disorder	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	ACTIVE		2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem start date	1/14/2010			
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	problem stop date				
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem	211	Colon polyps	2.16.840.1.113883.6.103	ICD-9CM (diagnoses)
1.3.6.1.4.1.19376.1.5.3.1.4.5.2		6379007	multiple adenomatous polyps	2.16.840.1.113883.6.96	SNOMEDCT
1.3.6.1.4.1.19376.1.5.3.1.4.5.2	Problem Status	ACTIVE		2.16.840.1.113883.11.20.9.19	ProblemAct StatusCode
<b>1.3.6.1.4.1.19376.1.5.3.1.1.1.3.2.7</b>	<b>Progress Note Section</b>				
	Progress Notes Narrative	Patient underwent a colonoscopy; multiple polyps removed.			
<b>1.3.6.1.4.1.19376.1.5.3.1.3.2.8</b>	<b>Coded Results Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.19</b>	<b>Procedure Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Code	28022-2	Colonoscopy Study	2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.19		311774002	Colonoscopic polypectomy	2.16.840.1.113883.6.96	SNOMEDCT

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.19		45380	Colonoscopy, flexible, proximal to the splenic flexure; with biopsy, single or multiple	2.16.840.1.113883.6.1	CPT-4
1.3.6.1.4.1.19376.1.5.3.1.4.19		45.25	Closed (endoscopic) biopsy of large intestine	2.16.840.1.113883.6.104	ICD-9-CM Procedures
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Date	1/14/2012			
<b>1.3.6.1.4.1.19376.1.5.3.1.4.13</b>	<b>Simple Observation Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Code (Lab Test Name)	28022-2	Colonoscopy Study	2.16.840.1.113883.6.1	LOINC
1.3.6.1.4.1.19376.1.5.3.1.4.13	Value data type (xsi:type)				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Coded Result (Value)				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Units				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Text	Multiple adenomatous polyps in the colon			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Interpretation				
1.3.6.1.4.1.19376.1.5.3.1.4.13	Result Date/Time	1/14/2012			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnosing Facility	METRO ONCOLOGY			
1.3.6.1.4.1.19376.1.5.3.1.4.13	Diagnostic facility ID	1230981100			CLIA



## Cancer Registry Test Data

<b>2.16.840.1.113883.10.20.1.12</b>	<b>Procedures Section</b>				
2.16.840.1.113883.10.20.1.29	<b>Procedure Activity Entry</b>				
2.16.840.1.113883.10.20.1.29	Procedure	28022-2	Colonoscopy Study	2.16.840.1.113883.6.1	LOINC
2.16.840.1.113883.10.20.1.29		311774002	Colonoscopic polypectomy	2.16.840.1.113883.6.96	SNOMEDCT
2.16.840.1.113883.10.20.1.29		45380	Colonoscopy, flexible, proximal to the splenic flexure; with biopsy, single or multiple	2.16.840.1.113883.6.1	CPT-4
2.16.840.1.113883.10.20.1.29		45.25	Closed (endoscopic) biopsy of large intestine	2.16.840.1.113883.6.104	ICD-9-CM Procedures
2.16.840.1.113883.10.20.1.29	Site of procedure	71854001	Colon structure (body structure)	2.16.840.1.113883.3.88.12.3221.8.9	SNOMEDCT
2.16.840.1.113883.10.20.1.29	Date of procedure	1/14/2012			
<b>1.3.6.1.4.1.19376.1.7.3.1.3.1 4.2</b>	<b>Procedure Section - Radiation Oncology</b>				
	Narrative				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.1 9</b>	<b>Medications Section</b>				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date	4/13/2010			

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Timing (Frequency)	BID	Twice a day		
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route	C38288	Oral	2.16.840.1.113883.3.88. 12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose	12.5			
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit	MG		2.16.840.1.113883.11.1 2839	UnitsOfMeasureCaseSe nsitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11. 3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code	562790	Paroxetine 12.5 MG Extended Release Tablet	2.16.840.1.113883.6.88	RxNorm
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name	114228	Paxil		
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.2 1</b>	<b>Medications Administered Section</b> (medications that are administered during the encounter)				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88. 12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose Unit			2.16.840.1.113883.11.1 2839	UnitsOfMeasureCaseSe nsitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11. 3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.3.88. 12.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.4.7</b>	<b>Medications Entry</b>				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Start Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Stop Date				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Frequency				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Route			2.16.840.1.113883.3.88. 12.3221.8.7	Medication Route FDA Value Set
1.3.6.1.4.1.19376.1.5.3.1.4.7	Dose				
	Dose Unit			2.16.840.1.113883.11.1 2839	UnitsOfMeasureCaseSe nsitive
1.3.6.1.4.1.19376.1.5.3.1.4.7	Site			2.16.840.1.114222.4.11. 3370	Administrative Site
1.3.6.1.4.1.19376.1.5.3.1.4.7	Rate				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Code			2.16.840.1.113883.3.88. 12.80.17	Medication Clinical Drug Name Value Set(RxNorm)
1.3.6.1.4.1.19376.1.5.3.1.4.7	Coded Product Name				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Strength				
<b>1.3.6.1.4.1.19376.1.5.3.1.3.3 1</b>	<b>Care Plan Section</b>				

## Cancer Registry Test Data

1.3.6.1.4.1.19376.1.5.3.1.1.20.3.1	Observation Requests Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.12	Immunization Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.7	Medication Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.19	Procedure Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Encounters Entry				
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to (NPI) (APT Mood)	5551234578		2.16.840.1.113883.4.6	NPI
1.3.6.1.4.1.19376.1.5.3.1.4.14	Provider Referred to Name	Martin Mayhill			
2.16.840.1.113883.10.20.3	Provider Referred to Street Address	3548 Sassafrass Blvd.			
2.16.840.1.113883.10.20.3	City	Albany			
2.16.840.1.113883.10.20.3	State	NY		2.16.840.1.113883.6.92	FIPS 5-2 (State)
2.16.840.1.113883.10.20.3	Postal Code	12204		2.16.840.1.113883.6.23 1	US Postal Codes
2.16.840.1.113883.10.20.3	Country	USA	United States		
2.16.840.1.113883.10.20.3	Provider Referred to Telephone	7163924495			