Demonstration Data Set

Search Criteria

FIELD	FIELD DATA
Person ID	
Personal ID Type	
Personal ID	
Last Name	
First Name	
Middle Name	
Date of Birth Range	
From	
To	
Gender	
Region	
Rayon	

Demonstration Data Set

Disease Notification

FIELD	FIELD DATA
* Disease	
Date of Disease	
Date of Notification	
Status of Patient at Time of Notification	
Notification Sent by Facility	
Notification Sent by Name	
Notification Received by Facility	
Notification Received By Name	
Current Location of Patient	
Hospital Name	

FIELD	FIELD DATA
Antibiotic/Antiviral Therapy Administered?	
Was specific vaccination administered?	

Human Module
Disease Report

EIDSS | Electronic Integrated Disease Surveillance System

Demonstration Data Set

Clinical Information: Symptoms

FIELD	FIELD DATA
Date of Symptoms Onset	
Initial Case Classification	
Human Case: Symptoms	

FIELD	FIELD DATA
Antibiotic/Antiviral Therapy Administered?	
Was specific vaccination administered?	

Clinical Information: Facility Details

FIELD	FIELD DATA
Patient previously sought care for similar symptoms	
Date Patient Sought Care	
Facility Patient First Sought Care	
Non-Notifiable Diagnosis from Facility where patient first sought care	
Hospitalization	
Date of Hospitalization	
Date of Discharge	
Hospital Name	

EIDSS | Electronic Integrated Disease Surveillance System

Demonstration Data Set

Clinical Information: Antibiotics

FIELD	FIELD DATA
Antibiotic/Antiviral Therapy Administered?	

Clinical Information: Vaccines

FIELD	FIELD DATA
Was specific vaccination administered?	

Samples

FIELD	FIELD DATA
Samples collected	

Sample Detail

FIELD	FIELD DATA
Filter Sample by Disease	
Collection Date	
Collected by Institution	
Sent Date	
Accession Date	
* Sample Type	Blood
Local Sample ID	
Collected By Officer	
* Sent to Organization	Institute of Internal Diseases
Sample Condition Received	

Disease Report

Demonstration Data Set

Test Details

FIELD	FIELD DATA
Filter Sample by Disease	
Test Disease	
Sample Type	
Test Name	
Test Category	
Test Result	
Date Result Received	
Rules In\Out	
Date Interpreted	
Validated (Y/N)	
Date Validated	
Local Sample ID:	
Lab Sample ID:	
Test Status	
Result Date	
Comments (Rules In\Out)	
Interpreted By	
Comments (Validated)	
Validated By	

Case Investigation Details

FIELD	FIELD DATA
Investigating Organization	
Start date of Investigation	
Location of exposure known?	

Case Investigation: Risk Factors – flexible form; options displayed are based on disease

FIELD	FIELD DATA
Sample options	

Demonstration Data Set

Contact Information

FIELD	FIELD DATA
First	
M.I.	
Last	
Relation	
Date of Last Contact	
Place of Last Contact	
Comments	

Final Outcome

FIELD	FIELD DATA
Final Case Classification	
Date of Final Case Classification	
Outcome	
Comments	
Epidemiologist Name	
Basis of Diagnosis	