

## Demonstration Data Set

### Human Aggregate Disease Details

FIELD	FIELD DATA
Report ID	
* Year	
* Month	
Country	
Region	
Rayon	
Settlement	
* Notification Sent By Institution	
* Notification Sent By Officer	
* Notification Sent By Date	
Notification Received By Institution	
Notification Received By Officer	
Notification Received By Date	
Entered by Institution	
Entered by Officer	
Entered by Date	

## Demonstration Data Set

## Aggregate Report

FIELD	FIELD DATA
Diagnosis	
ICD-10 Code	
<1	
1-4	
5-14	
15-19	
20-	