The test data we created had 9 separate staff (3 of each type) and 10 patients all with at least 1 chart. Every chart has a variable amount of symptoms, medications and diagnoses reported by a variety of staff (if they’re allowed to report that type). There are multiple drugs in multiple categories and they were all prescribed at least once for their correct symptom pairings (ex: ebola medication was prescribed when the symptoms were similar to other ebola patients). There are non-trivial reportedallergies and inferred and in past cases, nobody has been prescribed something they are allergic to or could be allergic to. There could be multiple symptoms on a chart, but only one medication and diagnosis. The time stamps for each entry in every table are plausible (hospital stays are typically less than 6 months in the db). As well, all medications available to patients are medications offered in the real world for that diagnosis, and all the symptoms are the correct symptoms of those diseases.