

MSH : Message Header

| Location   | Data Element                     | Data                    | Categorization |
|------------|----------------------------------|-------------------------|----------------|
| MSH.1      | Field Separator                  |                         |                |
| MSH.2      | Encoding Characters              | ^~\&                    |                |
| MSH.3      | Sending Application              |                         |                |
| MSH.3.1    | Namespace ID                     |                         |                |
| MSH.3.2    | Universal ID                     |                         |                |
| MSH.3.3    | Universal ID Type                |                         |                |
| MSH.4      | Sending Facility                 |                         |                |
| MSH.4.1    | Namespace ID                     | wcEHR                   |                |
| MSH.4.2    | Universal ID                     |                         |                |
| MSH.4.3    | Universal ID Type                |                         |                |
| MSH.5      | Receiving Application            |                         |                |
| MSH.5.1    | Namespace ID                     |                         |                |
| MSH.5.2    | Universal ID                     |                         |                |
| MSH.5.3    | Universal ID Type                |                         |                |
| MSH.6      | Receiving Facility               |                         |                |
| MSH.6.1    | Namespace ID                     | IIS                     |                |
| MSH.6.2    | Universal ID                     |                         |                |
| MSH.6.3    | Universal ID Type                |                         |                |
| MSH.7      | Date/Time Of Message             |                         |                |
| MSH.7.1    | Time                             | 20150625103328.757-0500 |                |
| MSH.9      | Message Type                     |                         |                |
| MSH.9.1    | Message Code                     | VXU                     |                |
| MSH.9.2    | Trigger Event                    | V04                     |                |
| MSH.9.3    | Message Structure                | VXU_V04                 |                |
| MSH.10     | Message Control ID               | 81883                   |                |
| MSH.11     | Processing ID                    |                         |                |
| MSH.11.1   | Processing ID                    | P                       |                |
| MSH.12     | Version ID                       |                         |                |
| MSH.12.1   | Version ID                       | 2.5.1                   |                |
| MSH.15     | Accept Acknowledgment Type       | ER                      |                |
| MSH.16     | Application Acknowledgment Type  | AL                      |                |
| MSH.21     | Message Profile Identifier       |                         |                |
| MSH.21.1   | Entity Identifier                | Z22                     |                |
| MSH.21.2   | Namespace ID                     | CDCPHINVS               |                |
| MSH.21.3   | Universal ID                     |                         |                |
| MSH.21.4   | Universal ID Type                |                         |                |
| MSH.22     | Sending Responsible Organization |                         |                |
| MSH.22.1   | Organization Name                | wcEHR                   |                |
| MSH.22.6   | Assigning Authority              |                         |                |
| MSH.22.6.1 | Namespace ID                     |                         |                |
| MSH.22.6.2 | Universal ID                     |                         |                |
| MSH.22.6.3 | Universal ID Type                |                         |                |
| MSH.22.7   | Identifier Type Code             |                         |                |
| MSH.22.10  | Organization Identifier          |                         |                |

|            |                                    |     |  |
|------------|------------------------------------|-----|--|
| MSH.23     | Receiving Responsible Organization |     |  |
| MSH.23.1   | Organization Name                  | IIS |  |
| MSH.23.6   | Assigning Authority                |     |  |
| MSH.23.6.1 | Namespace ID                       |     |  |
| MSH.23.6.2 | Universal ID                       |     |  |
| MSH.23.6.3 | Universal ID Type                  |     |  |
| MSH.23.7   | Identifier Type Code               |     |  |
| MSH.23.10  | Organization Identifier            |     |  |

PID : Patient Identification

| Location  | Data Element                                       | Data      | Categorization |
|-----------|--|-----------|----------------|
| PID.1     | Set ID - PID                                       | 1         |                |
| PID.3     | Patient Identifier List                            |           |                |
| PID.3.1   | ID Number  | 77100     |                |
| PID.3.3   | Check Digit Scheme                                 |           |                |
| PID.3.4   | Assigning Authority                                |           |                |
| PID.3.4.1 | Namespace ID                                       | wcEHR     |                |
| PID.3.4.2 | Universal ID                                       |           |                |
| PID.3.4.3 | Universal ID Type                                  |           |                |
| PID.3.5   | Identifier Type Code                               | MR        |                |
| PID.5     | Patient Name                                       |           |                |
| PID.5.1   | Family Name  |           |                |
| PID.5.1.1 | Surname  | Broadbent |                |
| PID.5.1.2 | Own Surname Prefix                                 |           |                |
| PID.5.1.3 | Own Surname  |           |                |
| PID.5.1.4 | Surname Prefix From Partner/Spouse                 |           |                |
| PID.5.1.5 | Surname From Partner/Spouse                        |           |                |
| PID.5.2   | Given Name   | Ashley    |                |
| PID.5.3   | Second and Further Given Names or Initials Thereof | Jennifer  |                |
| PID.5.7   | Name Type Code                                     | L         |                |
| PID.6     | Mother's Maiden Name                               |           |                |
| PID.6.1   | Family Name  |           |                |
| PID.6.1.1 | Surname  | Layton    |                |
| PID.6.1.2 | Own Surname Prefix                                 |           |                |
| PID.6.1.3 | Own Surname  |           |                |
| PID.6.1.4 | Surname Prefix From Partner/Spouse                 |           |                |
| PID.6.1.5 | Surname From Partner/Spouse                        |           |                |
| PID.6.7   | Name Type Code                                     | M         |                |
| PID.7     | Date/Time of Birth                                 |           |                |
| PID.7.1   | Time   | 20150516  |                |
| PID.8     | Administrative Sex                                 | F         |                |
| PID.10    | Race   |           |                |

|            |                                  |                        |  |
|------------|----------------------------------|------------------------|--|
| PID.10.1   | Identifier                       | 2054-5                 |  |
| PID.10.2   | Text                             | African American       |  |
| PID.10.3   | Name of Coding System            | CDCREC                 |  |
| PID.10.5   | Alternate Text                   |                        |  |
| PID.10.6   | Name of Alternate Coding System  |                        |  |
| PID.11     | Patient Address                  |                        |  |
| PID.11.1   | Street Address                   |                        |  |
| PID.11.1.1 | Street or Mailing Address        | 901 North 12th St      |  |
| PID.11.1.2 | Street Name                      |                        |  |
| PID.11.1.3 | Dwelling Number                  |                        |  |
| PID.11.2   | Other Designation                |                        |  |
| PID.11.3   | City                             | Bozeman                |  |
| PID.11.4   | State or Province                | MT                     |  |
| PID.11.5   | Zip or Postal Code               | 59715                  |  |
| PID.11.6   | Country                          | USA                    |  |
| PID.11.7   | Address Type                     | P                      |  |
| PID.13     | Phone Number - Home              |                        |  |
| PID.13.2   | Telecommunication Use Code       | PRN                    |  |
| PID.13.3   | Telecommunication Equipment Type | PH                     |  |
| PID.13.4   | Email Address                    |                        |  |
| PID.13.6   | Area/City Code                   | 406                    |  |
| PID.13.7   | Local Number                     | 5552262                |  |
| PID.22     | Ethnic Group                     |                        |  |
| PID.22.1   | Identifier                       | 2186-5                 |  |
| PID.22.2   | Text                             | Not Hispanic or Latino |  |
| PID.22.3   | Name of Coding System            | CDCREC                 |  |
| PID.22.5   | Alternate Text                   |                        |  |
| PID.22.6   | Name of Alternate Coding System  |                        |  |
| PID.24     | Multiple Birth Indicator         | N                      |  |
| PID.25     | Birth Order                      | 1                      |  |
| PID.29     | Patient Death Date and Time      |                        |  |
| PID.29.1   | Time                             |                        |  |
| PID.30     | Patient Death Indicator          | N                      |  |

PD1 : Patient Additional Demographic

| Location | Data Element                    | Data                       | Categorization |
|----------|---------------------------------|----------------------------|----------------|
| PD1.11   | Publicity Code                  |                            |                |
| PD1.11.1 | Identifier                      | 03                         |                |
| PD1.11.2 | Text                            | Reminder/recall - no calls |                |
| PD1.11.3 | Name of Coding System           | HL70215                    |                |
| PD1.11.5 | Alternate Text                  |                            |                |
| PD1.11.6 | Name of Alternate Coding System |                            |                |
|          |                                 |                            |                |

|        |   |          |  |
|--------|---|----------|--|
| PD1.12 | Protection Indicator                        | N        |  |
| PD1.13 | Protection Indicator Effective Date         | 20150625 |  |
| PD1.16 | Immunization Registry Status                | A        |  |
| PD1.17 | Immunization Registry Status Effective Date | 20150516 |  |
| PD1.18 | Publicity Code Effective Date               | 20150625 |  |

**NK1 : Next of Kin / Associated Parties**

| <b>Location</b> | <b>Data Element</b>                                | <b>Data</b>       | <b>Categorization</b> |
|-----------------|--|-------------------|-----------------------|
| NK1.1           | Set ID - NK1                                       | 1                 |                       |
| NK1.2           | Name   |                   |                       |
| NK1.2.1         | Family Name  |                   |                       |
| NK1.2.1.1       | Surname  | Broadbent         |                       |
| NK1.2.1.2       | Own Surname Prefix                                 |                   |                       |
| NK1.2.1.3       | Own Surname  |                   |                       |
| NK1.2.1.4       | Surname Prefix From Partner/Spouse                 |                   |                       |
| NK1.2.1.5       | Surname From Partner/Spouse                        |                   |                       |
| NK1.2.2         | Given Name   | Ellen             |                       |
| NK1.2.3         | Second and Further Given Names or Initials Thereof |                   |                       |
| NK1.2.7         | Name Type Code                                     | L                 |                       |
| NK1.3           | Relationship                                       |                   |                       |
| NK1.3.1         | Identifier   | MTH               |                       |
| NK1.3.2         | Text   | Mother            |                       |
| NK1.3.3         | Name of Coding System                              | HL70063           |                       |
| NK1.3.5         | Alternate Text                                     |                   |                       |
| NK1.3.6         | Name of Alternate Coding System                    |                   |                       |
| NK1.4           | Address  |                   |                       |
| NK1.4.1         | Street Address                                     |                   |                       |
| NK1.4.1.1       | Street or Mailing Address                          | 901 North 12th St |                       |
| NK1.4.1.2       | Street Name  |                   |                       |
| NK1.4.1.3       | Dwelling Number                                    |                   |                       |
| NK1.4.2         | Other Designation                                  |                   |                       |
| NK1.4.3         | City   | Bozeman           |                       |
| NK1.4.4         | State or Province                                  | MT                |                       |
| NK1.4.5         | Zip or Postal Code                                 | 59715             |                       |
| NK1.4.6         | Country  | USA               |                       |
| NK1.4.7         | Address Type                                       | P                 |                       |
| NK1.5           | Phone Number                                       |                   |                       |
| NK1.5.2         | Telecommunication Use Code                         | PRN               |                       |
| NK1.5.3         | Telecommunication Equipment Type                   | PH                |                       |

|         |                |         |  |
|---------|----------------|---------|--|
| NK1.5.4 | Email Address  |         |  |
| NK1.5.6 | Area/City Code | 406     |  |
| NK1.5.7 | Local Number   | 5552262 |  |

**ORC : Common Order**

| <b>Location</b> | <b>Data Element</b>                                | <b>Data</b> | <b>Categorization</b> |
|-----------------|--|-------------|-----------------------|
| ORC.1           | Order Control                                      | RE          |                       |
| ORC.2           | Placer Order Number                                |             |                       |
| ORC.2.1         | Entity Identifier                                  | 3881        |                       |
| ORC.2.2         | Namespace ID                                       | wcEHR       |                       |
| ORC.2.3         | Universal ID                                       |             |                       |
| ORC.2.4         | Universal ID Type                                  |             |                       |
| ORC.3           | Filler Order Number                                |             |                       |
| ORC.3.1         | Entity Identifier                                  | 13926       |                       |
| ORC.3.2         | Namespace ID                                       | wcEHR       |                       |
| ORC.3.3         | Universal ID                                       |             |                       |
| ORC.3.4         | Universal ID Type                                  |             |                       |
| ORC.10          | Entered By   |             |                       |
| ORC.10.1        | ID Number  | 7824        |                       |
| ORC.10.2        | Family Name  |             |                       |
| ORC.10.2.1      | Surname  | Jackson     |                       |
| ORC.10.2.2      | Own Surname Prefix                                 |             |                       |
| ORC.10.2.3      | Own Surname  |             |                       |
| ORC.10.2.4      | Surname Prefix From Partner/Spouse                 |             |                       |
| ORC.10.2.5      | Surname From Partner/Spouse                        |             |                       |
| ORC.10.3        | Given Name   | Lily        |                       |
| ORC.10.4        | Second and Further Given Names or Initials Thereof | Suzanne     |                       |
| ORC.10.9        | Assigning Authority                                |             |                       |
| ORC.10.9.1      | Namespace ID                                       | wcEHR       |                       |
| ORC.10.9.2      | Universal ID                                       |             |                       |
| ORC.10.9.3      | Universal ID Type                                  |             |                       |
| ORC.10.10       | Name Type Code                                     | L           |                       |
| ORC.10.12       | Check Digit Scheme                                 |             |                       |
| ORC.10.13       | Identifier Type Code                               | PRN         |                       |
| ORC.12          | Ordering Provider                                  |             |                       |
| ORC.12.1        | ID Number  | 654         |                       |
| ORC.12.2        | Family Name  |             |                       |
| ORC.12.2.1      | Surname  | Thomas      |                       |
| ORC.12.2.2      | Own Surname Prefix                                 |             |                       |
| ORC.12.2.3      | Own Surname  |             |                       |
| ORC.12.2.4      | Surname Prefix From Partner/Spouse                 |             |                       |
| ORC.12.2.5      | Surname From Partner/Spouse                        |             |                       |
| ORC.12.3        | Given Name   | Wilma       |                       |

|            |  |             |  |
|------------|--|-------------|--|
| ORC.12.4   | Second and Further Given Names or Initials Thereof | Elizabeth   |  |
| ORC.12.9   | Assigning Authority                                |             |  |
| ORC.12.9.1 | Namespace ID                                       | weEHR       |  |
| ORC.12.9.2 | Universal ID                                       |             |  |
| ORC.12.9.3 | Universal ID Type                                  |             |  |
| ORC.12.10  | Name Type Code                                     | L           |  |
| ORC.12.12  | Check Digit Scheme                                 |             |  |
| ORC.12.13  | Identifier Type Code                               | MD          |  |
| ORC.17     | Entering Organization                              |             |  |
| ORC.17.1   | Identifier   | weEHR       |  |
| ORC.17.2   | Text   | West Clinic |  |
| ORC.17.3   | Name of Coding System                              | HL70362     |  |
| ORC.17.5   | Alternate Text                                     |             |  |
| ORC.17.6   | Name of Alternate Coding System                    |             |  |

**RXA : Pharmacy/Treatment Administration**

| Location | Data Element                      | Data          | Categorization |
|----------|-----------------------------------|---------------|----------------|
| RXA.1    | Give Sub-ID Counter               | 0             |                |
| RXA.2    | Administration Sub-ID Counter     | 1             |                |
| RXA.3    | Date/Time Start of Administration |               |                |
| RXA.3.1  | Time                              | 20150625      |                |
| RXA.5    | Administered Code                 |               |                |
| RXA.5.1  | Identifier                        | 58160-0820-01 |                |
| RXA.5.2  | Text                              | ENERGIX-B     |                |
| RXA.5.3  | Name of Coding System             | NDC           |                |
| RXA.5.5  | Alternate Text                    |               |                |
| RXA.5.6  | Name of Alternate Coding System   |               |                |
| RXA.6    | Administered Amount               | 0.5           |                |
| RXA.7    | Administered Units                |               |                |
| RXA.7.1  | Identifier                        | mL            |                |
| RXA.7.2  | Text                              | mL            |                |
| RXA.7.3  | Name of Coding System             | UCUM          |                |
| RXA.7.5  | Alternate Text                    |               |                |
| RXA.7.6  | Name of Alternate Coding System   |               |                |
| RXA.9    | Administration Notes              |               |                |
| RXA.9.1  | Identifier                        | 00            |                |
| RXA.9.2  | Text                              | New Record    |                |
| RXA.9.3  | Name of Coding System             | NIP001        |                |
| RXA.9.5  | Alternate Text                    |               |                |
| RXA.9.6  | Name of Alternate Coding System   |               |                |
| RXA.10   | Administering Provider            |               |                |
| RXA.10.1 | ID Number                         | 7824          |                |

|            |  |                 |  |
|------------|--|-----------------|--|
| RXA.10.2   | Family Name  |                 |  |
| RXA.10.2.1 | Surname  | Jackson         |  |
| RXA.10.2.2 | Own Surname Prefix                                 |                 |  |
| RXA.10.2.3 | Own Surname  |                 |  |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |                 |  |
| RXA.10.2.5 | Surname From Partner/Spouse                        |                 |  |
| RXA.10.3   | Given Name   | Lily            |  |
| RXA.10.4   | Second and Further Given Names or Initials Thereof | Suzanne         |  |
| RXA.10.9   | Assigning Authority                                |                 |  |
| RXA.10.9.1 | Namespace ID                                       | wcEHR           |  |
| RXA.10.9.2 | Universal ID                                       |                 |  |
| RXA.10.9.3 | Universal ID Type                                  |                 |  |
| RXA.10.10  | Name Type Code                                     | L               |  |
| RXA.10.12  | Check Digit Scheme                                 |                 |  |
| RXA.10.13  | Identifier Type Code                               | PRN             |  |
| RXA.11     | Administered-at Location                           |                 |  |
| RXA.11.4   | Facility   |                 |  |
| RXA.11.4.1 | Namespace ID                                       | wcEHR           |  |
| RXA.11.4.2 | Universal ID                                       |                 |  |
| RXA.11.4.3 | Universal ID Type                                  |                 |  |
| RXA.15     | Substance Lot Number                               | 797397          |  |
| RXA.16     | Substance Expiration Date                          |                 |  |
| RXA.16.1   | Time   | 20151203        |  |
| RXA.17     | Substance Manufacturer Name                        |                 |  |
| RXA.17.1   | Identifier   | SKB             |  |
| RXA.17.2   | Text   | GlaxoSmithKline |  |
| RXA.17.3   | Name of Coding System                              | MVX             |  |
| RXA.17.5   | Alternate Text                                     |                 |  |
| RXA.17.6   | Name of Alternate Coding System                    |                 |  |
| RXA.18     | Substance/Treatment Refusal Reason                 |                 |  |
| RXA.18.1   | Identifier   |                 |  |
| RXA.18.2   | Text   |                 |  |
| RXA.18.3   | Name of Coding System                              |                 |  |
| RXA.18.5   | Alternate Text                                     |                 |  |
| RXA.18.6   | Name of Alternate Coding System                    |                 |  |
| RXA.20     | Completion Status                                  | CP              |  |
| RXA.21     | Action Code - RXA                                  | A               |  |

**RXR : Pharmacy/Treatment Route**

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
| RXR.1    | Route        |      |                |
|          |              |      |                |

|         |                                 |               |  |
|---------|---------------------------------|---------------|--|
| RXR.1.1 | Identifier                      | C28161        |  |
| RXR.1.2 | Text                            | Intramuscular |  |
| RXR.1.3 | Name of Coding System           | NCIT          |  |
| RXR.1.5 | Alternate Text                  |               |  |
| RXR.1.6 | Name of Alternate Coding System |               |  |
| RXR.2   | Administration Site             |               |  |
| RXR.2.1 | Identifier                      | LT            |  |
| RXR.2.2 | Text                            | Left Thigh    |  |
| RXR.2.3 | Name of Coding System           | HL70163       |  |
| RXR.2.5 | Alternate Text                  |               |  |
| RXR.2.6 | Name of Alternate Coding System |               |  |

OBX[\*]

OBX : Observation/Result

| Location | Data Element                    | Data                   | Categorization |
|----------|---------------------------------|------------------------|----------------|
| OBX.1    | Set ID - OBX                    | 1                      |                |
| OBX.2    | Value Type                      | CE                     |                |
| OBX.3    | Observation Identifier          |                        |                |
| OBX.3.1  | Identifier                      | 30963-3                |                |
| OBX.3.2  | Text                            | Vaccine Funding Source |                |
| OBX.3.3  | Name of Coding System           | LN                     |                |
| OBX.3.5  | Alternate Text                  |                        |                |
| OBX.3.6  | Name of Alternate Coding System |                        |                |
| OBX.4    | Observation Sub-ID              | 1                      |                |
| OBX.5    | Observation Value               |                        |                |
| OBX.6    | Units                           |                        |                |
| OBX.6.1  | Identifier                      |                        |                |
| OBX.6.2  | Text                            |                        |                |
| OBX.6.3  | Name of Coding System           |                        |                |
| OBX.6.5  | Alternate Text                  |                        |                |
| OBX.6.6  | Name of Alternate Coding System |                        |                |
| OBX.11   | Observation Result Status       | F                      |                |
| OBX.14   | Date/Time of the Observation    |                        |                |
| OBX.14.1 | Time                            | 20150625               |                |
| OBX.17   | Observation Method              |                        |                |
| OBX.17.1 | Identifier                      |                        |                |
| OBX.17.2 | Text                            |                        |                |
| OBX.17.3 | Name of Coding System           |                        |                |
| OBX.17.5 | Alternate Text                  |                        |                |
| OBX.17.6 | Name of Alternate Coding System |                        |                |



**OBX : Observation/Result**

| Location | Data Element                       | Data                                   | Categorization |
|----------|------------------------------------|--|----------------|
| OBX.1    | Set ID - OBX                       | 2                                      |                |
| OBX.2    | Value Type                         | CE                                     |                |
| OBX.3    | Observation Identifier             |  |                |
| OBX.3.1  | Identifier                         | 64994-7                                |                |
| OBX.3.2  | Text                               | Vaccine Funding<br>Program Eligibility |                |
| OBX.3.3  | Name of Coding<br>System           | LN                                     |                |
| OBX.3.5  | Alternate Text                     |  |                |
| OBX.3.6  | Name of Alternate<br>Coding System |  |                |
| OBX.4    | Observation Sub-ID                 | 2                                      |                |
| OBX.5    | Observation Value                  |  |                |
| OBX.6    | Units                              |  |                |
| OBX.6.1  | Identifier                         |  |                |
| OBX.6.2  | Text                               |  |                |
| OBX.6.3  | Name of Coding<br>System           |  |                |
| OBX.6.5  | Alternate Text                     |  |                |
| OBX.6.6  | Name of Alternate<br>Coding System |  |                |
| OBX.11   | Observation Result Status          | F                                      |                |
| OBX.14   | Date/Time of the<br>Observation    |  |                |
| OBX.14.1 | Time                               | 20150625                               |                |
| OBX.17   | Observation Method                 |  |                |
| OBX.17.1 | Identifier                         | VXC40                                  |                |
| OBX.17.2 | Text                               | per immunization                       |                |
| OBX.17.3 | Name of Coding<br>System           | CDCPHINVS                              |                |
| OBX.17.5 | Alternate Text                     |  |                |
| OBX.17.6 | Name of Alternate<br>Coding System |  |                |

**OBX : Observation/Result**

| Location | Data Element                       | Data          | Categorization |
|----------|------------------------------------|---------------|----------------|
| OBX.1    | Set ID - OBX                       | 3             |                |
| OBX.2    | Value Type                         | CE            |                |
| OBX.3    | Observation Identifier             |               |                |
| OBX.3.1  | Identifier                         | 69764-9       |                |
| OBX.3.2  | Text                               | Document Type |                |
| OBX.3.3  | Name of Coding<br>System           | LN            |                |
| OBX.3.5  | Alternate Text                     |               |                |
| OBX.3.6  | Name of Alternate<br>Coding System |               |                |
| OBX.4    | Observation Sub-ID                 | 3             |                |
|          |                                    |               |                |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.5    | Observation Value               |          |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150625 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

OBX : Observation/Result

| Location | Data Element                    | Data               | Categorization |
|----------|---------------------------------|--------------------|----------------|
| OBX.1    | Set ID - OBX                    | 4                  |                |
| OBX.2    | Value Type                      | DT                 |                |
| OBX.3    | Observation Identifier          |                    |                |
| OBX.3.1  | Identifier                      | 29769-7            |                |
| OBX.3.2  | Text                            | Date Vis Presented |                |
| OBX.3.3  | Name of Coding System           | LN                 |                |
| OBX.3.5  | Alternate Text                  |                    |                |
| OBX.3.6  | Name of Alternate Coding System |                    |                |
| OBX.4    | Observation Sub-ID              | 3                  |                |
| OBX.5    | Observation Value               | 20150625           |                |
| OBX.6    | Units                           |                    |                |
| OBX.6.1  | Identifier                      |                    |                |
| OBX.6.2  | Text                            |                    |                |
| OBX.6.3  | Name of Coding System           |                    |                |
| OBX.6.5  | Alternate Text                  |                    |                |
| OBX.6.6  | Name of Alternate Coding System |                    |                |
| OBX.11   | Observation Result Status       | F                  |                |
| OBX.14   | Date/Time of the Observation    |                    |                |
| OBX.14.1 | Time                            | 20150625           |                |
| OBX.17   | Observation Method              |                    |                |
| OBX.17.1 | Identifier                      |                    |                |

|          |                                 |  |  |
|----------|---------------------------------|--|--|
| OBX.17.2 | Text                            |  |  |
| OBX.17.3 | Name of Coding System           |  |  |
| OBX.17.5 | Alternate Text                  |  |  |
| OBX.17.6 | Name of Alternate Coding System |  |  |