1. **SHALL** contain exactly one [1..1] **templateId** (CONF:81-9189) such that it
    a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.6.2.3" (CONF:81-10535).
2. **SHALL** contain exactly one [1..1] **code** (CONF:81-9190).
    a. This code **SHALL** contain exactly one [1..1] **@code**="121026" (CONF:81-26455).
    b. This code **SHALL** contain exactly one [1..1] **@codeSystem**="1.2.840.10008.2.16.4" (CodeSystem: DCM urn:oid:1.2.840.10008.2.16.4) (CONF:81-26476).
3. **SHALL** contain exactly one [1..1] **subject** (CONF:81-9191).

The name element is used to store the DICOM fetus ID, typically a pseudonym such as fetus_1.

    a. This subject **SHALL** contain exactly one [1..1] **name** (CONF:81-15347).

Figure 72: Fetus Subject Context Example

```
<relatedSubject>
    <templateId root="2.16.840.1.113883.10.20.6.2.3"/>
    <code code="121026"
        codeSystem="1.2.840.10008.2.16.4"
        displayName="Fetus"/>
    <subject>
        <name>fetus_1</name>
    </subject>
</relatedSubject>
```

2.19 Findings Section (DIR)

[section: identifier urn:oid:2.16.840.1.113883.10.20.6.1.2 (open)]

Table 103: Findings Section (DIR) Contexts

Contained By:	Contains:
Diagnostic Imaging Report (V3) (required)	

The Findings section contains the main narrative body of the report. While not an absolute requirement for transformed DICOM SR reports, it is suggested that Diagnostic Imaging Reports authored in CDA follow Term Info guidelines for the codes in the various observations and procedures recorded in this section.

Table 104: Findings Section (DIR) Constraints Overview

XPath	Card.	Verb	Data Type	CONF#	Value
section (identifier: urn:oid:2.16.840.1.113883.10.20.6.1.2)					
templateId	1..1	SHALL		81-8531	
@root	1..1	SHALL	UID	81-10456	2.16.840.1.113883.10.20.6.1.2

1. **SHALL** contain exactly one [1..1] **templateId** (CONF:81-8531) such that it

a. **SHALL** contain exactly one [1..1] **@root**="2.16.840.1.113883.10.20.6.1.2" (CONF:81-10456).

2. This section **SHOULD** contain only the direct observations in the report, with topics such as Reason for Study, History, and Impression placed in separate sections. However, in cases where the source of report content provides a single block of text not separated into these sections, that text **SHALL** be placed in the Findings section (CONF:81-8532).

Figure 73: Findings Section (DIR) Example

```
<section>
    <templateId root="2.16.840.1.113883.10.20.6.1.2"/>
    <code code="121070"
          codeSystem="1.2.840.10008.2.16.4"
          codeSystemName="DCM"
          displayName="Findings"/>
    <title>Findings</title>
    <text>
        <paragraph>
            <caption>Finding</caption>
            <content ID="Fndng2">The cardiomediastinum is     . </content>
        </paragraph>
        <paragraph>
            <caption>Diameter</caption>
            <content ID="Diam2">45mm</content>
        </paragraph>
       ...

    </text>
    <entry>
        <templateId root="2.16.840.1.113883.10.20.6.2.12"/>
       ...

    </entry>
</section>
```

2.20 Functional Status Section (V2)

[section: identifier urn:hl7ii:2.16.840.1.113883.10.20.22.2.14:2014-06-09 (open)]

Table 105: Functional Status Section (V2) Contexts

Contained By:	Contains:
Consultation Note (V3) (optional) Continuity of Care Document (CCD) (V3) (optional) Discharge Summary (V3) (optional) Transfer Summary (V2) (optional) Referral Note (V2) (optional)	Caregiver Characteristics (optional) Assessment Scale Observation (optional) Sensory Status (optional) Self-Care Activities (ADL and IADL) (optional) Non-Medicinal Supply Activity (V2) (optional) Functional Status Observation (V2) (optional) Functional Status Organizer (V2) (optional) Pressure Ulcer Observation (DEPRECATED) (optional) Cognitive Status Problem Observation (DEPRECATED) (optional) Functional Status Problem Observation (DEPRECATED) (optional)

The Functional Status Section contains observations and assessments of a patient's physical abilities. A patient's functional status may include information regarding the patient's ability to perform Activities of Daily Living (ADLs) in areas such as Mobility (e.g., ambulation), Self-Care (e.g., bathing, dressing, feeding, grooming) or Instrumental Activities of Daily Living (IADLs) (e.g., shopping, using a telephone, balancing a check book). Problems that impact function (e.g., dyspnea, dysphagia) can be contained in the section.