

CIBMTR Direct FHIR API Connection Guide

v.2104

Introduction

CIBMTR collects clinical research data related to stem-cell transplants including patient characteristics, disease parameters, procedures, treatments, and longitudinal outcomes. Typically, this data is collected using an online form called FormsNet and populated by a data manager associated with a transplant center or hospital. CIBMTR is committed to minimizing the data collection effort for transplant centers and data managers and is actively working to collect data electronically from transplant center Electronic Health Records (EHR) systems. CIBMTR is engaged in a program called the Data Transformation Initiative (DTI) where electronic data is collected and used to prepopulate the questions on the applicable CIBMTR forms. Prepopulating form questions reduces the number of questions required by the data managers to subsequently answer manually.

This document describes how to submit HL7 FHIR data electronically using available CIBMTR REST APIs. Data for each patient is submitted using the HL7 FHIR exchange protocol in JSON or XML format. The REST APIs are available for integration into a custom client architecture or for submission using a manual HTTP client such as Postman. CIBMTR refers to data submitted directly to the CIBMTR FHIR API using a custom client as Direct FHIR data submission.

The current API supports FHIR STU3 resources. Details on FHIR implementation guides supported by CIBMTR can be found at http://fhir.nmdp.org. The Direct FHIR service API can currently accept Patient and Observation FHIR resources for data listed in Appendix 1. Additional data types and FHIR resources will be added as part of the DTI program. Refer to fhir.nmdp.org for the most up to date information.

The process for submitting production data to CIBMTR includes three sequential steps:

- 1. Request CIBMTR Direct FHIR Service API Access Credentials
- 2. Submit test data using the CIBMTR test API endpoint URLs
- 3. Submit production data with the CIBMTR production API endpoint URLs

Once electronic data has been submitted via the Direct FHIR service API, the Data Manager can login to the FormsNet interface to complete the data submission process for form prepopulation. Associated with each form are important clarifying contextual questions that must be answered to provide necessary information for associating the dates of the electronic data with the key dates of interest on the form. Answering these contextual questions within FormsNet initiates the electronic data form prepopulation for a specific form.

Access Credentials

A CIBMTR relationship manager or technical lead can initiate a request for API credentials. CIBMTR uses OAuth2.0/OpenID (OIDC) for authentication and access management. This process involves making a request to a third-party authorization server to receive a token. The token is then passed to the CIBMTR









API URL in the request header. The following information will be provided by CIBMTR and is necessary for requesting an authorization token¹:

- CIBMTR Service Account Username
- CIBMTR Service Account Password
- Application Client ID
- Application Client Secret
- Application Scope

Different sets of credentials will be provided for the CIBMTR test and production environments.

To request an authentication token for the test environment, the third-party authorization server URL is:

POST HTTPS://NMDP.OKTAPREVIEW.COM/OAUTH2/AUSAEXCAZHLHXKNJS0H7/V1/TOKEN

or:

POST HTTPS://NMDP.OKTAPREVIEW.COM/OAUTH2/AUS3CK6Q30QMODPMB1T7/V1/TOKEN

To request an authentication token for the production environment, the third-party authorization server URL is:

POST HTTPS://NMDP.OKTA.COM/OAUTH2/AUSAEXCAZHLHXKNJSOH7/V1/TOKEN

or:

POST HTTPS://NMDP.OKTA.COM/OAUTH2/AUS3CK6Q30QMODPMB1T7/V1/TOKEN

The header of the POST request to the authorization server must have an authorization string. The string is constructed by base64 encoding the Application Client ID, a colon, and the Application Client Secret. The encoded string is then appended to the word "Basic".

```
const auth_string = "Basic " +
   base64("<Application Client ID>" + ":" + "<Application Client Secret>")
```

An example of the header parameters for the POST request to the authorization server is shown in Figure 1. In the figure, the authorization string is blacked out. Notice the space between the base 64 encoded string and the string prefix, "Basic".

¹ https://developer.okta.com/docs/guides/implement-password/use-flow/









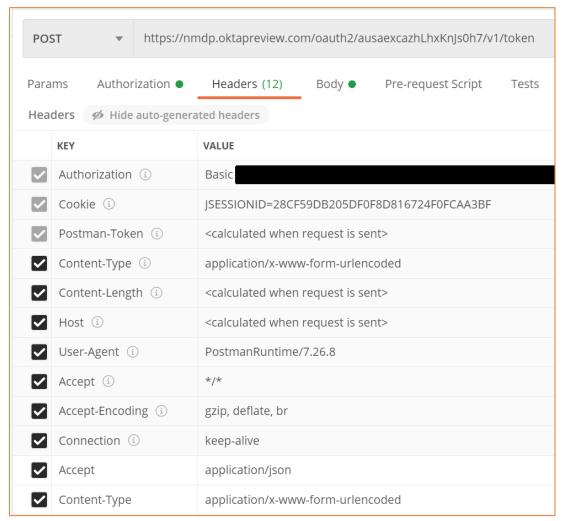


Figure 1: Example header information for the POST request to the authorization server

Figure 2 shows the required fields in the body of the POST request to the authorization server API. The value for the "username" key should be the CIBMTR Service Account Username provided by CIBMTR. The value for the "password" key should be the CIBMTR Service Account Password. The "grant_type" key and the "scope" key should have the same values as shown in Figure 2. The response to the POST request will return a JSON object that includes a base64 encoded token. The token can be a long character string (over 1000 chars).









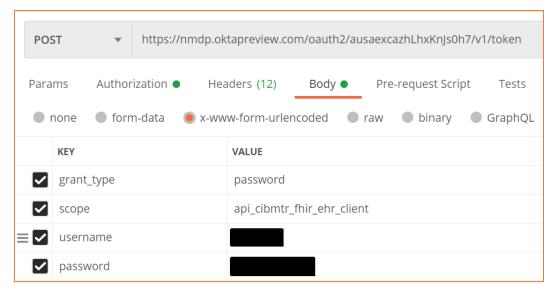


Figure 2: Required POST fields to submit for the authorization token.

Once the token has been received, a request to the CIBMTR Direct FHIR service API can be made. Tokens are valid for 30 minutes in the production environment, but last up to 24 hours in the test environment. Applications must cache and re-use tokens until they are about to expire because Okta rate limits requests for new tokens. One workable strategy is to obtain a new token every 25 minutes.

To make a request to the CIBMTR Direct FHIR Backend API, include the token in the header as the authorization key value of the request along with the word "Bearer" in front of it, as shown in Figure 3.

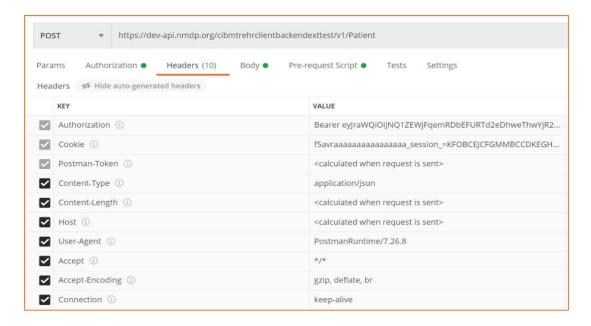


Figure 3: Example CIBMTR Direct FHIR API request using a bearer authorization token in the header of the request.









Recommended Data Submission Workflow

Submitting data to CIBMTR via the Direct FHIR service API involves a three-step process for each patient:

Step 1: Register patient and receive CRID

Register a patient with CIBMTR and receive a CIBMTR Research Identifier (CRID) to use as a patient reference for all subsequent FHIR data submissions. CIBMTR exposes a special service API to handle the submission of personally identifiable information (PII). Data submitted via the CRID Service API has special protections and exposure within CIBMTR to avoid unnecessary handling of PII. For all subsequent FHIR data submissions, the CRID is used to identify the patient and any PII is removed from FHIR resources before being stored on CIBMTR FHIR servers.

The CRID Service API uses a PUT request at the following case-sensitive endpoint URLs:

Test Environment

PUT HTTPS://DEV-API.NMDP.ORG/CIBMTREHRCLIENTBACKENDEXTTEST/V1/CRID

Production Environment

PUT HTTPS://API.NMDP.ORG/CIBMTREHRCLIENTBACKEND/V1/CRID

The authorization key and bearer token must be included in the request as mentioned in the previous section. For the body of the PUT request, the following data fields are requested:

Five required attributes

- CCN (5digit)
- First and last name
- Birthdate (YYYY-MM-DD)
- Gender (M/F)

Optional attributes (possibly present)

- SSN (###-###-###)
- Mother's maiden name
- Race (race code)
- Ethnicity (ethnicity code)
- NMDP RID
- EBMT CIC + ID
- CIBMTR Team + IUBMID









Complete list of payload options for CRID registration

```
{
  "ccn": "string",
  "patient": {
      "firstName": "string",
      "lastName": "string",
      "gender": "string",
      "ssn": "string",
      "mothersMaidenName": "string",
      "race": ["string"],
      "ethnicity": "string",
      "nmdpRid": 0,
      "ebmtCic": "string",
      "cibmtrIubmid": "string",
      "cibmtrTeam": 0,
      "ebmtId": "string"
}
```

CRID Race Codes

Race Value Code	Description
1002-5	American Indian or Alaska Native
2028-9	Asian
2054-5	Black or African American
2076-8	Native Hawaiian or Other Pacific Islander
2106-3	White
ASKU	Not Reported
UNK	Unknown

CRID Ethnicity Codes

Ethnicity Value Code	Description
2135-2	Hispanic or Latino
2186-5	Non Hispanic or Latino
UNK	Unknown

The CRID Service API is available as a PUT request. Consequently, submitting the same data twice does not re-register the patient, but rather will retrieve the same CRID number registered









previously. The CRID Service API will attempt to perform partial "fuzzy" matches based on data submitted to avoid re-registering the same patient with two different CRID numbers.

The response payload of the CRID Service API is a JSON object that contains the CRID number (lower pane in Figure 4). The CRID number is then used for all other data references to the registered patient.

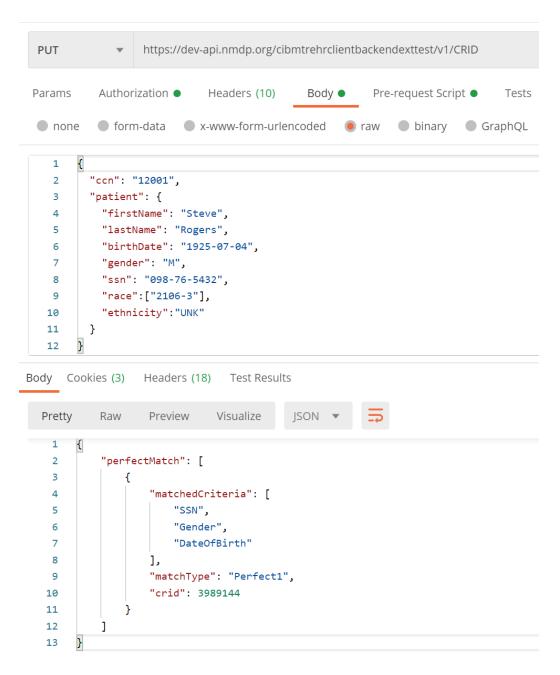


Figure 4: Example CRID registration PUT request with JSON body payload (top pane) and response payload (bottom pane)









Step 2: Submit Patient FHIR Resource

The Patient FHIR resource must be submitted before any other FHIR resources². the Patient FHIR resource ID is part of the response to the Patient POST request. The resource ID is unique to the CIBMTR FHIR server and is used to reference the Patient subject on all subsequently submitted FHIR resources. The resource ID is assigned by the FHIR server and is different from the Patient identifier section of the FHIR resource.

The Direct FHIR Service API uses a POST request to submit a Patient resource at the following case-sensitive endpoint URLs:

Test Environment

POST HTTPS://DEV-API.NMDP.ORG/CIBMTREHRCLIENTBACKENDEXTTEST/V1/PATIENT

Production Environment

POST HTTPS://API.NMDP.ORG/CIBMTREHRCLIENTBACKEND/V1/PATIENT

The authorization key and bearer token must be included in the request as mentioned in the previous section. FHIR JSON submissions should also include a "content-type" key in the header with value: "application/fhir+json".

The Patient FHIR resource usually contains the demographics data for the patient, however, since the demographics data is already submitted during the CRID registration process, there are only three primary components necessary in the Patient FHIR resource:

- A security label within the "meta" section of the Patient resource must contain the CIBMTR
 Center Number (CCN) prepended with "rc_" and associated with the codesystem as shown in
 Figure 5.
- 2. A text.status section that should have the narrative code of "empty" if no text narrative is provided. An example is shown in Figure 5.
- 3. A CRID identifier reference within the "identifier" section of the Patient resource as shown in Figure 5.

PII information should be avoided as part of the Patient resource. However, the Direct FHIR service API will remove PII information, including any that might be contained in "text.div" or other sections of the resource before storing it on the FHIR server.

² http://hl7.org/fhir/STU3/patient.html









The response after submitting a Patient resource request, includes the Patient resource ID in the header of the response (see Figure 6). The "Location" section of the response header includes a URL reference for the Patient resource on the CIBMTR FHIR server and the Patient resource ID is in the URL (circled in red in Figure 6). The Patient resource ID is necessary for submitting other FHIR resources to the Direct FHIR service API, but if the ID for a Patient resource previously submitted is not known, the following GET request can be submitted to the API to retrieve the Patient resource for a given CRID:

```
GET https://dev-api.nmdp.org/cibmtrehrclientbackendexttest/v1/Patient?
_security=http://cibmtr.org/codesystem/transplant-center%7Crc_<CCN>& identifier=<CRID>
```

Where the <CCN> should be replaced with the associated CCN and the <CRID> replaced with the CRID number.

```
POST
                 https://dev-api.nmdp.org/cibmtrehrclientbackendexttest/v1/Patient...
Params
         Headers
                    Body •
         ■ form-data
■ x-www-form-urlencoded
● raw
■ binary
■ GraphQL
JSON
✓
none
       {
   1
       ····"resourceType": "Patient",
   2
        ···"meta": {
   3
            ···"security": [
   5
            ...."system": "http://cibmtr.org/codesystem/transplant-center",
   6
            ... "code": "rc 12001"
            ...
   8
           - - - - ]
        ···},
  10
        ···"text": {
  11
        ... "status": "empty"
  12
        ···},
  13
        ···"identifier": [
  14
  15
               "use": "official",
  16
            "system": "http://cibmtr.org/identifier/CRID",
  17
            ···"value": "3990415"
  18
            • • • }
  19
  20
          - ]
       }
  21
```

Figure 5: Example POST request to submit a Patient FHIR resource and the required FHIR sections in the body of the request









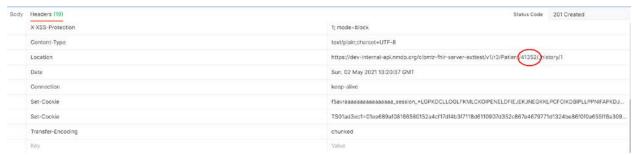


Figure 6: Example FHIR Patient submission response with the Patient resource ID found in the response header Location

Step 3: Submit Observation FHIR Resources

The Direct FHIR service API uses a POST request to submit an Observation resource at the following case-sensitive endpoint URLs³:

Test Environment

POST HTTPS://dev-api.nmdp.org/cibmtrehrclientbackendexttest/v1/Observation

Production Environment

POST HTTPS://API.NMDP.ORG/CIBMTREHRCLIENTBACKEND/V1/OBSERVATION

The authorization key and bearer token must be included in the request as mentioned in the previous section. FHIR JSON submissions should also include a "content-type" key in the header with value: "application/fhir+json".

CIBMTR is continually expanding support for more electronic data to pre-populate CIBMTR forms. The list of data that can be submitted and used to populate CIBMTR forms is provided in Appendix 1. When mapping electronic data to clinical codes, it is imperative that the correct code is used. It is recommended that someone with a clinical background review the mappings of EHR data to clinical codes to ensure accuracy.

An example of an Observation FHIR resource is shown in Figure 8. The basic structure of this FHIR resource is the same for all the different types of labs. Important areas to note:

 "meta" Section – This is the metadata section of the resource and includes the same security label as defined in the Patient resource. This security label is required and should include the center specific CCN.

³ http://hl7.org/fhir/STU3/observation.html









- "category" Section This section uses the HL7 Observation category code to enable categorybased searches. Currently, only data from the "laboratory" category is supported. This section is optional.
- "code" Section The clinical concept code for the measured quantity is included in this section. For laboratory data, the primary clinical vocabulary is LOINC⁴. LOINC codes can have different specific applied concepts depending on a variety of lab parameters such as: collection method, measurement method, sub-types, and naming conventions. A list of LOINC codes for each of the supported lab types is included in Appendix 1. Choosing the correct code can require clinical interpretation, therefore, technical implementers are encouraged to get clinician review of the selected LOINC code. This section is required.
- "subject" Section Each Observation resource must reference the patient associated with the lab values. The subject.reference allows the Observation resource to point to the Patient using the Patient resource "id" using the "Patient/<id>
 " format. This section is required.
- "effectiveDateTime" This is a timezone aware datetime format of the date of collection of the lab sample. This section is required.
- "valueQuantity" The actual value of the measured lab is represented here as a decimal valued number. The unit system and code are also specified. The CIBMTR data translation engine will convert the values and units after submission if necessary. The units system and code should be UCUM. This section is required.
- "referenceRange" If the high and low range for this lab are known, they can be defined in this section using the same data format as the valueQuantity section. This section is optional but important for answering some questions on the CIBMTR forms.

To search for all Observation resources on the CIBMTR FHIR server for a given CRID, see the below GET request API URL:

GET https://dev-api.nmdp.org/cibmtrehrclientbackendexttest/v1/Observation? subject:Patient.identifier=<CRID>

Observation Bundles

Multiple Observation FHIR resources can be submitted together in one Bundle FHIR resource. The CIBMTR Direct FHIR service API supports FHIR transaction bundles. The process for submitting a Bundle FHIR resource is the same as submitting a single Observation FHIR resource, except for the URL path.

⁴ Information on LOINC codes can be found by going to: https://loinc.org/<code>









Test Environment

POST HTTPS://DEV-API.NMDP.ORG/CIBMTREHRCLIENTBACKENDEXTTEST/V1/BUNDLE

Production Environment

```
POST HTTPS://API.NMDP.ORG/CIBMTREHRCLIENTBACKEND/V1/BUNDLE
```

An example of the structure of a transaction JSON Bundle FHIR resource is shown in Figure 7. Each Observation resource is an element of the "entry" array. To avoid API timeout issues, bundles should be limited to 50 Observations or less.

```
"resourceType": "Bundle",
"type": "transaction",
"entry": [
        "resource": { Observation Resource Here
        },
        "request": {
            "method": "POST",
            "url": "Observation"
    },
        "resource": { Observation Resource Here
        "request": {
            "method": "POST",
            "url": "Observation"
    },
        "resource": { Observation Resource Here
        },
        "request": {
            "method": "POST",
            "url": "Observation"
        }
]
```

Figure 7: Example Bundle FHIR resource. The Bundle is an array of Observation resources where each one is an element of the "entry" array.









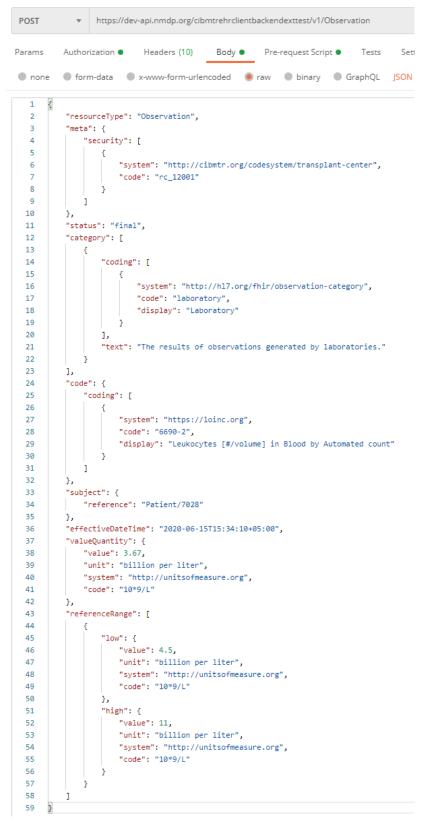


Figure 8: Example POST request for submitting an Observation resource, including the Observation resource format in the body of the request









Submitting CRID/FHIR Data Using the Postman Client

The example API calls in this document are taken from the Postman API client. Postman allows a user to manually configure and test connecting to and interacting with different APIs. Using Postman is a great way to understand an API, see the responses, and submit limited data manually. Once the API is well understood, then a custom client can be implemented programmatically using any number of REST client libraries.

Postman includes the concept of a collection of requests. A collection file can be imported into Postman. CIBMTR has a collection of requests that accomplish all the tasks in this user guide. The collection is available upon request.



Figure 9: Example POSTMAN collection of requests available from CIBMTR

Postman also includes the option to run a pre-request script before making an API request. The CIBMTR collection includes a pre-request script that can get the authentication token automatically each time a request is made. These and other simplifications of the process make Postman an excellent tool for exploring, developing, and using the CIBMTR Direct FHIR service APIs for submitting patient data.

NOTE: Requesting a new token for manual requests should not cause Okta to rate-limit these requests. However, automated systems must cache and re-use the authentication token to avoid errors. Tokens are valid for 30 minutes in the production environment.









Appendix 1: CIBMTR Supported Labs and Associated LOINC Codes

CIBMTR currently supports submission of lab measurements collected prior to and post-HCT transfusion. When submitting FHIR Observation resources, one of the below supported LOINC codes must be used in the code section of the resource. Selecting the correct LOINC code to use to represent the clinical concept of the lab data should be done by someone clinically trained to understand the lab measurement and corresponding LOINC code. Lab quantities should always include the corresponding unit of measure coded using the UCUM standard vocabulary. The color in the below list indicates a measurement type (i.e. count, concentration, density, percent, etc.)

CBC with WBC Differential	
WBC	CBC With WBC Billerential
26464-8	Leukocytes [#/volume] in Blood
6690-2	Leukocytes [#/volume] in Blood by Automated count
49498-9	Leukocytes [#/volume] in Blood by Estimate
804-5	Leukocytes [#/volume] in Blood by Manual count
RBC	
26453-1	Erythrocytes [#/volume] in Blood
789-8	Erythrocytes [#/volume] in Blood by Automated count
790-6	Erythrocytes [#/volume] in Blood by Manual count
Hemoglobin	
30313-1	Hemoglobin [Mass/volume] in Arterial blood
14775-1	Hemoglobin [Mass/volume] in Arterial blood by Oximetry
718-7	Hemoglobin [Mass/volume] in Blood
20509-6	Hemoglobin [Mass/volume] in Blood by calculation
55782-7	Hemoglobin [Mass/volume] in Blood by Oximetry
30351-1	Hemoglobin [Mass/volume] in Mixed venous blood
76768-1	Hemoglobin [Mass/volume] in Mixed venous blood by Oximetry
30350-3	Hemoglobin [Mass/volume] in Venous blood
76769-9	Hemoglobin [Mass/volume] in Venous blood by Oximetry
75928-2	Hemoglobin [Moles/volume] in Arterial blood
59260-0	Hemoglobin [Moles/volume] in Blood
93846-4	Hemoglobin [Moles/volume] in Venous blood
Fetal Hemoglobin	
	Hemoglobin F/Hemoglobin.total [Pure mass fraction] in Blood by
71865-0	Electrophoresis
71864-3	Hemoglobin F/Hemoglobin.total [Pure mass fraction] in Blood by HPLC









71062 5	Hemoglobin F/Hemoglobin.total [Pure mass fraction] in Blood by Kleihauer- Betke method
71863-5 4576-5	
32682-7	Hemoglobin F/Hemoglobin.total in Blood Hemoglobin F/Hemoglobin.total in Blood by Electrophoresis
38524-5	Hemoglobin F/Hemoglobin.total in Blood by Electrophoresis alkaline (pH 8.9)
42246-9 4633-4	Hemoglobin F/Hemoglobin.total in Blood by HPLC
4033-4	Hemoglobin F/Hemoglobin.total in Blood by Kleihauer-Betke method
Hematocrit	
71833-8	Hematocrit [Pure volume fraction] of Blood by Automated count
71831-2	Hematocrit [Pure volume fraction] of Capillary blood
71829-6	Hematocrit [Pure volume fraction] of Venous blood
20570-8	
	Hematocrit [Volume Fraction] of Blood
4544-3	Hematocrit [Volume Fraction] of Blood by Automated count
4545-0	Hematocrit [Volume Fraction] of Blood by Centrifugation
48703-3	Hematocrit [Volume Fraction] of Blood by Estimated
31100-1	Hematocrit [Volume Fraction] of Blood by Impedance
42908-4	Hematocrit [Volume Fraction] of Capillary blood
41654-5	Hematocrit [Volume Fraction] of Venous blood
Platelets	
26515-7	Platelets [#/volume] in Blood
777-3	Platelets [#/volume] in Blood by Automated count
49497-1	Platelets [#/volume] in Blood by Estimate
778-1	Platelets [#/volume] in Blood by Manual count
Many District Values	
Mean Platelet Volume	District manage values a [Catitie values a] in Discret
28542-9	Platelet mean volume [Entitic volume] in Blood
32623-1	Platelet mean volume [Entitic volume] in Blood by Automated count
Lymphocytes	
26474-7	Lymphocytes [#/volume] in Blood
731-0	Lymphocytes [#/volume] in Blood by Automated count
732-8	Lymphocytes [#/volume] in Blood by Manual count
26478-8	Lymphocytes/100 leukocytes in Blood
736-9	Lymphocytes/100 leukocytes in Blood by Automated count
737-7	Lymphocytes/100 leukocytes in Blood by Manual count
131-1	Lymphocytes, 100 leukocytes in blood by Manual Count
Monocytes	
26484-6	Monocytes [#/volume] in Blood
742-7	Monocytes [#/volume] in Blood by Automated count









743-5	Monocytes [#/volume] in Blood by Manual count
26485-3	Monocytes/100 leukocytes in Blood
5905-5	Monocytes/100 leukocytes in Blood by Automated count
744-3	Monocytes/100 leukocytes in Blood by Manual count
744-3	WorldCytes/ 100 leukocytes iii blood by Walidal Codift
Neutrophils	
26499-4	Neutrophils [#/volume] in Blood
751-8	Neutrophils [#/volume] in Blood by Automated count
753-4	Neutrophils [#/volume] in Blood by Manual count
26511-6	Neutrophils/100 leukocytes in Blood
770-8	Neutrophils/100 leukocytes in Blood by Automated count
23761-0	Neutrophils/100 leukocytes in Blood by Manual count
Pand Noutrophile	
Band Neutrophils 26508-2	Rand form noutrophils/100 laukagytas in Blood
	Band form neutrophils/100 leukocytes in Blood Band form neutrophils/100 leukocytes in Blood by Automated count
35332-6	Band form neutrophils/100 leukocytes in Blood by Manual count
764-1	Band form neutrophils/100 leukocytes in Blood by Manual count
Segmented	
Neutrophils	
26505-8	Segmented neutrophils/100 leukocytes in Blood
32200-8	Segmented neutrophils/100 leukocytes in Blood by Automated count
769-0	Segmented neutrophils/100 leukocytes in Blood by Manual count
Blasts in Blood	
26446-5	Blasts/100 leukocytes in Blood
709-6	Blasts/100 leukocytes in Blood by Manual count
Basophils	
30180-4	Basophils/100 leukocytes in Blood
706-2	Basophils/100 leukocytes in Blood by Automated count
707-0	Basophils/100 leukocytes in Blood by Manual count
Eosinophils	
26449-9	Eosinophils [#/volume] in Blood
711-2	Eosinophils [#/volume] in Blood by Automated count
712-0	Eosinophils [#/volume] in Blood by Manual count
26450-7	Eosinophils/100 leukocytes in Blood
713-8	Eosinophils/100 leukocytes in Blood by Automated count
714-6	Eosinophils/100 leukocytes in Blood by Manual count









Plasma Cells in Blood	i
30458-4	Plasma cells [#/volume] in Blood
24103-4	Plasma cells [#/volume] in Blood by Manual count
13047-6	Plasma cells/100 leukocytes in Blood
79426-3	Plasma cells/100 leukocytes in Blood by Manual count
Promonocytes	
34926-6	Promonocytes [#/volume] in Blood
33855-8	Promonocytes [#/volume] in Blood by Manual count
30466-7	Promonocytes/100 leukocytes in Blood
13599-6	Promonocytes/100 leukocytes in Blood by Manual count
Promyelocytes	
26523-1	Promyelocytes [#/volume] in Blood
781-5	Promyelocytes [#/volume] in Blood by Manual count
26524-9	Promyelocytes/100 leukocytes in Blood
783-1	Promyelocytes/100 leukocytes in Blood by Manual count
71666-2	Promyelocytes/Leukocytes [Pure number fraction] in Blood by Manual count
Myeloblasts	
30444-4	Myeloblasts [#/volume] in Blood
746-8	Myeloblasts [#/volume] in Blood by Manual count
30445-1	Myeloblasts/100 leukocytes in Blood
747-6	Myeloblasts/100 leukocytes in Blood by Manual count
Myelocytes	
30446-9	Myelocytes [#/volume] in Blood
748-4	Myelocytes [#/volume] in Blood by Manual count
26498-6	Myelocytes/100 leukocytes in Blood
749-2	Myelocytes/100 leukocytes in Blood by Manual count
71667-0	Myelocytes/Leukocytes [Pure number fraction] in Blood by Manual count
Metamyelocytes	
30433-7	Metamyelocytes [#/volume] in Blood
739-3	Metamyelocytes [#/volume] in Blood by Manual count
28541-1	Metamyelocytes/100 leukocytes in Blood
740-1	Metamyelocytes/100 leukocytes in Blood by Manual count
71668-8	Metamyelocytes/Leukocytes [Pure number fraction] in Blood by Manual count
Prolymphocytes	









30465-9	Prolymphocytes/100 leukocytes in Blood
6746-2	Prolymphocytes/100 leukocytes in Blood by Manual count
Reticulocytes	
14196-0	Reticulocytes [#/volume] in Blood
60474-4	Reticulocytes [#/volume] in Blood by Automated count
40665-2	Reticulocytes [#/volume] in Blood by Manual count
4679-7	Reticulocytes/100 erythrocytes in Blood
17849-1	Reticulocytes/100 erythrocytes in Blood by Automated count
31112-6	Reticulocytes/100 erythrocytes in Blood by Manual







Appendix 2: Frequently Asked Questions

Can multiple patients be registered at the same time using the CRID Service API? No, the API currently supports one CRID registration at a time.

Can demographic data be changed, augmented, or updated using the CRID Service API?

No, contact CIBMTR to have the demographics data changed for a previously registered CRID

What can I do if I forget the CRID for a particular patient?

Send the same PUT request to the CRID Service API with the same patient demographic information and the CRID Service API will return the corresponding CRID number for that patient.

What are the FHIR resources that are supported by the Direct FHIR service API? Patient, Observation

What forms are currently supported for prepopulation?

The DTI program is engaging in prepopulating the data in Appendix 1 across all forms. New supported data types will be supported approximately quarterly.

What if my lab data is not in the preferred unit of measure indicated on a form?

You may choose to perform the unit/value conversion yourself prior to the data submission, or submit the data with the corresponding UCUM code, and the CIBMTR data translation engine will attempt to perform the conversion after submission.

Can the Observation resources be submitted as a FHIR bundle?

Yes, transaction bundles are currently supported.





