

Legend

Dataset Level: **N** National **S** State **D** Deprecated

Usage: **M** = Mandatory , **R** = Required , **E** = Recommended, or **O** = Optional

Attributes: **N** = Not Values, **P** = Pertinent Negatives , **L** = Nillable, **C** = Correlation ID, and/or **U** = UUID
I = Custom Element ID, **T** = Time Stamp, **G** = Procedure Group Correlation ID

eOther

0 : 1	eOther.01 - Review Requested	O	
0 : M	eOther.02 - Potential System of Care/Specialty/Registry Patient	O	C
0 : M	eOther.EMSCrewMemberGroup		C
0 : M	eOther.03 - Personal Protective Equipment Used	O	C
0 : 1	eOther.04 - EMS Professional (Crew Member) ID	O	
0 : 1	eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death	S	E, N, L
0 : M	eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure	S	E, N, L, C
0 : M	eOther.07 - Natural, Suspected, Intentional, or Unintentional Disaster	O	C
0 : 1	eOther.08 - Crew Member Completing this Report	S	E, N, L
0 : M	eOther.FileGroup		C
0 : 1	eOther.09 - External Electronic Document Type	O	
0 : 1	eOther.10 - File Attachment Type	O	
0 : 1	eOther.11 - File Attachment Image	O	
0 : 1	eOther.22 - File Attachment Name	O	
0 : M	eOther.SignatureGroup		C
0 : 1	eOther.12 - Type of Person Signing	O	
0 : M	eOther.13 - Signature Reason	O	C
0 : 1	eOther.14 - Type Of Patient Representative	O	
0 : 1	eOther.15 - Signature Status	O	
0 : 1	eOther.16 - Signature File Name	O	
0 : 1	eOther.17 - Signature File Type	O	
0 : 1	eOther.18 - Signature Graphic	O	
0 : 1	eOther.19 - Date/Time of Signature	O	
0 : 1	eOther.20 - Signature Last Name	O	
0 : 1	eOther.21 - Signature First Name	O	

eOther