

# Technical HL7 Conformance Profile

# **ENTERPRISE IMAGING**

# **INBOUND ADT\_A06**

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## Message Profile

### About this Conformance

#### Remarks:

Segments present in the message structure, but marked as -not supported- are allowed to be present in the message, but are not processed. The same counts for fields, components, subcomponents marked as not supported.

### Conformance parameters

#### Message Profile

- HL7 Version: 2.3, 2.3.1, 2.4, 2.5
- Profile Type: Constrainable
- Topics: confsig-Agfa Healthcare-2.3, 2.3.1, 2.4, 2.5-profile-accNE\_accAL-Deferred

#### Encoding Method

ER7

## Interaction 1

### Dynamic Definition

- Accept Acknowledgement: NE
- Application Acknowledgement: AL
- Acknowledgement Mode: Deferred

### Static Definition

- Message Type: ADT
- Trigger Event: A06
- Message Structure: ADT\_A06
- Topics: confsig-Agfa Healthcare-2.3, 2.3.1, 2.4, 2.5-static-ADT-A06-null-ADT\_A06-V1.0-DRAFT-Receiver

### Message structure

MSH EVN PID [PD1] PV1 {[OBX]} {[AL1]}

### MSH - Message Header

- Usage: Required
- Cardinality:1..1

| Seq. | Name                  | Opt. | Card. | Type   | Table   | Contents     |
|------|-----------------------|------|-------|--------|---------|--------------|
| 1    | Field Separator       | R    | 1..1  | ST     |         |              |
| 2    | Encoding Characters   | R    | 1..1  | ST     |         |              |
| 3    | Sending Application   | O    | 0..1  | HD     | HL70361 |              |
| 3.1  | namespace ID          | O    | 0..   | IS     | HL70363 |              |
| 4    | Sending Facility      | O    | 0..1  | HD     | HL70362 |              |
| 4.1  | namespace ID          | O    | 0..   | IS     | HL70363 |              |
| 5    | Receiving Application | O    | 0..1  | HD     | HL70361 |              |
| 5.1  | namespace ID          | O    | 0..   | IS     | HL70363 |              |
| 6    | Receiving Facility    | O    | 0..1  | HD     | HL70362 |              |
| 6.1  | namespace ID          | O    | 0..   | IS     | HL70363 |              |
| 7    | Date/Time Of Message  | O    | 0..1  | TS     |         |              |
| 7.1  | Date/Time             | O    | 0..   | NM     |         |              |
| 9    | Message Type          | R    | 1..1  | CM_MSG | HL70076 |              |
| 9.1  | message type          | R    | 1..1  | ID     | HL70076 | e.g. ADT     |
| 9.2  | trigger event         | R    | 1..1  | ID     | HL70003 | e.g. A06     |
| 9.3  | message structure     | O    | 0..   | ID     | HL70354 | e.g. ADT_A06 |
| 10   | Message Control ID    | R    | 1..1  | ST     |         |              |
| 11   | Processing ID         | O    | 0..1  | PT     |         |              |
| 11.1 | processing ID         | O    | 0..   | ID     | HL70103 |              |
| 12   | Version ID            | R    | 1..1  | VID    | HL70104 |              |
| 12.1 | version ID            | R    | 1..1  | ID     | HL70104 | e.g. 2.4     |

| Seq. | Name          | Opt. | Card. | Type | Table   | Contents |
|------|---------------|------|-------|------|---------|----------|
| 18   | Character Set | O    | 0..1  | ID   | HL70211 |          |

### 1. Field Separator

### 2. Encoding Characters

### 3. Sending Application

### 4. Sending Facility

### 5. Receiving Application

### 6. Receiving Facility

### 7. Date/Time Of Message

#### 7.1. Date/Time

YYYYMMDD[HHMM[SS]][+ZZZZ]

If timezone information is present, it is taken into account for all date/time fields in the message.

If timezone information is present also in other datetime fields, it overrules the timezone information in this field

### 9. Message Type

### 10. Message Control ID

### 11. Processing ID

### 12. Version ID

Supported versions: 2.3 - 2.3.1 - 2.4 - 2.5.

### 18. Character Set

## EVN - Event Type

- Usage: Required

- Cardinality:1..1

| Seq. | Name               | Opt. | Card. | Type | Table | Contents                 |
|------|--------------------|------|-------|------|-------|--------------------------|
| 2    | Recorded Date/Time | R    | 1..1  | TS   |       |                          |
| 2.1  | Date/Time          | R    | 1..1  | NM   |       | e.g. 20040328134602+0600 |

### 2. Recorded Date/Time

#### 2.1. Date/Time

YYYYMMDD[HHMM[SS]][+ZZZ Z]

If timezone information is present it overrules the timezone information if available in MSH-7

## **PID - Patient identification**

- Usage: Required
- Cardinality:1..1

| Seq.   | Name                                               | Opt. | Card. | Type | Table   | Contents |
|--------|----------------------------------------------------|------|-------|------|---------|----------|
| 3      | Patient Identifier List                            | R    | 1..*  | CX   |         |          |
| 3.1    | ID                                                 | R    | 1..1  | ST   |         |          |
| 3.4    | assigning authority                                | O    | 0..   | HD   |         |          |
| 3.4.1  | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 3.4.2  | universal ID                                       | O    | 0..   | ST   |         |          |
| 3.4.3  | universal ID type                                  | O    | 0..   | ID   | HL70301 |          |
| 3.5    | identifier type code (ID)                          | O    | 0..   | ID   | HL70203 |          |
| 3.6    | assigning facility                                 | O    | 0..   | HD   |         |          |
| 3.6.1  | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 3.7    | effective date (DT)                                | O    | 0..   | DT   |         |          |
| 3.8    | expiration date                                    | O    | 0..   | DT   |         |          |
| 5      | Patient Name                                       | R    | 1..*  | XPN  |         |          |
| 5.1    | family name                                        | R    | 1..1  | FN   |         |          |
| 5.1.1  | surname                                            | R    | 1..1  | ST   |         |          |
| 5.1.2  | own surname prefix                                 | O    | 0..   | ST   |         |          |
| 5.1.3  | own surname                                        | O    | 0..   | ST   |         |          |
| 5.2    | given name                                         | O    | 0..   | ST   |         |          |
| 5.3    | second and further given names or initials thereof | O    | 0..   | ST   |         |          |
| 5.4    | suffix (e.g., JR or III)                           | O    | 0..   | ST   |         |          |
| 5.5    | prefix (e.g., DR)                                  | O    | 0..   | ST   |         |          |
| 5.7    | name type code                                     | O    | 0..   | ID   | HL70200 |          |
| 5.8    | Name Representation code                           | O    | 0..   | ID   | HL70465 |          |
| 7      | Date/Time Of Birth                                 | O    | 0..1  | TS   |         |          |
| 7.1    | Date/Time                                          | O    | 0..   | NM   |         |          |
| 8      | Administrative Sex                                 | O    | 0..1  | IS   | HL70001 |          |
| 11     | Patient Address                                    | O    | 0..*  | XAD  |         |          |
| 11.1   | street address (SAD)                               | O    | 0..   | SAD  |         |          |
| 11.1.1 | street or mailing address                          | O    | 0..   | ST   |         |          |
| 11.1.2 | street name                                        | O    | 0..   | ST   |         |          |
| 11.1.3 | dwelling number                                    | O    | 0..   | ST   |         |          |
| 11.2   | other designation                                  | O    | 0..   | ST   |         |          |
| 11.3   | city                                               | O    | 0..   | ST   |         |          |
| 11.4   | state or province                                  | O    | 0..   | ST   |         |          |
| 11.5   | zip or postal code                                 | O    | 0..   | ST   |         |          |

| Seq. | Name                                  | Opt. | Card. | Type | Table   | Contents |
|------|---------------------------------------|------|-------|------|---------|----------|
| 11.6 | country                               | O    | 0..   | ID   | HL70399 |          |
| 11.7 | address type                          | O    | 0..   | ID   | HL70190 |          |
| 11.8 | other geographic designation          | O    | 0..   | ST   |         |          |
| 11.9 | county/parish code                    | O    | 0..   | IS   | HL70289 |          |
| 13   | Phone Number - Home                   | O    | 0..1  | XTN  |         |          |
| 13.1 | Telephone Number                      | O    | 0..   | TN   |         |          |
| 13.2 | telecommunication use code            | R    | 1..1  | ID   | HL70201 |          |
| 13.3 | telecommunication equipment type (ID) | R    | 1..1  | ID   | HL70202 |          |
| 13.4 | Email address                         | O    | 0..   | ST   |         |          |
| 14   | Phone Number - Business               | O    | 0..1  | XTN  |         |          |
| 14.1 | Telephone Number                      | O    | 0..   | TN   |         |          |
| 14.2 | telecommunication use code            | R    | 1..1  | ID   | HL70201 |          |
| 14.3 | telecommunication equipment type (ID) | R    | 1..1  | ID   | HL70202 |          |
| 14.4 | Email address                         | O    | 0..   | ST   |         |          |
| 19   | SSN Number - Patient                  | O    | 0..1  | ST   |         |          |
| 23   | Birth Place                           | O    | 0..1  | ST   |         |          |
| 29   | Patient Death Date and Time           | C    | 0..1  | TS   |         |          |
| 29.1 | Date/Time                             | O    | 0..   | NM   |         |          |
| 30   | Patient Death Indicator               | O    | 0..1  | ID   | HL70136 |          |

### 3. Patient Identifier List

#### 3.1. ID

Identification number or code for the patient.

#### 3.4. assigning authority

The "Assigning authority" aka "Issuer of Patient ID" can consist of the following three parts:

- Namespace ID // Issuer of Patient ID
- Universal ID // Universal Entity ID
- Universal ID Type // Universal Entity ID Type

Namespace ID, or combination of Universal ID and Universal ID Type, unique define the issuer.

Either only Namespace is specified, or only Universal ID and Universal ID Type are specified, or all three components are specified.

The combination of "Namespace ID" - "Universal ID" - "Universal ID Type" must be unique in EI!  
Though the component is not required, it is strongly advised to provide a value.

##### 3.4.1. namespace ID

Identifier of the Assigning Authority that issued the patient id.

If not available an unique internal assigning authority will be used

**3.4.2. universal ID**

Universal Entity ID.

This ID must be unique in EI and must be in the correct format, i.e. containing only digits and dots.

**3.4.3. universal ID type**

Universal Entity ID Type.

Only supported value :

-ISO

**3.5. identifier type code (ID)**

Supported values:

- PI = Patient Primary Identifier,
- SS = Social Security number

\* If empty PI will be used by default

**5. Patient Name****5.1. family name**

When representation code = alphabetic or Name type code indicates maiden name is specified following rule applies:

if Surname (PID.5.1.1) is empty, Own Surname Prefix (PID.5.1.2) and Own Surname (PID.5.1.3) are concatenated as last name.

**5.1.1. surname**

Patient's lastname

**5.2. given name**

Patient's firstname

**5.3. second and further given names or initials thereof**

Patient Middle Name

**5.4. suffix (e.g., JR or III)**

Patient's suffix

**5.5. prefix (e.g., DR)**

Patient's prefix

**5.7. name type code**

M = maiden name, only support storing last name for maiden name.

**5.8. Name Representation code**

Supported are :

- A or empty = Alphabetic
- I = Ideographic

- P = Phonetic

## **7. Date/Time Of Birth**

### **7.1. Date/Time**

YYYYMMDD[HHMM[SS]]

## **8. Administrative Sex**

## **11. Patient Address**

### **11.1. street address (SAD)**

This component specifies the street or mailing address of a person or institution.

#### **11.1.1. street or mailing address**

communication\_channel.Street (if PID-11.1.2 is empty)

#### **11.1.2. street name**

communication\_channel.Street

#### **11.1.3. dwelling number**

communication\_channel.Streetnr

### **11.2. other designation**

communication\_channel.Address\_Line1

### **11.3. city**

municipality.name (if empty -> Unknown is used)

### **11.4. state or province**

communication\_channel.Address\_Line3

### **11.5. zip or postal code**

municipality.zip (if empty -> code UKW is used - mapping to name = Unknown)

### **11.6. country**

communication\_channel.country (3 digit code - if empty: code UKW - mapping to name = Unknown)

### **11.7. address type**

communication\_channel.communication\_type (H - for home address / O - for office address / L maps to O / other codes map to H)

### **11.8. other geographic designation**

communication\_channel.Address\_Line2

### **11.9. county/parish code**

communication\_channel.Address\_Line4

## **13. Phone Number - Home**

Segment is used for all home communication.



First one is the primary home communication channel

### 13.1. Telephone Number

In case of telephone number/fax number/cellular number, the phone number is put in this field

[(999)] 999-9999 [X99999][C any text]

### 13.2. telecommunication use code

Required. If this is empty the communication cannot be registered.

Supported are:

- Primary Residence Number (PRN)
- Work Number (WPN)
- Network (email) Address (NET)

### 13.3. telecommunication equipment type (ID)

Required. If this is empty the communication cannot be registered.

Supported are:

- Telephone (PH)
- Fax (FX)
- Cellular Phone (CP)
- Internet Address (Internet)

### 13.4. Email address

In case of Network Email Address, this needs to be filled in.

## 14. Phone Number - Business

Segment is used for all business communication.

First one is the primary home business channel

### 14.1. Telephone Number

In case of telephone number/fax number/cellular number, the phone number is put in this field

[(999)] 999-9999 [X99999][C any text]

### 14.2. telecommunication use code

Required. If this is empty the communication cannot be registered.

Supported are:

- Primary Residence Number (PRN)
- Work Number (WPN)
- Other Residence Number (ORN)
- Network (email) Address (NET)

### 14.3. telecommunication equipment type (ID)

Required. If this is empty the communication cannot be registered.

Supported are:

- Telephone (PH)
- Fax (FX)
- Cellular Phone(CP)
- Internet Address (Internet)

#### 14.4. Email address

In case of Network Email Address, this needs to be filled in.

#### 19. SSN Number - Patient

Social security number of the patient.

#### 23. Birth Place

#### 29. Patient Death Date and Time

*Condition Predicate:*

If Patient Death Indicator (PID.30) has value Y, this field also needs a value.

##### 29.1. Date/Time

YYYYMMDD[HHMM[SS]][+-ZZZ Z]

If timezone information is present it overrules the timezone information if available in MSH-7

#### 30. Patient Death Indicator

Y or N

### PD1 - Patient Additional Demographic

- Usage: Optional

- Cardinality:0..1

| Seq.  | Name                                        | Opt. | Card. | Type | Table   | Contents |
|-------|---------------------------------------------|------|-------|------|---------|----------|
| 4     | Patient Primary Care Provider Name & ID No. | O    | 0..1  | XCN  |         |          |
| 4.1   | ID number (ST)                              | O    | 0..   | ST   |         |          |
| 4.2   | family name                                 | O    | 0..   | FN   |         |          |
| 4.2.1 | surname                                     | O    | 0..   | ST   |         |          |
| 4.3   | given name                                  | O    | 0..   | ST   |         |          |
| 4.9   | assigning authority                         | O    | 0..   | HD   |         |          |
| 4.9.1 | namespace ID                                | O    | 0..   | IS   | HL70363 |          |

#### 4. Patient Primary Care Provider Name & ID No.

##### 4.9. assigning authority

Assigning Authority of physician code.

#### 4.9.1. namespace ID

Identifier of the Assigning Authority that issued the physicians code. If empty, the default assigning authority will be taken.

### **PV1 - Patient visit**

- Usage: Required
- Cardinality:1..1

| Seq.   | Name                                               | Opt. | Card. | Type | Table   | Contents |
|--------|----------------------------------------------------|------|-------|------|---------|----------|
| 1      | Set ID - PV1                                       | O    | 0..1  | SI   |         |          |
| 2      | Patient Class                                      | R    | 1..1  | IS   | HL70004 |          |
| 3      | Assigned Patient Location                          | O    | 0..1  | PL   |         |          |
| 3.1    | point of care                                      | O    | 0..   | IS   | HL70302 |          |
| 3.2    | room                                               | O    | 0..   | IS   | HL70303 |          |
| 3.3    | bed                                                | O    | 0..   | IS   | HL70304 |          |
| 3.4    | facility (HD)                                      | O    | 0..   | HD   |         |          |
| 3.4.1  | namespace ID                                       | O    | 0..   | IS   | HL70300 |          |
| 3.11   | assigning authority for location                   | O    | 0..   | HD   |         |          |
| 3.11.1 | namespace ID                                       | O    | 0..   | IS   | HL70300 |          |
| 4      | Admission Type                                     | O    | 0..1  | IS   | HL70007 |          |
| 7      | Attending Doctor                                   | O    | 0..*  | XCN  | HL70010 |          |
| 7.1    | ID number (ST)                                     | O    | 0..   | ST   |         |          |
| 7.2    | family name                                        | O    | 0..   | FN   |         |          |
| 7.2.1  | surname                                            | O    | 0..   | ST   |         |          |
| 7.3    | given name                                         | O    | 0..   | ST   |         |          |
| 7.4    | second and further given names or initials thereof | O    | 0..   | ST   |         |          |
| 7.5    | suffix (e.g., JR or III)                           | O    | 0..   | ST   |         |          |
| 7.6    | prefix (e.g., DR)                                  | O    | 0..   | ST   |         |          |
| 7.9    | assigning authority                                | O    | 0..   | HD   |         |          |
| 7.9.1  | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 8      | Referring Doctor                                   | O    | 0..*  | XCN  | HL70010 |          |
| 8.1    | ID number (ST)                                     | O    | 0..   | ST   |         |          |
| 8.2    | family name                                        | O    | 0..   | FN   |         |          |
| 8.2.1  | surname                                            | O    | 0..   | ST   |         |          |
| 8.3    | given name                                         | O    | 0..   | ST   |         |          |
| 8.4    | second and further given names or initials thereof | O    | 0..   | ST   |         |          |
| 8.5    | suffix (e.g., JR or III)                           | O    | 0..   | ST   |         |          |
| 8.6    | prefix (e.g., DR)                                  | O    | 0..   | ST   |         |          |

| Seq.   | Name                                               | Opt. | Card. | Type | Table   | Contents |
|--------|----------------------------------------------------|------|-------|------|---------|----------|
| 8.9    | assigning authority                                | O    | 0..   | HD   |         |          |
| 8.9.1  | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 15     | Ambulatory Status                                  | O    | 0..*  | IS   | HL70009 |          |
| 16     | VIP Indicator                                      | O    | 0..1  | IS   | HL70099 |          |
| 17     | Admitting Doctor                                   | O    | 0..*  | XCN  | HL70010 |          |
| 17.1   | ID number (ST)                                     | O    | 0..   | ST   |         |          |
| 17.2   | family name                                        | O    | 0..   | FN   |         |          |
| 17.2.1 | surname                                            | O    | 0..   | ST   |         |          |
| 17.3   | given name                                         | O    | 0..   | ST   |         |          |
| 17.4   | second and further given names or initials thereof | O    | 0..   | ST   |         |          |
| 17.5   | suffix (e.g., JR or III)                           | O    | 0..   | ST   |         |          |
| 17.6   | prefix (e.g., DR)                                  | O    | 0..   | ST   |         |          |
| 17.9   | assigning authority                                | O    | 0..   | HD   |         |          |
| 17.9.1 | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 18     | Patient Type                                       | O    | 0..1  | IS   | HL70018 |          |
| 19     | Visit Number                                       | R    | 1..1  | CX   |         |          |
| 19.1   | ID                                                 | R    | 1..1  | ST   |         |          |
| 19.4   | assigning authority                                | O    | 0..   | HD   |         |          |
| 19.4.1 | namespace ID                                       | O    | 0..   | IS   | HL70363 |          |
| 44     | Admit Date/Time                                    | O    | 0..1  | TS   |         |          |
| 44.1   | Date/Time                                          | O    | 0..   | NM   |         |          |
| 45     | Discharge Date/Time                                | O    | 0..*  | TS   |         |          |
| 45.1   | Date/Time                                          | O    | 0..   | NM   |         |          |

## 1. Set ID - PV1

## 2. Patient Class

Patient Class

### 3.1. point of care

Patient

### 3.2. room

Room in the department

### 3.3. bed

Bed in the room

### 3.4. facility (HD)

Location facility.

**3.4.1. namespace ID**

Patients location facility code. When an unexisting facility code is used, the facility will be autocreated.

**3.11. assigning authority for location**

Assigning authority of the location.

**3.11.1. namespace ID**

Identifier of the Assigning Authority that issued the department/facility code. If empty, the default assigning authority will be taken.

**4. Admission Type**

Type of admission, the circumstances under which the patient was or will be admitted.

**7. Attending Doctor**

Attending physician information.

**7.1. ID number (ST)**

physician identifier.

**7.2.1. surname**

Family name of the physician.

**7.3. given name**

Given name of the physician.

**7.4. second and further given names or initials thereof**

Middle name of the physician.

**7.5. suffix (e.g., JR or III)**

Name suffix, like SR

**7.6. prefix (e.g., DR)**

Name prefix, like Prof

**7.9. assigning authority**

Assigning Authority of attending physician code.

**7.9.1. namespace ID**

Identifier of the Assigning Authority that issued the attending physician code. If empty, the default assigning authority will be taken.

**8. Referring Doctor**

Referring physician information (see detailed component description in PV1-7)

**8.9. assigning authority**

Assigning Authority of referring physician code.

**8.9.1. namespace ID**

Identifier of the Assigning Authority that issued the referring physician code. If empty, the default assigning authority will be taken.

**15. Ambulatory Status**

Code indicating any permanent or transient handicapped conditions.

**16. VIP Indicator**

This field identifies the type of VIP.

- 1 set VIP or personnel as yes
- 0 set as no

**17. Admitting Doctor**

Admitting physician information (see detailed component description in PV1-7)

**17.9. assigning authority**

Assigning Authority of admitting physician code.

**17.9.1. namespace ID**

Identifier of the Assigning Authority that issued the admitting physician code. If empty, the default assigning authority will be taken.

**18. Patient Type**

Site-specific values that identify the patient type.

**19. Visit Number****19.1. ID**

Unique number identifying the admission.

**19.4.1. namespace ID**

Identifier of the Assigning Authority that issued the admission number. If empty, the default assigning authority will be taken.

**44. Admit Date/Time**

When no admit date/time is present in the message, a fallback is done to EVN-2.

**44.1. Date/Time**

YYYYMMDD[HHHMM[SS]][+-ZZZ Z]

If timezone information is present it overrules the timezone information if available in MSH-7

**45. Discharge Date/Time****45.1. Date/Time**

YYYYMMDD[HHHMM[SS]][+-ZZZ Z]

If timezone information is present it overrules the timezone information if available in MSH-7

## OBX - Observation/Result

- Usage: Optional
- Cardinality:0..\*

| Seq. | Name                         | Opt. | Card. | Type | Table   | Contents                      |
|------|------------------------------|------|-------|------|---------|-------------------------------|
| 1    | Set ID - OBX                 | O    | 0..1  | SI   |         |                               |
| 2    | Value Type                   | R    | 1..1  | ID   | HL70125 |                               |
| 3    | Observation Identifier       | R    | 1..1  | CE   |         |                               |
| 3.1  | identifier                   | R    | 1..1  | ST   |         |                               |
| 3.2  | text                         | O    | 0..   | ST   |         |                               |
| 4    | Observation Sub-Id           | C    | 0..1  | ST   |         |                               |
| 5    | Observation Value            | R    | 1..1  | *    |         |                               |
| 11   | Observation Result Status    | R    | 1..1  | ID   | HL70085 |                               |
| 14   | Date/Time of the Observation | O    | 0..1  | TS   |         |                               |
| 14.1 | Date/Time                    | O    | 0..   | NM   |         | e.g. 20040328134602.1234+0600 |

### 1. Set ID - OBX

### 2. Value Type

Supported value(s)

- TX (For Text Attachment type or Pregnancy information)
- FT (For Text Attachment type)

### 3. Observation Identifier

#### 3.1. identifier

Must correspond with an attachment code that is setup in Administrator desktop as a \_\_Patient level\_\_-attachment.

For Pregnancy : PREGNANT to indicate Pregnancy information

### 4. Observation Sub-Id

### 5. Observation Value

Supported:

- plain text (in case of Text attachment type)
- YES/NO/UNKNOWN (in case of Pregnancy information)

### 11. Observation Result Status

### 14. Date/Time of the Observation

YYYYMMDD (date/time of last menstrual period - in case of pregnancy information)

#### 14.1. Date/Time

YYYYMMDD[HHMM[SS[.SSSS]]] [+ZZZZ]

## **AL1 - Patient allergy information**

- Usage: Optional
- Cardinality:0..\*

| Seq. | Name                               | Opt. | Card. | Type | Table   | Contents |
|------|------------------------------------|------|-------|------|---------|----------|
| 3    | Allergen Code/Mnemonic/Description | R    | 1..1  | CE   |         |          |
| 3.1  | identifier                         | R    | 1..1  | ST   |         |          |
| 4    | Allergy Severity Code              | O    | 0..1  | CE   | HL70128 |          |
| 4.1  | identifier                         | O    | 0..   | ST   |         |          |
| 5    | Allergy Reaction Code              | O    | 0..*  | ST   |         |          |
| 6    | Identification Date                | O    | 0..1  | DT   |         |          |

### **3. Allergen Code/Mnemonic/Description**

Allergy code, name

### **4. Allergy Severity Code**

Severity code, supported values : SV - Severe, MO - Moderate, MI - Mild, U - Unknown.

### **5. Allergy Reaction Code**

Reaction code

### **6. Identification Date**

The start date/time when allergy identified.