

# EMR Certification

## eHealth\_hub - Diagnostic Imaging Report Result Distribution Interface Message Specification

March 31, 2020

Version 1.4



Shared health  
**Soins communs**  
Manitoba

## Table of Contents

<b>1</b>	<b>Introduction .....</b>	<b>4</b>
<b>2</b>	<b>DI Report Result Distribution Message Specification.....</b>	<b>4</b>
2.1	General.....	4
2.2	MSH - Message Header Segment .....	6
2.3	PID – Patient Identification Segment.....	7
2.4	PV1 – Patient Visit Segment .....	8
2.5	Provider Composite Field.....	10
2.6	ORC - Common Order Segment .....	11
2.7	OBR - Observation Request Segment .....	12
2.8	OBX - Observation Segment.....	15
2.9	NTE - Notes and Comments Segment .....	17
<b>3</b>	<b>Appendix A: HL7 Permissible Values .....</b>	<b>18</b>
3.1	Diagnostic Service Section ID (OBR-24).....	18
3.2	Result Summary Status (OBR-25) .....	18
3.3	Source of Comment (NTE-2) .....	18
3.4	Sending Applications (MSH-3) .....	19
<b>4</b>	<b>Appendix B: Acceptable Primary Identifiers .....</b>	<b>20</b>
<b>5</b>	<b>Appendix C: Release Notes.....</b>	<b>22</b>

### List of Tables

Table 1: Data Types.....	5
Table 2: MSH - Message Header Segment.....	6
Table 3: PID – Patient Identification Segment .....	7
Table 4: PV1 – Patient Visit Segment .....	8
Table 5: Provider Composite Field .....	10
Table 6: ORC - Common Order Segment .....	11
Table 7: OBR - Observation Request Segment.....	12
Table 8: OBX - Observation Segment.....	15
Table 9: NTE - Notes and Comments Segment .....	17

Table 10: Diagnostic Service Section ID (OBR-24) .....	18
Table 11: Result Summary Status (OBR-25).....	18
Table 12: Source of Comment (NTE-2).....	18
Table 13: Sending Applications (MSH-3).....	19
Table 14: Acceptable Primary Identifiers.....	20

## 1 Introduction

The purpose of this document is to provide an overview of the eHealth\_hub - Diagnostic Imaging Report Result Distribution Interface Message Specification. The document will describe the message structure of the messages sent through the eHealth\_hub - Diagnostic Imaging Report Result Distribution Interface (hereafter referred to as the “DI Report Result Distribution Interface”).

## 2 DI Report Result Distribution Message Specification

### 2.1 General

The HL7 grammar of the outbound message structure that enables the delivery of electronic DI results to physician EMR systems varies depending on the type of DI result sent. The structure for these messages is shown below. It shows each segment used in the message and uses “[ ]” to indicate optional segments or segment groups and “{ }” to indicate repeating segments or segment groups.

#### DI Discrete Results

MSH

PID

```

    [PV1]
    [ORC]
    {
        OBR
        [NTE]
        {
            [OBX]
            [ {NTE} ]
        }
    }

```

Each segment in the result message will be explained below. The elements in the segment, position in the segment, maximum element length, data type, permissible values/notes, required or not and repeating or not will be explained.

#### Sequence (**SEQ**)

This indicates the position of the message element within the message. All fields within the segment are assigned a number, starting with 1. If components or sub-components are listed, they will be identified by the sequence number of the parent field, followed by a period and then the sequence number of the component. For example, 3.1.4 would refer to the fourth sub-component of the first component of the third field.

#### Element Name

This is the descriptive name for the field, data type component or sub-component. The hierarchy of elements can be seen by the indentation level of the element name.

## Data Type

This indicates the data type associated with the field, component or sub-component. "CM" data types have extensions to their names to differentiate them from other CM data types with different content.

**Table 1: Data Types**

DATA TYPE	EXPLANATION
HD	Hierarchic Designator
TS	Time stamp
ST	String data (printable ASCII characters)
ID	Coded value for HL7 defined tables
IS	Coded value for user defined tables
PL	Person Location
XCN	Extended Composite ID Number and name for persons
XPN	Extended Person Name
XAD	Extended Address
XTN	Extended Telephone Number
EI	Entity Identifier

## Length (LEN)

This indicates the maximum length supported for the element. If a message is sent with contents exceeding one of the maximum lengths, an error message will be raised, either as part of an acknowledgment message (where one exists), or within the receiving application in the absence of an acknowledgement. HL7 has traditionally assigned maximum lengths to complex data types indicating the maximum length for a series of data type components. However, where ever possible, lengths have also been provided for the individual message components. Where the over-all length is a simple sum of the components, no higher-level length is specified. For repeating elements, the maximum length applies to each individual repetition, not to the sum of the repetitions.

## Optionals (OPT)

This defines whether the field, component or sub-component must be present or not. Elements must generally be present to satisfy the syntax but can often be empty. The two options include required (R), or required or empty (RE).

## Repeats (RPT)

This indicates whether an element repeats or not. Most elements do not repeat and are marked with an "N". If the element does repeat it will be marked with a "Y/n", with n being the number of times the element is allowed to repeat.

This specification is consistent with the HL7v2.3.1 specification through the segments and fields used and the data passed in those fields. Note that the source RIS feeds do not always provide all of the components for the composite field and Shared Health can only pass on the information provided and so, this is the rationale as to why the specification does not strictly adhere to the HL7 standard.

## Samples

Sample messages will be provided within a separate companion document.

## 2.2 MSH - Message Header Segment

Table 2: MSH - Message Header Segment

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Field Separator	ST	1		R	N
2	Encoding Characters	ST	4	^~\&	R	N
3	Sending Application	HD	180	This should always represent the sending application identifier.	R	N
4	Sending Facility	HD	180	This should always represent the sending facility identifier.	R	N
5	Receiving Application	HD	180	This should always represent the receiving application identifier (i.e. Application instance identifier).	RE	N
6	Receiving Facility	HD	180	This should always represent the receiving facility identifier (ie. Clinic identifier).	RE	N
7	Date/time of Message	TS	26	yyyyMMddhhmmss	R	N
8				Not Used		
9	Message Type					N
9.1	Message Type	ID	3	ORU	R	N
9.2	Trigger Event	ID	3	R01	R	N
10	Message Control ID	ST	20		R	N
11	Processing ID	PT	3	P	R	N
12	Version ID	ID	60	2.3.1	R	N

## 2.3 PID – Patient Identification Segment

The PID segment is used to send patient identification information.

**Table 3: PID – Patient Identification Segment**

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1				Not Used		N
2				Not Used		N
3	Patient Identifier List (Internal)	CX			R	Y
3.1	Patient Identifier	ST	23		R	
3.2				Not Used		
3.3				Not Used		
3.4	Assigning Authority	HD	23	See Appendix B – Use Assigning Application	R	
3.5	Identifier Type Code	HD	23	See Appendix B – Use Identifier Type Code	R	
3.6	Assigning Facility	HD	23	See Appendix B – Use Assigning Facility	R	
4				Not Used		
5	Patient Name	XPN	250			N
5.1	Family Name	ST	50		R	N
5.2	Given Name	ST	50		RE	N
5.3	Middle Initial or Name	ST	50		RE	N
6	Mother's Maiden Name	XPN	250			
6.1	Family Name	ST	50		RE	N
6.2	Given Name	ST	50		RE	N
7	Date of Birth	TS	26	yyyyMMdd	R	N
8	Sex	IS	1		RE	N
9				Not Used		N
10	Race	IS	50		RE	N
11	Patient Address	XAN		Should only have one address		N
11.1	Street Address Line 1	ST	50		RE	N
11.2	Street Address Line 2	ST	50		RE	N
11.3	City	ST	25		RE	N
11.4	Province	ST	2		RE	N
11.5	Postal Code	ST	9		RE	N
11.6	Country	ID	2		RE	N
12				Not Used		N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
13	Phone Number – Home	ST	13	(NNN)NNN-NNNN	RE	N
14	Phone Number – Business	ST	13	(NNN)NNN-NNNN	RE	N
15				Not Used		N
16	Marital Status	ST	1		RE	N
17				Not Used		N
18	Patient Account Number	CX			RE	N
18.1	ID Number	ST	23		RE	N
19				Not Used		N
20				Not Used		N
21		ST	23	Not Used		N
22				Not Used		N
23				Not Used		N
24				Not Used		N
25				Not Used		N
26				Not Used		N
27				Not Used		N
28				Not Used		N
29				Not Used		N
30		ST	1	Not Used		N

## 2.4 PV1 – Patient Visit Segment

The PV1 segment is used to send information related to the patient’s visit.

**Table 4: PV1 – Patient Visit Segment**

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Set ID – Patient Visit			Not Used		N
2	Patient Class	IS	3		RE	N
3	Assigned Patient Location	PL	80		RE	N
3.1	Unit/Location	ST	10		RE	N
3.2	Room	ST	5		RE	N
3.3	Bed	ST	5		RE	N
3.4	Receiving Facility	HD	10	See Appendix B	RE	N
3.5	Location Status			Not Used		N
3.6	Person Location Type			Not Used		N



SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
3.7	Building			Not Used		N
3.8	Floor			Not Used		N
3.9	Location Description	ST	30		RE	N
4				Not Used		N
5				Not Used		N
6				Not Used		N
7	Attending Doctor	XCN	250	See Provider Composite Field	RE	N
8	Referring Doctor	XCN	250	See Provider Composite Field	RE	N
9	Consulting Doctor	XCN	250	See Provider Composite Field	RE	N
10	Hospital Service	ST	15		RE	N
11				Not Used		N
12				Not Used		N
13				Not Used		N
14				Not Used		N
15				Not Used		N
16	VIP Indicator	IS	2		RE	N
17	Admitting Doctor	XCN	250	See Provider Composite Field	RE	N
18	Patient Type	CM	2		RE	N
19	Visit Number	CM			RE	N
19.1	ID Number	ST	23		RE	N
19.2				Not Used		N
19.3				Not Used		N
19.4	Assigning Authority ID	HD	23	See Appendix B	RE	N
19.5	Identifier Type Code	HD	23	See Appendix B	RE	
19.6	Assigning Facility	HD	23	See Appendix B	RE	
20				Not Used		N
21				Not Used		N
22				Not Used		N
23				Not Used		N
24				Not Used		N
25				Not Used		N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
26				Not Used		N
27				Not Used		N
28				Not Used		N
29				Not Used		N
30				Not Used		N
31				Not Used		N
32				Not Used		N
33				Not Used		N
34				Not Used		N
35				Not Used		N
36	Discharge Disposition	IS	3		RE	N
37				Not Used		N
38				Not Used		N
39				Not Used		N
40				Not Used		N
41				Not Used		N
42				Not Used		N
43				Not Used		N
44	Admit Date/Time	TS	26	yyyyMMddhhmmss	RE	N
45	Discharge Date/Time	TS	26	yyyyMMddhhmmss	RE	N
46				Not Used		N
47				Not Used		N
48				Not Used		N
49				Not Used		N
50	Alternate Visit ID	ST	20		RE	N

## 2.5 Provider Composite Field

Table 5: Provider Composite Field

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
.1	Provider ID	ST	30		RE	N
.2	Family Name	ST	50		RE	N
.3	Given Name	ST	50		RE	N
.4	Middle Name or Initial	ST	50		RE	N
.5	Suffix	ST	15		RE	N

.6	Prefix	ST	14		RE	N
.7	Degree	ST	15		RE	N
.8	Source Table	ST	15		RE	N
.9	Assigning Authority	HD	23		RE	N
.10	Name Type Code	HD	23		RE	N
.11				Not Used		N
.12				Not Used		N
.13	Identifier Type Code	HD	23		RE	N
.14	Assigning Facility	HD	23		RE	N

## 2.6 ORC - Common Order Segment

The common order segment is used to transmit fields that are common to all orders (all types of services that are requested).

**Table 6: ORC - Common Order Segment**

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Order Control	ID	2		R	N
2	Placer Order Number	EI	22		RE	N
3	Filler Order Number	EI	15		RE	N
4	Placer Group Number	EI	15		RE	N
5	Order Status	ID	2		RE	N
6				Not Used		N
7	Quantity/Timing	CM	200		RE	N
7.1	Quantity	ST			RE	N
7.2				Not Used		N
7.3				Not Used		N
7.4	Start Date/time	TS	26	yyyyMMddhhmmss	RE	N
7.5				Not Used		N
7.6	Priority	ST			RE	N
8	Parent	ST	15		RE	N
9	Date / Time of Transaction	TS	26	yyyyMMddhhmmss Date and time the order was placed.	RE	N
10	Entered By	XCN	250	Ordering Provider; See Provider Composite Field	RE	N
11				Not Used		N
12	Ordering Provider	XCN	250	See Provider	RE	N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
				Composite Field		
13	Enterer's Location	CM	80		RE	N
13.1	Ward	ST	5		RE	N
13.2	Depot	ST	2		RE	N
14				Not Used		N
15	Order Effective Date/Time	TS	26	yyyyMMddhhmmss	RE	N
16				Not Used		N
17	Entering Organization	HD	60		RE	N
18				Not Used		N

## 2.7 OBR - Observation Request Segment

The Observation Request segment is used to transmit information specific to an order for a diagnostic study or observation, physical exam or assessment. The segment defines the attributes of a particular request for diagnostic services or clinical observations.

**Table 7: OBR - Observation Request Segment**

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Set ID - Observation Request	SI	4	Sequential number from 1	RE	N
2	Placer Order Number	EI	22		RE	N
3	Filler Order Number	EI	22	This field will contain a generated unique order identifying number.	RE	N
4	Universal Service ID	CE	200	The identifier code for the requested observation upon which the results are reported.	R	N
4.1	Source Test Code	IS	15		R	N
4.2	Source Test Name / Description	ST			R	N
4.3				Not Used		N
5				Not Used		N
6	Requested Date/Time	TS	26	yyyyMMddhhmmss	RE	N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
7	Observation Date/Time	TS	26	yyyyMMddhhmmss	RE	N
8				Not Used		N
9				Not Used		N
10	Collector Identifier	XCN	60		RE	N
10.1	Identifier	ST	20		RE	N
11				Not Used		N
12				Not Used		N
13	Relevant Clinical Info	ST	300		RE	N
14				Not Used		N
15	Specimen Source	CM	300		RE	N
15.1	Identifier	ST	26		RE	N
15.2	Description	ST	100		RE	N
15.3	Name of Coding System	ST	32		RE	N
16	Ordering Provider	XCN	250	See Provider Composite Field.	RE	N
17				Not Used		N
18	Placer Field 1	ST	60		RE	N
19	Placer Field 2	ST	60		RE	N
20	Filler Field 1	ST	60		RE	N
21				Not Used		N
22	Results Rpt/Status Change- Date/Time	TS	26	yyyyMMddhhmmss	RE	N
23				Not Used		N
24	Diagnostic Service Section ID	ID	10	Refer to Appendix A for HL7 permissible values	RE	N
25	Result Summary Status	ID	1	Refer to Appendix A for HL7 permissible values	RE	N
26				Not Used		N
27	Quantity/Timing Order	CM	200		RE	N
27.1	Quantity	CQ			RE	N
27.2	Interval	CM			RE	N
27.3	Duration	ST			RE	N
27.4	Start Date/Time	TS	26	yyyyMMddhhmmss	RE	N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
27.5	End Date/Time	TS	26	yyyyMMddhhmmss	RE	N
27.6	Priority	ST	1		RE	N
27.7	Condition	ST			RE	N
27.8	Text	TX			RE	N
27.9	Conjunction	ST			RE	N
27.10	Order sequencing	CM			RE	N
27.11	Occurrence duration	CE			RE	N
27.12	Total occurrences	NM			RE	N
28	Result Copies To	XCN	250	See Provider Composite Field	RE	Y/5
29				Not Used		N
30	Transportation Mode	ID	4	Refer to Appendix A for HL7 permissible values	RE	N
31				Not Used		N
32	Principal Result Interpreter	CM			RE	N
32.1	Name	XCN	250	See Provider Composite Field	RE	N
32.2	Start Date/Time	TS	26	yyyyMMddhhmmss	RE	N
32.3	End Date/Time	TS	26	yyyyMMddhhmmss	RE	N
32.4	Point of care	IS			RE	N
32.5	Room	IS			RE	N
32.6	Bed	IS			RE	N
32.7	Facility	HD			RE	N
32.7.1	Namespace ID	IS			RE	N
32.7.2	Universal ID	ST			RE	N
32.7.3	Universal ID type	ID			RE	N
32.8	Location status	IS			RE	N
32.9	Patient location type	IS			RE	N
32.10	Building	IS			RE	N
32.11	Floor	IS			RE	N
33				Not Used		N
34	Technician	XCN	250	See Provider	RE	N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
				Composite Field		
35	Transcriptionist	XCN	250	See Provider Composite Field	RE	N
36				Not Used		N
37				Not Used		N
38				Not Used		N
39				Not Used		N
40				Not Used		N
41				Not Used		N
42				Not Used		N
43				Not Used		N

## 2.8 OBX - Observation Segment

This segment provides details about a particular observation. Field content is dependent upon the type of observation being reported.

Table 8: OBX - Observation Segment

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Set ID - Observation Result	SI	4	Sequential Number from 1	R	N
2	Value Type	ID	3	Note that while there is a large range, it is expected that this will be in textual or string format for DI reports (TX, FT, ST).	R	N
3	Observation Identifier	CE			R	N
3.1	Source Test ID	IS	100	Represents the local code ID	RE	N
3.2	Source Description	ST	250	Represents the local code description	RE	N
3.3				Not Used		N
3.4	Standard Test Code	IS	15	Represents the mapped code ID	RE	N
3.5	Standard Test Description	ST	250	Represents the mapped code description	RE	N

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
3.6	Standard Coding System	ST	10		RE	N
4	Observation Sub-ID	ST	20		RE	N
5	Observation Value	*	65536	The layout and length of this field is dependent on the value coded for OBX-2 however the maximum length is specified (textual data type).  See the HL7 v.2.3.1 specification for more details.	R	Y/5
6				Not Used		N
7				Not Used		N
8				Not Used		N
9				Not Used		N
10				Not Used		N
11	Observation Result Status	ID	1		RE	N
12				Not Used		N
13				Not Used		N
14	Date/Time of Observation	TS	26	yyyyMMddhhmmss	RE	N
15	Producer's ID	CE	60		RE	N
15.1	Identifier	ST			RE	N
15.2	Text	ST		Description	RE	N
15.3	Name of coding system	ST			RE	N
15.4	Alternate identifier	ST			RE	N
15.5	Alternate text	ST			RE	N
15.6	Alternate name of coding system	ST			RE	N
16	Responsible Observer	XCN		See Provider Composite Field	RE	N
17				Not Used		N



## 2.9 NTE - Notes and Comments Segment

The NTE segment is a common format for sending notes and comments. This segment may also be used to transmit patient results from selected modules in a generalized report format. The NTE segment can appear in the message stream after any of the segments, except the MSH segment.

**Note:** Special characters may be found in a NTE comment field and will not be surrounded by escape characters. The only special character that will not be allowed is the | character.

**Table 9: NTE - Notes and Comments Segment**

SEQ	ELEMENT NAME	DATA TYPE	LEN	PERMISSIBLE VALUES / NOTES	OPT	RPT
1	Set ID - Notes and Comments	SI	4	Sequential number from 1	R	N
2	Source of Comment	ID	8	Refer to Appendix A for HL7 permissible values	RE	N
3	Comment	FT	65536		R	N

### 3 Appendix A: HL7 Permissible Values

**Note:** The tables in this Appendix were extracted from HL7 Version 2.3.1 standards. We have noted some instances where the source has not adopted this standard. As a general best practice, it is recommended the EMR product shall validate all data being sent by each source in the associated segment and dynamically add to the tables any new values transmitted from the source.

#### 3.1 Diagnostic Service Section ID (OBR-24)

Table 10: Diagnostic Service Section ID (OBR-24)

VALUE	DESCRIPTION	VALUE	DESCRIPTION
AN	Angiogram	NM	Nuclear Medicine
CT	Computed Tomography	PET	Positron Emission Tomography
DR	Digital Radiography	SP	Special Procedures-Angiography
FL	Fluoroscopy	US	Ultrasound
MA	Mammogram	XR	Xray
MR	Magnetic Resonance Imaging		

#### 3.2 Result Summary Status (OBR-25)

Table 11: Result Summary Status (OBR-25)

VALUE	DESCRIPTION	VALUE	DESCRIPTION
O	Order received; collected images not yet received	R	Results stored; not yet verified
I	No results available; collected images received, evaluation incomplete	F	Final results; results stored and verified. Can only be changed with a corrected result.
S	No results available; procedure scheduled, but not done	X	No results available; Order cancelled.
A	Some, but not all, results available	Y	No order on record for this result. (Used only on queries)
P	Preliminary: A verified early result is available	Z	No record of this patient. (Used only on queries)
C	Correction to results		

#### 3.3 Source of Comment (NTE-2)

Table 12: Source of Comment (NTE-2)

VALUE	DESCRIPTION	VALUE	DESCRIPTION
L	Ancillary (filler) department is source of comment	P	Orderer (placer) is source of comment
O	Other system is source of comment		

### 3.4 Sending Applications (MSH-3)

Table 13: Sending Applications (MSH-3)

VALUE	DESCRIPTION
ME-RIS-1	Manitoba's Provincial Radiology Information System (RIS)

## 4 Appendix B: Acceptable Primary Identifiers

Table 14: Acceptable Primary Identifiers

DESCRIPTION	ASSIGNING APPLICATION	ASSIGNING AUTHORITY	ASSIGNING FACILITY	IDENTIFIER TYPE	IDENTIFIER TYPE CODE
ADT Concordia Hospital	WI-COH-ADT	WI	COH	Medical Record Number	MR
ADT Grace Hospital	WI-GRH-ADT	WI	GRH	Medical Record Number	MR
ADT Victoria General Hospital	WI-VGH-ADT	WI	VGH	Medical Record Number	MR
ADT St. Boniface General Hospital	WI-SBH-ADT	WI	SBH	Medical Record Number	MR
ADT Health Sciences Centre	WI-HSC-ADT	WI	HSC	Medical Record Number	MR
ADT Seven Oaks General Hospital	WI-SOH-ADT	WI	SOH	Medical Record Number	MR
ADT Misericordia Health Centre	WI-MHC-ADT	WI	MHC	Medical Record Number	MR
ADT Riverview Health Centre	WI-RHC-ADT	WI	RHC	Medical Record Number	MR
ADT Deer Lodge Centre	WI-DLC-ADT	WI	DLC	Medical Record Number	MR
ADT Pan Am Clinic	WI-PAC-ADT	WI	PAC	Medical Record Number	MR
CancerCare Manitoba	CC-ADT	CC	CCM	Medical Record Number	MR
ADT Brandon and Assiniboine Regional Health Authorities	BR-AS-ADT	BR-AS		Regional Patient Identifier	RRI
Brandon Regional Hospital <sup>1</sup>	BR-AS- ADT	BR-AS	BRC	Medical Record Number	MR
ADT Burntwood Regional Health Authority	BU-ADT	BU		Regional Patient Identifier	RRI
ADT Central Regional Health Authority	CE-ADT	CE		Regional Patient Identifier	RRI
ADT Churchill Regional Health Authority	CH-ADT	CH		Regional Patient Identifier	RRI
ADT Interlake Regional Health Authority	IN-ADT	IN		Regional Patient Identifier	RRI

<sup>1</sup> Note that Brandon Regional Hospital assigning application is the same for both the regional identifier and the medical record number. It is therefore important to ensure that the identifier type code and facility code are used to ensure that the correct identifier is being utilized.

DESCRIPTION	ASSIGNING APPLICATION	ASSIGNING AUTHORITY	ASSIGNING FACILITY	IDENTIFIER TYPE	IDENTIFIER TYPE CODE
ADT NOR-MAN Regional Health Authority	NO-ADT	NO		Regional Patient Identifier	RRI
ADT Parkland Regional Health Authority	PA-ADT	PA		Regional Patient Identifier	RRI
ADT South Eastman Regional Health Authority	SE-ADT	SE		Regional Patient Identifier	RRI
ADT North Eastman Regional Health Authority	NE-ADT	NE		Regional Patient Identifier	RRI
Manitoba Health Insured Benefits Registry	CANMB-MBH-JHI	CANMB	MBH	Personal Health Insurance Number (JHN)	JHNMB
PEI Health Card Number		CANPE	ID_PEHCN	Jurisdictional Health Number	JHNPE
Alberta Personal Health Number		CANAB	ID_ABPHN	Jurisdictional Health Number	JHNAB
BC Personal Health Number		CANBC	ID_BCPHN	Jurisdictional Health Number	JHNBC
New Brunswick Medicare Number		CANNB	ID_NBMN	Jurisdictional Health Number	JHNNB
Newfoundland/Labrador Medical Services Number		CANNL	ID_NLMSN	Jurisdictional Health Number	JHNNL
Nova Scotia Medical Services Number		CANNS	ID_NSMSN	Jurisdictional Health Number	JHNNS
NWT Health Care Number		CANNT	ID_NTHCN	Jurisdictional Health Number	JHNNT
Nunavut Health Care Number		CANNU	ID_NUHCN	Jurisdictional Health Number	JHNNU
Saskatchewan Health Services Number		CANSK	ID_SKHSN	Jurisdictional Health Number	JHNSK
Yukon Health Care Number		CANYT	ID_YTHCN	Jurisdictional Health Number	JHNYT
Ontario Health Care Number		CANON	ID_ONHCN	Jurisdictional Health Number	JHNON
Quebec Health Care Number		CANQC	ID_QCHCN	Jurisdictional Health Number	JHNQC
RCMP Regiment Number		CANRCMP	ID_RCMP	Jurisdictional Health Number	JHNRC
Canadian Forces Health Care Number		CANARMF	ID_CF	Jurisdictional Health Number	JHNAF

## 5 Appendix C: Release Notes

### *Version 1.0 December 1, 2015*

- Updated name of service from earlier “DDS” or “CID” or “Health\_Hub” to “eHealth\_hub”
- Section 2.8
  - OBX - 3.1 Source Test ID: Updated length to 100 from 15.
- Section 3.1
  - Updated the descriptions for the values, DR = Digital Radiography, FL = Fluoroscopy, PET = Positron Emission Tomography
  - Added CT = Computed Tomography

### *Version 1.4 March 31, 2020*

- Updated document theme to new organizational visual identity
- Updated Manitoba eHealth to Shared Health to align with new organizational structure
- Updated version number to align with specification and assessment guide