Ontario Health
Cancer Care Ontario

Data Dictionary

Fecal Immunochemical Test Data Submission Portal.

March 2019
Version 1.5

Notice

Summary of changes

Version	Revision Description	Date

Version 1.0	Section 3: Data Dictionary
	• Transaction 1 – Requisition and Distribution
	  ○ Requisition Rejection Reason (data element 1.12): Definition column was updated to:
	  ▪ Remove reference that age should be calculated in years, not days
	  ▪ Include age calculation examples
	• Transaction 2 – Receipt and Testing
	  ○ Kit Receipt Date (data element 2.18): Definition column was updated to outline that the data element reflects the lab license number, rather than the organization number
	  ○ Device Rejection Reason (data element 2.23): DR12 (missing/illegible participant identifiers on device) has been marked as "do not use", as it is not a valid reason
	• Reason Priority
	  ○ New section added to outline submission priority for the various reason data elements, across the three transactions, in cases where more than one reason is applicable
		November 8, 2018

Version 1.1	Section 3: Data Dictionary
	• Transaction 1 – Requisition and Distribution
	  ○ Mailing Decision Date (data element 1.25): Definition column was updated to outline that the data element will be used in calculation of requisition shelf life expiry
	• Transaction 2 – Receipt and Testing
	  ○ Device Rejection Reason (data element 2.23): Definition column was updated to outline that the requisition expiry is 180 days from the mailing decision date
	  ○ Device Rejection Reason (data element 2.23): DR12 (missing/illegible participant identifiers on device) has been marked valid
	Section 3: Data Dictionary
	• Transaction 2 – Receipt and Testing
	  ○ Device Rejection Reason (data element 2.23): Definition column was updated for possible options for device rejection reason (DR05) to outline that the
		January 3, 2019

Version	Revision Description	Date
	requisition expiry is 180 days from the mailing decision date	
Version 1.2	Section 3: Data Dictionary • Transaction 1 – Requisition and Distribution ○ Requisition Rejection Reason (data element 1.12): Removal of gFOBT from RR02	Version 1.2
Version 1.3	○ Participant Address Line 1 (data element 1.28): Completion requirement updated to conditional ○ Participant Address Line 2, City, Province, and Postal Code (data elements 1.29, 1.30, 1.31, 1.32): Completion requirement logic updated ○ Kit Mailing Address Line 1 (data element 1.33): Completion requirement updated to conditional ○ Reworded from submitted to populated where applicable ○ Reworded mandatory to must where applicable ○ Added blank if not applicable where field accepts Null value • Transaction 2 – Receipt and Testing ○ Participant Address Line 1 (data element 2.9): Completion requirement updated to optional ○ Participant Address Line 2, City, Province, and Postal Code (data elements 2.10, 2.11, 2.12, 2.13): Completion requirement logic updated ○ Device Rejection Reason (data element 2.23): Definition column and Valid Values column updated to reflect addition of four additional device rejection codes ○ Reworded from submitted to populated where applicable ○ Reworded mandatory to must where applicable ○ Added blank if not applicable where field accepts Null value • Device Rejection Reasons Priority Table ○ Table updated with four additional device rejection codes marked N/A	March 1, 2019
Version 1.4	Section 3: Data Dictionary • Transaction 1 – Requisition and Distribution ○ Kit Mailing Address Line 1 (data element 1.33): Added additional information for more clarity	March 4, 2019

Version	Revision Description	Date
	○ Added more further instruction for requester ordered replacement kit (DR14)	
Version 1.5	• FIT kits replacement request ○ Moved issuing replacement FIT kits additional instructions/processes to FIT Kit Replacement Requests section	March 5, 2019

1. Overview

Purpose

This document describes the data elements to be included in submissions to the fecal immunochemical test (FIT) data submission portal (DSP).

Audience

This document is intended for laboratory staff who are responsible for implementing technical and process changes to support data collection and submission to the FIT DSP.

2. Data Attributes

Data Attribute Descriptions

The table below provides a description of the data attributes (columns) that are included in the data dictionary (see section 3 in this document).

Column	Description
ID No.	Identification number assigned to the data element
Data Element Name	The name of the data element
Submission File Header Column Name	The name of the corresponding field as it will appear in the header row of the submission file
Definition	Description of the data element
Type (Length)	Description of the type of data element and the maximum number of characters that can make up the data element. Data element types: • Alphabetic: combination of letters a - z • Numeric: combination of digits 0 – 9, may contain a period (.) for decimals • Alphanumeric: combination of letters a – z and digits 0 - 9 • Character: combination of letters a – z, digits 0 – 9, and symbols that appear on the keyboard (space, underscore, period, comma, double quotation mark, single quotation mark, and hyphen). Commas must be enclosed in double quotation marks if used within a data element. Date: combination of year, month, day (YYYYMMDD)
Completion Requirement	Indicates if the data element is Mandatory, Conditional, or Optional
Format	Layout of the data element (if applicable)
Valid Values	Description or list of acceptable values

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3. Data Dictionary

Data elements

To support collecting quality and timely data, the FIT DSP data elements are organized into three transactions based on how FIT requisitions and tests will be processed. The three transactions are:

Transaction	Description
Transaction 1: Requisition and Distribution	Includes data about FIT requisitions and FIT kit distribution.
Transaction 2: Receipt and Testing	Includes data about the receipt of FIT kits completed by participants and kit testing.
Transaction 3: Cancellation	Includes data to cancel previously submitted transaction data. Data submitted for Transaction 1 and Transaction 2 can be cancelled by submitting a Transaction 3 record. Submitting a Transaction 3 record will expire previously submitted Transaction 1 and Transaction 2 data with the same Accession Number.

The data elements for each transaction are outlined in the tables below.

Transaction 1 – Requisition and Distribution

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.1	Requisition Intake Site	Requisition Intake Site	Organization number of the laboratory responsible for the intake of the test requisition.	Numeric (4)	Mandatory		• Must be between 0000-9999

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.2	Requisition Intake Date	Requisition Intake Date	Date the test requisition was received by the laboratory that will process the test requisition.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before FIT launch
1.3	Requisition ID	Requisition ID	Internal ID assigned by the laboratory to uniquely identify the test requisition for the FIT kit. This number will be used to link multiple FIT kits distributed for a single test requisition.	Alpha-numeric (1 - 15)	Mandatory		Text up to 15 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9)
1.4	Accession Number	Accession Number	Internal ID assigned by the laboratory to uniquely identify the order. This number will also be on the FIT collection device barcode label.	Alpha-numeric (1 - 15)	Mandatory		Text up to 15 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9)

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.5	Requester Type	Requester Type	Specifies either who requested the FIT or where the FIT was requested. Possible options for Requester Type: • Physician (PH) – a physician requested the test • Nurse Practitioner (NP) – a nurse practitioner requested the test • Mobile Coach (MC) – a mobile coach requested the test • Telehealth (TH) – Telehealth requested the test	Alpha-betic (2)	Mandatory		• PH for Physician; or • NP for Nurse Practitioner; or • MC for Mobile Coach; or • TH for Telehealth
1.6	Mobile Coach ID	Mobile Coach ID	Unique ID of the mobile coach that submitted the test requisition. Possible options for Mobile Coach ID: • ON000MCN1A – unique ID of the North West Mobile Coach • ON000MCHIC – unique ID of the Hamilton Mobile Coach	Alpha-numeric (0, 10)	Conditional: • Must be populated if Requester Type (data element 1.5) is Mobile Coach (MC) • Can only be populated if Requester Type (data element 1.5) is Mobile Coach (MC)		• ON000MCN1A for the North West Mobile Coach; or • ON000MCHIC for the Hamilton Mobile Coach • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.7	Requester Unique Identifier	Requester Unique Identifier	Unique identifier or professional registration number of the FIT requester. • If the Requester Type (data element 1.5) is Physician (PH), enter the College of Physician and Surgeons of Ontario (CPSO) registration number of the physician that requested the test on the requisition. • If the Requester Type data element is Nurse Practitioner (NP), enter the College of Nurses of Ontario (CNO) registration number of the nurse practitioner that requested the test on the requisition. • If the Requester Type data element is Mobile Coach (MC) or Telehealth (TH), enter the applicable CPSO or CNO number as described above if a physician or nurse practitioner requested the	Numeric (0, 6, 7, 8)	Conditional: • Must be populated if Requester Type (data element 1.5) is Physician (PH) or Nurse Practitioner (NP) • Optional if Requester Type (data element 1.5) is Mobile Coach (MC) or Telehealth (TH)	• If Requester Type (data element 1.5) is Physician (PH), value must follow CPSO format • If Requester Type (data element 1.5) is Nurse Practitioner (NP), value must follow CNO format • If Requester Type (data element 1.5) is Mobile Coach (MC)	• CPSO registration numbers must be between 000001 and 999999 • CNO registration numbers must be between 0000001 and 99999999 • Leading zeros are accepted. • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			test. If not, the data element must be blank.			or Telehealth (TH), value must follow CPSO or CNO format as outlined above, or be left blank	
1.8	Requester First Name	Requester First Name	First name of the person (e.g., physician) who requested the FIT kit.	Character (0, 1 - 50)	Conditional: • Must be populated if Requester Type (data element 1.5) is Physician (PH) or Nurse Practitioner (NP) • Optional if Requester Type (data element 1.5) is Mobile Coach (MC) or Telehealth (TH)		• Text up to 50 characters containing: ○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable
1.9	Requester Middle Name	Requester Middle Name	Middle name of the person (e.g., physician) who requested the FIT kit.	Character (0, 1 - 50)	Optional		• Text up to 50 characters containing:

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
							○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable
1.10	Requester Last Name	Requester Last Name	Last name of the person (e.g., physician) who requested the FIT kit.	Character (0, 1 - 50)	Conditional: • Must be populated if Requester Type (data element 1.5) is Physician (PH) or Nurse Practitioner (NP) • Optional if Requester Type (data element 1.5) is Mobile Coach (MC) or Telehealth (TH)		• Text up to 50 characters containing: ○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable
1.11	Requisition Accepted	Requisition Accepted	Indicates whether the test requisition was accepted for FIT kit mailing.	Alpha-betic (1)	Mandatory		• Y for Yes; or • N for No
1.12	Requisition Rejection Reason	Requisition Rejection Reason	The reason the laboratory did not accept the test requisition for FIT kit mailing.	Alpha-numeric (0, 4)	Conditional: • Must be populated if Requisition Accepted (data		• RR01 for participant not age eligible; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			Possible options for Requisition Rejection Reason: • Participant not age eligible (RR01): Participant is less than 49 years of age or greater than 85 years of age at time of test requisition intake date; or • Participant ineligible due to recent FIT(RR02): the lab has a record of a participant having completed a FIT kit with a normal or abnormal result within the past 21 months; or • Participant is not covered by OHIP (RR03); or • Duplicate requisition (RR04): another FIT kit test requisition has been received for this participant within the last 180 days (approximately 6 months) (this does not include cases where the participant has to repeat a test due to an invalid or rejected result) or when a replacement FIT kit has been requested; or		element 1.11) is No (N) • Can only be populated if Requisition Accepted (data element 1.11) is No (N)		• RR02 for participant ineligible due to recent FIT; or • RR03 for participant is not covered by OHIP; or • RR04 for duplicate test requisition; or • RR99 for other • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Other (RR99): test requisition is rejected by the lab for a reason other than the options listed above. Submit the test requisition rejection reason in Requisition Rejection Comments field. Please see the Reason Priority section which outlines the submission priority for cases where more than one reason is applicable How to determine participant age for eligibility: • A participant is age eligible if they fall within the age range of 49 and 85 years old on the Requisition Intake Date (data element 1.2) • Age example 1: If Jane Doe was born on March 1, 1969, Cancer Care Ontario would consider her to be: ○ 49 years old as of February 28, 2019				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			○ 50 years old as of March 1, 2019 • Age example 2: If Jane Doe was born March 1, 1970, and she turns 50 on a leap year, Cancer Care Ontario would consider her to be: ○ 49 years old as of February 29, 2020 ○ 50 years old as of March 1, 2020 • Age example 3: If Jane Doe was born on a leap day, February 29, 1972, Cancer Care Ontario would consider her to be: ○ 49 years old as of February 28, 2022 ○ 50 years old as of March 1, 2022				
1.13	Requisition Rejection Comments	Requisition Rejection Comments	Additional information about the reason the laboratory did not accept the test requisition for FIT kit mailing.	Character (0, 1 - 255)	Conditional: • Must be populated if Requisition Rejection Reason (data element 1.12) is Other (RR99) • Can only be populated if		• Text up to 255 characters containing: ○ upper and lower case letters (a – z)

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
					Requisition Accepted (data element 1.11) is No (N)		○ numbers (0 – 9) ○ symbols • Blank if not applicable
1.14	Participant Health Insurance Number	Participant Health Insurance Number	The 10-digit Ontario Health Card Number of the patient. If the test requisition was not accepted because the participant does not have a valid Ontario Health Card Number, a zero (0) should be populated.	Numeric (1, 10)	Mandatory		• Must be between 1000000000-9999999999 • Valid 10-digit Ontario health card number; or • 0 for test requisitions that were rejected because the participant does not have a valid Ontario Health Card Number • Leading zeros are not accepted

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.15	Participant First Name	Participant First Name	First name of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (1 - 50)	Mandatory		Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols
1.16	Participant Middle Name	Participant Middle Name	Middle name of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (0, 1 - 50)	Optional		• Text up to 50 characters containing: ○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable
1.17	Participant Last Name	Participant Last Name	Last name of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (1 - 50)	Mandatory		Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols
1.18	Participant Date of Birth	Participant Date of Birth	Date of birth of the participant.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			This field should be validated by the agreed upon process between CCO and the lab.				submitted to the FIT DSP system Must not calculate to an age greater than 130 years old
1.19	Participant Sex	Participant Sex	Sex of the participant. This field should be validated by the agreed upon process between CCO and the lab. Possible options for Participant Sex: • Female (F) • Male (M)	Alpha-betic (1)	Optional		• M for Male; or • F for Female; or • Blank if unknown or unavailable
1.20	Participant Phone Number Type	Participant Phone Number Type	Type of phone number provided for the patient on the test requisition (home, cell, or work). Possible options for Participant Phone Number Type • Home (H) • Cell (C) Work (W)	Alpha-betic (0, 1)	Optional		• H for Home; or • C for Cell; or • W for Work • Blank if unknown or unavailable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.21	Participant Phone Number - Area Code	Participant Phone Number - Area Code	Phone number area code of the patient as it appears on the test requisition.	Numeric (0, 3)	Conditional • Must be populated if Participant Phone Number – Local Number (data element 1.22) has been populated • Can only be populated if Participant Phone Number – Local Number (data element 1.22) has been populated	###	• Combination of three digits (0 – 9). Note: spaces and dashes are not valid. • Blank if not applicable
1.22	Participant Phone Number - Local Number	Participant Phone Number - Local Number	Phone number of the patient, not including area code and extension, as it appears on the test requisition.	Numeric (0, 7)	Conditional • Must be populated if Participant Phone Number – Area Code (data element 1.21) has been populated • Can only be populated if Participant Phone Number – Area Code (data element 1.21) has been populated	#######	• Combination of seven digits (0 – 9). Note: spaces and dashes are not valid. • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.23	Participant Phone Number - Extension	Participant Phone Number - Extension	Extension number of the patient as it appears on the test requisition.	Numeric (0, 1 - 5)	Optional: Can only be populated if Participant Phone Number – Local Number (data element 1.22) has been populated		• Combination of digits (0 – 9) up to five characters. Note: spaces and dashes are not valid. • Blank if not applicable
1.24	Kit Mailed	Kit Mailed	Indicates whether a FIT kit was mailed to the participant.	Alpha-betic (0, 1)	Conditional: • Must be populated if Requisition Accepted (data element 1.11) is Yes (Y) • Can only be populated if Requisition Accepted (data element 1.11) is Yes (Y)		• Y for Yes; • N for No; or • Blank if not applicable
1.25	Mailing Decision Date	Mailing Decision Date	The date the FIT kit was mailed or the date a decision was made to not mail a FIT kit to the participant. Mailing decision date will be used in calculation of requisition shelf life expiry.	Date (0, 8)	Conditional: • Must be populated if Requisition Accepted (data element 1.11) is Yes (Y)	YYYYMMDD	• Must be on or after Requisition Intake Date (data element 1.2)

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
					• Can only be populated if Requisition Accepted (data element 1.11) is Yes (Y)		• Must not be after date the record was submitted to the FIT DSP system • Blank if not applicable
1.26	Mailing Rejection Reason	Mailing Rejection Reason	The reason why the FIT kit was not mailed in the event that a test requisition was accepted but not fulfilled. Possible options for Mailing Rejection Reason: • No mailable address (MR01): the lab was unable to mail the FIT kit to the participant because the address was invalid after address cleansing; or • Requester cancelled (MR02): the requester cancelled the test requisition. Submit additional details in Mailing Rejection Comments (data element 1.27); or	Alpha-numeric (0, 4)	Conditional: • Must be populated if Kit Mailed (data element 1.24) is No (N) • Can only be populated if Kit Mailed (data element 1.24) is No (N)		• MR01 for no mailable address; or • MR02 for requester cancelled; or • MR99 for other; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Other (MR99): the lab was unable to mail the FIT kit to the participant for reasons other than the options listed above. Submit the mailing rejection reason in the Mailing Rejection Comments field. Please see the Reason Priority section which outlines the submission priority for cases where more than one reason is applicable				
1.27	Mailing Rejection Comments	Mailing Rejection Comments	Additional information about why a FIT kit was not mailed for an accepted test requisition.	Character (0, 1 - 255)	Conditional: • Must be populated if Mailing Rejection Reason (data element 1.26) is Requester cancelled (MR02), or Other (MR99) • Can only be populated if Kit Mailed (data element 1.24) is No (N)		• Text up to 255 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.28	Participant Address Line 1	Participant Address Line 1	Street address of the patient's mailing address, as it appears on the test requisition. A complete Participant Address must be provided if there is no Kit Mailing Address.	Character (0, 1 - 100)	Conditional: • Must be populated if Kit Mailed (data element 1.24) is Yes (Y) and Kit Mailing Address Line 1 is null • Can only be populated if Kit Mailed (data element 1.24) is Yes (Y)populated		• Text up to 100 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable
1.29	Participant Address Line 2	Participant Address Line 2	Additional information included in the patient's mailing address (e.g., apartment number) as it appears on the test requisition.	Character (0, 1 - 100)	Optional • Can only be populated if Participant Address Line 1 (data element 1.28) is populated		• Text up to 100 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable
1.30	Participant City	Participant City	City of the patient's mailing address, as it appears on the test requisition.	Character (0, 1 - 75)	Conditional: • Must be populated if Participant		• Text up to 75 characters containing:

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
					Address Line 1 (data element 1.28) is populated • Can only be populated if Participant Address Line 1 (data element 1.28) is populated		○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable
1.31	Participant Province	Participant Province	Province of the patient's mailing address as it appears on the test requisition.	Alpha-betic (0, 2)	Conditional: • Must be populated if Participant Address Line 1 (data element 1.28) is populated • Can only be populated if Participant Address Line 1 (data element 1.28) is populated		• AB for Alberta; or • BC for British; or Columbia; or • MB for Manitoba; or • NB for New Brunswick; or • NL for Newfoundland and Labrador; or • NS for Nova Scotia; or • NT for Northwest Territories; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
							• NU for Nunavut; or • ON for Ontario; or • PE for Prince Edward Island; or • QC for Quebec; or • SK for Saskatchewan; or • YT for Yukon; or • Blank if not applicable
1.33	Kit Mailing Address Line 1	Kit Mailing Address Line 1	Street address where the FIT kit will be mailed. A complete Kit Mailing Address can be provided in addition to the Participant Address. A complete Kit Mailing Address must be provided if the kit was mailed and there is no Participant Address.	Character (0, 1 - 100)	Conditional • Must be populated if Kit Mailed (data element 1.24) is Yes (Y) and Participant Address Line 1 (data element 1.28) is null • Can only be populated if Kit Mailed (data element 1.24) is Yes (Y)		• Text up to 100 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.34	Kit Mailing Address Line 2	Kit Mailing Address Line 2	Additional information included in the address (e.g., apartment number) where FIT kit will be mailed.	Character (0, 1 - 100)	Optional • Can only be populated if Kit Mailing Address Line 1 (data element 1.33) is populated		• Text up to 100 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable
1.35	Kit Mailing City	Kit Mailing City	City of the address where the FIT kit will be mailed.	Character (0, 1 - 75)	Conditional: • Must be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated • Can only be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated		• Text up to 75 characters containing: ○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.36	Kit Mailing Province	Kit Mailing Province	Province of the address where the FIT kit will be mailed. Possible options for Kit Mailing Province: Ontario (ON)	Alpha-betic (0, 2)	Conditional: • Must be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated • Can only be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated		• ON for Ontario; or • Blank if not applicable
1.37	Kit Mailing Postal Code	Kit Mailing Postal Code	Postal Code of the address where the FIT kit will be mailed.	Alpha-numeric (0, 6)	Conditional: • Must be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated • Can only be populated if Kit Mailing Address Line 1 (data element 1.33) has been populated	A1A1A1	• Six characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) • Must be an Ontario Postal Code (first character is K, L, M, N, or P) • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
1.38	Kit Type	Kit Type	The type of return postage included in the FIT kit mailed to the participant. Possible options for Kit Type: • Expedited postage (EP) Regular postage (RP)	Alpha-betic (0, 2)	Conditional: • Must be populated if Kit Mailed (data element 1.24) is Yes (Y) • Can only be populated if Kit Mailed (data element 1.24) is Yes (Y)		• EP for Expedited postage; or • RP for Regular postage • Blank if not applicable
1.39	Device Lot Number	Device Lot Number	The manufacturing batch of the FIT collection device.	Alpha-numeric (0, 1 - 15)	Conditional: • Must be populated if Kit Mailed (data element 1.24) is Yes (Y) • Can only be populated if Kit Mailed (data element 1.24) is Yes (Y)		• Text up to 15 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) • Blank if not applicable
1.40	Device Expiry Date	Device Expiry Date	The date the FIT collection device expires.	Date (0, 8)	Conditional: • Must be populated if Kit Mailed (data element 1.24) is Yes (Y)	YYYYMMDD	• Any date • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
					• Can only be populated if Kit Mailed (data element 1.24) is Yes (Y)		
1.41	Late Arrival Reason	Late Arrival Reason	The reason this Transaction 1 data was not submitted by the lab to CCO within 60 days of the Requisition Intake Date (data element 1.2). Possible options for Late Arrival Reason: • CCO request (LR01): CCO identified that the record required resubmission (e.g., as part of data quality or because of a CCO technical issue); or • Submission procedure not followed (LR02): the lab user did not identify and resolve submission errors; or • Lab system issue (LR03): a technical issue occurred with the lab information system or other lab system	Alpha-numeric (0, 4)	Conditional: • Must be populated if record is submitted to the FIT DSP greater than 60 days after Requisition Intake Date (data element 1.2) • Can only be populated if record is submitted to the FIT DSP greater than 60 days after Requisition Intake Date (data element 1.2)		• LR01 for CCO request; or • LR02 for submission procedure not followed; or • LR03 for lab system issue; or • LR04 for test result corrected; or • LR05 for participant information corrected; or • LR06 for requester information corrected; or • LR07 for investigation required to

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			used for collecting/submitting data; or • Test result corrected (LR04): a correction was made to the test result; or • Participant information corrected (LR05): a correction was made to the participant's information, which took 60 days or more to identify and resolve; or • Requester information corrected (LR06): a correction was made to the requester information, which took 60 days or more to identify and resolve; or • Investigation required to collect mandatory information (LR07): mandatory information was missing and required time to collect the data. Please see the Reason Priority section which outlines the submission priority for cases				collect mandatory information • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			where more than one reason is applicable				

Transaction 2 – Receipt and Testing

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.1	Lab License Number	Lab License Number	Lab license number of the lab responsible for processing the program FIT collection device.	Numeric (4)	Mandatory		Must be between 0000-9999
2.2	Accession Number	Accession Number	Internal ID assigned by the lab to uniquely identify the order. This number is barcoded on the FIT collection device. The Accession Number must match the one submitted for Transaction 1 – Requisition and Distribution.	Alpha-numeric (1 - 15)	Mandatory		Text up to 15 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9)

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.3	Participant Health Insurance Number	Participant Health Insurance Number	The 10-digit Ontario Health Card Number of the participant.	Numeric (10)	Mandatory		• Must be between 1000000000-9999999999 • Valid 10-digit Ontario Health Card Number • Leading zeros are not accepted
2.4	Participant First Name	Participant First Name	First name of participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (1 - 50)	Mandatory		Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols
2.5	Participant Middle Name	Participant Middle Name	Middle name of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (0, 1 - 50)	Optional		• Text up to 50 characters containing: ○ upper and lower case letters (a – z) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.6	Participant Last Name	Participant Last Name	Last name of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Character (1 - 50)	Mandatory		Text up to 50 characters containing: • upper and lower case letters (a – z) • symbols
2.7	Participant Date of Birth	Participant Date of Birth	Date of birth of the participant. This field should be validated by the agreed upon process between CCO and the lab.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not calculate to an age greater than 130 years old
2.8	Participant Sex	Participant Sex	Sex of the participant. This field should be validated by the agreed upon process between CCO and the Lab. Possible options for Participant Sex: • Female (F)	Alpha-betic (1)	Optional		• M for Male; or • F for Female; or • Blank if unknown or unavailable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Male (M)				
2.9	Participant Address Line 1	Participant Address Line 1	Street address of the patient's mailing address, as entered into the lab information system from the test requisition and cleansed to the Canada Post standard. Note: the participant address may be different than the one submitted for Transaction 1 – Requisition and Distribution if the address has changed.	Character (0, 1 - 100)	Optional		Text up to 100 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9) • symbols • Blank if not applicable
2.10	Participant Address Line 2	Participant Address Line 2	Additional information from the patient's mailing address (e.g., apartment number), as entered into the lab information system from the test requisition and cleansed to the Canada Post standard. Note: the participant address may be different than the one submitted for Transaction 1 – Requisition and Distribution if the address has changed.	Character (0, 1 - 100)	Optional • Can only be populated if Participant Address Line 1 (data element 2.9) is populated		• Text up to 100 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.11	Participant City	Participant City	City of the patient's mailing address, as entered into the lab information system from the test requisition and cleansed to the Canada Post standard. Note: the participant address may be different than the one submitted for Transaction 1 – Requisition and Distribution if the address has changed.	Character (0, 1 - 75)	Conditional • Must be populated if Participant Address Line 1 (data element 2.9) is populated • Can only be populated if Participant Address Line 1 (data element 2.9) is populated		Text up to 75 characters containing: • upper and lower case letters (a – z) • symbols • Blank if not applicable
2.12	Participant Province	Participant Province	Province of the patient's mailing address, as entered into the lab information system from the test requisition and cleansed to the Canada Post standard Note: the participant address may be different than the one submitted for Transaction 1 – Requisition and Distribution if the address has changed.	Alpha-betic (0, 2)	Conditional • Must be populated if Participant Address Line 1 (data element 2.9) is populated • Can only be populated if Participant Address Line 1 (data element 2.9) is populated		• AB for Alberta; or • BC for British Columbia; or • MB for Manitoba; or • NB for New Brunswick; or • NL for Newfoundland and Labrador; or • NS for Nova Scotia; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
							• NT for Northwest Territories; or • NU for Nunavut; or • ON for Ontario; or • PE for Prince Edward Island; or • QC for Quebec; or • SK for Saskatchewan; or • YT for Yukon; or • Blank if not applicable
2.13	Participant Postal Code	Participant Postal Code	Postal Code of the patient's mailing address, as entered into the lab information system from the test requisition and cleansed to the Canada Post standard. Note: the participant address may be different than the one submitted for Transaction 1 –	Alpha-numeric (0, 6)	Conditional • Must be populated if Participant Address Line 1 (data element 2.9) is populated • Can only be populated if Participant Address Line 1 (data	A1A1A1	• Six characters containing: • upper and lower case letters (a – z) • numbers (0 – 9) • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			Requisition and Distribution if the address has changed.		element 2.9) is populated		
2.14	Participant Phone Number Type	Participant Phone Number Type	Type of phone number provided for the participant (home, cell, or work). Possible options for Participant Phone Number Type: • Home (H) • Cell (C) • Work (W) Note: the participant phone number may be different than the one submitted for Transaction 1 – Requisition and Distribution if the phone number has changed.	Alpha-betic (0, 1)	Optional		• H for Home; or • C for Cell; or • W for Work • Blank if not applicable
2.15	Participant Phone Number - Area Code	Participant Phone Number - Area Code	Phone number area code of the participant, as entered into the lab information system from the requisition. Note: the participant phone number may be different than the one submitted for Transaction 1 – Requisition	Numeric (0, 3)	Conditional • Must be populated if Participant Phone Number – Local Number (data element 2.16) has been populated • Can only be populated if	###	• Combination of three digits (0 – 9). Note: spaces and dashes are not valid. • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			and Distribution if the phone number has changed.		Participant Phone Number – Local Number (data element 2.16) has been populated		
2.16	Participant Phone Number - Local Number	Participant Phone Number - Local Number	Phone number of the participant, not including area code and extension, as entered into the lab information system from the requisition. Note: the participant phone number may be different than the one submitted for Transaction 1 – Requisition and Distribution if the phone number has changed.	Numeric (0, 7)	Conditional • Must be populated if Participant Phone Number – Area Code (data element 2.15) has been populated • Can only be populated if Participant Phone Number – Area Code (data element 2.15) has been populated	#######	• Combination of seven digits (0 – 9). Note: spaces and dashes are not valid. • Blank if not applicable
2.17	Participant Phone Number - Extension	Participant Phone Number - Extension	Extension number of the participant, as entered into the lab information system from the requisition. Note: the participant phone number may be different than the one submitted for	Numeric (0, 1 - 5)	Optional: • Can only be populated if Participant Phone Number – Local (data element 2.16) has been populated		• Combination of digits (0 – 9) up to five characters. Note: spaces and dashes are not valid.

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			Transaction 1 – Requisition and Distribution if the phone number has changed.				• Blank if not applicable
2.18	Kit Receipt Location	Kit Receipt Location	Lab license number of the lab to which the participant returned the completed FIT collection device.	Numeric (4)	Mandatory		Must be between 0000-9999
2.19	Kit Receipt Date	Kit Receipt Date	The date the FIT collection device was received at the lab, or the date the lab received confirmation that the FIT collection device was not returnable for testing, or the date the requisition expired.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before FIT launch
2.20	Kit Receipt Method	Kit Receipt Method	Specifies whether the completed FIT collection device was returned by mail or dropped off in person, or whether the lab confirmed that the FIT collection device was not returnable for testing (including cases whether the FIT requisition expired). Possible options for Kit Receipt Method:	Alpha-betic (1)	Mandatory		• M for Mail; or • D for Dropped-off; or • R for FIT collection device not returned

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Mailed (M) • Dropped-off (D) • FIT collection device not returned (R)				
2.21	Specimen Collection Date	Specimen Collection Date	The date the specimen was collected by the patient as recorded on the FIT collection device.	Date (0, 8)	• Optional	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before FIT launch • Must not be after Kit Receipt Date (data element 2.19) • Blank if not applicable
2.22	Device Accepted for Testing	Device Accepted for Testing	Indicates whether the FIT collection device was accepted for testing.	Alpha-betic (1)	Mandatory		• Y for Yes; or • N for No
2.23	Device Rejection Reason	Device Rejection Reason	The reason the FIT collection device could not be tested. Note: reason submitted should be the same as reported to the ordering	Alpha-numeric (0, 4)	Conditional: • Must be populated if Device Accepted for Testing (data		• DR01 for participant requested a replacement

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			physician or nurse practitioner. Possible options for Device Rejection Reason: • Participant requested a replacement kit, previous kit not received (DR01): the participant requested a replacement kit because the previously sent FIT kit was not received at the participant's specified address (e.g., lost in the mail); or • Participant requested a replacement kit, previous kit received (DR02): the participant received the FIT kit but has requested that a new kit be sent (e.g., FIT collection device was misplaced or damaged); or • Participant declined to complete (DR03): participant does not want		element 2.22) is No (N) Can only be populated if Device Accepted for Testing (data element 2.22) is No (N)		kit, previous kit not received; or • DR02 for participant requested replacement kit, previous kit received; or • DR03 for participant declined to complete; or • DR04 for requisition expired; or • DR05 for FIT collection device was returned after requisition expired; or • DR06 for specimen leaking; or • DR07 for specimen too old to be tested; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			to complete the test and notified the lab or CCO; or • Requisition expired (DR04): the FIT collection device was not received before the requisition expired 180 days (approximately 6 months) from the mailing decision date; or • FIT collection device was returned after requisition expired (DR05): the FIT collection device was received more than 180 days (approximately 6 months) from the mailing decision date ○ If the FIT collection device is returned after the requisition has expired, the applicable record must be resubmitted to Cancer Care Ontario, via the FIT DSP, with the following data element updates:				• DR08 for tube not opened (no sample); or • DR09 for reduced buffer; or • DR10 for device lot number expired; or • DR11 for damaged device; or • DR12 for missing/illegible participant identifiers on device; or • DR13 for requester ordered replacement kit, previous kit not received; or • DR14 for requester ordered replacement kit, previous kit received; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			▪ Kit Receipt Date (data element 2.19) should reflect the date the FIT collection device was received at the lab ▪ Kit Receipt Method (data element 2.20) should reflect whether the completed FIT collection device was returned by mail or dropped off in person ▪ Device Rejection Reason (data element 2.23) value should be updated from DR04 to DR05 • Specimen leaking (DR06): the contents of the FIT collection device (sample and/or solution) leaked				• DR15 for returned to sender, new kit sent; or • DR16 for returned to sender, requisition closed; or • DR99 for other; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			outside the FIT collection device; or • Specimen too old to be tested (DR07): the FIT kit was received more than 30 days from the date the specimen was collected by the participant; or • Tube not opened (no sample) (DR08): the FIT collection device has not been opened by the participant; or • Reduced buffer (DR09): buffer in the FIT collection device is low or not present; or • Device lot number expired (DR10): the device lot number is expired and no longer valid for testing; or • Damaged device (DR11): the FIT collection device is broken or damaged and is not appropriate for testing; or • Missing/illegible participant identifiers on				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			device (DR12): patient information is missing or illegible ; or • Requester ordered replacement kit, previous kit not received (DR13): the requester ordered a replacement kit because the previously sent FIT kit was not received at the participant's specified address (e.g., lost in the mail); or • Requester ordered replacement kit, previous kit received (DR14): the requester ordered a replacement FIT kit because the participant received the previously sent FIT kit but has requested that a new kit be sent (e.g., FIT collection device was misplaced or damaged); or • Returned to sender, new kit sent (DR15): the kit was returned to sender				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			(i.e., the lab) due to an error at the lab. A new kit will be sent to the participant.; or • Returned to sender, requisition closed (DR16): the kit was returned to sender (i.e., the lab) and the requisition was closed. A new kit will not be sent to the participant.; or • Other (DR99): the FIT collection device could not be tested by the lab for reasons other than the options above. Submit device rejection reason in the Device Rejection Comments field. Please see the Reason Priority section which outlines the submission priority for cases where more than one reason is applicable.				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			How to determine the time frame in which a FIT collection device can be returned (requisition shelf life): • Start date of the requisition shelf life: Mailing Decision Date (data element 1.25) • End date of the requisition shelf life: 180 days (approximately 6 months) after the Mailing Decision Date (data element 1.25) • If a device is rejected due to DR15 and a new FIT kit sent, the participant will have 180 days (approximately 6 months) to complete the new FIT collection device from the new Mailing Decision Date (data element 1.25). Please see the FIT Kit Replacement Request section which provides additional information on processes and				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			calculations related to ordering replacement kits.				
2.24	Device Rejection Comments	Device Rejection Comments	Additional information about why the FIT collection device could not be tested.	Character (0, 1 - 255)	Conditional: • Must be populated if Device Rejection Reason (data element 2.23) is other (DR99) • Can only be populated if Device Rejection Reason (data element 2.23) has been populated		• Text up to 255 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable
2.25	Testing Date	Test Processing Date	The date the lab tested the FIT collection device on the analytical instrument.	Date (0, 8)	Conditional: • Can only be populated if Device Rejection Reason (data element 2.23) is blank	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before Kit Receipt Date (data element 2.19) • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.26	Quantitative Test Result	Quantitative Test Result	The numeric value of the test result, in measuring unit of ng Hb/ml.	Numeric (0, 1 - 5)	Conditional: • Must be populated if Testing Date (data element 2.25) has been populated • Can only be populated if Testing Date (data element 2.25) has been populated		• Must be between 0-99999 • Blank if not applicable
2.27	Qualitative Interpretation of Test Result	Qualitative Interpretation of Test Result	Interpretation of the quantitative FIT result. This result should be derived based on the positivity cut-off and business rules established by CCO (a reference will be provided once the documentation is finalized). Note: the same interpretation as reported to the participant's physician or nurse practitioner. Possible options for Qualitative Interpretation of Test Result:	Alpha-betic (0, 1)	Conditional: • Must be populated if Testing Date (data element 2.25) has been populated • Can only be populated if Testing Date (data element 2.25) has been populated		• N for Normal; or • A for Abnormal; or • I for Invalid; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Normal (N) • Abnormal (A) • Invalid (I)				
2.28	Invalid Result Reason	Invalid Result Reason	The reason a valid result could not be obtained when attempting to process the FIT collection device. Possible options for Invalid Result Reason: • Result below positivity cut-off, specimen 15 – 30 days old (IR01): the test result was below the positivity cut-off, but the testing date was 15-30 days after the specimen collection date; or • Result below positivity cut-off, no specimen date (IR02): the test result was below the positivity cut-off, but the specimen collection date could not be obtained; or • Too much sample, instrument cannot read (IR03): too much sample	Alpha-numeric (0, 4)	Conditional: • Must be populated if Qualitative Interpretation of Test Result (data element 2.27) is Invalid (I) • Can only be populated if Qualitative Interpretation of Test Result (data element 2.27) is Invalid (I)		• IR01 for result below positivity cut-off, specimen 15 – 30 days old; or • IR02 for result below positivity cut-off, no specimen date; or • IR03 for too much sample, instrument cannot read; or • IR99 for other; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			was collected by the participant; or • Other (IR99): the test is invalid for reasons other than the options above. Submit invalid result reason in the Invalid Result Comments field. Please see the Reason Priority section which outlines the submission priority for cases where more than one reason is applicable				
2.29	Invalid Result Comments	Invalid Result Comments	Additional information about why a normal or abnormal result could not be obtained after processing the FIT collection device.	Character (0, 1 - 255)	Conditional: • Must be populated if Invalid Result Reason (data element 2.28) is Other (IR99) • Can only be populated if Qualitative Interpretation of Test Result (data element 2.27) is Invalid (I)		• Text up to 255 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.30	Result Report Date	Result Report Date	The date the result was released in the lab information system.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before Testing Date (data element 2.25) • Must not be before Kit Receipt Date (data element 2.19)
2.31	Lab Report Notes	Lab Report Notes	Lab report notes as reported to primary care providers regarding the FIT kit analysis (e.g., FIT kit test envelope damaged).	Character (0, 1 - 255)	• Optional		• Text up to 255 characters containing: ○ upper and lower case letters (a – z) ○ numbers (0 – 9) ○ symbols • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
2.32	Late Arrival Reason	Late Arrival Reason	The reason the submission was not made within 60 days of: • Kit Receipt Date (data element 2.19); and/or • Result Report Date (data element 2.30) Possible options for Late Arrival Reason: • CCO request (LR01): CCO identified that the record required resubmission (e.g., as part of data quality or because of a CCO technical issue); or • Submission procedure not followed (LR02): the lab user did not identify and resolve submission errors; or • Lab system issue (LR03): a technical issue occurred with lab information system or other lab system used for collecting/submitting data; or	Alpha-numeric (0, 4)	Conditional: • Must be populated if record is submitted to the FIT DSP greater than 60 days after Kit Receipt Date (data element 2.19), or if record is submitted to the FIT DSP greater than 60 days after Result Report Date (data element 2.30) • Can only be populated if record is submitted to the FIT DSP greater than 60 days after Kit Receipt Date (data element 2.19), or if record is submitted to the FIT DSP greater than 60 days after Result Report Date (data element 2.30)		• LR01 for CCO request; or • LR02 for submission procedure not followed; or • LR03 for lab system issue; or • LR04 for test result corrected; or • LR05 for participant information corrected; or • LR06 for requester information corrected; or • LR07 for investigation required to collect mandatory information; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Test result corrected (LR04): a correction was made to the test result; or • Participant information corrected (LR05): a correction was made to participant information, which took 60 days or more to identify and resolve; or • Requester information corrected (LR06): a correction was made to requester information, which took 60 days or more to identify and resolve; or • Investigation required to collect mandatory information (LR07): mandatory information was missing and required time to collect the data. Please see the Reason Priority section which outlines the submission priority for cases				

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			where more than one reason is applicable				

Transaction 3 – Cancellation

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
3.1	Lab License Number	Lab License Number	Lab license number of the lab cancelling the record.	Numeric (4)	Mandatory		Must be between 0000-9999
3.2	Accession Number	Accession Number	Internal ID assigned by the lab to uniquely identify the order. This number is barcoded on the FIT collection device. The Accession Number must match the one submitted for Transaction 1: Requisition and Distribution and Transaction 2: Receipt and Testing (if applicable).	Alphanumeric (1 - 15)	Mandatory		Text up to 15 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9)

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
3.3	Requisition Intake Date	Requisition Intake Date	The date the test requisition was received by the laboratory that processed the test requisition.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system
3.4	Kit Receipt Date	Kit Receipt Date	The date the FIT collection device was returned by the participant to the lab.	Date (0, 8)	Optional	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before Requisition Intake Date (data element 3.3) • Blank if not applicable
3.5	Cancellation Date	Cancellation Date	The date the decision was made to cancel the previously submitted Transaction 1: Requisition and Distribution and Transaction 2: Receipt and Testing (if applicable) data.	Date (8)	Mandatory	YYYYMMDD	• Must not be after date the record was submitted to the FIT DSP system • Must not be before

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
							Requisition Intake Date (data element 3.3) • Must not be before Kit Receipt Date (data element 3.4) if submitted
3.6	Cancellation Reason	Cancellation Reason	The reason why the record needs to be cancelled (e.g., the result belongs to a participant other than the one associated with the Accession Number).	Character (1 - 255)	Mandatory		Text up to 255 characters containing: • upper and lower case letters (a – z) • numbers (0 – 9) • symbols
3.7	Late Arrival Reason	Late Arrival Reason	The reason the submission was not made within 60 days of: • Kit Receipt Date (data element 3.4); and/or • Requisition Intake Date (data element 3.3) if Kit Receipt Data is blank; and/or	Alphanumeric (0, 4)	Conditional: • Must be populated if record is submitted to the FIT DSP greater than 60 days after Kit Receipt Date (data element		• LR01 for CCO request; or • LR02 for submission procedure not followed; or • LR03 for lab system issue; or

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Cancellation Date (data element 3.5) Possible options for Late Arrival Reason: • CCO request (LR01): CCO identified that the record required resubmission (e.g., as part of data quality or because of a CCO technical issue); or • Submission procedure not followed (LR02): the lab user did not identify and resolve submission errors; or • Lab system issue (LR03): a technical issue occurred with lab information system or other lab system used for collecting/submitting data; or • Test result corrected (LR04): a correction was made to the test result; or		3.4), or if Kit Receipt Date (data element 3.4) is blank and record is submitted to the FIT DSP greater than 60 days after Requisition Intake Date (data element 3.3); or if record is submitted to the FIT DSP greater than 60 days after Cancellation Date (data element 3.5) • Can only be populated if record is submitted to the FIT DSP greater than 60 days after Kit Receipt Date (data element 3.4), or if Kit Receipt Date (data element 3.4) is blank and record is submitted to the		• LR04 for test result corrected; or • LR05 for participant information corrected; or • LR06 for requester information corrected; or • LR07 for investigation required to collect mandatory information; or • Blank if not applicable

ID No.	Data Element Name	Submission File Header Column Name	Definition	Type (Length)	Completion Requirement	Format	Valid Values
			• Participant information corrected (LR05): a correction was made to participant information, which took 60 days or more to identify and resolve; or • Requester information corrected (LR06): a correction was made to requester information, which took 60 days or more to identify and resolve; or • Investigation required to collect mandatory information (LR07): mandatory information was missing and required time to collect the data. Please see the Reason Priority section which outlines the submission priority for cases where more than one reason is applicable		FIT DSP greater than 60 days after Requisition Intake Date (data element 3.3); or if record is submitted to the FIT DSP greater than 60 days after Cancellation Date (data element 3.5)		

Reason Priority

For each of the FIT DSP data elements containing a reason, a table below provides the submission priority for cases where more than one reason is applicable. If more than one reason applies, submit the reason with the highest rank in the Priority column, where 1 is the highest rank and 5 is the lowest rank. For those reasons that are assigned the same priority number, laboratory personnel shall use their best judgment to select the reason that is most applicable. Only the applicable reason should be submitted. N/A indicates that the reason is unlikely to occur with any other reason.

Requisition Rejection Reasons (data element 1.12)

Priority	Reason Number and Description
1	RR01 - Participant not age eligible
2	RR02 - Participant ineligible due to recent FIT
3	RR03 - Participant is not covered by OHIP
4	RR04 - Duplicate test requisition
5	RR99 - Other

Mailing Rejection Reasons (data element 1.26)

Priority	Reason Number and Description
1	MR01 - No mailable address
2	MR02 - Requestor cancelled
2	MR99 - Other

Device Rejection Reasons (data element 2.23)

Priority	Reason Number and Description
1	DR10 - Device lot number expired
2	DR08 - Tube not opened (no sample)
3	DR05 - FIT collection device was returned after requisition expired
3	DR07 - Specimen too old to be tested
~~4~~	DR12 - Missing/illegible participant identifiers on device
4	DR06 - Specimen leaking
4	DR09 - Reduced buffer
4	DR11 - Damaged device
4	DR99 Other
N/A	DR01 - Participant requested replacement kit, previous kit not received
N/A	DR02 - Participant requested replacement kit, previous kit received
N/A	DR03 - Participant declined to complete
N/A	DR04 - Requisition expired (FIT collection device not returned)
N/A	DR13 - Requester ordered replacement, previous kit not received
N/A	DR14 - Requester ordered replacement, previous kit received
N/A	DR15 - Returned to Sender, new kit sent
N/A	DR16 - Returned to Sender, requisition closed

Invalid Results Reasons (data element 2.28)

Priority	Reason Number and Description
1	IR01 - Result below positivity cut-off, specimen 15 – 30 days old
1	IR02 - Result below positivity cut-off, no specimen date
2	IR03 - Too much sample, instrument cannot read
3	IR99 - Other

Late Arrivals Reasons (data elements 1.41, 2.32, 3.7)

Submit the Late Arrival Reason data element in Transaction 1: Requisition and Distribution, Transaction 2: Receipt and Testing, and Transaction 3: Cancellation according to the priority below.

Priority	Reason Number and Description
1	LR01 - CCO request
1	LR04 - Test result corrected
2	LR02 - Submission procedure not followed
2	LR03 - Lab system issue
3	LR05 - Participant information corrected
4	LR06 - Requester information corrected
4	LR07 - Investigation required to collect mandatory information

FIT Kit Replacement Requests

- A replacement FIT Kit can be requested by the participant or requester within 180 days (approximately six months) of the Mailing Decision Date of the original requisition. A new FIT requisition will not be required within this replacement request period.
- If a replacement FIT Kit is requested by the participant or requester outside of this replacement request period, a new requisition will be required.
- There is no limit to the number of replacement kits that can be provided to a participant, provided the request is made within the six-month replacement request period.
    - Each time a replacement kit is requested, the participant will have 180 days to complete and return the new FIT collection device. Specifically, if a device is rejected due to reasons DR01, DR02, DR13 or DR14, the participant should have 180 days (approximately 6 months) to complete the new FIT collection device from the new Mailing Decision Date (data element 1.25).

If a request for a replacement kit is received on a FIT requisition, LifeLabs should code this request as DR14 (Requester ordered replacement kit, previous kit received). LifeLabs does not need to call or follow-up with the requester for the specific reason for the replacement request. **Example:**

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Initial Requisition	✓											
Replacement Request 1				✓								
Replacement Request 2								X				

- In this example, the participant's initial requisition was received in January, and a FIT kit mailed out the same month
    - The 180-day replacement request period would run from January until July
    - The participant would have 180 days to complete and return the FIT device (January until July)
- When the participant requests a replacement that is mailed out in April:
    - The 180-day replacement request period would still be counted from the original Mailing Decision Date and end in July
    - The participant would have 180 days to complete and return the FIT device (April until October)
- If a second replacement is requested in August:
    - This replacement request should be rejected as it occurs more than 180 days from the original mailing decision date