Ontario Renal Reporting System (ORRS) Electronic Submission Specifications

ORRS 2021 Releases 1 & 2

Revised: January 12, 2021

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Purpose of the Manual

This document is intended for IT personnel (and/or vendors) who extract dialysis data from existing dialysis databases or build new dialysis databases. These users may also function as the data providers responsible for submitting dialysis data on behalf of their facility.

This document provides comprehensive information about dialysis data submission. It lists and explains all requirements, including record and file data submission specifications and the data validations for the submission of dialysis data to the Ontario Renal Reporting System (ORRS).

When you finish reading this document, you will be able to:

- Understand the various ORRS record types and the ORRS data elements contained within them.
- Identify the timelines for, and frequency of, your provider location's required data submissions.
- Understand the specifications required to build complete records (for all record types) that contain complete information, in the correct format, and that will pass ORRS validation.
- Understand the specifications required to create the data files.
- Check submission results within ORRS, correct any errors and resubmit, if necessary.

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Data Submission Overview

Submission File Types

All submission files contain records belonging to only one reporting period / calendar month. All records within a file are of the same record type respective to the file type. ORRS has the following submission file types:

- Chronic Registration
- Acute Registration
- Multi-care Kidney Clinic Registration
- Basic Registration
- Treatment Event
- ID/VA Assessment
- Infection Event
- CKD Service Volumes
- General Nephrology Visits

Submission File Upload Sequence

The order in which files are submitted into ORRS is important as specified below:

1. Registration files must be submitted before Treatment Event, Infection Event and CKD Service Volumes files.
   - ➔ Treatment Event, Infection Event and Service Volume records depend upon the patient having been registered in the ORRS database.
2. The Basic, Acute, Multi-care Kidney Clinic, and Chronic files should be submitted in that order.
   - ➔ Patients can transition from Acute to Multi-care Kidney Clinic and from Acute and Multi-care Kidney Clinic to Chronic. This ordering limits the circular dependencies between Initial and Secondary registrations when these transitions occur in the same month.
3. Treatment Event files must be submitted before ID/VA Assessment files.
   - ➔ The ID/ VA Assessment records are extensions of records contained in the Treatment Event file. Although they are two separate files, they result in one record in ORRS. ID/VA Assessment records require a corresponding Treatment Event record to be created.
4. Secondary registration records should be included in the Acute, Multi-care Kidney Clinic and Chronic files and uploaded last. This process avoids issues with secondary Acute or Multi-care Kidney Clinic registrations that occur in the same month and chronic initial registrations.
5. General Nephrology Visits file can be submitted at any point, as it doesn't depend on having a patient registered in ORRS. General Nephrology Visits and Infection Event file can only be submitted using Rip and Replace upload type. The diagram below depicts an example of a file upload sequence with subsequent submission of secondary registrations.

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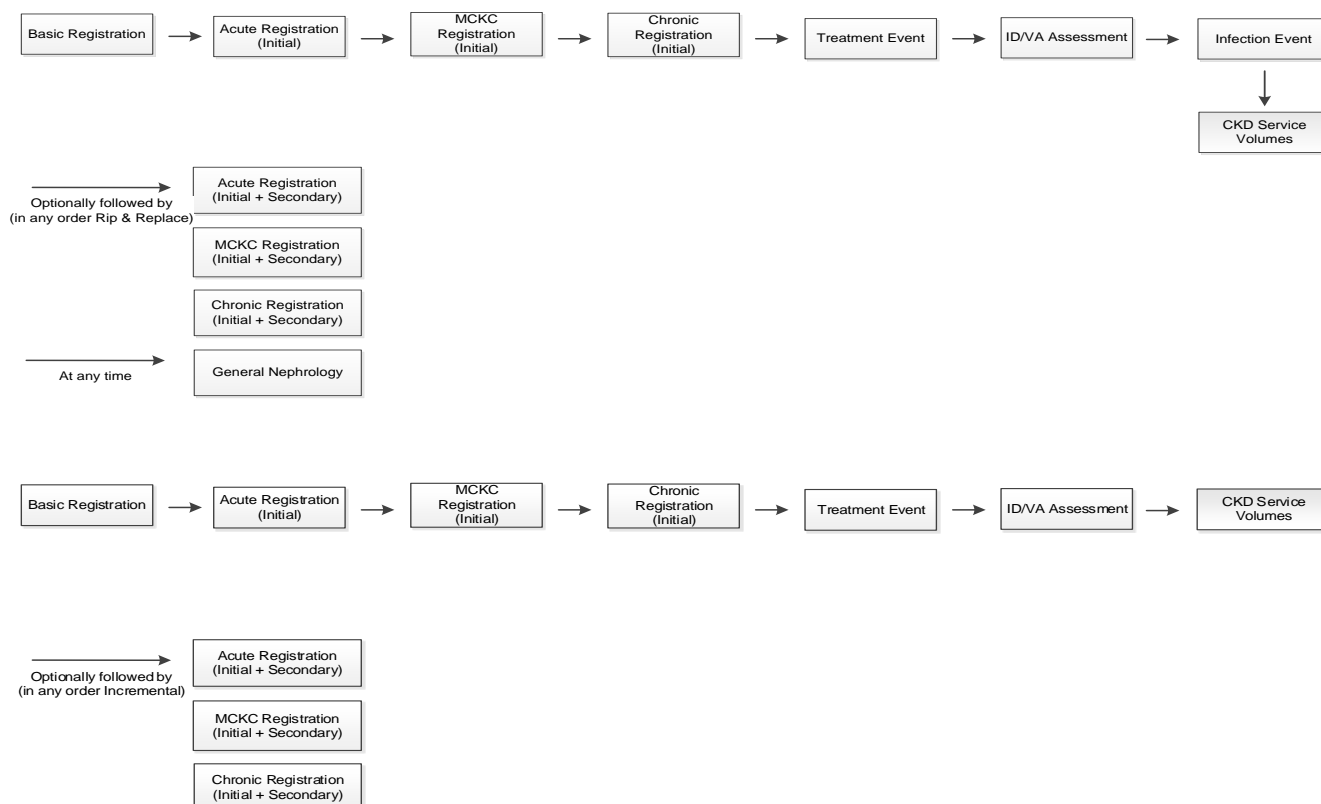
IMPORTANT: If a file is submitted out of sequence and dependencies cannot be established, upload of the file will be prevented.

Record Types

Each record type has a unique record format with varying record lengths. The record types correspond to the submission file types above. For the specification details for each record type, refer to the *Data Submission Specifications* section.

Record Type	Description
Chronic Registration	Contains data on patients with chronic renal failure who are initiating renal replacement therapy for the first time.
Acute Registration	Contains data on acutely ill patients who are receiving Acute Hemodialysis (HD), Continuous Renal Replacement Therapy (CRRT) or Slow Extended Duration Dialysis (SLEDD).
Multi-care Kidney Clinic	Contains data on Multi-care Kidney Clinic patients and their clinic visits.

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Basic Registration	Contains basic registration information for GN (Glomerulonephritis) & Pregnancy patients that don't already have a Chronic, Acute or MCKC registration.
Treatment Event	Contains data on patient events such as treatment changes, transfers, clinic visits, and dialysis training/education events.
ID/VA Assessment	Contains data on a patient's ID/VA Assessment if applicable.
Infection Event	Contains data on patients' Catheter Related-Bacteremia and Peritonitis Infection events.
CKD Service Volume	Contains data on patients CKD service volumes.
General Nephrology Visits	Contains data on General Nephrology visits.

Special Data Elements

Some records have the following special data elements:

Source Record ID

Each record within a data submission file requires a unique record identifier (Record ID). The Record ID is used to identify if the submitted record is an update to a previously-submitted record or a new record in ORRS. The submitting location is responsible for generating and assigning unique Record IDs across all record types. The Record ID must be unique within each location (P1). This means the same Record ID value may exists across various locations as long as it's unique within each location. If a record is submitted and subsequently rejected i.e. not saved in ORRS, then the Record ID can be re-used in this scenario for that submitting location. It is imperative that the Record ID assigned to a record remains unchanged throughout the entire submission process. The Record ID can be a combination of letters, numbers, and/ or special characters.

Source Patient ID

The Patient ID identifier is used by the submitting location to uniquely identify a patient (e.g., medical record number, health card number, birth registry, etc.) The Patient ID is required in all record types. All records from a submitting location (or group of locations; see below "Patient ID Assigning Location"), belonging to the same patient, must have the same Patient ID. Patient ID will be used by ORRS to link records submitted by the submitting location. If the Patient ID supplied is not found (i.e. the patient is new for a given location) the patient identity (name, health card number, birth date) will be used to link the record to a registered ORRS patient, if found. See submission file processing for more details.

Patient ID Assigning Location

The Patient ID Assigning Location indicates the location responsible for assigning the record's Patient ID. This data element is useful for cases in which the same Patient ID is shared among multiple locations, that is, when the same information system is used across various locations to update their renal patient data. By providing this element, data providers have the ability to reuse the same Patient ID across provider locations.

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NOTE: If the assigning location itself is submitting records to ORRS, it must also provide Patient ID Assigning Location for other locations to link records using this identifier.

For example, assume Program A uses the same patient identifiers across its satellites. John Smith is a patient at Satellite A of Program A. When Satellite A reports events for John Smith, it will use the Program A patient identifier, and report Program A under the Patient ID Assigning Location.

ORRS Patient ID
The ORRS Patient ID is an optional element that if provided is used in conjunction with the record's patient credentials (last name, first name, date of birth, gender, and health card number) to match to a patient in ORRS. In particular, providing this value is beneficial if the record's patient credentials alone matched to multiple ORRS patients, because it acts as a 'tie-breaker' and performs an exact match to one of the matched patients. This is an ORRS system generated identifier on initial registration of the patient.

Registration Type
Used only for Registration records, excluding Basic Registration, the Registration Type indicates whether the record is the patient's *Initial* or *Secondary* registration in ORRS. Initial registration consists of the patient's record for the first time either as Multi-care Kidney Clinic, or having received an acute or chronic dialysis treatment. While secondary registration consists of the patient's record either as acute or chronic following an initial Multi-care Kidney Clinic registration.

Treatment (Modality) Code
The Treatment Code is used to populate a patient's Initial and Intended Dialysis Treatment data elements in Chronic Registration records and the Modality data element in Treatment Event records.

The Treatment Code consists of the following 3 components:
  • Treatment location
  • Treatment type
  • Level of assistance

Each component has been assigned a single-digit numeric code. These 3 component codes are combined to create a single valid code value. For example, a patient being treated at the acute care hospital (code 1), with short daily hemodialysis (code 2), and only some care provided by trained staff (code 2), would have the treatment code |122|. If an invalid Treatment Code value is submitted, ORRS will reject the record. Refer to Appendix A for the list of valid Treatment (Modality) Code combinations.

Same Day Event Order
The Same Day Event Order specifies how treatment events that occur on the same day are ordered for a given patient. The Order is specified in chronological order, where the value of 1 represents the first event of the day, 2 represents the second event and so forth. If the Order is not specified, incomplete or invalid, ORRS will automatically order the same day events as they are presented in the file from top to bottom for a patient. For example, the first same day event record is given a value of 1, the second a value of 2 and so forth for a given patient.

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Data Submission Specifications

File Format

Currently ORRS supports a single data submission format; with file extensions .txt and .csv file formats. The supported encoding is ASCII.

Formatting Rules

The csv data submission files have the following formatting rules:

- Separate each record with a new row or line within a file.
- Separate each field within a record with a single delimiter ("|"). Add two consecutive delimiters if the field in a record has a blank or null value.
- Do not add blanks rows or lines at the end of the file because it will register as a blank record and the entire submission will be rejected.
- The pipe ("|") character is a reserved keyword. Its presence other than the use as a delimiter will cause the file to error. For example, fields such as comments or free text fields must not contain the pipe character.

Record Specification

This section provides the information you require to properly build the records (for all record types) that comprise a data submission file.

The **Field Status** column (located in the following tables) indicates whether or not the data element is required as part of the record for the specific record type. The **Field Status** value options are as follows:

- *Mandatory* – records containing fields marked as mandatory and left blank will be rejected by ORRS.
- *Conditionally Mandatory* – records with fields with this status require a value depending on the selection in an associated field. The conditions for these data elements can be found in Appendix D – Validations and Error Messages.
- *Optional* – records containing fields marked as optional and left blank will be accepted by ORRS.
- *Conditionally Optional* – records with fields with this status are optional depending on the selection in an associated field. If the conditions are not met then these fields must be blank, otherwise these records will be rejected. The conditions for these data elements can be found in Appendix D – Validations and Error Messages.

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Chronic Registration

Chronic Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
X1	1	Source Record ID	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
X5	5	Registration Type	1	Character	I – Initial Registration S – Secondary Registration	Mandatory
C65	6	Patient Transferred into Ontario?	1	Character	Y – Yes N - No	Conditionally Optional
P1	7	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory

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Chronic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
P2	8	MRP	10	Character	For an individual physician, the MRP is identified by The College of Physicians and Surgeons of Ontario (CPSO) number 00000 - 'Physician Shared Care Model' when a single physician is not applicable 00002 - 'Prior outpatient Multi-care Kidney Clinic care at other program' 00016 - 'MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list 00999 - 'No prior outpatient Nephrologist care' if patient did not receive outpatient Multi-care Kidney Clinic care	Optional
P4	9	Date Last Seen by MRP	10	Date	DD-MM-YYYY	Conditionally Mandatory
A1	10	Patient Last Name	50	Character		Mandatory
A2	11	Patient First Name	50	Character		Mandatory
A3	12	Health Card Number (ORRS Linking)	12	Alphanumeric		Optional
A15	13	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory
A4	14	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	15	Payment Health Card Number Not Available	1	Character	Y – Yes (True) N – No (False)	Optional
A10	16	Historical - Reason for No or Invalid HCN	2	Character	See 'Historical - Reason for No or Invalid HCN number' list	Conditionally Mandatory

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				Chronic Registration		
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
A14	17	Responsibility for Payment	2	Character	See 'Responsibility for Payment Codes' list	Mandatory
A6	18	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	19	Gender	1	Character	M – Male F – Female O – Other	Mandatory
A8	20	Race	2	Character	1 – Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Indigenous 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Mandatory
A9	21	Other Race	50	Character		Conditionally Mandatory
A11	22	Indigenous Classification	2	Character	1 - First Nations 2 - Inuit 3 - Métis 99 - Other	Conditionally Optional
A12	23	Other Indigenous Classification	100	Character		Conditionally Mandatory
A13	24	Settlement Area	1	Character	1 - On reserve 2 - Off reserve	Conditionally Optional
B4	25	Street Address Line 1	100	Alphanumeric		Mandatory
B5	26	Street Address Line 2	100	Alphanumeric		Optional
B1	27	Patient Address – City	100	Character		Optional
B2	28	Patient Address – Province	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT,NU, 99 (Outside of Canada)	Mandatory
B3	29	Patient Address - Postal Code	6	Alphanumeric	A#A#A#	Mandatory
B6	30	Address is not a private residence	1	Character	Y – Yes (True) N – No (False)	Optional
B7	31	Type of Residence	2	Character	1 - Complex Continuing Care Centre 2 - Long Term Care Home	Conditionally Mandatory

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Chronic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
					3 - Rehab Facility 99 - Other	
B8	32	Other Type of Residence	100	Character		Conditionally Mandatory
C66	33	Date of Referral to Nephrologist	10	Date	DD-MM-YYYY	Optional
C100	34	Date of Referral to Nephrologist Not Available	1	Character	N - No Y - Yes	Optional
C1	35	Date first seen by Nephrologist	10	Date	DD-MM-YYYY	Optional
C2	36	Creatinine when first seen by nephrologist	4	Numeric	9999	Conditionally Mandatory
C3	37	Followed in an outpatient clinic by a nephrologist?	1	Character	N - No Y - Yes U - Unknown	Mandatory
C4	38	Where was Patient Followed?	1	Character	1 - Office 2 - Clinic 3 - Both	Conditional Optional
C5	39	Followed in multidisciplinary clinic?	1	Character	N - No Y - Yes U - Unknown	Optional
C6	40	Date of referral to multidisciplinary clinic	10	Date	DD-MM-YYYY	Optional
C7	41	Patient Receiving Erythropoietin Prior to Initial Dialysis?	1	Character	2 - No 3 - Unknown 4 - 'Yes - Eprex' 5 - 'Yes - Aranesp' 6 - 'Yes - Other'	Optional
C8	42	Hemoglobin (g/L)	3	Numeric	999	Optional
C67	43	Hemoglobin Test Not done	1	Character	N - No Y - Yes	Optional
C9	44	Creatinine (µmol/L)	4	Numeric	9999	Mandatory
C10	45	Urea (mmol/L)	3,1	Numeric	999.9	Optional
C68	46	Urea Test Not done	1	Character	N - No Y - Yes	Optional
C11	47	Serum Bicarbonate / CO2 (mmol/L)	2	Numeric	99	Optional

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Chronic Registration					
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
C69	48	Serum Bicarbonate/CO2 Test Not done	1	Character	N - No Y - Yes	Optional
C12	49	Serum Calcium (mmol/L)	1,2	Numeric	9.99	Optional
C13	50	Serum Calcium Type	1	Character	1 - Corrected 2 - Uncorrected 3 - Ionized	Optional
C70	51	Serum Calcium Test Not done	1	Character	N - No Y - Yes	Optional
C14	52	Serum Phosphate (mmol/L)	1,2	Numeric	9.99	Optional
C71	53	Serum Phosphate Test Not done	1	Character	N - No Y - Yes	Optional
C15	54	Serum Albumin (g/L)	2	Numeric	99	Optional
C72	55	Serum Albumin Test Not done	1	Character	N - No Y - Yes	Optional
C16	56	Serum Parathormone (PTH)	3,1	Numeric	999.9	Optional
C17	57	PTH Units of Measure	1	Character	1 - pmol/L 2 - ng/L 3 - pg/ml	Optional
C18	58	PTH Test Not Done	1	Character	Y - Yes N - No	Optional
C19	59	Comments	255	Character		Optional
C20	60	Access Used at Time of First Dialysis	2	Character	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	Mandatory
C21	61	Dialysis Treatment Start Date	10	Date	DD-MM-YYYY	Mandatory
C22	62	Initial Dialysis Treatment Code	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' list	Mandatory

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Chronic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
C23	63	Intended Long-Term Treatment?	1	Character	N - No Y - Yes U - Unknown	Optional
C24	64	Reason for not intended long-term treatment	1	Character	1 - No facilities/space available 2 - No mature access 3 - Unforeseen change in patient status leading to sudden dialysis start 4 - Other	Conditionally Optional
C25	65	Other Reason for not intended long-term treatment	50	Character		Conditionally Mandatory
C26	66	Intended Long-term Treatment Code?	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' list	Conditionally Optional
C27	67	Not Home HD Modality Reason 1	2	Character	See 'Home HD Reason Codes' list	Conditionally Mandatory
C28	68	Not Home HD Modality Other Reason 1	100	Character		Conditionally Mandatory
C29	69	Not Home HD Modality Reason 2	2	Character	See 'Home HD Reason Codes' list	Conditionally Optional
C30	70	Not Home HD Modality Other Reason 2	100	Character		Conditionally Mandatory
C31	71	Not Home HD Modality Reason 3	2	Character	See 'Home HD Reason Codes' list	Conditionally Optional
C32	72	Not Home HD Modality Other Reason 3	100	Character		Conditionally Mandatory
C33	73	Not Home PD Modality Reason 1	2	Character	See 'Home PD Reason Codes' list	Conditionally Mandatory
C34	74	Not Home PD Modality Other Reason 1	100	Character		Conditionally Mandatory
C35	75	Not Home PD Modality Reason 2	2	Character	See 'Home PD Reason Codes' list	Conditionally Optional
C36	76	Not Home PD Modality Other Reason 2	100	Character		Conditionally Mandatory
C37	77	Not Home PD Modality Reason 3	2	Character	See 'Home PD Reason Codes' list	Conditionally Optional
C38	78	Not Home PD Modality Other Reason 3	100	Character		Conditionally Mandatory

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				Chronic Registration		
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
C39	79	HD Catheter Reason 1	2	Character	See 'VA Reason Codes - Milestone 4' list	Conditionally Mandatory
C40	80	HD Catheter Other Reason 1	100	Character		Conditionally Mandatory
C41	81	HD Catheter Reason 2	2	Character	See 'VA Reason Codes - Milestone 4' list	Conditionally Optional
C42	82	HD Catheter Other Reason 2	100	Character		Conditionally Mandatory
C43	83	Height and/or Weight cannot be provided because patient is	1	Character	1 - Double leg amputee 2 - Other	Conditionally Mandatory
C44	84	Height and/or Weight cannot be provided because patient is, Other Reason	100	Character		Conditionally Mandatory
C45	85	Height at First Dialysis Treatment (cm)	3,3	Numeric	999.999	Conditionally Mandatory
C46	86	Weight within First Month of Treatment (kg)	3,3	Numeric	999.999	Conditionally Mandatory
C47	87	Primary Renal Disease	2	Character	See code list	Optional
C48	88	Other Primary Renal Disease	100	Character		Conditional Mandatory
C49	89	Angina?	1	Character	N - No Y - Yes U - Unknown	Optional
C50	90	Myocardial Infarct?	1	Character	N - No Y - Yes U - Unknown	Optional
C51	91	Coronary Artery Bypass Grafts/Angioplasty?	1	Character	N - No Y - Yes U - Unknown	Optional
C52	92	Recent history of Pulmonary Edema?	1	Character	N - No Y - Yes U - Unknown	Optional
C53	93	Cerebrovascular Disease?	1	Character	N - No Y - Yes U - Unknown	Optional
C54	94	Peripheral Vascular Disease?	1	Character	N - No Y - Yes U - Unknown	Optional

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Chronic Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
C55	95	Diabetes Type I?	1	Character	N - No Y - Yes U - Unknown	Optional
C56	96	Diabetes Type II?	1	Character	N - No Y - Yes U - Unknown	Optional
C57	97	Malignancy?	1	Character	N - No Y - Yes U - Unknown	Optional
C58	98	Malignancy Site	2	Character	See code list	Optional
C59	99	Other malignancy site	100	Character		Optional
C60	100	Chronic Obstructive Lung Disease?	1	Character	N - No Y - Yes U - Unknown	Optional
C61	101	Receiving medication for hypertension	1	Character	N - No Y - Yes U - Unknown	Optional
C62	102	Other Serious Illness?	1	Character	N - No Y - Yes U - Unknown	Optional
C63	103	Specified other serious illness	100	Character		Optional
C64	104	Current Smoker (smoked in last three months)?	1	Character	N - No Y - Yes U - Unknown	Optional
D10	105	Patient Informed About Kidney Transplantation	1	Character	N - No Y - Yes	Optional
D11	106	Patient eligible for referral to a Transplant Centre	1	Character	Y - Yes N - No P - Not until - patient must meet following precondition(s)	Optional

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Chronic Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
D12	107	Patient not eligible for referral to a Transplant Centre Reason	2	Character	1 - Severe uncorrectable cardiac disease 2 - Severe uncorrectable peripheral vascular disease 3 - Short life expectancy 4 - Severe uncorrectable cognitive impairment 5 - Severe uncorrectable diagnosed psychiatric condition 6 - Severe uncorrectable impaired physical condition 7 - A cancer that makes patient permanently ineligible for transplant 8 - Patient totally unwilling to receive a transplant 99 - Other - permanent contraindication to transplant, please specify	Conditionally Mandatory
D13	108	Patient not eligible for referral to a Transplant Centre Other Reason	100	Character		Conditionally Mandatory
D14	109	Patient not eligible for referral to a Transplant Centre Preconditions	2	Character	See Appendix A "Patient not eligible for referral to a Transplant Centre Preconditions Codes"	Conditionally Mandatory
D15	110	Patient not eligible for referral to a Transplant Centre Other Preconditions	100	Character		Conditionally Mandatory

Acute Registration

Acute Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X1	1	Source Record ID	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	20	Alphanumeric		Mandatory

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				Acute Registration		
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
X5	5	Registration Type	1	Character	I - Initial Registration S - Secondary Registration	Mandatory
P1	6	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A1	7	Patient Last Name	50	Character		Mandatory
A2	8	Patient First Name	50	Character		Mandatory
A3	9	Health Card Number (ORRS Linking)	12	Alphanumeric		Optional
A15	10	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory
A4	11	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	12	Payment Health Card Number Not Available	1	Character	Y - Yes (True) N - No (False)	Optional
A10	13	Historical - Reason for No or Invalid HCN	2	Character	See 'Historical - Reason for No or Invalid HCN' list	Conditionally Mandatory
A14	14	Responsibility for Payment	2	Character	See 'Responsibility for Payment Codes' list	Mandatory
A6	15	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	16	Gender	1	Character	M - Male F - Female O - Other	Mandatory

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Acute Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
A8	17	Race	2	Character	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Indigenous 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Optional
A9	18	Other Race	50	Character		Conditionally Mandatory
A11	19	Indigenous Classification	2	Character	1 - First Nations 2 - Inuit 3 - Métis 99 - Other	Conditionally Optional
A12	20	Other Indigenous Classification	100	Character		Conditionally Mandatory
A13	21	Settlement Area	1	Character	1 - On reserve 2 - Off reserve	Conditionally Optional
B4	22	Street Address Line 1	100	Alphanumeric		Mandatory
B5	23	Street Address Line 2	100	Alphanumeric		Optional
B1	24	Patient Address – City	100	Character		Optional
B2	25	Patient Address – Province	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Outside of Canada)	Mandatory
B3	26	Patient Address - Postal Code	6	Alphanumeric	A#A#A#	Mandatory
B6	27	Address is not a private residence	1	Character	Y - Yes (True) N - No (False)	Optional
B7	28	Type of Residence	2	Character	1 - Complex Continuing Care Centre 2 - Long Term Care Home 3 - Rehab Facility 99 - Other	Conditionally Mandatory
B8	29	Other Type of Residence	100	Character		Conditionally Mandatory

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Acute Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
T2	30	Treatment Start Date	10	Date	DD-MM-YYYY	Mandatory
T3	31	Acute Treatment	3	Character	AHD - Acute HD CSD - CRRT-SLEDD CCV - CRRT-CVVHD	Mandatory
T4	32	Care Setting	1	Character	1 - Emergency Department 2 - PACU/Recovery 3 - Isolation room 4 - Inpatient care (ICU/CCU) 5 - Inpatient care (Non-critical) 6 - Inpatient care (dialysis in unit)	Mandatory

Multi-care Kidney Clinic Registration

Multi-care Kidney Clinic Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X1	1	Source Record ID	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
X5	5	Registration Type	1	Character	I - Initial Registration S - Secondary Registration	Mandatory
P1	6	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory

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Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
P2	7	MRP	10	Character	For an individual physician, the MRP is identified by The College of Physicians and Surgeons of Ontario (CPSO) number

00000 - 'Physician Shared Care Model' when a single physician is not applicable

00016 - 'MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list | Optional |
P3	8	Date First Seen by MRP	10	Date	DD-MM-YYYY	Conditionally Mandatory
A1	9	Patient Last Name	50	Character		Mandatory
A2	10	Patient First Name	50	Character		Mandatory
A3	11	Health Card Number (ORRS Linking)	12	Alphanumeric		Optional
A15	12	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory
A4	13	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	14	Payment Health Card Number Not Available	1	Character	Y - Yes (True) N - No (False)	Optional
A10	15	Historical - Reason for No or Invalid HCN	2	Character	See 'Historical - Reason for No or Invalid HCN' list	Conditionally Mandatory
A14	16	Responsibility for Payment	2	Character	See 'Responsibility for Payment Codes' list	Mandatory
A6	17	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	18	Gender	1	Character	M - Male F - Female O - Other	Mandatory

Ontario Health

Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
A8	19	Race	2	Character	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Indigenous 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Mandatory
A9	20	Other Race	50	Character		Conditionally Mandatory
A11	21	Indigenous Classification	2	Character	1 - First Nations 2 - Inuit 3 - Métis 99 –Other	Conditionally Optional
A12	22	Other Indigenous Classification	100	Character		Conditionally Mandatory
A13	23	Settlement Area	1	Character	1 - On Reserve 2 - Off Reserve	Conditionally Optional
B4	24	Street Address Line 1	100	Alphanumeric		Mandatory
B5	25	Street Address Line 2	100	Alphanumeric		Optional
B1	26	Patient Address - City	100	Character		Optional
B2	27	Patient Address - Province	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT,NU, 99 (Outside of Canada)	Mandatory
B3	28	Patient Address - Postal Code	6	Character	A#A#A#	Mandatory
B6	29	Address is not a private residence	1	Character	Y - Yes (True) N - No (False)	Optional
B7	30	Type of Residence	2	Character	1 - Complex Continuing Care Centre 2 - Long Term Care Home 3 - Rehab Facility 99 - Other	Conditionally Mandatory
B8	31	Other Type of Residence	100	Character		Conditionally Mandatory

Ontario Health

			Multi-care Kidney Clinic Registration			
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
B9	32	Height and/or Weight cannot be provided because patient is	1	Character	1 - Double leg amputee 2 - Other	Conditionally Mandatory
B10	33	Height and/or Weight cannot be provided because patient is, Other Reason	100	Character		Conditionally Mandatory
D1	34	Patient Height (cm)	3,3	Numeric	999.999	Conditionally Mandatory
D2	35	Patient Weight (kg)	3,3	Numeric	999.999	Conditionally Mandatory
C66	36	Date of Referral to Nephrologist	10	Date	DD-MM-YYYY	Optional
C100	37	Date of Referral to Nephrologist Not Available	1	Character	N - No Y - Yes	Optional
T2	38	Registration Date	10	Date	DD-MM-YYYY	Mandatory
T15	39	Registration Event Type	1	Character	1 - Regular 2 - Education 3 - Body/Vascular Access 4 - Service	Mandatory
T16	40	Creatinine (umol/L)	4	Numeric	9999	Conditionally Mandatory
T50	41	Creatinine Sample Collection Date	10	Date	DD-MM-YYYY	Conditionally Mandatory
D3	42	Proteinuria	4,2	Numeric	9999.99	Conditionally Mandatory
D4	43	Proteinuria Test Type	1	Character	2 - ACR	Conditionally Mandatory
T45	44	Proteinuria Sample Collection Date	10	Date	DD-MM-YYYY	Conditionally Mandatory
T18	45	Delivery Mode	1	Character	1 - Group Visit 2 - Individual Encounter	Conditionally Mandatory
T100	46	Session ID	2	Numeric	1-10	Conditionally Mandatory
T101	47	Duration	3	Numeric	999	Conditionally Mandatory

Ontario Health

				Multi-care Kidney Clinic Registration		
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
T51	48	CRC Education Provided	1	Character	Y - Yes N - No	Conditionally Optional
T19	49	Access Visit Type	1	Character	1 - Initial Assessment 2 – Follow-up	Conditionally Mandatory
T20	50	Assessment Type	1	Character	1 - Multi-care Kidney Clinic Patient 2 - On dialysis at time of first visit	Conditionally Mandatory
T21	51	Assessment Reason	1	Character	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 - Other	Conditionally Mandatory
T22	52	Follow-up Type	1	Character	1 - First follow-up visit 2 - Further preoperative assessment 3 - Complication related/challenge to maintain access 4 - Other	Conditionally Mandatory
PI1	53	Update ID Assessment	1	Character	Y - Yes N - No	Mandatory
PV1	54	Update VA Assessment	1	Character	Y - Yes N - No	Mandatory
I2	55	Patient Eligible for Home HD	1	Character	Y - Yes N - No	Conditionally Mandatory
I3	56	Not Eligible for Home HD Reason 1	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I4	57	Not Eligible for Home HD Other Reason 1	100	Character		Conditionally Mandatory
I5	58	Not Eligible for Home HD Reason 2	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I6	59	Not Eligible for Home HD Other Reason 2	100	Character		Conditionally Mandatory
I7	60	Not Eligible for Home HD Reason 3	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I8	61	Not Eligible for Home HD Other Reason 3	100	Character		Conditionally Mandatory
I9	62	Patient Eligible for Home PD	1	Character	Y - Yes N - No	Conditionally Mandatory

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Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
I10	63	Not Eligible for Home PD Reason 1	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I11	64	Not Eligible for Home PD Other Reason 1	100	Character		Conditionally Mandatory
I12	65	Not Eligible for Home PD Reason 2	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I13	66	Not Eligible for Home PD Other Reason 2	100	Character		Conditionally Mandatory
I14	67	Not Eligible for Home PD Reason 3	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I15	68	Not Eligible for Home PD Other Reason 3	100	Character		Conditionally Mandatory
I16	69	Patient/Family Education Provided	1	Character	Y - Yes N - No	Conditionally Mandatory
I17	70	Patient Modality Choice	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' List	Conditionally Mandatory
I18	71	Not Home HD Modality Reason 1	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I19	72	Why Not Home HD Modality Other Reason 1	100	Character		Conditionally Mandatory
I20	73	Why Not Home HD Modality Reason 2	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I21	74	Why Not Home HD Modality Other Reason 2	100	Character		Conditionally Mandatory
I22	75	Why Not Home HD Modality Reason 3	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I23	76	Why Not Home HD Modality Other Reason 3	100	Character		Conditionally Mandatory
I24	77	Why Not Home PD Modality Reason 1	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I25	78	Why Not Home PD Modality Other Reason 1	100	Character		Conditionally Mandatory
I26	79	Why Not Home PD Modality Reason 2	2	Character	See 'Home PD Reasons' code list	Conditionally Optional

Ontario Health

Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
I27	80	Why Not Home PD Modality Other Reason 2	100	Character		Conditionally Mandatory
I28	81	Why Not Home PD Modality Reason 3	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I29	82	Why Not Home PD Modality Other Reason 3	100	Character		Conditionally Mandatory
V2	83	AVF or AVG Surgical Assessment	1	Character	Y - Yes N - No	Conditionally Mandatory
V3	84	Surgical Assessment Reason 1	2	Character	See 'VA Reason Codes - Milestone 1' list	Conditionally Mandatory
V4	85	Surgical Assessment Other Reason 1	100	Character		Conditionally Mandatory
V5	86	Surgical Assessment Reason 2	2	Character	See 'VA Reason Codes - Milestone 1' list	Conditionally Optional
V6	87	Surgical Assessment Other Reason 2	100	Character		Conditionally Mandatory
V7	88	Adequate VA Education Provided	1	Character	Y - Yes N - No	Conditionally Mandatory
V8	89	Patient Intended Initial Access	1	Character	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	Conditionally Mandatory
V9	90	HD Catheter Reason 1	2	Character	See 'VA Reasons Codes - Milestone 3' list	Conditionally Mandatory
V10	91	HD Catheter Other Reason 1	100	Character		Conditionally Mandatory
V11	92	HD Catheter Reason 2	2	Character	See 'VA Reasons Codes - Milestone 3' list	Conditionally Optional
V12	93	HD Catheter Other Reason 2	100	Character		Conditionally Mandatory
GC1	94	Update Goals of Care Assessment	1	Character	Y - Yes N - No	Optional

Ontario Health

Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
GC2	95	Substitute decision maker (SDM) is up to date & documented in patient record	1	Character	Y - Yes N - No	Conditionally Mandatory
GC3	96	Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed	1	Character	Y - Yes N - No	Conditionally Mandatory
GC4	97	Patient goals and values have been incorporated into documented plan of treatment	1	Character	Y - Yes N - No	Conditionally Mandatory
GC5	98	Reason goals of care not yet confirmed	2	Character	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/ acute issues need to be managed 4 - Renal recovery 99 - Other	Conditionally Mandatory
GC6	99	Reason goals of care not yet confirmed other reason	100	Character		Conditionally Mandatory
TD1	100	Update Treatment Decisions Assessment	1	Character	Y - Yes N - No	Optional
TD2	101	Current code status documented in patient record	1	Character	Y - Yes N - No	Conditionally Mandatory

Ontario Health

Multi-care Kidney Clinic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
TD3	102	Reason treatment decisions not yet confirmed	2	Character	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/ acute issues need to be managed 4 - Renal recovery 99 - Other	Conditionally Mandatory
TD4	103	Reason treatment decisions not yet confirmed other reason	100	Character		Conditionally Mandatory

Basic Registration

Basic Registration						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
X1	1	Source Record ID	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Selfcare Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
P1	5	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Selfcare Location Codes' and 'LTC Location Codes' lists	Mandatory
A1	6	Patient Last Name	50	Character		Mandatory
A2	7	Patient First Name	50	Character		Mandatory
A3	8	Health Card Number (ORRS Linking)	12	Alphanumeric		Optional
A15	9	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory

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| \multicolumn{7}{c}{**Basic Registration**} |

Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
A4	10	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	11	Payment Health Card Number Not Available	1	Character	Y - Yes (True) N - No (False)	Optional
A14	12	Responsibility of Payment	2	Character	See 'Responsibility for Payment Codes' list	Mandatory
A6	13	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	14	Gender	1	Character	M - Male F - Female O - Other	Mandatory
A8	15	Race	2	Character	1 – Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Indigenous 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Mandatory
A9	16	Other Race	50	Character		Conditionally Mandatory
A11	17	Indigenous Classification	2	Character	1 - First Nations 2 - Inuit 3 - Métis 99 –Other	Conditionally Optional
A12	18	Other Indigenous Classification	100	Character		Conditionally Mandatory
A13	19	Settlement Area	1	Character	1 - On Reserve 2 - Off Reserve	Conditionally Optional
B4	20	Street Address Line 1	100	Alphanumeric		Mandatory
B5	21	Street Address Line 2	100	Alphanumeric		Optional
B1	22	Patient Address – City	100	Character		Optional
B2	23	Patient Address – Province	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT,NU, 99 (Outside of Canada)	Mandatory

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Basic Registration						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
B3	24	Patient Address - Postal Code	6	Character	A#A#A#	Mandatory
B6	25	Address is not a private residence	1	Character	Y - Yes (True) N - No (False)	Optional
B7	26	Type of Residence	2	Character	1 - Complex Continuing Care Centre 2 - Long Term Care Home 3 - Rehab Facility 99 - Other	Conditionally Mandatory
B8	27	Other Type of Residence	100	Character		Conditionally Mandatory
T2	28	Registration Date	10	Date	DD-MM-YYYY	Mandatory
X7	29	Patient Type	1	Character	5 - Glomerulonephritis 6 - Pregnancy	Mandatory

Treatment Event

Treatment Event						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X1	1	Source Record ID	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
X6	5	Same Day Event Order	4	Numeric		Optional
A1	6	Patient Last Name	50	Character		Mandatory
A2	7	Patient First Name	50	Character		Conditionally Mandatory
A3	8	Health Card Number (ORRS Linking)	12	Alphanumeric		Conditionally Mandatory
A6	9	Date of Birth	10	Date	DD-MM-YYYY	Mandatory

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				Treatment Event		
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
A7	10	Gender	1	Character	M - Male F - Female O - Other	Mandatory
T1	11	Treatment Event Code	6	Character	See code list	Mandatory
T2	12	Treatment Date	10	Date	DD-MM-YYYY	Mandatory
T3	13	Treatment (Modality) Code	3	Character	See 'Treatment (Modality) Codes' list (all codes applicable)	Conditionally Mandatory
P1	14	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A15	15	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory
A4	16	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	17	Payment Health Card Number Not Available	1	Character	Y - Yes (True) N - No (False)	Optional
A14	18	Responsibility for Payment	2	Character	See 'Responsibility for Payment' Reason list	Conditionally Mandatory

Ontario Health

Treatment Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
P2	19	MRP	10	Character	For an individual physician, the MRP is identified by The College of Physicians and Surgeons of Ontario (CPSO) number 00000 - 'Physician Shared Care Model' when a single physician is not applicable 00002 - 'Prior outpatient Multi-care Kidney Clinic care at other program' 00016 - 'MRP Nephrologist is not in ORRS' if physician is not available in pre-populated list	Optional
T4	20	Care Setting	1	Character	1 - Emergency Department 2 - PACU/Recovery 3 - Isolation room 4 - Inpatient care (ICU/CCU) 5 - Inpatient care (Non-critical) 6 - Inpatient care (dialysis in unit)	Conditionally Mandatory
T5C	21	Reason for Change Code	4	Character	See code list	Conditionally Mandatory
T6	22	Other Reason for Change	50	Character		Conditionally Mandatory
T5W	23	Reason for Withdrew Code	2	Character	See "Reason for Chronic Withdrew Codes" and "Reason for Multi-care Kidney Clinic Withdrew Codes" list	Conditionally Mandatory
T6W	24	Other Reason for Withdrew Code	50	Character		Conditionally Mandatory
T7	25	Comments	255	Character		Optional

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Treatment Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
T8	26	Transferred From Location	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Conditionally Mandatory
T10	27	Death Type Code	2	Character	See code list	Conditionally Mandatory
T11	28	Transplant Hospital	3	Character	See code list	Conditionally Mandatory
T12	29	Transplant Types	3	Character	C - Cadaveric Donor (old term) D - Deceased Donor L - Living Donor UNK - Unknown	Conditionally Mandatory
T13	30	Access Used **ORRS Data Decommission:** Ontario Health no longer requires this data element for reported records dated June 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.	2	Character	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	Conditionally Mandatory
T14	31	Other Access Used **ORRS Data Decommission:** Ontario Health no longer requires this data element for reported records dated June 1, 2021 onwards. This field will be decommissioned in a future ORRS agile release.	1	Character	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	Conditionally Optional
T16	32	Creatinine	4	Numeric	9999	Conditionally Mandatory
T50	33	Creatinine Sample Collection Date	10	Date	DD-MM-YYYY	Conditionally Mandatory
T17	34	Proteinuria (ACR)	4,2	Numeric	9999.99	Conditionally Mandatory
T45	35	Proteinuria Sample Collection Date (ACR)	10	Date	DD-MM-YYYY	Conditionally Mandatory

Ontario Health

				Treatment Event		
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
T60	36	Proteinuria (PCR)	4,2	Numeric	9999.99	Optional
T61	37	Proteinuria Sample Collection Date (PCR)	10	Date	DD-MM-YYYY	Conditionally Mandatory
T62	38	Proteinuria (24 HR)	4,2	Numeric	9999.99	Optional
T63	39	Proteinuria Sample Collection Date (24 HR)	10	Date	DD-MM-YYYY	Conditionally Mandatory
T18	40	Delivery Mode	1	Character	1 - Group Visit 2 - Individual Encounter	Conditionally Mandatory
T100	41	Session ID	2	Numeric	1-10	Conditionally Mandatory
T101	42	Duration	3	Numeric	999	Conditionally Mandatory
T51	43	CRC Education Provided	1	Character	Y - Yes N - No	Conditionally Optional
T19	44	Access Visit Type	1	Character	1 - Initial Assessment 2 - Follow-up	Conditionally Mandatory
T20	45	Initial Assessment Type	1	Character	1 - Multi-care Kidney Clinic Patient 2 - On dialysis at time of first visit	Conditionally Mandatory
T21	46	Initial Assessment Reason	1	Character	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 - Other	Conditionally Mandatory
T22	47	Follow-up type	1	Character	1 - First follow-up visit 2 - Further preoperative assessment 3 - Complication related/challenge to maintain access 4 - Other	Conditionally Mandatory
T25	48	Dialysis Training Type	1	Character	1 - Home Hemodialysis 2 - CAPD 3 - APD	Conditionally Mandatory
T26	49	Not Home HD Modality Reason 1	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory

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				Treatment Event		
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
T27	50	Not Home HD Modality Other Reason 1	100	Character		Conditionally Mandatory
T28	51	Not Home HD Modality Reason 2	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
T29	52	Not Home HD Modality Other Reason 2	100	Character		Conditionally Mandatory
T30	53	Not Home HD Modality Reason 3	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
T31	54	Not Home HD Modality Other Reason 3	100	Character		Conditionally Mandatory
T32	55	Not Home PD Modality Reason 1	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
T33	56	Not Home PD Modality Other Reason 1	100	Character		Conditionally Mandatory
T34	57	Not Home PD Modality Reason 2	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
T35	58	Not Home PD Modality Other Reason 2	100	Character		Conditionally Mandatory
T36	59	Not Home PD Modality Reason 3	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
T37	60	Not Home PD Modality Other Reason 3	100	Character		Conditionally Mandatory
T38	61	HD Catheter Reason 1	2	Character	If VA3 - 'VA Milestone 5' code list For VA9 - 'Milestone 6' code list	Conditionally Mandatory
T39	62	HD Catheter Other Reason 1	100	Character		Conditionally Mandatory
T40	63	HD Catheter Reason 2	2	Character	See 'VA Reason Codes - Milestone 5' list	Conditionally Optional
T41	64	HD Catheter Other Reason 2	100	Character		Conditionally Mandatory
T42	65	For IHF patient?	1	Character	Y - Yes N - No	Conditionally Optional

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Treatment Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
T43	66	Visit Type	1	Character	1 - Renal Program 2 - IHF 3 - Telemedicine	Conditionally Mandatory
D10	67	Patient Informed About Kidney Transplantation	1	Character	N - No Y - Yes	Conditionally Optional
D11	68	Patient eligible for referral to a Transplant Centre	1	Character	Y - Yes N - No P - Not until - patient must meet following precondition(s)	Optional
D12	69	Patient not eligible for referral to a Transplant Centre Reason	2	Character	1 - Severe uncorrectable cardiac disease 2 - Severe uncorrectable peripheral vascular disease 3 - Short life expectancy 4 - Severe uncorrectable cognitive impairment 5 - Severe uncorrectable diagnosed psychiatric condition 6 - Severe uncorrectable impaired physical condition 7 - A cancer that makes patient permanently ineligible for transplant 8 - Patient totally unwilling to receive a transplant 99 - Other – permanent contraindication to transplant, please specify	Conditionally Mandatory
D13	70	Patient not eligible for referral to a Transplant Centre Other Reason	100	Character		Conditionally Mandatory
D14	71	Patient not eligible for referral to a Transplant Centre Preconditions	2	Character	See Appendix A "Patient not eligible for referral to a Transplant Centre Preconditions Codes"	Conditionally Mandatory

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Treatment Event						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
D15	72	Patient not eligible for referral to a Transplant Centre Other Preconditions	100	Character		Conditionally Mandatory
T110	73	Procedure Type	3	Character	See "Procedure Type Codes" List	Conditionally Mandatory
GC1	74	Update Goals of Care Assessment	1	Character	Y - Yes N - No	Optional
GC2	75	Substitute decision maker (SDM) is up to date & documented in patient record	1	Character	Y - Yes N - No	Conditionally Mandatory
GC3	76	Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed	1	Character	Y - Yes N - No	Conditionally Mandatory
GC4	77	Patient goals and values have been incorporated into documented plan of treatment	1	Character	Y - Yes N - No	Conditionally Mandatory
GC5	78	Reason goals of care not yet confirmed	2	Character	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/ acute issues need to be managed 4 - Renal recovery 99 - Other	Conditionally Mandatory
GC6	79	Reason goals of care not yet confirmed other reason	100	Character		Conditionally Mandatory
TD1	80	Update Treatment Decisions Assessment	1	Character	Y - Yes N - No	Optional
TD2	81	Current code status documented in patient record	1	Character	Y - Yes N – No	Conditionally Mandatory

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Treatment Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
TD3	82	Reason treatment decisions not yet confirmed	2	Character	1 - Patient/SDM not ready to discuss 2 - Patient lacks capacity to make decisions & SDM unknown/ unavailable 3 - Patient not stable/ acute issues need to be managed 4 - Renal recovery 99 - Other	Conditionally Mandatory
TD4	83	Reason treatment decisions not yet confirmed Other Reason	100	Character		Conditionally Mandatory
PR1	84	Pregnancy Visit Type	1	Character	1 - Pregnancy 2 - Pre-pregnancy optimization	Conditionally Mandatory
PR2	85	Pregnancy Week	2	Numerical	1 - 45	Conditionally Mandatory
PR3	86	Post-Partum	1		N - No Y - Yes	Conditionally Optional
PR4	87	Pregnancy Outcome	1		1 - Live birth (full or pre-term) 2 - Stillbirth 3 - Spontaneous abortion 4 - Induced abortion	Conditionally Mandatory
PR5	88	Pregnancy Outcome Date	10	Date	DD-MM-YYYY	Conditionally Mandatory
PR6	89	Newborn Birth Weight	4	Numerical	0 - 9999	Conditionally Mandatory
PR7	90	Newborn Gestational Age (Weeks)	2	Numerical	1 - 45	Conditionally Mandatory
PR8	91	Newborn Gestational Age (Days)	1	Numerical	0 - 6	Conditionally Mandatory
PR9	92	Diabetes	1	Character	1 - Yes, Type 1 2 - Yes, Type 2 3 - Yes, Gestational 4 - No	Conditionally Mandatory
PR10	93	Systolic blood pressure (mmHg)	3	Numerical	999	Optional

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Treatment Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
PR11	94	Diastolic blood pressure (mmHg)	3	Numerical	999	Optional
GN1	95	GN Visit Type	1	Character	1 - GN Acuity 1 2 - GN Acuity 2 3 - GN Acuity 3 4 - GN Acuity 4	Conditionally Mandatory
GN2	96	GN Date of Referral	10	Date	DD-MM-YYYY	Conditionally Mandatory
PR20	97	Update Pregnancy Diagnosis	1	Character	Y - Yes N - No	Conditionally Mandatory
PR21	98	Kidney Disease Type 1	2	Character	See "Kidney Disease Type Codes" list	Conditionally Mandatory
PR22	99	Kidney Disease Type 1 Other Reason	100	Character		Conditionally Mandatory
PR23	100	Kidney Disease Type 2	2	Character	See "Kidney Disease Type Codes" list	Conditionally Optional
PR24	101	Kidney Disease Type 2 Other Reason	100	Character		Conditionally Mandatory
TE1	102	Update Treatment	1	Character	Y - Yes N - No	Conditionally Mandatory
TE2	103	Medications for Hypertension	1	Character	Y - Yes N - No	Conditionally Mandatory
TE3	104	Immunosuppressive Treatments	100	Alphanumeric	Comma separated list of GN & Pregnancy Immunosuppressive Codes See "GN & Pregnancy Immunosuppressive Codes "list	Conditionally Mandatory
TE4	105	Immunosuppressive Treatments Other Reason	100	Character		Conditionally Mandatory
GN10	106	Update GN Diagnosis	1	Character	Y - Yes N - No	Conditionally Mandatory
GN11	107	GN Diagnosis 1	2	Character	See "Glomerulonephritis Diagnosis Codes" list	Conditionally Mandatory
GN12	108	GN Diagnosis 1 Other Reason	100	Character		Conditionally Mandatory

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Treatment Event						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
GN13	109	GN Diagnosis 1 Method	1	Character	1- Biopsy sample 2 - Serological test 3 - None - Safety concerns 4 - None - Biopsy pending 5 - None - Serological test pending 6 - None - Other	Conditionally Mandatory
GN14	110	GN Diagnosis 1 Method Other Reason	100	Character		Conditionally Mandatory
GN15	111	GN Diagnosis 1 Method Date	10	Date	DD-MM-YYYY	Conditionally Mandatory
GN16	112	GN Diagnosis 2	2	Character	See "Glomerulonephritis Diagnosis Codes" list	Conditionally Optional
GN17	113	GN Diagnosis 2 Other Reason	100	Character		Conditionally Mandatory
GN18	114	GN Diagnosis 2 Method	1	Character	1- Biopsy sample 2 - Serological test 3 - None - Safety concerns 4 - None - Biopsy pending 5 - None - Serological test pending 6 - None - Other	Conditionally Mandatory
GN19	115	GN Diagnosis 2 Method Other Reason	100	Character		Conditionally Mandatory
GN20	116	GN Diagnosis 2 Method Date	10	Date	DD-MM-YYYY	Conditionally Mandatory

ID/VA Assessment

ID/VA Assessment						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X1	1	Source Record ID	20	Alphanumeric	Must be the same Record ID used in the reported clinic visit Treatment Event Record, where its Treatment	Mandatory

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ID/VA Assessment						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
					Event Code in (VR, VA, VE)	
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
P1	4	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
I1	5	Update ID Assessment	1	Character	Y - Yes N - No	Optional
V1	6	Update VA Assessment	1	Character	Y - Yes N - No	Optional
I2	7	Patient Eligible for Home HD	1	Character	Y - Yes N - No	Conditionally Mandatory
I3	8	Not Eligible for Home HD Reason 1	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I4	9	Not Eligible for Home HD Other Reason 1	100	Character		Conditionally Mandatory
I5	10	Not Eligible for Home HD Reason 2	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I6	11	Not Eligible for Home HD Other Reason 2	100	Character		Conditionally Mandatory
I7	12	Not Eligible for Home HD Reason 3	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I8	13	Not Eligible for Home HD Other Reason 3	100	Character		Conditionally Mandatory
I9	14	Patient Eligible for Home PD	1	Character	Y - Yes N - No	Conditionally Mandatory
I10	15	Not Eligible for Home PD Reason 1	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I11	16	Not Eligible for Home PD Other Reason 1	100	Character		Conditionally Mandatory
I12	17	Not Eligible for Home PD Reason 2	2	Character	See 'Home PD Reasons' code list	Conditionally Optional

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ID/VA Assessment						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
I13	18	Not Eligible for Home PD Other Reason 2	100	Character		Conditionally Mandatory
I14	19	Not Eligible for Home PD Reason 3	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I15	20	Not Eligible for Home PD Other Reason 3	100	Character		Conditionally Mandatory
I16	21	Patient/Family Education Provided	1	Character	Y - Yes N - No	Conditionally Mandatory
I17	22	Patient Modality Choice	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' List	Conditionally Mandatory
I18	23	Not Home HD Modality Reason 1	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I19	24	Why Not Home HD Modality Other Reason 1	100	Character		Conditionally Mandatory
I20	25	Why Not Home HD Modality Reason 2	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I21	26	Why Not Home HD Modality Other Reason 2	100	Character		Conditionally Mandatory
I22	27	Why Not Home HD Modality Reason 3	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I23	28	Why Not Home HD Modality Other Reason 3	100	Character		Conditionally Mandatory
I24	29	Why Not Home PD Modality Reason 1	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I25	30	Why Not Home PD Modality Other Reason 1	100	Character		Conditionally Mandatory
I26	31	Why Not Home PD Modality Reason 2	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I27	32	Why Not Home PD Modality Other Reason 2	100	Character		Conditionally Mandatory
I28	33	Why Not Home PD Modality Reason 3	2	Character	See 'Home PD Reasons' code list	Conditionally Optional

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ID/VA Assessment						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values	Field Status
I29	34	Why Not Home PD Modality Other Reason 3	100	Character		Conditionally Mandatory
V2	35	AVF or AVG Surgical Assessment	1	Character	Y - Yes N - No	Conditionally Mandatory
V3	36	Surgical Assessment Reason 1	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Mandatory
V4	37	Surgical Assessment Other Reason 1	100	Character		Conditionally Mandatory
V5	38	Surgical Assessment Reason 2	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Optional
V6	39	Surgical Assessment Other Reason 2	100	Character		Conditionally Mandatory
V7	40	Adequate VA Education Provided	1	Character	Y - Yes N - No	Conditionally Mandatory
V8	41	Patient Intended Initial Access	1	Character	1 - Temporary catheter non-cuffed 2 - Temporary catheter cuffed 3 - Permanent catheter non-cuffed 4 - Permanent catheter cuffed 5 - AV fistula 6 - AV graft 7 - PD Catheter	Conditionally Mandatory
V9	42	HD Catheter Reason 1	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Mandatory
V10	43	HD Catheter Other Reason 1	100	Character		Conditionally Mandatory
V11	44	HD Catheter Reason 2	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Optional
V12	45	HD Catheter Other Reason 2	100	Character		Conditionally Mandatory

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Infection Event

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Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
X1	1	Source Record ID	20	Alphanumeric		Optional
X2	2	Source Patient ID	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	10	Numeric		Optional
X6	5	Same Day Event Order	4	Numeric		Optional
A1	6	Patient Last Name	50	Character		Mandatory
A2	7	Patient First Name	50	Character		Mandatory
A3	8	Health Card Number (ORRS Linking)	12	Alphanumeric		Optional
A6	9	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	10	Gender	1	Character	M - Male F - Female O - Other	Mandatory
F1	11	Infection Type	1	Character	1 - Peritonitis 2 - Catheter Related-Bacteremia	Mandatory
T3	12	Treatment (Modality) Code	3	Character	See 'Treatment' (Modality) Codes' list	Mandatory
P1	13	Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
T2	14	Date of Infection Episode	10	Date	DD-MM-YYYY	Mandatory
F2	15	CRB Relapsing Event	1	Character	Y - Yes N - No	Conditionally Mandatory
F3	16	Final Blood Culture Result (First Set)	3	Character	See 'Infection Confirmation' list	Conditionally Mandatory
F4	17	Final Blood Culture Result (First Set) Other	100	Character		Conditionally Mandatory

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Infection Event						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
F5	18	Final Blood Culture Result (Second Set)	3	Character	See 'Infection Confirmation' list	Conditionally Mandatory
F6	19	Final Blood Culture Result (Second Set) Other	100	Character		Conditionally Mandatory
F7	20	Peritonitis Category	1	Character	See "Peritonitis Category Codes" list.	Conditionally Mandatory
F8	21	Associated Tunnel Infection	1	Character	Y - Yes N - No	Mandatory
F9	22	Associated Exit Site Infection	1	Character	Y - Yes N - No	Mandatory

CKD Service Volumes

CKD Service Volumes						
Field No.	Seq.	Element Description	Length	Field Type / Format	Valid values/ Format	Field Status
X2	1	Source Patient ID	20	Alphanumeric		Mandatory
X3	2	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	3	ORRS Patient ID	10	Numeric		Optional
A1	4	Patient Last Name	50	Character		Mandatory
A2	5	Patient First Name	50	Character		Conditionally Mandatory
A3	6	Health Card Number (ORRS Linking)	12	Alphanumeric		Conditionally Mandatory
A6	7	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	8	Gender	1	Character	M - Male F - Female O - Other	Mandatory
P1	9	Location	4	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory

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CKD Service Volumes						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
S1	10	Month	2	Numeric	MM	Mandatory
S2	11	Year	4	Numeric	YYYY	Mandatory
S3	12	Acute Hemodialysis Level III Treatment	3	Numeric	999	Optional
S4	13	Continuous Renal Replacement Therapy (CRRT) Treatment Days	3	Numeric	999	Optional
S5	14	Slow Extended Duration Dialysis (SLEDD) Treatment Days	3	Numeric	999	Optional
S6	15	In-Hospital CAPD Exchanges	3	Numeric	999	Optional
S7	16	In-Hospital CCPD (APD) Treatment Days	3	Numeric	999	Optional
S8	17	CAPD Initial Training Days	3	Numeric	999	Optional
S9	18	CAPD Retraining Days	3	Numeric	999	Optional
S10	19	CCPD (APD) Initial Training Days	3	Numeric	999	Optional
S11	20	CCPD (APD) Retraining Days	3	Numeric	999	Optional
S12	21	HHD Daily/Nocturnal Initial Training Days	3	Numeric	999	Optional
S13	22	HHD Conventional Initial Training Days	3	Numeric	999	Optional
S14	23	HHD Daily/Nocturnal and Conventional Retraining Days	3	Numeric	999	Optional
S16	24	Self-care Hemodialysis Initial Training Days	3	Numeric	999	Optional
S15	25	Self-care Hemodialysis Retraining Days	3	Numeric	999	Optional
S17	26	Carbon Tank/Filter Exchanges	3	Numeric	999	Optional
S18	27	Nurse Home Hours (PCA)	3,2	Numeric	999.99	Optional

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CKD Service Volumes						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values/ Format**	**Field Status**
S19	28	Technician Home Visit Hours	3,2	Numeric	999.99	Optional
S20	29	Feed Water Tests - Private	3	Numeric	999	Optional
S21	30	Feed Water Tests - Municipal	3	Numeric	999	Optional
S22	31	Product Water Tests - Private	3	Numeric	999	Optional
S23	32	Product Water Tests - Municipal	3	Numeric	999	Optional

General Nephrology Visits

General Nephrology Visits						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
X2	1	Source Patient ID	20	Alphanumeric		Mandatory
X3	2	Source Patient ID Issuing Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	3	ORRS Patient ID	10	Numeric		Optional
A1	4	Patient Last Name	50	Character		Mandatory
A2	5	Patient First Name	50	Character		Mandatory
A6	6	Date of Birth	10	Date	DD-MM-YYYY	Mandatory
A7	7	Gender	1	Character	M - Male F - Female O - Other	Mandatory
T2	8	Treatment Date	10	Date	DD-MM-YYYY	Mandatory
P1	9	Location	4	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A15	10	Payment Health Card Number	12	Alphanumeric		Conditionally Mandatory

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General Nephrology Visits						
Field No.	**Seq.**	**Element Description**	**Length**	**Field Type / Format**	**Valid values**	**Field Status**
A4	11	Province of Payment Health Card Number	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, CA, Not Applicable	Conditionally Mandatory
A5	12	Payment Health Card Number Not Available	1	Character	Y - Yes (True) N - No (False)	Optional
A14	13	Responsibility of Payment	2	Character	See 'Responsibility for Payment Codes' list	Mandatory

Submission File Processing

ORRS can process files in two different methods: Rip & Replace and Incremental. An ORRS Upload user can choose any method that suits their needs at any point, however, the user should be aware of constraints and limitations for both methods.

It is strongly encouraged that data providers using the ORRS Upload functionality submit all records and modifications using the upload process. If changes to records were made directly using the ORRS application user interface, and a data submission file was uploaded, those changes may be lost unless the records within the submitted file contained the same changes. Changes from data submission files take precedence over any changes performed using the user interface.

Rip & Replace

Records within a data submission file will effectively replace all records within a given (i) reporting period, (ii) provider location and (iii) record type. As such, it is imperative that a data submission file consists of all the records to date for the reporting period being submitted for.
For file types that support multi-site record submission ('MULT-Multiple' in location selection), it is imperative that on any subsequent Rip & Replace that the file contains all records for all sites.

See examples provided below to help illustrate the Rip & Replace method.

Example 1: A data provider chooses to submit at end of each week within a reporting period. At the end of week 1, the submitted file consists of all records for that week. At the end of week 2, the submission file is inclusive of both week 1 and 2 records. The same applies for week 3, so that by the end of week 4, the submission file is inclusive of all the weeks and consists of all records for the reported period.

Example 2: Alternatively (and in most cases), a data provider chooses to only submit at end of a reporting period. The submitted file consists of all records for that reporting period.

Example 3: A data provider submits, using Rip & Replace, a General Nephrology or Infection Event file containing visits at sites A and B. Later in the month, the data provider submits another General Nephrology or Infection Event file using Rip & Replace, and this time only included records from site A. In this scenario, all General Nephrology visits or Infection Events at site B are removed.

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Incremental

Records within a data submission file will effectively add or update (not remove) the records within a given (i) reporting period, (ii) provider location and (iii) record type. If record removal is needed, the Rip & Replace method should be used. If methods are switched from Incremental to Rip & Replace, it's important that the file content follows the guidance for Rip & Replace method above (i.e. the file should contain all records for the reporting month thus far for the location and record type).

An example is provided below to help illustrate the Incremental method.

Example 1: A data provider chooses to submit at end of each week within a reporting period. At the end of week 1, the submitted file consists of all records for that week. At the end of week 2, the submission file consist of week 2 data and the data provider should select the Incremental check box in the ORRS e-submission to add or update the week 2 data. The same applies for week 3 and week 4. The incremental option in ORRS e-submission allows the data to be added to without the need to keep the previous weeks data in the same file.

Record Matching & Linking

A core component of record processing is the matching of patient information on the record to patient information in ORRS. The matching process enabled subsequent linking to the patient. The matching process uses a combination of Source Record ID, Source Patient ID, Health Card Numbers (ORRS Linking - A3, Payment - A15), Last Name, First Name, Date of Birth and Gender. It's a multi-phase process:

1. Lookup by Source Record ID & compare identity fields
2. Lookup by Source Patient ID & compare identity fields
3. Lookup by Health Card Number (ORRS Linking, A3, if present), Last Name, Date of Birth & Gender
4. Lookup by Payment Health Card Number (A15, if present), Last Name, Date of Birth & Gender
5. Finally, lookup by Last Name, First Name, Date of Birth & Gender

The matching process ends if the patient is found during any step in the process, with the exception of when both Health Card Number (ORRS Linking) and Payment Health Card are *both* provided. In this case, both lookups occur to ensure only one patient is resolved.

Why Are There Two Health Card Numbers?
A second health card number was added to support changes in the responsibility for payment over time. The existing Health Card Number (A3) is needed for matching and linking. If the Payment Health Card Number is not yet in ORRS, it cannot be used for matching and linking.

Important: ORRS can only match and link to patient information in the ORRS dataset.
If a health card number changes within a given file type (for instance, an RP submitted in a treatment file), the records in the file cannot use the new health card number to match and link, which is why separate health card numbers are provided. One to match and link, and one to provide the change.

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Appendix A: Reference Codes and Descriptions

Hospital Codes

Code	Description
EGH	[HISTORICAL] TORONTO EAST GENERAL HOSPITAL
GRH	GRAND RIVER HOSPITAL CORPORATION
HHS	HALTON HEALTHCARE SERVICES
HRH	HUMBER RIVER HOSPITAL
HSN	HEALTH SCIENCES NORTH
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON
KGH	KINGSTON HEALTH SCIENCES CENTRE
LHC	LAKERIDGE HEALTH
LHS	LONDON HEALTH SCIENCES CENTRE
MAH	MACKENZIE HEALTH
NBH	NORTH BAY REGIONAL HEALTH CENTRE
NHS	NIAGARA HEALTH SYSTEM
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL
PET	PETERBOROUGH REGIONAL HEALTH CENTRE
RVH	ROYAL VICTORIA REGIONAL HEALTH CENTRE
RVV	RENFREW VICTORIA HOSPITAL
SAH	SAULT AREA HOSPITAL
SHN	SCARBOROUGH HEALTH NETWORK
SBG	LAKE OF THE WOODS HOSPITAL (KENORA)
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
SJH	ST.JOSEPH'S HEALTH CENTRE TORONTO
SMH	ST. MICHAEL'S HOSPITAL
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
TDH	TIMMINS AND DISTRICT HOSPITAL
THP	TRILLIUM HEALTH PARTNERS
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK
WOH	WILLIAM OSLER HEALTH SYSTEM
WRH	WINDSOR REGIONAL HOSPITAL

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Location Codes

Code	Description	Hospital Code
1AL (March 2018 data and earlier)	[HISTORICAL] STEVENSON MEMORIAL (ALLISTON)	OSM
1RV (March 2018 data and earlier)	[HISTORICAL] ROYAL VICTORIA HOSPITAL (BARRIE)	OSM
ALL (April 2018 data onwards)	STEVENSON MEMORIAL (ALLISTON)	RVH
ALS	ADAM LINTON DIALYSIS UNIT	LHS
AMG	ALEXANDRA MARINE AND GENERAL HOSPITAL - GODERICH	LHS
BCC	BRUYERE CC INC.-SAINT-VINCENT	TOH
BDC	BURLINGTON DIALYSIS CENTER	HHS
BDD	BELLEVILLE DIALYSIS CLINIC	KGH
BGH	THE BRANT COMMUNITY HEALTHCARE SYSTEM	JHH
BHS	BLUEWATER HEALTH – SARNIA	LHS
BIC (April 2018 data onwards)	TORONTO REHAB BICKLE CENTRE	UHN
BMH	BRAMPTON CIVIC HOSPITAL	WOH
BPH	BRIDGEPOINT HEALTH	SHN
CGH	CORNWALL GENERAL	TOH
CHA	CHATHAM - KENT HEALTH ALLIANCE	LHS
CNC (April 2021 data onwards)	CHURCH NEPHROLOGY CENTRE	HRH
CNI	SUNNYBROOK SATELLITE	SBK
COB	NORTHUMBERLAND HILLS	PET
COL	COLLINGWOOD GENERAL & MARINE	OSM
CRC	COMMUNITY RENAL CENTRE	SJH
CTS	CENTENARY SITE	SHN
CVH	TRILLIUM HEALTH PARTNERS – CREDIT VALLEY HOSPITAL	THP
1EG (December 2014 data and earlier)	[HISTORICAL] TORONTO EAST GENERAL HOSPITAL	EGH
ESH	ERIE SHORES HEALTHCARE	WRH
ETG	ETOBICOKE GENERAL HOSPITAL	WOH
GBH	GREY-BRUCE HEALTH SERVICES - OWEN SOUND	LHS
GFS	FREEPORT SITE	GRH

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Code	Description	Hospital Code
GGH	GUELPH GENERAL HOSPITAL	GRH
GRH	GRAND RIVER HOSPITAL CORPORATION	GRH
HDH	HANOVER AND DISTRICT HOSPITAL	LHS
HDM	MUSKOKA ALGONQUIN HEALTHCARE	OSM
HGH	HAWKESBURY GENERAL HOSPITAL	TOH
HHG	HAMILTON GENERAL HOSPITAL	JHH
HOM (December 2018 data onwards)	HOPITAL MONTFORT	TOH
HPH	HURON PERTH HOSPS PARTNERSHIP (STRATFORD)	LHS
HRH	HUMBER RIVER HOSPITAL	HRH
HSN	HEALTH SCIENCES NORTH	HSN
HSU	SCARBOROUGH HD SATELLITE UNIT	SHN
1HW (December 2014 data and earlier)	[HISTORICAL] HEADWATERS HEALTH CARE	THP
HWH (January 2015 data onwards)	HEADWATERS HEALTH CARE	WOH
JBH (December 2018 data onwards)	JOSEPH BRANT HOSPITAL	HHS
JGE	ST. JOSEPH'S GENERAL HOSPITAL (ELLIOTT LAKE)	HSN
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON	JHH
JUH	JURAVINSKI HOSPITAL	JHH
KCC (April 2020 data onwards)	KIDNEY CARE CENTRE	SMH
KDH	KIRKLAND AND DISTRICT HOSPITAL (KIRKLAND LAKE)	HSN
KGH	KINGSTON GENERAL	KGH
LHO	LAKERIDGE HEALTH OSHAWA	LHC
LHS	LONDON HEALTH SCIENCES CENTRE	LHS
LHW (May 2021 data onwards)	LAKERIDGE HEALTH WHITBY	LHC
LIN	ROSS MEMORIAL HOSPITAL (LINDSAY)	PET
1LW (December 2014 data and earlier)	[HISTORICAL] LAKE OF THE WOODS DISTRICT HOSPITAL	SBG
LWD (January 2015 data onwards)	LAKE OF THE WOODS DISTRICT HOSPITAL	TBH

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Code	Description	Hospital Code
MAH	MACKENZIE HEALTH	MAH
MFS	MOOSE FACTORY SATELLITE - KINGSTON HEALTH SCIENCES CENTRE	KGH
MGH	MICHAEL GARRON HOSPITAL	SMH
MHC	MANITOULIN HEALTH CENTRE (LITTLE CURRENT)	HSN
MNH	MOUNT SINAI HOSPITAL	UHN
MSH (April 2019 data onwards)	MARKHAM STOUFFVILLE HOSPITAL	MAH
MVH (January 2021 data onwards)	CORTELLUCCI VAUGHAN HOSPITAL	MAH
NBH	NORTH BAY REGIONAL HEALTH CENTRE	NBH
NDC (December 2016 data onwards)	NAPANEE SATELLITE DIALYSIS UNIT	KGH
NHS	NIAGARA HEALTH SYSTEM	NHS
NFS	NIAGARA FALLS SITE	NHS
NLT	NEW LISKEARD – TEMISKAMING	HSN
NWH	NORTH WELLINGTON HEALTH CARE - PALMERSTON SITE	GRH
NWS	WELLAND SITE	NHS
NYG (April 2019 data onwards)	NORTH YORK GENERAL	MAH
OAK	OAK RIDGES SATELLITE	MAH
OHI	OTTAWA HEART INSTITUTE	TOH
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL	OSM
OTM	HALTON HEALTHCARE SERVICES	HHS
PCC (November 2016 data and earlier)	[HISTORICAL] PROVIDENCE COMPLEX CARE	KGH
PET	PETERBOROUGH REGIONAL HEALTH CENTRE	PET
PGG	PEMBROKE GENERAL HOSPITAL	RVV
PGH	PENETANG GENERAL HOSPITAL	OSM
PMC (March 2017 data onwards)	PEEL MEMORIAL CENTRE	WOH
PRH	PRINCESS MARGARET HOSPITAL	UHN
PRO (December 2018 data onwards)	PROVIDENCE HEALTHCARE	SMH
PSF	PERTH AND SMITHS FALLS	KGH

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Code	Description	Hospital Code
QCH	QUEENSWAY CARLETON HOSPITAL	TOH
QHB	QUINTE HEALTHCARE (BANCROFT)	KGH
QHP	QUINTE HEALTHCARE (PICTON)	KGH
RCC	RENAL CARE CENTRE	THP
RVH (April 2018 data onwards)	ROYAL VICTORIA REGIONAL HEALTH CENTRE	RVH
RVV	RENFREW VICTORIA HOSPITAL	RVV
SAH	SAULT AREA HOSPITAL	SAH
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE	SBK
SGH	SCARBOROUGH GENERAL SITE	SHN
SHK	SENSENBRENNER HOSPITAL (KAPUSKASING)	HSN
SJH	ST.JOSEPH'S HEALTH CENTRE TORONTO	SJH
SMB	ST. FRANCIS MEMORIAL HOSPITAL (BARRY'S BAY)	RVV
SMG	ST. MARY'S GENERAL HOSPITAL	GRH
SMH	ST. MICHAEL'S HOSPITAL	SMH
SOS	OHSWEKEN - SIX NATIONS	JHH
SSC	STONEY CREEK	JHH
SSH (December 2012 data and earlier)	[HISTORICAL] SOUTH STREET HOSPITAL	LHS
STH	SOUTHLAKE HOSPITAL	MAH
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE	TBH
TCS	CIVIC SITE	TOH
TDH	TIMMINS AND DISTRICT HOSPITAL	TDH
TEG	TORONTO GENERAL - EATON GROUND	UHN
TFF	FORT FRANCES	TBH
TGG (March 2016 data and earlier)	[HISTORICAL] TORONTO GENERAL – GERRARD GROUND	UHN
TGH	TORONTO GENERAL HOSPITAL	UHN
TIP (March 2016 data and earlier)	[HISTORICAL] TORONTO GENERAL – IN PATIENT	UHN
TMH	TILLSONBURG DISTRICT MEMORIAL HOSPITAL	LHS
TMS	TRILLIUM MISSISSAUGA SITE	THP
TOH	THE OTTAWA HOSPITAL	TOH
TRI	TORONTO REHAB INSTITUTE	UHN

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Code	Description	Hospital Code
TRS	RIVERSIDE SITE	TOH
TSL	SIOUX LOOKOUT	TBH
TWH	TORONTO WESTERN HOSPITAL	UHN
TWT	TRILLIUM WEST TORONTO SITE	THP
UHN (March 2016 data and earlier)	[HISTORICAL] UNIVERSITY HEALTH NETWORK	UHN
VAU	VAUGHAN SATELLITE	MAH
WDG (May 2017 data and earlier)	[HISTORICAL] WINDSOR SATELLITE	WRH
WGH	WOODSTOCK GENERAL HOSPITAL	LHS
WKC	WESTMOUNT KIDNEY CARE CENTRE	LHS
WLN (April 2019 data onwards)	ROYAL VICTORIA REGIONAL HEALTH CENTRE - WELLINGTON SATELLITE	RVH
WMH	WINCHESTER MEMORIAL HOSPITAL	TOH
WPS	WEST PARRY SOUND HEALTH CENTRE	HSN
WRB (May 2017 and onwards)	WINDSOR REGIONAL BELL	WRH
WRO	WINDSOR REGIONAL OUELLETTE	WRH
YHS	YEE HONG SATELLITE - SCARBOROUGH FINCH - SATELLITE	SHN

IHF Location Codes

Code	Description
BCS (August 2016 data and earlier)	[HISTORICAL] BAYSHORE CENTRES - STONEY CREEK IHF
BRC	BROCKVILLE DIALYSIS CLINIC IHF
CEO	CORNWALL EASTERN ONTARIO DIALYSIS CLINIC IHF
DMA	DMC - AJAX/PICKERING
DMM	DMC – MARKHAM
DMP	DMC – PETERBOROUGH
LCD	LION'S CAMP DORSET CORPORATION
OCD	OTTAWA CARLETON DIALYSIS CLINIC IHF

Ontario Health

Self-Care Location Codes

Code	Description
SHP	SHEPPARD CENTRE
SUS	SUSSEX CENTRE

LTC Location Codes

Code	Description	Hospital Code
FHLG	FOREST HEIGHTS LONG-TERM CARE CENTRE	GRH
RTEG	ROYAL TERRACE	GRH
SHLG	STIRLING HEIGHTS LONG-TERM CARE CENTRE	GRH
WTLG	WELLINGTON TERRACE LONG-TERM CARE HOME	GRH
CCCH	CAMILLA CARE COMMUNITY	HHS
WMAH	WYNDHAM MANOR	HHS
SJVH	ST. JOSEPH'S VILLA	HSN
SGVH	VILLA ST. GABRIEL VILLA	HSN
ACLH	ARBOUR CREEK LONG-TERM CARE CENTRE	JHH
GDVH (April 2020 data onwards)	GARDEN LONG TERM CARE HOME	JHH
IMAH	IDLEWYLD MANOR	JHH
SJLH	ST. JOSEPH'S LIFECARE CENTRE	JHH
JMPK	THE JOHN M. PARROTT CENTRE	KGH
CARK	CARVETH CARE CENTRE	KGH
HESL	HILLSDALE ESTATES	LHC
CTEL	COUNTRY TERRACE	LHS
MHRM	MARIANN NURSING HOME AND RESIDENCE	MAH
MSRM	MON SHEONG RICHMOND HILL LONG-TERM CARE CENTRE	MAH
SHAM	SIMCOE MANOR HOME FOR THE AGED	MAH
GPHO (March 2018 data and earlier)	[HISTORICAL] GROVE PARK HOME	OSM
SMBO (March 2018 data and earlier)	[HISTORICAL] SIMCOE MANOR – BEETON	OSM
TMAO	TRILLIUM MANOR	OSM
CAMP (Dec 2018 data onwards)	CASE MANOR	PET
CEPP (Dec 2018 data onwards)	CENTENNIAL PLACE	PET
GPLP (April 2020 data onwards)	GOLDEN PLOUGH LODGE	PET

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Code	Description	Hospital Code
GPHR (April 2018 data onwards)	GROVE PARK HOME	RVH
SMBR (April 2018 data onwards)	SIMCOE MANOR - BEETON	RVH
MSRS	MON SHEONG SCARBOROUGH LONG-TERM CARE CENTRE	SHN
YHCS	YEE HONG CENTRE - GERIATRIC CARE - SATELLITE	SHN
RNHS	ROCKCLIFFE NURSING HOME	SHN
RCSS (December 2018 data onwards)	REKAI CENTRE - SHERBOURNE PLACE	SMH
BNHT	BETHAMMI NURSING HOME	TBH
LCCT	CAMILLA CARE COMMUNITY	THP
EWVO (December 2018 data onwards)	EXTENDICARE WEST END VILLA	TOH
SLRO	ST. LOUIS RESIDENCE	TOH
TOCU	THE O'NEILL CENTRE	UHN
SPHD	SUN PARLOR HOME, COUNTY OF ESSEX	WRH

Treatment (Modality) Codes

Modality Codes	
Treatment Code	**Description**
Chronic Specific Codes	
040	CAPD & HD
044	CAPD & HD - Assistance
050	APD & HD
054	APD & HD - Assistance
060 (March 2017 data and earlier)	PD & HD
064 (March 2017 data and earlier)	PD & HD – Assistance
111	Acute Care Hospital - Conventional HD - Total Care
112	Acute Care Hospital - Conventional HD - Limited Self Care
121	Acute Care Hospital - Short Daily HD - Total Care
122	Acute Care Hospital - Short Daily HD - Limited Self Care
131	Acute Care Hospital - Slow Nocturnal HD - Total Care
141	Acute Care Hospital - CAPD - Total Care
151	Acute Care Hospital - APD - Total Care
171	Acute Care Hospital – Transplant – Total Care

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211	Chronic Care Hospital - Conventional HD - Total Care
214 (Aug 2018 data and earlier)	Chronic Care Hospital - Conventional HD - Assistance
221	Chronic Care Hospital - Short Daily HD - Total Care
224 (Aug 2018 data and earlier)	Chronic Care Hospital - Short Daily HD - Assistance
241	Chronic Care Hospital - CAPD - Total Care
244 (Aug 2018 data and earlier)	Chronic Care Hospital - CAPD - Assistance
251	Chronic Care Hospital - APD - Total Care
254 (Aug 2018 data and earlier)	Chronic Care Hospital - APD - Assistance
281	Chronic Care Hospital - CAPD (Nursing Home) - Total Care
284 (Aug 2018 data and earlier)	Chronic Care Hospital - CAPD (Nursing Home) - Assistance
291	Chronic Care Hospital - APD (Nursing Home) - Total Care
294 (Aug 2018 data and earlier)	Chronic Care Hospital - APD (Nursing Home) - Assistance
311	Community Centre - Conventional HD - Total Care
312	Community Centre - Conventional HD - Limited Self Care
321	Community Centre - Short Daily HD - Total Care
322	Community Centre - Short Daily HD - Limited Self Care
332	Community Centre - Slow Nocturnal HD - Limited Self Care
341	Community Centre - CAPD - Total Care
351	Community Centre - APD - Total Care
412	Home - Conventional HD - Limited Self Care
413	Home - Conventional HD - Total Self Care
414	Home - Conventional HD – Assistance
422	Home - Short Daily HD - Limited Self Care
423	Home - Short Daily HD - Total Self Care
424	Home - Short Daily HD - Assistance
432	Home - Slow Nocturnal HD - Limited Self Care
433	Home - Slow Nocturnal HD - Total Self Care
434	Home - Slow Nocturnal HD - Assistance
442	Home - CAPD - Limited Self Care
443	Home - CAPD - Total Self Care
444	Home – CAPD - Assistance
452	Home - APD - Limited Self Care

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453	Home - APD - Total Self Care
454	Home – APD - Assistance
Non-Chronic / Other Modality Codes	
AHD	Acute HD
CSD	CRRT-SLEDD
CCV	CRRT-CVVHD
CRC	Conservative Renal Care
GNC	Glomerulonephritis Care
MKC	Multi-care Kidney Clinic
NDT	No Dialysis Treatment
PRG	Pregnancy Care

Primary Renal Disease Codes

Primary Renal Disease Codes	
Code	**Description**
0	Chronic renal failure - aetiology uncertain
5	Mesangial proliferative GN
6	Minimal lesion GN
7	Post strep GN
8	Rapidly progressive GN
9	Focal GN – adult
10	GN - Histologically NOT examined
11	GN - Severe nephrotic syndrome - focal sclerosis (peds)
12	GN - IgA Nephropathy (proven)
13	GN - Dense deposit disease (proven)
14	GN - Membranous nephropathy
15	GN - Mebranoproliferative mesangiocapilliary GN Type 1
16	GN - Idiopathic crescented GN (diffuse proliferative)
17	GN - Congenital nephrosis or nephrotic syndrome
19	GN - Histologically examined
20	Pyelo/Interstitial Nephritis - cause not specified
21	Pyelo/Interstitial Nephritis - neurogenic bladder
22	Pyelo/Interstitial Nephritis - cong. Obstruct. Uropathy
23	Pyelo/Interstitial Nephritis - acqu. Obstruct. Uropathy
24	Pyelo/Interstitial Nephritis - vesico-ureteric reflux

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Primary Renal Disease Codes	
Code	Description
25	Pyelo/Interstitial Nephritis – urolithiasis
29	Pyelo/Interstitial Nephritis - other specified cause
30	Nephropathy - drug induced - cause not specified
31	Nephropathy - drug induced - analgesic drugs
32	Cisplatin
33	Nephropathy - drug induced - Cyclosporin A
39	Nephropathy - drug induced - other specified drug
40	Cystic Kidney disease - type unspecified
41	Polycystic Kidneys - adult type (dominant)
42	Polycystic Kidneys - infant type (recessive)
43	Medullary cystic disease - including nephronophthisis
44	Infection (Coronavirus)
49	Cystic Kidney disease - type specified
50	Hereditary/Familial Nephropathy - type unspecified
51	Hereditary Nephritis - Alport's Syndrome
52	Cystinosis
53	Primary oxalosis
54	Fabry's disease
55	DRASH Syndrome
56	Sickle cell Syndrome
57	Wilm's tumour
58	Posterior urethral valves
59	Hereditary Nephropathy – other
60	Congenital renal hypoplasia - type unspecified
61	Oligomeganephronic hypoplasia
62	Segmental renal hypoplasia - Ask-Upmark kidney
63	Congenital renal dysplasia - urinary tract malformation
66	Agenesis of abdominal muscles - Prune Belly Syndrome
70	Renal Vascular disease - type unspecified
71	Renal Vascular disease - malignant hypertension NO PRD
72	Renal Vascular disease - hypertension NO PRD
73	Polyarteritis nodosa
74	Wegener's Granulomatosis

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Primary Renal Disease Codes	
Code	**Description**
78	Atheroembolic renal disease
79	Renal Vascular disease – classified
80	Diabetes - Type I
81	Diabetes - Type II
82	Myelomatosis/Multiple myeloma
83	Amyloid
84	Lupus Erythematosus
85	Henoch-Schonlein purpura
86	Goodpasture's Syndrome
87	Scleroderma
88	Haemolytic Uraemic Syndrome (Moschcowitz)
89	Multi-system disease – other
90	Cortical or acute tubular necrosis
91	Tuberculosis
92	Gout
93	Nephrocalcinosis & hypercalcaemic nephropathy
94	Balkan nephropathy
95	Kidney tumour
96	Traumatic or surgical loss of kidney
97	HIV nephropathy
99	Other:
NR	Not reported (to date)

Malignancy Site Codes

Malignancy Site Codes	
Code	**Description**
11	Two or more primary malignancies
20	Squamous cell carcinoma
21	Basal Cell Carcinoma
22	Squamous and basal cell carcinoma
23	Malignant Melanoma
25	Myeloma
26	Acute leukemia

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Malignancy Site Codes	
Code	**Description**
27	Chronic leukemia
29	Reticulum cell sarcoma
30	Kaposi sarcoma
31	Lymphosarcoma
33	Plasma cell lymphoma
34	Hodgkin's disease
35	Lymphoreticular tumours
36	Histiocytic reticulosis
40	Lip
41	Tongue
42	Parotid
43	Oesophagus
44	Stomach
45	Colon
46	Rectum
47	Anus
48	Liver- primary hepatoma
49	Liver- primary lymphoma
50	Gallbladder and bile duct
51	Pancreas
53	Larynx
54	Thyroid
55	Bronchus
56	Lung, Primary tumour
60	Kidney- Wilm's Tumour
61	Kidney- Hypernephroma of host kidney
62	Kidney- Hypernephroma of graft kidney
63	Renal pelvis
64	Ureter
65	Urinary bladder
66	Urethra
67	Prostate
68	Testis

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Malignancy Site Codes	
Code	**Description**
69	Penis
70	Scrotum
71	Perineum
72	Vulva
73	Vagina
74	Uterus- cervix
75	Uterus- body
76	Ovary
80	Breast
81	Muscle
82	Bone
83	Brain- primary lymphoma
84	Brain- other primary tumour
85	Other tumour of central nervous system
90	Metastatic carcinoma, primary site unknown
99	Other primary tumour – specify _____

Treatment Event Codes

Treatment Event Codes	
Code	**Description**
M	M (Modality Change)
R	R (Recovered)
RR	RR (Returning Patient)
TX	TX (Transplanted)
F	F (Failed Transplant)
TI	TI (Transfer Into Region)
TO	TO (Transfer Out of Region)
L-IN	L-IN (Location Change In)
L-OUT	L-OUT (Location Change Out)
TR-IN	TR-IN (Hospital Transfer In)
TR-OUT	TR-OUT (Hospital Transfer Out)
TS	TS Home/Self-Care Dialysis Training Start)
TE	TE (Home/Self-Care Dialysis Training End)

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RS	RS (Home/Self-Care Dialysis Re-training Start)
RE	RE (Home/Self-Care Dialysis Re-training End)
VR	VR (Multi-care Kidney Clinic Visit)
VA	VA (Body/Vascular Access Clinic Visit)
VE	VE (Education Clinic Visit)
VP	Pregnancy Clinic Visit
VG	Glomerulonephritis Clinic Visit
D	D (Died)
W	W (Withdrew)
X	X (Lost to Follow-up)
ID3	ID3 (Independent Dialysis 3-Month Status)
ID6	ID6 (Independent Dialysis 6-Month Status)
VA3	VA3 (Vascular Access 3-Month Status)
VA9	VA9 (Vascular Access 9-Month Status)
NC	No change reported for Patient in period
VF	Follow-up Clinic Visit
TU	Transplant Update
RP	Change Responsibility for Payment
GC	Goals of Care and Treatment Decisions
BA	Body Access
IE	Infection

Reason for Change Codes

Reason for Change Codes		
Code	**Reason Group**	**Description**
62	General	Body/vascular access procedure
8401		Burnout
9104		Cannulation or buttonhole needling
8402		Change in living circumstance
9002		Clinical intervention (IV medication, transfusion)
9009		Convenience dialysis treatment
71		Follow-up clinic visit
9007		Home dialysis equipment malfunction
3202		Hospitalization for cardiovascular - non-access-related
3201		Hospitalization for infection - non-access-related

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Reason for Change Codes		
Code	Reason Group	Description
3203		Hospitalization for other medical or surgical - non-access-related
03		Inadequate dialysis
08		Intended treatment
8503		Mental and/or physical incapacity
8504		Mental health
13		Not reported/unknown
99		Other, specify
1404		Patient choice – changed their mind
1403		Patient scheduling preference
9006		Rehabilitation program
1801		Relocation
1803		Relocation for transplant
19		Requires increased care
9010		Respite for patient and/or caregiver
9100		Training / Re-training
1805		Vacation
9003		Vascular access troubleshooting (cannulation, establishing buttonholes, monitoring)
3005	HD	AV fistula or AV graft-related bacteremia
17		Cardiovascular instability
3001		Catheter-related bacteremia
15		HD access failure
3101		New access insertion or restoration of patency
2202		Unsuitable water supply
8304	PD	Excess fluid removal
8003		Exit site and/or tunnel infection
211		Hernia
8208		Inadequate clearance
212		Leaks - exit site
213		Leaks - non exit site
8109		PD - general abdominal pain
8110		PD catheter - abdominal pain
8111		PD catheter – bleeding

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Reason for Change Codes		
Code	Reason Group	Description
8112		PD catheter - drain/infusion pain
8113		PD catheter - flow restriction
105		Peritonitis
8305		Ultrafiltration failure
8203		Uremic symptoms

Reason for Change Codes (Specific to TO – Transfer Out of Region)

Code	Description
18	Resource/geographical (non-medical)
20	Left Country

Reason for Chronic Withdrew Codes

Code	Description
1	Psychosocial
2	Vascular (stroke, PVD, etc.)
3	Heart disease
4	Infection
5	Cancer
6	Dementia
7	Other

Death Type Codes

Death Type Codes	
Code	Description
00	Cause of death uncertain/not determined
01	Infection (Coronavirus)
02	Gastro-intestinal tumour with or without perforation
03	Infection (Bacterial)
04	Infection (Viral)
05	Infection (Fungal)
06	Cytomegalovirus
07	Epstein Barr Virus
08	Pneumocystic Carinii Pneumonia (PCP)

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Death Type Codes	
Code	**Description**
09	Protozoal/Parasitic infection (includes toxoplasmosis)
10	Wound infection
11	Myocardial Ischaemia and Infarction
12	Hyperkalaemia
13	Haemorrhagic Pericarditis
14	Other causes of cardiac failure
15	Cardiac arrest, cause unknown
16	Hypertensive cardiac failure
17	Hypokalaemia
18	Fluid overload
19	Acute Respiratory Distress Syndrome
20	Acute Gastroenteritis with dehydration
21	Pulmonary Embolus
22	Cerebrovascular Accident
23	Gastro-intestinal haemorrhage
24	Haemorrhage from graft site
25	Haemorrhage from vascular access or dialysis circuit
26	Ruptured Vascular Aneurysm
27	Haemorrhage from Surgery (Not codes 23, 24 or 26)
28	Other haemorrhage (Not codes 23-27)
29	Mesenteric Infarction
30	Hypertension
31	Pulmonary infection (bacterial)
32	Pulmonary infection (viral)
33	Pulmonary infection (fungal)
34	Infections elsewhere (except Viral Hepatitis, see Codes 41-42)
35	Septicaemia/Sepsis
36	Tuberculosis (Lung)
37	Tuberculosis (elsewhere)
38	Generalized viral infection
39	Peritonitis
40	Diabetic keto acidosis (DKA)
41	Liver, due to Hepatitis B virus

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Death Type Codes	
Code	**Description**
42	Liver, other Viral Hepatitis
43	Liver, Drug toxicity
44	Cirrhosis (Not viral)
45	Cystic Liver Disease
46	Liver failure, cause unknown
49	Bronchiolitis Obliterans
50	Drug abuse (excludes alcohol abuse)
51	Patient refused further treatment
52	Suicide
53	Therapy ceased for any other reason
54	Alcohol abuse
55	Vascular Thrombosis
56	Pulmonary Vein Stenosis
57	Stent/balloon complication
58	Drug-related toxicity
62	Pancreatitis
63	Bone Marrow Depression
64	Cachexia
65	Unknown
66	Malignant disease possibly induced by immunosuppressive therapy - specific primary site
67	Malignant disease (not code 66) - specific primary source
68	Perforation of peptic ulcer
69	Dementia
70	Sclerosing (or Adhesive) Peritoneal Disease
71	Thrombocytopenia
72	Perforation of colon
73	Thrombosis – specify
74	Liver, due to Hepatitis C virus
75	Drug Neurotoxicity
76	Status Epilepticus
77	Neurologic infection
81	Accident related to treatment
82	Accident unrelated to treatment

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Death Type Codes	
Code	**Description**
90	Multi-system failure
99	Other identified cause of death – specify
NR	Not Reported

Reason for MCKC / GN / PRG Withdrew Codes

Code	**Description**
72	Transferred to general nephrology clinic
73	Transferred to primary care
75	Patient has elected not to attend
7	Other

Patients Not Eligible for Referral To A Transplant Centre Preconditions Codes

Code	**Description**
30	Assessed by Nephrologist
31	Cancer Screening
32	Cancer Waiting Period
33	Cardiac Assessment
34	Confirm Chronic Dialysis
35	Infection Fee
36	MCKC Finds a Potential Living Donor
37	MCKC Kidney Function Declines
38	Mental Health Assessment
39	Patient Frail
40	Patient is Ready
41	Smoking
42	Substance Abuse
43	Treatment Adherence
44	Weight Loss
99	Other

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Transplant Hospitals

Code	Description
HSC	HOSPITAL FOR SICK CHILDREN
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON
KGH	KINGSTON HEALTH SCIENCES CENTRE
LHS	LONDON HEALTH SCIENCES CENTRE
SMH	ST. MICHAEL'S HOSPITAL
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK

GN Acuity Level 4 Hospitals

Code	Description
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON
KGH	KINGSTON HEALTH SCIENCES CENTRE
LHS	LONDON HEALTH SCIENCES CENTRE
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK

Home HD Assessment Reason Codes

Home HD Assessment Reason Codes	
Code	Description
1	Support not available (i.e. CCAC)
2	No LTC with hemodialysis provision
3	Unreliable / no electricity available at home
7	No Home HD program
8	Limited resources available to train patients for independent modalities (human, capacity, supplies etc. resulting in long wait list for training)
9	Acute start (initiated dialysis as an inpatient and discharged without modality education)
11	Difference in opinion within the renal team.
15	Medical contraindication
16	Psychiatric contraindication
17	Temporary medical contraindications
18	Has living donor, transplant expected soon
19	Medical or psychiatric contraindication - as a result cannot cannulate
20	Intercurrent illness requiring acute start
23	Accommodation challenges (homeless)
24	No home support
25	Home is deemed unsuitable by health care team
26	Limited space at home
27	Family does not want home dialysis (despite potential patient's choice)
28	Landlord prohibition

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Home HD Assessment Reason Codes	
Code	Description
29	Patient feels treatment should be done by health care professionals
30	Language barriers
31	Unable to afford the extra utility cost
32	Poor water quality (no solution available)
33	Unable to attend lengthy training sessions at centre
34	Unable to bear the cost of attending lengthy training sessions at centre (i.e. transportation, accommodations)
37	Problematic delivery of supplies
38	Unable to do home HD temporarily (moving in a few months, changing job etc.)
39	Convenient location of facility based HD
42	Fear of burdening the family
43	Is not convinced of the benefit/inconvenience ratio
44	Fear of a catastrophic event
45	Feeling too overwhelmed by acute start dialysis to consider ID
46	Other psychological factors
47	Unaware of Home HD options
48	Fear of needling
49	Cultural reasons
50	Feels Home Hemodialysis would infringe on their lifestyle (i.e. travel, swimming, sports)
51	Failed HHD training
52	cannot learn
53	Failed HHD previously
54	Conservative Renal Care
55	Other
56	In the process of switching to HHD

Home PD Assessment Reason Codes

Home PD Assessment Reason Codes	
Code	Description
1	Support not available (i.e. CCAC)
2	No LTC with PD provision
3	Long wait list for LTC (with PD provision)
7	No PD program
8	Limited resources available to train patients for independent modalities (human, capacity, supplies etc. resulting in long wait list for training)
9	Acute start (initiated dialysis as an inpatient and discharged without modality education)
10	Inability to get PD catheter in timely manner
11	Difference in opinion within the renal team.
15	Medical contraindications
16	Psychiatric contraindication
17	Temporary medical contraindications, e.g. PEG tube
18	Has living donor, transplant expected soon
19	Previous major abdominal surgery
20	Intercurrent illness requiring acute start
21	Large polycystic kidneys
22	Inability to establish PD access
23	Accommodation challenges (Homeless)
24	No home support

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Home PD Assessment Reason Codes	
Code	**Description**
25	Home is deemed unsuitable by health care team
26	Limited space at home
27	Family does not want home dialysis (despite potential patient's choice)
29	Patient feels treatment should be done by health care professionals
30	Language barriers
31	Unable to attend lengthy training sessions at centre
34	Unable to bear the cost of attending lengthy training sessions at centre (i.e. transportation, accommodations)
37	Problematic delivery of supplies
39	Convenient location of facility based HD
42	Fear of burdening the family
43	Is not convinced of the benefit/inconvenience ratio
44	Fear of treatment
45	Feeling too overwhelmed by acute start dialysis to consider ID
46	Other psychological factors
47	Unaware of PD option
48	Body image - does not want PD catheter
49	Cultural reasons
50	Feels Home PD would infringe on their lifestyle (i.e. travel, swimming, sports)
51	Failed PD training (unable/slow to learn)
52	cannot learn
53	Failed PD previously
54	Conservative Renal Care
55	Other
56	In the process of switching to PD

VA Assessment Reason Codes

VA Assessment Reason Codes	
Code	**Reason**
Milestone 1	
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
15	No vessels appropriate for access - Nephrologist assessment only
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
33	Hemodialysis not intended modality - Living related transplant within 6 months
34	Hemodialysis not intended modality - Intends to start PD

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VA Assessment Reason Codes	
Code	**Reason**
30	Patient refusal - Assessed by Nephrologist but refused surgical assessment
38	Hemodialysis not intended modality- Patient chose conservative renal care
47	Other
48	Patient awaiting recovery
Milestone 3	
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
15	No vessels appropriate for access - Nephrologist assessment only
16	No vessels appropriate for access- Surgeon assessment - US mapping/venography NOT done
17	No vessels appropriate for access - Surgeon assessment - US mapping/venography done
18	No vessels appropriate for access - Multiple failed attempts/ no other available vessels
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
33	Hemodialysis not intended modality - Living related transplant within 6 months
34	Hemodialysis not intended modality - Intends to start PD
36	Hemodialysis not intended modality - Deceased transplant expected
28	Patient refusal - Surgical assessment
47	Other
Milestone 4,5,6	
25	Modality/VA education - Not offered
26	Modality/VA education - Offered but not attended (patient refused/cancelled)
27	Modality/VA education - Attended but delay in decision making
2	AV Access not created - Not yet referred to surgeon
3	AV Access not created - Referred to surgery waiting for vessel mapping
4	AV Access not created - Referred to surgery waiting for surgical assessment
5	AV Access not created - Surgical assessment done - Waiting for VA surgery
33	Hemodialysis not intended modality – Living related transplant within 6 months
34	Hemodialysis not intended modality - Intends to start PD

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VA Assessment Reason Codes	
Code	**Reason**
35	Hemodialysis not intended modality - Initial choice was PD but failed or pt no longer suitable
36	Hemodialysis not intended modality - Deceased transplant expected
37	Hemodialysis not intended modality - Temporary transfer from PD (i.e. peritonitis, leak etc)
15	No vessels appropriate for access - Nephrologist assessment only
16	No vessels appropriate for access- Surgeon assessment - US mapping/venography NOT done
17	No vessels appropriate for access - Surgeon assessment - US mapping/venography done
18	No vessels appropriate for access - Multiple failed attempts/ no other available vessels
9	High comorbidity risk - Life expectancy < 12 months
10	High comorbidity risk - Severe peripheral vascular disease
11	High comorbidity risk - MI in last 3-6 months
12	High comorbidity risk - LV function <20%
13	High comorbidity risk - Cognitive decline
14	High comorbidity risk - Other
19	Unexpected start for hemodialysis - Chronic kidney disease was not expected to progress
20	Unexpected start for hemodialysis - Risk of death before dialysis exceeded progression of CKD
21	Unexpected start for hemodialysis - Acute event requiring urgent start dialysis
28	Patient refusal - Surgical assessment
29	Patient refusal - Patient refused further intervention
30	Patient refusal - Assessed by Nephrologist but refused surgical assessment
31	Patient cancelled/delayed surgical assessment
32	Patient cancelled/delayed surgery
40	AV access created - Failed, not amenable for intervention, not cannulated
41	AV access created - Cannulation attempted and failed
42	AV access created - Not yet mature for cannulation
43	AV access created - Requires 2nd stage
44	AV Access created - AV access ligated – access induced ischemia
45	AV access created - Patient refused cannulation
47	Other
49	Patient not known to CKD clinic – acute kidney injury requiring urgent start of dialysis
50	Transplant to HD – requiring HD after failed transplant

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Historical – Reason for No or Invalid HCN

Code	Description
1	Patient does not have any legal status in Canada
2	Patient is a refugee claimant whose status as a protected person/convention refugee has not yet been approved
3	Patient is an international student not covered by OHIP
4	Patient has not resided within Ontario for the last 153 days in the last 12-month period
5	Patient's health card has expired
6	Patient is part of the Canadian Armed Forces personnel
7	Patient is part of the Royal Canadian Mounted Police
8	Patient is an inmate at a federal penitentiary
9	Patient is self-pay (Canadian resident)
10	Patient is self-pay (Other Country resident)

Responsibility for Payment Codes

Code	Description
01	Provincial/territorial responsibility
02	Workers' Compensation Board/Workplace Safety and Insurance Board (WCB/WSIB), Workers' Service Insurance Board or equivalent
03	Other province/territory (resident of Canada)
04	Department of Veteran Affairs (DVA)/Veterans Affairs Canada (VAC)
05	First Nations and Inuit Health Branch
06	Other federal government (Department of National Defence, Citizenship and Immigration), or penitentiary inmates
07	Canadian resident self-pay
08	Other countries resident self-pay

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Procedure Type Codes

Code	Description
120	Insertion - Central Venous Catheter - Untunneled - Radiological
130	Insertion - Central Venous Catheter - Untunneled - Bedside
400	Insertion - Central Venous Catheter - Tunneled
401	Insertion - Central Venous Catheter Exchange - Tunneled - without Angioplasty
402	Insertion - Central Venous Catheter Exchange - Tunneled - with Angioplasty
500	Insertion - AV Fistula
600	Insertion - AV Graft
711	Insertion - Peritoneal Dialysis Catheter - Unburied - Laparoscopic
712	Insertion - Peritoneal Dialysis Catheter - Unburied - Open Surgery
713	Insertion - Peritoneal Dialysis Catheter - Buried - Laparoscopic
714	Insertion - Peritoneal Dialysis Catheter - Buried - Open Surgery
720	Insertion - Peritoneal Dialysis Catheter - Radiological
730	Insertion - Peritoneal Dialysis Catheter - Bedside
801	Removal - Central Venous Catheter - Untunneled
802	Removal - Central Venous Catheter - Tunneled
803	Removal - Peritoneal Dialysis Catheter
900	Exteriorization - Peritoneal Dialysis Catheter
950	Pre-Existing Access - Central Venous Catheter
951	Pre-Existing Access - Peritoneal Dialysis Catheter - Unburied
952	Pre-Existing Access - Peritoneal Dialysis Catheter - Buried

Infection Confirmation Codes

Code	Description
1	Acinetobacter species
2	Culture-Negative bacteremia
3	E. Coli
4	Klebsiella species
5	Multiple organisms
6	Pseudomonas species
7	S. epidermitidis / coagulase negative staph.
8	S. Aureus, methicillin sensitive (select this if not MRSA)
9	S. Aureus, methicillin resistant (MRSA)
10	Serratia species

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Code	Description
11	Strep. Species
12	Yeast / fungus
99	Other
100 [only applies to Second Set]	Not Done

Peritonitis Category Codes

Code	Description
1	New
2	Recurrent
3	Refractory
4	Relapsing
5	Repeat

Kidney Disease Type Codes

Code	Description
1	Alport nephritis
3	Anti-glomerular basement membrane glomerulonephritis
6	CKD (Stage 2-5) not biopsied
7	Diabetic nephropathy
10	Focal segmental glomerulosclerosis
11	Global and segmental glomerulosclerosis
12	IgA nephropathy
13	Changes consistent with hypertensive nephrosclerosis / ischemic nephropathy
15	Acute interstitial nephritis
16	Lupus nephritis
17	Immune complex mediated membranoproliferative glomerulonephritis
18	Membranous nephropathy
19	Minimal change disease
21	Pauci-immune necrotizing crescentic glomerulonephritis
22	Polycystic kidney disease
23	Preeclampsia
28	Immune complex mediated proliferative glomerulonephritis
29	Proteinuria ± hematuria not biopsied (Stage 1)
30	Reflux nephropathy

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Code	Description
32	Thin basement membrane nephropathy
34	Thrombotic microangiopathy (except preeclampsia)
99	Other

Glomerulonephritis Diagnosis Codes

Code	Description
1	Alport nephritis
2	Amyloidosis
3	Anti-glomerular basement membrane glomerulonephritis
4	C3 glomerulopathy
8	Fabry disease
9	Fibrillary glomerulonephritis
10	Focal segmental glomerulosclerosis
11	Global and segmental glomerulosclerosis
12	IgA nephropathy
14	Immunotactoid glomerulopathy
15	Acute interstitial nephritis
16	Lupus nephritis
17	Immune complex mediated membranoproliferative glomerulonephritis
18	Membranous nephropathy
19	Minimal change disease
20	Monoclonal immunoglobulin deposition disease
21	Pauci-immune necrotizing crescentic glomerulonephritis
24	Post-infectious glomerulonephritis
25	IgA dominant post-infectious glomerulonephritis
26	Proliferative glomerulonephritis with monoclonal immunoglobulin deposits
28	Immune complex mediated proliferative glomerulonephritis
31	Structural abnormality of the glomerular basement membrane
32	Thin basement membrane nephropathy
33	Thrombotic microangiopathy
36	Crescentic glomerulonephritis
37	'Morphologic Pattern' with dominant C1q deposition
38	'Morphologic Pattern' with IgM deposition
97	Inadequate for diagnosis
98	Not yet diagnosed

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99	Other

GN & Pregnancy Immunosuppressive Codes

Code	Description	Patient Type
1	Apheresis	GN
2	Azathioprine	GN and PRG
3	Cyclophosphamide IV within past 6 months	GN
4	Cyclophosphamide Oral	GN
5	Cyclosporine	GN and PRG
6	Methylprednisolone	GN and PRG
7	Mycophenolate Mofetil	GN
8	Mycophenolate Sodium	GN
9	Prednisone	GN and PRG
10	Rituximab IV within past 6 months	GN and PRG
11	Tacrolimus	GN and PRG
12	Eculizumab	GN and PRG
98	No Immunosuppressive Treatments	GN and PRG
99	Other	GN and PRG

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Appendix B: Lab Value Ranges

Element ID	Element Description	Unit	Valid Values
Chronic Registration			
C8	Hemoglobin	g/L	60 <= hemoglobin result <= 140
C10	Creatinine	µmol/L	300 <= creatinine result <= 1500
C11	Urea	mmol/L	15 <= urea result <= 40
C13	Serum Bicarbonate / CO2	mmol/L	20 <= serum bicarbonate result <= 30
C12, C13	Serum Calcium (Corrected)	mmol/L	2.20 <= serum calcium corrected result <= 2.60
C15, C16	Serum Calcium (Uncorrected)	mmol/L	2.10 <= serum calcium uncorrected result <= 2.60
C15, C16	Serum Calcium (Ionized)	mmol/L	1.19 <= serum calcium ionized result <= 1.29
C18	Serum Phosphate	mmol/L	1.50 <= serum phosphate result <= 1.80
C20	Serum Albumin	g/L	25 <= serum albumin <= 50
C22, C23	Serum Parathormone (PTH)	pmol/L	1.30 <= serum parathormone result <= 7.60
C22, C23	Serum Parathormone (PTH)	ng/L	18 <= serum parathormone result <= 73
C22, C23	Serum Parathormone (PTH)	pg/mL	10 <= serum parathormone result <= 65
Multi-care Kidney Clinic Registration			
T16	Creatinine	µmol/L	300 <= creatinine result <= 1500
D3	Proteinuria	ACR	100 <= proteinuria result <= 4000

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Appendix C: Height and Weight Value Ranges

Element ID	Element Description	Unit	Age	Valid Range
Chronic and Multi-care Kidney Clinic				
C51, D1	Height	cm	Less than 6	25 <= Height <= 125
			6 to less than 10	75 < Height < 150
			10 to less than 15	100 < Height < 200
			Older than 15	120 < Height < 220
C52, D2	Weight	kg	Less than 4	0.454 < Weight < 30
			4 to less than 9	9 < Weight < 50
			9 to less than 15	20 < Weight < 100
			Older than 15	35 < Weight < 160

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Appendix D: Validations and Error Messages

Note: The validations below cover structural and dependency validations in ORRS. Additional validations will occur that are not listed below, such as validation of Expected Lab Value Ranges (warnings) and post-upload validations which flag treatment events that appear out of sequence.

General File Processing Rules

Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1010	The size of the file cannot be greater than 1 MB	Reject File	4132	The size of the file exceeds the maximum size of 1 MB
		1020	A file cannot have duplicate Record IDs	Reject File	4133	The file cannot have duplicate Record IDs
		1030	Invalid file format; incorrect number of delimiters for given record type	Reject File	4107	Invalid number of columns in row
		1040	Invalid file type; must be a text file with a .txt or .csv file extension	Reject File		Invalid file type; must be a text file with a .txt or .csv file extension

Generic File Validation Rules

Generic File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1050	IF field status is Mandatory THEN data cannot be blank	Reject Record	Various	[Field Name] is required
		1060	IF data length exceeds max field length	Reject Record	Various	[Field Name] is too long; exceeds maximum allowed characters
		1070	IF field type = Numeric THEN data must be a valid numeric type	Reject Record	8107	[Field Name] has an invalid value for numeric format
		1080	IF field type = Date THEN data must be a valid date	Reject Record	8101	[Field Name] has an invalid date format; it must have DD-MM-YYYY format
		1090	Data has to be valid code or value	Reject Record	8112	[Field Name] has an invalid code/value

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Generic File Validation Rules						
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		1100	IF field type = Date THEN date cannot be after the date that the file was submitted to ORRS	Reject Record	1118	[Field Name] must be less than or equal to today's date
		1110	An update cannot be applied to record in a closed submission period	Reject Record	4134	Invalid record; cannot update record in a closed period
		1115	The Treatment/Registration Location should be active for the submission period to submit the data for the location	Reject Record	8150	Location is no longer valid after [EFFECTIVE END DATE]

Common Registration File Validation Rules

Common Registration File Validation Rules						
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		1120	To create a new patient initial registration, the record must be marked as Initial Note: not applicable to Basic Registration	Reject Record	4121	Secondary registration could not be linked to an existing patient based on the identity fields provided, or record is not correctly indicated as an initial registration.
		1130	To create a secondary registration for an existing patient, the record must be marked as Secondary Note: not applicable to Basic Registration	Reject Record	4118	Record is not indicated as Secondary; cannot create Secondary Registration
		1140	A Patient cannot have more than one registration of the same type	Reject Record	4122	Patient already has a Registration record of this type

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Common Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1160	A Patient cannot have secondary Acute registration if their previous registration was Chronic	Reject Record	4120	Patient cannot have secondary Acute Registration when their previous Registration is Chronic
		1170	IF registration is secondary, record cannot match to multiple patients; must be a single patient match	Reject Record	4117	Matched to multiple ORRS patients
		1180	A patient's initial registration record cannot be removed if the patient has treatment events	Reject Record	4131	A patient's initial Registration record for patient ID {0} cannot be removed if patient has Treatment Events
		1190	IF the patient's Race in the record is different than patient's Race in ORRS then provide a warning	Warning error	4123	Race will be changed
		1200	IF the patient's Address in the record is different than patient's Address in ORRS then provide a warning	Warning error	4124	Address will be changed
		1210	IF the patient's identity in the record is different than that of the patient in ORRS AND the patient has only received treatment at the location submitting the change THEN the identity change, including HCN is allowed	Warning error	4125	Patient identity fields will be changed
		1220	IF the patient's identity (excluding Payment Health Card Number) in the record is different than that of the patient in ORRS AND the patient has received treatment at another location than the one submitting the change THEN the identity change is not allowed	Warning error	4140	Patient identity can no longer be modified. Please submit the request to the ORN.

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Common Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
A3	Health Card Number (ORRS Linking)	1221	IF Registration Type (X5) = 'I' THEN Health Card Number (ORRS Linking) (A3) must be blank	Reject Record	8113	*Health Card Number (ORRS Linking)* is not required
A15	Payment Health Card Number	1230	IF Payment Health Card Number Not Available (A5) <> 'Y', THEN Payment Health Card Number (A15) cannot be blank	Reject Record	8111	*Payment Health Card Number* is required
		2800	IF Province of Payment Health Card (A4) = 'ON' THEN Payment Health Card Number (A15) format must be ON format	Reject Record	1903	*Payment Health Card Number* format is invalid for Ontario
		2801	IF Province of Payment Health Card (A4) = 'AB' THEN Payment Health Card Number (A15) format must be AB format	Reject Record	1903	*Payment Health Card Number* format is invalid for Alberta
		2802	IF Province of Payment Health Card (A4) = 'BC' THEN Payment Health Card Number (A15) format must be BC format	Reject Record	1903	*Payment Health Card Number* format is invalid for British Columbia
		2803	IF Province of Payment Health Card (A4) = 'MB' THEN Payment Health Card Number (A15) format must be MB format	Reject Record	1903	*Payment Health Card Number* format is invalid for Manitoba
		2804	IF Province of Payment Health Card (A4) = 'NB' THEN Payment Health Card Number (A15) format must be NB format	Reject Record	1903	*Payment Health Card Number* format is invalid for New Brunswick
		2805	IF Province of Payment Health Card (A4) = 'NL' THEN Payment Health Card Number (A15) format must be NL Format	Reject Record	1903	*Payment Health Card Number* format is invalid for Newfoundland and Labrador
		2806	IF Province of Payment Health Card (A4) = 'NS' THEN Payment Health Card Number (A15) format must be NS format	Reject Record	1903	*Payment Health Card Number* format is invalid for given *Nova Scotia*

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Common Registration File Validation Rules						
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		2807	IF Province of Payment Health Card (A4) = 'NT' THEN Payment Health Card Number (A15) format must be NT format	Reject Record	1903	*Payment Health Card Number* format is invalid for Northwest Territories
		2808	IF Province of Payment Health Card (A4) = 'NU' THEN Payment Health Card Number (A15) format must be NU format	Reject Record	1903	*Payment Health Card Number* format is invalid for Nunavut
		2809	IF Province of Payment Health Card (A4) = 'PE' THEN Payment Health Card Number (A15) format must be PE format	Reject Record	1903	*Payment Health Card Number* format is invalid for Prince Edward Island
		2810	IF Province of Payment Health Card (A4) = 'QC' THEN Payment Health Card Number (A15) format must be QC format	Reject Record	1903	*Payment Health Card Number* format is invalid for Quebec
		2811	IF Province of Payment Health Card (A4) = 'SK' THEN Payment Health Card Number (A15) format must be SK format	Reject Record	1903	*Payment Health Card Number* format is invalid for Saskatchewan
		2812	IF Province of Payment Health Card (A4) = 'YT' THEN Payment Health Card Number (A15) format must be YT format	Reject Record	1903	*Payment Health Card Number* format is invalid for Yukon
A4	Province of Payment Health Card	1240	IF Payment Health Card Number Not Available (A5)) = 'Y' THEN Province of Payment Health Card Number (A4) must be blank	Reject Record	8113	*Province of Payment Health Card Number* is not required
A10	Historical - Reason for No or Invalid HCN	1241	IF Payment Health Card Number Not Available (A5) = 'Y', THEN Historical - Reason for No or Invalid HCN (A10) cannot be blank for registration record prior to April 1, 2017	Reject Record	1134	*If no HCN number or HCN is not valid, please select the reason* is required
		1242	Historical - Reason for No or Invalid HCN (A10) must be blank for registration record on or after April 1, 2017	Reject Record	8113	*Historical - Reason for No or Invalid HCN* is not required

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Common Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
A9	Other Race	1250	IF Race (A8) = '99' THEN Other Race (A9) cannot be blank	Reject Record	8114	*Other Race* must be provided for given *Race*.
		1251	IF Race (A8) <> '99' THEN Other Race (A9) must be blank	Reject Record	8113	*Other Race* is not required
A11	Indigenous Classification	2821	IF Race (A8) <> '9' THEN Indigenous Classification (A11) must be blank	Reject Record	8113	*Indigenous Classification* is not required
A12	Other Indigenous Classification	2822	IF Indigenous Classification (A11) = '99' THEN Other Indigenous Classification (A12) cannot be blank	Reject Record	8114	*Other Indigenous Classification* must be provided for given *Indigenous Classification*
		2823	IF Indigenous Classification (A11) <>'99' THEN Other Indigenous Classification (A12) must be blank	Reject Record	8113	*Other Indigenous Classification* is not required
A13	Settlement Area	2825	IF Race (A8) <> '9' THEN Settlement Area (A13) must be blank	Reject Record	8113	*Settlement Area* is not required
P1	Location	1260	The Location (P1) must equal to the specified Location of the file	Reject Record	8110	The record's *Location* must equal to the specified *Location* of the file
		1270	The Location (P1) cannot be an IHF or Self-care location	Reject Record		*Location* cannot be an IHF or Self-care location
B3	Postal Code	1280	Format of postal code (B) must be A#A#A#	Reject Record	1403	Invalid *Postal Code* format; it must have A#A#A# format
A6	Date of Birth	1281	The Date of Birth (A6) must be equal to or less than current date	Reject Record	1118	*Date of Birth* must be less than or equal to today's date
T2	Treatment Start Date	1282	The Treatment Start Date (T2) must be greater than patient's Date of Birth	Reject Record	8103	*Treatment Start Date* must be greater than the patient's date of birth
B7	Type of Residence	1283	IF Address is not a private residence (B6) = 'Y' THEN Type of Residence (B7) cannot be blank	Reject Record	8111	*Type of Residence* is required.

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Common Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1284	IF Address is not a private residence (B6) <> 'Y' THEN Type of Residence (B7) must be blank	Reject Record	8113	*Type of Residence* is not required
B8	Other Type of Residence	1285	IF Type of Residence (B7) = '99' THEN Other Type of Residence (B8) cannot be blank	Reject Record	8111	*Other Type of Residence* required.
		1286	IF Type of Residence (B7) <> '99' THEN Other Type of Residence must be blank	Reject Record	8113	*Other Type of Residence* is not required

Chronic Registration File Validation Rules

Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
P4	Date Last Seen by MRP	2922	IF MRP (P2) is not blank AND MRP not in (00999,00002) THEN Date Last Seen by MRP (P4) must not be blank	Reject Record	8114	*Date Last Seen by MRP* must be provided for given *MRP*
		2923	Date Last Seen by MRP (P43) must be on or after Date of birth (A6)	Reject Record	1939	*Date Last Seen by MRP* must be on or after *Date of birth*
		2924	Date Last Seen by MRP (P4) must be on or after Date when patient was first seen by a nephrologist (C1)	Reject Record	1941	*Date Last Seen by MRP* must be on or after *Date when patient was first seen by a nephrologist*
		2930	If MRP (P2) = '00999' or MRP (P2) = '00002' then Date Last Seen by MRP(P4) must be blank	Reject Record	8113	*Date Last Seen by MRP* is not required
C66	Date of Referral to Nephrologist	1287	The Date of Referral to Nephrologist must be greater than the patient's Date of Birth (A7).	Reject Record	8103	*Date of Referral to Nephrologist* must be greater than the patient's date of birth
		1288	The Date of Referral to Nephrologist must be on or before the Date when patient was first seen by a Nephrologist (C1)	Reject Record	8117	*The Date of Referral to Nephrologist* must be on or before *Date when patient was first seen by a Nephrologist*

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1289	Date of Referral to Nephrologist will be pre-populated between the Multi-care Kidney Clinic and Chronic registrations. Because it represents the first referral date provided, the system will accept new or modified date of referral dates **on only one registration**. Date of referral subsequently provided on the other registration will be ignored	Warning	4144	*Date of Referral to Nephrologist* is already provided. The value in the upload file will be ignored
		1292	Only the creator or the original data submitter can modify the Date of Referral to Nephrologist	Warning	4150	*Date of Referral to Nephrologist* cannot be changed
		2001	IF Date of Referral to Nephrologist Not Available (C100) = 'Y' THEN Date of Referral to Nephrologist must be blank	Reject Record	8113	*Date of Referral to Nephrologist* is not required
C100	Date of Referral to Nephrologist Not Available	2002	Only the creator or the original data submitter can modify Date of Referral to Nephrologist Not Available	Warning	4149	*Date of Referral to Nephrologist Not Available* cannot be changed
		2010	Date of Referral to Nephrologist Not Available will be pre-populated between the Multi-care Kidney Clinic and Chronic registrations. Because it represents the first referral data provided, the system will accept new or modified data of referral dates not available **on only one registration**. Date of referral not available subsequently provided on the other registration will be ignored.	Warning	4151	*Date of Referral to Nephrologist Not Available* is already provided. The value in the upload file will be ignored.

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C1	Date when patient was first seen by a nephrologist	1283	The Date when patient was first seen by a nephrologist (C1) must be greater than patient's date of birth	Reject Record	8103	*Date when patient was first seen by a nephrologist* must be greater than the patient's date of birth
		1284	The Date when patient was first seen by a nephrologist (C1) must be less than or equal to current date	Reject Record	1118	*Date when patient was first seen by a nephrologist* must be less than or equal to today's date
C65	Patient Transferred into Ontario?	1285	IF Registration Type (X5) = 'S' THEN Patient Transferred into Ontario must be blank	Reject Record	8113	*Patient Transferred into Ontario?* is not required
C2	Creatinine when first seen by nephrologist	1290	IF Date when patient was first seen by a Nephrologist (C1) is not blank THEN Creatinine when first seen by nephrologist (C2) cannot be blank	Reject Record	8114	*Creatinine when first seen by nephrologist* must be provided for given *Date when first seen by Nephrologist*
		1291	IF Followed in multidisciplinary clinic? is not blank THEN Creatinine when first seen by nephrologist cannot be blank	Reject Record	8114	*Creatinine when first seen by nephrologist* must be provided for given *Followed in multidisciplinary clinic?*
C4	Where was Patient Followed?	1300	IF Followed in an outpatient clinic by a nephrologist? (C3) <> 'Y'THEN Where was Patient Followed? (C4) must be blank	Reject Record	8113	*Where was Patient Followed?* Is not required
C6	Date of referral to multi-disciplinary clinic	1301	The Date of referral to multi-disciplinary clinic must be greater than patient's Date of Birth	Reject Record	8103	*Date of referral to multi-disciplinary clinic* must be greater than the patient's date of birth
C8	Hemoglobin (g/L)	1302	IF Hemoglobin Test Not done (C67) = 'Y' THEN Hemoglobin (C8) must be blank	Reject Record	8113	*Hemoglobin (g/L)* is not required
C10	Urea	1303	IF Urea Test Not done (C68) = 'Y' THEN Urea (C10) must be blank	Reject Record	8113	*Urea* is not required

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			Chronic Registration File Validation Rules			
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C11	Serum Bicarbonate / CO2 (mmol/L)	1304	IF Serum Bicarbonate/CO2 Test Not done (C69) = 'Y' THEN Serum Bicarbonate / CO2 (mmol/L) (C11) must be blank	Reject Record	8113	*Serum Bicarbonate / CO2 (mmol/L)* is not required
C12	Serum Calcium (mmol/L)	1305	IF Serum Calcium Test Not done (C70) = 'Y' THEN Serum Calcium (mmol/L) (C12) must be blank	Reject Record	8113	*Serum Calcium (mmol/L)* is not required
C13	Serum Calcium Type	1306	IF Serum Calcium Test Not done (C70) = 'Y' THEN Serum Calcium Type (C13) must be blank	Reject Record	8113	S*erum Calcium Type* is not required
		1307	IF Serum Calcium (mmol/L) (C70) is not blank THEN Serum Calcium Type (C13) cannot be blank	Reject Record	8114	*Serum Calcium Type* must be provided for given *Serum Calcium*
C14	Serum Phosphate (mmol/L)	1308	IF Serum Phosphate Test Not done (C71) = 'Y' THEN Serum Phosphate (mmol/L) (C14) must be blank	Reject Record	8113	*Serum Phosphate (mmol/L)* is not required
C15	Serum Albumin (g/L)	1309	IF Serum Albumin Test Not done (C72) = 'Y' THEN Serum Albumin (g/L) (C15) must be blank	Reject Record	8113	*Serum Albumin (g/L)* is not required
C16	Serum Parathormone (PTH)	1315	IF PTH Test Not Done (C18) = 'Y' THEN Serum Parathormone (PTH) (C26) must be blank	Reject Record	8113	*Serum Parathormone (PTH)* is not required
C17	PTH Units of Measure	1316	IF PTH Test Not Done (C18) = 'Y' THEN PTH Units of Measure (C17) must be blank	Reject Record	8113	*PTH Units of Measure is not required*
		1317	IF Serum Parathormone (C16) is not blank THEN PTH Units of Measure (C17) cannot be blank	Reject Record	8114	*PTH Units of Measure* must be provided for given *Serum Parathormone*
C21	Dialysis Treatment Start Date	1310	The Dialysis Treatment Start Date (C21) must be within the specified file submission period	Reject Record	4114	*Dialysis Treatment Start Date* must be within the specified file submission period

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1311	The Dialysis Treatment Start Date (C21) must be greater than or equal to Date of referral to multi-disciplinary clinic	Reject Record	1222	*Treatment Start Date* must be equal to or greater than the date of referral to multi-disciplinary clinic
		1312	The Dialysis Treatment Start Date (C21) must be greater than OR equal to the Date when patient was first seen by a nephrologist (C1)	Reject Record	1221	Date must not be prior to date when patient was first seen by a nephrologist
C24	Reason for not intended long-term treatment	1320	IF Intended Long-Term Treatment? (C23) <> 'N' THEN Reason for not intended long-term treatment (C24) must be blank	Reject Record	8113	*Reason for not intended long-term treatment* is not required
C25	Other Reason for not intended long-term treatment	1330	IF Reason for not intended long-term treatment (C24) = '4' THEN Other Reason for not intended long-term treatment (C25) cannot be blank	Reject Record	8114	*Other Reason for not intended long-term treatment* must be provided for given *Reason for not intended long-term treatment*
		1331	IF Reason for not intended long-term treatment (C24) <> '4' THEN Other Reason for not intended long-term treatment (C25) must be blank	Reject Record	8113	*Other Reason for not intended long-term treatment* is not required
C26	Intended Long-term Treatment Code?	1340	IF Intended Long-Term Treatment? (C23) <> 'N' THEN Intended Long-term Treatment Code? (C26) must be blank	Reject Record	8113	*Intended Long-term Treatment Code* is not required
C27	Not Home HD Modality Reason 1	1350	IF Initial Dialysis Treatment Code (C22) in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 1 (C27) cannot be blank	Reject Record	8114	*Not Home HD Modality Reason 1* must be provided for given *Initial Dialysis Treatment Code*

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C28	Not Home HD Modality Other Reason 1	1360	IF Not Home HD Modality Reason 1 (C27) = '55' THEN Not Home HD Modality Other Reason 1 (C28) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 1* must be provided for given *Not Home HD Modality Reason 1*
		1361	IF Not Home HD Modality Reason 1 (C27) <> '55' THEN Not Home HD Modality Other Reason 1 (C28) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 1* is not required
C29	Not Home HD Modality Reason 2	1370	IF Initial Dialysis Treatment Code (C22) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 2 (C29) must be blank	Reject Record	8113	*Not Home HD Modality Reason 2* is not required.
C30	Not Home HD Modality Other Reason 2	1380	IF Not Home HD Modality Reason 2 (C29) = '55' THEN Not Home HD Modality Other Reason 2 (C30) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 2* must be provided for given *Not Home HD Modality Reason 2*
		1381	IF Not Home HD Modality Reason 2 (C29) <> '55' THEN Not Home HD Modality Other Reason 2 (C30) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 2* is not required
C31	Not Home HD Modality Reason 3	1390	IF Initial Dialysis Treatment Code (C22) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 3 (C31) must be blank	Reject Record	8113	*Not Home HD Modality Reason 3* is not required
C32	Not Home HD Modality Other Reason 3	1400	IF Not Home HD Modality Reason 3 (C31) = '55' THEN Not Home HD Modality Other Reason 3 (C32) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 3* must be provided for given *Not Home HD Modality Reason 3*

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			Chronic Registration File Validation Rules			
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1401	IF Not Home HD Modality Reason 3 (C31) <>'55' THEN Not Home HD Modality Other Reason 3 (C32) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 3* is not required
C33	Not Home PD Modality Reason 1	1410	IF Initial Dialysis Treatment Code (C22) in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 1 (C33) cannot be blank	Reject Record	8114	*Not Home PD Modality Reason 1* must be provided for given *Initial Dialysis Treatment Code*
C34	Not Home PD Modality Other Reason 1	1420	IF Not Home PD Modality Reason 1 (C33) = '55' THEN Not Home PD Modality Other Reason 1 (C34) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 1* must be provided for given *Not Home PD Modality Reason 1*
		1421	IF Not Home PD Modality Reason 1 (C33) <> '55' THEN Not Home PD Modality Other Reason 1 (C34) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason* is not required
C35	Not Home PD Modality Reason 2	1430	IF Initial Dialysis Treatment Code (C22) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 2 (C35) must be blank	Reject Record	8113	*Not Home PD Modality Reason 2* is not required
C36	Not Home PD Modality Other Reason 2	1440	IF Not Home PD Modality Reason 2 (C35) = '55' THEN Not Home PD Modality Other Reason 2 (C36) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 2* must be provided for given *Not Home PD Modality Reason 2*
		1441	IF Not Home PD Modality Reason 2 (C35) <> '55' THEN Not Home PD Modality Other Reason 2 (C36) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 2* is not required

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C37	Not Home PD Modality Reason 3	1450	IF Initial Dialysis Treatment Code (C22) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 3 (C37) must be blank	Reject Record	8113	*Not Home PD Modality Reason 3* is not required
C38	Not Home PD Modality Other Reason 3	1460	IF Not Home PD Modality Reason 3 (C37) = '55' THEN Not Home PD Modality Other Reason 2 (C38) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 3* must be provided for given *Not Home PD Modality Reason 3*
		1461	IF Not Home PD Modality Reason 3 (C37) <> '55' THEN Not Home PD Modality Other Reason 2 (C38) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 3* is not required
C39	HD Catheter Reason 1	1470	IF Access Used at Time of First Dialysis (C22) in (1, 2, 3, 4) THEN HD Catheter Reason 1 (C39) cannot be blank	Reject Record	8114	*HD Catheter Reason 1* must be provided for given *Access Used*
C40	HD Catheter Other Reason 1	1480	IF HD Catheter Reason 1 (C39) = '55' THEN HD Catheter Other Reason 1(C40) cannot be blank	Reject Record	8114	*HD Catheter Other Reason 1* must be provided for given *HD Catheter Reason 1*
		1481	IF HD Catheter Reason 1 (C39) <> '55' THEN HD Catheter Other Reason 1(C40) must be blank	Reject Record	8113	*HD Catheter Other Reason 1* is not required
C41	HD Catheter Reason 2	1490	IF Access Used at Time of First Dialysis (C22) NOT in (1, 2, 3, 4) THEN HD Catheter Reason 2 (C41) must be blank	Reject Record	8113	*HD Catheter Reason 2* is not required
C42	HD Catheter Other Reason 2	1500	IF HD Catheter Reason 2 (C41) = '55' THEN HD Catheter Other Reason 1(C42) cannot be blank	Reject Record	8114	*HD Catheter Other Reason 2* must be provided for given *HD Catheter Reason 2*
		1501	IF HD Catheter Reason 2 (C41) <> '55' THEN HD Catheter Other Reason 1(C42) must be blank	Reject Record	8113	*HD Catheter Other Reason 2* is not required

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C43	Height and/or Weight cannot be provided because patient is	1502	IF only one of 'Height at First Dialysis Treatment' (C45) or 'Weight within First Month of Treatment' (C46) is provided THEN 'Height and/or Weight cannot be provided because patient is' (C43) cannot be blank	Reject Record	8111	*Height and/or Weight not provided reason* is required
		1503	IF neither of 'Height at First Dialysis Treatment' (C45) and 'Weight within First Month of Treatment' (C46) are provided THEN 'Height and/or Weight cannot be provided because patient is' (C43) cannot be blank	Reject Record	8111	*Height and/or Weight not provided reason* is required
		1504	IF both of 'Height at First Dialysis Treatment' (C45) and 'Weight within First Month of Treatment' (C46) are provided THEN 'Height and/or Weight cannot be provided because patient is' (C43) must be blank	Reject Record	8113	*Height and/or Weight not provided reason* is not required
C44	Height and/or Weight cannot be provided because patient is, Other Reason	1510	IF 'Height and/or Weight cannot be provided because patient is' (C43) = '2' THEN 'Height and/or Weight cannot be provided because patient is, Other Reason' (C44) cannot be blank	Reject Record	8114	*Height and/or Weight cannot be provided because patient is, Other Reason* must be provided for given *Height and/or Weight cannot be provided because patient is*
		1511	IF 'Height and/or Weight cannot be provided because patient is' (C43) <> '2' THEN 'Height and/or Weight cannot be provided because patient is, Other Reason' (C44) must be blank	Reject Record	8113	*Height and/or Weight cannot be provided because patient is, Other Reason* is not required

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
C45	Height at First Dialysis Treatment	1520	IF 'Height and/or Weight cannot be provided because patient is' (C43) = '1' THEN 'Height at First Dialysis Treatment' (C45) must be blank	Reject Record	8113	*Height at First Dialysis Treatment* is not required
C48	Other Primary Renal Disease	1540	IF Primary Renal Disease (C47) = '99'THEN Other Primary Renal Disease (C48) cannot be blank	Reject Record	8114	*Other Primary Renal Disease* must be provided for given *Primary Renal Disease*
		1541	IF Primary Renal Disease (C47) <> '99'THEN Other Primary Renal Disease (C48) must be blank	Reject Record	8113	*Other Primary Renal Disease* is not required
C63	Specified Other Serious Illness	1550	IF Other Serious Illness (C62) = 'Y' THEN Specified Other Serious Illness (C63) cannot be blank	Reject Record	8114	Specified Other Serious Illness must be provided for given Specified Serious Illness
		1551	IF Other Serious Illness (C62) <> 'Y' THEN Specified Other Serious Illness (C63) must be blank	Reject Record	8113	*Specified Other Serious Illness* is not required
D12	Patient not eligible for referral to a Transplant Centre Reason	2900	IF 'Patient eligible for referral to a Transplant Centre' (D11) = 'No' THEN 'Patient not eligible for referral to a Transplant Centre Reason cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Reason* must be provided for given *Patient eligible for referral to a Transplant Centre*
		2901	IF 'eligible for referral to a Transplant Centre' (D11) <> 'No' THEN 'Patient not eligible for referral to a Transplant Centre Reason' must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Reason* is not required

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
D13	Patient eligible for referral to a Transplant Centre Other Reason	2902	IF 'Patient not eligible for referral to a Transplant Centre Reason' (D12) = '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Reason' (D13) cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Other Reason* must be provided for given *Patient not eligible for referral to a Transplant Centre Reason*
		2903	IF 'Patient not eligible for referral to a Transplant Centre Reason' (D12) <> '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Reason' (D13) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Other Reason* is not required
D14	Patient not eligible for referral to a Transplant Centre Preconditions	2904	IF 'Patient eligible for referral to a Transplant Centre (D11) = 'Not until - patient must meet following precondition(s)' THEN 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Preconditions* must be provided for given *Patient eligible for referral to a Transplant Centre*
		2905	IF 'Patient eligible for referral to a Transplant Centre (D11) <> 'Not until - patient must meet following precondition(s)' THEN 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Preconditions* is not required
D15	Patient not eligible for referral to a Transplant Centre Other Preconditions	2906	IF 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) = '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Preconditions' (D15) cannot be blank.	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Other Preconditions* must be provided for given *Patient not eligible for referral to a Transplant Centre Preconditions*

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Chronic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2907	IF 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) <> '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Preconditions' (D15) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Other Preconditions is not required*
P2	MRP	2920	IF MRP is blank THEN system shall display a warning message	Warning	1938	Please provide *MRP*
		2921	IF MRP is 'MRP not in ORRS' THEN system shall display a warning message	Warning	1937	Update to *MRP* is required when available

Acute Registration File Validation Rules

Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T2	Treatment Start Date	1560	The Treatment Start Date (T2) must be within the specified file submission period	Reject Record	4114	*Treatment Start Date* must be within the specified file submission period

Multi-care Kidney Clinic Registration File Validation Rules

Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
P3	Date First Seen by MRP	2922	IF MRP (P2) is not blank AND MRP not in (00999,00002) THEN Date First Seen by MRP (P3) must not be blank	Reject Record	8114	*Date First Seen by MRP* must be provided for given *MRP*
		2923	Date First Seen by MRP (P3) must be on or after Date of birth (A6)	Reject Record	1939	*Date First Seen by MRP* must be on or after *Date of birth*
		2925	Date First Seen by MRP (P3) must be on or before Registration Date (T2)	Reject Record	1940	*Date First Seen by MRP* must be on or before the First Registration Date
T2	Registration Date	1570	The Registration Date (T2) must be within the specified file submission period	Reject Record	4114	*Registration Date* must be within the specified file submission period

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		Multi-care Kidney Clinic Registration File Validation Rules				
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		1571	The Registration Date (T2) must be greater than patient's Date of Birth	Reject Record	8103	*Registration Date* must be greater than the patient's date of birth
T16	Creatinine	3140	IF Registration Event Type (T15) is in (1,2,3) THEN Creatinine cannot be blank	Reject Record	8114	*Creatinine* must be provided for given *Registration Event Type*
T50	Creatinine Sample Collection Date	1572	Creatinine Sample Collection Date (T50) must be provided for record on or after April 1, 2017	Reject Record	8114	*Creatinine Sample Collection Date* must be provided for given Creatinine
		1933	Creatinine Sample Collection Date (T50) must be on or before current date	Reject Record	1118	*Creatinine Sample Collection Date* must be less than or equal to today's date
		1934	Creatinine Sample Collection Date (T50) must be greater than the patient's date of birth	Reject Record	8103	*Creatinine Sample Collection Date* must be greater than the patient's date of birth
		3145	IF Registration Event Type (T15) is in (1,2,3) THEN Creatinine Sample Collection Date cannot be blank	Reject Record	8114	*Creatinine Sample Collection Date* must be provided for given *Registration Event Type*
T16	Proteinuria	3146	IF Registration Event Type is in (1,2,3) THEN Proteinuria cannot be blank	Reject Record	8114	*Proteinuria* must be provided for given *Registration Event Type*
T45	Proteinuria Sample Collection Date	1943	Proteinuria Sample Collection Date (T45) must be on or before current date	Reject Record	1118	*Proteinuria Sample Collection Date* must be less than or equal to today's date
		1944	Proteinuria Sample Collection Date (T45) must be greater than the patient's date of birth	Reject Record	8103	*Proteinuria Sample Collection Date* must be greater than the patient's date of birth

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Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3147	IF Registration Event Type is in (1,2,3) THEN Proteinuria Sample Collection Date cannot be blank	Reject Record	8114	*Proteinuria Sample Collection Date* must be provided for given *Registration Event Type*
T51	CRC Education Provided	3148	IF Registration Event Type (T15) <> 2 THEN CRC Education Provided (T51) must be blank	Reject Record	8113	*CRC Education Provided* is not required
T18	Delivery Mode	1580	IF Registration Event Type (T15) = 2, THEN Delivery Mode (T18) cannot be blank	Reject Record	8114	*Delivery Mode* must be provided for given *Registration Event Type*
		1581	IF Registration Event Type (T15) <> 2, THEN Delivery Mode (T18) must be blank	Reject Record	8113	*Delivery Mode* is not required
T100	Session ID	3130	IF Registration Event Type (T15) = '2' AND Delivery Mode (T18) = '1' THEN Session ID cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Session ID* must be provided for given *Delivery Mode*
		3131	IF Delivery Mode (T18) <> '1' THEN Session ID must be blank	Reject Record	8113	*Session ID* is not required
T101	Duration	3132	IF Registration Event Type (T15) = '2' AND Delivery Mode (T18) = '2' THEN Duration cannot be blank for records on or after April 1, 2018	Reject Record	8114	Duration must be provided for given *Delivery Mode*
		3133	IF Delivery Mode (T18) <> '2' THEN Duration must be blank for records on or after April 1, 2018	Reject Record	8113	*Duration* is not required
		3134	Duration must be greater than zero	Reject Record	8119	*Duration* must be greater than zero.
T19	Access Visit Type	1590	IF Registration Event Type (T15) = 3, THEN Access Visit Type (T19) cannot be blank	Reject Record	8114	*Access Visit Type* must be provided for given *Registration Event Type*

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Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1591	IF Registration Event Type (T15) <> 3, THEN Access Visit Type (T19) must be blank	Reject Record	8113	*Access Visit Type* is not required
T20	Initial Assessment Type	1600	IF Access Visit Type (T19) = 1, THEN Initial Assessment Type (T20) cannot be blank	Reject Record	8114	*Initial Assessment Type* must be provided for given *Access Visit Type*
T21	Initial Assessment Reason	1610	IF Access Visit Type (T19) = 1, THEN Initial Assessment Reason (T21) cannot be blank	Reject Record	8114	*Initial Assessment Reason* must be provided for given *Access Visit Type*
T22	Follow-up Type	1620	IF Access Visit Type (T19) = 2, THEN Follow-up Type (T22) cannot be blank	Reject Record	8114	*Follow-up Type* must be provided for given *Access Visit Type*
D4	Proteinuria Test Type	1630	IF Proteinuria (D3) is not blank, THEN Proteinuria Test Type (D4) must equal '2'	Reject Record	8130	*Proteinuria Test Type* value must be ACR for given *Proteinuria*
C66	Date of Referral to Nephrologist	1287	The Date of Referral to Nephrologist must be greater than the patient's Date of Birth (A7)	Reject Record	8103	*Date of Referral to Nephrologist* must be greater than the patient's date of birth
		1288	The Date of Referral to Nephrologist must be on or before the Date when patient was first seen by a nephrologist (C1)	Reject Record	8117	*The Date of Referral to Nephrologist* must be on or before *Date when patient was first seen by a nephrologist*
		1289	Date of Referral to Nephrologist will be pre-populated between the Multi-care Kidney Clinic and Chronic registrations. Because it represents the first referral date provided, the system will accept new or modified date of referral dates **on only one registration**. Date of referral subsequently provided on the other registration will be ignored	Warning	4144	*Date of Referral to Nephrologist* is already provided. The value in the upload file will be ignored

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Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1292	Only the creator or the original data submitter can modify the Date of Referral to Nephrologist	Warning	4150	*Date of Referral to Nephrologist cannot be changed*
		2001	IF Date of Referral to Nephrologist Not Available (C100) = 'Y' THEN Date of Referral to Nephrologist must be blank	Reject Record	8113	*Date of Referral to Nephrologist is not required*
C100	Date of Referral to Nephrologist Not Available	2002	Only the creator or the original data submitter can modify Date of Referral to Nephrologist Not Available	Warning	4149	*Date of Referral to Nephrologist Not Available cannot be changed*
		2010	Date of Referral to Nephrologist Not Available will be pre-populated between the Multi-care Kidney Clinic and Chronic registrations. Because it represents the first referral data provided, the system will accept new or modified data of referral dates not available **on only one registration**. Date of referral not available subsequently provided on the other registration will be ignored	Warning	4151	*Date of Referral to Nephrologist Not Available is already provided. The value in the upload file will be ignored*
B9	Height and/or Weight cannot be provided because patient is	1505	IF only one of 'Patient Height' or 'Patient Weight' is provided THEN 'Height and/or Weight cannot be provided because patient is' cannot be blank	Reject Record	8111	*Height and/or Weight not provided reason is required*
		1506	IF neither of 'Patient Height' and 'Patient Weight' are provided THEN 'Height and/or Weight cannot be provided because patient is' cannot be blank	Reject Record	8111	*Height and/or Weight not provided reason is required*

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Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1507	IF both of 'Patient Height' and 'Patient Weight' are provided THEN 'Height and/or Weight cannot be provided because patient is' must be blank	Reject Record	8113	*Height and/or Weight not provided reason* is not required
B10	Height and/or Weight cannot be provided because patient is, Other Reason	1510	IF 'Height and/or Weight cannot be provided because patient is' (B9) = '2' THEN Height and/or Weight cannot be provided because patient is, Other Reason (B10) cannot be blank	Reject Record	8114	*Height and/or Weight cannot be provided because patient is, Other Reason* must be provided for given *Height and/or Weight cannot be provided because patient is*
D1	Patient Height	1520	IF 'Height and/or Weight cannot be provided because patient is' (B9) = '1' THEN 'Patient Height' (D1) must be blank	Reject Record	8113	*Patient Height* is not required.
GC2	Substitute decision maker (SDM) is up to date & documented in patient record	3210	IF Update Goals of Care Assessment (GC1) = Y THEN Substitute decision maker (SDM) is up to date & documented in patient record (GC2) cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Substitute decision maker (SDM) is up to date & documented in patient record* must be provide for given *Update Goals of Care Assessment*
		3211	IF Update Goals of Care Assessment (GC1) <> Y THEN Substitute decision maker (SDM) is up to date & documented in patient record (GC2) must be blank	Reject Record	8113	*Substitute decision maker (SDM) is up to date & documented in patient record* is not required
GC3	Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed	3212	IF Update Goals of Care Assessment (GC1) = Y THEN Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed record (GC3) cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* must be provide for given *Update Goals of Care Assessment*

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Multi-care Kidney Clinic Registration File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3213	IF Update Goals of Care Assessment (GC1) <> Y THEN Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed record (GC3) must be blank	Reject Record	8113	*Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* is not required
GC4	Patient goals and values have been incorporated into documented plan of treatment	3214	IF (GC2) = Y AND (GC3) = Y THEN Patient goals and values have been incorporated into documented plan of treatment cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Patient goals and values have been incorporated into documented plan of treatment* must be provide for given *Update Goals of Care Assessment*
		3215	IF (GC2) <> Y OR (GC3) <> Y THEN Patient goals and values have been incorporated into documented plan of treatment must be blank	Reject Record	8113	*Patient goals and values have been incorporated into documented plan of treatment* is not required
GC5	Reason goals of care not yet confirmed	3216	IF (GC2) = N OR (GC3) = N THEN Reason goals of care not yet confirmed cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Reason goals of care not yet confirmed* must be provided for given *Update Goals of Care Assessment*
		3217	IF (GC2) = Y AND (GC3) = Y AND (GC4) = Y THEN Reason goals of care not yet confirmed must be blank	Reject Record	8113	*Reason goals of care not yet confirmed* is not required
GC6	Reason goals of care not yet confirmed Other Reason	3218	IF Reason goals of care not yet confirmed (GC5) = 99 (Other) THEN Reason goals of care not yet confirmed Other Reason cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Reason goals of care not yet confirmed Other Reason* must be provided for given *Reason goals of care not yet confirmed*
		3219	IF Reason goals of care not yet confirmed (GC5) <> 99 (Other) THEN Reason goals of care not yet confirmed Other Reason must be blank	Reject Record	8113	*Reason goals of care not yet confirmed Other Reason* is not required

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	Multi-care Kidney Clinic Registration File Validation Rules					
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
TD2	Current code status documented in patient record	3240	IF Update Treatment Decisions Assessment (TD1) = Y THEN Current code status documented in patient record cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Current code status documented in patient record* must be provided for given *Update Treatment Decisions Assessment*
		3241	IF Update Treatment Decisions Assessment (TD1) <> Y THEN Current code status documented in patient record must be blank	Reject Record	8113	*Current code status documented in patient record* is not required
TD3	Reason treatment decisions not yet confirmed	3242	IF Current code status documented in patient record (TD2) = N THEN Reason treatment decisions not yet confirmed cannot be blank for records on or after April 1, 2018	Reject Record	8114	Reason treatment decisions not yet confirmed must be provided for given *Update Treatment Decisions Assessment*
		3243	IF Current code status documented in patient record (TD2) <> N THEN Reason treatment decisions not yet confirmed must be blank	Reject Record	8113	Reason treatment decisions not yet confirmed is not required
TD4	Reason treatment decisions not yet confirmed Other Reason	3244	IF Reason treatment decisions not yet confirmed (TD3) = 99 (Other) THEN Reason treatment decisions not yet confirmed Other Reason (TD4) cannot be blank for records on or after April 1, 2018	Reject Record	8114	Reason treatment decisions not yet confirmed Other Reason must be provided for given Reason treatment decisions not yet confirmed
		3245	IF Reason treatment decisions not yet confirmed (TD3) <> 99 (Other) THEN Reason treatment decisions not yet confirmed Other Reason (TD4) must be blank	Reject Record	8113	Reason treatment decisions not yet confirmed Other Reason is not required
P2	MRP	2920	IF MRP is blank THEN system shall display a warning message	Warning	1938	Please provide *MRP*
		2921	IF MRP is 'MRP not in ORRS' THEN system shall display a warning message	Warning	1937	Update to *MRP* is required when available

Ontario Health

Basic File Validation Rules

			Basic Registration File Validation Rules			
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		2922	IF a patient already exist in ORRS through either MKC or Acute or Chronic registration THEN Basic Registration is not required for the patient	Reject Record	4162	*Patient already exist in ORRS and registration not required*

Treatment Event File Validation Rules

			Treatment Event File Validation Rules			
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		1650	A Treatment Event record must be associated to a patient in the database	Reject Record	4129	No patient found to link Treatment Event; cannot save the record
		1654	IF a patient already exists in ORRS through only General Nephrology visits THEN a Registration (Basic or Acute or MCKC or Chronic) is required for the patient to submit Treatment Events	Reject Record	4161	Patient Registration is required to submit Treatment Event records.
		1655	IF a patient has non-NC events, any NC events for the patient will be ignored	Warning	2137	No Change record ignored. Patient has treatment change events within upload file
A2	Patient First Name	1662	IF Health Card Number (ORRS Linking) (A3) is blank THEN Patient First Name (A2) must be provided	Reject Record	2138	At least one of First Name or Health Card Number (ORRS Linking) is required
A3	Health Card Number (ORRS Linking)	1664	IF Patient First Name (A2) is blank THEN Health Card Number (ORRS	Reject Record	2138	At least one of First Name or Health Card Number (ORRS Linking) is required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
			Linking) (A3) must be provided			
A15	Payment Health Card Number	1665	IF Treatment Event Code (T1) in ('RP, RR, TI, TR-IN, F') THEN Payment Health Card Number (A15) cannot be blank for record on or after April 1, 2017	Reject Record	8114	*Payment Health Card Number* must be provided for given *Treatment Event Code*
		1668	IF Treatment Event Code (T1) <> ('RP, RR, TI, TR-IN, F') THEN Payment Health Card Number (A15) must be blank	Reject Record	8113	*Payment Health Card Number* is not required
		1667	IF Payment Health Card Number Not Available (A5) = Y THEN Payment Health Card Number (A15) must be blank	Reject Record	8113	*Payment Health Card Number* is not required
A4	Province of Payment Health Card Number	1666	IF Treatment Event Code (T1) in ('RP, RR, TI, TR-IN, F') THEN Province of Payment Health Card Number (A4) cannot be blank for record on or after April 1, 2017	Reject Record	8114	*Province of Payment Health Card Number* must be provided for given *Treatment Event Code*
A6	Date of Birth	1281	The Date of Birth (A6) must be equal to or less than current date	Reject Record	1118	*Date of Birth* must be less than or equal to today's date

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
A14	Responsibility for Payment	1660	IF Treatment Event Code (T1) in ('RP, RR, TI, TR-IN, F') THEN Responsibility for Payment (A14) cannot be blank for record on or after April 1, 2017	Reject Record	8114	*Responsibility for Payment* must be provided for given *Treatment Event Code*
		1661	IF Treatment Event Code (T1) <> ('RP, RR, TI, TR-IN, F') THEN Responsibility for Payment (A14) must be blank	Reject Record	8113	*Responsibility for Payment* is not required
T1	Treatment Event Code	1670	The Treatment Event Code (T1) cannot be changed on update of a record	Reject record	4128	The *Treatment Event Code* cannot be changed on update
T2	Treatment Date	1680	The Treatment Date (T2) must be within the specified file submission period	Reject Record	4114	*Treatment Date* must be within the specified file submission period
T3	Treatment (Modality) Code	1690	IF Treatment Event Code (T1) is not 'NC' THEN Treatment Code (T3) cannot be blank	Reject Record	8114	*Modality Code* must be provided for given *Treatment Event Code*
		1691	IF Location (P1) is a LTC Location (refer to LTC Location in Appendix D) THEN Modality Code must be in (044, 054, 281, 291)	Reject Record	8115	*Treatment Modality Code* is invalid for given *Location*
		1692	IF Location (P1) is not a LTC Location (refer to LTC Location in Appendix D) THEN Modality Code must not be in (281, 291)	Reject Record	8115	*Treatment Modality Code* is invalid for given *Location*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
P1	Location	1700	IF Treatment Event Code (T1) <> ('L-OUT', 'TR-OUT') THEN Location (P1) must equal to the specified Location of the submission file	Reject Record	8110	The record's *Location* must equal to the specified *Location* of the submission file for given *Treatment Event Code*
P2	MRP	1701	IF MRP is blank and Treatment Event Code (T1) in (L-IN, TR-IN, RR, F, TI, VG, VP) THEN system shall display a warning message	Warning	1938	Please update MRP
		1702	IF MRP is 'MRP not in ORRS' and Treatment Event Code (T1) in (L-IN, TR-IN, RR, F, TI, M, VE, VA, VR, VG, VP) THEN system shall display a warning message	Warning	1937	Update to MRP is required when available
T4	Care Setting	1730	IF Treatment Event Code (T1) in ('L-OUT', 'TR-OUT', 'VR') THEN Care Setting (T4) must be blank	Warning	8116	*Care Setting* is not required.
		1731	IF Modality Code is in ('AHD', 'CCV', 'CSD') then Care Setting is required	Reject Record	8114	*Care Setting* must be provided for given *Modality Code*
T5C	Reason for Change Code	1740	IF Treatment Event Code (T1) in ('TO') THEN Reason for Change Code (T5C) cannot be blank	Reject Record	8114	*Reason for Change Code* must be provided for given *Treatment Event Code*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1750	IF Treatment Event Code (T1) = 'TO' THEN Reason for Change Code (T5C) must be from the list in Appendix A:Reason for Change Codes (Specific to TO - Transfer out of Region) for records on or after April 1, 2018	Reject Record	8115	*Reason for Change Code* is invalid for given *Treatment Event Code*
T6	Other Reason for Change	1760	IF Reason for Change Code (T5C) = '99' THEN Other Reason for Change (T6) cannot be blank	Reject Record	8114	*Other Reason for Change* must be provided for given *Reason for Change Code*
		1761	IF Reason for Change Code (T5C) <> '99' THEN Other Reason for Change (T6) must be blank	Reject Record	8113	*Other Reason for Change* is not required
T5W	Reason for Withdrew Code	1770	IF Treatment Event Code (T1) = 'W' THEN Reason for Withdrew Code (T5W) cannot be blank	Reject Record	8114	*Reason Code for Withdrew Code* must be provided for given *Treatment Event Code*
		1771	IF Treatment Event Code (T1) = 'W' AND Treatment (Modality) Code is MKC THEN Reason for Withdrew Code (T5W) must be in Reason for MCKC / GN / PRG Withdrew Codes (see Appendix A)	Reject Record	8115	*Reason for Withdrew Code* is invalid for given *Treatment (Modality) Code*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1772	IF Treatment Event Code (T1) = 'W' AND Treatment (Modality) Code is in Chronic Patient Type (see Appendix E) THEN Reason for Withdrew Code (T5W) must be in Reason for Chronic Withdrew Codes (see Appendix A)	Reject Record	8115	*Reason for Withdrew Code* is invalid for given *Treatment (Modality) Code*
T6W	Other Reason for Withdrew Code	1780	IF Reason for Withdrew Code (T5W) = '7' THEN Other Reason for Withdrew Code (T6W) cannot be blank	Reject Record	8114	*Other Reason for Withdrew Code* must be provided for given *Reason for Withdrew Code*
		1781	IF Reason for Withdrew Code (T5W) <> '7' THEN Other Reason for Withdrew Code (T6W) must be blank	Reject Record	8113	*Other Reason for Withdrew Code* is not required
T8	Transferred From Location	1790	IF Treatment Event Code (T1) in ('TR-IN', 'L-IN', 'TR-OUT', 'L-OUT',) THEN Change From Location (T8) cannot be blank	Reject Record	8114	*Changed From Location* must be provided for given *Treatment Event Code*
		1810	IF Treatment Event Code (T1) in ('TR-IN', 'L-IN', 'TR-OUT', 'L-OUT') THEN Change From Location (T8) cannot have the same value as the record's Location (P1)	Reject Record		*Changed From Location* cannot be the same as the *Location*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1820	IF Treatment Event Code (T1) in ('L-OUT', 'TR-OUT') THEN Changed From Location (T8) must equal to the specified Location of the submission file	Reject Record		*Changed From Location* must equal to the specified *Location* of the submission file for given *Treatment Event Code*
T10	Death Type Code	1840	IF Treatment Event Code (T1) = 'D' THEN Death Type Code (T10) cannot be blank	Reject Record	8114	*Death Type Code* must be provided for given *Treatment Event Code*
		1841	IF Treatment Event Code (T1) <> 'D' THEN Death Type Code (T10) must be blank	Reject Record	8113	*Death Type Code* is not required
T11	Transplant Hospital	1850	IF Treatment Event Code (T1) = 'TX' THEN Transplant Hospital (T11) cannot be blank	Reject Record	8114	*Transplant Hospital* must be provided for given *Treatment Event Code*
		1851	IF Treatment Event Code (T1) <> 'TX' THEN Transplant Hospital (T11) must be blank	Reject Record	8113	*Transplant Hospital* is not required
T12	Transplant Type	1860	IF Treatment Event Code (T1) = 'TX' THEN Transplant Type (T12) cannot be blank	Reject Record	8114	*Transplant Type* must be provided for given *Treatment Event Code*
		1861	IF Treatment Event Code (T1) <> 'TX' THEN Transplant Type (T12) must be blank	Reject Record	8113	*Transplant Type* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T16	Creatinine	1930	IF Treatment Event Code (T1) in ('VR', 'VE', 'VA') AND the reported patient is a Multi-care Kidney Clinic patient THEN Creatinine (T16) cannot be blank	Reject Record	1201	*Creatinine* is required
		1935	IF Treatment Event Code (T1) in ('VP', 'VG') THEN Creatinine (T16) cannot be blank	Reject Record	1201	*Creatinine* is required
		1937	IF Treatment Event Code (T1) in ('VE', 'VA', 'VR') AND the reported patient is a Glomerulonephritis (GNC) or Pregnancy (PRG) patient THEN Creatinine (T16) cannot be blank	Reject Record	1201	*Creatinine* is required
		1931	IF Creatinine Sample Collection Date (T50) is not blank THEN Creatinine (T17) cannot be blank	Reject Record	8114	*Creatinine* must be provided for given *Creatinine Sample Collection Date*
T50	Creatinine Sample Collection Date	1932	IF Treatment Event Code (T1) in ('VR', 'VE', 'VA') AND the reported patient is a Multi-care Kidney Clinic patient THEN Creatinine Sample Collection Date (T50) cannot be blank	Reject Record	8114	*Creatinine Sample Collection Date* must be provided for given *Creatinine*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1933	Creatinine Sample Collection Date (T50) must be on or before current date	Reject Record	1118	*Creatinine Sample Collection Date* must be less than or equal to today's date
		1934	Creatinine Sample Collection Date (T50) must be greater than the patient's date of birth	Reject Record	8103	*Creatinine Sample Collection Date* must be greater than the patient's date of birth
		1936	IF Creatinine (T16) is not blank THEN Creatinine Sample Collection Date (T50) cannot be blank	Reject Record	8114	*Creatinine Sample Collection Date* must be provided for given *Creatinine*
T17	Proteinuria (ACR)	1940	IF Treatment Event Code (T1) <> 'VR, VA, VE, VG, VP' THEN Proteinuria (ACR) (T17) must be blank	Reject Record	8113	*Proteinuria (ACR)* is not required
		1945	IF Treatment Event Code (T1) IN ('VG, VP') THEN Proteinuria (ACR) (T17) cannot be blank	Reject Record	8114	*Proteinuria (ACR)* must be provided for given *Treatment Event Code*
		1941	IF Proteinuria Sample Collection Date (ACR) (T45) is not blank THEN Proteinuria (ACR) (T17) cannot be blank	Reject Record	8114	*Proteinuria (ACR)* must be provided for given *Proteinuria Sample Collection Date (ACR)*
T45	Proteinuria Sample Collection Date (ACR)	1942	IF Proteinuria (ACR) (T17) is not blank THEN Proteinuria Sample Collection Date (ACR) (T45) cannot be blank	Reject Record	8114	*Proteinuria Sample Collection Date (ACR)* must be provided for given *Proteinuria*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1943	Proteinuria Sample Collection Date (ACR) (T45) must be on or before current date	Reject Record	1118	*Proteinuria Sample Collection Date (ACR) must be less than or equal to today's date*
		1944	Proteinuria (ACR) Sample Collection Date (ACR) (T45) must be greater than the patient's date of birth	Reject Record	8103	*Proteinuria Sample Collection Date (ACR) must be greater than the patient's date of birth*
T60 T62	Proteinuria (PCR)

Proteinuria (24 HR) | 1946 | IF Treatment Event Code (T1) <> 'VG, VP' THEN Proteinuria (PCR) (T60) Proteinuria (24 HR) (T62) must be blank | Reject Record | 8113 | *{Field} is not required*

ie: Proteinuria (PCR) is not required |
| | | 1947 | IF Proteinuria Sample Collection Date (PCR) (T61) is not blank THEN Proteinuria (PCR) (T60) cannot be blank

IF Proteinuria Sample Collection Date (24 HR) (T63) is not blank THEN Proteinuria (24 HR) (T62) cannot be blank | Reject Record | 8114 | *{Field} must be provided for given {Field}*

ie: Proteinuria (PCR) must be provided for given Proteinuria Sample Collection Date (PCR) |
| T61 T63 | Proteinuria Sample Collection Date (PCR)

Proteinuria Sample Collection Date (24 HR) | 1948 | IF Proteinuria (PCR) (T60) is not blank THEN Proteinuria Sample Collection Date (PCR) (T61) cannot be blank

IF Proteinuria (24 HR) (T62) is not blank THEN Proteinuria Sample Collection Date (24 HR) (T63) cannot be blank | Reject Record | 8114 | *{Field} must be provided for given {Field}*

ie: Proteinuria Sample Collection Date (PCR) must be provided for given Proteinuria (PCR) |

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1949	Proteinuria Sample Collection Date (PCR) (T61) Proteinuria Sample Collection Date (24 HR) (T63) must be on or before current date	Reject Record	1118	*{Field}* must be less than or equal to today's date *ie:* *Proteinuria Sample Collection Date (PCR) must be less than or equal to today's date*
		1955	Proteinuria Sample Collection Date (PCR) (T61) Proteinuria Sample Collection Date (24 HR) (T63) must be greater than the patient's date of birth	Reject Record	8103	*{Field}* must be greater than the patient's date of birth *ie:* *Proteinuria Sample Collection Date {PCR} must be greater than the patient's date of birth*
T18	Delivery Mode	1950	IF Treatment Event Code (T1) = 'VE' THEN Delivery Mode (T18) cannot be blank	Reject Record	8114	*Delivery Mode* must be provided for given *Client Visit Type*
		1951	IF Treatment Event Code (T1) <>'VE' THEN Delivery Mode (T18) must be blank	Reject Record	8113	*Delivery Mode* is not required
T100	Session ID	3100	IF Treatment Event Code (T1) = 'VE' AND Delivery Mode (T18) = '1' THEN Session ID cannot be blank for records on or after April 1, 2018	Reject Record	8114	*Session ID* must be provided for given *Delivery Mode*
		3101	IF Treatment Event Code (T1) <>'VE' AND Delivery Mode (T18) <> '1' THEN Session ID must be blank	Reject Record	8113	*Session ID* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T101	Duration	3110	IF Treatment Event Code (T1) = 'VE' AND Delivery Mode (T18) = '2' THEN Duration cannot be blank for records on or after April 1, 2018	Reject Record	8114	Duration must be provided for given *Delivery Mode*
		3111	IF Treatment Event Code (T1) <>'VE' AND Delivery Mode (T18) <> '2' THEN Duration must be blank for records on or after April 1, 2018	Reject Record	8113	*Duration* is not required
		3134	Duration must be greater than zero	Reject Record	8119	*Duration* must be greater than zero.
T51	CRC Education Provided	1952	IF Treatment Event Code (T1) <>'VE' THEN CRC Education Provided (T51) must be blank	Reject Record	8113	*CRC Education Provided* is not required
T19	Access Visit Type	1960	IF Treatment Event Code (T1) = 'VA' THEN Access Visit Type (T19) cannot be blank	Reject Record	8114	*Access Visit Type* must be provided for given *Client Visit Type*
		1961	IF Treatment Event Code (T1) <> 'VA' THEN Access Visit Type (T19) must be blank	Reject Record	8113	*Access Visit Type* is not required
T20	Initial Assessment Type	1970	IF Access Visit Type (T19) = '1' THEN Initial Assessment Type (T20) cannot be blank	Reject Record	8114	*Assessment Type* must be provided for given *Access Visit Type*
		1971	IF Access Visit Type (T19) <> '1' THEN Initial Assessment Type (T20) must be blank	Reject Record	8113	*Assessment Type* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T21	Initial Assessment Reason	1980	IF Access Visit Type (T19) = 1, THEN Initial Assessment Reason (T21) cannot be blank	Reject Record	8114	*Assessment Reason* must be provided for given *Access Visit Type*
		1981	IF Access Visit Type (T19) <> 1, THEN Initial Assessment Reason (T21) must be blank	Reject Record	8113	*Assessment Reason* is not required
T22	Follow-up type	1990	IF Access Visit Type (T19) = 2, THEN Follow-up Type (T22) cannot be blank	Reject Record	8114	*Follow-up Type* must be provided for given *Access Visit Type*
		1991	IF Access Visit Type (T19) <> 2, THEN Follow-up Type (T22) must be blank	Reject Record	8113	*Follow-up Type* is not required
T25	Dialysis Training Type	2020	IF Treatment Event Code (T1) in ('TS', 'TE', 'RS', 'RE') THEN Dialysis Training Type (T25) cannot be blank	Reject Record	8114	*Dialysis Training Type* must be provided for given *Treatment Event Code*
T26	Not Home HD Modality Reason 1	2030	IF Treatment Event Code (T1) in ('ID3', 'ID6') THEN Not Home HD Modality Reason 1 (T26) cannot be blank	Reject Record	8114	*Not Home HD Modality Reason 1* must be provided for given *Treatment Event Code*
T27	Not Home HD Modality Other Reason 1	2040	IF Not Home HD Modality Reason 1 (T26) = '55' THEN Not Home HD Modality Other Reason 1 cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 1* must be provided for given *Not Home HD Modality Reason 1*
		2041	IF Not Home HD Modality Reason 1 (T26) <> '55' THEN Not Home HD Modality Other Reason 1 must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 1* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T28	Not Home HD Modality Reason 2	2050	IF Treatment Event Code (T1) not in ('ID3', 'ID6') THEN Not Home HD Modality Reason 2 (T28) must be blank	Reject Record	8113	*Not Home HD Modality Reason 2* is not required
T29	Not Home HD Modality Other Reason 2	2060	IF Not Home HD Modality Reason 2 (T28) = '55' THEN Not Home HD Modality Other Reason 2 (T29) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 2* must be provided for given *Not Home HD Modality Reason 2*
		2061	IF Not Home HD Modality Reason 2 (T28) <> '55' THEN Not Home HD Modality Other Reason 2 (T29) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 2* is not required
T30	Not Home HD Modality Reason 3	2070	IF Treatment Event Code (T1) not in ('ID3', 'ID6') THEN Not Home HD Modality Reason 3 (T30) must be blank	Reject Record	8113	*Not Home HD Modality Reason 3* is not required
T31	Not Home HD Modality Other Reason 3	2080	IF Not Home HD Modality Reason 3 (T30) = '55' THEN Not Home HD Modality Other Reason 3 (T31) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 3* must be provided for given *Not Home HD Modality Reason 3*
		2081	IF Not Home HD Modality Reason 3 (T30) <> '55' THEN Not Home HD Modality Other Reason 3 (T31) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 3* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T32	Not Home PD Modality Reason 1	2090	IF Treatment Event Code (T1) in ('ID3', 'ID6') THEN Not Home PD Modality Reason 1 (T32) cannot be blank	Reject Record	8114	*Not Home PD Modality Reason 1* must be provided for given *Treatment Event Code*
T33	Not Home PD Modality Other Reason 1	2100	IF Not Home PD Modality Reason 1 (T32) = '55' THEN Not Home PD Modality Other Reason 1 (T33) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 1* must be provided for given *Not Home PD Modality Reason 1*
		2101	IF Not Home PD Modality Reason 1 (T32) <> '55' THEN Not Home PD Modality Other Reason 1 (T33) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 1* is not required
T34	Not Home PD Modality Reason 2	2110	IF Treatment Event Code (T1) not in ('ID3', 'ID6') THEN Not Home PD Modality Reason 2 (T34) must be blank	Reject Record	8113	*Not Home PD Modality Reason 2* is not required.
T35	Not Home PD Modality Other Reason 2	2120	IF Not Home PD Modality Reason 2 (T34) = '55' THEN Not Home PD Modality Other Reason 2 (T35) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 2* must be provided for given *Not Home PD Modality Reason 2*
		2121	IF Not Home PD Modality Reason 2 (T34) <> '55' THEN Not Home PD Modality Other Reason 2 (T35) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 2* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
T36	Not Home PD Modality Reason 3	2130	IF Treatment Event Code (T1) not in ('ID3', 'ID6') THEN Not Home PD Modality Reason 3 (T36) must be blank	Reject Record	8113	*Not Home PD Modality Reason 3* is not required
T37	Not Home PD Modality Other Reason 3	2140	IF Not Home PD Modality Reason 3 (T36) = '55' THEN Not Home PD Modality Other Reason 3 (T37) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 3* must be provided for given *Not Home PD Modality Reason 3*
		2141	IF Not Home PD Modality Reason 3 (T36) <> '55' THEN Not Home PD Modality Other Reason 3 (T37) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 3* is not required
T38	VA Reason 1	2150	IF Treatment Event Code (T1) in ('VA3', 'VA9') THEN VA Reason 1 (T38) cannot be blank	Reject Record	8114	*VA Reason 1* must be provided for given *Treatment Event Code*
T39	VA Other Reason 1	2160	IF VA Reason 1 (T38) = '47' or '14' THEN VA Other Reason 1 (T39) cannot be blank	Reject Record	8114	*VA Other Reason 1* must be provided for given *VA Reason 1*
		2161	IF VA Reason 1 (T38) <> '47' or '14' THEN VA Other Reason 1 (T39) must be blank	Reject Record	8113	*VA Other Reason 1* is not required
T40	VA Reason 2	2170	IF Treatment Event Code (T1) NOT in ('VA3', 'VA9') THEN VA Reason 2 (T40) must be blank	Reject Record	8113	*VA Reason 2* is not required.
T41	VA Other Reason 2	2180	IF VA Reason 2 (T40) = '47' or '14' THEN VA Other Reason 2 (T41) cannot be blank	Reject Record	8114	*VA Other Reason 2* must be provided for given *VA Reason 2*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2181	IF VA Reason 2 (T40) <> '47' or '14' THEN VA Other Reason 2 (T41) must be blank	Reject Record	8113	*VA Other Reason 2* is not required
T43	Visit Type	2182	IF Treatment Event Code (T1) = 'VF' THEN Visit Type (T43) cannot be blank	Reject Record	8114	*Visit Type* must be provided for given *Treatment Event Code*
		2183	IF Treatment Event Code (T1) <> 'VF' THEN Visit Type (T43) must be blank	Reject Record	8113	Visit Type *is not required*
D10	Patient Informed About Kidney Transplantation	2185	IF Treatment Event Code (T1) <> 'TU' THEN Patient Informed About Kidney Transplantation (D10) must be blank	Reject Record	8113	*Patient Informed About Kidney Transplantation* is not required
D12	Patient not eligible for referral to a Transplant Centre Reason	2900	IF 'Patient eligible for referral to a Transplant Centre' (D11) = 'No' THEN 'Patient not eligible for referral to a Transplant Centre Reason cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Reason* must be provided for given *Patient eligible for referral to a Transplant Centre*
		2901	IF 'Patient eligible for referral to a Transplant Centre' (D11) <> 'No' THEN 'Patient not eligible for referral to a Transplant Centre Reason' must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Reason* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
D13	Patient not eligible for referral to a Transplant Centre Other Reason	2902	IF 'Patient not eligible for referral to a Transplant Centre Reason' (D12) = '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Reason' (D13) cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Other Reason* must be provided for given *Patient not eligible for referral to a Transplant Centre Reason*
		2903	IF 'Patient not eligible for referral to a Transplant Centre Reason' (D12) <> '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Reason' (D13) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Other Reason* is not required
D14	Patient not eligible for referral to a Transplant Centre Preconditions	2904	IF 'Patient eligible for referral to a Transplant Centre (D11) = 'Not until - patient must meet following precondition(s)' THEN 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) cannot be blank	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Preconditions* must be provided for given *Patient eligible for referral to a Transplant Centre*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2905	IF 'Patient eligible for referral to a Transplant Centre (D11) <> 'Not until - patient must meet following precondition(s)' THEN 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Preconditions* is not required
D15	Patient not eligible for referral to a Transplant Centre Other Preconditions	2906	IF 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) = '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Preconditions' (D15) cannot be blank.	Reject Record	8114	*Patient not eligible for referral to a Transplant Centre Other Preconditions* must be provided for given *Patient not eligible for referral to a Transplant Centre Preconditions*
		2907	IF 'Patient not eligible for referral to a Transplant Centre Preconditions' (D14) <> '99' THEN 'Patient not eligible for referral to a Transplant Centre Other Preconditions' (D15) must be blank	Reject Record	8113	*Patient not eligible for referral to a Transplant Centre Other Preconditions* is not required
T110	Procedure Type	3115	IF Treatment Event Code (T1) <> BA THEN Procedure Type (T110) must be blank	Reject Record	8113	*Procedure Type* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
GC1	Update Goals of Care Assessment	3250	IF Treatment Event Code (T1) not in (GC, VE, VR, VP or VG) THEN Update Goals of Care Assessment (GC1) must be blank	Reject Record	8113	*Update Goals of Care Assessment* is not required
GC2	Substitute decision maker (SDM) is up to date & documented in patient record	3210	IF Update Goals of Care Assessment (GC1) = Y THEN Substitute decision maker (SDM) is up to date & documented in patient record (GC2) cannot be blank	Reject Record	8114	*Substitute decision maker (SDM) is up to date & documented in patient record* must be provide for given *Update Goals of Care Assessment*
		3211	IF Update Goals of Care Assessment (GC1) <> Y THEN Substitute decision maker (SDM) is up to date & documented in patient record (GC2) must be blank	Reject Record	8113	*Substitute decision maker (SDM) is up to date & documented in patient record* is not required
GC3	Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed	3212	IF Update Goals of Care Assessment (GC1) = Y THEN Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed record (GC3) cannot be blank	Reject Record	8114	*Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* must be provide for given *Update Goals of Care Assessment*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3213	IF Update Goals of Care Assessment (GC1) <> Y THEN Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed record (GC3) must be blank	Reject Record	8113	*Patient/SDM has been informed of patient's current condition and their illness understanding has been confirmed* is not required
GC4	Patient goals and values have been incorporated into documented plan of treatment	3214	IF (GC2) = Y AND (GC3) = Y THEN Patient goals and values have been incorporated into documented plan of treatment cannot be blank	Reject Record	8114	*Patient goals and values have been incorporated into documented plan of treatment* must be provide for given *Update Goals of Care Assessment*
		3215	IF (GC2) <> Y OR (GC3) <> Y THEN Patient goals and values have been incorporated into documented plan of treatment must be blank	Reject Record	8113	*Patient goals and values have been incorporated into documented plan of treatment* is not required
GC5	Reason goals of care not yet confirmed	3216	IF (GC2) = N OR (GC3) = N THEN Reason goals of care not yet confirmed cannot be blank	Reject Record	8114	*Reason goals of care not yet confirmed* must be provided for given *Update Goals of Care Assessment*
		3217	IF (GC2) = Y AND (GC3) = Y AND (GC4) = Y THEN Reason goals of care not yet confirmed must be blank	Reject Record	8113	*Reason goals of care not yet confirmed* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
GC6	Reason goals of care not yet confirmed Other Reason	3218	IF Reason goals of care not yet confirmed (GC5) = 99 (Other) THEN Reason goals of care not yet confirmed Other Reason cannot be blank	Reject Record	8114	*Reason goals of care not yet confirmed Other Reason* must be provided for given *Reason goals of care not yet confirmed*
		3219	IF (GC1) <> Y AND Reason goals of care not yet confirmed (GC5) <> 99 (Other) THEN Reason goals of care not yet confirmed Other Reason must be blank	Reject Record	8113	*Reason goals of care not yet confirmed Other Reason* is not required
TD1	Update Treatment Decisions Assessment	3230	IF Treatment Event Code (T1) not in (GC, VE, VR, VP or VG) THEN Update Treatment Decisions Assessment (TD1) must be blank	Reject Record	8113	*Update Treatment Decisions Assessment* is not required
TD2	Current code status documented in patient record	3240	IF Update Treatment Decisions Assessment (TD1) = Y THEN Current code status documented in patient record cannot be blank	Reject Record	8114	*Current code status documented in patient record* must be provided for given *Update Treatment Decisions Assessment*
		3241	IF Update Treatment Decisions Assessment (TD1) <> Y THEN Current code status documented in patient record must be blank	Reject Record	8113	*Current code status documented in patient record* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
TD3	Reason treatment decisions not yet confirmed	3242	IF Current code status documented in patient record (TD2) = N THEN Reason treatment decisions not yet confirmed cannot be blank	Reject Record	8114	Reason treatment decisions not yet confirmed must be provided for given *Update Treatment Decisions Assessment*
		3243	IF Current code status documented in patient record (TD2) <> N THEN Reason treatment decisions not yet confirmed must be blank	Reject Record	8113	Reason treatment decisions not yet confirmed is not required
TD4	Reason treatment decisions not yet confirmed Other Reason	3244	IF Reason treatment decisions not yet confirmed (TD3) = 99 (Other) THEN Reason treatment decisions not yet confirmed Other Reason (TD4) cannot be blank	Reject Record	8114	Reason treatment decisions not yet confirmed Other Reason must be provided for given Reason treatment decisions not yet confirmed
		3245	IF Reason treatment decisions not yet confirmed (TD3) <> 99 (Other) THEN Reason treatment decisions not yet confirmed Other Reason (TD4) must be blank	Reject Record	8113	Reason treatment decisions not yet confirmed Other Reason is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
PR1 PR2 PR3 PR4 PR5 PR6 PR7 PR8 PR9 PR10 PR11	Multiple data elements related to Pregnancy visit data collection	3310	IF Treatment Event Code (T1) <> 'VP' THEN Pregnancy Visit Type (PR1) Pregnancy Week (PR2) Post-Partum (PR3) Pregnancy Outcome (PR4) Pregnancy Outcome Date (PR5) Newborn Birth Weight (PR6) Newborn Gestational Age (Weeks) (PR7) Newborn Gestational Age (Days) (PR8) Diabetes (PR9) Systolic blood pressure (mmHg) (PR10) Diastolic blood pressure (mmHg) (PR11) must be blank	Reject Record	8113	{Field} is not required ie*: Pregnancy Visit Type* is not required
PR1	Pregnancy Visit Type	3320	IF Treatment Event Code (T1) = 'VP' THEN Pregnancy Visit Type (PR1) cannot be blank	Reject Record	8114	*Pregnancy Visit Type* must be provided for given *Treatment Event Code*
PR2	Pregnancy Week	3321	IF Pregnancy Visit Type(PR1) = 1 AND Post-Partum (PR3) <> 'Y' THEN Pregnancy Week (PR2) cannot be blank	Reject Record	8114	*Pregnancy Week* must be provided for given *Pregnancy Visit Type*
		3322	IF Pregnancy Visit Type (PR1) <> 1 OR Post-Partum (PR3) = 'Y' THEN Pregnancy Week (PR2) must be blank	Reject Record	8113	*Pregnancy Week* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
PR3	Post-Partum	3323	IF Pregnancy Visit Type (PR1) <> 1 THEN Post-Partum (PR3) must be blank	Reject Record	8113	*Post-Partum* is not required
PR4	Pregnancy Outcome	3324	IF Post-Partum (PR3) = 'Yes' THEN Pregnancy Outcome (PR4) cannot be blank	Reject Record	8114	*Pregnancy Outcome* must be provided for given *Post-Partum*
		3325	IF Pregnancy Visit Type (PR1) <> 1 THEN Pregnancy Outcome (PR4) must be blank	Reject Record	8113	*Pregnancy Outcome* is not required
PR5	Pregnancy Outcome Date	3326	IF Post-Partum (PR3) = 'Yes' THEN Pregnancy Outcome Date (PR5) cannot be blank	Reject Record	8114	*Pregnancy Outcome Date* must be provided for given *Post-Partum*
		3327	IF Post-Partum (PR3) <> 'Yes' THEN Pregnancy Outcome Date (PR5) must be blank	Reject Record	8113	*Pregnancy Outcome Date* is not required
		3328	The Pregnancy Outcome Date (PR5) must be greater than the patient's Date of Birth (A7)	Reject Record	8103	*Pregnancy Outcome Date* must be greater than the patient's date of birth
		3329	The Pregnancy Outcome Date (PR5) must be equal to or less than current date	Reject Record	1118	*Pregnancy Outcome Date* must be less than or equal to today's date
PR6	Newborn Birth Weight	3330	IF Pregnancy Outcome (PR4) = 1 THEN Newborn Birth Weight (PR6) cannot be blank	Reject Record	8114	*Newborn Birth Weight* is required for given *Pregnancy Outcome*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3331	IF Pregnancy Outcome (PR4) <> 1 THEN Newborn Birth Weight (PR6) must be blank	Reject Record	8113	*Newborn Birth Weight* is not required
PR7	Newborn Gestational Age (Weeks)	3332	IF Pregnancy Outcome (PR4) = 1 THEN Newborn Gestational Age (Weeks) (PR7) cannot be blank	Reject Record	8114	*Newborn Gestational Age (Weeks)* is required for given *Pregnancy Outcome*
		3333	IF Pregnancy Outcome (PR4) <> 1 THEN Newborn Gestational Age (Weeks) (PR7) must be blank	Reject Record	8113	*Newborn Gestational Age (Weeks)* is not required
PR8	Newborn Gestational Age (Days)	3334	IF Pregnancy Outcome (PR4) = 1 THEN Newborn Gestational Age (Days) (PR8) cannot be blank	Reject Record	8114	*Newborn Gestational Age (Days)* must be provided for given *Pregnancy Outcome*
		3335	IF Pregnancy Outcome (PR4) <> 1 THEN Newborn Gestational Age (Days) (PR8) must be blank	Reject Record	8113	*Newborn Gestational Age (Days)* is not required
PR9	Diabetes	3340	IF Treatment Event Code (T1) = 'VP' THEN Diabetes (PR9) cannot be blank		8114	*Diabetes* must be provided for given *Treatment Event Code*
GN1	GN Visit Type	3350	IF Treatment Event Code (T1) = 'VG' THEN GN Visit Type (GN1) cannot be blank	Reject Record	8114	*GN Visit Type* must be provided for given *Treatment Event Code*
		3351	IF Treatment Event Code (T1) <> 'VG' THEN GN Visit Type (GN1) must be blank	Reject Record	8113	*GN Visit Type* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3352	GN Visit Type (GN1) = '4' (Acuity Level 4) must be reported by the sites from the "Appendix D: GN Acuity Level 4 Hospitals" list	Reject Record	8115	*GN Visit Type* is invalid for given *Treatment Event Code*
GN2	GN Date of Referral	3353	IF GN Visit Type (GN1) = '4' THEN GN Date of Referral (GN2) cannot be blank	Reject Record	8114	*GN Date of Referral* must be provided for given *GN Visit Type*
		3354	IF Treatment Event Code (T1) <> 'VG' THEN GN Date of Referral (GN2) must be blank	Reject Record	8113	*GN Date of Referral* is not required
		3355	The GN Date of Referral (GN2) must be greater than the patient's Date of Birth (A7)	Reject Record	8103	*GN Date of Referral* must be greater than the patient's date of birth
		3356	The GN Date of Referral (GN2) must be equal to or less than current date	Reject Record	1118	*GN Date of Referral* must be less than or equal to today's date
PR20	Update Pregnancy Diagnosis	3360	IF Treatment Event Code (T1) <> 'VP' THEN Update Pregnancy Diagnosis (PR20) must be blank	Reject Record	8113	*Update Pregnancy Diagnosis* is not required
		3361	IF Treatment Event Code (T1) = 'VP' THEN Update Pregnancy Diagnosis (PR20) cannot be blank	Reject Record	8114	*Update Pregnancy Diagnosis* must be provided for given *Treatment Event Code*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
PR21	Kidney Disease Type 1	3362	IF Update Pregnancy Diagnosis (PR20) = 'Y' THEN Kidney Disease Type 1 (PR21) cannot be blank	Reject Record	8114	*Kidney Disease Type 1* must be provided for given *Update Pregnancy Diagnosis*
		3363	IF Update Pregnancy Diagnosis (PR20) <> 'Y' THEN Kidney Disease Type 1 (PR21) must be blank	Reject Record	8113	*Kidney Disease Type 1* is not required
PR22	Kidney Disease Type 1 Other Reason	3364	Kidney Disease Type 1 Other Reason (PR21) = '99' THEN Kidney Disease Type 1 Other Reason (PR22) cannot be blank	Reject Record	8114	*Kidney Disease Type 1 Other Reason* must be provided for given *Kidney Disease Type 1*
		3365	IF Update Pregnancy Diagnosis (PR20) <> 'Y' THEN Kidney Disease Type 1 Other Reason (PR22) must be blank	Reject Record	8113	*Kidney Disease Type 1 Other Reason* is not required
PR23	Kidney Disease Type 2	3366	IF Update Pregnancy Diagnosis (PR20) <> 'Y' THEN Kidney Disease Type 2 (PR23) must be blank	Reject Record	8113	*Kidney Disease Type 2* is not required
PR24	Kidney Disease Type 2 Other Reason	3367	Kidney Disease Type 2 (PR23) = '99' THEN Kidney Disease Type 2 Other Reason (PR24) cannot be blank	Reject Record	8114	*Kidney Disease Type 2 Other Reason* must be provided for given *Kidney Disease Type 2*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3368	IF Update Pregnancy Diagnosis (PR20) <> 'Y' THEN Kidney Disease Type 2 Other Reason (PR24) must be blank	Reject Record	8113	*Kidney Disease Type 2 Other Reason* is not required
TE1	Update Treatment	3380	IF Treatment Event Code (T1) <> ('VP' or 'VG') THEN Update Treatment (TE1) must be blank	Reject Record	8113	*Update Treatment* is not required
		3381	IF Treatment Event Code (T1) = 'VP' or 'VG' THEN Update Treatment (TE1) cannot be blank	Reject Record	8114	*Update Treatment* must be provided for given *Treatment Event Code*
TE2	Medications for Hypertension	3382	IF Update Treatment (TE1) = 'Y' THEN Medications for Hypertension (TE2) cannot be blank	Reject Record	8114	*Medications for Hypertension* must be provided for given *Update Treatment*
		3383	IF Update Treatment (TE1) <> 'Y' THEN Medications for Hypertension (TE2) must be blank	Reject Record	8113	*Medications for Hypertension* is not required
TE3	Immunosuppressive Treatments	3384	IF Update Treatment (TE1) = 'Y' THEN Immunosuppressive Treatments (TE3) cannot be blank	Reject Record	8114	*Immunosuppressive Treatments* must be provided for given *Update Treatment*
		3385	IF Update Treatment (TE1) <> 'Y' THEN Immunosuppressive Treatments (TE3) must be blank	Reject Record	8113	*Immunosuppressive Treatments* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
TE4	Immunosuppressive Treatments Other Reason	3386	IF Immunosuppressive Treatments (TE3) = '99' THEN Immunosuppressive Treatments Other Reason (TE4) cannot be blank	Reject Record	8114	*Immunosuppressive Treatments* Other Reason must be provided for given *Immunosuppressive Treatments*
		3387	IF Immunosuppressive Treatments (TE3) <> '99' THEN Immunosuppressive Treatments Other Reason (TE4) must be blank	Reject Record	8113	*Immunosuppressive Treatments* Other Reason is not required
GN10	Update GN Diagnosis	3410	IF Treatment Event Code (T1) = 'VG' THEN Update GN Diagnosis (GN10) cannot be blank	Reject Record	8113	*Update GN Diagnosis* is required for given *Treatment Event Code*
		3411	IF Treatment Event Code (T1) <> 'VG' THEN Update GN Diagnosis (GN10) must be blank	Reject Record	8113	*Update GN Diagnosis* is not required
GN11	GN Diagnosis 1	3412	IF Update GN Diagnosis (GN10) = 'Y' THEN GN Diagnosis 1 (GN11) cannot be blank	Reject Record	8114	*GN Diagnosis 1* must be provided for given *Update GN Diagnosis*
		3413	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis 1 (GN11) must be blank	Reject Record	8113	*GN Diagnosis 1* is not required
GN12	GN Diagnosis 1 Other Reason	3414	IF GN Diagnosis 1 (GN11) = '99' THEN GN Diagnosis 1 Other Reason (GN12) cannot be blank	Reject Record	8114	*GN Diagnosis 1 Other Reason* must be provided for given *GN Diagnosis 1*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3415	IF GN Diagnosis 1 (GN11) <> '99' THEN GN Diagnosis 1 Other Reason (GN12) must be blank	Reject Record	8113	*GN Diagnosis 1 Other Reason* is not required
GN13	GN Diagnosis 1 Method	3416	IF Update GN Diagnosis (GN10) = 'Y' THEN GN Diagnosis Method (GN13) cannot be blank	Reject Record	8114	*GN Diagnosis 1 Method* must be provided for given *Update GN Diagnosis*
		3417	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis Method (GN13) must be blank	Reject Record	8113	*GN Diagnosis 1 Method* is not required
		3460	IF GN Diagnosis 1 (GN11) = '97' THEN GN Diagnosis 1 Method (GN13) must be '1'	Reject Record	8115	*GN Diagnosis 1 Method* is invalid for given GN Diagnosis 1
		3461	IF GN Diagnosis 1 (GN11) = '98' THEN GN Diagnosis 1 Method (GN13) cannot be in ('1','2')	Reject Record	8115	*GN Diagnosis 1 Method* is invalid for given GN Diagnosis 1
		3465	IF GN Diagnosis 1 (GN11) <> ('97' or '98') THEN GN Diagnosis 1 Method (GN13) cannot be in ('3','4','5')	Reject Record	8115	*GN Diagnosis 1 Method* is invalid for given GN Diagnosis 1
GN14	GN Diagnosis 1 Method Other Reason	3418	IF GN Diagnosis 1 Method (GN13) = '6' THEN GN Diagnosis 1 Method Other Reason (GN14) cannot be blank	Reject Record	8114	*GN Diagnosis 1 Method Other Reason* must be provided for given *GN Diagnosis 1 Method*

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3419	IF GN Diagnosis 1 Method (GN13) <> ''6' THEN GN Diagnosis 1 Method Other Reason (GN14) must be blank	Reject Record	8113	*GN Diagnosis 1 Method Other Reason* is not required
GN15	GN Diagnosis 1 Method Date	3420	IF GN Diagnosis 1 Method (GN13) in (1, 2) THEN GN Diagnosis 1 Method Date (GN15) cannot be blank	Reject Record	8114	*GN Diagnosis 1 Method Date* must be provided for given *GN Diagnosis 1 Method*
		3421	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis 1 Method Date (GN15) must be blank	Reject Record	8113	*GN Diagnosis 1 Method Date* is not required
		3422	IF GN Diagnosis 1 Method (GN13) in (3, 4, 5, 6) THEN GN Diagnosis 1 Method Date (GN15) must be blank	Reject Record	8113	*GN Diagnosis 1 Method Date* is not required
		3423	The GN Diagnosis 1 Method Date (GN15) must be greater than the patient's Date of Birth (A7)	Reject Record	8103	*GN Diagnosis 1 Method Date* must be greater than the patient's date of birth
		3424	The GN Diagnosis 1 Method Date (GN15) must be equal to or less than current date	Reject Record	1118	*GN Diagnosis 1 Method Date* must be less than or equal to today's date
GN16	GN Diagnosis 2	3425	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis 2 (GN16) must be blank	Reject Record	8113	*GN Diagnosis 2* is not required

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3440	IF GN Diagnosis 2 Method (GN18) is not blank THEN GN Diagnosis 2 (GN16) cannot be blank	Reject Record	8114	*GN Diagnosis 2* must be provided for given *GN Diagnosis 2 Method*
GN17	GN Diagnosis 2 Other Reason	3426	IF GN Diagnosis 2 (GN16) = '99' THEN GN Diagnosis 2 Other Reason (GN17) cannot be blank	Reject Record	8114	*GN Diagnosis 2 Other Reason* must be provided for given *GN Diagnosis 2*
		3427	IF GN Diagnosis 2 (GN16) <> '99' THEN GN Diagnosis 2 (GN17) Other Reason must be blank	Reject Record	8113	*GN Diagnosis 2 Other Reason* is not required
GN18	GN Diagnosis 2 Method	3428	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis 2 Method (GN18) must be blank	Reject Record	8113	*GN Diagnosis 2 Method* is not required
		3442	IF GN Diagnosis 2 (GN16) is not blank THEN GN Diagnosis 2 Method (GN18) cannot be blank	Reject Record	8114	*GN Diagnosis 2 Method* must be provided for given *GN Diagnosis 2*
		3463	IF GN Diagnosis 2 (GN16) = '97' THEN GN Diagnosis 2 Method (GN18) must be '1'	Reject Record	8115	*GN Diagnosis 2 Method* is invalid for given GN Diagnosis 2
		3464	IF GN Diagnosis 2 (GN16) = '98' THEN GN Diagnosis 2 Method (GN18) cannot be in ('1','2')	Reject Record	8115	*GN Diagnosis 2 Method* is invalid for given GN Diagnosis 2
		3466	IF GN Diagnosis 2 (GN16) <> ('97', or '98') THEN GN Diagnosis 2 Method (GN18) cannot be in ('3','4','5')	Reject Record	8115	*GN Diagnosis 2 Method* is invalid for given GN Diagnosis 2

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Treatment Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
GN19	GN Diagnosis 2 Method Other Reason	3429	IF GN Diagnosis 2 Method (GN18) = ''6' THEN GN Diagnosis 2 Method Other Reason (GN19) cannot be blank	Reject Record	8114	*GN Diagnosis 2 Method Other Reason* must be provided for given *GN Diagnosis 2 Method*
		3430	IF GN Diagnosis 2 Method (GN18) <> ''6' THEN GN Diagnosis 2 Method Other Reason (GN19) must be blank	Reject Record	8114	*GN Diagnosis 2 Method Other Reason* is not required
GN20	GN Diagnosis 2 Method Date	3431	IF Update GN Diagnosis (GN10)<> 'Y' THEN GN Diagnosis 2 Method Date (GN20) must be blank	Reject Record	8113	*GN Diagnosis 2 Method Date* is not required
		3432	IF GN Diagnosis 2 Method (GN18) in (1, 2) THEN GN Diagnosis 2 Method Date (GN20) cannot be blank	Reject Record	8114	*GN Diagnosis 2 Method Date* must be provided for given *GN Diagnosis 2 Method*
		3433	IF GN Diagnosis 2 Method (GN18) in (3, 4, 5, 6) THEN GN Diagnosis 2 Method Date (GN20) must be blank	Reject Record	8113	*GN Diagnosis 2 Method Date* is not required
		3434	The GN Diagnosis 2 Method Date (GN20) must be greater than the patient's Date of Birth (A7)	Reject Record	8103	*GN Diagnosis 2 Method Date* must be greater than the patient's date of birth
		3435	The GN Diagnosis 2 Method Date (GN20) must be equal to or less than current date	Reject Record	1118	*GN Diagnosis 2 Method Date* must be less than or equal to today's date

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ID/VA Assessment File Validation Rules

Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2190	The Record ID must be the same Record ID used in the reported Treatment Event Record with a Treatment Event Code in (VR, VA, VE, VG, VP) in the same reporting period and submitting location	Reject Record	4135	Clinic visit event not found. Record ID, Patient ID, selected period and location must match

Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules

(Fields are shared between both file types)

Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I2	Patient Eligible for Home HD	2200	IF Update ID Assessment (I1 or PI1) = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD (I2). - Patient Eligible for Home PD (I9) - Patient/Family Education Provided (I16) - Patient Modality Choice (I17)	Reject Record	2135	At least one of the following fields is required: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided Patient Modality Choice
I3	Not Eligible for Home HD Reason 1	2210	IF Patient Eligible for Home HD (I2) = 'N' THEN Not Eligible for Home HD Reason 1 (I3) cannot be blank	Reject Record	8114	*Not Eligible for Home HD Reason 1* must be provided for given *Patient Eligible for Home HD*

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I4	Not Eligible for Home HD Other Reason 1	2220	IF Not Eligible for Home HD Reason 1 (I3) = '55' THEN Not Eligible for Home HD Other Reason 1 (I4) cannot be blank	Reject Record	8114	*Not Eligible for Home HD Other Reason 1* must be provided for given *Not Eligible for Home HD Reason 1*
		2221	IF Not Eligible for Home HD Reason 1 (I3) <> '55' THEN Not Eligible for Home HD Other Reason 1 (I4) must be blank	Reject Record	8113	*Not Eligible for Home HD Other Reason 1* is not required
I5	Not Eligible for Home HD Reason 2	2230	IF Patient Eligible for Home HD (I2) <> 'N' THEN Not Eligible for Home HD Reason 2 (I5) must be blank	Reject Record	8113	*Not Home HD Reason 2* is not required.
I6	Not Eligible for Home HD Other Reason 2	2240	IF Not Home HD Reason 2 (I5) = '55' THEN Not Eligible for Home HD Other Reason 2 (I6) cannot be blank	Reject Record	8114	*Not Home HD Other Reason 2* must be provided for given *Not Home HD Reason 2*.
		2241	IF Not Home HD Reason 2 (I5) <> '55' THEN Not Eligible for Home HD Other Reason 2 (I6) must be blank	Reject Record	8113	*Not Home HD Other Reason 2* is not required
I7	Not Eligible for Home HD Reason 3	2250	IF Patient Eligible for Home HD (I2) <> 'N' THEN Not Eligible for Home HD Reason 3 (I7) must be blank	Reject Record	8113	*Not Home HD Reason 3* is not required.
I8	Not Eligible for Home HD Other Reason 3	2260	IF Not Home HD Reason 3 (I7) = '55' THEN Not Home HD Other Reason 3 (I8) cannot be blank	Reject Record	8114	*Not Home HD Other Reason 3* must be provided for given *Not Home HD Reason 3*.
		2261	IF Not Home HD Reason 3 (I7) <> '55' THEN Not Home HD Other Reason 3 (I8) must be blank	Reject Record	8113	*Not Home HD Other Reason 3 is not required*

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I9	Patient Eligible for Home PD	2270	IF Update ID Assessment (I1 or PI1) = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD (I2). - Patient Eligible for Home PD (I9) - Patient/Family Education Provided (I16) - Patient Modality Choice (I17)	Reject Record	2135	At least one of the following fields is required: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice
I10	Not Eligible for Home PD Reason 1	2280	IF Patient Eligible for Home PD (I9) = 'N' THEN Not Eligible for Home PD Reason 1 (I10) cannot be blank	Reject Record	8114	*Not Eligible for Home PD Reason 1* must be provided for given *Patient Eligible for Home PD*
I11	Not Eligible for Home PD Other Reason 1	2290	IF Not Eligible for Home PD Reason 1 (I10) = '55' THEN Not Eligible for Home PD Reason 1 (I11) cannot be blank	Reject Record	8114	*Not Eligible for Home PD Other Reason 1* must be provided for given *Not Eligible for Home PD Reason 1*
		2291	IF Not Eligible for Home PD Reason 1 (I10) <> '55' THEN Not Eligible for Home PD Reason 1 (I11) must be blank	Reject Record	8113	*Not Eligible for Home PD Other Reason 1* is not required
I12	Not Eligible for Home PD Reason 2	2300	IF Patient Eligible for Home PD (I9) <> 'N' THEN Not Eligible for Home PD Reason 2 (I12) must be blank	Reject Record	8113	*Not Eligible for Home PD Reason 2* is not required
I13	Not Eligible for Home PD Other Reason 2	2310	IF Not Eligible for Home PD Reason 2 (I12) = '55' THEN Not Eligible for Home PD Reason 2 (I13) cannot be blank	Reject Record	8114	*Not Eligible for Home PD Other Reason 2* must be provided for given *Not Eligible for Home PD Reason 2*
		2311	IF Not Eligible for Home PD Reason 2 (I12) <> '55' THEN Not Eligible for Home PD Reason 2 (I13) must be blank	Reject Record	8113	*Not Eligible for Home PD Other Reason 2* is not required

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I14	Not Eligible for Home PD Reason 3	2320	IF Patient Eligible for Home PD (I9) <> 'N' THEN Not Eligible for Home PD Reason 3 (I14) must be blank	Reject Record	8113	*Not Eligible for Home PD Reason 3* is not required
I15	Not Eligible for Home PD Other Reason 3	2330	IF Not Eligible for Home PD Reason 3 (I14) = '55' THEN Not Eligible for Home PD Reason 3 (I15) cannot be blank	Reject Record	8114	*Not* Eligible for *Home PD Other Reason 3* must be provided for given *Not Eligible for Home PD Reason 3*
		2331	IF Not Eligible for Home PD Reason 3 (I14) <> '55' THEN Not Eligible for Home PD Reason 3 (I15) must be blank	Reject Record	8113	*Not* Eligible for *Home PD Other Reason 3* is not required
I16	Patient/Family Education Provided	2340	IF Update ID Assessment (I1 or PI1) = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD (I2). - Patient Eligible for Home PD (I9) - Patient/Family Education Provided (I16) - Patient Modality Choice (I17)	Reject Record	2135	At least one of the following fields is required: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I17	Patient Modality Choice	2350	IF Update ID Assessment (I1 or PI1) = 'Y' THEN at least one of the following fields cannot be blank: - Patient Eligible for Home HD (I2). - Patient Eligible for Home PD (I9) - Patient/Family Education Provided (I16) - Patient Modality Choice (I17)	Reject Record	2135	At least one of the following fields is required: - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice
I18	Not Home HD Modality Reason 1	2360	IF Patient Modality Choice (I17) in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 1 (I18) cannot be blank	Reject Record	8114	*Not Home HD Modality Reason 1* must be provided for given *Patient Modality Choice*
I19	Not Home HD Modality Other Reason 1	2370	IF Not Home HD Modality Reason 1 (I18) = '55' THEN Not Home HD Modality Other Reason 1 (I19) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 1* must be provided for given *Not Home HD Modality Reason 1*
		2371	IF Not Home HD Modality Reason 1 (I18) <> '55' THEN Not Home HD Modality Other Reason 1 (I19) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 1* is not required
I20	Not Home HD Modality Reason 2	2380	IF Patient Modality Choice (I17) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 2 (I20) must be blank	Reject Record	8113	*Not Home HD Modality Reason 2* is not required

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
I21	Not Home HD Modality Other Reason 2	2390	IF Not Home HD Modality Reason 2 (I20) = '55' THEN Not Home HD Modality Other Reason 2 (I21) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 2* must be provided for given *Not Home HD Modality Reason 2*
		2391	IF Not Home HD Modality Reason 2 (I20) <> '55' THEN Not Home HD Modality Other Reason 2 (I21) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 2* is not required
I22	Not Home HD Modality Reason 3	2400	IF Patient Modality Choice (I17) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 3 (I22) must be blank	Reject Record	8113	*Not Home HD Modality Reason 3* is not required
I23	Not Home HD Modality Other Reason 3	2410	IF Not Home HD Modality Reason 3 (I22) = '55' THEN Not Home HD Modality Other Reason 3 (I23) cannot be blank	Reject Record	8114	*Not Home HD Modality Other Reason 3* must be provided for given *Not Home HD Modality Reason 3*
		2411	IF Not Home HD Modality Reason 3 (I22) <> '55' THEN Not Home HD Modality Other Reason 3 (I23) must be blank	Reject Record	8113	*Not Home HD Modality Other Reason 3* is not required
I24	Not Home PD Modality Reason 1	2420	IF Patient Modality Choice (I11) in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 1 (I24) cannot be blank	Reject Record	8114	*Not Home PD Modality Reason 1* must be provided for given *Patient Modality Choice*
I25	Not Home PD Modality Other Reason 1	2430	IF Not Home PD Modality Reason 1 (I24) = '55' THEN Not Home PD Modality Other Reason 1 (I25) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 1* must be provided for given *Not Home PD Modality Reason 1*

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	**Element Description**	**Rule #**	**Validation Rule**	**System Action**	**Error #**	**Error Message**
		2431	IF Not Home PD Modality Reason 1 (I24) <> '55' THEN Not Home PD Modality Other Reason 1 (I25) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 1* is not required
I26	Not Home PD Modality Reason 2	2440	IF Patient Modality Choice (I11) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 2 (I26) must be blank	Reject Record	8113	*Not Home PD Modality Reason 2* is not required
I27	Not Home PD Modality Other Reason 2	2450	IF Not Home PD Modality Reason 2 (I26) = '55' THEN Not Home PD Modality Other Reason 2 (I27) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 2* must be provided for given *Not Home PD Modality Reason 2*
		2451	IF Not Home PD Modality Reason 2 (I26) <> '55' THEN Not Home PD Modality Other Reason 2 (I27) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 2* is not required
I28	Not Home PD Modality Reason 3	2460	IF Patient Modality Choice (I11) NOT in (111, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 3 (I28) must be blank	Reject Record	8113	*Not Home PD Modality Reason 3* is not required
I29	Not Home PD Modality Other Reason 3	2470	IF Not Home PD Modality Reason 3 (I28) = '55' THEN Not Home PD Modality Other Reason 3 (I29) cannot be blank	Reject Record	8114	*Not Home PD Modality Other Reason 3* must be provided for given *Not Home PD Modality Reason 3*
		2471	IF Not Home PD Modality Reason 3 (I28) <> '55' THEN Not Home PD Modality Other Reason 3 (I29) must be blank	Reject Record	8113	*Not Home PD Modality Other Reason 3* is not required

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
V2	AVF or AVG Surgical Assessment	2480	IF Update VA Assessment (V1 or PV1) = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment (V2) - Adequate VA Education Provided (V7) - Patient Intended Initial Access (V8)	Reject Record	2136	At least one of the following fields is required: - *AVF or AVG Surgical Assessment* - Adequate VA Education Provided - Patient Intended Initial Access
V3	Surgical Assessment Reason 1	2490	IF AVF or AVG Surgical Assessment (V2) = 'N' THEN Surgical Assessment Reason 1 (V3) cannot be blank	Reject Record	8114	*Surgical Assessment Reason 1* must be provided for given *AVF or AVG Surgical Assessment*
V4	Surgical Assessment Other Reason 1	2500	IF Surgical Assessment Reason 1 (V3) = '47' or '14' THEN Surgical Assessment Other Reason 1 (V4) cannot be blank	Reject Record	8114	*Surgical Assessment Other Reason 1* must be provided for given *Surgical Assessment Reason 1*
		2501	IF Surgical Assessment Reason 1 (V3) <> '47' or '14' THEN Surgical Assessment Other Reason 1 (V4) must be blank	Reject Record	8113	*Surgical Assessment Other Reason 1* is not required
V5	Surgical Assessment Reason 2	2510	IF AVF or AVG Surgical Assessment (V2) <> 'N' THEN Surgical Assessment Reason 2 (V5) must be blank	Reject Record	8113	*Surgical Assessment Reason 2* is not required.
V6	Surgical Assessment Other Reason 2	2520	IF Surgical Assessment Reason 2 (V5) = '47' or '14' THEN Surgical Assessment Other Reason 2 (V6) cannot be blank	Reject Record	8114	*Surgical Assessment Other Reason 2* must be provided for given *Surgical Assessment Reason 2*

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2521	IF Surgical Assessment Reason 2 (V5) <> '47' or '14' THEN Surgical Assessment Other Reason 2 (V6) must be blank	Reject Record	8113	*Surgical Assessment Other Reason 2* is not required
V7	Adequate VA Education Provided	2530	IF Update VA Assessment (V1 or PV1) = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment (V2) - Adequate VA Education Provided (V7) - Patient Intended Initial Access (V8)	Reject Record	2136	At least one of the following fields is required: - *AVF or AVG Surgical Assessment* - Adequate VA Education Provided - Patient Intended Initial Access
V8	Patient Intended Initial Access	2540	IF Update VA Assessment (V1 or PV1) = 'Y' THEN at least one of the following fields cannot be blank: - AVF or AVG Assessment (V2) - Adequate VA Education Provided (V7) - Patient Intended Initial Access (V8)	Reject Record	2136	At least one of the following fields is required: - *AVF or AVG Surgical Assessment* - Adequate VA Education Provided - Patient Intended Initial Access
V9	HD Catheter Reason 1	2550	IF Patient Intended Initial Access (V8) in (1, 2, 3, 4) THEN HD Catheter Reason 1 (V9) cannot be blank	Reject Record	8114	*HD Catheter Reason 1* must be provided for given *Patient Intended Initial Access*
V10	HD Catheter Other Reason 1	2560	IF HD Catheter Reason 1 (V9) = '47' or '14' THEN HD Catheter Other Reason 1 (V10) cannot be blank	Reject Record	8114	*HD Catheter Other Reason 1* must be provided for given *HD Catheter Reason 1*

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Multi-care Kidney Clinic Registration & ID/VA Assessment File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2561	IF HD Catheter Reason 1 (V9) <> '47' or '14' THEN HD Catheter Other Reason 1 (V10) must be blank	Reject Record	8113	*HD Catheter Other Reason 1* is not required
V11	HD Catheter Reason 2	2570	IF Patient Intended Initial Access (V8) NOT in (1, 2, 3, 4) THEN HD Catheter Reason 2 (V11) must be blank	Reject Record	8113	*HD Catheter Reason 2* is not required.
V12	HD Catheter Other Reason 2	2580	IF HD Catheter Reason 2 (V11) = '47' or '14' THEN HD Catheter Other Reason 2 (V12) cannot be blank	Reject Record	8114	*HD Catheter Other Reason 2* must be provided for given *HD Catheter Reason 2*
		2581	IF HD Catheter Reason 2 (V11) <> '47' or '14' THEN HD Catheter Other Reason 2 (V12) must be blank	Reject Record	8113	*HD Catheter Other Reason 2* is not required

Service Volume File Validation Rules

Service Volume File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		2926	A Service Volume record will only be accepted if the patient is on the roster for the associated report period	Reject Record	4160	Patient must be on the roster at some point during the month to report CKD Service Volumes
		1651	Each Service Volume record must be associated to a patient in the database	Reject Record	4129	No patient found to link Service Volume; cannot save the record
		1652	Each patient should appear once in the Service Volume upload file	Reject Record	4142	Duplicate patient with the upload file
S3 – S15		1653	Each record must have at least one non-zero volume for one of the data elements in (S3) to (S15)	Reject Record	4143	At least one of Service Volume data elements must be non-zero

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Service Volume File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
A2	Patient First Name	1662	IF Health Card Number (ORRS Linking) (A3) is blank THEN Patient First Name (A3) must be provided	Reject Record	2138	At least one of First Name or Health Card Number (ORRS Linking) is required
A3	Health Card Number (ORRS Linking)	1664	IF Patient First Name (A2) is blank THEN - Health Card Number (ORRS Linking) (A3) must be provided	Reject Record	2138	At least one of First Name or Health Card Number (ORRS Linking) is required
S1	Month		The Month (S1) must be within the specified file submission period	Reject Record	4114	*Month* must be within the specified file submission period
S2	Year		The Year (S2) must be within the specified file submission period	Reject Record	4114	*Year* must be within the specified file submission period
P1	Location	1700	Location (P1) must equal to the specified Location of the submission file	Reject Record	8110	The record's *Location* must equal to the specified *Location* of the file

Infection Event File Validation Rules

Infection Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		1650	Each Infection Event record must be associated to a patient in ORRS	Reject Record	4129	No patient found to link Treatment Event; cannot save the record
T2	Date of Infection Episode	3510	Date of Infection Episode (T2) must be greater than patient's Date of Birth	Reject Record	8103	*Date of Infection Episode* must be greater than the patient's date of birth
		3511	Date of Infection Episode (T2) must be equal to or less than current date	Reject Record	1118	*Date of Infection Episode* must be less than or equal to today's date
F2	CRB Relapsing Event	3512	IF Infection Type (F1) = 2 THEN CRB Relapsing Event (F2) cannot be blank	Reject Record	8114	*CRB Relapsing Event* must be provided for given *Infection Type*

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Infection Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3513	IF Infection Type (F1) <> 2 THEN CRB Relapsing Event (F2) must be blank	Reject Record	8113	*CRB Relapsing Event* is not required
F3	Final Blood Culture Result (First Set)	3514	IF Infection Type (F1) = 2 THEN Final Blood Culture Result (First Set) (F3) cannot be blank	Reject Record	8114	*Final Blood Culture Result (First Set)* must be provided for given *Infection Type*
		3515	IF Infection Type (F1) <> 2 THEN Final Blood Culture Result (First Set) (F3) must be blank	Reject Record	8113	*Final Blood Culture Result (First Set)* is not required
		3516	IF Infection Type (F1) = 2 THEN Final Blood Culture Result (First Set) (F3) cannot equal to '100'	Reject Record	8112	*Final Blood Culture Result (First Set)* has an invalid code/value
F4	Final Blood Culture Result (First Set) Other	3517	IF Final Blood Culture (F3) = '99' THEN Final Blood Culture Result (First Set) Other (F4) cannot be blank	Reject Record	8114	*Final Blood Culture Result (First Set) Other* must be provided for *Final Blood Culture*
		3518	IF Final Blood Culture (F3) <> '99' THEN Final Blood Culture Result (First Set) Other (F4) must be blank	Reject Record	8113	Final *Blood Culture Result Other* is not required
F5	Final Blood Culture Result (Second Set)	3519	IF Infection Type (F1) = 2 THEN Final Blood Culture Result (Second Set) (F5) cannot be blank	Reject Record	8114	*Final Blood Culture Result (Second Set)* must be provided for given *Infection Type*
		3520	IF Infection Type (F1) <> 2 THEN Final Blood Culture Result (Second Set) (F5) must be blank	Reject Record	8113	*Final Blood Culture Result (Second Set)* is not required
F6	Final Blood Culture Result (Second Set) Other	3521	IF Final Blood Culture (F5) = '99' THEN Final Blood Culture Result (Second Set) Other (F6) cannot be blank	Reject Record	8114	*Final Blood Culture Result (Second Set) Other* must be provided for given *Final Blood Culture (Second Set)*

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Infection Event File Validation Rules						
Element ID	Element Description	Rule #	Validation Rule	System Action	Error #	Error Message
		3522	IF Final Blood Culture (F5) <> '99' THEN Final Blood Culture Result (Second Set) Other (F6) must be blank	Reject Record	8113	*Final Blood Culture Result (Second Set)* is not required
F7	Peritonitis Category	3523	IF Infection Type (F1) = 1 THEN Peritonitis Category (F7) cannot be blank	Reject Record	8114	*Peritonitis Category* must be provided for given *Infection Type*
		3524	IF Infection Type (F1) <> 1 THEN Peritonitis Category (F7) cannot be blank	Reject Record	8113	*Peritonitis Category* is not required

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Appendix E: Modality and Census Groups

Modality Group	Census Group	Treatment (Modality Codes)	Patient Type
All Modality Groups	All Modalities	All Treatment (Modality Codes)	
Acute	Acute Dialysis	AHD, CCV, CSD	2 - Acute
	Acute HD	AHD	
	CRRT	CCV, CSD	
	CRRT-CVVHD	CCV	
	CRRT-SLEDD	CSD	
Assistance	Assistance	044, 054, 064, 414, 424, 434, 444, 454	1 - Chronic
	HD Assistance	414, 424, 434	
	PD Assistance	044, 054, 064, 444, 454	
Chronic Care	Chronic Care	211, 221, 241, 251, 281, 291	1 - Chronic
	Chronic Care APD	251	
	Chronic Care APD No Assistance	251	
	Chronic Care CAPD	241	
	Chronic Care CAPD No Assistance	241	
	Chronic Care HD	211, 221	
	Chronic Care HD No Assistance	211, 221	
	Chronic Care PD	241, 251	
	Chronic Care PD No Assistance	241, 251	
	Nursing Home PD	281, 291	
	Nursing Home PD No Assistance	281, 291	
Facility-based PD	Community APD	351	1 - Chronic
	Community CAPD	341	
	Community PD	341, 351	
	Facility-based APD	151, 351	
	Facility-based CAPD	141, 341	
	Facility-based PD	141, 151, 341, 351	
	Hospital APD	151	
	Hospital CAPD	141	
	Hospital PD	141, 151	
HD	Chronic Care HD	211, 221	1 - Chronic

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Modality Group	Census Group	Treatment (Modality Codes)	Patient Type
	Chronic Care HD No Assistance	211, 221	
	Community HD	311, 321	
	Community Self Care HD	312, 322, 332	
	HD	111, 112, 121, 122, 131, 211, 221, 311, 312, 321, 322, 332, 412, 413, 414, 422, 423, 424, 432, 433, 434	
	HD Assistance	414, 424, 434	
	HD No Assistance	111, 112, 121, 122, 131, 211, 221, 311, 312, 321, 322, 332, 412, 413, 422, 423, 432, 433	
	Home HD	412, 413, 414, 422, 423, 424, 432, 433, 434	
	Home HD Assistance	414, 424, 434	
	Home HD No Assistance	412, 413, 422, 423, 432, 433	
	Hospital Self Care HD	112, 122	
	Hospital Total Care Conventional/Short Daily HD	111, 121	
	Hospital Total Care HD	111, 121, 131	
	Hospital Total Care Nocturnal HD	131	
Independent Dialysis	Home HD	412, 413, 414, 422, 423, 424, 432, 433, 434	1 - Chronic
	Home HD Assistance	414, 424, 434	
	Home HD No Assistance	412, 413, 422, 423, 432, 433	
	Home HD & PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 412, 413, 414, 422, 423, 424, 432, 433, 434, 442, 443, 444, 452, 453, 454	
	Home HD & PD Assistance	044, 054, 064, 414, 424, 434, 444, 454	
	Home HD & PD No Assistance	040, 050, 060, 141, 151, 241, 251, 281, 291, 341, 351, 412, 413, 422, 423, 432, 433, 442, 443, 452, 453	
	PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454	
	PD Assistance	044, 054, 064, 444, 454	
	PD No Assistance	040, 050, 060, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 452, 453	

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Modality Group	Census Group	Treatment (Modality Codes)	Patient Type
No Dialysis	No Dialysis	NDT	
PD	Chronic Care APD	251	1 - Chronic
	Chronic Care APD No Assistance	251	
	Chronic Care CAPD	241	
	Chronic Care CAPD No Assistance	241	
	Chronic Care PD	241, 251, 281, 291	
	Chronic Care PD No Assistance	241, 251, 281, 291	
	Community APD	351	
	Community CAPD	341	
	Community PD	341, 351	
	Facility-based APD	151, 351	
	Facility-based CAPD	141, 341	
	Facility-based PD	141, 151, 341, 351	
	Home APD	452, 453, 454	
	Home APD Assistance	454	
	Home APD No Assistance	452, 453	
	Home CAPD	442, 443, 444	
	Home CAPD Assistance	444	
	Home CAPD No Assistance	442, 443	
	Home PD	442, 443, 444, 452, 453, 454	
	Home PD Assistance	444, 454	
	Home PD No Assistance	442, 443, 452, 453	
	Hospital APD	151	
	Hospital CAPD	141	
	Hospital PD	141, 151	
	Nursing Home PD	281, 291	
	Nursing Home PD No Assistance	281, 291	
	PD	040, 044, 050, 054, 060, 064, 141, 151, 241, 251, 281, 291, 341, 351, 442, 443, 444, 452, 453, 454	
	PD Assistance	044, 054, 064, 444, 454	
	PD No Assistance	040, 050, 060, 341, 351, 442, 443, 452, 453	
PD & HD	APD & HD	050, 054	1 - Chronic
	APD & HD Assistance	054	

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Modality Group	Census Group	Treatment (Modality Codes)	Patient Type
	APD & HD No Assistance	050	
	CAPD & HD	040, 044	
	CAPD & HD Assistance	044	
	CAPD & HD No Assistance	040	
	PD & HD	040, 044, 050, 054, 060, 064	
	PD & HD Assistance	044, 054, 064	
	PD & HD No Assistance	040, 050, 060	
	PD & HD (Historic)	060, 064	
	PD & HD (Historic) Assistance	064	
	PD & HD (Historic) No Assistance	060	
Multi-care Kidney Clinic	Multi-care Kidney Clinic	MKC	3 - Multi-care Kidney Clinic
	Conservative Renal Care	CRC	
Transplant	Transplant	171	
Glomerulonephritis Care	Glomerulonephritis	GNC	5 - Glomerulonephritis
Pregnancy Care	Pregnancy	PRG	6 - Pregnancy

References

1. Canadian Institute for Health Information, "Canadian Organ Replacement Register (CORR) Dialysis Submission Specifications Manual, Version 1.0", September 2010
2. Shafranovich, Y., Common Format and MIME Type for Comma-Separated Values (CSV) Files, The Internet Society, RFC 4180, October 2005
3. Cancer Care Ontario, ORRS Data Dictionary, July 2013

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Revision History

Release	Date of Revision	Revision Description	Effective Date
ORRS 2021 Release 1	January 12, 2021	**Revisions Made in Appendix A - Reference Codes and Descriptions:** • Hospital Codes • Location Codes	March 26, 2021
ORRS 2021 Release 2	January 12, 2021	**Revisions Made in Treatment Events:** **T13** - Access Used element description **T14** - Other Access Used element description **T110** - Procedure Type element description **PR10** - Systolic blood pressure (mmHg) field status **PR11** - Diastolic blood pressure (mmHg) field status **Revisions Made in Appendix A - Reference Codes and Descriptions:** • Treatment Event Codes • Reason For MCKC / GN / PRG Withdrew Codes • Procedure Type Codes **Revisions Made in Treatment Event File Validation Rules:** • Rule 1771 - Modification • Rule 1870 - Removed • Rule 1880 - Removed • Rule 1890 - Removed • Rule 1900 - Removed • Rule 1910 - Removed • Rule 1920 - Removed • Rule 3115 - Modification • Rule 3341 - Removed • Rule 3342 - Removed	June 29, 2021

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