

Ontario Renal Network

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Ontario Renal Reporting System (ORRS) Electronic Submission Specifications Manual

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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.

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:

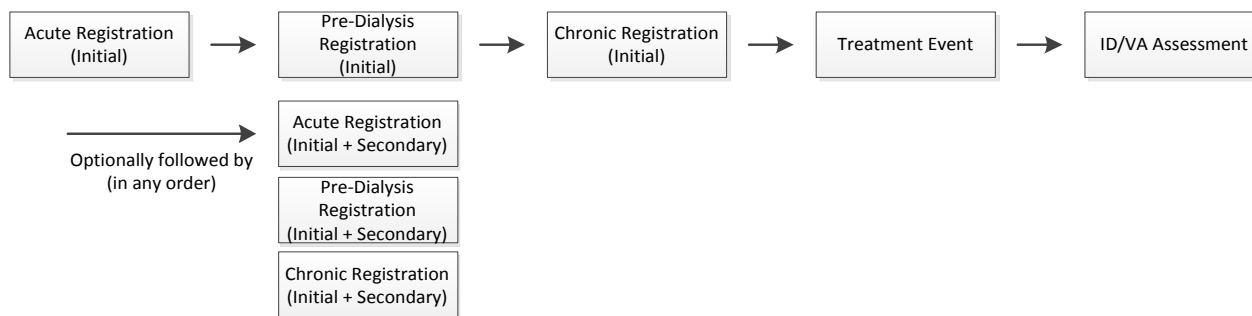
- Acute Registration
- Chronic Registration
- Pre-dialysis Registration
- Treatment Event
- ID/VA Assessment

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 files.
 - ➔ Treatment event records depend upon the patient having been registered in the ORRS database.
2. The Acute, Pre-dialysis, and Chronic files should be submitted in that order.
 - ➔ Patients can transition from Acute to Pre-dialysis and from Acute and Pre-dialysis 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, Pre-Dialysis and Chronic files and uploaded last. This process avoids issues with secondary Acute or Pre-Dialysis registrations that occur in the same month and Chronic initial registrations, for example.

The diagram below depicts the sequence of file upload with subsequent submission of secondary registrations.



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).
Pre-dialysis Registration	Contains data on Pre-dialysis patients and their clinic visits.
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.

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 exist 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.

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.

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, 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 predialysis, 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 predialysis 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.

Data Submission Specifications

This section contains all the details required to submit acceptable data submission to ORRS.

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 / 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 / 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 err. 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 C – 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 C – Validations and Error Messages.

Chronic Registration

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
X1	1	Source Record ID	1.1	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	1.2	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	1.3	3	Character	See 'Location Codes', 'IHF Location Codes', 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	1.17	10	Numeric		Optional
X5	5	Registration Type	1.18	1	Character	I – Initial Registration S – Secondary Registration	Mandatory
C65	6	Patient Transferred into Ontario?	2.1	1	Character	Y – Yes N – No	Conditionally Optional
P1	7	Location	1.4	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A1	8	Patient Last Name	1.5	50	Character		Mandatory
A2	9	Patient First Name	1.6	50	Character		Mandatory
A3	10	Health Card Number	1.7	12	Numeric		Conditionally Mandatory
A4	11	Province of Health Card Number	1.8	2		NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, Other	Conditionally Mandatory
A5	12	Health Card Number Not Available	1.9	1	Character	Y – Yes (True) N – No (False)	Optional
A6	13	Date of Birth	1.10	10	Date	DD-MM-YYYY	Mandatory
A7	14	Gender	1.11	1	Character	M – Male F – Female O – Other	Mandatory
A8	15	Race	1.12	2	Character	1 – Caucasian 2 – Asian/Oriental 3 – Black 5 – Indian Sub-Continent 8 – Pacific Islander	Optional

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
						9 - Native American/Aboriginal 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	
A9	16	Other Racial Origin	1.13	50	Character		Optional
B4	17	Street Address Line 1	1.19	100	Alphanumeric		Mandatory
B5	18	Street Address Line 2	1.20	100	Alphanumeric		Optional
B1	19	Patient Address – City	1.14	30	Character		Optional
B2	20	Patient Address - Province	1.15	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Outside of Canada)	Mandatory
B3	21	Patient Address - Postal Code	1.16	6	Alphanumeric	A#A#A#	Mandatory
C66	22	Date of Referral to Nephrologist	2.67	10	Date	DD-MM-YYYY	Optional
C1	23	Date first seen by Nephrologist	2.2	10	Date	DD-MM-YYYY	Optional
C2	24	Creatinine when first seen by nephrologist	2.3	4	Numeric	9999	Conditionally Mandatory
C3	25	Patient Followed by Nephrologist prior to Dialysis?	2.4	1	Character	N – No Y – Yes U – Unknown	Optional
C4	26	Where was Patient Followed?	2.5	1	Character	1 - Office 2 - Clinic 3 – Both	Conditional Optional
C5	27	Followed in multidisciplinary clinic?	2.6	1	Character	N – No Y – Yes U – Unknown	Optional
C6	28	Date of referral to multidisciplinary clinic	2.7	10	Date	DD-MM-YYYY	Optional
C7	29	Patient Receiving Erythropoietin Prior to Initial Dialysis?	2.8	1	Character	2 – No 3 – Unknown 4 – ‘Yes – Eprex’ 5 – ‘Yes – Aranesp’ 6 – ‘Yes - Other’	Optional
C8	30	Hemoglobin (g/L)	2.9	3	Numeric	999	Optional
C9	31	Creatinine (µmol/L)	2.10	4	Numeric	9999	Mandatory

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
C10	32	Urea (mmol/L)	2.11	3,1	Numeric	999.9	Optional
C11	33	Serum Bicarbonate / CO2 (mmol/L)	2.12	2	Numeric	99	Optional
C12	34	Serum Calcium (mmol/L)	2.13	1,2	Numeric	9.99	Optional
C13	35	Serum Calcium Type	2.14	1	Character	1 - Corrected 2 - Uncorrected 3 - Ionized	Optional
C14	36	Serum Phosphate (mmol/L)	2.15	1,2	Numeric	9.99	Optional
C15	37	Serum Albumin (g/L)	2.16	2	Numeric	99	Optional
C16	38	Serum Parathormone (PTH)	2.17	3,1	Numeric	999.9	Optional
C17	39	PTH Units of Measure	2.18	1	Character	1 - pmol/L 2 - ng/L 3 - pg/ml	Optional
C18	40	PTH Test Not Done	2.19	1	Character	Y – Yes N – No	Optional
C19	41	Comments	2.20	255	Character		Optional
C20	42	Access Used at Time of First Dialysis	2.21	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	43	Dialysis Treatment Start Date	2.22	10	Date	DD-MM-YYYY	Mandatory
C22	44	Initial Dialysis Treatment Code	2.23	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' list	Mandatory
C23	45	Intended Long-Term Treatment?	2.24	1	Character	N – No Y – Yes U – Unknown	Optional
C24	46	Reason for not intended long-term treatment	2.25	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

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
C25	47	Other Reason for not intended long-term treatment	2.26	50	Character		Conditionally Mandatory
C26	48	Intended Long-term Treatment Code?	2.27	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' list	Conditionally Optional
C27	49	Not Home HD Modality Reason 1	2.28	2	Character	See 'Home HD Reason Codes' list	Conditionally Mandatory
C28	50	Not Home HD Modality Other Reason 1	2.29	100	Character		Conditionally Mandatory
C29	51	Not Home HD Modality Reason 2	2.30	2	Character	See 'Home HD Reason Codes' list	Conditionally Optional
C30	52	Not Home HD Modality Other Reason 2	2.31	100	Character		Conditionally Mandatory
C31	53	Not Home HD Modality Reason 3	2.32	2	Character	See 'Home HD Reason Codes' list	Conditionally Optional
C32	54	Not Home HD Modality Other Reason 3	2.33	100	Character		Conditionally Mandatory
C33	55	Not Home PD Modality Reason 1	2.34	2	Character	See 'Home PD Reason Codes' list	Conditionally Mandatory
C34	56	Not Home PD Modality Other Reason 1	2.35	100	Character		Conditionally Mandatory
C35	57	Not Home PD Modality Reason 2	2.36	2	Character	See 'Home PD Reason Codes' list	Conditionally Optional
C36	58	Not Home PD Modality Other Reason 2	2.37	100	Character		Conditionally Mandatory
C37	59	Not Home PD Modality Reason 3	2.38	2	Character	See 'Home PD Reason Codes' list	Conditionally Optional
C38	60	Not Home PD Modality Other Reason 3	2.39	100	Character		Conditionally Mandatory
C39	61	HD Catheter Reason 1	2.40	2	Character	See 'VA Reason Codes - Milestone 4' list	Conditionally Mandatory
C40	62	HD Catheter Other Reason 1	2.41	100	Character		Conditionally Mandatory
C41	63	HD Catheter Reason 2	2.42	2	Character	See 'VA Reason Codes - Milestone 4' list	Conditionally Optional
C42	64	HD Catheter Other Reason 2	2.43	100	Character		Conditionally Mandatory
C43	65	No Height & Weight Reason	2.46	1	Character	1 - Double leg amputee 2 – Other	Optional
C44	66	No Height & Weight Other Reason	2.47	100	Character		Conditional Mandatory

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
C45	67	Height at First Dialysis Treatment (cm)	2.44	3,3	Numeric	999.999	Conditionally Optional
C46	68	Weight within First Month of Treatment (kg)	2.45	3,3	Numeric	999.999	Conditionally Optional
C47	69	Primary Renal Disease	2.48	2	Character	See code list	Optional
C48	70	Other Primary Renal Disease	2.49	100	Character		Conditional Mandatory
C49	71	Angina?	2.50	1	Character	N – No Y – Yes U – Unknown	Optional
C50	72	Myocardial Infarct?	2.51	1	Character	N – No Y – Yes U – Unknown	Optional
C51	73	Coronary Artery Bypass Grafts/Angioplasty?	2.52	1	Character	N – No Y – Yes U – Unknown	Optional
C52	74	Recent history of Pulmonary Edema?	2.53	1	Character	N – No Y – Yes U – Unknown	Optional
C53	75	Cerebrovascular Disease?	2.54	1	Character	N – No Y – Yes U – Unknown	Optional
C54	76	Peripheral Vascular Disease?	2.55	1	Character	N – No Y – Yes U – Unknown	Optional
C55	77	Diabetes Type I?	2.56	1	Character	N – No Y – Yes U – Unknown	Optional
C56	78	Diabetes Type II?	2.57	1	Character	N – No Y – Yes U – Unknown	Optional
C57	79	Malignancy?	2.58	1	Character	N – No Y – Yes U – Unknown	Optional
C58	80	Malignancy Site	2.59	2	Character	See code list	Optional
C59	81	Other malignancy site	2.60	100	Character		Optional
C60	82	Chronic Obstructive Lung Disease?	2.61	1	Character	N – No Y – Yes U – Unknown	Optional
C61	83	Receiving medication for hypertension	2.62	1	Character	N – No Y – Yes U – Unknown	Optional

Field No.	Seq.	Element Description	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values/ Format	Field Status
C62	84	Other Serious Illness?	2.63	1	Character	N – No Y – Yes U – Unknown	Optional
C63	85	Specified other serious illness	2.64	100	Character		Optional
C64	86	Current Smoker (smoked in last three months)?	2.65	1	Character	N – No Y – Yes U – Unknown	Optional

Acute Registration

Field No.	Seq.	Element Name	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values	Field Status
X1	1	Source Record ID	1.1	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	1.2	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	1.3	20	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	1.17	10	Numeric		Optional
X5	5	Registration Type	1.18	1	Character	I – Initial Registration S – Secondary Registration	Mandatory
P1	6	Location	1.4	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A1	7	Patient Last Name	1.5	50	Character		Mandatory
A2	8	Patient First Name	1.6	50	Character		Mandatory
A3	9	Health Card Number	1.7	12	Numeric		Conditionally Mandatory
A4	10	Province of Health Card Number	1.8	2		NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU	Conditionally Mandatory
A5	11	Health Card Number Not Available	1.9	1	Character	Y – Yes (True) N – No (False)	Optional
A6	12	Date of Birth	1.10	10	Date	DD-MM-YYYY	Mandatory
A7	13	Gender	1.11	1	Character	M – Male F – Female O – Other	Mandatory

A8	14	Race	1.12	2	Character	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Native American/Aboriginal 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Optional
A9	15	Other Racial Origin	1.13	50	Character		Conditionally Mandatory
B4	16	Street Address Line 1	1.19	100	Alphanumeric		Mandatory
B5	17	Street Address Line 2	1.20	100	Alphanumeric		Optional
B1	18	Patient Address – City	1.14	30	Character		Optional
B2	19	Patient Address – Province	1.15	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Outside of Canada)	Mandatory
B3	20	Patient Address - Postal Code	1.16	6	Alphanumeric	A#A#A#	Mandatory
T2	21	Treatment Start Date	3.1	10	Date	DD-MM-YYYY	Mandatory
T3	22	Acute Treatment	3.2	3	Character	AHD - Acute HD CSD - CRRT-SLEDD CCV - CRRT-CVVHD	Mandatory
T4	23	Care Setting	3.3	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

Pre-dialysis Registration

Field No.	Seq.	Element Name	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values	Field Status
X1	1	Source Record ID	1.1	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	1.2	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	1.3	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location	Optional

						Codes' and 'LTC Location Codes' lists	
X4	4	ORRS Patient ID	1.17	10	Numeric		Optional
X5	5	Registration Type	1.18	1	Character	I – Initial Registration S – Secondary Registration	Mandatory
P1	6	Location	1.4	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
A1	7	Patient Last Name	1.5	50	Character		Mandatory
A2	8	Patient First Name	1.6	50	Character		Mandatory
A3	9	Health Card Number	1.7	12	Numeric		Conditionally Mandatory
A4	10	Province of Health Card Number	1.8	2		NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU	Conditionally Mandatory
A5	11	Health Card Number Not Available	1.9	1	Character	Y – Yes (True) N – No (False)	Optional
A6	12	Date of Birth	1.10	10	Date	DD-MM-YYYY	Mandatory
A7	13	Gender	1.11	1	Character	M – Male F – Female O – Other	Mandatory
A8	14	Race	1.12	2	Character	1 - Caucasian 2 - Asian/Oriental 3 - Black 5 - Indian Sub-Continent 8 - Pacific Islander 9 - Native American/Aboriginal 10 - Mid-East/Arabian 11 - Latin American 12 - African Origin 98 - Unknown 99 - Other/Multiracial	Mandatory
A9	15	Other Racial Origin	1.13	50	Character		Conditionally Mandatory
B4	16	Street Address Line 1	1.19	100	Alphanumeric		Mandatory
B5	17	Street Address Line 2	1.20	100	Alphanumeric		Optional
B1	18	Patient Address - City	1.14	30	Character		Optional
B2	19	Patient Address – Province	1.15	2	Character	NL, PE, NS, NB, QC, ON, MB, SK, AB, BC, NT, YT, NU, 99 (Outside of Canada)	Mandatory

B3	20	Patient Address - Postal Code	1.16	6	Character	A#A#A#	Mandatory
D1	21	Patient Height (cm)	4.1	3,3	Numeric	999.999	Optional
D2	22	Patient Weight (kg)	4.2	3,3	Numeric	999.999	Optional
T2	23	First Clinic Visit Date	4.3	10	Date	DD-MM-YYYY	Mandatory
T15	24	Clinic Visit Type	4.4	1	Character	1 - Regular 2 - Education 3 - Body/Vascular Access	Mandatory
T16	25	Creatinine (umol/L)	4.5	4	Numeric	9999	Mandatory
D3	26	Proteinuria	4.7	4,2	Numeric	9999.99	Optional
D4	27	Proteinuria Test Type	4.8	1	Character	1 - PCR 2 - ACR 3 - 24hr Protein Excretion Rate	Conditionally Mandatory
T18	28	Delivery Mode	4.9	1	Character	1 - Group 2 - Individual	Conditionally Mandatory
T19	29	Access Visit Type	4.10	1	Character	1 - Initial Assessment 2 - Follow-up	Conditionally Mandatory
T20	30	Assessment Type	4.11	1	Character	1 - Pre-Dialysis Patient 2 - On dialysis at time of first visit	Conditionally Mandatory
T21	31	Assessment Reason	4.12	1	Character	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 - Other	Conditionally Mandatory
T22	32	Follow-up Type	4.13	1	Character	1 - First follow-up visit 2 - Further preoperative assessment 3 - Complication related/challenge to maintain access 4 - Other	Conditionally Mandatory
PI1	33	Update ID Assessment	6.2	1	Character	Y - Yes N - No	Mandatory
PV1	34	Update VA Assessment	6.3	1	Character	Y - Yes N - No	Mandatory
I2	35	Patient Eligible for Home HD	6.4	1	Character	Y - Yes N - No	Conditionally Mandatory
I3	36	Not Eligible for Home HD Reason 1	6.5	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I4	37	Not Eligible for Home HD Other Reason 1	6.6	100	Character		Conditionally Mandatory
I5	38	Not Eligible for Home HD Reason 2	6.7	2	Character	See 'Home HD Reasons' code list	Conditionally Optional

I6	39	Not Eligible for Home HD Other Reason 2	6.8	100	Character		Conditionally Mandatory
I7	40	Not Eligible for Home HD Reason 3	6.9	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I8	41	Not Eligible for Home HD Other Reason 3	6.10	100	Character		Conditionally Mandatory
I9	42	Patient Eligible for Home PD	6.11	1	Character	Y – Yes N – No	Conditionally Mandatory
I10	43	Not Eligible for Home PD Reason 1	6.12	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I11	44	Not Eligible for Home PD Other Reason 1	6.13	100	Character		Conditionally Mandatory
I12	45	Not Eligible for Home PD Reason 2	6.14	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I13	46	Not Eligible for Home PD Other Reason 2	6.15	100	Character		Conditionally Mandatory
I14	47	Not Eligible for Home PD Reason 3	6.16	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I15	48	Not Eligible for Home PD Other Reason 3	6.17	100	Character		Conditionally Mandatory
I16	49	Patient/Family Education Provided	6.18	1	Character	Y – Yes N – No	Conditionally Mandatory
I17	50	Patient Modality Choice	6.19	3	Character	See 'Treatment (Modality) Codes – Chronic Specific' List	Conditionally Mandatory
I18	51	Not Home HD Modality Reason 1	6.20	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I19	52	Why Not Home HD Modality Other Reason 1	6.21	100	Character		Conditionally Mandatory
I20	53	Why Not Home HD Modality Reason 2	6.22	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I21	54	Why Not Home HD Modality Other Reason 2	6.23	100	Character		Conditionally Mandatory
I22	55	Why Not Home HD Modality Reason 3	6.24	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I23	56	Why Not Home HD Modality Other Reason 3	6.25	100	Character		Conditionally Mandatory
I24	57	Why Not Home PD Modality Reason 1	6.26	2	Character	See 'Home PD Reasons' code list	Conditionally Mandatory
I25	58	Why Not Home PD Modality Other Reason 1	6.27	100	Character		Conditionally Mandatory
I26	59	Why Not Home PD Modality Reason 2	6.28	2	Character	See 'Home PD Reasons' code list	Conditionally Optional

I27	60	Why Not Home PD Modality Other Reason 2	6.29	100	Character		Conditionally Mandatory
I28	61	Why Not Home PD Modality Reason 3	6.30	2	Character	See 'Home PD Reasons' code list	Conditionally Optional
I29	62	Why Not Home PD Modality Other Reason 3	6.31	100	Character		Conditionally Mandatory
V2	63	AVF or AVG Surgical Assessment	6.32	1	Character	Y – Yes N – No	Conditionally Mandatory
V3	64	Surgical Assessment Reason 1	6.33	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Mandatory
V4	65	Surgical Assessment Other Reason 1	6.34	100	Character		Conditionally Mandatory
V5	66	Surgical Assessment Reason 2	6.35	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Optional
V6	67	Surgical Assessment Other Reason 2	6.36	100	Character		Conditionally Mandatory
V7	68	Adequate VA Education Provided	6.37	1	Character	Y – Yes N – No	Conditionally Mandatory
V8	69	Patient Intended Initial Access	6.38	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	70	HD Catheter Reason 1	6.39	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Mandatory
V10	71	HD Catheter Other Reason 1	6.40	100	Character		Conditionally Mandatory
V11	72	HD Catheter Reason 2	6.41	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Optional
V12	73	HD Catheter Other Reason 2	6.42	100	Character		Conditionally Mandatory

Treatment Event

Field No.	Seq.	Element Name	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values	Field Status
X1	1	Source Record ID	1.1	20	Alphanumeric		Mandatory
X2	2	Source Patient ID	1.2	20	Alphanumeric		Mandatory

X3	3	Source Patient ID Issuing Location	1.3	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
X4	4	ORRS Patient ID	1.17	10	Numeric		Optional
X6	5	Same Day Event Order	5.1	2	Numeric		Optional
A1	6	Patient Last Name	1.5	50	Character		Mandatory
A2	7	Patient First Name	1.6	50	Character		Conditionally Mandatory
A3	8	Health Card Number	1.7	12	Numeric		Conditionally Mandatory
A6	9	Date of Birth	1.10	10	Date	DD-MM-YYYY	Mandatory
A7	10	Gender	1.11	1	Character	M – Male F – Female O – Other	Mandatory
T1	11	Treatment Event Code	5.2	6	Character	See code list	Mandatory
T2	12	Treatment Date	5.3	10	Date	DD-MM-YYYY	Mandatory
T3	13	Treatment (Modality) Code	5.4	3	Character	See 'Treatment (Modality) Codes' list (all codes applicable)	Conditionally Mandatory
P1	14	Location	1.4	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
T4	15	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	16	Reason for Change Code	5.6	2	Character	See code list	Conditionally Mandatory
T6	17	Other Reason for Change	5.7	50	Character		Conditionally Mandatory
T5W	18	Reason for Withdrew Code	5.8	2	Character	See "Reason for Chronic Withdrew Codes" and "Reason for Pre-dialysis Withdrew Codes" list	Conditionally Mandatory
T6W	19	Other Reason for Withdrew Code	5.9	50	Character		Conditionally Mandatory

T7	20	Comments	2.20	255	Character		Optional
T8	21	Transferred From Location	5.10	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Conditionally Mandatory
T10	22	Death Type Code	5.12	2	Character	See code list	Conditionally Mandatory
T11	23	Transplant Hospital	5.13	3	Character	See code list	Conditionally Mandatory
T12	24	Transplant Type	5.14	3	Character	C - Cadaveric Donor (old term) D - Deceased Donor L - Living Donor UNK - Unknown	Conditionally Mandatory
T13	25	Access Used	5.15	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	26	Other Access Used	5.16	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	27	Creatinine	4.5	4	Numeric	9999	Conditionally Mandatory
T18	28	Delivery Mode	4.9	1	Character	1 – Group 2 – Individual	Conditionally Mandatory
T19	29	Access Visit Type	4.10	1	Character	1 – Initial Assessment 2 – Follow-up	Conditionally Mandatory
T20	30	Initial Assessment Type	4.11	1	Character	1 – Pre-dialysis Patient 2 - On dialysis at time of first visit	Conditionally Mandatory

T21	31	Initial Assessment Reason	4.12	1	Character	1 - Surgical consultation for PD access 2 - Surgical consultation for HD access 4 – Other	Conditionally Mandatory
T22	32	Follow-up type	4.13	1	Character	1 - First follow-up visit 2 – Further preoperative assessment 3 - Complication related/challenge to maintain access 4 - Other	Conditionally Mandatory
T25	33	Dialysis Training Type	5.17	1	Character	1 - Home Hemodialysis 2 - CAPD 3 – APD	Conditionally Mandatory
T26	34	Not Home HD Modality Reason 1	5.18	2	Character	See ‘Home HD Reasons’ code list	Conditionally Mandatory
T27	35	Not Home HD Modality Other Reason 1	5.19	100	Character		Conditionally Mandatory
T28	36	Not Home HD Modality Reason 2	5.20	2	Character	See ‘Home HD Reasons’ code list	Conditionally Optional
T29	37	Not Home HD Modality Other Reason 2	5.21	100	Character		Conditionally Mandatory
T30	38	Not Home HD Modality Reason 3	5.22	2	Character	See ‘Home HD Reasons’ code list	Conditionally Optional
T31	39	Not Home HD Modality Other Reason 3	5.23	100	Character		Conditionally Mandatory
T32	40	Not Home PD Modality Reason 1	5.24	2	Character	See ‘Home PD Reasons’ code list	Conditionally Mandatory
T33	41	Not Home PD Modality Other Reason 1	5.25	100	Character		Conditionally Mandatory
T34	42	Not Home PD Modality Reason 2	5.26	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
T35	43	Not Home PD Modality Other Reason 2	5.27	100	Character		Conditionally Mandatory
T36	44	Not Home PD Modality Reason 3	5.28	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
T37	45	Not Home PD Modality Other Reason 3	5.29	100	Character		Conditionally Mandatory
T38	46	HD Catheter Reason 1	5.30	2	Character	If VA3 – ‘VA Milestone 5’ code list For VA9 – ‘Milestone 6’ code list	Conditionally Mandatory

T39	47	HD Catheter Other Reason 1	5.31	100	Character		Conditionally Mandatory
T40	48	HD Catheter Reason 2	5.32	2	Character	See 'VA Reason Codes – Milestone 5' list	Conditionally Optional
T41	49	HD Catheter Other Reason 2	5.33	100	Character		Conditionally Mandatory

ID/VA Assessment

Field No.	Seq.	Element Name	ORRS Data Dictionary Element ID	Length	Field Type / Format	Valid values	Field Status
X1	1	Source Record ID	6.1	20	Alphanumeric	Must be the same Record ID used in the reported clinic visit Treatment Event Record, where its Treatment Event Code in (VR, VA, VE)	Mandatory
X2	2	Source Patient ID	1.2	20	Alphanumeric		Mandatory
X3	3	Source Patient ID Issuing Location	1.3	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Optional
P1	4	Location	1.4	3	Character	See 'Location Codes', 'IHF Location Codes', and 'Self-care Location Codes' and 'LTC Location Codes' lists	Mandatory
I1	5	Update ID Assessment	6.2	1	Character	Y – Yes N – No	Optional
V1	6	Update VA Assessment	6.3	1	Character	Y – Yes N – No	Optional
I2	7	Patient Eligible for Home HD	6.4	1	Character	Y – Yes N – No	Conditionally Mandatory
I3	8	Not Eligible for Home HD Reason 1	6.5	2	Character	See 'Home HD Reasons' code list	Conditionally Mandatory
I4	9	Not Eligible for Home HD Other Reason 1	6.6	100	Character		Conditionally Mandatory
I5	10	Not Eligible for Home HD Reason 2	6.7	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I6	11	Not Eligible for Home HD Other Reason 2	6.8	100	Character		Conditionally Mandatory
I7	12	Not Eligible for Home HD Reason 3	6.9	2	Character	See 'Home HD Reasons' code list	Conditionally Optional
I8	13	Not Eligible for Home HD Other Reason 3	6.10	100	Character		Conditionally Mandatory

I9	14	Patient Eligible for Home PD	6.11	1	Character	Y – Yes N – No	Conditionally Mandatory
I10	15	Not Eligible for Home PD Reason 1	6.12	2	Character	See ‘Home PD Reasons’ code list	Conditionally Mandatory
I11	16	Not Eligible for Home PD Other Reason 1	6.13	100	Character		Conditionally Mandatory
I12	17	Not Eligible for Home PD Reason 2	6.14	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
I13	18	Not Eligible for Home PD Other Reason 2	6.15	100	Character		Conditionally Mandatory
I14	19	Not Eligible for Home PD Reason 3	6.16	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
I15	20	Not Eligible for Home PD Other Reason 3	6.17	100	Character		Conditionally Mandatory
I16	21	Patient/Family Education Provided	6.18	1	Character	Y – Yes N – No	Conditionally Mandatory
I17	22	Patient Modality Choice	6.19	3	Character	See ‘Treatment (Modality) Codes – Chronic Specific’ List	Conditionally Mandatory
I18	23	Not Home HD Modality Reason 1	6.20	2	Character	See ‘Home HD Reasons’ code list	Conditionally Mandatory
I19	24	Why Not Home HD Modality Other Reason 1	6.21	100	Character		Conditionally Mandatory
I20	25	Why Not Home HD Modality Reason 2	6.22	2	Character	See ‘Home HD Reasons’ code list	Conditionally Optional
I21	26	Why Not Home HD Modality Other Reason 2	6.23	100	Character		Conditionally Mandatory
I22	27	Why Not Home HD Modality Reason 3	6.24	2	Character	See ‘Home HD Reasons’ code list	Conditionally Optional
I23	28	Why Not Home HD Modality Other Reason 3	6.25	100	Character		Conditionally Mandatory
I24	29	Why Not Home PD Modality Reason 1	6.26	2	Character	See ‘Home PD Reasons’ code list	Conditionally Mandatory
I25	30	Why Not Home PD Modality Other Reason 1	6.27	100	Character		Conditionally Mandatory
I26	31	Why Not Home PD Modality Reason 2	6.28	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
I27	32	Why Not Home PD Modality Other Reason 2	6.29	100	Character		Conditionally Mandatory
I28	33	Why Not Home PD Modality Reason 3	6.30	2	Character	See ‘Home PD Reasons’ code list	Conditionally Optional
I29	34	Why Not Home PD Modality Other Reason 3	6.31	100	Character		Conditionally Mandatory
V2	35	AVF or AVG Surgical Assessment	6.32	1	Character	Y – Yes N – No	Conditionally Mandatory

V3	36	Surgical Assessment Reason 1	6.33	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Mandatory
V4	37	Surgical Assessment Other Reason 1	6.34	100	Character		Conditionally Mandatory
V5	38	Surgical Assessment Reason 2	6.35	2	Character	See 'VA Reason Codes – Milestone 1' list	Conditionally Optional
V6	39	Surgical Assessment Other Reason 2	6.36	100	Character		Conditionally Mandatory
V7	40	Adequate VA Education Provided	6.37	1	Character	Y – Yes N – No	Conditionally Mandatory
V8	41	Patient Intended Initial Access	6.38	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	6.39	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Mandatory
V10	43	HD Catheter Other Reason 1	6.40	100	Character		Conditionally Mandatory
V11	44	HD Catheter Reason 2	6.41	2	Character	See 'VA Reasons Codes – Milestone 3' list	Conditionally Optional
V12	45	HD Catheter Other Reason 2	6.42	100	Character		Conditionally Mandatory

Submission File Processing

Records within in 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. A couple of examples are provided below to help illustrate this point.

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.

It is strongly encouraged that data providers using the ORRS Upload functionality submit all records and their modifications only 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.

Appendix A: Reference Codes and Descriptions

Hospital Codes

Code	Description
BMH	WILLIAM OSLER HEALTH SYSTEM
CVH	TRILLIUM HEALTH PARTNERS
EGH	TORONTO EAST GENERAL HOSPITAL
GRH	GRAND RIVER HOSPITAL CORPORATION
HRR	HUMBER RIVER HOSPITAL
JHH	ST. JOSEPH'S HEALTHCARE - HAMILTON
KGH	KINGSTON GENERAL HOSPITAL
LHC	LAKERIDGE HEALTH CORPORATION
LHS	LONDON HEALTH SCIENCES CENTRE
NBH	NORTH BAY REGIONAL HEALTH CENTRE
NHS	NIAGARA HEALTH SYSTEM
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL
OTM	HALTON HEALTHCARE SERVICES
PET	PETERBOROUGH REGIONAL HEALTH CENTRE
RVV	RENFREW VICTORIA HOSPITAL
SAH	SAULT AREA HOSPITAL
SBG	LAKE OF THE WOODS HOSPITAL (KENORA)
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE
SGH	THE SCARBOROUGH HOSPITAL
SJH	ST. JOSEPH'S HEALTH CENTRE TORONTO
SMH	ST. MICHAEL'S HOSPITAL
SRH	HEALTH SCIENCES NORTH
TBH	THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE
TDH	TIMMINS AND DISTRICT HOSPITAL
TOH	THE OTTAWA HOSPITAL
UHN	UNIVERSITY HEALTH NETWORK
WHD	WINDSOR REGIONAL HOSPITAL
YCH	MACKENZIE HEALTH

Location Codes

Code	Description	Hospital Code
ALL	STEVENSON MEMORIAL (ALLISTON)	OSM
ALS	ADAM LINTON DIALYSIS UNIT	LHS
AMG	ALEXANDRA MARINE AND GENERAL HOSPITAL - GODERICH	LHS

BDC	BURLINGTON DIALYSIS CENTER	OTM
BDD	BELLEVILLE DIALYSIS CLINIC	KGH
BGH	THE BRANT COMMUNITY HEALTHCARE SYSTEM	JHH
BHS	BLUEWATER HEALTH – SARNIA	LHS
BMH	BRAMPTON CIVIC HOSPITAL	BMH
BPH	BRIDGEPOINT HEALTH	SGH
CGH	CORNWALL GENERAL	TOH
CHA	CHATHAM - KENT HEALTH ALLIANCE	LHS
COB	NORTHUMBERLAND HILLS	PET
COL	COLLINGWOOD GENERAL & MARINE	OSM
CRC	COMMUNITY RENAL CENTRE	SJH
CVH	TRILLIUM HEALTH PARTNERS – CREDIT VALLEY HOSPITAL	CVH
IEG (December 2014 Data and Earlier)	TORONTO EAST GENERAL HOSPITAL	EGH
EGH (January 2015 Data Onwards)	TORONTO EAST GENERAL HOSPITAL	SMH
ETG	ETOBICOKE GENERAL HOSPITAL	BMH
GBH	GREY-BRUCE HEALTH SERVICES - OWEN SOUND	LHS
GFS	FREEPORT SITE	GRH
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
HPH	HURON PERTH HOSPS PARTNERSHIP (STRATFORD)	LHS
HRR	HUMBER RIVER HOSPITAL	HRR
HSU	SCARBOROUGH HD SATELLITE UNIT	SGH
1HW (December 2014 Data and Earlier)	HEADWATERS HEALTH CARE	CVH
HWH (January 2015 Data Onwards)	HEADWATERS HEALTH CARE	BMH
JGE	ST. JOSEPH'S GENERAL HOSPITAL (ELLIOTT LAKE)	SRH
JHH	ST. JOSEPH'S HEALTHCARE – HAMILTON	JHH
JUH	JURAVINSKI HOSPITAL	JHH
KDH	KIRKLAND AND DISTRICT HOSPITAL (KIRKLAND LAKE)	SRH
KGH	KINGSTON GENERAL HOSPITAL	KGH
LDM	LEAMINGTON DISTRICT MEMORIAL HOSPITAL	WHD
LHC	LAKERIDGE HEALTH CORPORATION	LHC
LHS	LONDON HEALTH SCIENCES CENTRE	LHS
LIN	ROSS MEMORIAL HOSPITAL (LINDSAY)	PET
ILW (December 2014 Data and Earlier)	LAKE OF THE WOODS DISTRICT HOSPITAL	SBG
LWD (January 2015 Data Onwards)	LAKE OF THE WOODS DISTRICT HOSPITAL	TBH
MFS	MOOSE FACTORY - SATELLITE OF KINGSTON GENERAL HOSPITAL	KGH
MHC	MANITOULIN HEALTH CENTRE (LITTLE CURRENT)	SRH

MNH	MOUNT SINAI HOSPITAL	UHN
NBH	NORTH BAY REGIONAL HEALTH CENTRE	NBH
NHS	NIAGARA HEALTH SYSTEM	NHS
NFS	NIAGARA FALLS SITE	NHS
NLT	NEW LISKEARD – TEMISKAMING	SRH
NWH	NORTH WELLINGTON HEALTH CARE - PALMERSTON SITE	GRH
NWS	WELLAND SITE	NHS
OAK	OAK RIDGES SATELLITE	YCH
OHI	OTTAWA HEART INSTITUTE	TOH
OSM	ORILLIA SOLDIERS' MEMORIAL HOSPITAL	OSM
OTM	HALTON HEALTHCARE SERVICES	OTM
PCC	PROVIDENCE COMPLEX CARE	KGH
PET	PETERBOROUGH REGIONAL HEALTH CENTRE	PET
PGG	PEMBROKE GENERAL HOSPITAL	RVV
PGH	PENETANG GENERAL HOSPITAL	OSM
PRH	PRINCESS MARGARET HOSPITAL	UHN
PSF	PERTH AND SMITHS FALLS	KGH
QCH	QUEENSWAY CARLETON HOSPITAL	TOH
QHB	QUINTE HEALTHCARE (BANCROFT)	KGH
QHP	QUINTE HEALTHCARE (PICTON)	KGH
RCC	RENAL CARE CENTRE	CVH
RVH	ROYAL VICTORIA HOSPITAL (BARRIE)	OSM
RVS	ROUGE VALLEY HEALTH SYSTEM	SGH
RVV	RENFREW VICTORIA HOSPITAL	RVV
SAH	SAULT AREA HOSPITAL	SAH
SBK	SUNNYBROOK HEALTH SCIENCES CENTRE	SBK
SCO	SISTERS OF CHARITY OF OTTAWA	TOH
SGH	THE SCARBOROUGH HOSPITAL	SGH
SHK	SENSENBRENNER HOSPITAL (KAPUSKASING)	SRH
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
SRH	HEALTH SCIENCES NORTH	SRH
SSC	STONE CREEK	JHH
SSH	SOUTH STREET HOSPITAL	LHS
STH	SOUTHLAKE HOSPITAL	YCH
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	TORONTO GENERAL - GERRARD GROUND	UHN
TGH	TORONTO GENERAL HOSPITAL	UHN
TIP	TORONTO GENERAL - IN PATIENT	UHN
TMH	TILLSONBURG DISTRICT MEMORIAL HOSPITAL	LHS
TMS	TRILLIUM MISSISSAUGA SITE	CVH
TOH	THE OTTAWA HOSPITAL	TOH
TRI	TORONTO REHAB INSTITUTE	UHN
TRS	RIVERSIDE SITE	TOH
TSL	SIOUX LOOKOUT	TBH
TWH	TORONTO WESTERN HOSPITAL	UHN
TWT	TRILLIUM WEST TORONTO SITE	CVH
UHN	UNIVERSITY HEALTH NETWORK	UHN
VAU	VAUGHAN SATELLITE	YCH
WDG	WINDSOR HOTEL DIEU GRACE HOSPITAL (SATELLITE)	WHD
WGH	WOODSTOCK GENERAL HOSPITAL	LHS
WHD	WINDSOR REGIONAL HOSPITAL	WHD
WKC	WESTMOUNT KIDNEY CARE CENTRE	LHS
WMH	WINCHESTER MEMORIAL HOSPITAL	TOH
WPS	WEST PARRY SOUND HEALTH CENTRE	SRH
YCH	MACKENZIE HEALTH	YCH
YHS	YEE HONG SATELLITE	SGH

IHF Location Codes

Code	Description
BCB	BAYSHORE CENTRES - BROCKVILLE CLINIC IHF
BCS	BAYSHORE CENTRES - STONEY CREEK 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

Self-Care Location Codes

Code	Description
SHP	SHEPPARD CENTRE
SUS	SUSSEX CENTRE

LTC Location Codes

Code	Description	Hospital Code
LCCT	Leisureworld Caregiving Centre, Mississauga	CVH
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
CCHG	Caressant Care - Harrison	GRH
CCFG	Caressant Care - Fergus	GRH
CCAG	Caressant Care - Arthur	GRH
ACLH	Arbour Creek Long-Term Care Centre	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
CPKL	Chelsey Park	LHS
CTEL	Country Terrace	LHS
OLTL	Oneida Long Term Care Home	LHS
ACLN	Arbour Creek Long-Term Care Centre	NHS
SJLN	St. Joseph's Lifecare Centre	NHS
GPHO	Grove Park Home	OSM
SMBO	Simcoe Manor - Beeton	OSM
TMAO	Trillium Manor	OSM
LCCO	Leisureworld Caregiving Centre, Mississauga	OTM
WMAO	Wyndham Manor	OTM
EMVS	Extendicare Maple View	SAH
TOCS	The O'Neill Centre	SBK

DRSS	Drs. Paul and John Rekaï Centre	SBK
MSRS	Mon Sheong Scarborough Long-Term Care Centre	SGH
YHCS	Yee Hong Centre - Scarborough Finch	SGH
RNHS	Rockcliffe Nursing Home	SGH
HESS	Hillsdale Estates	SGH
DRSM	Drs. Paul and John Rekaï Centre	SMH
TOCM	The O'Neill Centre	SMH
SJVH	St. Joseph's Villa	SRH
SGVH	Villa St. Gabriel Villa	SRH
BNHT	Bethammi Nursing Home	TBH
SJVT	St. Joseph's Villa	TDH
SGVT	Villa St. Gabriel Villa	TDH
BMNO	Bayfield Manor Nursing and Retirement Home	TOH
SLRO	St. Louis Residence	TOH
TOCU	The O'Neill Centre	UHN
DRSU	Drs. Paul and John Rekaï Centre	UHN
SPHD	Sun Parlor Home, County of Essex	WHD
MHRM	Mariann Nursing Home and Residence	YCH
MSRM	Mon Sheong Richmond Hill Long-Term Care Centre	YCH
SHAM	Simcoe Manor Home for the Aged	YCH

Treatment (Modality) Codes

Treatment Code	Description
Chronic Specific Codes	
060	PD & HD
064	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
211	Chronic Care Hospital - Conventional HD - Total Care
214	Chronic Care Hospital - Conventional HD - Assistance
221	Chronic Care Hospital - Short Daily HD - Total Care
224	Chronic Care Hospital - Short Daily HD - Assistance
241	Chronic Care Hospital - CAPD - Total Care
244	Chronic Care Hospital - CAPD - Assistance
251	Chronic Care Hospital - APD - Total Care
254	Chronic Care Hospital - APD - Assistance
281	Chronic Care Hospital - CAPD (Nursing Home) - Total Care
284	Chronic Care Hospital - CAPD (Nursing Home) - Assistance
291	Chronic Care Hospital - APD (Nursing Home) - Total Care
294	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
453	Home - APD - Total Self Care
454	Home – APD - Assistance
Other Modality Codes	
AHD	Acute HD
CSD	CRRT-SLEDD
CCV	CRRT-CVVHD
PDS	Pre-dialysis Services

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 - Membranoproliferative mesangiocapillary 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
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
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
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 (Moscowitz)
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

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
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
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

Code	Description
AC	AC (Access Change)
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 Dialysis Training Start)
TE	TE (Home Dialysis Training End)
RS	RS (Home Dialysis Re-training Start)
RE	RE (Home Dialysis Re-training End)
VR	VR (Pre-dialysis Clinic Visit)
VA	VA (Body/Vascular Access Clinic Visit)
VE	VE (Education 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

Reason for Change Codes

Code	Description
01	Peritonitis
02	Other abdominal complications
03	Inadequate dialysis
08	Intended Treatment
13	Not reported
14	Patient initiated - choice or unable to cope
15	HD access failure
16	Other complications related to PD
17	Cardiovascular instability
18	Resource/geographical (non-medical)
19	Requires increased care
20	Left country
11	Lost to follow-up
62	Body/Vascular Access Procedure
70	Starting dialysis
80	Exit site/tunnel Infection
81	Peritoneal dialysis catheter related problems
82	Inadequate solute clearance
83	Inadequate salt and water clearance
84	Psychological/ Social/ Financial reasons
85	Medical/ Psychiatric reasons
99	Other, specify

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

Reason for Pre-dialysis Withdrew Codes

Code	Description
71	No treatment (palliative/conservative care)
72	Discharged to general nephrology care
73	Discharged back to primary care setting
74	Transfer of care to another service
7	Other

Transplant Hospitals

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

Death Type Codes

Code	Description
0	Cause of death uncertain/not determined
2	Gastro-intestinal tumour with or without perforation
3	Infection (Bacterial)
4	Infection (Viral)
5	Infection (Fungal)
6	Cytomegalovirus
7	Epstein Barr Virus
8	Pneumocystic Carinii Pneumonia (PCP)
9	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
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
90	Multi-system failure
99	Other identified cause of death – specify
NR	Not Reported

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
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 management
55	Other
56	In the process of switching to HHD

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
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 management
55	Other
56	In the process of switching to PD

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
30	Patient refusal - Assessed by Nephrologist but refused surgical assessment
38	Hemodialysis not intended modality- Patient chose conservative 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
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
48	Patient awaiting recovery

49	Patient not known to CKD clinic – acute kidney injury requiring urgent start of dialysis
50	Transplant to HD – requiring HD after failed transplant

Appendix B: Lab Value Ranges

Element ID	Element Name	Unit	Valid Values
Chronic Registration			
C8	Hemoglobin	g/L	60 <= hemoglobin result <= 140
C9	Creatinine	μmol/L	300 <= creatinine result <= 1500
C10	Urea	mmol/L	15 <= urea result <= 40
C11	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
C12, C13	Serum Calcium (Uncorrected)	mmol/L	2.10 <= serum calcium uncorrected result <= 2.60
C12, C13	Serum Calcium (Ionized)	mmol/L	1.19 <= serum calcium ionized result <= 1.29
C14	Serum Phosphate	mmol/L	1.50 <= serum phosphate result <= 1.80
C15	Serum Albumin	g/L	25 <= serum albumin <= 50
C16, C17	Serum Parathormone (PTH)	pmol/L	1.30 <= serum parathormone result <= 7.60
C16, C17	Serum Parathormone (PTH)	ng/L	18 <= serum parathormone result <= 73
C16, C17	Serum Parathormone (PTH)	pg/mL	10 <= serum parathormone result <= 65
Pre-dialysis Registration			
T16	Creatinine	μmol/L	300 <= creatinine result <= 1500
Calculated value	eGFR	mls/min	0 <= eGFR result <= 33
D3	Proteinuria	PCR / ACR / 24Hr Protein Excretion Rate	100 <= proteinuria result <= 4000

Appendix C: 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.

Element ID	Element Name	Rule #	Validation Rule	System Action	Error #	Error Message
General File Processing Rules						
		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 Rules						
		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.
		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		Invalid record; cannot update record in a closed period.
Registration File Processing Rules						
		1120	To create a new patient initial registration, the record must be marked as Initial.	Reject Record	4121	Record is not indicated as Initial; cannot create Initial Registration.
		1130	To create a secondary registration for an existing patient, the record must be marked as Secondary.	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.

		1150	A Patient's secondary registration cannot have a different Health Card Number than its Initial Registration.	Reject Record	4119	Secondary registration's <i>Health Card Number</i> is not the same as the Patient's.
		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 is allowed.	Warning error	4125	Patient identity fields will be changed.
		1220	IF the patient's identity in the record is different than that of the patient in ORRS AND the patient has received treatment at another location then the one submitting the change THEN the identity change is not allowed.	Warning error	4126	Patient identity fields are different, and will not be updated.
A3	Health Card Number	1230	IF Health Card Number Not Available (A5) <> 'Y', THEN Health Card Number (A3) cannot be blank	Reject Record	3145	<i>Health Card Number</i> must be provided for when <i>Health Card Number Not Available</i> is N
A4	Province of Health Card	1240	IF Health Card Number Not Available (A5) <> 'Y' THEN Province of Health Card Number (A4) cannot not be blank.	Reject Record	3146	<i>Province of Health Card Number</i> must be provided for if <i>Health Card Number</i> provided

A9	Other Racial Origin	1250	IF Race Origin (A9) = '99' THEN Other Race Origin (A9) cannot be blank.	Reject Record	8114	<i>Other Race Origin</i> must be provided for given <i>Race Origin</i> .
P1	Location	1260	The Location (P1) must equal to the specified Location of the file	Reject Record	8110	The record's <i>Location</i> must equal to the specified <i>Location</i> of the file
		1270	The Location (P1) cannot be an IHF or Self-care location.	Reject Record		<i>Location</i> cannot be an IHF or Self-care location.
B3	Postal Code	1280	Format of postal code (B3) must be A#A#A#	Reject Record	1403	Invalid <i>Postal Code</i> 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	<i>Date of Birth</i> must be less than or equal to today's date.
C21	Dialysis Treatment Start Date	1282	The Treatment Start Date (T2) must be greater than patient's Date of Birth.	Reject Record	8103	<i>Treatment Start Date</i> must be greater than the patient's date of birth.
Chronic Registration						
C66	Date of Referral to Nephrologist		The Date of Referral to Nephrologist must be greater than the patient's Date of Birth (A6).	Reject Record	8103	<i>Date of Referral to Nephrologist</i> must be greater than the patient's date of birth.
			The Date of Referral to Nephrologist must be on or before the Date when patient was first seen by a nephrologist (C1).	Reject Record		<i>The Date of Referral to Nephrologist</i> must be on or before <i>Date when patient was first seen by a nephrologist</i> .
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	<i>Date when patient was first seen by a nephrologist</i> 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	<i>Date when patient was first seen by a nephrologist</i> 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		<i>Patient Transferred into Ontario?</i> 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 OR Patient Followed by Nephrologist prior to Dialysis (C3) is not blank THEN Creatinine when first seen by nephrologist (C2) cannot be blank.	Reject Record	8114	<i>Creatinine when first seen by nephrologist</i> must be provided for given <i>Date when first seen by Nephrologist</i> .
C4	Where was Patient Followed?	1300	IF Patient Followed by Nephrologist prior to Dialysis? (C3) <> 'Y' THEN Where was Patient Followed? (C4) must be blank.	Reject Record	8113	<i>Where was Patient Followed?</i> Is not required.

	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	<i>Date of referral to multi-disciplinary clinic</i> must be greater than the patient's date of birth.
C21	Dialysis Treatment Start Date	1310	The Dialysis Treatment Start Date (C21) must be within the specified file submission period.	Reject Record	4114	<i>Dialysis Treatment Start Date</i> must be within the specified file submission period.
		1311	The Dialysis Treatment Start Date (C2) must be greater than or equal to Date of referral to multi-disciplinary clinic.	Reject Record	1222	<i>Treatment Start Date</i> must be equal to or greater than the date of referral to multi-disciplinary clinic.
		1312	The Dialysis Treatment Start Date (C2) must be greater than 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	<i>Reason for not intended long-term treatment</i> 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	<i>Other Reason for not intended long-term treatment</i> must be provided for given <i>Reason for not intended long-term treatment</i> .
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	<i>Intended Long-term Treatment Code</i> is not required.
C27	Not Home HD Modality Reason 1	1350	IF Initial Dialysis Treatment Code (C22) in (111, 171, 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	<i>Not Home HD Modality Reason 1</i> must be provided for given <i>Initial Dialysis Treatment Code</i> .
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	<i>Not Home HD Modality Other Reason 1</i> must be provided for given <i>Not Home HD Modality Reason 1</i> .
C29	Not Home HD Modality Reason 2	1370	IF Initial Dialysis Treatment Code (C22) NOT in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home HD Modality Reason 2 (C27) must be blank.	Reject Record	8113	<i>Not Home HD Modality Reason 2</i> 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	<i>Not Home HD Modality Other Reason 2</i> must be provided for given <i>Not Home HD Modality Reason 2</i> .

C31	Not Home HD Modality Reason 3	1390	IF Initial Dialysis Treatment Code (C22) NOT in (111, 171, 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	<i>Not Home HD Modality Reason 3 is not required.</i>
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	<i>Not Home HD Modality Other Reason 3 must be provided for given Not Home HD Modality Reason 3.</i>
C33	Not Home PD Modality Reason 1	1410	IF Initial Dialysis Treatment Code (C22) in (111, 171, 312, 322, 332, 311, 321, 112, 211, 221, 122, 121, 131) THEN Not Home PD Modality Reason 1 (C29) cannot be blank.	Reject Record	8114	<i>Not Home PD Modality Reason 1 must be provided for given Initial Dialysis Treatment Code.</i>
C34	Not Home PD Modality Other Reason 1	1420	IF Not Home PD Modality Reason 1 (C29) = '55' THEN Not Home PD Modality Other Reason 1 (C30) cannot be blank.	Reject Record	8114	<i>Not Home PD Modality Other Reason 1 must be provided for given Not Home PD Modality Reason 1.</i>
C35	Not Home PD Modality Reason 2	1430	IF Initial Dialysis Treatment Code (C22) NOT in (111, 171, 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	<i>Not Home PD Modality Reason 2 is not required.</i>
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	<i>Not Home PD Modality Other Reason 2 must be provided for given Not Home PD Modality Reason 2.</i>
C37	Not Home PD Modality Reason 3	1450	IF Initial Dialysis Treatment Code (C22) NOT in (111, 171, 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	<i>Not Home PD Modality Reason 3 is not required.</i>
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	<i>Not Home PD Modality Other Reason 3 must be provided for given Not Home PD Modality Reason 3.</i>
C39	HD Catheter Reason 1	1470	IF Access Used at Time of First Dialysis (C20) in (1, 2, 3, 4) THEN HD Catheter Reason 1 (C31) cannot be blank.	Reject Record	8114	<i>HD Catheter Reason 1 must be provided for given Access Used.</i>
C40	HD Catheter Other Reason 1	1480	IF HD Catheter Reason 1 (C31) = '55' THEN HD Catheter Other Reason 1 (C32) cannot be blank.	Reject Record	8114	<i>HD Catheter Other Reason 1 must be provided for given HD Catheter Reason 1.</i>
C41	HD Catheter Reason 2	1490	IF Access Used at Time of First Dialysis (C20) NOT in (1, 2, 3, 4) THEN HD Catheter Reason 2 (C41) must be blank.	Reject Record	8113	<i>HD Catheter Reason 2 is not required.</i>

C42	HD Catheter Other Reason 2	1500	IF HD Catheter Reason 2 (C41) = '55' THEN HD Catheter Other Reason 1(C32) cannot be blank.	Reject Record	8114	<i>HD Catheter Other Reason 2</i> must be provided for given <i>HD Catheter Reason 2</i> .
C44	No Height & Weight Other Reason	1510	IF No Height & Weight Reason (C43) = '2' THEN No Height & Weight Other Reason (C44) cannot be blank.	Reject Record	8114	<i>No Height & Weight Other Reason</i> must be provided for given <i>No Height & Weight Reason</i> .
C45	Height at First Dialysis Treatment	1520	IF No Height & Weight Reason (C43) is NOT blank THEN Height at First Dialysis Treatment (C45) must be blank.	Reject Record	8113	<i>Height at First Dialysis Treatment</i> is not required.
C46	Weight within First Month of Treatment	1530	IF No Height & Weight Reason (C43) is NOT blank THEN Weight within First Month of Treatment (C46) must be blank.	Reject Record	8113	<i>Weight within First Month of Treatment</i> 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	<i>Other Primary Renal Disease</i> must be provided for given <i>Primary Renal Disease</i> .
C63	Specified Other Serious Illness	1550	IF Specified 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.
Acute Registration						
T2	Treatment Start Date	1560	The Treatment Start Date (T2) must be within the specified file submission period.	Reject Record	4114	<i>Treatment Start Date</i> must be within the specified file submission period.
Pre-dialysis Registration						
T2	Clinic Visit Date	1570	The Clinic Visit Date (T2) must be within the specified file submission period.	Reject Record	4114	<i>Clinic Visit Date</i> must be within the specified file submission period.
		1571	The Clinic Visit Date (T2) must be greater than patient's Date of Birth.	Reject Record	8103	<i>Clinic Visit Date</i> must be greater than the patient's date of birth.
T18	Delivery Mode	1580	IF Client Visit Type (T15) = 2, THEN Delivery Mode (T18) cannot be blank	Reject Record	8114	<i>Delivery Mode</i> must be provided for given <i>Client Visit Type</i>
T19	Access Visit Type	1590	IF Client Visit Type (T15) = 3, THEN Access Visit Type (T19) cannot be blank	Reject Record	8114	<i>Access Visit Type</i> must be provided for given <i>Client Visit Type</i>
T20	Initial Assessment Type	1600	IF Access Visit Type (T19) = 1, THEN Initial Assessment Type (T20) cannot be blank	Reject Record	8114	<i>Initial Assessment Type</i> must be provided for given <i>Access Visit Type</i>
T21	Initial Assessment Reason	1610	IF Access Visit Type (T19) = 1, THEN Initial Assessment Reason (T21) cannot be blank	Reject Record	8114	<i>Initial Assessment Reason</i> must be provided for given <i>Access Visit Type</i>

T22	Follow-up Type	1620	IF Access Visit Type (T19) = 2, THEN Follow-up Type (T22) cannot be blank	Reject Record	8114	<i>Follow-up Type</i> must be provided for given <i>Access Visit Type</i>
D4	Proteinuria Test Type	1630	IF Proteinuria (D3) is not blank, THEN Proteinuria Test Type (D4) cannot be blank.	Reject Record	8114	<i>Proteinuria Test Type</i> must be provided for given <i>Proteinuria</i>
Treatment Event						
		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.
		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 HCN is blank THEN Patient First Name must be provided	Reject Record	2138	At least one of First Name or Health Card Number is required.
A3	Health Card Number	1664	IF Patient First Name is blank THEN Health Card Number must be provided	Reject Record	2138	At least one of First Name or Health Card Number is required.
T1	Treatment Event Code	1670	The Treatment Event Code cannot be changed on update of a record.	Reject record	4128	The <i>Treatment Event Code</i> cannot be changed on update.
T2	Treatment Change Date	1680	The Treatment Change Date (T2) must be within the specified file submission period.	Reject Record	4114	<i>Treatment Change Date</i> 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	<i>Modality Code</i> must be provided for given <i>Treatment Event Code</i> .
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 <i>Location</i> must equal to the specified <i>Location</i> of the submission file for given <i>Treatment Event Code</i> .
T4	Care Setting	1730	IF Treatment Event Code (T1) in ('L-OUT', 'TR-OUT', VR) THEN Care Setting (T4) must be blank.	Reject Record	8113	<i>Care Setting</i> is not required.
			IF Modality Code is in ('AHD', 'CCV', 'CSD') then Care Setting is required	Reject Record	8114	<i>Care Setting</i> must be provided for given <i>Modality Code</i>
T5C	Reason for Change Code	1740	IF Treatment Event Code (T1) in ('M', 'L-OUT', 'TR-OUT', 'TO') THEN Reason for Change Code (T5C) cannot be blank.	Reject Record	8114	<i>Reason for Change Code</i> must be provided for given <i>Treatment Event Code</i> .
		1750	IF Treatment Event Code (T1) = 'TO' THEN Reason for Change Code (T5C) must be in (18, 20).	Reject Record	8115	<i>Reason for Change Code</i> is invalid for given <i>Treatment Event Code</i>

T6C	Other Reason for Change	1760	IF Reason for Change Code (T5C) = '99' THEN Other Reason for Change (T6) cannot be blank.	Reject Record	8114	<i>Other Reason for Change must be provided for given Reason for Change Code.</i>
T5W	Reason for Withdrew Code	1770	IF Treatment Event Code (T1) = 'W' THEN Reason for Withdrew Code (T5W) cannot be blank.	Reject Record	8114	<i>Reason Code for Withdrew Code must be provided for given Treatment Event Code.</i>
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	<i>Other Reason for Withdrew Code must be provided for given Reason for Withdrew Code.</i>
T8	Changed 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	<i>Changed From Location must be provided for given Treatment Event Code.</i>
		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		<i>Changed From Location cannot be the same as the Location.</i>
		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		<i>Changed From Location must equal to the specified Location of the submission file for given Treatment Event Code.</i>
T10	Death Type Code	1840	IF Treatment Event Code (T1) = 'D' THEN Death Type Code (T10) cannot be blank.	Reject Record	8114	<i>Death Type Code must be provided for given Treatment Event Code.</i>
T11	Transplant Hospital	1850	IF Treatment Event Code (T1) = 'TX' THEN Transplant Hospital (T11) cannot be blank.	Reject Record	8114	<i>Transplant Hospital must be provided for given Treatment Event Code.</i>
T12	Transplant Type	1860	IF Treatment Event Code (T1) = 'TX' THEN Transplant Type (T12) cannot be blank.	Reject Record	8114	<i>Transplant Type must be provided for given Treatment Event Code.</i>
T13	Access Used	1870	IF Treatment Event Code (T1) = 'AC' THEN Access Used (T13) cannot be blank.	Reject Record	8114	<i>Access Used must be provided for given Treatment Event Code.</i>
T14	Other Access Used	1880	IF Treatment Event Code (T1) <> 'AC' THEN Other Access Used (T14) must be blank.	Reject Record	8113	<i>Other Access Used is not required.</i>
		1890	IF Access Used (T13) in (1, 2, 3, 4 THEN Other Access Used (T14) must be blank.	Reject Record	8113	<i>Other Access Used is not required.</i>
		1900	IF Access Used (T13) = 5 THEN Other Access Used (T14) cannot be in (5, 6).	Reject Record	8115	<i>Other Access Used is invalid for given Access Used.</i>
		1910	IF Access Used (T13) = 6 THEN Other Access Used (T14) cannot be 6.	Reject Record	8115	<i>Other Access Used is invalid for given Access Used.</i>

		1920	IF Access Used (T13) = 7 THEN Other Access Used (T14) cannot be 7.	Reject Record	8115	Other Access Used is invalid for given Access Used.
T16	Creatinine	1930	IF Treatment Event Code (T1) in ('VR', 'VE', 'VA') AND the reported patient is a Pre-dialysis patient THEN Creatinine (T16) cannot be blank.	Reject Record	8111	<i>Creatinine</i> is required
T18	Delivery Mode	1950	IF Treatment Event Code (T1) = 'VE' THEN Delivery Mode (T18) cannot be blank.	Reject Record	8114	<i>Delivery Mode</i> must be provided for given <i>Client Visit Type</i> .
T19	Access Visit Type	1960	IF Treatment Event Code (T1) = 'VA' THEN Access Visit Type (T19) cannot be blank.	Reject Record	8114	<i>Access Visit Type</i> must be provided for given <i>Client Visit Type</i> .
T20	Initial Assessment Type	1970	IF Access Visit Type (T19) = '1' THEN Initial Assessment Type (T20) cannot be blank.	Reject Record	8114	<i>Assessment Type</i> must be provided for given <i>Access Visit Type</i>
T21	Initial Assessment Reason	1980	IF Access Visit Type (T19) = 1, THEN Initial Assessment Reason (T21) cannot be blank	Reject Record	8114	<i>Assessment Reason</i> must be provided for given <i>Access Visit Type</i>
T22	Follow-up type	1990	IF Access Visit Type (T19) = 2, THEN Follow-up Type (T22) cannot be blank	Reject Record	8114	<i>Follow-up Type</i> must be provided for given <i>Access Visit Type</i>
T23	Follow-up Reason	2000	IF Access Visit Type (T19) = 2, THEN Follow-up Reason (T23) cannot be blank	Reject Record	8114	<i>Follow-up Reason</i> must be provided for given <i>Access Visit Type</i>
T24	Follow-up Access Used	2010	IF Access Visit Type (T19) = 2, THEN Follow-up Access Used (T24) cannot be blank	Reject Record	8114	<i>Follow-up Access</i> must be provided for given <i>Access Visit Type</i>
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	<i>Dialysis Training Type</i> must be provided for given <i>Treatment Event Code</i> .
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	<i>Not Home HD Modality Reason 1</i> must be provided for given <i>Treatment Event Code</i> .
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	<i>Not Home HD Modality Other Reason 1</i> must be provided for given <i>Not Home HD Modality Reason 1</i>
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	<i>Not Home HD Modality Reason 2</i> 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	<i>Not Home HD Modality Other Reason 2</i> must be provided for given <i>Not Home HD Modality Reason 2</i>

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	<i>Not Home HD Modality Reason 3 is not required.</i>
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	<i>Not Home HD Modality Other Reason 3 must be provided for given Not Home HD Modality Reason 3</i>
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	<i>Not Home PD Modality Reason 1 must be provided for given Treatment Event Code.</i>
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	<i>Not Home PD Modality Other Reason 1 must be provided for given Not Home PD Modality Reason 1</i>
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	<i>Not Home PD Modality Reason 2 is not required.</i>
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	<i>Not Home PD Modality Other Reason 2 must be provided for given Not Home PD Modality Reason 2</i>
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	<i>Not Home PD Modality Reason 3 is not required.</i>
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	<i>Not Home PD Modality Other Reason 3 must be provided for given Not Home PD Modality Reason 3</i>
T38	VA Reason 1	2150	IF Treatment Event Code (T1) in ('VA3', 'VA9') THEN VA Reason 1 (T38) cannot be blank.	Reject Record	8114	<i>VA Reason 1 must be provided for given Treatment Event Code.</i>
T39	VA Other Reason 1	2160	IF VA Reason 1 (T38) = '47' THEN VA Other Reason 1 (T39) cannot be blank.	Reject Record	8114	<i>VA Other Reason 1 must be provided for given VA Reason 1</i>
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	<i>VA Reason 2 is not required.</i>
T41	VA Other Reason 2	2180	IF VA Reason 2 (T40) = '47' THEN VA Other Reason 2 (T41) cannot be blank.	Reject Record	8114	<i>VA Other Reason 2 must be provided for given VA Reason 2</i>
ID/VA Assessment						

		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) 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
Pre-dialysis Registration & ID/VA Assessment (fields are shared between both file types)						
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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	<i>Not Eligible for Home HD Reason 1</i> must be provided for given <i>Patient Eligible for Home HD</i> .
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	<i>Not Eligible for Home HD Other Reason 1</i> must be provided for given <i>Not Eligible for Home HD Reason 1</i> .
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	<i>Not Home HD Reason 2</i> 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	<i>Not Home HD Other Reason 2</i> must be provided for given <i>Not Home HD Reason 2</i> .
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	<i>Not Home HD Reason 3</i> 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	<i>Not Home HD Other Reason 3</i> must be provided for given <i>Not Home HD Reason 3</i> .

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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	<i>Not Eligible for Home PD Reason 1</i> must be provided for given <i>Patient Eligible for Home PD</i> .
I11	Not 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	<i>Not Eligible for Home PD Other Reason 1</i> must be provided for given <i>Not Eligible for Home PD Reason 1</i> .
I12	Not 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	<i>Not Eligible for Home PD Reason 2</i> is not required.
I13	Not 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	<i>Not Eligible for Home PD Other Reason 2</i> must be provided for given <i>Not Eligible for Home PD Reason 2</i> .
I14	Not 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	<i>Not Eligible for Home PD Reason 3</i> is not required.
I15	Not 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	<i>Not Eligible for Home PD Other Reason 3</i> must be provided for given <i>Not Eligible for Home PD Reason 3</i> .
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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Patient Eligible for Home HD - Patient Eligible for Home PD - Patient/Family Education Provided - Patient Modality Choice

I17	Patient Modality Choice	2350	IF Update ID Assessment (I1 or P11) = 'Y' THEN at least one of the following fields cannot be blank: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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, 171, 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	<i>Not Home HD Modality Reason 1</i> must be provided for given <i>Patient Modality Choice</i> .
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	<i>Not Home HD Modality Other Reason 1</i> must be provided for given <i>Not Home HD Modality Reason 1</i> .
I20	Not Home HD Modality Reason 2	2380	IF Patient Modality Choice (I17) NOT in (111, 171, 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	<i>Not Home HD Modality Reason 2</i> is not required.
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	<i>Not Home HD Modality Other Reason 2</i> must be provided for given <i>Not Home HD Modality Reason 2</i> .
I22	Not Home HD Modality Reason 3	2400	IF Patient Modality Choice (I17) NOT in (111, 171, 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	<i>Not Home HD Modality Reason 3</i> 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	<i>Not Home HD Modality Other Reason 3</i> must be provided for given <i>Not Home HD Modality Reason 3</i> .
I24	Not Home PD Modality Reason 1	2420	IF Patient Modality Choice (I11) in (111, 171, 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	<i>Not Home PD Modality Reason 1</i> must be provided for given <i>Patient Modality Choice</i> .
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	<i>Not Home PD Modality Other Reason 1</i> must be provided for given <i>Not Home PD Modality Reason 1</i> .

I26	Not Home PD Modality Reason 2	2440	IF Patient Modality Choice (I11) NOT in (111, 171, 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	<i>Not Home PD Modality Reason 2 is not required.</i>
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	<i>Not Home PD Modality Other Reason 2 must be provided for given Not Home PD Modality Reason 2.</i>
I28	Not Home PD Modality Reason 3	2460	IF Patient Modality Choice (I11) NOT in (111, 171, 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	<i>Not Home PD Modality Reason 3 is not required.</i>
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	<i>Not Home PD Modality Other Reason 3 must be provided for given Not Home PD Modality Reason 3.</i>
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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - 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	<i>Surgical Assessment Reason 1 must be provided for given AVF or AVG Surgical Assessment.</i>
V4	Surgical Assessment Other Reason 1	2500	IF Surgical Assessment Reason 1 (V3) = '47' THEN Surgical Assessment Other Reason 1 (V4) cannot be blank.	Reject Record	8114	<i>Surgical Assessment Other Reason 1 must be provided for given Surgical Assessment Reason 1.</i>
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	<i>Surgical Assessment Reason 2 is not required.</i>
V6	Surgical Assessment Other Reason 2	2520	IF Surgical Assessment Reason 2 (V5) = '47' THEN Surgical Assessment Other Reason 2 (V6) cannot be blank.	Reject Record	8114	<i>Surgical Assessment Other Reason 2 must be provided for given Surgical Assessment Reason 2.</i>

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	<i>HD Catheter Reason 1</i> must be provided for given <i>Patient Intended Initial Access</i> .
V10	HD Catheter Other Reason 1	2560	IF HD Catheter Reason 1 (V9) = '47' THEN HD Catheter Other Reason 1 (V10) cannot be blank.	Reject Record	8114	<i>HD Catheter Other Reason 1</i> must be provided for given <i>HD Catheter Reason 1</i> .
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	<i>HD Catheter Reason 2</i> is not required.
V12	HD Catheter Other Reason 2	2580	IF HD Catheter Reason 2 (V11) = '47' THEN HD Catheter Other Reason 2 (V12) cannot be blank.	Reject Record	8114	<i>HD Catheter Other Reason 2</i> must be provided for given <i>HD Catheter Reason 2</i> .

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

Revision History

Date of Revision	Revision Description
16-Aug-2013	<p>Updates on ORRS version 1.1</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - Corrected Treatment Event Code (T1) length validation from 3 to 6 to accommodate codes such as “TR-OUT”. - Corrected Surgical Assessment Reason 1 (V3) and Reason 2 (V5) validation rules (2490 & 2510). ▪ Minor wording and referencing corrections ▪ Label clarifications
3-Sep-2013	<p>Updates on ORRS version 1.2</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - Changed Proteinuria (D3) from Mandatory to Optional in the Pre-dialysis Registration - Changed Proteinuria Test Type (D4) from Mandatory to Conditionally Mandatory in the Pre-dialysis Registration - Added new validation rule #1630 ▪ Added missing Transplant Type (T12) codes ▪ Added missing Transplant Hospitals codes table to Appendix A
17-Oct-2013	<p>Updates on ORRS version 1.3</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - Corrected the Element ID of Patient Modality Choice (I17) for validation rule 2360, 2380, and 2400.
7-Jul-2014	<p>Updates on ORRS version 1.4</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - New Locations (Long-Term Care Centres) - New Modality Codes - New data elements for all registrations: street address line 1 & 2 - New Chronic Registration data element: date of referral - New Pre-dialysis Registration ID/VA data elements - New Reasons for ID/VA - Extension of ID/VA ‘Other’ from 50 to 100 characters - Removal of TP event codes & Transient reason codes - Associated validations for new data elements - Removal of Hospital and Transfer Hospital from Treatment Event file type - Add ID3 Treatment Event Code

3-Sep-2014	<p>Updates on ORRS version 1.4.1</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - Updated Long-Term Care Centre locations and moved into new table - Added hospital code for Locations - Changed 'Referral to Nephrology' data element to 'Referral to Nephrologist' - Correction to 'Reason for Change Codes' - Care Setting on Treatment Event specification corrected to 'Conditional Mandatory' to match Appendix C
15-Jan-2015	<p>Updates on ORRS version 1.4.1</p> <ul style="list-style-type: none"> ▪ Material Changes: <ul style="list-style-type: none"> - Added Hospital Codes: <ul style="list-style-type: none"> ▪ EGH - Toronto East General Hospital ▪ SBG - Lake of the Woods Hospital (Kenora) - Added Location Codes: <ul style="list-style-type: none"> ▪ 1EG - Toronto East General Hospital ▪ 1HW - Headwaters Health Care ▪ 1LW - Lake of the Woods District Hospital - Updated Location Codes: <ul style="list-style-type: none"> ▪ Added note to EGH - Toronto East General Hospital ▪ Added note to HWH - Headwaters Health Care ▪ Added note to LWD - Lake of the Woods District Hospital