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| Specialized Services Oversight (SSO) Data Dictionary |
| **Stem Cell TransplantEffective**4/1/2021 |
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**Specialized Services Oversight (SSO) Data Dictionary**

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# Version Control

**Specialized Services Oversight (SSO) Data Dictionary**

| Date | Description | TFS# | Owner |
| --- | --- | --- | --- |
| October 27, 2015 | * Facility: Removed Sunnybrook; added Thunder Bay;
* Added comment to Post\_Transplant\_Transfer = “If this is the same as facility number, the file could submit 2 transplant and photophoresis records in the same file”
* Removed ICU\_ONGOING\_FLAG from DD. TFS#
* Renamed and added ICU admission and discharge fields to DD. TFS#200585
* Added note ‘Note: Some hospitals may submit both transplant and photophoresis records for the same patient in the same file. These will be 2 separate records in the file and considered independent.’
* Updated 959 facility name from Sudbury Regional Hospital to Health Sciences North
* Updated Health\_Card\_Number validation to reference no 0's, no 1's
* Updated Health\_Card\_Number validation to reference numbers less than 10 digits
 | --200585200585-291787234973235429 | Michele Cross |
| November 13, 2015 | Added: System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant AND System\_Issue fields.  | 200589 | Michele Cross |
| January 14, 2016 | Added: * Post\_Transplant\_Receiving\_Centre\_Submission column.
* Grand River, Lakeridge Health, Windsor, Sunnybrook for Auto/Day 1 Transfer sites
 | 290083 | Michele Cross |
| April 12, 2016 | Added Transfer Date Exclusion criteria rule of no more than 5 days from Transplant date.Updated text of Date of Initial Diagnosis field. | 292885399232 | Michele Cross |
| June 1, 2016 | Added fields: * Ready\_to\_Transplant\_Date.
* High\_Cost\_Drug\_Name AND High\_Cost\_Drug\_Total\_Dose\_Administered.
* Second\_Transplant\_Same\_Disease.
* Removed comment to Post\_Transplant\_Transfer = “If this is the same as facility number, the file could submit 2 transplant and photophoresis records in the same file” to avoid confusion.
* Improve wording for Canceled\_Flag, Date\_Transplant and Date\_HLA\_Typing\_Request descriptions.
 | 397469400118200587 | Michele Cross |
| Feb.15, 2017 | * Added Haplo to list of Type\_Transplant
* Updated High\_Cost\_Drug\_Total\_Dose\_Administered to remove lower limits for both Carmustine and Thiotepa
* Added Niagara Health (962) to Appendix 1: Facility Numbers
 | 687947700890702889 | Carey Chan |
| Mar.08, 2017 | * Re-named appendix.
* Added appendix 1: Validations since March.2017
 | n/a | Carey Chan |

**Specialized Services Oversight (SSO) Data Dictionary**

| Date | Description | TFS# | Owner |
| --- | --- | --- | --- |
| Aug.30, 2017 | * Updated the name and facility # of Kingston General Hospital
 | 741614 | Raj Sreenivasan  |
| Mar-16,2018 | * Replaced the existing data element "Ready to Transplant Date" with a new data element “Date of Bone Marrow Biopsy”.
 | 720496 | Raj Sreenivasan |
| Mar-19,2018 | * Added 2 new data elements for capturing data for AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks.
* Data elements added are
1. AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks
2. Explain\_Logistical\_Capacity\_Reason
 | 720497 | Raj Sreenivasan |
| Mar-20,2018 | * Added a NEW data element Out\_Of\_Country for Stem Cell Transplant data submission.
 | 753732 | Raj Sreenivasan |
| Apr-12,2018 | * Updated column #s 24 and 25 under Data Element table
 |  | Raj Sreenivasan |
| Jul-7, 2018 | * Updated the error #s as per Bug # 778676
 | 778676 | Raj Sreenivasan |
| Sep-28, 2018 | * Updated the Appendix-2 – Facility Numbers – added facility – 951- William Osler Health Center
 | FEATURE 781294 | Raj Sreenivasan |
| Nov-21, 2018 | * Removed reference to Mt Sinai facility as it is not a submitting facility.
 | - | Michele Cross |
| December 16, 2019 | * Changed Type of Transplant field format from CHAR (10) to CHAR (20).
* Added new Auto Tandem 1 of 2 and Auto Tandem 2 of 2 to the Type of Transplant valid values list.
* Added and modified new validation rules.
 | 773037 | Anthony Adesanya |
| * Added and modified validation rules to the *Date of Last Stem Cell Collection/Apheresis* data element.
 | 753748 |
| * Added 6 new Disease indicators to Appendix 4 Table and removed NHL.
 | 805678 |
| December 31, 2019 | * Added Error Code: 420
 | 829992 | Robert McLeod |
| April 1, 2021 | * Various minor changes to language and format.
* Added Submission\Resubmission Schedule as Appendix 2
* Re-ordered Appendices
* Added all validations to list
* Removed 18 obsolete and unused Data Elements (Facility; Non-myeloablative transplant flag; Date of First Induction; Date of First Re-induction; 2 High Cost Drugs Related; 12 ICU related)
* Renamed Date\_Transplant data element to Date\_Transplant\_Or\_Cancellation
 | 773040 | Robert McLeod |

# Data Elements for SCT

**Specialized Services Oversight (SSO) Data Dictionary**

**Note:** Some hospitals may submit both transplant and photopheresis records for the same patient in the same file. These will be 2 separate records in the file and considered independent.

| **#** | **Data Element** | **Column Name** | **Definition (Description)** | **Format** | **Valid values (Notes)** | **Applies to** | **Purpose and Use**  | **Mandatory** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Health Card Number | Health\_Card\_Number | Patient Ontario Health Card Number. | CHAR(10) | Valid Ontario HCNNot valid: 0-unknown1-out of country (OOC)Not an exact 10-digit numerical value**Please note:** version code should not be included in entry. | All | Unique patient identifier. Linkage to other OH-CCO data assets.Business Key. | Yes |
| 2 | Patient chart Number | Patient\_Chart\_Number | Submitting facility’s unique internal patient identifier. | CHAR (12). Cell must be formatted as ‘Text’ in Excel. | Must be alpha-numeric (i.e. no punctuation, must have numbers and/or characters only). | All | For investigations: chart number will be provided in log file for the records with errors. Will allow facilities to link data in log file with their data sets. | Yes |
| 3 | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | Valid Date | All | To calculate patient age (e.g., to ensure patient is over 18 years of age at time of procedure/treatment for funding). | Yes |
| 4 | Postal Code | Postal\_Code | Patient residential postal code. | CHAR(10) | See [Appendix 3](#_Appendix_3:_Valid)  | All | Geographical distribution reporting and performance metrics. | Yes |
| 5 | Facility Number | Facility\_number | Submitting facility number | CHAR(3) | Valid facility number listed in [Appendix-4](#_Appendix_4:_Facility) | All | Planning and performance metrics. To determine which facility performed procedure/treatment. Business Key. | Yes |
| 6 | Date of Receipt Referral | Date\_Receipt\_Referral | First date on which a request (fax/phone call) for consultation with an transplant physician is received at a Transplant Service Site from the referring physician | CHAR(8) YYYYMMDD | Valid date. Date of Receipt of Referral should be between Jan 01 1900 and the Date of Patient’s First Consult. | All | Performance metrics. | YesTransplant OnlyOptional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |
| 7 | Date of Patient First Consult | Date\_Patient\_First\_Consult | Date of the patient first consult for the transplant service. | CHAR(8) YYYYMMDD | Valid date. Date must not be later than date of transplantMust be on or after date of referral and on or before Treatment Start Date. | All | Performance metrics. | YesTransplant OnlyOptional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |
| 8 | Canceled flag | Canceled\_Flag | Identifies patient as no longer a candidate for transplant. | CHAR(3) | Yes/No | All | For funding and program planning. | YesTransplant Only |
| 9 | Date of Transplant or Cancellation | Date\_Transplant\_or\_Cancellation | Date the transplant procedure (infusion of cells) was performed or date the transplant was cancelled from the transplant pathway.A patient can be considered cancelled when they are no longer a candidate for SCT and they have reached any of the following milestones.* Auto: Successful or unsuccessful mobilization attempt.
* Allo-r/Haplo: Related donor seen for evaluation. Date of donor evaluation.
* Allo-u: Unrelated donor activation. Date unrelated-donor activated.
 | CHAR(8) YYYYMMDD | Valid date.If a transplant/cancellation record (i.e. not photopheresis) must be within submitting quarter. Patient must not have been previously reported as cancelled. | All | For reimbursement: to uniquely identify transplant/cancellation procedure for a patient.For wait time reporting. Business Key. | Yes |
| 10 | Out of country  | Out\_Of\_Country | Identifies whether the patient received the transplant out of the country. | CHAR(3) | Yes/No | ALL | For funding and program planning. | YesOptional if photopheresis record  |
| 11 | Second Transplant Same Disease | Second\_Transplant\_Same\_Disease | Identifies whether the transplant record being submitted is a second or subsequent transplant for the same disease | CHAR(3) | Yes/No | All(Except Receiving Centres) | To identify for exemption from wait times reporting. For funding and planning. | YesOptional if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' |
| 12 | Type of Transplant | Type\_Transplant | Type of transplant. | CHAR(20) | Auto, Auto Tandem 1 of 2, Auto Tandem 2 of 2, Allo-R, Allo-U, HaploTo qualify as Auto Tandem 2 of 2, a corresponding to Tandem 1 of 2 record must be within the same submission or database, for the **same patient and same disease,** within a **200 day period.** | All | For funding and planning. | YesTransplant Only |
| 13 | Cell Source | Cell\_Source | Cell source of the transplant. | CHAR(10) | Must be one of the following values:BM-bone marrowPBSC-peripheral blood stem cellUCB-umbilical cord bloodOther(not case-sensitive). | All | For funding and planning. | YesTransplant Only |
| 14 | Disease Indication Classification | Disease\_Indication\_Classification | Primary disease that is being treated. | CHAR(50) | Valid values listed in the SCT Disease Classification Table**.** Refer to[Appendix](#_Appendix_4:_SCT) 5. | All | For wait time and by Disease Indication. For funding and planning. | YesTransplant Only |
| 15 | Disease Indication Classification (Other) | Disease\_Indication\_Classification\_Other | Other primary disease that disease being treated Classification is set to Other. | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid.Only if Disease\_Indication\_Classification = 'OTHER' | All | For funding and planning. | Yes if Disease Indication Classification is “Other”.Transplant Only |
| 16 | Post-Transplant Transfer Facility | Post\_Transplant\_Transfer | Facility that the patient was transferred to after the transplant. | CHAR(3) | Valid Ontario facility number as per MOHLTC classification. Refer to [Appendix 6](#_Appendix_6:_MOHLTC). | All | For geographical distribution reporting. | No |
| 17 | Post-Transplant Receiving Centre Submission | Post\_Transplant\_Receiving\_Centre\_Submission | Identifies record as from Day 1 Transplant facility receiving a transplant patient. | CHAR(3) | Yes/No/Null | Receiving Centres only | To identify the record as a patient at a receiving site.If ‘Yes’ the *Date of Receipt Referral* and *Date of Patient First Consult* fields are NOT mandatory. | No |
| 18 | Date of Initial Diagnosis | Date\_Initial\_Diagnosis | Date of Initial Diagnosis by a physician for the disease indicating Stem Cell Transplant.  Can be clinical or pathological. | CHAR(8)YYYYMMDD | Must not be later than date of match found. | All | For program planning | No |
| 19 | Date of HLA Typing Request | Date\_HLA\_Typing\_Request | Date when the HLA typing request was submitted to the lab by the transplant centre. If unavailable the most recent HLA typing date from another centre. | CHAR(8)YYYYMMDD | Valid date must be on or after date of initial diagnosis and before date match found. And transplant type must be Allo-U. | Only to Allo-R, Haplo and Allo-U transplants | For wait time reporting. | No |
| 20 | Date match found | Date\_Match\_Found | Date confirmatory typing received | CHAR(8)YYYYMMDD | Date of match found must be after the date of diagnosis and before the date of transplant. And is between Jan 01 1900 and Date of Transplant. | Only to Allo-R, Haplo and Allo-U transplants | For wait time reporting. | No |
| 21 | Date of Bone Marrow Biopsy | Date\_of\_Bone\_Marrow\_Biopsy | Date of bone marrow biopsy where remission status was identified as sufficient to indicate transplant | CHAR(8)YYYYMMDD | Valid dates only.Must be a valid date before Transplant Dateand after diagnosis date. | Regular Allo-U, Allo-R or Haplo transplant records where disease indication classification is AML  | For wait time reporting. | YesOptional if auto, auto tandem 1 of 2 or auto tandem 2 of 2; if Disease classification is not AML; if Post Transplant Receiving Centre Submission is Yes; if cancelled flag is yes; if photopheresis record |
| 22 | AML reason for remission to transplant over 8 weeks  | AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks | Reason interval from Date\_of\_Bone\_Marrow\_Biopsy to Date\_Transplant for AML was greater than 8 weeks. | CHAR(50) | See [Appendix 7](#_Appendix-14:_Valid_Drug)**.** | Only for regular Allo-U, Allo-R, or Haplo transplant records where disease indication classification is AML and transplant is not canceled. | To understand factors affecting AML Remission to Transplant | Yes, where AML Date\_of\_Bone\_Marrow\_Biopsy to Date\_Transplant is greater than 56 days (8 weeks) Optional if auto, auto tandem 1 of 2 or auto tandem 2 of 2; if Disease classification is not AML; if Post Transplant Receiving Centre Submission is Yes; if cancelled flag is yes; if photopheresis record |
| 23 | Explanation of Logistical/Capacity reason  | Explain\_Logistical\_Capacity\_Reason | Explanation of Logistical/Capacity reason where interval from Date\_of\_Bone\_Marrow\_Biopsy to Date\_Transplant for AML was greater than 8 weeks. | CHAR(50) | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid. | Only for regular Allo-U, Allo-R, or Haplo transplant records where disease indication classification is AML and AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks = Logistical/Capacity. | To understand factors affecting AML Remission to Transplant. | Only where AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks is Logistical/Capacity  |
| 24 | Date of first systemic treatment | Date\_First\_Systemic\_Treatment | The first first-line systemic treatment received for the disease indicated for transplant.  | CHAR(8)YYYYMMDD | Valid dates only. | Applies to all but AML and ALL. | For wait time reporting. | No |
| 25 | Date of First Salvage Chemo  | Date\_First\_Salvage\_Chemo | The first systemic treatment administered after relapse/progression in order to prepare the patient for transplant.  | CHAR(8)YYYYMMDD | Valid dates only. | Applies to Hodgkin’s and Diffuse Large B-Cell Lymphoma | For wait time reporting. | No |
| 26 | Date of First Stem Cell Collection/Apheresis  | Date\_First\_Stem\_Cell\_Collection\_Apheresis | Date the first stem cell collection or Apheresis  | CHAR(8)YYYYMMDD  | Valid date and type of transplant Auto and Auto Tandem 1 of 2 only. | Auto and Auto Tandem 1 of 2 transplants types. | For wait time reporting. | Optional for Day 1 Transfer site submissions (Post\_Transplant\_Receiving\_Centre\_Submission is not null)   |
| 27 | Date of Last Stem Cell Collection/Apheresis  | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | Date of last stem cell collection or Apheresis | CHAR(8)YYYYMMDD | Valid date and type of transplant Auto and Auto Tandem 1 of 2 only Date\_Last\_Stem\_Cell\_Collection can be equal to Date\_First\_Stem\_Cell\_Collection. | Auto and Auto Tandem 1 of 2 transplants types. | For wait time reporting. | Only for transplant type Auto and Auto Tandem 1 of 2. |
| 28 | Photopheresis Treatments | Photopheresis\_Treatments | Photopheresis Treatments | NUM(2) | Number of photopheresis treatments that the patient has received within the submission quarter. | Only if photopheresis treatment. | For photopheresis Funding. | YesFor photopheresis records only. |
| 29 | Reason patient did not proceed to transplant  | Reason\_Not\_Proceed\_To\_Transplant | Reason patient did not proceed to transplant  | CHAR(50) | Valid Values listed in [Appendix 8](#_Appendix_8:_)**.** | All | To understand factors affecting Transplant wait times. | YesMandatory if Canceled\_Flag field is 'Yes' |
| 30 | Reason patient did not proceed –Other  | Reason\_Not\_Proceed\_To\_Transplant\_Other | Free form text when reason patients did not proceed to transplant is other  | CHAR(50)  | Free text. Only allowable characters are letters, apostrophe, (hyphen), period. Any other characters are invalid. | All | To understand factors affecting Transplant wait times. | YesMandatory if *Reason\_Not\_Proceed\_To\_Transplant = Other* |
| 31 | System Related Reason patient did not proceed to transplant | System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant | System related reason patient did not proceed to transplant  | CHAR(50) | Valid values:Yes, No, Possibly | All | To understand factors affecting Transplant wait times. | YesFor Canceled\_Flag field is 'Yes' |
| 32 | System Issue | System\_Issue | System issue reason | CHAR(50) | Valid values:No system issue;Transplant Intake;Bed availability;HLA typing;Stem cell collection.If System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant is "No" then System Issue must be "No System Issue".  | All | To understand factors affecting Transplant wait times. | YesFor Canceled\_Flag field is 'Yes' |
| 33 | Date of Transfer | Date\_of\_Transfer | Date when patient transferred to the facility after transplant | CHAR(8)YYYYMMDD | Valid date. Date of transfer must be on or after the date of transplant.Must not be more than 5 days after date of transplant. | All | For funding and program planning. | NoMandatory if Post\_Transplant\_Receiving\_Centre\_Submission field is 'Yes' and if Post\_Transplant\_Receiving\_Centre\_Submission is not Null |

# Appendix 1: Quality Assurance Checks

The validations checks are grouped by number as follows:

Level 100: - **File level** validations**:** Entire file is rejected

Level 200: - **Field format error** validations: Entire record is rejected.
Level 300: - **Rejected content error** validations: Entire record is rejected.
Level 400: - **Non-rejected content error** validations: Entire record is retained, including erroneous field.
Level 500: - **Apparent duplicate records warning** validations: Entire records are rejected.

Level 600: - **Other Errors**

## Level 100: File Level Validations

The following rules will be applied and checked against every file submitted for SSO IS program.

| **Error Number** | **Type** | **Condition** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- |
| 103 | File name | File name does not follow the convention for file name mask: Stemcell\_nnn\_ffff\_ffffQx.xlsxWhere:Stemcell: a fixed string indicating the program name (Stem Cell Transplant)nnn: the three-digit code of the submitting site (e.g. 936)ffff \_ffff: the two calendar years that make up the fiscal year separated by an underscore character (e.g. 2020\_2021)Q: a fixed character for Quarterx: the quarter within the fiscal, which is always an integer number between 1 and 4 (e.g. 3).csv: for csv spreadsheetExample: Stemcell\_936\_\_2020\_2021Q3.csv | File Error –File is incorrectly named | Y | Correct file name must be used |
| 104 | File Content | File is completely empty, with no header or data.*Note: Files with only one row (i.e. the header row is present and no patient level data) are considered valid. This error applies only when there is no such header.)* | File Error - File is empty | Y | File must have valid content |
| 105 | File Content | Header has either invalid number of columns, invalid names, or incorrect order | File Error- Header list is incorrect | Y | Valid template with correct column headers must be used |
| 106 | File Content | File header is correct but data records have invalid number of columns or row with double quotes around data elements | File Error - Invalid number of data columns or unmatched double quotes in line | Y | Valid template with correct data elements must be used |

## Level 200: File Format Errors Validations

| **Error Number** | **Element #** | **Column\_Name** | **Condition** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- | --- |
| 201 | All | All Fields | Data field is too long | Invalid field length | Y | Field lengths must be correct  |
| 202 | All | All Date Fields | Date is not in YYYYMMDD format Invalid date e.g. months is 13 | Invalid – Must be in YYYYMMDD format | Y | YYYYMMDD date format must be used |

## Level 300: Content Errors, Record Rejected

| **Error Number** | **Element #** | **Column\_Name** | **Condition** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- | --- |
| 300 | 12456789121314 | Health\_Card\_NumberPatient\_Chart\_Number Postal\_CodeFacility numberDate\_Receipt\_ReferralDate\_Patient\_First\_ConsultCanceled\_FlagDate\_Transplant\_or\_CancellationType\_TransplantCell\_SourceDisease\_Indication\_Classification | The field value Is Null | Invalid - NULL VALUE (record rejected) | Y | Must not be Null |
| 301 | 5 | Facility\_number | Does not match any entry , as per [Appendix-4](#_Appendix_4:_Facility) | Invalid Facility Number- See[Appendix-4](#_Appendix_4:_Facility) | Y | Facility Number must match values listed in [Appendix-4](#_Appendix_4:_Facility) |
| 302 | 2 | Patient\_Chart\_Number | If contains special characters e.g. \*,/,{ | Invalid Patient Chart Number – Contains non alpha numeric characters | Y | Patient Chart Number must use only alpha numeric characters |
| 303 | 1 | Health\_Card\_Number | If not 0,1 or Valid HCN | Invalid Ontario Health Card Number | Y | Ontario Health Card Number must be a valid |
| 304 | 4 | Postal\_Code | Does not match mask ANANAN, and begins with D, F, I, O, Q, U, or W. | Invalid Postal Code- Invalid Initial Letter | Y | Postal code must match mask ANANAN, and begins with D, F, I, O, Q, U, or W |
| 305 | 4 | Postal\_Code | Matches mask of AA, and doesn't match any entry in [Appendix 3](#_Appendix_3:_Valid) (Prov/State Codes) | Invalid Postal Code (Prov/State) - See [Appendix 3](#_Appendix_3:_Valid) | Y | Postal code must match values listed in [Appendix 3](#_Appendix_3:_Valid)  |
| 306 | 4 | Postal\_Code | If does not match mask: ANANAN, NNNNN, NNNNN-NNNN, AA | Invalid Postal Code- Invalid mask | Y | Postal code must match mask: ANANAN, NNNNN, NNNNN-NNNN, AA |
| 318 | 7 | Date\_Patient\_First\_Consult | Must not be later than date of transplantIgnore if Photopheresis\_Treatments is not null | Invalid date of first consult – cannot be later than date of transplant | Y | Date of first consult must be before date of transplant |
| 319 | 9 | Date\_Transplant\_or\_Cancellation | Must be within submitting quarter and year Ignore if Photopheresis\_Treatments is not null | Invalid date of transplant – Transplant not done in this quarter | Y | Record must be submitted in the same quarter as the date of transplant or cancellation |
| 320 | 12 | Type\_Transplant | The field value is not a valid value as per [Appendix 9](#_Appendix_9:_) | Invalid Type of Transplant | Y | Must be one of valid values as per [Appendix 9](#_Appendix_9:_) |
| 321 | 13 | Cell\_Source | Must be one of the following values:BM, PBSC, UCB, Other (not case-sensitive)Ignore if Photopheresis\_Treatments is not null | Invalid cell source – Must be a valid value | Y | Cell\_Source must be BM, PBSC, UCB or Other  |
| 322 | 15 | Disease\_Indication\_Classification\_ | Must be one of the values in the SCT Disease Classification Table – [Appendix 5](#_Appendix_5:_SCT)Ignore if Photopheresis\_Treatments is not null | Invalid – Invalid Disease Classification  | Y | Disease Classification must match values listed in [Appendix 5](#_Appendix_5:_SCT) |
| 323 | 15 | Disease\_Indication\_Classification\_Other | Cannot be null if value in “Disease Indication Classification is “Other”Ignore if Photopheresis\_Treatments is not null | Invalid - Cannot be null if value in “Disease Indication Classification is “Other” | Y | Must not be null if “Disease Indication Classification” is “Other” |
| 324 | 8 | Canceled\_Flag | Invalid Value – Invalid Cancelled Flag Value must be “YES” or “NO”. Ignore if Photopheresis\_Treatments is not null | Invalid Value. Invalid Cancelled Flag Value must be YES or NO | Y | Must be either “YES” or “NO”Ignore if Photopheresis\_Treatments is not null  |
| 326 | 5 | Facility\_number | Must be one of the valid facility numbers as per [Appendix-4](#_Appendix_4:_Facility)(e.g. 936, 947, 959 etc.)Ignore validation if null or Photopheresis\_Treatments is not null | Invalid Value. Invalid Facility Number per [Appendix-4](#_Appendix_4:_Facility) | Y | Facility Number must match values listed in [Appendix-4](#_Appendix_4:_Facility) |
| 328 | 18 | Date\_Initial\_Diagnosis | Must not be later than date of match foundIgnore validation if null or Photopheresis\_Treatments is not null | Date of Initial Diagnosis cannot be later than date of match found | Y | Date of Initial Diagnosis must be before date of match found |
| 329 | 18 | Date\_Initial\_Diagnosis | Must be on or after date of initial diagnosis and before date match found and transplant type must be Allo-UIgnore Validation if NullIgnore Validation if MATCH\_FOUND\_DATE is NULLIgnore if Photopheresis\_Treatments is not null | Invalid - Date must be between the date of initial diagnosis and date match found | Y | Date of HLA Typing Request must be between the date of initial diagnosis and date match found |
| 330 | 19 | Date\_HLA\_Typing\_Request | Date is between Jan 01 1900 and Date of Transplant.Ignore Validation if NullIgnore Validation if MATCH\_FOUND\_DATE is NULLIgnore if Photopheresis\_Treatments is not null | Invalid date of HLA typing request | Y | HLA typing request must be between Jan 01 1900 and Date of Transplant |
| 331 | 20 | Date\_Match\_Found | If type of transplant is **Allo-R** thenDate of match found must be after the date of initial diagnosis and before the date of transplant.If type of transplant is **Allo-U or HAPLO** thenDate of match found must be after the date of HLA typing and before the date of transplant.Ignore Validation if NullIgnore validation if date of HLA typing is nullIgnore if Photopheresis\_Treatments is not null | Date must be after the initial diagnosis (for Allo-R) or after HLA typing (for Allo-U and HAPLO) and before transplant date | Y | Date match found must be after the Date of initial diagnosis for Allo-R or after HLA typing for Allo-U and HAPLO and before transplant date |
| 332 | 9 | Date\_Transplant | Date is between Jan 01 1900 and Date of Transplant.Ignore validation if null or Photopheresis\_Treatments is not null | Invalid – Invalid date | Y | Date must be between Jan 01 1900 and Date of Transplant |
| 333 | 24 | Date\_First\_Systemic\_Treatment | Must be equal to or later than the date of initial diagnosisIgnore validation if null or Photopheresis\_Treatments is not null | Invalid - Date of first systemic treatment must be equal to or later than date of initial diagnosis | Y | Date of first systemic treatment must be equal to or later than date of initial diagnosis |
| 334 | 25 | Date\_First\_Salvage\_Chemo | Must be equal to or later than the date of Initial diagnosisIgnore validation if null or Photopheresis\_Treatments is not null | Invalid – Must be after date of Initial diagnosis | Y | Date of First Salvage Chemo must be after date of Initial diagnosis |
| 335 | 26 | Date\_First\_Stem\_Cell\_Collection\_Apheresis | If salvage chemotherapy is null then, Date of first stem cell collection must be after the date of first systemic treatmentOr if salvage chemo is not null then date of first stem cell collection must be after first salvage chemoIgnore validation if null or Photopheresis\_Treatments is not null | Invalid Date of First Stem Cell Collection / Apheresis | Y | Date of First Stem Cell Collection / Apheresis must be after the date of first systemic treatmentIf salvage chemo is not null then date of first stem cell collection must be after first salvage chemo |
| 336 | 26 | Date\_First\_Stem\_Cell\_Collection\_Apheresis | If there is a value in this field type of transplant must be Auto or Auto Tandem 1 of 2).Ignore if Photopheresis\_Treatments is not null | Invalid – Type of transplant is invalid | Y | Type of transplant must be Auto or Auto Tandem 1 of 2) if Date of First Stem Cell Collection/Apheresis is not null |
| 337 | 27 | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | Date of last stem cell collection must be after Date of First Stem Cell Collection and before the date of transplant.Ignore validation if null or Photopheresis\_Treatments is not null | Invalid Date of Last Stem Cell Collection / Apheresis must be after Date of First Stem Cell Collection and before the date of transplant | Y | Date of Last Stem Cell Collection / Apheresis must be after Date of First Stem Cell Collection and before the date of transplant |
| 340 | 29 | Reason\_Not\_Proceed\_To\_Transplant | Must be one of the values in [Appendix 8](#_Appendix_8:_)Ignore validation if null or Photopheresis\_Treatments is not null | Invalid reason patient did not proceed to transplant | Y | Must match values listed in [Appendix 8](#_Appendix_8:_) |
| 341 | 29 | Reason\_Not\_Proceed\_To\_Transplant\_Other | Cannot be null if value in “reason patient did not proceed to transplant is “Other” Ignore validation if Photopheresis\_Treatments is not null | Invalid Must have a value if Other is selected for reason patient did not proceed to transplant | Y | Must not be null when Reason patient did not proceed to transplant is “Other” |
| 342 | 33 | Date of Transfer | Date of transfer must be equal to or later than the date of transplant.Ignore validation if null or Photopheresis\_Treatments is not null | Invalid - Date of transfer must be equal to or later than the date of transplant | Y | Date of Transfer must be equal to or greater than Date of Transplant |
| 343 | 33 | Date of Transfer | If post treatment transfer facility is not null then date of transfer should not be null.Ignore validation if Photopheresis\_Treatments is not null | If post treatment transfer facility is not null then date of transfer should not be null | Y | Date of transfer must not be null if post treatment transfer facility is not null then  |
| 344 | 6 | Date\_Receipt\_Referral | Date of Receipt of Referral is between Jan 01 1900 and Date of Patient’s First Consult.Ignore validation if Photopheresis\_Treatments is not null | Invalid receipt referral date Must be between 19000101 and Date of Patients First Consult | Y | Date Receipt referral must be between 19000101 and Date of Patients First Consult |
| 362 | 33 | Date of Transfer | Date of transfer is not within allowed time range | DATE\_OF\_TRANSFER must be 5 days or less than DATE\_TRANSPLANT for this record | Y | Date of transfer must be 5 days or less than DATE\_TRANSPLANT for this record |
| 384 | 32 | System\_Issue | The field value is NULL when Cancelled\_Flag is “Yes” | This field must have a value because Canceled\_Flag value is 'Yes' | Y | The System Issue value cannot be NULL if Cancelled Flag is “Yes” |
| 386 | 32 | System\_Issue | The field value is not a valid value. Refer to [Appendix 10](#_Appendix_10:_) | Invalid value for System\_Issue | Y | The System Issue value must be valid value. Refer to [Appendix 10](#_Appendix_10:_).  |
| 387 | 32 | System\_Issue | The field value is invalid | If System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant is "No" then System Issue must be "No System Issue" | Y | The System Issue must be "No System Issue" if System\_Related\_Reason\_patient\_did\_not\_proceed\_to\_transplant is "No"  |
| 391 | 32 | System\_Issue | The field value is invalid | System\_Issue must be NULL if Canceled\_Flag = "No" | Y | The System Issue must by NULL if Cancelled Flag is “No” |
| 392 | 17 | Post\_Transplant\_Receiving\_Centre\_Submission | Field values are not from the list of allowed values (“Yes”, “No”) or Null | Post\_Transplant\_Receiving\_Centre\_Submission error: Invalid Value. Field only accepts "Yes", "No" values or NULL | Y | Post transplant receiving centre submission must have a valid value “Yes” or “No” or Null |
| 393 | 28 | Photopheresis\_Treatments | Wrong format (must be an integer between 1 and 99)Ignore if Null | Invalid format or value for Photopheresis Treatments. Must be a number between 1 and 99 | Y | Photopheresis Treatments must be a number between 1 and 99 |
| 396 | 33 | Date of Transfer | Date of Transfer is NULL when Post\_Transplant\_Receiving\_Centre\_Submission has a "Yes" value | If Post\_Transplant\_Receiving\_Centre\_Submission has a "Yes" value, Date\_Of\_Transfer cannot be NULL | Y | Date\_Of\_Transfer must not be NULL if Post\_Transplant\_Receiving\_Centre\_Submission has a "Yes" value  |

## Level 400: Content Errors, Record Not Rejected Validations

| **Error Number** | **Element #** | **Column\_Name** | **Condition** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- | --- |
| 404 | - | All Date fields | Date is not in YYYYMMDD format or Invalid date e.g. month is 13 | Invalid Date | N | Date format must be YYYYMMDD |
| 406 | 15 | Disease\_Indication\_Classification\_Other | Only allowable characters are letters, ' (apostrophe) - (hyphen), (period) any other characters are invalid | Invalid character(s) in Disease Indication Classification (Other) | N | Character(s) in Disease Indication Classification (Other) must be allowable characters, letters, ' (apostrophe) - (hyphen), (period) |
| 411 | 10 | Out\_Of\_Country | The Out\_Of\_Country has a "YES" or "NO" value, and Photopheresis\_Treatments = NOT NULL OR Canceled\_Flag is 'YES' OR Post\_Transplant\_Receiving\_Center\_Submission is ‘Yes’ OR Post\_Transplant\_Transfer is NOT NULL | This data element has been ignored. Out\_Of\_Country is only required for Allo-R, Allo-U, Haplo, Auto, Auto Tandem 1 of 2, or Auto Tandem 2 of 2 transplant records | N | None |
| 413 | 21 | Date\_of\_Bone\_Marrow\_Biopsy | The Transplant\_Type is Auto, Auto Tandem 1 of 2 or Auto Tandem 2 of 2 and Date\_Bone\_Marrow\_Biopsy is not Null | This Data Element has been ignored Date\_Bone\_Marrow\_ Biopsy is only mandatory for Allo-U, Allo-R, and Haplo transplants with AML Disease Indication | N | None |
| 415 | 23 | Explain\_Logistical\_Capacity\_Reason | AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks is NOT Logistical/Capacity, the value provided in this field has been ignored | This data element has been ignored. Explain\_Logistical\_Capacity\_Reason is only mandatory where AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks is Logistical/Capacity | N | None |
| 419 | 12 | Type\_Transplant | The period between Auto Tandem 1 of 2 and Auto Tandem 2 of 2 is less than 45 days | Timebetween Auto Tandem 1 of 2 and Auto Tandem 2 of 2 records is less than 45 days. Tandem transplants are often between 45 and 200 days. Please confirm your tandem transplant dates and make a resubmission if necessary | N | Confirm tandem transplant dates and make a resubmission if necessary |
| 420 | 12 | Type\_Transplant | An autologous transplant for the same patient and same disease, occurring within 200 days of this record, has been identified in the database or within the submission template and may be a Tandem transplant | This record occurred within 200 days of a prior autologous transplant for the same patient and same disease. Please confirm if this record is the second of a tandem transplant series. If this is a tandem transplant record please resubmit it with an Auto Tandem 2 of 2 transplant type and ensure the first of the tandem transplant series is submitted as Auto Tandem 1 of 2. [Please note transplants for the same patient and same disease, occurring within 200 days of a prior Auto Transplant, will be funded at the tandem rate] | N | Confirm if this record is the second of a tandem transplant series. If this is a tandem transplant record please resubmit it with an Auto Tandem 2 of 2 transplant type and ensure the first of the tandem transplant series is submitted as Auto Tandem 1 of 2. If this is not part of a tandem transplant series no action is required. |
| 421 | 2627 | Date\_First\_Stem\_Cell\_Collection\_ApheresisDate\_Last\_Stem\_Cell\_Collection\_Apheresis | Apheresis data elements are NOT NULL AND Post\_Transplant\_Receiving\_Center\_Submission is Yes’ OR Post\_Transplant\_Transfer is NOT NULL | The data element values for *Date\_First\_Stem\_Cell\_Collection\_Apheresis* and *Date\_Last\_Stem\_Cell\_Collection\_Apheresis* are not required forDay 1 receiving centres and have been ignored | N | None |
| 422 | 2627 | Date\_First\_Stem\_Cell\_Collection\_ApheresisDate\_Last\_Stem\_Cell\_Collection\_Apheresis | Apheresis data elements are NOT NULL AND Transplant Type is Auto Tandem 2 of 2 | The data element values for *Date\_First\_Stem\_Cell\_Collection\_Apheresis* and *Date\_Last\_Stem\_Cell\_Collection\_Apheresis* are not required and have been ignored | N | None |

## Level 500: Duplicate or Apparent Duplicate Records and Other Validations

| **Error Number** | **Element #** | **Column\_Name** | **Condition** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- | --- |
| 501 | 159 | Health\_Card\_NumberFacility\_numberDate\_Transplant | More than one non-photopheresis record received in a quarter for the same patient, facility, and date of transplant | Warning: Apparent duplicate records for this transplant | Y | Identify and remove duplicate non photopheresis records from the submission with the same HCN, Facility Number and Date of Transplant |
| 502 | 5 | Facility Number | Does not match facility number on interface selected | Should match with facility number on interface selected | Y | Facility Number must match a facility number available on the DSP interface |
| 511 | 159 | Health\_Card\_NumberFacility\_numberDate\_Transplant | More than one photopheresis record received in a quarter for the same patient and facility. The treatment is photopheresis if PHOTOPHERESIS\_TREATMENT\_NUM Is not null ANDPOST\_TRSPL\_RECEIVING\_CENTRE is NOT 'Yes' | Warning: Apparent duplicate photopheresis records for this patient | Y | Identify and remove duplicate photopheresis records from the same submission with the same HCN and facility |

## Level 600: Other Errors

| **Error Number** | **Element #** | **Column\_Name** | **Description** | **Error Message** | **Reject Record** | **Remediation** |
| --- | --- | --- | --- | --- | --- | --- |
| 612 |  | Second Transplant Same Disease | Second\_transplant\_same\_disease is mandatory when Post\_Transplant\_Receiving\_Centre\_Submission is NOT Yes | Second\_transplant\_same\_disease is mandatory unless Post\_Transplant\_Receiving\_Centre\_Submission is Yes | Y | Provide value in the second\_transplant\_same\_disease field as Post\_Transplant\_Receiving\_Centre\_Submission is NOT Yes |
| 642 | 12 | Type\_Transplant | Type\_Of\_Transplant is Auto Tandem 2 of 2 AND corresponding autologous transplant record is in the database or current submission with the same patient and same disease, within a 200 day period AND Transplant Type is NOT ‘Auto Tandem 1 of 2 | No corresponding Auto Tandem 1 of 2 transplant record was found in the database. If Auto Tandem 2 of 2 is identified in the Type\_Of\_Transplant field, then a corresponding Auto Tandem 1 of 2 record must be in the database. Please ensure that the first of these tandem transplants has been submitted to SSO IS as an Auto Tandem 1 of 2 record | Y | Ensure a corresponding autologous record is identified as Auto Tandem 1 of 2 in either the database or the submission file at the time of submission |
| 643 | 9 | Date\_Transplant | Auto Tandem 2 of 2 date is earlier than that of Auto Tandem 1 of 2 transplant | The date for Auto Tandem 2 of 2 must be after the date for a corresponding Auto Tandem 1 of 2 record | Y | Ensure date for Auto Tandem 2 of 2 is later than that of Auto Tandem 1 of 2 |
| 644 | 9 | Date\_Transplant | The period between Auto Tandem 1 of 2 and Auto Tandem 2 of 2 must not be greater than 200 days | Time from corresponding Auto Tandem 1 of 2 and Auto Tandem 2 of 2 records is greater than 200 days. For funding purposes a Tandem transplant is defined as "A planned second transplant for the same disease independent of response evaluation to occur within 6.5 months (200 days)". Please confirm your transplant dates and/or transplant type, and make a resubmission if necessary | Y | Confirm transplant dates for Auto Tandem 1 of 2 and Auto Tandem 2 of 2 are within 200 days. Or if over 200 days, resubmit Auto Tandem 2 of 2 as an Auto transplant |
| 645 | 26 | Date\_First\_Stem\_Cell\_Collection\_Apheresis | Date of First Stem Cell Collection Apheresis is NULL, when *Type of Transplant* is *Auto* | Date of First Stem Cell Collection Apheresis is mandatory for Auto transplant types | Y | Ensure Date of First Stem Cell Collection Apheresis is NOT NULL, when *Type of Transplant* is *Auto* |
| 646 | 26 | Date\_First\_Stem\_Cell\_Collection\_Apheresis | *Date of First Stem Cell Collection Apheresis* is NULL, when *Type of Transplant* is *Auto Tandem 1 of 2* | Date of First Stem Cell Collection Apheresis is mandatory for Auto Tandem 1 of 2 transplant types | Y | Ensure *Date of First Stem Cell Collection Apheresis* is NOT NULL, when *Type of Transplant* is *Auto Tandem 1 of 2*. |
| 647 | 27 | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | *Date of Last Stem Cell Collection Apheresis* is NULL, when *Type of Transplant* is *Auto* | Date of Last Stem Cell Collection Apheresis is mandatory for Auto transplant types. Date of Last Stem Cell Collection Apheresis can be equal to the Date of First Stem Cell Collection Apheresis | Y | Ensure *Date of Last Stem Cell Collection Apheresis* is NOT NULL, when *Type of Transplant* is *Auto* |
| 648 | 27 | Date\_Last\_Stem\_Cell\_Collection\_Apheresis | *Date of Last Stem Cell Collection Apheresis* is NULL, when *Type of Transplant* is *Auto Tandem 1 of 2* | Date of Last Stem Cell Collection Apheresis is mandatory for Auto Tandem 1 of 2 transplant types. Date of Last Stem Cell Collection Apheresis can be equal to the Date of First Stem Cell Collection Apheresis | Y | Ensure *Date of Last Stem Cell Collection Apheresis* is NOT NULL, when *Type of Transplant* is *Auto Tandem 1 of 2* |
| 649 | 11 | Second Transplant Same Disease | The Second Transplant Same Disease data element is NOT "Yes" for Auto Tandem 2 of 2 records | Auto Tandem 2 of 2 refers to an additional transplant for the same transplant and same disease. The Second Transplant Same Disease data element must be "Yes" for Auto Tandem 2 of 2 records | Y | Confirm transplant type is Auto Tandem 2 of 2. Second Transplant Same Disease data element must be "Yes" for Auto Tandem 2 of 2 records |
| 671 | 21 | Date of Bone Marrow Biopsy | Date\_of\_Bone\_Marrow\_Biopsy is NULL for AML transplants (Disease\_Indication\_Classification is AML) | Date\_of\_Bone\_Marrow\_Biopsy is mandatory for AML transplants and cannot be null if Disease\_Indication\_Classification is AML | Y | Ensure Date\_of\_Bone\_Marrow\_Biopsy is not Null for AML records |
| 672 | 21 | Date\_of\_Bone\_Marrow\_Biopsy | If Date\_Of\_Bone\_Marrow\_Biopsy date is not Null and Date\_Transplant is not Null and Date\_Of\_Bone\_Marrow\_Biopsy date > Date\_Transplant | Date\_of\_Bone\_Marrow\_Biopsy must be before date of Transplant | Y | Enter a Date\_of\_Bone\_Marrow\_Biopsy date that is before the transplant date |
| 673 | 21 | Date\_of\_Bone\_Marrow\_Biopsy | If Date\_Of\_Bone\_Marrow\_Biopsy date is not Null and date\_of\_diagnosis is not Null and Date\_Of\_Bone\_Marrow\_Biopsy date < Date\_of diagnosis | Date\_of\_Bone\_Marrow\_Biopsy refers to the bone marrow biopsy used to determine a patient's readiness for transplant and must be after date of diagnosis | Y | Enter a Date\_of\_Bone\_Marrow\_Biopsy date that is after date of diagnosis |
| 674 | 22 | AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks | AML Reason for Remission to Transplant Over Eight Weeks” value” must be one of the following.Patient choice, Relapse, Donor Issue, Acquired Toxicity, Logistical/Capacity | Invalid “AML Reason for Remission to Transplant Over Eight Weeks” value | Y | Select correct value for ““AML Reason for Remission to Transplant Over Eight Weeks” |
| 675 | 22 | AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks | AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks is NULL. IF Type of transplant: must be one of the values Allo R, Allo U, Haplo.Disease indication classification should be AML (DATE\_OF\_TRANSPLANT ) – (DATE\_OF\_BONE\_MARROW\_BIOPSY) should be > 56 DAYS,AML\_REASON\_FOR\_TRANSPLANT\_OVER EIGHT WEEKS = NULLIgnore validation if Cancelled Flag is “Yes” Ignore validation if post\_transplant\_receiving\_center\_submission is “Yes” | AML\_Reason\_For\_Remission\_To\_Transplant\_Over\_Eight\_Weeks is mandatory where Date\_Of\_Bone\_Marrow\_Biopsy to Date\_Of\_Transplant is greater than 56 days (8 weeks) and cannot be NULL | Y | Enter a value for AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks |
| 676 | 24 | Explain\_Logistical\_Capacity\_Reason | if the value of AML Reason for Remission to Transplant > 8 weeks is Logistical/Capacity | Mandatory. If AML\_Reason\_for\_Remission\_to\_Transplant\_Over\_Eight\_Weeks is Logistical/Capacity, then Explain\_Logistical\_Capacity\_Reason cannot be NULL | Y | Enter a value for Explain\_Logistical\_Capacity\_Reason. |
| 677 | 10 | Out\_Of\_Country | Out of Country is NULL. Ignore validation if Photopheresis\_Treatment is not null.Ignore validation if Cancelled\_Flag is “Yes” | Out\_Of\_Country is required for transplant records. Please input either "YES" or "NO"​​​​​​​​​​​​​​ | Y | Enter “Yes” or “No”.Out\_Of\_Country column should be " YES" or "No" |
| 678 | 10 | Out\_Of\_Country | If “Out of Country” value is not “YES” , “NO” or “NULL” display error message | Invalid “Out of Country” value. It can only be YES or NO | Y | Enter the “YES” or “NO” |

# Appendix 2: Data Submission and Resubmission Schedule

|  |
| --- |
| **Stem Cell Transplant Program (Monthly)** |
| **Fiscal Quarter** | **Corresponding Time Frame** | **Submission Window** | **PHI Available in Site Secure Folder\*** | **Data Resubmission Window Open (Optional)** |
| Q1 | April 1 – April 30 | May 24 – 30  |  | N/A |
| May 1-May 31 (Includes April data) | June 24-30 |  | N/A |
| June 1-June 30 (Includes April & May data) | July 24-30 | August 15 - 21 | August 22-30 |
| Q2 | July 1-July 31 | August 24-30 |  | N/A |
| August 1-August 31 (Includes July data) | September 24-30 |  | N/A |
| Sept 1 – Sept 30 (Includes July & August data)  | October 24 – 30 | November 15 - 21 | November 22- 30 |
| Q3 | October 1- October 31 | November 24-30 |  | N/A |
| November 1- November 30 (Include October data) | December 22- January 15 |  | N/A |
| December 1 – December 31 (Includes October & November data) | January 24 – 30 | February 15 - 21 | February 22 -28/29 |
| Q4 | January 1-January 31 | February 22-28/29 |  | N/A |
| February 1 – February 28 (Includes January data) | March 24-30 |  | N/A |
| March 1 – March 31 (Includes January & February data) | April 24 – 30 | May 15 - 21 | May 22 - 30 |

# Appendix 3: Valid 2-digits Postal Codes

1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA

2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W

3. If matches mask of AA, then should match any entity

 The table below provides list of valid 2 digit postal codes for province and State codes.

#

**Source:** Cancer Care Ontario's Data Book - 2021-2022, Appendix B - Province and State codes, at link <https://ext.cancercare.on.ca/ext/databook/db2122/databook.htm>

# Appendix 4: Facility Numbers

|  |  |
| --- | --- |
| **Submitting Hospital** | **Facility Number** |
| Kingston Health Sciences Centre (KHSC) | 978 |
| Grand River Hospital Corp | 930 |
| Windsor Regional Hospital | 933 |
| Thunder Bay Regional Health Sciences Centre | 935 |
| London Health Sciences | 936 |
| Hamilton Health Sciences Corporation  | 942 |
| University Health Network | 947 |
| Lakeridge Health | 952 |
| Sunnybrook Health Sciences Centre | 953 |
| The Ottawa Hospital  | 958 |
| Health Sciences North | 959 |
| Niagara Health | 962 |
| Trillium Health Partners | 975 |
| William Osler Health Centre  | 951 |

# Appendix 5: SCT Disease Indication Classification

|  |  |
| --- | --- |
| **Name** | **Description** |
| AML  | Acute Myeloid Leukemia  |
| ALL | Acute Lymphoblastic Leukemia  (including lymphoblastic lymphoma) |
| APL  | Acute Promyelocytic leukemia |
| Acute Leukemia Other | Acute leukemia other |
| CML | Chronic Myeloid Leukemia |
| CLL | Chronic Lymphocytic Leukemia |
| MDS/MPD | Myelodysplastic / Myeloproliferative Disease |
| MM | Multiple Myeloma |
| Amyloidosis | Amyloidosis |
| CNS | CNS Lymphoma |
| DLBCL | Diffuse Large B-Cell Lymphoma (Includes Double HIT Lymphoma, Primary Mediastinal B-Cell Lymphoma, and Transformed Indolent Lymphoma) |
| FL | Follicular Lymphoma |
| HG DLBCL NOS | High-grade B-Cell Lymphoma not otherwise specified |
| HL | Hodgkin's Lymphoma |
| MCL | Mantle Cell Lymphoma |
| T-Cell | T-Cell Lymphoma |
| SAA | Severe aplastic anemia |
| Solid-Sarcoma | Solid tumours - Sarcoma |
| Solid-Germ Cell | Solid tumours - Germ cell tumours |
| Solid-Other | Solid tumours - Other |
| Other | Transplant indication not listed above |

#

# Appendix 6: MOHLTC Master Numbering System

The Master Numbering System has been developed for the purpose of bringing together all Health Facilities and Programs under one system of identification. The list is a composite of health and health related units, facilities, clinics, programs and services. Each such organization has been assigned a unique four digit identifying code.
(For details, please refer Cancer Care Ontario's Data Book - 2012-2013, Appendix A: MOHLTC Master Numbering System, at link <https://ext.cancercare.on.ca/ext/databook/db2122/documents/Appendix/CCO_DBK_Appendix_A_JUN_20.xlsx>).

# Appendix 7: AML Reason for Remission to Transplant Over 8 Weeks

* Patient choice
* Relapse
* Donor Issue
* Acquired Toxicity
* Logistical/Capacity

# Appendix 8: Reason Patient Did Not Proceed

* Disease Related
* Donor Unavailability
* Inadequate Stem Cell Yield
* Patient Comorbidity
* Patient Preference
* Treatment Toxicity
* Other

# Appendix 9: Type of Transplant

* Auto
* Auto Tandem 1 of 2
* Auto Tandem 2 of 2
* Allo-R
* Allo-U
* Haplo

# Appendix 10: Code List for System Issue

* No system issue
* Transplant Intake
* Bed availability
* HLA typing
* Stem cell collection