**Data Elements for Sarcoma Prosthesis - Specialized Services Oversight (SSOIS)**

| **#** | **Entity** | **Data Element** | **COLUMN\_NAME** | **Definition (Description)** | **Format** | **Valid values** | **Applies to** | **Purpose and Use**  | **Mandatory** | **Business key (Uniqueness)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Sarcoma -Prosthesis | Health Card Number | Health\_Card\_Number | Patient's Ontario Health Card Number. | CHAR(10) | Valid values: 0-unknown, 1-out of country, or valid HCN | All | To link data with other CCO data holding areas. | Yes | Yes |
| 2 | Sarcoma -Prosthesis | Patient’s Chart Number | Patient\_Chart\_Number | Facilities internal unique patient identifier. | CHAR (12) | Must be alpha-numeric (i.e. no punctuation, must have numbers and characters). | All | For reimbursement: to uniquely identify procedure for a patient;For investigations: chart number will be provided in log file for the records with errors. This will allow facilities to link data in log file with their data sets. | Yes | Yes |
| 3 | Sarcoma -Prosthesis | Date of Birth | Date\_Of\_Birth | Patient birth date | CHAR (8) YYYYMMDD | Valid date Patient birth date is a valid date | All | To link data with other CCO data holding areas. | Yes | Yes |
| 4 | Sarcoma -Prosthesis | Postal Code | Postal\_Code | Patient’s residential postal code. | CHAR(10) | 1. Must match any of these format masks: ANANAN, NNNNN, NNNNN-NNNN, AA2. If matches mask ANANAN, then can’t begin with D,F,I,O,Q,U, or W3. If matches mask of AA, then should match any entry in [**Appendix-12.11**](#_Appendix-11:_Valid_2-digits) (Province and State Codes). | All | For geographical distribution reporting. | Yes | Yes |
| 5 | Sarcoma -Prosthesis | Facility Number | facility\_number | Submitting facility number | CHAR(3) | Valid facility number listed in **Appendix-3** | All |  | Yes | Yes |
| 6 | Sarcoma -Prosthesis | Anatomic location | anatomic\_location | Location where prosthesis was done | Char (25) | Valid values listed in [**Appendix-12.15**](#_Appendix-15:_Anatomic_location) | All | For surgical prosthetic details volumes/funding can be analyzed | Yes | Yes |
| 7 | Sarcoma -Prosthesis | Anatomic location other | anatomic\_location\_other | Other location apart from appendix | Char (50) | Free text. andonly allowable characters are letters, ' (apostrophe)  - (hyphen),. (period) any other characters are invalid | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 8 | Sarcoma -Prosthesis | Prosthesis type | prosthesis\_type | Type of prosthesis | Char (25) | Valid values for prosthesis type listed in [**Appendix-12.16**](#_Appendix-16:_Prosthesis_type)**.** Must be N/A if Procedure type is Allograft. | All | For surgical prosthetic details volumes/funding can be analyzed | Yes | Yes |
| 9 | Sarcoma -Prosthesis | Prosthesis type other | Prosthesis\_type\_other | Prosthesis type - other | Char (50) | Free text and only allowable characters are letters, ' (apostrophe)  - (hyphen),. (period) any other characters are invalid | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 10 | Sarcoma -Prosthesis | Prosthesis features | prosthesis\_features | Features of prosthesis | Char (50) | Valid values for prosthesis type listed in in [**Appendix-12.17**](#_Appendix-17:_Prosthesis_features) | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 11 | Sarcoma -Prosthesis | Prosthesis features other | prosthesis\_features\_other | Features of prosthesis - Other | Char (50) | Free text and only allowable characters are letters, ' (apostrophe) - (hyphen),. (period) any other characters are invalid | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 12 | Sarcoma -Prosthesis | Method of fixation | method\_of\_fixation | Method of fixation | Char (50) | Valid values for method of fixation listed in [**Appendix-12.18**](#_Appendix-18:_Method_of) | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 13 | Sarcoma -Prosthesis | Method of fixation other | method\_of\_fixation\_other | Method of fixation - Other | Char (50) | Free text and only allowable characters are letters, ' (apostrophe)  - (hyphen), (period) any other characters are invalid | All | For surgical prosthetic details volumes/funding can be analyzed | No |  |
| 14 | Sarcoma -Prosthesis | Procedure type | procedure\_type | Type of procedure used (Allograft/ Prosthesis) | Char(25) | Valid values for procedure type listed in appendix [**Appendix-12.19**](#_Appendix-19:_Procedure_type) | All | For surgical prosthetic details volumes/funding can be analyzed | Yes | Yes |
| 15 | Sarcoma -Prosthesis | Number of Procedures | procedure\_number | Number of Procedure performed  | Char(3) | Valid numeric values must be greater than 0 | All | For surgical prosthetic details volumes/funding can be analyzed | Yes | Yes |
| 16 | Sarcoma -Prosthesis | Procedure date | procedure\_date | Procedure date | CHAR(8)YYYYMMDD | Must be with in submitting quarter and year  | All | For surgical prosthetic details volumes/funding can be analyzed | Yes | Yes |
| 17 | Sarcoma -Prosthesis | MCC date | MCC\_ date | MCC date | CHAR(8)YYYYMMDD | Valid Date | All | For surgical prosthetic details volumes/funding can be analyzed |  No  |  |