



RIAYATI Program Interface Control Document (HL7 MDM Inbound)

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Version and Distribution History			
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1.1	07-Oct-2020	Draft Specification	MOHAP
2.0	25-Oct-2020	Initial version for distribution	MOHAP
3.0	03-Nov-2020	Baselined version for Phase 1A	MOHAP
3.1	07-Apr-2021	Trivial changes for Phase 1B	MOHAP
3.2	20-Apr-2021	OMRN and Assigning Authority related updates	MOHAP
3.3	15-Sep-2021	Changes based on Integration Testing <ul style="list-style-type: none"> Added EVN Segment. 	MOHAP
3.3	21-Sep-2021	Added Appendix-A for Clinical document types required by Riayati HIE	MOHAP
3.3	21-Sep-2021	Update document format supported in OBX segment	MOHAP
3.3	21-Sep-2021	Added comments to all HL7 Coded (CE) fields to provide both code and description based on the code table specified for the respective field.	MOHAP
4.0	23-Sep-2021	Reviewed and Approved changes and baselined Version	MOHAP
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4.2	17-Nov-2025	Updated PID-4 and PID-19 as Not required Updated TXA-2 and OBX-3 as LOINC Codes	MOHAP

Table 1: Version History

Document Acceptance and Sign-Off		
Name	Signature	Date
MOHAP		25-Dec-2025

Table 2: Document Acceptance and Sign-off

1 About this document

1.1 Purpose of this Document

The interfaces addressed in this document are designed to allow bi-directional communications using the health care industry's Health Level 7 (HL7) version 2.5.1 standards for the exchange of electronic health data between information systems. The interfaces are designed to:

- Process transcriptions communicated electronically from a sending system (such as an electronic medical record or practice management system) into the Riayati HIE receiving system.

This document describes the interface, addresses the data structure and available communication options, and provides other coordination information for implementing the interface. To assist the parties involved in planning, installing, and using the interface, applicable message segments are included.

We will commonly refer to the above as "providers", i.e., those who are participating in Riayati HIE program.

This document covers the following:

- a) The protocols and handshake supported for exchange of messages.
- b) Message Segment descriptions of different event type supported by Riayati HIE.

References to the HL7 standard are made throughout this document. The web site for HL7 specifications can be found at <http://www.hl7.org/>.

1.2 Audience

This document is intended for the Technical Team from the Provider Organizations from the Northern Emirates and EMR vendors.

1.3 Abbreviations and Terms

Abbreviation	Term
API	Application Programming Interface
ESB	Enterprise Service Bus
FHIR	Fast Healthcare Interoperability Resources
HIE	Health Information Exchange
HTTP	Hyper Text Transport Protocol
MOHAP	Ministry of Health and Prevention
SOAP	Simple Object Access Protocol
UAE	United Arab Emirates

Table 3: Abbreviations and Terms

2 Introduction

2.1 RIAYATI Program

His Highness Sheikh Mohammed bin Rashid Al Maktoum announced in 2015 the initiative to establish a Health Information Exchange system – “RIAYATI” for patients in the Northern Emirates, UAE. In order to facilitate the movement of patients across healthcare providers, as well as connect public and private hospitals and clinics to share and exchange Health Records.

The RIAYATI Service will be the primary force driving an integrated, sustainable modern digital health platform that improves the safety of the patients, healthcare quality and population health in general through the safe sharing of medical data and information of all healthcare system beneficiaries across the Northern Emirates.

2.2 Health Information Exchange

RIAYATI Health Information Exchange will make quality healthcare data available for improvement of the patient care and support the futuristic innovative services like Clinical Decision Support, UAE specific clinical pathways, advanced analytics, and Artificial Intelligence.

The RIAYATI HIE has various components as mentioned below to support the above-mentioned objectives.

- Enterprise Service Bus
- Registries
 - Patient Registry
 - Provider Registry
 - Organization Registry
 - Document Registry
 - Terminology Registry
- Repositories
 - Clinical Data
 - Documents

2.3 HL7 Concepts

2.3.1 HL7 Definitions

- i. **Message:** A message is the atomic unit of data transferred between systems. It is comprised of a group of segments in a defined sequence. Each message has a message type that defines its purpose and a trigger event. For example, the MDM is a message type and T02 is a trigger event. Between text messages in a batch, two carriage returns/line feeds (hex characters 0D0A0D0A) represent the end of each message.
- ii. **Segment:** A segment is a logical grouping of data fields. Segments within a defined message may be required or optional, may occur only once, or may be allowed to repeat. Each segment is named and is identified by a segment ID, a unique 3-character code. The hex characters '0D0A' that act as a Segment Terminator (equivalent to a Carriage Return and Line Feed) denote the end of each segment.
- iii. **Field:** A field is a string of characters. The segment it is in and the position within the segment identify each field, e.g., PID-5 is the fifth field of the PID segment. Optional data fields need not be valued. Whether a field is required, optional, or conditional in a segment is specified in the segment attribute tables.

A maximum length of the field is stated as normative information. Exceeding the listed length should be considered an error.

In segments attribute table Required/Mandatory data is designated as “**R**” and Optional field data is designated as “**O**” and Required if available is designated as “**RA**”.

- iv. **Component:** A component is one of a logical grouping of items that comprise the contents of a coded or composite field. Within a field having several components, not all components are required to be valued. Examples in this document demonstrate both fully valued and partially valued coded and composite fields.
- v. **Item number:** Each field is assigned a unique item number. Fields that is used in more than one segment will retain their unique item number across segments.
- vi. **Null and empty fields:** The null value is transmitted as two double quote marks (""). A null-valued field differs from an empty field. An empty field should not overwrite previously entered data in the field. The null value means that any previous value in this field should be overwritten.
- vii. **Data Type:** A data type restricts the contents and format of the data field. Data types are given a 2- or letter code. Some data types are coded or composite types with several components. The applicable data type is listed and defined in each field definition. Refer http://www.hl7.org/_for complete listing of data types used in this document and their definitions.
- viii. **Delimiters:** The delimiter values are given in MSH-1 and MSH-2 and used throughout the message. Applications must use agreed upon delimiters to parse the message.

Following are the recommended delimiters for laboratory messages:

Delimiter	Suggested Value	Usage
Segment Terminator	<CR> ((hex 0D0A)	Terminates a segment record. This value cannot be changed by implementers.
Field Separator		Separates two adjacent data fields within a segment. It also separates the segment ID from the first data field in each segment.
Component Separator	^	Separates adjacent components of data fields where allowed.
Subcomponent Separator	&	Separates adjacent subcomponents of data fields where allowed. If there are no subcomponents, this character may be omitted.
Repetition Separator	~	Separates multiple occurrences of a field where allowed.
Escape Character	\	Escape character for use with any field represented by an ST, TX or FT data type, or for use with the data (fourth) component of the ED data type. If no escape characters are used in a message, this character may be omitted. However, it must be present if subcomponents are used in the message.

- ix. **Message Syntax:** Each abstract message is defined in special notation that lists the 3-letter segment identifiers in the order they will appear in the message. The general rule is as follows: No brackets around it - Required - **[]** - Optional - **{ }** - Repeating - **{ { }** - Optional Repeating.
- x. **Trigger Events:** The HL7 Standard is written from the assumption that an event in the real world of healthcare creates the need for data to flow among systems. The real-world event is called the trigger event. For example, the trigger event, an observation (e.g., a CBC result) for a patient is available, may cause the need for that observation to be sent to several other systems. When the transfer of information is initiated by the application system that deals with the triggering event, the transaction is termed an unsolicited update.
- xi. **Z segments:** All message types trigger event codes, and segment ID codes beginning with Z are reserved for locally defined messages. No Z segments codes have been defined in the HL7 v2.4 Standard for the OML^O21 message; this document does not contain customized Z segments for the OML^O21 message.

2.3.2 HL7 Standards – Exceptions

Some exceptions to the HL7 conventions are noted herein. Data is added, updated and removed at the segment level. Messages should contain ALL current data. It is recommended that all segments for demographic interfaces contain fully populated fields appropriate for the message type. It is also recommended that all messages contain all segments. This should be observed even if the data has not changed.

Message segment maps indicate fields not directly used by the Riayati HIE as shaded entries. Unused fields are shown up to the last segment field that is processed by the Riayati HIE.

2.3.3 Robust Port Connectivity

If the sending system communicates to the Riayati HIE via a TCP/IP port number, it must be able to dynamically determine the status of the port to which it sends. In the event the client interface server has been rebooted or restarted for any reason, the sending system must be able to detect that the port was offline and reopen the port without user support.

2.3.4 Communications Options

Riayati HIE can configure an interface to function using TCP/ IP over Secure site-to-site Virtual Private Network (VPN) or File transfer using SFTP.

VPN (Virtual Private Network)

A Secure site-to-site Virtual Private Network (VPN) between Riayati HIE Servers and participants (Sending Systems) shall be implemented.

TCP/IP

TCP/IP is the preferred communications protocol for exchanging HL7 messages. The following is a list of the major guidelines for the establishment of TCP/IP communications:

1. A Site to site Secure VPN Tunnel will need to be established between the Participant and the Riayati HIE host system vendor prior to establishing the TCP/IP port and socket connection.
2. Unique TCP/IP port addresses and socket numbers must be determined by the client, Riayati HIE, and the host system vendor prior to installation. Suggested ports are:
3. The sending system will act as a TCP/IP client and is responsible for opening the port prior to sending data. The receiving system will act as a TCP/IP server.

IMPORTANT NOTE: The sending system must be able to monitor the status of the port and must be able to reconnect to the port without user support if it has been disconnected.

4. The HL7 minimal lower layer protocol recommendations are observed.
5. The leading character for each transmission can be configured for each interface and is represented here as <VT> (ASCII 11).
6. Up to three ending characters for each transmission can be configured for each interface. They are represented here as <FS> (ASCII 28) and <CR> (ASCII 13).
7. Each segment is followed by a <CR> (ASCII 13).
8. The exchange of messages will be as follows:

At the execution of the trigger event in the host system, the host sends a message to Riayati HIE:

Host System		Riayati HIE
<VT> MSH segment<CR> followed by first segment<CR> followed by next segment<CR> ... last segment<CR> <FS><CR> <CR>	➔	Received by the product TCP/IP Receiver and placed in a directory on the file system. Predetermined identifiers in the message are validated by the Receiver script, if valid. The product takes the message and file to a SQL Message Queue, parser process it into the Data Store.

After receipt of each message, the product sends an ACK Message to Host on the same port number:

Host System		Riayati HIE
Received by Host	➔	<VT> MSH segment<CR> MSA segment<CR> ERR segment<CR> <FS><CR> <CR>

If the MSA indicates that the message was received, then the host is free to send the next message. This is repeated until all messages are sent. If the MSA indicates that the message contained an error, the host must resend the message until either the MSA indicates the message was received, or the interface times out.

The simple general acknowledgment (ACK) should be sent by the receiving system to respond to the receipt of the messages.

The product TCP/IP Receiver script processes the MSH segment and the Message Control ID (MSH-10) is used to construct the outbound HL7 ACK. The ACK message only indicates that the message was received. Errors in processing usually result in HIE Event log messages. If the MSH segment is not found or cannot be processed, a HL7 NAK is sent. In the case of a low-level error, a TCP/IP NAK is returned.

MSA Example with MSH Message Header:

```
MSH|^~\&|SENDING_APP|SENDING_APP|RECEIVING_APP|RECEIVING_APP|20190801222928586+0400||MDM^T02|89899775||2.5.1
MSA|AA|dfx20030917141003|message text
```

ERR||ERR^1^1|ValErrors Message

3 Basic Message Construction Rules

3.1 Encoding Rules for Sending

- Encode each segment in the order specified in the abstract message format.
- Place the Segment ID first in the segment.
- Precede each data field with the field separator.
- Encode the data fields in the order and data type specified in the segment definition table.
- End each segment with the segment terminator.
- Component separators need not be represented for components, subcomponents, or repetitions that come at the end of a field. The data fields below, for example, are equivalent:

^XXX&YYY&&^ is equal to ^XXX&YYY^

|ABC^DEF^^| is equal to |ABC^DEF|

3.2 Encoding Rules for Receiving

The following rules apply to receiving HL7 messages and converting their contents to data values:

- Ignore segments, fields, components, subcomponents, and extra repetitions of a field that are present but were not expected.
- Treat segments that were expected but are not present as consisting entirely of fields that are not present.
- Treat fields and components that are expected but were not included in a segment as not present.
- For the Rich Text Format and HTML content the below HL7 Escaping needs to be handled from the source system.

Delimiter	HL7 character
Field separator ()	\F\
Component separator (^)	\S\
Repetition separator (~)	\R\
Escape character (\)	\E\
Sub-component separator (&)	\T\

- e) For the Rich Text Format content, the below Escape sequence needs to be handled.

HL7 Character	Description
\.sp <number>\	End current output line and skip <number> vertical spaces. <number> is a positive integer or absent. If <number> is absent, skip one space. The horizontal character position remains unchanged. Note that for purposes of compatibility with previous versions of HL7, "^\.sp\" is equivalent to "\.br\".
\.br\	Begin new output line. Set the horizontal position to the current left margin and increment the vertical position by 1.
\.fi\	Begin word wrap or fill mode. This is the default state. It can be changed to a no-wrap mode using the .nf command.
\.nf\	Begin no-wrap mode.
\.in <number>\	Indent <number> of spaces, where <number> is a positive or negative integer. This command cannot appear after the first printable character of a line.
\.ti <number>\	Temporarily indent <number> of spaces where number is a positive or negative integer. This command cannot appear after the first printable character of a line.
\.sk < number>\	Skip <number> spaces to the right.
\.ce\	End current output line and center the next line.

- f) For the TX and FT Data type of content the below formatted text needs to be handled with the OBX Observation value and NTE Comments.

Delimiter	HL7 character	Example (Raw HL7)	Example (Formatted)
Field separator	\F\	FEVER\FDRY COUGH\F\	FEVERIDRY COUGH
Component separator	\S\	DOOR1\S\LINE1\S\COUNTY\S\	DOOR1^LINE1^COUNTY^
Repetition separator	\R\	DOOR1\S\LINE1\R\COUNTY\S\	DOOR1^LINE1~COUNTY^
Escape character	\E\	DOOR1\E\LINE1\E\COUNTY\E\	DOOR1\LINE1\COUNTY\
Sub-component separator	\T\	DOOR1\T\LINE1\T\COUNTY	DOOR1&LINE1&COUNTY
Start high lighting	\H\	\HFEVER\N\	FEVER
End high lighting	\N\	\HFEVER\N\	FEVER
Hexa decimal data	\Xddd...\	CODE:\X10\	CODE:A

4 HL7 MDM (Medical Document Management) Message

The Medical Document Management (MDM) message is a commonly used HL7 message type that provides information about new or updated notes or documents. Per the HL7 standard, its main purpose is “to produce an accurate, legal, and legible document that serves as a comprehensive account of healthcare services provided to a patient”.

Riayati will accept the Clinical transcriptions documents like Outpatient SOAP Notes/ Outpatient notes, Discharge Summary, ER Visit Summary, Blood Transfusion, Growth Chart, Laboratory Reports (PDF), Radiology Reports (PDF), etc., with the HL7 MDM Messages.

The below MDM message trigger events will be supported by Riayati HIE:

- MDM^T02 - Original document notification and content
- MDM^T04 - Document status change notification and content
- MDM^T08 - Document edit notification and content
- MDM^T11 - Document Cancel Notification

HL7 MDM messages uses the segments listed below:

Message Segments	Segment Name	Comments
MSH	Message Header	Required
EVN	Event Type	Required
PID	Patient Identification	Required
PV1	Patient Visit	Required
TXA	Document Notification	Required
{OBX*}	Observation notes	Required (Except for MDM^T11)

- The Documents will get created with MDM^T02 and can be updated with MDM^T04 and MDM^T08. The Cancellation of the Document will be supported with MDM^T11.
- Note the asterisk (*) next to the OBX segment. That's there to indicate that MDM messages will only include repeating OBX segments if they include the document content itself. The content is stored in the OBX segment(s) in a format dictated by the receiving system. Some possible formats include plain text, HTML, XHTML, or base64-encoded documents like PDFs. The document can be split across multiple OBX segments or stored in one single OBX dependent on the preference of the receiving system or the character limits of each segment.

IMPORTANT NOTE: The Riayati HIE is a visit base system; therefore PV1.19(Patient Visit Number) is required in all messages. Messages with a blank Patient Visit number will be flag as a bad message and ignored.

IMPORTANT NOTE: DSC segments, ADD segments, and any continuation pointer functionality derived from these segments are not supported.

IMPORTANT NOTE: All coded fields use standard HL7 field codes unless otherwise specified. Any deviations from the standard HL7 field code tables must be reported to the Riayati HIE.

All message must be sent in Snapshot mode - Riayati HIE expects all data to present in all the messages, for example every message for the Result must have all active part of the report. If any corrected report is sent after original report Riayati HIE application expects all OBR and OBX segment is sent for the report, if partial report is sent in latest message, Riayati HIE application will not retain part of the report sent in earlier messages.

Definitions

Term	Definition
R	Required
O	Optional
RA	Required if available

Message Acknowledgement

Riyati HIE will respond with Acknowledgement (ACK) Message for each MDM Message with the MSA Segment along with ERR segment in case of any validation error in the HL7 message.

MSA Segment

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
MSA-1	R	Acknowledgment Code	ID	2	HL7 Table 0008
MSA-2	R	Message Control ID	ST	20	

ERR Segment

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
ERR-1	Backwards Compatible	Error Code and Location	ELD	493	Specifies the segment that contains an error and describes the nature of the error.
ERR-2	O	Error Location	ERL	18	This data type identifies the segment and its constituent where an error has occurred.
ERR-3	R	HL7 Error Code	CWE	705	Specifies a coded element and its associated detail.

4.1 MSH - Message Header

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
MSH-1	R	Field Separator	ST	1	This field contains the HL7 field separator " " and is located between the segment ID "MSH" and the MSH 2 field. This dictates that " " will act as the field separator for the rest of the HL7 message. ' ' (ASCII 124)
MSH-2	R	Encoding Characters	ST	4	'^~\&' where '^' is the component delimiter (ASCII 94) '~' is the repeat delimiter (ASCII 126) '\' is the escape delimiter (ASCII 92) '&' is the subcomponent delimiter (ASCII 38)
MSH-3	O	Sending Application Namespace ID	HD	227	This field identifies the Sending Application as defined in the internal. This Application code will be assigned by Riayati. Table No: To be discussed during onboarding.
MSH-4	R	Sending Facility Namespace ID	HD	227	Facility License Number.
MSH-5	O	Receiving Application Namespace ID	HD	227	
MSH-6	O	Receiving Facility Namespace ID	HD	227	
MSH-7	R	Date/Time of Message	TS	26	Format: YYYYMMDDTTTT
MSH-8	O	Security	ST	40	
MSH-9	R	Message Type	MSG	15	
MSH-9.1	R	Message Code	ID	3	MDM
MSH-9.2	R	Trigger Event	ID	3	MSH 9.2 - Contains the Event Trigger Table No:0003
MSH-9.3	R	Message Structure	ID	7	MDM_T02 or MDM_T01
MSH-10	R	Message Control ID	ST	20	Unique message number

					Note: If a message is received with the same Message Control ID as the immediately previous message, it will be treated as an error.
MSH-11	O	Processing ID	PT	3	P (Production) or T (Testing) or D (Development)
MSH-12	R	Version ID	VID	60	HL7 version 2.5.1
MSH-13	O	Sequence Number	NM	15	
MSH-14	O	Continuation Pointer	ST	180	
MSH-15	O	Accept Acknowledgment Type	ID	2	
MSH-16	O	Application Acknowledgment Type	ID	2	
MSH-17	O	Country Code	ID	3	
MSH-18	O	Character Set	ID	16	
MSH-19	O	Principal Language of Message	CE	250	
MSH-20	O	Alternate Character Set Handling Scheme	ID	20	
MSH-21	O	Message Profile Identifier	EI	427	

Sample MSH segment:

```
MSH|^~\&|SENDING_APP|SENDING_FACILITY|RECEIVING_APP|RECEIVING_FACILITY|202008181126|SECURITY|MDM
^T02^MDM_T02|MSG00011|P|2.5.1|||AL|NE|THA|UNICODE UTF-8|||
```

4.2 EVN - Event Type

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
EVN-1	O	Event Type Code	ID	3	Contains the Event Trigger and matches with MSH-9.2
EVN-2	R	Recorded Date/Time	TS	26	Format: YYYYMMDD[HHMM]
EVN-3	O	Date/Time Planned Event	TS	26	Format: YYYYMMDD[HHMM]

Sample EVN segment:

EVN||202004140929|

4.3 PID - Patient Identification

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
PID-1	RA	Set ID	SI	4	There will only be one patient being sent at a time. Therefore, this will always be set to the value of "1".
PID-2	O	Patient ID – External	CX	20	
PID-3	R	Patient Identifier	CX	250	<p>Number types SSN/EID, DL, or MRN here will override any SSN/EID, DL, or MRN in PID-4, PID-19, and PID-20.</p> <p>Every instance of PID-3 will be parsed. Number is parsed from "subfield 1" and Number Type is parsed from "subfield 5". Number Type should have value "EID", "MRN", "OMRN", "PPN", "GCCID" only.</p> <p>Component 1: Medical Record Number, Organization level Medical Record Number, Emirates Id, GCC Id, Passport Number</p> <p>Component 5: ID Domain</p> <p>Component 6: Facility Mnemonic</p>
PID-3.1	R	Patient ID – Internal	ST	15	<p>Note 1: ID must be unique. Failure to ensure uniqueness can result in patient record mismatches.</p> <p>Note 2:</p> <ul style="list-style-type: none"> There can be only one primary patient identifier (MRN) and multiple secondary identifiers per patient and facility in PID_3_1. Secondary identifier can be Emirates Id (with no hyphens), GCC Id or Passport Number The PID_3_5 should have MRN for primary identifier. The PID_3_5 should have OMRN for Organisation level Medical Record Number. The PID_3_5 should have EID for Emirates Id identifier. The PID_3_5 should have GCCID for GCC Id identifier. The PID_3_5 should have PPN for Passport Number identifier. There can be only one combination of MRN with Facility number. Along with MRN either of three secondary valid identifiers is mandatory each message.

					<ul style="list-style-type: none"> Facility id in PID_3_6 for primary local identifier for the message sending facility, must Match with facility Id in MSH.4. <p>Note 3: For the Emirates ID, use the below when ID is not available.</p> <ul style="list-style-type: none"> All 0's – Visitors (Tourists), Non-Residents who have no Emirates ID. All 1's – New-borns and other Residents for whom the Emirates ID will be obtained later. All 2's – Special category where the Patient will not have Emirates ID forever. All 9's – Emergency / Unconscious Patients for whom the Emirates ID is not known. <p>Format:</p> <p>MR001^^F12345^MRN~OMR001^^APPCODE^OMRN~789123412345671^^ICA^EID~1046403927^^GCC^GCCID~PASS001^^INTNL^PPN</p>
PID-3.4	R	Assigning Authority	HD	227	
PID-3.4.1	R	Assigning Authority: Namespace Identifier	IS	20	<p>Facility License Number for MRN.</p> <p>Application / Organisation code assigned by Riayati for OMRN.</p> <p>"ICA" for EID.</p> <p>"GCC" for GCC ID.</p> <p>"INTNL" for Passport Number.</p>
PID-3.4.2	O	Assigning Authority: Universal Identifier	ST	199	
PID-3.4.3	O	Assigning Authority: Universal Identifier Type	ID	6	
PID-3.5	R	Identifier Type Code	ID	5	Identifier Type should have the value either "EID", "MRN", "OMRN", "PPN" or "GCCID".
PID-3.6.1	O	Assigning Facility: Namespace Identifier	IS	20	
PID-3.6.2	O	Assigning Facility: Universal Identifier	ST	199	
PID-3.6.3	O	Assigning Facility: Universal Identifier Type	ID	6	
PID-3.7	O	Effective Date	DT	8	Format: YYYYMMDD[HHMM]
PID-3.8	O	Expiration Date	DT	8	Format: YYYYMMDD[HHMM]
PID-4	O	Alternate Patient ID	CX	20	Not required. Identifiers are to be sent only in PID-3.

PID-5	R	Patient Name	XP	100	Only the first instance of this field is used. Component 1: Last Name Component 2: First Name Component 3: Middle Initial Component 4: Suffix Component 5: Title Component 6: Degree
PID-5.1	R	Patient Family name	FN	194	
PID-5.2	R	Patient Given name	ST	30	
PID-5.3	O	Patient Middle Initial or Name	ST	30	
PID-5.4	O	Patient Name Suffix	ST	20	
PID-5.5	O	Patient Name Prefix	ST	20	
PID-5.14	O	Patient Name Professional Suffix	ST	199	
PID-6	O	Mother's Maiden Name	XP	250	This field contains the mother's maiden name.
PID-6.1	O	Mother's Maiden Name: Family Name	FN	194	
PID-6.2	O	Mother's Maiden Name: Given Name	ST	30	
PID-6.3	O	Mother's Maiden Name: Middle initial	ST	30	
PID-6.4	O	Mother's Maiden Name: Suffix	ST	20	
PID-6.5	O	Mother's Maiden Name: Prefix	ST	20	
PID-7	R	Date/time of Birth	TS	26	Only the date part of BirthTime is stored. Format: YYYYMMDD
PID-8	R	Sex	IS	1	HL7 Table 0001 If demographics contain no gender, the patient's gender will appear in the Clinical Viewer as "NS" for "Not Specified".
PID-9	O	Patient Alias	XP	250	Component 1: Last Name Component 2: First Name Component 3: Middle Initial Component 4: Suffix Component 5: Title

					Component 6: Degree
PID-9-1	O	Patient Alias Family Name	FN	194	
PID-9-2	O	Patient Alias Given Name	ST	30	
PID-9-3	O	Patient Alias Middle Name	ST	30	
PID-9-4	O	Patient Alias Suffix	ST	20	
PID-9-5	O	Patient Alias Prefix	ST	20	
PID-10	O	Race Code	CE	250	If this field is valued, both code and description to be sent in the first two components as per the code table. PID.10.1 and PID.10.2
PID-10.1	O	Race Identifier Code	ST	20	HL7 Table 0005
PID-10.2	O	Race Identifier Description Text	ST	199	
PID-10.3	O	Race Identifier Code System	ID	20	
PID-10.6	O	Race Identifier Code System Version	ID	20	
PID-11	R	Address	XAD	250	Every non-null instance of PID-11 will be parsed. Component 1: Street Component 2: Street (Secondary, i.e., APT) Component 3: City Component 4: State Component 5: Zip Code
PID-11.1	R	Street Address	SAD	184	
PID-11.2	O	Other Designation	ST	120	
PID-11.3	R	City	ST	50	
PID-11.4	R	State or Province	ST	50	HL7 table 0347: Please use the description from the code table.
PID-11.5	O	Zip or Postal Code	ST	12	
PID-11.6	R	Country	ID	3	
PID-11.7	RA	Address Type	ID	3	HL7 table 0190
PID-11.8	O	Other Geographic Designation	ST	50	

PID-11.9	RA	County/Parish	IS	20	
PID-12	RA	County Code	IS	4	Three-digit ISO code
PID-13	R	Phone Number – Home	XTN	250	The TelecommunicationUseCode and TelecommunicationEquipmentTy are used to determine if the phone is a home phone or a mobile phone. Repeating field. Each instance can represent one of the Telecommunication information (Cell Phone, Phone Number and Email Address).
PID-13.1	O	Phone Number – Home Telephone Number	ID	199	Patient home phone number. Only parsed when the PID-13.3 is “CP” or “PH” Formatted as 009715xxxxxxx
PID-13.2	R	Phone Number – Home Telecommunication Use Code	ID	3	“EMR” – Emergency Number (for Cell Phone). “PRN” – Primary Residence Number (for Home Phone Number). “NET” – Network (email) Address (for Email Address).
PID-13.3	R	Phone Number – Home Telecommunication Equipment Type	ST	8	“CP” – Cell Phone. “PH” – Home Phone Number. “Internet” – Email Address.
PID-13.4	O	Phone Number – Home Email Address	ST	199	Patient E-mail address. Only parsed when the PID-13.3 is “Internet”
PID-14	O	Phone Number – Business	XTN	100	The TelecommunicationUseCode and TelecommunicationEquipmentTy are used to determine if the phone is a business phone or a mobile phone. Only one instance is expected with Work Phone Number.
PID-14.1	O	Phone Number – Business Telephone Number	ST	250	Formatted as 009714xxxxxxx
PID-14.2	O	Phone Number – Business Telecommunication Use Code	ID	3	“WPN” – Work Primary Number.
PID-14.3	O	Phone Number – Business Telecommunication Equipment Type	ST	8	“EMP” – Employer
PID-14.4	O	Phone Number – Business Email Address	ST	199	
PID-15	R	Primary Language	CE	250	Patient's primary language If this field is valued, both code and description to be sent in the first two components as per the code table, PID.15.1 and PID.15.2

PID-15.1	RA	Primary Language Code	ST	20	HL7 table 0296
PID-15.2	O	Primary Language Description Text	ST	199	
PID-15.3	O	Primary Language Code System	ID	20	
PID-15.6	O	Primary Language Code System Version	ID	20	
PID-16	RA	Marital Status	CE	250	If this field is valued, both code and description to be sent in the first two components as per the code table. PID.16.1 and PID.16.2
PID-16.1	RA	Marital Status Code	ST	20	HL7 table 0002
PID-16.2	O	Marital Status Description Text	ST	199	
PID-16.3	O	Marital Status Code System	ID	20	
PID-16.6	O	Marital Status Code System Version	ST	20	
PID-17	O	Religion	CE	250	If this field is valued, both code and description to be sent in the first two components as per the code table. PID.17.1 and PID.17.2
PID-17.1	R	Religion Code	ST	20	HL7 table 0006
PID-17.2	O	Religion Description Text	ST	199	
PID-17.3	O	Religion Code System	ID	20	
PID-17.6	O	Religion Code System Version	ID	20	
PID-18	O	Patient Account Number	CX	250	
PID-19	O	SSN/EID Number – Patient	ST	16	Not required. Identifiers are to be sent only in PID-3.
PID-20	O	Driver's License Number	DLN	25	Driving License Number. This is not expected to be part of PID-3 Identifier list. Used only if there is no DL in PID-3 or PID-4.
PID-20.1	O	Driver's License Number	ST	20	
PID-20.2	O	Driver's License Number State	IS	20	
PID-21	O	Mother's Identifier	CX	250	Required for newborn patient records Mother Patient's MRN ID for the newborn patient records.
PID-22	O	Ethnic Group	CE	250	Patients Ethnicity

					If this field is valued, both code and description to be sent in the first two components as per the code table. PID.22.1 and PID.22.2
PID-22.1	O	Ethnic Group Code	ST	20	Riayati table RYT1028
PID-22.2	O	Ethnic Group Descriptive Text	ST	199	
PID-22.3	O	Ethnic Group Code System	ID	20	
PID-22.6	O	Ethnic Group Code System Version	ID	20	
PID-23	O	Birthplace	ST	250	
PID-24	O	Multiple Birth Indicator	ID	1	Required only for newborn patient records. HL7 table 0136
PID-25	O	Birth Order	NM	2	Integer value. Required only for newborn patient record and is part of multiple birth.
PID-28	O	Nationality	CE	250	HL7 table 0212 If this field is valued, both code and description to be sent in the first two components as per the code table. PID.28.1 and PID.28.2
PID-29	O	Patient Death Date/time	TS	26	Time of death Format: YYYYMMDD[HHMM]
PID-30	O	Patient Death Indicator	ID	1	HL7 table 0136 A value of "Y" in the HL7 will be parsed as 1, "N" will be parsed as 0, the delete instruction (two double quotes) will be parsed as-is, and any other value in the HL7 will not be parsed.

Sample PID segment:

```
PID|||MR001^^^F12345^MRN~OMR001^^^APPCODE^OMRN~789123412345671^^^ICA^EID~1046403927^^^GCC^GCCID~PASS001^^^INTNL^PPN||Family Name^Given Name^Second Name^Mr.||19610615|M|||STREET^^SHAIK KHALIA^DXB^145445|GL|09715512346548^EMR^CP^^^NET^Internet^reach@email.com|00971027654321^WPN^EMP||S||ACC128563||
```

4.4 PV1 - Patient Visit

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
PV1-1	O	Set ID	SI	3	This field contains the number that identifies this transaction.
PV1-2	R	Patient Class	IS	1	Supported values: E = Emergency I = Inpatient O = Outpatient C = Community N = Not Applicable P = Pre-admit G = Generated S = Silent
PV1-3	O	Assigned Patient Location	PL	80	Required when PV1-2: Patient Class is for Inpatient or Emergency or Outpatient.
PV1-3.1	O	Point of care	IS	20	Location Note: For Outpatient Encounter this field will contain Speciality description.
PV1-3.2	O	Room	IS	20	Room
PV1-3.3	O	Bed	IS	20	Bed
PV1-3.4	O	Facility	HD	227	Facility License Number (where the visit happens)
PV1-3.7	O	Building	IS	20	
PV1-3.8	O	Floor	IS	20	
PV1-3.9	O	Location Description	ST	199	
PV1-4	O	Admission Type	IS	2	This is a Patient's "Admit Priority" as defined in Admissions. HL7 table 0007 Value 'N' mandatory for Newborn messages.
PV1-5	O	Pre-admit Number	CX	250	A number given to the patient prior to being admitted but while information is being gathered
PV1-5.1	O	Pre-admit Number ID	ST	15	
PV1-5.4.2	O	Pre-admit Number Assigning Authority	ST	199	

PV1-5.5	O	Pre-admit Number Identifier Type Code	ID	5	
PV1-6	O	Prior Patient Location	PL	80	
PV1-7	R	Attending Doctor	XCN	250	
PV1-7.1	R	Attending Doctor ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.
PV1-7.2	R	Attending Doctor Last Name	FN	194	
PV1-7.3	O	Attending Doctor First Name	ST	30	
PV1-7.4	O	Attending Doctor Middle Name	ST	30	
PV1-7.5	O	Attending Doctor Suffix	ST	20	
PV1-7.6	O	Attending Doctor Prefix	ST	20	
PV1-7.7	O	Attending Doctor Degree	IS	5	HL7 Table 0360
PV1-7.9	R	Attending Doctor Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
PV1-8	O	Referring Doctor	XCN	250	
PV1-8.1	R	Referring Doctor ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.
PV1-8.2	O	Referring Doctor Last Name	FN	194	
PV1-8.3	O	Referring Doctor First Name	ST	30	
PV1-8.4	O	Referring Doctor Middle Name	ST	30	
PV1-8.5	O	Referring Doctor Suffix	ST	20	
PV1-8.6	O	Referring Doctor Prefix	ST	20	
PV1-8.7	O	Referring Doctor Degree	IS	5	HL7 Table 0360
PV1-8.9	R	Referring Doctor Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
PV1-9	O	Consulting Doctor	XCN	250	
PV1-9.1	R	Consulting Doctor ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.

PV1-9.2	O	Consulting Doctor Last Name	FN	194	
PV1-9.3	O	Consulting Doctor First Name	ST	30	
PV1-9.4	O	Consulting Doctor Middle Name	ST	30	
PV1-9.5	O	Consulting Doctor Suffix	ST	20	
PV1-9.6	O	Consulting Doctor Prefix	ST	20	
PV1-9.7	O	Consulting Doctor Degree	IS	5	HL7 Table 0360
PV1-9.9	R	Consulting Doctor Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
PV1-10	O	Hospital Service	IS	3	Hospital service code as shared by MOHAP code set mapping. Riayati Table: RYT1035
PV1-11	O	Temporary Location	PL	80	
PV1-12	O	Pre-admit Test Indicator	IS	2	
PV1-13	O	Re-admission Indicator	IS	2	
PV1-14	O	Admit Source	IS	6	HL7 Table 0023
PV1-15	O	Ambulatory Status	IS	2	HL7 Table 0009
PV1-16	O	VIP Indicator	IS	2	This is a Y/N flag that is defined as the VIP. Value 'Y' is mandatory for every VIP patient related message. To remove the previously wrongly set VIP flag HL7 Null ("") can be used.
PV1-17	C	Admitting Physician	XCN	250	Required when PV1-2: Patient Class is Inpatient with Main Responsible Physician (MRP) for the visit.
PV1-17.1	R	Admitting Physician ID Number	ST	15	
PV1-17.2	O	Admitting Physician Family Name	FN	194	
PV1-17.3	O	Admitting Physician Given Name	ST	30	
PV1-17.4	O	Admitting Physician Middle Name	ST	30	

PV1-17.5	O	Admitting Physician Suffix	ST	20	
PV1-17.6	O	Admitting Physician Prefix	ST	20	
PV1-17.7	O	Admitting Physician Degree	IS	5	HL7 Table 0360
PV1-17.9	R	Admitting Physician Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
PV1-18	O	Patient Type	IS	2	HL7 Table 0018
PV1-19	R	Visit Number ID	CX	250	Visit number must be unique for the facility.
PV1-19.1	R	Visit Number ID	ST	15	
PV1-19.4	R	Visit Number Assigning Authority	HD	227	Facility License Number. Must match with facility Id in MSH.4
PV1-19.5	O	Visit Number Identifier Type Code	ID	5	
PV1-20	O	Financial Class	FC	50	This is the Patient's Financial Class as defined as Fin Class in Admissions. HL7 Table 0064
PV1-21	O	Charge Price Indicator	IS	2	
PV1-22	O	Courtesy Code	IS	2	
PV1-23	O	Credit Rating	IS	2	
PV1-24	O	Contract Code	IS	2	
PV1-25	O	Contract Effective Date	DT	8	Format: YYYYMMDD[HHMM]
PV1-26	O	Contract Amount	NM	12	
PV1-27	O	Contract Period	NM	3	
PV1-28	O	Interest Code	IS	2	
PV1-29	O	Transfer to Bad Debt Code	IS	4	
PV1-30	O	Transfer to Bad Debt Date	DT	8	Format: YYYYMMDD[HHMM]
PV1-31	O	Bad Debt Agency Code	IS	10	

PV1-32	O	Bad Debt Transfer Amt	NM	12	
PV1-33	O	Bad Debt Recovery Amt	NM	12	
PV1-34	O	Delete Account Indicator	IS	1	
PV1-35	O	Delete Account Date	DT	8	Format: YYYYMMDD[HHMM]
PV1-36	C	Discharge Disposition	IS	3	The conditions under which the patient was discharged. Riayati Table: RYT1024
PV1-37	O	Discharge to Location	DLD	47	
PV1-38	O	Diet Type	CE	250	
PV1-39	O	Servicing Facility	IS	2	HL7 Table No:0115
PV1-40	O	Bed Status	IS	1	
PV1-41	O	Account Status	IS	2	HL7 Table No:0117
PV1-42	O	Pending Location	PL	80	
PV1-43	O	Prior Temporary Location	PL	80	
PV1-44	R	Admit Date/Time	TS	26	This field contains the admit date/time. If there is no value in this field, the system will use the date and time from when the message is transmitted. Format: YYYYMMDD[HHMM]
PV1-45	C	Discharge Date/Time	TS	26	This field contains the discharge date/time. Format: YYYYMMDD[HHMM]

Sample PV1 segment:

```
PV1|1|O|General^^^F12345||||GD12345^LastName^FirstName^^^Dr.^^^ASSIGNING_AUTH|14||||P||||45
3640^^^F12345||||||||||||1|Home|||||20200401111800|20200401112000
```

4.5 TXA - Transcription Document Header

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
TXA-1	R	Set ID	SI	4	This field contains the number that identifies this transaction.
TXA-2	R	Document Type	IS	30	LOINC code of the Document Type (only code) Riayati Table RYT1083
TXA-5	O	Primary Activity Provider Code/Name	XCN	250	
TXA-5.1	O	Primary Activity Provider Code/Name ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.
TXA-5.2	O	Primary Activity Provider Code/Name Last Name	FN	194	
TXA-5.3	O	Primary Activity Provider Code/Name First Name	ST	30	
TXA-5.4	O	Primary Activity Provider Code/Name Middle Name	ST	30	
TXA-5.5	O	Primary Activity Provider Code/Name Suffix	ST	20	
TXA-5.6	O	Primary Activity Provider Code/Name Prefix	ST	20	
TXA-5.7	O	Primary Activity Provider Code/Name Degree	ST	5	HL7 Table 0360
TXA-5.9	O	Primary Activity Provider Code/Name Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
TXA-6	O	Origination Date/Time	TS	26	Format: YYYYMMDD[HHMM]
TXA-7	O	Transcription Date/Time	TS	26	The time that the document was transcribed. Format: YYYYMMDD[HHMM]
TXA-8	O	Edit Date/Time	TS	26	Format: YYYYMMDD[HHMM]
TXA-9	O	Originator Code/Name	XCN	250	This is the person who entered the Note, perhaps from a dictation.
TXA-9.1	O	Originator Code/Name ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.
TXA-9.2	O	Originator Code/Name Last Name	FN	194	

TXA-9.3	O	Originator Code/Name First Name	ST	30	
TXA-9.4	O	Originator Code/Name Middle Name	ST	30	
TXA-9.5	O	Originator Code/Name Suffix	ST	20	
TXA-9.6	O	Originator Code/Name Prefix	ST	20	
TXA-9.7	O	Originator Code/Name Degree	IS	5	HL7 Table 0360
TXA-9.9	O	Originator Code/Name Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
TXA-10	O	Assigned Document Authenticator	XCN	250	This is the person who authorized the Note.
TXA-10.1	O	Assigned Document Authenticator ID Number	ST	15	Must be valid DOH, MOHAP or DHA license number.
TXA-10.2	O	Assigned Document Authenticator Last Name	FN	194	
TXA-10.3	O	Assigned Document Authenticator First Name	ST	30	
TXA-10.4	O	Assigned Document Authenticator Middle Name	ST	30	
TXA-10.5	O	Assigned Document Authenticator Suffix	ST	20	
TXA-10.6	O	Assigned Document Authenticator Prefix	ST	20	
TXA-10.7	O	Assigned Document Authenticator Degree	IS	5	HL7 Table 0360
TXA-10.9	O	Assigned Document Authenticator Assigning Authority	HD	227	Licensing Authority. Must have the value either MOHAP, DHA or DOH.
TXA-12	R	Unique Document Number	EI	30	Document ID from the Source System
TXA-16	R	Unique Document File Name	ST	20	Document Name from the Source System
TXA-17	R	Document Completion Status	ID	2	This field is used to send the Document Status. HL7 Table 271
TXA-18	O	Document Confidentiality Status	ID	2	Confidentiality Status HL7 Table 272

TXA-19	O	Document Availability Status	ID	2	HL7 Table 273
TXA-21	O	Document Change Reason	ST	30	Not required for T02 but required for T04, T08 and T11 Change reason for the MDM^T04 and MDM^T08. Cancel Reason for the MDM^T11
TXA-22	RA	Authentication Person, Time Stamp	PPN	250	The time that the document was authorised.

Sample TXA segment:

```
TXA|1|DS||||20201025011000||GD12345^LastName^FirstName^^Dr.^^^ASSIGNING_AUTH|
GD23456^LastName^FirstName^^Dr.^^^ASSIGNING_AUTH|GD34567^LastName^FirstName^^Dr.^^^ASSIGNING
_AUTH||||DOCFillerID_101|DOCName_101|AU|AV||||
```

4.6 OBX - Observation/Result

The following fields may be required from Attribute Table:

Seg/Field	Req	HL7 Name	Data Type	Max Len	Comments
OBX-1	O	Set ID	SI	4	This field contains the sequence number
OBX-2	RA	Value Type	ID	2	Must be "ED" – Encapsulated Data (or) "TX" – Text Data
OBX-3	R	Observation identifier	CE	250	OBX will be used only for Document Class / Type. If this field is valued, both code and description to be sent in the first two components as per the code table. OBX.3.1 and OBX.3.2. LOINC code of the Document Type. Riayati Table RYT1083.
OBX-3.1	R	Observation Identifier Code	ST	20	LOINC Code for the Document Type
OBX-3.2	O	Observation Identifier Text	ST	199	
OBX-3.3	R	Observation Identifier Coding System	ID	20	Must be LOINC
OBX-4	O	Observation Sub-ID	ST	20	
OBX-5	R	Observation Value	ED	99999	Encapsulated Data – This contains the identity of the source system, the type of data, the encoding method of the data, and the data (Document content) itself.
OBX-5.1	O	Observation Value Source Application	HD		For TX Data type: Textual Data. To include any HL7 delimiter character within a string data field, use the appropriate HL7 escape sequence For ED Data type: Source Application
OBX-5.2	R	Observation Value Type of Data	ID		Supported code for this field are following: "AP": Other application data "TEXT": Machine readable text document. (Including HTML) "IM": Image data "multipart": MIME multipart package This is applicable only for ED Data type.
OBX-5.3	R	Observation Value Data Subtype	ID		Supported code for this field are following: "PDF": PDF Document "GIF": Graphics Interchange Format "XHTML": Hypertext Mark-up Language (use XHTML in this field for both HTML and XHTML) "JPEG": Joint Photographic Experts Group "PICT": PICT format image data

					<p>"TIFF": TIFF image data</p> <p>"x-hl7-cda-level-one": HL7 Clinical Document Architecture Level One document</p> <p>This is applicable only for ED Data type.</p>
OBX-5.4	O	Observation Value Encoding	ID		<p>Supported code for this field are following:</p> <p>"A": No encoding - data are displayable ASCII characters</p> <p>"Base64": Encoding as defined by MIME (Multipurpose Internet Mail Extensions) standard RFC 1521. Four consecutive ASCII characters represent three consecutive octets of binary data. Base64 utilizes a 65-character subset of US-ASCII, consisting of both the upper and</p> <p>This is applicable only for ED Data type.</p>
OBX-5.5	R	Observation Value Data	TX		<p>Formatted content for HTML and RTF types, and Base64 Encoded Binary Document Content for other type of documents.</p> <p>To include any HL7 delimiter character within a string data field, use the appropriate HL7 escape sequence</p> <p>The content must be within 3MB size.</p> <p>This is applicable only for ED Data type.</p>
OBX-11	R	Observation Result Status	ID	1	Must be "F" - Final

Sample OBX segment:

```
OBX|1|ED|DS^^^Discharge
Summary|^AP^HTML^Base64^PD94bWwgdmVyc2lvbj0iMS4wIiBlbmNvZGluZz0id2luZG93cy0xMjUyIj8+
CjwhRE9...|F|
```

5 Appendix A – Document Types

Serial Number	Documents	Required
1	Admission Note-Nursing	Y
2	Admission Note-Physician	Y
3	Bariatric Annual Visit Note	N
4	Bariatric Consultation Note	Y
5	Bariatric Follow up Note	N
6	Bariatric Initial Visit Note	N
7	BH Admission Note Physician	Y
8	BH Case Management Admission Note	Y
9	BH Case Management Contact Note	N
10	BH Case Management Discharge Note	Y
11	BH Case Management F2F Progress Note	N
12	BH Clinic Initial Visit Note	Y
13	BH Clinic Progress Note	Y
14	BH Community Visit Note	N
15	BH Day Treatment Provider Discharge Note	Y
16	BH Day Treatment Provider Initial Note	Y
17	BH Day Treatment Provider Progress Note	Y
18	BH ED Admission Note	Y
19	BH ED Discharge Note	Y
20	BH Family Practice Consultation Note	Y
21	BH Family Practice Office/Clinic Note	Y
22	BH Family Practice Procedure Note	Y
23	BH Family Practice Progress Note	Y
24	BH GP 30 Days Assessment Note	N
25	BH GP History and Physical Note	Y
26	BH GP Pre-Admission Assessment Note	N
27	BH GP Response Note	N
28	BH General Physician Note	Y
29	BH General Physician Progress Note	N
30	BH IP Provider Admission Note	Y
31	BH IP Provider Discharge Note	Y
32	BH IP Provider Progress Note	N
33	BH Nursing Note	Y
34	BH Occupation Therapist Note	N
35	BH Physician Advisor Note	N
36	BH Psychologist Discharge Note	Y
37	BH Psychologist Initial Visit Note	Y



38	BH Psychologist Progress Note	N
39	BH Social Services Note	N
40	BH-E-Clinic Psychologist Clinical Note	Y
41	BH-E-Clinic Speech Pathologist Note	Y
42	Behavioral Health Office/Clinic Note	Y
43	Child & Adolescent OP PsychiatristNote	Y
44	E-Clinic - Psychiatry Clinic Note	Y
45	E-Clinic BH Office/Clinic Note	Y
46	Electroconvulsive Therapy (ECT) Note	N
47	Home care mental health note	N
48	Neuropsychological Testing Note	Y
49	Psychological Testing Note	Y
50	Therapeutic/Intervention Note	Y
51	CNS Discharge Note - Nursing	Y
52	CNS Email Note	N
53	CNS Telephone Note	N
54	Cardiology Donor Clinical Notes	N
55	Child Protection and Safeguarding Note	N
56	Clinic Notes	Y
57	Consultation Note	Y
58	NICU Consultation Note	Y
59	Tissue Re-generation Consultation Note	N
60	Delivery Note	Y
61	Diabetes CNS Clinic Note	Y
62	Diabetes CNS Progress Note	N
63	Diabetes/Neurology CNS Clinic Note	Y
64	Diabetologist Annual Visit Note	N
65	Diabetologist Consultation Note	Y
66	Diabetologist Follow up Note	N
67	Diabetologist Initial Visit Note	Y
68	COVID-19 Discharge Note	Y
69	Discharge Note-Nursing	N
70	Discharge Note-Physician	Y
71	AE Note-Nursing	N
72	AE Note-Physician	Y
73	AE Patient Education Note	N
74	AE Pre-Arrival Note	N
75	Triage Note	Y
76	Triage Note Pediatric	Y
77	Endocrine Annual Visit Note	N
78	Endocrine Consultation Note	Y
79	Endocrine Follow up Note	N



80	Endocrine Initial Visit Note	Y
81	Gastroenterology Donor Clinical Notes	N
82	Heart Center Multidisciplinary Note	N
83	Historical Document - Laboratory Note	N
84	Historical Document - Pharmacy Note	N
85	Historical Document - Radiology Note	N
86	Implant X-Ray Note	N
87	Nephrology Donor Clinical Notes	N
88	Neurology CNS Clinic Note	Y
89	Neurology CNS Progress Note	N
90	ADR Central Pharmacy Note	N
91	ADR Hospital Pharmacy Note	N
92	Allergy/Immunology Office/Clinic Note	Y
93	Ambulatory Procedure Note	Y
94	Anesthesiology Office/Clinic Note	Y
95	Antenatal Office/Clinic Note	Y
96	Asthma Action Plan Note	N
97	Asthma Office/Visit Note	Y
98	Bariatric Office Visit Note	Y
99	Bariatric Post Surgical Clinic Note	Y
100	Bariatric Surgery Office/Clinic Note	Y
101	Cardiology Office Procedure Note	Y
102	Cardiology Office/Clinic Note	Y
103	Cardiopulmonary Rehab Office/Clinic Note	Y
104	Cardiovascular Surgery Office/ClinicNote	Y
105	Clinical Pharmacy Note	Y
106	Dental/Oral Surgery Office/Clinic Note	Y
107	Dermatology Office Procedure Note	Y
108	Dermatology Office/Clinic Note	Y
109	Down's Syndrome Clinic Visit Note	Y
110	E-Clinic - Cardiology Clinic Note	Y
111	E-Clinic - Dental Clinic Note	Y
112	E-Clinic - Dermatology Clinic Note	Y
113	E-Clinic - ENT Office/Clinic Note	Y
114	E-Clinic - Endocrinology Clinic Note	Y
115	E-Clinic - Gastroenterology Clinic Note	Y
116	E-Clinic - Internal Medicine Clinic Note	Y
117	E-Clinic - Nephrology Clinic Note	Y
118	E-Clinic - Neurology Clinic Note	Y
119	E-Clinic - Neurosurgery Clinic Note	Y
120	E-Clinic - Obs/Gyn Clinic Note	Y
121	E-Clinic - Office/Clinic Note	Y



122	E-Clinic - Ophthalmology Clinic Note	Y
123	E-Clinic - Orthopedic Clinic Note	Y
124	E-Clinic - Paediatric Clinic Note	Y
125	E-Clinic - Surgery Clinic Note	Y
126	E-Clinic - Tissue RegeneratioClinic Note	Y
127	E-Clinic - Urology Clinic Note	Y
128	E-Clinic Bariatric Clinic Note	Y
129	E-Clinic Diabetologist Note	Y
130	E-Clinic Home Care Note	N
131	E-Clinic Pediatric Diabetologist Note	Y
132	EClinicCardiovascularSurgery Office Note	Y
133	ENT Office Procedure Note	Y
134	ENT Office/Clinic Note	Y
135	Endocrinology Office/Clinic Note	Y
136	Family Medicine Office Procedure Note	Y
137	Family Planning Office/Clinic Note	Y
138	Family Practice Office/Clinic Note	Y
139	GP Office Procedure Note	Y
140	GP Office/Clinic Note	Y
141	Gastroenterology Office Procedure Note	Y
142	Gastroenterology Office/Clinic Note	Y
143	General Surgery Office Procedure Note	Y
144	Gynecology Office/Clinic Note	Y
145	Health Education Office/Clinic Note	N
146	Hematology Office/Clinic Note	Y
147	Home Care Note	N
148	Home Visit Note	N
149	Infectious Disease Office/Clinic Note	Y
150	Internal Medicine Office Procedure Note	Y
151	Internal Medicine Office/Clinic Note	Y
152	Lactation Office/Clinic Note	N
153	Maxillofacial Office/Clinic Note	Y
154	NICU Office/Clinic Note	Y
155	Nephrology Office Procedure Note	Y
156	Nephrology Office/Clinic Note	Y
157	Neurology Office Procedure Note	Y
158	Neurology Office/Clinic Note	Y
159	Neurosurgery Office Procedure Note	Y
160	Neurosurgery Office/Clinic Note	Y
161	Nutrition/Dietary Office/Clinic Note	N
162	Obstetrics Office/Clinic Note	Y
163	Occupational Medicine Office/Clinic Note	Y



164	Office/Clinic Note-Nurse	N
165	Office/Clinic Note-Physician	Y
166	Oncology Office/Clinic Note	Y
167	Ophthalmology Office Procedure Note	Y
168	Ophthalmology Office/Clinic Note	Y
169	Orthopedic Office Procedure Note	Y
170	Orthopedic Office/Clinic Note	Y
171	Orthopedic Surgery Office Procedure Note	Y
172	Orthopedic Surgery Office/Clinic Note	Y
173	Paediatrics Office/Clinic Note	Y
174	Pain Management Office/Clinic Note	Y
175	Pediatrics Office Procedure Note	Y
176	Pediatrics Office/Clinic Note	Y
177	Perinatology Office/Clinic Note	Y
178	Physiatrist Office/Clinic Note	Y
179	Plastic Surgery Office/Clinic Note	Y
180	Podiatry Office/Clinic Note	Y
181	Premarital Screening Note	N
182	Psychiatric Office/Clinic Note	Y
183	Pulmonology Office/Clinic Note	Y
184	Referral Note	Y
185	Rheumatology Office/Clinic Note	Y
186	Surgery Office/Clinic Note	Y
187	TB Case investigation Note	Y
188	TB Clinic Visit Note	Y
189	TB Hospital Visit Note	Y
190	Thalassemia Office/Clinic Note	Y
191	Thoracic Surgery Office/Clinic Note	Y
192	Tissue Re-generation Office/Clinic Note	N
193	Tissue Regen Office Procedure Note	Y
194	Urology Office Procedure Note	Y
195	Urology Office/Clinic Note	Y
196	Vascular Surgeon Office/Clinic Note	Y
197	Vascular Surgery Office Procedure Note	Y
198	Visit Summary Note	Y
199	Well Child Note	Y
200	Endoscopic Procedure Note	Y
201	Procedure Note	Y
202	Education Note	N
203	Admission Note	Y
204	Clinic Note	Y
205	Consultation Note	Y



206	Discharge Note	Y
207	ED Note	Y
208	Operative Note	Y
209	Progress Note	Y
210	Allergy/Immunology Progress Note	Y
211	Anesthesiology Progress Note	N
212	Antenatal Progress Note	Y
213	Bariatric Surgery Progress Note	Y
214	Behavioral Health Progress Note	Y
215	COVID-19 Admission Note	Y
216	COVID-19 Progress Note	Y
217	Cardiology Progress Note	Y
218	Cardiopulmonary Rehab Progress Note	Y
219	Cardiovascular Surgery Progress Note	Y
220	Case Manager Progress Note	Y
221	Clinical Pharmacy Progress Note	Y
222	Critical Care Progress Note	Y
223	Dental/Oral Surgery Progress Note	Y
224	Dermatology Progress Note	Y
225	Dietary Progress Note	N
226	Dietary Progress Notes	N
227	ENT Progress Note	Y
228	Employee Health Note	N
229	Endocrinology Progress Note	Y
230	Family Practice Progress Note	Y
231	GP Progress Note	Y
232	Gastroenterology Progress Note	Y
233	Gynecology Progress Note	Y
234	Hematology Progress Note	Y
235	Infectious Disease Progress Note	Y
236	Internal Medicine Progress Note	Y
237	Isolation/Quarantine Note	N
238	Lactation Progress Note	N
239	Maxillofacial Progress Notes	Y
240	NICU Progress Note	Y
241	Nephrology Progress Note	Y
242	Neurology Progress Note	Y
243	Neurosurgery Progress Note	Y
244	Obstetrics Progress Note	Y
245	Occupational Therapy Progress Note	Y
246	Oncology Progress Note	Y
247	Ophthalmology Progress Note	Y



248	Orthopedic Progress Note	Y
249	Orthopedic Surgery Progress Note	Y
250	Paediatric Progress Note	Y
251	Pastoral Care Progress Note	N
252	Pediatric Progress Note	Y
253	Perinatology Progress Note	Y
254	Pharmacy Progress Note	Y
255	Physiatrist Progress Note	Y
256	Physical Therapy Progress Note	Y
257	Plastic Surgery Progress Note	Y
258	Podiatry Progress Note	Y
259	Progress Note-Nurse	Y
260	Progress Note-Physician	Y
261	Prosthetics and Orthotics Progress Note	Y
262	Psychiatric Progress Note	Y
263	Psychology Progress Note	Y
264	Pulmonology Progress Note	Y
265	Radiation Therapy Progress Note	Y
266	Recreation Therapy Progress Note	N
267	Rehabilitation Therapy Progress Note	Y
268	Respiratory Therapy Progress Note	Y
269	Rheumatology Progress Note	Y
270	Social Services Progress Note	N
271	Speech Therapy Progress Note	Y
272	Surgery Progress Note	Y
273	Surgical Progress Note	Y
274	Thalassemia Progress Note	Y
275	Thalassemia Transfusion Visit Note	Y
276	Thoracic Surgery Progress Note	Y
277	Tissue Regeneration Progress Note	Y
278	Urology Progress Note	Y
279	Vascular Surgery Progress Note	Y
280	Wound Management Note	Y
281	Outpatient OT Plan Note	N
282	Outpatient PT Plan Note	N
283	Outpatient Speech/Language Plan Note	N
284	Outpatient Swallow Plan Note	N
285	Intraoperative Note	Y
286	Postoperative Note	Y
287	Preoperative Note	Y
288	Surgery Planning Note	N
289	Post Anesthesia Evaluation Note	Y



290	Pre Anesthesia Evaluation Note	Y
291	COVID-19 Pre-Transfer Note	N
292	Transfer Note	N
293	BH Discharge Summary	Y
294	Cardiology Donor Clinical Summary	N
295	Coding Summary	N
296	Death Summary	Y
297	Depart Summary	Y
298	Discharge Summary	Y
299	Inpatient Clinical Summary	Y
300	Inpatient Patient Summary	Y
301	RCDR Visit Summary	N
302	AE Clinical Summary	Y
303	AE Patient Summary	Y
304	Gastroenterology Donor Clinical Summary	N
305	Patient Summary Documents	N
306	Nephrology Donor Clinical Summary	N
307	Ambulatory Clinical Summary	Y
308	Ambulatory Patient Summary	Y
309	Visit Summary Note	Y
310	Periop Clinical Summary	N
311	Periop Patient Summary	N
312	Tumor Conference Summary	Y
313	Pregnancy Summary Document	Y
314	Audiology-Report	Y
315	EEG report	Y
316	Echo report	Y
317	OCT Report	Y
318	Visual Field assessment report	Y
319	BH Medical Report	Y
320	Medical Report	Y
321	RCDR Medical Report	Y
322	Laboratory Report	Y
323	Radiology Reports	Y
324	Genetics Lab reports	Y
325	Police Report	N
326	Medical Report	Y
327	Diagnostic Imaging Reports Result	Y
328	Dental Operative Report	Y
329	Operative Report	Y