i2i HL7 Record Definitions

Contents

Overview

This document contains a detailed description of the required data elements for submission of HL7 data records to i2i Population Health. The HL7 file formats, as designated by HL7.org for HL7 version 2.x, are the structural requirements for each data type to be transferred to i2i. The intended data sources are Patient Management (PM) and/or Electronic Health Record (EHR) systems, lab organizations (Quest, LabCorp, etc.), pharmacy organizations, and other 3rd party organizations that export HL7 files for i2i reporting purposes.

Initial and Updated Data Export Files

When establishing a new interface to a system, i2iTracks needs to receive a backload export of its most current data. These exported files must either be received via a TCP/IP transmission or by direct placement into a pre-determined folder on the Tracks server by the external software into a directory specified by i2i Population Health. All subsequent, ongoing updates to the data should be sent using the same method as the backload export. The frequency of these updates varies based on the needs of the customer.

Data Type Definitions

PMS Records:

Record Type	Core and Non-Core Data Standard/Optional	Message Type
Patient Related Data Files		
Patients	Core/Standard	ADT
Patient Procedures	Core/Standard	DFT
Patient Appointments	Core/Standard	SIU
Patient Merges	Non-Core/Optional	ADT

EHR Records:

Record Type	Core and Non-Core Data Standard/Optional	Message Type
Patient Related Data Files		
Patient Allergies	Core/Standard	ADT
Patient Problems	Core/Standard	PPR
Patient Vitals	Core/Standard	ADT
Patient Immunizations	Core/Standard	VXU
Patient Medications	Core/Standard	ORM
Patient Events	Non-Core/Optional	ADT

Lab Records:

Record Type	Core and Non-Core Data Standard/Optional	Message Type
Patient Related Data Files		
Patient Lab Results	Core/Standard	ORU

Referral Records:

Record Type	Core and Non-Core Data Standard/Optional	Message Type
Patient Related Data Files		
Patient Referrals	Non-Core/Optional	REF

Pharmacy Records:

Record Type	Core and Non-Core Data Standard/Optional	Message Type
Patient Related Data Files		
Patient Prescriptions	Non-Core/Optional	RDS

Patient Management Records

Patient Demographics Record

A record of this type is required for each patient that exists in the external software.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ADT	This must be an ADT record
Source ID **	MSH	3	0		The value that identifies the source of the record
Patient ID	PID	2	0		The value that uniquely identifies the patient
Lookup ID	PID	3	0	PID 3.4 = MRN	The unique identifier that a user would enter for patient lookup in i2iTracks (Usually the same as the ID value)
First Name	PID	5	1		The patient's first name
Middle Name	PID	5	2		The patient's middle name
Last Name	PID	5	0		The patient's last name
DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
SSN	PID	19	0		The patient's social security number
Gender	PID	8	0		The patient's gender
Race ID	PID	10	0		The ID of the patient's race
Race Name	PID	10	1		The name of the patient's race
Ethnicity ID	PID	22	0		The ID of the patient's ethnicity
Ethnicity Name	PID	22	1		The name of the patient's ethnicity
Language ID	PID	15	0		The ID of the patient's language
Language Name	PID	15	1		The name of the patient's language
1st Provider ID	ROL	4	0	ROL 3.0 = PP	The ID of the patient's primary provider
1st Provider First Name	ROL	4	2	ROL 3.0 = PP	The first name of the patient's primary provider
1st Provider Middle Name	ROL	4	3	ROL 3.0 = PP	The middle name of the patient's primary provider
1st Provider Last Name	ROL	4	1	ROL 3.0 = PP	The last name of the patient's primary provider
1st Provider Prefix	ROL	4	5	ROL 3.0 = PP	The prefix of the patient's primary provider
1st Provider Suffix	ROL	4	4	ROL 3.0 = PP	The suffix of the patient's primary provider
1st Provider Facility ID	ROL	4	13	ROL 3.0 = PP	The assigned facility of the patient's primary provider
1st Provider Phone	ROL	12	0	ROL 3.0 = PP	The phone number of the patient's primary provider
1st Provider Email	ROL	12	3	ROL 3.0 = PP	The email of the patient's primary provider
1st Provider Type	ROL	9	0	ROL 3.0 = PP ROL 9.2 = TYPE	The provider type of the patient's primary provider
1st Provider NPI	ROL	9	0	ROL 3.0 = PP ROL 9.2 = NPI	The NPI of the patient's primary provider
1st Provider Tax ID	ROL	9	0	ROL 3.0 = PP ROL 9.2 = TAXID	The Tax ID of the patient's primary provider
1st Provider Specialty Code	ROL	9	0	ROL 3.0 = PP ROL 9.2 = SPEC	The specialty code of the patient's primary provider
2nd Provider ID	ROL	4	0	ROL 3.0 = SP	The ID of the patient's secondary provider
2nd Provider First Name	ROL	4	2	ROL 3.0 = SP	The first name of the patient's secondary provider

2nd Provider Middle Name	ROL	4	3	ROL 3.0 = SP	The middle name of the patient's secondary provider
2nd Provider Last Name	ROL	4	1	ROL 3.0 = SP	The last name of the patient's secondary provider
2nd Provider Prefix	ROL	4	5	ROL 3.0 = SP	The prefix of the patient's secondary provider
2nd Provider Suffix	ROL	4	4	ROL 3.0 = SP	The suffix of the patient's secondary provider
2nd Provider Facility ID	ROL	4	13	ROL 3.0 = SP	The assigned facility of the patient's secondary provider
2nd Provider Phone	ROL	12	0	ROL 3.0 = SP	The phone number of the patient's secondary provider
2nd Provider Email	ROL	12	3	ROL 3.0 = SP	The email of the patient's secondary provider
2nd Provider Type	ROL	9	0	ROL 3.0 = SP ROL 9.2 = TYPE	The provider type of the patient's secondary provider
2nd Provider NPI	ROL	9	0	ROL 3.0 = SP ROL 9.2 = NPI	The NPI of the patient's secondary provider
2nd Provider Tax ID	ROL	9	0	ROL 3.0 = SP ROL 9.2 = TAXID	The Tax ID of the patient's secondary provider
2nd Provider Specialty Code	ROL	9	0	ROL 3.0 = SP ROL 9.2 = SPEC	The specialty code of the patient's secondary provider
Facility ID	FAC	1	0		The ID of the patient's primary facility
Facility Name	FAC	1	1		The name of the patient's primary facility
Facility Address 1	FAC	3	0		The address 1 of the patient's primary facility
Facility Address 2	FAC	3	1		The address 2 of the patient's primary facility
Facility City	FAC	3	2		The city of the patient's primary facility
Facility State	FAC	3	3		The state of the patient's primary facility
Facility Zip Code	FAC	3	4		The zip code of the patient's primary facility
Facility Phone 1	FAC	4	0	FAC 4.1 = P1	The phone 1 of the patient's primary facility
Facility Phone 2	FAC	4	0	FAC 4.1 = P2	The phone 2 of the patient's primary facility
Facility Fax	FAC	4	0	FAC 4.1 = FAX	The fax of the patient's primary facility
Facility Email	FAC	4	3	FAC 4.1 = P1	The email of the patient's primary facility
Facility Contact First Name	FAC	5	2		The first name of the contact for the patient's primary facility
Facility Contact Middle Name	FAC	5	3		The middle name of the contact for the patient's primary facility
Facility Contact Last Name	FAC	5	1		The last name of the contact for the patient's primary facility
Facility Contact Suffix Name	FAC	5	4		The suffix of the contact for the patient's primary facility
Facility Contact Prefix Name	FAC	5	5		The prefix of the contact for the patient's primary facility
Address 1	PID	11	0		The first line of the patient's address
Address 2	PID	11	1		The second line of the patient's address
City	PID	11	2		The city in which the patient resides
State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Zip Code	PID	11	4		The ZIP code in which the patient resides
Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Work Phone	PID	14	0		The patient's work phone number
Cell Phone	PID	13	0	PID 13.2 = CELL	The patient's cell phone number

Responsible Party ID	GT1	2	0		The ID of the responsible party
Responsible Party First Name	GT1	3	1		The responsible party's first name
Responsible Party Middle Name	GT1	3	2		The responsible party's middle name
Responsible Party Last Name	GT1	3	0		The responsible party's last name
Responsible Party Address 1	GT1	5	0		The first line of the responsible party's address
Responsible Party Address 2	GT1	5	1		The second line of the responsible party's address
Responsible Party City	GT1	5	2		The city in which the responsible party resides
Responsible Party State	GT1	5	3		The state in which the responsible party resides (Uppercase with 2 character abbreviation)
Responsible Party Zip Code	GT1	5	4		The ZIP code in which the responsible party resides
Responsible Party Home Phone	GT1	6	0		The responsible party's home phone number
Responsible Party Work Phone	GT1	7	0		The responsible party's work phone number
Responsible Party DOB	GT1	8	0		The responsible party's date of birth
Relationship	GT1	11	0		The responsible party's relationship to the patient
Payer ID	IN1 or PV1	3 20	0 0		The ID of the payer or The ID of the patient's default payer
Payer Name	IN1 or PV1	4 20	0 1		The name of the payer The name of the patient's default payer
Payer Sequence	IN1	22	0		The billing sequence within the patient's payer group
Can Be Contacted	PD1	12	0		Y = Patient can be contacted N = Patient cannot be contacted
Subscriber ID	IN1	49	0		The policy subscriber ID
Group ID	IN1	8	0		The policy group ID
Effective Date	IN1	12	0		The policy effective date (YYYYMMDD)
Termination Date	IN1	13	0		The policy expiration date (YYYYMMDD)
Eligibility Verified Date	IN1	26	0		The policy eligibility verified date (YYYYMMDD)
Eligibility User First Name	IN1	26	2		The eligibility user's first name
Eligibility User Middle Name	IN1	26	3		The eligibility user's middle name
Eligibility User Last Name	IN1	26	1		The eligibility user's last name
Is Active ***	MSH	9	1	MSH 9.1 = A23	A23 indicates that the patient is inactive
Is Deceased	PID	30	0		Indicates if the patient is deceased: Y = Yes N = No

Deceased Date	PID	29	0		Deceased date (YYYYMMDD)
Homeless Status ID	PD1	2	0	PD1 2.2 = HOMELESS	The ID of the patient's homeless status
Homeless Status Name	PD1	2	1	PD1 2.2 = HOMELESS	The name of the patient's homeless status
Migrant Status ID	PD1	2	0	PD1 2.2 = MIGRANT	The ID of the patient's migrant status
Migrant Status Name	PD1	2	1	PD1 2.2 = MIGRANT	The name of the patient's migrant status
Email Address	PID	13	3	PID 13.2 = HOME	The patient's email address
Communication Preference	PD1	11	1		The patient's communication preference 1 = Email 2 = Home Phone 3 = Work Phone 4 = Main Address 5 = Cell Phone

Example Record:

MSH|^~\&|PMSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|198808181126|SECURITY|ADT^A01|01|P|2.7|
EVN|A01|200708181123||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
GT1|1|100001911|EVERYMAN^ADAM^A^III||2222 HOME STREET^^GREENSBORO^NC^27401-1020|(555)555-
2004||19610615|M|P/|S|
IN1|1|PPO|HC02|HCIC (MI State Code)|5555 INSURERS CIRCLE^^ANN ARBOR^MI^99999^USA| CHRISTOPHER
CLERK|(855)555-1234|5553002||||19901101||||EVERYMAN^ADAM^A|1|19600309|2222 HOME STREET^^ANN
ARBOR^MI^99999^USA|||1||||||||||||||||444555333||||||01|M|||||43254
ROL|1^Primary Provider^Role Master List|AD|PP|333^Primary^Alan^A^MD^^^^^^^^^HOPE CLINIC|199505011200|||||
GP^GENERAL PRACTITIONER^TYPE~5555555555^^NPI~111-11-1111^^ TAXID~345^^SPEC|||(555)555-2001^^^
primaryprov@emailprovider.com
PD1|1|S^Seasonal^MIGRANT|||||||||1|Y||
FAC|123^Main Facility||777 Main Facility Way^^LOMA LINDA^CA^92354|(855)555-1232^P1^^
mainfacility@mainfacility.com~(855)555-1233^FAX|^Simpson^Susan^^^

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 2.0 in i2i Message Toolkit
***This is shown as MSH 8.1 in i2i Message Toolkit

Patient Procedure Record

A record of this type is required for each procedure that occurred for a patient during a visit.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = DFT	This must be an DFT record
Visit ID	FT1	2	0		The value that uniquely identifies the visit
Patient ID	PID	2	0		The value that uniquely identifies the patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Facility ID	FT1	16	0		The ID of the facility for the visit
Facility Name	FT1	16	1		The name of the facility for the visit
Provider ID	FT1	20	0		The ID of the provider for the visit
Provider First Name	FT1	20	2		The first name of provider for the visit
Provider Middle Name	FT1	20	3		The middle name of provider for the visit
Provider Last Name	FT1	20	1		The last name of provider for the visit
Provider Prefix	FT1	20	5		The prefix of the provider for the visit
Provider Suffix	FT1	20	4		The suffix of the provider for the visit
Visit Date	FT1	4	0		The date on which the visit occurred (YYYYMMDD)
Post Date	FT1	5	0		The date on which the visit was entered into the external software (YYYYMMDD)
Procedure Code	FT1	25	0		The procedure code
Procedure Name	FT1	25	1		The procedure name
Procedure Code Type	FT1	25	2		The procedure code type
Procedure Office Code	FT1	25	3		The procedure office code (optional internal code)
Procedure Office Code Name	FT1	25	4		The procedure office code name (optional)
Diagnosis Code 1	FT1	19	0	1st field grouping	The 1st diagnosis code
Diagnosis Name 1	FT1	19	1	1st field grouping	The 1st diagnosis name

Diagnosis Code Type 1	FT1	19	2	1st field grouping	The 1st diagnosis code type
Diagnosis Office Code 1	FT1	19	3	1st field grouping	The 1st diagnosis office code (optional internal code)
Diagnosis Office Code Name 1	FT1	19	4	1st field grouping	The 1st diagnosis office code name (optional)
Diagnosis Code 2	FT1	19	0	2nd field grouping	The 2nd diagnosis code
Diagnosis Name 2	FT1	19	1	2nd field grouping	The 2nd diagnosis name
Diagnosis Code Type 2	FT1	19	2	2nd field grouping	The 2nd diagnosis code type
Diagnosis Office Code 2	FT1	19	3	2nd field grouping	The 2nd diagnosis office code (optional internal code)
Diagnosis Office Code Name 2	FT1	19	4	2nd field grouping	The 2nd diagnosis office code name (optional)
Diagnosis Code 3	FT1	19	0	3rd field grouping	The 3rd diagnosis code
Diagnosis Name 3	FT1	19	1	3rd field grouping	The 3rd diagnosis name
Diagnosis Code Type 3	FT1	19	2	3rd field grouping	The 3rd diagnosis code type
Diagnosis Office Code 3	FT1	19	3	3rd field grouping	The 3rd diagnosis office code (optional internal code)
Diagnosis Office Code Name 3	FT1	19	4	3rd field grouping	The 3rd diagnosis office code name (optional)
Diagnosis Code 4	FT1	19	0	4th field grouping	The 4th diagnosis code
Diagnosis Name 4	FT1	19	1	4th field grouping	The 4th diagnosis name
Diagnosis Code Type 4	FT1	19	2	4th field grouping	The 4th diagnosis code type
Diagnosis Office Code 4	FT1	19	3	4th field grouping	The 4th diagnosis office code (optional internal code)
Diagnosis Office Code Name 4	FT1	19	4	4th field grouping	The 4th diagnosis office code name (optional)
Diagnosis Code 5	FT1	19	0	5th field grouping	The 5th diagnosis code
Diagnosis Name 5	FT1	19	1	5th field grouping	The 5th diagnosis name
Diagnosis Code Type 5	FT1	19	2	5th field grouping	The 5th diagnosis code type
Diagnosis Office Code 5	FT1	19	3	5th field grouping	The 5th diagnosis office code (optional internal code)
Diagnosis Office Code Name 5	FT1	19	4	5th field grouping	The 5th diagnosis office code name (optional)
Diagnosis Code 6	FT1	19	0	6th field grouping	The 6th diagnosis code
Diagnosis Name 6	FT1	19	1	6th field grouping	The 6th diagnosis name
Diagnosis Code Type 6	FT1	19	2	6th field grouping	The 6th diagnosis code type
Diagnosis Office Code 6	FT1	19	3	6th field grouping	The 6th diagnosis office code (optional internal code)
Diagnosis Office Code Name 6	FT1	19	4	6th field grouping	The 6th diagnosis office code name (optional)
Diagnosis Code 7	FT1	19	0	7th field grouping	The 7th diagnosis code
Diagnosis Name 7	FT1	19	1	7th field grouping	The 7th diagnosis name
Diagnosis Code Type 7	FT1	19	2	7th field grouping	The 7th diagnosis code type
Diagnosis Office Code 7	FT1	19	3	7th field grouping	The 7th diagnosis office code (optional internal code)
Diagnosis Office Code Name 7	FT1	19	4	7th field grouping	The 7th diagnosis office code name (optional)
Diagnosis Code 8	FT1	19	0	8th field grouping	The 8th diagnosis code

Diagnosis Name 8	FT1	19	1	8th field grouping	The 8th diagnosis name
Diagnosis Code Type 8	FT1	19	2	8th field grouping	The 8th diagnosis code type
Diagnosis Office Code 8	FT1	19	3	8th field grouping	The 8th diagnosis office code (optional internal code)
Diagnosis Office Code Name 8	FT1	19	4	8th field grouping	The 8th diagnosis office code name (optional)
Diagnosis Code 9	FT1	19	0	9th field grouping	The 9th diagnosis code
Diagnosis Name 9	FT1	19	1	9th field grouping	The 9th diagnosis name
Diagnosis Code Type 9	FT1	19	2	9th field grouping	The 9th diagnosis code type
Diagnosis Office Code 9	FT1	19	3	9th field grouping	The 9th diagnosis office code (optional internal code)
Diagnosis Office Code Name 9	FT1	19	4	9th field grouping	The 9th diagnosis office code name (optional)
Diagnosis Code 10	FT1	19	0	10th field grouping	The 10th diagnosis code
Diagnosis Name 10	FT1	19	1	10th field grouping	The 10th diagnosis name
Diagnosis Code Type 10	FT1	19	2	10th field grouping	The 10th diagnosis code type
Diagnosis Office Code 10	FT1	19	3	10th field grouping	The 10th diagnosis office code (optional internal code)
Diagnosis Office Code Name 10	FT1	19	4	10th field grouping	The 10th diagnosis office code name (optional)
Diagnosis Code 11	FT1	19	0	11th field grouping	The 11th diagnosis code
Diagnosis Name 11	FT1	19	1	11th field grouping	The 11th diagnosis name
Diagnosis Code Type 11	FT1	19	2	11th field grouping	The 11th diagnosis code type
Diagnosis Office Code 11	FT1	19	3	11th field grouping	The 11th diagnosis office code (optional internal code)
Diagnosis Office Code Name 11	FT1	19	4	11th field grouping	The 11th diagnosis office code name (optional)
Diagnosis Code 12	FT1	19	0	12th field grouping	The 12th diagnosis code
Diagnosis Name 12	FT1	19	1	12th field grouping	The 12th diagnosis name
Diagnosis Code Type 12	FT1	19	2	12th field grouping	The 12th diagnosis code type
Diagnosis Office Code 12	FT1	19	3	12th field grouping	The 12th diagnosis office code (optional internal code)
Diagnosis Office Code Name 12	FT1	19	4	12th field grouping	The 12th diagnosis office code name (optional)
Payer ID	FT1	14	0		The ID of the payer or financial classification for the visit
Payer Name	FT1	14	1		The Name of the payer or financial classification for the visit
Tooth Code	FT1	26	0	FT1 26.2 = TOOTHCODE	The tooth code for the visit (Dental interface)
Surface Code	FT1	26	0	FT1 26.2 = SURFCODE	The surface code for the visit (Dental interface)

Data Group ID **	MSH	2	1		The ID for this record's data group (Optional) (Value to be determined by i2i Population Health)

Example Record:

MSH|^~\&|PMSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|19930908135031||DFT^P03^DFT_P03|641|P|2.7|
EVN|A01|200708181123||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
FT1|1|1241546.1||19950715|19950716|CG|B1238^BIOPSYSKIN^SYSTEMA|||1|||ONC|A357^PlanA Insurance||
123^Main Facility|||L98.8^Other specified disorders of the skin and subcutaneous tissue^10^^^|P8765^
KILDARE^BEN|||||11100^SKIN BIOPSY^CPT^^^|^^

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 1.1 in i2i Message Toolkit

Patient Appointment Record

A record of this type is required for each appointment that has been scheduled for a patient.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = SIU	This must be an SIU record
Appointment ID	SCH	2	0		The value that uniquely identifies the appointment
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Appointment Type ID	SCH	8	0		The ID of the appointment type
Appointment Type Name	SCH	8	1		The Name of the appointment type
Location ID	AIL	3	0		The ID of the appointment location
Location Name	AIL	3	1		The name of the appointment location
Provider ID	AIP	3	0	AIP 3.8 = PROV	The ID of the provider for the appointment
Provider First Name	AIP	3	2	AIP 3.8 = PROV	The first name of provider for the appointment
Provider Middle Name	AIP	3	3	AIP 3.8 = PROV	The middle name of provider for the appointment
Provider Last Name	AIP	3	1	AIP 3.8 = PROV	The last name of provider for the appointment
Provider Prefix	AIP	3	5	AIP 3.8 = PROV	The prefix of the provider for the appointment
Provider Suffix	AIP	3	4	AIP 3.8 = PROV	The suffix of the provider for the appointment
Provider Facility ID	AIP	3	13	AIP 3.8 = PROV	The assigned facility of the provider for the appointment
Provider Phone	AIP	3	14	AIP 3.8 = PROV	The phone number of the provider for the appointment
Provider Email	AIP	3	15	AIP 3.8 = PROV	The email of the provider for the appointment
Provider Type	AIP	3	9	AIP 3.8 = PROV	The provider type of the provider for the appointment
Provider NPI	AIP	3	10	AIP 3.8 = PROV	The NPI of the provider for the appointment

Provider Tax ID	AIP	3	11	AIP 3.8 = PROV	The Tax ID of the provider for the appointment
Provider Specialty Code	AIP	3	12	AIP 3.8 = PROV	The specialty code of the provider for the appointment
Resource ID	AIP	3	0	AIP 3.8 = RES	The ID of the resource for the appointment
Resource First Name	AIP	3	2	AIP 3.8 = RES	The first name of resource for the appointment
Resource Middle Name	AIP	3	3	AIP 3.8 = RES	The middle name of resource for the appointment
Resource Last Name	AIP	3	1	AIP 3.8 = RES	The last name of resource for the appointment
Resource Suffix	AIP	3	4	AIP 3.8 = RES	The suffix of the resource for the appointment
Scheduled Date & Time	SCH	11	3		The date and time for which the appointment is scheduled (YYYYMMDDhhmmss)
Actual Duration	SCH	9	0		The duration of the appointment in minutes
Reason	SCH	7	1		The reason for the appointment
Status ID	SCH	25	0		Appointment status ID to be mapped in Tracks to reflect one of the following Tracks statuses: Completed, Rescheduled, Cancelled, No Show
Status Name	SCH	25	1		Appointment status Name
Data Group ID **	MSH	2	1		The ID for this record's data group (Optional) (Value to be determined by i2i Population Health)

Example Record:

MSH|^~\&|PMSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|19930908135031||SIU^S12|641|P|2.7|
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
SCH||13127|||||^PC OFFICE VISIT NEW|OV^Office Visit|30||^^^20160321152000|||||SACACAGENT^AC
SAC^AGENT||||SACACAGENT^AC SAC^AGENT|||||Completed
AIP|1||165045^Provider^Kevin^W^MD^^^^PROV^GP^5555555555^111-11-1111^345^123^(555)555-2045^
kprovider@emailprovider.com~2121^Resource^Bob^^LVN^^^^RES||
AIL|001|103^NORTH OFFICE|002^CLINIC|||||||NO|BOOKED

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 1.1 in i2i Message Toolkit

Patient Merge Record

A record of this type is required when one Patient record is to be merged into another Patient record.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ADT	This must be an ADT record
Trigger Event **	MSH	9	1	MSH 9.1 = A18	This trigger indicates a patient merge event
From Patient ID	MRG	1	0		The ID of the source patient record which is to be merged into the destination patient record
To Patient ID	PID	2	0		The ID of the destination patient record into which the source patient record is to be merged
Merged Date ***	MSH	7	0		The date of the patient merge record

Example Record:

MSH|^~\&|PMSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|20101108094412|JM5405|ADT^A18|1665747|P|2.7
EVN|A18|201011080944|||JM5405|
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
MRG|31874908^^^10^DMC|||31874908^^^10^DMC|

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 8.1 in i2i Message Toolkit
***This is shown as MSH 6.0 in i2i Message Toolkit

EMR Records

Patient Allergy Record

A record of this type is required for each of the patient's allergies.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ADT	This must be an ADT record
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Allergy Code	AL1	3	0		The allergy code
Allergy Code Type	AL1	3	2		The allergy code type (optional)
Allergy Name	AL1	3	1		The allergy name
Allergy Type	AL1	2	0		The allergy type: DA = Drug Allergy FA = Food Allergy OA = Other Allergy
Reaction Description	AL1	5	0		The patient's reaction description to the allergen
Identified Date & Time	AL1	6	0		The identified date of the patient allergy (YYYYMMDDhhmmss)
Status	AL1	7	0		The status of the patient allergy
Status Date & Time	AL1	7	1		The status date of the patient allergy (YYYYMMDDhhmmss)

Example Record:

MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|20160428111051||ADT^A04|31700|T|2.7
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
AL1|1|DA|33^SULFABENZAMIDE (BULK)^L||Hives|20160404152000|Active^20160404152000

* This is shown as MSH 8.0 in i2i Message Toolkit

Patient Problem Record

A record of this type is required for each of the patient's problems.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = PPR	This must be an PPR record
ID	PRB	4	0		The value that uniquely identifies the patient problem record
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Problem Code	PRB	3	0		The problem code
Problem Code Type	PRB	3	2		The code type of the problem code
Problem Name	PRB	3	1		The problem name
Identified Date & Time	PRB	7	0		The identified date of the patient problem (YYYYMMDDhhmmss)
Onset Date & Time	PRB	16	0		The onset date of the patient problem (YYYYMMDDhhmmss)
Stop Date & Time	PRB	9	0		The stop date of the patient problem (YYYYMMDDhhmmss)
Stop Reason	PRB	9	1		The reason for the resolution to the patient problem
Qualifier	PRB	10	0	PRB 10.2 = QUAL	The qualifier for the patient problem
Status Date & Time	PRB	15	0		The status date of the patient problem (YYYYMMDDhhmmss)
Data Group ID **	MSH	2	1		The ID for this record's data group (Optional) (Value to be determined by i2i Population Health)

Example Record:

```
MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|||PPR^PC1|
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SUR||||ADM|A0|
PRB|AD|19950501120000|04411^Restricted Circulation^Nursing Problem List|658965| ||19950501120000|||
IP^Inpatient^Problem Classification List~02^Restricted^QUAL| NU^Nursing^Management Discipline List|
Acute^Acute^Persistence List| C^Confirmed^Confirmation Status List|A1^Active^Life Cycle Status List|
19950501120000|19950425000000
ROL|1^Diagnosing Provider^Role Master List|AD|^Admit^Alan^A^^MD| 19950501120000||||
OBX|001|TX|^Peripheral Dependent Edema|1|Increasing Edema in lower limbs|
GOL|AD|19950501120000|00312^Improve Peripheral Circulation^Goal Master List||||19950501120000|
19950510120000|Due^Review Due^Next Review List|| 19950502120000||QAM|||ACT^Active^ Healthcare|
19950501120000| P^Patient^Healthcare||
```

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 1.1 in i2i Message Toolkit

Patient Vital Record

A record of this type is required for each of the patient's vitals.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ADT	This must be an ADT record
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Vital Type ID	OBX	3	0		The ID of the vital type
Vital Type Name	OBX	3	0		The name of the vital type
Numeric Value	OBX	5	0		Numeric value for the vital
Date Value	OBX	5	1		Date value for the vital (if applicable)
Observation Date & Time	OBX	14	0		The observation date of the patient vital (YYYYMMDDhhmmss)

Example Record:

MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|201608031753||ADT^A08|33629056|P|2.7|||||||||
EVN|A08|201608031753||||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SUR||||ADM|A0|
OBX|1|ST|8462-4^Blood Pressure Diastolic^LOINC^BP Diastolic^Blood Pressure Diastolic^EHRSYSTEM|2|62|
mm(hg)^Millimeter (HG)^ISO+|||||F|||20160803175324|0||
OBX|2|ST|8480-6^Blood Pressure Systolic^LOINC^BP Systolic^Blood Pressure Systolic^EHRSYSTEM|2|114|
mm(hg)^Millimeter (HG)^ISO+|||||F|||20160803175324|0||
OBX|3|ST|8302-2^Height^LOINC^Ht^Height^EHRSYSTEM|2|174.625|cm^Centimeter^ISO+|||||F|||
20160803175324|0||
OBX|4|ST|8867-4^Pulse Rate^LOINC^Pulse Rate^Pulse Rate^EHRSYSTEM|2|74|/min^Per minute^ISO+|||||
F|||20160803175324|0||
OBX|5|ST|8310-5^Temperature^LOINC^T^Temperature^EHRSYSTEM|2|37.2|cel^Degrees Celsius^ISO+|||||F|||
20160803175324|0||
OBX|6|ST|LMP^Last Menstrual Period^OB^^^EHRSYSTEM|2|^20160723|||||||||20160803175324|||
OBX|7|ST|3141-9^Weight^LOINC^Wt^Weight^EHRSYSTEM|2|48.53438359|kg^Kilogram^ISO+|||||F|||
20160803175324|0||

* This is shown as MSH 8.0 in i2i Message Toolkit

Patient Immunization Record

A record of this type is required for each event that occurs for a patient immunization.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = VXU	This must be an VXU record
ID	ORC	2	0		The value that uniquely identifies the patient immunization record
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Vaccine Name	RXA	5	1	RXA 5.2 = CVX	The name of the vaccine
Vaccine CVX	RXA	5	0	RXA 5.2 = CVX	The CVX code of the vaccine

Vaccine CPT	RXA	5	0	RXA 5.2 = CPT	The CPT code of the vaccine
Given Date	RXA	3	0		The date the vaccine was given (YYYYMMDD)
Administered By	ORC	12	0		The provider who administered the vaccine
Administered By First Name	ORC	12	2		The first name of the provider who administered the vaccine
Administered By Middle Name	ORC	12	3		The middle name of the provider who administered the vaccine
Administered By Last Name	ORC	12	1		The last name of the provider who administered the vaccine
Administered By Prefix	ORC	12	5		The prefix of the provider who administered the vaccine
Administered By Suffix	ORC	12	4		The suffix of the provider who administered the vaccine
Lot Number	RXA	15	0		The lot number for the vaccine
Manufacturer Name	RXA	17	1		The manufacturer name for the vaccine
Manufacturer MVX	RXA	17	0		The manufacturer MVX for the vaccine
Expiration Date	RXA	16	0		The expiration date of the vaccine (YYYYMMDD)
Route	RXR	1	0		Route for the vaccine
Site	RXR	2	0		Site for the vaccine
Vaccine Info Statement Date	RXA	9	4		The date the Vaccine Information Statement was given to the patient (YYYYMMDD)
Notes	RXA	9	1		The vaccine administration notes

Historical Vaccine	RXA	9	8		Indicates if this is historical vaccine record:
					    Y = Yes
					    N = No

Refused	RXA	18	0	RXA 18.2 = REFUSE	Indicates if patient has refused the vaccine:
					    Y = Yes
					    N = No

Refused Date	RXA	18	1	RXA 18.2 = REFUSE	The date the patient refused the vaccine (YYYYMMDD)

Rejected	RXA	18	3	RXA 18.5 = REJECT	Indicates if this record has been rejected:
					    Y = Yes
					    N = No

Reason Rejected	RXA	18	4	RXA 18.5 = REJECT	The reason this record has been rejected

Example Record:

MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|201608031753||VXU^V04|33629057|P|2.7||||||||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SUR||||ADM|A0|
ORC|NW|3804256H7241||||||||||004777^ATTEND^AARON^A.^MD^||||||||||||
RXA|0|1|20150604161800|20150604161800|115^Tdap^CVX|.5|mL^Milliliter^ISO+||^|^^^|Main Facility^^^^^^^^777
Main Facility Way^^LOMA LINDA^CA^92354||||74nt9|20170513|PMC^sanofi pasteur^MVX|^^|||A|20150608161854
RXR|IM^INTRAMUSCULAR (ONLY; REPOSITORY; ETC.)^HL70162|LA^LEFT ARM^HL70163|||

* This is shown as MSH 8.0 in i2i Message Toolkit

Patient Medication Record

A record of this type is required for each event that occurs for a patient's medication.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ORM	This must be an ORM record
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Prescription ID	ORC	2	0		The unique identifier for the prescription
Start Date	ORC	7	3		The start date for the medication (YYYYMMDD)
Stop Date	ORC	7	4		The stop date for the medication (YYYYMMDD)
Prescriber ID	ORC	12	0		The ID for the prescribing provider May be the same as the DEA number
Prescriber First Name	ORC	12	2		The first name of the prescribing provider
Prescriber Middle Name	ORC	12	3		The middle name of the prescribing provider
Prescriber Last Name	ORC	12	1		The last name of the prescribing provider
Prescriber Prefix	ORC	12	5		The prefix of the prescribing provider
Prescriber Suffix	ORC	12	4		The suffix of the prescribing provider
Prescriber DEA Number	ORC	12	0		The DEA number of the prescribing provider
Date Prescribed	ORC	9	0		The prescribed date for the medication (YYYYMMDD)
Drug ID	RXO	1	0		The ID for the medication (ID may be NDC, RXNORM, FDDC, etc)
Drug NDC	RXO or RXO	1 1	0 3	RXO 1.2 = NDC RXO 1.5 = NDC	The NDC for the medication
Drug Name	RXO	1	1		The name of the medication
Drug Description	RXO	1	8		The description of the medication (optional)

Drug Abbreviation	RXO	1	10		The abbreviated name of the medication (optional)
Drug Generic ID	RXO	1	9	RXO 1.11 = GEN	The ID of the generic medication
Drug Generic Name	RXO	1	10	RXO 1.11 = GEN	The name of the generic medication
Drug Dosage Form	RXO	5	1		The dosage form for the medication
Drug Strength	RXO	18	0		The strength of the medication
Drug Route	RXR	1	1		The route of the medication administration
Quantity Prescribed	RXO	2	0		The quantity prescribed for the medication
SIG	RXO	6	0		The SIG for the prescription (i.e. 1BID)
SIG Description	RXO	6	1		The full wording of the SIG (i.e. Take one tablet twice a day)
Notes	RXO	7	1		Notes
Rejected	RXO	37	0		Indicates if this record has been rejected: Y = Yes N = No (optional)
Reason Rejected	RXO	37	1		The reason this record has been rejected (optional)

Example Record:

MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|201608031752||ORM^O01|33629036|P|2.7||||||||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SUR||||ADM|A0|
ORC|NW|6187218H7241|||A||1^Q1D^D30^20160803175237^^^^Take 1 tablet(s) every day by oral route for 30
days.||20160803175237|personnel14|personnel14|004777^ATTEND^AARON^A.^MD|||||||||||||
RXO|197885^Hydrochlorothiazide 12.5 MG / Lisinopril 10 MG Oral Tablet^RXNORM^275733^lisinopril 10 mg-
hydrochlorothiazide 12.5 mg tablet^FDDC|30||tablet^Tablet(s)^L|Tablet|1QD^Take one tablet a day|||||
30|tablet^Tablet(s)^L|1|
RXR|PO|

* This is shown as MSH 8.0 in i2i Message Toolkit

Event Records

Patient Event Record

The Patient Event Record is used to capture data that does not fall into standard EHR data types such as Medications, Vitals, Problem List, etc. This data type can be used to capture Meaningful Use data: Smoking Status and Cessation, Drug and Alcohol Dependency, etc. One record will be sent for each patient status event. A patient's event status could change over time. For example, a patient may have 1 record exported during a period of time when the patient is a smoker; then, if this patient quits smoking, a second record would be exported with a different ID, signifying the patient quit smoking at a later period of time.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ADT	This must be an ADT record
Source ID **	MSH	3	0		The value that identifies the source of the record.
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Event Date	OBX	14	0		The date on which the event occurred (YYYYMMDD)
Event Type ID	OBX	3	0		The ID of the event type
Event Type Name	OBX	3	1		The name of the event type
Event Type Category Name	OBX	3	4		The name of the event type category (optional)
Value	OBX	5	0		The value of the event
Code	OBX	22	0		The code associated with the event type (optional)
Code Type	OBX	22	2		The code type associated with the event type (optional)

Example Records:

```
MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|201607241235||ADT^A08|33131313|P|2.7
EVN|A08|201607221011||||
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SU
OBX|1|CE|73211009^Diabetes mellitus^SNM^^^|6|^^||MATERNALUNCLE||||F|||20140807|||
OBX|2|CE|38341003^Hypertensive disorder^SNM^^^|6|^^||MATERNALUNCLE||||F|||20140807|||
OBX|3|CE|38341003^Hypertensive disorder^SNM^^^|6|^^||MATERNALGRANDMOTHER||||F|||20140807|||
OBX|4|TX|Diet^Diet|5|REGULAR||||||F|||20140807|||
OBX|5|TX|Exercise level^Exercise level|5|Heavy||||||F|||20140807|||
OBX|6|TX|Passive smoke exposure^Passive smoke exposure|5|Y||||||F|||20140807|||
OBX|7|TX|Sporting activities^Sporting activities|5|none||||||F|||20150714|||
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* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 2.0 in i2i Message Toolkit

Lab Records

Patient Lab Result Record

A record of this type is required for each lab test result that is returned by the lab source for a patient.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = ORU	This must be an ORU record
Source ID **	MSH	3	0		The value that identifies the source of the record.
Source Details ***	MSH	3	1		The description of the source
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Placer Order Number	OBR	2	0		The value that uniquely identifies the lab request initiating the performing of the test and is referred to as the "Requisition Number"
Filler Order Number	OBR	3	0		The unique identifier of the laboratory assigned to the request
Ordering Provider ID	OBR	16	0		The ID of the ordering provider
Ordering Provider First Name	OBR	16	2		The first name of the ordering provider
Ordering Provider Middle Name	OBR	16	3		The middle name of the ordering provider
Ordering Provider Last Name	OBR	16	1		The last name of the ordering provider
Ordering Provider Prefix	OBR	16	5		The prefix of the ordering provider
Ordering Provider Suffix	OBR	16	4		The suffix of the ordering provider
Producer ID	OBX	15	0		The ID of the laboratory that produced the result

Producer Name	OBX	15	1		The name of the laboratory that produced the result
Producer Street	OBX	24	0		The street of the laboratory that produced the result
Producer City	OBX	24	2		The city of the laboratory that produced the result
Producer State	OBX	24	3		The state of the laboratory that produced the result (Uppercase with 2 character abbreviation)
Producer Zip Code	OBX	24	4		The zip code of the laboratory that produced the result
Producer Medical Director First Name	OBX	25	2		The first name of the medical directory of the laboratory that produced the result (optional)
Producer Medical Director Middle Name	OBX	25	3		The middle name of the medical directory of the laboratory that produced the result (optional)
Producer Medical Director Last Name	OBX	25	1		The last name of the medical directory of the laboratory that produced the result (optional)
Producer Medical Director Prefix	OBX	25	5		The prefix of the medical directory of the laboratory that produced the result (optional)
Producer Medical Director Suffix	OBX	25	4		The suffix of the medical directory of the laboratory that produced the result producer medical director (optional)
Observer ID	OBX	16	0		The ID of the individual who was responsible for the observation
Observer First Name	OBX	16	2		The first name of the individual who was responsible for the observation
Observer Middle Name	OBX	16	3		The middle name of the individual who was responsible for the observation
Observer Last Name	OBX	16	1		The last name of the individual who was responsible for the observation
Observer Prefix	OBX	16	5		The prefix of the individual who was responsible for the observation
Observer Suffix	OBX	16	4		The suffix of the individual who was responsible for the observation
Product Code	OBR	4	0		The code of the ordered product
Product Name	OBR	4	1		The name of the ordered product
Test Code	OBX	3	0		The code of the ordered test
Test Name	OBX	3	1		The name of the ordered test
LOINC Code	OBX	3	3		The LOINC code of the ordered test
LOINC Name	OBX	3	4		The LOINC name of the ordered test
Collection Date & Time	OBR	7	0		The date the lab specimen was collected (YYYYMMDDhhmmss)
Order Report Date & Time	OBR	22	0		The report date for the lab order (YYYYMMDDhhmmss)
Order Status	OBR	25	0		The status of the lab order: F = Final P = Preliminary C = Correction X = Canceled N = Not Needed (Usually the same as Status)

Report Date & Time	OBX	14	0		The report date for the lab result (YYYYMMDDhhmmss)

Status	OBX	11	0		The status of the lab result:
					   F = Final
					   P = Preliminary
					   C = Correction
					   X = Canceled
					   N = Not Needed

Fasting	NTE	3	0	NTE 4.0 = FASTING	Indicates if the patient fasted:
					   Y = Yes
					   N = No

Value	OBX	5	0		The lab result value

Value Type	OBX	2	0		The lab result value type:
					   NM = Number
					   ST or TX = Text
					   CE = List

Units	OBX	6	0		The value units

Abnormal Flags	OBX	8	0		The normal/abnormal flag for the lab result value:
					   N = Normal
					   H = High
					   L = Low
					   HH = Very High
					   LL = Very Low

Reference Range	OBX	7	0		The reference range for the lab result value
Specimen Source ID	OBR	15	0		The ID of the specimen source
Specimen Source Name	OBR	15	1		The name of the specimen source
Specimen Source Coding System	OBR	15	2		The coding system of the specimen source
Specimen Source Notes	OBR	15	3		Specimen source notes
Specimen Received Date & Time	OBR	14	0		The specimen received date (YYYYMMDDhhmmss)
Notes	NTE	3	0		Notes

Rejected	OBX	27	0		Indicates if this record has been rejected:
					   Y = Yes
					   N = No
					(optional)

Reason Rejected	OBX	27	1		The reason this record has been rejected (optional)

Example Record:

MSH|^~\&|LABSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|201608181336||ORU^R01|1716|P|2.7
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ALICE^A^III||
19610615|F||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC||||||||N
OBR|1|1244565T4^LAB|229G9200410^LAB|192005^Pap Lb (Liquid-based)^L|||201608161048||||||CO-CBR2016-
22900410|201608161901||004777^ATTEND^AARON^A.^MD||1244565T4||1244565T4||201608181336|||F
OBX|1|TX|191109^Specimen adequacy^L^19764-0^Statement of adequacy^LOINC||Satisfactory for
evaluation|||||N|F|||201608181215|LAB^GENERAL LAB|Personnel13|||||||||1616 Lab Way^^LOMA
LINDA^CA^92354|78HH^Director^Jack^^^||^
NTE|1|L|NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY
NTE|2|L|Satisfactory for evaluation. Endocervical and/or squamous metaplastic

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 2.0 in i2i Message Toolkit
***This is shown as MSH 2.1 in i2i Message Toolkit

Referral Records

Patient Referral Record

A record of this type is required for each event that occurs for a patient's referral.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	9	0	MSH 9.0 = REF	This must be an REF record
ID	RF1	6	0		The value that uniquely identifies the patient referral
Patient ID	PID	2	0		The value that uniquely identifies the patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Referred Date	RF1	7	0		The date on which the referral occurred (YYYYMMDD)
Referred by Provider ID	PRD	7	0	PRD 7.1 = SOURCE	The ID of the provider who created the referral
Referred by Provider First Name	PRD	2	1	PRD 2.5 = SOURCE	The first name of provider who created the referral
Referred by Provider Middle Name	PRD	2	2	PRD 2.5 = SOURCE	The middle name of provider who created the referral
Referred by Provider Last Name	PRD	2	0	PRD 2.5 = SOURCE	The last name of provider who created the referral
Referred by Provider Prefix	PRD	2	4	PRD 2.5 = SOURCE	The prefix of the provider who created the referral
Referred by Provider Suffix	PRD	2	3	PRD 2.5 = SOURCE	The suffix of the provider who created the referral
Referred from Facility ID	PRD	4	0		The assigned facility of the provider who created the referral
Referred to Provider ID	PRD	7	0	PRD 7.1 = REF	The ID of the referred-to provider

Referred to Provider First Name	PRD	2	1	PRD 2.5 = REF	The first name of the referred-to provider
Referred to Provider Middle Name	PRD	2	2	PRD 2.5 = REF	The middle name of the referred-to provider
Referred to Provider Last Name	PRD	2	0	PRD 2.5 = REF	The last name of the referred-to provider
Referred to Provider Prefix	PRD	2	4	PRD 2.5 = REF	The prefix of the referred-to provider
Referred to Provider Suffix	PRD	2	3	PRD 2.5 = REF	The suffix of the referred-to provider
Referred to Provider Phone 1	PRD	5	0		The referred-to provider's phone number
Referred to Provider Fax	PRD	5	1		The referred-to provider's fax number
Referred to Provider Email	PRD	5	3		The referred-to provider's email address
Referred to Provider Address 1	PRD	3	0		The first line of the referred-to provider's address
Referred to Provider Address 2	PRD	3	1		The second line of the referred-to provider's address
Referred to Provider City	PRD	3	2		The referred-to provider's city
Referred to Provider State	PRD	3	3		The referred-to provider's state
Referred to Provider Zip Code	PRD	3	4		The referred-to provider's zip code
Referred to Provider NPI	PRD	7	0	PRD 7.1 = NPI	The referred-to provider's NPI
Referred to Provider Tax ID Number	PRD	7	0	PRD 7.1 = TAXID	The referred-to provider's Tax ID number
Referral Type ID	RF1	3	0		The referral type ID
Referral Type Name	RF1	3	1		The referral type name
Referral Type Description	RF1	3	4		The referral type description (optional)

Priority	RF1	2	0		The priority status of the referral:
					    A = ASAP
					    U = Urgent

Reason	RF1	10	1		The reason for the referral
Insurance Plan ID	AUT	2	0		The ID of the patient insurance plan related to the referral
Insurance Other Name	AUT	3	0		A different name for the patient insurance plan related to the referral (optional)
Insurance Authorization Number	AUT	6	0		The insurance authorization number
Insurance Authorized By	AUT	6	1		The name of the Insurance authorization party

Insurance Number of Visits Authorized	AUT	9	0		The number of visits the authorization allows
Insurance Authorization Expiration Date	AUT	5	0		The date that the authorization expires (YYYYMMDD)
Procedure Code 1	PR1	3	0	1^{st} segment	The 1^{st} procedure code
Procedure Name 1	PR1	4	0	1^{st} segment	The 1^{st} procedure name
Procedure Code 2	PR1	3	0	2^{nd} segment	The 2^{nd} procedure code
Procedure Name 2	PR1	4	0	2^{nd} segment	The 2^{nd} procedure name
Procedure Code 3	PR1	3	0	3^{rd} segment	The 3^{rd} procedure code
Procedure Name 3	PR1	4	0	3^{rd} segment	The 3^{rd} procedure name
Procedure Code 4	PR1	3	0	4^{th} segment	The 4^{th} procedure code
Procedure Name 4	PR1	4	0	4^{th} segment	The 4^{th} procedure name
Procedure Code 5	PR1	3	0	5^{th} segment	The 5^{th} procedure code
Procedure Name 5	PR1	4	0	5^{th} segment	The 5^{th} procedure name
Procedure Code 6	PR1	3	0	6^{th} segment	The 6^{th} procedure code
Procedure Name 6	PR1	4	0	6^{th} segment	The 6^{th} procedure name
Diagnosis Code 1	DG1	3	0	1^{st} segment	The 1^{st} diagnosis code
Diagnosis Name 1	DG1	4	0	1^{st} segment	The 1^{st} diagnosis name
Diagnosis Code 2	DG1	3	0	2^{nd} segment	The 2^{nd} diagnosis code
Diagnosis Name 2	DG1	4	0	2^{nd} segment	The 2^{nd} diagnosis name
Diagnosis Code 3	DG1	3	0	3^{rd} segment	The 3^{rd} diagnosis code
Diagnosis Name 3	DG1	4	0	3^{rd} segment	The 3^{rd} diagnosis name
Diagnosis Code 4	DG1	3	0	4^{th} segment	The 4^{th} diagnosis code
Diagnosis Name 4	DG1	4	0	4^{th} segment	The 4^{th} diagnosis name
Diagnosis Code 5	DG1	3	0	5^{th} segment	The 5^{th} diagnosis code
Diagnosis Name 5	DG1	4	0	5^{th} segment	The 5^{th} diagnosis name
Diagnosis Code 6	DG1	3	0	6^{th} segment	The 6^{th} diagnosis code
Diagnosis Name 6	DG1	4	0	6^{th} segment	The 6^{th} diagnosis name
Notes	NTE	3	0		Referral notes
Status	RF1	1	1		The status of the referral
Status Date **	MSH	7	0		The status date for the referral (YYYYMMDD)

Example Record:

MSH|^~\&|EHRSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|19940111113142||REF^I11|H7899|P|2.7
RF1|Referred|R|PROC^PROCTOLOGY^^^|RP|O|REF4502|19940111|19940510|19940111|RECTAL POLYP
PRD|RP|ATTEND^AARON^^MD^^SOURCE~HIPPOCRATES^HAROLD^^MD^^REF|1001 HEALTHCARE
DRIVE^^ANN ARBOR^MI^99999| ^^^HIPPOCRATESMD&EWHIN^^^^^HIPPOCRATES MEDICAL CENTER|
(555)555-2052^^^hippomd@emailprovider.com||004777^SOURCE~542154^REF~4563217896^NPI~111-11-
1111^TAXID
PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III||
19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^
everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^
ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
AUT|PPO|WA02|HCIC (MI State Code)|19940110|19940510|123456789^Personnel15|175|1|2
PR1|1|C4|45378|Colonoscopy|19940110105309|00
DG1|1|I9|569.0|RECTAL POLYP|19940106103500|0
NTE|1|R|Scheduled for colonoscopy

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 6.0 in i2i Message Toolkit

Pharmacy Records

Patient Prescription Record

A record of this type is required for each event that occurs for a patient's prescription.

Data Element	Seg	Field	Comp	Condition	Details
Message Type *	MSH	8	0	MSH 8.0 = RDS	This must be an RDS record
Source ID **	MSH	3	0		The value that identifies the source of the record.
Patient ID	PID	2	0		The value that uniquely identifies this patient
Patient First Name	PID	5	1		The patient's first name
Patient Middle Name	PID	5	2		The patient's middle name
Patient Last Name	PID	5	0		The patient's last name
Patient DOB	PID	7	0		The patient's date of birth (YYYYMMDD)
Patient Medical Record Number	PID	3	0	PID 3.4 = MRN	The patient's medical record number
Patient SSN	PID	19	0		The patient's social security number
Patient Gender	PID	8	0		The patient's gender
Patient Address 1	PID	11	0		The first line of the patient's address
Patient Address 2	PID	11	1		The second line of the patient's address
Patient City	PID	11	2		The city in which the patient resides
Patient State	PID	11	3		The state in which the patient resides (Uppercase with 2 character abbreviation)
Patient Zip Code	PID	11	4		The ZIP code in which the patient resides
Patient Home Phone	PID	13	0	PID 13.2 = HOME	The patient's home phone number
Patient Work Phone	PID	14	0		The patient's work phone number
Prescription ID	ORC	3	0		The ID of the prescription (Filler order number)
Order Status	ORC	5	0		The order status of the prescription
Prescriber ID	ORC	12	0		The ID of the prescribing provider
Prescriber First Name	ORC	12	2		The first name of the prescribing provider
Prescriber Middle Name	ORC	12	3		The middle name of the prescribing provider
Prescriber Last Name	ORC	12	1		The last name of the prescribing provider
Prescriber Prefix	ORC	12	5		The prefix of the prescribing provider
Prescriber Suffix	ORC	12	4		The suffix of the prescribing provider
Prescriber DEA Number	RXE	13	0		The DEA number of the prescribing provider
Prescribed Date	ORC	9	0		The date that the drug was prescribed (YYYYMMDD)
Drug NDC	RXE	2	0	RXE 2.2 = NDC	The drug NDC number
Drug Name	RXE	2	1	RXE 2.2 = NDC	The name of the drug
Drug Generic ID	RXE	2	3	RXE 2.5 = GEN	The generic drug NDC number
Drug Generic Name	RXE	2	4	RXE 2.5 = GEN	The name of the generic drug
Drug Dosage Form	RXE	6	0		The dosage form of the drug (tablets, capsules, etc.)

Drug Strength	RXE	25	0		The strength of the drug
Drug Route	RXR	1	1		The route of the medication administration
Quantity Prescribed	RXE	10	0		The amount dispensed by the pharmacy or treatment supplier
Total Daily Dose	RXO	23	0		The total daily dose for the drug
SIG	RXO	6	0		The SIG for the prescription (i.e. 1BID)
SIG Description	RXO	6	1		The full wording of the SIG (i.e. Take one tablet twice a day)
Number of Refills Dispensed	RXE	17	0		The number of dispensed refills for the prescription
Original Refills	RXE	12	0		Total original number of refills
Original Fill Date	RXE	32	0		The date of the original order (YYYYMMDD)
Remaining Refills	RXE	16	0		The number of refills remaining
Notes	NTE	3	0		Notes
Rejected	RXO	37	0		Indicates if this record has been rejected: Y = Yes N = No (optional)
Reason Rejected	RXO	37	1		The reason this record has been rejected (optional)

Example Record:

MSH|^~\&|PHARMACYSYSTEM^SYSTEM1|SENDFAC|RECAP|RECFAC|20160621131435||RDS^O13|2016062113 1435|P|2.7
 PID|1|12345.1|PATID1234^5^M11^ADT1^MRN^GOOD HEALTH HOSPITAL||EVERYMAN^ADAM^A^III|| 19610615|M||C^CAUCASIAN|2222 HOME STREET^^LOMA LINDA^CA^92354|GL|(555)555-2004^^HOME^ everyman@emailprovider.com~(555)555-2004^^CELL|(555)555-2004|E^ENGLISH|S|| PATID12345001^2^M10^ ADT1^AN^A|444333333|987654^NC||H^HISPANIC|||||||||N
PV1|1|I|2000^2012^01||||004777^ATTEND^AARON^A.|||SU
ORC|XO||06027017^RX^06027017090220^QS1RX||Dispensed||||20160621|QQ^QS1^QS1|QQ^QS1^QS1|004777^ ATTEND^AARON|||||||||||||||||||||
RXO|00185010110^*LISINOPRIL 10 MG TABLET^NDC|||TAB||1QD^TAKE ONE TABLET EVERY DAY|||N|||||||||||||1
RXR|PO||||||
RXE||00185010110^*LISINOPRIL 10 MG TABLET^NDC^00185010110^*LISINOPRIL 10 MG TABLET^NDC^|1|| ^TAB||||N|30||000|ZZ9999999||06027017|000|00||||^||||10|MG|^^|1000|TAB|||||||||||^MAIN PHARMACY|1268 Main Pharmacy ST.^^LOMA LINDA^CA^92354||||

* This is shown as MSH 8.0 in i2i Message Toolkit
** This is shown as MSH 2.0 in i2i Message Toolkit

Revision History

Date	Document Version	Description
8/22/2016	1.0.0.0	Initial document creation
11/28/2016	1.0.0.1	Change to Patient Immunizations Historical Vaccine description.