

NAACCR DATA STANDARDS – 6th Edition, Version 9.1
PATHOLOGY LABORATORY DATA DICTIONARY

RECORD TYPE

Field #1 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	10	1	NAACCR

Description:

Generated field length that identifies which of the NAACCR data exchange record types is being used in a file of data exchanges records. A batch should have records of only one type. This item is addressed by the Central Registry (required field—part of the minimum dataset).

Codes:

L Pathology laboratory record type. Includes narrative diagnosis.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
L	N	L	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

PATH--VERSION NUMBER

Field #2 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7000	6	

Description:

Designation of the layout of the message structure (required field—part of the minimum dataset).

Codes:

2.3 HL-7 2.3 file layout

1 1999 flat file layout

Allowable Values and Format:

Transmit Values	Convert*	Registry Values	Description/Comments
2.3 [†]	N	2.3, left justify	Alpha-numeric
1[‡]	N	1, left justify	

* Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

[†] Used in HL-7 protocol.

[‡] Used in flat file.

REPORTING FACILITY

Field #3 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Institution ID Number	7010	25	

Description:

Code for the facility reporting the case (required field—part of the minimum dataset).

Codes:

Clinical Laboratory Improvement Act Identification Numbers (CLIA) are used for laboratory reporting.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>12D1234567</i>	N	Left justify	Alpha-numeric

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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REPORTING FACILITY NAME

Field #4 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7020	50	Reporting Facility

Description:

Name of the reporting facility (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Laboratory name</i>	N	Left justify	Alpha-numeric, mixed case

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

REPORTING FACILITY ADDR--NO & STREET

Field #5 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7030	25	HL-7

Description:

The number and street address or rural address of the reporting facility (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>2 Pine Street</i>	N	Left justify	Alpha-numeric, mixed case, left justified

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

REPORTING FACILITY ADDR—CITY

Field #6 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7040	20	

Description:

Name of the city of reporting facility (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Anytown</i>	N	Left justify	Alpha-numeric, mixed case, left justified

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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REPORTING FACILITY ADDR—STATE

Field #7 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7050	2	

Description:

U.S. Postal Service abbreviation for the state, commonwealth, or country of the reporting facility (required field -- part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>FL</i>	N		Alpha only, upper case, no blanks allowed

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

REPORTING FACILITY ADDR--POSTAL CODE

Field #8 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7060	9	

Description:

U.S. Postal Service zip code for the state and city in which the facility resides. May use either the 5-digit or 9-digit extended zip code. Blanks follow the 5-digit code. Canadian postal code is a 6-digit alpha-numeric format (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>123452222</i>	N	Left justify, blank filled	Alpha-numeric

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

REPORTING FACILITY--PHONE NUMBER

Field #9 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7070	10	

Description:

Telephone number of the reporting facility (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>2125551234</i>	N	Left justify	Numeric, no imbedded blanks, blank filled

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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NAME--LAST

Field #10 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Patient's Last Name	2230	25	HL-7

Description:

Last name of the patient (required field—part of the minimum dataset).

Allowable Values:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>Smith</i>	N	Left justify	Alpha only, no embedded spaces, no special characters, blank filled, hyphens may be used

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

NAME—FIRST

Field #11 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Patient's First Name	2240	14	HL-7

Description:

First name of the patient (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>John</i>	N	Left justify	Alpha only, no embedded spaces, no special characters, blank filled

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

NAME--MIDDLE

Field #12 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
Patient's middle name	2250	14	HL-7

Description:

Middle name or initial of the patient.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>Robert</i>	N	Left justify	Alpha
<i>R</i>	N	Left justify	Alpha
No data	N	Blank	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ADDR--NO & STREET

Field #13 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Patient's Street Address	2330	25	HL-7

Description:

The number and street address or the rural address of the patient's residence at the time the specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>1 Main Street</i>	N	Left justify	Alpha-numeric, mixed cases plus spaces, no punctuation
No data	Y	Populate to Unknown	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ADDR—CITY

Field #14 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
City or Town	70	20	HL-7

Description:

Name of city in which the patient resides at the time the specimen was removed/collected. If the patient resides in a rural area, record the name of the city used in their mailing address. If the patient has multiple tumors, the city of residence may be different.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Somewhere</i>	N	Left justify	Alpha only, no special characters, mixed case, blank filled
No data	Y	Populate to Unknown	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ADDR--STATE

Field #15 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	80	2	HL-7

Description:

U.S. Postal Service abbreviation for the state (including U.S. territories, commonwealths, or possessions) or Canadian province in which the patient resides at the time the specimen was removed/collected. If the patient has multiple tumors, the state of residence may be different.

Special codes:

ZZ Unknown.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>FL</i>	N		Alpha only, upper case
No data	Y	Populate with ZZ	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ADDR--POSTAL CODE

Field #16 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Zip Code	100	9	USPS

Description:

Postal code for the address of the patient’s residence at the time the specimen was removed/collected. If the patient has multiple tumors, the postal code may be different. For U.S. zip codes, either the 5-digit or 9-digit extended zip code may be used. Blanks follow the 5-digit code. For Canadian residents, use the 6-character alpha-numeric postal code. When available, enter the postal code for other countries.

Special Codes:

999999999 Residence unknown.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>123455555</i>	N	Left justify	Alpha-numeric, no special characters, blank filled, embedded spaces allowed
No data	Y	999999999	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

TELEPHONE

Field #17 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	2360	10	HL-7

Description:

Current telephone number with area code for the patient.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>2223245555</i>	N		Numeric
No data	Y	999999999	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

BIRTH DATE

Field #18 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
Date of Birth	240	8	

Description:

Date of birth of the patient.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
YYYYMMDD	Y	YYYYMMDD	
No data	Y	99999999	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

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PATH-PATIENT AGE AT SPECIMEN

Field #19 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7080	10	

Description:

The age of patient at the time of the specimen sample. Large block is designed to handle unstructured age information.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
75	Y	075	Numeric, right justify zero fill
<i>85 years</i>	Y	085	
<i>24 months</i>	Y	002	
No data	Y	999	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y= Yes, N= No

Italics indicate an example.

SOCIAL SECURITY NUMBER

Field #20 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	2320	9	

Description:

Records patient's social security number. The number is entered without dashes and without any letter suffix. This is not always identical to the Medicare claim number.

Special codes:

999999999 Unknown.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>123456789</i>	N	123456789	Alpha-numeric
999999999	Y	999999999	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

SEX

Field #21 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	220	1	

Description:

Code for sex of the patient.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
M	Y	1	Male
F	Y	2	Female
O	Y	3	Other
U	Y	9	Unknown

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

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MEDICAL RECORD NUMBER

Field #22 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	2300	11	NAACCR

Description:

Records medical record used by the facility to identify the patient.

Rationale:

This number identifies the patient in a facility. It can be used by a central registry to point to the patient record, and it helps identify multiple reports on the same patient.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>KP123456789</i>	N	Right justify	Alpha-numeric, or all blank
No data	Y	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--SLIDE REPORT NUMBER

Field #23 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7090	20	

Description:

Unique sequential number assigned to a report by a laboratory (required field—part of minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>S98012345</i>	N	Left justify	Alpha-numeric

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN--LICENSE NUMBER

Field #24 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7100	8	

Description:

License number of physician ordering analysis of the specimen.

Codes:

99999999 Physician unknown or ID number not assigned.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>D1234567</i>	N	Left justify	Alpha-numeric, no embedded blanks, blank filled
No data	Y	99999999	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN—LAST NAME

Field #25 (REQUIRED)

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Alternate Name	Item #	Length (Characters)	Source of Standard
	7110	25	

Description:

Last name of physician ordering analysis of the specimen (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Jones</i>	N	Left justify	Alpha only, no special characters

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN—FIRST NAME

Field #26 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7120	14	

Description:

First name of physician ordering analysis of the specimen (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>John</i>	N	Left justify	Alpha only, no special characters, may be initial only

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN—MIDDLE NAME

Field #27 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7130	14	

Description:

Middle name of physician ordering analysis of the specimen

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Middle</i>	N	Left justify	Alpha only, no special characters, may be initial only

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN ADDR--NO & STREET

Field #28 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7140	25	

Description:

The number and street address or the rural or post office box address of the ordering physician's practice at the time the specimen was removed/collected. May also include street direction (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>214 Center Street</i>	N	Left justify	Alpha-numeric, mixed case

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ORDERING CLIENT/PHYSICIAN ADDR—CITY **Field #29 (REQUIRED)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7150	20	

Description:

Name of the city of the physician’s practice at the time the specimen was removed/collected. If the physician’s practice is in a rural area, record the name of the city used in their mailing address (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Hometown</i>	N	Left justify	Alpha-numeric, mixed case, blank filled

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN ADDR--STATE **Field #30 (REQUIRED)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7160	2	

Description:

U.S. Postal Service abbreviation for the state, commonwealth, or country where the physician’s practice is at the time the specimen was removed/collected (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>FL</i>	N		Alpha only, no blanks allowed; use only officially designated abbreviations

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN ADDR-- POSTAL CODE **Field #31 (REQUIRED)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7170	9	

Description:

U.S. Postal Service zip code for the state and city of the physician’s practice at the time the specimen was removed/collected. May use either the 5-digit or 9-digit extended zip code. Blanks follow the 5-digit code. Canadian postal code is a 6-digit alpha-numeric format (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>543219999</i>	N	Left justify	Alpha-numeric, no imbedded blanks, blank filled

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ORDERING CLIENT/PHYSICIAN—TELEPHONE

Field #32 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7180	10	

Description:

Telephone number of ordering physician’s practice, including the area code.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
2334444567	N	Left justify	Numeric, no embedded blanks, blank filled
No data	Y	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--ORDERING CLIENT/PHYSICIAN

Field #33 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7190	25	

Description:

Facility ID number as defined by the American Hospital Association (AHA).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
230012	N	Left justify	Alpha-numeric, blank filled
No Data	Y	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN

Field #34 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7200	50	

Description:

Name of the facility where specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Elm Cancer Center</i>	N	Left justify	Alpha only, no special charaters
No Data	Y	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN WORK FACILITY ADDR-- NO & STREET Field 35 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7210	25	

Description:

The number and street address or the rural or post office box address of the facility where the specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>2 Pine Street</i>	N	Left justify	Alpha-numeric, mixed case
No data	Y	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ORDERING CLIENT/PHYSICIAN WORK FACILITY ADDR—CITY **Field #36 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7220	20	

Description:

Name of the city of the facility where the specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>Happy Valley</i>	N	Left justify	Alpha only, mixed case.
No data	Y	Blank	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN WORK FACILITY ADDR-- STATE **Field #37 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7230	2	

Description:

U.S. Postal Service abbreviation for the state, commonwealth, or country of the facility where the specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>FL</i>	N		Alpha only, no imbedded blanks, blank filled, used only officially designated abbreviations
No data	Y	Blank	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

ORDERING CLIENT/PHYSICIAN WORK FACILITY ADDR--POSTAL CODE **Field #38 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7240	9	

Description:

U.S. Postal Service zip code for the state and city of the physician's practice at the time the specimen was removed/collected. May use either the 5-digit or 9-digit extended zip code. Blanks follow the 5-digit code. Canadian postal code is a 6-digit alpha-numeric format.

Allowable Values and Format:

Transmit Values*	Convert [†]	Registry Values	Description/Comments
<i>987654444</i>	N	Left justify	Alpha-numeric, no imbedded blanks, blank filled
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

[†] Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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ORDERING CLIENT/PHYSICIAN WORK FACILITY—TELEPHONE **Field #39 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7250	10	

Description:

Telephone number of the facility where the specimen was removed/collected.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
2223334444	N	Left justify	Numeric, no imbedded blanks, blank fill
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--REPORTING PATHOLOGIST LAST NAME **Field #40 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7260	25	

Description:

The reporting pathologist's last name.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Smith</i>	N	Left justify	Alpha only, no special characters
No data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--REPORTING PATHOLOGIST FIRST NAME **Field #41 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7270	14	

Description:

The reporting pathologist's first name.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>David</i>	N	Left justify	Alpha only, no special characters
No data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--REPORTING PATHOLOGIST MIDDLE NAME **Field #42 (OPTIONAL)**

Alternate Name	Item #	Length (Characters)	Source of Standard
	7280	14	

Description:

The reporting pathologist's middle name.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>F</i>	N	Left justify	Alpha only, no special characters
No data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--REPORTING PATHOLOGIST SUFFIX

Field #43 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7290	3	

Description:

The reporting pathologist’s name suffixes (if any).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>Jr</i>	N	Left justify	Alpha only, no special characters
No data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--PATHOLOGIST LICENSE NUMBER

Field #44 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7300	8	

Description:

The reporting pathologist’s license number for the state, commonwealth, or country for which the pathologist is licensed to practice in the laboratory reporting this cancer case.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>ME123456</i>	N	Left justify	Alpha-numeric
No data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--PATHOLOGIST STATE LICENSURE

Field #45 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7310	2	

Description:

Two-digit U.S. Postal Service abbreviation for the state, commonwealth, or country associated with the pathologist license number in which the reporting pathologist is licensed. If a commonly accepted 2-letter abbreviation does not exist for the country, leave blank.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>FL</i>	N		Alpha only, upper case or all blank
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

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PATH--DATE OF SPECIMEN COLLECTION

Field #46 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7320	8	

Description:

Date of specimen collection for the cancer being reported, not the date read or date the report was typed (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
YYYYMMDD	Y	YYYYMMDD	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

PATH--STATUS INDIVIDUAL RESULT

Field #47 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7330	1	

Description:

Code reflecting verification to a specific individual reported result (required field—part of the minimum dataset).

Codes:

- C Record coming over is a correction and thus replaces final result.
- D Deletes the record.
- F Final results; can only be changed with a corrected result.
- I Specimen in lab; results pending.
- P Preliminary results.
- R Results entered—not verified.
- S Partial results.
- X Results cannot be obtained.
- U Results status change to Final, without retransmitting results already sent as Preliminary.
- W Post original as wrong.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
F	N		Alpha

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

PATH--SNOMED CODE(S)

Field #48 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7340	18 (with up to 15 sets)	

Description:

The Systematized Nomenclature of Medicine (SNOMED) code(s) for the encounter being reported may include morphology, topography, and procedure codes.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>M-8140</i>	N	Left justify	Alpha-numeric, add spaces at right of each code so that length of each code is 18
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

SNOMED Morphology "axis" code structure & codeset

- M-xxxx with as many as 18 characters in the codestring
- Select all cases with any Code M-8000 through M-9999
- Record Layout will allow up to 15 sets of SNOMED codes

SNOMED Site/Topography "axis" code structure

- SNOMED uses T-xxx

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- Not useful to FCDS
- May be useful for you
- Mapping tables may be needed to convert data

Contact SNOMED for more information at <https://www.snomed.org>

SNOMED CODE VERSION NUMBER

Field #49 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7350	5	

Description:

Indicator for the coding scheme used to SNOMED code the diagnosis being reported.

Codes:

See **LABORATORY CODES VERSION CONTROL TABLE**.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
SNM	Y	Right justify	Numeric
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

LABORATORY CODES VERSION CONTROL TABLE Used for Fields #49,#51,#53

Alternate Name	Item #	Length (Characters)	Source of Standard
	Used for 7350, 7370, 7390	5	

Description:

A table indicating the type/version of the code being submitted. The values indicated which SNOMED, ICD, CPT or other code version is being used.

Rationale:

It is anticipated that this list of standard codes may need local modification and additions to adequately capture the version of the codes transmitted from laboratories. Registries and laboratories are encouraged to use this list and make local modification as needed. A value from this table is anticipated to be transmitted with every code to indicate its version.

Allowable Values and Format:

Alpha-numeric.

<u>Code</u>	<u>Definition</u>
I9	ICD9
I9C	ICD9-CM
ICDO2	ICDO Second Edition
ICDO3	ICDO Third Edition
I10	ICD-10
C4	CPT-4
C5	CPT-5
I8	ICD 8
SNM	SNOMED Second Edition
SNM3	SNOMED International
SNT	SNOMED Topology
LN	LOINC

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PATH--ICD-CM CODE(S)

Field #50 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7360	10 (with up to 6 sets)	

Description:

ICD-CM code for the diagnosis being reported.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
<i>146.0</i>	N	Left justify	Alpha-numeric, including decimal, ICDA-8, ICD-9, or ICD-10 codes, add spaces at right of each code so that length of each code is 10
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

Italics indicate an example.

PATH--ICD VERSION NUMBER

Field #51 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7370	5	

Description:

Indicator for the coding scheme used to ICD-CM code the diagnosis being reported.

Codes:

See **LABORATORY CODES VERSION CONTROL TABLE**.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
I9C	Y	Right justify	Numeric
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

LABORATORY CODES VERSION CONTROL TABLE Used for Fields #49,#51,#53

Alternate Name	Item #	Length (Characters)	Source of Standard
	Used for 7350, 7370, 7390	5	

Description:

A table indicating the type/version of the code being submitted. The values indicated which SNOMED, ICD, CPT or other code version is being used.

Rationale:

It is anticipated that this list of standard codes may need local modification and additions to adequately capture the version of the codes transmitted from laboratories. Registries and laboratories are encouraged to use this list and make local modification as needed. A value from this table is anticipated to be transmitted with every code to indicate its version.

Allowable Values and Format:

Alpha-numeric.

Code	Definition
I9	ICD9
I9C	ICD9-CM
ICDO2	ICDO Second Edition
ICDO3	ICDO Third Edition
I10	ICD-10
C4	CPT-4
C5	CPT-5
I8	ICD 8
SNM	SNOMED Second Edition
SNM3	SNOMED International
SNT	SNOMED Topology
LN	LOINC
L	LOCAL Codes

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CPT CODES

Field #52 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7380	5	AMA

Description:

Current Procedural Terminology (CPT) codes.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
88309	N		

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

CPT CODE VERSION NUMBER

Field #53 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7390	5	

Description:

Indicator for the coding scheme used to CPT code the diagnosis being reported.

Codes:

See LABORATORY CODES VERSION CONTROL TABLE.

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
C4	Y	Right justify	Numeric
No Data	N	Blank	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

LABORATORY CODES VERSION CONTROL TABLE Used for Fields #49,#51,#53

Alternate Name	Item #	Length (Characters)	Source of Standard
	Used for 7350, 7370, 7390	5	

Description:

A table indicating the type/version of the code being submitted. The values indicated which SNOMED, ICD, CPT or other code version is being used.

Rationale:

It is anticipated that this list of standard codes may need local modification and additions to adequately capture the version of the codes transmitted from laboratories. Registries and laboratories are encouraged to use this list and make local modification as needed. A value from this table is anticipated to be transmitted with every code to indicate its version.

Allowable Values and Format:

Alpha-numeric.

Code	Definition
I9	ICD9
I9C	ICD9-CM
ICDO2	ICDO Second Edition
ICDO3	ICDO Third Edition
I10	ICD-10
C4	CPT-4
C5	CPT-5
I8	ICD 8
SNM	SNOMED Second Edition
SNM3	SNOMED International
SNT	SNOMED Topology
LN	LOINC

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PATH--TEXT DIAGNOSIS

Field #54 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7400	32,000	

Description:

If text cannot be separated into the categories below, use this field for free text including, at a minimum, text to support site, laterality, histology (pathology diagnosis, notes, comments, and differential diagnosis), and stage (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--CLINICAL HISTORY

Field #55 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7410	3000	

Description:

Relevant clinical information, generally stating the patient's past history of cancer, preoperative diagnosis, and/or the reason the specimen was collected (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--NATURE OF SPECIMEN

Field #56 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7420	3000	

Description:

Describes the site(s) and laterality of the specimen(s). If there is more than one specimen included on the pathology report, each is generally assigned an identifying letter or numeral, beginning with "A," "1," or "I" (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--GROSS PATHOLOGY

Field #57 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7430	3000	

Description:

A physical description of the gross appearance of the specimen, including source, size, color, unusual features, location of any lesions visible within the specimen, margins, markings placed by the surgeon, and labeling scheme used by the pathologist for assigning portions of the specimen to blocks or cassettes (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

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PATH--MICROSCOPIC PATHOLOGY

Field #58 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7440	3000	

Description:

Findings and description of the presence or absence of disease in each section of the specimen(s). Generally include the types of tissues, cells, or mitotic activity observed (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--FINAL DIAGNOSIS

Field #59 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7450	4000	

Description:

Summarizes the microscopic findings for each specimen examined. Confirms or denies gross findings of malignancy, given the histologic type of the cancer and, in some instances, the grade (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--COMMENT SECTION

Field #60 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7460	3000	

Description:

Additional comments from the pathologist regarding situations such as the possible source of the metastases, comparison to previous specimens, the need for additional surgery or specimens, and the usefulness of additional stains/examinations, if applicable (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

PATH--SUPPLEMENTAL REPORTS AND/OR ADDENDA

Field #61 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7470	4000	

Description:

Additional information attached to the pathology report, generally after the original report has been issued. May address subsequent testing or stains, comparison with previous specimens, second opinions from other pathologists or laboratories, or a change in diagnosis resulting from reexamining the specimen(s) or sampling new areas within the specimen (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

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STAGING PARAMETERS

Field #62 (REQUIRED)

Alternate Name	Item #	Length (Characters)	Source of Standard
	2600	3000	

Description:

Information to aid in assigning a stage to each cancer. Commonly includes a discussion of tumor size and spread, lymph node involvement, metastasis, and pathologic American Joint Committee on Cancer (AJCC) stage (required field—part of the minimum dataset).

Allowable Values and Format:

Alpha-numeric plus spaces, or all blank. No returns or line feeds are allowed within the text.

DATE TRANSMITTED

Field #63 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	2110	8	NAACCR

Description:

Date the reports are transmitted from the facility to the central cancer registry (required field—part of the minimum dataset).

Allowable Values and Format:

Transmit Values*	Convert†	Registry Values	Description/Comments
YYYYMMDD	Y	MMDDCCYY	

* Used in flat file or HL-7 protocol.

† Is it necessary to convert this item to match the NAACCR standards for this data item? Y = Yes, N = No

PATH--REPORT TYPE

Field #64 (OPTIONAL)

Alternate Name	Item #	Length (Characters)	Source of Standard
	7480	2	

Description:

This variable is a derived (and somewhat arbitrary) classification to be calculated at the cancer registry. It can be derived from several information sources.

Rationale:

This variable is primarily used for administrative and tracking purposes at the cancer registry. Often, laboratories will classify the specimen in the slide or path number, for example, the first digit of the slide number will indicate pathology (P) or cytology (C). Laboratories also may categorize or recycle these slides or path numbers according to a specific year. It also may be derived from a specimen source type code, the institutional number, tag, or laboratory title from which the laboratory results came.

Codes:

- 01 Pathology
- 02 Cytology
- 03 Gyn Cytology
- 04 Bone Marrow
- 05 Autopsy
- 06 Clinical Laboratory Blood Work
- 07 Eye
- 98 Other
- 99 Unknown