# LABORATORY TEST FORM

You are allowed to remove any questions that are non-core questions with associated permissible values. You are NOT allowed to insert/delete permissible values of existing questions. The variable name in FITBIR is underlined. The core questions are indicated by a red asterisk.

|  |
| --- |
| Main group |
| 1. Study Name:
 |
| 1. **\***GUID (GUID):
 |
| 1. Subject ID number (SubjectIDNum):
 | 1. Age in Years (AgeYrs):
 |
| 1. Visit Date (VisitDate):
 | 1. Site Name (SiteName):
 |
| 1. Days since Baseline (DaysSinceBaseline): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Case Control Indicator (CaseContrlInd):

Case ⭘ Control ⭘ Unknown  | 1. What is the vital status of the subject? (VitStatus):

O Alive ⭘ Dead ⭘ Unknown |
| Form administration |
| 1. What is the ISO 639 code for the language the form/instrument has been administrated? (LangCRFAdministratISOCode). Select one. If “Other, specify” is selected, please write in response.

|  |  |
| --- | --- |
| chi Chinesecze Czechdan Danishdut Dutcheng Englishfin Finnishfre French ger Germangre Greekheb Hebrewhin Hindihun Hungarian | ira Iranian languages ita Italianjpn Japanesenor Norwegianpor Portugueserus Russiansgn Sign languagespa Spanishvie Vietnamese Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LangCRFAdministratISOCodeOTH) |

1. What time frame do the questions in this form refer to? (ContextType)Select one. If “Other, specify” is selected, please write in response.
* After injury
* At time of assessment
* Time of injury
* Before injury
* Last 2 weeks
* Last 6 months
* Last 24 hours
* Last month
* Last week
* Last year
* Prior to death
* Since last interview
* Other, specify (ContextTypeOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|

|  |
| --- |
| Form administration |

1. Who filled out this form? (DataSource)Select one. If “Other, specify” is selected, please write in response.
* Participant/Subject
* Spouse
* Father
* Mother
* Son
* Daughter
* Brother
* Sister
* Friend
* Physician
* Chart/Medical Record
* Other, specify (DataSourceOTH) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

## Laboratory Tests

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn. *Choose one.*

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Select one. If “Other, specify” is selected, please write in response.

* Amniotic fluid
* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Brain tissue
* Bronchial lavage
* Buccal swab
* Catheter tip
* Cerebral spinal fluid
* Gastric aspirate
* Nasal
* Newborn cord blood
* Placenta
* Saliva
* Sputum
* Stool
* Throat
* Urine
* Venous blood - buffy coat
* Venous blood - plasma
* Venous blood - platelets
* Venous blood - serum
* Venous blood- whole
* Wound swab
* Other, specify (LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is the name of the Lab Test?

LabTestName

Indicate the name of each laboratory test that is run on the specimen. See the data dictionary for additional information on coding the test name using Logical Observation Identifiers Names and Codes (LOINC). Select all that apply If “Other, specify” is selected, please write in response.

* 8-isoprostanes
* 8-OH-2-deoxyguanosine
* Activated PTT(aPTT)
* Alanine Aminotransferase (ALT/ALAT/SGPT)
* Albumin
* Albumin: globulin(A:G)ratio
* Alcohol
* Alkaline Phosphatase
* Amylase
* Anion Gap
* Apolipoprotein B (apo B)
* Apolipoprotein E (apo E)
* Apolipoprotein-I (apo A1)
* Arterial blood gas bicarbonate(HCO3)
* Arterial blood gas fraction of inspired oxygen(FiO2)
* Arterial blood gas partial pressure carbon dioxide (pCO2)
* Arterial blood gas partial pressure oxygen(pCO2)
* Arterial blood gas PH(pH)
* Arterial blood Temperature
* Aspartate Aminotransferase(AST/ASAT/SGOT)
* Base Excess(BE)
* Basophils %
* Bicarbonate (HCO3)
* Blood Urea Nitrogen (BUN)
* B-type natriuretic peptide (BNP)
* BUN: creatinine ratio
* Calcium (Ca)
* Carbon Dioxide (CO2)
* Chloride (Cl)
* Cortisol
* C-Reactive Protein

What is the name of the Lab Test? *Continued*

LabTestName

* Creatine Kinase
* Creatine Kinase-Myocardial Bands (CK-MB)
* Creatinine
* D-dimer
* Direct Bilirubin
* eGFR calculation
* Eosinophil Count
* Eosinophils %
* Fasting Glucose
* Fasting Insulin
* Ferritin
* Fibrinogen
* Frataxin Level
* GAA repeat-expansion mutation
* Gamma-glutamyl transpeptidase (GGT)
* Globulin, total
* Glucose
* Glucose D-stick
* Glucose serum
* Glycosylated Hemoglobin (HgBA1C)
* Hematocrit (HCT)
* Hemoglobin Electrophoresis
* Hemoglobin (HB)
* High Density Lipoprotein (HDL)
* HIV test
* International Normalized Ratio (INR)
* Ionized Calcium
* Iron
* Lactate
* Lactate Dehydrogenase (LDH)
* Lipase
* Lipoprotein (a) [Lp(a)]
* Low Density Lipoprotein (LDL)
* Lymphocyte Count

What is the name of the Lab Test? *Continued*

LabTestName

* Lymphocyte %
* Magnesium (Mg)
* Mean corpuscular hemoglobin concentration(MCHC)
* Mean corpuscular volume(MCV)
* Monocyte Count
* Monocyte %
* Neutrophil %
* Neutrophil Count
* Oral glucose tolerance
* Osmolality, serum
* Partial Thromboplastin Time (PTT)
* Phenobarb
* Phenytoin
* Phosphate (PO4)
* pH value
* Plasma malondialdehyde
* Platelet Count
* Potassium (K)
* Pre-Albumin
* Prothrombin Time (PT)
* Red cell distribution
* Serum N-terminal atrial natriuretic peptide (ANP-N)
* Sodium (Na)
* Specific Gravity(Urine)
* Sulfur Dioxide(SO2)
* Total Bilirubin
* Total Cholesterol (TCHOL)
* Total Iron Binding Capacity(TIBC)
* Total Protein
* Triglycerides (TGs)
* Troponin I
* Troponin T
* Urea
* Urine 8-OH-2-deoxyguanosine/creatinine ratio

What is the name of the Lab Test? Continued

LabTestName

* Urine Creatinine
* Urine Nitrite
* Urine pH
* Venous blood gas fraction of inspired oxygen(FiO2)
* Venous blood gas partial pressure carbon dioxide(pCO2)
* Venous blood gas partial pressure oxygen(PO2)
* Venous Blood Temperature
* Very Low Density Lipoprotein (VLDL)
* Vitamin B12
* Vitamin E
* White Blood Cell Count (WBC)
* Whole Blood Temperature
* Other, specify (LabTestOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Result of the laboratory test

LabTestResltVal

Record the numeric or alpha-numeric results for each laboratory test.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Unit of measure

LabTestResltUoM

Record the units the numeric results for each laboratory test are measured in. See the data dictionary for additional information on coding the unit of measure using Unified Coed for Units of Measure (UCUM)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Where there any medication(s) present during lab test:

LabTestMedctnInd

Choose one

* Yes
* No
* Unknown

### Name of medication(s) present during lab test

LabTestMedctnName

Record each medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Lab test result unit of measure UCUM code?

LabTestResltUoMUCUMCode

Record the units the numeric results for each laboratory test are measured in. See the data dictionary for additional information on coding the unit of measure using Unified Code for Units of Measure (UCUM)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Laboratory test lowest range value:

LabTestLowRangeVal

Record the lowest value and the unit of measure if known.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Laboratory test highest range value

LabTestHighRangeVal

Record the highest value and the unit of measure if known.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Was test result abnormal?

LabTestResltStatus

Choose one

* Abnormal
* Normal
* Unknown

### If abnormal, clinically significant?

LabTestAbnrmlySignfcnceTyp

Choose one

* Clinically Significant
* Not Clinically Significant

### What is the result of the antibody laboratory test?

LabTestAntibodyReslt

Choose one

* Negative
* Positive, Titer

### Was participant fasting prior to specimen collection?

FastBeforeLabTestInd

Choose one

* Yes
* No
* Unknown

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is the subject taking any non-study medications?

MedctnPriorConcomUseInd

Choose one. If this question is answered YES then at least one prior/current medication record needs to be recorded. Do NOT record study medications taken (if study has a drug intervention) on this form.

* Yes
* No
* Unknown

### Medication name (trade of generic)

MedctnPriorConcomName

Record the verbatim name (generic or trade name) of the medication the participant/subject reports taking. See the data dictionary for additional information on coding the medication name using RXNorm. Add date stamp for when assessed. Recommend collection at least on date of TBI.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Is the concomitant medication use ongoing?

MedctPrConcomOngoingInd

Choose one. Answer YES if the participant/subject is still taking the medication or NO if the participant/subject has stopped taking the medication.

* Yes
* No
* Unknown

## BLOOD TYPING

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn. *Choose one.*

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Choose one. If “Other, specify” is selected, please write in response.

* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Venous blood gas fraction of inspired oxygen(FiO2)
* Venous blood gas partial pressure carbon dioxide(pCO2)
* Venous blood gas partial pressure oxygen(PO2)
* Other, specify (LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Blood type

BloodTyp

Choose one.

* A-
* A+
* AB-
* AB+
* B-
* B+
* O-
* O+

### RhD Factor type

RhDFactorTyp

Choose one.

* Negative
* Positive

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PREGNANCY TEST

### Was a pregnancy test performed?

PregTestPerfInd

Choose one.

* Yes
* No
* Not Applicable
* Unknown

### Pregnancy test is not applicable reason

PregTestNotApplcblRsn

Choose one. Response is obtained from report by participant/subject, reliable proxy or caretaker, attending medical health professional or medical records.

* Male
* Non-surgically sterile
* Post-Menopausal
* Surgically Sterile

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - https://loinc.org/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Pregnancy test date and time

PregTestDateTime:

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html).­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated

LabTestDateTimeRecTyp

Choose one. Indicate whether or not the date and time of the lab test is accurate or estimate, or unknown.

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn

Choose one. Use this data element when "Lab test date and time record type" (LabTestDateTimeRecTyp) is set to "Estimate" or "Unknown".

* Not Available
* Not sure/Cannot remember
* Response declined
* Unknown

### Record the date the specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Pregnancy test specimen type

PregTestSpecmnTyp

Choose one.

* Blood
* Urine

### Pregnancy test qualitative result

PregTestQualResltVal:

Choose one

* Negative
* Positive

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HIV TEST

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn.

Choose one.

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Select one. If “Other, specify” is selected, please write in response.

* Amniotic fluid
* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Brain tissue
* Bronchial lavage
* Buccal swab
* Catheter tip
* Cerebral spinal fluid
* Gastric aspirate
* Nasal
* Newborn cord blood
* Placenta
* Saliva
* Sputum
* Stool
* Throat
* Urine
* Venous blood - buffy coat
* Venous blood - plasma
* Venous blood - platelets
* Venous blood - serum
* Venous blood- whole
* Wound swab
* Other, specify ( LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What are the values of the qualitative result for a performed HIV test?

HIVTestResultVal

Choose one.

* Negative
* Positive
* Inconclusive
* Inefficient
* Unknown

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## HEPATITIS TEST

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn. *Choose one.*

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Select one. If “Other, specify” is selected, please write in response.

* Amniotic fluid
* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Brain tissue
* Bronchial lavage
* Buccal swab
* Catheter tip
* Cerebral spinal fluid
* Gastric aspirate
* Nasal
* Newborn cord blood
* Placenta
* Saliva
* Sputum
* Stool
* Throat
* Urine
* Venous blood - buffy coat
* Venous blood - plasma
* Venous blood - platelets
* Venous blood - serum
* Venous blood- whole
* Wound swab
* Other, specify ( LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Hepatitis lab test name

HepatitisLabTestName

Indicate the name of each laboratory test that is run on the specimen. See the data dictionary for additional information on coding the test name using Logical Observation Identifiers Names and Codes (LOINC).

* Anti-hepatitis B core (anti-HBc), IgM
* Anti-hepatitis B e antibody (Anti-HBe)
* HAV antibody, total
* HBV core antibody, total
* Hepatitis A antibody, IgM
* Hepatitis B core antibody, IgM
* Hepatitis B e-antigen (HBeAG)
* Hepatitis B surface Ag
* Hepatitis B surface antibody (anti-HBs)
* Hepatitis B surface antigen (HBsAG)
* Hepatitis B viral DNA
* Hepatitis B virus resistance mutations
* Hepatitis C antibody
* Not available
* Total anti-hepatitis B core (anti-HBc, IgM and IgG)
* Unknown

### Hepatitis lab test qualitative result value

HepatitisLabTestResultVal

Choose one.

* Detected
* Negative
* Non detected
* Non detected
* Or detected at very low level
* Not available
* Not performed
* Positive
* Unknown

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## UTI TEST

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn. *Choose one.*

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Select one. If “Other, specify” is selected, please write in response.

* Amniotic fluid
* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Brain tissue
* Bronchial lavage
* Buccal swab
* Catheter tip
* Cerebral spinal fluid
* Gastric aspirate
* Nasal
* Newborn cord blood
* Placenta
* Saliva
* Sputum
* Stool
* Throat
* Urine
* Venous blood - buffy coat
* Venous blood - plasma
* Venous blood - platelets
* Venous blood - serum
* Venous blood- whole
* Wound swab
* Other, specify ( LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Length of time of UTI signs and symptoms

UTISymptmDur

Choose one.

* Less than 1 day
* 1 to 3 days
* 4 days to 1 week
* 1 to 2 weeks
* 2 weeks to 1 month
* 1 to 3 months
* more than 3 months

### Urinary tract infection symptom type

UTISymptmTyp

Choose one.

* Autonomic dysreflexia
* Cloudy urine (with or without mucus or sediment) with increased odor
* Discomfort or pain over the kidney or bladder or during micturition
* Fever
* Incontinence, onset or increase in episodes, including leaking around catheter
* Malaise, lethargy or sense of unease
* Pyuria
* Spasticity, increased
* Other, specify ( UTISymptmOthrTxt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Urinary culture species text

UrCultSpecTxt

Enter text to name a bacteria species in urine culture sample

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Urinary culture status

UrCultStatus

Choose one

* Negative
* Positive
* Unknown

### Urine dipstick test for leukocyte esterase

UrDipstckTstLeukEstrseStatus

Choose one.

* Negative
* Positive
* Unknown

### Status of nitrite presence in urine dipstick test

UrDipstckTstNitrStatus

Choose one.

* Negative
* Positive
* Unknown

### Urine culture sequence number

UrCultSeqNum

Enter the sequence number.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Urinary culture resistance pattern type

UrCultResistPattrnTyp

Choose one.

* Normal
* Multi drug resistant

### Urinary culture colony form unity measurement value, colony forming units (CFU) per mL

UrCultCFUMeasrVal

Enter the value from 10 to 100,000

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## BACTERIAL INFECTION TEST

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - <https://loinc.org/>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn. *Choose one.*

* Unknown
* Not Available
* Not sure/Cannot remember
* Response declined

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_

### Lab specimen type:

LabSpecmnTyp

Select one. If “Other, specify” is selected, please write in response.

* Amniotic fluid
* Arterial blood - buffy coat
* Arterial blood – plasma
* Arterial blood - platelets
* Arterial blood – serum
* Arterial blood - whole
* Blood
* Brain tissue
* Bronchial lavage
* Buccal swab
* Catheter tip
* Cerebral spinal fluid
* Gastric aspirate
* Nasal
* Newborn cord blood
* Placenta
* Saliva
* Sputum
* Stool
* Throat
* Urine
* Venous blood - buffy coat
* Venous blood - plasma
* Venous blood - platelets
* Venous blood - serum
* Venous blood- whole
* Wound swab
* Other, specify (LabSpecmnOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### The elapsed time (in minutes) from the time of injury

InjElapsedTime (**\***)

Indicate the time since injury occurred following definition provided per protocol.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Bacterial culture species name

BacterialCulSpecName

Indicate the name of each bacterial species on which is the lab test run on the specimen.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Bacterial culture species growth indicator

BacterialCulSpecGrowthInd

Choose one.

* Yes
* No
* Unknown

### Bacterial culture result status

BacterialCulResultStatus

Choose one.

* Negative
* Positive
* Unknown

### Bacterial culture colony form unity measurement value

BacterialCulSpecCFUMeasrVal

Enter the value in Colony-Forming units per milliliter (cell count )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Bacterial culture sequence number

BacterialCulSpecSeqNum

Enter Bacterial culture sequence number

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
* ED post-resuscitation
* ED-Trauma Center
* Follow-up visit
* High Care Unit
* Home
* Hospice
* ICU
* Imaging Diagnostic Department
* Injury scene
* Inpatient Epilepsy Monitoring Unit
* Inpatient Rehab
* Intermediate Care Unit
* Long Term Care Hospital
* Nursing Home
* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## SUBSTanCE TEST

### Was the laboratory test performed?

LabTestPerfInd

Choose one

* Yes
* No
* Unknown

### LOINC code of the laboratory test

LabTestLOINCCode

Code the laboratory test that is run on the specimen using Logical Observation Identifiers Names and Codes (LOINC) - https://loinc.org/

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time the lab test was completed/performed

LabTestDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specify whether the lab test date and time is accurately recorded or estimated.

LabTestDateTimeRecTyp

Choose one.

* Accurate
* Estimated
* Self-reported
* Unknown

### Specify the reason why of whether the lab test date and time is unknown or estimated.

LabTestDateTimeUnknownRsn

Choose one.

* Not Available
* Not sure/Cannot remember
* Response decline
* Unknown

### Record the date the lab specimen was collected.

LabSpecmnCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### What is the type of sample used to perform the toxic drug screen?

DrgScrnSamplTyp

Choose all that apply.

* Hair
* Saliva
* Serum
* Urine
* Other, specify ( DrgScrnSamplOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Drug screen qualitative result

DrgScrnQualReslt

Choose one

* Positive
* Negative
* Inconclusive
* Not available

### Type of substance(s) found positive in overall toxic drug screen

DrgScrnPosSubstncTyp

Choose all that apply. If “Other, specify” is selected, please write in response.

* Amphetamines
* Barbiturates
* Benzodiazepines
* Cocaine metabolite
* Marijuana metabolites
* Methadone
* Opiates (codeine and morphine)
* Phencyclidine
* Propoxyphene
* Other, specify (DrgScrnPosSubstncOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Whether blood alcohol test was performed

AlchBldTstPerformInd

Choose one:

* Yes
* No
* Unknown

### Blood alcohol content mesurement(mg/100 ml blood)

AlchBldLvlMeasr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Type of location where the data were taken/recorded.

DataAcquisitionLocationTyp

Choose one. If “Other, specify” is selected, please write in response.

* Acute Care Unit
* Ambulatory
* Assisted Living
* Central Lab
* Clinic/MD Office
* Critical Access Hospital
* Critical Care Unit
* CT-Angio
* Discharge Lounge
* ED arrival
* ED discharge
* ED-Non-trauma Center
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* Observation Unit
* OR
* Other Hospital
* Outpatient Clinic
* Outpatient EEG lab
* Pre-hospital
* Pre-hospital Best
* Pre-hospital Worst
* Referring Hospital
* Rehabilitation Unit
* Site Lab
* Step-Down Unit
* Supervised Living
* Unknown
* Urgent Care
* Ward
* Other, specify (DataAcquisitionLocationOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Comments on the laboratory test:

LabTestComment

Write comments if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## LAB PANEL

### Lab panel category

LabPanelCat

Choose one. If “Other, specify” is selected, please write in response.

* Chemistry
* Hematology
* Urinalysis
* Other, specify (LabPanelOTH)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date and time of data collection

DataCollDateTime

Record the date/time according to the ISO 8601, the International Standard for the representation of dates and times (http://www.iso.org/iso/home.html). The date/time should be recorded to the level of granularity known (e.g., year, year and month, complete date plus hours and minutes, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Specimen accession number?

SpecmnAcssnNum

Provide the accession number or bar code number that is assigned to the specimen

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPENDIX 1: CORE TBI DATA ELEMENTS

TBI core CDEs are highlighted with red asterisk (**\***).

|  |  |
| --- | --- |
| **Variable name** | **Page number** |
| GUID | 1 |
| InjElapsedTime  | 36 |

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