**DPCC Data Standard Reference for Human Surveillance v2.4**

INSDC Standard

| Code | Description | Definition | Example |
|---|---|---|---|
| **NA** | **Not Applicable** | Information is **inappropriate to report**, can indicate that the standard itself fails to model or represent the information appropriately | Duration_of_Swine_Exposure. If the subject was not exposed to swine, the there is no duration to report. |
| **Not Collected** | **Missing-Not Collected** | Information of an expected format was not given because it has **not been collected** | Profession: Short description of the profession of the subject.<br>This information was collected during enrollment |
| **Not Provided** | **Missing-Not Provided** | Information of an expected format was not given, a value **may be given** at the later stage | Antiviral_Treatment: Subject's influenza antiviral treatment.<br>This information may available after the subject has recovered from infection. |
| **Restricted Access** | **Missing-Restricted Access** | Information exists but **cannot be released openly** because of privacy concerns | Intensive_Care_Unit: Was the subject confined to an Intensive Care Unit (ICU) as a result of influenza virus infection or secondary problems resulting from influenza virus infection? |

**Sample Attributes**

| | Project_Identifier | Contributing_Institution | Sample_Identifier | Embargo_End_Date | Sample_Material | Longitudinal_Study |
|---|---|---|---|---|---|---|
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | A unique Project Identifier generated by the DPCC by combining the Center-generated Project Code and a random 4-digit number | The institution code for the group that COLLECTED THE SAMPLE. Must be one of the CEIRS institution codes assigned by NIAID | Identifier initially assigned to each sample collected. If multiple samples are taken from the same subject, each sample should have its own identifier. | In case an embargo of the information is needed, the date that the information should be released to the public databases by the DPCC | Material on which the testing was performed. If multiple samples are taken from the same subject they must be entered as separate records. | Notifies whether this subject is part of a longitudinal study |
| **Format** | Project_Code_XXXX<br><br>Maximum length: 21 characters | Center three-letter code followed by three digits.<br><br>Maximum length: 6 characters | Center-specific<br><br>Allowed characters include alphanumeric, hyphen, and underscore: a-z, A-Z, 0-9, -, _<br><br>Maximum length: 50 characters | DD-Mon-YYYY<br>DD-Mon-YY<br>NA<br><br>Maximum length: 11 characters | Text<br><br>Maximum length: 30 characters | Text<br><br>Maximum length: 1 character |
| **Value List** | None | None | None | Date<br>NA | AIR<br>BAL<br>BLO<br>FEC<br>LLF<br>LUN<br>NAL<br>NAS<br>NPH<br>NTS<br>ORP<br>OTH-<br>OTT<br>PLS<br>RCS<br>SER<br>SLU<br>SPU<br>TFB<br>TFT<br>TRS<br>U | Y<br>N |
| **Curation** | The entry must be a Project Identifier value registered with the DPCC. | The entry must be an Institution Code value registered with the DPCC.<br><br>Center 3-letter codes are case-sensitive and must be entered in all-caps. | The value must be unique and not match any previously submitted Sample_Identifier. | 1. Leading 0 in DD is optional.<br>2. Month must match the first three letters of the month. Month is NOT case-sensitive.<br>3. Years may have two or four digits.<br>4. Date must conform to NIAID data release policies. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. |
| **Examples** | SJCProj02_4001 | SJC101 | 22258468 | 3-Mar-2011,<br>03-Mar-2011,<br>03-MAR-2011,<br>3-MAR-11, or<br>NA | BLO | N |
| **Notes** | None | None | The Sample_Identifier initially assigned to the surveillance sample must be provided.<br><br>Do not use an identifiable medical record number. | An exact date must be provided.<br><br>If Embargo_End_Date is NA, information will be released without delay.<br><br>Embargo_End_Date cannot be more than 12 months after submission. | AIR = Air<br>BAL = Bronchoalveolar lavage<br>BLO = Blood<br>FEC = Feces<br>LLF = Lung lavage fluid<br>LUN = Lungs<br>NAL = Nasal lavage<br>NAS = Nasal swab<br>NPH = Nasopharyngeal swab<br>NTS = Combined nasal throat swab<br>ORP = Oral-pharyngeal<br>OTH- = Other; append free text to describe<br>OTT = Other tissue<br>PLS = Plasma<br>RCS = Rectal swab<br>SER = Serum<br>SLU = Slurry<br>SPU = Sputum<br>TFB = Tissue from brain<br>TFT = Tissue from trachea<br>TRS = Tracheal swab<br>U = Unknown | Y = Yes<br>N = No |
| **Dependent Fields** | | | | | | |
| **Validation** | Project_Identifier should be a valid project identifier. | Must be an Institution Code value registered with the DPCC | Validate field length | Embargo_End_Date must be exact date and cannot be a past date. | Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH-' | Field value should be one of valid values as in list. |
| **Message Code** | Error_9_PROJECT_NOT_FOUND | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_7_INVALID_EMBARGO_DATE | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE |
| **Validation** | Project_Identifier exists but user does not have permission to access or edit the project. | | Sample_Identifier should be unique across all DPCC data. | Embargo_End_Date cannot be more than 12 months after submission. | Validate field length | |
| **Message Code** | Error_4_DENIED_USER_ACCESS | | Error_66_NON_UNIQ_SAMPL_ID | Error_100_EMBARGO_DATE_12M | Error_75_INVALID_FIELD_LENGTH_OTH | |
| **Validation** | | | Sample_Identifier should be unique within the submission. | | | |
| **Message Code** | | | Error_81_NON_UNIQ_SAMPL_ID | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |

| | Subject's permanent characteristics | | | | |
|---|---|---|---|---|---|
| | **Subject_Unique_Identifier** | **Subject_Gender** | **Subject_Ethnicity** | **Subject_Race** | **Subject_Age** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | An identifier assigned by the CEIRS surveillance sites to maintain patient privacy. If multiple samples are collected from a subject, then all must be linked to the same unique identifier. | Gender of the subject | Ethnicity of the subject, in the sense used by the US Census in which 'Hispanic or Latino' is an ethnicity, as opposed to a race. | The subject's self-definition of their race from among the given choices. | Age of the subject at the time of sample collection in years |
| **Format** | Text<br><br>Allowed characters include alphanumeric, hyphen, and underscore: a-z, A-Z, 0-9, -, _<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 25 characters | Text<br><br>Maximum length: 150 characters | Text<br><br>Maximum length: 17 characters |
| **Value List** | Text | M<br>F<br>Not Collected<br>Not Provided<br>Restricted Access | Hispanic or Latino<br>Not Hispanic or Latino<br>Not Collected<br>Not Provided<br>Restricted Access | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Native Hawaiian or Other Pacific Islander<br>White<br>More Than One Race<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | None | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | The entry must be one and only one member of the Value List. | The entry must be one or more comma-separated members of the Value List. | None |
| **Examples** | 1001F_C100F | M | Hispanic or Latino | White | 15,<br>>55, or<br>2.91 |
| **Notes** | Do not use an identifiable medical record number. | M = Male<br>F = Female<br>Not Collected<br>Not Provided<br>Restricted Access | For clarification regarding ethnicity reporting requirement please see the following link: https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf | For clarification regarding race reporting requirement please see the following link: https://www.govinfo.gov/content/pkg/FR-1997-10-30/pdf/97-28653.pdf | Enter Subject_Age as a whole number in years if three or older. If Subject_Age is less than three, submit in the format: 1 month/12=0.083 years or 35 months/12=2.91 years.<br><br>All ages greater than 90 must be entered as >90 to de-identify individual health information.<br><br>Any age greater than three can be prefixed with > to de-identify individual health information. |
| **Dependent Fields** | | | | | |
| **Validation** | Validate field length | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Field value should be one or more of valid values as in list. | Validate field length |
| **Message Code** | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | | | | Values greater than 3 must be an integer. Values equal to or lesser than 3 can be an integer or number. |
| **Message Code** | | | | | Error_90_INVALID_AGE |
| **Validation** | | | | | All values greater than 90 must be entered as >90 |
| **Message Code** | | | | | Error_90_INVALID_AGE |
| **Validation** | | | | | |
| **Message Code** | | | | | |
| **Validation** | | | | | |
| **Message Code** | | | | | |

| | Sample Attributes | | | | |
|---|---|---|---|---|---|
| | Collector_Name | Days_Elapsed_to_Sample_Collection | Collection_Season | Collection_Country | Collection_State_Province |
| Input Type | Text Field | Text Field | Text Field | Text Field | Text Field |
| Definition | The name of person who collected the sample | The number of days elapsed between sample collection and the subject's enrollment. | The influenza season in which the sample was collected | Country in which the original sample was collected, as listed in the DPCC Country Codes list | Descriptor of sampling location that is one gradation finer than country |
| Format | FirstName LastName<br>FirstName MI. LastName<br><br>Maximum length: 100 characters | Text<br><br>Maximum length: 17 characters | YYYY<br>YYYY-YYYY<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 60 characters | Text<br><br>Maximum length: 50 characters |
| Value List | Text<br>U | Number<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | ISO 3166 Standard Country Code<br>U | Text<br>Not Collected<br>Not Provided<br>Restricted Access |
| Curation | None | None | Years must be four digits. Year ranges must be sequential.<br><br>Enter the year range for Northern Hemisphere influenza seasons, or a single year for Southern Hemisphere influenza seasons. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | State names must be spelled out. |
| Examples | Indiana Jones,<br>John M. Henry, or<br>U | 50, or<br>-1 | 2014-2015 | VNM, or<br>USA | Tennessee |
| Notes | For listing of multiple names, comma-separate the names maintaining the order of FirstName and LastName or FirstName MI. LastName.<br><br>Enter U if name is unknown. | Enter 0 if the sample was collected on the same day of the subject's enrollment.<br><br>Enter a negative number using a hyphen if the sample was collected prior to the subject's enrollment in the study. | | The ISO 3166 Standard for country codes may be found on the DPCC Portal. | The GeoNames geographical database can be used to identify specific states and provinces: http://www.geonames.org/ |
| Dependent Fields | | | | | |
| Validation | Validate field length | Validate field length | Validate field length | Field value should be a valid ISO three-letter country code or U | Validate field length |
| Message Code | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| Validation | | The value should be number, Not Collected, Not Provided or Restricted Access. | Year ranges must be sequential | | |
| Message Code | | Error_143_INVALID_NUMBER_INSDC | Error_145_SEQUENTIAL_YEAR_RANGE | | |
| Validation | | | The value should be number, Not Collected, Not Provided or Restricted Access. | | |
| Message Code | | | Error_143_INVALID_NUMBER_INSDC | | |
| Validation | | | | | |
| Message Code | | | | | |
| Validation | | | | | |
| Message Code | | | | | |

| | Sample Test/Test Result | | | | |
|---|---|---|---|---|---|
| | Influenza_Test_Type | Influenza_Test_Result | Influenza_Test_Interpretation | Other_Pathogens_Tested | Other_Pathogen_Test_Result |
| Input Type | Text Field | Text Field | Text Field | Text Field | Text Field |
| Definition | Assay and target used for virological assessment, as listed in the DPCC Data Dictionary | The numerical result(s) of Influenza_Test_Type | The Positive, Negative, or Inconclusive interpretation of the Influenza_Test_Result value(s) | A list for organisms tested for other than influenza virus | Classification of sample as positive (P) or negative (N) based on the test performed |
| Format | Assay/Analyte<br><br>Maximum length: 200 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 200 characters | Text<br><br>Maximum length: 50 characters |
| Value List | DPCC Data Dictionary<br>NA | Number<br>U<br>NA | P<br>N<br>U<br>NA | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | P<br>N<br>U<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| Curation | The entry must be one or more comma-separated members of the Value List.<br><br>If multiple tests are performed, separate each Assay/Analyte combination with a comma.<br><br>For each assay performed, the target or analyte must be specified after the / character.<br><br>Enter NA for serum samples. | For each assay listed under Influenza_Test_Type, provide a single numerical value.<br><br>If multiple comma-separated tests are listed under Influenza_Test_Type, Influenza_Test_Result must list the same number of comma-separated test results (see notes for examples).<br><br>Enter U when quantitative assay results are not known.<br><br>Enter NA for serum samples. | The entry must be one or more comma-separated members of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps.<br><br>If multiple comma-separated tests are listed under Influenza_Test_Type, Influenza_Test_Interpretation must list the same number of comma-separated test results (see notes for examples).<br><br>Enter U when the interpretation of the assay results is not known or inconclusive.<br><br>Enter NA if the value under Influenza_Test_Type is NA. | If multiple pathogens are tested, separate each pathogen name with a comma.<br><br>Enter NA if not tested for other pathogens.<br><br>Enter NA for serum samples. | The entry must be one or more comma-separated members of the Value List.<br><br>If multiple comma-separated pathogens are listed under Other_Pathogens_Tested, Other_Pathogen_Test_Result must list the same number of comma-separated test results.<br><br>Values are case-sensitive and must be entered in all-caps.<br><br>Enter NA if the value under Other_Pathogens_Tested is NA.<br><br>Enter NA for serum samples. |
| Examples | RRT-PCR/HA, or<br>RRT-PCR/MP,VI/MDCK | 24.5 | P | RSV | N |
| Notes | Please reference the DPCC Data Dictionary for the Assay and Analyte allowed values. | | P = Positive<br>N = Negative<br>U = Unknown or inconclusive<br>NA = Not Applicable<br><br>Example: if Influenza_Test_Type lists RRT-PCR/MP,VI/MDCK then Influenza_Test_Interpretation would read P,N | NA = Not Applicable<br>Not Collected<br>Not Provided<br>Restricted Access | P = Positive<br>N = Negative<br>U = Unknown or inconclusive<br>NA = Not Applicable<br>Not Collected<br>Not Provided<br>Restricted Access |
| Dependent Fields | Influenza_Test_Result,<br>Influenza_Test_Interpretation | Influenza_Test_Type,<br>Influenza_Test_Interpretation | Influenza_Test_Type,<br>Influenza_Test_Result | Other_Pathogen_Test_Result | Other_Pathogens_Tested |
| Validation | Fields Influenza_Test_Type, Influenza_Test_Antigen, Influenza_Test_Result, Influenza_Test_Interpretation must have same number of values | Fields Influenza_Test_Type, Influenza_Test_Antigen, Influenza_Test_Result, Influenza_Test_Interpretation must have same number of values | Fields Influenza_Test_Type, Influenza_Test_Antigen, Influenza_Test_Result, Influenza_Test_Interpretation must have same number of values | Number of Other_Pathogens_Tested and Other_Pathogen_Test_Result should match. | Number of Other_Pathogens_Tested and Other_Pathogen_Test_Result should match. |
| Message Code | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES |
| Validation | Validate field length | Field length validation | Field value should be one of valid values as in list. | Field length validation | Field value should be one of valid values as in list. |
| Message Code | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE |
| Validation | Values must reference DPCC Data Dictionary. | Value must be number, U, or NA | | | |
| Message Code | Error_13_REFER_TO_DATA_DICTIONARY | Error_86_INVALID_NUM_U_NA | | | |
| Validation | Influenza_Test_Type should follow format assay/analyte | | | | |
| Message Code | Error_101_TEST_TYPE_FORMAT | | | | |
| Validation | Value must be a number, U, or NA | | | | |
| Message Code | Error_86_INVALID_NUM_U_NA | | | | |

| | Subject's Environmental Exposure/Settings | | | |
|---|---|---|---|---|
| | **Poultry_Exposure** | **Duration_of_Poultry_Exposure** | **Wild_Bird_Exposure** | **Duration_of_Wild_Bird_Exposure** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Subject's exposure to poultry | Duration that the subject was exposed to poultry in days | Subject's exposure to wild birds | Duration that the subject was exposed to wild birds in days |
| **Format** | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters |
| **Value List** | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | If Y is selected entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be a number or Not Collected, Not Provided, or Restricted Access.<br><br>If N is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be NA.<br><br>If Not Collected is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Not Collected.<br><br>If Not Provided is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Not Provided.<br><br>If Restricted Access is entered for Poultry_Exposure, Duration_of_Poultry_Exposure must be Restricted Access. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | If Y is selected entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be a number or Not Collected, Not Provided, or Restricted Access.<br><br>If N is selected entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be NA.<br><br>If Not Collected is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Not Collected.<br><br>If Not Provided is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Not Provided.<br><br>If Restricted Access is entered for Wild_Bird_Exposure, Duration_of_Wild_Bird_Exposure must be Restricted Access. |
| **Examples** | N | 2.5 | N | 1 |
| **Notes** | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | |
| **Dependent Fields** | Duration_of_Poultry_Exposure<br>Type_Exposure | Poultry_Exposure | Duration_of_Wild_Bird_Exposure<br>Type_Exposure | Wild_Bird_Exposure |
| **Validation** | Field value should be one of valid values as in list. | Validate field length | Field value should be one of valid values as in list. | Validate field length |
| **Message Code** | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA. | | If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA. |
| **Message Code** | | Error_146_INVALID_EXP_DURATION | | Error_146_INVALID_EXP_DURATION |
| **Validation** | | Value must be a number, NA, or an INSDC value. | | Value must be a number, NA, or an INSDC value. |
| **Message Code** | | Error_144_INVALID_NUMBER_NA_INSDC | | Error_144_INVALID_NUMBER_NA_INSDC |
| **Validation** | | | | |
| **Message Code** | | | | |
| **Validation** | | | | |
| **Message Code** | | | | |

| | Subject's Environmental Exposure/Settings | | | | | |
|---|---|---|---|---|---|---|
| | **Swine_Exposure** | **Duration_of_Swine_Exposure** | **Type_Exposure** | **Human_Exposure** | **Duration_of_Human_Exposure** | **Use_of_Personal_Protective_Equipment** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Subject's exposure to swine | Duration that the subject was exposed to swine in days | Setting in which subject was exposed to animals | Subject's exposure to other humans confirmed to have influenza infections | Duration that the subject was exposed to other humans confirmed to have influenza infections in days | Use of gowns, gloves, masks or other PPE during any type of exposure |
| **Format** | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 60 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 50 characters |
| **Value List** | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | BYF<br>CAF<br>FAR<br>FPR<br>OTH-<br>SLA<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | If Y is selected entered for Swine_Exposure, Duration_of_Swine_Exposure must be a number or Not Collected, Not Provided, or Restricted Access.<br><br>If N is selected entered for Swine_Exposure, Duration_of_Swine_Exposure must be NA.<br><br>If Not Collected is entered for Swine_Exposure, Duration_of_Swine_Exposure must be Not Collected.<br><br>If Not Provided is entered for Swine_Exposure, Duration_of_Swine_Exposure must be Not Provided.<br><br>If Restricted Access is entered for Swine_Exposure, Duration_of_Swine_Exposure must be Restricted Access. | The entry must be three comma-separated members of the Value List.<br><br>If Y is entered for Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure, Type_Exposure cannot be NA.<br><br>If N is entered for Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure, Type_Exposure must be NA for the specific exposure within the comma-separated list.<br><br>If Not Collected is entered for Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure, Type_Exposure must be Not Collected for the specific exposure within the comma-separated list.<br><br>If Not Provided is entered for Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure, Type_Exposure must be Not Provided for the specific exposure within the comma-separated list.<br><br>If Restricted Access is entered for Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure, Type_Exposure must be Restricted Access for the specific exposure within the comma-separated list. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | If Y is selected entered for Human_Exposure, Duration_of_Human_Exposure must be a number or Not Collected, Not Provided, or Restricted Access.<br><br>If N is selected entered for Human_Exposure, Duration_of_Human_Exposure must be NA.<br><br>If Not Collected is entered for Human_Exposure, Duration_of_Human_Exposure must be Not Collected.<br><br>If Not Provided is entered for Human_Exposure, Duration_of_Human_Exposure must be Not Provided.<br><br>If Restricted Access is entered for Human_Exposure, Duration_of_Human_Exposure must be Restricted Access. | If N is entered for Poultry_Exposure, Wild_Bird_Exposure, Swine_Exposure, and Human_Exposure, Use_of_Personal_Protective_Equipment must be NA. |
| **Examples** | N | 0.33 | BYF,CAF,NA, or<br>Not Collected,Not Collected | Y | 2 | gloves, or<br>N95 mask |
| **Notes** | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | | BYF = Backyard flock<br>CAF = Confined animal feeding operation or large farms<br>FAR = Farm<br>FPR = Food preparation<br>OTH- = Other; append free text to describe<br>SLA = Slaughterhouse<br>NA = Not Applicable<br>Not Collected<br>Not Provided<br>Restricted Access | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | | |
| **Dependent Fields** | Duration_of_Swine_Exposure<br>Type_Exposure | Swine_Exposure | | Duration_of_Human_Exposure | Human_Exposure | |
| **Validation** | Field value should be one of valid values as in list. | Validate field length | Field value should be three valid values of the list. | Field value should be one of valid values as in list. | Validate field length | Validate field length |
| **Message Code** | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | E_151_INVALID_TYPE_EXPOSURE_COUNT | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA. | Field value should be of valid values as in list. | | If exposure is Y, duration must be a number or Not Collected, Not Provided, Restricted Access. If exposure is N, duration must be NA. | |
| **Message Code** | | Error_146_INVALID_EXP_DURATION | Error_1_INVALID_VALUE | | Error_146_INVALID_EXP_DURATION | |
| **Validation** | | Value must be a number, NA, or an INSDC value. | The comma-separated values should match with the values in Poultry_Exposure, Wild_Bird_Exposure, or Swine_Exposure. | | Value must be a number, NA, or an INSDC value. | |
| **Message Code** | | Error_144_INVALID_NUMBER_NA_INSDC | Error_150_INVALID_TYPE_EXPOSURE | | Error_144_INVALID_NUMBER_NA_INSDC | |
| **Validation** | | | NA is only allowed if N is selected for an animal exposure. | | | |
| **Message Code** | | | Error_147_TYPE_EXPOSURE_NA | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |

| | Other data about the subject at the time of Sampling | | | | | | |
|---|---|---|---|---|---|---|---|
| | **Pregnancy** | **Trimester_of_Pregnancy** | **Hospitalized** | **Hospitalization_Duration** | **Intensive_Care_Unit** | **Ventilation** | **Disease_Outcome** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Is the subject pregnant at the time of sampling? | The trimester of pregnancy that the subject was in during sampling | Was the subject hospitalized as a result of influenza virus infection or secondary problems resulting from influenza virus infection? | Length of time subject was hospitalized in days | Was the subject confined to an Intensive Care Unit (ICU) as a result of influenza virus infection or secondary problems resulting from influenza virus infection? | Was the subject administered mechanical or non-mechanical ventilation? | The resulting health of the subject after influenza infection |
| **Format** | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 35 characters | Text<br><br>Maximum length: 17 characters |
| **Value List** | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | First<br>Second<br>Third<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Mechanical<br>Non-mechanical<br>N<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | DIE<br>REC<br>RWS<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | The entry must be one and only one member of the Value List. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | If N is selected entered for Hospitalized, Hospitalization_Duration must be NA. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps.<br><br>If N is selected entered for Hospitalized, Intensive_Care_Unit must be NA. | Multiple ventilation types can be entered as comma-separated values.<br><br>If N is selected entered for Hospitalized, Ventilation must be NA. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. |
| **Examples** | N | NA | N | 8 | N | Mechanical | R |
| **Notes** | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | Non-mechanical ventilation can include CPAP or BiPAP procedures. | DIE = Died<br>REC = Recovered<br>RWS = Recovered with sequelae<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Dependent Fields** | | | Hospitalization_Duration | Hospitalized | | | |
| **Validation** | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Validate field length | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. |
| **Message Code** | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE |
| **Validation** | | | | Value must be a number, NA, or an INSDC value. | | | |
| **Message Code** | | | | Error_144_INVALID_NUMBER_NA_INSDC | | | |
| **Validation** | | | | | | | |
| **Message Code** | | | | | | | |
| **Validation** | | | | | | | |
| **Message Code** | | | | | | | |
| **Validation** | | | | | | | |
| **Message Code** | | | | | | | |

| | Treatment | | | |
|---|---|---|---|---|
| | **Antiviral_Treatment** | **Initiation_of_Antiviral_Treatment** | **Treatment_Dosage** | **Duration_of_Antiviral_Treatment** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Subject's influenza antiviral treatment | Number of days after onset of clinical symptoms antiviral treatment was initiated in days | Dosage of antiviral treatment administered | Duration of antiviral treatment in days |
| **Format** | Text<br><br>Maximum length: 100 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters |
| **Value List** | AMA<br>NON<br>OSE<br>OTH-<br>PMV<br>RIM<br>ZAN<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Number<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | If multiple treatments were administered then this field must contain information for each administration. | If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment.<br><br>If NON is selected entered for Antiviral_Treatment, Initiation_of_Antiviral_Treatment must be NA.<br><br>Enter positive numbers for treatment after onset of clinical symptoms, enter negative numbers for prophylactic treatment prior to onset of clinical symptoms. Enter 0 for treatments that begin with the onset of clinical symptoms. | If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment.<br><br>If NON is selected entered for Antiviral_Treatment, Treatment_Dosage must be NA. | If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment.<br><br>If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA. |
| **Examples** | AMA | 3.33, or<br>-4 | 100 mg | 6 |
| **Notes** | AMA = Amantadine<br>NON = None<br>OSE = Oseltamivir<br>OTH- = Other; append free text to describe<br>PMV = Peramivir<br>RIM = Rimantadine<br>ZAN = Zanamivir<br>Not Collected<br>Not Provided<br>Restricted Access | | | |
| **Dependent Fields** | Initiation_of_Antiviral_Treatment, Treatment_Dosage, Duration_of_Antiviral_Treatment | Antiviral_Treatment, Treatment_Dosage, Duration_of_Antiviral_Treatment | Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Duration_of_Antiviral_Treatment | Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage |
| **Validation** | Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH-' | Validate field length | Validate field length | Validate field length |
| **Message Code** | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | Field length including values from the Value List and free text following 'OTH-' must be less than 100 characters. | Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match. | Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match. | Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match. |
| **Message Code** | Error_75_INVALID_FIELD_LENGTH_OTH | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES |
| **Validation** | Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match. | Value must be a number, NA, or an INSDC value. | Value must be a number, NA, or an INSDC value. | Value must be a number, NA, or an INSDC value. |
| **Message Code** | Error_63_INVALID_NUMBER_ENTRIES | Error_144_INVALID_NUMBER_NA_INSDC | Error_144_INVALID_NUMBER_NA_INSDC | Error_144_INVALID_NUMBER_NA_INSDC |
| **Validation** | | | | If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA. |
| **Message Code** | | | | Error_149_ONLY_NA_ALLOWED |
| **Validation** | | | | |
| **Message Code** | | | | |

| | Subject's Vaccination | | | | | |
|---|---|---|---|---|---|---|
| | Influenza_Vaccination_Type | Days_Elapsed_to_Influenza_Vaccination | Source_of_Above_Vaccine_Information | Vaccine_Lot_Number | Vaccine_Manufacturer | Vaccine_Dosage |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Type of influenza vaccinations that have been administered during the past year | The number of days elapsed between the subject's enrollment and their influenza vaccination. | Description of information related to vaccine history | Lot number of the vaccine | Manufacturer of the vaccine | Dosage of the vaccine |
| **Format** | Text<br><br>Maximum length: 50 characters | Number;Number<br>Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 30 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters |
| **Value List** | Text<br>NON<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | DOC<br>SRP<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | If multiple vaccinations were administered then this field must contain information for each vaccination. | If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type.<br><br>Values should be entered as a pair of values, listing either an exact number of days elapsed, or an estimate with upper and lower limits separated by a semicolon.<br><br>If NON is entered for Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination must be NA. | The entry must be one or more comma-separated members of the Value List.<br><br>If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type.<br><br>If NON is entered for Influenza_Vaccination_Type, Source_of_Above_Vaccine_Information must be NA. | If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type.<br><br>If NON is entered for Influenza_Vaccination_Type, Vaccine_Lot_Number must be NA. | If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type.<br><br>If NON is entered for Influenza_Vaccination_Type, Vaccine_Manufacturer must be NA. | If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type.<br><br>If NON is entered for Influenza_Vaccination_Type, Vaccine_Dosage must be NA. |
| **Examples** | TIV,<br>Flumist,<br>2009 H1N1,<br>2009 H1N1 Flumist,<br>H5N1,<br>Cannot recall type, or<br>NON | 7;7, or<br>-90;-30 | SRP | DH937 | Merck,<br>Pfizer, or<br>GSK | 0.05 mL |
| **Notes** | NON = None | If the exact number of days elapsed is not known, enter the estimated range with the upper and lower limit separated by a semicolon. For example, if the subject was vaccinated between two and three months before enrollment, enter -90;-60.<br><br>If the exact number of days elapsed is known, enter the number of days elapsed for both the upper and lower limit, separated by a semicolon. For example, if the subject was vaccinated one week after their enrollment, enter 7;7.<br><br>Enter positive values for vaccinations after enrollment, enter negative values for vaccinations prior to enrollment. Enter 0 for vaccinations on the day of enrollment.<br><br>Values are limited to +/- 365 days from the subject's enrollment date. | DOC = Documented<br>SRP = Self reported<br>NA = Not Applicable<br>Not Collected<br>Not Provided<br>Restricted Access | | | |
| **Dependent Fields** | Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer,<br>Vaccine_Dosage | Influenza_Vaccination_Type,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer,<br>Vaccine_Dosage | Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer,<br>Vaccine_Dosage | Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Manufacturer,<br>Vaccine_Dosage | Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Dosage | Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer |
| **Validation** | Validate field length | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. | Field value should be one or more of valid values as in list. | Validate field length | Validate field length | Validate field length |
| **Message Code** | Error_70_INVALID_FIELD_LENGTH | Error_63_INVALID_NUMBER_ENTRIES | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number, Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. | Value must be two numbers separated by a semicolon, NA, or an INSDC value. | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number, Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. | Number of Influenza_Vaccination_Type,<br>Days_Elapsed_to_Influenza_Vaccination,<br>Source_of_Above_Vaccine_Information,<br>Vaccine_Lot_Number,<br>Vaccine_Manufacturer, and<br>Vaccine_Dosage must have the same number of entries. |
| **Message Code** | Error_63_INVALID_NUMBER_ENTRIES | Error_152_INVALID_DURATION_NA_INSDC | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES | Error_63_INVALID_NUMBER_ENTRIES |
| **Validation** | | | | | | Validate measurement and its unit |
| **Message Code** | | | | | | Error_91_INVALID_MEASUREMENT_W_UNIT |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |

| | Symptoms | | | | | |
|---|---|---|---|---|---|---|
| | Influenza Like Illness | Chills | Coniunctivitis | Couoh | Diarrhea | Fever |
| Input Type | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| Definition | Is the subject exhibiting influenza like illness? What was the timing of symptom onset relative to the enrollment date? | Did the subject report a feeling of being cold? What was the timing of symptom onset relative to the enrollment date? | Did the subject have conjunctivitis at the time of sampling? What was the timing of symptom onset relative to the enrollment date? | Did the subject report coughing? What was the timing of symptom onset relative to the enrollment date? | Did the subject report frequent and watery bowel movements? What was the timing of symptom onset relative to the enrollment date? | Did the subject report having a fever during the course of the illness? The clinician on-site taking the temperature should determine the definition of a fever. What was the timing of symptom onset relative to the enrollment date? |
| Format | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters |
| Value List | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access |
| Curation | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. |
| Examples | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N |
| Notes | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. |
| Dependent Fields | | | | | | |
| Validation | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data |
| Message Code | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM |
| Validation | Validate Field length | Validate Field length | Validate Field length | Validate Field length | Validate Field length | Validate Field length |
| Message Code | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| Validation | | | | | | |
| Message Code | | | | | | |
| Validation | | | | | | |
| Message Code | | | | | | |
| Validation | | | | | | |
| Message Code | | | | | | |

| | Symptoms | | | | | |
|---|---|---|---|---|---|---|
| | **Headache** | **Loss of Appetite** | **Malaise** | **Myalgia** | **Nausea** | **Runny Nose** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Did the subject report pain or discomfort in the head or face area?<br>What was the timing of symptom onset-relative to the enrollment date? | Did the subject report a loss of appetite at the time of sampling?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report feeling of general bodily discomfort, fatigue or unpleasantness, often at the onset of illness?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report muscle pain?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report the feeling of wanting to vomit?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report an unusually significant amount of nasal fluid?<br>What was the timing of symptom onset relative to the enrollment date? |
| **Format** | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters |
| **Value List** | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. |
| **Examples** | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N |
| **Notes** | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. |
| **Dependent Fields** | | | | | | |
| **Validation** | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data |
| **Message Code** | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM |
| **Validation** | Validate Field length | Validate Field length | Validate Field length | Validate Field length | Validate Field length | Validate Field length |
| **Message Code** | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |
| **Validation** | | | | | | |
| **Message Code** | | | | | | |

| | Symptoms | | | | |
|---|---|---|---|---|---|
| | Shortness_of_Breath | Sore_Throat | Vomiting | Wheezing | Other_Symptoms |
| Input Type | Text Field | Text Field | Text Field | Text Field | Text Field |
| Definition | Did the subject report abnormal difficulty in breathing?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report inflammation or discomfort of the throat or pharynx?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report vomiting?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject report abnormal continuous, coarse, whistling sounds produced in the respiratory airways during breathing?<br>What was the timing of symptom onset relative to the enrollment date? | Did the subject have any other symptoms that should be reported?<br>What was the timing of symptom onset relative to the enrollment date? |
| Format | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Y,Number,Number<br>Y,Number,U<br>Y,U,Number<br>Y,U,U<br>N<br><br>Maximum length: 17 characters | Symptom,Number,Number<br>Symptom,Number,U<br>Symptom,U,Number<br>Symptom,U,U<br>N<br><br>Maximum length: 100 characters |
| Value List | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access |
| Curation | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If Y is selected, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. | If a symptom is entered, two values must be entered following a comma.<br><br>If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed. |
| Examples | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Y,-2,3,<br>Y,0,2,<br>Y,2,U, or<br>N | Nose bleed,-2,1;earache,0,U |
| Notes | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following Y, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If symptom was not present, enter N. If symptom was not measured or it is not known, enter Not Collected, Not Provided, or Restricted Access. | Following the symptom, the first number represents the timing of symptom onset in days relative to the subject's enrollment date. The second number represents the duration of symptoms in days. If either timing or duration is not known, enter U in place of a number.<br><br>Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date.<br><br>If multiple additional symptoms were recorded, separate the individual symptoms with a semicolon: Nose bleed,-2,1;earache,0,U<br><br>If no additional symptoms were recorded, enter Not Collected. |
| Dependent Fields | | | | | |
| Validation | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data | Validate symptoms data. There can be multiple other symptoms |
| Message Code | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_92_INVALID_SYMPTOM | Error_93_INVALID_SYMPTOM_OTHER |
| Validation | Validate Field length | Validate Field length | Validate Field length | Validate Field length | Validate Field length |
| Message Code | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH |
| Validation | | | | | |
| Message Code | | | | | |
| Validation | | | | | |
| Message Code | | | | | |
| Validation | | | | | |
| Message Code | | | | | |

| | Medical History | | | |
|---|---|---|---|---|
| | **Chronic_Conditions** | **Types_of_Allergies** | **Influenza_Like_Illness_Over_the_Past_Year** | **Human_Leukocyte_Antigens** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field |
| **Definition** | What chronic conditions, disorders, or diseases did the subject report having? | List of all types of allergies of the subject, including foods, drugs, animals, stinging insects, or the environment. | Did the subject have a medically documented influenza like illness over the past year prior to time of sampling? | Genetic markers found on all cells of the body that determine white blood cell types. Report results of HLA testing. |
| **Format** | Text<br><br>Maximum length: 250 characters | Text<br><br>Maximum length: 100 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 50 characters |
| **Value List** | ALL<br>ASM<br>CAN<br>CDV<br>DER<br>DGS<br>END<br>HEM<br>HPT<br>IMS<br>MSK<br>NRL<br>OBS<br>OTH-<br>PNC<br>RSP<br>URO<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | The entry must be one or more comma-separated members of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | NA is not allowed if ALL is selected for Chronic_Conditions. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | None |
| **Examples** | DER, or<br>ASM,OBS | peanuts,<br>soy, or<br>bees | N | NC |
| **Notes** | ALL = Allergies<br>ASM = Asthma<br>CAN = Cancer<br>CDV = Cardiovascular disease<br>DER = Dermatologic disorder<br>DGS = Digestive System disease<br>END = Endocrine Metabolic disorder<br>HEM = Hematological disease<br>HPT = Hepatobiliary disease<br>IMS = Immunosuppression<br>MSK = Musculoskeletal disorder<br>NRL = Neurologic disorder<br>OBS = Obesity<br>OTH- = Other; append free text to describe<br>PNC = Pancreatic disease<br>RSP = Respiratory disease<br>URO = Urogenital disease<br>Not Collected<br>Not Provided<br>Restricted Access | | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | |
| **Dependent Fields** | Types_of_Allergies | Chronic_Conditions | | |
| **Validation** | Field value should be one or more of valid values as in list. NOTE: User can enter other value by prefixing 'OTH-' | Validate field length | Field value should be one of valid values as in list. | Validate Field length |
| **Message Code** | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | Field length including values from the Value List and free text following 'OTH-' must be less than 250 characters. | NA is not allowed if ALL is selected for Chronic_Conditions. | | |
| **Message Code** | Error_75_INVALID_FIELD_LENGTH_OTH | Error_108_INVALID_ALLERGY_TYPE | | |
| **Validation** | | | | |
| **Message Code** | | | | |
| **Validation** | | | | |
| **Message Code** | | | | |
| **Validation** | | | | |
| **Message Code** | | | | |

| | Other data about the subject at the time of Sampling | | | |
|---|---|---|---|---|
| | **Breastfeeding** | **Alcohol_or_Other_Drug_Dependence** | **Tobacco_Use** | **Packs_Per_Day_for_How_Many_Years** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field |
| **Definition** | Was the subject breastfeeding at the time of sampling? | Was the subject dependent on alcohol or other drugs at the time of sampling? | Did the subject regularly use any form of tobacco? | Approximate packs of cigarettes or smokeless tobacco that the subject uses per day over the course of how many years |
| **Format** | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 17 characters | Text<br><br>Maximum length: 50 characters |
| **Value List** | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Y<br>N<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA<br>Not Collected<br>Not Provided<br>Restricted Access |
| **Curation** | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | NA is not allowed if Tobacco_Use is Y.<br><br>If N is selected entered for Tobacco_Use, Packs_Per_Day_for_How_Many_Years must be NA. |
| **Examples** | Y | N | Y | 1 pack/day for 10 years |
| **Notes** | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | Y= Yes<br>N= No<br>Not Collected<br>Not Provided<br>Restricted Access | |
| **Dependent Fields** | | | Packs_Per_Day_for_How_Many_Years | Tobacco_Use |
| **Validation** | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Field value should be one of valid values as in list. | Validate Field length |
| **Message Code** | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | | | If Tobacco_Use is 'Y', then 'NA' is not allowed. |
| **Message Code** | | | | Error_148_NA_NOT_ALLOWED |
| **Validation** | | | | |
| **Message Code** | | | | |
| **Validation** | | | | |
| **Message Code** | | | | |
| **Validation** | | | | |
| **Message Code** | | | | |

| | Subject's Environmental Exposure | | | | |
|---|---|---|---|---|---|
| | **Travel_History** | **Primary_Living_Situation** | **Profession** | **Education** | **Comments** |
| **Input Type** | Text Field | Text Field | Text Field | Text Field | Text Field |
| **Definition** | List all subject's travel destinations over the past month, as listed in the DPCC Country Codes list. | Brief description of the subject's living arrangement | Short description of the subject's profession | Description of the subject's highest level of education | Text describing anything else of interest related to the submission |
| **Format** | Text<br><br>Maximum length: 200 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 50 characters | Text<br><br>Maximum length: 30 characters | Text<br><br>Maximum length: 2000 characters |
| **Value List** | ISO 3166 Standard Country Code<br>ISO 3166 Standard Country Name<br>NCBI Country Name<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>Not Collected<br>Not Provided<br>Restricted Access | ILL<br>ESS<br>ESC<br>ESN<br>HSS<br>HSC<br>HSN<br>HES<br>HEC<br>HEN<br>TSS<br>TSC<br>TSN<br>OTH-<br>Not Collected<br>Not Provided<br>Restricted Access | Text<br>NA |
| **Curation** | None | None | None | The entry must be one and only one member of the Value List.<br><br>Values are case-sensitive and must be entered in all-caps. | None |
| **Examples** | China, or<br>VNM | apartment building,<br>single family home, or<br>homeless | teacher,<br>farmer, or<br>nurse | ILL | NA |
| **Notes** | | | | ILL = Illiterate<br>ESS = Some elementary school<br>ESC = Completed elementary school<br>ESN = Elementary education not specified<br>HSS = Some high school<br>HSC = Completed high school<br>HSN = High school education not specified<br>HES = Some higher education<br>HEC = Completed higher education<br>HEN = Higher education not specified<br>TSS = Some technical school<br>TSC = Completed technical school<br>TSN = Technical education not specified<br>OTH- = Other; append free text to describe<br>Not Collected<br>Not Provided<br>Restricted Access | |
| **Dependent Fields** | | | | | |
| **Validation** | Validate Field length | Validate Field length | Validate Field length | Field value should be one of valid values as in list. NOTE: User can enter other value by prefixing 'OTH-' | Validate field length |
| **Message Code** | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_70_INVALID_FIELD_LENGTH | Error_1_INVALID_VALUE | Error_70_INVALID_FIELD_LENGTH |
| **Validation** | | | | Validate field length | |
| **Message Code** | | | | Error_75_INVALID_FIELD_LENGTH_OTH | |
| **Validation** | | | | | |
| **Message Code** | | | | | |
| **Validation** | | | | | |
| **Message Code** | | | | | |
| **Validation** | | | | | |
| **Message Code** | | | | | |