

DPCC Data Standard Reference for Human Surveillance-Southern Hemisphere v1.0

Code	Description	Definition	Example
NA	Not Applicable	Information is inappropriate to report, can indicate that the standard field fails to model or represent the information accurately.	Duration_of_Swine_Exposure: If the subject was not exposed to swine, 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. 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.	Antibiotic_Treatment: Subject's antibiotic treatment. This information may be 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 SARS-CoV-2 infection or secondary problems resulting from infection?

Sample Attributes

Input Type	Project Identifier	Contribution Institution	Sample Identifier	Embargo End Date	Sample Material	Longitudinal Study
Definition	Text Field A unique Project Identifier generated by the DPCC by combining the Center-generated Project Code and a random 4-digit number	Text Field The institution code for the group that COLLECTED THE SAMPLE. Must be one of the CERS' institution codes assigned by NAID	Text Field Identifier initially assigned to each sample collected. If multiple samples are taken from the same subject, each sample should have its own identifier.	Text Field In case an embargo of the information is needed, the date that the information should be released to the public databases by the DPCC	Text Field Material on which the testing was performed. If multiple samples are taken from the same subject they must be entered as separate records.	Text Field Notifies whether this subject is part of a longitudinal study
Format	Project_Code_XXXX Maximum length: 21 characters	Center three-letter code followed by three digits. Maximum length: 6 characters	Center-specific Allowed characters include alphanumeric, hyphen, and underscore: a-z, A-Z, 0-9, '-', '_' Maximum length: 50 characters	DD-Mon-YYYY DD-Mon-YY NA Maximum length: 11 characters	Text Maximum length: 30 characters	Text Maximum length: 1 character
Value List	None	None	None	Date NA	AIR BAL BLO FEC LLF LUN NAL NAS NTS ORP OTH OTT PLS RCS SER SLU SPU TFB TFT TRS U	Y N
Duration	The entry must be a Project Identifier value registered with the DPCC.	The entry must be an Institution Code value registered with the DPCC. 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. 2. Month must match the first three letters of the month. Month is NOT case-sensitive. 3. Years may have two or four digits. 4. Date must conform to NAID data release policies.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.
Examples	SJCProj02_4001	SJC101	2225468	3-Mar-2011, 03-Mar-2011, 03-MAR-2011, 3-MAR-11, or NA	BLO	N
Notes	None	None	The Sample_Identifier initially assigned to the surveillance sample must be provided. Do not use an identifiable medical record number.	An exact date must be provided. If Embargo_End_Date is NA, information will be released without delay. Embargo_End_Date cannot be more than 12 months after submission.	AIR = Air BAL = Bronchoalveolar lavage BLO = Blood FEC = Feces LLF = Lung lavage fluid LUN = Lung NAL = Nasal lavage NAS = Nasal swab NTS = Combined nasal throat swab ORP = Oral-pharyngeal OTH = Other, append free text to describe OTT = Other tissue PLS = Plasma RCS = Rectal swab SER = Serum SLU = Slurry SPU = Sputum TFB = Tissue from brain TFT = Tissue from trachea TRS = Tracheal swab U = Unknown	Y = Yes 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_86_NON_UNIQ_SAMPL_ID	Error_100_EMBARGO_DATE_12M	Error_76_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						
Validation						
Message Code						
Validation						

Subject's permanent characteristics							
Input Type	Subject Unique Identifier	Subject Gender	Subject Ethnicity	Subject Race	Subject Age	Subject Height	Subject Weight
Definition	Text Field 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.	Text Field Gender of the subject	Text Field 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.	Text Field The subject's self-definition of their race from among the given choices.	Text Field Age of the subject at the time of sample collection in years	Text Field Height of the subject at the time of sample collection in centimeters	Text Field Weight of the subject at the time of sample collection in kilograms
Format	Text Allowed characters include alphanumeric, hyphen, and underscore: a-z, A-Z, 0-9, -, _ Maximum length: 50 characters	Text Maximum length: 17 characters	Text Maximum length: 25 characters	Text Maximum length: 150 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters
Value List	Text	M F Not Collected Not Provided Restricted Access	Hispanic or Latino Not Hispanic or Latino Not Collected Not Provided Restricted Access	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White More Than One Race Not Collected Not Provided Restricted Access	Number Not Collected Not Provided Restricted Access	Number Not Collected Not Provided Restricted Access	Number Not Collected Not Provided Restricted Access
Duration	None	The entry must be one and only one member of the Value List. Values are case-sensitive.	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	The entry must be in centimeters.	The entry must be in kilograms.
Examples	1001F_C100F	M	Hispanic or Latino	White	2.91, <55, 15, or >90	175	72.5
Notes	Do not use an identifiable medical record number.	M = Male F = Female Not Collected Not Provided Restricted Access	For clarification regarding ethnicity reporting requirement please see the following link: https://www.govinfo.gov/contracts/pkg/FR-1997-10-30/pd/97-28653.pdf	For clarification regarding race reporting requirement please see the following link: https://www.govinfo.gov/contracts/pkg/FR-1997-10-30/pd/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 36 months/12+2+91 years. For ages between 3 and 90, either list the exact age, or prefix with < if there is a need to mask the individual health information. All ages greater than 90 must be entered as >90 to de-identify individual health information.	Enter Subject_Height in centimeters (cm) as whole number or decimal. Imperial units (e.g., feet, inches) should be converted to metric units (i.e., centimeters).	Enter Subject_Weight in kilograms (kg) as whole number or decimal. Imperial units (e.g., pounds) should be converted to metric units (i.e., kilograms).
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	Validate field length	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	Error_70_INVALID_FIELD_LENGTH	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.	The value should be number. Not Collected. Not Provided or Restricted Access.	The value should be number. Not Collected. Not Provided or Restricted Access.
Message Code					Error_90_INVALID_AGE	Error_143_INVALID_NUMBER_INSDC	Error_143_INVALID_NUMBER_INSDC
Validation					All values greater than 90 must be entered as >90		
Message Code					Error_90_INVALID_AGE		
Validation							
Message Code							
Validation							
Message Code							
Validation							
Message Code							

Sample Attributes					Sample Test/Result					
Input Type	Collector Name	Days Elapsed to Sample Collection	Collection Season	Collection Country	Collection State/Province	Influenza Test Type	Influenza Test Result	Influenza Test Interpretation	SARS-CoV-2 Test Type	SARS-CoV-2 Test Result
Definition	Test Field	Test Field	Test Field	Test Field	Test Field	Test Field	Test Field	Test Field	Test Field	Test Field
	The name of person who collected the sample	The number of days elapsed between sample collection and the subject's enrollment.	The year or 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	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)	The Assay, Analyte (or gene target) and test Platform used for virological assessment, as listed in the DPCC Data Dictionary	The numerical result(s) of SARS-CoV-2_Test_Type
Format	FirstName LastName First Name M. Last Name Maximum length: 100 characters	Text Maximum length: 17 characters	YYYY-YYYY Maximum length: 17 characters	Text Maximum length: 60 characters	Text Maximum length: 50 characters	Assay/Analyte Maximum length: 200 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Assay/Analyte/Platform Maximum length: 200 characters	Text Maximum length: 50 characters
Value List	Text U	Number Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	ISO 3166 Standard Country Code U	Text Not Collected Not Provided Restricted Access	DPCC Data Dictionary NA	Number U NA	P N U NA	DPCC Data Dictionary (From Assay, Analyte, and Platform lists) NA	Number U NA
Duration	None	None	Years must be four digits. Year ranges must be sequential.	The entry must be one and only one member of the Value List. Values are case-sensitive and must be entered in all-caps.	State names must be spelled out.	The entry must be one or more comma-separated members of the Value List. If multiple tests are performed, separate each Assay/Analyte combination with a comma. For each assay performed, the target or analyte must be specified after the / character. Enter NA for serum samples.	For each assay listed under Influenza_Test_Type, provide a single numerical value. 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). Enter U when quantitative assay results are not known. Enter NA for serum samples.	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive and must be entered in all-caps. 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). Enter U when the interpretation of the assay results is not known or inconclusive. Enter NA if the value under Influenza_Test_Type is NA.	The entry must be one or more comma-separated members of the Value List. If multiple tests are performed, separate each Assay/Analyte/Platform combination with a comma. For each Assay performed, the target or Analyte must be specified after the / character followed by the Platform. Enter NA if that Platform is Not Applicable. Enter U of the Analyte or Platform is Unknown.	For each assay listed under SARS-CoV-2_Test_Type, provide a single numerical value. If multiple comma-separated tests are listed under SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Result must list the same number of comma-separated test results (see notes for examples). Enter U when quantitative assay results are not known. Enter NA if the value under SARS-CoV-2_Test_Type is NA.
Examples	Indiana Jones, John M. Henry, or U	50	2020	VNM, or USA	Tennessee	RRT-PCR/HA, or RRT-PCR/MP,VIMDOCK	24.5	P	RRT-PCR/multiple genes/GenExpert, RRT-PCR/N-GeneXpert, or RRT-PCR/E/NA	24.5
Notes	For listing of multiple names, comma-separate the names maintaining the order of FirstName and LastName or FirstName M. LastName. Enter U if name is unknown.	Enter 0 if the sample was collected on the same day of the subject's enrollment.		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	Please reference the DPCC Data Dictionary for the Assay and Analyte allowed values.		P = Positive N = Negative U = Unknown or inconclusive NA = Not Applicable Example: If Influenza_Test_Type lists RRT-PCR/MP,VIMDOCK then Influenza_Test_Interpretation would read P/N	Please reference the DPCC Data Dictionary for the Assay, Analyte, and Platform allowed values.	
Dependent Fields						Influenza_Test_Result, Influenza_Test_Interpretation	Influenza_Test_Type, Influenza_Test_Interpretation	Influenza_Test_Type, Influenza_Test_Result	SARS-CoV-2_Test_Result, SARS-CoV-2_Test_Interpretation	SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Interpretation
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	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.	Fields SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Antigen, SARS-CoV-2_Test_Result, SARS-CoV-2_Test_Interpretation must have same number of values.	Fields SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Antigen, SARS-CoV-2_Test_Result, SARS-CoV-2_Test_Interpretation must have same number of values.
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	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	The value should be number. Not Collected, Not Provided or Restricted Access.	Year ranges must be sequential			Validate field length	Field length validation	Field length validation	Field value should be one of valid values as in list.	Validate field length	Field length validation
Message Code	Error_143_INVALID_NUMBER_INSDC	Error_143_SEQUENTIAL_YEAR_RANGE			Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation		The value should be number. Not Collected, Not Provided or Restricted Access.			Values must reference DPCC Data Dictionary.	Value must be number, U, or NA		Values must reference DPCC Data Dictionary.	Value must be number, U, or NA	
Message Code		Error_143_INVALID_NUMBER_INSDC			Error_13_REFER_TO_DATA_DICTIONARY	Error_86_INVALID_NUM_U,NA		Error_13_REFER_TO_DATA_DICTIONARY	Error_86_INVALID_NUM_U,NA	
Validation					Influenza_Test_Type should follow format assay/analyte			SARS-CoV-2_Test_Type should follow format Assay/Analyte/Platform		
Message Code					Error_101_TEST_TYPE_FORMAT			Error_101_TEST_TYPE_FORMAT		
Validation					Value must be a number, U, or NA.			Value must be a number, U, or NA.		
Message Code					Error_86_INVALID_NUM_U,NA			Error_86_INVALID_NUM_U,NA		

Subject's Environmental Exposure/Settings								
Input Type	SARS-CoV-2 Test Interpretation	Other Pathogens Tested	Other Pathogen Test Result	Nursing Home Residence	Daycare Attendance	COVID Human Exposure	Duration of COVID Human Exposure	Use of Personal Protective Equipment
Definition	The Positive, Negative, or Inconclusive interpretation of the SARS-CoV-2_Test_Result value(s)	A list for organisms tested for other than SARS-CoV-2 virus	Classification of sample as positive (P) or negative (N) based on the test performed	Was the subject a resident of a nursing home facility at the time of sampling?	Was the subject enrolled in and attending an in-person daycare program at the time of sampling?	Subject's exposure to other humans confirmed to have COVID-19 infections	Duration that the subject was exposed to other humans confirmed to have SARS-CoV-2 infections in days	Use of gowns, gloves, masks or other PPE during any type of exposure
Format	Text Maximum length: 50 characters	Text Maximum length: 200 characters	Text Maximum length: 50 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 50 characters
Value List	P N U NA	Text NA Not Collected Not Provided Restricted Access	P N U NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access
Duration	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive and must be entered in all-caps. If multiple comma-separated tests are listed under SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Interpretation must list the same number of comma-separated test results (see notes for examples). Enter U when the interpretation of the assay results is not known or inconclusive. Enter NA if the value under SARS-CoV-2_Test_Type is NA.	If multiple pathogens are tested, separate each pathogen name with a comma. Enter NA if not tested for other pathogens. Enter NA for serum samples.	The entry must be one or more comma-separated members of the Value List. If multiple comma-separated pathogens are listed under Other_Pathogen_Test_Result, Other_Pathogen_Test_Result must list the same number of comma-separated test results. Values are case-sensitive. Enter NA if the value under Other_Pathogens_Test is NA. Enter NA for serum samples.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	If Y is selected is entered for COVID_Human_Exposure, Duration_of_COVID_Human_Exposure must be a number or Not Collected, Not Provided, or Restricted Access. If N is selected is entered for COVID_Human_Exposure, Duration_of_COVID_Human_Exposure must be NA. If Not Collected is entered for COVID_Human_Exposure, Duration_of_COVID_Human_Exposure must be Not Collected. If Not Provided is entered for COVID_Human_Exposure, Duration_of_COVID_Human_Exposure must be Not Provided. If Restricted Access is entered for COVID_Human_Exposure, Duration_of_COVID_Human_Exposure must be Restricted Access.	If N is entered for COVID_Human_Exposure, Use_of_Personal_Protective_Equipment must be NA.
Examples	P	RSV	N	Y	N	Y	2	gloves, or N95 mask
Notes	P = Positive N = Negative U = Unknown or inconclusive NA = Not Applicable	NA = Not Applicable Not Collected Not Provided Restricted Access	P = Positive N = Negative U = Unknown or inconclusive NA = Not Applicable Not Collected Not Provided Restricted Access	Y = Yes N = No Not Collected Not Provided Restricted Access	Y = Yes N = No Not Collected Not Provided Restricted Access	Y = Yes N = No Not Collected Not Provided Restricted Access		
Dependent Fields	SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Result	Other_Pathogen_Test_Result	Other_Pathogens_Test			Duration_of_COVID_Human_Exposure	COVID_Human_Exposure	COVID_Human_Exposure
Validation	Fields SARS-CoV-2_Test_Type, SARS-CoV-2_Test_Antigen, SARS-CoV-2_Test_Result, SARS-CoV-2_Test_Interpretation must have same number of values	Number of Other_Pathogens_Test and Other_Pathogen_Test_Result should match	Number of Other_Pathogens_Test and Other_Pathogen_Test_Result should match	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	Validate field length
Message Code	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_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.				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_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE				Error_146_INVALID_EXP_DURATION	
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								

Other data about the subject at the time of Sampling									
Input Type	Pregnancy	Trimester of Pregnancy	Hospitalized	Intensive Care Unit	Chest Imaging Interpretation	Ventilation	Oxygen Saturation	ECMO	Dialysis
Definition	Text Field Is the subject pregnant at the time of sampling?	Text Field The trimester of pregnancy that the subject was in during sampling	Text Field Was the subject hospitalized as a result of SARS-CoV-2 virus infection or secondary problems resulting from SARS-CoV-2 virus infection? If so, what was the length of time the subject was hospitalized in days?	Text Field Was the subject confined to an Intensive Care Unit (ICU) as a result of SARS-CoV-2 virus infection or secondary problems resulting from SARS-CoV-2 virus infection? If so, what was the length of time the subject was confined to an ICU in days?	Text Field Interpretation of the subject's chest x-ray or other imaging methods, if any	Text Field Was the subject administered mechanical or non-mechanical ventilation?	Text Field Subject's blood oxygen saturation levels while hospitalized	Text Field Was the subject administered extracorporeal membrane oxygenation as a result of SARS-CoV-2 infection?	Text Field Was the subject administered dialysis as a result of SARS-CoV-2 infection?
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 100 characters	Text Maximum length: 35 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters
Value List	Y N Not Collected Not Provided Restricted Access	First Second Third Not Collected Not Provided Restricted Access	NNA Y/Number in Days Y/U Not Collected Not Provided Restricted Access	NNA Y/Number in Days Y/U Not Collected Not Provided Restricted Access	ABN CND DTR PPI NRM OTH PFE PIE I0Q I2Q I3Q I4Q NA Not Collected Not Provided Restricted Access	Mechanical Non-mechanical N NA Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Y N NA Not Collected Not Provided Restricted Access	Y N NA Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive.	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. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one or more comma-separated members of the Value List. NRM should be entered as a single value only. NA should be entered if the subject was not administered a chest x-ray. Values are case-sensitive.	Multiple ventilation types can be entered as comma-separated values. If N is selected entered for Hospitalized, Ventilation must be NA.	Saturation levels reported as a percentage (%) and as whole number. If N is selected entered for Hospitalized, Oxygen_Saturation must be NA.	If N is selected entered for Hospitalized, ECMO entry must be NA.	If N is selected entered for Hospitalized, Dialysis entry must be NA.
Examples	N	NA	Y/15	Y/5	ABN or ABN/DTR	Mechanical	98	N	N
Notes	Y= Yes N= No Not Collected Not Provided Restricted Access		Y= Yes N= No Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided Restricted Access	ABN = Abnormal CND = Consolidation DTR = Distress PPI = Signs of hyperinflation NRM = Normal OTH = Other: append free text to describe PFE = Pleural effusion PIE = Pulmonary infiltrate (no quadrant specified) I0Q = One infiltrated chest quadrant I2Q = Two infiltrated chest quadrants I3Q = Three infiltrated chest quadrants I4Q = Four infiltrated chest quadrants NA = Not Applicable Not Collected Not Provided Restricted Access	Non-mechanical ventilation can include CPAP or BiPAP procedures.			
Dependent Fields			Ventilation, Oxygen_Saturation, ECMO, Dialysis			Hospitalized	Hospitalized	Hospitalized	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.	Field value should be one of valid values as in list.	Field value should be one or more 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.	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.
Message Code	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	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
Validation			Validate field length	Validate field length	Field length including values from the Value List and free text following 'OTH' must be less than 200 characters.		Value must be a number, NA, or an INSDC value.		
Message Code			Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_75_INVALID_FIELD_LENGTH_OTH		Error_144_INVALID_NUMBER_NA_INSDC		
Validation									
Message Code									
Validation									
Message Code									
Validation									
Message Code									

Input Type	Disease Status		Treatment	
	Days Elapsed to Disease Status	Disease Status	WHO COVID Disease Severity	Antiviral Treatment
Definition	Text Field The number of days elapsed between a disease status update and the subject's enrollment	Text Field The subject's disease status	Text Field If the subject is reporting illness, their disease severity as determined by the WHO classification	Text Field Subject's SARS-CoV-2 antiviral treatment
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 100 characters
Value List	Number NA Not Collected Not Provided Restricted Access	ASY DIE REC RVS SIC Not Collected Not Provided Restricted Access	No disease Mild disease Moderate disease Severe disease Critical disease Not Collected Not Provided Restricted Access	AMA NON OSE OTH PMV RIM ZAN Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	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. If NON is selected entered for Antiviral_Treatment, Initiation_of_Antiviral_Treatment must be NA. 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.
Examples	3, 14, or 365	SIC, DIE, or REC	Mild disease, Critical disease, or No disease	AMA NON OSE OTH PMV RIM ZAN Not Collected Not Provided Restricted Access
Notes		ASY = Asymptomatic DIE = Died REC = Recovered RVS = Recovered with sequelae SIC = Sick Not Collected Not Provided Restricted Access	For clarification regarding disease severity, please see the following link: https://www.who.int/publications/item/clinical-management-of-covid-19	AMA = Amantadine NON = None OSE = Oseltamivir OTH = Other: append free text to describe PMV = Paxamivir RIM = Rimantadine ZAN = Zanamivir Not Collected Not Provided Restricted Access
Dependent Fields	Disease_Status, WHO_COVID_Disease_Severity	WHO_COVID_Disease_Severity, Days_Elapsed_to_Disease_Status	Disease_Status, Days_Elapsed_to_Disease_Status	Initiation_of_Antiviral_Treatment, Treatment_Dosage, Duration_of_Antiviral_Treatment
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'
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE
Validation	Value must be a number, NA, or an INSDC value.	Field value should be one or more of valid values as in list.	Field value should be one or more of valid values as in list.	Field length including values from the Value List and free text following 'OTH' must be less than 100 characters.
Message Code	Error_144_INVALID_NUMBER_NA_INSDC	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH, OTH
Validation				Number of Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage and Duration_of_Antiviral_Treatment should match.
Message Code				Error_63_INVALID_NUMBER_ENTRIES
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				

	Treatment Dosage	Duration of Antiviral Treatment	Vasoactive Treatment	Initiation of Vasoactive Treatment	Vasoactive Treatment Dosage	Duration of Vasoactive Treatment	Other Treatments
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Dosage of antiviral treatment administered	Duration of antiviral treatment in days	Subject's SARS-CoV-2 vasoactive drug treatment	Number of days after onset of clinical symptoms vasoactive treatment was initiated in days	Dosage of vasoactive treatment administered	Duration of vasoactive treatment in days	Other treatment subject received for SARS-CoV-2
Format	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 100 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 100 characters
Value List	Text NA Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	ADR DOB DOP ML NEP NON OTH PHE VSP Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Number NA Not Collected Not Provided Restricted Access	ANB BCD CTS OTH Not Collected Not Provided Restricted Access
Duration	If multiple treatments were administered then this field must contain information for each administration provided in Antiviral_Treatment. 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. If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA.	If multiple treatments were administered then this field must contain information for each administration. Values are case-sensitive.	If multiple treatments were administered then this field must contain information for each administration provided in Vasoactive_Treatment. If NON is selected entered for Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment must be NA. 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 Vasoactive_Treatment. If NON is selected entered for Vasoactive_Treatment, Vasoactive_Treatment_Dosage must be NA.	If multiple treatments were administered then this field must contain information for each administration provided in Vasoactive_Treatment. If NON is selected entered for Vasoactive_Treatment, Duration_of_Vasoactive_Treatment must be NA.	If multiple treatments were administered then this field must contain information for each administration. Values are case-sensitive.
Examples	100 mg	6	ADR	3, or 4	100 mg	6	
Notes			ADR = Adrenalin DOB = Dobutamine DOP = Dopamine ML = Milrinone NEP = Norepinephrine NON = None OTH = Other; append free text to describe PHE = Phenyephine VSP = Vasopressin Not Collected Not Provided Restricted Access				ANB = Antibiotics BCD = Bronchodilators CTS = Corticosteroids OTH = Other; append free text to describe Not Collected Not Provided Restricted Access
Dependent Fields	Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Duration_of_Antiviral_Treatment	Antiviral_Treatment, Initiation_of_Antiviral_Treatment, Treatment_Dosage	Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage, Duration_of_Vasoactive_Treatment	Vasoactive_Treatment, Vasoactive_Treatment_Dosage, Duration_of_Vasoactive_Treatment	Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Duration_of_Vasoactive_Treatment	Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage	
Validation	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	Validate field length	Validate field length	Field value should be one or more of valid values as in list. NOTE: User can enter other value by prefixing 'OTH'
Message Code	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE
Validation	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.	Field length including values from the Value List and free text following 'OTH' must be less than 100 characters.	Number of Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage and Duration_of_Vasoactive_Treatment should match.	Number of Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage and Duration_of_Vasoactive_Treatment should match.	Number of Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage and Duration_of_Vasoactive_Treatment should match.	Validate field length
Message Code	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_75_INVALID_FIELD_LENGTH_OTH	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_63_INVALID_NUMBER_ENTRIES	Error_70_INVALID_FIELD_LENGTH
Validation	Value must be a number, NA, or an INSDC value.	Value must be a number, NA, or an INSDC value.	Number of Vasoactive_Treatment, Initiation_of_Vasoactive_Treatment, Vasoactive_Treatment_Dosage and Duration_of_Vasoactive_Treatment should match.	Value must be a number, NA, or an INSDC value.	Field value should be one of valid values as in list.	Value must be a number, NA, or an INSDC value.	
Message Code	Error_144_INVALID_NUMBER_NA_INSDC	Error_144_INVALID_NUMBER_NA_INSDC	Error_63_INVALID_NUMBER_ENTRIES	Error_144_INVALID_NUMBER_NA_INSDC	Error_1_INVALID_VALUE	Error_144_INVALID_NUMBER_NA_INSDC	
Validation		If NON is selected entered for Antiviral_Treatment, Duration_of_Antiviral_Treatment must be NA.				If NON is selected entered for Vasoactive_Treatment, Duration_of_Vasoactive_Treatment must be NA.	
Message Code		Error_195_ONLY_NA_ALLOWED				Error_199_ONLY_NA_ALLOWED	
Vasoactive							
Message Code							

Subject's Vaccination								Symptoms	
Input Type	Influenza Vaccination Type	Days Elapsed to Influenza Vaccination	Source of Above Vaccine Information	Vaccine Lot Number	Vaccine Manufacturer	Vaccine Dosage	Other Vaccinations	Influenza Like Illness	Influenza Like Illness
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	Other types of vaccinations received by the subject in their lifetime	Is the subject exhibiting influenza like illness? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Text Field
Format	Text Maximum length: 50 characters	Text Maximum length: 17 characters	Text Maximum length: 30 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N Maximum length: 17 characters	Text Not Collected Not Provided Restricted Access
Value List	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	DOC SRP NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Duration	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. 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. 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. If multiple vaccinations were administered then this field must contain information for each vaccination provided in Influenza_Vaccination_Type. 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. 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. 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. If NON is entered for Influenza_Vaccination_Type, Vaccine_Dosage must be NA.	If subject has received multiple vaccinations, then this field must contain comma-separated information for each vaccination.	If Y is selected, two values must be entered following a comma. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.	Text Not Collected Not Provided Restricted Access
Examples	TV, Flumist, 2009 H1N1, 2009 H1N1 Flumist, H1N1, Current recall type, or NON	7,7, or 90-30	SRP	DH037	Merck, Pfizer, or GSK	0.05 mL	Pneumococcal (PCV/PPV), H. Influenzae type B (Hib)	Y-2,3, Y,0,2, Y,2,1,1, or N	Text Not Collected Not Provided Restricted Access
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. 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. Enter positive values for vaccinations after enrollment, enter negative values for vaccinations prior to enrollment. Enter 0 for vaccinations on the day of enrollment. Values are limited to +/- 365 days from the subject's enrollment date.	DOC = Documented SRP = Self reported NA = Not Applicable Not Collected Not Provided Restricted Access				NON = None	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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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.	Text Not Collected Not Provided Restricted Access
Dependent Fields	Days_Elapsed_to_Influenza_Vaccination	Influenza_Vaccination_Type	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Manufacturer, Vaccine_Lot_Number, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage	Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, Vaccine_Dosage		
Validation	Validate field length	Number of Influenza_Vaccination_Type and Days_Elapsed_to_Influenza_Vaccination 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	Validate field length	Validate symptoms data	
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	Error_70_INVALID_FIELD_LENGTH	Error_92_INVALID_SYMPTOM	
Validation	Number of Influenza_Vaccination_Type and Days_Elapsed_to_Influenza_Vaccination 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, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Number of Influenza_Vaccination_Type, Days_Elapsed_to_Influenza_Vaccination, Source_of_Above_Vaccine_Information, Vaccine_Lot_Number, Vaccine_Manufacturer, and Vaccine_Dosage must have the same number of entries.	Validate Field length	
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	Error_63_INVALID_NUMBER_ENTRIES	Error_70_INVALID_FIELD_LENGTH	
Validation							Validate measurement and its unit		
Message Code							Error_91_INVALID_MEASUREMENT_W_UNIT		
Validation									
Message Code									
Vaccination									
Message Code									

	Abdominal Pain	Anosmia	Chills	Conjunctivitis	Cough	Cyanosis	Diarrhea	Fever
Input Type	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field	Text Field
Definition	Is the subject experiencing abdominal pain? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report a loss of smell? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report a feeling of being cold? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject have conjunctivitis at the time of sampling? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report coughing? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Is the subject experiencing a bluish discoloration of the skin? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report frequent and watery bowel movements? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	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 and duration of the symptom?
Format	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N	Y: Number Y: Number.U Y: U: Number Y: U.U N
Value List	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters	Maximum length: 17 characters
Duration	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Examples	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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	Validate symptoms data	Validate symptoms data
Message Code	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM	Error_S2_INVALID_SYMPTOM
Validation	Validate Field length	Validate Field length	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	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation								
Message Code								
Validation								
Message Code								
Validation								
Message Code								
Validation								

	Headache	Loss of Appetite	Malaise	Myalgia	Nausea	Nasal Congestion	Odynophagia	Runny Nose
Input Type	Text Field	Text Field	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? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report a loss of appetite at the time of sampling? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report feeling of general bodily discomfort, fatigue or unpleasantness, often at the onset of illness? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report muscle pain? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report the feeling of wanting to vomit? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Is the subject exhibiting influenza like illness? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Is the subject exhibiting influenza like illness? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report an unusually significant amount of nasal fluid? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?
Format	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N	Y: Number Y: Number Y: U: Number Y: U: U N
Value List	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access
Duration	If Y is selected, two values must be entered following a comma. 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. 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. 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. 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. 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. 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. 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. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.
Examples	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U N	Y-2,3 Y-0,2 Y-2,U 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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	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	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	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	Error_70_INVALID_FIELD_LENGTH	Error_70_INVALID_FIELD_LENGTH
Validation								
Message Code								
Validation								
Message Code								
Validation								
Message Code								

	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? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report inflammation or discomfort of the throat or pharynx? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report vomiting? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject report abnormal continuous, coarse, whistling sounds produced in the respiratory airways during breathing? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?	Did the subject have any other symptoms that should be reported? What was the timing of symptom onset relative to the enrollment date and duration of the symptom?
Format	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N	Y,Number,Number Y,Number,U Y,U,Number Y,U,U N	Symptom,Number,Number Symptom,Number,U Symptom,U,Number Symptom,U,U N
Value List	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 17 characters Text Not Collected Not Provided Restricted Access	Maximum length: 100 characters Text Not Collected Not Provided Restricted Access
Duration	If Y is selected, two values must be entered following a comma. 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. 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. 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. 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. If N, Not Collected, Not Provided, or Restricted Access is entered, no additional values are needed.
Examples	Y,-2,3 Y,0,2 Y,2,U, or N	Y,-2,3 Y,0,2 Y,2,U, or N	Y,-2,3 Y,0,2 Y,2,U, or N	Y,-2,3 Y,0,2 Y,2,U, or N	Nose bleed,-2,1,arache,0,U Text
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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. 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. Negative numbers represent days before the subject's enrollment date, positive numbers represent days after the enrollment date. If multiple additional symptoms were recorded, separate the individual symptoms with a semicolon. Nose bleed,-2,1,arache,0,U 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						
Input Type	Chronic Conditions	Maintenance Medication	Types of Allergies	Influenza Like Illness Over the Past Year	Infections Within Five Years	Human Leukocyte Antigen
Definition	Text Field What chronic conditions, disorders, or diseases did the subject report having?	Text Field Medication taken by the subject to manage reported chronic conditions	Text Field List of all types of allergies of the subject, including foods, drugs, animals, stinging insects, or the environment.	Text Field Did the subject have a medically documented influenza like illness over the past year prior to time of sampling?	Text Field Has the subject been diagnosed with any infections in the past five years?	Text Field Genetic markers found on all cells of the body that determine white blood cell types. Report results of HLA testing.
Format	Text Maximum length: 250 characters	Text Maximum length: 250 characters	Text Maximum length: 100 characters	Text Maximum length: 17 characters	Text Maximum length: 250 characters	Text Maximum length: 50 characters
Value List	ALL ASM DBT CAN CDV DER DGS END HEM HPT IMS MSK NON NRL OBS OTH PNC RSP URO Not Collected Not Provided Restricted Access	ACE ARV ATV BCD CHM CON CRT INS NON OTH STN STR Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	ADV CHK DEN ETV HIV HIS IAV IBV MLR MPV NON OTH PIV RVV RSV SCV CDV TBC TBA YFV ZKA Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access
Duration	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive.	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive.	NA is not allowed if ALL is selected for Chronic_Conditions.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one or more comma-separated members of the Value List. Values are case-sensitive.	None
Examples	DER, or ASM,OBS	CON	peanuts, soy, or bees	N	RSV,IAS,ETV, or IAP	NC
Notes	ALL = Allergies ASM = Asthma DBT = Diabetes CAN = Cancer CDV = Cardiovascular disease DER = Dermatologic disorder DGS = Digestive System disease END = Endocrine/Metabolic disorder HEM = Hematologic disease HPT = Hepatobiliary disease IMS = Immunosuppression MSK = Musculoskeletal disorder NON = None NRL = Neurologic disorder OBS = Obesity OTH = Other: append free text to describe PNC = Pancreatic disease RSP = Respiratory disease URO = Urogenital disease Not Collected Not Provided Restricted Access	ACE = Angiotensin-converting enzyme inhibitors ARV = Antiretrovirals ATV = Antituberculars BCD = Bronchodilators CHM = Chemotherapy CON = Chloroquine CRT = Corticosteroids INS = Insulin NON = None OTH = Other: append free text to describe STN = Statins STR = Steroids Not Collected Not Provided Restricted Access		Y = Yes N = No Not Collected Not Provided Restricted Access	ADV = Adenovirus CHK = Chikungunya virus DEN = Dengue virus ETV = Enterovirus HIV = Human Immunodeficiency Virus HIS = Influenza A virus/Pandemic H1N1 IAV = Influenza A virus/Seasonal H2N2 IBV = Influenza B virus MLR = Malaria MPV = Measles/mumps NON = None OTH = Other: append free text to describe RVV = Respiratory virus RSV = Respiratory syncytial virus SCV = Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDV = Seasonal coronavirus TBC = Tuberculosis/Acute TBA = Tuberculosis/Chronic YFV = Yellow fever virus ZKA = Zika virus Not Collected Not Provided 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'	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.	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
Message Code	Error_1_INVALID_VALUE	Error_1_INVALID_VALUE	Error_70_INVALID_FIELD_LENGTH	Error_1_INVALID_VALUE	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.	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.		Field length including values from the Value List and free text following 'OTH' must be less than 250 characters.	
Message Code	Error_75_INVALID_FIELD_LENGTH_OTH	Error_75_INVALID_FIELD_LENGTH_OTH	Error_108_INVALID_ALLERGY_TYPE		Error_75_INVALID_FIELD_LENGTH_OTH	
Validation						
Message Code						
Validation						
Message Code						
Validation						
Message Code						
Validation						
Message Code						

Other data about the subject at the time of sampling				
Input Type	Breastfeeding	Alcohol or Other Drug Dependence	Tobacco Use	Packs Per Day for How Many Years
Definition	Text Field Was the subject breastfeeding at the time of sampling?	Text Field Was the subject dependent on alcohol or other drugs at the time of sampling?	Text Field Did the subject regularly use any form of tobacco?	Text Field Approximate packs of cigarettes or smokeless tobacco that the subject uses per day over the course of how many years
Format	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 17 characters	Text Maximum length: 50 characters
Value List	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Y N Not Collected Not Provided Restricted Access	Text NA Not Collected Not Provided Restricted Access
Duration	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	The entry must be one and only one member of the Value List. Values are case-sensitive.	NA is not allowed if Tobacco_Use is Y. 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 N= No Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided Restricted Access	Y= Yes N= No Not Collected Not Provided 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				
Validation				

Subject's Environmental Exposure					
Input Type	Travel History	Primary Living Situation	Profession	Education	Comments
Text Field	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 Maximum length: 200 characters	Text Maximum length: 50 characters	Text Maximum length: 50 characters	Text Maximum length: 30 characters	Text Maximum length: 2000 characters
Value List	ISO 3166 Standard Country Code U Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	Text Not Collected Not Provided Restricted Access	ILL NON ESS ESC ESN HSS HSC HSN HES HEC HEN TSS TSC TSN OTH Not Collected Not Provided Restricted Access	Text NA
Duration	None	None	None	The entry must be one and only one member of the Value List. Values are case-sensitive.	None
Examples	CHN, or VNM	apartment building, single family home, or homeless	teacher, farmer, or nurse	ILL	NA
Notes				ILL = illiterate NON = None ESS = Some elementary school ESC = Completed elementary school ESN = Elementary education not specified HSS = Some high school HSC = Completed high school HSN = High school education not specified HES = Some higher education HEC = Completed higher education HEN = Higher education not specified TSS = Some technical school TSC = Completed technical school TSN = Technical education not specified OTH = Other; append free text to describe Not Collected Not Provided Restricted Access	
Dependent Fields					
Validation	Field value should be a valid ISO three-letter country code or U or an INSDC value.	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_1_INVALID_VALUE	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_70_INVALID_FIELD_LENGTH_OTH	
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					
Message Code					
Validation					