
Appendix SUR XVI

Surveillance Validations

Last Name:

Validations:

No spaces before or after the first letter of the last name
Must be in character format
Required field
One character names are not allowed

First Name:

Validations:

No spaces before or after the first letter of the first name
Must be in character format
Required field
One character names are not allowed

Middle Name:

Validations:

Must be in character format

State Case Number:

Validations:

Must be unique within the Month-Year Reported
Required field
Must be in alphanumeric format

Q02B. City/County Case Number:

Validations:

If not blank, must be unique within the Month-Year Reported
Required field
Must be in alphanumeric format

Q03. Date Submitted:

Validations:

Must be equal to or after January 1, 1990
Must be equal to or after Date of Birth
Must be equal to or before Current date
Must be in valid date format YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD
If there is a value of 1 in Date Submitted: Unknown, then must be blank
If there is a value of Null in Date Submitted: Unknown, then must be blank
If there is a value of 0 in Date Submitted: Unknown, then must not be blank

Q03. Date Submitted: Unknown

Validations:

Must be a valid value of 0, Null or 1
If Date Submitted is blank then must equal Null or 1
If Date Submitted is not blank then must equal 0

Q04A. Address for Case Counting: City:**Validations:**

Must be a valid city for the reporting area.
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Q04B. Address for Case Counting: Within City Limits?**Validations:**

A value must exist in Q04A

Must be a valid entry of 1, 2, 9

Q04C. Address for Case Counting: County:**Validations:**

A value must exist in Q04A

Must be a valid county for the reporting area

Q04D. Address for Case Counting: Zip-Value:**Validations:**

Only numeric values are allowed

A value must exist in Q04A

Q04E. Address for Case Counting: Zip-Value Suffix:**Validations:**

A value must exist in Q04A

Only numeric values are allowed

Q05. Month-Year Reported:**Validations:**

Must be equal to or after January 01, 1990
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Must be equal to or before Month-Year Counted

Must be more than twelve months after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis

Must be equal to or after Date of Birth

Must be equal to or before Current Date

Must be equal to or after Month-Year arrived in US
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Must be in valid format: YYYY-MM-01, YYYY/MM/01, or YYYYMM01
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This is a required field for assimilation of record into the TIMS database
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Q06. Month-Year Counted:**Validations:**

Must be equal to or after Month-Year Reported

Must be equal to or after Date of Birth

Must be equal to or before the Current date

Must be equal to or after Month-Year Arrived in US
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Must be equal to or after December 31, 1992

Vercount must equal 1 (Yes)

Must be in valid format: YYYY-MM-01, YYYY/MM/01, or YYYYMM01
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If there is a value of 1 in Month-Year Counted: Unknown then must be blank
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If there is a value of Null in Month-Year Counted: Unknown then must be blank

If there is a value of 0 in Month-Year Counted: Unknown then must not be blank
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If vercrit is not equal to 1, 2, 3, or 4 then must be blank

Must be greater than twelve months after year of Previous Diagnosis

Q06. Month-Year Counted: Unknown**Validations:**

Must be a valid value of 0, Null or 1
If Month-Year Counted is blank then must equal Null or 1Blank
If Month-Year Counted is not blank then must equal 0
If vercrit is not equal to 1, 2, 3, or 4 then must be blank

Q07. Date of Birth:**Validations:**

Must be equal to or before Current Date
Must be equal to or before Date Submitted
Must be equal to or before Month-Year Reported
Must be equal to or before Month-Year Counted
Must be equal to or before Month-Year Arrived in US
Must be equal to or before Date Therapy Started
Must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Was Done
Must be equal to or before Date Specimen Collected on First Consistently Negative Culture
Must be equal to or before Date Final Isolate Collected for Which Drug Susceptibility Testing Was Done
Must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture
Must be in valid format: YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
This is a required field for assimilation of record into the TIMS database
Must be equal to or after Year of Previous Diagnosis
If there is a value of 1 in Date of Birth: Unknown, then must be blank
If there is a value of 0 in Date of Birth: Unknown, then must not be blank
Must be equal to or after 01/01/1880

Q07. Date of Birth: Unknown**Validations:**

Must be a valid value of 0 or 1
If Date of Birth (Q07) is blank then must equal 1
If Date of Birth (Q07) is not blank (Known Date) then must equal 0 (Known)

Q08. Sex:**Validations:**

Valid value of 1,2,9
The sex chosen must correspond to the anatomic values listed in Major Site of Disease: If site is Other, enter anatomic value (15B), Additional Site of Disease: If site is Other, enter anatomic value (16B), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q19B), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q19C), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q20B), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) (Q20C)

Q09A. Race**Validations:**

Valid value of 1,2,3,4,9

Q09B. Race: Specify:**Validations:**

Must have a value of 4 (Asian or Pacific Islander) in Race (Q09A)

Valid value of I, B, C, Z, F, G, H, N, J, K, L, M, P, X, W, S, V, Y, O, U

Q10. Ethnic Origin:**Validations:**

Valid value of 1,2,9

Q11A. Country of Origin: If US Check Here:**Validations:**

Valid value of 1, 9, or blank

Q11B. Country of Origin: If not US, enter Country Value:**Validations:**

Must have a blank in Q11A

Valid value from the Nations table.

Q12. Month-Year arrived in US:**Validations:**

Country of Origin: If US Check Here: must be blank
--

Must be equal to or after Date of Birth

Must be equal to or before Month-Year Counted

Must be equal to or before Month-Year Reported
--

Must be equal to or before Current Date

Must be equal to or before Date Therapy Started

Must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Testing Was Done
--

Must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture

Must be equal to or before Date Final Isolate Collected for Drug Susceptibility Testing Was Done
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Must be equal to or before Date Specimen Collected on First Consistently Negative Culture

Must equal to or after 01/1880

Must be in valid format: YYYY-MM-01, YYYY/MM/01, YYYYMM01, YYYY-01-01, YYYY/01/01 or YYYY0101

If there is a value of 2 in Month-Year Arrived in US: Unknown then must be partial unknown date (YYYY0101)
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If there is a value of 1 in Month-Year arrived in US: Unknown then must be blank
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If there is a value of Null in Month-Year arrived in US: Unknown then must be blank

If there is a value of 0 in Month-Year arrived in US: Unknown then must not be blank
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If Country of Origin: If not US, enter Country Value is blank, Month-Year arrived in US must be blank.
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Q12. Month-Year arrived in US: Unknown**Validations:**

Must be a valid value of 0, Null, 1 or 2
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If Month-Year arrived in US is blank then must equal Null or 1
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If Month-Year arrived in US (Q12) is not blank then must equal 0 or 2

Q13. Status at Diagnosis of TB:**Validations:**

Valid value of 1,2,9

Q14A. Previous Diagnosis of Tuberculosis:**Validations:**

Valid value of 1, 2, 9

Q14B. If Yes, list year of Previous Diagnosis:**Validations:**

Must be equal to or after 1900
Must be equal to or after Date of Birth
Must be greater than twelve months before Month-Year Reported
Must be greater than twelve months before Date First Isolate Collected for Which Drug Susceptibility Testing was Done
Must be greater than twelve months before Date Specimen Collected on Initial Positive Sputum Culture
Previous Diagnosis of Tuberculosis must be equal to 1
Must be in valid format: YYYY-01-01, YYYY/01/01, or YYYY0101
If there is a value of 1 in If Yes, list year of Previous Diagnosis: Unknown then must be blank
If there is a value of Null in If Yes, list year of Previous Diagnosis: Unknown then must be blank
If there is a value of 0 in If Yes, list year of Previous Diagnosis: Unknown then must not be blank
Must be greater than twelve months before Month-Year Counted

Q14B. If Yes, list year of Previous Diagnosis: Unknown**Validations:**

Must be a valid value of 0, Null or 1
If Yes, list year of Previous Diagnosis (Q14) is blank then must equal Null or 1
If Yes, list year of Previous Diagnosis (Q14) is not blank then must equal 0
Previous Diagnosis of Tuberculosis (Q14A) is must equal to 1

Q14C. If more than one previous episode, check here:**Validations:**

Previous Diagnosis of Tuberculosis: (Q14A) must be equal to 1
Valid value of 1,9

Q15A. Major Site of Disease:**Validations:**

Must not have the same value as Additional Site of Disease (Q16A) except for 80
Valid value of 00, 10, 21, 22, 23, 29, 30, 40, 50, 60, 70, 80, 90
Additional Site of Disease, Additional Site of Disease: If site is Other, enter anatomic value or Additional Site of Disease: If more than one additional site check here are not blank, must not be equal to 50 or 90
Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) have values, must not be equal to 90
Major Site of Disease: If site is "80" enter anatomic code has a value, must be equal to 80

Q15B. Major Site of Disease: If site is "(80) Other" enter anatomic value:**Validations:**

Major Site of Disease is equal to 80, there must be an anatomic value listed
The list of acceptable values is based on values entered in Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) and Sex

Q16A. Additional Site of Disease:**Validations:**

Must not have same entry as in Major Site of Disease except for 80
Major Site of Disease must not be equal to 50 or 90 or blank
If the value is 50, no other value may be included
Valid value of 00, 10, 21, 22, 23, 29, 30, 40, 50, 60, 70, 80, or 90
If Additional Site of Disease: If more than one additional site check here has a value of 1 then must contain more than one anatomic value in list
If a value exists in Additional Site of Disease: If site is "Other", enter anatomic code then 80 must exist in the list

Q16B. Additional Site of Disease: If site is "(80) Other" enter anatomic value:**Validations:**

If Additional Site of Disease contains 80 then Additional Site of Disease: If site is "(80) Other" enter anatomic code must contain an anatomic value
Must not have the same entry as Major Site of Disease: If site is "Other", enter anatomic value
The list of acceptable values is based on values entered in Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic value(s), or Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s), Culture of Tissue and Other Body Fluids: If positive, enter anatomic value(s) and Sex. See Appendix A

16C. Additional Site of Disease: If more than one additional site check here:

Validations:

Valid value of 1, or blank
If Additional Site of Disease (Q16A) has more than one site listed then value must be 1

Q17. Sputum Smear:

Validations:

Major Site of Disease or Additional Site of Disease (16A) must equal 00, 10, 22, or 50 or Major Site of Disease: If site is Other, enter anatomic value or Additional Site of Disease: If site is Other, enter anatomic value must contain one of the Following Anatomic Values: 18, 19, 20, 21, and 22, Sputum Smear must equal 1
Valid value of 1, 2, 3, 9

Q18. Sputum Culture:

Validations:

Sputum Culture is equal to 1, Major Site of Disease or Additional Site of Disease must equal 00, 10, 22, or 50 or Major Site of Disease or Additional Site of Disease must contain one of the Following Anatomic Values: 18, 19, 20, 21, and 22
Reason Therapy Stopped must not be Not TB if Sputum Culture is equal to 1
If equal to 2, 9 or 3 then Sputum Conversion Documented must not be 1.
Valid Value of 1, 2, 3, 9

Q19A. Microscopic Exam of Tissue and Other Body Fluids:

Validations:

Valid value of 1, 2, 3, 9
If a value exists in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) or Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then Microscopic Exam of Tissue and Other Body Fluids must be equal to 1

Q19B. Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):

Validations:

Must not have the same anatomic value listed in Q19C
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex (Q8), Major Site of Disease (Q15A, and Q15B) Additional Site of Disease (Q16A, and Q16B). See Appendix A
Microscopic exam of Tissue and Other body Fluids must be equal to 1
Major site of Disease must not be blank or contain 90
If there is a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then there must be a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s)

Q19C. Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):

Validations:

Must not have the same anatomic value listed in Q19B
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease Additional Site of Disease and Culture of Tissue and Other Body Fluids. See Appendix A
Microscopic exam of Tissue and Other body Fluids must be equal to 1
Major site of Disease must not be blank or equal to 90
There must be a value in Q19B

Q20A. Culture of Tissue and Other Body Fluids:

Validations:

Valid value of 1, 2, 3, 9
If Reason Therapy Stopped is equal to 5 then Culture of Tissue and Other Body Fluids must not be equal to 1
If there are values in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) or Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) then Culture of Tissue and Other Body Fluids must be equal to 1

Q20B. Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):

Validations:

Culture of Tissue and Other Body Fluids must be equal to 1
Must not have the same anatomic value as in Q20C
Major Site of Disease must not be blank or contain 90
Must be a valid value from the Anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease and Additional Site of Disease
If there is a value in Q20C then there must be a value in Q20B

Q20C. Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s):

Validations:

Must not have the same anatomic value listed in Q20B
Major site of Disease must not be blank or be equal to 90
There must be a value in Q20B
Must be a valid value from the anatomic value list. Acceptable anatomic value values are based on the values entered in Sex, Major Site of Disease and Additional Site of Disease
Culture of Tissue and Other body Fluids must be equal to 1

Q21A. Chest X-Ray:

Validations:

Valid value of 1, 2, 3, 9
If there is a value in Chest X-Ray: If Abnormal (Q21B) or Chest X-Ray: If Abnormal (Q21C) then Chest X-Ray must equal 2

Q21B. Chest X-Ray: If Abnormal:

Validations:

Chest X-Ray must equal 2
Valid value of 1,2,3,9

Q21C. Chest X-Ray: If Abnormal:

Validations:

Chest X-Ray must be equal to 2
Valid value 1,2,3,9

Q22A. Tuberculin (mantoux) Skin Test at Diagnosis:

Validations:

If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is greater than 9 and less than 99 then Tuberculin (mantoux) Skin Test at Diagnosis must be equal to 1
If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is less than 05 then Tuberculin (mantoux) Skin Test at Diagnosis must be 2
Valid value of 1,2,3,9
If Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration is equal to 99 or greater than 4 and less than 10 then Tuberculin (mantoux) Skin Test at Diagnosis must be equal to either 1 or 2

Q22B. Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration:

Validations:

Tuberculin (Mantoux) Skin Test at Diagnosis must be equal to 1 or 2
If Tuberculin (mantoux) Skin Test at Diagnosis is equal to 1 then Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration must be greater than 04 and less than 98 or equal to 99
If Tuberculin (mantoux) Skin Test at Diagnosis is equal to 2 then Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration must be less than 10 equal to 99

Q22C. Tuberculin (mantoux) Skin Test at Diagnosis: If Negative (2), was patient anergic?:

Validations:

Tuberculin (mantoux) Skin Test at Diagnosis must be equal to 2
Valid value of 1, 2, 9

Q23A. HIV Status

Validations:

Valid value of 0, 1, 2, 3, 4, 5, 9
If HIV Status: If Positive, Based on or HIV Status: If Positive, List: CDC AIDS Patient Number or HIV Status If Positive, List: City/County HIV/AIDS Patient Number or HIV Status If Positive, List: State HIV/AIDS Patient Number has a value then HIV Status must be equal to 1 (Positive)

Q23B. HIV Status: If Positive, Based on:

Validations:

HIV Status must be equal to 1
Valid value 1, 2, 9

Q23C. HIV Status: If Positive, List: CDC AIDS Patient Number:

Validations:

HIV Status must be equal to 1

Must be in alphanumeric format

Q23D. HIV Status: If Positive, List: State HIV/AIDS Patient Number:

Validations:

HIV Status must be equal to 1

Must be in alphanumeric format

Q23E. HIV Status: If Positive, List: City/County HIV/AIDS Patient Number:

Validations:

HIV Status must be equal to 1

Must be in alphanumeric format

Q24. Homeless Within Past Year:

Validations:

Valid value of 0, 1, 9

Q25A. Resident of Correctional Facility at Time of Diagnosis:

Validations:

Valid value of 0, 1, 9

Resident of Correctional Facility at Time of Diagnosis can only have a value if Resident of Long Term Care Facility at Time of Diagnosis contains a Blank, 0 or 9 and Resident of Long Term Care Facility at Time of Diagnosis: If Yes, is blank
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If Resident of Correctional Facility at Time of Diagnosis: If Yes has a value then Resident of Correctional Facility at Time of Diagnosis must be equal to 1
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If Resident of Long Term Care Facility at Time of Diagnosis is equal to 1 then must be equal to 0

Q25B. Resident of Correctional Facility at Time of Diagnosis: If Yes:

Validations:

Resident of Correctional Facility at Time of Diagnosis must be equal to 1

Resident of Long Term Care Facility at Time of Diagnosis is not equal to Blank, 0, 9, Resident of Correctional Facility at Time of Diagnosis: If Yes must be blank
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If Resident of Long Term Care Facility at Time of Diagnosis: If Yes, is not blank then Resident of Correctional Facility at Time of Diagnosis: If Yes must be blank

Valid value of 1, 2, 3, 4, 5, 9

Q26A. Resident of Long-Term Care Facility at Time of Diagnosis:

Validations:

Resident of Long-Term Care Facility at Time of Diagnosis can only have a value if Resident of Correctional Facility at Time of Diagnosis is equal to 0, 9 and Resident of Correctional Facility at Time of Diagnosis If Yes is blank
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If Resident of Long-Term Care Facility at Time of Diagnosis: If Yes has a value then Resident of Long-Term Care Facility at Time of Diagnosis must equal 1
--

Valid value of 0, 1, 9

Resident of Long-Term Care Facility at Time of Diagnosis must equal 0 if Resident of Correctional Facility at Time of Diagnosis is equal to 1

Q26B. Resident of Long-Term Care Facility at Time of Diagnosis: If Yes:

Validations:

Resident of Correctional Facility at Time of Diagnosis not equal to blank, 0, or 9, Resident of Long-Term Care Facility at Time of Diagnosis: If Yes must be blank
If Resident of Correctional Facility at Time of Diagnosis: If Yes is not blank then Resident of Long-Term Care Facility at Time of Diagnosis: If Yes must be blank
Valid value 1, 2, 3, 4, 5, 6, 9
Resident of Long-Term Care Facility at Time of Diagnosis: If Yes can have a value if Resident of Long Term Care Facility at Time of Diagnosis must equal 1

Q27. Initial Drug Regimen:

Validations:

Valid Value of 0, 1, 9
Date Therapy Started or Date Therapy Stopped have values, can not be blank.

Q28. Date Therapy Started:

Validations:

Must be equal to or before Date Therapy Stopped
Must be equal to or before Current Date
Must be equal to or after Date of Birth
Must be equal to or after Month-Year Arrived in U.S.
Number of weeks entered in Number of Weeks of Directly Observed Therapy must not exceed number of weeks between Date Therapy Started and Date Therapy Stopped
There must be at least one drug in Initial Drug Regimen marked 1
If there is a value of 1 in Date Therapy Started: Unknown then must be blank
If there is a value of Null in Date Therapy Started: Unknown then must be blank
If there is a value of 0 in Date Therapy Started: Unknown then must not be blank
If there is a value of 2 in Date Therapy Started: Unknown then must be a partial date
Must be in valid format: YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD, YYYYMM01, YYYY/MM/01 or YYYY-MM-01

Q28. Date Therapy Started: Unknown

Validations:

Must be a valid value of 0, Null or 1
If Date Therapy Started: Unknown (Q28) is blank then must equal Null or 1
If Date Therapy Started: Unknown (Q28) is not blank, must equal 0, or 2

Q29. Injecting Drug Use Within Past Year:

Validations:

Valid value of 0, 1, 9

Q30. Non-Injecting Drug Use Within Past Year:

Validations:

Valid value of 0, 1, 9

Q31. Excess Alcohol Use Within Past Year?

Validations:

Valid value of 0, 1, 9

Q32A. Occupation (Check all that apply within the past 24 months): Health Care Worker
Validations:

Valid value of 1 or blank (No)
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank

Q32B. Occupation (Check all that apply within the past 24 months): Correctional Employee
Validations:

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank (No)

Q32C. Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker
Validations:

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank

Q32D. Occupation (Check all that apply within the past 24 months): Other Occupation
Validations:

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Not Employed Within Past 24 Months and Occupation (Check all that apply within the past 24 months): Unknown must equal Blank

Q32E. Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months
Validations:

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Health Care Worker, Occupation (Check all that apply within the past 24 months): Correctional Employee, Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker, Occupation (Check all that apply within the past 24 months): Other Occupation and Occupation (Check all that apply within the past 24 months): Unknown must all equal Blank

Q32F. Occupation (Check all that apply within the past 24 months): Unknown
Validations:

Valid value of 1 or blank
Occupation (Check all that apply within the past 24 months): Health Care Worker, Occupation (Check all that apply within the past 24 months): Correctional Employee, Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker, Occupation (Check all that apply within the past 24 months): Other Occupation and Occupation (Check all that apply within the past 24 months): Not Employed With 24 Past Month must all equal Blank

Q33A. Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done:**Validations:**

If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No , Not Done or Unknown then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must not be equal to 1
If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? is equal to 1 then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done must be equal to 1
Must be a valid value of 0, 1, 9
If there is a value in then If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: has a value then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If the Final Susceptibility Results are not blank then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1
If Susceptibility Results are not blank then Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? must be equal to 1

Q33B. If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done?**Validations:**

If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
Date First Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Date of Birth
Date First Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Month-Year Arrived in US
Date First Isolate Collected for Which Drug Susceptibility was Done must be greater or equal to 30 days before Date Final Isolate Collected for Which Drug Susceptibility Was Done
Must be equal to or before Current Date
Initial Drug Susceptibility Results must be equal to 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No, Not Done or Unknown then If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of 1 in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown , If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of Null in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown, If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must be blank
There is a value of 0 in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown, If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done must not be blank

Q33B. If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown?

Validations:

Must be a valid value of 0, Null or 1
If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done is blank, must equal Null or 1
If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done is not blank, must equal 0

Q34. Susceptibility Results:

Validations:

Valid value of 1, 2, 3, 9
Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done must equal Yes.
If Sputum Culture and Culture of Tissue and Other Body Fluids are equal to No, Not Done or Unknown then Susceptibility Results must be blank

NOTE: As each drug is entered as a separate field then these checks must be performed on the entire listing of Drugs.

Q35A. Sputum Culture Conversion Documented

Validations:

Sputum Culture must equal 1
If Yes, Date Specimen Collected on Initial Positive sputum Culture has a value then Sputum Culture Conversion Documented must be equal to 1
If Yes, Date Specimen Collected on First Consistently Negative Culture: has a value then Sputum Culture Conversion Documented must be equal to 1
Valid value of 0,1,9

Q35B. If Yes, Date Specimen Collected on Initial Positive Sputum Culture:

Validations:

If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or after Date of Birth
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or after Month-Year arrived in US
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or before Current Date
If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be equal to or before Date Specimen Collected on First Consistently Negative Culture
Sputum Culture Conversion Documented must be equal to 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value in If Yes, Date Specimen Collected on First Consistently Negative Culture then there must be a value in Date Specimen Collected on Initial Positive Sputum Culture
If there is a value of 1 in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must be blank
If there is a value of Null in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must be blank
If there is a value of 0 in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown then must not be blank.

Q35B. If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown**Validations:**

Must be a valid value of 0, Null or 1
If Yes, Date Specimen Collected on Initial Positive Sputum Culture is blank then must equal Null (Blank) or 1 (Unknown)
If Yes, Date Specimen Collected on Initial Positive Sputum Culture is not blank (Known Date) then must equal 0 (Known)
Sputum Culture Conversion Documented is blank, If Yes, Date Specimen Collected on Initial Positive Sputum Culture must be blank

Q35C. If Yes, Date Specimen Collected on First Consistently Negative Culture:**Validations:**

If Yes, Date Specimen Collected on First Consistently Negative Culture must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis
If Yes, Date Specimen Collected on First Consistently Negative Culture must be equal to or after Date of Birth
If Yes, Date Specimen Collected on First Consistently Negative Culture must be equal to or after Month-Year arrived in US
If Yes, Date Specimen Collected on First Consistently Negative Culture be must equal to or before Current Date
If Yes, Date Specimen Collected on First Consistently Negative Culture must be after If Yes, Date Specimen Collected on Initial Positive Sputum
Sputum Culture Conversion Documented must be equal to 1
If Yes, Date Specimen Collected on Initial Positive Sputum Culture cannot be blank
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value of 1 in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C) then must be blank
If there is a value of Null (Blank) in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown then must be blank
If there is a value of 0 (Known) in If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown then must not be blank

Q35C. Date Specimen Collected on First Consistently Negative Culture: Unknown**Validations:**

Must be a valid value of 0, Null or 1
If Date Specimen Collected on First Consistently Negative Culture is blank then must equal Null (Blank) or 1 (Unknown)
If Date Specimen Collected on First Consistently Negative Culture is not blank (Known Date) then must equal 0 (Known)
If Sputum Culture Conversion Documented is blank then must be blank

Q36. Date Therapy Stopped:**Validations:**

Date Therapy Stopped must be equal to or after Date Therapy Started
The number of weeks between Date Therapy Started and Date Therapy Stopped must not be less than the number of weeks in Number of Weeks of Directly Observed Therapy
There must be at least one drug marked Yes in Initial Drug Regimen
Date Therapy Stopped must be equal to or before Current Date
Must in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value of 1 in Date Therapy Stopped: Unknown then must be blank
If there is a value of Null Blank in Date Therapy Stopped: Unknown then must be blank
If there is a value of 0 in Date Therapy Stopped: Unknown then must not be blank
If there is a value of 2 in Date Therapy Stopped: Unknown then must be a partial date

Q36. Date Therapy Stopped: Unknown

Validations:

Must be a valid value of 0, Null, 1 or 2
If Date Therapy Stopped is blank then must equal Null (Blank) or 1 (Unknown)
If Date Therapy Stopped is not blank (Known Date) then must equal 0 (Known) or 2

Q37. Reason Therapy Stopped:

Validations:

If Sputum Culture is equal to 1 then 5 is not a valid value
If Culture of Tissue and Other Body Fluids is equal to 1 then 5 is not a valid value
There must be at least one drug marked 1 in Initial Drug Regimen
Must be a valid value of 1, 2, 3, 4, 5, 6, 7, 9

Q38. Type of Health Care Provider:

Validations:

Valid value 1, 2, 3

Q39A. Directly Observed Therapy:

Validations:

If there is a value in If Yes, Give Site(s) of Directly Observed Therapy: then Directly Observed Therapy must not be equal to Blank, 0 or 9
Valid value of 0, 1, 2, 9
If there is a value in Number of Weeks of Directly Observed Therapy then Directly Observed Therapy must not be equal to Blank, 0 or 9

Q39B. If Yes, Give Site(s) of Directly Observed Therapy:

Validations:

Valid value of 1, 2, 3, 9
Directly observed Therapy must equal 1 or 2

Q39C. Number of Weeks of Directly Observed Therapy:

Validations:

Must be equal to or less than the number of weeks in the range between Date Therapy Started and Date Therapy Stopped
Directly observed Therapy must equal 1 or 2
Must be in a valid numeric format

Q40A. Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done?

Validations:

If Initial Drug Susceptibility Testing is not equal to 1 then Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must not be equal to 1
If there is a value in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done then If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
If there is a value in Final Susceptibility Results then If Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
Must be a valid value of 0, 1, 9

Q40B. If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done:

Validations:

If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to greater than 30 days after If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility Testing Was Done
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Date of Birth
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or after Month-Year Arrived in US
If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done must be equal to or before Current Date
Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must equal 1
Must be in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD
If there is a value of 1 in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must be blank
If there is a value of Null Blank in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must be blank
If there is a value of 0 in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown then must not be blank

Q40B. If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown

Validations:

Must be a valid value of 0, Null or 1
If If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done is equal to Null then must equal Null Blank or 1
If If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done is not blank then must equal 1
Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? is blank, If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown must be blank

Q41. Final Susceptibility Results:

Validations:

Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? must be equal to 1
Valid value of 1, 2, 3, 9

NOTE: As each drug is entered as a separate field then these checks must be performed on the entire listing of Drugs.

QCV.1 Do You want to count this patient at CDC as a verified case of TB?

Validations:

Case verification calculation must have generated one of the following values: 1, 2, 3, or 4
Valid value of 1, 2, Blank
If there is value in Month-Year Counted (Q06) then must not be blank.