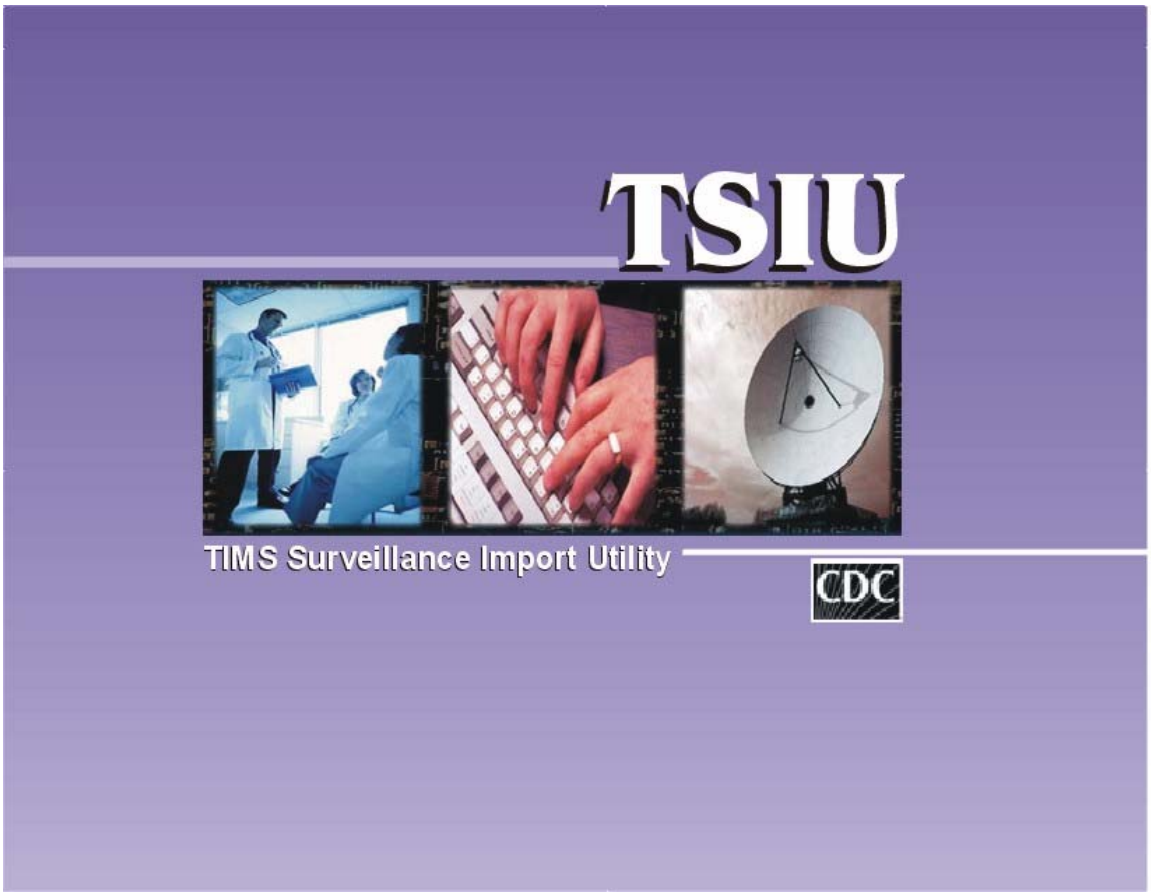

TIMS Surveillance Import Utility (TSIU) "How To" Guide

Version 1.2 (Beta)
July 2004

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
National Center for HIV, STD and TB Prevention
Division of Tuberculosis Elimination

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1. Introduction

The TIMS Surveillance Import Utility (TSIU) was developed because TIMS sites wanted the ability to import surveillance data into the TIMS database from their local proprietary information management systems. The current beta version of TSIU will only import at the Reporting Area Level into the TIMS database, therefore creating TIMS records that are owned by the Reporting Area.

Sites must create an import file by exporting data out of their own system into one of the file formats described in Appendix A. TSIU import will include Month-Year Reported 1999, and later, surveillance data.

TSIU will check imported surveillance records against the 350+ TIMS validations ("Validate" option), and the option to connect to the TIMS database and to import records passing the validations ("Validate and Assimilate" option). Summary and detail reports provide information on how many and which types of records were processed, which records were rejected and why, which were accepted/imported, and which were processed for deletion.

Users are encouraged to use the validate option to check the accuracy of the surveillance data in the import file and make the necessary corrections in their own system. It is the responsibility of the users to maintain the accuracy and consistency of the surveillance data in both the reporting area's own system and TIMS. The site must manage deletions and transmissions of assimilated records through the TIMS application to the Centers for Disease Control and Prevention (CDC).

2. Installation

Installation of TSIU requires that TIMS 1.2 be installed on the PC you are going to use for TSIU. TSIU also requires the following ODBC drivers to be installed:

- Microsoft Text Driver (*.txt, *.csv)
- Microsoft Excel Driver (*.xls)

You may verify that these drivers are installed by checking for the drivers in the Control Panel's **ODBC Data Source Administrator** under the **Drivers** tab.

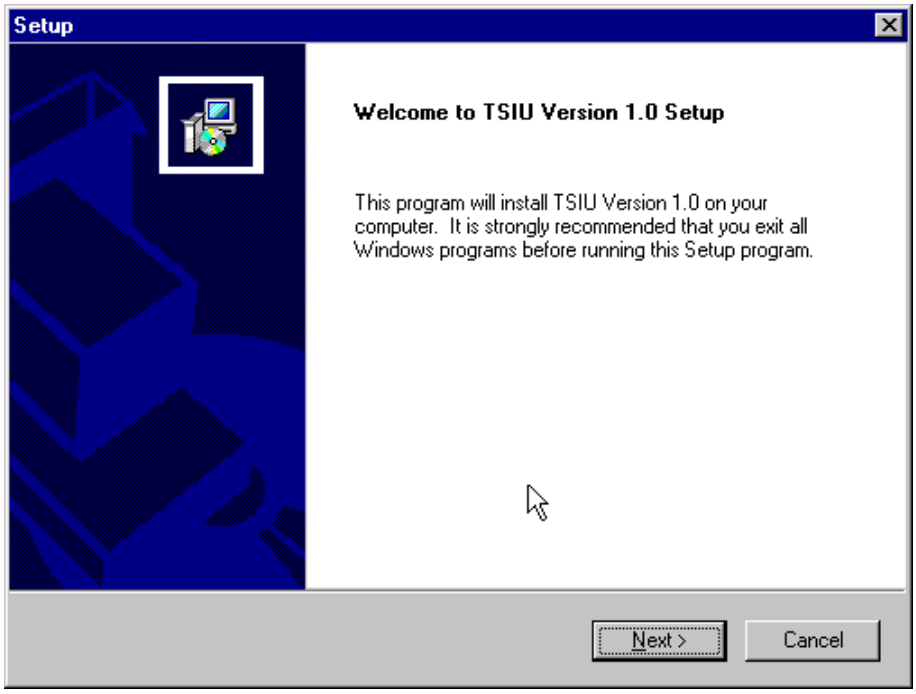
Installation of TSIU will perform the following:

- Setup creates a directory **Import** under **C:\TIMS** and copies all application related files to this directory.
- Setup creates an entry **TSIU 1.2** on the Start Menu under **Start/Programs/TIMS**.
- Setup creates an empty TSIU Beta Database for importing data.
- Setup creates two icons on the desktop **TSIU.reg** and **TIMSPROD.reg**. These two files are registry files that will point the TIMS program to either your current production database (**TIMSPROD.reg**) or the newly created TSIU Beta Database (**TSIU.reg**).

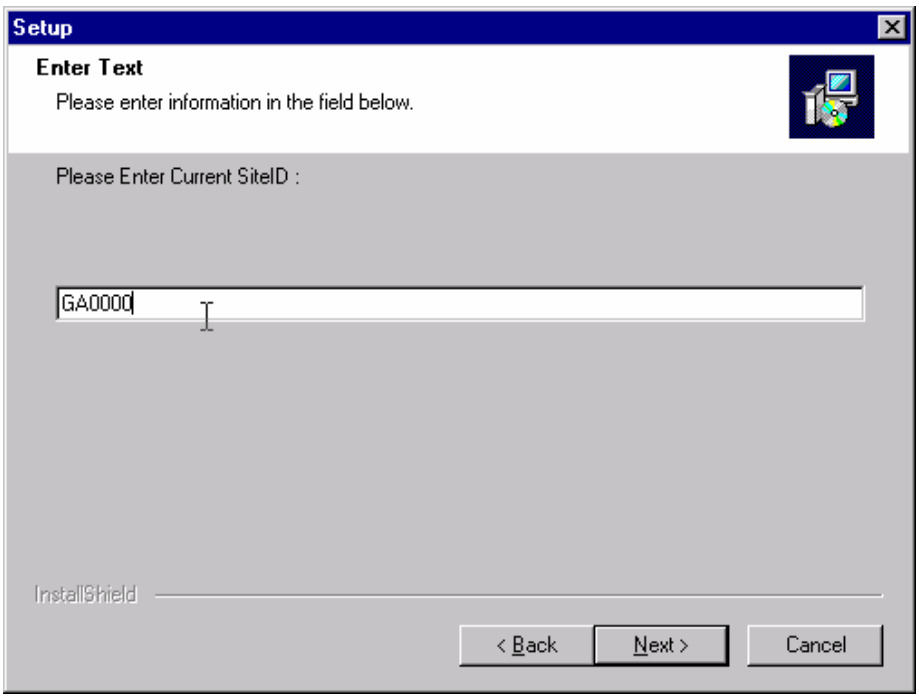
2.1 How to Install TSIU

1. Exit the TIMS application and close all open applications.
2. Insert the TSIU Installation CD into the CDROM drive.
3. The TSIU Setup program should start automatically. If it does not, go to Start, Run and enter E:\Setup.exe (where E: is the CDROM drive letter).

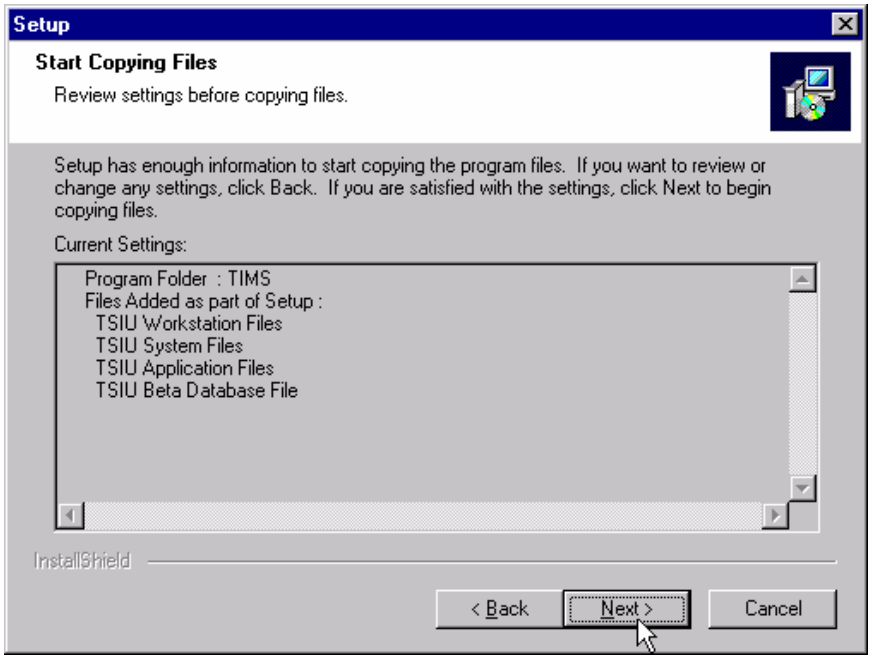
4. The first screen to appear is the setup Welcome screen. If you want to continue, click "Next>". If not, click "Cancel" to exit the program.



5. Next, enter the SiteID. Click "Next>" to proceed.



6. The Copying Files screen will appear. The setup program is now ready to copy all the program files to the workstation hard disk. Click "Next>" to proceed.

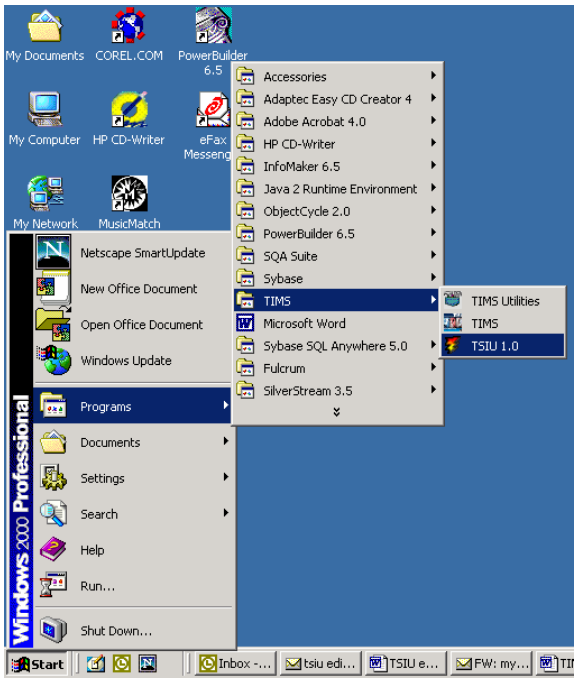


7. TSIU is now installed.

3. Using TSIU

3.1 How to Access TSIU

TSIU is located in the TIMS folder and may be accessed by selecting **Programs**, **TIMS**, then **TSIU 1.2** from the **Start** menu.



3.2 How to Process a File

Before processing a file the user must create an import file from the user's own system in accordance with the specifications in Appendix A. The user may choose to either Validate or Validate and Assimilate the records in an import file.

3.2.1.1 Validate

Any user may validate records in an import file without access to the TIMS database. The validation process performs all TIMS validation checks and calculations and generates validation results.

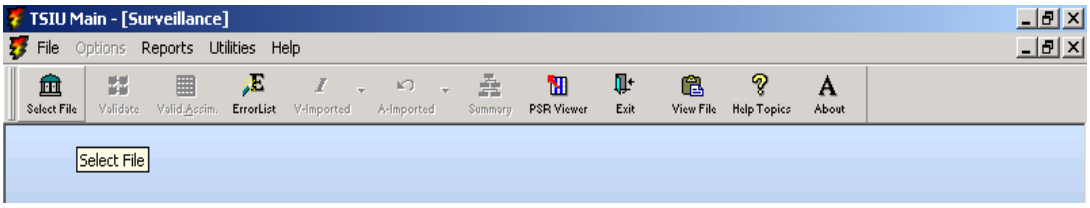
It is strongly recommended that the user correct the data in the user's own system and then create a new import file. If changes are made to the import file rather than in he user's own system, users risk introducing data discrepancies between the user's own system and TIMS. The next time an import file is generated from the user's own system, errors, which were corrected previously, will be need to be corrected again.

3.2.1.2 Validate and Assimilate

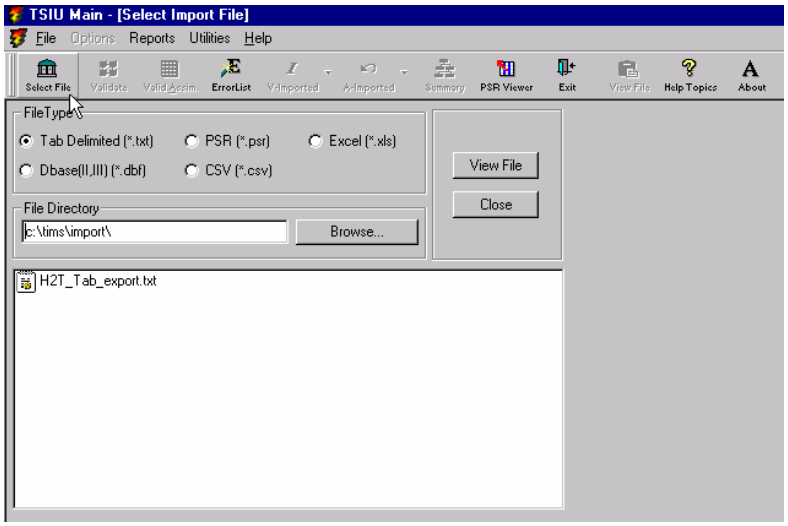
Only a TIMS system administrator may choose the Validate and Assimilate option. The validation and assimilation process requires an existing TIMS database. The process performs all TIMS validation checks and calculations, assimilates all eligible records into the TIMS database and generates assimilation results. Only records that pass all validations are eligible for assimilation into the TIMS database.

3.2.2 Steps to Select a File to Import

1. Click on Select File icon from the TSIU menu bar.



The Select Import File window will appear. The default directory will be displayed.

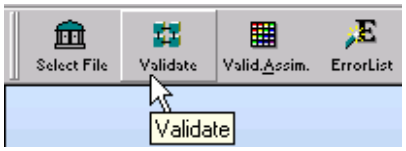


2. Select the File Type of the import file and the available files of that type are displayed in the file list. See Appendix A for file type descriptions.
3. Select the Browse button to choose another directory, if necessary.

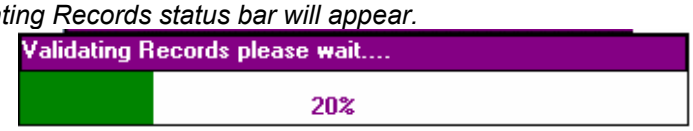
4. Select the file to import from the file list by double clicking on the file. The file chosen should now appear in the File Directory listing.
5. Click the Accept button and the user is returned to the TSIU main window.

3.2.3 Steps to Validate a File

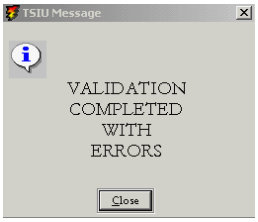
1. Select a File following the steps outlined in **Steps to Select a File to Import**
2. Click the Validate button,



The Validating Records status bar will appear.



You will either receive
a successful TSIU Message box OR an unsuccessful TSIU Message box.

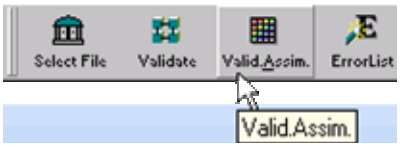


*** Viewing reports outlined in section 3.3 will provide specific information regarding the validation errors.**

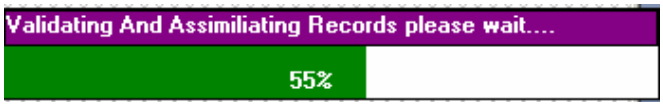
3. Click the Close button.

3.2.4 Steps to Validate and Assimilate a File

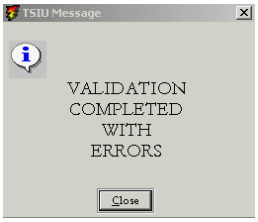
1. Select a File following the steps outlined in **Steps to Select a File to Import**
2. Click the Valid Assim button,



The Validating and Assimilating Records status bar will appear.



You will either receive
a successful TSIU Message box OR an unsuccessful TSIU Message box.



*** Viewing reports outlined in section 3.3 will provide specific information regarding the validation errors.**

3. Click the Close button.

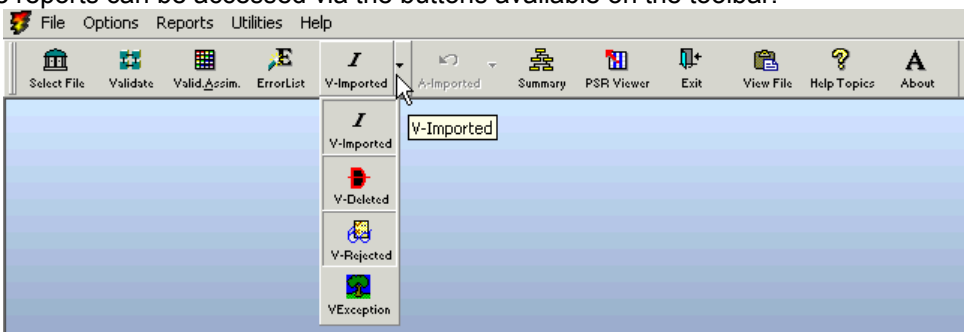
3.3 How to View Reports

3.3.1 Types of Reports

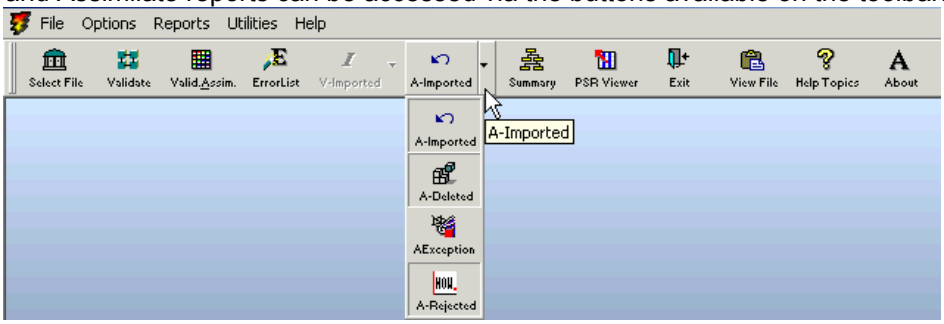
TSIU generates the following reports:

- Error List Report
- Processed Records Summary Report
- Rejected Records Report
- Accepted Records Report (Validate) or Imported Records Report (Validate and Assimilate)
- Deleted Records Report
- City/County Exception Report

The Validate reports can be accessed via the buttons available on the toolbar.



The Validate and Assimilate reports can be accessed via the buttons available on the toolbar.



3.3.1.1 Error List Report

A detailed report that lists all validation checks with corresponding error codes. The user should print out the error list report prior to examining the rejected records report. By matching the error coded in the rejected records report to the codes found in the error list, users can determine what data needs to be corrected in the user's own system. This error list is also provided in Appendix C.

3.3.1.2 Processed Records Summary Report

A summary report will be generated following each Validate or Validate and Assimilate process. This report displays the number of records that were processed, and how many of each type were new/updated, deleted, rejected and accepted /imported (i.e., passed all validations).

TSIU
TIMS SURVEILLANCE IMPORT UTILITY

VALIDATION - PROCESSED RECORDS SUMMARY REPORT

(Site : Not set)

Date : 02/28/2001

	Status	RVCT	Follow-Up 1	Follow-Up 2	Client	Address
1	Records Processed	2	2	2	1	1
2	New/Updated	1	1	1	1	1
3	Deleted	0	0	0	0	0
4	Rejected	1	1	1	0	0
5	Accepted/Eligible	1	1	1	1	1

3.3.1.3 Rejected Records Report

Records that do not pass all validations will be rejected and listed in the Rejected Records Report. This detailed report will include a header containing each client's State Case Number, Last Name, First Name, Middle Name and Month-Year Reported followed by a detailed listing of which surveillance records (RVCT, Follow-Up 1 and Follow-Up 2) failed and why. If no errors are found, the error report will state: "No errors found. Records passed all validation checks".

TSIU - Rejected Records Report Zoom: 87%)

File Display

SaveAs PrintPreview PrinterSetup Print First Page Prev. Page Next Page Last Page Zoom Zoom Out Zoom In Home

TSIU
TIMS SURVEILLANCE IMPORT UTILITY

**** Confidential Patient Information ****

VALIDATION - REJECTED RECORDS REPORT

Date : 02/28/2001

State Case No.	Last Name	First Name	Middle Name	Date Reported
080827850	SOSOSAMO(**^(^&(*&	WILLIAM		7/1993

	Record	Column Name	Column Value	Error
1	RVCT	lastname	SOSOSAMO(**^(^&(*&	-32

3.3.1.4 Accepted/Imported Records Report

Records that pass all validations and are eligible for assimilation into the database will be written to the Accepted Records Report. This detailed report will include Last Name, First Name, State Case Number, City/County Case Number, Import File Record Type, Actual Type after Assimilation, Case Verification Criteria, Count Status, Count Date and Report date.

TSIU - Imported Records Report

File Display

SaveAs PrintPreview PrinterSetup Print First Page Prev. Page Next Page Last Page Zoom Zoom Out Zoom In Home

TSIU
TIMS - SURVEILLANCE IMPORT UTILITY

**** Confidential Patient Information ****

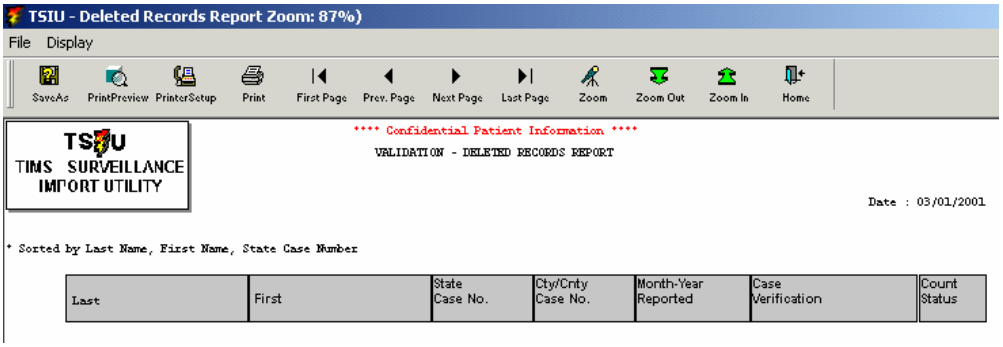
VALIDATION – ACCEPTED RECORDS REPORT

* Sorted by Last Name, First Name, State Case Number

	Last	First	State Case No.	Cty/Cnty Case No.	File Rtype	Actual Type	Case Verification	Count Status
1	NEZEZIMIN	GLADYS	136571000		NEW		Verified by Prov	Yes

3.3.1.5 Deleted Records Report

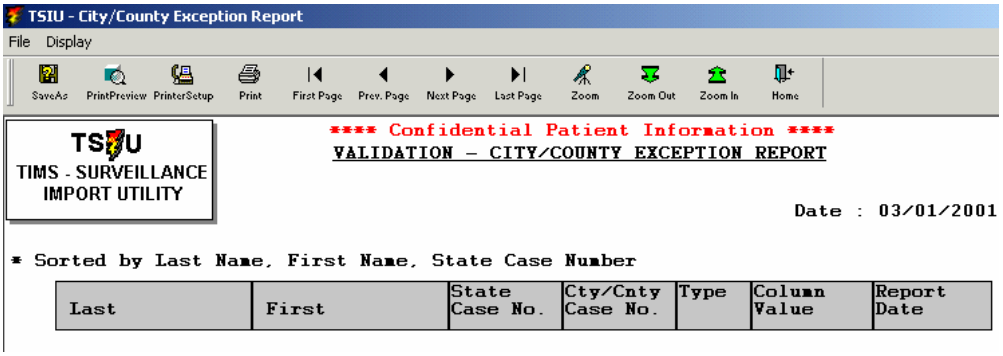
The Deleted Records Report displays each imported record marked for deletion. This detailed report will include Client's first and last name, State Case Number, Local Case Number, Month-Year Reported, Case Verification and Count Status. The report will also remind the user to delete records in TIMS using the normal TIMS deletion process.



3.3.1.6 City / County Exception Report

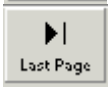
Each Reporting Area based system may have used a different spelling for cities and counties than are currently used in TIMS. As a result, records exported from a Reporting Area system may fail the TSIU validation checks on city and county. During the assimilation of these records, if a matching city or county value is not found and no other validation check fails, the record will be assimilated into the TIMS database with the value of "City not Specified" or "County not Specified" respectively.

The City/County Exception Report provides a listing for each record that was imported into the TIMS database with values of "City not Specified" or "County not Specified". The report lists each record by Last name, First name, State Case Number, City/County Case Number, Type (which field had the non-matching city or county value), the column value that was supplied in the import file and Month-Year Reported. Users can examine the report and decide if the records need to be manually updated in TIMS with the correct city or county name, or if a change to the city and county list is warranted in the Reporting Area System.



3.3.2 Navigating Reports

You can move through multiple page reports by clicking on any of the navigational buttons in the toolbar.

Button	Direction
	The First Page button enables you to go directly to the first page of the report.
	The Previous Page button enables you to move to the consecutive previously viewed page of the report.
	The Next Page button enables you to move to the next consecutive page of the report.
	The Last Page button enables you to go directly to the very last page of the report.

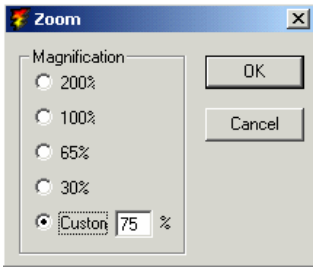
3.3.2.1 Zoom

You may also adjust the visibility of your report by using the zoom feature.

To adjust visibility…

1. Click the Zoom button on the toolbar.

   The Zoom window will appear.



2. Select one of the preset magnifications or select Custom and enter a numerical value.
3. Click OK.

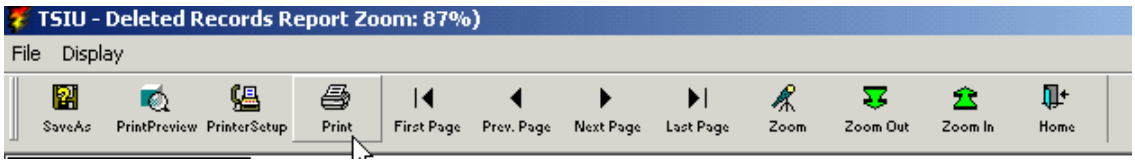
You may also 'Zoom In' to get a close up view of your report or 'Zoom Out' to see more of the page at a reduced size. Either button can be clicked numerous times to achieve the desired effect.

3.3.2.2 Printing Reports

Any report can be printed using the print option.

To print a report…

1. Click the Print icon from the menu bar on the report.



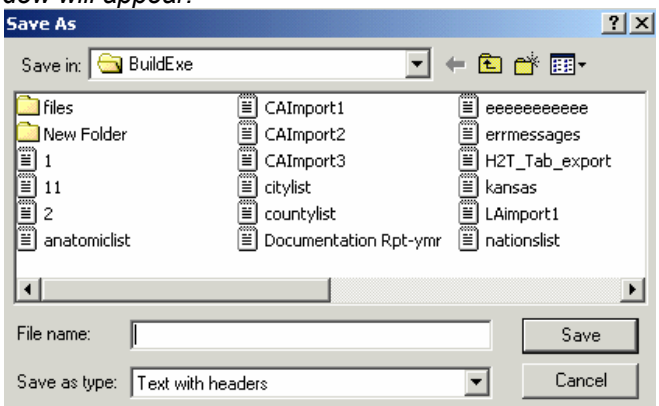
3.3.2.3 Saving Reports

Any report can be saved electronically by using the Save As option. Saving the report is useful when referencing reports for comparison.

To save a report…

1. Click the Save As icon from the menu bar on the report.

The Save As window will appear.



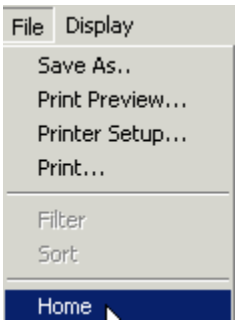
2. Select the directory from the Save in drop down text box or create one by clicking the new folder icon to the right.
3. Enter a report name in the File name field.
4. Click the Save button.

   The report is now saved and can be accessed in the future.

3.3.2.4 Close Reports

To exit a report…

1. Select File from the menu bar.
2. Click Home.



Or

- Click the Home button on the toolbar.

The Report will close.

Appendix A. TSIU Import File Specification

The user must create a formatted input file according to the TSIU import file structure as outlined below. This import file contains all Client, RVCT, Follow-Up 1 and Follow-Up 2 information that is to be imported into TIMS. The file may be one of the following formats:

TXT A tab delimited text file with no header information.
CSV A comma separated text file with header information.
XLS An Excel derived file with header information.
PSR A Power Soft Report file with no header information.
DBF A Dbase III or IV file with header information.

The TIMS record types populated during import are Client, Address (reporting only), RVCT, Follow-Up 1, and Follow-Up 2. User-Defined Fields (UDVs) will not be populated.

A.1. Record Format

Records must contain all the columns as specified in the import file structure below. Although data does not have to occupy each column, columns containing data must match the format specifications stipulated. Records that are improperly formatted, do not contain all the columns, or are missing information from the required fields will be rejected during the validation process. Each record must contain State Case Number, Month-Year Reported, Birth Date, Unknown Birth Date Flag, First Name and Last Name.

A.2. Status Codes

Records imported with a value of 'D' will be marked for deletion in the TIMS database. Users must follow the TIMS deletion process to remove the record(s) from the database, including data transfer and acknowledgement of deleted records to the CDC.

A.3. Record Uniqueness

Record uniqueness is based on a combination key consisting of the State Case Number and Month-Year Reported. During Validate, uniqueness is checked only against the records in the import file generated from the Reporting Area system. During Validate and Assimilate, in addition to a check for uniqueness within the import file, there is a uniqueness check on the records in the TIMS database.

If two records exist in the import file with the same State Case Number and the same Report Year, these records will both be rejected as duplicates.

If there is a record in the TIMS database with the same State Case Number and Report Year, but different month as a record in the import file, the record in the import file will be rejected as a duplicate record.

If there is a record in the TIMS database with the same State Case Number and Month-Year Report date as a record in the import file the record in the TIMS database will be updated with the information from the record in the import file.

If a record's State Case Number or Month-Year Reported needs to be changed, prior to importing the record with the new values, the existing record in the TIMS database needs to be processed as a TIMS deletion, including marking the record for deletion, transferring, if needed, the deleted record and purging the record once the acknowledgement of the deletion is received from CDC.

A.4. Reporting Race

Statistical Policy Directive No.15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting required a change to the data collection of race. Specifically, Asian or Pacific Islander category has been separated into two different categories, **Asian** and **Native Hawaiian or other Pacific Islander**, more than one race may be reported and extended HL7

codes are collected for the two new categories. Due to transition issues related to keeping historical data, implementing this reporting change and MMWR reporting, TSIU has been modified to include both the original Race fields along with the new Race collection fields. The new fields are located at the end of the input file after the Follow-up 2 data. Data collected in the original format will be translated by the utility into the new format before inputting data into TIMS. Corresponding errors messages and validation checks are also in place.

A.5. Import File Structure

Each record to be imported should be one row of data containing all of the following data items with the specified order below being from left to right.

Q#	Common Name	Description	Usage
Q000.1	Record Type	Data Transfer record type	Length: 1, Blank, D=Deleted, N=New, U=Updated
Q000.2	Social Security #	Social Security #:	Length: 9, Format: #########
Q000.3	Last Name	Last Name:	Length: 35, Description Item
Q000.4	First Name	First Name:	Length: 30, Description Item
Q000.5	Middle Name	Middle Name:	Length: 20, Description Item
Q01	State	Q1. State Reporting:	Length: 2, Format: XX, Label stored in the State Table, Two character code for the selected State
Q02a	***State Case Number***	***Q2a. State Case Number:***	***Length: 9, Format: XXXXXXXXX, Unique to the reporting site***
Q02b	***Local Case Number***	***Q2b. City/County Case Number:***	***Length: 9, Format: XXXXXXXXX, Unique to the data entry site***
Q03	Date Submitted	Q3. Date Submitted:	Length: 8, Format: yyyymmdd or Blank (Unknown)
Q03	Date Submitted Unknown	Indicates if Q3. Date Submitted: is Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q04a	City	Q4a. Address for Case Counting: City	Length: 21, List of appropriate cities for reporting area.
Q04b	City Limits	Q4b. Address for Case Counting: Within City Limits	Length: 1, 1=Yes, 2=No, 9=Unknown.
Q04c	County	Q4c. Address for Case Counting: County	Length: 21, List of appropriate counties for reporting area.
Q04d	Zip Code	Q4d. Address for Case Counting: Zip Code	Length: 5, Format: #####
Q04e	Zip Code Suffix	Q4e. Address for Case Counting: Zip Suffix	Length: 4, Format: ####
Q05	***Report Date***	***Q5. Month-Year Reported:***	***Length: 8, Format: yyyymm01***

Race items will remain in version 1.2 and will be converted to new data collection fields automatically

Q#	Common Name	Description	Usage
Q06	Count Date	Q6. Month-Year Counted:	Length: 8, Format: yyyymm01 or Blank (Unknown)
Q06	Count Date Unknown	Indicates if Q6. Month-Year Counted: is Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q07	Birth Date	Q7. Date of Birth:	Length: 8, Format: yyyymmdd or Blank (Unknown).
Q07	Birth Date Unknown	Indicates if Q7. Date of Birth: is Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown.
Q07.1	Age	Age:	Length: 3, Format: #, ##, or ###, 1, 01, or 001 through 115, Can either be manually entered if Client's Date of Birth = Unknown or it is calculated using the Current Date and Client's Date of Birth
Q08	Client's Sex	Q8. Sex:	Length: 1, 1=Male, 2=Female, 9=Unknown
Q09a	Client's Race	Q9a. Race:	Length: 1, 1=White, 2=Black, 3=American Indian/Alaskan Native, 4=Asian/Pacific Islander, 9=Unknown.
Q09b	Asian Race	Q9b. Race: Specify:	Length:1, Asian (I)ndian, (B)Cambodian, (C)hinese, (Z)Chuukese, (F)ilipino, (G)uamanian, (H)awaiian, (N)Indonesian, (J)apanese, (K)orean, (L)aotian, (M)arshallese, (P)alauan, (X)Pohnpeian, (W)Saipanese, (S)amoan, (V)ietnamese, (Y)apese, (O)thr, (U)nk
Q10	Ethnic	Q10. Ethnic Origin:	Length: 1, 1=Hispanic, 2=Not Hispanic, 9=Unknown
Q11a	US Citizen	Q11a. Country of Origin: If U.S., check here	Length: 1, 0/Null=Not US, 1=US, 9=Unknown.
Q11b	Nation	Q11b. Country of Origin: If not U.S., enter country code	Length: 3, Format: ###, Label stored in the Nation Table (See Appendix SUR VIII)
Q12	Date Entered U.S.	Q12. Month-Year Arrived in US:	Length: 8, Format: yyyymm01 or Blank (Unknown)
Q12	Date Entered U.S. Unknown	Indicates if Q12. Month-Year Arrived in US: is an Unknown or Partial Date	Length: 1, 0/Null=Not Unknown, 1=Unknown, 2=Partial
Q13	Diagnosis Status	Q13. Status at Diagnosis of TB:	Length: 1, 1=Alive, 2=Dead, 9=Unknown
Q14a	Previous TB	Q14a. Previous Diagnosis of Tuberculosis:	Length: 1, 1=Yes, 2=No, 9=Unknown.
Q14b	Previous Year	Q14b. Previous Diagnosis of Tuberculosis: If yes, list year of previous diagnosis	Length: 8, Format: yyyy0101 or Blank (Unknown)
Q14b	Previous Year Unknown	Indicates if Q14b. If yes, list year of previous diagnosis: Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown

Q#	Common Name	Description	Usage
Q14c	Previous TB Again	Q14c. Previous Diagnosis of Tuberculosis: If more than one previous episode, check here	Length: 1, 1=Yes, 9=Unknown.
Q15a	Major Site	Q15a. Major Site of Disease:	Length: 2, Format: ##, 00=Pulmonary, 10=Pleural, 21=Lymphatic:Cervical, 22=Lymphatic:Intrathoracic, 23=Lymphatic:Other, 29=Lymphatic:Unknown, 30=Bone and/or Joint, 40=Genitourinary, 50=Miliary, 60=Meningeal, 70=Peritoneal, 80=Other, 90=Site not Stated.
Q15b	Major Other Disease	Q15b. Major Site of Disease: If site is Other, enter anatomic code	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).
Q16a	Additional Site	Q16a. Additional Site of Disease:	Length: 22, Format: #####…, where every 2 digits is one of the following codes: 00=Pulmonary, 10=Pleural, 21=Lymphatic:Cervical, 22=Lymphatic:Intrathoracic, 23=Lymphatic:Other, 29=Lymphatic:Unknown, 30=Bone and/or Joint, 40=Genitourinary, 50=Miliary, 60=Meningeal, 70=Peritoneal, 80=Other
Q16b	Additional Other	Q16b. Additional Site of Disease: If site is Other, enter anatomic code	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).
Q16c	Additional More	Q16c. Additional Site of Disease: If more than one additional site check here:	Length: 1, 1=Yes
Q17	Sputum Smear	Q17. Sputum Smear:	Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown
Q18	Sputum Culture	Q18. Sputum Culture:	Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown
Q19a	Microscopic Exam	Q19a. Microscopic Exam of Tissue and Other Body Fluids:	Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown
Q19b	Microscopic Anat. 1	Q19b. Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic code(s)	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).
Q19c	Microscopic Anat. 2	Q19c. Microscopic Exam of Tissue and Other Body Fluids: If positive, enter anatomic code(s)	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).
Q20a	Other Culture	Q20a. Culture of Tissue and Other Body Fluids:	Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown
Q20b	Culture Anat. 1	Q20b. Culture of Tissue and Other Body Fluids: If positive, enter anatomic code(s)	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).

Q#	Common Name	Description	Usage
Q20c	Culture Anat. 2	Q20c. Culture of Tissue and Other Body Fluids: If positive, enter anatomic code(s)	Length: 2, Format: ##, Label stored in the Anatomic Table (see Appendix SUR V).
Q21a	X-ray	Q21a. Chest X-Ray:	Length: 1, 1=Normal, 2=Abnormal, 3=Not Done, 9=Unknown
Q21b	Abnormality	Q21b. Chest X-Ray: If Abnormal	Length: 1, 1=Cavitary, 2=Noncavitary Consistent with TB, 3=Noncavitary Not Consistent with TB, 9=Unknown
Q21c	X-ray Status	Q21c. Chest X-Ray: If Abnormal	Length: 1, 1=Stable, 2=Worsening, 3=Improving, 9=Unknown
Q22a	TB test	Q22a. Tuberculin (Mantoux) Skin Test at Diagnosis:	Length: 1, 1=Positive, 2=Negative, 3=Not Done, 9=Unknown
Q22b	Induration	Q22b. Tuberculin (Mantoux) Skin Test at Diagnosis: Millimeters (mm) of Induration	Length: 2, Format: # or ##, 1 or 01 through 98, or 99 (Unknown).
Q22c	Anergy	Q22c. Tuberculin (Mantoux) Skin Test at Diagnosis: If Negative, was patient anergic?	Length: 1, 1=Yes, 2=No, 9=Unknown
Q23a	HIV Status	Q23a. HIV Status	0=Negative, 1=Positive, 2=Indeterminate, 3=Refused, 4=Not Offered, 5=Test Done, Results Unknown, 9=Unknown
Q23b	HIV Basis	Q23b. HIV Status: If Positive, based on?	1=Medical Documentation, 2=Patient History, 9=Unknown
Q23c	CDC HIV Number	Q23c. HIV Status: If Positive, List: CDC AIDS Patient Number	Length: 7, Format: XXXXXXX
Q23d	State HIV Number	Q23d. HIV Status: If Positive, List: State HIV/AIDS Patient Number	Length: 10, Format: XXXXXXXXXX
Q23e	Local HIV Number	Q23e. HIV Status: If Positive, List: City/County HIV/AIDS Patient Number	Length: 10, Format: XXXXXXXXXX
Q24	Homeless	Q24. Homeless within Past Year	0=No, 1=Yes, 9=Unknown
Q25a	Correction	Q25a. Resident of Correctional Facility at Dx?	0=No, 1=Yes, 9=Unknown
Q25b	Correctional Facility	Q25b. Type of Correctional Facility	1=Federal Prison, 2=State Prison, 3=Local Jail, 4=Juvenile Correctional Facility, 5=Other Correctional Facility, 9=Unknown
Q26a	Long-term	Q26a. Resident Long Term Care Facility at Dx?	0=No, 1=Yes, 9=Unknown
Q26b	Long-term Facility	Q26b. Type of Longterm Care Facility	1=Nursing Home, 2=Hospital-Based Facility, 3=Residential Facility, 4= Mental Health Residential Faciltiy, 5=Alcohol or Drug Treatment Facility, 6=Other Long-Term

Q#	Common Name	Description	Usage
			Facility, 9=Unknown
Q27a	Initial INH	Q27a. Initial Drug Regimen: Isoniazid	0=No, 1=Yes, 9=Unknown
Q27b	Initial RIF	Q27b. Initial Drug Regimen: Rifampin	0=No, 1=Yes, 9=Unknown
Q27c	Initial PZA	Q27c. Initial Drug Regimen: Pyrazinamide	0=No, 1=Yes, 9=Unknown
Q27d	Initial EMB	Q27d. Initial Drug Regimen: Ethambutol	0=No, 1=Yes, 9=Unknown
Q27e	Initial SM	Q27e. Initial Drug Regimen: Streptomycin	0=No, 1=Yes, 9=Unknown
Q27f	Initial ETH	Q27f. Initial Drug Regimen: Ethionamide	0=No, 1=Yes, 9=Unknown
Q27g	Initial KAN	Q27g. Initial Drug Regimen: Kanamycin	0=No, 1=Yes, 9=Unknown
Q27h	Initial CYC	Q27h. Initial Drug Regimen: Cycloserine	0=No, 1=Yes, 9=Unknown
Q27i	Initial CAP	Q27i. Initial Drug Regimen: Capreomycin	0=No, 1=Yes, 9=Unknown
Q27j	Initial PAS	Q27j. Initial Drug Regimem:Para-Amino Salicylic	0=No, 1=Yes, 9=Unknown
Q27k	Initial AM	Q27k. Initial Drug Regimen: Amikacin	0=No, 1=Yes, 9=Unknown
Q27l	Initial RIB	Q27l. Initial Drug Regimen: Rifabutine	0=No, 1=Yes, 9=Unknown
Q27m	Initial CIP	Q27m. Initial Drug Regimen: Ciprofloxacin	0=No, 1=Yes, 9=Unknown
Q27n	Initial OFL	Q27n. Initial Drug Regimen: Ofloxacin	0=No, 1=Yes, 9=Unknown
Q27o	Initial Other	Q27o. Initial Drug Regimen: Other	0=No, 1=Yes, 9=Unknown
Q28	RX Date	Q28. Date Therapy Started:	Length: 8, Format: yyyymmdd, yyyymm01 (Partial date) or Blank (Unknown)
Q28	Therapy Date Unknown	Indicates if Q28. Date Therapy Started: is Unknown or a Partial Date	Length: 1, 0/Null=Not Unknown, 1=Unknown, 2=Partial
Q29	Inject	Q29. Injecting Drug Use Within Past Year	0=No, 1=Yes, 9=Unknown
Q30	Non-inject	Q30. Non-injecting Drug Use Within Past Year	0=No, 1=Yes, 9=Unknown
Q31	Alcohol	Q31. Excess Alcohol Use Within Past Year	0=No, 1=Yes, 9=Unknown
Q32a	HCW Occupation	Q32a. Occupation: Health Care Worker	0=No, 1=Yes

Q#	Common Name	Description	Usage
Q32b	CORR Occupation	Q32b. Occupation: Correctional Employee	0=No, 1=Yes
Q32c	MIG Occupation	Q32c. Occupation:Migratory Agricultural Worker	0=No, 1=Yes
Q32d	OTHER Occupation	Q32d. Occupation: Other Occupation	0=No, 1=Yes
Q32e	NO Occupation	Q32e. Occupation: Not Employed in Past 24 Mon.	0=No, 1=Yes
Q32f	UNK Occupation	Q32f. Occupation: Unknown	0=No, 1=Yes
QCV.1	Verified Count	Do you want to count this patient at CDC as a verified case of TB?	Length: 1, 1=Yes, 2=No, Blank=Pending or Not Applicable
QCV.2	Verified Criteria	Calculated Variable: Case Verification Criteria	Length: 1, 0=Not a Verified Case, 1=Positive Culture, 2=Positive Smear/Tissue, 3=Clinical Case Definition, 4=Verified by Provider Diagnosis, 5=Suspect Case
Q33a	ISUSC Test	Q33a. Initial Drug Susceptibiltiy Results: Was Drug Susceptibility Testing Done:	Length: 1, 0=No, 1=Yes, 9=Unknown
Q33b	ISUS Date	Q33b. If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility Was Done?	Length: 8, Format: yyyymmdd or Blank (Unknown)
Q33b	ISUS Date Unknown	Indicates if Q33b. If Yes, Date First Isolate Collected for Which Drug Suscep Was Done? is Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q34a	INH Susceptibility	Q34a. Susceptibility Results: Isoniazid	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34b	RIF Susceptibility	Q34b. Susceptibility Results: Rifampin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34c	PZA Susceptibility	Q34c. Susceptibility Results: Pyrazinamide	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34d	EMB Susceptibility	Q34d. Susceptibility Results: Ethambutol	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34e	SM Susceptibility	Q34e. Susceptibility Results: Streptomycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34f	ETH Susceptibility	Q34f. Susceptibility Results: Ethionamide	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34g	KAN Susceptibility	Q34g. Susceptibility Results: Kanamycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34h	CYC Susceptibility	Q34h. Susceptibility Results: Cycloserine	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34i	CAP Susceptibility	Q34i. Susceptibility Results: Capreomycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown

Q#	Common Name	Description	Usage
Q34j	PAS Susceptibility	Q34j. Susceptibility Results: Para-amino Salicylic Acid	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34k	AM Susceptibility	Q34k. Susceptibility Results: Amikacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34l	RIB Susceptibility	Q34l. Susceptibility Results: Rifabutine	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34m	CIP Susceptibility	Q34m. Susceptibility Results: Ciprofloxacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34n	OFL Susceptibility	Q34n. Susceptibility Results: Ofloxacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q34o	OTH Susceptibility	Q34o. Susceptibility Results: Other	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q35a	Convert	Q35a. Sputum Culture Conversion Documented:	Length: 1, 0=No, 1=Yes, 9=Unknown
Q35b	Positive Collect Date	Q35b. If Yes, Date Specimen Collected on Initial Positive Sputum Culture:	Length: 8, Format: yyyymmdd or Blank (Unknown)
Q35b	Positive Collect Date Unknown	Indicates if Q35b. If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q35c	Negative Collect Date	Q35c. If Yes, Date Specimen Collected on First Consistently Negative Culture:	Length: 8, Format: yyyymmdd or Blank (Unknown)
Q35c	Negative Collect Date Unknown	Indicates if Q35c. If Yes, Date Specimen Collected on First Consistently Negative Culture: Unknown	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q36	Stop Therapy	Q36. Date Therapy Stopped:	Length: 8, Format: yyyymmdd, yyyymm01 (Partial date) or Blank (Unknown)
Q36	Stop Therapy Unknown	Indicates if Q36. Date Therapy Stopped: is Unknown or a Partial Date	Length: 1, 0/Null=Not Unknown, 1=Unknown, 2=Partial
Q37	Therapy Stop Reason	Q37. Reason Therapy Stopped:	Length: 1, 1=Completed Therapy, 2=Moved, 3=Lost, 4=Uncooperative or Refused, 5=Not TB, 6=Died, 7=Other, 9=Unknown
Q38	Provider Type	Q38. Type of Health Care Provider:	Length: 1, 1=Health Department, 2=Private/Other, 3=Both Health Department and Private/Other, 9=Unknown
Q39a	DOT	Q39a. Directly Observed Therapy:	Length: 1, 0=No, Totally Self-Administered, 1=Yes, Totally Directly Observed, 2=Yes, Both Directly Observed and Self-Administered, 9=Unknown

Q#	Common Name	Description	Usage
Q39b	Site of DOT	Q39b. Directly Observed Therapy: If Yes, Give Site(s) of Directly Observed Therapy:	Length: 1, 1=In Clinic or Other Facility, 2=In the Field, 3=Both in Facility and in the Field, 9=Unknown
Q39c	Weeks of DOT	Q39c. Directly Observed Therapy: Number of Weeks of Directly Observed Therapy:	Length: 3, Format: ###
Q40a	Final Susceptibility flag	Q40a. Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done?	Length: 1, 0=No, 1=Yes, 9=Unknown
Q40b	Final Susceptibility date	Q40b. If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility Was Done:	Length: 8, Format: yyyymmdd or Blank (Unknown)
Q40b	FSUSC date unknown	Indicates if Q40b. If Yes, Date Final Isolate Collected for Which Drug Susceptibility Was Done: Unk	Length: 1, 0/Null=Not Unknown, 1=Unknown
Q41a	Final INH Susceptibility	Q41a. Final Susceptibility Results: Isoniazid	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41b	Final RIF Susceptibility	Q41b. Final Susceptibility Results: Rifampin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41c	Final PZA Susceptibility	Q41c. Final Susceptibility Results: Pyrazinamide	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41d	Final EMB Susceptibility	Q41d. Final Susceptibility Results: Ethambutol	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41e	Final SM Susceptibility	Q41e. Final Susceptibility Results: Streptomycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41f	Final ETH Susceptibility	Q41f. Final Susceptibility Results: Ethionamide	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41g	Final KAN Susceptibility	Q41g. Final Susceptibility Results: Kanamycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41h	Final CYC Susceptibility	Q41h. Final Susceptibility Results: Cycloserine	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41i	Final CAP Susceptibility	Q41i. Final Susceptibility Results: Capreomycin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41j	Final PAS Susceptibility	Q41j. Final Susceptibility Results: Para-Amino Salicyclic Acid	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41k	Final AM Susceptibility	Q41k. Final Susceptibility Results: Amikacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41l	Final RIB Susceptibility	Q41l. Final Susceptibility Results: Rifabutine	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41m	Final CIP Susceptibility	Q41m. Final Susceptibility Results: Ciprofloxacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown

New Race collection items. in version 1.2 these will replace original race collection fields.

Q#	Common Name	Description	Usage
Q41n	Final OFL Susceptibility	Q41n. Final Susceptibility Results: Ofloxacin	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q41o	Final OTH Susceptibility	Q41o. Final Susceptibility Results: Other	Length: 1, 1=Resistant, 2=Susceptible, 3=Not Done, 9=Unknown
Q10a	American Indian	Q10a. Race: American Indian or Alaska Native	Length: 1, 0=No, 1=Yes
Q10b	Asian	Q10b. Race: (Select one or more) Asian	Length: 1, 0=No, 1=Yes
Q10b1	Extended Asian	Q10c. Race: (Select one or more) Extended Asian	Length: 6, Extended Codes from the Race Table (See Appendix D)
Q10c	Black	Q10d. Race: (Select one or more) Black	Length: 1, 0=No, 1=Yes
Q10d	Native Hawaiian	Q10e. Race: (Select one or more) Native Hawaiian or Pacific Islander	Length: 1, 0=No, 1=Yes
Q10d1	Extended Native Hawaiian	Q10f. Race: (Select one or more) Extended Native Hawaiian or Pacific Islander	Length: 6, Extended Codes from the Race Table (See Appendix D)
Q10e	White	Q10g. Race: (Select one or more) White	Length: 1, 0=No, 1=Yes
Q10f	Unknown Race	Q10h. Race: (Select one or more) Unknown Race	Length: 1, 0=No, 1=Yes

Appendix B. Validations

The requirements indicated must be met before the record is imported. Unless otherwise noted, all fields that are not required will be imported as blanks, if no value is specified.

Q000.3. Last Name:

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

Q000.4 First Name:

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

Q000.5 Middle Name:

Must be in character format

Q02A. State Case Number:

Must be unique within the Month-Year Reported
Required field
Must be in alphanumeric format
In conjunction with Month-Year Reported as a unique key, must be unique

NOTE: UNIQUE KEY – TSIU determines uniqueness based on State Case Number and Month-Year Reported. If a record's State Case Number is modified, the record will be imported as a new record rather than the current record updated. Any modifications to State Case Number or Month-Year Reported requires the user to manually delete the TIMS record with the incorrect State Case Number and/or Month-Year Reported.

Q02B. City/County Case Number:

Must be in alphanumeric format

Q03. Date Submitted:

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

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:

Must be a valid city for the reporting area. If no city match is found, entry will be "City Not Specified" in the TIMS database. Record will still be included in error report

Q04B. Address for Case Counting: Within City Limits?

A value must exist in Q04A
Must be a valid entry of 1, 2, 9

Q04C.Address for Case Counting: County:

A value must exist in Q04A
Must be a valid county for the reporting area. If no county match is found, entry will be County Not Specified in the TIMS database. Record will still be included in error report

Q04D. Address for Case Counting: Zip-Value:

Only numeric values are allowed
A value must exist in Q04A

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

A value must exist in Q04A
Only numeric values are allowed

Q05. Month-Year Reported:

Must be equal to or after January 01, 1990
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
Must be in valid format: YYYY-MM-01, YYYY/MM/01, or YYYYMM01
This is a required field for assimilation of record into the TIMS database

NOTE: UNIQUE KEY – TSIU determines uniqueness based on State Case Number and Month-Year Reported. If a record's State Case Number is modified, the record will be imported as a new record rather than the current record updated. Any modifications to State Case Number or Month-Year Reported requires the user to manually delete the TIMS record with the incorrect State Case Number and/or Month-Year Reported.

Q06. Month-Year Counted:

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
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
If there is a value of 1 in Month-Year Counted: Unknown then must be blank
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
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

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:

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

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:

Valid value of 1,2,9
The sex chosen must validate against any gender specific anatomic values listed in Major Site of Disease: If site is Other, enter anatomic value (Q15B), Additional Site of Disease: If site is Other, enter anatomic value (Q16B), 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)

TIMS 1.10
Q09A. Race

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

Q09B. Race: Specify:

Must be blank unless Race (Q09A) contains a value of 4 (Asian or Pacific Islander)
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:

Valid value of 1,2,9

Q09. Ethnicity: (Select one)

Valid value of 1,2,9

Q10a. Race: (Select one or more) American Indian or Alaska Native

Valid value of 1 (Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

Q10b. Race: (Select one or more) Asian

Valid value of 1 (Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

Q10b1. Race: (Select one or more) Asian Extended Code

Valid value from the list of corresponding hl7 codes (Appendix D)
Race: (Select one or more) :Asian must equal 1 (Yes) and Unknown must equal 0

Q10c. Race: (Select one or more) Black or African American

Valid value of 1 (Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

Q10d. Race: (Select one or more) Native Hawaiian or Pacific Islander

Valid value of 1 (Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

Q10d1. Race: (Select one or more) Native Hawaiian or Pacific Islander Extended Code

Valid value from the list of corresponding hl7 codes (Appendix D)
Race: (Select one or more) Native Hawaiian or Pacific Islander must equal 1 (Yes) and Unknown must equal 0

Q10e. Race: (Select one or more) White

Valid value of 1(Yes) or 0 (No)
Race: (Select one or more) :Unknown must equal 0

Q10f. Race: (Select one or more) Unknown

Valid value of 1(Yes) or 0 (No)
Race: (Select one or more) :All other races must equal 0

Q11A. Country of Origin: If US Check Here:

Valid value of 1, 9, or blank

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

Must have a blank in Q11A
Valid value from the Nations list

Q12. Month-Year arrived in US:

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
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)
If there is a value of 1 in Month-Year arrived in US: Unknown then must be blank
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
If Country of Origin: If not US, enter Country Value is blank, Month-Year arrived in US must be blank.

Q12. Month-Year arrived in US: Unknown

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

Q13. Status at Diagnosis of TB:

Valid value of 1,2,9

Q14A. Previous Diagnosis of Tuberculosis:

Valid value of 1, 2, 9

Q14B. If Yes, list year of Previous Diagnosis:

Must be equal to of 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 1in 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

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:

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

Q15A. Major Site of Disease:

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:

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:

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, or 80
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:

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:

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:

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:

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:

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):

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):

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:

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):

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):

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:

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:

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

Q21C. Chest X-Ray: If Abnormal:

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

Q22A. Tuberculin (mantoux) Skin Test at Diagnosis:

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:

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?:

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

Q23A. HIV Status

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:

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

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

HIV Status must be equal to 1
Must be in alphanumeric format

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

HIV Status must be equal to 1
Must be in alphanumeric format

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

HIV Status must be equal to 1
Must be in alphanumeric format

Q24.Homeless Within Past Year:

Valid value of 0, 1, 9

Q25A. Resident of Correctional Facility at Time of Diagnosis:

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
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
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:

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
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:

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
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:

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:

Note: As each drug is entered as a separate field in the table then these checks must be performed on the entire set of fields corresponding to the entire listing of Drugs.

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

Q28. Date Therapy Started:

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

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:

Valid value of 0, 1, 9

Q30. Non-Injecting Drug Use Within Past Year:

Valid value of 0, 1, 9

Q31. Excess Alcohol Use Within Past Year?

Valid value of 0, 1, 9

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

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

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

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

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

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

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:

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?

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 ?

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:

Note: As each drug is entered as a separate field in the table then these checks must be performed on the entire set of fields corresponding to the entire listing of Drugs.

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

Q35A.Sputum Culture Conversion Documented

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:

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

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:

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

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:

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, YYYYMM01, YYYY-MM-01, YYYY/MM/01
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

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:

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:

Valid value 1, 2, 3, 9

Q39A. Directly observed Therapy:

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:

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

Q39C. Number of Weeks of Directly Observed Therapy:

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?

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:

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

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:

Note: As each drug is entered as a separate field in the table then these checks must be performed on the entire set of fields corresponding to the entire listing of Drugs.

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

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

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.

QCV.2 Case Verification Criteria

Valid value of 0, 1, 2, 3, 4, or 5
Value must equal case verification calculated by import utility. See table below for clarification

Case Verification Comparison Results:

Import file vercrit value	TIMS vercrit calculation	Action
0	1,2,3	rejected
0	5	accepted with 0 as input value
1	0,2,3,5	rejected
2	0,1,3,5	rejected
3	0,1,2,5	rejected
4	0,1,2,3	rejected
4	5	accepted with 4 as input value
5	0,1,2,3	rejected
value	matching value	accepted

General Validations:

RVCT can not be blank
The age value supplied in the file must match the age value calculated by the import validation routine.
A record marked for deletion in the TIMS database which does not exist in the TIMS database will not be assimilated
During the assimilation process, only records which have a siteid which match the current siteid will be updated.
A record marked for deletion in the TIMS database will not be updated.

Appendix C. TSIU Error Messages

Number	Message
-31	Last Name (Q000.3) must not have spaces before or after the first letter.
-32	Last Name (Q000.3) must be in character format.
-34	Last Name (Q000.3) is required for the assimilation of this record into the TIMS database.
-35	Last Name (Q000.3) must contain more than one character.
-41	First Name (Q000.4) must not have spaces before or after the first letter.
-42	First Name (Q000.4) must be in character format.
-44	First Name (Q000.4) is required for the assimilation of this record into the TIMS database.
-45	First Name (Q000.4) must contain more than one character.
-51	Middle Initial (Q000.5) must be in character format.
-101	State Case Number (Q02A) must be unique within the Month-Year Reported (Q05).
-200	State Case Number (Q02A) must not be blank at the Reporting Area Level. State Case Number (Q02A) is required for the assimilation of this record into the TIMS database at the Reporting Area Level.
-201	State Case Number (Q02A) must be in alphanumeric format.
-202	This record represents a duplicate record based on the unique key combination of State Case Number and Month-Year Reported..
-250	City/County Case Number (Q02B) must be unique within the Month-Year Reported (Q05).
-252	City/County Case Number (Q02B) must be in alphanumeric format.
-253	This record represents a duplicate record based on the unique key combination of Local Case Number and Month-Year Reported..
-301	Date Submitted (Q03) must be equal to or after January 1, 1990.
-302	Date Submitted (Q03) must be equal to or after Date of Birth (Q07).
-303	Date Submitted (Q03) must be equal to or before the Current Date.
-304	Date Submitted (Q03) is not in the valid format of YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD.
-305	There is a value of 1 (Unknown) in Date Submitted: Unknown (Q03), Date Submitted (Q03) must be blank.
-306	There is a value of Null (Blank) in Date Submitted: Unknown (Q03), Date Submitted (Q03) must be blank.
-307	There is a value of 0 (Known) in Date Submitted: Unknown (Q03), Date Submitted (Q03) must not be blank.
-351	Date Submitted: Unknown (Q03) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-352	Date Submitted (Q03) is blank, Date Submitted: Unknown (Q03) must equal Null (blank) or 1 (Unknown).
-353	Date Submitted (Q03) is not blank (Known Date), Date Submitted: Unknown (Q03) must equal 0 (Known).

Number	Message
-401	Address for Case Counting: City (Q04A) must be valid within the reporting area. No matching City found, record will be inserted into the TIMS database with the value of “City Not Specified” for the City field.
-421	Address for Case Counting: City (Q04A) is blank, Address for Case Counting: Within City Limits (Q04B) must be blank.
-422	Address for Case Counting: Within City Limits (Q04B) is not equal to a valid value of 1 (Yes), 2 (No), or 9 (Unknown).
-441	Address for Case Counting: City (Q04A) is blank, Address for Case Counting: County (Q04C) must be blank.
-442	Address for Case Counting: County (Q04C) must be valid within the reporting area. No matching County (Q04C) found, record will be inserted into the TIMS database with the value of “County Not Specified” for the County field.
-461	Address for Case Counting: City (Q04A) is blank, Address for Case Counting: Zip-Value (Q04D) must be blank.
-462	Address for Case Counting: Zip-Value (Q04D) is not in numeric format.
-481	Address for Case Counting: City (Q04A) is blank, Address for Case Counting: Zip-Value Suffix (Q04E) must be blank.
-482	Q04E. Address for Case Counting: Zip-Value Suffix is not in numeric format.
-501	Month-Year Reported (Q05) must be equal to or after January 1, 1990.
-502	Month-Year Reported (Q05) must be equal to or before Month-Year Counted (Q06).
-503	Month-Year Reported (Q05) must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B).
-504	Month-Year Reported (Q05) must be equal to or after Date of Birth (Q07).
-505	Month-Year Reported (Q05) must be equal to or before Current Date.
-506	Month-Year Reported (Q05) must be equal to or after Month-Year Arrived in US (Q12).
-507	Month-Year Reported (Q05) must be in the valid format of YYYY-MM-01, YYYY/MM/01, or YYYYMM01.
-508	Month-Year Reported (Q05) is required for the assimilation of this record into the TIMS database.
-601	Month-Year Counted (Q06) must be equal to or after Month-Year Reported (Q05).
-603	Month-Year Counted (Q06) must be equal to or after Date of Birth (Q07).
-604	Month-Year Counted (Q06) must not be after the Current Date.
-605	Month-Year Counted (Q06) must be equal to or after Month-Year Arrived in US (Q12).
-606	Month-Year Counted (Q06) must be equal to or after December 31, 1992.
-607	QCV.1 Do You want to count this patient at CDC as a verified case of TB? (QCV.1) is not equal to 1 (Yes), Month-Year Counted must be blank.
-608	Month-Year Counted (Q06) is not in the valid format of YYYY-MM-01, YYYY/MM/01, or YYYYMM01.
-609	There is a value of 1 (Unknown) in Month-Year Counted: Unknown (Q05), Month-Year Counted (Q06) must be blank.
-610	There is a value of Null (Blank) in Month-Year Counted: Unknown (Q05), Month-Year Counted (Q06) must be blank.

Number	Message
-611	There is a value of 0 (Known) in Month-Year Counted: Unknown (Q05), Month-Year Counted (Q06) must not be blank.
-612	Case Verification Criteria (QCV.2) is not equal to 1 (Positive Culture), 2 (Positive/Smear Tissue), 3 (Clinical Case Definition), or 4 (Verified by Provider Diagnosis), Month-Year Counted (Q06) must be blank
-613	Month-Year Counted (Q06) must be greater than twelve months after Year of Previous Diagnosis (Q14B).
-651	Month-Year Counted (Q06) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-652	Month-Year Counted (Q06) is blank, Month-Year Counted: Unknown (Q06) must equal Null (Blank) or 1 (Unknown).
-653	Month-Year Counted (Q06) is not blank (Known Date), Month-Year Counted: Unknown (Q06) must equal 0 (Known).
-654	Case Verification Criteria (QCV.2) is not equal to 1 (Positive Culture), 2 (Positive/Smear Tissue), 3 (Clinical Case Definition), or 4 (Verified by Provider Diagnosis), Month-Year Counted: Unknown (Q06) must be blank.
-701	Date of Birth (Q07) must be equal to or before Current Date.
-702	Date of Birth (Q07) must be equal to or before Date Submitted (Q03).
-703	Date of Birth (Q07) must be equal to or before Month Year Reported (Q05).
-704	Date of Birth (Q07) must be equal to or before Month Year Counted (Q06).
-705	Date of Birth (Q07) must be equal to or before Month Year arrived in US (Q12).
-706	Date of Birth (Q07) must be equal to or before Date Therapy Started (Q28).
-707	Date of Birth (Q07) must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Was Done (Q33A).
-708	Date of Birth (Q07) must be equal to or before Date Specimen Collected on First Consistently Negative Culture (Q34C).
-709	Date of Birth (Q07) must be equal to or before Date Final Isolate Collected for Which Drug Susceptibility Testing Was Done (Q40B).
-710	Date of Birth (Q07) must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture (Q34B).
-711	Date of Birth (Q07) is not in the valid format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD.
-712	Date of Birth (Q07) is required for the assimilation of this record into the TIMS database.
-713	Date of Birth (Q07) must be equal to or after If Yes, list year of Previous Diagnosis (Q14A).
-714	There is a value of 1 (Unknown) in Date of Birth: Unknown (Q07), Date of Birth (Q07) must be blank.
-716	There is a value of 0 (Known) in Date of Birth: Unknown (Q07), Date of Birth (Q07) must not be blank.
-717	Date of Birth (Q07) must be equal to or after 01/01/1880.
-751	Date of Birth: Unknown (Q07) is not a valid value of 0 (Not Unknown) or 1 (Unknown).
-752	Date of Birth (Q07) is blank, Date of Birth: Unknown (Q07) must equal 1 (Unknown).

These error msgs will not apply in version 1.2

Number	Message
-753	Date of Birth (Q07) is not blank (Known Date), Date of Birth: Unknown (Q07) must equal 0 (Known).
-791	The age value supplied in the file does not match the age value calculated by the import validation routine.
-801	Sex (Q08) is not equal to a valid value of 1 (Male), 2 (Female), or 9 (Unknown)
-802	Sex (Q08) is not equal to a valid value based on the anatomic values listed in Major site of Disease (Q15B), Additional Site of Disease (Q16B), Microscopic Exam of Tissue and Other Body Fluids (Q19B & Q19C), and Culture of Tissue and Other Body Fluids (Q20B & Q20C). See Appendix A.
-901	Race (Q09A) is not equal to a valid value of 1 (White), 2 (Black), 3 (American Indian or Alaskan Native), 4 (Asian or Pacific Islander), or 9 (Unknown).
-951	Race (Q09A) is not equal to 4 (Asian or Pacific Islander) in, Race: Specify (Q09B) must be blank.
-952	Race: Specify (Q09B) is not equal to a valid value of I (Asian Indian), B(Cambodian), C (Chinese), Z (Chuukese), F (Filipino), G (Guamanian), H (Hawaiian), N (Indonesian), J (Japanese), K (Korean), L (Laotian), M (Marshallese), P (Palauan), X (Pohnpeian), W (Saipanese), S (Samoan), V (Vietnamese), Y (Yapese), O (Other), or U (Unknown).
-1001	Ethnic Origin (Q10) is not equal to a valid value of 1 (Hispanic), 2 (Not Hispanic), or 9 (Unknown).
-1101	Country of Origin: If US Check Here (Q11A) is not equal to a valid value of 1 (Yes), Blank (No), or 9 (Unknown).
-1151	Country of Origin: If US Check Here (Q11A) is not equal to blank (No), Country of Origin: If not US, enter Country Value (Q11B) must be blank.
-1152	Country of Origin: If not US, enter Country Value (Q11B) is not equal to a valid value from the nation value list.
-1201	Country of Origin: If US Check Here (Q11A) is not blank, Month-Year arrived in US (Q12) must be blank.
-1202	Month-Year arrived in US (Q12) must be equal to or before Date of Birth (Q07).
-1203	Month-Year arrived in US (Q12) must be equal to or before Month Year Reported (Q05).
-1204	Month-Year arrived in US (Q12) must be equal to or before Month Year Counted (Q06).
-1205	Month-Year arrived in US (Q12) must be equal to or before the Current Date.
-1206	Month-Year arrived in US (Q12) must be equal to or before Date Therapy Started (Q28).
-1207	Month-Year arrived in US (Q12) must be equal to or before Date First Isolate Collected for Which Drug Susceptibility Testing Was Done (Q33B).
-1208	Month-Year arrived in US (Q12) must be equal to or before Date Specimen Collected on Initial Positive Sputum Culture (Q35B).
-1209	Month-Year arrived in US (Q12) must be equal to or before Date Final Isolate Collected for Which Drug Susceptibility Testing Was Done (Q40B).
-1210	Month-Year arrived in US (Q12) must be equal to or before Date Specimen Collected on First Consistently Negative Culture' (Q35C).
-1211	Month-Year arrived in US (Q12) must be equal to or after 01/1880.
-1212	Month-Year arrived in US (Q12) is not in the valid format of YYYY-MM-01, YYYY/MM/01, YYYYMM01, YYYY-01-01, YYYY/01/01 or YYYY0101.

Number	Message
-1213	There is a value of 2 (Partial) in Month-Year Arrived in US: Unknown (Q12), Month-Year arrived in US (Q12) must be a partial unknown date.
-1214	There is a value of 1 (Unknown) in Month-Year arrived in US: Unknown (Q12), Month-Year arrived in US (Q12) must be blank.
-1215	There is a value of Null (Blank) in Month-Year arrived in US: Unknown (Q12), Month-Year arrived in US (Q12) must be blank.
-1216	There is a value of 0 (Known) in Month-Year arrived in US: Unknown (Q12), Month-Year arrived in US (Q12) must not be blank.
-1217	Country of Origin: If not US, enter Country Value (Q11B) is blank, Month-Year arrived in US (Q12) must be blank.
-1251	Month-Year arrived in US: Unknown (Q12) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-1252	Month-Year arrived in US (Q12) is blank, Month-Year arrived in US: Unknown (Q12) must equal Null (Blank) or 1 (Unknown).
-1253	Month-Year arrived in US (Q12) is not blank (Known Date), Month-Year arrived in US: Unknown (Q12) must equal 0 (Known) or 2 (Partial Date).
-1301	Status at Diagnosis of TB (Q13) is not a valid value of 1 (Alive), 2 (Dead), or 9 (Unknown).
-1401	Previous Diagnosis of Tuberculosis (Q14) is not a valid value of 1 (Yes), 2 (No), or 9 (Unknown).
-1420	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be equal to or after 1900.
-1421	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be equal to or after Date of Birth.
-1423	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be at least 1 year before Month-Year Reported (Q05).
-1424	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be at least 1 year before Date First Isolate Collected for which Drug Susceptibility was done.
-1425	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q145B) is not in the valid format of YYYY-01-01, YYYY/01/01, or YYYY0101.
-1426	There is a value of 1 (Unknown) in If Yes, list year of Previous Diagnosis: Unknown (Q14B), If Yes, list year of Previous Diagnosis (Q14) must be blank.
-1427	There is a value of Null (Blank) in If Yes, list year of Previous Diagnosis: Unknown (Q14B), If Yes, list year of Previous Diagnosis (Q14) must be blank.
-1428	There is a value of 0 (Known) in If Yes, list year of Previous Diagnosis: Unknown (Q14B), If Yes, list year of Previous Diagnosis (Q14) must not be blank.
-1429	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be at least 1 year before Date Specimen Collected on Initial Positive Sputum Culture.
-1429	Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B) must be at least 1 year before Month-Year Counted (Q06).
-1430	Previous Diagnosis of Tuberculosis (Q14A) is not equal to 1 (Yes), Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q145B) must be blank.
-1441	If Yes, list year of Previous Diagnosis: Unknown (Q14B) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).

Number	Message
-1442	If Yes, list year of Previous Diagnosis (Q14) is blank, If Yes, list year of Previous Diagnosis: Unknown (Q14B) must equal Null (Blank) or 1 (Unknown).
-1443	If Yes, list year of Previous Diagnosis (Q14) is not blank (Known Date), If Yes, list year of Previous Diagnosis: Unknown (Q14B) must equal 0 (Known).
-1444	Previous Diagnosis of Tuberculosis (Q14A) is not equal to 1 (Yes), If Yes, list year of Previous Diagnosis: Unknown (Q14B) must be blank.
-1461	Previous Diagnosis of Tuberculosis (Q14A) is not equal to 1 (Yes), Previous Diagnosis of Tuberculosis: If more than one previous episode, check here (Q14C) must be blank.
-1462	Previous Diagnosis of Tuberculosis: If more than one previous episode, check here (Q14C) is not equal to a valid value of 1 (Yes), or 9 (Unknown).
-1510	Major Site of Disease (Q15A) must not have the same value as Additional Site of Disease (Q16A) except for 80 (other).
-1511	Major Site of Disease (Q15A) is not equal to a valid value of 00 (Pulmonary), 10 (Pleural), 21 (Lymphatic: Cervical) , 22 (Lymphatic: Intrathoracic), 23 (Lymphatic: Other), 29 (Unknown), 30 (Bone and/or Joint), 40 (Genitourinary), 50 (Miliary), 60 (Meningeal), 70 (Peritoneal), 80 (Other), or 90 (Site not Stated).
-1512	Additional Site of Disease (Q16A), Additional Site of Disease: If site is Other, enter anatomic code (Q16B) or Additional Site of Disease: If more than one additional site check here (Q16C) are not blank, Major Site of Disease (Q15A) must not be equal to 50 (Miliary) or 90 (Site not Stated).
-1513	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), or 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) have values, Major Site of Disease (Q15A) must not be equal to 90 (Site not Stated).
-1514	Major Site of Disease: If site is "(80) Other" enter anatomic value (Q15B) has a value, Major Site of Disease (Q15A) must be equal to 80 (Other).
-1520	Major Site of Disease (Q15A) is equal to 80 (Other), there must be an anatomic value entry in Major Site of Disease: If site is "(80) Other" enter anatomic value (Q15B).
-1530	Major Site of Disease: If site is "(80) Other" enter anatomic value (Q15B) is equal to an invalid anatomic value based on values entered in 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), or 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) and Sex (Q08). See Appendix A.
-1610	Additional Site of Disease (Q16A) must not have the same as Major Site of Disease (Q15A) except for the value of 80 (Other).
-1611	Major Site of Disease is equal to 50 (Miliary), 90 (Site not Stated) or is blank, Additional Site of Disease (Q16A) must be blank.
-1612	Additional Site of Disease (Q16A) is equal to 50 (Miliary), can only contain one entry.
-1613	Additional Site of Disease (Q16A) is not equal to a valid value of 00 (Pulmonary), 10 (Pleural), 21 (Lymphatic: Cervical) , 22 (Lymphatic: Intrathoracic), 23 (Lymphatic: Other), 29 (Unknown), 30 (Bone and/or Joint), 40 (Genitourinary), 50 (Miliary), 60 (Meningeal), 70 (Peritoneal), or 80 (Other).

Number	Message
-1614	Additional Site of Disease: If more than one additional site check here (Q16C) has a value of 1 (Yes), Additional Site of Disease (Q16A) must list more than one anatomic value.
-1615	A value exists in Additional Site of Disease: If site is “Other”, enter anatomic value (Q16B), Additional Site of Disease (Q16A) must contain 80 (other) in the entry list.
-1620	Additional Site Of Disease (Q16A) has 80 (Other) listed, there must be an anatomic value entry in Additional Site of Disease: If site is "(80) Other" enter anatomic value (Q16B).
-1622	Additional Site of Disease: If site is "(80) Other" enter anatomic value (Q16B) can not be the same as anatomic value for Major Site of disease (Q15B).
-1623	Additional Site of Disease: If site is "(80) Other" enter anatomic value (Q16B) is equal to an invalid anatomic value based on values entered in 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), or 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) and Sex (Q08). See A.
-1651	Additional Site of Disease: If more than one additional site check here (Q16C) is not equal to a valid value of 1 (Yes) or Blank (No).
-1652	Additional Site Of Disease (Q16A) has more than one site listed, Additional Site of Disease: If more than one additional site check here (Q16C) must equal 1 (Yes).
-1700	Major Site of Disease (15A) or Additional Site of Disease (16A) equal 00 (Pulmonary), 10 (Pleural), 22 (Lymphatic: Intrathoracic), or 50 (Miliary) or Major Site of Disease: If site is Other, enter anatomic value (Q15B) or Additional Site of Disease: If site is Other, enter anatomic value (Q16B) contain one of the Following Anatomic Values: 18 (Nose), 19 (Accessory Sinus) , 20 (Nasopharynx), 21 (Epiglottis and Larynx), and 22(Trachea), Sputum Smear (Q17) must be equal to 1 (Positive).
-1701	Sputum Smear (Q17) is not a valid value of 1 (Positive), 2 (Negative), 3(Not Done), 9 (Unknown).
-1801	Sputum Culture (Q18) is equal to 1 (Positive), Major Site of Disease (15A) or Additional Site of Disease (16A) must equal 00 (Pulmonary), 10 (Pleural), 22 (Lymphatic: Intrathoracic), or 50 (Miliary) or Major Site of Disease: If site is Other, enter anatomic value (Q15B) or Additional Site of Disease: If site is Other, enter anatomic value (Q16B) contain one of the Following Anatomic Values: 18 (Nose), 19 (Accessory Sinus), 20 (Nasopharynx), 21 (Epiglottis and Larynx), and 22 (Trachea).
-1802	Reason Stopped Therapy (Q37) is equal to 5 (Not TB), Sputum Culture (Q18) must not be equal to 1(Positive).
-1803	Sputum Conversion Documented (Q35) is equal to 1 (Yes), Sputum Culture (Q18) must not be equal to 2 (Negative), 9 (Unknown), 3 (Not Done).
-1804	Sputum Culture is not equal to a valid value of 1 (Positive) ,2 (Negative) ,3 (Not Done) or 9 (Unknown).
-1901	Microscopic Exam of Tissue and Other Body Fluids (Q19A) is not a valid value of 1 (Positive), 2 (Negative), 3 (Not Done), or 9 (Unknown).
-1902	A value exists in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B) or Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C), Microscopic Exam of Tissue and Other Body Fluids (Q19A) must be equal to 1 (Positive).

Number	Message
-1910	Microscopic Exam of Tissue and Other Body Fluids is equal to 1 (Positive) and Major Site of Disease (Q15A) is not equal to 90 (Site not Stated) or blank, at least one anatomic value is required in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B).
-1911	Major site of Disease (Q15A) is blank or is equal to 90 (site not stated), Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (19B) must not contain a value.
-1912	There is a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C), there must be a value in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s)(Q19B).
-1920	Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B) must not be the same as the value entered in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s)(Q19C). .
-1921	Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B) is equal to an invalid anatomic value based on values entered in Sex (Q8), Major Site of Disease (Q15A, and Q15B) and Additional Site of Disease (Q16A, and Q16B). See Appendix A.
-1930	Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C) must not have the same value as in Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B). .
-1932	Microscopic Exam of Tissue and Other Body Fluids: If positive (1) enter anatomic value(s) (19C) is equal to an invalid anatomic value based on values entered in Sex (Q8), Major Site of Disease (Q15A, and Q15B) Additional Site of Disease (Q16A, and Q16B). See Appendix A.
-1933	Microscopic Exam of Tissue and Other Body Fluids (Q19A) is not equal to 1 (Positive), Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C) must not contain a value.
-1934	Major site of Disease (Q15A) contains 90 (site not stated) or is blank, Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C) must not contain a value.
-1935	Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19B) is blank, Microscopic Exam of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q19C) must not contain a value.
-2004	Culture of Tissue and Other Body Fluids (Q20A) is not a valid value of 1 (Positive), 2 (Negative), 3 (Not Done), or 9 (Unknown).
-2005	Reason Therapy Stopped (Q37) is equal to 5 (Not TB), Culture of Tissue and Other Body Fluids (Q20A) must not be equal to 1 (Positive).
-2006	There are values in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B) or Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20C), Culture of Tissue and Other Body Fluids (Q20A) must be equal to 1 (Positive).
-2010	Culture of Tissue and Other Body Fluids (Q20A) is equal to 1 (Positive) and Major Site of Disease (Q15A) is not equal to 90 (Site not Stated) or blank, at least one anatomic value is required in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B).

Number	Message
-2020	Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B) must not be the same as the value entered in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20C).
-2021	Major Site of Disease (Q15A) is equal to 90 (Site not Stated) or is blank, must not have an Anatomic Value in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B).
-2023	Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B) is equal to an invalid anatomic value based on values entered in Sex (Q08), Major Site of Disease (Q15A and Q15B) and Additional Site of Disease (Q16A and Q16B). See Appendix A.
-2024	There is a value in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20C), there must be a value in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B).
-2030	Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20C) must not be the same as the value entered in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B).
-2031	Major Site of Disease (Q15A) is equal to 90 (Site not Stated) or is blank, must not have an anatomic value in Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20C).
-2032	Culture of Tissue and Other Body Fluids: If positive (1), enter anatomic value(s) (Q20B) must have a value.
-2033	Culture of Tissue and Other Body Fluids (Q20A) is equal to an invalid value based on values entered in Sex (Q08), Major Site of Disease (Q15A, Q15B) and Additional Site of Disease (Q16A, Q16B). See Appendix A.
-2034	Culture of Tissue and Other Body Fluids (Q20A) is not equal to 1 (Positive), Culture of Tissue and Other Body Fluids: If Positive (1), enter anatomic code(s) (20C) must be blank.
-2101	Chest X-Ray (Q21A) is not a valid value 1 (Normal), 2 (Abnormal), 3 (Not Done), or 9 (Unknown).
-2102	There is a value in Chest X-Ray: If Abnormal (Q21B) or Chest X-Ray: If Abnormal (Q21C), Chest X-Ray (Q21A) must equal 2 (Abnormal).
-2131	Chest X-Ray (Q21A) is not equal to 2 (Negative), Chest X-Ray: If Abnormal (Q21B) must be blank.
-2132	Chest X-Ray: If Abnormal (Q21B) is not a valid value of 1 (Cavitary)), 2 (Noncavitary Consistent with TB), 3 (Noncavitary Not Consistent with TB), or 9 (Unknown)
-2161	Chest X-Ray (Q21A) is not equal to 2 (Negative), Chest X-Ray: If Abnormal (Q21C) must be blank.
-2162	Chest X-Ray: If Abnormal (Q21C) is not a valid value of 1 (Stable), 2 (Worsening), 3 (Improving), or 9 (Unknown).
-2220	Q22. Tuberculin (mantoux) Skin Test at Diagnosis is not a valid value of 1 (Positive), 2 (Negative), 3 (Not Done), or 9 (Unknown)
-2221	Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) is greater than 9 and less than 99, Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) must be equal to 1 (Positive)
-2222	Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) is less than 05, Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) must be 2 (Negative).

Number	Message
-2223	Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) is equal to 99 or greater than 4 and less than 10, Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) must be equal to either 1 (Positive) or 2 (Negative).
-2241	Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) is not equal to 1 (Positive) or 2 (Negative), Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) must be blank.
-2242	Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) is equal to 1 (Positive), Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) must be greater than 04 and less than 98 or 99.
-2243	Tuberculin (mantoux) Skin Test at Diagnosis (Q22A) is equal to 2 (Negative), Tuberculin (mantoux) Skin Test at Diagnosis: Millimeters of Induration (Q22B) must be less than 10 or 99.
-2271	Tuberculin (mantoux) Skin Test at Diagnosis(Q22A) is not equal to 2 (Negative), Tuberculin (mantoux) Skin Test at Diagnosis: If Negative (2), was patient anergic? (Q22C) must be blank.
-2272	Tuberculin (mantoux) Skin Test at Diagnosis: If Negative (2), was patient anergic? (Q22C) is not a valid value of 1 (Yes), 2 (No), or 9 (Unknown).
-2301	HIV Status (Q23A) is not a valid value of 0 (Negative), 1 (Positive), 2 (Indeterminate), 3 (Refused), 4 (Not Offered), 5 (Test Done, Results Unknown), or 9 (Unknown).
-2302	HIV Status: If Positive, Based on (Q23B) or HIV Status: If Positive, List: CDC AIDS Patient Number (Q23C) or HIV Status If Positive, List: City/County HIV/AIDS Patient Number (Q23D) or HIV Status If Positive, List: State HIV/AIDS Patient Number (Q23E) has a value, HIV Status (Q23A) must be equal to 1 (Positive).
-2341	HIV Status: If Positive, Based (Q23B) can only have a value if HIV Status (Q23A) is equal to 1 (Positive).
-2342	Q23B. HIV Status: If Positive, Based (Q23B) on is not a valid value of 1 (Medical Documentation), 2 (Patient History), or 9 (Unknown).
-2371	HIV Status: If Positive, List: CDC AIDS Patient Number (Q23C) can only have a value if HIV Status (Q23A) is equal to 1 (Positive).
-2372	HIV Status: If Positive, List: CDC AIDS Patient Number (Q23C) is not in alphanumeric format.
-2381	HIV Status: If Positive, List: State HIV/AIDS Patient Number (Q23D) can only have a value if HIV Status (Q23A) is equal to 1 (Positive).
-2382	HIV Status: If Positive, List: State HIV/AIDS Patient Number (Q23D) is not in alphanumeric format.
-2391	HIV Status: If Positive, List: City/County HIV/AIDS Patient Number (Q23E) can only have a value if HIV Status (Q23A) is equal to 1 (Positive).
-2392	HIV Status: If Positive, List: City/County HIV/AIDS Patient Number (Q23E) is not in alphanumeric format.
-2401	Homeless Within Past Year (Q24) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown).
-2501	Resident of Correctional Facility at Time of Diagnosis (Q25A) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown).

Number	Message
-2502	Resident of Correctional Facility at Time of Diagnosis (Q25A) can have a value if Resident of Long Term Care Facility at Time of Diagnosis (Q26A) contains (Blank), 0 (No) or 9 (Unknown) and Resident of Long Term Care Facility at Time of Diagnosis: If Yes, (Q26B) is blank.
-2503	Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) has a value, Resident of Correctional Facility at Time of Diagnosis Q25A must be equal to 1 (Yes).
-2504	If Resident of Long Term Care Facility at Time of Diagnosis (Q26A) is equal to 1 (Yes) then must be equal to 0 (No).
-2551	Resident of Correctional Facility at Time of Diagnosis (Q25A) is not equal to 1 (Yes), Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) must be blank.
-2552	Resident of Long-Term Care Facility at Time of Diagnosis (Q26A) is not equal to Blank, 0 (No), 9 (Unknown), Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) must be blank.
-2553	Resident of Long-Term Care Facility at Time of Diagnosis: If Yes (Q26B) is not blank, Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) must be blank.
-2554	Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) is not a valid value of 1 (Federal Prison), 2 (State Prison), 3 (Local Jail), 4 (Juvenile Correctional Facility), 5 (Other Correctional Facility), or 9 (Unknown).
-2601	Resident of Long-Term Care Facility at Time of Diagnosis (Q26A) can only have a value if Resident of Correctional Facility at Time of Diagnosis (Q25A) is equal to 0 (No), 9 (Unknown) and Resident of Correctional Facility at Time of Diagnosis If Yes (Q25B) is blank.
-2602	Resident of Long-Term Care Facility at Time of Diagnosis: If Yes (Q26B) has a value, Resident of Long-Term Care Facility at Time of Diagnosis (Q26A) must equal 1 (Yes).
-2603	Resident of Long-Term Care Facility at Time of Diagnosis (Q26A) is not a valid value of 0 (No), 1 (Yes) or 9 (Unknown).
-2604	Resident of Long-Term Care Facility at Time of Diagnosis (Q26A) must equal 0 (No) if Resident of Correctional Facility at Time of Diagnosis (Q25A) is equal to 1 (Yes).
-2651	Resident of Correctional Facility at Time of Diagnosis (Q25A) is blank, 0 (No), or 9 (Unknown), Resident of Long-Term Care Facility at Time of Diagnosis: If Yes(Q26B) must be blank.
-2652	Resident of Correctional Facility at Time of Diagnosis: If Yes (Q25B) is not blank, Resident of Long-Term Care Facility at Time of Diagnosis: If Yes (Q26B) must be blank,
-2653	Resident of Long-Term Care Facility at Time of Diagnosis: If Yes (Q26B) is not a valid value of 1 (Nursing Home), 2 (Hospital-Based Facility), 3 (Residential Facility), 4 (Mental Health Residential Facility), 5 (Alcohol or Drug Treatment Facility), 6 (Other Long-Term Care Facility) or 9 (Unknown).
-2654	Resident of Long-Term Care Facility at Time of Diagnosis: If Yes (Q26B) can have a value if Resident of Long Term Care Facility at Time of Diagnosis (Q26A) is equal to 1 (Yes).
-2700	Initial Drug Regimen (Q27) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown).
-2701	Date Therapy Started (Q28) or Date Therapy Stopped (Q36) are not blank, Initial Drug Regimen must not be blank.

Number	Message
-2802	Date Therapy Started (Q28) must be equal to or before Date Therapy Stopped (Q36).
-2803	Date Therapy Started (Q28) must be equal to or before the Current Date.
-2804	Date Therapy Started (Q28) must be equal to or after the Date of Birth (Q07)
-2805	Date Therapy Started (Q28) must be equal to or after Month-Year Arrived in U.S. (Q12).
-2806	Number of Weeks between Date Therapy Started Q28 and Date Therapy Stopped (Q36) is less than the Number of Weeks of Directly Observed Therapy (Q39C).
-2808	Date Therapy Started (Q28) must be blank when there is no drug marked as 1 (Yes) in Initial Drug Regimen (Q27).
-2810	There is a value of 1 (Unknown) in Date Therapy Started: Unknown (Q28), Date Therapy Started (Q28) must be blank.
-2811	There is a value of Null (Blank) in Date Therapy Started: Unknown (Q28), Date Therapy Started (Q28) must be blank.
-2812	There is a value of 0 (Known) in Date Therapy Started: Unknown (Q28), Date Therapy Started (Q28) must not be blank.
-2813	There is a value of 2 (Partial) in Date Therapy Started: Unknown (Q28), Date Therapy Started (Q28) must be a partial date.
-2814	Date Therapy Started (Q28) is not in the valid format of YYYY-MM-01, YYYY/MM/01, YYYYMM01 , YYYY-01-01, YYYY/01/01, YYYY0101.
-2851	Date Therapy Started: Unknown (Q28) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-2852	Date Therapy Started (Q28) is blank, Date Therapy Started: Unknown (Q28) must equal Null (Blank) or 1 (Unknown).
-2853	Date Therapy Started (Q28) is not blank (Known Date), Date Therapy Started: Unknown (Q28) must equal 0 (Known) or 2 (Partial Date).
-2901	Injecting Drug Use Within Past Year (Q29) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown).
-3001	Non-Injecting Drug Use Within Past Year (Q30) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown).
-3101	Excess Alcohol Use Within Past Year? (Q31) is not a valid value of 0 (No), 1 (Yes), or 9 (Unknown.
-3201	Occupation (Check all that apply within the past 24 months): Health Care Worker (Q32A) is not a valid value of 1 (Yes) or Blank (No).
-3202	Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months (Q32E) or Occupation (Check all that apply within the past 24 months): Unknown (Q32F) is equal to 1 (Yes), Q32A. Occupation (Check all that apply within the past 24 months): Health Care Worker (Q32A) must not be equal to 1 (Yes).
-3211	Occupation (Check all that apply within the past 24 months):Correctional Employee Q32B is not a valid value of 1 (Yes) or Blank (No).
-3212	Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months (Q32E) or Occupation (Check all that apply within the past 24 months): Unknown (Q32F) is equal to 1 (Yes), Occupation (Check all that apply within the past 24 months):Correctional Employee Q32B must not be equal to 1 (Yes).

Number	Message
-3221	Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker (Q32C) is not a valid value of 1 (Yes) or Blank (No).
-3222	Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months (Q32E) or Occupation (Check all that apply within the past 24 months): Unknown (Q32F) is equal to 1 (Yes), Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker (Q32C) must not be equal to 1 (Yes).
-3231	Occupation (Check all that apply within the past 24 months): Other Occupation (Q32D) is not a valid value of 1 (Yes) or Blank (No).
-3232	Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months (Q32E) or Occupation (Check all that apply within the past 24 months): Unknown (Q32F) is equal to 1 (Yes), Occupation (Check all that apply within the past 24 months): Other Occupation (Q32D) must not be equal to 1 (Yes).
-3251	Q32E. Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months is not a valid value of 1 (Yes) or Blank (No).
-3252	Occupation (Check all that apply within the past 24 months): Health care Worker (Q32A) or Occupation (Check all that apply within the past 24 months): Correctional Employee (Q32B) or Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker (Q32C) or Occupation (Check all that apply within the past 24 months): Other Occupation (Q32D) is equal to 1 (Yes), Occupation (Check all that apply within the past 24 months): Not Employed within Past 24 Months (Q32E) must not be equal to 1 (Yes).
-3261	Occupation (Check all that apply within the past 24 months): Unknown (Q32F) is not a valid value of 1 (Yes) or Blank (No).
-3262	Occupation (Check all that apply within the past 24 months): Health care Worker(Q32A) or Occupation (Check all that apply within the past 24 months):Correctional Employee (Q32B) or Occupation (Check all that apply within the past 24 months): Migratory Agricultural Worker (Q32C) or Occupation (Check all that apply within the past 24 months): Other Occupation (Q32D) is equal to 1 (Yes), Occupation (Check all that apply within the past 24 months):Unknown (Q32F) must not be equal to 1 (Yes).
-3310	Sputum Culture (Q18) is not equal to 1 (Positive) and Culture of Tissue and Other Body Fluids (Q20) is not equal to 1 (Positive), Initial Drug Susceptibility Results (Q33A) must not be equal to 1 (Yes).
-3311	Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) is equal to 1 (Yes), Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done must be equal to 1 (Yes).
-3312	Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? (Q33A) is not a valid value of 0 (No), 1 (Yes), 9 (Unknown).
-3313	There is a value in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B), Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? (Q33A) must be equal to 1 (Yes).
-3314	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) has a value, Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? (Q33A) must be equal to 1 (Yes).
-3315	Final Susceptibility Results (Q41) are not blank, Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? (Q33A) must be equal to 1 (Yes).

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-3316	Susceptibility Results (Q34) are not blank, Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done? (Q33A) must be equal to 1 (Yes).
-3321	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be at least 1 year after If yes, list year of previous diagnosis of TB (Q14B).
-3322	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be equal to or after Date of Birth (Q07).
-3323	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be equal to or before Month-Year Arrived in US (Q12).
-3324	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be greater or equal to 30 days before If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (40B).
-3325	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be equal to or before the Current Date.
-3328	Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done (Q33A) is not equal to 1 (Yes), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility (Q33A) must be blank.
-3329	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) is not in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD.
-3330	Sputum Culture (Q18) and Culture of Tissue and Other Body Fluids (Q20) are equal to No (2), Not Done (3) or Unknown (9), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be blank
-3331	There is a value of 1 (Unknown) in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B) must be blank.
-3332	There is a value of Null (Blank) in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must be blank.
-3332	There is a value of 0 (Known) in If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) must not be blank.
-3351	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-3352	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) is blank, If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B) must equal Null (Blank) or 1 (Unknown).
-3353	If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done (Q33B) is not blank (Known Date), If Yes, Enter Date First Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q33B) must equal 0 (Known).
-3401	Susceptibility Results (Q34) is not a valid value of 1 (Resistant), 2 (Susceptible), 3 (Not Done), 9 (Unknown).
-3402	Initial Drug Susceptibility Results: Was Drug Susceptibility Testing Done:(Q33A) is not equal to 1 (Yes), Susceptibility Results must be blank.
-3403	Sputum Culture (Q18) and Culture of Tissue and Other Body Fluids (Q20) are equal to No (2), Not Done (3) or Unknown (9), Susceptibility Results (Q34) must

Number	Message
	be blank.
-3510	Sputum Culture (Q18) must be equal to 1 (Positive)
-3511	If Yes, Date Specimen Collected on First Consistently Negative Culture: (Q35C) has a value, Sputum Culture Conversion Documented (Q35A) must be equal to 1 (Yes).
-3512	Sputum Culture Conversion Documented (Q35A) is not a valid value of 0 (No), 1 (Yes), 9 (Unknown).
-3513	If Yes, Date Specimen Collected on Initial Positive sputum Culture: (Q35B) has a value, Sputum Culture Conversion Documented (Q35A) must be equal to 1 (Yes).
-3521	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B)
-3522	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be equal to or after Date of Birth Q07).
-3523	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be equal to or after Month Year Arrived in US (Q12).
-3524	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be equal to or before than Current Date.
-3526	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be equal to or before Date Specimen Collected on First Consistently Negative Culture (Q35C).
-3527	Sputum Culture Conversion Documented (Q35A) is not equal to 1 (Yes), If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be blank.
-3528	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) is not in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD.
-3529	There is a value in If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C), there must be a value in If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B).
-3530	There is a value of 1 (Unknown) in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B), If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be blank.
-3531	There is a value of Null (Blank) in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B), If Yes, Date Specimen Collected on Initial Positive Sputum (Q35B) must be blank.
-3532	There is a value of 0 (Known) in If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B), If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must not be blank.
-3551	If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-3552	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) is blank, If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B) must equal Null (Blank) or 1 (Unknown).
-3553	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) is not blank (Known Date), If Yes, Date Specimen Collected on Initial Positive Sputum Culture: Unknown (Q35B) must equal 0 (Known).

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-3554	If Sputum Culture Conversion Documented (34A) is blank, If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) must be blank.
-3571	If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be at least 1 year after Previous Diagnosis of Tuberculosis: If Yes, list year of Previous Diagnosis (Q14B)
-3572	If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be equal to or after Date of Birth (Q07).
-3573	If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be equal to or after Month Year Arrived in US (Q12)
-3574	If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be earlier than Current Date.
-3575	If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be after If Yes, Date Specimen Collected on Initial Positive Sputum (Q35B)
-3576	Sputum Culture Conversion Documented (Q35A) is not equal to 1(Yes), If Yes, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be blank.
-3577	If Yes, Date Specimen Collected on Initial Positive Sputum Culture (Q35B) is blank, Date Specimen Collected on First Consistently Negative Culture (Q35C) must be blank.
-3578	Date Specimen Collected on First Consistently Negative Culture (Q35C) is not in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD.
-3579	There is a value of 1 (Unknown) in Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C), Date Specimen Collected on First Consistently Negative Culture(Q35C) must be blank.
-3580	There is a value of Null (Blank) in Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C), Date Specimen Collected on First Consistently Negative Culture (Q35C) must be blank.
-3581	There is a value of 0 (Known) in Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C), Date Specimen Collected on First Consistently Negative Culture (Q35C) must not be blank.
-3591	Date Specimen Collected on First Consistently Negative Culture Unknown (Q35C) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-3592	Date Specimen Collected on First Consistently Negative Culture (Q35C) is blank, Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C) must equal Null (Blank) or 1 (Unknown).
-3593	Date Specimen Collected on First Consistently Negative Culture (Q35C) is not blank (Known Date) Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C) must equal 0 (Known).
-3594	Sputum Culture Conversion Documented is blank (Q35A), Date Specimen Collected on First Consistently Negative Culture: Unknown (Q35C) must be Blank.
-3602	Date Therapy Stopped (Q36) must be equal to or after Date Therapy Started (Q28).
-3603	The number of weeks between Date Therapy Started (Q28) and Date Therapy Stopped (Q36) is less than the Number of Weeks of Directly Observed Therapy (Q39C).
-3604	Date Therapy Stopped (Q36) must be blank if there is not at least one drug mark 1 (Yes) in Initial Drug Regimen (Q27).

Number	Message
-3605	Date Therapy Stopped (Q36) must be equal to or before Current Date.
-3606	Date Therapy Stopped (Q36) is not in a valid date format of YYYY-MM-DD, YYYY/MM/DD, YYYYMMDD, YYYY-MM-01, YYYY/MM/01, YYYYMM01.
-3607	There is a value of 1 (Unknown) in Date Therapy Stopped: Unknown (Q36), Date Therapy Stopped (Q36) must be blank.
-3608	There is a value of Null (Blank) in Date Therapy Stopped: Unknown (Q36), Date Therapy Stopped (Q36) must be blank.
-3609	There is a value of 0 (Known) in Date Therapy Stopped: Unknown (Q36), Date Therapy Stopped (Q36) must not be blank.
-3610	There is a value of 2 in Date Therapy Stopped: Unknown (Q36), Date Therapy Stopped (Q36) must be a partial unknown date.
-3651	Date Therapy Stopped: Unknown (Q36) is not a valid value of 0/Null (Not Unknown), 1 (Unknown) or 2 (Partial).
-3652	Date Therapy Stopped (Q36) is blank, Date Therapy Stopped: Unknown (Q36) must equal Null (Blank) or 1 (Unknown).
-3653	Date Therapy Stopped (Q36) is not blank (Known Date), Date Therapy Stopped: Unknown (Q36) must equal 0 (Known) or 2 (Partial)
-3701	Sputum Culture (Q18) is equal to 1 (Positive), Reason Therapy Stopped (Q37) must not be 5 (Not TB).
-3702	Culture of Tissue and Other Body Fluids (Q20) is equal to 1 (Positive), Reason Therapy Stopped (Q37) must not be 5 (Not TB).
-3703	Reason Therapy Stopped must be blank if there are no drugs marked 1 (Yes) in Initial Drug Regimen (Q27).
-3704	Reason Therapy Stopped (Q37) is not a valid value of 1 (Completed Therapy), 2 (Moved), 3 (Lost), 4 (Uncooperative or Refused), 5 (Not TB), 6 (Died), 7 (Other), or 9 (Unknown).
-3801	Type of Health Care Provider (Q38) is not a valid value of 1 (Health Department), 2 (Private/Other), or 3 (Both Health Department and Private/Other)
-3901	There is a value in If Yes, Give Site(s) of Directly Observed Therapy: (Q39B), Directly Observed Therapy (Q39A) must not be equal to Blank ( ), No (0) or Unknown (9).
-3902	Directly observed Therapy (Q39A) is not a valid value of 0 (No, Totally Self-Administered), 1 (Yes, Totally Directly Observed), 2 (Yes, Both Directly Observed and Self-Administered), or 9 (Unknown).
-3903	There is a value in Number of Weeks of Directly Observed Therapy: (Q39C), Directly Observed Therapy (Q39A) must not be equal to Blank ( ), No (0) or Unknown (9).
-3930	Number of Weeks of Directly Observed Therapy (Q39C) is greater than the numbers of weeks between Date Therapy Started (Q28) and Date Therapy Stopped (Q36).
-3951	If Yes, Give Site(s) of Directly Observed Therapy (Q39B) is not a valid value of 1 (In Clinic or Other Facility), 2 (In the Field), 3 (Both in Facility and in the Field), or 9 (Unknown)
-3952	Directly observed Therapy (Q39A) is not equal to 1 (Yes, Totally Directly Observed) or 2 (Yes, Both Directly Observed and Self-Administered), If Yes, Give Site(s) of Directly Observed Therapy (Q39B) must be blank.

Number	Message
-3971	Directly observed Therapy (Q39A) is not equal to 1 (Yes, Totally Directly Observed) or 2 (Yes, Both Directly Observed and Self-Administered), Number of Weeks of Directly Observed Therapy (Q39C) must be blank.
-3972	Number of Weeks of Directly Observed Therapy (Q39C) is not in a valid numeric format.
-4010	Initial Drug Susceptibility Testing (Q33A) is not equal to Yes (1), Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) must not be equal to 1 (Yes).
-4011	There is a value in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B), Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) must be equal to 1 (Yes).
-4012	There is a value in Final Susceptibility Results (Q41), Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) must be equal to 1 (Yes).
-4013	Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) is not a valid value of 0 (No), 1 (Yes),or 9 (Unknown)
-4021	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be at least 30 days after Date First Isolate Collected for Which Drug Susceptibility Testing was done (Q33B).
-4022	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be equal to or after Date of Birth (Q07).
-4023	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be equal to or after Month Year arrived in US (Q12)
-4024	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be equal to or before the Current Date.
-4025	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be blank if Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) is not equal to 1 (Yes).
-4026	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: (Q40B) is not in a valid date format of YYYY-MM-DD, YYYY/MM/DD, or YYYYMMDD.
-4027	There is a value of 1 (Unknown) in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B), If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be blank.
-4028	There is a value of Null (Blank) in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B), If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) must be blank.
-4029	There is a value of 0 (Known) in If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B), (Q40B) must not be blank.
-4051	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B) is not a valid value of 0/Null (Not Unknown) or 1 (Unknown).
-4052	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) is blank, If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B) must equal Null (Blank) or 1 (Unknown).

Number	Message
-4053	If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done (Q40B) is not blank (Known Date), If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B) must equal 0 (Known).
-4054	Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) is blank, If Yes, Enter Date Final Isolate Collected for Which Drug Susceptibility was Done: Unknown (Q40B) must be blank
-4101	Final Drug Susceptibility Results: Was Follow-up Drug Susceptibility Testing Done? (Q40A) is not equal to 1 (Yes), Final Susceptibility Results (Q41) must be blank.
-4102	Final Susceptibility Results (Q41) is not a valid value of 1 (Resistant), 2 (Susceptible), 3 (Not Done), or 9 (Unknown).
-4201	Case verification (QCV.2) does not equal 1 (Positive Culture), 2 (Positive Smear/Tissue), 3 (Clinical Case Definition), or 4 (Verified by Provider Diagnosis), Do You want to count this patient at CDC as a verified case of TB? (QCV.1) must be blank.
-4202	Do You want to count this patient at CDC as a verified case of TB? (QCV.1) is not a valid value of 1 (Yes), 2 (No), or blank (Pending or not applicable).
-4203	There is a value in Month-Year Counted, Do you want to count this patient at CDC as a verified case of TB? (QCV.1), must not be blank.
-4301	Case Verification is not a valid value of 0 (Not TB), 1 (Positive Culture), 2 (Positive Smear/Tissue), 3 (Clinical Case Definition), or 4 (Verified by Provider Diagnosis), or 5 (Suspect).
-4302	The Case Verification Value supplied in the import file does not match the Case Verification Value calculated by the import utility.
-4303	The import file cannot contain a blank record RVCT.
-4305	This deleted record does not exist in the TIMS database. Record will not be assimilated.
-4306	This record is not owned by the current site. Record will not be updated.
-4307	This record exists in the TIMS database as a deleted record. This record cannot be updated.
-4308	Race: (select more than one) American Indian or Alaska Native is not a valid value of 1 (Yes) or 0 (No).
-4309	Race: (select more than one) Asian is not a valid value of 1 (Yes) or 0 (No).
-4310	Race: (select more than one) Black or African American is not a valid value of 1 (Yes) or 0 (No).
-4311	Race: (select more than one) Native Hawaiian or Pacific Islander not a valid value of 1 (Yes) or 0 (No).
-4312	Race: (select more than one) White is not a valid value of 1 (Yes) or 0 (No).
-4313	Race: (select more than one) Unknown is not a valid value of 1 (Yes) or 0 (No).
-4314	Race: (Select more than one) Unknown is marked 1 (Yes) , all other races must be equal to 0 (No)
-4315	Race: (select more than one) Asian extended code is not a valid value from the list of HL7 codes for Asian race.
-4316	Race: (select more than one) Native Hawaiian or Pacific Islander extended code is not a valid value from the list of HL7 codes for Asian race.
-4317	Race: (select more than one) has at least one yes value, Unknown must be marked 0 (No).

These error msgs will apply in version 1.2

Appendix D. HL7 Extended Race Codes

The following data describes the HL7 extended codes for the ***Asian*** and ***Native Hawaiian or Pacific Islander*** extended code fields. If the import file does not contain an extended code for the ***Asian*** and ***Native Hawaiian or Pacific Islander choice,*** **TSIU will automatically supply the highest level code*.***

ASIAN Extended Codes

HL7 Code	Description
2028-9	Asian
2029-7	Asian Indian
2030-5	Bangladeshi
2031-3	Bhutanese
2032-1	Burmese
2033-9	Cambodian
2034-7	Chinese
2035-4	Taiwanese
2036-2	Filipino
2037-0	Hmong
2038-8	Indonesian
2039-6	Japanese
2040-4	Korean
2041-2	Laotian
2042-0	Malaysian
2043-8	Okinawan
2044-6	Pakistani
2045-3	Sri Lankan
2046-1	Thai
2047-9	Vietnamese
2048-7	Iwo Jiman
2049-5	Maldivian
2050-3	Nepalese
2051-1	Singaporean
2052-9	Madagascar

Native Hawaiian or Pacific Islander Extended Codes

HL7 Code	Description
2076-8	Native Hawaiian other Pacific Islander
2078-4	Polynesian
2079-2	Native Hawaiian
2080-0	Samoan
2081-8	Tahitian
2082-6	Tongan
2083-4	Tokelauan
2085-9	Micronesian
2086-7	Guamanian or Chamorro
2087-5	Guamanian
2083-3	Chamorro
2089-1	Mariana Islander
2090-9	Marshallese
2091-7	Palauan
2092-5	Carolinian
2093-3	Kosraean
2094-1	Pohnpeian
2095-8	Saipanese
2096-6	Kiribati
2097-4	Chuukese
2098-2	Yapese
2100-6	Melanesian
2101-4	Fijian
2102-2	Papua New Guinean
2103-0	Solomon Islander
2104-8	New Hebrides
2500-7	Other Pacific Islander