
Hospital and Central Cancer Registry Prepare and Transmit Event Report Use Case

Version 2.0

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**Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Cancer Prevention and Control
National Program of Cancer Registries**

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General Information

1. Use Case ID

GUC 1.1 (CCRUC 1.1 and HUC 1.1)

2. Use Case Name

Prepare and Transmit Event Report for Hospital and Central Cancer Registries

3. Description

Prepare and transmit event report is the process whereby a data source submits event reports to the cancer registry using established criteria for record layout format, required event report types, required data items, and transmission standards.

This use case describes the process for preparing and transmitting an event report by a trusted data source into the CR database. It is intended for data source staff including IT system professionals and central cancer registry staff.

A discussion of HIPAA as it relates to reporting to cancer registries can be found at http://www.naacr.org/index.asp?Col_SectionKey=28&Col_ContentID=101.

4. Actors

- Data source software
- Data source staff
- Cancer registry (CR) staff

Note: A cancer registry may play either the data source or the receiving registry. For example, a hospital cancer registry is the receiving registry when the hospital pathology laboratory sends data to the registry. The hospital cancer registry becomes the data source when it sends cases to a central registry.

5. Definitions

Event Report: An electronic transmission of information to a cancer registry.

Abstracted Event Report: An extraction or summary of information created by a data source specifically for a cancer registry.

EHR Event Report: A report, document, or note within the Electronic Health Record (EHR). It includes radiology reports, pathology reports, clinician and nurses' notes, discharge summaries, and admissions forms.

Complete Event Report: An EHR event report is complete when it is released to the clinician or department for their use. A cancer registry abstracted event report is considered complete based on the best practices established in the *NPCR-AERRO Hospital Abstracting Use Case*.

Prepare and Transmit Event Report

Note: Diagrams for this use case are in [Appendix A](#) and [Appendix B](#).

1.0 Precondition

A set of conditions that must be met before the activities described in the use case can begin.

The Electronic Health Record (EHR) report is available for processing.

2.0 Post Condition

A set of conditions that must be met after the activities described in the use case have been completed.

Event report(s) have been transmitted as a batch file to the cancer registry.

3.0 Priority

Describes the importance and sequence of the use case in the overall activities of the cancer registry.

This is the first use case of the cancer registry functions.

4.0 Frequency of Use

Describes how often the activities in the use case take place.

The activities in this use case will take place each time a data source has event report(s) ready to be transmitted to the cancer registry.

5.0 Normal Course of Events

Describes the specific steps taken to perform the activity in the use case.

Normal refers to the steps that are taken when everything goes according to routine procedures. Problems and exceptions are described in section 6, [Alternative Course](#).

Business rules are statements that describe a decision that must be made and agreed to by those involved in the activity. In the context of this document, a business rule describes the decision that needs to be made, and in some circumstances provides a recommendation; in others, options for consideration and use.

Software requirements are statements that describe the functionality of the software that is required or recommended.

5.1 The use case begins when the event report at the data source is marked as completed. [BR01]

Note: For the purpose of this use case, the following definitions of “completed” are used:

- An EHR event report is complete when it is released to the clinician or department for their use.
- A cancer registry abstracted event report is considered complete based on the best practices established in the *NPCR-AERRO Hospital Abstracting Use Case*.

BR	Business Rule	Purpose	Remarks
01	The receiving cancer registry determines the types of event reports to be submitted from the data source.	To ensure completeness of reporting and meet funding agency requirements and state statutes and regulations.	The hospital registry is the data source when transmitting an event report (abstract) to the central registry. The hospital registry is the receiving registry when a data source transmits an event report to it. See Appendix C for the types of event reports for each data source.

5.2 Data source software evaluates the eligibility of the event report for submission to the cancer registry and determines that it should be submitted. [BR02, BR03]

BR	Business Rule	Purpose	Remarks
02	Data source software should use eligibility criteria established by a recognized cancer registry source to identify relevant reports for submission.	To ensure completeness of reporting.	Automated eligibility criteria include: <ul style="list-style-type: none"> • NAACCR search term list at www.naacccr.org • SNOMED codes 80000–99999 • SEER ICD-O-3 selection criteria • Others: ICD-9-CM, ICD-10, ICD-O-3 • Clinician indicator

BR	Business Rule	Purpose	Remarks
03	<p>The cancer registry and data source may agree to submit all non-cancer registry event reports, regardless of relevance for cancer. The cancer registry should work with the data source to make this decision according to:</p> <ul style="list-style-type: none"> • State laws/regulations • The cancer registry's specific reporting objectives • The data source's ability and willingness to perform the selection process • The cancer registry's ability to process large files of event reports 	<p>To accommodate state-specific, privacy-related restrictions and/or restrictions related to the cancer registry's infrastructure.</p>	<p>Cancer registry event reports (abstracts) must be submitted according to the reportability requirements of the central cancer registry.</p>

5.3 Data source software creates an electronic event report according to the requirements for reporting to the cancer registry. [BR04, BR05, BR06, BR07]

BR	Business Rule	Purpose	Remarks
04	<p>All data items listed as "Required" (R) or "Required if available" (R*) in the appropriate standards manual should be included in the event reports submitted to the cancer registry.</p>		<p>For cancer registry abstracts: The appropriate edition and version of the <i>NAACCR Standards for Cancer Registries, Volume II, Data Standards Data Dictionary</i>.</p> <p>For pathology laboratory reports (EHR reports): The appropriate edition and version of the <i>NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting</i>.</p> <p>Use national standards that have been accepted by the cancer surveillance community for other EHR event reports, such as the Uniform Billing Standard ANSI ASC X12N 837 format.</p> <p>Modifications to the required data item list must be agreed on by the cancer registry and the data source.</p>

BR	Business Rule	Purpose	Remarks
05	Data items may be selected from multiple computer systems, such as a laboratory information system (LIS) or a business office system.	To ensure all required data items are gathered from all computer systems at the data source.	Demographic information frequently is not stored in the LIS. If it is available in any software system, it must be transmitted according to the standard listed in BR05.
06	Hospitals with 1 to 75 cases per year should submit electronic health records instead of a cancer registry event report (abstract).	To ensure accurate abstraction of data items.	If electronic records are not available, paper records should be submitted.
07	Data source should use the national standard coding system for data items where standards exist.	To ensure accurate processing of coded data items.	Define standard: NAACCR is working on moving data items to a recognized standard. At the discretion of the cancer registry, local codes may be transmitted. Data items submitted using local codes must have a codes and definitions table provided to the cancer registry.

5.4 Data source software runs edits on the event report and finds no errors. [BR08, BR09]

BR	Business Rule	Purpose	Remarks
08	The event report should pass all edits required or provided by the cancer registry prior to submitting event reports.	To identify discrepancies in the record at the data source prior to sending to the central registry.	
09	Data validation edit checks should be created with input of both data source and the cancer registry.	To identify discrepancies in the record those were not identified at the data source.	<p>Cancer registry event reports edit checks should use EDITS software and the appropriate metafile(s). Metafiles include: NAACCR, SEER, NPCR, CoC, and state-specific edits.</p> <p>Note: Metafiles for other data source event reports have not yet been created.</p> <p>More information on EDITS and edit checking of cancer data can be found at http://www.cdc.gov/cancer/npcr/tools/edits/ .</p> <p>Use of HL7 conformance will help event reports sent as HL7 messages.</p>

5.5 Data source software creates a batch file of event reports(s) for transmission. [BR10, BR11] [SR01, SR02]

BR	Business Rule	Purpose	Remarks
10	Time interval for reporting from a data source to a cancer registry should be established based on the volume of reporting.	To provide a meaningful guideline for selecting a time interval for reporting.	Note: The cancer registry may process the reports in a different time interval than the receipt of reports from the data source.
11	Data source should submit event reports using NAACCR or other nationally recognized standards messaging and record layout format.	To achieve uniformity and consistency.	<p>For cancer registry abstracts: The appropriate edition and version of the <i>NAACCR Standards for Cancer Registries, Volume II, Data Standards Data Dictionary</i>.</p> <p>For pathology laboratories: The appropriate edition and version of the <i>NAACCR Standards for Cancer Registries, Volume V, Pathology Laboratory Electronic Reporting</i>.</p> <p>For billing and claims data: Uniform Billing Standard ANSI ASC X12N 837 format.</p> <p>For other data sources: To be decided (no standards exist)</p>

SR	Software Requirement	Purpose	Remarks
01	A standard naming convention for the batch files should be used. A proposed format is DataSource.[ReportType].[SubmitType].DateOfTransmission.FileNameNumber	To provide national naming standard and track the files submitted.	See Appendix D for a discussion on standard naming conventions for batch files.
02	HL7 messages should pass conformance testing prior to routine transmission.	To ensure the message adheres to HL7 standards.	For pathology laboratories: HL7 Messaging WorkBench profile for NAACCR Volume V http://www.naacccr.org/StandardsandRegistryOperations/VolumeV.aspx

5.6 Data source software encrypts the batch file and transmits it to the CR software via a secure connection. [SR03, SR04, SR05]

Note: Files transmitted internally within the same organization may not be encrypted. For example, Hospital A's pathology laboratory may send files to Hospital A's cancer registry without encrypting the file because it is transmitted using Hospital A's internal network.

SR	Software Requirement	Purpose	Remarks
03	The file should be transmitted via a secure (encrypted) connection using appropriate network protocols.	To ensure confidentiality.	<p>"Secure connection" implies use of a digital certificate and HTTPS; digital certificates should be assigned by an official trusted certifying authority.</p> <p>If the receiving server uses a digital certificate and HTTPS protocol, the submission file or the individual event report's record from the data source does not need to be encrypted. The receiving server's digital certificate and HTTPS protocol handles this.</p> <p>PHINMS is an option for secure transmission of electronic data. (www.cdc.gov/phin/)</p>
04	The file should be encrypted.	To ensure confidentiality.	<p>Refer to IHE ITI Privacy and Security Domain: http://wiki.ihe.net/index.php?title=ITI_-_OID_assignment_1.3.6.1.4.1.19376.1.2#General ITI OIDs Identifiers</p> <p>Refer to <i>NAACCR Standards for Cancer Registries Volume III, Standards for Completeness, Quality, Analysis, Management, Security and Confidentiality of Data</i> chapter 6.</p>
05	Large files may be compressed before upload using the Microsoft DOS/Windows ZIP compression standard.	To decrease the size of transmission files.	PKZIP and WINZIP are examples of programs that produce the correct compressed format.

5.7 Data source software receives acknowledgement from the CR software about receiving the message/file. [BR12]

BR	Business Rule	Purpose	Remarks
12	Acknowledgment should include: <ul style="list-style-type: none"> • Received date • Registry name • Message identifier • Number of records for each transmission • Accession number or report ID number of reports included in the message or file 	To ensure the file has been received.	

5.8 End of use case.

6.0 Alternative Course of Events

Numbering in this section refers to its associated step above in section 5, [Normal Course of Events](#).

5.2a Data source software does not send the event report.

5.2a.1 The process ends.

5.4a The data source software finds error(s) in the event report.

5.4a.1 Data source staff correct error(s).

5.4a.2 The process continues with [step 5.4](#).

5.7a The data source software does not receive an acknowledgement message from the CR software within a specific interval of time of transmission of the batch file.

5.7a.1 Data source staff contact the CR staff to determine the status of the transmitted file.

5.7.a.1.1 Data source staff and CR staff determine why the file was not received.

5.7.a.1.2 Data source staff and/or CR staff correct the problem.

5.7.a.1.3 The process continues with [step 5.6](#).

5.7a.2 If CR software did not receive the file,

5.7.a.2.1 CR staff contact the data source software to determine the problem.

5.7.a.2.2 Data source staff and CR staff determine why the file was not received.

5.7.a.2.3 Data source staff and/or CR staff correct the problem.

5.7.a.2.4 The process continues with [step 5.6](#).

5.7a.3 If CR software received the file and sent an acknowledgement to the data source software, the process ends. [BR13]

BR	Business Rule	Purpose	Remarks
13	Cancer registry and data source should mutually determine the time delay before a message/file is considered "not received."	To ensure that errors in transmission are identified and resolved in a timely manner.	Cancer registry should acknowledge receipt of the file as soon as possible, even if further processing of the contents does not occur immediately.

7.0 Business Rules and Software Requirements

A statement that describes a decision that must be made and agreed to by those involved in the activity. In the context of this document, a business rule describes the decision that needs to be made, and in some circumstances provides a recommendation; in others, options for consideration and use.

Business rules for this use case are presented under the step to which they apply.

Software requirements are identified in the context of enhancing and improving current cancer registry software. They are not a complete requirements list from which a new software package can be developed.

BR	Business Rule	Purpose	Remarks
01	The receiving cancer registry determines the types of event reports to be submitted from the data source.	To ensure completeness of reporting and meet funding agency requirements and state statutes and regulations.	The hospital registry is the data source when transmitting an event report (abstract) to the central registry. The hospital registry is the receiving registry when a data source transmits an event report to it. See Appendix C for the types of event reports for each data source.
02	Data source software should use eligibility criteria established by a recognized cancer registry source to identify relevant reports for submission.	To ensure completeness of reporting.	Automated eligibility criteria include: <ul style="list-style-type: none"> • NAACCR search term list at www.naacccr.org • SNOMED codes 80000–99999 • SEER ICD-O-3 selection criteria • Others: ICD-9-CM, ICD-10, ICD-O-3 • Clinician indicator

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05	<p>Data items may be selected from multiple computer systems, such as a laboratory information system (LIS) or a business office system.</p>	<p>To ensure all required data items are gathered from all computer systems at the data source.</p>	<p>Demographic information frequently is not stored in the LIS. If it is available in any software system, it must be transmitted according to the standard listed in BR05.</p>

BR	Business Rule	Purpose	Remarks
06	Hospitals with 1 to 75 cases per year should submit electronic health records instead of a cancer registry event report (abstract).	To ensure accurate abstraction of data items.	If electronic records are not available, paper records should be submitted.
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12	Acknowledgment should include: <ul style="list-style-type: none"> • Received date • Registry name • Message identifier • Number of records for each transmission • Accession number or report ID number of reports included in the message or file 	To ensure the file has been received.	
13	Cancer registry and data source should mutually determine the time delay before a message/file is considered “not received.”	To ensure that errors in transmission are identified and resolved in a timely manner.	Cancer registry should acknowledge receipt of the file as soon as possible, even if further processing of the contents does not occur immediately.

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02	HL7 messages should pass conformance testing prior to routine transmission.	To ensure the message adheres to HL7 standards.	For pathology laboratories: HL7 Messaging WorkBench profile for NAACCR Volume V http://www.naacccr.org/StandardsandRegistryOperations/VolumeV.aspx
03	The file should be transmitted via a secure (encrypted) connection using appropriate network protocols.	To ensure confidentiality.	"Secure connection" implies use of a digital certificate and HTTPS; digital certificates should be assigned by an official trusted certifying authority. If the receiving server uses a digital certificate and HTTPS protocol, the submission file or the individual event report's record from the data source does not need to be encrypted. The receiving server's digital certificate and HTTPS protocol handles this. PHINMS is an option for secure transmission of electronic data. (www.cdc.gov/phinf/)
04	The file should be encrypted.	To ensure confidentiality.	Refer to IHE ITI Privacy and Security Domain: http://wiki.ihe.net/index.php?title=ITI_-_OID_assignment_1.3.6.1.4.1.19376.1.2#General_ITI_OIDs_Identifiers Refer to <i>NAACCR Standards for Cancer Registries Volume III, Standards for Completeness, Quality, Analysis, Management, Security and Confidentiality of Data</i> chapter 6.
05	Large files may be compressed before upload using the Microsoft DOS/Windows ZIP compression standard.	To decrease the size of transmission files.	PKZIP and WINZIP are examples of programs that produce the correct compressed format.

8.0 Exceptions

None.

9.0 Includes

None.

10.0 Special Requirements

None.

11.0 Assumption

Batch files are in electronic format.

12.0 Notes and Issues

None.

13.0 References

NAACCR Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis, Management, Security and Confidentiality of Data

<http://www.naaccr.org/StandardsandRegistryOperations/Volumelll.aspx>

- Section 6.1.3.3.1: HIPAA
- Section 6.4.6 Network Access
- Section 6.4.8 Encryption
- Section 6.4.9 Firewall

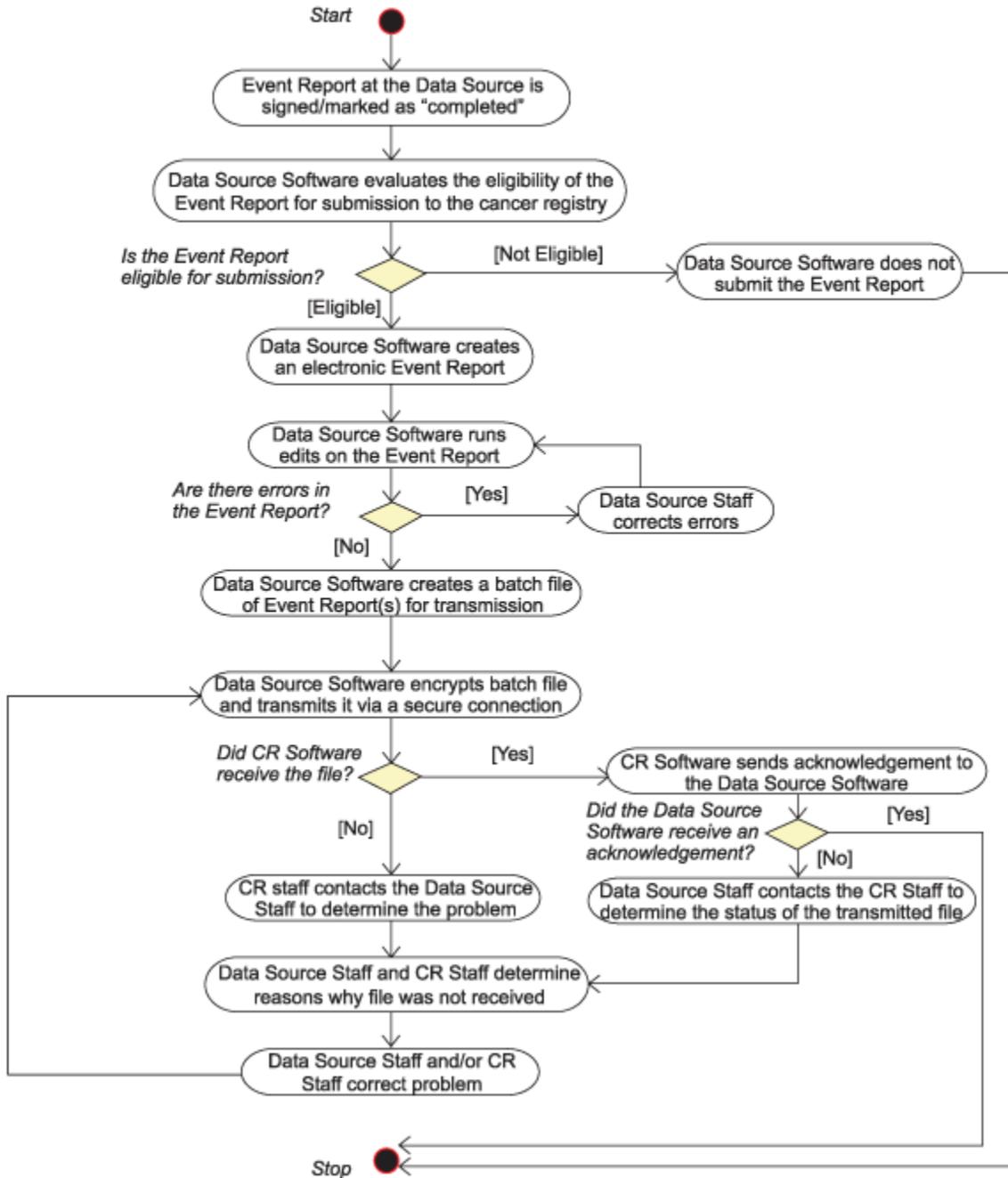
NAACCR Reference for HIPAA and Cancer Registries

<http://www.naaccr.org/Research/HIPAA.aspx>

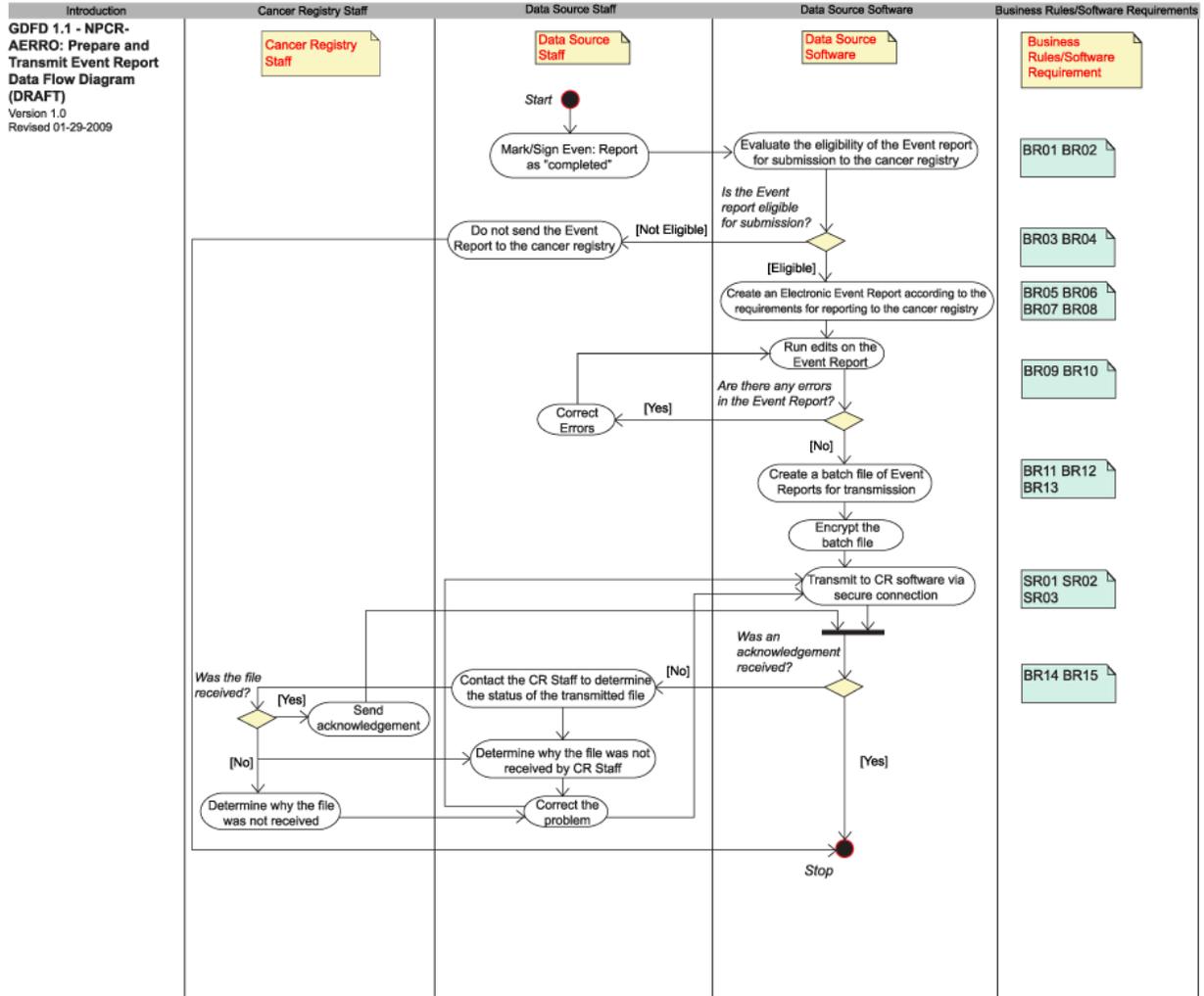
Appendix A: Prepare and Transmit Event Report Workflow Diagram

GWFD 1.1 - NPCR-AERRO: Prepare and Transmit Event Report Workflow Diagram (DRAFT)

Version 1.0
Revised: 01-29-2009



Appendix B: Prepare and Transmit Event Report Data Flow Diagram



Appendix C: Event Report List

Report Type	Report	Registry Use	Report Type	Submission Time Frame
Billing/Claims Data		Casefinding	Secondary	Quarterly
Hospital Medical Record Disease Index (report)		Casefinding	Primary	Annually
Diagnostic Imaging		Casefinding, data	Secondary	Quarterly
Pathology	Surgery Flow cytometry Non-gyn cytology Autopsy Bone marrow Peripheral smear Outside slide review	Casefinding, data	Primary	Weekly or at least monthly; rapid casefinding with real-time pathology report submissions would be ideal
Radiation Clinic	Consultation dictation	Casefinding, data	Primary	Monthly
Radiation Clinic	Treatment plan Treatment summary	Data	Primary	Monthly
Oncology Clinic	Consultation dictation	Casefinding, data	Primary	Monthly
Oncology Clinic	Treatment plan/flow chart	Data	Primary	Weekly
Oncology Clinic	Clinical dictation	Data	Primary	Monthly
Physician Office	*Initial visit dictation	Casefinding, data	Primary	Weekly
Physician Office	*Ongoing visits dictation Follow-up treatment dictation	Data	Primary	Weekly
Physician Office	Consultation report to referral physician	Data		
IHS		Casefinding, data		
Health Insurance Plan			Secondary	
Death Certificates		Casefinding, data	Primary Receive Quarterly	Quarterly
National Death Index		Casefinding, data	Secondary	Semi-annually
Census Tract Database		Data	Primary Annually	Real-time/daily
Voter Registration		Data	Secondary	Quarterly
DMV		Data	Secondary	Quarterly

*Need to develop parameters.

Appendix D: Naming Standards for Data Source Submissions

Purpose: To ensure accuracy and consistency of transmitting batch files to central registries.

A data source may be required to send data to more than one registry. To make this process as efficient as possible and to allow files to be identified and processed correctly by the recipient, a national consensus standard for naming batch files is recommended. Establishing a standard especially will assist data sources submitting to more than one central cancer registry.

The naming convention is DataSource.[ReportType].[SubmitType].DateOfTransmission.FileNumber

- **DataSource:** Required. A national provider ID or another unique identifier.
- **ReportType:** Optional. The type of report being submitted (see table 1).
- **SubmitType:** Optional. New, update, correction, or other.
- **DateOfTransmission:** Required. The date when the file was transmitted, in either CCYYMMDD.MM or CCYY[3-digit day of the year, 001–366] format.
- **FileNumber:** Required. The sequential number of the file, among the files submitted that day.

Table 1. Data Source Report Type Abbreviations

Abbreviation	Data Source Name	Comments
TR	Tumor or cancer registry abstract	
PATH	Pathology report	All pathology report types should use this report type abbreviation in the batch file name.
CLAIMS	Claims data	
MD_CLINIC	Physician or clinic office data	
DX_IMAGE	Diagnostic imaging	All imaging and radiology report types should use this report type abbreviation in the batch file name.
SURG	Surgery report	

Table 2. Submit Type Abbreviations

Abbreviation	Submit Type Name
NEW	New case
UPD	Update
FOL	Follow-up
DEL	Deletion

Use Case Administrative Information

1. Use Case History

Version 0.09 presented to the NPCR-AERRO Hospital and Central Cancer Registry Workgroups.

2. Created By

- NPCR-AERRO Hospital Workgroup
- NPCR-AERRO Central Cancer Registry Workgroup
- NPCR-AERRO Technical Development Team

3. Date Created

January 3, 2007

4. Last Updated By

MA, WKS

5. Date Last Updated

June 10, 2010

Revision History

Name	Date	Reason for Change	Version
WS, MA	9/4/07	Update business rules	0.02
WG	9/11/07	Expanded normal course of events	0.03
WKS	10/4/07	Expanded normal course of events, Revised BR	0.04
MA, WKS	4/15/08	Updated the steps	0.05
MA	5/1/08	Updated the use case and TOC	0.06
WKS	5/2/08	Finalized Appendix C	0.06
MA	5/29/08	Added diagrams	0.06
WKS	6/24/08	Added File Naming Format standard	0.07
WKS, MA	8/7/08	Updated Business Rules and added appendices	0.08
MA	8/12/08	Formatting changes	0.09
MA	9/3/08	Formatting changes	0.09
MA	9/10/08	Formatting changes	0.09
MA, WKS	1/29/09	Formatting changes and final review	1.0
MA	6/6/09	Published	1.0
WKS, MA	7/13/09	Updated with comments after clearance	1.0
WKS, MA	6/10/10	Reviewed and updated with latest information	2.0