

**MMP MEDICAL RECORD ABSTRACTION 2014 DATA DICTIONARY**

**DEMOGRAPHICS SECTION**

| <b>Form section</b>             | <b>Form label</b>                           | <b>Data type</b>     | <b>Allowable values</b>   | <b>Comments</b> |
|---------------------------------|---|----------------------|---|-----------------|
| <b>Participant ID</b>           | Participant ID                              | Numeric              |   |                 |
| <b>Abstractor ID</b>            | Abstractor ID                               | Numeric              |   |                 |
| <b>Facility ID</b>              | Facility ID                                 | Numeric              |   |                 |
| <b>Abstraction date</b>         | Date of abstraction                         | Date                 |   |                 |
| <b>Death</b>                    | Death                                       | Drop down list       | Yes, No/Not documented  |                 |
| Date of Death                   | Date of death                               | Date                 | Allow partial date and date not documented  |                 |
| Causes of Death                 | Causes of death                             | Drop down list       |   |                 |
| Source Death Data               | Sources of death data                       | Drop down list       | Death Certificate, Documented in chart, Information obtained during contact attempt, Hospital discharge notes, Information obtained from clinic staff, Other  |                 |
| <b>Observation period</b>       | Start of observation period                 | Date                 |   |                 |
|                                 | End of observation period                   | Date                 |   |                 |
| <b>Date of birth</b>            | Month of birth                              | Drop down list       | January-December  |                 |
|                                 | Year of birth                               | Number               |   |                 |
| <b>Gender</b>                   | Gender                                      | Drop down list       | Male; Female; Transgender; Transgender male (female-to-male); Transgender female (male-to-female); Not documented   |                 |
| <b>Race</b>                     | Race  | Check all that apply | American Indian/Alaska Native; Asian; Black/African American; Native Hawaiian/Other Pacific Islander; White; Not documented;  |                 |
| <b>Ethnicity</b>                | Hispanic/Latino ethnicity or Spanish Origin | Drop down list       | Yes, No, Not documented   |                 |
| <b>Insurance</b>                | Insurance category                          | Check all that apply | ADAP, Medicare, Medicaid, Ryan White, Tricare or Champus, VA Coverage, Private health insurance, None/Self-Pay, City county state or other publicly funded insurance, Other insurance (specify), Not documented |                 |
| <b>HIV diagnosis date</b>       | Date of diagnosis                           | Date                 | Allow partial dates and date not documented   |                 |
| <b>Lowest CD4 count</b>         | Lowest CD4 count                            |                      | Lowest CD4 count documented   |                 |
| Date of lowest CD4              | Date of lowest CD4 count                    | Date                 | Allow date not documented   |                 |
| Source of lowest CD4 count data | Source of nadir CD4 data                    | Drop down list       | Flowsheet, Progress note indicating value based on participant self-report, Provider progress note indicating value based on laboratory report, Laboratory report   |                 |

**HEALTHCARE ENCOUNTERS SECTION**

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| <b>Form section</b>        | <b>Form label</b>  | <b>Data type</b> | <b>Allowable values</b>                       |
|----------------------------|--|------------------|---|
| <b>Encounters</b>          | Encounter date   | Date             |   |
| HIV Provider Encounter     | Where did the encounter take place?                                    | Drop down list   | In person, By Phone, By email, Other, Unknown |
|                            | With whom did the encounter take place?                                | Drop down list   | MD, DO, PA, NP, Other, Unknown                |
|                            | Did the encounter take place with a known HIV provider?                | Drop down list   | Yes, No, Unknown                              |
|                            | Were any vital signs documented during the encounter                   | Drop down list   | Yes, No                                       |
|                            | Was $\geq 1$ physical exam findings documented during the encounter    | Drop down list   | Yes, No                                       |
|                            | Was antiretroviral therapy prescribed or refilled during the encounter | Drop down list   | Yes, No, Unknown                              |
| Non-HIV Provider Encounter | Did encounter take place with a non-HIV provider?                      | Drop down list   | Yes, No, Unknown                              |
|                            | If yes, specify provider type  | Drop down list   | List of provider types                        |
| <b>Physical Exam</b>       |  |                  |   |
|                            | Weight: unit of measurement  | Drop down list   | Pounds, Kilograms                             |
|                            | Weight: measurement  | Numeric          | Allow weight not documented                   |
|                            | Height: unit of measurement  | Drop down list   | Feet, inches                                  |
|                            | Height: Measurement  | Numeric          | Allow height not documented                   |
|                            | Systolic blood pressure  | Numeric          | Allow blood pressure not documented           |
|                            | Diastolic blood pressure   | Numeric          | Allow blood pressure not documented           |

| <b>Form section</b>     | <b>Form label</b>             | <b>Data type</b> | <b>Allowable values</b> | <b>Comments</b> |
|-------------------------|-------------------------------|------------------|-------------------------|-----------------|
| <b>Hospitalizations</b> | Was the patient hospitalized? | Drop down list   | Yes, No/ Not documented |                 |

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|  |                          |                |  |  |
|--|--------------------------|----------------|--|--|
|  | Inpatient admission date | Date           | Allow partial dates and date not documented option |  |
|  | Inpatient discharge date | Date           | Allow partial dates and date not documented option |  |
|  | Discharge diagnoses      | Drop down list |  |  |
|  | Specify other diagnosis  | Text field     |  |  |

**DIAGNOSES SECTION**

| Form section     | Form label              | Data type      | Allowable values   | Comments             |
|------------------|-------------------------|----------------|--|----------------------|
| <b>Diagnosis</b> | Diagnosis               | Drop down list |  |                      |
|                  | Specify other diagnosis | Text field     |  |                      |
|                  | Diagnosis Time Period   | Check boxes    | Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period. | Check all that apply |

**MEDICATION SECTION**

| Form section      | Form label               | Data Type   | Allowable values  | Comments             |
|-------------------|--------------------------|-------------|---|----------------------|
| <b>Medication</b> | Medication               | Drop down   |   |                      |
|                   | Specify other medication | Text field  |   |                      |
|                   | Frequency for ARVs only  | Drop down   | QD(daily), BID(2x/day), TID(3x/day), QID(4x/day), QAM (every morning), QPM(every evening), QHS(every night before sleep), Q4H(every 4 hours), Q6H(every 6 hours), Q8H(every 8 hours), Q12H(every 12 hours), QOD(every other day), QWK(1x/week), BIW(2x/week), Once, Other (specify), Not documented |                      |
|                   | Medication Time Period   | Check boxes | Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period.  | Check all that apply |

**PROCEDURES SECTION**

| Form section      | Form label     | Data Type      | Allowable values | Comments |
|-------------------|----------------|----------------|------------------|----------|
| <b>Procedures</b> | Procedure type | Drop down list |                  |          |
|                   | Procedure date | Date           |                  |          |

**PROPHYLAXIS SECTION**

| Form section | Form label                   | Data Type      | Allowable values       | Comments |
|--------------|------------------------------|----------------|------------------------|----------|
| <b>MAC</b>   | MAC Prophylaxis Administered | Drop down list | Yes, No/Not documented |          |

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|                          |                              |                |  |                      |
|--------------------------|------------------------------|----------------|--|----------------------|
|                          | MAC medication regimen       | Drop down list | Approved List.   |                      |
|                          | MAC Time Period              | Check boxes    | Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period. | Check all that apply |
| <b>PCP</b>               | PCP Prophylaxis Administered | Drop down list | Y or No/Not documented   |                      |
|                          | PCP Medication regimen       | Drop down list | Approved List.   |                      |
|                          | PCP Time Period              | Check boxes    | Present prior to start of observation period, started or ongoing in first 6 months, started or ongoing 6-12 months in, started or ongoing 12-18 months in, started or ongoing 18-24 months in, Ongoing at end of observation period. | Check all that apply |
| <b>Influenza Vaccine</b> | Vaccine received             | Drop down list | Yes, No/Not documented   |                      |
|                          | Dates vaccine received       | Date           | Allow partial date and date not documented option  |                      |
|                          |                              |                |  |                      |
|                          |                              |                |  |                      |

**PREGNANCY SECTION**

| Form section              | Form label                 | Data Type      | Allowable values  | Comments |
|---------------------------|----------------------------|----------------|---|----------|
| <b>Pregnant</b>           | Pregnant during obs period | Drop down list | Yes, No/Not documented  |          |
| Number of pregnancies     | Number of pregnancies      | Numeric        |   |          |
| Delivery Method           | Delivery Method            | Drop down list | C-section (elective); C-section (non-elective); Induced vaginal delivery, Spontaneous vaginal delivery, ND  |          |
| Pregnancy Outcome         | Pregnancy Outcome          | Drop down list | Live birth, Elective surgical abortion, Elective medical abortion (RU486), Intrauterine fetal death, spontaneous abortion/miscarriage, Still pregnant, Not documented |          |
| Date of Pregnancy Outcome | Date of Pregnancy Outcome  | Date           | Allow partial date and date not documented option   |          |

**PAP SMEAR AND MAMMOGRAM SECTION**

| Form section | Form label | Data Type | Allowable values    | Comments |
|--------------|------------|-----------|---------------------|----------|
| <b>Pap</b>   | Pap date   | Date      | Date not documented |          |

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|                  |                  |                |  |  |
|------------------|------------------|----------------|--|--|
| <b>Pap</b>       | Pap source       | Drop down list | Cervix, Vaginal, Anus, Not documented  |  |
|                  |                  |                |  |  |
|                  | Pap result       | Drop down list | Negative for intraepithelial lesion or malignancy, ASC-US, ASC-H, LSIL, HSIL, Squamous cell carcinoma, Atypical glandular cells, Atypical glandular cells-favor neoplastic, Endocervical carcinoma in situ, Adenocarcinoma, Other. |  |
| <b>Mammogram</b> | Mammogram date   | Date           | Date not documented  |  |
|                  | Mammogram result | Drop down list | Normal, Abnormal, Not documented   |  |

**LABORATORY/SCREENING SECTION**

| Form section               | Form label                                  | Data Type      | Allowable Values  | Units  | Soft Flag Values  | Reference Range         |
|----------------------------|---|----------------|---|--|---|-------------------------|
|                            | Specimen Collection Date                    | Date           |   |  |   |                         |
| <b>HIV Labs</b>            |   |                |   |  |   |                         |
| CD4                        | CD4 cell count                              | Numeric        | Allow only integers   | cells/ $\mu$ L or cells/ $\text{mm}^3$                                   | Lower limit: 0<br>Upper limit: 2X                                 | 350-1750 cells/ $\mu$ L |
|                            | CD4 percent                                 | Numeric        | 0-100%  | %  | Lower limit: 0<br>Upper limit: 100                                | 29-61%                  |
| HIV Viral Load             | HIV VL Upper Limit of Detection             | Drop down list | Upper Limits: 75000; 100,000; 500000; 750000; 1 million; 10 million; 100 million; Other specify |  | N/A   | N/A                     |
|                            | HIV VL Lower Limit of Detection             | Drop down list | Lower Limits: 20, 25, 30, 40, 45, 48, 50, 75, 80, 96, 100, 200, 400; 500; Other specify         |  | N/A   | N/A                     |
|                            | HIV Viral load result                       | Numeric        |   | copies/mL or Units/mL or $\times 10^3$ copies/mL or $\times$ K copies/mL | Value outside of upper and lower limits or = to upper/lower limit | N/A                     |
|                            | HIV Viral Load Sign                         |                | >upper limit; < lower limit or undetectable   |  |   |                         |
| <b>HIV Resistance</b>      |   |                |   |  |   |                         |
| Genotype/Virtual Phenotype | Genotype or virtual phenotype performed?    | Drop down list | Yes, No/Not documented  | N/A  | NA  | N/A                     |
|                            | Lab report in chart?                        | Drop down list | Yes, No   | N/A  | NA  | N/A                     |
|                            | Results from genotype or virtual phenotype? | Drop down list | Genotype, Virtual Phenotype   | N/A  | NA  | N/A                     |
|                            | Collection date                             | Date           |   |  |   |                         |
|                            | Specimen adequate?                          | Drop down list | Yes, No   | N/A  | NA  | N/A                     |

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|---------------------|----------------------------------|------------------|--|----------------------------------|--|-----------------------------------|
|                     | Mutations detected?              | Drop down list   | Yes, No  | N/A                              | NA   | N/A                               |
|                     | Mutation types                   | Drop down list   | Check all that apply from a list of mutations taken from Stanford Database               | N/A                              | N/A  | N/A                               |
| Standard phenotype  | Standard phenotype performed?    | Drop down list   | Yes, No, Not documented  | N/A                              | N/A  | N/A                               |
|                     | Collection date                  | Date             |  |                                  |  |                                   |
| Tropism assay       |                                  | Drop down list   | CCR5; CRCX4; Dual/Mixed  | N/A                              | N/A  | N/A                               |
| <b>Lipid tests</b>  | Total cholesterol                | Numeric          |  | mg/dL<br>or mmol/L               | Lower limit: 0<br>Upper limit: x5            | 120-250 mg/dL                     |
|                     | HDL                              | Numeric          |  | mg/dL<br>or mmol/L               | Lower limit: 0<br>Upper limit: x3            | 35-85 mg/dL                       |
|                     | LDL                              | Numeric          |  | mg/dL<br>or mmol/L               | Lower limit: 0<br>Upper limit: x5            | 80-120 mg/dL                      |
|                     | Triglycerides                    | Numeric          |  | mg/dL<br>or mmol/L               | Lower limit: 0<br>Upper limit: x5            | 54-150 mg/dL                      |
| <b>Chemistry</b>    |                                  |                  |  |                                  |  |                                   |
|                     | Serum Creatinine                 | Numeric          |  | mg/dL<br>or $\mu$ mol/L          | Lower limit: 0<br>Upper limit: x5            | 0.6-1.2 mg/dL                     |
|                     | [AST] Aspartate aminotransferase | Numeric          |  | IU/L<br>or U/L<br>or $\mu$ Kat/L | Lower limit: 0<br>Upper limit: x 10          | 0-35 IU/L<br>0-0.58 $\mu$ Kat/L   |
|                     | [ALT] Alanine aminotransferase   | Numeric          |  | U/L<br>Or $\mu$ Kat/L            | Lower limit: 0<br>Upper limit: x 10          | 0-35 U/L<br>0-0.58 $\mu$ Kat/L    |
|                     | Total Bilirubin                  | Numeric          |  | mg/dL<br>or $\mu$ mol/L          | Lower limit: x 0.5<br>Upper limit: x 3       | 0.1-1.2 mg/dL<br>2-21 $\mu$ mol/L |
|                     | Albumin                          | Numeric          |  | g/dL<br>or U/L<br>or $\mu$ mol/L | Lower limit: x 0.5<br>Upper limit: x 2       | 3.4-4.7 g/dL                      |
|                     | Glucose                          | Numeric          |  | mg/dL<br>or mmol/L               | Lower limit: x 0.5<br>Upper limit: x 5       | 60-110 mg/dL<br>3.3-6.1 mmol/L    |
|                     | HbA1c                            | Numeric          |  | %                                | Lower limit: x 0.5<br>Upper limit: x3        | 3.9-5.3%                          |
|                     | Serum calcium                    | Numeric          |  | mg/dL<br>or mmol/L<br>or mEq/L   | Lower limit: x 0.5<br>Upper limit: x 1.5     | 8.5-10.5 mg/dL<br>2.1-2.6 mmol/L  |
| <b>Urine Tests</b>  |                                  |                  |  |                                  |  |                                   |
|                     | Urine Protein                    | Numeric          |  | mg/dL<br>or mcg/g<br>or mg/g     | Lower limit: 0<br>Upper limit:<br>>2000mg/dL | 0                                 |
|                     | Urine Protein Dipstick           | Drop down list   | Negative, Trace , 0, +1, +2, +3, +4, Positive, Small, Moderate, Large, +, ++, +++, +++++ | N/A                              | N/A  | Negative                          |

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|----------------------------|--|-----------|------------------|---|--|---|
|                            | 24 Hour Urine protein  | Numeric   |                  | mg/24 hours   | Lower limit: 0<br>Upper limit: x10       | 30-300 mg/24 hours                        |
|                            | Urine Creatinine   | Numeric   |                  | mg/dL<br>or g/dL  | Lower limit: 0<br>Upper limit: x3        | 30-300 mg/dL                              |
|                            | Urine Albumin  | Numeric   |                  | mg/dL<br>or mg/g  | Lower limit: 0<br>Upper limit: x3        | <300 mg/g                                 |
|                            | Albumin/<br>Creatinine   | Numeric   |                  | mg/g<br>or mcg/mg<br>or mg/mmol   | Lower limit: 0<br>Upper limit: x3        | <300 mg/g                                 |
| <b>CBC</b>                 |  |           |                  |   |  |   |
|                            | WBC  | Numeric   |                  | x 10 <sup>3</sup> /μL<br>or x 10 <sup>3</sup> /mm <sup>3</sup><br>or x 10 <sup>9</sup> /L | Lower limit: x 0.5<br>Upper limit: x3    | 3.4-10 x 10 <sup>3</sup> / μL             |
|                            | Neutrophils  | Numeric   |                  | x 10 <sup>3</sup> /μL<br>or x 10 <sup>9</sup> /L  | Lower limit: 0<br>Upper limit: x3        | 1.8-6.8 x 10 <sup>3</sup> /μL<br>(3-5%)   |
|                            | Lymphocyte   | Numeric   |                  | x 10 <sup>3</sup> /μL<br>or x 10 <sup>9</sup> /L  | Lower limit: 0<br>Upper limit: x3        | 0.9-2.9 x 10 <sup>3</sup> /μL<br>(16-45%) |
|                            | Monocytes  | Numeric   |                  | x 10 <sup>3</sup> /μL<br>or x 10 <sup>9</sup> /L  | Lower limit: 0<br>Upper limit: x3        | 0.1-0.6 x 10 <sup>3</sup> /μL<br>(3-10%)  |
|                            | Eosinophils  | Numeric   |                  | x 10 <sup>3</sup> /μL<br>or x 10 <sup>9</sup> /L  | Lower limit: 0<br>Upper limit: x3        | 0.0-0.4 x 10 <sup>3</sup> /μL<br>(0-3%)   |
|                            | Basophils  | Numeric   |                  | X 10 <sup>3</sup> /μL<br>or X 10 <sup>9</sup> /L  | Lower limit: 0<br>Upper limit: x3        | 0.0-0.1 x 10 <sup>3</sup> /μL<br>(0-2%)   |
|                            | Hemoglobin   | Numeric   |                  | g/dL<br>or mmol/L   | Lower limit: x 0.5<br>Upper limit: x 2   | M13.6-17.5 g/dL<br>F: 12.0-15.5 g/dL      |
|                            | Hematocrit   | Numeric   |                  | %   | Lower limit: x 0.5<br>Upper limit: x 2   | Male: 39-50%<br>Female: 35-45%            |
|                            | Platelets  | Numeric   |                  | x 10 <sup>3</sup> /μL   | Lower limit: x 0.3<br>Upper limit :x 3   | 150-450 x 10 <sup>3</sup> /μL             |
|                            | MCV  | Numeric   |                  | fL  | Lower limit: x 0.5<br>Upper limit: x 1.3 | 80-100 fL                                 |
| <b>Other<br/>Chemistry</b> |  |           |                  |   |  |   |
|                            | Vitamin D <sub>3</sub> , 25-hydroxy<br>[25(OH)D <sub>3</sub> ] | Numeric   |                  | ng/mL<br>or nmol/L  | Lower limit: x 0.5<br>Upper limit: x 3   | 10-50 ng/mL<br>25-125 nmol/L              |
|                            | Intact Parathyroid<br>hormone [PTH]                            | Numeric   |                  | pg/mL<br>or pmol/L<br>or ng/L   | Lower limit: x 0.5<br>Upper limit: x3    | 11-54 pg/mL<br>1.2-5.7 pmol/L             |
|                            | [TSH] Thyroid stimulating<br>Hormone                           | Numeric   |                  | μU/mL<br>or mU/L  | Lower limit: x 0.5<br>Upper limit: x10   | 0.4-5 μU/mL                               |
|                            | [INR] International<br>Normalized Ratio                        | Numeric   |                  | None  | Lower limit: x 0.5<br>Upper limit: x4    | 0.8-1.2                                   |
|                            | Total Testosterone   | Numeric   |                  | ng/dL<br>or ng/mL<br>or nmol/L  | Lower limit: x 0.3<br>Upper limit: x 5   | >320 ng/dL<br>Or<br>3-10 ng/mL            |

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|--------------------------------------|--|----------------|---|-----------------------|--------------------------------------|-----------------|
| <b>Other Serology and Viral Load</b> |  |                |   |                       |                                      |                 |
|                                      | Toxoplasma IgG Antibody Result               | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis C Antibody                         | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis C qualitative PCR                  | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis C quantitative PCR                 | Numeric        | Allow for a < or > symbol and a value of undetectable                             | IU/mL<br>Or Copies/mL | Value outside upper and lower limits |                 |
|                                      | Hepatitis C qualitative VL test Upper Limits | Numeric        |   | N/A                   | N/A                                  | N/A             |
|                                      | Hepatitis C qualitative VL test Lower Limits | Numeric        |   | N/A                   | N/A                                  | N/A             |
|                                      | Hepatitis B Surface IgG Antibody             | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis B Surface Antigen                  | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis B Core IgG Antibody                | Drop down list | Positive, Negative, Indeterminate   | N/A                   | N/A                                  | Negative        |
|                                      | Hepatitis B DNA                              | Numeric        | Allow for a < or > symbol and a value of undetectable                             | IU/mL<br>Or Copies/mL | Value outside upper and lower limits |                 |
|                                      | Hepatitis B DNA Test Upper Limits            | Numeric        |   | N/A                   | N/A                                  | N/A             |
|                                      | Hepatitis B DNA Test Lower Limits            | Numeric        |   | N/A                   | N/A                                  | N/A             |
| <b>STI Testing</b>                   |  |                |   |                       |                                      |                 |
| Gonorrhea                            | Source of specimen                           | Drop down list | Anorectal, cervical, ocular, pharyngeal, urethral, urine, vaginal, lymph node, ND | N/A                   | N/A                                  | N/A             |
|                                      | Test type                                    | Drop down list | Culture, gram stain, NAAT, DNA probe, EIA, DFA, ND                                | N/A                   | N/A                                  | N/A             |
|                                      | Test result                                  | Drop down list | Positive, negative, indeterminate, not reported                                   | N/A                   | N/A                                  | Negative        |
| Chlamydia                            | Source of specimen                           | Drop down list | Anorectal, cervical, ocular, pharyngeal, urethral, urine, vaginal, lymph node, ND | N/A                   | N/A                                  | N/A             |
|                                      | Test type                                    | Drop down list | Culture, NAAT, DNA probe, EIA, DFA, ND  | N/A                   | N/A                                  | N/A             |
|                                      | Test result                                  | Drop down list | Positive, negative, indeterminate, ND   | N/A                   | N/A                                  | Negative        |
| Syphilis                             | Source of specimen                           |                | Serum, CSF, lymph node, tissue, lesion, ND  |                       |                                      |                 |
|                                      | Test type                                    | Drop down list | RPR, VDRL, FTA-ABS, TP-PA or MHA-TP or TPHA, EIA, CIA, Dark field                 | N/A                   | N/A                                  | N/A             |



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|---------------------|--------------------|------------------|---|--------------|-------------------------|------------------------|
|                     | Test result        | Drop down list   | Positive, negative, indeterminate, ND                                     | N/A          | N/A                     | Negative               |
|                     | Titer result       | Numeric          | 1:X (Allow any value to be entered for X)                                 | N/A          | N/A                     | Non-reactive           |
| Trichomonas         | Source of specimen |                  | Anorectal, cervical, urethral, vaginal, urine, ND                         |              |                         |                        |
|                     | Type of test       | Drop down list   | Microscopy, wet mount, EIA, DNA probe, PCR, culture, immunochromatography | N/A          | N/A                     | N/A                    |
|                     | Test result        | Drop down list   | Positive, negative, indeterminate, ND                                     | N/A          | N/A                     | Negative               |
| <b>TB Testing</b>   | PPD Placed         | Drop down list   | Yes, No/Not Documented  |              |                         |                        |
|                     | PPD Read           | Drop down list   | Yes, No/Not Documented  |              |                         |                        |
|                     | PPD Read Date      | Date             | Date Not Documented   |              |                         |                        |
|                     | PPD Result         | Drop down        | Negative; Positive; 0 mm; 1 mm; 2 mm; 3 mm; 4 mm; ≥5 mm                   | mm           | N/A                     | Negative               |
|                     | IGRA date          | Date             |   |              | N/A                     |                        |
|                     | IGRA Type          | Drop down list   | Quantiferon-TB-Gold, T-Spot   |              |                         |                        |
|                     | IGRA Result        | Drop down        | Positive, Negative, Borderline, Indeterminate, ND                         | N/A          | N/A                     | Negative               |