**Late Onset Sepsis/ Meningitis Denominator Form: Data Table for**

**Monthly Electronic Upload**

*These data will be collected in an aggregate monthly electronic file transfer from the facility to NHSN via Clinical Document Architecture (CDA).*

|  |
| --- |
| Page 1 of 2 |
| **Table 1. CDA File Descriptors** | *These data elements will be transmitted with each month’s report.* |
| **Variable Name** | Description of Variable |
| orgid | NHSN Facility ID number |
| location | NHSN location code |
| month | Event month |
| year | Event year |
| createDate | Date the record was created |
| patID | Patient ID |
|  admitdate | Date Admitted to Facility |
|  transDisExpireDate | Date Admitted or Transferred to Location |
| dob | Date of Birth |
| birthWt | Patient weight at birth in grams |
| gesAge | Gestational Age |
| gender | Gender |
| dispositionInfant | Disposition of infant |
| transDisExpireDate | Disposition Date |
|  comment | Comments |
| createUserID | The user that created the record |
| version | Version number of the software under which the data was collected |
| modifyDate | Date the record was last updated |
| modifyUserID | The user that last modified record |
| modifyVersion | Version number of the software under which the data was last updated |

Assurance of Confidentiality:  The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.  An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.  Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN:  PRA (0920-0666).