



Public Health
England

Protecting and improving the nation's health

Guidance on chlamydia test and diagnosis reporting in CTAD and GUMCADv2

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Document control

Current version	Document intended to provide guidance to: <ul style="list-style-type: none">• clinic and laboratory staff responsible for capturing and entering GUMCADv2 and CTAD data into systems and reporting to PHE• commissioners and other colleagues involved with checking, analysing and interpreting chlamydia data from GUMCADv2 and CTAD Document should be read in conjunction with the corresponding dataset guidance documents: GUMCADv2: https://www.gov.uk/genitourinary-medicine-clinic-activity-dataset-gumcadv2 CTAD: http://www.chlamydia-screening.nhs.uk/ps/infomanagement.asp		
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Glossary

Acronym	Description
CASH	Contraception and sexual health
CSO	Chlamydia Screening Office
CT	Chlamydia
CTAD	Chlamydia Testing Activity Dataset
GP	General practice
GUM	Genitourinary medicine
GUMCADv2	Genitourinary Medicine Clinic Activity Dataset (version 2)
HSCIC	Health and Social Care Information Centre
NCSP	National Chlamydia Screening Programme
PN	Partner notification
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PSS	Patient software system
SHHAPT	Sexual Health and HIV Property Type
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
SY	Syphilis
TST	Testing service type
TOP	Termination of pregnancy

1. Introduction

This document is intended for staff involved with the collection, recording, analysis or interpretation of data from GUMCADv2 and CTAD.

The Genitourinary Medicine Clinic Activity Dataset (GUMCADv2) is a pseudo-anonymised patient-level electronic dataset collecting information on diagnoses made and services provided by Level 3 genito-urinary medicine (GUM) (including integrated GUM & SRH services) and other commissioned Level 2 (non-GUM) sexual health services. GUMCADv2 is an approved mandatory dataset. All Level 3 and Level 2 sexual health services have a mandatory obligation to complete and return GUMCADv2 to Public Health England (PHE). Further information on how to complete, extract and send the dataset to the GUMCAD team at PHE are provided in the guidance documents found here:

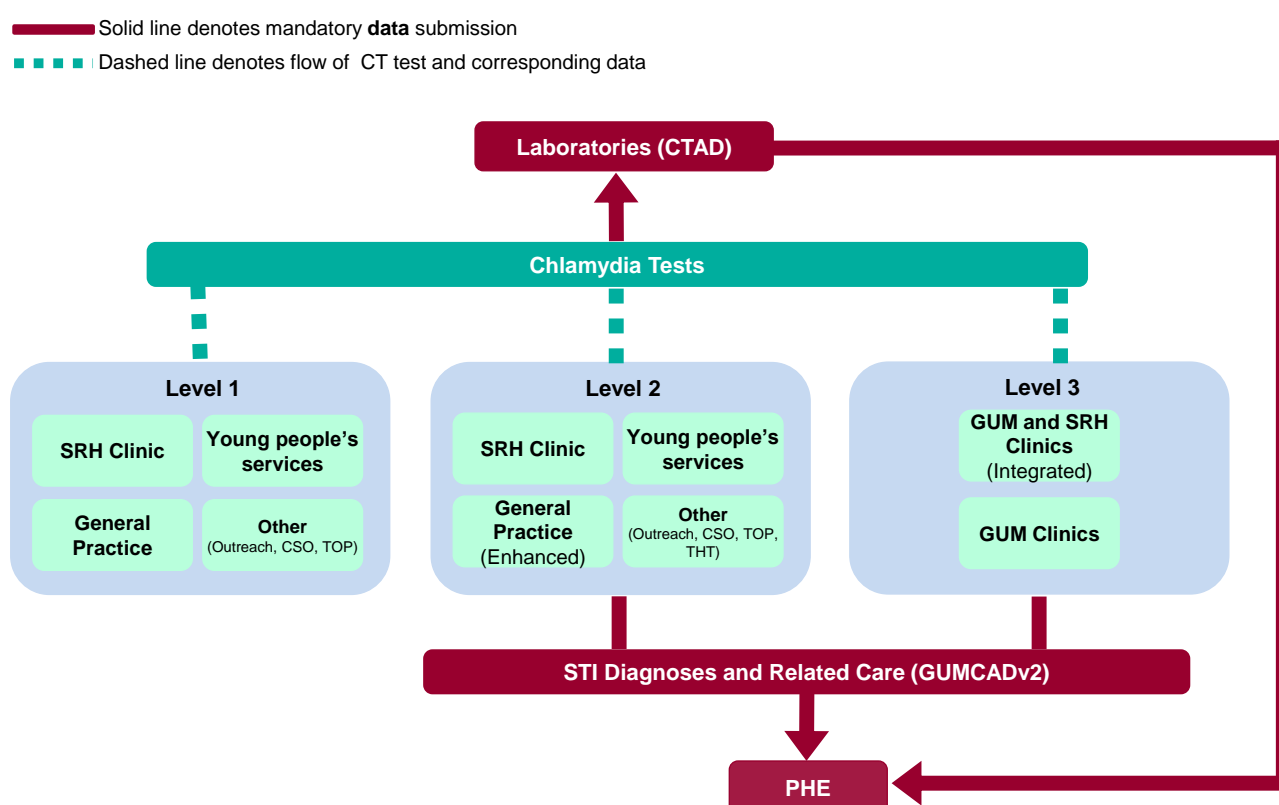
<https://www.gov.uk/genitourinary-medicine-clinic-activity-dataset-gumcadv2>.

The Chlamydia Testing Activity Dataset (CTAD) is a quarterly disaggregated data extract of all chlamydia tests carried out using nucleic acid amplification (NAAT) testing, from all age groups and sources of test request, undertaken by publicly commissioned laboratories in England. CTAD is an approved mandatory dataset that is reported directly to PHE by the laboratories. Further information on how to extract and send the dataset to the CTAD team can be found here: <http://www.chlamydiaSCREENING.nhs.uk/ps/info-management.asp>.

2. Submission pathway summary

The diagram below illustrates the submission pathways for GUMCADv2 and CTAD for various services providing contraception and sexual health care. Levels of STI management have been used to subdivide service types (see section 2.1) to illustrate the various dataset submission pathways.

Figure 1: Submission pathway summary for GUMCADv2 and CTAD for various services providing sexual and reproductive healthcare at the different levels of STI management.



2.1. Definition of levels of STI management

The levels of STI management are as defined by the BASHH Standards for the management of STIs.¹ Table 1 provides the list of elements of STI management appropriate

¹ Standards for the management of sexually transmitted infections
 (<http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf>)

at various levels of service provision. Please note, these levels look specifically at STIs and related conditions and do not include elements of contraceptive and reproductive healthcare that may also be provided at these levels. The elements of care listed in the table are the maximum specifications for each service level, not the minimum requirements.

Table 1: Definitions for elements of STI management

Sexual health services provided (Summary*)	Level of service		
	1: Non-GUM <i>Asymptomatic</i>	2: Non-GUM <i>Symptomatic</i>	3: GUM <i>Complex</i>
Sexual history taking and risk assessment	✓	✓	✓
Signposting to appropriate sexual health services	✓	✓	✓
Chlamydia screening (<i>opportunistic screening in sexually active asymptomatic males and females under the age of 25</i>)	✓	✓	✓
STI testing and treatment of <i>asymptomatic infections (except treatment for gonorrhoea and syphilis)</i> in women and men (<i>except MSM</i>)	✓	✓	✓
Partner notification of STIs or onward referral for PN	✓	✓	✓
HIV testing (<i>including pre-test discussion and giving results</i>)	✓	✓	✓
Point of care HIV testing (<i>rapid HIV testing using a validated test (with confirmation of positive results or referral for confirmation)</i>)	✓	✓	✓
Sexual health promotion (<i>provision of verbal and written sexual health promotion information</i>)	✓	✓	✓
Screening of hepatitis B and C and vaccination for hepatitis B (<i>appropriate screening and vaccination in at risk groups</i>)	✓	✓	✓
Condom distribution	✓	✓	✓
Assessment and referral for psychosexual problems	✓	✓	✓
STI testing and treatment of <i>symptomatic</i> but uncomplicated infections (<i>including gonorrhoea</i>) in women and men (<i>except MSM</i>)	✗	✓	✓
STI testing and treatment of MSM	✗	✗	✓
STI testing and treatment of men with dysuria and genital discharge	✗	✗	✓
STI testing and treatment of STIs at extra-genital sites	✗	✗	✓
STIs with complications	✗	✗	✓
STIs in pregnant women	✗	✗	✓
Gonorrhoea cultures and treatment of gonorrhoea	✗	✗	✓
Recurrent conditions	✗	✗	✓
Recurrent or recalcitrant STIs and related conditions	✗	✗	✓
Management of syphilis and blood borne viruses	✗	✗	✓
Tropical STIs	✗	✗	✓
Specialist HIV treatment and care	✗	✗	✓
Provision and follow up of HIV post exposure prophylaxis (<i>PEP</i>)	✗	✗	✓
STI service co-ordination across a sexual health network	✗	✗	✓

* Please review the BASHH guidance for full details:

<http://www.medfash.org.uk/uploads/files/p18dtqli8116261rv19i61rh9n2k4.pdf>

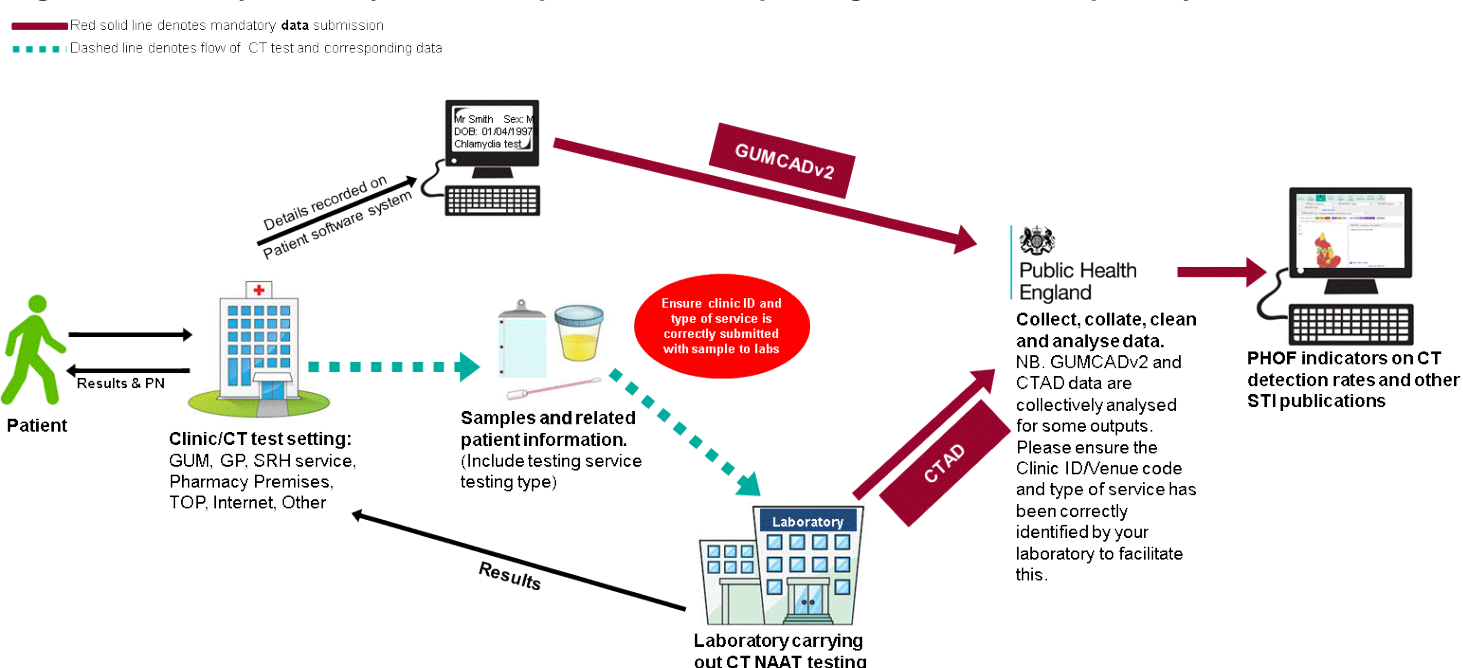
2.2. Chlamydia tests from Level 2 SH services (non-GUM)

GUMCADv2 is collected from Level 3 GUM and commissioned Level 2 sexual health services (non-GUM) as shown in figure 1. Data from non-GUM services have not yet been published and are not currently used to report chlamydia tests and diagnoses ie CTAD data is not supplemented with GUMCADv2 data from Level 2 sexual health services (non-GUM). This guidance will focus on chlamydia test and diagnosis reporting from GUMCADv2 submitted by GUM clinics only.

2.3. Chlamydia sample and data submission pathway

Figure 2 shows the submission pathway for a chlamydia test and its corresponding data. GUMCADv2 is submitted directly from the clinical setting through data recorded in their patient software system. CTAD is submitted directly by the laboratory carrying out the chlamydia test. Please ensure that the clinic ID/venue code and the type of service the test sample is collected from (eg GUM, community SRH service, integrated level 3 GUM and SRH service, young people's service, TOP etc) are correctly labelled with the sample when passed to the laboratory. This information is used by the laboratory to complete their CTAD return. Outputs such as the PHOF indicators require analysis of the GUMCADv2 and CTAD data collectively. Therefore, it is imperative that the data submitted via GUMCADv2 and CTAD are consistent.

Figure 2: Summary of chlamydia test/sample and its corresponding data submission pathway



3. Presenting data from CTAD and GUMCADv2

Specific coding rationale and specific codes that can be used for each dataset can be found in the relevant **GUMCADv2** and **CTAD** guidance documents. Appendix 1 and Appendix 2 provide a summary of the data items collected in each dataset. As there is some overlapping information being collected across these datasets it is essential that accurate coding of each dataset is maintained and understood. This aims to avoid double counting and to correctly identify the population of interest for calculating test uptake and coverage.

3.1. Why do we need to collect chlamydia test and diagnosis data in both GUMCADv2 and CTAD?

GUMCADv2 provides a wealth of data on STI tests, diagnoses and related care. However, data is only available from Level 3 GUM clinics and some Level 2 sexual health services. Chlamydia testing is provided in a wider range of settings than covered by GUMCADv2. To allow reporting of the Public Health Outcomes Framework (PHOF) detection rate indicator (DRI) and evaluation of the National Chlamydia Screening Programme we need data on all chlamydia tests and diagnoses made across all settings. CTAD provides this information by collecting data direct from publically commissioned laboratories in England. This information is gathered from the data accompanying the chlamydia sample sent to the laboratories by the clinics that carried out the test.

GUMCADv2 provides detailed epidemiological data on all STIs and related care but lacks coverage, while CTAD has good coverage but only collects data on chlamydia. Both datasets are used to provide a holistic assessment of sexual health across England.

3.2. Why can't data on chlamydia tests and diagnosis be presented only from CTAD?

To allow reporting of the PHOF DRI, the chlamydia data collected through CTAD needs to be attributed to the patient's local authority of residence.

For tests undertaken outside Level 3 services (GUM and Integrated GUM & SRH) the test can be attributed to the correct local authority using data provided on the test form returned to the lab with the sample (ie the patient's postcode of residence). However, due to confidentiality issues, Level 3 services (GUM and Integrated GUM & SRH) do not provide the necessary information relating to patient's residence to their local laboratories. Consequently residence information is not completed in CTAD submissions carried out at these settings. It is therefore impossible to allocate the local authority of patients' residence for CTAD data originating from Level 3 services (GUM and Integrated GUM & SRH).

The data in GUMCADv2 includes LSOA (lower super output area) which allows the test to be attributed to the appropriate local authority of residence. So in order to incorporate the chlamydia tests and diagnoses made from Level 3 services (GUM and Integrated GUM & SRH), data from CTAD submitted for these sites is supplemented with data from GUMCADv2.

Table 2 shows the types of Level 3 and Level 2 sexual health services submitting data to GUMCADv2 which identify the equivalent testing service types that should be reported via CTAD and also shows how the datasets are used to report chlamydia test and diagnosis data.

Table 2: GUMCADv2 sexual health service types, CTAD TST coding and chlamydia test and diagnosis dataset reporting

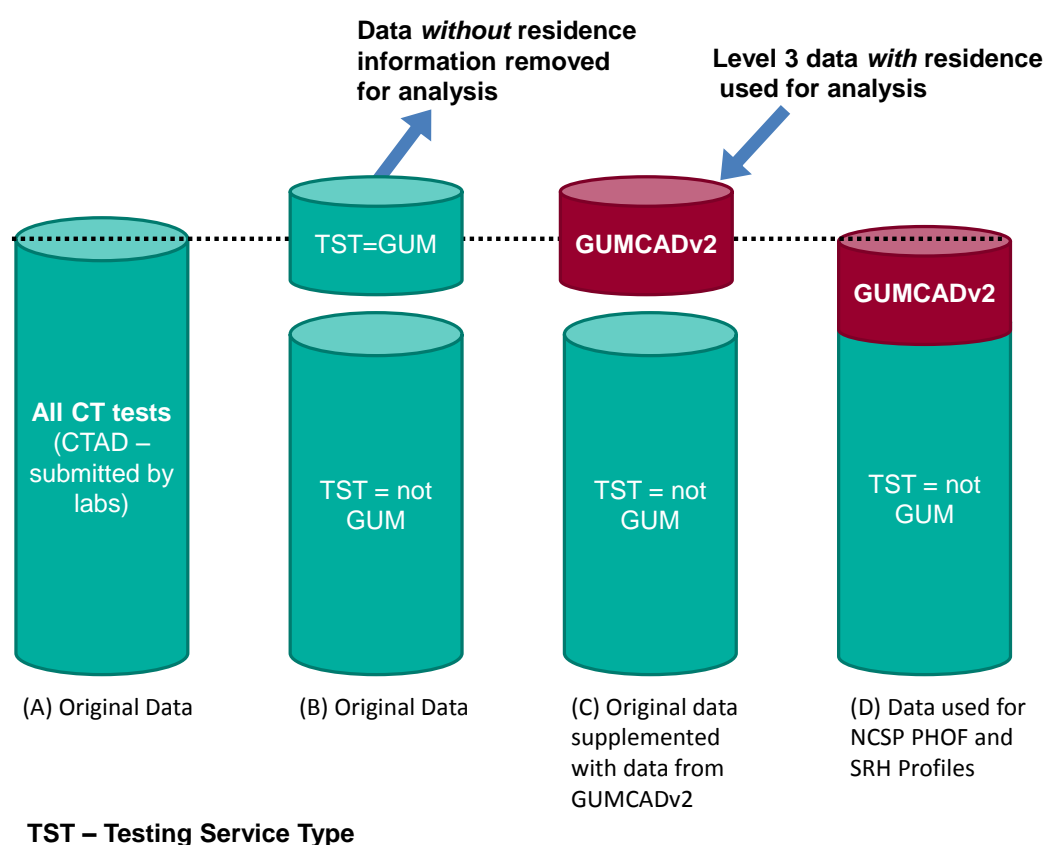
GUMCADv2 sexual health services	CTAD testing service type (TST) code	Chlamydia Test And Diagnosis dataset reporting
GUM (Level 3)	GUM (01)	CTAD supplemented with GUMCADv2
Integrated GUM & SRH (Level 3)	GUM (01)	CTAD supplemented with GUMCADv2
SRH services (Level 2)	Community sexual health services (02)	CTAD
Young people's services (Level 2)	Community sexual health services (02)	CTAD
Enhanced GPs (Level 2)	General practice (03)	CTAD
Other (Level 2)	Internet services (06) Other services (XX)	CTAD

3.3. The importance of coding data item 'Testing_service_type' in CTAD

Data from Level 3 services (GUM and Integrated GUM & SRH) are identified in CTAD using the data item 'Testing_service_type' (TST) (see Appendix 2). To enable accurate reporting of chlamydia tests and diagnosis, it is vital that data submitted to CTAD and GUMCADv2 from Level 3 services (GUM and Integrated GUM & SRH) identifies the testing service type in a consistent way. This ensures that the number of screens reported from Level 3 services via CTAD and GUMCAD are equal (see Figure 3).

In 2015, a new data item in CTAD 'Venue_code' (same as Clinic ID in GUMCADv2) has been added to improve identification of services to allow direct linkage of clinic data between CTAD and GUMCADv2. Please ensure that the clinic ID/venue code submitted for GUMCADv2 is the same as the ID provided with the chlamydia sample to the laboratory.

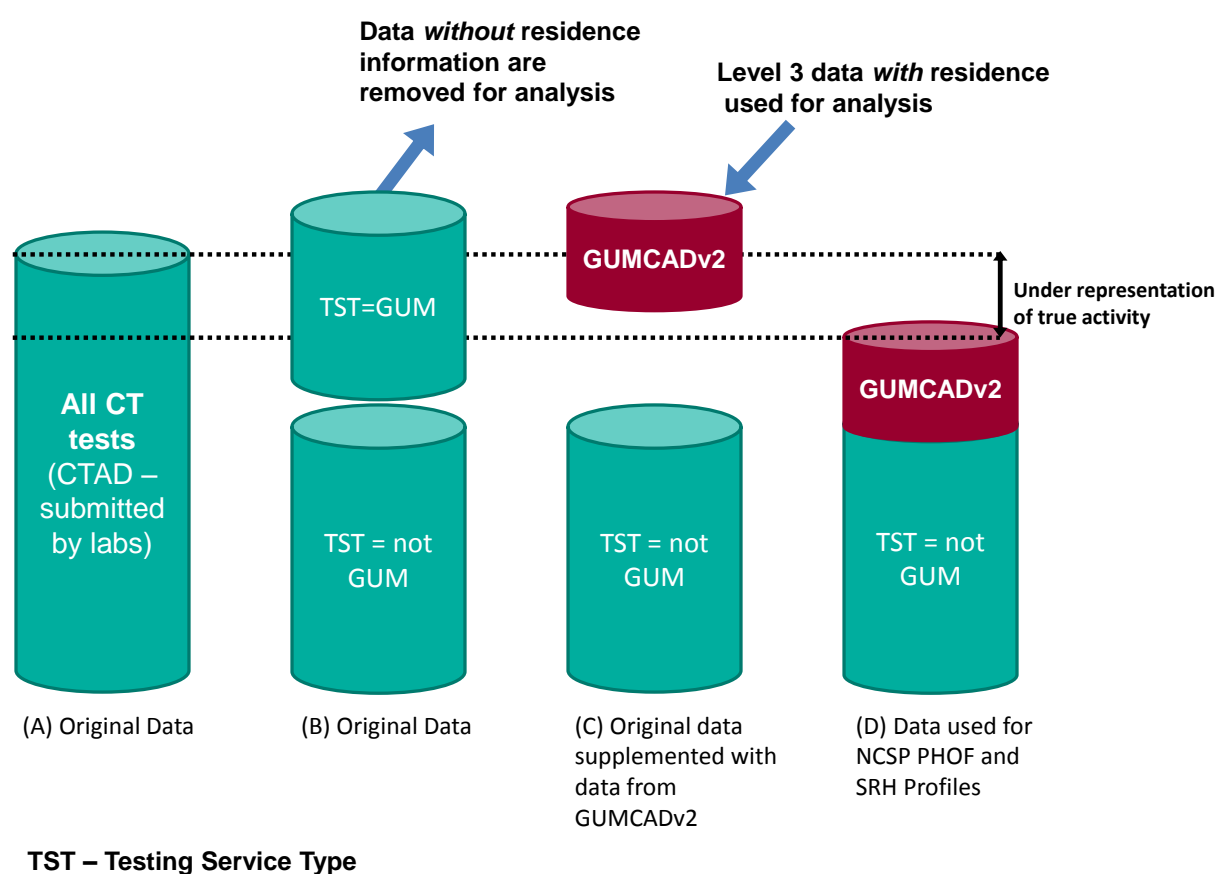
Figure 3: How PHOF indicator is constructed from CTAD and GUMCADv2 data



A discrepancy in how these tests and diagnoses are identified in CTAD and GUMCADv2 submissions will result in either an over or under representation of the DRI. This is particularly important to ensure PHOF data on the DRI is accurate at local authority level.

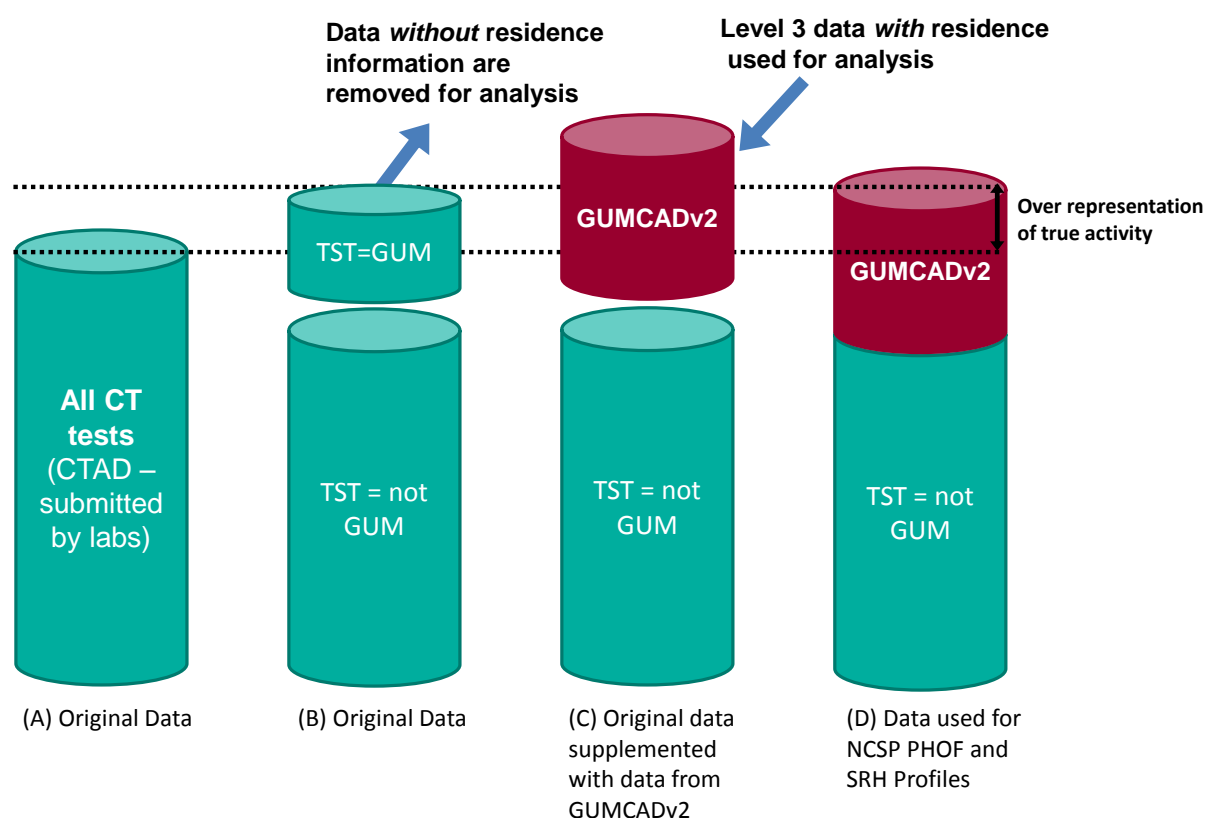
For example, if tests are coded as (Level 3) GUM screens in the laboratory submission to CTAD; but not identified as (Level 3) screens from Level 3 services (GUM and Integrated GUM & SRH) in GUMCADv2 submissions, then the substitution of data between CTAD and GUMCAD will lead to an under-representation of the true activity (see Figure 4).

Figure 4: Under representation of chlamydia tests and diagnoses as a result of miscoding



If tests are not coded as (Level 3) GUM screens in laboratory submission to CTAD; but are identified as Level 3 services (GUM and Integrated GUM & SRH) in GUMCADv2 submissions, then the substitution of data between CTAD and GUMCAD will lead to an over-representation, or double-counting, of activity (see Figure 5).

Figure 5: Over representation of chlamydia tests and diagnoses as a result of miscoding



TST – Testing Service Type

In order to avoid over or under counting, Level 3 services (GUM and Integrated GUM & SRH) that submit GUMCADv2 must keep PHE up to date with any changes to the level of service they provide and similarly, laboratories submitting CTAD need to ensure they are accurately coding the 'testing service_type' field as 'GUM' (available field options can be seen in the CTAD summary in Appendix 2).

In addition, PHE can use the Organisation Data Service (ODS) code reported in CTAD (as 'Venue Code') and GUMCADv2 (as ClinicID) to further validate that Level 3 services (GUM and Integrated GUM & SRH) data is reported accurately – as data reported under the same ODS code in CTAD and GUMCADv2 should be identified as same level of sexual health service in both surveillance systems.

To assist this process, Level 3 services (GUM and Integrated GUM & SRH) should ensure the same Clinic ID and Patient ID used for their GUMCADv2 submissions are sent to the laboratory with the chlamydia test samples. Further description of these fields can be found in the GUMCADv2 summary (Appendix A).

4. Useful information

GUMCADv2 guidance material

<https://www.gov.uk/genitourinary-medicine-clinic-activity-dataset-gumcadv2>

CTAD guidance material

<http://www.chlamydiaSCREENING.nhs.uk/ps/info-management.asp>

HIV/STI data sharing policy

<https://www.gov.uk/government/publications/hiv-and-sti-data-sharing-policy>

HIV and STI Web Portal

https://www.hpawebsservices.org.uk/HIV_STI_WebPortal/Login.aspx

Contact the GUMCAD team: gumcad@phe.gov.uk

Contact the CTAD team: ctad@phe.gov.uk

Appendix 1: Summary of GUMCADv2 data items

Genitourinary Medicine Clinic Activity Dataset for level 2 (non-GUM) and 3 (GUM) SH services

Patient registration information at first attendance

Field Name	Description	What to record						
ClinicID	Clinic ID code.	ODS* assigned code. Clinic ID should be automatically updated by patient software.						
PatientID	Local patient identifier number.	Enter local patient ID usually assigned automatically by patient software.						
Gender	A self-defined classification of the current sex of a person, using the codes shown.	<table border="1"> <thead> <tr> <th colspan="3">Options</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>Female</td> <td>Not known</td> </tr> </tbody> </table> <p><i>'Not known' should be recorded where gender cannot be classified or where the information is not provided.</i></p>	Options			Male	Female	Not known
Options								
Male	Female	Not known						
Age	Age at attendance (in years).	Enter patient's date of birth and the patient software will generate their age (at attendance).						
Ethnicity	A self-defined classification of a person's ethnic group	Standard ethnic group options should be available from your patient software.						
Country_Birth	A self-defined classification of a person's country of birth.	A standard list of countries should be available from your patient software.						
LA	Local authority (LA) of residence code	Enter the patient's postcode and the patient software will generate their LA of residence.						
LSOA	Lower layer super output area (LSOA) of residence code	Enter the patient's postcode and the patient software will generate their LSOA of residence.						

Attendance Information

Field name	Description	What to record
First_attendance	The type of appointment, distinguishing between ‘new’ and ‘follow-up’ patient attendances.	Options
		First attendance face to face <i>The start of any new episode of care.</i>
		Follow-up attendance face to face <i>Attendance for a pre-existing condition</i>
		First telephone consultation <i>The start of any new episode of care.</i>
		Follow-up telephone consultation <i>Attendance for a pre-existing condition</i>
AttendanceDate	The date of the patient’s attendance at the service	Log the patient attendance on the patient software

Clinical Details and Coding – *completed by clinician*

Field Name	Description	What to record	
Sex_Ori	The patient's sexual orientation should be ascertained as part of the sexual history taken during the clinical consultation.	Options	
		Heterosexual	Gay / Lesbian
Episode_Activity	SHHAPT or READ codes used to identify STI diagnoses and services received at the sexual health service. Your patient software will determine whether you use SHHAPT or READ codes.	<ul style="list-style-type: none">at least one STI code must be recorded for each first attendance (face-to-face).STI codes should be recorded on the patient software during or immediately after the consultationwhere this is not possible eg where test results are awaited, codes should be recorded as soon as possible thereafter.test results should be entered with reference to the date the test was taken.	

*Organisation Data Service (ODS) provides unique identification codes for organisational entities of interest to the NHS. Please contact ODS for your Clinic ID if you do not know it (Exeter.helpdesk@nhs.net).

Appendix 2: Summary of CTAD data items

Chlamydia Testing Activity Dataset ¹ ²

Laboratory and testing clinic information[#]

Field Name	Description	What to Record										
Lab_ID	Laboratory ID Code	Enter pathology laboratory code issued by ODS*										
Postcode_Testing_Service	The postcode of the organisation where the chlamydia test sample was taken	Enter the postcode where test was taken/picked up. For internet tests kits use postcode of lab as default										
Venue_code	The site code or organisation code of the service the chlamydia test was taken	Enter the site or organisation code as issued by ODS*										
Testing_Service_Type	The type of service providing chlamydia testing	<table><tr><th colspan="2">Options (code and description)</th></tr><tr><td>01 Genitourinary medicine services</td><td>05 Termination of pregnancy services</td></tr><tr><td>02 Community Sexual Health Services</td><td>06 Internet</td></tr><tr><td>03 General practice</td><td>XX Other</td></tr><tr><td>04 Pharmacy premises</td><td></td></tr></table>	Options (code and description)		01 Genitourinary medicine services	05 Termination of pregnancy services	02 Community Sexual Health Services	06 Internet	03 General practice	XX Other	04 Pharmacy premises	
Options (code and description)												
01 Genitourinary medicine services	05 Termination of pregnancy services											
02 Community Sexual Health Services	06 Internet											
03 General practice	XX Other											
04 Pharmacy premises												
NCSP_Clinic_Code	A unique identifier previously used by venues participating in the NCSP. Codes allocated by PHE for the clinic performing the chlamydia test	Enter NCSP clinic code if available, however, this coding system in no longer maintained and Testing_Service_Type should not be assigned from these codes alone										

Patient registration information[#]

Field Name	Description	What to record										
Patient_ID	A number used to identify a patient uniquely within a health care provider	Where available this should be the patient ID number assigned by the provider. If not available enter lab assigned patient ID number										
NHS_Number	A unique identifier for a patient within the NHS in England and Wales	Enter patient's NHS number										
NHS_Number_Status_Indicator	Provides an indication of whether the NHS Number is available	<table><tr><th colspan="2">Options (code and description)</th></tr><tr><td>01 No. present and verified</td><td>05 Trace needs to be resolved</td></tr><tr><td>02 No. present but not traced</td><td>06 Trace in progress</td></tr><tr><td>03 Trace required</td><td>07 No. not present & trace not required</td></tr><tr><td>04 Trace attempted (no match)</td><td>08 Trace postponed</td></tr></table>	Options (code and description)		01 No. present and verified	05 Trace needs to be resolved	02 No. present but not traced	06 Trace in progress	03 Trace required	07 No. not present & trace not required	04 Trace attempted (no match)	08 Trace postponed
Options (code and description)												
01 No. present and verified	05 Trace needs to be resolved											
02 No. present but not traced	06 Trace in progress											
03 Trace required	07 No. not present & trace not required											
04 Trace attempted (no match)	08 Trace postponed											
Gender	A self-defined classification of the current sex of a person, or inferred by observation for those unable to declare their gender	<table><tr><th colspan="2">Options (code and description)</th></tr><tr><td colspan="2">1 Male</td></tr><tr><td colspan="2">2 Female</td></tr><tr><td colspan="2">3 Indeterminate (unable to be classified as either male or female)</td></tr></table>	Options (code and description)		1 Male		2 Female		3 Indeterminate (unable to be classified as either male or female)			
Options (code and description)												
1 Male												
2 Female												
3 Indeterminate (unable to be classified as either male or female)												
DOB	The date on which a person was born or is officially deemed to have been born	Enter the patient's date of birth										
Ethnicity	The ethnicity of a person, as specified by the person.	Select from a standardised adaptation of the 2001 census category										
Postcode_Residence	Postcode of patient's usual address of residence, nominated by the patient	Enter postcode of patient's residence										
Postcode_GP	The postcode of the address of the primary general practice the patient is registered	Enter postcode of patient's general practice										
Registered_GP_Code	The organisation code of the general practice patient is registered with.	Enter the organisation code of the general practice as issued by ODS*										

[#]Data items are not in the order that they should be submitted in CTAD extract

*Organisation Data Service (ODS) provides unique identification codes for organisational entities of interest to the NHS (Exeter.helpdesk@nhs.net).

Appendix 2: Summary of CTAD data items

Chlamydia Testing Activity Dataset 1 2

Attendance information [#]										
Field Name	Description	What to Record								
Specimen_date	The date that the chlamydia sample collection takes place or the start of a period for sample collection	Enter date chlamydia sample was taken								
Receipt_date	The date of receipt of the chlamydia sample by the laboratory	Enter the date the chlamydia sample was received at the lab								
Date_result_autho rised	The date the chlamydia result was authorised	Enter the date chlamydia result was authorised by the laboratory								
Clinical details [#]										
Field Name	Description	What to record								
Test_ID	Unique identifier of the chlamydia test performed	Enter unique ID per test (must be unique identifier within each quarterly submission)								
Specimen_type	The type of specimen used for Chlamydia testing.	<table><tr><th colspan="2">Options (code and description)</th></tr><tr><td>01 Urine</td><td>03 Rectal</td></tr><tr><td>02 Genital</td><td>04 Pharyngeal</td></tr></table>	Options (code and description)		01 Urine	03 Rectal	02 Genital	04 Pharyngeal		
Options (code and description)										
01 Urine	03 Rectal									
02 Genital	04 Pharyngeal									
CT_result	The result of the chlamydia test undertaken	<table><tr><th colspan="2">Options (code and description)</th></tr><tr><td>01 Positive</td><td>04 Insufficient specimen</td></tr><tr><td>02 Negative</td><td>05 Inhibitory result</td></tr><tr><td>03 Equivocal</td><td>XX Other</td></tr></table>	Options (code and description)		01 Positive	04 Insufficient specimen	02 Negative	05 Inhibitory result	03 Equivocal	XX Other
Options (code and description)										
01 Positive	04 Insufficient specimen									
02 Negative	05 Inhibitory result									
03 Equivocal	XX Other									

[#]Data items are not in the order that they should be submitted in CTAD extract