

Temporary File Generated by ACME

Position	Variable	Item#	Name	Format	Code Structure Description
1 - 4	Date of Death--Year	29	DOD_YR	4	Year of Death (numeric)
5 - 6	State of Death	16	ST_OCC	\$2	Alpha - see FIPS table 5-2; NCHS Part 8 Instruction Manual
7 - 12	Certificate Number		CERT_#	6	left 0 filled; 000001-999999
13	coder status		CS	1	Numeric, Valid codes: 0 - 9
14 - 17	Lot number		LOT	4	NCHS ID Information. Numeric, 0001 - 9999. (States commonly use "book number")
18	Section number		SECT	1	NCHS ID Information. Numeric, 0 - 9
19 - 21	Shipment number		SHIP	\$3	NCHS ID Information. Alpha\Numeric. Usually month of death or month of receipt
	Receipt Date Inserted at NCHS				
22 - 23	NCHS receipt date --Month		REC_MO	\$2	01-12, blank
24 - 25	NCHS receipt date --Day		REC_DY	\$2	01-31, blank
26 - 29	NCHS receipt date --Year		REC_YR	\$4	>=year of death, blank
30 - 33	PGM version control - SuperMICAR		VER_SM	4	Computer Generated. Version number of SuperMICAR
34 - 37	PGM version control - MICAR200		VER_200	4	Computer Generated. Version number of MICAR200
38 - 41	PGM version control - ACME\TRANSAX		VER_ACTR	4	Computer Generated. Version number of ACME\TRANSAX
42	Manner of Death	37	MANNER	\$1	N
					A
					S
					H
					P
					C
					Blank
43	Intentional reject		INT_REJ	\$1	1 - 5, 9, or blank. See NCHS instruction Manual Part 2b for code structure
44	ACME system reject codes		SYS_REJ	\$1	1 MICAR Reject - dictionary match
					2 ACME reject
					3 MICAR Reject - Rule Application
					4 Reviewed
					0 Not Rejected
					blank
45	Place of Injury - Computer Generated	40	INJPL	\$1	0 Home

TRANSAX Input Record Format
2003
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Position	Variable	Item#	Name	Format	Code Structure Description
					1 Residential Institution
					2 School, Other Institutions, Administrative Area
					3 Sports and Recreation Area
					4 Street/Highway
					5 Trade and Service Area
					6 Industrial and Construction Area
					7 Farm
					8 Other specified Place
					9 Unspecified Place
					Blank
46 - 50	manual underlying cause code		MAN_UC	\$5	From Input; blank if not coded. 5th position reserved for use if ICD becomes 5-digit code
51 - 55	ACME underlying cause code		ACME_UC	\$5	ACME selected underlying cause. 5th position reserved for future use if ICD becomes 5-digit code.
56 - 215	Entity Axis Codes	32		\$160	Maximum of 20 codes. 8 positions each. Format for each 8 positions:
	1. Part\line number				1 Part I. Line a
					2 Part I. Line b
					3 Part I. Line c
					4 Part I. Line d
					5 Part I. Line e
					6 Part II
	2. Sequence within line			1	1 - 8 maximum number of codes per line
	3 - 6. ICD code			4	
	7. Reserved position			1	Used for NCHS "created" codes; blank for all other codes. NOTE: created codes should be converted to actual ICD-10 code if the EA field is moved to the final mortality data record
	8. E-code indication			1 &	Ampersand
					blank
					The value coded in the 8th position should not be moved to the final mortality data record.
216	Was an Autopsy Performed?	33	AUTOP	\$1 Y	Yes

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Position	Variable	Item#	Name	Format	Code Structure	Description
					N	No
					U	Unknown
217	Were Autopsy Findings Available to Complete the Cause of Death?	34	AUTOPF	\$1	Y	Yes
					N	No
					U	Unknown
					X	Not Applicable: Computer generated
218	Did Tobacco Use Contribute to Death?	35	TOBAC	\$1	Y	Yes
					N	No
					P	Probably
					U	Unknown
					C	Not on certificate
219	Pregnancy	36	PREG	1	1	Not pregnant within past yea
					2	Pregnant at the time of death
					3	Not pregnant, but pregnant within 42 days of death
					4	Not pregnant, but pregnant 43 days to 1 year before death
					9	Unknown if pregnant within last yea
					8	Not Applicable: Computer generated
					7	Not on certificate
220	If Female--Edit Flag: From EDR only		PREG_BYPAS S	\$1	0	Edit Passed
					1	Edit Failed, Data Queried, and Verified
					2	Edit Failed, Data Queried, but not Verified
						BLANK
221 - 222	Date of Injury--Month	38	DOI_MO	\$2		01-12, 99, Blank
223 - 224	Date of Injury--Day	38	DOI_DY	\$2		01-31, 99, Blank
225 - 228	Date of Injury--Year	38	DOI_YR	\$4		4-digit year, 9999, blank
229 - 232	Time of Injury	39	TOI_HR	\$4		0000-2359, 9999, blank
233	Injury at Work?	41	WORKINJ	\$1	Y	Yes
					N	No
					U	Unknown
						Blank
					X	Not Applicable: Computer generated
234 - 263	Title of Certifier	45	CERTL	\$30	D	Certifying Physician
					P	Pronouncing and Certifying Physician
					M	Medical Examiner/Coroner

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Position	Variable	Item#	Name	Format	Code Structure Description
					Enter Full Text for Other Individual Legally Allowed to Certify
264	Activity at Time of death: Computer Generated		INACT	\$1	0 While engaged in sports activity
					1 While engaged in leisure activities
					2 While working for income
					3 While engaged in other types of work
					4 While resting, sleeping, eating, or engaging in other vital activities
					8 While engaged in other specified activities
					9 During unspecified activity
					Blank
265-276	Auxiliary State file number		AUXNO	12	00000000001-99999999999; blank
277-306	State Specific Data		STATESP	\$30	Optional. Any information entered through SuperMICAR for state use only.