



# DATA VALIDATION #5

Registrar:	Reviewer:	Review Date:	
Injury Identification	Ecoding	ICD9 Coding	AIS Coding

Patient Name:	
MRN:	
Tracking #:	*
Arrival Date:	

E-CODING				
E-Code(s):				
DIAGNOSES INFORMATION				
DIAGNOSES:	ICD9 CODE:	Region	Severity	

ISS	
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### MISSED INJURIES:

DX Known	Missed Injury	AIS Code	ICD9 Code