

**APPENDIX C2: POPULATION BASED FUNDING
SPECIAL RECORD FORMATS**

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C2.1 PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA

| SEQ | DATA ELEMENT NAME | MANDATORY/OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|--|--|--------------------|------------|---------------|--|
| P01 Cols 1- 25 | Note-Basic-In | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per MSP Teleplan specification. |
| P20 Cols 26 | Note-Data-Type | M | 1 | X(1) | MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. For MSP purposes: this field will contain 'P'. |
| P22 Cols 27- 426 | Note-Data-Line | | 400 | X(400) | Narrative comments. *** PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA format follows. *** |
| The following is a redefinition of P22 for PBF ADDITIONAL SERVICE ENCOUNTER RECORD DATA | | | | | |
| Cols 27 | Record-Type-Code RCRD_TP_CD | M | 1 | X(1) | A code for additional Practitioner and Patient data. For MSP purposes: this field will contain 'A' – Additional Service Encounter Data. To use this record there must be a minimum of one Practitioner or PHN entered in the remaining columns. Normal PHN/Practitioner field rules apply. |
| Cols 28 - 32 | Practitioner-Number-2 PRCTNR_NMBR_2 | O | 5 | X(5) | Identifies the second practitioner involved in providing the service. Right justify numeric value/left zero fill. |
| Cols 33 - 37 | Practitioner-Number-3 PRCTNR_NMBR_3 | O | 5 | X(5) | Identifies the third practitioner involved in providing the service. Right justify numeric value/left zero fill. |
| Cols 38 - 42 | Practitioner-Number-4 PRCTNR_NMBR_4 | O | 5 | X(5) | Identifies the fourth practitioner involved in providing the service. Right justify numeric value/left zero fill. |
| Cols 43 - 52 | PHN-2 PHN_2 | O | 10 | X(10) | MSP registration number for the second patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 53 - 56 | Name-Verify-2 NM_VRFY_2 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 57 - 66 | PHN-3 PHN_3 | O | 10 | X(10) | MSP registration number for the third patient involved in receiving the service. Right justify numeric value and zero fill if needed. |

| SEQ | DATA ELEMENT NAME | MANDATORY/OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|----------------------------|--------------------|------|-------|--|
| Cols 67 - 70 | Name-Verify-3 NM_VRFY_3 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 71 - 80 | PHN-4 PHN_4 | O | 10 | X(10) | MSP registration number for the fourth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 81 - 84 | Name-Verify-4 NM_VRFY_4 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 85 - 94 | PHN-5 PHN_5 | O | 10 | X(10) | MSP registration number for the fifth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 95 - 98 | Name-Verify-5 NM_VRFY_5 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 99 - 108 | PHN-6 PHN_6 | O | 10 | X(10) | MSP registration number for the sixth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 109 - 112 | Name-Verify-6 NM_VRFY_6 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 113 - 122 | PHN-7 PHN_7 | O | 10 | X(10) | MSP registration number for the seventh patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 123 - 126 | Name-Verify-7 NM_VRFY_7 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 127 - 136 | PHN-8 PHN_8 | O | 10 | X(10) | MSP registration number for the eighth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 137 - 140 | Name-Verify-8 NM_VRFY_8 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 141 - 150 | PHN-9 PHN_9 | O | 10 | X(10) | MSP registration number for the ninth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |
| Cols 151 - 154 | Name-Verify-9 NM_VRFY_9 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 155 - 164 | PHN-10 PHN_10 | O | 10 | X(10) | MSP registration number for the tenth patient involved in receiving the service. Right justify numeric value and zero fill if needed. |

| SEQ | DATA ELEMENT NAME | MANDATORY/OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|------------------------------|--------------------|------|--------|---|
| Cols 165 - 168 | Name-Verify-10 NM_VRFY_10 | O | 4 | X(4) | 2 initials or initial and space, followed by first 2 characters of surname. |
| Cols 169 - 426 | Note-Data-Line NT_DT_LN | O | 258 | X(258) | Optional comment area. Blank fill. |

C2.2 PBF REGISTRATION RECORD DATA

| SEQ | DATA ELEMENT NAME | MANDATORY/OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|-----------------------------|-----------------------|--------------------|------------|---------------|---|
| P01 Cols 1 - 25 | Note-Basic-In | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification. |
| P20 Cols 26 | Note-Data-Type | M | 1 | X(1) | MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. For MSP purposes: this field will contain a 'P'. |
| P22 Cols 27 - 426 | Note-Data-Line | | 400 | X(400) | Narrative comments. *** PBF REGISTRATION RECORD DATA format follows. *** |

The following is a redefinition of P22 for PBF REGISTRATION RECORD DATA

| | | | | | |
|--------------|--|---|---|------|---|
| Cols 27 | Record-Type-Code RCRD_TP_CD | M | 1 | X(1) | A PCO Record Format Code identifying the record format being electronically submitted. For MSP purposes: this field will contain 'R' - PCO Registration Record. Valid for Fee Item code 96090. |
| Cols 28 | Registration-Code RGSTRN_CD | M | 1 | X(1) | A code to indicate registration. Valid value: 'R' Register patient. |
| Cols 29 - 36 | Registration-Effective Date RGSTRN_EFCTV_DT | M | 8 | X(8) | Date a patient is to be registered. Format CCYYMMDD. |
| Cols 37 - 44 | Registration-Cancel-Date RGSTRN_CNCL_DT | O | 8 | X(8) | Date a patient is to be de-registered, if the registration is to be considered temporary. |

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|-------------------------------------|------------------------|------|--------|--|
| | | | | | Format CCYYMMDD. Blank fill. |
| Cols 45 | Administrative-Code ADMNSTRTV_CD | O | 1 | X(1) | A code to capture additional record data as required. Valid values are: '0' Default. '1' Administration Type 1. |
| Cols 46 - 70 | Address-1 ADRS_1 | M | 25 | X(25) | Patient mailing address line 1. Mandatory for registration. |
| Cols 71 - 95 | Address-2 ADRS_2 | O | 25 | X(25) | Patient mailing address line 2. Continuation of address line 1, if required, or blanks. |
| Cols 96 - 120 | Address-3 ADRS_3 | O | 25 | X(25) | Patient mailing address line 3. Continuation of address line 2, if required, or blanks. |
| Cols 121 - 145 | Address-4 ADRS_4 | O | 25 | X(25) | Patient mailing address line 4. Continuation of address line 3, if required, or blanks. |
| Cols 146 - 151 | Postal-Code PSTL_CD | M | 6 | X(6) | Patient postal code. |
| Cols 152 - 426 | Note-Data-Line NT_DT_LN | O | 275 | X(275) | Optional comment area. Blank fill. |

C2.3 PBF DE-REGISTRATION RECORD DATA

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|-----------------------------------|-----------------------|------------------------|------------|---------------|---|
| P01 Cols 1- 25 | Note-Basic-In | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification. |
| P20 Cols 26 | Note-Data-Type | M | 1 | X(1) | MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. For MSP purposes: this field will contain 'P'. |
| P22 Cols 27- 426 | Note-Data-Line | | 400 | X(400) | Narrative Comments. *** PBF DE-REGISTRATION RECORD DATA format follows. *** |

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|---|--|------------------------|------|--------|--|
| The following is a redefinition of P22 for PBF DE-REGISTRATION RECORD DATA | | | | | |
| Cols 27 | Record-Type-Code RCRD_TP_CD | M | 1 | X(1) | A PCO Record Format Code identifying the record format being electronically submitted. For MSP purposes: this field will contain 'R' - PCO Registration Record. Valid for Fee Item code 96091. |
| Cols 28 | Registration-Code RGSTRN_CD | M | 1 | X(1) | A code to indicate de-registration. Valid value: 'D' De-register patient. |
| Cols 29 - 36 | Filler | O | 8 | X(8) | Blank fill. |
| Cols 37 - 44 | Registration-Cancel-Date RGSTRN_CNCL_DT | M | 8 | X(8) | Date a patient is to be de-registered. Format CCYYMMDD. |
| Cols 45 | Registration-Cancel-Reason- Code RGSTRN_CNCL_RSN_CD | M | 1 | X(1) | A code to explain why a patient is being de-registered. Valid values are: 'D' Deceased. 'S' Services being received outside PCO 'L' Left the area 'N' De-registration to change practitioner assignment 'A' Another reason. Must have accompanying explanation in the Note-Data-Line field |
| Cols 46 - 151 | Filler | O | 106 | X(106) | Blank fill. |
| Cols 152 - 426 | Note-Data-Line NT_DT_LN | O | 275 | X(275) | Optional comment area. Blank fill. |

C2.4 PBF REGISTRATION OVERRIDE RECORD DATA

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|------------------|-------------------|------------------------|------|-------|--|
| P01 Cols 1-25 | Note-Basic-In | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification. |

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|---|---|------------------------|------------|---------------|---|
| P20 Cols 26 | Note-Data-Type | M | 1 | X(1) | MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. For MSP purposes: this field will contain a 'P'. |
| P22 Cols 27-426 | Note-Data-Line | | 400 | X(400) | Narrative Comments. *** PBF REGISTRATION OVERRIDE RECORD DATA format follows. *** |
| The following is a redefinition of P22 for PBF REGISTRATION OVERRIDE RECORD DATA | | | | | |
| Cols 27 | Record-Type-Code RCRD_TP_CD | M | 1 | X(1) | A PCO Record Format Code identifying the record format being electronically submitted. For MSP purposes: this field will contain 'R' - PCO Registration Record. Valid for Fee Item code 96092. |
| Cols 28 | Registration-Code RGSTRTN_CD | M | 1 | X(1) | A code to indicate automatic PBF registration is to be overridden (stopped). Valid value is: 'X' Stop automatic PBF patient registration. |
| Cols 29 -36 | Filler | O | 8 | X(8) | Blank fill. |
| Cols 37 - 44 | Filler | O | 8 | X(8) | Blank fill. |
| Cols 45 | Registration-Override-Code RGSTRTN_OVRD_CD | M | 1 | X(1) | Registration's override reason code to stop automatic PBF registration. Valid values are: 'C' Covering for a vacationing Practitioner 'T' Temporary patient referral from another Practitioner 'V' Patient visiting the Catchment Area 'D' Patient deceased 'N' Patient not known to the Practice 'M' Patient moved 'F' Practice is full – not accepting new patients 'R' Patient referred to another Practitioner 'I' Patient expressed intent to see another Practitioner 'A' Another reason. Must have an accompanying |

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|----------------------------|------------------------|------|--------|--|
| | | | | | explanation in the Note-Data-Line field |
| Cols 46 - 70 | Address-1 ADRS_1 | O | 25 | X(25) | Patient mailing address line 1, if required, or blanks. Blank fill. |
| Cols 71 - 95 | Address-2 ADRS_2 | O | 25 | X(25) | Patient mailing address line 2. Continuation of address line 1, if required, or blanks. |
| Cols 96 - 120 | Address-3 ADRS_3 | O | 25 | X(25) | Patient mailing address line 3. Continuation of address line 2, if required, or blanks. |
| Cols 121 - 145 | Address-4 ADRS_4 | O | 25 | X(25) | Patient mailing address line 4. Continuation of address line 3, if required, or blanks. |
| Cols 146 - 151 | Postal-Code PSTL_CD | O | 6 | X(6) | Patient postal code. Blank fill. |
| Cols 152 - 426 | Note-Data-Line NT_DT_LN | O | 275 | X(275) | Optional comment area. Blank fill. |

C2.5 PBF DE-REGISTRATION OVERRIDE RECORD DATA

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|--|---------------------------------|------------------------|------------|---------------|---|
| P01 Cols 1 - 25 | Note-Basic-In | M | 25 | X(25) | The first 25 characters of a note record are as outlined in the Claim record per the MSP Teleplan specification. |
| P20 Cols 26 | Note-Data-Type | M | 1 | X(1) | MSP has assigned a 'P' to this field to denote PCO electronic registration form or additional encounter record data. For MSP purposes: this field will contain 'P'. |
| P22 Cols 27 - 426 | Note-Data-Line | | 400 | X(400) | Narrative Comments. *** PBF DE-REGISTRATION OVERRIDE RECORD DATA format follows. *** |
| The following is a redefinition of P22 for PBF DE-REGISTRATION OVERRIDE RECORD DATA | | | | | |
| Cols 27 | Record-Type-Code RCRD_TP_CD | M | 1 | X(1) | A PCO Record Format Code identifying the record format being electronically submitted. For MSP purposes: this field will contain 'R' - PCO Registration Record. Valid for Fee Item code 96093. |
| Cols 28 | Registration -Code RGSTRN_CD | M | 1 | X(1) | A code to indicate automatic PBF de-registration is to be overridden (stopped). Valid value is: 'Y' Stop automatic PBF patient de-registration. |
| Cols 29 - 36 | Filler | O | 8 | X(8) | Blank fill. |
| Cols 37 - 44 | Filler | O | 8 | X(8) | Blank fill. |

| SEQ | DATA ELEMENT NAME | MANDATORY/ OPTIONAL | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|--|------------------------|------|--------|--|
| Cols 45 | De-Registration- Override-Code DRGSTRN_OVRD_RS N_CD | M | 1 | X(1) | De-Registration override reason code to stop automatic PBF de-registration. Valid values are: 'V' Patient was on vacation 'T' Patient temporarily referred to another Practitioner for a special condition 'W' Patient lives outside Catchment Area but works or attends school in the Catchment Area 'S' Patient lives outside Catchment Area, but requires special care available in the Practice 'I' Patient lives outside the Catchment Area but declared intention to get all services from this Practice 'C' Patient saw another Practitioner while usual Practice/Practitioner was on vacation 'U' Ministry address for patient is incorrect as patient lives in Catchment Area 'E' Ministry records are incorrect as patient has MSP coverage 'A' Another reason. Must have an accompanying explanation in the Note-Data-Line field |
| Cols 46 - 70 | Address-1 ADRS_1 | O | 25 | X(25) | Patient mailing address line 1, if required, or blanks. |
| Cols 71 - 95 | Address-2 ADRS_2 | O | 25 | X(25) | Patient mailing address line 2. Continuation of address line 1, if required, or blanks. |
| Cols 96 - 120 | Address-3 ADRS_3 | O | 25 | X(25) | Patient mailing address line 3. Continuation of address line 2, if required, or blanks. |
| Cols 121 - 145 | Address-4 ADRS_4 | O | 25 | X(25) | Patient mailing address line 4. Continuation of address line 3, if required, or blanks. |
| Cols 146 - 151 | Postal-Code PSTL_CD | O | 6 | X(6) | Patient postal code. Blank fill. |
| Cols 152 - 426 | Note-Data-Line NT_DT_LN | O | 275 | X(275) | Optional comment area. Blank fill. |

C2.6 M01 DATA CENTRE MESSAGE RECORD WITH PBF PENDING REGISTRATION ACTION RECORD DATA

| SEQ | DATA ELEMENT NAME | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|------------------------------------|---------------------|------------|---------------|--|
| P00 Cols 1 - 3 | Rec-Code-Out | 3 | X(3) | The first 3 characters of the record are as outlined in the M01 Message Claim record per the MSP Teleplan Version 3 specification. |
| P02 Cols 4 - 8 | Data-Centre-Num | 5 | X(5) | Data centre number |
| P04 Cols 9 - 12 | Filler | 4 | 9(4) | Zero fill. |
| P06 Cols 13 - 362 | Message-Text | 350 | X(350) | Message text area. *** PBF PENDING REGISTRATION ACTION RECORD DATA format follows. *** |
| P08 Cols 363 - 376 | Filler | 14 | X(14) | Future changes. Blank fill. |

The following is a redefinition of P06 for PBF PENDING REGISTRATION ACTION RECORD DATA

| | | | | |
|--------------|---------------------------------|----|-------|---|
| Cols 13 - 18 | Message-Type-Code MSG_TYP_CD | 6 | X(6) | A PCO Record Format Code identifying the record format. For MSP purposes: this field will contain 'PCO#R1' Pending Registration Record. |
| Cols 19 - 23 | Payee Number PY_NMBR | 5 | X(5) | PCO Payee Number |
| Cols 24 - 33 | PHN | 10 | X(10) | Personal Health Number |
| Cols 34 | Sex-Code SX_CD | 1 | X(1) | Sex Code Valid values are: 'M' Male. 'F' Female. 'U' Unknown. |
| Cols 35 - 42 | Birth-Date BRTH_DT | 8 | X(8) | Birth date. Format CCYYMMDD. |

| SEQ | DATA ELEMENT NAME | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|--------------|----------------------------------|------|------|--|
| Cols 43 - 44 | Status-Reason-Code STS_RSN_CD | 2 | X(2) | <p>A code to indicate why registration, de-registration, or registration change is pending:</p> <p>Valid Registration pending codes:</p> <ul style="list-style-type: none"> '01' 2 consecutive services in PCO and lives in Catchment Area '02' At least 51% reviewed services in PCO and lives in Catchment Area '03' Registered through PCO/MSP register synchronization process 'M' Registration effective date backdated <p>Valid de-registration pending codes:</p> <ul style="list-style-type: none"> '03' The patient was de-registered through the PBF Practice/MSP register synchronization process 'A0' Ministry records show that the patient is deceased 'A1' The patient no longer has MSP coverage 'B' The patient has moved outside your Practice catchment area and has received NO services in the Practice 'B1' The patient has moved outside your Practice catchment area and has received AT LEAST ONE service from the Practice since the move 'C' The patient's last 3 services were received outside your Practice 'D' Less than 51% of the patient's reviewed services were in your Practice 'F' The patient has received more than 5 services outside your Practice 'L0' The patient was registered to your practice on your "Initial Patient Register" but does not appear to be a patient of your practice 'M' The patient had been de-registered from your Practice but their registration cancellation date (de-registration date) is being revised 'X1' The patient has received more than 2 services outside the |

| SEQ | DATA ELEMENT NAME | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|--|------|-------|---|
| | | | | catchment area for your Practice 'X2' The patient's last two services were outside the catchment area for your Practice Left justify, blank fill. |
| Cols 45 | Pending-Registration-Code PNDNG_RGSTRN_CD | 1 | X(1) | A code to indicate pending registration action. Valid values are: 'R' Patient registration pending. 'D' Patient de-registration pending. |
| Cols 46 - 57 | Patient-First-Name PTNT_FRST_NM | 12 | X(12) | Patient first name, or blanks. |
| Cols 58 - 69 | Patient-Second-Name PTNT_SCND_NM | 12 | X(12) | Patient second name, or blanks |
| Cols 70 - 87 | Patient-Surname PTNT_SRNM | 18 | X(18) | Patient surname, or blanks |
| Cols 88 – 112 | Address-1 ADRS_1 | 25 | X(25) | Patient mailing address line 1, or blanks. |
| Cols 113 –137 | Address-2 ADRS_2 | 25 | X(25) | Patient mailing address line 2. Continuation of address line 1, if required, or blanks. |
| Cols 138 – 162 | Address-3 ADRS_3 | 25 | X(25) | Patient mailing address line 3. Continuation of address line 2, if required, or blanks. |
| Cols 163 – 187 | Address-4 ADRS_4 | 25 | X(25) | Patient mailing address line 4. Continuation of address line 3, if required, or blanks. |
| Cols 188 – 193 | Postal-Code PSTL_CD | 6 | X(6) | Patient postal code, or blanks. |
| Cols 194 – 201 | Registration-Change-Effective-Date EFCTV_DATE | 8 | X(8) | If PNDNG_RGSTRN_CD is 'R', this is the date a patient is to be registered. If PNDNG_RGSTRN_CD is 'D', this is the date a patient is to be de-registered. Format CCYYMMDD. |
| Cols 202 – 206 | Practitioner-Number PRCTNR_NMBR | 5 | X(5) | Identifies the PBF practitioner to whom the patient is currently assigned, according to MSP's records. Default is '99999'. |
| Col 207 | Administrative-Code ADMNSTRTV_CD | 1 | X(1) | A code to capture additional record data as required. Valid values are: |

| SEQ | DATA ELEMENT NAME | SIZE | TYPE | DESCRIPTION/RELATED FORM TEMPLATE QUESTIONS |
|----------------|-------------------|------|--------|--|
| | | | | '0' Default '1' Administration Type 1 '2' FUTURE USE Default is '0'. |
| Cols 208 – 362 | Filler | 155 | X(155) | Blank fill. |