Healthcare Facility Data File Requirements

Column	Header	Description	Requirement	Sample Text
A	Incident.UniqueIdentifier	Unique Identifier for the Record	REQUIRED	123456890
B	Patient.FirstName	Patient First Name; Can be entered as “UNKNOWN” if unavailable	REQUIRED	JOHN
C	Patient.MiddleName	Patient Middle Name	OPTIONAL	RANSON
D	Patient.LastName	Patient Last Name; Can be entered as “UNKNOWN” if unavailable	REQUIRED	DOE
E	Patient.DateOfBirth	Patient Date of Birth; Must be in “MM/DD/YYYY” format	REQUIRED	02/05/1985
F	Address.Address1	Patient Street Address; Can be entered as “UNKNOWN” if unavailable	REQUIRED	123 MAIN ST
G	Address.Address2	Patient Street Address (additional information)	OPTIONAL	APT 456
H	Address.City	Patient City; Can be entered as “UNKNOWN” if unavailable	REQUIRED	Columbia
I	Address.State	Patient State	REQUIRED	SC
J	Address.ZipCode	Patient Zip Code	REQUIRED	29438
K	Patient.Gender	Patient Gender; Must be entered as “MALE” or “FEMALE” or “NONBINARY”	OPTIONAL	Male
L	Incident.OrganizationName	Name of organization administering the opioid antidote; Can be entered as “UNKNOWN” if unavailable	REQUIRED	ABC Emergency Services
M	Incident.MedicationAdministered	Date when the opioid antidote was administered; Must be in “MM/DD/YYYY” format	REQUIRED	12/01/2021
N	Incident.ZipCode	Zip or postal code where the opioid antidote was administered	REQUIRED	29438
O	Incident.County	County where the opioid antidote was administered; Can be entered as “UNKNOWN” if unavailable	REQUIRED	Colleton
P	Action	Status of the Record; Must be entered as “NEW”	REQUIRED	NEW