



DAD

Data Quality Documentation

Discharge Abstract Database

Current-Year Information
2021–2022



Canadian Institute
for Health Information

Institut canadien
d'information sur la santé

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Abbreviations

Alta.	Alberta
B.C.	British Columbia
CAD	Clinical Administrative Databases
CCI	<i>Canadian Classification of Health Interventions</i>
CIHI	Canadian Institute for Health Information
DAD	Discharge Abstract Database
HCN	Health Care Number
HMDB	Hospital Morbidity Database
ICD-10-CA	<i>International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Canada</i>
Man.	Manitoba
NACRS	National Ambulatory Care Reporting System
N.B.	New Brunswick
N.L.	Newfoundland and Labrador
N.S.	Nova Scotia
Nun.	Nunavut
N.W.T.	Northwest Territories
Ont.	Ontario
P.E.I.	Prince Edward Island
Que.	Quebec
Sask.	Saskatchewan
SCU	special care unit
Y.T.	Yukon

Purpose

The *Data Quality Documentation, Discharge Abstract Database — Current-Year Information* report is produced on a yearly basis and provides information on the quality of the data file for the given fiscal year. An associated report, [Data Quality Documentation, Discharge Abstract Database — Multi-Year Information](#), provides background information to help users decide whether the data fits their needs. [Data Quality Documentation, Discharge Abstract Database — Glossary of Terms](#) is also available.

Information on how to complete the DAD abstract, including detailed data element descriptions and collection instructions, can be found in the [DAD Abstracting Manual](#). For a summary of the mandatory and optional DAD data elements, please refer to the [DAD Data Elements](#) document on CIHI's website.

Coverage

Levels of care and submissions, by province/territory

The DAD contains data on separations from acute inpatient institutions and selected day surgery, chronic, rehabilitation and psychiatric institutions. Data is collected on separations with a discharge date between April 1 and March 31 of the given fiscal year (see tables 1 to 4 in [Appendix A](#)).

- Submission of acute inpatient data to the DAD: Mandated by the provincial/territorial ministry/department of health in all provinces/territories except Quebec.
- Submission of day surgery data to the DAD: Mandated in all provinces/territories except Prince Edward Island, Nova Scotia, Quebec, Ontario and Alberta.
 - P.E.I., Nova Scotia, Ontario and Alberta continue to submit their day surgery data to NACRS, as in previous years.

Information about NACRS can be found on the [NACRS metadata page](#).

- Due to the impact of COVID-19 on hospitalizations and day surgery volumes in 2020–2021 and 2021–2022, caution is warranted when comparing trends.
- Quebec acute inpatient and day surgery data is submitted to CIHI via the ministère de la Santé et des Services sociaux du Québec. Information about the HMDB can be found on the [HMDB metadata page](#).
- Analysts are advised to use Analytical Institution Type Codes to identify acute inpatient and day surgery separations.

Changes to the number of reporting institutions

Throughout the fiscal year, facilities may open, close or merge, resulting in changes to the number of reporting institutions.

- Acute and day surgery Institution Numbers no longer valid in the DAD in 2021–2022: 6 institutions (stopped submitting to the DAD).
- New Institution Numbers in the DAD in 2021–2022: 3 institutions (from Ontario).

Rate of over-coverage

- The rate of over-coverage from extra acute and day surgery abstracts in the DAD in 2021–2022 was 0.003%. There were 103 acute care abstracts with duplicate records and 2 day surgery abstracts with duplicate records.

Rate of under-coverage

- There were no sources of under-coverage in the DAD in 2021–2022.

Non-response

Unit non-response refers to incomplete data that is submitted from institutions in the frame, whether at the institution or record level.

Unit non-response rate at the institution level, due to institutions that did not submit any data to CIHI for the entire fiscal year:

- Nil in the DAD in 2021–2022

Unit non-response rate at the record level, due to missing abstracts for all or some periods in the DAD in 2021–2022:

- For acute inpatient abstracts: 0.06%. This was because 1 facility in Ontario did not submit data for 1 period (an estimated total of 1,342 missing abstracts) and 1 facility in Ontario did not submit data for 4 periods (an estimated total of 64 missing abstracts) in 2021–2022. All facilities that had no separations to report submitted data files indicating 0 separations.
- For day surgery abstracts: Nil

DAD fields

- Missing, invalid and unknown values in DAD fields for 2021–2022: See Table 5 in [Appendix A](#).
- DAD fields evolution by fiscal year: See [Appendix B](#).

Appendices

Appendix A: DAD data tables

The following tables are based on the population of reference for the current fiscal year, which includes all separations (except stillbirths and cadaveric donors) from acute inpatient care and day surgery institutions in all provinces and territories (except Quebec) between April 1 and March 31. Separations for day surgery for provinces and territories that submit to NACRS are not part of the DAD population of reference. The Analytical Institution Type Code was used to identify acute and day surgery institutions. The level of care of an institution may change over time due to hospital mergers or closures, or if CIHI's validation processes or analyses determine that it was previously incorrectly assigned. The totals reported in these tables reflect the levels of care recorded in the DAD at the time of database closure.

Table 1 Number of valid Institution Numbers* used to report separations in the DAD, by province/territory and Analytical Institution Type for the population of reference, 2021–2022

Submitting province/territory	Acute care	Day surgery	Total
N.L.	28	14	42
P.E.I.	6	n/a	6
N.S.	33	n/a	33
N.B.	20	19	39
Que.	n/a	n/a	n/a
Ont.	186	n/a	186
Man.	73	25	98
Sask.	60	21	81
Alta.	95	n/a	95
B.C.	82	60	142
Y.T.	3	1	4
N.W.T.	4	3	7
Nun.	1	1	2
Total	591	144	735

Notes

* Although there were 749 valid acute and day surgery Institution Numbers on the DAD frame, 735 acute and day surgery Institution Numbers were used to report separations to the DAD in 2021–2022. This is because 7 acute and 7 day surgery institutions had no separations to report in 2021–2022.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Table 2 Number of abstracts submitted to the DAD,* by province/territory and Analytical Institution Type for the population of reference, 2021–2022

Submitting province/territory	Acute care	Day surgery	Total N (%)
N.L.	47,664	87,468	135,132 (4.07%)
P.E.I.	14,155	n/a	14,155 (0.43%)
N.S.	88,008	n/a	88,008 (2.65%)
N.B.	71,858	43,921	115,779 (3.49%)
Que.	n/a	n/a	n/a
Ont.	1,153,636	n/a	1,153,636 (34.73%)
Man.	122,781	94,100	216,881 (6.53%)
Sask.	126,554	113,917	240,471 (7.24%)
Alta.	376,019	n/a	376,019 (11.32%)
B.C.	453,265	508,945	962,210 (28.97%)
Y.T.	3,871	2,802	6,673 (0.20%)
N.W.T.	5,106	3,881	8,987 (0.27%)
Nun.	2,280	1,173	3,453 (0.10%)
Total	2,465,197	856,207	3,321,404 (100.00%)

Notes

* The number of abstracts includes duplicate records. There were 103 acute care abstracts and 2 day surgery abstracts with duplicate records in the DAD in 2021–2022.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Table 3 Percentage change in volume of DAD abstracts between 2020–2021 and 2021–2022,* by province/territory and Analytical Institution Type for the population of reference

Submitting province/territory	Acute care	Day surgery	Total (%)
N.L.	4.47	19.16	13.53
P.E.I.	4.07	n/a	4.07
N.S.	3.63	n/a	3.63
N.B.	-2.42	2.98	-0.44
Que.	n/a	n/a	n/a
Ont.	6.93	n/a	6.93
Man.	1.41	4.93	2.91
Sask.	5.32	15.58	9.95
Alta.	5.00	n/a	5.00
B.C.	5.30	12.10	8.79
Y.T.	6.49	-3.18	2.21
N.W.T.	-7.48	10.29	-0.56
Nun.	31.87 [†]	537.50	80.50
Total	5.47	11.94	7.06

Notes

* Due to the impact of COVID-19 on hospitalizations and day surgery volumes in 2020–2021 and 2021–2022, caution is warranted when interpreting the percentage change in volume.

† The percentage change in Nunavut is partially caused by 1 facility that did not submit data for some periods in 2020–2021. This facility did not submit data for 3 periods (an estimated total of 451 missing abstracts) for acute care and 8 periods (an estimated total of 670 missing abstracts) for day surgery in 2020–2021.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2020–2021 and 2021–2022, Canadian Institute for Health Information.

Table 4 Number of abstracts submitted to the DAD,* by province/territory and Analytical Institution Type, 2021–2022

Submitting province/territory	Acute care	Day surgery	Inpatient rehab.	Inpatient complex continuing care	Inpatient psych. (mental health)	Other†	Total
N.L.	47,664	87,468	0	0	1,229	0	136,361
P.E.I.	14,155	0	0	0	372	0	14,527
N.S.	88,008	0	637	0	1,047	0	89,692
N.B.	71,858	43,921	659	2,989	272	0	119,699
Que.	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Ont.	1,153,636	0	379	264	505	0	1,154,784
Man.	122,781	94,100	0	654	101	69	217,705
Sask.	126,554	113,917	0	0	190	0	240,661
Alta.	376,019	0	2,067	0	5,064	4,399	387,549
B.C.	453,265	508,945	906	0	581	0	963,697
Y.T.	3,871	2,802	0	0	0	0	6,673
N.W.T.	5,106	3,881	0	10	0	0	8,997
Nun.	2,280	1,173	0	0	0	0	3,453
Total	2,465,197	856,207	4,648	3,917	9,361	4,468	3,343,798

Notes

* The number of abstracts includes duplicate records. There were 103 acute care abstracts and 2 day surgery abstracts with duplicate records in the DAD in 2021–2022.

† Other levels of care include sub-acute and hospice/palliative care.

n/a: Not applicable (Quebec institutions and day surgery institutions in Prince Edward Island, Nova Scotia, Ontario and Alberta are not part of the DAD frame).

Source

Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Table 5 Number of acute care and day surgery abstracts submitted to the DAD with missing, invalid or unknown values in selected mandatory fields, 2021–2022

Data elements	Number of acute and day surgery abstracts with missing, invalid or unknown values	Percentage of acute and day surgery abstracts with missing, invalid or unknown values
HCN*	28,828	0.87
Province/Territory Issuing HCN	20,190	0.61
Postal Code [†]	106,508	3.21
Birthdate [‡]	23	<0.01
Admission Time	27	<0.01
Discharge Date	9	<0.01
Discharge Time	285	0.01
Discharge Disposition	3	<0.01
Most Responsible Diagnosis	12	<0.01

Notes

* Invalid health card numbers (HCNs) are defined as those that are missing or unknown, those with invalid formats, those used for administrative purposes and not associated with an individual, those that are the same for a child and mother, and those associated with multiple-person demographic profiles.

† Invalid postal codes are defined as those that are not submitted, those that are invalid and those that are non-linkable (i.e., not in Statistics Canada's Postal Code Conversion File Plus [PCCF+] Version 7E, November 2021).

‡ Invalid and unknown dates of birth include the following:

- Birthdate of September 1, 9999; and
- Combination of Age Code U (*unknown*) and Age Units 0.

Source

Discharge Abstract Database, 2021–2022, Canadian Institute for Health Information.

Appendix B: DAD field evolution by fiscal year

This information must be referenced when performing trending analysis on DAD data and is intended to be used in conjunction with the *DAD Abstracting Manual*. Please refer to the [DAD Abstracting Manual](#) or contact CIHI for details on these changes.

Legend	
*	No change to existing field
C	Change in field definition (including code value or collection instruction)
F	Change in field format
D	Deleted field
N	New field
O	Field did not exist that year

ICD-10-CA/CCI abstract

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
01 01	Institution Number	*	F	*	*	*	*	*	*	*	*	*	*
01 02	Batch Count	O	O	O	O	N	*	*	*	*	*	*	*
01 03	Batch Year	*	*	*	*	*	*	*	*	*	*	*	*
01 04	Batch Period	*	*	*	*	*	*	*	*	C	*	*	*
01 05	Batch Number	*	*	*	*	*	*	*	*	*	*	*	*
01 06	Abstract Number	*	*	*	*	*	*	*	*	*	*	*	*
01 08	Coder Number	*	*	*	*	*	*	*	*	*	*	*	*
01 09	Chart Number	*	*	*	*	*	*	*	*	*	*	*	*
01 10	Register Number	*	*	*	*	*	*	*	*	*	*	*	*
01 11	Second Chart/Register Number	*	*	*	*	*	*	*	*	D	O	O	O
01 12	Maternal/Newborn Chart/ Register Number	*	*	*	C	*	C	C	*	C	*	*	*
03 01	Health Care Number	*	*	*	*	C	C	*	*	*	*	*	*
03 02	Postal Code	*	C	*	*	*	*	*	*	C	*	*	C
03 03	Residence Code	*	*	*	*	*	*	*	*	*	*	*	*
03 04	Gender	*	*	*	*	*	*	*	*	C	*	*	*
03 05	Province/Territory Issuing HCN	*	*	*	*	*	*	*	*	*	*	*	C
03 06	Responsibility for Payment	*	*	*	*	C	*	*	*	*	*	*	C
03 08	Birthdate	*	C	*	*	*	*	*	*	*	*	*	*
03 09	Birthdate Is Estimated	*	C	*	*	*	*	*	*	*	*	*	*
03 11–27	Provincial/Territorial Ancillary Data	C	*	*	*	*	*	*	*	*	*	*	*
03 28	Height	O	O	O	O	O	O	O	O	N	*	*	*
03 29	Weight	O	O	O	O	O	O	O	O	N	*	*	*
04 01	Admission Date	*	*	*	*	*	*	*	*	*	*	*	*

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
04 02	Admission Time	*	C	*	*	*	*	*	*	*	*	*	*
04 04	Institution From	*	*	*	*	*	*	C	*	C	*	*	*
04 05	Admit Category	*	*	*	*	*	C	C	*	C	*	*	*
04 06	Entry Code	C	*	*	*	*	*	C	*	*	*	*	*
04 07	Admit via Ambulance	*	*	C	*	*	*	*	*	*	*	*	*
04 08	Readmission Code	*	*	*	*	*	C	*	*	*	*	*	*
04 11	ER Decision to Admit Date	O	O	O	O	O	O	O	O	O	O	O	O
04 12	ER Decision to Admit Time	O	O	O	O	O	O	O	O	O	O	O	O
04 13	Date Patient Left ED	*	*	*	*	*	*	*	*	*	*	*	*
04 14	Time Patient Left ED	*	*	*	*	*	*	*	*	*	*	*	*
05 01	Discharge Date	C	*	*	*	*	*	*	*	C	*	*	*
05 02	Discharge Time	*	C	*	*	*	*	*	*	C	*	*	*
05 04	Institution To	*	*	*	*	*	*	C	*	C	*	*	C
05 05	Discharge Disposition	*	*	*	*	*	*	C	*	C	*	*	C
07 01	Main Patient Service	*	*	*	*	*	*	*	*	C	*	*	*
07 02	Main Patient Subservice	*	*	*	*	*	*	*	*	*	*	*	*
07 03	Weight (Moved to 03/29 in 2018)	*	*	*	*	C	*	*	*	D	O	O	O
07 04	Abstract Overflow	*	*	*	*	*	*	*	*	D	O	O	O
08 01	Service Transfer	*	*	*	*	C	*	*	*	C	*	*	*
08 02	Service Transfer Subservice	*	*	*	*	*	*	*	*	*	*	*	*
08 03	Service Transfer Days	*	*	*	*	*	*	*	*	*	*	*	*
09 01	Provider Type	*	*	*	C	C	*	C	*	C	*	*	*
09 02	Provider Number	*	*	*	C, F	*	*	*	*	*	*	*	*
09 03	Provider Service	C	C	C	C	C	*	*	*	C	*	*	*
10 01	Diagnosis Prefix	C	*	C	C	*	*	C	*	C	*	*	C
10 02	Diagnosis Code	*	*	*	*	*	*	*	*	C	*	*	*

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
10 03	Diagnosis Cluster	*	*	C	*	*	*	*	*	*	*	*	*
10 04	Diagnosis Type	*	*	C	*	*	C	C	*	C	*	*	*
10 05–11	Cancer Staging	*	*	*	*	*	*	*	*	D	O	O	O
11 01	Procedure/Intervention Date	O	O	O	O	O	O	O	O	O	O	O	O
11 01	Intervention Episode Start Date	*	*	*	*	*	*	C	*	C	*	*	*
11 02	Procedure/Intervention Code	*	*	*	*	*	*	*	*	*	*	*	*
11 3/5	Intervention Attributes	*	*	*	*	*	*	*	*	*	*	*	*
11 06	Intervention Provider Number	*	C	*	C, F	*	*	*	*	C	*	*	*
11 07	Intervention Provider Service	*	*	*	C	*	*	*	*	*	*	*	*
11 08	Tissue Code	*	*	*	*	*	*	*	*	D	O	O	O
11 09	Intervention Time	O	O	O	O	O	O	O	O	O	O	O	O
11 10	Intervention Location	C	*	*	*	*	*	*	*	C	*	*	*
11 11	Anaesthetist	*	*	*	C, F	C	*	*	*	*	*	*	C
11 12	Anaesthetic Technique	C	*	*	C, F	C	C, F	C	*	C	*	*	*
11 13	Out-of-Hospital Indicator	C	*	*	C	*	C	*	*	*	*	*	C
11 14	Out-of-Hospital Institution Number	C	*	*	*	*	F	*	*	C	*	*	*
11 15	Unplanned Return to Intervention Location	*	*	*	*	*	*	*	*	*	*	*	*
11 16	Died in OR (name changed in 2012)	C	*	D	O	O	O	O	O	O	O	O	O
11 16	Died During Intervention (name changed in 2012)	O	O	N	C	*	*	*	*	C	*	*	*
11 17	Intervention Episode Start Time	*	*	*	*	*	*	C	*	C	*	*	*
11 18	Intervention Episode End Date	*	*	*	*	*	*	*	*	*	*	*	*
11 19	Intervention Episode End Time	*	*	*	*	*	*	*	*	*	*	*	*
11 20	Intervention Pre-Admit Flag	C	C	C	*	*	*	*	*	*	*	*	C

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
11 22	Joint Identifier (CJRR)	O	O	O	O	O	O	O	O	N	*	*	*
11 23	Revision Reason (CJRR)	O	O	O	O	O	O	O	O	N	*	*	*
13 01	SCU Death Indicator	*	*	C	*	*	*	*	*	*	*	*	*
13 02	SCU Unit Number	*	*	*	*	*	C	*	*	*	*	*	C
13 03	SCU Admit Date	*	*	*	*	*	*	*	*	C	*	*	*
13 04	SCU Admit Time	*	C	*	*	*	*	*	*	C	*	*	*
13 05	SCU Discharge Date	*	*	*	*	*	*	*	*	*	*	*	*
13 06	SCU Discharge Time	*	C	*	*	*	*	*	*	*	*	*	*
13 09	Glasgow Coma Scale	C	*	C	C	*	*	*	*	C	*	*	*
14 01–19	Basic Options	C	*	*	*	*	*	*	*	*	*	*	*
15 02	Mental Health Indicators — Source of Referral	*	*	*	C	*	*	*	*	D	O	O	O
15 03	Method of Admission	*	*	*	C	*	*	*	*	D	O	O	O
15 04	Change in Legal Status From Admission	*	*	*	C	*	*	*	*	*	*	*	*
15 05	AWOL	*	*	*	C	*	*	*	*	D	O	O	O
15 06	Suicide	*	*	*	C	*	*	*	*	D	O	O	O
15 07	Previous Psychiatric Admission	*	*	*	C	*	*	*	*	*	*	*	*
15 08	Referred To	*	*	*	C	*	*	*	*	D	O	O	O
15 09	ECT Treatment	*	*	*	C	*	*	*	*	D	O	O	O
15 10	Number of ECT Treatments	*	*	*	C	*	*	C	*	*	*	*	*
15 12	Education	*	*	*	C	*	*	*	*	D	O	O	O
15 13	Employment Status	C	*	*	C	*	*	*	*	D	O	O	O
15 14	Financial Support	*	*	*	C	*	*	*	*	D	O	O	O
15 15	Legal Status Upon Arrival to Emergency Department (ED)	O	O	O	O	O	O	O	O	N	C	*	C
15 16	Legal Status at Admission	O	O	O	O	O	O	O	O	N	C	*	C

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
15 17	Type of Restraint	O	O	O	O	O	O	O	O	N	*	*	*
15 18	Frequency of Restraint Use	O	O	O	O	O	O	O	O	N	*	*	*
16 01–18 (as of 2015–2016, changed to 16 01–24)	Project Information	C	C	C	C	C, F	C, F	C	*	C	C	C	C
17 01	Blood Transfusion Indicator	*	*	*	C	C	*	*	*	*	*	*	*
17 02	Blood Products/Components — Red Blood Cells	*	*	*	C	C	*	*	*	*	*	*	*
17 03	Platelets	*	*	*	C	C	*	*	*	*	*	*	*
17 04	Plasma Other or Unspecified (name changed in 2018)	*	*	*	C	C	*	*	*	C	*	*	*
17 05	Albumin	*	*	*	C	C	*	*	*	*	*	*	*
17 06	Other Blood Products	*	*	*	C	C	*	*	*	C	*	*	*
17 07	Autologous Blood Transfusion	*	*	*	C	C	*	*	*	*	*	*	*
17 08	Cryoprecipitate Plasma	O	O	O	O	O	O	O	O	N	*	*	*
17 09	Cryosupernatant Plasma	O	O	O	O	O	O	O	O	N	*	*	*
17 10	Intravenous/Subcutaneous Immune Globulin (IVIG/SCIG)	O	O	O	O	O	O	O	O	N	*	*	*
17 11	Fibrinogen	O	O	O	O	O	O	O	O	N	*	*	*
17 12	Prothrombin Complex Concentrate (PCC)	O	O	O	O	O	O	O	O	N	*	*	*
17 13	Anti-Inhibitor Coagulant (FEIBA)	O	O	O	O	O	O	O	O	N	*	*	*
17 14	Antithrombin III	O	O	O	O	O	O	O	O	N	*	*	*
17 15	C1 Inhibitor	O	O	O	O	O	O	O	O	N	*	*	*
17 16	Protein C/Other Factors	O	O	O	O	O	O	O	O	N	*	*	*

Group and field no.	Field	2010–2011	2011–2012	2012–2013	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
18 01–09	Reproductive Care	*	C	C	C	C	C	C	*	C	*	*	C
19 01–02, 04, 06–08, 10–15, 20–24	Vendor-Assigned Values	*	C	C	*	*	*	*	*	C	*	*	*
19 09	Flagged Intervention Count	*	C	C	*	*	*	D	O	O	O	O	O
19 25	Flagged Intervention Status	O	O	O	O	O	O	N	*	*	*	*	*
20 01	Hip and Knee Prosthesis Information (CJRR) — Joint Identifier	O	O	O	O	O	O	O	O	N	*	*	*
20 02	Side	O	O	O	O	O	O	O	O	N	*	*	*
20 03	Cement Name	O	O	O	O	O	O	O	O	N	*	*	*
20 04	Cement Name Other	O	O	O	O	O	O	O	O	N	*	*	*
20 05	Cement Product Number	O	O	O	O	O	O	O	O	N	*	*	*
20 06	Cement Lot Number	O	O	O	O	O	O	O	O	N	*	*	*
20 07	Component	O	O	O	O	O	O	O	O	N	*	*	*
20 08	Manufacturer	O	O	O	O	O	O	O	O	N	*	*	*
20 09	Manufacturer Other	O	O	O	O	O	O	O	O	N	*	*	*
20 10	Product Number	O	O	O	O	O	O	O	O	N	*	*	*
20 11	Lot Number	O	O	O	O	O	O	O	O	N	*	*	*

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For more information, please contact CIHI by sending an email to cad@cihi.ca.

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