
THE NATIONAL ARCHIVES OF THE UNITED STATES
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★ 1934 ★

OB-10 Return Visit and Laboratory Record

Form OB-10, Return Visit and Laboratory Record, was used to record return visits, clinical findings and laboratory findings. It was first used in January 1959 and revised once in July 1959. Revisions resulted in an itemization of the form and added space for recording results of new tests. OB-10 was replaced by two new forms, OB-44 and OB-45, in April 1962.

OB-44 replaced that portion of OB-10 where clinical findings (return visits) were recorded. OB-10 clinical findings (return visits) data are punched with the OB-44 prenatal observations data on Card 0344 (see field 3, revision number).

OB-45 replaced that portion of OB-10 where laboratory findings were recorded. OB-10 laboratory findings from approximately 20,000 records were punched onto two cards of the master file (Table OB-10.1). The remainder of the OB-10 laboratory findings, approximately 4,000 cards, were punched with the OB-45 laboratory data on the 1345-7345 card series (see field 3, revision number). When using the data file, the 345 file should be used with the 310 file. For data on blood drawn from virology study see Volume IV, Work Files 11-15.

TABLE OB-10.1 Cards and Data Records by Revision for Form OB-10

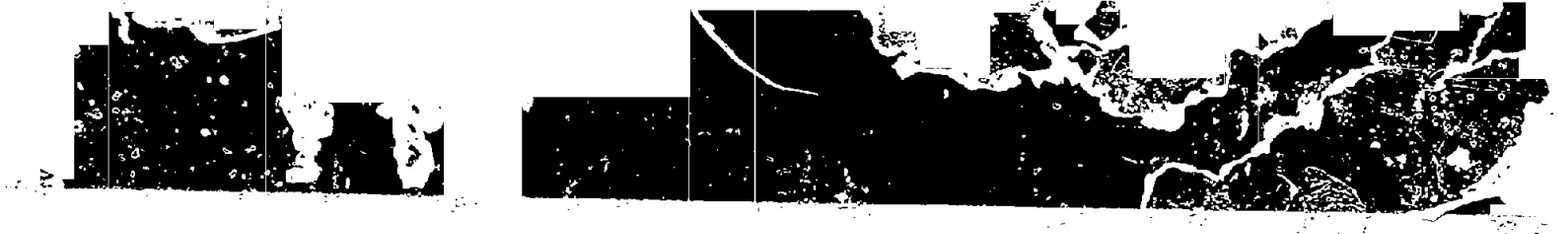
CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-10: Blood Type, Titer, Hemaglobin, Coombs Test	1310		
		0	20,190
			20,190
OB-10: Serology, Urinalysis, Pap Smear, Fathers Blood Type	3310		
		0	20,202
			20,202
	total for form		40,392

Data Items Referencing Form OB-10, Return Visit and Laboratory Record

DATA ITEM TO	ITEM IN FROM	CARD NUM	FROM	TO	DATA ITEM NAME
698.....		1310	1	5	Card number (sequence, form type, form number, revision number)
699.....		1310	6	14	NINDB case number
700..OB-10	20	1310	15	15	Blood type
701..OB-10	21	1310	16	16	Rh type
702..OB-10	22	1310	17	18	Rh titer, first (mo)
703..OB-10	22	1310	19	19	Rh titer, first (yr)
704..OB-10	22	1310	20	21	Rh titer, first result
705..OB-10	22	1310	22	23	Rh titer, last (mo)
706..OB-10	22	1310	24	24	Rh titer, last (yr)
707..OB-10	22	1310	25	26	Rh titer, last result
708..OB-10		1310	27	27	Hemoglobin, total number; hematocrit, total number
709..OB-10	23	1310	28	29	Hemoglobin, 1st (mo)
710..OB-10	23	1310	30	31	Hemoglobin, 1st (day)
711..OB-10	23	1310	32	32	Hemoglobin, 1st (yr)
712..OB-10	23	1310	33	35	Hemoglobin, 1st value (gms)
713..OB-10	23	1310	36	37	Hemoglobin, 2nd (mo)
714..OB-10	23	1310	38	39	Hemoglobin, 2nd (day)
715..OB-10	23	1310	40	40	Hemoglobin, 2nd (yr)
716..OB-10	23	1310	41	43	Hemoglobin, 2nd value (gms)
717..OB-10	23	1310	44	45	Hemoglobin, 3rd (mo)
718..OB-10	23	1310	46	47	Hemoglobin, 3rd (day)
719..OB-10	23	1310	48	48	Hemoglobin, 3rd (yr)
720..OB-10	23	1310	49	51	Hemoglobin, 3rd value (gms)
721..OB-10	24	1310	52	53	Hematocrit, 1st (mo)
722..OB-10	24	1310	54	55	Hematocrit, 1st (day)
723..OB-10	24	1310	56	56	Hematocrit, 1st (yr)
724..OB-10	24	1310	57	59	Hematocrit, 1st value (%)
725..OB-10	24	1310	60	61	Hematocrit, 2nd (mo)
726..OB-10	24	1310	62	63	Hematocrit, 2nd (day)
727..OB-10	24	1310	64	64	Hematocrit, 2nd (yr)
728..OB-10	24	1310	65	67	Hematocrit, 2nd value (%)
729..OB-10	24	1310	68	69	Hematocrit, 3rd (mo)
730..OB-10	24	1310	70	71	Hematocrit, 3rd (day)
731..OB-10	24	1310	72	72	Hematocrit, 3rd (yr)
732..OB-10	24	1310	73	75	Hematocrit, 3rd value (%)
733..OB-10	25	1310	76	77	Coombs' test (mo)
734..OB-10	25	1310	78	78	Coombs' test (yr)
735..OB-10	25	1310	79	79	Coombs' test, result
736.....		1310	80	80	Blank
737.....		3310	1	5	Card number (sequence, form type, form number, revision number)
738.....		3310	6	14	NINDB case number
739..OB-10		3310	15	15	Serology for syphilis, 1st

Data Items Referencing Form OB-10, Return Visit and Laboratory Record

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
740..OB-10	26	3310	16	17	Serology for syphilis, 1st (mo)
741..OB-10	26	3310	18	18	Serology for syphilis, 1st (yr)
742..OB-10	26	3310	19	19	Serology for syphilis, 1st result test 1
743..OB-10	26	3310	20	20	Serology for syphilis, 1st result test 2
744..OB-10	26	3310	21	21	Serology for syphilis, 1st result test 3
745..OB-10	26	3310	22	23	Serology for syphilis, 2nd (mo)
746..OB-10	26	3310	24	24	Serology for syphilis, 2nd (yr)
747..OB-10	26	3310	25	25	Serology for syphilis, 2nd result test 1
748..OB-10	26	3310	26	26	Serology for syphilis, 2nd result test 2
749..OB-10	26	3310	27	27	Serology for syphilis, 2nd result test 3
750..OB-10	26	3310	28	29	Serology for syphilis, 3rd (mo)
751..OB-10	26	3310	30	30	Serology for syphilis, 3rd (yr)
752..OB-10	26	3310	31	31	Serology for syphilis, 3rd result test 1
753..OB-10	26	3310	32	32	Serology for syphilis, 3rd result test 2
754..OB-10	26	3310	33	33	Serology for syphilis, 3rd result test 3
755..OB-10	27-32	3310	34	35	Urinalysis, 1st (mo)
756..OB-10	27-32	3310	36	36	Urinalysis, 1st (yr)
757..OB-10	27-32	3310	37	37	Urinalysis, 1st, type
758..OB-10	27-32	3310	38	39	Urinalysis, 1st, RBC count
759..OB-10	27-32	3310	40	41	Urinalysis, 1st, WBC count
760..OB-10	27-32	3310	42	42	Urinalysis, 1st, casts
761..OB-10	27-32	3310	43	44	Urinalysis, 2nd (mo)
762..OB-10	27-32	3310	45	45	Urinalysis, 2nd (yr)
763..OB-10	27-32	3310	46	46	Urinalysis, 2nd, type
764..OB-10	27-32	3310	47	48	Urinalysis, 2nd, RBC count
765..OB-10	27-32	3310	49	50	Urinalysis, 2nd, WBC count
766..OB-10	27-32	3310	51	51	Urinalysis, 2nd, casts
767..OB-10	27-32	3310	52	53	Urinalysis, 3rd (mo)
768..OB-10	27-32	3310	54	54	Urinalysis, 3rd (yr)
769..OB-10	27-32	3310	55	55	Urinalysis, 3rd, type
770..OB-10	27-32	3310	56	57	Urinalysis, 3rd, RBC count
771..OB-10	27-32	3310	[illegible]	59	Urinalysis, 3rd, WBC count
772..OB-10	27-32	3310	60	60	Urinalysis, 3rd, casts
773..OB-10	34	3310	61		Urine culture (mo)
774..OB-10	34	3310	62	63	Urine culture (yr)
775..OB-10	34	3310	64	64	Urine culture result
776..OB-10	10	3310	[illegible]	65	Pap smear (mo)
777..OB-10	34	3310	[illegible]	67	Pap smear (yr)
778..OB-10	34	3310	68	68	Pap smear result
779..OB-10	34	3310	69	69	Time fd tests
780..OB-10	34	3310	70	70	Result 2 hr. glucose tolerance
781..OB-10	35	3310	71	71	Blood type (father)
782..OB-10	35	3310	72	72	Rh type (father)



Data items referencing F.2# OB-10, Return Visit and Laboratory Report

DATA ITEM TO	TYPE IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
783..OB-10	41	3310	71	73	Hysterotomy X-ray, diagnostic
786.....		3310	74	80	Blank
4998....VAR	24		89	91	Hematocrit lowest level, (percent)
5000....VAR	27		93	95	Hemoglobin, lowest value (grams)
5224....VAR	20		344	344	Blood type
5225....VAR	25		345	345	Coombs' test
5226....VAR	21		346	346	Rh factor
5227....VAR	24		347	352	Hematocrit, date of lowest value (mo/day/yr)
5228....VAR	21		353	358	Hemoglobin, date of lowest value (mo/day/yr)

COLLABORATIVE [illegible]
(REV. [illegible])

[illegible handwriting]

RETURN VISIT AND LABORATORY RECORD

1. PATIENT IDENTIFICATION

[illegible handwriting]

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2. PHYSICIAN								
3. DATE								
4. WEEK								
5. WEIGHT								
6. BLOOD PRESSURE								
URINE 7. ALBUMIN								
URINE 8. GLUCOSE								
INDICATE POSITIVE HISTORY OF THE FOLLOWING WITH A CHECK (✓), ABSENCE WITH A ZERO (0).								
9. EDEMA								
10. ACUTE ILLNESS								
11. BLEEDING								
12. SURGERY								
13. [illegible]								
14. RADIATION								
OBSTETRICAL EXAMINATION								
15. HT. FUNDUS (CM)								
16. POSITION OR PRESENTATION								
17. ENGAGEMENT								
18. FHR								
19. FH LOCATION								

LABORATORY EXAMINATIONS

EXAMINATION	DATE	RESULTS	EXAMINATION	DATE	RESULTS	EXAMINATION	DATE	RESULTS
20. GRAVIDA'S BLOOD TYPE			25. COOMBS TEST			34. SPECIAL TESTS		
21. Rh			26. SEROLOGY FOR SYPHILIS					
22. Rh TITER			INITIAL URINALYSIS	DATE				
			27. ☐ VOIDED ☐ CATHETERIZED					
23. HEMOGLOBIN			28. REACTION	RESULT				
			29. SPECIFIC GRAVITY					
			30. RBC /hpf		/hpf			
24. HEMATOCRIT			31. WBC /hpf		/hpf			
			32. CASTS /hpf		/hpf	35. FATHER'S BLOOD TYPE		
			33. ACETONE			36. FATHER'S Rh		

37. BLOOD DRAWN FOR VIROLOGY STUDY	38. DATE (Mo.)	Day	Year	39. DATE Mo.	Day	Year	40. DATE Mo.	Day	Year

41. DIAGNOSTIC X-RAYS

DATE	FOR	FINDINGS IN BRIEF
(1)		
(2)		

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDB, NIH
BETHESDA 14, MD.

(REV 7-59) (OB-13)

Form item numbers linked to data items on OB-10, Return Visit and Laboratory Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	708..OB-10 1310		27	27	Hemoglobin, total number/ hematocrit, total number
	739..OB-10 3310		15	15	Serology for syphilis, 1st
20	700..OB-10 1310		15	15	Blood type
20	5224....VAR		344	344	Blood type
21	5226....VAR		344	346	Rh factor
21	701..OB-10 1310		16	16	Rh type
22	702..OB-10 1310		17	18	Rh titer, first (mo)
22	703..OB-10 1310		19	19	Rh titer, first (yr)
22	704..OB-10 1310		20	21	Rh titer, first result
22	705..OB-10 1310		22	23	Rh titer, last (mo)
22	706..OB-10 1310		24	24	Rh titer, last (yr)
22	707..OB-10 1310		25	26	Rh titer, last result
23	710..OB-10 1310		30	31	Hemoglobin, 1st (day)
23	709..OB-10 1310		28	29	Hemoglobin, 1st (mo)
23	711..OB-10 1310		32	32	Hemoglobin, 1st (yr)
23	712..OB-10 1310		33	35	Hemoglobin, 1st value (gms)
23	714..OB-10 1310		38	39	Hemoglobin, 2nd (day)
23	713..OB-10 1310		36	37	Hemoglobin, 2nd (mo)
23	715..OB-10 1310		40	40	Hemoglobin, 2nd (yr)
23	716..OB-10 1310		41	43	Hemoglobin, 2nd value (gms)
23	718..OB-10 1310		46	47	Hemoglobin, 3rd (day)
23	717..OB-10 1310		44	45	Hemoglobin, 3rd (mo)
23	719..OB-10 1310		48	48	Hemoglobin, 3rd (yr)
23	720..OB-10 1310		49	51	Hemoglobin, 3rd value (gms)
23	5228....VAR		351	358	Hemoglobin, date of lowest value (mo/day/yr)
23	5000....VAR		91	95	Hemoglobin, lowest value (grams)
24	4098....VAR		89	91	Hematocrit lowest level, (percent)
24	721..OB-10 1310		52	53	Hematocrit, 1st (mo)
24	721..OB-10 1310		56	56	Hematocrit, 1st (yr)
24	724..OB-10 1310		57	59	Hematocrit, 1st value (%)
24	726..OB-10 1310		62	63	Hematocrit, 2nd (day)
24	725..OB-10 1310		60	61	Hematocrit, 2nd (mo)
24	727..OB-10 1310		64	64	Hematocrit, 2nd (yr)
24	728..OB-10 1310		65	67	Hematocrit, 2nd value (%)
24	730..OB-10 1310		70	71	Hematocrit, 3rd (day)
24	729..OB-10 1310		68	69	Hematocrit, 3rd (mo)
24	731..OB-10 1310		72	72	Hematocrit, 3rd (yr)
24	732..OB-10 1310		73	75	Hematocrit, 3rd value (%)
24	5227....VAR		347	352	Hematocrit, date of lowest value (mo/day/yr)
25	5325....VAR		345	345	Coombs' test
25	733..OB-10 1310		76	77	Coombs' test (mo)
25	734..OB-10 1310		78	78	Coombs' test (yr)

Form item numbers linked to data items on OR-10, Return Visit and Laboratory Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
25	739..OR-10	3310	16	16	Cogwns' test, result
26	740..OR-10	3310	16	17	Serology for syphilis, 1st (mo)
26	741..OR-10	3310	18	18	Serology for syphilis, 1st (yr)
26	742..OR-10	3310	19	19	Serology for syphilis, 1st result test 1
26	743..OR-10	3310	20	20	Serology for syphilis, 1st result test 2
26	744..OR-10	3310	21	21	Serology for syphilis, 1st result test 3
26	745..OR-10	3310	22	23	Serology for syphilis, 2nd (mo)
26	746..OR-10	3310	24	24	Serology for syphilis, 2nd (yr)
26	747..OR-10	3310	25	25	Serology for syphilis, 2nd result test 1
26	748..OR-10	3310	26	26	Serology for syphilis, 2nd result test 2
26	749..OR-10	3310	27	27	Serology for syphilis, 2nd result test 3
26	750..OR-10	3310	28	29	Serology for syphilis, 3rd (mo)
26	751..OR-10	3310	30	30	Serology for syphilis, 3rd (yr)
26	752..OR-10	3310	31	31	Serology for syphilis, 3rd result test 1
26	753..OR-10	3310	32	32	Serology for syphilis, 3rd result test 2
26	754..OR-10	3310	33	33	Serology for syphilis, 3rd result test 3
27-32	755..OR-10	3310	34	35	Urinalysis, 1st (mo)
27-32	756..OR-10	3310	36	36	Urinalysis, 1st (yr)
27-32	758..OR-10	3310	42	42	Urinalysis, 1st, casts
27-32	758..OR-10	3310	38	39	Urinalysis, 1st, RBC count
27-32	757..OR-10	3310	37	37	Urinalysis, 1st, type
27-32	759..OR-10	3310	40	41	Urinalysis, 1st, WBC count
27-32	761..OR-10	3310	43	44	Urinalysis, 2nd (mo)
27-32	762..OR-10	3310	45	45	Urinalysis, 2nd (yr)
27-32	766..OR-10	3310	51	51	Urinalysis, 2nd, casts
27-32	764..OR-10	3310	47	48	Urinalysis, 2nd, RBC count
27-32	763..OR-10	3310	46	46	Urinalysis, 2nd, type
27-32	765..OR-10	3310	49	50	Urinalysis, 2nd, WBC count
27-32	767..OR-10	3310	52	53	Urinalysis, 3rd (mo)
27-32	768..OR-10	3310	54	54	Urinalysis, 3rd (yr)
27-32	772..OR-10	3310	60	60	Urinalysis, 3rd, casts
27-32	770..OR-10	3310	56	57	Urinalysis, 3rd, RBC count
27-32	769..OR-10	3310	55	55	Urinalysis, 3rd, type
27-32	771..OR-10	3310	58	59	Urinalysis, 3rd, WBC count
34	780..OR-10	3310	70	70	Blood sugar; glucose tolerance
34	776..OR-10	3310	65	66	Pap smear (mo)
34	777..OR-10	3310	67	67	Pap smear (yr)
34	778..OR-10	3310	68	68	Pap smear result
34	779..OR-10	3310	69	69	Thyroid tests
34	773..OR-10	3310	61	62	Urine culture (mo)
34	774..OR-10	3310	63	63	Urine culture (yr)
34	775..OR-10	3310	64	64	Urine culture result
35	781..OR-10	3310	71	71	Blood type (mother)

Form item numbers linked to data items on OB-10, Return Visit and Laboratory Report

Item on Form	Data Item in	Card Num	From	To	Data Item Name
36	792..OB-10	Stmt	72	72	HB type (father)
41	781..OB-10	Stmt	71	71	Radiology? X-ray, diagnostic

DEFINITION OF CODES
LABORATORY DATA
FORM OB-10 CARD 1310

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code: 310	2-4
3.	Revision Number * Code: 0 - Forms Dated: 1/59 and Rev. 7/59	5
4.	NIMDB Number Nine-digit number for Patient Identification Code: As given	6-14
5.	Gravida's Blood Type Item 20 Code: 0 = O 1 = A_1 2 = A_2 3 = A 4 = B 5 = A_1B 6 = A_2B 7 = AB 9 = Unknown	15
6.	Gravida's RH Item 21 Code: 1 - Positive 2 - Negative 9 - Unknown	16
7.	RH TITER - FIRST Item 22 Five-digit code for: Month (cols. 17-18) Year (col. 19) Code: As given 000 - Not applicable 999 - Unknown	17-21

* Item numbers refer to Form Dated: Rev. 7/59

DEFINITION OF CODES (Continued)

FORM OB-10
Card 1310

FIELD		CARD COLUMN
7.	RH TITER - FIRST (continued)	17-21

Code for cols. 20-21:
00 - No reaction
01-10 - Dilutions as reported
91 - 1:1
92 - Positive - unqualified
99 - Unknown

8.	RH TITER - LAST Code: Same as in Field 7	22-26
9.	Total Number of Hemoglobin and/or Hematocrit Code: 0 - None 1-7 - Number of different dates as reported 8 - 8 or more different dates 9 - Unknown	27
10.	Hemoglobin - First Item 23 Eight-digit code for month (cols. 28-29), day (cols. 30-31), last digit of year (col. 32), and value (cols. 33-35) Code for cols. 28-32: As given 00000 - Not applicable 99 - Month and/or day unknown Code for cols. 33-35: 000 - Not done 001-200 - Grams as reported in tenths 999 - Unknown	28-35
11.	Hemoglobin - Second, excluding First and Last Code: Same as in Field 10 except 0's in entire field = no second hemoglobin	36-43
12.	Hemoglobin - Third Code: Same as in Field 10 except 0's in entire field = no third hemoglobin	44-51

DEFINITION OF CODES (Continued)

FORM OB-10
Card 1310

FIELD		CARD COLUMN
13.	Hematocrit - First Item 24 Code: Same as in Field 10 except cols. 57-59 120-599 - 12-59.9% as given 600 - 60% or more 999 - Unknown	52-59
14.	Hematocrit - Second Code: Same as in Field 13 except 0's in entire field = no second hematocrit	60-67
15.	Hematocrit - Third Code: Same as in Field 13 except 0's in entire field = no third hematocrit	68-75
16.	Coomb's Test Item 25 Four-digit code for Month (cols. 76-77), Last Digit of Year (col. 78), and Results (col. 79) Code for cols. 76-78: As given 000 - Not applicable 999 - Unknown Code for col. 79: 0 - Negative or not done 1 - Positive 9 - Unknown Note: "Test Not Done" = 0's for entire field	76-79

DEFINITION OF CODES (Continued)

FORM OB-10
Card 3310

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Data Code: Same as in cols. 2-14 of Card 1	2-14
3.	Number of Serology Reports Code: 0 - None 1-7 - Number of different dates as reported 8 - 8 or more dates	15
4.	Serology - First Item 2b Six-digit code for: Date Month (cols. 16-17); Last Digit of Year (col. 18) Code: As given 000 - Not applicable 999 - Unknown Result: Test I (col. 19) Code: 0 - Negative, not done 1 - Positive 2 - Questionable 9 - Unknown Result: Test II (col. 20) Code: Same as col. 19, except 8 - Second test not done Result: Test III (col. 21) Code: Same as col. 19, except 8 - Third test not done Note: "Test Not Done" = 0's for cols. 16-19 and 8's for cols. 20-21	16-21
5.	Serology - Second Code: Same as in Field 4 except that "Test Not Done" = 0's for entire field	22-27

DEFINITION OF CODES (Continued)

FORM OB-10
Card 3310

FIELD		CARD COLUMN
6.	Serology - Third Code: Same as in Field 4 except that "Test Not Done" = 0's for entire field	28-33
7.	Urinalysis - First Item 27, 30-32 Nine-digit code for: Date (Month (cols. 34-35); Last digit of Year (col. 36)) Code: As given 000 - Not applicable 999 - Unknown	34-42

Type (col. 37)
Code: 0 - No specimen
1 - Voided
2 - Clean catch
3 - Catheterized
9 - Unknown

RBC (cols. 38-39)
WBC (cols. 40-41)
Code for each:
00 - None, no urinalysis
01-94 - As given
95 - 95 cells or more
96 - Few
97 - Many
98 - Too numerous to count
99 - Unknown

Casts (col. 42)
Code: 0 - Negative, no urinalysis
1 - Positive
9 - Unknown

Note: "Test Not Done" = 0's for entire field

FIELD		CARD COLUMN
8.	URINALYSIS - SECOND Code: Same as in Field 7	43-51
9.	URINALYSIS - THIRD Code: Same as in Field 7	52-60
10.	URINE CULTURE Item 34 Four-digit code for month (cols. 61-62), last digit of year (col. 63), and Results (col. 64) Code for cols. 61-63: Same as in Field 7, cols. 34-36 Code for col. 64: 0 - Negative 1 - Positive 9 - Unknown	61-64
11.	PAP SMEAR Item 34 Four-digit code for month (cols. 65-66), last digit of year (col. 67), and Results (col. 68) Code for cols. 65-67: Same as in Field 7, cols. 34-36 Code for col. 68: 0 - Negative - unqualified 1-5 - Grade of cytology as given 6 - Positive - unqualified 7 - Ca in situ 8 - Doubtful 9 - Unknown Note: 0's in cols. 65-67 and 9 in col. 68 = test not done	65-68
12.	Thyroid Item 34 Code: 0 - Protein Bound Iodine 1 - Butal Extractable Iodine 2 - Basal Metabolic Rate 3 - Iodine 131, Radioactive Iodine 4 - Other Thyroid Test 5 - Combination of two or more above 9 - Unknown	69

DEFINITION OF CODES (Continued)

FORM CB-10
Card 3310

FIELD		CARD COLUMN
13.	Blood Sugar and Glucose Tolerance Item 34 Code: 1 - Reported 9 - Not reported	70
14.	Father's Blood Type Item 35 Code: 0 - O 1 - A_1 2 - A_2 3 - A 4 - B 5 - A_1B 6 - A_2B 7 - AB 9 - Unknown	71
15.	Father's RH Item 36 Code: 1 - Positive 2 - Negative 9 - Unknown	72
16.	Diagnostic X-Ray Item 41 Code: 1 - Chest 2 - Other 3 - Chest and Other 9 - Unknown, none	73

LABORATORY DATA (OB-10)

* Item numbers refer to form dated: Rev. 7/69

LABORATORY DATA (OB-10)

* Item numbers refer to form dated: Rev. 7/59

OB-10 RETURN VISIT AND LABORATORY RECORD

Instructions for Physician

This record is intended to be used as a record of return visits and laboratory examinations. For each visit to the clinic, including the initial visit, record the following:

Item No.

2. Physician. Record the last name of the examining physician.

3. Date. Record the month, day and year.

4. Week. Record the week of pregnancy as closely as can be determined.

5. Weight. Record the patient's weight in pounds.

6. Blood Pressure. Record the patient's blood pressure.

7-8. Urine Examination, Albumin and Glucose. If there is no albumin, write either "0" or "neg." If albumin is present, grade as "trace," "1+," "2+," "3+" or "4+." Record glucose findings using same notation as for albumin.

9-14. These items are concerned with the history of difficulty since the previous prenatal visit and are designed to be used in conjunction with the interviewer's "History Since Last Menstrual Period" and "History Since Last Prenatal Visit," OB Forms 3 and 8. You should go over these interviewer's forms in detail in the presence of the patient. A positive history in any of these six categories should then be marked here as positive (+) and described fully on Form OB-11, "Record of Current Pregnancy." If the history is negative in these areas, this should be indicated with a "0." For non-Study patients or Study patients in those institutions which do not have an interviewer obtaining OB-3 or OB-8, these six items must be evaluated by the obstetrician when this form is completed.

15-19. Obstetric Examination

15. Ht. Fundus (cms). Record the height of the uterine fundus in centimeters.

16. Position or Presentation. Record the position or presentation of the fetus.

17. Engagement. Record the approximate engagement.

Instructions, OB-10 (cont.)

Item No.

16-19. FHR. Record the fetal heart rate in item 17 and indicate the quadrant of the mother's abdomen in which the fetal heart is located in item 19.

20-41. Laboratory Examinations. Record the date the specimen is taken and when the result has been returned, record the result in the appropriate space. When blood is drawn for virology study, record the date (month, day and year) the specimen is obtained. If diagnostic X-rays are obtained while the patient is receiving prenatal care, record the date, indicate the reason, and describe the findings briefly. If the patient is seen more than eight times during the prenatal course, a second Form OB-10 should be used.

The following are the prenatal laboratory requirements:

Procedure	Schedule
1. Urinalysis (Complete)	At initial visit
2. Urinalysis (Albumin and Sugar)	At each return visit
3. Microhematocrit recommended	(At initial visit
(Cyanmethemoglobin acceptable)	(At about 32 weeks of gestation
4. Serology	Once during pregnancy
5. ABO Type and Rh Type	Once during pregnancy
6. Indirect Coombs (if D and D^u negative)	Once during pregnancy

It is recommended that abnormal or suspicious laboratory findings be followed up with additional laboratory work as indicated and the results be reported on OB-10.

This form should be forwarded after the termination of pregnancy and after the form has been edited.

[illegible]

RETURN VISIT AND LABORATORY RECORD

PHYSICIAN								
DATE								
WEEK								
WEIGHT								
BLOOD PRESSURE								
URINE ALBUMIN								
URINE GLUCOSE								
INDICATE POSITIVE HISTORY OF THE FOLLOWING WITH A CHECK (✓), ABSENCE WITH A ZERO (0).								
EDEMA								
ACUTE ILLNESS								
BLEEDING								
SURGERY								
TRAUMA								
MEDICATION								
OBSTETRICAL EXAMINATION								
HT. FUNDUS (Cm.)								
POSITION OR PRESENTATION								
ENGAGEMENT								
F.H.R.								
F.H. LOCATION								

LABORATORY EXAMINATIONS

EXAMINATION	DATE	RESULT	EXAMINATION	DATE	RESULT
BLOOD TYPE			Rh TITER		
Rh					
SEROLOGY FOR SYPHILIS			FATHER'S BLOOD TYPE		
HEMOGLOBIN			FATHER'S Rh		
			STOOL Special Tests		
HEMATOCRIT					

BLOOD DRAWN FOR VIROLOGY STUDY:	DATE	DATE	DATE

DIAGNOSTIC X-RAYS

DATE	FOR	FINDINGS IN BRIEF

Department of Health, Education and Welfare
Public Health Service

(OB-10)

08-44 Prenatal Observations

Form 08-44 was used to record obstetric data at the initial prenatal examination and at each subsequent prenatal clinic visit. Introduced in April 1962, form 08-44 replaced that portion of 08-10 where clinical findings were detailed. Information from 08-44 (and from 08-10 regarding return visit) was coded on card 0344 of the master file (Table 08-44.1). The form was not revised, though data from a pretest form (dated 7/61) are included on the file.

TABLE 08-44.1 Cards and Data Records by Revision for Form 08-44

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
08-44: Prenatal Observations, Return Visit	0344		
		0	179,409
		1	238,788
			418,197
	total for form		418,197

Data Items Referencing Form OB-44, Prenatal Observations

DATA ITEM ID	ITEM OR FIELD	CARD NUM	FROM	TO	DATA ITEM NAME
1254.....		0344	1	5	Card number (sequence, form type, form number, revision number)
1255.....		0344	6	14	NINDB case number
1256..OB-44		0344	15	16	Prenatal visits, total number
1257..OB-44		0344	17	18	Visit number
1258..OB-44	4	0344	19	20	Form OB-44 date (mo)
1259..OB-44	4	0344	21	22	Form OB-44 date (day)
1260..OB-44	4	0344	23	24	Form OB-44 date (yr)
1261..OB-44	6	0344	25	27	Weight (lbs)
1262..OB-44	7	0344	28	30	Blood pressure, systolic
1263..OB-44	7	0344	31	33	Blood pressure, diastolic
1264..OB-44	8	0344	34	34	Urine: albumin; (proteinuria)
1265..OB-44	9	0344	35	35	Urine: glucose
1266..OB-44	10	0344	36	36	Urine: acetone
1267..OB-44	11	0344	37	37	Illness, acute
1268..OB-44	12	0344	38	38	Fever
1269..OB-44	13	0344	39	39	Vomiting
1270..OB-44	14	0344	40	40	Urinary symptoms
1271..OB-44	15	0344	41	41	Swelling, face
1272..OB-44	16	0344	42	42	Swelling, hands
1273..OB-44	17	0344	43	43	Swelling, legs or feet
1274..OB-44	18	0344	44	44	Headache
1275..OB-44	19	0344	45	45	Visual disturbance
1276..OB-44	20	0344	46	46	Fetal activity
1277..OB-44	21	0344	47	47	Vaginal bleeding
1278..OB-44	22	0344	48	48	Medical care, other
1279..OB-44	23	0344	49	50	Fundus height
1280..OB-44	24	0344	51	51	Presentation
1281..OB-44	25	0344	52	52	Engagement
1282..OB-44	26	0344	53	53	Fetal heart and quadrant
1283..OB-44	28	0344	54	54	Edema, face
1284..OB-44	30	0344	55	55	Edema, hands
1285..OB-44	30	0344	56	56	Edema, abdominal wall
1286..OB-44	32	0344	57	57	Edema, presacral
1287..OB-44	33	0344	58	58	Edema, pretibial
1288..OB-44	34	0344	59	59	Edema, ankle/foot
1289..OB-44	35	0344	60	60	Abnormality, other
1290..OB-44		0344	61	61	Edema, quantity without site
1291..OB-44		0344	62	62	Irradiation; (radiographic exposure)
1292..OB-44		0344	63	63	Acetone prior to first visit
1293..OB-44	27	0344	64	64	Fetal weight estimated (lbs)
1294..OB-44	27	0344	65	66	Fetal weight estimated (oz)
1295..OB-44	28	0344	67	68	Gestational age by examination (wks)

Data Items Referencing Form UR-46, Prenatal Observations

DATA ITEM ID	TYPE IN FORM	CARD NUM	FROM	TO	DATA TYPE NAME
1296.....		0364	69	80	Blank
4987....VAR	4		55	56	Prenatal visits, total number
4907....VAR	6		86	88	Weight gain (lbs)
5009....VAR	H		104	104	Albuminuria: proteinuria
5010....VAR	H		105	105	Albuminuria: proteinuria, prior to 24 weeks gestation
5011....VAR	H		106	106	Albuminuria: proteinuria, 24 weeks gestation to labor
5212....VAR	7		322	322	Blood pressure systolic 140 or greater and/or diastolic 90 or greater; (hypertensive)
5213....VAR	8		323	326	Albuminuria: proteinuria, 2+ or more, number of urine specimens
5216....VAR	9		327	328	Glucosuria, 2+ or more, number of urine specimens
5217....VAR	7		329	331	Blood pressure, systolic, first recorded
5218....VAR			332	333	Blood pressure, systolic, first recorded (coded)
5219....VAR	7		334	336	Blood pressure, diastolic, first recorded
5220....VAR			337	338	Blood pressure, diastolic, first recorded (coded)
5222....VAR	10		140	140	Acetonuria
5223....VAR	6		141	143	Weight, prior to delivery, final (lbs)
6322....W-9	7		11	13	Blood pressure, diastolic, maximum
6323....W-9	H		14	14	Proteinuria: urine; albumin, maximum

OB-44 PRENATAL OBSERVATIONS

a) Record findings at all prenatal clinic visits, whether or not the patient is seen by a physician.
b) Each prenatal visit at which the patient is seen by a physician is to be summarized on Form OB-44.
c) Findings at the initial clinic visit are to be recorded on this form, which is to be used in conjunction with OB-43.

1. PATIENT IDENTIFICATION

2. PHYSICIAN							
3. TITLE							
4. DATE (Mo-Day-Year)							
5. WEEKS GESTATION BASED ON LMP							
6. WEIGHT (Street Clothes No Shoes)							
7. BLOOD PRESSURE							
URINE 8. ALBUMIN							
URINE 9. GLUCOSE							
URINE 10. ACETONE							
HISTORY							
11. ACUTE ILLNESS							
12. FEVER							
13. VOMITING							
14. URINARY SYMPTOMS							
SWELLING 15. FACE							
SWELLING 16. HANDS							
SWELLING 17. LEGS OR FEET							
18. HEADACHE							
19. VISUAL DISTURBANCE							
20. FETAL ACTIVITY							
21. VAGINAL BLEEDING							
22. OTHER MEDICAL CARE							
OBSTETRIC EXAMINATION							
23. HEIGHT OF FUNDUS							
24. PRESENTATION							
25. ENGAGEMENT							
26. FETAL HEART AND QUADRANT							
27. ESTIMATED FETAL WEIGHT							
28. WEEKS GESTATION BY EXAMINATION							
EDEMA 29. FACE							
EDEMA 30. HANDS							
EDEMA 31. ABDOMINAL WALL							
EDEMA 32. PRESACRAL							
EDEMA 33. PRETIBIAL							
EDEMA 34. [illegible] FOOT							
35. OTHER ABNORMALITY							

History: Indicate positive findings by (X) and describe on OB-46 — indicate negative findings by (O).

Obstetric examination: Comments concerning abnormal or unusual findings to be made on OB-46.

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDB, NIH
BETHESDA 14, MD.

36. LAY EDIT BY

OB-44

Form Item Numbers linked to Data Items on OB-44, Prenatal Observations

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	1292..OB-44	0344	63	63	Acetone prior to first visit
	5220....VAR		337	338	Blood pressure, diastolic, first recorded (coded)
	5218....VAR		332	333	Blood pressure, systolic, first recorded (coded)
	1290..OB-44	0344	61	61	Edema, quantity without site
	1291..OB-44	0344	62	62	Irradiation; roentgenographic exposure
	1256..OB-44	0344	15	16	Prenatal visits, total number
	1257..OB-44	0344	17	18	Visit number
4	1259..OB-44	0344	21	22	Form OB-44 date (day)
4	1259..OB-44	0344	19	20	Form OB-44 date (mo)
4	1260..OB-44	0344	23	24	Form OB-44 date (yr)
4	4987....VAR		55	56	Prenatal visits, total number
6	1261..OB-44	0344	25	27	Weight (lbs)
6	4997....VAR		86	88	Weight gain (lbs)
6	5223....VAR		341	343	Weight, prior to delivery, final (lbs)
7	5217....VAR		329	332	Blood pressure systolic 140 or greater and/or diastolic 90 or greater; (hypertension)
7	1263..OB-44	0344	31	33	Blood pressure, diastolic
7	5219....VAR		334	336	Blood pressure, diastolic, first recorded
7	6322....d-9		11	13	Blood pressure, diastolic, maximum
8	5217....VAR		329	331	Blood pressure, systolic, first recorded
8	5009....VAR		104	104	Albuminuria; proteinuria
8	5213....VAR		323	324	Albuminuria; proteinuria, 2+ or more, number of urine specimens
8	5011....VAR		106	106	Albuminuria; proteinuria, 24 weeks gestation to labor
8	5010....VAR		105	105	Albuminuria; proteinuria, prior to 24 weeks gestation
8	6321....d-9		14	14	Proteinuria; urine; albumin, maximum
9	1264..OB-44	0344	34	34	Urine; albumin; (proteinuria)
9	5216....VAR		327	328	Glucosuria, 2+ or more, number of urine specimens
10	1265..OB-44	0344	35	35	Urine; glucose
10	5222....VAR		340	340	Acetonuria
10	1266..OB-44	0344	36	36	Urine; acetone
11	1267..OB-44	0344	37	37	Illness, acute
12	1268..OB-44	0344	38	38	Fever
13	1269..OB-44	0344	39	39	Vomiting
14	1270..OB-44	0344	40	40	Urinary symptoms
15	1271..OB-44	0344	41	41	Swelling, face
16	1272..OB-44	0344	42	42	Swelling, hands
17	1273..OB-44	0344	43	43	Swelling, legs or feet
18	1274..OB-44	0344	44	44	Headache
19	1275..OB-44	0344	45	45	Visual disturbance
20	1276..OB-44	0344	46	46	Fetal activity
21	1277..OB-44	0344	47	47	Vaginal bleeding
22	1278..OB-44	0344	48	48	Medical care, other

Form Item Numbers linked to Data Items on UR-44, Prenatal Observations

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
23	1279..UR-44	0344	49	50	Fundus height
24	1280..UR-44	0344	51	51	Presentation
25	1281..UR-44	0344	52	52	Engagement
26	1282..UR-44	0344	53	53	Fetal heart and quadrant
27	1293..UR-44	0344	64	64	Fetal weight estimated (lbs)
27	1294..UR-44	0344	65	66	Fetal weight estimated (oz)
28	1295..UR-44	0344	67	68	Gestational age by examination (wks)
29	1283..UR-44	0344	54	54	Edema, face
30	1285..UR-44	0344	56	56	Edema, abdominal wall
30	1284..UR-44	0344	55	55	Edema, hands
32	1286..UR-44	0344	57	57	Edema, presacral
33	1287..UR-44	0344	58	58	Edema, pretibial
34	1288..UR-44	0344	59	59	Edema, ankle/foot
35	1289..UR-44	0344	60	60	Abnormality, other

DEFINITION OF CODES
PRENATAL OBSERVATIONS
FORMS 08-10 (Return visit) CARD 0344
08-44

FIELD	CARD COLUMN
1. **Card Number** Code: 0	1
2. **Form Number** Code: 344	2-4
3. **Revision Number** * Code: 0 - 08-10 Forms dated: 1/59 and 7/59 1 - 08-44 Forms dated: 4/62	5
4. **NINDB Number** Nine-digit number for Patient Identification Code: As given	6-14
5. **Total Number of Visits** Code: 01-98 - As given	15-16
6. **Visit Number** Code: 01-98 - As given	17-18
7. **Date** Item 4 Six-digit code for Month (cols. 19-20), Day (cols. 21-22) and Year (cols. 23-24) Code: As given 99 - Month, day and/or year unknown	19-24
8. **Weight** Item 6 Code: 050-350 - As given in pounds 999 - Unknown Additional codes reviewed and approved: 352,357,359-365,366,368-370, 374,375,376,377	25-27
9. **Blood Pressure** Item 7 Six-digit code for: Systolic (cols. 28-30) Code: 040-280 - As given 999 - Unknown Diastolic (cols. 31-33) Code: 010-200 - As given 999 - Unknown	28-33

* Item numbers refer to Form 08-44 dated 4/62 except where otherwise specified

FIELD		CARD COLUMN
10.	**Albumin** Item 8 Code: 0 - None 1 - 1+, 30 mgs, slight 2 - 2+, 40-100 mgs. 3 - 3+, 150-350 mgs, moderate 4 - 4+, 600-2000 mgs, severe 5 - Positive - unqualified 7 - Trace, less than 30 mgs. 8 - Questionable 9 - Unknown	34
11.	**Glucose** Item 9 Code: 0 - None 1 - 1+, slight 2 - 2+ 3 - 3+, moderate 4 - 4+, severe 5 - Positive - unqualified 7 - Trace 8 - Questionable 9 - Unknown	35
12.	**Acetone** Item 10 Code: 0 - None 1 - 1+, slight 2 - 2+ 3 - 3+, moderate 4 - 4+, severe 5 - Positive - unqualified 7 - Trace 8 - Questionable 9 - Unknown	36
13.	**Acute Illness** Item 11 Code: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	37

DEFINITION OF CODES (Continued)

FORMS OB-10 and OB-44 Card 0344

FIELD		CARD COLUMN
14.	**Fever** (Rev. 1 only) Item 12 Code: Same as in Field 13, except 9 - Unknown, not on Rev. "0"	38
15.	**Vomiting** (Rev. 1 only) Item 13 Code: Same as in Field 14	39
16.	**Urinary Symptoms** (Rev. 1 only) Item 14 Code: Same as in Field 14	40
17.	**Swelling** Item 15-17 Three-digit code for: **Face** (col. 41) **Hands** (col. 42) **Legs or Feet** (col. 43) Code for each column: 0 - None 1 - 1+, slight 2 - 2+, moderate 3 - 3+ 4 - 4+, severe 5 - Positive - unquantified 6 - Positive - quantified but no specific site 7 - Trace 8 - Questionable history 9 - Unknown **Note:** Positive quantified but no specific site = 6's in entire field	41-43
18.	**Headache** (Rev. 1 only) Item 18 Code: Same as in Field 14	44
19.	**Visual Disturbance** (Rev. 1 only) Item 19 Code: Same as in Field 14	45

FIELD		CARD COLUMN
20.	**Fetal Activity** (Rev. 1 only) Item 20 Code: 0 - None for entire period 1 - Yes for entire period 2 - Yes for part of period 8 - Questionable 9 - Unknown, not on Rev. "0"	46
21.	**Vaginal Bleeding** Item 21 Code: 0 - None 1 - Yes 8 - Questionable 9 - Unknown	47
22.	**Other Medical Care** Item 22 Code for Rev. "0": 0 - None 1 - Surgery only 2 - Trauma only 3 - Surgery and trauma 9 - Unknown Code for Rev. "1": 0 - None 4 - Yes 8 - Questionable 9 - Unknown	48
23.	**Height of Fundus** Item 23 Code: 01-67 - As given in cms. 88 - Measurement other than cms. 99 - Unknown	49-50
24.	**Presentation** Item 24 Code: 0 - Vertex 1 - Breech 2 - Transverse lie, oblique, shoulder 3 - Compound 4 - Multiple pregnancy 9 - Unknown	51

DEFINITION OF CODES (Continued)

FORMS OB-10 and OB-44
Card 0344

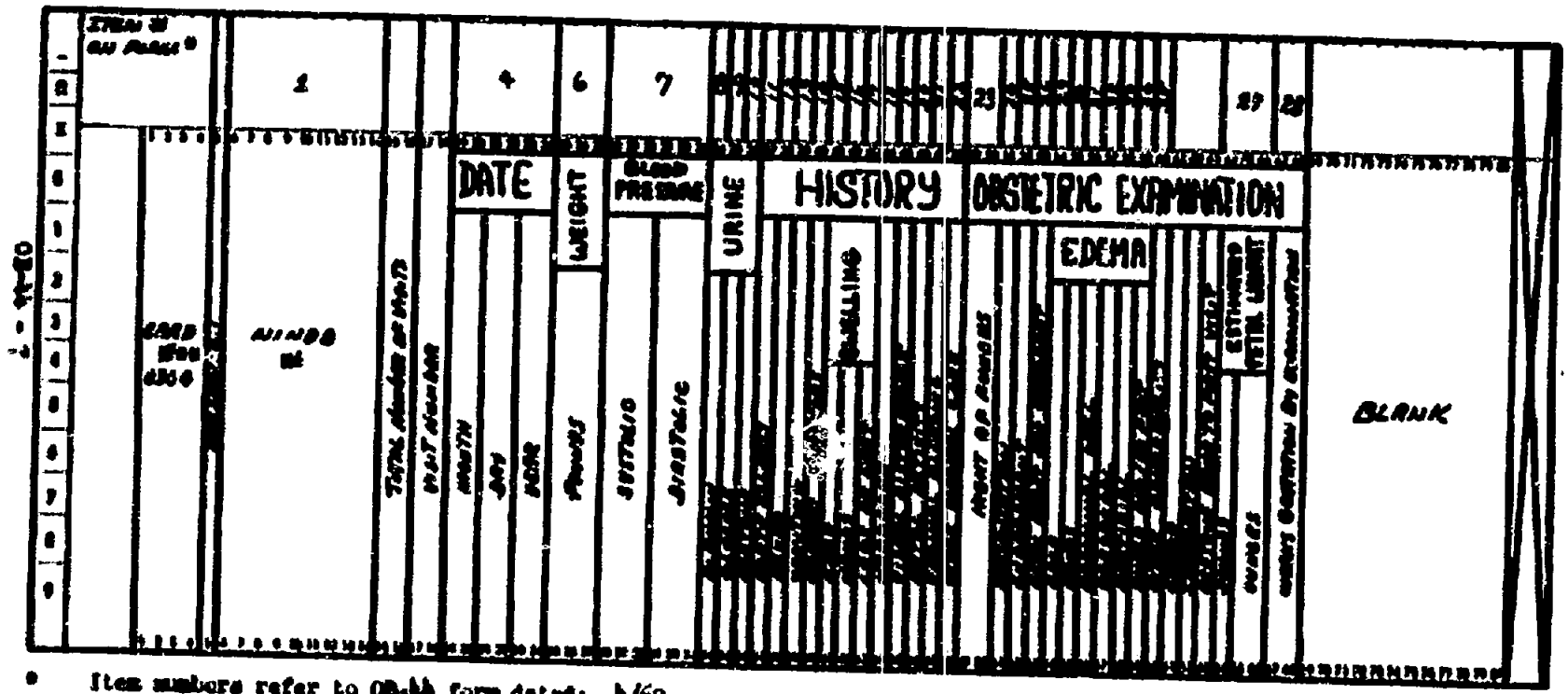
FIELD		CARD COLUMN
25.	**Engagement** Item 25 Code for Rev. "0": 0 - Not engaged (includes codes 2 and 4 of Rev. "1") 1 - Engaged (includes codes 3 and 5 of Rev. "1") 9 - Unknown Code for Rev. "1": 2 - Not engaged 3 - Engaged 4 - Probably not engaged 5 - Probably engaged 9 - Unknown	52
26.	**Fetal Heart and Quadrant** Item 26 Code: 0 - Not heard 1 - Heard 2 - Fetal activity only 8 - Questionable 9 - Unknown	53
27.	**Edema (Rev. "1" only)** Items 29-34 Six-digit code for: Face (col. 54) Hands (col. 55) Abdominal Wall (col. 56) Presacral (col. 57) Pretibial (col. 58) Ankle and/or Foot (col. 59) Code for each column: 0 - None 1 - Slight, 1+ 2 - Moderate, 2+ 3 - 3+ 4 - Severe, 4+ 5 - Positive - unquantified 7 - Trace 8 - Postural 9 - Unknown, not on Rev. "0"	54-59
28.	**Other Abnormality (Rev. "1")** Item 35 Code: 0 - No 1 - Yes 9 - Unknown, not on Rev. "0"	60

FIELD		CARD COLUMN
29.	Edema - Quantity without Site (Rev. "0" only) Item 9 * Code: 0 - None 1 - 1+, slight 2 - 2+, moderate 3 - 3+ 4 - 4+, severe 5 - Positive - unquantified 7 - Trace 8 - Questionable history 9 - Unknown, not on Rev. "1"	61
30.	Irradiation (Rev. "0" only) Item 14 * Code: 0 - No 1 - Yes 9 - Unknown, not on Rev. "1"	62
31.	Acetone Prior to First Visit (Rev. "0" only) Item 33 * Code: Same as in Field 12 except 9 - Unknown, not on Rev. "1"	63
32.	Estimated Fetal Weight (Rev. "1" only) Item 27 Code: Blank - Not on Rev. "0" 001-915 - As given in pounds and ounces 988 - 10 lbs. and over 999 - Unknown	64-66
33.	Weeks of Gestation by Exam (Rev. "1" only) Item 28 Code: Blank - Not on Rev. "0" 01-50 - As given 88 - Term 99 - Unknown	67-68

Note: A card is punched for each visit with columns 1-68 same as above

* Item number refers to OB-10 dated 7/59

RETURN VISIT (OB-10)



* Item numbers refer to OB-44 form dated: 4/62
** A card is required for each visit

OB-46 PRENATAL OBSERVATIONS

I. Purpose of form — To record obstetric data at the initial prenatal examination and at each subsequent prenatal clinic visit.

II. General Instructions

A. Use a separate column for each prenatal visit.

B. When a patient is delinquent, record the date, and note this fact in the appropriate column. This is optional.

III. Specific Instructions

Item Number

2,3. Physician. Record the last name and the title of the examining physician. If patient is not seen by a physician use space provided by items #2 and 3 to note this fact.

4. Date. Enter the date of each visit.

5. Weeks gestation based on LMP.

a. Record the completed weeks gestation as calculated from the onset of the last normal menstrual period. This number may or may not coincide with weeks of gestation by examination (item #28).

b. If there has been no LMP for this pregnancy, leave item blank and explain on OB-46 at the initial examination.

c. Whenever the date of LMP is modified, utilize the new date to calculate item #5 thereafter. Do not correct previously recorded weeks of gestation. Note the basis for the change of EDC on OB-46. This should be on the basis of history or re-interview of the patient.

6. Weight. Record weight (in pounds) wearing street clothes but no shoes or coat.

7. Blood pressure. Record the blood pressure in the top box provided in the column. If a repeat blood pressure reading is taken record the second reading in the lower of the two boxes.

Item Number

8. Urine albumin. Record at each prenatal visit the results as "O", "trace", "+1", "+2", "+3", "+4."

9. Urine glucose. Record at each prenatal visit the result as "O", "trace", "+1", "+2", "+3", "+4."

10. Urine acetone. If this optional test is done, record result.

HISTORY. Items #11-22 are concerned with the physician's history of symptoms since the last prenatal visit (since LMP for the first visit). Indicate positive history by marking "X" in the space provided, and negative history by marking "O". Elaborate upon positive findings on OB-46.

11. Acute illness. Record as positive any history of acute illness (with or without hospitalization or other medical care), including upper respiratory infections.

12. Fever. Record as positive any definite history of fever or of a temperature of 100.0 degrees or over, regardless of duration. Note that item #11 (acute illness) will frequently be marked positive, but it will be unusual to have item #12 positive without a corresponding positive history in item #11.

13. Vomiting. Record as positive any vomiting which was more than one short episode daily.

14. Urinary symptoms. Record as positive any history of symptoms suggestive or indicative of urinary tract infection; i.e., dysuria, pyuria, hematuria, pain, etc.

15-17. Swelling. Record any positive history of edema in the areas listed.

18. Headache. Record as positive any history of persistent or recurrent headaches.

19. Visual disturbances. Record as positive any significant episodes of visual disturbances, such as persistent diplopia, blurring, spots, etc.

OB-44 PRENATAL OBSERVATIONS (Continued)

Item Number

20. **Fetal activity.** Record the presence of fetal movement by history with "X", and the absence of such activity with "O". Record the date of quickening as specifically as possible. The absence of fetal movement as felt by the patient requires commentary on OB-46 only when such absence might be indicative of fetal death in utero.

21. **Vaginal bleeding.** Record as positive any history of vaginal bleeding or spotting.

22. **Other medical care.** Record as positive any history of medical care other than at the obstetric clinic of the Study institution. This would include private physicians, in-patient and out-patient services of other hospitals, emergency rooms, and hospitalization anywhere in the Study institution.

OBSTETRIC EXAMINATION. Items #23-35 are concerned with the findings of examination at each prenatal visit, including the first. Evaluate and comment on abnormal findings on OB-46.

23. **Height of fundus.** The height of the fundus is measured abdominally as a straight line from the superior border of the symphysis pubis to the top of the fundus uteri, and is recorded in centimeters. A DeLee type pelvimeter is recommended. If the uterus cannot be palpated abdominally (as in early pregnancy), record "NE."

24. **Presentation.** Record the presentation of the fetus. If this cannot be determined, write in "UNK" (unknown). If this has no meaning, i.e., early pregnancy, write "NE."

25. **Engagement.** Record the degree of descent of the presenting part of "Floating," "dipping," "fixed," or "engaged." Acceptable abbreviations for these terms are "FLT," "DIP," "FIX," and "ENG." If not evaluated, write "NE."

Item Number

26. **Fetal Heart and quadrant.** Indicate the presence of the fetal heart by recording "X" or the rate per minute, if counted, in the appropriate quadrant diagrammatically represented on the form.

a. If no attempt is made to listen for the fetal heart, record "NE." An attempt should be made to hear the fetal heart after the 20th week of pregnancy.

b. If the fetal heart is listened for but cannot be heard, write "NH" (not heard), and explain on OB-46.

c. If the character of the fetal heart is abnormal (in rate and/or rhythm) report on OB-46.

27. **Estimated fetal weight (Optional).** Record estimation of fetal weight whenever appropriate. If an estimation is not made, this item may remain blank.

28. **Weeks gestation by examination.** Record the estimated duration of pregnancy in weeks, based upon history and clinical findings. This estimate may or may not correspond to weeks gestation based upon LMP (item #5). If, on the basis of history and clinical findings the EDC is revised, comment fully on OB-46. Do not correct previously recorded weeks of gestation.

29-34. **Edema.** Record the presence or absence of edema in any of the designated regions as "0," "+1," "+2," "+3," "+4."

35. **Other abnormality.** Record the presence or absence of any abnormality not previously listed under history or obstetric examination. Describe on OB-46; e.g., hydramnios.

OB-45 Laboratory Record

Form OB-45 was used to record the results of laboratory studies, X rays, and EKG's performed on the study patient. First used April 1962, the form was not revised. Form OB-45 replaced the section on OB-10 where laboratory data were recorded.

Information from the form was recorded on seven cards (Table OB-45.1). Approximately 4000 OB-10 laboratory findings were coded with the OB-45 laboratory findings on the 1345-7345 card series of the master file (see field 3, revision number). The 345 card series should be used in conjunction with the 310 card series.) For data on blood drawn for Virology Study see Volume IV, Work Files 11-15.

TABLE OB-45.1 Cards and Data Records by Revision for Form OB-45

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-45: Rh, Coombs Test, Serology and Blood Sugar, Pap Smear	1345		
		0	4,187
		1	32,797
		2	1,252
			38,236
OB-45: Hematocrit Data	2345		
		0	3,596
		1	31,040
		2	2,109
			36,745
OB-45: Hemoglobin	3345		
		0	3,355
		1	20,615
		2	942
			24,912

OB-45: Urinalysis	4345		
		0	3,340
		1	27,938
		2	2,033
			33,311
OB-45: Xray Pelvimetry	5345		
		0	3,110
		1	27,934
		2	1,818
			32,862
OB-45: Cultures, Glucose Tolerance	6345		
		0	422
		1	12,112
		2	336
			12,870
OB-45: Additional Cultures	7345		
		0	4
		1	322
		2	10
			336
	total for form		179,272

Data Items Referencing Form OB-45, Laboratory Record

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1297.....		1345	1	5	Card number (sequence, form type, form number, revision number)
1298.....		1345	6	14	NINDB case number
1299..OB-45	3	1345	15	15	Blood type
1300..OB-45	3	1345	16	16	Rh type
1301..OB-45	3	1345	17	17	Blood type (father)
1302..OB-45	3	1345	18	18	Rh type (father)
1303..OB-45	4	1345	19	19	Coomb's test, number of test dates
1304..OB-45	4	1345	20	21	Coomb's test, date of most recent (mo)
1305..OB-45	4	1345	22	23	Coomb's test, date of most recent (yr)
1306..OB-45	4	1345	24	24	Coomb's test, type of most recent
1307..OB-45	4	1345	25	25	Coomb's test result of most recent
1308..OB-45	4	1345	26	26	Rh titer, number of dates
1309..OB-45	4	1345	27	28	Rh titer, first date (mo)
1310..OB-45	4	1345	29	30	Rh titer, first date (yr)
1311..OB-45	4	1345	31	31	Rh titer, first type
1312..OB-45	4	1345	32	33	Rh titer, first result
1313..OB-45	4	1345	34	35	Rh titer, last date (mo)
1314..OB-45	4	1345	36	37	Rh titer, last date (yr)
1315..OB-45	4	1345	38	38	Rh titer, last type
1316..OB-45	4	1345	39	40	Rh titer, last result
1317..OB-45	5	1345	41	41	Serology, number of dates
1318..OB-45	5	1345	42	43	Serology, first date (mo)
1319..OB-45	5	1345	44	45	Serology, first date (yr)
1320..OB-45	5	1345	46	46	Serology, first result
1321..OB-45	5	1345	47	48	Serology, second date (mo)
1322..OB-45	5	1345	49	50	Serology, second date (yr)
1323..OB-45	5	1345	51	51	Serology, second result
1324..OB-45	5	1345	52	53	Serology, last date (mo)
1325..OB-45	5	1345	54	55	Serology, last date (yr)
1326..OB-45	5	1345	56	56	Serology, last result
1327..OB-45	6	1345	57	57	VDRL, done
1328..OB-45	6	1345	58	59	Blood sugar, fasting, number of dates
1329..OB-45	6	1345	60	60	Blood sugar, fasting, date of highest result (mo)
1330..OB-45	6	1345	61	62	Blood sugar, fasting, date of highest result (yr)
1331..OB-45	6	1345	63	65	Blood sugar, fasting highest result
1332..OB-45	6	1345	66	66	Sickling
1333..OB-45	6	1345	67	67	Hemoglobin electrophoresis
1334..OB-45		1345	68	69	Hematocrit, number of tests
1335..OB-45		1345	70	71	Hemoglobin, number of tests
1336..OB-45		1345	72	73	Urinalysis, number of tests
1337..OB-45		1345	74	74	Radiographic X-ray pelvimetry
1338..OB-45	12	1345	75	75	Radiographic X-ray, diagnostic

Data Items Referencing Form 08-45, Laboratory Record

DATA ITEM ID	TYPE FIELD	CARD NUM	FROM	TO	DATA ITEM NAME
1339..08-45		1345	74	76	Pap smears, number of dates
1340..08-45		1345	77	77	Laboratory test series, number
1341..08-45		1345	78	78	Cultures, number of dates
1342..08-45		1345	79	79	Glucose tolerance tests, number of dates
1343.....		1345	80	80	Blank
1344.....		2345	1	5	Card number (sequence, form type, form number, revision number)
1345.....		2345	6	14	NINDB case number
1346..08-45		2345	15	15	Card sequence number
1347..08-45	6	2345	16	17	Hematocrit, nth date (mo)
1348..08-45	6	2345	18	19	Hematocrit, nth date (day)
1349..08-45	6	2345	20	21	Hematocrit, nth date (yr)
1350..08-45	6	2345	22	24	Hematocrit, nth result
1351..08-45	6	2345	25	26	Hematocrit, nth date (mo)
1352..08-45	6	2345	27	28	Hematocrit, nth date (day)
1353..08-45	6	2345	29	30	Hematocrit, nth date (yr)
1354..08-45	6	2345	31	33	Hematocrit, nth result
1355..08-45	6	2345	34	35	Hematocrit, nth date (mo)
1356..08-45	6	2345	36	37	Hematocrit, nth date (day)
1357..08-45	6	2345	38	39	Hematocrit, nth date (yr)
1358..08-45	6	2345	40	42	Hematocrit, nth result
1359..08-45	6	2345	43	44	Hematocrit, nth date (mo)
1360..08-45	6	2345	45	46	Hematocrit, nth date (day)
1361..08-45	6	2345	47	48	Hematocrit, nth date (yr)
1362..08-45	6	2345	49	51	Hematocrit, nth result
1363..08-45	6	2345	52	53	Hematocrit, nth date (mo)
1364..08-45	6	2345	54	55	Hematocrit, nth date (day)
1365..08-45	6	2345	56	57	Hematocrit, nth date (yr)
1366..08-45	6	2345	58	60	Hematocrit, nth result
1367..08-45	6	2345	61	62	Hematocrit, nth date (mo)
1368..08-45	6	2345	63	64	Hematocrit, nth date (day)
1369..08-45	6	2345	65	66	Hematocrit, nth date (yr)
1370..08-45	6	2345	67	69	Hematocrit, nth result
1371..08-45	6	2345	70	71	Hematocrit, nth date (mo)
1372..08-45	6	2345	72	73	Hematocrit, nth date (day)
1373..08-45	6	2345	74	75	Hematocrit, nth date (yr)
1374..08-45	6	2345	76	78	Hematocrit, nth result
1375.....		2345	79	80	Blank
1376.....		3345	1	5	Card number (sequence, form type, form number, revision number)
1377.....		3345	6	14	NINDB case number
1378..08-45		3345	15	15	Card sequence number
1379..08-45	6	3345	16	17	Hemoglobin, nth date (mo)
1380..08-45	6	3345	18	19	Hemoglobin, nth date (day)
1381..08-45	6	3345	20	21	Hemoglobin, nth date (yr)

Data Items Referencing Form OB-45, Laboratory Record

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1382..OB-45	6	3345	22	24	Hemoglobin, nth result
1383..OB-45	6	3345	25	26	Hemoglobin, nth date (mo)
1384..OB-45	6	3345	27	28	Hemoglobin, nth date (day)
1385..OB-45	6	3345	29	30	Hemoglobin, nth date (yr)
1386..OB-45	6	3345	31	33	Hemoglobin, nth result
1387..OB-45	6	3345	34	35	Hemoglobin, nth date (mo)
1388..OB-45	6	3345	36	37	Hemoglobin, nth date (day)
1389..OB-45	6	3345	38	39	Hemoglobin, nth date (yr)
1390..OB-45	6	3345	40	42	Hemoglobin, nth result
1391..OB-45	6	3345	43	44	Hemoglobin, nth date (mo)
1392..OB-45	6	3345	45	46	Hemoglobin, nth date (day)
1393..OB-45	6	3345	47	48	Hemoglobin, nth date (yr)
1394..OB-45	6	3345	49	51	Hemoglobin, nth result
1395..OB-45	6	3345	52	53	Hemoglobin, nth date (mo)
1396..OB-45	6	3345	54	55	Hemoglobin, nth date (day)
1397..OB-45	6	3345	56	57	Hemoglobin, nth date (yr)
1398..OB-45	6	3345	58	60	Hemoglobin, nth result
1399..OB-45	6	3345	61	62	Hemoglobin, nth date (mo)
1400..OB-45	6	3345	63	64	Hemoglobin, nth date (day)
1401..OB-45	6	3345	65	66	Hemoglobin, nth date (yr)
1402..OB-45	6	3345	67	69	Hemoglobin, nth result
1403..OB-45	6	3345	70	71	Hemoglobin, nth date (mo)
1404..OB-45	6	3345	72	73	Hemoglobin, nth date (day)
1405..OB-45	6	3345	74	75	Hemoglobin, nth date (yr)
1406..OB-45	6	3345	76	78	Hemoglobin, nth result
1407.....		3345	79	80	Blank
1408.....		4345	1	5	Card number (sequence, form type, form number, revision number)
1409.....		4345	6	14	NINDB case number
1410..OB-45		4345	15	15	Card sequence number
1411..OB-45	7	4345	16	17	Urinalysis, nth date (mo)
1412..OB-45	7	4345	18	19	Urinalysis, nth date (yr)
1413..OB-45	7	4345	20	20	Urinalysis, nth type of specimen
1414..OB-45	7	4345	21	21	Urinalysis, nth centrifuged
1415..OB-45	7	4345	22	22	Urinalysis, nth glucose
1416..OB-45	7	4345	23	23	Urinalysis, nth albumin
1417..OB-45	7	4345	24	24	Urinalysis, nth acetone
1418..OB-45	7	4345	25	25	Urinalysis, nth blood cells
1419..OB-45	7	4345	26	26	Urinalysis, nth casts
1420..OB-45	7	4345	27	27	Urinalysis, nth bacteria
1421..OB-45	7	4345	28	29	Urinalysis, nth date (mo)
1422..OB-45	7	4345	30	31	Urinalysis, nth date (yr)
1423..OB-45	7	4345	32	32	Urinalysis, nth type of specimen
1424..OB-45	7	4345	33	33	Urinalysis, nth centrifuged

Data Items Referencing Form OB-45, Laboratory Record

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1425..OB-45	7	4345	34	34	Urinalysis, nth glucose
1426..OB-45	7	4345	35	35	Urinalysis, nth albumin
1427..OB-45	7	4345	36	36	Urinalysis, nth acetone
1428..OB-45	7	4345	37	37	Urinalysis, nth blood cells
1429..OB-45	7	4345	38	38	Urinalysis, nth casts
1430..OB-45	7	4345	39	39	Urinalysis, nth bacteria
1431..OB-45	7	4345	40	41	Urinalysis, nth date (mo)
1432..OB-45	7	4345	42	43	Urinalysis, nth date (day)
1433..OB-45	7	4345	44	44	Urinalysis, nth date (yr)
1434..OB-45	7	4345	45	45	Urinalysis, nth type of specimen
1435..OB-45	7	4345	46	46	Urinalysis, nth centrifuged
1436..OB-45	7	4345	47	47	Urinalysis, nth glucose
1437..OB-45	7	4345	48	48	Urinalysis, nth albumin
1438..OB-45	7	4345	49	49	Urinalysis, nth acetone
1439..OB-45	7	4345	50	50	Urinalysis, nth blood cells
1440..OB-45	7	4345	51	51	Urinalysis, nth casts
1441..OB-45	7	4345	52	53	Urinalysis, nth bacteria
1442..OB-45	7	4345	54	55	Urinalysis, nth date (mo)
1443..OB-45	7	4345	56	56	Urinalysis, nth date (day)
1444..OB-45	7	4345	57	57	Urinalysis, nth date (yr)
1445..OB-45	7	4345	58	58	Urinalysis, nth type of specimen
1446..OB-45	7	4345	59	59	Urinalysis, nth centrifuged
1447..OB-45	7	4345	60	60	Urinalysis, nth glucose
1448..OB-45	7	4345	61	61	Urinalysis, nth albumin
1449..OB-45	7	4345	62	62	Urinalysis, nth acetone
1450..OB-45	7	4345	63	63	Urinalysis, nth blood cells
1451..OB-45	7	4345	64	65	Urinalysis, nth casts
1452..OB-45	7	4345	66	67	Urinalysis, nth bacteria
1453..OB-45	7	4345	68	68	Urinalysis, nth date (mo)
1454..OB-45	7	4345	69	69	Urinalysis, nth date (day)
1455..OB-45	7	4345	70	70	Urinalysis, nth date (yr)
1456..OB-45	7	4345	71	71	Urinalysis, nth type of specimen
1457..OB-45	7	4345	72	72	Urinalysis, nth centrifuged
1458..OB-45	7	4345	73	73	Urinalysis, nth glucose
1459..OB-45	7	4345	74	74	Urinalysis, nth albumin
1460..OB-45	7	4345	75	75	Urinalysis, nth acetone
1461.....		4345	76	80	Blank
1462.....		5345	1	5	Card number (sequence, form type, form number, revision number)
1463.....		5345	6	14	NINDB case number
1464..OB-45	8	5345	15	16	Radiography: X-ray pelvimetry, date (mo)
1465..OB-45	8	5345	17	18	Radiography: X-ray pelvimetry, date (day)
1466..OB-45	8	5345	19	20	Radiography: X-ray pelvimetry, date (yr)
1467..OB-45	8	5345	21	21	Radiography: X-ray pelvimetry, method

Data Items Referencing Form HR-45, Laboratory Record

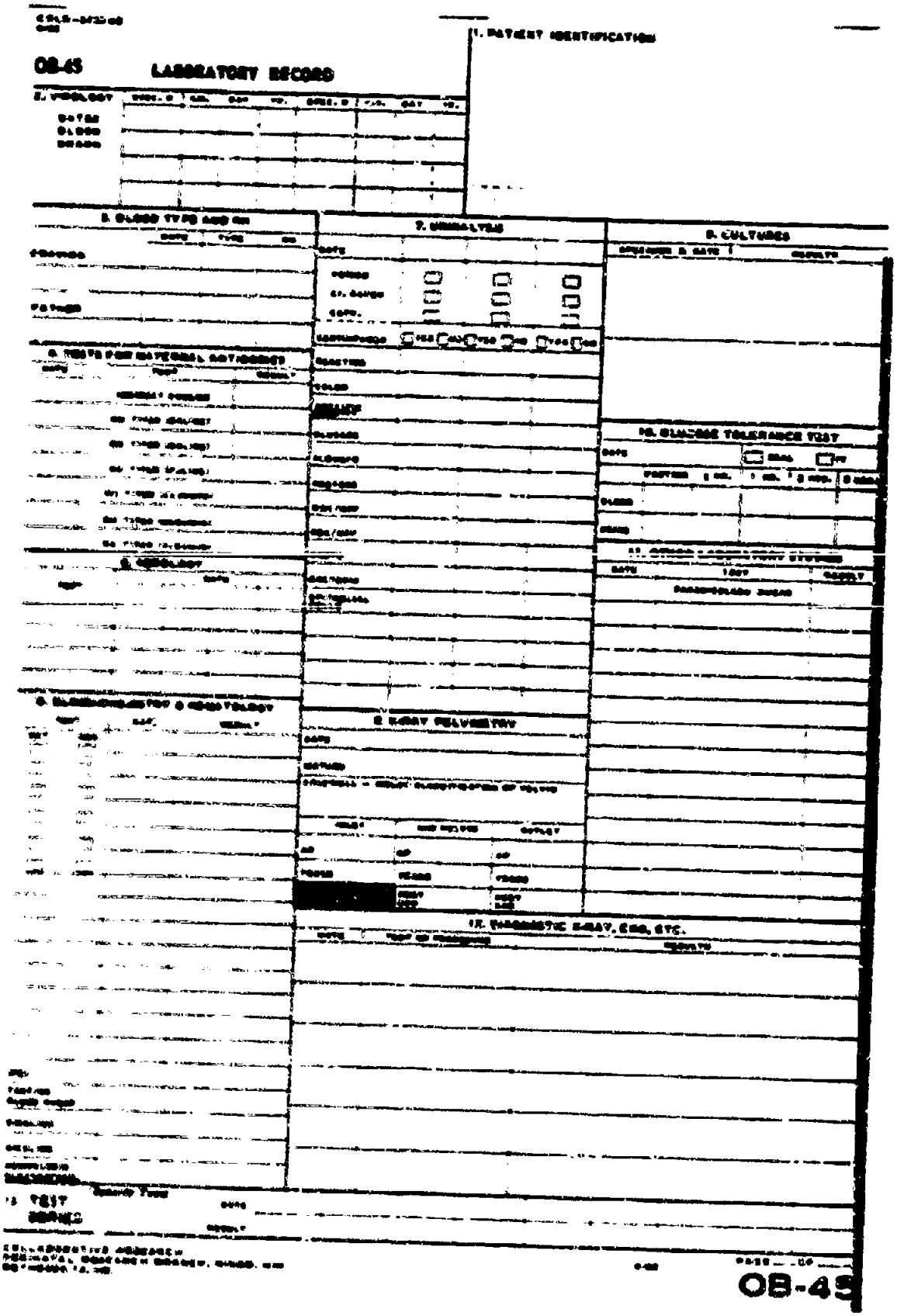
DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1468..HR-45	A	6345	22	23	Radiography: X-ray pelvimetry: Caldwell-Moloy classification
1469..HR-45	B	6345	24	26	Radiography: X-ray pelvimetry. measurements. inlet AP
1470..HR-45	B	6345	27	29	Radiography: X-ray pelvimetry. measurements. inlet transverse
1471..HR-45	B	6345	30	32	Radiography: X-ray pelvimetry. measurements. mid pelvis AP
1472..HR-45	B	6345	33	35	Radiography: X-ray pelvimetry. measurements. mid pelvis transverse
1473..HR-45	B	6345	36	38	Radiography: X-ray pelvimetry. measurements. mid pelvis post. sag.
1474..HR-45	B	6345	39	41	Radiography: X-ray pelvimetry. measurements. outlet AP
1475..HR-45	B	6345	42	44	Radiography: X-ray pelvimetry. measurements. outlet transverse
1476..HR-45	B	6345	45	47	Radiography: X-ray pelvimetry. measurements. outlet post. sag.
1477..HR-45	11	6345	48	49	Pap smear, date (mo)
1478..HR-45	11	6345	50	51	Pap smear, date (yr)
1479..HR-45	11	6345	52	52	Pap smear, result
1480..HR-45	11	6345	53	54	Laboratory test series, date (mo)
1481..HR-45	11	6345	55	56	Laboratory test series, date (day)
1482..HR-45	11	6345	57	58	Laboratory test series, date (yr)
1483..HR-45	11	6345	59	59	Laboratory test series, type
1484..HR-45	11	6345	60	60	Laboratory test series, number of days
1493.....		6345	61	80	Blank
1494.....		6345	1	5	Card number (sequence, form type, form number, revision number)
1495.....		6345	6	14	NIHDB case number
1496..HR-45	9	6345	15	16	Cultures, nth date (mo)
1497..HR-45	9	6345	17	18	Cultures, nth date (yr)
1498..HR-45	9	6345	19	20	Cultures, nth type
1499..HR-45	9	6345	21	21	Cultures, nth result
1500..HR-45	9	6345	22	23	Cultures, nth date (mo)
1501..HR-45	9	6345	24	25	Cultures, nth date (yr)
1502..HR-45	9	6345	26	27	Cultures, nth type
1503..HR-45	9	6345	28	28	Cultures, nth result
1504..HR-45	9	6345	29	30	Cultures, nth date (mo)
1505..HR-45	9	6345	31	32	Cultures, nth date (yr)
1506..HR-45	9	6345	33	34	Cultures, nth type
1507..HR-45	9	6345	35	35	Cultures, nth result
1508..HR-45	9	6345	36	37	Cultures, nth date (mo)
1509..HR-45	9	6345	38	39	Cultures, nth date (yr)
1510..HR-45	9	6345	40	41	Cultures, nth type
1511..HR-45	9	6345	42	42	Cultures, nth result
1565..HR-45	10	6345	43	44	Glucose tolerance, date (mo)
1566..HR-45	10	6345	45	46	Glucose tolerance, date (day)
1567..HR-45	10	6345	47	48	Glucose tolerance, date (yr)
1568..HR-45	10	6345	49	49	Glucose tolerance, how administered
1569..HR-45	10	6345	51	52	Glucose tolerance, blood, fasting (mgms/100 ml)
1510..HR-45	10	6345	53	55	Glucose tolerance, blood, 1/2 hr. (mgms/100 ml)
		6345	56	58	Glucose tolerance, blood, 1 hr. (mgms/100 ml)

Data Items Referencing Form UR-45, Laboratory Record

DATA ITEM ID	ITEM NO. FROM	CARD NUM	FROM	TO	DATA ITEM NAME
1511..UR-45	10	6345	59	61	Glucose tolerance, blood, 2 hrs. (mgms/100 ml)
1512..UR-45	10	6345	62	64	Glucose tolerance, blood, 3 hrs. (mgms/100 ml)
1513..UR-45	10	6345	65	65	Glucose tolerance, urine, fasting
1514..UR-45	10	6345	66	66	Glucose tolerance, urine, 1/2 hr
1515..UR-45	10	6345	67	67	Glucose tolerance, urine, 1 hr
1516..UR-45	10	6345	68	68	Glucose tolerance, urine 2 hrs
1517..UR-45	10	6345	69	69	Glucose tolerance, urine, 3 hrs
1518.....		6345	70	80	Blank
1519.....		7345	1	5	Card number (sequence, form type, form number, revision number)
1520.....		7345	6	14	NIMH case number
1521..UR-45	9	7345	15	16	Cultures, nth date (mo)
1522..UR-45	9	7345	17	18	Cultures, nth date (yr)
1523..UR-45	9	7345	19	20	Cultures, nth type
1524..UR-45	9	7345	21	21	Cultures, nth result
1525..UR-45	9	7345	22	23	Cultures, nth date (mo)
1526..UR-45	9	7345	24	25	Cultures, nth date (yr)
1527..UR-45	9	7345	26	27	Cultures, nth type
1528..UR-45	9	7345	28	28	Cultures, nth result
1529..UR-45	9	7345	29	30	Cultures, nth date (mo)
1530..UR-45	9	7345	31	32	Cultures, nth date (yr)
1531..UR-45	9	7345	33	34	Cultures, nth type
1532..UR-45	9	7345	35	35	Cultures, nth result
1533..UR-45	9	7345	36	37	Cultures, nth date (mo)
1534..UR-45	9	7345	38	39	Cultures, nth date (yr)
1535..UR-45	9	7345	40	41	Cultures, nth type
1536..UR-45	9	7345	42	42	Cultures, nth result
1537..UR-45	9	7345	43	44	Cultures, nth date (mo)
1538..UR-45	9	7345	45	46	Cultures, nth date (yr)
1539..UR-45	9	7345	47	48	Cultures, nth type
1540..UR-45	9	7345	49	49	Cultures, nth result
1541..UR-45	9	7345	50	51	Cultures, nth date (mo)
1542..UR-45	9	7345	52	53	Cultures, nth date (yr)
1543..UR-45	9	7345	54	55	Cultures, nth type
1544..UR-45	9	7345	56	56	Cultures, nth result
1545..UR-45	9	7345	57	58	Cultures, nth date (mo)
1546..UR-45	9	7345	59	60	Cultures, nth date (yr)
1547..UR-45	9	7345	61	62	Cultures, nth type
1548..UR-45	9	7345	63	63	Cultures, nth result
1549..UR-45	9	7345	64	65	Cultures, nth date (mo)
1550..UR-45	9	7345	66	67	Cultures, nth date (yr)
1551..UR-45	9	7345	68	69	Cultures, nth type
1552..UR-45	9	7345	70	70	Cultures, nth result
1553..UR-45	9	7345	71	72	Cultures, nth date (mo)

Data Items Referencing Form OB-45, Laboratory Record

DATA ITEM TO		ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1554...OB-45	9		7345	73	74	Cultures, nth date (yr)
1555...OB-45	9		7345	75	76	Cultures, nth type
1556...OB-45	9		7345	77	77	Cultures, nth result
1557.....			7345	78	80	Blank
4988....VAR	6			89	91	Hematocrit lowest level, (percent)
4989....VAR				92	92	Hematocrit lowest level, grouped
5000....VAR	6			93	95	Hemoglobin, lowest value (grams)
5001....VAR				96	96	Hemoglobin, lowest value (grouped)
5222....VAR	7			340	340	Acetonuria
5224....VAR	3			344	344	Blood type
5225....VAR	4			345	345	Coombs' test
5226....VAR	3			346	346	Rh factor
5227....VAR	6			347	352	Hematocrit, date of lowest value (mo/day/yr)
5228....VAR	6			353	358	Hemoglobin, date of lowest value (mo/day/yr)


OB-45 LABORATORY RECORD
1. PATIENT IDENTIFICATION
2. HEMATOLOGY
3. BLOOD TYPE AND Rh
4. TESTS FOR MATERNAL ANTIBODIES
5. SEROLOGY
6. BACTERIOLOGY & VIROLOGY
7. URINALYSIS
8. X-RAY PELVIMETRY
9. CULTURES
10. GLUCOSE TOLERANCE TEST
11. ANTENATAL LABORATORY STUDIES
12. DIAGNOSTIC X-RAY, ECG, ETC.
OB-45

Form Item Numbers linked to data items on OR-45, Laboratory Record

ITEM NO. FORM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
1346..OR-45	2345	15	15	15	Card sequence number
1378..OR-45	3345	15	15	15	Card sequence number
1410..OR-45	4345	15	15	15	Card sequence number
1341..OR-45	1345	78	78	78	Cultures, number of dates
1342..OR-45	1345	79	79	79	Glucose tolerance tests, number of dates
4099....V4R		92	92	92	Hematocrit lowest level, grouped
1334..OR-45	1345	89	89	89	Hematocrit, number of tests
5903....V4R		95	95	95	Hemoglobin, lowest value (grouped)
1335..OR-45	1345	90	90	91	Hemoglobin, number of tests
1340..OR-45	1345	77	77	77	Laboratory test series, number
1338..OR-45	1345	75	75	75	Pap smears, number of dates
1337..OR-45	1345	74	74	74	Radiographic X-ray exploratory
1336..OR-45	1345	73	73	73	Urinalysis, number of tests
1340..OR-45	1345	15	15	15	Blood type
5224....V4R		344	344	344	Blood type
1301..OR-45	1345	17	17	17	Blood type (father)
9224....V5R		186	186	186	Rh factor
1300..OR-45	1345	16	16	16	Rh type
1302..OR-45	1345	18	18	18	Rh type (father)
1307..OR-45	1345	25	25	25	Coomb's test result of most recent
1304..OR-45	1345	20	21	21	Coomb's test, date of most recent (mo)
1305..OR-45	1345	22	23	23	Coomb's test, date of most recent (yr)
1303..OR-45	1345	19	19	19	Coomb's test, number of test dates
1306..OR-45	1345	24	24	24	Coomb's test, type of most recent
9224....V4R		185	185	185	Coombs' test
1308..OR-45	1345	27	28	28	Rh titer, first date (mo)
1310..OR-45	1345	29	30	30	Rh titer, first date (yr)
1312..OR-45	1345	31	33	33	Rh titer, first [illegible]
1311..OR-45	1345	31	31	31	Rh titer, first [illegible]
1319..OR-45	1345	34	35	35	Rh titer, last [illegible] (mo)
1314..OR-45	1345	36	37	37	Rh titer, last [illegible] (yr)
1316..OR-45	1345	39	40	40	Rh titer, last result
1315..OR-45	1345	38	38	38	Rh titer, last type
1308..OR-45	1345	26	26	26	Rh titer, number of dates
1318..OR-45	1345	42	43	43	Serology, first date (mo)
1319..OR-45	1345	44	45	45	Serology, first date (yr)
1320..OR-45	1345	46	46	46	Serology, first result
1324..OR-45	1345	52	53	53	Serology, last date (mo)
1325..OR-45	1345	54	55	55	Serology, last date (yr)
1326..OR-45	1345	56	56	56	Serology, last result
1317..OR-45	1345	41	41	41	Serology, number of dates
1321..OR-45	1345	47	48	48	Serology, second date (mo)

Form item numbers linked to data items on DR-45, Laboratory Record

ITEM ON FORM	DATA TYPE ID	CARD NUM	FROM	TO	DATA TYPE NAME
6	1327..DR-45	1165	49	50	Serology, second date (yr)
6	1328..DR-45	1165	51	51	Serology, second result
6	1331..DR-45	1165	61	65	Blood sugar, fasting highest result
6	1329..DR-45	1165	59	60	Blood sugar, fasting, date of highest result (mo)
6	1330..DR-45	1165	61	62	Blood sugar, fasting, date of highest result (yr)
6	1328..DR-45	1165	58	58	Blood sugar, fasting, number of dates
6	4040....ERM		48	91	Hematocrit lowest level (percent)
6	5227....ERM		347	352	Hematocrit, date of lowest value (mo/day/yr)
6	1340..DR-45	2165	18	19	Hematocrit, nth date (day)
6	1368..DR-45	2165	63	64	Hematocrit, nth date (day)
6	1364..DR-45	2165	54	55	Hematocrit, nth date (day)
6	1356..DR-45	2165	36	37	Hematocrit, nth date (day)
6	1357..DR-45	2165	27	28	Hematocrit, nth date (day)
6	1372..DR-45	2165	77	71	Hematocrit, nth date (day)
6	1360..DR-45	2165	45	46	Hematocrit, nth date (day)
6	1363..DR-45	2165	52	53	Hematocrit, nth date (mo)
6	1351..DR-45	2165	25	26	Hematocrit, nth date (mo)
6	1367..DR-45	2165	61	62	Hematocrit, nth date (mo)
6	1355..DR-45	2165	34	35	Hematocrit, nth date (mo)
6	1347..DR-45	2165	16	17	Hematocrit, nth date (mo)
6	1371..DR-45	2165	70	71	Hematocrit, nth date (mo)
6	1359..DR-45	2165	43	44	Hematocrit, nth date (mo)
6	1360..DR-45	2165	20	21	Hematocrit, nth date (yr)
6	1373..DR-45	2165	74	75	Hematocrit, nth date (yr)
6	1357..DR-45	2165	38	39	Hematocrit, nth date (yr)
6	1365..DR-45	2165	56	57	Hematocrit, nth date (yr)
6	1369..DR-45	2165	65	66	Hematocrit, nth date (yr)
6	1353..DR-45	2165	29	30	Hematocrit, nth date (yr)
6	1361..DR-45	2165	47	48	Hematocrit, nth date (yr)
6	1362..DR-45	2165	60	51	Hematocrit, nth result
6	1356..DR-45	2165	31	33	Hematocrit, nth result
6	1370..DR-45	2165	67	69	Hematocrit, nth result
6	1366..DR-45	2165	58	60	Hematocrit, nth result
6	1358..DR-45	2165	40	42	Hematocrit, nth result
6	1374..DR-45	2165	76	78	Hematocrit, nth result
6	1350..DR-45	2165	22	23	Hematocrit, nth result
6	1337..DR-45	1165	67	67	Hemoglobin electrophoresis
6	5228....ERM		353	358	Hemoglobin, date of lowest value (mo/day/yr)
6	5000....ERM		93	95	Hemoglobin, lowest value (grams)
6	1380..DR-45	1165	18	19	Hemoglobin, nth date (day)
6	1388..DR-45	1165	27	28	Hemoglobin, nth date (day)
6	1392..DR-45	1165	45	46	Hemoglobin, nth date (day)
6	1380..DR-45	1165	36	37	Hemoglobin, nth date (day)

Form Item Numbers Linked to Data Items on JR-45. Laboratory Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FREQ	TO	DATA ITEM NAME
6	1408..JR-45	3145	43	44	Hemoglobin, mth date (day)
6	1404..JR-45	3145	72	71	Hemoglobin, mth date (day)
6	1396..JR-45	3145	40	45	Hemoglobin, mth date (day)
6	1400..JR-45	3145	61	62	Hemoglobin, mth date (mo)
6	1395..JR-45	3145	59	61	Hemoglobin, mth date (mo)
6	1397..JR-45	3145	35	35	Hemoglobin, mth date (mo)
6	1402..JR-45	3145	30	31	Hemoglobin, mth date (mo)
6	1391..JR-45	3145	45	44	Hemoglobin, mth date (mo)
6	1379..JR-45	3145	16	17	Hemoglobin, mth date (mo)
6	1383..JR-45	3145	25	26	Hemoglobin, mth date (mo)
6	1405..JR-45	3145	74	75	Hemoglobin, mth date (yr)
6	1393..JR-45	3145	47	48	Hemoglobin, mth date (yr)
6	1385..JR-45	3145	29	30	Hemoglobin, mth date (yr)
6	1387..JR-45	3145	56	57	Hemoglobin, mth date (yr)
6	1381..JR-45	3145	20	21	Hemoglobin, mth date (yr)
6	1389..JR-45	3145	38	19	Hemoglobin, mth date (yr)
6	1401..JR-45	3145	65	66	Hemoglobin, mth date (yr)
6	1403..JR-45	3145	6[illegible]	69	Hemoglobin, mth result
6	1386..JR-45	3145	21	33	Hemoglobin, mth result
6	1394..JR-45	3145	40	51	Hemoglobin, mth result
6	1398..JR-45	3145	58	60	Hemoglobin, mth result
6	1392..JR-45	3145	22	24	Hemoglobin, mth result
6	1390..JR-45	3145	40	42	Hemoglobin, mth result
6	1404..JR-45	3145	76	78	Hemoglobin, mth result
6	1327..JR-45	3145	57	57	PKU, done
6	1332..JR-45	3145	66	66	Sickling
7	5722....VAR		140	140	Acetonuria
7	1457..JR-45	4145	72	72	Urinalysis, mth acetone
7	1437..JR-45	4145	48	48	Urinalysis, mth acetone
7	1417..JR-45	4145	24	24	Urinalysis, mth acetone
7	1427..JR-45	4145	36	36	Urinalysis, mth acetone
7	1447..JR-45	4145	60	60	Urinalysis, mth acetone
7	1456..JR-45	4145	71	71	Urinalysis, mth albumin
7	1416..JR-45	4145	23	23	Urinalysis, mth albumin
7	1436..JR-45	4145	47	47	Urinalysis, mth albumin
7	1446..JR-45	4145	59	59	Urinalysis, mth albumin
7	1426..JR-45	4145	35	35	Urinalysis, mth albumin
7	1440..JR-45	4145	51	51	Urinalysis, mth bacteria
7	1450..JR-45	4145	63	63	Urinalysis, mth bacteria
7	1420..JR-45	4145	27	27	Urinalysis, mth bacteria
7	1430..JR-45	4145	39	39	Urinalysis, mth bacteria
7	1460..JR-45	4145	75	75	Urinalysis, mth bacteria
7	1428..JR-45	4145	17	17	Urinalysis, mth blood cells

Form item numbers linked to data items on DR-45, Laboratory Record

ITEM No FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
7	1438..DR-45	6345	48	49	Urinalysis, nth blood cells
7	1418..DR-45	6345	25	25	Urinalysis, nth blood cells
7	1458..DR-45	6345	73	73	Urinalysis, nth blood cells
7	1468..DR-45	6345	61	61	Urinalysis, nth blood cells
7	1448..DR-45	6345	62	62	Urinalysis, nth blood cells
7	1419..DR-45	6345	26	26	Urinalysis, nth casts
7	1429..DR-45	6345	38	38	Urinalysis, nth casts
7	1459..DR-45	6345	74	74	Urinalysis, nth casts
7	1439..DR-45	6345	50	50	Urinalysis, nth casts
7	1436..DR-45	6345	45	45	Urinalysis, nth centrifuged
7	1416..DR-45	6345	21	21	Urinalysis, nth centrifuged
7	1466..DR-45	6345	57	57	Urinalysis, nth centrifuged
7	1454..DR-45	6345	69	69	Urinalysis, nth centrifuged
7	1424..DR-45	6345	33	33	Urinalysis, nth centrifuged
7	1451..DR-45	6345	64	65	Urinalysis, nth date (mo)
7	1441..DR-45	6345	52	53	Urinalysis, nth date (mo)
7	1431..DR-45	6345	40	41	Urinalysis, nth date (mo)
7	1421..DR-45	6345	28	29	Urinalysis, nth date (mo)
7	1411..DR-45	6345	16	17	Urinalysis, nth date (mo)
7	1432..DR-45	6345	42	43	Urinalysis, nth date (yr)
7	1452..DR-45	6345	66	67	Urinalysis, nth date (yr)
7	1422..DR-45	6345	30	31	Urinalysis, nth date (yr)
7	1442..DR-45	6345	54	55	Urinalysis, nth date (yr)
7	1412..DR-45	6345	18	19	Urinalysis, nth date (yr)
7	1455..DR-45	6345	70	70	Urinalysis, nth glucose
7	1415..DR-45	6345	22	22	Urinalysis, nth glucose
7	1435..DR-45	6345	46	46	Urinalysis, nth glucose
7	1445..DR-45	6345	58	58	Urinalysis, nth glucose
7	1425..DR-45	6345	34	34	Urinalysis, nth glucose
7	1429..DR-45	6345	32	32	Urinalysis, nth glucose
7	1457..DR-45	6345	68	68	Urinalysis, nth type of specimen
7	1443..DR-45	6345	56	56	Urinalysis, nth type of specimen
7	1433..DR-45	6345	44	44	Urinalysis, nth type of specimen
7	1413..DR-45	6345	20	20	Urinalysis, nth type of specimen
8	1465..DR-45	5345	17	18	Radiography: X-ray pelvimetry, date (day)
8	1464..DR-45	5345	15	16	Radiography: X-ray pelvimetry, date (mo)
8	1466..DR-45	5345	19	20	Radiography: X-ray pelvimetry, date (yr)
8	1469..DR-45	5345	28	28	Radiography: X-ray pelvimetry, measurements, inlet AP
8	1470..DR-45	5345	29	29	Radiography: X-ray pelvimetry, measurements, inlet transverse
8	1471..DR-45	5345	30	32	Radiography: X-ray pelvimetry, measurements, mid pelvis AP
8	1473..DR-45	5345	36	38	Radiography: X-ray pelvimetry, measurements, mid pelvis post. sag.
8	1472..DR-45	5345	33	35	Radiography: X-ray pelvimetry, measurements, mid pelvis transverse
8	1474..DR-45	5345	39	41	Radiography: X-ray pelvimetry, measurements, outlet AP

Form item numbers linked to data items on OR-45, Laboratory Record

Item on Form	Data Item ID	Card Num	From	To	Data Item Name
	1476..OR-45	5345	46	47	Radiographic X-ray pelvimetry, measurements, outlet post. sag.
	1475..OR-45	5345	42	43	Radiographic X-ray pelvimetry, measurements, outlet transverse
	1467..OR-45	5345	21	21	Radiographic X-ray pelvimetry, other
	1468..OR-45	5345	22	23	Radiographic X-ray pelvimetry, Caldwell-Moloy classification
	1537..OR-45	7345	43	44	Cultures, nth date (so)
	1500..OR-45	6345	36	37	Cultures, nth date (so)
	1541..OR-45	7345	50	51	Cultures, nth date (so)
	1545..OR-45	7345	57	58	Cultures, nth date (so)
	1551..OR-45	7345	71	72	Cultures, nth date (so)
	1548..OR-45	7345	64	65	Cultures, nth date (so)
	1492..OR-45	6345	22	23	Cultures, nth date (so)
	1496..OR-45	6345	28	30	Cultures, nth date (so)
	1488..OR-45	6345	15	16	Cultures, nth date (so)
	1525..OR-45	7345	29	31	Cultures, nth date (so)
	1528..OR-45	7345	28	30	Cultures, nth date (so)
	1533..OR-45	7345	36	37	Cultures, nth date (so)
	1521..OR-45	7345	15	16	Cultures, nth date (so)
	1538..OR-45	7345	45	46	Cultures, nth date (yr)
	1536..OR-45	7345	38	39	Cultures, nth date (yr)
	1489..OR-45	6345	17	18	Cultures, nth date (yr)
	1493..OR-45	6345	24	25	Cultures, nth date (yr)
	1554..OR-45	7345	73	74	Cultures, nth date (yr)
	1530..OR-45	7345	31	32	Cultures, nth date (yr)
	1522..OR-45	7345	17	18	Cultures, nth date (yr)
	1550..OR-45	7345	66	67	Cultures, nth date (yr)
	1497..OR-45	6345	31	32	Cultures, nth date (yr)
	1542..OR-45	7345	52	53	Cultures, nth date (yr)
	1501..OR-45	6345	38	39	Cultures, nth date (yr)
	1526..OR-45	7345	24	25	Cultures, nth date (yr)
	1546..OR-45	7345	59	60	Cultures, nth date (yr)
	1544..OR-45	7345	56	56	Cultures, nth result
	1528..OR-45	7345	28	28	Cultures, nth result
	1556..OR-45	7345	77	77	Cultures, nth result
	1524..OR-45	7345	21	21	Cultures, nth result
	1490..OR-45	6345	35	35	Cultures, nth result
	1532..OR-45	7345	35	35	Cultures, nth result
	1495..OR-45	6345	29	29	Cultures, nth result
	1536..OR-45	7345	42	42	Cultures, nth result
	1491..OR-45	6345	21	21	Cultures, nth result
	1552..OR-45	7345	70	70	Cultures, nth result
	1548..OR-45	7345	63	63	Cultures, nth result
	1540..OR-45	7345	49	49	Cultures, nth result
	1501..OR-45	6345	42	42	Cultures, nth result

Form Item Numbers linked to Data Items on OR-45, Laboratory Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
9	1502..OR-45	6345	40	41	Cultures, nth type
9	1535..OR-45	7345	40	41	Cultures, nth type
9	1496..OR-45	6345	26	27	Cultures, nth type
9	1527..OR-45	7345	26	27	Cultures, nth type
9	1490..OR-45	6345	19	20	Cultures, nth type
9	1763..OR-45	7345	54	55	Cultures, nth type
9	1551..OR-45	7345	68	69	Cultures, nth type
9	1531..OR-45	7345	33	34	Cultures, nth type
9	1547..OR-45	7345	61	62	Cultures, nth type
9	1555..OR-45	7345	75	76	Cultures, nth type
9	1539..OR-45	7345	47	48	Cultures, nth type
9	1523..OR-45	7345	19	20	Cultures, nth type
9	1498..OR-45	6345	33	34	Cultures, nth type
10	1510..OR-45	6345	56	58	Glucose tolerance, blood, 1 hr. (mgms/100 ml)
10	1509..OR-45	6345	53	55	Glucose tolerance, blood, 1/2 hr. (mgms/100 ml)
10	1511..OR-45	6345	59	61	Glucose tolerance, blood, 2 hrs. (mgms/100 ml)
10	1512..OR-45	6345	62	64	Glucose tolerance, blood, 3 hrs. (mgms/100 ml)
10	1508..OR-45	6345	50	52	Glucose tolerance, blood, fasting (mgms/100 ml)
10	1505..OR-45	6345	45	46	Glucose tolerance, date (day)
10	1504..OR-45	6345	43	44	Glucose tolerance, date (mo)
10	1506..OR-45	6345	47	48	Glucose tolerance, date (yr)
10	1507..OR-45	6345	49	49	Glucose tolerance, hour administered
10	1516..OR-45	6345	66	66	Glucose tolerance, urine 2 hrs
10	1515..OR-45	6345	67	67	Glucose tolerance, urine, 1 hr
10	1514..OR-45	6345	66	66	Glucose tolerance, urine, 1/2 hr
10	1517..OR-45	6345	69	69	Glucose tolerance, urine, 3 hrs
10	1513..OR-45	6345	65	65	Glucose tolerance, urine, fasting
11	1477..OR-45	5345	48	49	Pap smear, date (mo)
11	1478..OR-45	5345	50	51	Pap smear, date (yr)
11	1479..OR-45	5345	52	52	Pap smear, result
12	1338..OR-45	1345	75	75	Radiographic X-ray, diagnostic
13	1481..OR-45	5345	55	56	Laboratory test series, date (day)
13	1480..OR-45	5345	53	54	Laboratory test series, date (mo)
13	1482..OR-45	5345	57	58	Laboratory test series, date (yr)
13	1484..OR-45	5345	60	60	Laboratory test series, number of days
13	1483..OR-45	5345	59	59	Laboratory test series, type

DEFINITION OF CODES
LABORATORY RECORD
FORMS OB-10(Lab Data) CARD 1345
and OB-45

NOTE: USE THIS FILE WITH 310 FILE.

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code: 345	2-4
3.	Revisions Number Code: 0 - OB-10 Forms dated: 1/59 and rev. 7/59 1 - OB-45 Form dated: 4/62 2 - Combination of codes 0 and 1	5
4.	NIHDB Number Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	Blood Type: Gravida Item 3 Code: 1 - O 2 - A 3 - B 4 - AB 9 - Unknown	15
6.	Rh: Gravida Item 3 Code: 1 - Positive -unqualified 2 - Negative -unqualified 3 - Positive-qualified 4 - Negative-qualified 9 - Unknown	16
7.	Blood Type. Father Item 3 Code: Same as in field 5	17
8.	Rh: Father Item 3 Code: Same as in Field 6	18
9.	Coomb's Test: Number of Different Test Dates Code: 1 - One 2 - Two or more 9 - None reported	19

DEFINITION OF CODES (continued)

FIELD	CARD COLUMN
10. Coomb's Test: Most Recent Item 4 Six-digit code for: Month (cols. 20-21) Year (cols. 22-23) Code for each two columns: As given 99 - Unknown Type (col. 24) Code: 1 - Indirect 2 - Direct 3 - Combination of codes 1 and 2 9 - Unknown Result (col. 25) Code: 1 - Positive 2 - Negative 9 - Unknown Note: Not reported = 9's for entire field.	20-25
11. Rh Titers: Number of Different Dates Code: 1 - Two or less 2 - More than two 9 - None reported	26
12. Rh Titer: First Item 4 Seven-digit code for: Month (cols. 27-28) Year (cols. 29-30) Code for each two columns: As given 99 - Unknown Type (col. 31) Code: 1 - Saline 2 - Albumin 3 - Combination of codes 1 and 2 9 - Unknown Result (cols. 32-33) Code: 00 - No reaction 01-16 - Dilutions as given 91 - 1:1 dilution 92 - Positive - unqualified 99 - Unknown Note: Not reported = 9's for entire field	27-33

DEFINITION OF CODES (continued)

FIELD		CARD COLUMN
13.	Rh Titer: Last Item 4 Code: Same as in Field 12	34-40
14.	Serology: Number of Dates Code: 1-7 - As given 8 - 8 or more 9 - None reported	41
15.	Serology: First Item 5 Five-digit code for: Month (cols. 42-43) Year (cols. 44-45) Code for each two columns: As given 99 - Unknown Result (col. 46) Code: 1 - Negative 2 - Positive 3 - Combination of codes 1 and 2 4 - Questionable 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown Note: Not reported = 9's for entire field.	42-46
16.	Serology: Second Item 5 Code: Same as in Field 15	47-51
17.	Serology: Last Item 5 Code: Same as in Field 15	52-56
18.	PBI Item 6 Code: 1 - Done 9 - Not done	57
19.	Fasting Blood Sugars: Number of Different Dates Code: Same as in Field 9	58

FIELD		CARD COLUMN
20.	Fasting Blood Sugar: Highest Result Item 6 Seven-digit code for: Month (cols. 59-60) Year (cols. 61-62) Code for each two columns: As given 99 - Unknown Result (cols. 63-65) Code: 040-299 - As given in mgms. 300 - 300 mgms. or over 999 - Unknown Additional code reviewed and approved: 039 (39 mgms. or less) Note: Not reported = 9's for entire field.	59-65
21.	Sickling Item 6 Code: 1 - Positive 2 - Negative 9 - Unknown	66
22.	Hemoglobin Electrophoresis Item 6 Code: Same as in Field 18	67
23.	Number of Hematocrits Code: 00 - None 01-97 - As given 98 - 98 or more	68-69
24.	Number of Hemoglobins Code: Same as in Field 23	70-71
25.	Number of Urinalyses Code: Same as in Field 23	72-73
26.	X-Ray Pelvimetry Code: Same as in Field 18	74
27.	Type of Diagnostic X-Ray Item 12 Code: 1 - Chest 2 - Other 3 - Combination of codes 1 and 2 9 - Unknown	75

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 1345

FIELD		CARD COLUMN
28.	Pap Smear: Number of Different Dates Code: 0 - None 1-7 - As given 8 - 8 or more	76
29.	Test Series: Number of Different Dates Code: Same as in Field 28	77
30.	Cultures: Number of Different Dates Code: Same as in Field 28	78
31.	Glucose Tolerance Test: Number of Different Dates Code: 0 - None 1 - One 2 - Two or more	79

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 2&4

FIELD		CARD COLUMN
1.	Card Number Code: 2	1
2.	Basic Data Code: Same as in cols. 2-14 of Card 1	2-14
3.	Card Sequence Number Code: 0 - First card 1-9 - As given	15
4.	Hematocrit: First Item 6 Nine-digit code for: Month (cols. 16-17) Day (cols. 18-19) Year (cols. 20-21) Code for each two columns: As given 99 - Unknown Result (cols. 22-24) Code: 200-500 - 20.0 to 50.0% 997 - 0.1 to 19.9% 998 - 50.1 to 99.7%	16-24
5.	Hematocrit: Second Code: Same as in Field 4 except Blank = not reported	25-33
6.	Hematocrit: Third Code: Same as in Field 5	34-42
7.	Hematocrit: Fourth Code: Same as in Field 5	43-51
8.	Hematocrit: Fifth Code: Same as in Field 5	52-60
9.	Hematocrit: Sixth Code: Same as in Field 5	61-69
10.	Hematocrit: Seventh Code: Same as in Field 5	70-78

Note: As many hematocrits are completed as reported. Additional cards, as indicated in Field 3, will be required with all columns the same as in above.

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 3345

FIELD		CARD COLUMN
1.	Card Number Code: 3	1
2.	Basic Data Code: Same as in cols. 2-14 of Card 1	2-14
3.	Card Sequence Number Code: 0 - First card 1-9 - As given	15
4.	Hemoglobin: First Item 6 Nine-digit code for: Month (cols. 16-17) Day (cols. 18-19) Year (cols. 20-21) Code for each two columns: As given 99 - Unknown Result (cols. 22-24) Code: 050-170 - 5.0 to 17.0 gms. 047 - 0.1 to 4.9 gms. 998 - 17.1 to 99.7 gms.	16-24
5.	Hemoglobin: Second Item 6 Code: Same as in Field 4 except Blank = not reported	25-33
6.	Hemoglobin: Third Item 6 Code: Same as in Field 5	34-42
7.	Hemoglobin: Fourth Item 6 Code: Same as in Field 5	43-51
8.	Hemoglobin: Fifth Item 6 Code: Same as in Field 5	52-60
9.	Hemoglobin: Sixth Item 6 Code: Same as in Field 5	61-69

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 3:45

FIELD	CARD COLUMN
10. Hemoglobin: Seventh Item 6 Code: Same as in Field 5	70-78

Note: As many hemoglobins are completed as reported. Additional cards, as indicated in Field 3, will be required with all columns the same as in above.

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 4345

FIELD	CARD COLUMN
1. Card Number Code: 4	1
2. Basic Data Code: Same as in cols. 2-14 of Card 1	2-14
3. Card Sequence Number Code: 0 - First card 1-9 - As given	15
4. Urinalysis: First Item 7 Twelve-digit code for: Month (cols. 16-17) Year (cols. 18-19) Code for each two columns: As given 99 - Unknown Type (col. 20) Code: 1 - Voided 2 - Clean catch 3 - Catheterized 9 - Unknown Centrifuged (col. 21) Code: 1 - No 2 - Yes 9 - Unknown Glucose (col. 22) Albumin (col. 23) Acetone (col. 24) Code for each column: 0 - None 1 - 1+, slight 2 - 2+ 3 - 3+, moderate 4 - 4+, severe 5 - Positive - unqualified 7 - Trace 8 - Questionable 9 - Unknown Blood Cells (col. 25) Code: 0 - None 1 - WBC only 2 - RBC only 3 - Combination of codes 1 and 2 9 - Unknown	16-27

FIELD		CARD COLUMN
4.	Urinalysis: First (cont.) Casts (col. 26) Bacteria (col. 27) Code for each column: 0 - No 1 - Yes 9 - Unknown	16-27
5.	Urinalysis: Second Item 7 Code: Same as in Field 4 except Blank - not reported	28-39
6.	Urinalysis: Third Item 7 Code: Same as in Field 5	40-51
7.	Urinalysis: Fourth Item 7 Code: Same as in Field 5	52-63
8.	Urinalysis - Fifth Item 7 Code: Same as in Field 5	64-75

Note: As many urinalyses are completed as reported. Additional cards, as indicated in Field 3, will be required with all columns the same as #1 above.

FIELD		CARD COLUMN
1.	Card Number Code: 5	1
2.	Basic Data Code: Same as in cols. 2-14 of Card 1	2-14

X-RAY PELVIMETRY

3.	Date Item 9 Six-digit code for: Month (cols. 15-16) Day (cols. 17-18) Year (cols. 19-20) Code for each two columns: As given 99 - Unknown	15-20
4.	Method Item 3 Code: 1 - Thoms 2 - Colcher-Sussman 3 - Caldwell-Moloy, Stereoscopic 4 - McLane, Isometric 5 - Snow 6 - Parallax 9 - Unknown	21
5.	Caldwell-Moloy Classification Item 8 Code: 11 - Anthropoid 12 - Anthropoid - Gynecoid 13 - Anthropoid - Platypelloid 21 - Gynecoid - Anthropoid 22 - Gynecoid 23 - Gynecoid - Platypelloid 24 - Gynecoid - Android 31 - Platypelloid - Anthropoid 32 - Platypelloid - Gynecoid 33 - Platypelloid 42 - Android - Gynecoid 43 - Android - Platypelloid 44 - Android 99 - Unknown	22-23

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 5345

FIELD	CARD COLUMN
6. Measurements: Inlet Item 8 Six-digit code for: AP (cols. 24-26) Trans (cols. 27-29) Code for each three columns: 010-097 - As given to tenths of cm. 098 - 99.8 cms. or more 999 - Unknown	24-29
7. Measurements: Mid Pelvis Item 8 Nine-digit code for: AP (cols. 30-32) Trans (cols. 33-35) Post Sag (cols. 36-38) Code for each three columns: Same as in Field 6	30-38
8. Measurements: Outlet Item 8 Nine-digit code for: AP (cols. 39-41) Trans (cols. 42-44) Post Sag (cols. 45-47) Code for each three columns: Same as in Field 6	39-47
9. Pap Smear Item 11 Five-digit code for: Month (cols. 48-49) Year (cols. 50-51) Code for each two columns: As given 99 - Unknown Results (col. 52) Code: 0 - Negative 1 - Class, Group or Grade I 2 - Class, Group or Grade II 3 - Class, Group or Grade III 4 - Class, Group or Grade IV 5 - Class, Group or Grade V 6 - Positive - unqualified 7 - Ca in situ 8 - Doubtful 9 - Unknown	48-52

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 5345

FIELD		CARD COLUMN
10.	Test Series Item 13 Eight-digit code for: Month (cols. 53-54) Day (cols. 55-56) Year (cols. 57-58) Code for each two columns: As given 99 - Unknown Type (col. 59) Code: 1 - Urine albumin 2 - Urine glucose 3 - Blood sugar 4 - Acetone 5 - Combination of codes 3 and 4 6 - Protein bound iodine 7 - Sugar and albumin 8 - Other 9 - Unknown Number of Days (col. 60) Code: 1 - 7 - As given 8 - 8 or more 9 - Unknown	53-60

FIELD	CARD COLUMN
1. Card Number Code: 6	1
2. Basic Data Code: Same as in cols. 2-14 of Card 1	2-14

CULTURES

3. Plant
Item 9 — 15-21
Seven-digit code for:
Month (cols. 15-16)
Year (cols. 17-18)
Code for each two columns: As given
99 - Unknown

Type (cols. 19-20)
Code: 01 - Bartholin gland
02 - Cervix
03 - Ear
04 - Endometrium
05 - Eye
06 - Mamilla
07 - Nose
08 - Placenta
09 - Rectum
10 - Throat
11 - Urethra
12 - Vagina
13 - Sputum
20 - Amniotic fluid
21 - Blood
22 - Spinal fluid
23 - Urine
30 - Stool
40 - Gonorrhea
80 - Other
99 - Unknown

Result (col. 21)
Code: 0 - Negative
1 - Positive
9 - Unknown

Note: Not reported = 9's for entire field.

DEFINITION OF CODES (continued)

FORMS OB-10 (Lab Data) and OB-45 Card 6345

FIELD		CARD COLUMN
4.	**Second** Item 9 Code: Same as in Field 3	22-28
5.	**Third** Item 9 Code: Same as in Field 3	29-35
6.	**Fourth** Item 9 Code: Same as in Field 3	36-42

GLUCOSE TOLERANCE

7. **Date**
Item 10
Six-digit code for:
Month (cols. 43-44)
Day (cols. 45-46)
Year (cols. 47-48)
Code for each two columns: As given
99 - Unknown — 43-48

8. **Method of Administering Glucose**
Item 10
Code: 1 - Oral
2 - I.V.
9 - Unknown — 49

9. **Blood: Fasting**
Item 10
Code: 001-997 - As given in mgms. per 100 ml.
998 - 998 mgms. or more
999 - Unknown — 50-52

10. **Blood: 1/2 Hour**
Item 10
Code: Same as in Field 9 — 53-55

11. **Blood: 1 Hour**
Item 10
Code: Same as in Field 9 — 56-58

EXPLANATION OF CODES (continued)

	CARD COLUMN
[illegible]	
[illegible] 8 Hours	59-61
Same as in Field 9	
[illegible] 1 Hours	62-64
Same as in Field 9	
[illegible] Fasting	65
= Negative	
= [illegible]	
= [illegible]	
= [illegible]	
= [illegible]	
= [illegible]	
= [illegible]	
[illegible]	66
[illegible] in Field 14	
[illegible]	67
[illegible] in Field 14	
[illegible]	68
[illegible] in Field 14	
[illegible]	69
[illegible] in Field 14	

DEFINITION OF CODES (continued)

FIELD		CARD COLUMN
1.	**Card Number** Code: 7	1
2.	**Basic Data** Code: Same as in cols. 2-14 of card 1	2-14

Additional Cultures

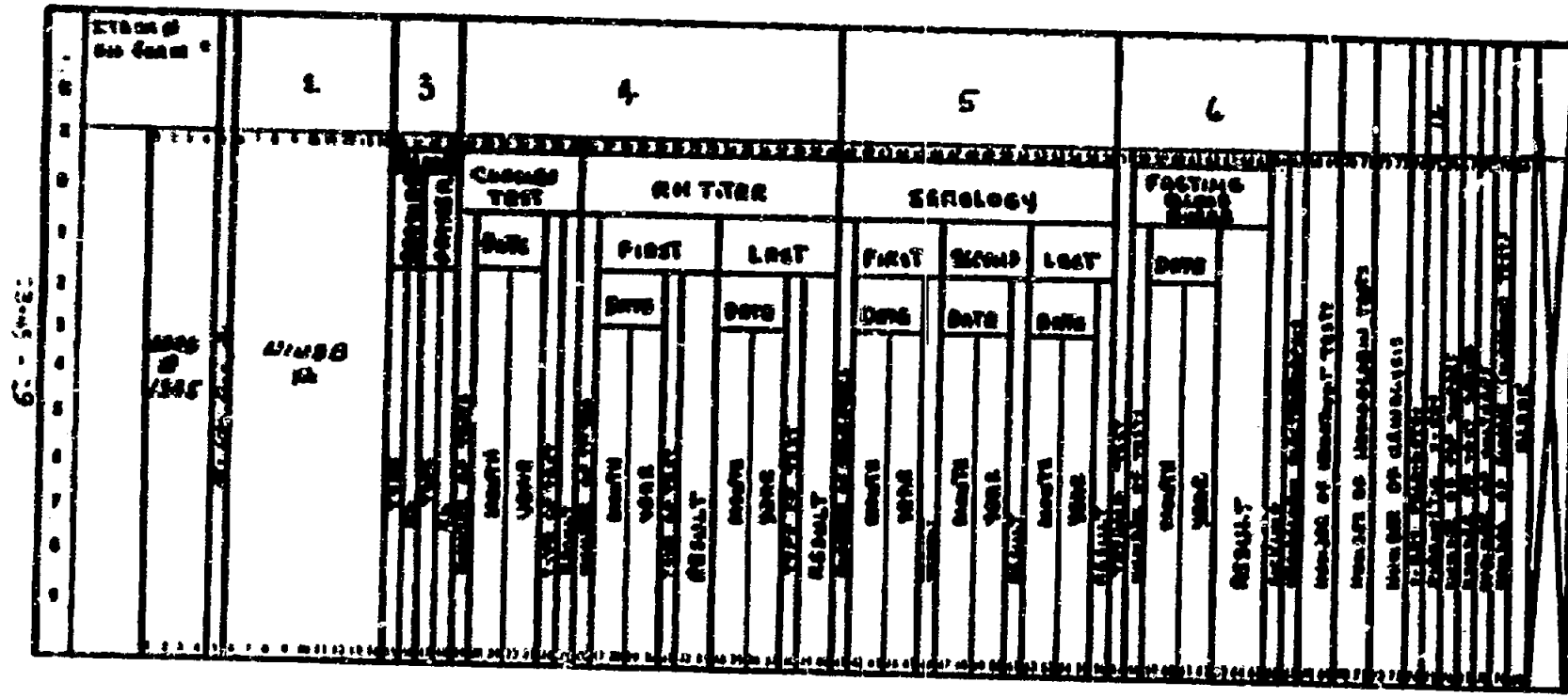
3.	**Fifth** Item 9 Seven-digit code for: **Month** (cols. 15-16) **Year** (cols. 17-18) Code for each two columns: As given 99 - Unknown **Type** (cols. 19-20) Code: 01 - Bartholins gland 02 - Cervix 03 - Ear 04 - Endometrium 05 - Eye 06 - Mamilla 07 - Nose 08 - Placenta 09 - Rectum 10 - Throat 11 - Urethra 12 - Vagina 13 - Sputum 20 - Amniotic Fluid 21 - Blood 22 - Spinal fluid 23 - Urine 30 - Stool 40 - Gonorrhea 80 - Other 99 - Unknown **Result** (col. 21) Code: 0 - Negative 1 - Positive 9 - Unknown	15-21
4.	**Sixth** Code: Same as in Field 3 except Blank = None reported	22-28

DEFINITION OF CODES (continued)

FIELD		CARD COLUMN
5.	Seventh Code: Same as in Field 4	29-35
6.	Eighth Code: Same as in Field 4	36-42
7.	Ninth Code: Same as in Field 4	43-49
8.	Tenth Code: Same as in Field 4	50-56
9.	Eleventh Code: Same as in Field 4	57-63
10.	Twelfth Code: Same as in Field 4	64-70
11.	Thirteenth Code: Same as in Field 4	71-77

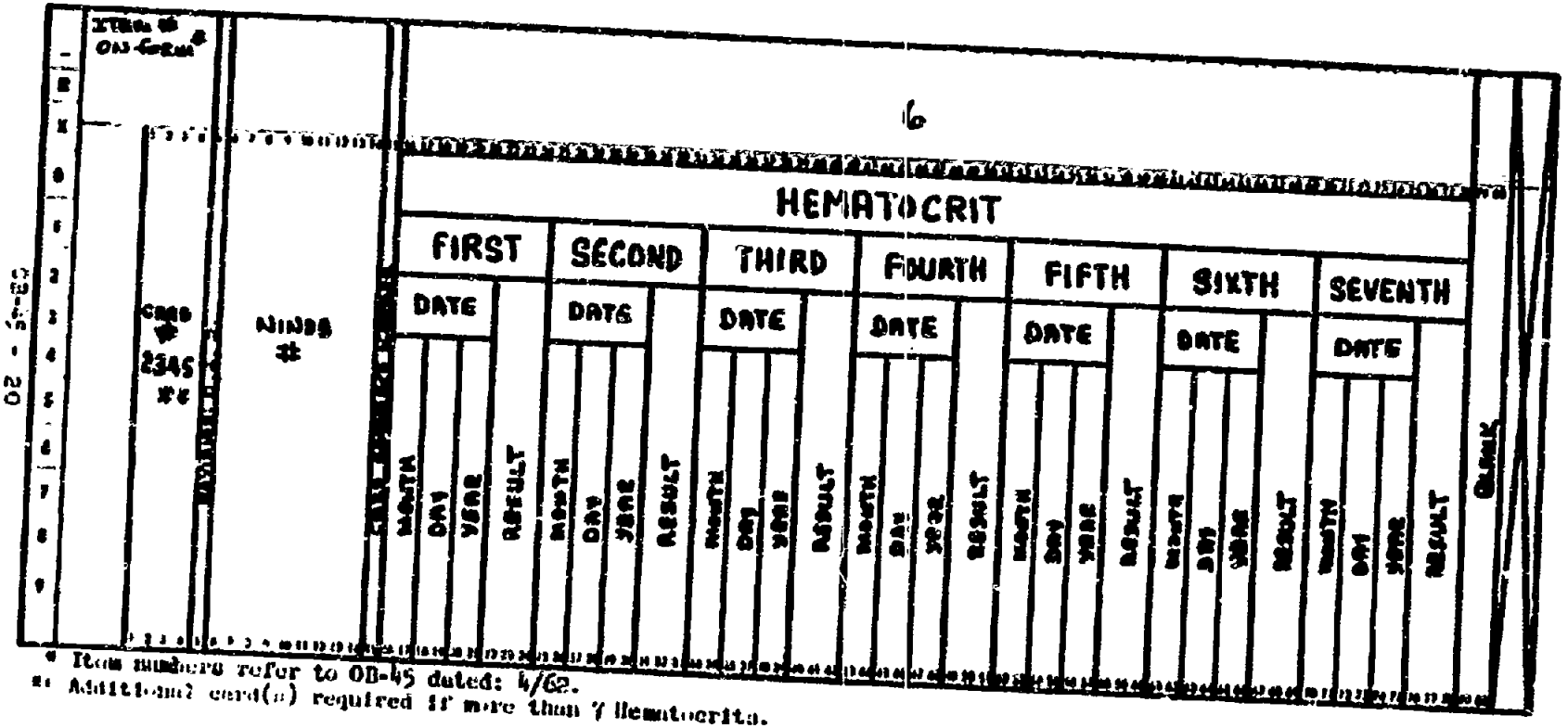
NOTE: As many additional cultures are completed as reported. Additional cards, with all columns the same as above, will be required for more than 13 cultures.

LABORATORY RECORD
FORMS OB-10 and OB-45



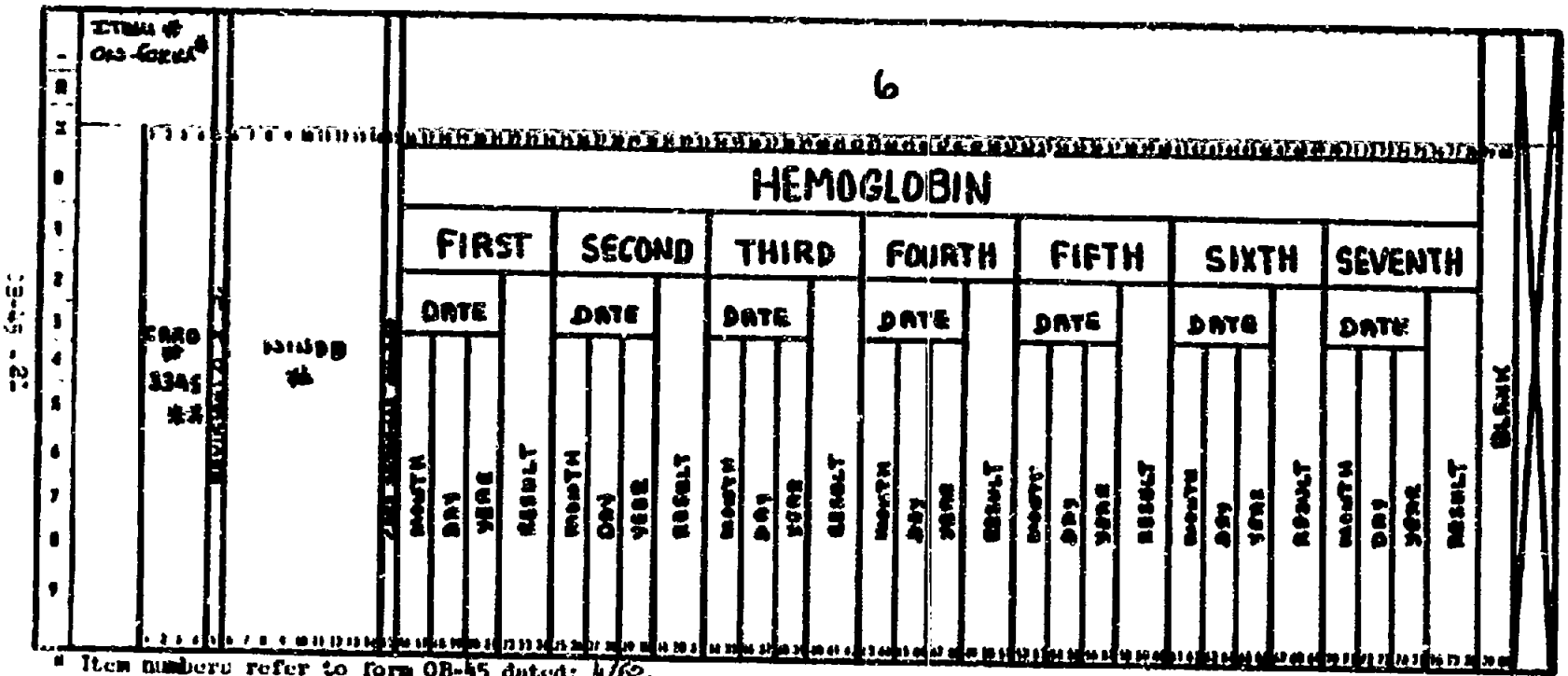
* Item numbers refer to OB-45 dated: 4/68

LABORATORY RECORD
FORMS OB-10 and OB-45



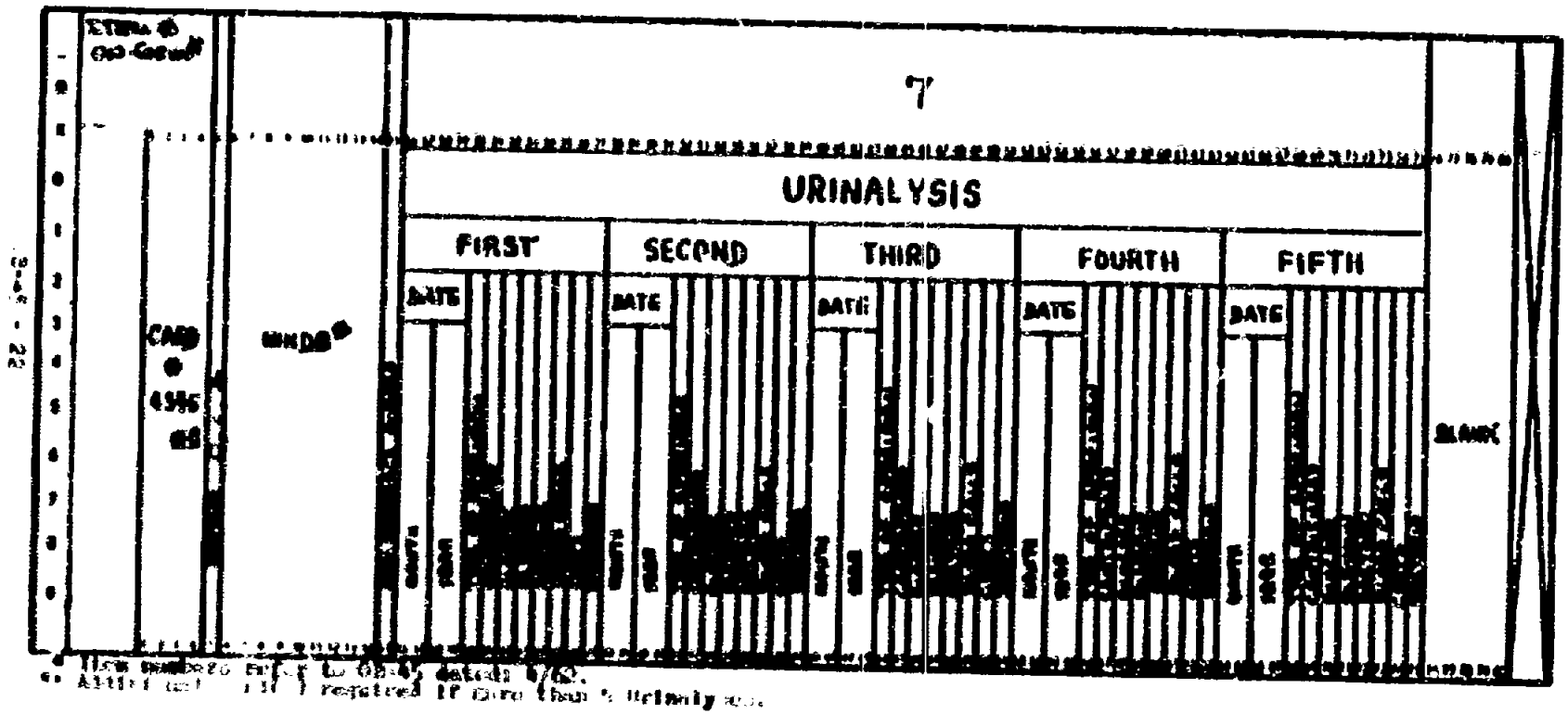
* Item numbers refer to OB-45 dated: 4/62.
** Additional card(s) required if more than 7 Hematocrits.

LABORATORY RECORD
FORMS OB-10 and OB-45



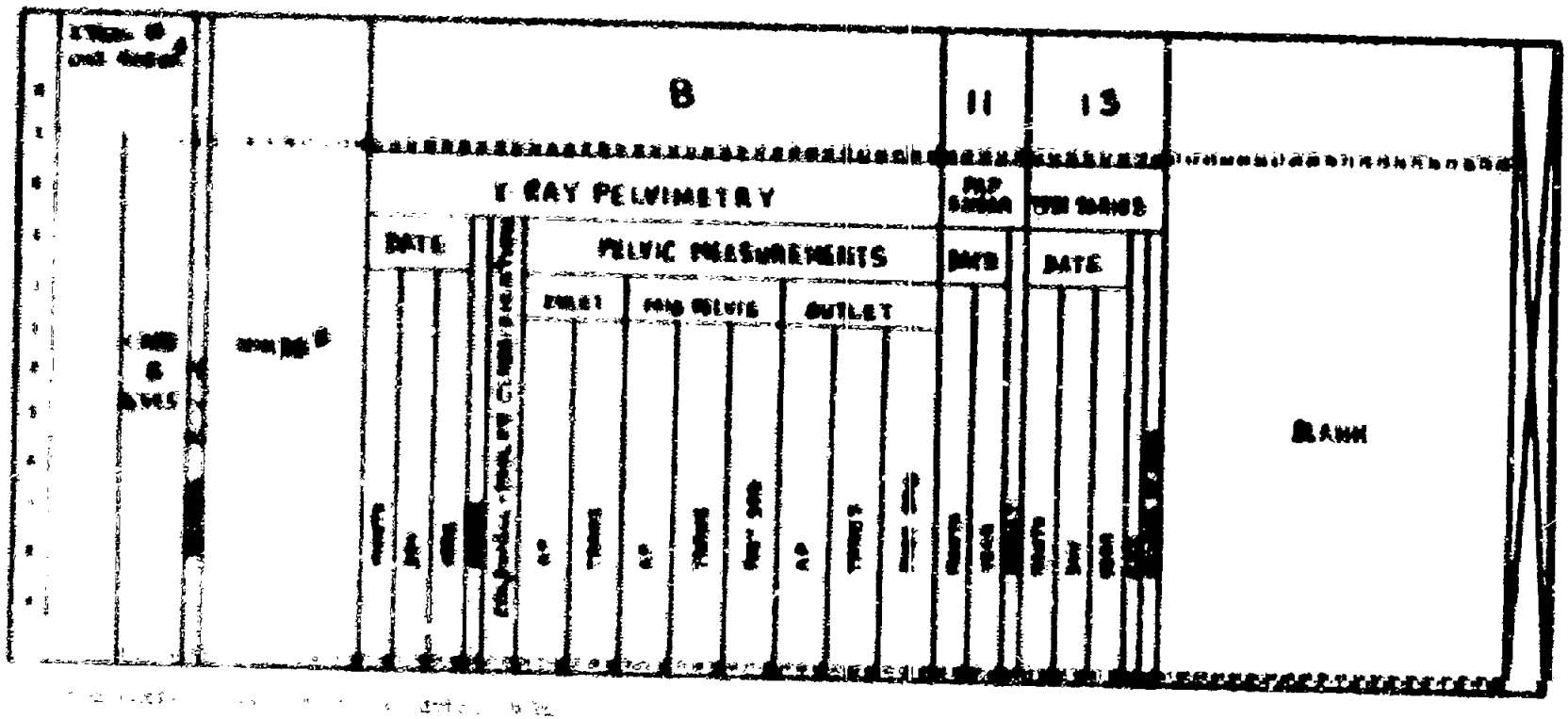
* Item numbers refer to form OB-45 dated: 4/62.
** Additional card(s) required if more than 7 hemoglobins.

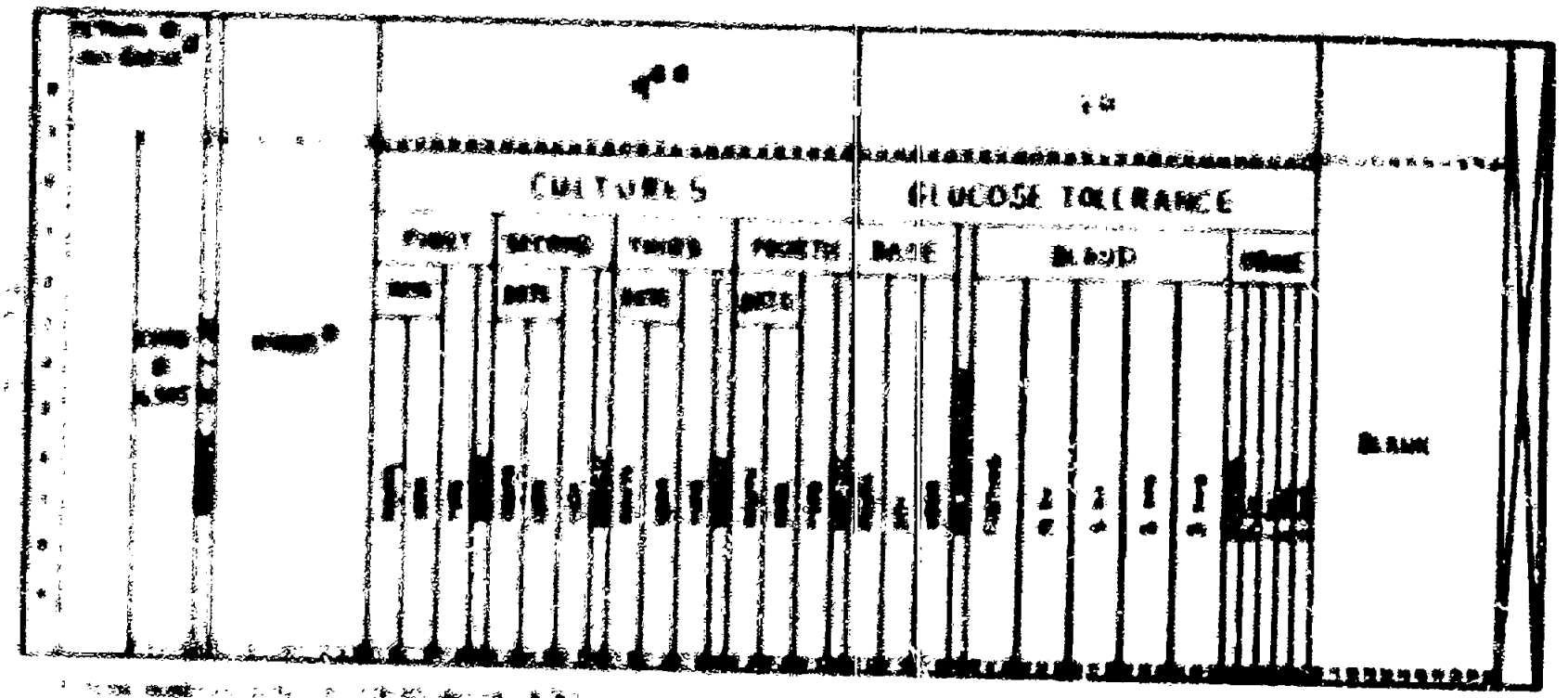
LABORATORY RECORD
FORMS OB-10 and OB-4



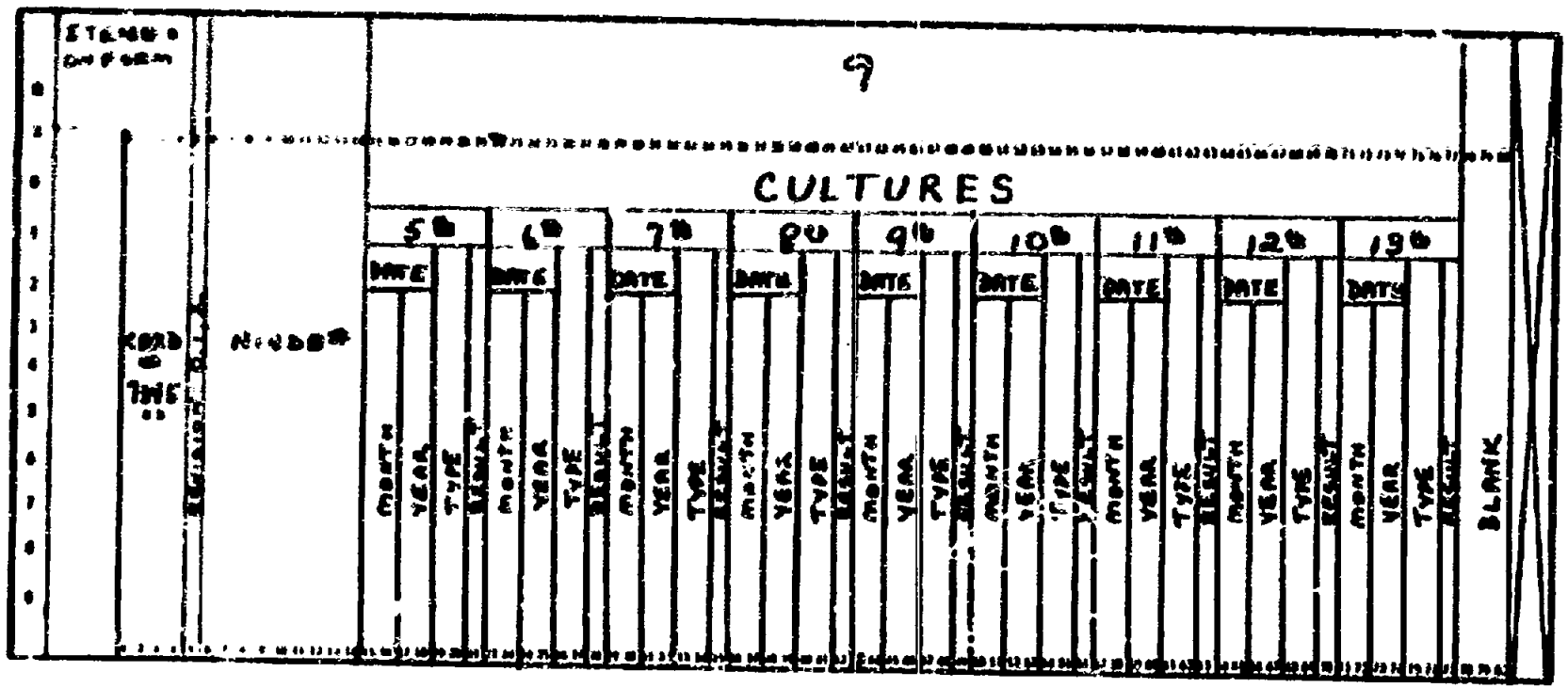
11.A.312

OB-4


8
11
13
X RAY PELVIMETRY
DATE
PELVIC MEASUREMENTS
INLET
MID PELVIS
OUTLET
DATE
DATE
BRAIN


CULTURES
GLUCOSE TOLERANCE
BLOOD
BLANK

LABORATORY RECORD
FORMS OB-10 and OB-45



* Item number refers to OB-45 dated: 4/62.
** Additional card(s) required if more than 13 cultures.

OB-45 LABORATORY RECORD

I. Purpose of form — To record the results of laboratory studies, x-rays and EKG's performed on the Study patient.

II. General Instructions

A. See Procedure Manual for required and recommended laboratory studies.

B. Report dates and results legibly in the space or area of the form provided.

1. Do not cross out printing to report other information in a space reserved for a particular test; utilize item #11, "other laboratory studies."

2. The date of the examination is the date on which the procedure was performed, or the specimen obtained from the patient, rather than the date on which the determination was completed or reported by the laboratory.

3. If several determinations of the same type were performed on the same date (e.g., pre- and post-transfusion hemoglobin), report as specifically as possible the time done, or the relationship of one result to the other.

4. If certain information is more appropriately recorded on a continuation sheet (CP-5), refer on OB-45 to this additional record of laboratory findings.

C. For all urine or blood chemical determinations, record the appropriate units, i.e., mgm. %, mEq., etc.

D. If a Study requirement is not met (test not done or report not obtainable), mark "not done" in the space reserved for the reporting of that test.

E. If a laboratory determination is of doubtful validity this should be so noted.

F. Use separate forms to record the laboratory data for the OPD and for each hospital admission.

III. Specific Instructions:

Item Number

2. Virology. Record, without referral to the virology technician's records, the dates on which maternal serum samples for virology were drawn. This includes specimens taken in the prenatal clinic, at the delivery admission, and at 6 weeks postpartum.

3. Blood type and Rh.

a. Record type as O, A, B, AB.

b. In all cases, record the Rh as "positive" or "negative" in item #3. If further typing or sub-typing is carried out, report the results in item #11.

4. Tests for maternal antibodies. For each test done, report results in appropriate terminology. Report indirect Coombs tests as "positive," "negative," or "doubtful."

5. Serology. Record the name and date of each serologic test, and report the result of each test as "positive," "negative," or "doubtful." Record titers if done.

6. Blood chemistry and hematology. Indicate each hematocrit or hemoglobin determination recorded by marking the box in the appropriate column. Utilize the remaining spaces for any chemical or hematological blood test done.

7. Urinalyses.

a. For each analysis, record the date specimen was obtained, the method of obtaining, and whether or not the specimen was centrifuged prior to microscopic examination.

b. Record the results of each test in the appropriate space. For glucose, albumin and acetone determinations, record the qualitative interpretation, rather than color.

October 1962

OB-45 LABORATORY RECORD (Continued)

Item Number

5. X-ray pelvimetry.

   a. Record the date and method of x-ray technique utilized.

   b. Using the Caldwell-Moloy terminology, record the pelvic classification.

   c. Record the measurements of the various pelvic planes in centimeters.

9. Cultures. Record the results of cultures, noting the source of the specimen, the date obtained, and the result.

10. Glucose tolerance test.

   a. Record whether the test was oral or intravenous by marking the appropriate box.

   b. Record the blood and urine determinations for each time period in the appropriate space.

   c. If the glucose tolerance test was repeated, report under item #11.

Item Number

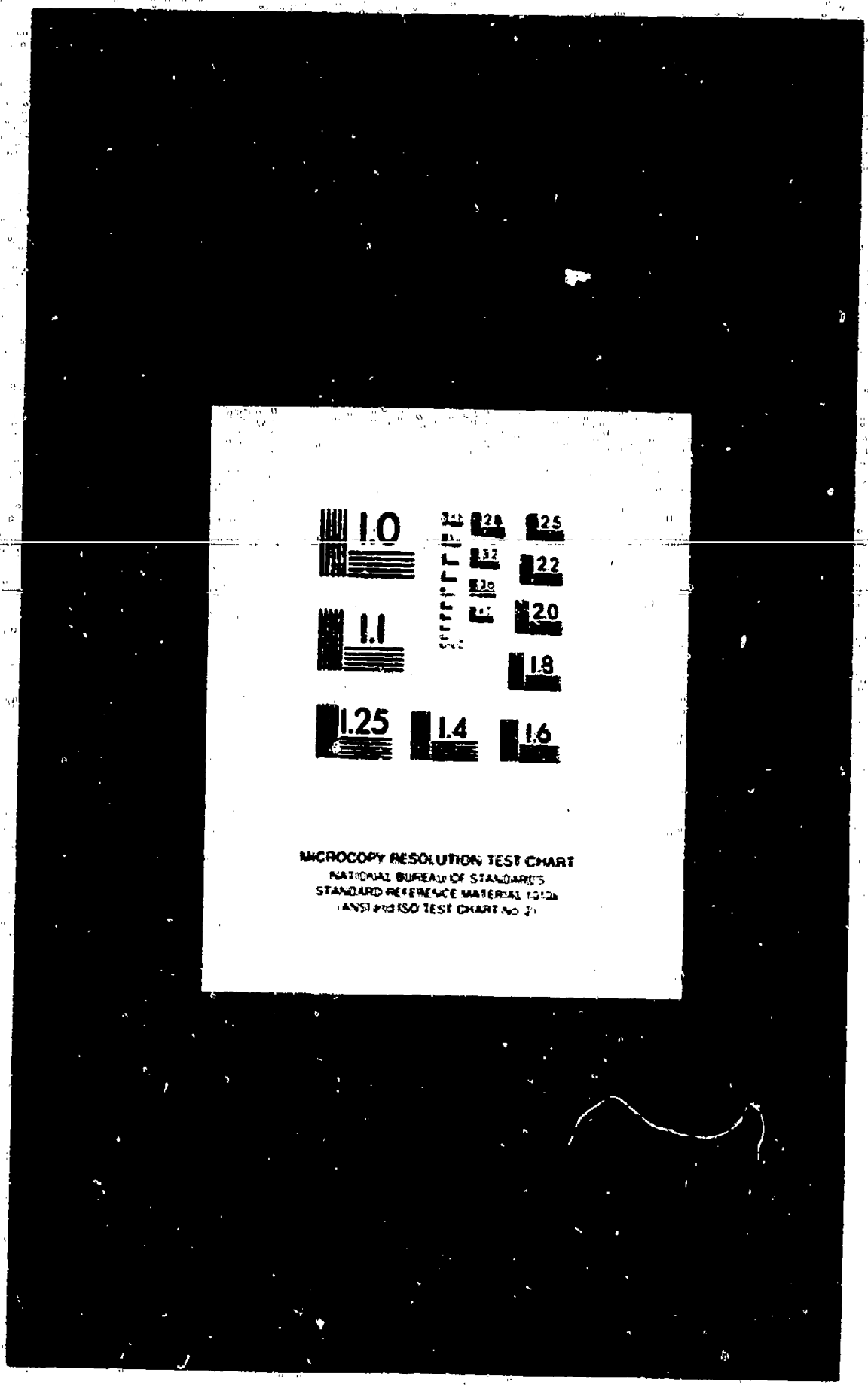
11. Other laboratory studies. Record the results of cytology and other miscellaneous laboratory tests.

12. Diagnostic x-ray, EKG, etc. Record here the results of diagnostic studies, such as x-ray, EKG, EEG, and those using radioactive isotopes.

13. Test series. This space may be used to record results of a test which is repeated frequently (such as daily blood sugar, etc.). Clearly specify the test and, if necessary, the method used.

   If a series of determinations (such as daily urine albumin or blood sugar) is within normal limits, the results may be summarized in the following fashion:

   "Daily blood sugar (Folin-Wu), 3/10 to 3/15, 100-110 mgm %."


1.0
1.1
1.25
1.4
1.6
2.0
1.8
2.2
2.5
MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
ANSI and ISO TEST CHART No. 2

CONTINUED ON NEXT FICHE