(附件\_\_\_) Health-59：**H\_BHP\_GD**

(遺傳疾病資料庫) 需求欄位勾選表

**1.遺傳疾病-產前檢測(H\_BHP\_GD\_PRE)**

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|  | **欄位**  **序號** | **欄位名稱** | **欄位格式** | **欄位中文說明** | **備註** | **資料欄位需求之緣由或目的** |
| □ |  | ID | $12 | 身分證字號 | 經加密處理。 |  |
| □ |  | S | $1 | 身份證字號性別 |  |  |
| □ |  | ID\_ROC | $1 | 身分證字號檢誤 |  |  |
| □ |  | BABY\_NUM | $10 | 胎兒數目 |  |  |
| □ |  | AGE | $3 | 年齡 |  |  |
| □ |  | ADDR | $6 | 戶籍 | 僅提供縣市。 |  |
| □ |  | NATIONALITY | $14 | 國籍 |  |  |
| □ |  | F\_NATIONALITY | $14 | 配偶國籍 |  |  |
| □ |  | AP\_TIMES | $3 | 懷孕次數 |  |  |
| □ |  | ABORTION\_N | $3 | 自然流產數 |  |  |
| □ |  | ABORTION\_M | $3 | 人工流產數 |  |  |
| □ |  | STILLBIRTH | $3 | 死產數 |  |  |
| □ |  | FAMILY\_KIND | $8 | 家庭類別 |  |  |
| □ |  | SPECIMEN\_TYPE | $4 | 檢體類別 |  |  |
| □ |  | COLLECT\_DT | $10 | 檢體抽取時間 | YYYY/MM/DD |  |
| □ |  | CONDITION | $30 | 適應症代碼 |  |  |
| □ |  | LABCODE | $30 | 檢驗項目代碼 |  |  |
| □ |  | LABCODE\_MEMO | $50 | 檢驗項目 |  |  |
| □ |  | PAYMENT | $2 | 是否自費 |  |  |
| □ |  | REPORT\_DT | $10 | 報告日期 | YYYY/MM/DD |  |
| □ |  | FOLLOW\_R | $50 | 追蹤結果 |  |  |
| □ |  | FOLLOW\_DT | $10 | 追蹤日期 | YYYY/MM/DD |  |
| □ |  | UNUSUAL\_SEL | $10 | 檢驗結果 |  |  |
| □ |  | AP\_WEEK | $4 | 懷孕週數(超音波) |  |  |

2. **遺傳疾病-遺傳檢測(H\_BHP\_GD\_GENE)**

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|  | **欄位**  **序號** | **欄位名稱** | **欄位格式** | **欄位中文說明** | **備註** | **資料欄位需求之緣由或目的** |
| □ |  | ID | $12 | 身分證字號 | 經加密處理。 |  |
| □ |  | S | $1 | 身份證字號性別 |  |  |
| □ |  | ID\_ROC | $1 | 身分證字號檢誤 |  |  |
| □ |  | AGE | $3 | 年齡 |  |  |
| □ |  | ADDR | $6 | 戶籍 | 僅提供縣市。 |  |
| □ |  | NATIONALITY | $14 | 國籍 |  |  |
| □ |  | F\_NATIONALITY | $14 | 配偶國籍 |  |  |
| □ |  | SPECIMEN\_TYPE | $8 | 體檢類別 |  |  |
| □ |  | COLLECT\_DT | $10 | 檢體抽取時間 | YYYY/MM/DD |  |
| □ |  | CONDITION | $30 | 適應症代碼 |  |  |
| □ |  | LABCODE | $30 | 檢驗項目代碼 |  |  |
| □ |  | LABCODE\_MEMO | $50 | 檢驗項目 |  |  |
| □ |  | PAYMENT | $2 | 是否自費 |  |  |
| □ |  | REPORT\_DT | $10 | 報告日期 | YYYY/MM/DD |  |
| □ |  | REPORT21 | $10 | 檢驗結果 |  |  |
| □ |  | COUPLE\_MK | $10 | 夫婦確診 |  |  |
| □ |  | SEX | $2 | 性別 |  |  |