

Data Elements For Analysis

- **Required Elements**
 - Medical Record Number from your institution
 - Visit Date
 - INR
 - First and last name
 - ZIP Code
 - Medicare Claim Number if available
 - Social Security Number
- **Additional Elements to enhance your report**
 - Reason for anticoagulation – diagnosis or ICD 9 code
 - Medication list
 - Antibiotic use and date of prescription of antibiotics
 - Provider
 - Provider Group