Data Items	Activity When Injured	Additional Diagnosis 1/2	Ambulance Case Number	Arrival Date/Time	Arrival Transport Mode	Body Region	Campus Code	Compensable Status	Country of Birth	Date of Birth	Departure Date/Time	Departure Status	Departure Transport Mode	Description of Injury Event	DVA Number	Escort Service	First Seen by Treating Doctor Date/Time	First Seen by Treating Nurse Date/Time	Human Intent	Indigenous Status	Injury Cause	Inpatient Bed Request Date/Time	Interpreter Required	Locality	Medicare Number	Medicare Suffix	Nature of Main Injury	Patient Identifier	Place Where Injury Occurred	Postcode	Preferred Language	Primary Diagnosis	Procedure	Reason for Transfer	Referred By	Referred to on Departure	Sex	Transfer Destination	Transfer Source	Triage Category	Triage Date/Time	Type of Usual Accommondation	Type of Visit	Unique Key	VEMD File Name	VEMD Format/Structure
Activity When Injured	310, 311																																												
Additional Diagnosis 1/2		261, 262, 271																																											
Ambulance Case Number			150																																									
Arrival Date/Time				155																																									
Arrival Transport Mode			151		125																																								
Body Region						285, 286																																								
Campus Code							010, 050																																							
Compensable Status								145																																						
Country of Birth				103					100, 102																																				
Date of Birth		263, 265		086, 089, 092, 093, 095, 103, 263, 265, 297, 302, 355					103	095																																			
Departure Date/Time				219, 340, 350	352, 353						210																																			
Departure Status							233, 367					230																																		
Departure Transport Mode												232	255																																
Description of Injury Event														290, 291																															
DVA Number								079							078																															
Escort Service																250																														
First Seen by Treating Doctor Date/Time				351							213	182, 196, 212					195																													
First Seen by Treating Nurse Date/Time				351							212	181, 182, 213					182	180																													
Human Intent				302						302									300, 301																												
Indigenous Status									107											105																										
Injury Cause				297						297											295, 296																										
Inpatient Bed Request Date/Time				336							335	339										331																								
Interpreter Required																							358																							
Locality																								115																						
Medicare Number				086, 089						086, 089															080, 081																					
Medicare Suffix																									364, 365	087																				
Nature of Main Injury						287, 320, 321						320, 321, 366															280, 281																			
Patient Identifier				025							025																065																			
Place Where Injury Occurred																												305, 306																	
Postcode																								115					115																
Preferred Language												025								360			359, 362, 363							110, 361															
Primary Diagnosis		261, 262, 263, 264, 265, 271, 341		263, 265	353	260, 287, 320, 321				263, 265		260, 320, 321, 342, 353, 366															260, 320, 321				260, 261, 271														
Procedure																																206, 207												
Reason for Transfer												232	232																				245											
Referred By																																	130										
Referred to on Departure					352, 353							142, 242																				353			240									
Sex		262, 264		092, 093						092, 093																					262, 265				090								
Transfer Destination							137					232	232																				232				235							
Transfer Source							137																										136				137	135						
Triage Category				351	352, 353							142					351, 366	351, 366														353			142, 352, 353				175					
Triage Date/Time				167								181, 196					196	181																						165					
Type of Usual Accommondation				355						355		356														357															354				
Type of Visit					352, 353							142																				353			142, 352, 353				142, 352, 353			140			
Unique Key				025							025																025, 030																060		
VEMD File Name											217																																	001	
VEMD Format/Structure																																													003, 005, 006, 007, 012