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
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Additional Diagnosis 1/2		261																																										
Ambulance Case Number			150																																									
Arrival Date/Time		263, 265		155																																								
Arrival Transport Mode			151		125																																							
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Description of Injury Event														290																													
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First Seen by Treating Doctor Date/Time				351							213	181, 182 366					195																										
First Seen by Treating Nurse Date/Time				351							212	181, 182 366					181, 182 351	180																										
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Injury Cause				297						297											295																							
Inpatient Bed Request Date/Time				336							335	339										331																						
Interpreter Required																							358																				
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VEMD File Name											217																															001	
VEMD Format/Structure																																											003, 005 006, 007