

**New Jersey Department of Health
ACUTE STROKE REGISTRY (NJASR) VERSION 2.1**

A. DEMOGRAPHIC DATA

*Hospital Type (1): 1=Primary 2=Comprehensive 3=Other _____
*Hospital Code (2): _____ *Hospital Transferred From Code (3): _____ *Medical Record #(4): _____
*Patient: Last Name (5): _____ *First Name (6): _____ *MI (7): _____
Date of Birth (8): (mm/dd/yyyy) _____ *SS# (9): _____ *Zip Code (10): _____
Gender (11): 1=Male 2=Female 3=Other/Unknown _____
Race (Check all that apply)
(12a) White (12b) Black or African American (12c) Asian (12d) American Indian or Alaskan Native
(12e) Native Hawaiian or Pacific Islander (12f) Unknown or Unable to Determine (UTD) _____
Hispanic or Latino Ethnicity (13): 1=Yes 0= No/UTD _____
Health Insurance Status (14): 1=Blue Cross/Blue Shield 2=Commercial 3=HMO 4=Medicaid 5=Medicare
6=Self-pay 7=Tricare (Champus) 8=Uninsured/Indigent 9=Other _____

B. PRE-HOSPITAL/EMERGENCY MEDICAL SYSTEM (EMS) DATA

Where was the patient when stroke was detected or when symptoms were discovered (15)?
1=Not in a health care setting 4=Stroke occurred after hospital arrival (in ED/obs/inpatient)
2=Another acute care facility 5=Outpatient health care setting
3=Chronic health care facility 9=ND or Cannot be determined _____
If answer is 1, 2, 3, 5 or 9 on #15:
How did the patient get to your hospital for treatment of his/her stroke (16)?
1=EMS from home or scene 3=Transferred from another hospital 10= Mobile Stroke Unit
2=Private transportation/taxi other 9=ND or unknown _____
If patient arrived by EMS or Mobile Stroke Unit, then complete questions 17 through 21:
Date and time call received by EMS or Mobile Stroke Unit:
Date (17): (mm/dd/yyyy) _____ Date Not Documented (18): 1=Yes 2=No _____
Time (19): (hh:mm) _____ Time Not Documented (20): 1=Yes 2=No _____
Was there EMS pre-notification to your hospital (21)? 1=Yes 0=No/ND _____

C. HOSPITALIZATION

Date of arrival to Hospital/ED (22): (mm/dd/yyyy) _____
Time of arrival to Hospital/ED (23): (hh:mm) _____
Hospital Admission Date (24): (mm/dd/yyyy) _____
In what area of the hospital was the patient first evaluated (25)?
1=Emergency Department/Urgent Care
2=Direct Admit (DA) or Direct to Floor, not through ED
3=Imaging suite prior to ED arrival or DA
9=Cannot be determined _____

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Was the patient admitted to your hospital (26)? 1=Yes 0=No, Not Admitted _____

If patient was Not Admitted to your hospital, select the reason why the patient was not admitted (27)?

- 1=Patient was transferred from your ED to another acute care hospital
 - 2=Patient was discharged directly from ED to home or other location other than an acute care hospital
 - 3=Patient left ED AMA
 - 4=Patient died while in ED
 - 5=Patient discharged from observation status without being admitted to the hospital
 - 6=Other
- _____

What was the presumptive hospital admission diagnosis at the time of admission (28)? (select only one)

- | | | |
|-----------------------------|----------------------------------|-------------------------------|
| 1=intracerebral Hemorrhage | 3=Subarachnoid Hemorrhage | 5=Ischemic Stroke |
| 2=Transient Ischemic Attack | 4=Stroke not otherwise specified | 6=No stroke related diagnosis |
- _____

Did symptoms completely resolve prior to presentation (29)? 1=Yes 0=No 9=ND _____

Initial Findings:

- | | | | |
|-------------------------------------|-------|---------|-------|
| Weakness or Paresis (30) | 1=Yes | 0=No/ND | _____ |
| Altered Level of Consciousness (31) | 1=Yes | 0=No/ND | _____ |
| Aphasia (32) | 1=Yes | 0=No/ND | _____ |

Initial Blood Pressure:

- If patient received IV alteplase, what was the first systolic blood pressure? (33) _____ (mmHg)
- If patient received IV alteplase, what was the first diastolic blood pressure? (34) _____ (mmHg)

Initial Glucose:

- If patient received IV alteplase, what was the first blood glucose? (35) _____ (mg/dL)

Prescribed medications currently taking prior to admission:

- | | | | |
|--------------------------------------|-------|---------|-------|
| Antiplatelet medication (36) | 1=Yes | 0=No/ND | _____ |
| Anticoagulation medication (37) | 1=Yes | 0=No/ND | _____ |
| Antihypertensive medication (38) | 1=Yes | 0=No/ND | _____ |
| Cholesterol reducing medication (39) | 1=Yes | 0=No/ND | _____ |
| Diabetic medication (40) | 1=Yes | 0=No/ND | _____ |

Was patient ambulatory prior to the current stroke/TIA (41)?

- 1=Able to ambulate independently (no help from another person) w/ or w/o device
 - 2=With assistance from another person
 - 3=Unable to ambulate
 - 9=Not documented
- _____

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D. IMAGING

Was brain imaging performed at your hospital after arrival as part of the initial evaluation for this episode of care or this event (42)?

1=Yes 0=No/ND 2=NC-if outside imaging prior to transfer or patient is DNR/CMO _____

If yes,

Date of initial brain imaging: (43) (mm/dd/yyyy) _____

Date not documented or unknown: (44) 1=Yes 0-No _____

Time of initial brain imaging: (45) (hh:mm) _____

Time not documented or unknown: (46) 1=Yes 0-No _____

Initial brain image findings (47) 1=Hemorrhagic 0=No hemorrhage 9=N/D or Not available _____

Date of initial brain image findings: (48) (mm/dd/yyyy) _____

Date of initial brain image findings not documented or unknown: (49) 1=Yes 0-No _____

Time of initial brain image findings: (50) (hh:mm) _____

Time of initial brain image findings not documented or unknown: (51) 1=Yes 0-No _____

E. SYMPTOM TIMELINE

When was the patient last known to be well (i.e., in their usual state of health or at their baseline), prior to the beginning of the current stroke or stroke-like symptoms? (To within 15 minutes of exact time is acceptable)

Date: (52) (mm/dd/yyyy) _____

Date last known well is unknown/not documented/UTD: (53) 1=Yes 0-No _____

Time: (54) (hh:mm) _____

Time last known well is unknown/not documented/UTD: (55) 1=Yes 0-No _____

When was the patient first discovered to have the current stroke or stroke-like symptoms?

Date: (56) (mm/dd/yyyy) _____

Date patient discovered with symptoms unknown/not documented: (57) 1=Yes 0-No _____

Time: (58) (hh:mm) _____ (May record within 15 minutes of exact time).

Discovery time unknown/not documented: (59) 1=Yes 0-No _____

Was NIH Stroke Scale (NIHSS) score performed as part of the initial evaluation of the patient (60)?

1=Yes 0=No/ND _____

If performed, what is the first NIHSS total score recorded by hospital personnel (61)? (00-42) _____

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F. THROMBOLYTIC TREATMENT

Was IV alteplase initiated for this patient at this hospital (62)?

1=Yes 0=No

If IV alteplase was initiated at this hospital or ED, please complete this section:

Date: (63) (mm/dd/yyyy) _____

Date not documented or unknown: (64) 1=Yes 0=No

Time: (65) (hh:mm) _____

Time not documented or unknown: (66) 1=Yes 0=No

IV alteplase at an outside hospital or mobile stroke unit (67): 1=Yes 0=No

IA catheter-based reperfusion at this hospital (68):

1=Yes 0=No

If yes, record date and time:

Date: (69) (mm/dd/yyyy) _____

Date not documented or unknown: (70) 1=Yes 0=No

Time: (71) (hh:mm) _____

Time not documented or unknown: (72) 1=Yes 0=No

IA catheter-based reperfusion at outside hospital (73): 1=Yes 0=No

Investigational or experimental protocol for thrombolysis (74): 1=Yes 0=No

If yes, specify: (75): _____

***Other investigative therapy for ischemic or hemorrhagic stroke (76):** 1=Yes 0=No

Complications from reperfusion therapy (77):

- 0=None
- 1=Symptomatic ICH within 36 hours (<36 hours)
- 2=Life threatening, serious systemic hemorrhage within 36 hours
- 3=Other serious complications
- 9=Unknown/unable to determine

Were there bleeding complications in a patient transferred after IV alteplase (78)?

- 1=Yes and detected prior to transfer
- 2=Yes but detected after transfer
- 3=UTD
- 9=Not applicable: Patient was not transferred or did not receive IV alteplase prior to transfer

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G. NON-TREATMENT WITH THROMBOLYTICS

Documented Exclusions (Contraindications) or Relative Exclusions (Warnings) for not initiating IV Thrombolytic in the 0-3 hour treatment window (79):

1=Yes 0-No If yes: select from 0 - 3 hour listed items. _____

Documented Exclusions (Contraindications) or Relative Exclusions (Warnings) for not initiating IV Thrombolytic in the 3-4.5 hour treatment window (80):

1=Yes 0-No If yes: select from 3 - 4.5 hour listed items. _____

Were one or more of the following reasons for not administering IV thrombolytic therapy at this hospital explicitly documented by a physician, advanced practice nurse, or physician assistant's notes in the patient's chart?

(Check all that apply)

	0 – 3 Hours <i>(Check all that apply)</i>	3 – 4.5 Hours <i>(Check all that apply)</i>
Documented Exclusions (Contraindications) for not initiating IV thrombolytic treatment:		
Active internal bleeding (81)	<input type="checkbox"/>	<input type="checkbox"/>
CT demonstrates multilobar infarction (hypodensity) > 1/3 cerebral hemisphere (82)	<input type="checkbox"/>	<input type="checkbox"/>
History of intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation or aneurysm (83)	<input type="checkbox"/>	<input type="checkbox"/>
Acute bleeding diathesis (low platelet count, increased PTT, INR ≥ 1.7 or use of NOAC. This includes: Platelet count <100 000/mm ³ ; Heparin received within 48 hours resulting in abnormally elevated aPTT greater than the limit or normal; current use of anticoagulant with INR >1.7 or PT >15 seconds; current use of direct thrombin inhibitors or direct factor Xa inhibitors with elevated sensitive laboratory tests (such as aPTT, INR, platelet count, and ECT; TT; or appropriate factor Xa activity assays) (84)	<input type="checkbox"/>	<input type="checkbox"/>
Recent intracranial or spinal surgery, significant head trauma or stroke in previous 3 months (85)	<input type="checkbox"/>	<input type="checkbox"/>
Elevated blood pressure (systolic >185 mmHg or diastolic >110 mmHg) despite treatment (87)	<input type="checkbox"/>	<input type="checkbox"/>
Symptoms may suggest subarachnoid hemorrhage (89)	<input type="checkbox"/>	<input type="checkbox"/>
Arterial puncture at non-compressible site in previous 7 days (89a)	<input type="checkbox"/>	<input type="checkbox"/>
Blood Glucose concentration <50 mg/dL (2.7 mmol/L) (92)	<input type="checkbox"/>	<input type="checkbox"/>
Relative Exclusions (Warnings) (conditions that might lead to unfavorable outcomes):		
Care-team unable to determine eligibility (91)	<input type="checkbox"/>	<input type="checkbox"/>
IV or IA thrombolysis/thrombectomy at an outside hospital prior to arrival (94)	<input type="checkbox"/>	<input type="checkbox"/>
Life expectancy <1 year or severe co-morbid illness or CMO on admission (96)	<input type="checkbox"/>	<input type="checkbox"/>
Recent acute myocardial infarction (within previous 3 months) (97)	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy (98)	<input type="checkbox"/>	<input type="checkbox"/>
Patient/family refused (99)	<input type="checkbox"/>	<input type="checkbox"/>
Stroke severity too mild (100) (non disabling)	<input type="checkbox"/>	<input type="checkbox"/>
Seizure at onset with postictal residual neurological impairments (88)	<input type="checkbox"/>	<input type="checkbox"/>
Major surgery or serious trauma within previous 14 days (86)	<input type="checkbox"/>	<input type="checkbox"/>
Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days) (102a)	<input type="checkbox"/>	<input type="checkbox"/>

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	0 – 3 Hours <i>(Check all that apply)</i>	3 – 4.5 Hours <i>(Check all that apply)</i>
Hospital-Related or Other Factors:		
Rapid or Early Improvement (102)	<input type="checkbox"/>	<input type="checkbox"/>
Delay in patient arrival (103)	<input type="checkbox"/>	<input type="checkbox"/>
Delay in stroke diagnosis (104)	<input type="checkbox"/>	<input type="checkbox"/>
In-hospital time delay (105)	<input type="checkbox"/>	<input type="checkbox"/>
No IV access (106)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify) (107):	<input type="checkbox"/>	<input type="checkbox"/>

H. MEDICAL HISTORY

Documented past medical history:	Check all that apply
Atrial Fib/Flutter (108)	<input type="checkbox"/>
Myocardial Infarction (MI) or coronary artery disease (CAD) (109)	<input type="checkbox"/>
Carotid stenosis (110)	<input type="checkbox"/>
Did this event occur during pregnancy or within 6 weeks after delivery or termination of pregnancy (111)?	<input type="checkbox"/>
Diabetes Mellitus (112)	<input type="checkbox"/>
Drugs or alcohol abuse (113)	<input type="checkbox"/>
Dyslipidemia (114)	<input type="checkbox"/>
Family history of stroke (115)	<input type="checkbox"/>
Heart failure (116)	<input type="checkbox"/>
Hormone replacement therapy (HRT) (117)	<input type="checkbox"/>
Hypertension (118)	<input type="checkbox"/>
Migraine (119)	<input type="checkbox"/>
Obesity (120)	<input type="checkbox"/>
Prior Stroke (121)	<input type="checkbox"/>
History of Transient Ischemic Attack (TIA) or Vertebral-Basilar Insufficiency (VBI) (122)	<input type="checkbox"/>
Peripheral Vascular Disease (PVD) (123)	<input type="checkbox"/>
Heart valve prosthesis (124)	<input type="checkbox"/>
Chronic renal insufficiency (serum creatinine >2.0) (125)	<input type="checkbox"/>
Sickle cell disease (sickle cell anemia) (126)	<input type="checkbox"/>
Smoking (at least one cigarette during the year prior to hospital arrival) (127)	<input type="checkbox"/>
None of the above (128)	<input type="checkbox"/>

Record patient's height (129): _____ cms.

Record patient's weight (130): _____ kgs.

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I. IN-HOSPITAL PROCEDURES AND TREATMENT

Where was patient cared for and by whom?

Neuro Admit (131)	1=Yes	0=No	_____
Other Service Admit (132)	1=Yes	0=No	_____
Stroke Consult (133)	1=Yes	0=No	_____
No Stroke Consult (134)	1=Yes	0=No	_____
In Stroke Unit (135)	1=Yes	0=No	_____
Not in Stroke Unit (136)	1=Yes	0=No	_____

When is the earliest time that the physician, advanced practice nurse, or PA documented that patient was on comfort measures (137)?

1=Day of arrival or first day after arrival
 2=2nd day after arrival or later
 3=Timing unclear
 4=ND/UTD _____

Was antithrombotic therapy received by the end of hospital day 2 (138)?

1=Yes 0=No/Not documented 2= NC _____

***Was the patient ambulatory at the end of hospital day two (139)?**

1=Yes 0=No 2=Not documented _____

VTE Prophylaxis (select all that apply):

VTE Prophylaxis	Check all that apply
Low dose unfractionated heparin (LDUH) (140)	<input type="checkbox"/>
Low molecular weight heparin (LMWH) (141)	<input type="checkbox"/>
Intermittent pneumatic compression devices (IPC) (142)	<input type="checkbox"/>
Graduated compression stockings (GCS) (143)	<input type="checkbox"/>
Factor Xa Inhibitor (144)	<input type="checkbox"/>
Warfarin (145)	<input type="checkbox"/>
Venous foot pumps (VFP) (146)	<input type="checkbox"/>
Oral Factor Xa Inhibitor (147)	<input type="checkbox"/>
Not documented or none of the above (148)	<input type="checkbox"/>

What date was the initial VTE prophylaxis administered after hospital admission (149)?

(mm/dd/yyyy) _____ Check if date is unknown (150)

If not documented or none of the above types of prophylaxis apply, is there documentation why VTE prophylaxis was not administered at hospital admission (151)?

1=Yes 0=No _____

Is there a documented reason for using Oral Factor Xa Inhibitor for VTE (152)?

1=Yes 0=No _____

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Other Therapeutic Anticoagulation (153): *(Select One)*

- 1=Unfractionated Heparin IV
- 2=Dabigatran (Pradaxa)
- 3=Argatroban
- 4=Desirudin (Iprivask)
- 5=Rivaroxaban (Xarelto)
- 6=Lepirudin (Refludan)
- 8=Apixaban (Eliguis)
- 9=Other Anticoagulant

Was the patient NPO throughout the entire hospital stay (154)? (i.e., this patient never received food, fluids, or medication by mouth at any time)

- 1=Yes 0=No or Not documented

Was patient screened for dysphagia prior to any oral intake, including food, fluids or medications (155)?

- 1=Yes 0=No or Not documented
2= NC—A documented reason for not screening exists in the medical record

***IV therapeutic heparin administered (156)?**

- 1=Yes 0=No

***Was the patient's cardiac rhythm monitored continuously (157)?**

- 1=Yes 0=No

J. OTHER IN-HOSPITAL COMPLICATIONS

Did patient experience a DVT or pulmonary embolus (PE) during this admission (158)?

- 1=Yes 0=No/ND

Was there documentation that the patient was treated for pneumonia during this admission (159)?

- 1=Yes 0=No/ND 9=NC

Was patient treated for a urinary tract infection (UTI) during this admission (160)?

- 1=Yes 0=No/ND

If patient was treated for a UTI, did the patient have a Foley catheter during this admission (161)?

- 1=Yes, and patient had catheter in place on arrival 2=Yes, but only after admission
0=No 9=Unable to determine

K. DISCHARGE DATA

Date of discharge from hospital (162) *(mm/dd/yyyy)* _____

ICD discharge diagnosis related to stroke (163): _____

Principal discharge ICD diagnosis (164): _____

Clinical hospital diagnosis related to stroke that was ultimately responsible for this admission *(Select one)* **(165):**

- 1=Subarachnoid hemorrhage
- 2=Intracerebral hemorrhage
- 3=Ischemic stroke
- 4=Transient ischemic attack
- 5=Stroke not otherwise specified
- 6=No stroke related diagnosis
- 8=Elective carotid intervention only

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What was the patient's discharge disposition on the day of discharge (Select only one) (166):

- 1=Home
- 2=Hospice - Home
- 3=Hospice – Health Care Facility
- 4=Acute Care Facility
- 5=Other Health Care Facility
- 6=Expired
- 7=Left against medical advice/AMA
- 8=Not Documented or Unable to Determine (UTD)

If discharged to another healthcare facility, what type of facility was it (167)?

- 1=Skilled nursing facility
- 2=Inpatient rehabilitation
- 3=Long-term acute care facility or hospital
- 4=Intermediate care facility
- 5=Other

Ambulation status at Discharge (168):

- 1 = Able to ambulate independently (no help from another person) w/or w/o device
- 2 = With assistance from another person
- 3 = Unable to ambulate
- 9 = Not documented

If past medical history of smoking is checked as yes on #127, was the adult patient or their care giver given smoking cessation advice or counseling during the hospital stay (169)?

- 1=Yes
- 0=No or not documented in the medical record
- 2=NC– A documented reason exists for not performing counseling

***Record lipid levels in the first 48 hours or within 30 days prior to admission:**

Total Cholesterol (3-digits) (170)	_____ mg/dl	}	Lipids: ND (174)
Triglycerides (4-digits) (171)	_____ mg/dl		Lipids: NC (175)
HDL (3-digits) (172)	_____ mg/dl		
LDL (3-digits) (173)	_____ mg/dl		

Glycosylated Hb (HbA1C) (176): _____ % ND (177)

Cholesterol-reducing treatment prescribed at discharge: (178) (Check all that apply)

- 1=None-prescribed N/D
- 2=None-contraindicated
- 3=Statin
- 4=Fibrate
- 6=Other med
- 7=Niacin
- 8=Absorption inhibitor
- 9=PCSK9 inhibitor

If statin was not prescribed, was there a documented reason for not prescribing a statin medication (179)?:

- 1=Yes 0=No

Is there documentation that antihypertensive medication was prescribed at discharge (180)?

- 1=Yes 0=No/ND 2=NC

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Was antithrombotic (antiplatelet or anticoagulant) medication that is approved for stroke prescribed at discharge (181)?

1=Yes 0=No/ND 2=NC

Was an antithrombotic medication not on the Antithrombotic Therapy Approved in Stroke inclusion list (an alternate antithrombotic medication) prescribed at discharge (181a)?

1=Yes 0=No/ND

If patient was discharged on an antithrombotic medication, was it an antiplatelet (182)? 1=Yes 0=No/ND

If patient was discharged on an antithrombotic medication, was it an anticoagulant (183)? 1=Yes 0=No/ND

Was atrial fibrillation/flutter or paroxysmal atrial fibrillation (PAF) documented during this episode of care (184)?

1=Yes 0=No/ND

If a history of atrial fibrillation/flutter or PAF is documented in the medical history of the patient or if the patient experienced atrial fibrillation/flutter or PAF during this episode of care, was patient prescribed anticoagulation medication upon discharge (185)?

1=Yes 0=No/ND 2=Contraindicated (NC)

Was there documentation that the patient and/or caregiver received education and/or resource materials regarding any of the following?

Risk factors for stroke (186) 1=Yes 0=No/Not documented

Stroke warning signs (187) 1=Yes 0=No/Not documented

How to activate EMS (188) 1=Yes 0=No/Not documented

Need for follow-up after discharge (189) 1=Yes 0=No/Not documented

Their prescribed medications (190) 1=Yes 0=No/Not documented

Is there documentation in the record that the patient was assessed for or received rehabilitation services (191)?

1=Yes 0=No/Not documented

If patient was assessed for rehabilitation services or received rehabilitation services, check all rehabilitation services that the patient received or was assessed for in the list below:	Check all that apply
Did patient receive rehabilitation services during hospitalization (192)?	<input type="checkbox"/>
Was patient transferred to a rehabilitation facility (193)?	<input type="checkbox"/>
Was patient referred to rehabilitation services following discharge (194)?	<input type="checkbox"/>
Was patient ineligible to receive rehabilitation services because symptoms resolved (195)?	<input type="checkbox"/>
Was patient ineligible to receive rehabilitation services due to impairment (i.e., poor prognosis or patient being unable to tolerate rehabilitation therapeutic regimen) (196)?	<input type="checkbox"/>

Was Modified Rankin Scale done at discharge (197)? 1=Yes 0=No/ND

If Modified Rankin Scale was done at discharge, what was the Modified Rankin Score (198)?

0=No symptoms at all

1=No significant disability despite symptoms; able to carry out all usual duties and activities

2=Slight disability; unable to carry out previous activities, but able to look after own affairs without assistance

3=Moderate disability; requiring some help, but able to walk without assistance

4=Moderately severe disability, unable to walk without assistance and unable to attend to own bodily needs without assistance

5=Severe disability; bedridden, incontinent and requiring constant nursing care and attention

6=Dead

Possible Comprehensive Stroke Questions:

*Reserved field 1 (199): _____ *Reserved field 2 (200): _____ *Reserved field 3 (201): _____

*Reserved field 4 (202): _____ *Reserved field 5 (203): _____ *Reserved field 6 (204): _____

*Reserved field 7 (205): _____ *Reserved field 8 (206): _____ *Reserved field 9 (207): _____

*Reserved field 10 (208): _____ *Reserved field 11 (209): _____ *Reserved field 12 (210): _____

*Reserved field 13 (211): _____ *Reserved field 14 (212): _____ *Reserved field 15 (213): _____

NOTE: * = State Added Item