

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**HEMO Study Form 41. Clinical Center Hospitalization ICD 9 and DRG Form**

- 1. Patient Identification Number.....\_\_\_\_\_
- 2. Patient Name Code.....\_\_\_\_\_
- 3. Date of Hospital Admission..... \_\_\_\_/\_\_\_\_/\_\_\_\_

For items 4, 5, and 6, use the codes assigned by the hospital's medical records department.

Be certain to key-enter the leading and trailing 0's as well as decimals.

- 4. ICD-9 CM Diagnosis Codes
  - a. Primary.....\_\_\_\_\_.
  - b. Secondary.....\_\_\_\_\_.
  - c. Other.....\_\_\_\_\_.
  - d. Other.....\_\_\_\_\_.
  - e. Other.....\_\_\_\_\_.
  - f. Other.....\_\_\_\_\_.
  - g. Other.....\_\_\_\_\_.
  - h. Other.....\_\_\_\_\_.
  - i. Other.....\_\_\_\_\_.
  - j. Other.....\_\_\_\_\_.
  - k. Other.....\_\_\_\_\_.
  - l. Other.....\_\_\_\_\_.

- 5. ICD-9 CM Procedure Codes
  - a. Primary.....\_\_\_\_\_.
  - b. Secondary.....\_\_\_\_\_.
  - c. Other.....\_\_\_\_\_.

- d. Other ..... \_ \_ . \_ \_
  - e. Other ..... \_ \_ . \_ \_
  - f. Other ..... \_ \_ . \_ \_
  - g. Other ..... \_ \_ . \_ \_
  - h. Other ..... \_ \_ . \_ \_
  - i. Other ..... \_ \_ . \_ \_
  - j. Other ..... \_ \_ . \_ \_
  - k. Other ..... \_ \_ . \_ \_
  - l. Other ..... \_ \_ . \_ \_
6. DRG Code ..... \_ \_ \_ \_
201. Date this form completed ..... \_ \_ / \_ \_ / \_ \_ \_ \_
202. Certification number of person completing this form ..... \_ \_ \_ \_ \_

<p>Clinical Center Use Only</p> <p>Data Form Entered _ _ / _ _ / _ _ _ _</p> <p>Person Entering this Form _____</p>
---