

MIDAS DICOM Tag De-identification Checklist

<i>Please select one of the following:</i>	
<input type="checkbox"/>	I confirm there are no changes required to the MIDAS DICOM Tag De-identification list below
<input type="checkbox"/>	I would like to retain specific DICOM tags from the list below (please select specific tags below)
Private manufacturer tags in the DICOM header are automatically removed because risk of PHI. If the following box is selected, to retain private tags, the PI will be ultimately responsible for ensuring there is no PHI in the private tags post de-identification process.	
<input type="checkbox"/>	I would like to remove all private manufacturer tags
<input type="checkbox"/>	I would like to retain private manufacturer tags and will ensure there is no PHI in private tags post de-identification process
Once completed, please attach to the MIDAS Request Form	

Definitions of terms:

Hash – will generate a replacement value using a SHA hash algorithm that is consistent and repeatable

Delete – tag is completely deleted from DICOM header

Autofill – Standardized replacement value is used, usually "Anonymized"

GenerateUID – new, randomized, distinct UID is created each time

TransformUID – applies a transformation algorithm that produces a unique replacement value for UID

No.	Select to Retain Tag	Attribute Name	Tag	Operation
1	<input type="checkbox"/>	Accession Number	80,050	hash
2	<input type="checkbox"/>	Acquisition Context Sequence	400,555	delete
3	<input type="checkbox"/>	Acquisition Date	80,022	autofill
4	<input type="checkbox"/>	Acquisition DateTime	0008,002A	autofill
5	<input type="checkbox"/>	Acquisition Device Processing Description	181,400	autofill
6	<input type="checkbox"/>	Acquisition Protocol Description	189,424	autofill
7	<input type="checkbox"/>	Acquisition Time	80,032	autofill
8	<input type="checkbox"/>	Actual Human Performers Sequence	404,035	delete
9		Additional Patient's History	0010,21B0	autofill
10		Address (Trial)	0040,A353	autofill
11	<input type="checkbox"/>	Admission ID	380,010	hash
12	<input type="checkbox"/>	Admitting Date	380,020	autofill
13	<input type="checkbox"/>	Admitting Diagnoses Code Sequence	81,084	delete
14	<input type="checkbox"/>	Admitting Diagnoses Description	81,080	autofill
15	<input type="checkbox"/>	Admitting Time	380,021	autofill
16	<input type="checkbox"/>	Affected SOP Instance UID	0000,1000	GenerateUID
17	<input type="checkbox"/>	Allergies	102,110	autofill
18	<input type="checkbox"/>	Arbitrary	40,000,010	autofill
19	<input type="checkbox"/>	Author Observer Sequence	0040,A078	delete
20	<input type="checkbox"/>	Barcode Value	22,000,005	autofill
21	<input type="checkbox"/>	Beam Description	300A,00C3	autofill
22	<input type="checkbox"/>	Bolus Description	300A,00DD	autofill
23	<input type="checkbox"/>	Branch of Service	101,081	autofill
24	<input type="checkbox"/>	Camera Owner Name	0016,004D	autofill
25	<input type="checkbox"/>	Cassette ID	181,007	hash
26	<input type="checkbox"/>	Comments on the Performed Procedure Step	400,280	autofill
27	<input type="checkbox"/>	Compensator Description	300A,02EB	autofill
28	<input type="checkbox"/>	Concatenation UID	209,161	TransformUID
29	<input type="checkbox"/>	Confidentiality Constraint on Patient Data Description	403,001	autofill
30	<input type="checkbox"/>	Consulting Physician's Name	0008,009C	autofill
31	<input type="checkbox"/>	Consulting Physician Identification Sequence	0008,009D	delete
32	<input type="checkbox"/>	Container Component ID	0050,001B	hash
33	<input type="checkbox"/>	Container Description	0040,051A	autofill
34	<input type="checkbox"/>	Container Identifier	400,512	autofill
35	<input type="checkbox"/>	Content Creator's Identification Code Sequence	700,086	delete
36	<input type="checkbox"/>	Content Creator's Name	700,084	autofill
37	<input type="checkbox"/>	Content Date	80,023	autofill
38	<input type="checkbox"/>	Content Sequence	0040,A730	delete
39	<input type="checkbox"/>	Content Time	80,033	autofill
40	<input type="checkbox"/>	Contrast Bolus Agent	180,010	autofill
41	<input type="checkbox"/>	Contribution Description	0018,A003	autofill
42	<input type="checkbox"/>	Country of Residence	102,150	autofill
43	<input type="checkbox"/>	Current Observer (Trial)	0040,A307	autofill
44	<input type="checkbox"/>	Current Patient Location	380,300	autofill
45	<input type="checkbox"/>			

46	<input type="checkbox"/>	Curve Data	50xx,xxxx	autofill
47	<input type="checkbox"/>	Curve Date	80,025	autofill
48	<input type="checkbox"/>	Curve Time	80,035	autofill
49	<input type="checkbox"/>	Custodial Organization Sequence	0040,A07C	delete
50	<input type="checkbox"/>	Data Set Trailing Padding	FFFC,FFFC	autofill
51	<input type="checkbox"/>	Derivation Description	82,111	autofill
52	<input type="checkbox"/>	Detector ID	0018,700A	hash
53	<input type="checkbox"/>	Device Serial Number	181,000	autofill
54	<input type="checkbox"/>	Device Setting Description	0016,004B	autofill
55	<input type="checkbox"/>	Device UID	181,002	TransformUID
56	<input type="checkbox"/>	Digital Signatures Sequence	FFFA,FFFA	delete
57	<input type="checkbox"/>	Digital Signature UID	4,000,100	TransformUID
58	<input type="checkbox"/>	Dimension Organization UID	209,164	TransformUID
59	<input type="checkbox"/>	Discharge Diagnosis Description	380,040	autofill
60	<input type="checkbox"/>	Distribution Address	4008,011A	autofill
61	<input type="checkbox"/>	Distribution Name	40,080,119	autofill
62	<input type="checkbox"/>	Dose Reference Description	300A,0016	autofill
63	<input type="checkbox"/>	Dose Reference UID	300A,0013	TransformUID
64	<input type="checkbox"/>	End Acquisition DateTime	189,517	autofill
65	<input type="checkbox"/>	Ethnic Group	102,160	autofill
66	<input type="checkbox"/>	Expected Completion DateTime	404,011	autofill
67	<input type="checkbox"/>	Failed SOP Instance UID List	80,058	TransformUID
68	<input type="checkbox"/>	Fiducial UID	0070,031A	TransformUID
69	<input type="checkbox"/>	Filler Order Number / Imaging Service Request	402,017	autofill
70	<input type="checkbox"/>	First Treatment Date	30,080,054	autofill
71	<input type="checkbox"/>	Fixation Device Description	300A,0196	autofill
72	<input type="checkbox"/>	Fraction Group Description	300A,0072	autofill
73	<input type="checkbox"/>	Frame Comments	209,158	autofill
74	<input type="checkbox"/>	Frame of Reference UID	200,052	TransformUID
75	<input type="checkbox"/>	Gantry ID	181,008	hash
76	<input type="checkbox"/>	Generator ID	181,005	hash
77	<input type="checkbox"/>	GPS Altitude	160,076	autofill
78	<input type="checkbox"/>	GPS Altitude Ref	160,075	autofill
79	<input type="checkbox"/>	GPS Area Information	0016,008C	autofill
80	<input type="checkbox"/>	GPS Date Stamp	0016,008D	autofill
81	<input type="checkbox"/>	GPS Dest Bearing	160,088	autofill
82	<input type="checkbox"/>	GPS Dest Bearing Ref	160,087	autofill
83	<input type="checkbox"/>	GPS Dest Distance	0016,008A	autofill
84	<input type="checkbox"/>	GPS Dest Distance Ref	160,089	autofill
85	<input type="checkbox"/>	GPS Dest Latitude	160,084	autofill
86	<input type="checkbox"/>	GPS Dest Latitude Ref	160,083	autofill
87	<input type="checkbox"/>	GPS Dest Longitude	160,086	autofill
88	<input type="checkbox"/>	GPS Dest Longitude Ref	160,085	autofill
89	<input type="checkbox"/>	GPS Differential	0016,008E	autofill
90	<input type="checkbox"/>	GPS DOP	0016,007B	autofill
91	<input type="checkbox"/>	GPS Img Direction	160,081	autofill
92	<input type="checkbox"/>	GPS Img Direction Ref	160,080	autofill
93	<input type="checkbox"/>	GPS Latitude	160,072	autofill
94	<input type="checkbox"/>	GPS Latitude Ref	160,071	autofill
95	<input type="checkbox"/>	GPS Longitude	160,074	autofill
96	<input type="checkbox"/>	GPS Longitude Ref	160,073	autofill
97	<input type="checkbox"/>	GPS Map Datum	160,082	autofill
98	<input type="checkbox"/>	GPS Measure Mode	0016,007A	autofill
99	<input type="checkbox"/>	GPS Processing Method	0016,008B	autofill
100	<input type="checkbox"/>	GPS Satellites	160,078	autofill
101	<input type="checkbox"/>	GPS Speed	0016,007D	autofill
102	<input type="checkbox"/>	GPS Speed Ref	0016,007C	autofill
103	<input type="checkbox"/>	GPS Status	160,079	autofill
104	<input type="checkbox"/>	GPS Time Stamp	160,077	autofill
105	<input type="checkbox"/>	GPS Track	0016,007F	autofill
106	<input type="checkbox"/>	GPS Track Ref	0016,007E	autofill
107	<input type="checkbox"/>	GPS Version ID	160,070	hash
108	<input type="checkbox"/>	Graphic Annotation Sequence	700,001	delete

109	<input type="checkbox"/>	Human Performers Name	404,037	autofill
110	<input type="checkbox"/>	Human Performers Organization	404,036	autofill
111	<input type="checkbox"/>	Icon Image Sequence(see Note 12)	880,200	delete
112	<input type="checkbox"/>	Identifying Comments	84,000	autofill
113	<input type="checkbox"/>	Image Comments	204,000	autofill
114	<input type="checkbox"/>	Image Presentation Comments	284,000	autofill
115	<input type="checkbox"/>	Imaging Service Request Comments	402,400	autofill
116	<input type="checkbox"/>	Impressions	40,080,300	autofill
117	<input type="checkbox"/>	Instance Coercion DateTime	80,015	autofill
118	<input type="checkbox"/>	Instance Creator UID	80,014	TransformUID
119	<input type="checkbox"/>	Instance Origin Status	4,000,600	autofill
120	<input type="checkbox"/>	Institution Address	80,081	autofill
121	<input type="checkbox"/>	Institutional Department Name	81,040	autofill
122	<input type="checkbox"/>	Institutional Department Type Code Sequence	81,041	delete
123	<input type="checkbox"/>	Institution Code Sequence	80,082	delete
124	<input type="checkbox"/>	Institution Name	80,080	autofill
125	<input type="checkbox"/>	Insurance Plan Identification	101,050	autofill
126	<input type="checkbox"/>	Intended Recipients of Results Identification Sequence	401,011	delete
127	<input type="checkbox"/>	Interpretation Approver Sequence	40,080,111	delete
128	<input type="checkbox"/>	Interpretation Author	4008,010C	autofill
129	<input type="checkbox"/>	Interpretation Diagnosis Description	40,080,115	autofill
130	<input type="checkbox"/>	Interpretation ID Issuer	40,080,202	autofill
131	<input type="checkbox"/>	Interpretation Recorder	40,080,102	autofill
132	<input type="checkbox"/>	Interpretation Text	4008,010B	autofill
133	<input type="checkbox"/>	Interpretation Transcriber	4008,010A	autofill
134	<input type="checkbox"/>	Irradiation Event UID	83,010	TransformUID
135	<input type="checkbox"/>	Issuer of Admission ID	380,011	hash
136	<input type="checkbox"/>	Issuer of Admission ID Sequence	380,014	delete
137	<input type="checkbox"/>	Issuer of Patient ID	100,021	hash
138	<input type="checkbox"/>	Issuer of Service Episode ID	380,061	hash
139	<input type="checkbox"/>	Issuer of Service Episode ID Sequence	380,064	delete
140	<input type="checkbox"/>	Issuer of the Container Identifier Sequence	400,513	delete
141	<input type="checkbox"/>	Issuer of the Specimen Identifier Sequence	400,562	delete
142	<input type="checkbox"/>	Label Text	22,000,002	autofill
143	<input type="checkbox"/>	Large Palette Color Lookup Table UID	281,214	TransformUID
144	<input type="checkbox"/>	Last Menstrual Date	0010,21D0	autofill
145	<input type="checkbox"/>	Lens Make	0016,004F	autofill
146	<input type="checkbox"/>	Lens Model	160,050	autofill
147	<input type="checkbox"/>	Lens Serial Number	160,051	autofill
148	<input type="checkbox"/>	Lens Specification	0016,004E	autofill
149	<input type="checkbox"/>	MAC	4,000,404	autofill
150	<input type="checkbox"/>	Maker Note	0016,002B	autofill
151	<input type="checkbox"/>	Media Storage SOP Instance UID	20,003	TransformUID
152	<input type="checkbox"/>	Medical Alerts	102,000	autofill
153	<input type="checkbox"/>	Medical Record Locator	101,090	autofill
154	<input type="checkbox"/>	Military Rank	101,080	autofill
155	<input type="checkbox"/>	Modified Attributes Sequence	4,000,550	delete
156	<input type="checkbox"/>	Modified Image Description	203,406	autofill
157	<input type="checkbox"/>	Modifying Device ID	203,401	autofill
158	<input type="checkbox"/>	Most Recent Treatment Date	30,080,056	autofill
159	<input type="checkbox"/>	Name of Physician(s) Reading Study	81,060	autofill
160	<input type="checkbox"/>	Names of Intended Recipient of Results	401,010	autofill
161	<input type="checkbox"/>	Observation Date (Trial)	0040,A192	autofill
162	<input type="checkbox"/>	Observation Subject UID (Trial)	0040,A402	TransformUID
163	<input type="checkbox"/>	Observation Time (Trial)	0040,A193	autofill
164	<input type="checkbox"/>	Observation UID	0040,A171	TransformUID
165	<input type="checkbox"/>	Occupation	102,180	autofill
166	<input type="checkbox"/>	Operators' Identification Sequence	81,072	delete
167	<input type="checkbox"/>	Operators' Name	81,070	autofill
168	<input type="checkbox"/>	Order Callback Phone Number	402,010	autofill
169	<input type="checkbox"/>	Order Callback Telecom Information	402,011	autofill
170	<input type="checkbox"/>	Order Entered By	402,008	autofill
171	<input type="checkbox"/>	Order Enterer Location	402,009	autofill

172	<input type="checkbox"/>	Original Attributes Sequence	4,000,561	delete
173	<input type="checkbox"/>	Other Patient IDs	101,000	hash
174	<input type="checkbox"/>	Other Patient IDs Sequence	101,002	delete
175	<input type="checkbox"/>	Other Patient Names	101,001	autofill
176	<input type="checkbox"/>	Overlay Comments	60xx,4000	autofill
177	<input type="checkbox"/>	Overlay Data	60xx,3000	autofill
178	<input type="checkbox"/>	Overlay Date	80,024	autofill
179	<input type="checkbox"/>	Overlay Time	80,034	autofill
180	<input type="checkbox"/>	Palette Color Lookup Table UID	281,199	TransformUID
181	<input type="checkbox"/>	Participant Sequence	0040,A07A	delete
182	<input type="checkbox"/>	Patient's Age	101,010	autofill
183	<input type="checkbox"/>	Patient's Birth Date	100,030	autofill
184	<input type="checkbox"/>	Patient's Birth Name	101,005	autofill
185	<input type="checkbox"/>	Patient's Birth Time	100,032	autofill
186	<input type="checkbox"/>	Patient's Institution Residence	380,400	autofill
187	<input type="checkbox"/>	Patient's Insurance Plan Code Sequence	100,050	delete
188	<input type="checkbox"/>	Patient's Mother's Birth Name	101,060	autofill
189	<input type="checkbox"/>	Patient's Name	100,010	hash
190	<input type="checkbox"/>	Patient's Primary Language Code Sequence	100,101	delete
191	<input type="checkbox"/>	Patient's Primary Language Modifier Code Sequence	100,102	delete
192	<input type="checkbox"/>	Patient's Religious Preference	0010,21F0	autofill
193	<input type="checkbox"/>	Patient's Sex	100,040	autofill
194	<input type="checkbox"/>	Patient's Size	101,020	autofill
195	<input type="checkbox"/>	Patient's Telecom Information	102,155	autofill
196	<input type="checkbox"/>	Patient's Telephone Numbers	102,154	autofill
197	<input type="checkbox"/>	Patient's Weight	101,030	autofill
198	<input type="checkbox"/>	Patient Address	101,040	autofill
199	<input type="checkbox"/>	Patient Comments	104,000	autofill
200	<input type="checkbox"/>	Patient ID	100,020	hash
201	<input type="checkbox"/>	Patient Sex Neutered	102,203	autofill
202	<input type="checkbox"/>	Patient State	380,500	autofill
203	<input type="checkbox"/>	Patient Transport Arrangements	401,004	autofill
204	<input type="checkbox"/>	Performed Location	400,243	autofill
205	<input type="checkbox"/>	Performed Procedure Step Description	400,254	autofill
206	<input type="checkbox"/>	Performed Procedure Step End Date	400,250	autofill
207	<input type="checkbox"/>	Performed Procedure Step End DateTime	404,051	autofill
208	<input type="checkbox"/>	Performed Procedure Step End Time	400,251	autofill
209	<input type="checkbox"/>	Performed Procedure Step ID	400,253	hash
210	<input type="checkbox"/>	Performed Procedure Step Start Date	400,244	autofill
211	<input type="checkbox"/>	Performed Procedure Step Start DateTime	404,050	autofill
212	<input type="checkbox"/>	Performed Procedure Step Start Time	400,245	autofill
213	<input type="checkbox"/>	Performed Station AE Title	400,241	autofill
214	<input type="checkbox"/>	Performed Station Geographic Location Code Sequence	404,030	delete
215	<input type="checkbox"/>	Performed Station Name	400,242	autofill
216	<input type="checkbox"/>	Performed Station Name Code Sequence	404,028	delete
217	<input type="checkbox"/>	Performing Physician Identification Sequence	81,052	delete
218	<input type="checkbox"/>	Performing Physicians' Name	81,050	autofill
219	<input type="checkbox"/>	Person's Telecom Information	401,104	autofill
220	<input type="checkbox"/>	Person's Telephone Numbers	401,103	autofill
221	<input type="checkbox"/>	Person Address	401,102	autofill
222	<input type="checkbox"/>	Person Identification Code Sequence	401,101	delete
223	<input type="checkbox"/>	Person Name	0040,A123	autofill
224	<input type="checkbox"/>	Physician(s) of Record	81,048	autofill
225	<input type="checkbox"/>	Physician(s) of Record Identification Sequence	81,049	delete
226	<input type="checkbox"/>	Physician(s) Reading Study Identification Sequence	81,062	delete
227	<input type="checkbox"/>	Physician Approving Interpretation	40,080,114	autofill
228	<input type="checkbox"/>	Placer Order Number / Imaging Service Request	402,016	autofill
229	<input type="checkbox"/>	Plate ID	181,004	hash
230	<input type="checkbox"/>	Pregnancy Status	0010,21C0	autofill
231	<input type="checkbox"/>	Pre-Medication	400,012	autofill
232	<input type="checkbox"/>	Prescription Description	300A,000E	autofill
233	<input type="checkbox"/>	Presentation Display Collection UID	701,101	TransformUID
234	<input type="checkbox"/>	Presentation Sequence Collection UID	701,102	TransformUID

235	<input type="checkbox"/>	Private attributes	gggg,eeee	autofill
236	<input type="checkbox"/>	Procedure Step Cancellation DateTime	404,052	autofill
237	<input type="checkbox"/>	Protocol Name	181,030	autofill
238	<input type="checkbox"/>	Reason for Omission Description	300C,0113	autofill
239	<input type="checkbox"/>	Reason for Study	321,030	autofill
240	<input type="checkbox"/>	Reason for the Imaging Service Request	402,001	autofill
241	<input type="checkbox"/>	Reason for the Requested Procedure	401,002	autofill
242	<input type="checkbox"/>	Reason for Requested Procedure Code Sequence	0040,100A	delete
243	<input type="checkbox"/>	Reason for Visit	321,066	autofill
244	<input type="checkbox"/>	Reason for Visit Code Sequence	321,067	delete
245	<input type="checkbox"/>	Referenced Digital Signature Sequence	4,000,402	delete
246	<input type="checkbox"/>	Referenced Dose Reference UID	300A,0083	TransformUID
247	<input type="checkbox"/>	Referenced Frame of Reference UID	30,060,024	TransformUID
248	<input type="checkbox"/>	Referenced General Purpose Scheduled Procedure Step Transaction UID	404,023	TransformUID
249	<input type="checkbox"/>	Referenced Image Sequence	81,140	delete
250	<input type="checkbox"/>	Referenced Observation UID (Trial)	0040,A172	TransformUID
251	<input type="checkbox"/>	Referenced Patient Alias Sequence	380,004	delete
252	<input type="checkbox"/>	Referenced Patient Photo Sequence	101,100	delete
253	<input type="checkbox"/>	Referenced Patient Sequence	81,120	delete
254	<input type="checkbox"/>	Referenced Performed Procedure Step Sequence	81,111	delete
255	<input type="checkbox"/>	Referenced SOP Instance MAC Sequence	4,000,403	delete
256	<input type="checkbox"/>	Referenced SOP Instance UID	81,155	TransformUID
257	<input type="checkbox"/>	Referenced SOP Instance UID in File	41,511	TransformUID
258	<input type="checkbox"/>	Referenced Study Sequence	81,110	delete
259	<input type="checkbox"/>	Referring Physician's Address	80,092	autofill
260	<input type="checkbox"/>	Referring Physician's Name	80,090	hash
261	<input type="checkbox"/>	Referring Physician's Telephone Numbers	80,094	autofill
262	<input type="checkbox"/>	Referring Physician Identification Sequence	80,096	delete
263	<input type="checkbox"/>	Region of Residence	102,152	autofill
264	<input type="checkbox"/>	Related Frame of Reference UID	3006,00C2	TransformUID
265	<input type="checkbox"/>	Request Attributes Sequence	400,275	delete
266	<input type="checkbox"/>	Requested Contrast Agent	321,070	autofill
267	<input type="checkbox"/>	Requested Procedure Comments	401,400	autofill
268	<input type="checkbox"/>	Requested Procedure Description	321,060	autofill
269	<input type="checkbox"/>	Requested Procedure ID	401,001	hash
270	<input type="checkbox"/>	Requested Procedure Location	401,005	autofill
271	<input type="checkbox"/>	Requested SOP Instance UID	0000,1001	TransformUID
272	<input type="checkbox"/>	Requesting Physician	321,032	autofill
273	<input type="checkbox"/>	Requesting Service	321,033	autofill
274	<input type="checkbox"/>	Respiratory Motion Compensation Technique Description	189,185	autofill
275	<input type="checkbox"/>	Responsible Organization	102,299	autofill
276	<input type="checkbox"/>	Responsible Person	102,297	autofill
277	<input type="checkbox"/>	Results Comments	40,084,000	autofill
278	<input type="checkbox"/>	Results Distribution List Sequence	40,080,118	delete
279	<input type="checkbox"/>	Results ID Issuer	40,080,042	autofill
280	<input type="checkbox"/>	Reviewer Name	300E,0008	autofill
281	<input type="checkbox"/>	RT Plan Date	300A,0006	autofill
282	<input type="checkbox"/>	RT Plan Description	300A,0004	autofill
283	<input type="checkbox"/>	RT Plan Label	300A,0002	autofill
284	<input type="checkbox"/>	RT Plan Name	300A,0003	autofill
285	<input type="checkbox"/>	RT Plan Time	300A,0007	autofill
286	<input type="checkbox"/>	Scheduled Human Performers Sequence	404,034	delete
287	<input type="checkbox"/>	Scheduled Patient Institution Residence	0038,001E	autofill
288	<input type="checkbox"/>	Scheduled Performing Physician Identification Sequence	0040,000B	delete
289	<input type="checkbox"/>	Scheduled Performing Physician Name	400,006	autofill
290	<input type="checkbox"/>	Scheduled Procedure Step Description	400,007	autofill
291	<input type="checkbox"/>	Scheduled Procedure Step End Date	400,004	autofill
292	<input type="checkbox"/>	Scheduled Procedure Step End Time	400,005	autofill
293	<input type="checkbox"/>	Scheduled Procedure Step Expiration DateTime	404,008	autofill
294	<input type="checkbox"/>	Scheduled Procedure Step Location	400,011	autofill
295	<input type="checkbox"/>	Scheduled Procedure Step Modification DateTime	404,010	autofill
296	<input type="checkbox"/>	Scheduled Procedure Step Start Date	400,002	autofill

297	<input type="checkbox"/>	Scheduled Procedure Step Start DateTime	404,005	autofill
298	<input type="checkbox"/>	Scheduled Procedure Step Start Time	400,003	autofill
299	<input type="checkbox"/>	Scheduled Station AE Title	400,001	autofill
300	<input type="checkbox"/>	Scheduled Station Geographic Location Code Sequence	404,027	delete
301	<input type="checkbox"/>	Scheduled Station Name	400,010	autofill
302	<input type="checkbox"/>	Scheduled Station Name Code Sequence	404,025	delete
303	<input type="checkbox"/>	Scheduled Study Location	321,020	autofill
304	<input type="checkbox"/>	Scheduled Study Location AE Title	321,021	autofill
305	<input type="checkbox"/>	Series Date	80,021	autofill
306	<input type="checkbox"/>	Series Instance UID	0020,000E	TransformUID
307	<input type="checkbox"/>	Series Time	80,031	autofill
308	<input type="checkbox"/>	Service Episode Description	380,062	autofill
309	<input type="checkbox"/>	Service Episode ID	380,060	hash
310	<input type="checkbox"/>	Setup- Technique Description	300A,01B2	autofill
311	<input type="checkbox"/>	Shielding Device Description	300A,01A6	autofill
312	<input type="checkbox"/>	Slide Identifier	0040,06FA	autofill
313	<input type="checkbox"/>	Smoking Status	0010,21A0	autofill
314	<input type="checkbox"/>	SOP Instance UID	80,018	GenerateUID
315	<input type="checkbox"/>	Source Image Sequence	82,112	delete
316	<input type="checkbox"/>	Source Manufacturer	300A,0216	autofill
317	<input type="checkbox"/>	Source Serial Number	30,080,105	autofill
318	<input type="checkbox"/>	Special Needs	380,050	autofill
319	<input type="checkbox"/>	Specimen Accession Number	0040,050A	autofill
320	<input type="checkbox"/>	Specimen Detailed Description	400,602	autofill
321	<input type="checkbox"/>	Specimen Identifier	400,551	autofill
322	<input type="checkbox"/>	Specimen Preparation Sequence	400,610	delete
323	<input type="checkbox"/>	Specimen Short Description	400,600	autofill
324	<input type="checkbox"/>	Specimen UID	400,554	TransformUID
325	<input type="checkbox"/>	Start Acquisition DateTime	189,516	autofill
326	<input type="checkbox"/>	Station Name	81,010	autofill
327	<input type="checkbox"/>	Storage Media File-set UID	880,140	TransformUID
328	<input type="checkbox"/>	Study Comments	324,000	autofill
329	<input type="checkbox"/>	Study Date	80,020	autofill
330	<input type="checkbox"/>	Study ID	200,010	hash
331	<input type="checkbox"/>	Study ID Issuer	320,012	autofill
332	<input type="checkbox"/>	Study Instance UID	0020,000D	TransformUID
333	<input type="checkbox"/>	Study Time	80,030	autofill
334	<input type="checkbox"/>	Synchronization Frame of Reference UID	200,200	TransformUID
335	<input type="checkbox"/>	Target UID	182,042	TransformUID
336	<input type="checkbox"/>	Telephone Number (Trial)	0040,A354	autofill
337	<input type="checkbox"/>	Template Extension Creator UID	0040,DB0D	TransformUID
338	<input type="checkbox"/>	Template Extension Organization UID	0040,DB0C	TransformUID
339	<input type="checkbox"/>	Text Comments	40,004,000	autofill
340	<input type="checkbox"/>	Text String	20,300,020	autofill
341	<input type="checkbox"/>	Timezone Offset From UTC	80,201	autofill
342	<input type="checkbox"/>	Topic Author	880,910	autofill
343	<input type="checkbox"/>	Topic Keywords	880,912	autofill
344	<input type="checkbox"/>	Topic Subject	880,906	autofill
345	<input type="checkbox"/>	Topic Title	880,904	autofill
346	<input type="checkbox"/>	Tracking UID	620,021	TransformUID
347	<input type="checkbox"/>	Transaction UID	81,195	TransformUID
348	<input type="checkbox"/>	Treatment Date	30,080,250	autofill
349	<input type="checkbox"/>	Treatment Machine Name	300A,00B2	autofill
350	<input type="checkbox"/>	Treatment Time	30,080,251	autofill
351	<input type="checkbox"/>	UID	0040,A124	TransformUID
352	<input type="checkbox"/>	Verbal Source (Trial)	0040,A352	autofill
353	<input type="checkbox"/>	Verbal Source Identifier Code Sequence (Trial)	0040,A358	autofill
354	<input type="checkbox"/>	Verifying Observer Identification Code Sequence	0040,A088	delete
355	<input type="checkbox"/>	Verifying Observer Name	0040,A075	autofill
356	<input type="checkbox"/>	Verifying Observer Sequence	0040,A073	delete
357	<input type="checkbox"/>	Verifying Organization	0040,A027	autofill
358	<input type="checkbox"/>	Visit Comments	384,000	autofill