Contents

COVID-19 Consolidation of Scottish Clinical Coding Standards ........................................... 3
Synonymous terms used for COVID-19 ................................................................................ 3
U07.1 COVID-19, virus identified ..................................................................................... 4
U07.2 COVID-19, virus not identified .............................................................................. 6
U07.3 Personal history of COVID-19 ................................................................................. 10
U07.4 Post COVID-19 condition ...................................................................................... 10
U07.5 Multisystem inflammatory syndrome associated with COVID-19 ..................... 12
U07.6 Need for immunization against COVID-19 ........................................................... 13
U07.7 COVID-19 vaccines causing adverse effects in therapeutic use ....................... 13
COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis) .... 13
Non COVID-19 coronavirus ............................................................................................... 14
Coronavirus NOS ............................................................................................................ 14
COVID-19 Standards Summary ....................................................................................... 16
Further information .......................................................................................................... 17
COVID-19 Consolidation of Scottish Clinical Coding Standards

Due to the number of emergency standards published as a result of the COVID-19 pandemic, Terminology Services have consolidated these standards below by Emergency Use code and /or COVID-19 related scenario.

This consolidation only contains active guidance. Guidance that has been superseded is not included.

If coding historic discharges prior to 1st June 2021, coders must ensure the applicable Scottish Clinical Coding Standard (SCCS) is consulted for the episode being coded. Please refer to the COVID-19 Standards Summary at the end of this document for a timeline.

Synonymous terms used for COVID-19

Please note, there are many synonymous terms used for COVID-19, including:

- COVID-19 (various versions in terms of capital letters and small letters)
- COVID/Covid (no number specification)
- 2019 Coronavirus
- SARS-CoV-2
- 2019-nCoV
- Novel Coronavirus
- Severe acute respiratory syndrome coronavirus 2
- Pandemic coronavirus
- Wuhan Virus (WHO have advised this term should not be used, but it may be seen in earlier cases)

There are seven U07 codes related to COVID-19 and three coding scenarios related to COVID-19:

- U07.1 COVID-19, virus identified (COVID-19 confirmed by laboratory testing)
- U07.2 COVID-19, virus not identified (COVID-19 confirmed clinically)
- U07.3 Personal history of COVID-19
- U07.4 Post COVID-19 condition
- U07.5 Multisystem inflammatory syndrome associated with COVID-19
• U07.6 Need for immunization against COVID-19
• U07.7 COVID-19 vaccines causing adverse effects in therapeutic use
• COVID-19 ruled out
• Non-COVID-19 coronavirus
• Coronavirus NOS

U07.1 COVID-19, virus identified

For guidance on coding U07.1 prior to 1st June 2021, see COVID-19 Standards Summary.

Previous SCCS: 22, 24, 25 and 29

COVID-19 confirmed by laboratory testing

For patients in whom laboratory testing has confirmed COVID-19, U07.1 COVID-19, virus identified should be assigned.

Manifestations of the disease (i.e. associated conditions, signs and/or symptoms) should also be coded if known and always be sequenced after the U07.1 code.

If the patient is asymptomatic i.e. has no manifestations of COVID-19 disease, U07.1 can be used alone as long as laboratory testing has confirmed COVID-19.

U07.1 should also be used in cases where COVID-19 has been confirmed by laboratory testing, but there is no clear clinical statement attributing the patient’s conditions/symptoms to the positive test result (see examples ‘c’ and ‘d’ below). This contravenes the normal coding rules as per CG 20 June 2007. This is only applicable to the use of U07.1 for the COVID-19 pandemic and does not apply to any other ICD-10 codes. In addition:

• if the result is not available at time of discharge, but a positive result is available at time of coding then this should be coded to U07.1

• coders are advised to review laboratory test results if the COVID-19 status is unclear from the discharge letter.
Where COVID-19 has been confirmed by laboratory testing is present, but is not the main condition for the episode, U07.1 must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after U07.1 if space allows.

Where COVID-19 confirmed by laboratory testing is present in SMR02 and SMR04 episodes, the guidance is as follows:

- the patient is under obstetric care (SMR02):
  - If COVID-19 is not the main condition, the applicable Chapter XV code should go in 1st position and U07.1 must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after U07.1 if space allows.
  - If COVID-19 is the main condition then O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium should be recorded as the main condition, followed by U07.1 and any COVID-19 manifestation codes sequenced after U07.1.
- the patient is under psychiatric care (SMR04):
  - A Chapter V code should go in 1st position followed by U07.1 and any COVID-19 manifestation codes sequenced after U07.1.

Note: there is no requirement to add the codes B34.2 Coronavirus infection, unspecified site or B97.2 Coronavirus as the cause of diseases classified to other chapters for COVID-19 cases. This information is captured by the U07.1 code.

Examples

a) Cough, proven to be due to COVID-19 by laboratory testing
   U07.1 COVID-19, virus identified
   R05.X Cough

b) Patient admitted with pneumonia due to COVID-19, confirmed by laboratory testing
   U07.1 COVID-19, virus identified
   J12.8 Other viral pneumonia

c) Patient admitted with persistent pyrexia. COVID-19 positive on swab result.
   U07.1 COVID-19, virus identified
   R50.8 Other specified fever

d) Patient admitted with viral infection. Laboratory test available after discharge letter completed shows proven COVID-19.
   U07.1 COVID-19, virus identified
   - B34.2 is not needed as U07.1 classifies the COVID-19 disease
e) Patient 32 weeks pregnant, admitted to obstetric ward for observation due to cough and shortness of breath due to suspected COVID-19 which was confirmed by positive laboratory testing. (SMR02 record)

**O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium**
- **U07.1 COVID-19, virus identified**
- **R05.X Cough**
- **R06.0 Dyspnoea**

f) Patient admitted for delivery at 39 weeks and had 750ml postpartum haemorrhage. Cough noted and swab was positive for COVID-19. (SMR02 record)

**O72.1 Other immediate postpartum haemorrhage**
- **U07.1 COVID-19, virus identified**
- **R05.X Cough**

h) Admitted due to fall in nursing home and fractured neck of right femur sustained. Nursing home known to have COVID-19 cases so patient swabbed as a precaution even though asymptomatic and found to be positive for COVID-19. Main condition treated confirmed as the fracture.

**S72.00 Fracture of neck of femur (closed)**
- **W19.1 Unspecified fall (Residential institution)**
- **U07.1 COVID-19, virus identified**

i) Admitted with gangrenous left foot due to peripheral atherosclerosis. Also, found to have a significant AKI (acute kidney injury). New cough was also noted and laboratory test for COVID-19 was +ve.

**I70.21 Atherosclerosis of arteries of extremities with gangrene**
- **N17.9 Acute renal failure, unspecified**
- **U07.1 COVID-19, virus identified**
- **R05.X Cough**

---

**U07.2 COVID-19, virus not identified**

For guidance on coding **U07.2** prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 24, 25 and 29.

**COVID-19 confirmed clinically**

Clinical confirmation means that the healthcare professional (e.g. doctor, nurse) has made a clinical decision from the patient’s history, signs and symptoms that they have
COVID-19. **Laboratory testing** has not been performed, has not been available or testing has been inconclusive. In addition, a patient may have a negative test result, but despite this still be diagnosed clinically with COVID-19 due to their signs/symptoms.

**U07.2 COVID-19, virus not identified** should be assigned for patients who have been clinically diagnosed as having COVID-19. This applies even in the presence of a negative laboratory test as long as the healthcare professional responsible has clinically diagnosed the patient with COVID-19 due to their signs/symptoms and recorded a diagnosis of COVID-19.

Manifestations of the disease (i.e. associated conditions, signs and/or symptoms) should also be coded if known and always be sequenced after the **U07.2** code.

If the manifestations are not known, **U07.2** can still be assigned for the patient as long as a clinical diagnosis of COVID-19 has been recorded by the healthcare professional.

**Note: U07.2 COVID-19, virus not identified** can be assigned if the responsible healthcare professional states any of the following terms in relation to COVID-19 (or any synonymous terms):

- Suspected
- Possible
- Impression of
- Probable
- Query
- Likely
- Suggestive of
- Consistent with, compatible with or in keeping with
- Treated as, for, accordingly

This contravenes the normal coding rules as per CG25 April 2010. This is **only** applicable to COVID-19 coding for the duration of the pandemic and will be reviewed in the near future.

When coding COVID-19 infections, normal main condition rules should be followed.

Where COVID-19 confirmed clinically is present, but is not the main condition for the episode, **U07.2** must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after **U07.2** if space allows.
Where COVID-19 confirmed clinically is present in SMR02 and SMR04 episodes, the guidance is as follows:

- the patient is admitted under obstetric care (SMR02):
  - If COVID-19 is not the main condition, the applicable Chapter XV code should go in 1st position and **U07.2** must be included as one of the other conditions in positions 2-6. Any manifestations of the COVID-19 disease should be sequenced after **U07.2** if space allows.
  - If COVID-19 is the main condition then **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium** should be recorded as the main condition, followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.

- the patient is under psychiatric care (SMR04):
  - A Chapter V code should go in 1st position followed by **U07.2** and any COVID-19 manifestation codes sequenced after **U07.2**.

**Examples**

a) Cough and pyrexia. Doctor diagnoses COVID-19 and patient is managed with supportive IV fluids. Laboratory testing for COVID-19 not performed.
   - **U07.2 COVID-19, virus not identified**
   - R05.X Cough
   - R50.9 Pyrexia

b) Admitted with pneumonia. Doctor suspects COVID-19 and patient is managed for COVID-19 related pneumonia with supportive IV fluids. Laboratory testing for COVID-19 was inconclusive.
   - **U07.2 COVID-19, virus not identified**
   - J12.8 Other viral pneumonia

c) Patient was admitted with suspected COVID-19. No testing was available, but due to her symptoms, she was managed as per the COVID-19 protocol.
   - **U07.2 COVID-19, virus not identified**

d) Patient 28 weeks pregnant, admitted to obstetric ward for observation due to cough. COVID-19 suspected. Testing for COVID-19 was inconclusive. (SMR02 record)
   - **O98.5 Other viral diseases complicating pregnancy, childbirth and the puerperium**
   - **U07.2 COVID-19, virus not identified**
   - R05.X Cough
e) Patient admitted for delivery at 39 weeks and had 750ml postpartum haemorrhage. Cough noted and presumed to be COVID-19. Testing not performed. (SMR02 record)
   O72.1 Other immediate postpartum haemorrhage
   U07.2 COVID-19, virus not identified
   R05.X Cough

f) Psychiatric inpatient being treated for schizophrenia. COVID-19 outbreak in the ward. Patient noted to have a cough and diagnosed clinically as having COVID-19. Testing not available. (SMR04 record)
   F20.9 Schizophrenia, unspecified
   U07.2 COVID-19, virus not identified
   R05.X Cough

g) Admitted due to fall in nursing home and fractured neck of right femur sustained. Patient noted to have cough and COVID-19 likely cause though no testing was available. Main condition treated for the episode confirmed as the fracture.
   S72.00 Fracture of neck of femur (closed)
   W19.1 Unspecified fall (Residential institution)
   U07.2 COVID-19, virus not identified
   R05.X Cough
   - while U07.2 is not the main condition, sequencing guidance still applies and manifestations should follow the U07.2 code.

h) Patient presented with fever, cough and shortness of breath. Swab for COVID-19 was negative. CT chest showed changes consistent with COVID-19 and patient had typical symptoms so was diagnosed with COVID-19 pneumonia.
   U07.2 COVID-19, virus not identified
   J12.8 Other viral pneumonia
   - Note even though the test result was negative, the patient was still diagnosed clinically and treated for COVID-19 disease so the U07.2 should be assigned

i) Patient presented with fever, shortness of breath and lethargy. Swab for COVID-19 was negative, however the impression was that the patient was COVID-19 case and was managed accordingly.
   U07.2 COVID-19, virus not identified
   R50.9 Pyrexia
   R06.0 Dyspnoea
   R53.X Malaise and fatigue
U07.3 Personal history of COVID-19

For guidance on coding U07.3 prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 27

U07.3 is assigned to classify personal history of COVID-19. U07.3 must not be assigned on episodes where patients are being treated for an acute COVID-19 infection (U07.1 or U07.2) or a post COVID-19 condition (U07.4 or U07.5).

U07.3 should be used exactly as any other personal history code, as outlined in Scottish Clinical Coding Standard ‘Use of ‘Z’ codes’ CG21 November 2007.

U07.4 Post COVID-19 condition

For guidance on coding U07.4 prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 27 and 28

U07.4 should be recorded when a condition or symptom has been documented by the responsible clinician as a post COVID-19 condition and the patient is no longer being treated for acute COVID-19 infection.

U07.4 must only be recorded in episodes where U07.1 or U07.2 are assigned when it is clear that the patient has recovered from acute COVID-19 and subsequently is clinically stated to have developed a post COVID condition in the same episode (see example 4 below).

i  If the only information available is a statement that there is a ‘post COVID-19 condition’, without specification of what that condition is, U07.4 must be recorded as a stand-alone code

ii  If a single condition/symptom is specified by the clinician as being ‘post COVID-19’, U07.4 should immediately follow the code for the post COVID-19 condition/symptom.

iii  If multiple conditions/symptoms are described by the clinician as ‘post COVID-19’, U07.4 should be recorded once, immediately following the main post COVID-19 condition/symptom code. The codes for the other post COVID-19 conditions/symptoms should then follow U07.4.

iii  If multiple conditions/symptoms are described by the clinician as ‘post COVID-19’ but there is no clinical indication as to which is the main one, U07.4 should be recorded once, immediately following the first post COVID-19 condition/symptom listed by the clinician. The other condition(s)/symptom(s) should then be recorded after the U07.4.
iv Any other concurrent diseases, illnesses or relevant co-morbidities should be recorded according to normal coding rules.

Examples

1) A patient admitted and diagnosed with “Post COVID Viral Cough”. They had been previously confirmed COVID-19 positive via a laboratory test. Known type 2 diabetes and COPD.
   - R05.X Cough
   - U07.4 Post COVID-19 condition
   - J44.9 Chronic obstructive pulmonary disease, unspecified
   - E11.9 Type 2 diabetes mellitus without complications

2) Patient admitted with chest pain and fatigue. He was previously clinically diagnosed for COVID-19. Examination and investigations were normal. His symptoms were attributed as being due to post COVID syndrome. Known to have IHD.
   - R07.4 Chest pain, unspecified
   - U07.4 Post COVID-19 condition
   - R53.X Malaise and fatigue
   - I25.9 Chronic ischaemic heart disease, unspecified

3) Patient admitted with an acute MI and coronary angiography demonstrated extensive coronary artery disease. During admission was also found to have a swollen 5th metatarsal which was diagnosed as a post COVID condition subsequent to a recent infection, which did not require any treatment. His PMHx included type 2 diabetes and was a current smoker.
   - I21.99 Acute myocardial infarction, unspecified - MI with no statement of ST elevation or non-elevation
   - I25.1 Atherosclerotic heart disease
   - M79.87 Other specified soft tissue disorders - Ankle and foot
   - U07.4 Post COVID-19 condition
   - E11.9 Type 2 diabetes mellitus without complications
   - F17.1 Mental and behavioural disorders due to use of tobacco - Harmful use

4) Patient admitted with COVID-19 positive pneumonia. After recovering from COVID-19 pneumonia the patient was clinically stated to have post COVID-19 fibrosis within the same SMR episode.
   - U07.1 COVID-19, virus identified
   - J12.8 Other viral pneumonia
   - J84.1 Other interstitial pulmonary diseases with fibrosis
   - U07.4 Post COVID-19 condition
U07.5 Multisystem inflammatory syndrome associated with COVID-19

For guidance on coding U07.5 prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 27

Where multisystem inflammatory syndrome (which may also be described as Cytokine storm, Kawasaki-like syndrome, Paediatric Inflammatory Multisystem Syndrome (PIMS) and Multisystem Inflammatory Syndrome in Children (MIS-C)) is diagnosed and linked to COVID-19 by the responsible clinician, **U07.5 Multisystem inflammatory syndrome associated with COVID-19** must be assigned.

**U07.5** must not be recorded in episodes where **U07.1** or **U07.2** are assigned.

i  If no specific complications/manifestations are described by the clinician, **U07.5** must be recorded as a stand-alone code.

ii  Where multisystem inflammatory syndrome associated with COVID-19 leads to complications (e.g. acute kidney injury (AKI), myocarditis) or where specific manifestations linked to the syndrome are detailed by the responsible clinician, codes for these manifestations/complications must be assigned, followed by **U07.5**.

iii  **U07.5** must always be recorded where Multisystem inflammatory syndrome associated with COVID-19 is present. Therefore, if the associated manifestations and/or complications number more than five codes **U07.5 MUST** be assigned in the 6th position.

**Example**

8-year-old boy admitted as an emergency generally unwell and diagnosed with acute kidney impairment as a consequence of Paediatric Inflammatory Multisystem Syndrome (PIMS) associated with a recent COVID-19 infection.

**N17.9 Acute renal failure, unspecified**  
**U07.5 Multisystem inflammatory syndrome associated with COVID-19**
U07.6 Need for immunization against COVID-19

For guidance on coding U07.6 prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 28

U07.6 should be used in the same way as codes from category Z24 Need for immunization against certain single viral diseases.

U07.7 COVID-19 vaccines causing adverse effects in therapeutic use

For guidance on coding U07.7 prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 28

U07.7 should be used in place of Y59 Other and unspecified vaccines and biological substances. U07.7 should be applied in the same way as other adverse effect codes.

COVID-19 ruled out (negative laboratory test and absence of clinical diagnosis)

For guidance on coding COVID-19 ruled out prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 24 and 25

There may be patients admitted to hospital who are initially suspected to be COVID-19 cases, but later are confirmed not to have the disease by laboratory testing and are not assigned a clinical diagnosis by the responsible healthcare professional.

When coding these patients, first record any manifestation of disease (i.e. associated conditions, signs and/or symptoms) followed by Z03.8 Observation for other suspected diseases and conditions.

Examples

a) Patient admitted with pneumonia. Initially thought might be due to COVID-19, but laboratory test was negative. Treated as bacterial pneumonia with antibiotics. J15.9 Bacterial pneumonia, unspecified Z03.8 Observation for other suspected diseases and conditions
   - Note there is no clinical diagnosis of COVID-19 assigned in this example so U07.2 should not be assigned
b) Patient admitted with pyrexia. Initially thought to be COVID-19 but this was ruled out by a negative lab test and patient diagnosed with a UTI after further investigations.  
**N39.0 Urinary tract infection, site not specified**  
**Z03.8 Observation for other suspected diseases and conditions**  
- Note there is no clinical diagnosis of COVID-19 assigned in this example so U07.2 should not be assigned

**Non COVID-19 coronavirus**

For guidance on coding non COVID-19 coronavirus prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 24 and 25

Coronaviruses are a group of viruses that can cause a variety of respiratory infections. Not all coronaviruses are the COVID-19 subtype (SARS-CoV-2). For example, other types of coronaviruses include Human coronavirus OC43 (HCoV-OC43) and Human coronavirus HKU1, both of which can cause mild symptoms similar to the common cold.

If a patient’s record details clearly states they have a coronavirus strain other than COVID-19, these should be coded as per normal coding rules. These should **not be coded** using U07.1 or U07.2.

**Examples**

a) Patient admitted with pneumonia. Swab showed Human coronavirus HKU1 so treated as coronavirus related pneumonia.  
**J12.8 Other viral pneumonia**  
**B97.2 Coronavirus as the cause of diseases classified to other chapters**

b) Patient admitted with vague symptoms and swab taken confirmed a common cold strain of coronavirus. Managed as viral infection with supportive treatment.  
**B34.2 Coronavirus infection, unspecified site**

**Coronavirus NOS**

For guidance on coding coronavirus NOS prior to 1st June 2021 see COVID-19 Standards Summary.

Previous SCCS: 24 and 25

There is a concern that the term “coronavirus” may be seen on records without further modifiers or specification that it is the pandemic strain, COVID-19. Coders may not be able to get clarification from other documentation, laboratory testing or the clinician
indicating that the patient should be considered to be a COVID-19 case or not. In such cases, the U07.- should not be used and the B34.2 Coronavirus infection, unspecified site or B97.2 Coronavirus as the cause of diseases classified to other chapters applied as appropriate.

However, there is also a concern that “coronavirus NOS” may be seen with the terms such as ‘suspected’, ‘possible’, ‘impression of’ etc. for which normal coding guidance would be to code the symptoms and not the virus B codes. This could mean there is a group of potential coronavirus cases that could not be identified by analysing either U07.1/2 or B34.2/B97.2 codes.

As such, if the only information available to coders is “coronavirus” with no confirmation of the COVID-19 strain, the codes B34.2 Coronavirus infection, unspecified site or B97.2 Coronavirus as the cause of diseases classified to other chapters should be used and this includes if the non-specific term “coronavirus” is stated in conjunction with the following terms:

- Suspected
- Possible
- Impression of
- Probable
- Query
- Likely
- Suggestive of
- Consistent with, compatible with or in keeping with
- Treated as, for, accordingly

This contravenes the normal coding rules as per CG25 April 2010. This is only applicable to coding Coronavirus NOS for the duration of the COVID-19 pandemic and will be reviewed in the future.

Examples

a) Patient admitted with coronavirus. Managed as viral infection with supportive treatment. There is no other information to clarify whether the patient was thought to be a suspected COVID-19 case or not.
B34.2 Coronavirus infection, unspecified site

b) Patient admitted with lower respiratory tract infection due to suspected coronavirus. No laboratory testing performed and no other information was available to clarify whether the patient was thought to be a suspected COVID-19 case or not.
J22X Unspecified acute lower respiratory infection
B97.2 Coronavirus as the cause of diseases classified to other chapters
COVID-19 Standards Summary

Coders are advised to use SCCS 30 consolidation document for discharges from 1st June 2021.

If coding episodes with a discharge date on or before 31st May 2021, please refer the applicable SCCS, summarised below.

SCCS 22:
- Released February 2020.
- Only use for discharges on or before 31st March 2020.
- Summary: introduction of new emergency use code U07.1. Guidance to assign U07.1 for any confirmed case of novel Coronavirus (2019-nCoV) (as it was known then)

SCCS 24:
- Released April 2020.
- Do not use for coding historic backlog, refer to SCCS 25.

SCCS 25:
- Released May 2020.
- Use for discharges from 1st April 2020 to 31st May 2021.

SCCS 27:
- Released February 2021
- Use for discharges from 1st January 2021 – 31st May 2021, but see also SCCS 28 in if assigning code U07.4.
- Summary: introduction of new ICD-10 emergency use codes for conditions related to COVID-19 – U07.3, U07.4 and U07.5 (personal history of, post COVID-19 conditions and multisystem inflammatory syndrome)
  Note: following section updated in SCCS 28
  B) U07.4 Post COVID-19 condition
SCCS 28:
- Released in March 2021
- Use for discharges from 1st March 2021 - 31st May 2021.
- Summary: introduction of new ICD-10 emergency use codes in relation to vaccinations for COVID-19 – U07.6 and U07.7. Amendment to guidance in SCCS 27 section B) U07.4 Post COVID-19 condition in relation to long inpatient stays.

SCCS 29:
- Released in July 2021
- Applicable for discharges from 1st June 2021.
- Summary: revision of SCCS 25 sections 1. COVID-19 confirmed by laboratory testing and 2. COVID-19 diagnosed clinically (use of codes U07.1 and U07.2)
- Note: content of SCCS 29 is included in SCCS 30, so coders should reference SCCS 30 for discharges from 1st June 2021.

Further information
The Terminology Services helpdesk is open Tuesday to Thursday, 9am-5pm.

We can be contacted by phone 0131 275 7823 or by email phs.terminologyhelp@phs.scot

When contacting the helpdesk please provide as much detail as possible about your request or query.