Walking dead action figure price guide list 2018 printable calendar

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 sacitsAtatse somizudorP the timely release of status. The deaths recorded in England and Wales (SA © Rie Dr) are the first release of mortality data completed each year and provides death record record For the reference year because of sex, age, marital status in England and Wales, as well as the main causes of death (note that before 2006 these
 were published in the annual reference volumes DH1, DH2 and DH4; for time comparability μrefer to qmi mortality statistics. The Area of usual residence provides death registration statistics in the United Kingdom and its constituent countries (numbers and fees) by μ (England), unit authorities, counties, districts, districts,
London boroughs, county councils, county councils, county councils, and local government Districts (Northern Ireland). Mortality statistics: deaths for a single year of age for the United Kingdom provides death record statistics for England and
 Wales by gender, band and underlying cause from 2001; The mortality archives of the Chapter XX provide this data for the years 1901 to 2000. The impact of the time needed to record deaths, because of death, area of usual residence, age, gender and type
of certification. Detailed annual mortality statistics are available in a dataset exploitable for England and Wales, including: Number of deaths by µ, local authorities, and standard and specific mortality rates of the overage age of the mà ©dia
layer (MSOAs). We also publish more detailed annual mortality statistics on specific <sup>3</sup> peaks in the following journals: Other statistics on specific <sup>3</sup> peaks in the following journals: Other statistics on a mortality sources are available on the page of vital events of the ,sotnemicsan so, )ARSIN( sacitsÃtatsE ed asiuqseP ed aicnªÃgA an e etroN od adnalrI an sievÃnopsid of £Atse etroN od adnalrI an s
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to Webpage User. A summary of mortality statuses also appear in the organization World Cup (WHO) annual statisticals of world and worldwide accounting of health. In England and Wales of Wales QMI.O Office for National Statistics (ONS) POLICAL PROTECTION OF CONFIDENTIALITY IN STATE TABLES OF BIRTH AND DEATH STATE. life and
other products ons. Extratrates and special tabs of Wales are disposingable for order (subject to legal frameworks, dissemination control §Ion, resources and our collection of collection, where appropriate,). Such consultations must be made the Mortality Keeping Team (health.data@ons.gov.uk or telephone to legal frameworks, dissemination control §Ion, resources and our collection of collecti
 +44 (0) 1329 444110) All data requested by the user will be published on the site. Returning to the registration when the deaths are certified
 and recorded. Most deaths are certified by a mother, using the Cause of Death Certificate (MCCD), which can be found in Annex A. This certificate is taken to a recorded within five days from the date of death, although there is a sum of situations in which the recorded.
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 lanoitddam ,sesac emos no It allows for eight days to record a death, when the cause of death from accidental, sudden or suspicious deaths can not be established. These deaths are still recorded in this period, where the cause of death would later be updated in the corrected entries (now the registration of corrections etc. (RCE), after an
 investigation. Based on the records. The National Statistics (ONS) writing continues to make an annual extract of death occurrence in the autumn year of data, which is used for seasonal mortality data and vain infant mortality results. Since 2006, SÃ © Rie Dr has been based on the number of deaths recorded in the calendar year. Between 1993 and
2005, the annual volumes of residence related to the number of deaths that occurred in the period. More details about these changes can be found in mortality statuses: deaths recorded in 2006. The number of records for a year that actually occurred
in the years are shown OS in Table 1. .xls .CSV The numbers of late records per year of occurrence Subject to future reviews because of the proof of late records; Reviews can extend back from you. The impact of delays in registration on the mortality
statistical report provides more information on the time required to record deaths in England and Wales. Back in the andice, the population estimates used to calculate mortality rates are estimated in the middle of the year of the resident of England and Wales, based on census. Our estimates of the mid-year population is updated updated using the
latest census, allowing births, deaths, migration od od otnemicehlevne e Population estimates used to calculate rates are detailed along with published tables. , there is a need to review mortality rates after 3 revisions µ population estimates. Any revisions µ mortality
rates are on the tables. Additional information µ population estimates and their methodology are available. Population population estimates are made to annual population estimates are made to annual population population population estimates. For example, for monthly population population population population population estimates are made to annual population 
of two years of population (or where these are not available, population \mu). In the first half of the year (January to June), the populations \mu for the current year and the following year are used. This is not multiplied by the number of
days within a mother as a proposal of the total number of days in that year. Production is used as the population denominator in the calculations of standard and age-specific mortality rates. Estimate) By mid-point of June 2020, including not the number of days in June 2020 m The number of days in 2020 (i) The July 2020 band of the population equals
 place: M The number of days from 1 July 2020 (the middle of the year for population estimation) to mid-July 2020, including nNumber of days in July 2020 mNumber of days in 2020 (i) The range of rates in lower geoμgrNates (such as regions and local authorities) As we have no population μ, we calculate the proposition of the population in the no-
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 waA,revewoH .level ytirohtuhtua lacot nwd scittit the civil registration systems of foreign countries vary in terms of timeliness and quality. However, the General Registry receives notification μ many deaths abroad and provides access to individual records through its website. Place of occurrence as a result of improvements in the classification and
codification of municipal establishments, the definition of place of death that we use was reviewed in 2011. These changes µes were implemented for the 2010 mortality statistics. In particular, the classification was changed to specifically identify institutions µ assistance at local and non - local level. The categories for psychiatric hospitals, other
hospitals and municipal establishments for the treatment of NHS and non-NHS patients were also replaced by one category for all hospitals. This reflects the current needs of the user. Improving the way in which deaths are attributed to each of the establishments and the way in which they are assigned to categories of death sites A continuous
exercise will improve the quality of this new classification. house (in the habitual residence of the deceased (according to the informant)ÂÂÂ when it is not a common establishment assistanthouse (local or non-local authority) hospitals and municipal establishments to assist patients (excluding hospitals and psychiatric hospitals) (NHS or other than
NHS) hospitals (NHS or other than NHS) other municipal establishments: includes schools, convents and monasteries, nursing homes, university and university residence halls, µµ for juvenile offenders, safe training centers, detention centers, prisons and detention centers elsewhere: includes all sites not covered above, such as motorway deaths; on
the beach; climbing a mountain; walking down the street; cinema; in a football match; during purchases; or in someone else's house The death occurred and where the deceased lived. When these two variables are and this site is not a community
establishment, we create the group for deaths at home (sometimes called "private homes"). Where the individual died in a community establishment, we link the mortality data to a community establishment, dividing the list into
more than 80 types of organization. Using this, we group the organizations µ in the categories described above. Where the deceased did not die in his own 3, or in a community research archive of the establishment is updated every month
with any changes µ, closures and new establishments; The numbers by death site contain notes indicating which version of the research was used for analysis. Figures on deaths in which (a) death occurred in a household or
(b) death occurred elsewhere, but the place of residence of the deceased was recorded as a care home. Back in the index, when a death occurs, the attending physician completes a medical certificate of cause of death (MCCD) (Annex A (PDF, 224KB)). This is usually taken to the local register of births and deaths in the district where the death
 occurred. Since April 1997, information can µ provided to a registrar in a different district. This is known as the record of deaths by declaration and is mainly used for the death of babies. More details on deaths by declaration and is mainly used for the death of babies.
complete an MCCD. This is usually delivered to the registrar by informant informant a relative of the date of death, as required by the registrar at the time of registration is reproduced at Annex B (old, PDF,
153KB) and Annex I (new, PDF, 276KB). In an emergency period, such as the coronavirus (COVID-19) pandemic, any doctor to do so. This may, for example, be when the attending doctor is self-isolating, unwell, or has pressure to attend to patients. In these circumstances, it may
be practical to allow a medical examiner or recently retired doctor returning to work to complete the MCCD. Further details about death certification during emergency periods are available in the Guidance for doctors complete the MCCD cannot be issued
 immediately, such as those deaths reported to a coroner, and the registration is consequently delayed. Some examples of these situations are given in the following subsections. Referral to the coroner or the registrar may report it. Deaths that should be referred to a
coroner include those where: the cause is unknown the deceased was not seen by the certifying doctor either after death or within the 14 days before death may have been due to self-neglect or neglect by others the death may
have been due to an industrial disease or related to the decased's employment the death occurred during or shortly after detention in police or prison custody there was no doctor available who was legally qualified to After
a significant increase in requests for deprivation of freedom (DOLs) between 2013 and 2015, and a consequent increase in investigations of coroner and inquiry into deaths where a dols was in force and inquiry into deaths where a dols was in force was i
previous tendency). Coroners are only possible to action as a death was mentioned. If they consider that death has been due to natural causes and that the cause was correctly certified by a mother, the local registration is notified (formula 100a - Annex D) and can register the death using the cause indicated in the MCCD. In rare cases where it is not
 attest to attestation. Ask for a postmortem exam. This can happen if the death was sound and the unknown cause, if there was no way to present or if the death was due to natural causes, the coroner notifies the motion that it does not intend to perform
an inquiry (formuity 100b â € "Annex and (PDF, 133kb))). In such cases, the coroner in the 100b form is based on self -basis information performed by the pathologist. the inquiry concludes that investigation and
death is certified by the coroner (formula 99 (Rev) - Annex C (PDF, 171kb)). This provides the recorder for details of the deceased and the conclusions of the Inquiry on the Cause of Death. Since 1978 (see section 9: cause of death coding; Subsection: accelerated records), it was possible to record these deaths at the time of postponement, when the
coroner emits the form iRio 120 (Annex F (PDF, 160kb)). This form includes details of lesions that led to death, but no conclusion. In the cause of motor venue incidents, sufficient information to codify the cause of death. Other deaths, such as possible homicádios, receive a temporary time for the cause of underlying death (U50.9) until the final
information is disposingable. This is provided by the registrar's coroner in the form at t
around 0.5% of all deaths in England and Wales. We received at least one certificate of cause of death for these cases, which are registered and coded normally. This group includes deaths for which the mother, which are registered and coded normally. This group includes deaths for which the mother was not present
with the deceased during the last disease (note that this was not a requirement during the coronavarus pandemic), or saw the body, and the mother © Conditioning Tip No one asked for a postmortem, but 100a formed (Annex D (PDF, 88kb)). It also includes deaths from foreign military in England and Wales, where the certifier is not a motive for the
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differences between ICD-9 and ICD-10 are outlined in Results of the ICD-10 bridge coding study, England and Wales, 1999. The vast majority of deaths in ICD-10. However, there were some discontinuities in the data because of the application of new rules for assigning underlying cause in ICD-10, most
notably for deaths due to pneumonia. Section 16: Background and history of mortality data (subsection: Historically, the rule that changed cause of death statistics most was the introduction of Rule 3 (see Section 16: Background and
history of mortality data (subsection: Legislation) for further details). In ICD-10, the list of conditions affected by Rule 3 is more clearly defined than in ICD-9 and have been grouped to reflect ICD-10 categories. To achieve this
broad comparability, the ranges of ICD-9 codes used for some of the groupings differ from those published in annual volumes prior to 2001. Particular causes affected include leukaemia, diseases of the liver and land transport accidents. Note on coding of acute Fever (CID-9 390 to 392, ICD-10 I00 to I02) in 1999, we found that in some circumstances
deaths from rheumatic and valve cardan disease were coded for acute rheumatic fever by automated cause coding system introduced in 1993. All deaths in 1998 and 1999 with any acute rheumatic fever mens were verified and manually recoded if necessary. From 2000, routine checks were established to correct any coded death from acute
rheumatic fever. Therefore, published data on deaths between 1993 and 1997 attributed to acute rheumatic fever should be considered highly confirmed. J09 "Influenza Due to the identified Aviion Influenza due to the varus of aviária influenza influenza confirmed. J09 "Influenza Due to the identified Aviion Influenza Due to the identified Aviion Influenza Due to the identified Aviion Influenza Due to the varus of aviária influenza Due to the identified Aviion Influenza Due to the ide
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specified). Provision for certain conditions, underlying widespread diseases (given a dagger (¢ âference)) and a local manifestation in a specimens or specific site that is a clinical problem by itself (given an asterisk Code. (*)). This system was majes eug e otib<sup>3</sup>à ed odacifitrec od sadavired majes siet<sup>o</sup>à siam seµÃ§Ãamrofni sa eug ritnarag arap "sarger
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DCI-9 to DCI-10 had an impact on the allocation of secondary causes. The ONS has published an evaluation of this In ICD-10, when more than one body regions (t00 to t07). Therefore, in the previous example of an occupant injured in a transport accident
under ICD-10, the secondary cause would be classified as "other specified injuries involving body regions" (T06.8), while under the CID-9 800). An update by whom it was implemented for the 2014 data, whereby more than one serious lesion is reported in the relevant part
of the certificate, the main lesion must be selected from the ranking ranking of the list of Country of the Nature of ICD-10 (PDF, 554kb). Update indicates that when more than one of the serious lesions reported in the relevant part of the same and highest classification certificate, select the first mentioned of these injuries; However, we prefer an
specific lesion to a lesion of block T00 to T07 (lesions involving several body regions) with the same priority classification. The information on injuries are derived from the forms of the Certificate of the Inquiry (Formulum 99 (Rev) A - Annex C (PDF, 171kb))
This form was revised in May 1993 to alion it with the MCCD and the WHO recommendations. As the revised form is not included in more specific questions about the type of lesion and injured body parts, some coroners now usually provide fewer details than before. The result is that some deaths are attributed to residual deigys for the nature of the
lesion. For example, in ICD-10, the declaration "lesion in the head" is coded for "lesion no specified head" (S09.9), while with more Details can be attributed to the "chrontum fracture and facial bones" (S02.n). <sup>3</sup> are used to derive an underlying cause of death. In some cases, more information µ the cause of death may eht, 7791 tcA waL lanimirC eht for the "chrontum fracture" and facial bones.
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cases where an investigation has been postponed, death can be recorded as an accelerated record, without waiting for the outcome of the criminal proceedings. Accelerated record, without waiting for the outcome of the event); before 2007, they were assigned to the 3 Y33.9 (other events
specified, indeterminate intention). Most of these are eventually reassigned for assault (X85 to Y09), but delays before this happens may affect the numbers published in the underestimation of death by assault (Certification of death and the epidemiologist). For this reason, ONS statistics on deaths due to injuries generally include ICD-10 c3I say U50.9
(see 3). Accelerated records related to deaths involving motor vehicle incidents are attributed to a 3 µ µ in the range V01 to V89 (land transport accidents) if there is information List. Robbery and intentional self-mutilationNo more deaths from assault (homicidal in ICD-9). There are two estimates presented in standard tables. The first one is the
number encoded for X85 to Y09; this is the classification of the DCI which all attacks should be assigned. The second one is the number encoded for X85 to Y09 plus those encoded for U50.9 (event awaiting determination of intention); This takes into account accelerated records, most of which are eventually coded for an assault 3.No. of deaths from the classification of the DCI which are eventually coded for an assault 3.No. of deaths from the classification of the DCI which are eventually coded for an assault 3.No. of deaths from the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; this is the classification of the DCI which are eventually coded for X85 to Y09; the X85 to Y09; this is the Classification of the DCI which are eventually coded for X85 to Y09; this is the Classification of the DCI which are eventually coded for X85 to Y09; the X85 to Y09;
intentional self-harm (suicide in ICD-9)As with aggression, two separate estimates of the number of deaths per year from self-harm can be made sovitinifed soviti
statistics, which includes the number encoded for x60 to x84 plus those encoded for x10 to x84 plus those en
tion was revised in January 2016 to include deaths from intentional Self-harm in children aged 10 to 14. Previously, they do not include children's suicides due to the Virgundary 2016 to include deaths from intentional Self-harm in children aged 10 to 14. Previously, they do not include them.
Deaths of an event of indeterminate intention in children from 10 to 14 years old are not included in these stats of suicide, As, although for adolescents and older adults we assume that in these deaths the damage was self-inflicted, for younger children, it is not clear whether this assumption is appropriate. This new definition has been applied to A
complete 1981 to the last year of death records. For more information u the definition of suicides, please refer to the UK Statistical Bulletin. Back to the cause index of the death as encoded for the underlying cause during the relevant reference period. It is based on
a standard tabular list developed by the ONS in consultation with the Department of Health (now the Department of Health Organization (WHO), with the exception of some conditions μ causes of death
certified in England and Wales a§Anaruges a§Anaruges as of Enterior (ICD-10) chapter conditions of Diseases, tenth edition (ICD-10) chapter conditions of Diseases, tenth edition (ICD-10) chapter conditions used in monitoring public health targets of mortality statistics
to 2000, conditions related to HIV infection were coded to ICD-9 042 to 044. This replaced the previously used ICD-9 code of 279.1 (deficiency of cell-mediated immunity) for these conditions. From 2001, conditions related to HIV infection have been coded to ICD-9 code of 279.1 (deficiency of cell-mediated immunity) for these conditions.
used by the ONS for deaths involving adjourned inquests that would previously have been coded to Y33.9. This has made the tabulation of deaths from undetermined intent, and estimates of suicide, easier to produce. .xls .csv Back to table of contents The Still-Birth (Definition) Act 1992 defines a stillbirth as "a child which has issued forth from its
 Figures for stillbirths from 1993 are, therefore, not comparable with those for previous years. From 28 May 2012, the restriction to registered at any time. Infant deaths Infant deaths (under one year) at The ages are defined as: early neonatal â
€ "Deaths with less than seven days perinatal â €" Nads and neonatal deaths neonatal deaths neonatal â €" Deaths with less than 28 days poses â €" deaths between 28 days poses
diseases or conditions in the fetus or infant other diseases or conditions affecting the fetus or infant other maternal diseases or conditions affecting the fetus or the infant could be
mentioned in certificates prior to 1986, it was not not Any provision is provided for cases where the certificate introduced in 1986 overcame this problem. However, since it is currently given equal weighing the main conditions in the fetus and in motion, it
is not possible to identify an underlying cause of death for neonatal deaths (and deaths). By this reason, most of Office for National Statistics (ONS) on mortality that include because they exclude deaths of rec ©m-born. Together with a team of experts in the field, the ONS has developed a hierarchical classification for the classification of causes of
  neonatal deaths and In ICD-10, known as "Ons Cause Groups". More details can be found in the last publication of infant and children's mortality status. Back in the way the mortality stats in England and Wales are derived
from the record of deaths certified by a mother or a motion. Data go through Various Processes (Annex K (PDF, 15kb)) before they become usable for dwarf. These processes are complex and involve a wide range of people, organizations, and computer systems. To produce mortality results based on final data, an extracted annual extracts from the
death base. These extracts are used to produce annual tables and files from individuals to other governmental departments and departments and departments are obtained by relevant legislation. Prior to these annual extracts, provisional extrac
the mortality statues in England and Wales of Wales QMI and in the Poetics of Office for National Statistics (ONS) on the protection of confidentiality in statistical tables of birth and death. Returning to the another complete a
certificate of cause of cause of cause of cause of death (MCCD). Many thousands of general clinic motors, hospital consultants, formation and mothers in other clinical stations complete MCCDs. The nature and amount of training they had in the death certification vary a lot. Nor UK Tips Schools include questions about the certification of their exams in their exams.
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managers from GRO.At the time of registrationWhen someone attends to register a death, the registrar is instructed to make the following checks: a medical certificate (or coroner's document) is presented the death occurred within the last 12 months the informant is qualified to give information the correct medical
certificate has been used the certificate relates to the correct person the certificate has been filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed, not amended in any way, the doctor's qualifications filled in properly - that is, it is signed.
registrar then carries out the registration and reviews the recorded detail with the informant before the register page is signed by the informant and registrar. The signed register page is normally a computer-generated print, replicating the detail held on computer, but when the computerised system is unavailable it is a handwritten page. By
superintendent registrars and account managersSuperintendent registrars carry out the following quarterly checks: the Quarterly checks: the Quarterly checks: the Quarterly checks: the Quarterly checks appear to be in sequence there is a medical certificate or coroner's form to accompany each death entry, as appropriate each entry has been signed
by an informant (if required) and by the registration districts on a periodic basis and as part of the process will typically include the following inspection activity: sitting in on actual registrations to check questioning technique examining a
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ega emas eht ni to older ages to better reflect the ageing population. This change has had a significant impact; consequently, ASMRs based on the 2013 ESP. Further information about the change in methods is available. .xls .csv For National Statistics publication of mortality and cancer
incidence, the ONS is currently using an abridged ESP with a 90 years and over upper age limit of 90 years and over. Perinatal mortality rate estimates are only currently available for upper age limit of 90 years and over. Perinatal mortality rate is the number of deaths at ages under seven days (early neonatal deaths) plus stillbirths per 1,000
live births and stillbirths in the same period. Infant mortality rate is the number of death at a younger age means that some future years of life have been lost.
Calculations of years of life lost are made for deaths from selected causes with the aim of illustrating the relative effects from different diseases. The ¢ÃÂÂcut-off¢Ã ages used are 65, 75 and 85 years, is also used to
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calculate years of working life lost due to premature death. From the 2012 data year onwards, the period of working life covered ages 15 to 64 years. Prior to the 2012 data year, the period of working life covered ages 15 to 64 years. Prior to the 2012 data year, the period of working life covered ages 15 to 64 years. Prior to the 2012 data year, the period of working life covered ages 15 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 15 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year. Prior to the 2012 data year, the period of working life covers ages 16 to 64 years. Prior to the 2012 data year. Prior to the 2012 data yea

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