

**Description**

The EHR vendor loads immunization history data from the local practice for Juana Mariana Gonzales.

**Comments**

No Comments

**Pre Condition**

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

**Post Condition**

The immunization history the known to the local practice is loaded into the record created for Juana Mariana Gonzales.

**Test Objectives**

*Record Past Immunizations:* The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

**Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Vaccine from Practice HepB			
Entered BY	Sandra Molina	Y	
Ordering Provider	Frank Smith	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y	
Date/Time of Start of Administration	12/20/2010	Y	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Sandra Molina	Y	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	6352FK1	Y	
Substance Expiration Date	12/14/2011	Y	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y	
Completion Status	CP	Y	
Route of Administration	IM (NCIT C28161)	Y	
Administration Site	Right Thigh	Y	
Vaccine from Practice MMR II			
a. Entered BY	J. Martinez	Y	
b. Ordering Provider	Frank Smith	Y	
c. Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source	New immunization record (NIP001 00)	Y	
Value/Text for Vaccine Type	MMR II (CVX 03, NDC 0006-4681-00)	Y	
Date/Time of Start of Administration	08/22/2011	Y	
Vaccine Administered	measles, mumps, rubella virus vaccine	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Sandra Molina	Y	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	0853CC	Y	
Substance Expiration Date	12/15/2011	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	CP	Y	

Route of Administration	Subcutaneous (NCIT C28399)	Y	
Administration Site	Left Thigh (HL70163 LT)		
<b>Notes for Testers</b>			
No Note			