

**Description**

The EHR vendor loads Polio immunization history data 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 for Polio 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]:

Polio Dose 1 of 2			
Entered BY	Sandra Molina	Y	
Ordering Provider	Jane Carter	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	1/22/2010	Y	
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Jane Carter	Y	
Administered-at Location	325 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	D333PV2431	Y	
Substance Expiration Date	10/4/2010	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	CP	Y	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	
Administration Site	Left Deltoid (HL7 LD)	Y	
Polio Dose 2 of 2			
Entered BY	Sandra Molina	Y	
Ordering Provider	Carlos Herrera	Y	
Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source	Historical Immunization (NIP001 01)	Y	
Value/Text for Vaccine Type	poliovirus vaccine, inactivated (CVX 10)	Y	
Date/Time of Start of Administration	3/23/2010	Y	
Vaccine Administered	poliovirus vaccine, inactivated (CVX 10) IPOL (NDC 49281-0860-55)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	J. Martinez	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	
Lot Number	D333PV4344	Y	
Substance Expiration Date	3/23/2010	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	CP	Y	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	
Administration Site	Left Deltoid (HL7 LD)		

**Notes for Testers**

No Note