

### Description

The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales.

### Comments

No Comments

### PreCondition

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

### PostCondition

The immunization history from the pharmacy as reported by the parent 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 history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]:

|   |   |   |  |
|---|---|---|--|
| Historical Vaccine from Pharmacy Reported by Parent     |   |   |  |
| Entered BY  | Sandra Molina   | Y |  |
| Ordering Provider                                       | Gina Ricci  | Y |  |
| Entering Organization                                   | Shoreline Pediatrics  | Y |  |
| Vaccine Event information source (Administration Notes) | Historical information - from other provider (NIP001 02)                                      | Y |  |
| Value/Text for Vaccine Type                             | Influenza vaccine   | Y |  |
| Date/Time of Start of Administration                    | 10/15/2013  | Y |  |
| Vaccine Administered                                    | influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10)) | Y |  |
| Administered Amount (of Vaccine)                        | 0.5   | Y |  |
| Administered Units (of Measure)                         | mL  | Y |  |
| Administering Provider                                  | Gina Ricci  | Y |  |
| Administered-at Location                                | Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901                                  | Y |  |
| Lot Number  | 8L4B3423  | Y |  |
| Substance Expiration Date                               | 7/1/2014  | Y |  |
| Substance Manufacturer Name                             | MedImmune, LLC (MVX MED)  | Y |  |
| Completion Status                                       | CP  | Y |  |
| Route of Administration                                 | Nasal (NCIT NS)   | Y |  |
| Administration Site                                     |   | Y |  |

### Notes to Testers

No Note