

### Description

The EHR vendor loads DTaP immunization history data for Juan Marcel Gonzales.

### Comments

In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps.

### Pre Condition

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.

### Post Condition

The immunization history for DTaP known to the local practice is loaded into the record created for Juan Marcel 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.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps. However, the complete list of data element content is provided:

|   |   |   |  |
|---|---|---|--|
| DTaP Dose 1 of 5  |   |   |  |
| Entered BY  | Sandra Molina   | N |  |
| Ordering Provider                                       | Carlos Herrera  | N |  |
| Entering Organization                                   | Shoreline Pediatrics  | N |  |
| Administration Notes (Vaccine Event information source) | Historical Immunization (NIP001 01)   | Y |  |
| Date/Time of Start of Administration                    | 1/22/2012   | Y |  |
| Vaccine Administered                                    | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)                                 | Y |  |
| Administered Amount (of Vaccine)                        | 0.5   | N |  |
| Administered Units (of Measure)                         | mL  | N |  |
| Administering Provider                                  | J. Martinez   | N |  |
| Administered-at Location                                | 333 Oceanview Lane, Stamford Connecticut 06901  | N |  |
| Lot Number  | D409QS2342  | N |  |
| Substance Expiration Date                               | 11/30/2012  | N |  |
| Substance Manufacturer Name                             | Sanofi Pasteur Inc (MVX PMC)  | N |  |
| Completion Status                                       | CP  | N |  |
| Route of Administration                                 | Intramuscular (NCIT C28161, HL70162: IM)  | N |  |
| Administration Site                                     | Left Thigh (HL7 LT)   | N |  |
|   |   |   |  |
| DTaP Dose 2 of 5  |   |   |  |
| Entered BY  | Sandra Molina   | N |  |
| Ordering Provider                                       | Carlos Herrera  | N |  |
| Entering Organization                                   | Shoreline Pediatrics  | N |  |
| Vaccine Event information source                        | Historical Immunization (NIP001 01)   | Y |  |
| Value/Text for Vaccine Type                             | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)                                 | Y |  |
| Date/Time of Start of Administration                    | 3/22/2012   | Y |  |
| Vaccine Administered                                    | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)<br>ENGRIX-B (NDC 58160-0820-11) | Y |  |
| Administered Amount (of Vaccine)                        | 0.5   | N |  |
| Administered Units (of Measure)                         | mL  | N |  |
| Administering Provider                                  | J. Martinez   | N |  |
| Administered-at Location                                | 333 Oceanview Lane, Stamford Connecticut 06901  | N |  |

|                             |                              |   |  |
|-----------------------------|------------------------------|---|--|
| Lot Number                  | D409QS2434                   | N |  |
| Substance Expiration Date   | 9/4/2012                     | N |  |
| Substance Manufacturer Name | Sanofi Pasteur Inc (MVX PMC) | N |  |
| Completion Status           | CP                           | N |  |
| Route of Administration     | Intramuscular (NCIT IM)      | N |  |
| Administration Site         | Right Thigh (HL7 RT)         | N |  |
|                             |                              |   |  |

|                                      |   |
|--------------------------------------|---|
| DTaP Dose 3 of 5                     |   |
| Entered BY                           | Sandra Molina   |
| Ordering Provider                    | Carlos Herrera  |
| Entering Organization                | Shoreline Pediatrics  |
| Vaccine Event information source     | Historical Immunization (NIP001 01)   |
| Value/Text for Vaccine Type          | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)                                 |
| Date/Time of Start of Administration | 5/21/2012   |
| Vaccine Administered                 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)<br>ENGRIX-B (NDC 58160-0820-11) |
| Administered Amount (of Vaccine)     | 0.5   |
| Administered Units (of Measure)      | mL  |
| Administering Provider               | J. Martinez   |
| Administered-at Location             | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot Number                           | D409QS3256  |
| Substance Expiration Date            | 12/1/2012   |
| Substance Manufacturer Name          | Sanofi Pasteur Inc (MVX PMC)  |
| Completion Status                    | CP  |
| Route of Administration              | Intramuscular (NCIT IM)   |
| Administration Site                  | Left Thigh (HL7 LT)   |

|                                      |   |
|--------------------------------------|---|
| DTaP Dose 4 of 5                     |   |
| Entered BY                           | Sandra Molina   |
| Ordering Provider                    | Carlos Herrera  |
| Entering Organization                | Shoreline Pediatrics  |
| Vaccine Event information source     | Historical Immunization (NIP001 01)   |
| Value/Text for Vaccine Type          | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)                                 |
| Date/Time of Start of Administration | 2/20/2013   |
| Vaccine Administered                 | diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)<br>DAPTACEL (NDC 49281-0286-01)<br>ENGRIX-B (NDC 58160-0820-11) |
| Administered Amount (of Vaccine)     | 0.5   |
| Administered Units (of Measure)      | mL  |
| Administering Provider               | J. Martinez   |
| Administered-at Location             | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot Number                           | D409QS250   |
| Substance Expiration Date            | 3/1/2014  |
| Substance Manufacturer Name          | Sanofi Pasteur Inc (MVX PMC)  |
| Completion Status                    | CP  |
| Route of Administration              | Intramuscular (NCIT IM)   |
| Administration Site                  | Left Deltoid (HL7 LD)   |

#### Notes for Testers

No Note