<u></u>	Description —	٦						
	The EHR vendor loads Hib immunization history data for Juan Marcel Gonzales.							
		╛						
_(-Comments							
	No Comments							
<u></u>	PreCondition—	_						
	The EMR has recorded all of the pediatric demographic in the record created for Juan Macel Gonzales.	where (e.g., by another doctor, at a public health						
1	PostCondition—	_						
	The immunization history for Hib 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.							
	cmirc, pharmacy, etc.) whit incomplete details.							
<u> </u>	Evaluation Criteria————————————————————————————————————	\neg						
	Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes:							

Hib Dose 1 of 4			
Entered BY	Sandra Molina	Y	
Ordering Provider	Carlos Herrera	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	1/22/2012	Y	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	Y	
Dose Number	1		
Doses in Series	4		
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Y		
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	
Lot Number	7M54K9255	Y	
Substance Expiration Date	3/24/2012	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	СР	Y	
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y	
Administration Site	Right Thigh (HL7 RT)	Y	
DTaP Dose 2 of 4			
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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	Y	
Date/Time of Start of Administration	3/22/2012	Y	
Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11)	Y	
Dose Number	2		
Doses in Series	4		
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	7M55K3343	Y	
Substance Expiration Date	10/30/2012	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	CP	Y	
Route of Administration	Intramuscular (NCIT IM)	Y	
Administration Site	Left Thigh (HL7 LT)		
		i	

	DTaP Dose 3 of 4		
	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	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	
	Date/Time of Start of Administration	5/21/2012	
	Vaccine Administered	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00) ENGERIX-B (NDC 58160-0820-11)	
	Dose Number	3	
	Doses in Series	4	
	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	7M75K4577	
	Substance Expiration Date	5/23/2012	
	Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	
	Completion Status	СР	
	Route of Administration	Intramuscular (NCIT IM)	
	Administration Site	RightThigh (HL7 RT)	
OTaP Dose 4 of 4			
Entered BY		Sandra Molina	
Ordering Provider		Carlos Herrera	
Entering Organization	1	Shoreline Pediatrics	
Vaccine Event inform	nation source	Historical Immunization (NIP001 01)	
Value/Text for Vaccin	ne Type	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	
Date/Time of Start of	Administration	11/22/2012	
Vaccine Administered	1	Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49) PedvaxHIB (NDC 00006-4897-00)	
Oose Number		4	
Doses in Series		4	
Administered Amoun	· · · · · · · · · · · · · · · · · · ·	0.5	
Administered Units (c		mL	_
Administering Provi		J. Martinez	
Administered-at Loca	tion	333 Oceanview Lane, Stamford Connecticut 06901	
Lot Number	Data	7M53K5535	
Substance Expiration Substance Manufacture		2/22/2012 Merck Sharp & Dohme Corp (MVX MSD)	
Completion Status	101 Paint	CP	_
Route of Administrati	ion	Intramuscular (NCIT IM)	
	•	(

Notes to Testers-

No Note