

Evaluated Immunization History and Immunization Forecast					
Test Case ID	Mariela Gonzales Morales Display Reconcile Update Immunization Information				
Juror ID					
Juror Name					
HIT System Tested					
Inspection Date/Time					
Inspection Settlement (Pass/Fail)	<table border="1"> <thead> <tr> <th>Pass</th> <th>Fail</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Pass	Fail	<input type="checkbox"/>	<input type="checkbox"/>
Pass	Fail				
<input type="checkbox"/>	<input type="checkbox"/>				
Reason Failed					
Juror Comments					

DISPLAY VERIFICATION

This Test Case-specific Juror Document provides a checklist for the Tester to use during certification testing for assessing the EHR technology's ability to display required core data elements from the information received in the Evaluated Immunization History and Immunization Forecast Z42 response message. Additional data from the message or from the EHR are permitted to be displayed by the EHR. Grayed-out fields in the Juror Document indicate where no data for the data element indicated were included in the Z42 message for the given Test Case.

The format of this Juror Document is for ease-of-use by the Tester and does not indicate how the EHR display must be designed.

The Evaluated Immunization History and Immunization Forecast data shown in this Juror Document are derived from the Z42 message provided with the given Test Case; equivalent data are permitted to be displayed by the EHR. The column headings are meant to convey the kind of data to be displayed; equivalent labels/column headings are permitted to be displayed by the EHR.

Patient Information		
Element Name	Data	Tester Comment
Patient Identifier		
ID Number	123456	
Assigning Authority		
Namespace ID	MYEHR	
ID Type	MR	
Patient Identifier		
ID Number	987633	
Assigning Authority		
Namespace ID	MYIIS	
ID Type	SR	
Name	Mariela Gonzales Morales	
Date of Birth	05/30/2015	
Sex	Female	
Address 1		
Street	4345 Standish Way	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country	USA	
Address Type	L	
Mother's Maiden Name	Maria Merida Acosta	
<p>When displayed in the EHR with the Evaluated Immunization History and Immunization Forecast, these patient demographics data may be derived from either the received immunization message or the EHR patient record. When displaying demographics from the patient record, the EHR must be able to demonstrate a linkage between the demographics in the message (primarily the patient ID in PID-3.1) and the patient record used for display to ensure that the message was associated with the appropriate patient.</p>		

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Stamford Regional Hospital	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	Hepatitis B	
Refusal Reason		
Date/Time Administration-Start	05/30/2015	
Date/Time Administration-End	03/30/2015	

Administered Amount	0.5	Evaluated Immunization History Information
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes		
Administering Provider		
Name	Susan Pike	
ID Number		
Administered-at Location		
Facility ID	DCS_DC	
Street Address	15 Atlantic Avenue	
Other Designation		
City	Stamford	
State	CT	
Zip Code	06903	
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	1	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
<p>* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be interpreted as "Dose Status". A status of "Complete" means that the vaccine dose was "completely administered" as opposed to "partially administered".</p>		

Immunization Forecast		
Element Name	Data	Tester Comment
Vaccine Group	Hep B, unspecified formulation	
Vaccine Due Date	06/29/2015	
Earliest Date to Give	06/29/2015	
Latest Date to Give	07/29/2015	
Date When Vaccine		

Overdue	07/30/2015	Immunization Forecast
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	DTaP, unspecified formulation	
Vaccine Due Date	07/29/2015	
Earliest Date to Give	07/29/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hib	
Vaccine Due Date	07/29/2015	
Earliest Date to Give	07/29/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	IPV	
Vaccine Due Date	07/29/2015	
Earliest Date to Give	07/29/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Pneumococcal Conjugate, unspecified formulation	
Vaccine Due Date	07/29/2015	
Earliest Date to Give	07/29/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	

Immunization Forecast		
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	rotavirus, unspecified formulation	
Vaccine Due Date	07/29/2015	
Earliest Date to Give	07/29/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	influenza, unspecified formulation	
Vaccine Due Date	01/12/2015	
Earliest Date to Give	01/12/2015	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Hep A, unspecified formulation	
Vaccine Due Date	05/29/2016	
Earliest Date to Give	05/29/2016	
Latest Date to Give	05/29/2017	
Date When Vaccine Overdue	05/30/2017	
Status in Immunization Series		
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	MMR	
Vaccine Due Date	05/29/2016	
Earliest Date to Give	05/29/2016	
Latest Date to Give	08/27/2016	
Date When Vaccine Overdue	08/28/2016	

Status in Immunization Series	Immunization Forecast	
Forecast Reason		
Element Name	Data	Tester Comment
Vaccine Group	Varicella	
Vaccine Due Date	05/29/2016	
Earliest Date to Give	05/29/2016	
Latest Date to Give	08/27/2016	
Date When Vaccine Overdue	08/28/2016	
Status in Immunization Series		
Forecast Reason		