

#### Description

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

#### Comments

No Comments

#### PreCondition

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

#### 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.

#### Evaluation Criteria

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)<br>PedvaxHIB (NDC 00006-4897-00)                                 | Y |  |  |
| 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                                       | CP   | Y |  |  |
| Route of Administration                                 | Intramuscular (NCIT C28161, HL70162: IM)   | Y |  |  |
| Administration Site                                     | Right Thigh (HL7 RT)   | Y |  |  |
|   |  |   |  |  |
| Hib 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)<br>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)<br>PedvaxHIB (NDC 00006-4897-00)<br>ENGRIX-B (NDC 58160-0820-11) | 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  | 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)  |   |  |  |
|   |  |   |  |  |

## Hib 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)<br>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)<br>PedvaxHIB (NDC 00006-4897-00)<br>ENGERIX-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                           | 7M75K4577   |
| Substance Expiration Date            | 5/23/2012   |
| Substance Manufacturer Name          | Merck Sharp & Dohme Corp (MVX MSD)  |
| Completion Status                    | CP  |
| Route of Administration              | Intramuscular (NCIT IM)   |
| Administration Site                  | RightThigh (HL7 RT)   |

## Hib Dose 4 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)<br>PedvaxHIB (NDC 00006-4897-00) |
| Date/Time of Start of Administration | 11/22/2012   |
| Vaccine Administered                 | Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)<br>PedvaxHIB (NDC 00006-4897-00) |
| 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                           | 7M53K5535  |
| Substance Expiration Date            | 2/22/2012  |
| Substance Manufacturer Name          | Merck Sharp & Dohme Corp (MVX MSD)   |
| Completion Status                    | CP   |
| Route of Administration              | Intramuscular (NCIT IM)  |
| Administration Site                  | Left Deltoid (HL7 LD)  |

## Notes to Testers

No Note