E	Evaluated Immunization History and In	ımunization Forecast
Test Case ID	Patient Juana Mariana Gonzales	
Juror ID		
Juror Name		
HIT System Tested		
Inspection Date/Time		
Inspection Settlement	Pass	Fail
(Pass/Fail)		
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 Author	rity		
Namespace ID	MYEHR		
ID Type	MR		
Patient Identifier			
ID Number	987633		
Assigning Author	ity		
Namespace ID	MYIIS		
ID Type	SR		
Name	Juana Mariana Gonzales		
Date of Birth	12/23/2009		
Sex	Female		
Address 1			
Street	4345 Standish Way		
Other Designation			
City	Stamford		
State	СТ		
Zip Code	06903		
Country	USA		
Address Type	L		
Mother's Maiden Name	Maria Merida Acosta		

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.

Evaluated Immunization History Information		
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage	
Refusal Reason		
Date/Time Administration-Start	11/23/2009	

	Evaluated Immunization H	story Information
Date/Time Administration-End	11/23/2009	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Locatio	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
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	
Element Name	Data Occomprisery Parlicetures	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	Hep B Peds NOS	
Vaccine Administered	hepatitis B vaccine, unspecified formulation	
Refusal Reason		
Date/Time Administration-Start	01/15/2010	

	Evaluated Immunization Hi	story Information	
Date/Time Administration-End	01/15/2010		
Administered Amount	0.5		
Administered Units of Measure	mL		
Route of Administration	IM		
Administration Site	Right Thigh		
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA		
Administration Notes	new immunization record		
Administering Provider			
Name	J Martinez		
ID Number			
Administered-at Location			
Facility ID	DCS_DC		
Street Address			
Other Designation			
City			
State			
Zip Code			
Country			
Valid Dose	YES		
Validity Reason			
Completion Status*	Complete		
Dose Number in Series	2		
Number of Doses in Series	3		
Immunization Series Name			
Status in Immunization Series			
Immunization Schedule Used	ACIP		
Element Name	Data	Tester Comment	
Entering Organization	Oceanview Pediatrics		
Vaccine Group	Hep B Peds NOS		
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage		
Refusal Reason			
Date/Time Administration-Start	10/30/2010		

	Evaluated Immunization Hi	story Information
Date/Time Administration-End	10/30/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	3	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Refusal Reason		

Administration-Start Date/Time Administration-End Administration Does Administration Does Measure Route of Administration Site Route of Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administration Provider Name J Martinez ID Number Administration Des Des De Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series Substance Status in Immunization Series Number of Doses in Series Status in Immunization Series Ilmmunization Schedule Used Left Toligh ACIP Element Name Data Tester Comment Entering Organization Coeanview Pediatrics diphilteria, tetanus toxoids and acellular pertussis vaccine, unspecified		Evaluated Immunization His	story Information
Administration-End Administration Madministration Madministration Madministration Madministration Madministration Madministration Madministration Manufacturer Name Administration Notes Name Administration Notes Name J Martinez ID Number Name J Martinez ID Number Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Completion Status* Completion Status* Completion Status* Status II III III III III III III III	Date/Time Administration-Start	01/22/2010	
Administration of Measure Route of Administration Site Administration Site Substance Manufacturer Name Administration Notes Administration Notes Administration Notes Administration Notes Administration Provider Name J Martinez ID Number Administration DCS_DC Street Address Other Designation City State Zip Code Country Validity Reason Completion Status* Complete Dose Number in Series Name Status Immunization Series Name Status Immunization Series Name Estering Organization City Element Name Data Tester Comment Entering Organization Cocanview Pediatries diphtheria, tetanus toxoids and accilular pertussis vaccine, 5 pertussis secilular pertussis vaccine, 5 pertussis secilular pertussis vaccine, 5 pertussis secilular pertussis vaccine, 5 pertussis	Date/Time Administration-End	01/22/2010	
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Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Dosignation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Statis in Immunization Series Name Statis in Immu	Route of Administration	IM	
Manufacturer Name Sanofi Pasteur Inc new immunization record Administration Notes new immunization record Administering Provider Name J Martinez ID Number DCS_DC Street Address Other Designation DCS_DC Street Address Other Designation Designation City State Dose Designation Zip Code Country Valid Dose YES Validity Reason Complete Dose Number in Series 1 Number of Doses in Series Number of Doses in Series Name Status in Immunization Series Number of Doses in Series Status in Immunization Schedule Used Element Name Data Tester Comment Entering Organization Occanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered Vaccine 5 pertussis Data Designation Designation Designation Vaccine Administered Occanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, 1 spectrussis diphtheria, tetanus toxoids and acellular pertussis vaccine, 2 spectrussis	Administration Site	Left Thigh	
Administering Provider Name J Martinez ID Number Administered-at Location Facility ID Other Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Status in Immunization Series Name Entering Organization Occanview Pediatries diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Substance Manufacturer Name	Sanofi Pasteur Inc	
Name	Administration Notes	new immunization record	
TID Number Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Scries Name Status in Immunization Series Inmunization Scries Inmunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Occanview Pediatrics diphtheria, tetanus toxoids and accellular pertussis vaccine, uspecified Vaccine Administered diphtheria, tetanus toxoids and accellular pertussis vaccine, 5 pertussis	Administering Provider		
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Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Inmunization Schedule Used Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Used Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	ID Number		
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Other Designation City State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Designation Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Facility ID	DCS_DC	
Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment ACIP Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Street Address		
State Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Coccanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Other Designation		
Zip Code Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series 1 Number of Doses in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	State		
Validity Reason Completion Status* Complete Dose Number in Series Inumunization Series Name Status in Immunization Series Immunization Schedule Used Element Name Entering Organization Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Zip Code		
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Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Schedule Used ACIP Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Valid Dose	YES	
Dose Number in Series 1	Validity Reason		
Number of Doses in Series Immunization Series	Completion Status*	Complete	
Series Immunization Series Name Status in Immunization Series	Dose Number in Series	1	
Status in Immunization Series	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name Data Tester Comment Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Status in Immunization Series		
Entering Organization Oceanview Pediatrics Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Immunization Schedule Used	ACIP	
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Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis			Tester Comment
Vaccine Group acellular pertussis vaccine, unspecified Vaccine Administered diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	Entering Organization		
acellular pertussis vaccine, 5 pertussis	Vaccine Group	acellular pertussis vaccine,	
Refusal Reason	Vaccine Administered		
	Refusal Reason		

	Evaluated Immunization His	story Information
Date/Time Administration-Start	03/23/2010	
Date/Time Administration-End	03/23/2010	
Administered Amount	0.5	
Administered Units of Measure	mL	
Route of Administration	IM	
Administration Site	Right Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	2	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
		-
Element Name	Data	Tester Comment
Entering Organization	Oceanview Pediatrics	
Vaccine Group	diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified	
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis	
Refusal Reason		

Evaluated Immunization History Information		
Date/Time Administration-Start	05/22/2010	
Date/Time Administration-End	05/22/2010	
Administered Amount	0.5	
Administered Units of Measure	mL end of the control	
Route of Administration	IM	
Administration Site	Left Thigh	
Substance Manufacturer Name	Sanofi Pasteur Inc	
Administration Notes	new immunization record	
Administering Provider		
Name	J Martinez	
ID Number		
Administered-at Location	n	
Facility ID	DCS_DC	
Street Address		
Other Designation		
City		
State		
Zip Code		
Country		
Valid Dose	YES	
Validity Reason		
Completion Status*	Complete	
Dose Number in Series	3	
Number of Doses in Series	5	
Immunization Series Name		
Status in Immunization Series		
Immunization Schedule Used	ACIP	
* "Completion Status" refers to the status of the dose of vaccine administered on the indicated date and may be		

^{* &}quot;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".