## Description

Following the vaccination visit, the provider uses the EMR to produce an immunization report for the patient including all history (the report can be provided in various formats - e.g., print, send to patient portal, etc.)

#### Comments

No Comments

#### Pre Condition

Initial Data Load completed with demographic data, vaccination history, and clinical history. Historical Vaccination reconciled and loaded into the EMR. New vaccinations have been administered.

#### **Post Condition**

The patient/parent has been provided a patient immunization history report.

### **Test Objectives**

**Produce Standard Patient Immunization History Report:** The EHR or other clinical software system produces a report of a patient's immunization history that is appropriate for various entities, such as schools and day-care centers.

**Produce Immunization Forecast Report:** The EHR or other clinical software system creates a list of immunizations to be administered within a specified time frame.

#### **Evaluation Criteria**

The following patient demographics are displayed

Patient Identifier Number: Vendor Assigned Patient Identifier Type Code: Vendor Assigned

Patient Name: Juana Mariana Vazquez Date/Time of Birth: 11/01/2012 11:05am

Sex: Female

Patient Address: 4345 Standish Way, Stamford, CT, 06903

Multiple Birth: N Birth Order: NA

The following Vaccination History is displayed:

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 11/01/2012 Additional Observations: None

Dose #: 1

Doses in Series: 3 Valid Dose: Y

Ordering Provider: Jane Carter

Entered By: Lisa Sirtis

Entering Organization: Shoreline Hospital

Administered Amt: .05 mL

Administering Provider: Jane Carter

Administered at Location: 325 Shoreline Drive,

Stamford Connecticut 06901

Lot#: 6332FK33 Exp Date: 12/14/2012

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 12/20/2012 Additional Observations: None

Dose #: 2

Doses in Series: 3 Valid Dose: Y

Ordering Provider: Frank Smith Entered By: Sandra Molina

**Entering Organization: Shoreline Pediatrics** 

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 400 Shoreline Drive,

Stamford Connecticut 06901

Lot#: 6352FK1

Exp Date: 12/31/2012

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: Hep B Peds NOS

Administered: hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)

ENGERIX-B (NDC 58160-0820-11)"

Date Administered: 05/20/2013 Additional Observations: None

Dose #: 3

Doses in Series: 3 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6352FK24 Exp Date: 8/31/2014

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)

DAPTACEL (NDC 49281-0286-01)"

Date Administered: 1/22/2013 Additional Observations: None

Dose #: 1

Doses in Series: 5 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D409QS2341 Exp Date: 11/30/2013

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)

DAPTACEL (NDC 49281-0286-01)

Date Administered: 3/23/2013 Additional Observations: None

Dose #:

Doses n Series: 5 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D409QS2433 Exp Date: 9/4/2013

Manufacturer: Sanofi Pasteur Inc (MVX PMC) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)

DAPTACEL (NDC 49281-0286-01)"

Date Administered: 5/22/2013

Additional Observations:

Dose #: 3

Doses in Series: 5 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D409QS3255 Exp Date: 12/1/2013

Manufacturer: Sanofi Pasteur Inc (MVX PMC) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)

DAPTACEL (NDC 49281-0286-01)"

Date Administered: 2/21/2014

Additional Observations:

Dose #: 4

Doses in Series: 5 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D409QS249 Exp Date: 3/1/2014

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Administered: diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106)

DAPTACEL (NDC 49281-0286-01)"

Date Administered: 11/20/2016

Additional Observations:

Dose #: 5

Doses in Series: 5 Valid Dose: Y

Ordering Provider: J. Rodriguez Entered By: Sandra Molina

**Entering Organization: Shoreline Pediatrics** 

Administered Amt: .05 mL

Administering Provider: Linda Casera

Administered at Location: 4253 Standish Way, Stamford Connecticut 06903

Lot#: D643QS8243 Exp Date: 12/01/2016

Manufacturer: Sanofi Pasteur Inc (MVX PMC) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: Hib, unspecified formulation

Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)

PedvaxHIB (NDC 00006-4897-00)" Date Administered: 1/22/2013

Additional Observations:

Dose #: 1

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 7M54K9245 Exp Date: 3/24/2013

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: Hib, unspecified formulation

Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)

PedvaxHIB (NDC 00006-4897-00)"

Date Administered: 3/23/2013

Additional Observations:

Dose #: 2

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 7M55K3342 Exp Date: 10/30/2013

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: Hib, unspecified formulation

Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)

PedvaxHIB (NDC 00006-4897-00)"

Date Administered: 5/22/2013

Additional Observations:

Dose #: 3

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 7M75K4566 Exp Date: 5/23/2013

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: Hib, unspecified formulation

Administered: Haemophilus influenzae type b vaccine, PRP-OMP conjugate (CVX 49)

PedvaxHIB (NDC 00006-4897-00)" Date Administered: 11/21/2013

Additional Observations:

Dose #: 4

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 7M53K5534 Exp Date: 2/22/2014

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: poliovirus vaccine, inactivated

Administered: poliovirus vaccine, inactivated (CVX 10)

IPOL (NDC 49281-0860-55)
Date Administered: 1/22/2013
Additional Observations:

Dose #: 1

Doses in Series: 4

Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D333PV2431 Exp Date: 10/4/2013

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: poliovirus vaccine, inactivated

Administered: poliovirus vaccine, inactivated (CVX 10)

IPOL (NDC 49281-0860-55)
Date Administered: 3/23/2013
Additional Observations:

Dose #: 2

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D333PV4344 Exp Date: 3/23/2014

Manufacturer: Sanofi Pasteur Inc (MVX PMC) Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: poliovirus vaccine, inactivated

Administered: poliovirus vaccine, inactivated (CVX 10)

IPOL (NDC 49281-0860-55) Date Administered: 2/21/2014

Additional Observations:

Dose #: 3

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D335PV9644

Exp Date: 4/22/2015

Manufacturer: Sanofi Pasteur Inc (MVX PMC) Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: pneumococcal, unspecified formulation

Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)

PREVNAR 13 (NDC 00005-1971-05)"

Date Administered: 1/22/2012 Additional Observations:

Dose #: 1

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: P243V3281 Exp Date: 1/30/2012

Manufacturer: Pfizer, Inc (MVX PFR)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: pneumococcal, unspecified formulation

Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)

PREVNAR 13 (NDC 00005-1971-05)"

Date Administered: 3/23/2013

Additional Observations:

Dose #: 2

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: P343V8321 Exp Date: 3/30/2013

Manufacturer: Pfizer, Inc (MVX PFR)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: pneumococcal, unspecified formulation

Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)

PREVNAR 13 (NDC 00005-1971-05)"

Date Administered: 5/22/2013 Additional Observations:

Dose #: 3

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: P853V2164 Exp Date: 8/30/2013

Manufacturer: Pfizer, Inc (MVX PFR)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: pneumococcal, unspecified formulation

Administered: pneumococcal conjugate vaccine, 13 valent (CVX 133)

PREVNAR 13 (NDC 00005-1971-05)"

Date Administered: 1/11/2014

Additional Observations:

Dose #: 4

Doses in Series: 4 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: P853V58532 Exp Date: 4/18/2014

Manufacturer: Pfizer, Inc (MVX PFR)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: rotavirus, unspecified formulation

Administered: rotavirus, live, monovalent vaccine (CVX 119)

ROTARIX (NDC 58160-0854-52)" Date Administered: 1/22/2013

Additional Observations:

Dose #: 1

Doses in Series: 3 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: 1 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6359RV533 Exp Date: 2/15/2013

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: rotavirus, unspecified formulation

Administered: rotavirus, live, monovalent vaccine (CVX 119)

ROTARIX (NDC 58160-0854-52)" Date Administered: 3/23/2013 Additional Observations:

Dose #: 2

Doses in Series: 3 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: 1 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6359RV932 Exp Date: 5/10/2013

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX)

161)

FLUZONE QUADRIVALENT (NDC 49281-0514-25)"

Date Administered: 9/25/2013 Additional Observations:

Dose #: 1

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .25 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D8043IN8734 Exp Date: 3/12/2013

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Thigh (HL7 LT)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX

161)

FLUZONE QUADRIVALENT (NDC 49281-0514-25)"

Date Administered: 10/292013

Additional Observations:

Dose #: 2

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .25 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D8043IN8734 Exp Date: 3/12/2014

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Thigh (HL7 RT)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX)

161)

FLUZONE QUADRIVALENT (NDC 49281-0514-25)"

Date Administered: 10/2/2014

Additional Observations:

Dose #:

Doses in Series: Valid Dose:

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .25 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D9334IN9333 Exp Date: 5/22/2015

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, injectable, quadrivalent, preservative free, pediatric (CVX)

161)

FLUZONE QUADRIVALENT (NDC 49281-0514-25)"

Date Administered: 11/4/2015 Additional Observations:

Dose #:

Doses in Series: Valid Dose:

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .25 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: D9553IN2243 Exp Date: 4/30/2016

Manufacturer: Sanofi Pasteur Inc (MVX PMC)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, seasonal, injectable, preservative Free (CVX 140)

Fluvirin (NDC 66521-0118-02) Date Administered: 10/15/2016

Additional Observations:

Dose #:

Doses in Series: Valid Dose:

Ordering Provider: Frank Smith Entered By: Sandra Molina

Entering Organization: Shoreline Pediatrics

Administered Amt: .5 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 8L4B3423| Exp Date: 12/30/2016

Manufacturer: Novartis (MVX NOV)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: influenza, unspecified formulation

Administered: Influenza, seasonal, injectable, preservative Free (CVX 140)

Fluvirin (66521-0118-02)

Date Administered: Current Date

Additional Observations:

Dose #:

Doses in Series: Valid Dose:

Ordering Provider: Frank Smith Entered By: Sandra Molina

**Entering Organization: Shoreline Pediatrics** 

Administered Amt: .5 mL

Administering Provider: Sandra Molina

Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901

Lot#: 8L4B3521 Exp Date: 12/31/2018

Manufacturer: Novartis (MVX NOV)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site:Left Deltoid (HL7 LD)

Vaccine Group: Hep A, unspecified formulation

Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX)

83)

HAVRIX (NDC 58160-0825-52)" Date Administered: 11/23/2013

Additional Observations:

Dose #: 1

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6359RT33 Exp Date: 1/4/2014

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Right Deltoid (HL7 RD)

Vaccine Group: Hep A, unspecified formulation

Administered: hepatitis A vaccine, pediatric/adolescent dosage, 2 dose schedule (CVX

83)

HAVRIX (NDC 58160-0825-52)" Date Administered: 5/23/2014

Additional Observations:

Dose #: 2

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 6359RT48 Exp Date: 9/11/2014

Manufacturer: GlaxoSmithKline Biologicals SA (MVX SKB)

Route: Intramuscular (NCIT C28161, HL70162: IM)

Site: Left Deltoid (HL7 LD)

Vaccine Group: MMR

Administered: measles, mumps, rubella virus vaccine (CVX 03)

MMR II (NDC 0006-4681-00)" Date Administered: 08/22/2013

Additional Observations:

Dose #:

Doses in Series: 2 Valid Dose: N

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 0853CC

Exp Date: 12/15/2013

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Thigh (HL7 LT)

Vaccine Group: MMR

Administered: measles, mumps, rubella virus vaccine (CVX 03)

MMR II (0006-4681-00)"

Date Administered: 11/22/2016

Additional Observations: Invalid because it was given too soon

Dose #: 1

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Carlos Herrera

Entered By: J. Martinez

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 0854FF

Exp Date: 4/13/2017

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: MMR

Administered: measles, mumps, rubella virus vaccine (CVX 03)

MMR II (NDC 0006-4681-00)"

Date Administered: 14 days PRIOR to day of TEST

Additional Observations: Reaction (LOINC 31044-1)/fever of >40.5C (105F) within 48

hours of dose (CDCPHINVS XC12)

Dose #: 2

Doses in Series: 2 Valid Dose: Y

Ordering Provider: Sandra Molina

Entered By: Frank Smith

Entering Organization: Oceanview Pediatrics

Administered Amt: .05 mL

Administering Provider: Sandra Molina

Administered at Location: 400 Shoreline Drive, Stamford Connecticut 06901

Lot#: 0934GG

Exp Date: 12/31/2018

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD) Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: Varicella

Administered: Varicella vaccine (CVX 21)

VarivaxI (NDC 0006-4827-00)" Date Administered: 12/15/2014

Dose #: 1

Doses in Series: 2 Valid Dose: Y

Ordering Provider: J. Martinez Entered By: Carlos Herrera

**Entering Organization: Oceanview Pediatrics** 

Administered Amt: .05 mL

Administering Provider: J. Martinez

Administered at Location: 333 Oceanview Lane, Stamford Connecticut 06901

Lot#: 2341BB

Exp Date: 12/1/2015

Manufacturer: Merck Sharp & Dohme Corp (MVX MSD)

Route: Subcutaneous (NCIT C38299, HL70162: SC)

Site: Left Deltoid (HL7 LD)

Vaccine Group: IPV Due Date: 10/31/2016

Earliest Date to Give: 10/31/2016

Overdue Date: 10/31/2018 Immunization Schedule: ACIP

Vaccine Group: influenza, unspecified formulation

Due Date: 10/21/2017

Earliest Date to Give: 9/1/2017 Immunization Schedule: ACIP

Vaccine Group: varicella Due Date: 10/31/2016 Earliest Date to Give: 10/31/2016

Overdue Date: 10/31/2018 Immunization Schedule: ACIP

# **Notes for Testers**

The immunization report may provide a subset of demographic information sufficient to identify the patient. Any demographic information included should be evaluated against the listed demographic information for accuracy.

The immunization report does not need to display all of the information listed in the evaluation criteria for each vaccination, but they do need to produce the complete list of vaccines given and the date.

The tester is requested to document separately the success or failure of the Immunization History and the Immunization forecast as these two requirements are tested concurrently.

Influenza vaccine should be due between September and October of the flue season, which may show as the prior year to testing or the year of testing.