

**Description**

The EHR vendor loads Influenza 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 Marcel Gonzales.

**PostCondition**

The immunization history for Influenza 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 indicated by [Y]:

|   |  |   |  |
|---|--|---|--|
| Influenza Dose 1 of 2                                   |  |   |  |
| 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                    | 9/22/2012  | Y |  |
| Vaccine Administered                                    | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)<br>FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |  |
| Administered Amount (of Vaccine)                        | 0.25   | Y |  |
| Administered Units (of Measure)                         | mL   | Y |  |
| Administering Provider                                  | Y  |   |  |
| Administered-at Location                                | 333 Oceanview Lane, Stamford Connecticut 06901   | Y |  |
| Lot Number  | D8043IN8734  | Y |  |
| Substance Expiration Date                               | 3/12/2013  | Y |  |
| Substance Manufacturer Name                             | Sanofi Pasteur Inc (MVX PMC)   | Y |  |
| Completion Status                                       | CP   | Y |  |
| Route of Administration                                 | Intramuscular (NCIT C28161, HL70162: IM)   | Y |  |
| Administration Site                                     | Left Thigh (HL7 LT)  | Y |  |
|   |  |   |  |
| Influenza Dose 2 of 2                                   |  |   |  |
| 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                             | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)   | Y |  |
| Date/Time of Start of Administration                    | 10/20/2012   | Y |  |
| Vaccine Administered                                    | Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)<br>FLUZONE QUADRIVALENT (NDC 49281-0514-25) | Y |  |
| Administered Amount (of Vaccine)                        | 0.25   | Y |  |
| Administered Units (of Measure)                         | mL   | Y |  |
| Administering Provider                                  | J. Martinez  | Y |  |
| Administered-at Location                                | 333 Oceanview Lane, Stamford Connecticut 06901   | Y |  |
| Lot Number  | D8043IN8798  | Y |  |
| Substance Expiration Date                               | 3/12/2013  | Y |  |
| Substance Manufacturer Name                             | Sanofi Pasteur Inc (MVX PMC)   | Y |  |
| Completion Status                                       | CP   | Y |  |
| Route of Administration                                 | Intramuscular (NCIT IM)  | Y |  |
| Administration Site                                     | Right Thigh (HL7 RT)   |   |  |
|   |  |   |  |

|                                      |   |
|--------------------------------------|---|
| Influenza Annual Dose                |   |
| 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          | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)   |
| Date/Time of Start of Administration | 10/30/2013  |
| Vaccine Administered                 | Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)<br>FLUZONE QUADRIVALENT (NDC 49281-0514-25) |
| Administered Amount (of Vaccine)     | 0.25  |
| Administered Units (of Measure)      | mL  |
| Administering Provider               | J. Martinez   |
| Administered-at Location             | 333 Oceanview Lane, Stamford Connecticut 06901  |
| Lot Number                           | D8043IN8734   |
| Substance Expiration Date            | 5/22/2014   |
| Substance Manufacturer Name          | Sanofi Pasteur Inc (MVX PMC)  |
| Completion Status                    | CP  |
| Route of Administration              | Intramuscular (NCIT IM)   |
| Administration Site                  | Left Deltoid (HL7 LD)   |

#### Notes to Testers

No Note