E	Evaluated Immunization History and Immunization 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 Padiatries	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 H	listory 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 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	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	mL	
Measure		
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		
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 End Administration Image: Both End		Evaluated Immunization His	story Information
Administration-End Administration U.5 Administration Measure Route of Administration Image: Incomplete Image: Ima	Date/Time Administration-Start	01/22/2010	
Administrated Units of Measure Resute of Administration Administration Site Substance Manufacturer Name Administration Notes Name J Martinez ID Number Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Name Status in Immunization Series Name Element Name Data Testor Comment Element Schedule Used Vaccine Group dipthberia, tetanus toxoids and accelular pertussis vaccine, umspecified dipthberia, tetanus toxoids and	Date/Time Administration-End	01/22/2010	
Measure Route of Administration Site Administration Site Substance Manufacturer Name Administration Notes Administration Provider Name J Martinez ID Number Administered-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Complete Dose in Series Immunization Series Number of Doses in Series Status in Immunization Series Immunization Schedule Used Vaccine Group Waccine Administraced diptheria, tetanus toxoids and acellular pertussis vaccine, unspecified diptheria, tetanus toxoids and acellular pertussis vaccine, unspecified diptheria, tetanus toxoids and diptheria at tetanus toxoids and diptheria at tetanus toxoids and diptheria at tetanus toxoi	Administered Amount	0.5	
Administration M Administration Site Substance Manufacturer Name Administration Notes Name ID Number Administred-at Location Facility ID CS DC Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Number of Doses in Series Nume Status in Immunization Series Name Element Name Element Name Element Name Data Uvaccine Group Uvaccine Grou	Administered Units of Measure	mL	
Substance Manufacturer Name Administration Notes Name J Martinez ID Number Administred-at Location Facility ID Street Address Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Name Status in Immunization Series Name Status in Immunization Series Inmunization Schedule Used Element Name Data Tester Comment Data Tester Comment Vaccine Group Vaccine Group Vaccine Administrated J Martinez J Martinez D Mart	Route of Administration	IM	
Manufacturer Name Administration Notes Administration 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 Inmunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Designation Tester Comment ACIP Lettering Organization Occanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria texanus toxoids and diphtheria texanus toxoids and diphtheria texanus toxoids and diphtheria texanus toxoids	Administration Site	Left Thigh	
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 Validity Reason Completion Status* Complete Dose Number in Series Name Series Immunization Series Name Element Name Data Tester Comment Data Tester Comment Vaccine Group Used diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Substance Manufacturer Name	Sanofi Pasteur Inc	
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* Dose Number in Series Name Series Immunization Series Name Element Name Element Name Data Tester Comment Data Tester Comment Canner Comment Designation Complete Data Tester Comment Ceanview Pediatrics diphtheria, tetanus toxoids and accellular portussis vaccine, unspecified diphtheria, tetanus toxoids and accellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Administration Notes	new immunization record	
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Administered-at Location Facility ID DCS_DC Street Address Other Designation City State Zip Code Country Valid Dose Valid In Status* Complete Completion Status* Complete Dose Number in Series Inmunization Series Name Status in Immunization Status in Imm	Name	J Martinez	
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 Status in Immunizati	ID Number		
Other Designation City State Zip Code Country Valid Dose Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Data Tester Comment Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria	Administered-at Location	n	
Other Designation City State Zip Code Country Valid Dose Valid Iv Reason Completion Status* Complete Dose Number in Series Inmunization Series Inmunization Series Inmunization Schedule Used Element Name Entering Organization Vaccine Group Vaccine Group Vaccine Administered City ACIP Complete Data Tester Comment Complete Tester Comment Complete Data Complete Data Tester Comment Complete Complete Data Complete Data Tester Comment Complete Complete Dose Number of Doses in Series Complete Dose Number of Doses in Series Complete Complete Complete Complete Dose Number of Doses in Series Complete Complet	Facility ID	DCS_DC	
City State	Street Address		
Zip Code Country	Other Designation		
Zip Code 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 Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	City		
Country Valid Dose YES Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Wassing Administered diphtheria, tetanus toxoids and	State		
Validity Reason Completion Status* Complete Dose Number in Series Number of Doses in Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Zip Code		
Validity Reason Completion Status* Complete Dose Number in Series I Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Country		
Completion Status* Complete Dose Number in Series Number of Doses in Series Series Immunization Series Name Status in Immunization Series Immunization Schedule Used ACIP Element Name Data Tester Comment Coeanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Valid Dose	YES	
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 diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Validity Reason		
Number of Doses in 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	Completion Status*	Complete	
Series Same	Dose Number in Series	1	
Status in Immunization Series Immunization Schedule Used ACIP	Number of Doses in Series	5	
Immunization Schedule Used	Immunization Series Name		
Element Name Data Tester Comment Cocanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Usecine Administered diphtheria, tetanus toxoids and	Status in Immunization Series		
Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Usecine Administered diphtheria, tetanus toxoids and	Immunization Schedule Used	ACIP	
Entering Organization Oceanview Pediatrics diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified Usecine Administered diphtheria, tetanus toxoids and			_
Vaccine Group diphtheria, tetanus toxoids and acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and diphtheria, tetanus toxoids and			Tester Comment
Vaccine Group acellular pertussis vaccine, unspecified diphtheria, tetanus toxoids and	Entering Organization		
	Vaccine Group	acellular pertussis vaccine,	
	Vaccine Administered		
Refusal Reason	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 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	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
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	on .
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

^{* &}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".