

### Description

The EHR vendor loads HepB immunization history data for Mariela Gonzales Morales.

### Comments

In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps.

### Pre Condition

The EMR has recorded all of the pediatric demographic in the record created for Mariela Gonzales Morales.

### Post Condition

The immunization history for HepB known to the local practice is loaded into the record created for Mariela Gonzales Morales.

### 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.

**Request/Receive Patient Immunization Data and Identify Source:** The EHR or other clinical software is able to store immunization history accepted electronically from other sources (such as a public health immunization registry consistent with HL7 version 2.5.1, Implementation Guide for Immunization Messaging Release 1.5) or communicated by the patient and manually entered by the clinician. When viewing such information, the provider can determine which immunizations were administered by the practice, which were entered manually as patient-reported, and which were accepted electronically from the public health registry.

### Evaluation Criteria

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]. In the interest of minimizing data entry, only the vaccine type, the vaccination date, and the event information source are required as support for the full set of data elements is covered through the Enter Initial Immunization Data test steps. However, the complete list of data element content is provided:

HepB Dose 1 of 3			
Entered BY	Sandra Molina	N	
Ordering Provider	Justin Parker	N	
Entering Organization	Shoreline Pediatrics	N	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	5/30/2015	Y	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage (CVX 08)	Y	
Administered Amount (of Vaccine)	0.5	N	
Administered Units (of Measure)	mL	N	
Administering Provider	Jane Carter	N	
Administered-at Location	15 Atlantic Avenue, Stamford, CT, 06903	N	
Lot Number	6332FK34	N	
Substance Expiration Date	12/14/2015	N	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	N	
Completion Status	CP	N	
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	N	
Administration Site	Left Thigh (HL7 LT)	N	

### Notes for Testers

No Note