### Description

The EHR vendor loads DTaP immunization history data for Juan Marcel Gonzales.

## Comments

No Comments

### **Pre Condition**

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.

### **Post Condition**

The immunization history for DTaP 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**

OTaP Dose 1 of 5		
Entered BY	Sandra Molina	Y
Ordering Provider	Carlos Herrera	Y
Entering Organization	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information ource)	Historical Immunization (NIP001 01)	Y
Date/Time of Start of Administration	1/22/2012	Y
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y
Lot Number	D409QS2342	Y
Substance Expiration Date	11/30/2012	Y
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y
Completion Status	СР	Y
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y
Administration Site	Left Thigh (HL7 LT)	Y
knbsp;		
OTaP Dose 2 of 5		
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	Y
Date/Time of Start of Administration	3/22/2012	Y
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)	Y
Administered Amount (of Vaccine)	0.5	Y
Administered Units (of Measure)	mL	Y
Administering Provider	J. Martinez	Y
	<del></del>	

Sof Number	expiration Date	9499Q\$2434	¥
Substance Manufacturer Name		Sanofi Pasteur Inc (MVX PMC)	Y
Completion Status		CP	Y
	lministration	Intramuscular (NCIT IM)	Y
Administrat	ion Site	Right Thigh (HL7 RT)	
	DTaP Dose 3 of 5		
	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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	
	Date/Time of Start of Administration	5/21/2012	
	Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)	
	Administered Amount (of Vaccine)	0.5	
	Administered Units (of Measure)	mL	
	Administering Provider	J. Martinez	
	Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06	901
	Lot Number	D409QS3256	
	Substance Expiration Date	12/1/2012	
	Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	
	Completion Status	CP	
	Route of Administration	Intramuscular (NCIT IM)	
	Administration Site	Left Thigh (HL7 LT)	
DTaP Dose	e 4 of 5		
Entered BY	Y	Sandra Molina	
Ordering P	rovider	Carlos Herrera	
	rganization	Shoreline Pediatrics	
Vaccine Ev	vent information source	Historical Immunization (NIP001 01)	
	t for Vaccine Type	diphtheria, tetanus toxoids and acellular pertussi pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	is vaccine, 5
Date/Time	of Start of Administration	2/20/2013	
Vaccine Administered		diphtheria, tetanus toxoids and acellular pertussi pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)	s vaccine, 5
	red Amount (of Vaccine)	0.5	
Administer	red Units (of Measure)	mL	
Administe	ering Provider	J. Martinez	
Administered-at Location		333 Oceanview Lane, Stamford Connecticut 06	5901
Lot Numbe	er	D409QS250	
	Expiration Date	3/1/2014	
	Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	
Completion		СР	
	dministration	Intramuscular (NCIT IM)	
Administra	ation Site	Left Deltoid (HL7 LD)	

# Notes for Testers

No Note

The EHR vendor loads DTaP immunization history data for Juan Marcel Gonzales.

No Comments

The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.

The immunization history for DTaP known to the local practice is loaded into the record created for Juan Marcel Gonzales.

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.

Administered-at Location  Lot Number  D409QS2342  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  Administration Site  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Dae/Taxe In Administration  Date/Time of Start of Administration  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administered Pode  Administering Provider  D409QS2342  11/30/2012  Sanofi Pasteur Inc (MVX PMC)  CP  Intramuscular (NCIT C28161, HL70  Intramuscular (NCIT C28161, HL70  Rhosp;  Anbsp;  Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administering Provider  J. Martinez	Y  ular pertussis (06)  Y  Y  Y  Y  Y  Y  Y  Proceeding the second of th
Ordering Provider Entering Organization Administration Notes (Vaccine Event information source) Date/Time of Start of Administration Uvaccine Administered Vaccine Administered Administered Units (of Measure) Administered Units (of Measure) Administered It Location Lot Number Substance Expiration Date Substance Expiration Date Substance Manufacturer Name Completion Status CP Route of Administration Intramuscular (NCIT C28161, HL70 Administration Site Left Thigh (HL7 LT)  DTaP Dose 2 of 5 Entered BY Ordering Provider Entering Organization Vaccine Event information source Entering Organization Vaccine Event information source Uvalue/Text for Vaccine Type  Date/Time of Start of Administration Administered Vaccine Administered Vaccine Administered Vaccine Administered Administered Administered Administered Vaccine Administered Administered Amount (of Vaccine) Administering Provider  Administered Units (of Measure)  Administering Provider  J. Martinez	Y Y Y  Y  Ilar pertussis 06)  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y
Entering Organization Administration Notes (Vaccine Event information source)  Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Vaccine Administered  Vaccine Administered  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Completion Status  Route of Administration Site  Administration Site  Administration Site  Entering Organization  Vaccine Event information source  Historical Immunization (NIP001 01 01 01 01 01 01 01 01 01 01 01 01	Y Y Y Ilar pertussis (06)  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y
Administration Notes (Vaccine Event information source)  Date/Time of Start of Administration  Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administered-at Location  Lot Number  Substance Expiration Date  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  Administration Site    DTaP Dose 2 of 5  Entering Organization  Value/Text for Vaccine Type   Date/Time of Start of Administration  Date/Time of Start of Administration  Date/Time of Start of Administration  Administered  Administered  Administered  Administered  Administered  Administered  Administered  Administered  Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administering Provider  J. Martinez	Y  Illar pertussis (06)  Y  Y  Y  Y  Y  Necticut 06901  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y
Date/Time of Start of Administration  Vaccine Administered  Vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site  Left Thigh (HL7 LT)    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Carlos Herrera  Entering Organization  Vaccine Event information source  Historical Immunization (NIP001 01 01 01 01 01 01 01 01 01 01 01 01	Y   Y   Y   Y   Y   Y   Y   Y   Y   Y
Vaccine Administered  Administered Amount (of Vaccine)  Administered Location  Administered-at Location  Lot Number  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  DTAP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Entering Organization  Vaccine Administration  Date/Time of Start of Administration  Administered Amount (of Vaccine)  Administered Amount (of Vaccine)  Administered Amount (of Vaccine)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Lot Vaccine Provider  Date/Time of Start of Measure)  Administered Units (of Measure)  ML  Administering Provider  DAPTACEL (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	Y  Y  Y  Necticut 06901  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y
Administered Units (of Measure)  Administering Provider  Administering Provider  Administered-at Location  Lot Number  D409QS2342  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site  Entering D790se 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Walue/Text for Vaccine Type   Date/Time of Start of Administration  Administered  Administered  Administered  Administered Amount (of Vaccine)  Administering Provider  Administering Provider  Administered  ML  ML  MIL MUNICATE Stamford Completion (MVX PMC)  Sanofi Pasteur Inc (MVX PMC)  CP  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)  & hnbsp;  Daft Thigh (HL7 LT)  & hnbsp;  Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acellation vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) and paper acellation (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) Administered  Administered Amount (of Vaccine)  Administering Provider  J. Martinez	Y necticut 06901 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Administering Provider Administered-at Location Lot Number D409QS2342 Substance Expiration Date Substance Manufacturer Name Completion Status Route of Administration Administration Site Entered BY Ordering Provider Entering Organization Entering Organization Vaccine Event information source Value/Text for Vaccine Type  Date/Time of Start of Administration Date/Time of Start of Administration Date/Time of Start of Administration Date/Time of Manufacturer Administered Amount (of Vaccine) Administering Provider DAdministering Provider  Administering Provider DAdministered DAdministered DAMINISTRACE DAMINIST	necticut 06901 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Administered-at Location  Lot Number  D409QS2342  Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  Administration Site    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  D409QS2342  Sanofi Pasteur Inc (MVX PMC)  CP  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)      Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  Date/Time of Start of Administration  Jay22/2012  diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administering Provider  J. Martinez	Y Y Y Y V162: IM) Y Y
Lot Number  Substance Expiration Date  Substance Expiration Date  Substance Manufacturer Name  Completion Status  CP  Route of Administration  Administration Site    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Date/Time of Start of Administration  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Annother thanks and in 11/30/2012  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)  &north (NCIT C28161, HL70  Left Thig	Y Y Y Y V162: IM) Y Y
Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  Administration Site  Enter of Drap Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Intramuscular (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Enter inc (MVX PMC)  Sanofi Pasteur Inc (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Enter inc (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Enter inc (MVX Pation)  Enter inc (MVX PMC)  Enter inc (MVX Pation)  Enter inc (MVX Pati	Y Y Y V162: IM) Y Y
Substance Expiration Date  Substance Manufacturer Name  Completion Status  Route of Administration  Administration Site  Enter a BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administered Intramuscular (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Sanofi Pasteur Inc (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Sanofi Pasteur Inc (MVX PMC)  CP  Sanofi Pasteur Inc (MVX PMC)  Sanofi Pasteur Inc (MVX Pasteur)  Sanofi Pasteur	Y Y 162: IM) Y Y
Substance Manufacturer Name Completion Status CP Route of Administration Intramuscular (NCIT C28161, HL70 Administration Site Left Thigh (HL7 LT)  Entered BY Ordering Provider Entering Organization Vaccine Event information source Value/Text for Vaccine Type  Date/Time of Start of Administration Vaccine Administered Vaccine Administered Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure) Administering Provider  Sanofi Pasteur Inc (MVX PMC) CP  Intramuscular (MVX PMC) CP  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)  Administering Pasteur Inc (MVX PMC) CP  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)  Left Thigh (HL7)  Left Thigh (HL7 LT)  Left Thigh (HL7)  Left Thigh (H	Y 162: IM) Y Y
Route of Administration  Administration Site  Left Thigh (HL7 LT)    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administering Provider  Intramuscular (NCIT C28161, HL70  Left Thigh (HL7 LT)    Enter Thigh (HL7 LT)      Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administering Provider  J. Martinez	Y Y
Administration Site    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administering Provider  Left Thigh (HL7 LT)      Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	Y
Administration Site    DTaP Dose 2 of 5  Entered BY  Ordering Provider  Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administering Provider  Left Thigh (HL7 LT)      Entering (Misp)  Sandra Molina  Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  Japara (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	Y
DTaP Dose 2 of 5 Entered BY Ordering Provider Entering Organization Vaccine Event information source  Value/Text for Vaccine Type  Date/Time of Start of Administration Vaccine Administered  Administered Amount (of Vaccine) Administering Provider  Entering Organization  Shoreline Pediatrics  Carlos Herrera Shoreline Pediatrics  Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11) eNGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  J. Martinez	&nbsn:
DTaP Dose 2 of 5 Entered BY Ordering Provider Entering Organization Vaccine Event information source  Value/Text for Vaccine Type  Date/Time of Start of Administration Vaccine Administered  Administered Amount (of Vaccine) Administering Provider  Entering Organization  Shoreline Pediatrics  Various Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acellutivaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  3/22/2012  diphtheria, tetanus toxoids and acellutivaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	
Entered BY Ordering Provider Carlos Herrera Entering Organization Vaccine Event information source Historical Immunization (NIP001 01 diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) Date/Time of Start of Administration  Vaccine Administered Vaccine Administered Administered Amount (of Vaccine) Administered Units (of Measure)  Administering Provider  Sandra Molina Carlos Herrera  Shoreline Pediatrics  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  BAdministered Units (of Measure)  J. Martinez	
Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Entering Organization  Shoreline Pediatrics  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acellut vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	Y
Entering Organization  Vaccine Event information source  Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Entering Organization  Shoreline Pediatrics  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acellut vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  ENGERIX-B (NDC 49281-0286-01)  ENGERIX-B (NDC 58160-0820-11)  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	Y
Vaccine Event information source  Value/Text for Vaccine Type   Value/Text for Vaccine Type   Date/Time of Start of Administration  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  Historical Immunization (NIP001 01  diphtheria, tetanus toxoids and acellut vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  0.5  Martinez	Y
diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01)  Date/Time of Start of Administration  Vaccine Administered  Vaccine Administered  Administered Amount (of Vaccine)  Administered Units (of Measure)  diphtheria, tetanus toxoids and acelluvaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  O.5  Administered Units (of Measure)  ML  Administering Provider  J. Martinez	) Y
diphtheria, tetanus toxoids and acellu vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine) 0.5  Administered Units (of Measure) mL  Administering Provider J. Martinez	(06) Y
Vaccine Administered  Vaccine, 5 pertussis antigens (CVX 1 DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)  Administered Amount (of Vaccine)  Administered Units (of Measure)  Administering Provider  J. Martinez	Y
Administered Units (of Measure) mL Administering Provider J. Martinez	(06) Y
Administering Provider J. Martinez	Y
	Y
Administered-at Location 333 Oceanview Lane Stamford Con	Y
ranning core at Eccation    333 Occan view Lanc. Dialinional Con	necticut 06901 Y
Lot Number D409QS2434	Y
Substance Expiration Date 9/4/2012	Y
Substance Manufacturer Name  Sanofi Pasteur Inc (MVX PMC)	Y
Completion Status CP	
Route of Administration Intramuscular (NCIT IM)	
Administration Site Right Thigh (HL7 RT)	Y
	Y Y
DTaP Dose 3 of 5	Y Y 
Entered BY Sandra Molina	Y Y

DTaP Dose 3 of 5	
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	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)
Date/Time of Start of Administration	5/21/2012
	diphtheria, tetanus toxoids and acellular

Vaccine Adm		pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)	
	Amount (of Vaccine)	0.5	
T	Units (of Measure)	mL	
Administerin	g Provider	J. Martinez	
Administered	-at Location	333 Oceanview Lane, Stamford Connecticut 06901	
Lot Number		D409QS3256	
Substance Ex	piration Date	12/1/2012	
Substance Ma	nufacturer Name	Sanofi Pasteur Inc (MVX PMC)	
Completion S	tatus	CP	
Route of Adm	ninistration	Intramuscular (NCIT IM)	
Administratio	n Site	Left Thigh (HL7 LT)	
DTaP Dose 4 of 5			
Entered BY		Sandra Molina	
Ordering Provider		Carlos Herrera	
Entering Organization		Shoreline Pediatrics	
Vaccine Event information source	9	Historical Immunization (NIP001 01)	
Value/Text for Vaccine Type		diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	
Date/Time of Start of Administration		2/20/2013	
Vaccine Administered		diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01) ENGERIX-B (NDC 58160-0820-11)	
Administered Amount (of Vaccine)		0.5	
Administered Units (of Measure)		mL	
Administering Provider		J. Martinez	
Administered-at Location		333 Oceanview Lane, Stamford Connecticut 06901	
Lot Number		D409QS250	
Substance Expiration Date		3/1/2014	
Substance Manufacturer Name		Sanofi Pasteur Inc (MVX PMC)	
Completion Status		CP	
Route of Administration		Intramuscular (NCIT IM)	
Administration Site		Left Deltoid (HL7 LD)	

No Note