

**Description**

The EHR vendor loads MMRV immunization history data for Juana Mariana Gonzales.

**Comments**

No Comments

**Pre Condition**

The EMR has recorded all of the pediatric demographic in the record created for Juana Mariana Gonzales.

**Post Condition**

The immunization history for MMRV known to the local practice is loaded into the record created for Juana Mariana 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]:

MMRV Dose 1 of 3 [dose is invalid]			
Entered BY	Sandra Molina	Y	
Ordering Provider	Jane Carter	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	10/23/2010	Y	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Jane Carter	Y	
Administered-at Location	325 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	7W27V7491	Y	
Substance Expiration Date	12/15/2010	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	CP	Y	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	
Administration Site	Left Thigh (HL7 LT)	Y	
MMRV Dose 2 of 3 [first dose is invalid]			
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	measles, mumps, rubella, and varicella virus vaccine (CVX 94)	Y	
Date/Time of Start of Administration	11/22/2012	Y	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine (CVX 94) ProQuad (NDC 00006-4999-00)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	J. Martinez	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	
Lot Number	7W87V3452	Y	
Substance Expiration Date	4/13/2013	Y	
Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y	
Completion Status	CP	Y	
Route of Administration	Subcutaneous (NCIT C38299, HL70162: SC)	Y	
Administration Site	Left Deltoid (HL7 LD)		

**Notes for Testers**

No Note