	Description
Ι	The EHR vendor loads DTaP immunization history data for Juan Marcel Gonzales.
	Comments
N	No Comments
	PreCondition
1	The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.
	PostCondition
	The immunization history for DTaP known to the local practice is loaded into the record created for Juan Marcel Gonzales.
_	Test Objectives
11	Record Past Immunizations: The EHR or other clinical software system allows providers to enter information abommunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete etails.
	Evaluation Criteria

Ordering Provider	Sandra Molina	Y
ridering Flovider	Carlos Herrera	Y
-	Shoreline Pediatrics	Y
Administration Notes (Vaccine Event information ource)	Historical Immunization (NIP001 01)	Y
·	1/22/2012	Y
Vaccine Administered	diphtheria, tetanus toxoids and acellular pertussis vaccine, 5 pertussis antigens (CVX 106) DAPTACEL (NDC 49281-0286-01)	Y
	0.5	Y
Administered Units (of Measure)	mL	Y
,	Y	
dministered at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y
ot Number	D409QS2342	Y
ubstance Expiration Date	11/30/2012	Y
1	Sanofi Pasteur Inc (MVX PMC)	Y
	CP	Y
1	Intramuscular (NCIT C28161, HL70162: IM)	Y
	Left Thigh (HL7 LT)	Y
		
OTaP Dose 2 of 5		
	Sandra Molina	Y
	Carlos Herrera	Y
	Shoreline Pediatrics	Y
<u> </u>	Historical Immunization (NIP001 01)	Y
alue/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
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y
ot Number	D409QS2434	Y
	9/4/2012	Y
1	Sanofi Pasteur Inc (MVX PMC)	Y
ubstance Manufacturer Name	CP	Y
	CI	
Completion Status	Intramuscular (NCIT IM)	Y

	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 06901	
	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 4 or	f 5		
Entered BY		Sandra Molina	
Ordering Provider		Carlos Herrera	
Entering Organ	ization	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 S	tart 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 A	amount (of Vaccine)	0.5	
Administered U	Units (of Measure)	mL	
Administering	Provider	J. Martinez	
Administered-a	t Location	333 Oceanview Lane, Stamford Connecticut 06901	
Lot Number		D409QS250	
Substance Expi	ration Date	3/1/2014	
Substance Manufacturer Name		Sanofi Pasteur Inc (MVX PMC)	
Completion Sta		CP	
Route of Admir	nistration	Intramuscular (NCIT IM)	
1 4 1	a*.	T OD 1: 11 (TT FID)	

DTaP Dose 3 of 5

Administration Site

Notes to Testers				
No Note				

Left Deltoid (HL7 LD)