

## MSH

| Location   | Data Element                     | Data                 | Categorization |
|------------|----------------------------------|----------------------|----------------|
| MSH.1      | Field Separator                  |                      |                |
| MSH.2      | Encoding Characters              | ^~\&                 |                |
| MSH.3      | Sending Application              |                      |                |
| MSH.3.1    | Namespace ID                     | Test EHR Application |                |
| MSH.3.2    | Universal ID                     |                      |                |
| MSH.3.3    | Universal ID Type                |                      |                |
| MSH.4      | Sending Facility                 |                      |                |
| MSH.4.1    | Namespace ID                     | X68                  |                |
| MSH.4.2    | Universal ID                     |                      |                |
| MSH.4.3    | Universal ID Type                |                      |                |
| MSH.5      | Receiving Application            |                      |                |
| MSH.5.1    | Namespace ID                     |                      |                |
| MSH.5.2    | Universal ID                     |                      |                |
| MSH.5.3    | Universal ID Type                |                      |                |
| MSH.6      | Receiving Facility               |                      |                |
| MSH.6.1    | Namespace ID                     | NIST Test Iz Reg     |                |
| MSH.6.2    | Universal ID                     |                      |                |
| MSH.6.3    | Universal ID Type                |                      |                |
| MSH.7      | Date/Time Of Message             |                      |                |
| MSH.7.1    | Time                             | 20120701082240-0500  |                |
| MSH.9      | Message Type                     |                      |                |
| MSH.9.1    | Message Code                     | VXU                  |                |
| MSH.9.2    | Trigger Event                    | V04                  |                |
| MSH.9.3    | Message Structure                | VXU_V04              |                |
| MSH.10     | Message Control ID               | NIST-IZ-001.00       |                |
| MSH.11     | Processing ID                    |                      |                |
| MSH.11.1   | Processing ID                    | P                    |                |
| MSH.12     | Version ID                       |                      |                |
| MSH.12.1   | Version ID                       | 2.5.1                |                |
| MSH.15     | Accept Acknowledgment Type       | ER                   |                |
| MSH.16     | Application Acknowledgment Type  | AL                   |                |
| MSH.21     | Message Profile Identifier       |                      |                |
| MSH.21.1   | Entity Identifier                | Z22                  |                |
| MSH.21.2   | Namespace ID                     | CDCPHINVS            |                |
| MSH.21.3   | Universal ID                     |                      |                |
| MSH.21.4   | Universal ID Type                |                      |                |
| MSH.22     | Sending Responsible Organization |                      |                |
| MSH.22.1   | Organization Name                |                      |                |
| MSH.22.6   | Assigning Authority              |                      |                |
| MSH.22.6.1 | Namespace ID                     |                      |                |
| MSH.22.6.2 | Universal ID                     |                      |                |
| MSH.22.6.3 | Universal ID Type                |                      |                |

|            |                                    |  |  |
|------------|------------------------------------|--|--|
| MSH.22.7   | Identifier Type Code               |  |  |
| MSH.22.10  | Organization Identifier            |  |  |
| MSH.23     | Receiving Responsible Organization |  |  |
| MSH.23.1   | Organization Name                  |  |  |
| MSH.23.6   | Assigning Authority                |  |  |
| MSH.23.6.1 | Namespace ID                       |  |  |
| MSH.23.6.2 | Universal ID                       |  |  |
| MSH.23.6.3 | Universal ID Type                  |  |  |
| MSH.23.7   | Identifier Type Code               |  |  |
| MSH.23.10  | Organization Identifier            |  |  |

## PID

| Location  | Data Element                                       | Data     | Categorization  |
|-----------|--|----------|-----------------|
| PID.1     | Set ID - PID                                       | 1        |                 |
| PID.3     | Patient Identifier List                            |          |                 |
| PID.3.1   | ID Number  | 123456   |                 |
| PID.3.3   | Check Digit Scheme                                 |          |                 |
| PID.3.4   | Assigning Authority                                |          |                 |
| PID.3.4.1 | Namespace ID                                       | MYEHR    |                 |
| PID.3.4.2 | Universal ID                                       |          |                 |
| PID.3.4.3 | Universal ID Type                                  |          |                 |
| PID.3.5   | Identifier Type Code                               | MR       |                 |
| PID.3     | Patient Identifier List                            |          |                 |
| PID.3.1   | ID Number  | 987633   |                 |
| PID.3.3   | Check Digit Scheme                                 |          |                 |
| PID.3.4   | Assigning Authority                                |          |                 |
| PID.3.4.1 | Namespace ID                                       | MYIIS    |                 |
| PID.3.4.2 | Universal ID                                       |          |                 |
| PID.3.4.3 | Universal ID Type                                  |          |                 |
| PID.3.5   | Identifier Type Code                               | SR       |                 |
| PID.5     | Patient Name                                       |          |                 |
| PID.5.1   | Family Name  |          |                 |
| PID.5.1.1 | Surname  | Morales  |                 |
| PID.5.1.2 | Own Surname Prefix                                 |          |                 |
| PID.5.1.3 | Own Surname  |          |                 |
| PID.5.1.4 | Surname Prefix From Partner/Spouse                 |          |                 |
| PID.5.1.5 | Surname From Partner/Spouse                        |          |                 |
| PID.5.2   | Given Name   | Mariela  | Test Case Fixed |
| PID.5.3   | Second and Further Given Names or Initials Thereof | Gonzales | Test Case Fixed |
| PID.5.7   | Name Type Code                                     | L        | Test Case Fixed |

|            |                                    |                    |                 |
|------------|------------------------------------|--------------------|-----------------|
| PID.6      | Mother's Maiden Name               |                    |                 |
| PID.6.1    | Family Name                        |                    |                 |
| PID.6.1.1  | Surname                            | Gonzales           | Test Case Fixed |
| PID.6.1.2  | Own Surname Prefix                 |                    |                 |
| PID.6.1.3  | Own Surname                        |                    |                 |
| PID.6.1.4  | Surname Prefix From Partner/Spouse |                    |                 |
| PID.6.1.5  | Surname From Partner/Spouse        |                    |                 |
| PID.6.7    | Name Type Code                     | M                  | Test Case Fixed |
| PID.7      | Date/Time of Birth                 |                    |                 |
| PID.7.1    | Time                               | 201505301115       | Test Case Fixed |
| PID.8      | Administrative Sex                 | F                  | Test Case Fixed |
| PID.10     | Race                               |                    |                 |
| PID.10.1   | Identifier                         | 2106-3             | Test Case Fixed |
| PID.10.2   | Text                               | White              | Test Case Fixed |
| PID.10.3   | Name of Coding System              | HL70005            | Test Case Fixed |
| PID.10.5   | Alternate Text                     |                    |                 |
| PID.10.6   | Name of Alternate Coding System    |                    |                 |
| PID.11     | Patient Address                    |                    |                 |
| PID.11.1   | Street Address                     |                    |                 |
| PID.11.1.1 | Street or Mailing Address          | 3321 Standish Way  | Test Case Fixed |
| PID.11.1.2 | Street Name                        |                    |                 |
| PID.11.1.3 | Dwelling Number                    |                    |                 |
| PID.11.2   | Other Designation                  |                    |                 |
| PID.11.3   | City                               | Stamford           | Test Case Fixed |
| PID.11.4   | State or Province                  | CT                 | Test Case Fixed |
| PID.11.5   | Zip or Postal Code                 | 06903              | Test Case Fixed |
| PID.11.6   | Country                            | USA                | Test Case Fixed |
| PID.11.7   | Address Type                       | L                  | Test Case Fixed |
| PID.11     | Patient Address                    |                    |                 |
| PID.11.1   | Street Address                     |                    |                 |
| PID.11.1.1 | Street or Mailing Address          | 325 Shorline Drive |                 |
| PID.11.1.2 | Street Name                        |                    |                 |
| PID.11.1.3 | Dwelling Number                    |                    |                 |
| PID.11.2   | Other Designation                  |                    |                 |
| PID.11.3   | City                               | Stamford           |                 |
| PID.11.4   | State or Province                  | CT                 | Test Case Fixed |
| PID.11.5   | Zip or Postal Code                 | 06901              |                 |
| PID.11.6   | Country                            |                    |                 |
| PID.11.7   | Address Type                       | BDL                | Test Case Fixed |
| PID.13     | Phone Number - Home                |                    |                 |
| PID.13.2   | Telecommunication Use Code         | PRN                | Test Case Fixed |

|          |                                  |                    |                 |
|----------|----------------------------------|--------------------|-----------------|
| PID.13.3 | Telecommunication Equipment Type | PH                 | Test Case Fixed |
| PID.13.4 | Email Address                    |                    |                 |
| PID.13.6 | Area/City Code                   | 203                | Test Case Fixed |
| PID.13.7 | Local Number                     | 5551214            | Test Case Fixed |
| PID.22   | Ethnic Group                     |                    |                 |
| PID.22.1 | Identifier                       | 2135-2             | Test Case Fixed |
| PID.22.2 | Text                             | Hispanic or Latino | Test Case Fixed |
| PID.22.3 | Name of Coding System            | CDCREC             | Test Case Fixed |
| PID.22.5 | Alternate Text                   |                    |                 |
| PID.22.6 | Name of Alternate Coding System  |                    |                 |
| PID.24   | Multiple Birth Indicator         |                    |                 |
| PID.25   | Birth Order                      |                    |                 |
| PID.29   | Patient Death Date and Time      |                    |                 |
| PID.29.1 | Time                             |                    |                 |
| PID.30   | Patient Death Indicator          |                    |                 |

### PD1

| Location | Data Element                                | Data                         | Categorization |
|----------|---|------------------------------|----------------|
| PD1.11   | Publicity Code                              |                              |                |
| PD1.11.1 | Identifier                                  | 02                           |                |
| PD1.11.2 | Text  | Reminder/Recall - any method |                |
| PD1.11.3 | Name of Coding System                       | HL70215                      |                |
| PD1.11.5 | Alternate Text                              |                              |                |
| PD1.11.6 | Name of Alternate Coding System             |                              |                |
| PD1.12   | Protection Indicator                        |                              |                |
| PD1.13   | Protection Indicator Effective Date         |                              |                |
| PD1.16   | Immunization Registry Status                | A                            |                |
| PD1.17   | Immunization Registry Status Effective Date | 20120701                     |                |
| PD1.18   | Publicity Code Effective Date               | 20120701                     |                |

### NK1

| Location  | Data Element | Data    | Categorization  |
|-----------|--------------|---------|-----------------|
| NK1.1     | Set ID - NK1 | 1       |                 |
| NK1.2     | Name         |         |                 |
| NK1.2.1   | Family Name  |         |                 |
| NK1.2.1.1 | Surname      | Morales | Test Case Fixed |

|           |  |                   |                 |
|-----------|--|-------------------|-----------------|
| NK1.2.1.2 | Own Surname Prefix                                 |                   |                 |
| NK1.2.1.3 | Own Surname  |                   |                 |
| NK1.2.1.4 | Surname Prefix From Partner/Spouse                 |                   |                 |
| NK1.2.1.5 | Surname From Partner/Spouse                        |                   |                 |
| NK1.2.2   | Given Name   | Joanna            | Test Case Fixed |
| NK1.2.3   | Second and Further Given Names or Initials Thereof | Gonzales          | Test Case Fixed |
| NK1.2.7   | Name Type Code                                     | L                 | Test Case Fixed |
| NK1.3     | Relationship                                       |                   |                 |
| NK1.3.1   | Identifier   | MTH               | Test Case Fixed |
| NK1.3.2   | Text   | Mother            | Test Case Fixed |
| NK1.3.3   | Name of Coding System                              | HL70063           |                 |
| NK1.3.5   | Alternate Text                                     |                   |                 |
| NK1.3.6   | Name of Alternate Coding System                    |                   |                 |
| NK1.4     | Address  |                   |                 |
| NK1.4.1   | Street Address                                     |                   |                 |
| NK1.4.1.1 | Street or Mailing Address                          | 4623 Standish Way | Test Case Fixed |
| NK1.4.1.2 | Street Name  |                   |                 |
| NK1.4.1.3 | Dwelling Number                                    |                   |                 |
| NK1.4.2   | Other Designation                                  |                   |                 |
| NK1.4.3   | City   | Stamford          | Test Case Fixed |
| NK1.4.4   | State or Province                                  | CT                | Test Case Fixed |
| NK1.4.5   | Zip or Postal Code                                 | 06903             | Test Case Fixed |
| NK1.4.6   | Country  |                   |                 |
| NK1.4.7   | Address Type                                       | L                 | Test Case Fixed |
| NK1.5     | Phone Number                                       |                   |                 |
| NK1.5.2   | Telecommunication Use Code                         | PRN               | Test Case Fixed |
| NK1.5.3   | Telecommunication Equipment Type                   | PH                | Test Case Fixed |
| NK1.5.4   | Email Address                                      |                   |                 |
| NK1.5.6   | Area/City Code                                     | 203               | Test Case Fixed |
| NK1.5.7   | Local Number                                       | 5551213           | Test Case Fixed |

## ORC[\*]

### ORC - 1

| Location | Data Element        | Data | Categorization |
|----------|---------------------|------|----------------|
| ORC.1    | Order Control       | RE   |                |
| ORC.2    | Placer Order Number |      |                |
| ORC.2.1  | Entity Identifier   |      |                |
| ORC.2.2  | Namespace ID        |      |                |

|            |  |        |                 |
|------------|--|--------|-----------------|
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 197027 |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Sirtis | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Lisa   |                 |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |
| ORC.12     | Ordering Provider                                  |        |                 |
| ORC.12.1   | ID Number  |        |                 |
| ORC.12.2   | Family Name  |        |                 |
| ORC.12.2.1 | Surname  | Carter |                 |
| ORC.12.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.12.2.3 | Own Surname  |        |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.12.3   | Given Name   | Jane   |                 |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.12.9   | Assigning  |        |                 |

|            |                                 |                    |  |
|------------|---------------------------------|--------------------|--|
|            | Authority                       |                    |  |
| ORC.12.9.1 | Namespace ID                    |                    |  |
| ORC.12.9.2 | Universal ID                    |                    |  |
| ORC.12.9.3 | Universal ID Type               |                    |  |
| ORC.12.10  | Name Type Code                  | L                  |  |
| ORC.12.12  | Check Digit Scheme              |                    |  |
| ORC.12.13  | Identifier Type Code            |                    |  |
| ORC.17     | Entering Organization           |                    |  |
| ORC.17.1   | Identifier                      | SH                 |  |
| ORC.17.2   | Text                            | Shoreline Hospital |  |
| ORC.17.3   | Name of Coding System           | HL70362            |  |
| ORC.17.5   | Alternate Text                  |                    |  |
| ORC.17.6   | Name of Alternate Coding System |                    |  |

## ORC - 2

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
|            |  |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.10.9   | Assigning Authority                                |                      |                 |
| ORC.10.9.1 | Namespace ID                                       |                      |                 |
| ORC.10.9.2 | Universal ID                                       |                      |                 |
| ORC.10.9.3 | Universal ID Type                                  |                      |                 |
| ORC.10.10  | Name Type Code                                     |                      |                 |
| ORC.10.12  | Check Digit Scheme                                 |                      |                 |
| ORC.10.13  | Identifier Type Code                               |                      |                 |
| ORC.12     | Ordering Provider                                  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

### ORC - 3

| Location | Data Element  | Data | Categorization |
|----------|---------------|------|----------------|
| ORC.1    | Order Control | RE   |                |



|            |  |        |                 |
|------------|--|--------|-----------------|
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |
| ORC.12     | Ordering Provider                                  |        |                 |
| ORC.12.1   | ID Number  |        |                 |
| ORC.12.2   | Family Name  |        |                 |
| ORC.12.2.1 | Surname  | Smith  | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.12.2.3 | Own Surname  |        |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.12.3   | Given Name   | Frank  | Test Case Fixed |
|            | Second and   |        |                 |

|            |   |                      |                 |
|------------|---|----------------------|-----------------|
| ORC.12.4   | Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                     |                      |                 |
| ORC.12.9.1 | Namespace ID                            |                      |                 |
| ORC.12.9.2 | Universal ID                            |                      |                 |
| ORC.12.9.3 | Universal ID Type                       |                      |                 |
| ORC.12.10  | Name Type Code                          | L                    |                 |
| ORC.12.12  | Check Digit Scheme                      |                      |                 |
| ORC.12.13  | Identifier Type Code                    |                      |                 |
| ORC.17     | Entering Organization                   |                      |                 |
| ORC.17.1   | Identifier                              | SP                   |                 |
| ORC.17.2   | Text                                    | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                   | HL70362              |                 |
| ORC.17.5   | Alternate Text                          |                      |                 |
| ORC.17.6   | Name of Alternate Coding System         |                      |                 |

#### ORC - 4

| Location   | Data Element                       | Data   | Categorization  |
|------------|------------------------------------|--------|-----------------|
| ORC.1      | Order Control                      | RE     |                 |
| ORC.2      | Placer Order Number                |        |                 |
| ORC.2.1    | Entity Identifier                  |        |                 |
| ORC.2.2    | Namespace ID                       |        |                 |
| ORC.2.3    | Universal ID                       |        |                 |
| ORC.2.4    | Universal ID Type                  |        |                 |
| ORC.3      | Filler Order Number                |        |                 |
| ORC.3.1    | Entity Identifier                  | 9999   |                 |
| ORC.3.2    | Namespace ID                       | DCS    |                 |
| ORC.3.3    | Universal ID                       |        |                 |
| ORC.3.4    | Universal ID Type                  |        |                 |
| ORC.10     | Entered By                         |        |                 |
| ORC.10.1   | ID Number                          |        |                 |
| ORC.10.2   | Family Name                        |        |                 |
| ORC.10.2.1 | Surname                            | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                 |        |                 |
| ORC.10.2.3 | Own Surname                        |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse        |        |                 |
| ORC.10.3   | Given Name                         | Sandra | Test Case Fixed |
|            |                                    |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.10.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.10.9   | Assigning Authority                                |                      |                 |
| ORC.10.9.1 | Namespace ID                                       |                      |                 |
| ORC.10.9.2 | Universal ID                                       |                      |                 |
| ORC.10.9.3 | Universal ID Type                                  |                      |                 |
| ORC.10.10  | Name Type Code                                     |                      |                 |
| ORC.10.12  | Check Digit Scheme                                 |                      |                 |
| ORC.10.13  | Identifier Type Code                               |                      |                 |
| ORC.12     | Ordering Provider                                  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

## ORC - 5

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |
| ORC.12     | Ordering Provider                                  |        |                 |
| ORC.12.1   | ID Number  |        |                 |
| ORC.12.2   | Family Name  |        |                 |
| ORC.12.2.1 | Surname  | Smith  | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.12.2.3 | Own Surname  |        |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

## ORC - 6

| Location   | Data Element        | Data   | Categorization  |
|------------|---------------------|--------|-----------------|
| ORC.1      | Order Control       | RE     |                 |
| ORC.2      | Placer Order Number |        |                 |
| ORC.2.1    | Entity Identifier   |        |                 |
| ORC.2.2    | Namespace ID        |        |                 |
| ORC.2.3    | Universal ID        |        |                 |
| ORC.2.4    | Universal ID Type   |        |                 |
| ORC.3      | Filler Order Number |        |                 |
| ORC.3.1    | Entity Identifier   | 9999   |                 |
| ORC.3.2    | Namespace ID        | DCS    |                 |
| ORC.3.3    | Universal ID        |        |                 |
| ORC.3.4    | Universal ID Type   |        |                 |
| ORC.10     | Entered By          |        |                 |
| ORC.10.1   | ID Number           |        |                 |
| ORC.10.2   | Family Name         |        |                 |
| ORC.10.2.1 | Surname             | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix  |        |                 |
| ORC.10.2.3 | Own Surname         |        |                 |
| ORC.10.2.4 | Surname Prefix From |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
|            | Partner/Spouse                                     |                      |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.10.3   | Given Name   | Sandra               | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.10.9   | Assigning Authority                                |                      |                 |
| ORC.10.9.1 | Namespace ID                                       |                      |                 |
| ORC.10.9.2 | Universal ID                                       |                      |                 |
| ORC.10.9.3 | Universal ID Type                                  |                      |                 |
| ORC.10.10  | Name Type Code                                     |                      |                 |
| ORC.10.12  | Check Digit Scheme                                 |                      |                 |
| ORC.10.13  | Identifier Type Code                               |                      |                 |
| ORC.12     | Ordering Provider                                  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    |                 |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
|            |  |                      |                 |

|          |                                 |  |  |
|----------|---------------------------------|--|--|
| ORC.17.5 | Alternate Text                  |  |  |
| ORC.17.6 | Name of Alternate Coding System |  |  |

## RXA[\*]

### RXA - 1

| Location   | Data Element                      | Data  | Categorization |
|------------|-----------------------------------|---|----------------|
| RXA.1      | Give Sub-ID Counter               | 0   |                |
| RXA.2      | Administration Sub-ID Counter     | 1   |                |
| RXA.3      | Date/Time Start of Administration |   |                |
| RXA.3.1    | Time                              | 20150530  |                |
| RXA.5      | Administered Code                 |   |                |
| RXA.5.1    | Identifier                        | 08  |                |
| RXA.5.2    | Text                              | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |                |
| RXA.5.3    | Name of Coding System             | CVX   |                |
| RXA.5.5    | Alternate Text                    | ENGRIX-B  |                |
| RXA.5.6    | Name of Alternate Coding System   | NDC   |                |
| RXA.6      | Administered Amount               | 999   |                |
| RXA.7      | Administered Units                |   |                |
| RXA.7.1    | Identifier                        |   |                |
| RXA.7.2    | Text                              |   |                |
| RXA.7.3    | Name of Coding System             |   |                |
| RXA.7.5    | Alternate Text                    |   |                |
| RXA.7.6    | Name of Alternate Coding System   |   |                |
| RXA.9      | Administration Notes              |   |                |
| RXA.9.1    | Identifier                        | 08  |                |
| RXA.9.2    | Text                              | Historical information - from public agency                   |                |
| RXA.9.3    | Name of Coding System             | NIP001  |                |
| RXA.9.5    | Alternate Text                    |   |                |
| RXA.9.6    | Name of Alternate Coding System   |   |                |
| RXA.10     | Administering Provider            |   |                |
| RXA.10.1   | ID Number                         |   |                |
| RXA.10.2   | Family Name                       |   |                |
| RXA.10.2.1 | Surname                           | Sirtis  |                |
| RXA.10.2.2 | Own Surname                       |   |                |

|            |   |                                   |  |
|------------|---|-----------------------------------|--|
|            | Prefix  |                                   |  |
| RXA.10.2.3 | Own Surname   |                                   |  |
| RXA.10.2.4 | Surname Prefix<br>From<br>Partner/Spouse                    |                                   |  |
| RXA.10.2.5 | Surname From<br>Partner/Spouse                              |                                   |  |
| RXA.10.3   | Given Name  | Lisa                              |  |
| RXA.10.4   | Second and<br>Further Given<br>Names or Initials<br>Thereof |                                   |  |
| RXA.10.9   | Assigning<br>Authority                                      |                                   |  |
| RXA.10.9.1 | Namespace ID  |                                   |  |
| RXA.10.9.2 | Universal ID  |                                   |  |
| RXA.10.9.3 | Universal ID<br>Type  |                                   |  |
| RXA.10.10  | Name Type Code  |                                   |  |
| RXA.10.12  | Check Digit<br>Scheme                                       |                                   |  |
| RXA.10.13  | Identifier Type<br>Code                                     |                                   |  |
| RXA.11     | Administered-at<br>Location                                 |                                   |  |
| RXA.11.4   | Facility  |                                   |  |
| RXA.11.4.1 | Namespace ID  | DCS_DC                            |  |
| RXA.11.4.2 | Universal ID  |                                   |  |
| RXA.11.4.3 | Universal ID<br>Type  |                                   |  |
| RXA.15     | Substance Lot<br>Number                                     | 6332FK33                          |  |
| RXA.16     | Substance Expiration<br>Date                                |                                   |  |
| RXA.16.1   | Time  | 20101214                          |  |
| RXA.17     | Substance<br>Manufacturer Name                              |                                   |  |
| RXA.17.1   | Identifier  | SKB                               |  |
| RXA.17.2   | Text  | GlaxoSmithKline<br>Biologicals SA |  |
| RXA.17.3   | Name of Coding<br>System                                    | MVX                               |  |
| RXA.17.5   | Alternate Text  |                                   |  |
| RXA.17.6   | Name of Alternate<br>Coding System                          |                                   |  |
| RXA.18     | Substance/Treatment<br>Refusal Reason                       |                                   |  |
| RXA.18.1   | Identifier  |                                   |  |
| RXA.18.2   | Text  |                                   |  |
| RXA.18.3   | Name of Coding<br>System                                    |                                   |  |
| RXA.18.5   | Alternate Text  |                                   |  |
| RXA.18.6   | Name of Alternate   |                                   |  |



|        |                                 |    |  |
|--------|---------------------------------|----|--|
| RXA.20 | Coding System Completion Status | CP |  |
| RXA.21 | Action Code - RXA               | A  |  |

## RXA - 2

| Location   | Data Element                       | Data   | Categorization  |
|------------|------------------------------------|--|-----------------|
| RXA.1      | Give Sub-ID Counter                | 0  |                 |
| RXA.2      | Administration Sub-ID Counter      | 1  |                 |
| RXA.3      | Date/Time Start of Administration  |  |                 |
| RXA.3.1    | Time                               | 20150715                                     |                 |
| RXA.5      | Administered Code                  |  |                 |
| RXA.5.1    | Identifier                         | 45   | Test Case Fixed |
| RXA.5.2    | Text                               | hepatitis B vaccine, unspecified formulation | Test Case Fixed |
| RXA.5.3    | Name of Coding System              | CVX  | Test Case Fixed |
| RXA.5.5    | Alternate Text                     |  |                 |
| RXA.5.6    | Name of Alternate Coding System    |  |                 |
| RXA.6      | Administered Amount                | 999  | Test Case Fixed |
| RXA.7      | Administered Units                 |  |                 |
| RXA.7.1    | Identifier                         |  |                 |
| RXA.7.2    | Text                               |  |                 |
| RXA.7.3    | Name of Coding System              |  |                 |
| RXA.7.5    | Alternate Text                     |  |                 |
| RXA.7.6    | Name of Alternate Coding System    |  |                 |
| RXA.9      | Administration Notes               |  |                 |
| RXA.9.1    | Identifier                         |  |                 |
| RXA.9.2    | Text                               |  |                 |
| RXA.9.3    | Name of Coding System              |  |                 |
| RXA.9.5    | Alternate Text                     |  |                 |
| RXA.9.6    | Name of Alternate Coding System    |  |                 |
| RXA.10     | Administering Provider             |  |                 |
| RXA.10.1   | ID Number                          |  |                 |
| RXA.10.2   | Family Name                        |  |                 |
| RXA.10.2.1 | Surname                            |  |                 |
| RXA.10.2.2 | Own Surname Prefix                 |  |                 |
| RXA.10.2.3 | Own Surname                        |  |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse |  |                 |
|            | Surname From                       |  |                 |

|            |  |    |                 |
|------------|--|----|-----------------|
| RXA.10.2.5 | Partner/Spouse                                     |    |                 |
| RXA.10.3   | Given Name   |    |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |    |                 |
| RXA.10.9   | Assigning Authority                                |    |                 |
| RXA.10.9.1 | Namespace ID                                       |    |                 |
| RXA.10.9.2 | Universal ID                                       |    |                 |
| RXA.10.9.3 | Universal ID Type                                  |    |                 |
| RXA.10.10  | Name Type Code                                     |    |                 |
| RXA.10.12  | Check Digit Scheme                                 |    |                 |
| RXA.10.13  | Identifier Type Code                               |    |                 |
| RXA.11     | Administered-at Location                           |    |                 |
| RXA.11.4   | Facility   |    |                 |
| RXA.11.4.1 | Namespace ID                                       |    |                 |
| RXA.11.4.2 | Universal ID                                       |    |                 |
| RXA.11.4.3 | Universal ID Type                                  |    |                 |
| RXA.15     | Substance Lot Number                               |    |                 |
| RXA.16     | Substance Expiration Date                          |    |                 |
| RXA.16.1   | Time   |    |                 |
| RXA.17     | Substance Manufacturer Name                        |    |                 |
| RXA.17.1   | Identifier   |    |                 |
| RXA.17.2   | Text   |    |                 |
| RXA.17.3   | Name of Coding System                              |    |                 |
| RXA.17.5   | Alternate Text                                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System                    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason                 |    |                 |
| RXA.18.1   | Identifier   |    |                 |
| RXA.18.2   | Text   |    |                 |
| RXA.18.3   | Name of Coding System                              |    |                 |
| RXA.18.5   | Alternate Text                                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System                    |    |                 |
| RXA.20     | Completion Status                                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                                  | A  |                 |

### RXA - 3

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

| Location   | Data Element                                       | Data                          | Categorization  |
|------------|--|-------------------------------|-----------------|
| RXA.1      | Give Sub-ID Counter                                | 0                             |                 |
| RXA.2      | Administration Sub-ID Counter                      | 1                             |                 |
| RXA.3      | Date/Time Start of Administration                  |                               |                 |
| RXA.3.1    | Time   | 20150715                      |                 |
| RXA.5      | Administered Code                                  |                               |                 |
| RXA.5.1    | Identifier   | 107                           | Test Case Fixed |
| RXA.5.2    | Text   | DTaP, unspecified formulation | Test Case Fixed |
| RXA.5.3    | Name of Coding System                              | CVX                           | Test Case Fixed |
| RXA.5.5    | Alternate Text                                     |                               |                 |
| RXA.5.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.6      | Administered Amount                                | 999                           | Test Case Fixed |
| RXA.7      | Administered Units                                 |                               |                 |
| RXA.7.1    | Identifier   |                               |                 |
| RXA.7.2    | Text   |                               |                 |
| RXA.7.3    | Name of Coding System                              |                               |                 |
| RXA.7.5    | Alternate Text                                     |                               |                 |
| RXA.7.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.9      | Administration Notes                               |                               |                 |
| RXA.9.1    | Identifier   |                               |                 |
| RXA.9.2    | Text   |                               |                 |
| RXA.9.3    | Name of Coding System                              |                               |                 |
| RXA.9.5    | Alternate Text                                     |                               |                 |
| RXA.9.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.10     | Administering Provider                             |                               |                 |
| RXA.10.1   | ID Number  |                               |                 |
| RXA.10.2   | Family Name  |                               |                 |
| RXA.10.2.1 | Surname  |                               |                 |
| RXA.10.2.2 | Own Surname Prefix                                 |                               |                 |
| RXA.10.2.3 | Own Surname  |                               |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |                               |                 |
| RXA.10.2.5 | Surname From Partner/Spouse                        |                               |                 |
| RXA.10.3   | Given Name   |                               |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |                               |                 |
|            | Assigning  |                               |                 |

|            |                                    |    |                 |
|------------|------------------------------------|----|-----------------|
| RXA.10.9   | Authority                          |    |                 |
| RXA.10.9.1 | Namespace ID                       |    |                 |
| RXA.10.9.2 | Universal ID                       |    |                 |
| RXA.10.9.3 | Universal ID Type                  |    |                 |
| RXA.10.10  | Name Type Code                     |    |                 |
| RXA.10.12  | Check Digit Scheme                 |    |                 |
| RXA.10.13  | Identifier Type Code               |    |                 |
| RXA.11     | Administered-at Location           |    |                 |
| RXA.11.4   | Facility                           |    |                 |
| RXA.11.4.1 | Namespace ID                       |    |                 |
| RXA.11.4.2 | Universal ID                       |    |                 |
| RXA.11.4.3 | Universal ID Type                  |    |                 |
| RXA.15     | Substance Lot Number               |    |                 |
| RXA.16     | Substance Expiration Date          |    |                 |
| RXA.16.1   | Time                               |    |                 |
| RXA.17     | Substance Manufacturer Name        |    |                 |
| RXA.17.1   | Identifier                         |    |                 |
| RXA.17.2   | Text                               |    |                 |
| RXA.17.3   | Name of Coding System              |    |                 |
| RXA.17.5   | Alternate Text                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason |    |                 |
| RXA.18.1   | Identifier                         |    |                 |
| RXA.18.2   | Text                               |    |                 |
| RXA.18.3   | Name of Coding System              |    |                 |
| RXA.18.5   | Alternate Text                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System    |    |                 |
| RXA.20     | Completion Status                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                  | A  |                 |

## RXA - 4

| Location | Data Element                      | Data     | Categorization |
|----------|-----------------------------------|----------|----------------|
| RXA.1    | Give Sub-ID Counter               | 0        |                |
| RXA.2    | Administration Sub-ID Counter     | 1        |                |
| RXA.3    | Date/Time Start of Administration |          |                |
| RXA.3.1  | Time                              | 20150715 |                |

|            |  |     |                 |
|------------|--|-----|-----------------|
| RXA.5      | Administered Code                                  |     |                 |
| RXA.5.1    | Identifier   | 08  | Test Case Fixed |
| RXA.5.2    | Text   | Hib | Test Case Fixed |
| RXA.5.3    | Name of Coding System                              | CVX | Test Case Fixed |
| RXA.5.5    | Alternate Text                                     |     |                 |
| RXA.5.6    | Name of Alternate Coding System                    |     |                 |
| RXA.6      | Administered Amount                                | 999 | Test Case Fixed |
| RXA.7      | Administered Units                                 |     |                 |
| RXA.7.1    | Identifier   |     |                 |
| RXA.7.2    | Text   |     |                 |
| RXA.7.3    | Name of Coding System                              |     |                 |
| RXA.7.5    | Alternate Text                                     |     |                 |
| RXA.7.6    | Name of Alternate Coding System                    |     |                 |
| RXA.9      | Administration Notes                               |     |                 |
| RXA.9.1    | Identifier   |     |                 |
| RXA.9.2    | Text   |     |                 |
| RXA.9.3    | Name of Coding System                              |     |                 |
| RXA.9.5    | Alternate Text                                     |     |                 |
| RXA.9.6    | Name of Alternate Coding System                    |     |                 |
| RXA.10     | Administering Provider                             |     |                 |
| RXA.10.1   | ID Number  |     |                 |
| RXA.10.2   | Family Name  |     |                 |
| RXA.10.2.1 | Surname  |     |                 |
| RXA.10.2.2 | Own Surname Prefix                                 |     |                 |
| RXA.10.2.3 | Own Surname  |     |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |     |                 |
| RXA.10.2.5 | Surname From Partner/Spouse                        |     |                 |
| RXA.10.3   | Given Name   |     |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |     |                 |
| RXA.10.9   | Assigning Authority                                |     |                 |
| RXA.10.9.1 | Namespace ID                                       |     |                 |
| RXA.10.9.2 | Universal ID                                       |     |                 |
| RXA.10.9.3 | Universal ID Type                                  |     |                 |
| RXA.10.10  | Name Type Code                                     |     |                 |
| RXA.10.12  | Check Digit Scheme                                 |     |                 |

|            |                                    |    |                 |
|------------|------------------------------------|----|-----------------|
| RXA.10.13  | Identifier Type Code               |    |                 |
| RXA.11     | Administered-at Location           |    |                 |
| RXA.11.4   | Facility                           |    |                 |
| RXA.11.4.1 | Namespace ID                       |    |                 |
| RXA.11.4.2 | Universal ID                       |    |                 |
| RXA.11.4.3 | Universal ID Type                  |    |                 |
| RXA.15     | Substance Lot Number               |    |                 |
| RXA.16     | Substance Expiration Date          |    |                 |
| RXA.16.1   | Time                               |    |                 |
| RXA.17     | Substance Manufacturer Name        |    |                 |
| RXA.17.1   | Identifier                         |    |                 |
| RXA.17.2   | Text                               |    |                 |
| RXA.17.3   | Name of Coding System              |    |                 |
| RXA.17.5   | Alternate Text                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason |    |                 |
| RXA.18.1   | Identifier                         |    |                 |
| RXA.18.2   | Text                               |    |                 |
| RXA.18.3   | Name of Coding System              |    |                 |
| RXA.18.5   | Alternate Text                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System    |    |                 |
| RXA.20     | Completion Status                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                  | A  |                 |

## RXA - 5

| Location | Data Element                      | Data  | Categorization  |
|----------|-----------------------------------|---|-----------------|
| RXA.1    | Give Sub-ID Counter               | 0   |                 |
| RXA.2    | Administration Sub-ID Counter     | 1   |                 |
| RXA.3    | Date/Time Start of Administration |   |                 |
| RXA.3.1  | Time                              | 20150715  |                 |
| RXA.5    | Administered Code                 |   |                 |
| RXA.5.1  | Identifier                        | 152   | Test Case Fixed |
| RXA.5.2  | Text                              | Pneumococcal Conjugate, unspecified formulation | Test Case Fixed |
| RXA.5.3  | Name of Coding System             | CVX   | Test Case Fixed |
|          |                                   |   |                 |

|            |  |     |                 |
|------------|--|-----|-----------------|
| RXA.5.5    | Alternate Text                                     |     |                 |
| RXA.5.6    | Name of Alternate Coding System                    |     |                 |
| RXA.6      | Administered Amount                                | 999 | Test Case Fixed |
| RXA.7      | Administered Units                                 |     |                 |
| RXA.7.1    | Identifier   |     |                 |
| RXA.7.2    | Text   |     |                 |
| RXA.7.3    | Name of Coding System                              |     |                 |
| RXA.7.5    | Alternate Text                                     |     |                 |
| RXA.7.6    | Name of Alternate Coding System                    |     |                 |
| RXA.9      | Administration Notes                               |     |                 |
| RXA.9.1    | Identifier   |     |                 |
| RXA.9.2    | Text   |     |                 |
| RXA.9.3    | Name of Coding System                              |     |                 |
| RXA.9.5    | Alternate Text                                     |     |                 |
| RXA.9.6    | Name of Alternate Coding System                    |     |                 |
| RXA.10     | Administering Provider                             |     |                 |
| RXA.10.1   | ID Number  |     |                 |
| RXA.10.2   | Family Name  |     |                 |
| RXA.10.2.1 | Surname  |     |                 |
| RXA.10.2.2 | Own Surname Prefix                                 |     |                 |
| RXA.10.2.3 | Own Surname  |     |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |     |                 |
| RXA.10.2.5 | Surname From Partner/Spouse                        |     |                 |
| RXA.10.3   | Given Name   |     |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |     |                 |
| RXA.10.9   | Assigning Authority                                |     |                 |
| RXA.10.9.1 | Namespace ID                                       |     |                 |
| RXA.10.9.2 | Universal ID                                       |     |                 |
| RXA.10.9.3 | Universal ID Type                                  |     |                 |
| RXA.10.10  | Name Type Code                                     |     |                 |
| RXA.10.12  | Check Digit Scheme                                 |     |                 |
| RXA.10.13  | Identifier Type Code                               |     |                 |
| RXA.11     | Administered-at Location                           |     |                 |
| RXA.11.4   | Facility   |     |                 |

|            |                                    |    |                 |
|------------|------------------------------------|----|-----------------|
| RXA.11.4.1 | Namespace ID                       |    |                 |
| RXA.11.4.2 | Universal ID                       |    |                 |
| RXA.11.4.3 | Universal ID Type                  |    |                 |
| RXA.15     | Substance Lot Number               |    |                 |
| RXA.16     | Substance Expiration Date          |    |                 |
| RXA.16.1   | Time                               |    |                 |
| RXA.17     | Substance Manufacturer Name        |    |                 |
| RXA.17.1   | Identifier                         |    |                 |
| RXA.17.2   | Text                               |    |                 |
| RXA.17.3   | Name of Coding System              |    |                 |
| RXA.17.5   | Alternate Text                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason |    |                 |
| RXA.18.1   | Identifier                         |    |                 |
| RXA.18.2   | Text                               |    |                 |
| RXA.18.3   | Name of Coding System              |    |                 |
| RXA.18.5   | Alternate Text                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System    |    |                 |
| RXA.20     | Completion Status                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                  | A  |                 |

## RXA - 6

| Location | Data Element                      | Data                               | Categorization  |
|----------|-----------------------------------|------------------------------------|-----------------|
| RXA.1    | Give Sub-ID Counter               | 0                                  |                 |
| RXA.2    | Administration Sub-ID Counter     | 1                                  |                 |
| RXA.3    | Date/Time Start of Administration |                                    |                 |
| RXA.3.1  | Time                              | 20150715                           |                 |
| RXA.5    | Administered Code                 |                                    |                 |
| RXA.5.1  | Identifier                        | 122                                | Test Case Fixed |
| RXA.5.2  | Text                              | rotavirus, unspecified formulation | Test Case Fixed |
| RXA.5.3  | Name of Coding System             | CVX                                | Test Case Fixed |
| RXA.5.5  | Alternate Text                    |                                    |                 |
| RXA.5.6  | Name of Alternate Coding System   |                                    |                 |
| RXA.6    | Administered Amount               | 999                                | Test Case Fixed |
| RXA.7    | Administered Units                |                                    |                 |
| RXA.7.1  | Identifier                        |                                    |                 |



|            |  |  |  |
|------------|--|--|--|
| RXA.7.2    | Text   |  |  |
| RXA.7.3    | Name of Coding System                              |  |  |
| RXA.7.5    | Alternate Text                                     |  |  |
| RXA.7.6    | Name of Alternate Coding System                    |  |  |
| RXA.9      | Administration Notes                               |  |  |
| RXA.9.1    | Identifier   |  |  |
| RXA.9.2    | Text   |  |  |
| RXA.9.3    | Name of Coding System                              |  |  |
| RXA.9.5    | Alternate Text                                     |  |  |
| RXA.9.6    | Name of Alternate Coding System                    |  |  |
| RXA.10     | Administering Provider                             |  |  |
| RXA.10.1   | ID Number  |  |  |
| RXA.10.2   | Family Name  |  |  |
| RXA.10.2.1 | Surname  |  |  |
| RXA.10.2.2 | Own Surname Prefix                                 |  |  |
| RXA.10.2.3 | Own Surname  |  |  |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |  |  |
| RXA.10.2.5 | Surname From Partner/Spouse                        |  |  |
| RXA.10.3   | Given Name   |  |  |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |  |  |
| RXA.10.9   | Assigning Authority                                |  |  |
| RXA.10.9.1 | Namespace ID                                       |  |  |
| RXA.10.9.2 | Universal ID                                       |  |  |
| RXA.10.9.3 | Universal ID Type                                  |  |  |
| RXA.10.10  | Name Type Code                                     |  |  |
| RXA.10.12  | Check Digit Scheme                                 |  |  |
| RXA.10.13  | Identifier Type Code                               |  |  |
| RXA.11     | Administered-at Location                           |  |  |
| RXA.11.4   | Facility   |  |  |
| RXA.11.4.1 | Namespace ID                                       |  |  |
| RXA.11.4.2 | Universal ID                                       |  |  |
| RXA.11.4.3 | Universal ID Type                                  |  |  |
| RXA.15     | Substance Lot Number                               |  |  |
| RXA.16     | Substance Expiration                               |  |  |

|          |                                       |    |                 |
|----------|---------------------------------------|----|-----------------|
|          | Date                                  |    |                 |
| RXA.16.1 | Time                                  |    |                 |
| RXA.17   | Substance<br>Manufacturer Name        |    |                 |
| RXA.17.1 | Identifier                            |    |                 |
| RXA.17.2 | Text                                  |    |                 |
| RXA.17.3 | Name of Coding<br>System              |    |                 |
| RXA.17.5 | Alternate Text                        |    |                 |
| RXA.17.6 | Name of Alternate<br>Coding System    |    |                 |
| RXA.18   | Substance/Treatment<br>Refusal Reason |    |                 |
| RXA.18.1 | Identifier                            |    |                 |
| RXA.18.2 | Text                                  |    |                 |
| RXA.18.3 | Name of Coding<br>System              |    |                 |
| RXA.18.5 | Alternate Text                        |    |                 |
| RXA.18.6 | Name of Alternate<br>Coding System    |    |                 |
| RXA.20   | Completion Status                     | NA | Test Case Fixed |
| RXA.21   | Action Code - RXA                     | A  |                 |

## RXR

| Location | Data Element                       | Data       | Categorization |
|----------|------------------------------------|------------|----------------|
| RXR.1    | Route                              |            |                |
| RXR.1.1  | Identifier                         | C28161     |                |
| RXR.1.2  | Text                               | IM         |                |
| RXR.1.3  | Name of Coding<br>System           | NCIT       |                |
| RXR.1.5  | Alternate Text                     | IM         |                |
| RXR.1.6  | Name of Alternate<br>Coding System | HL70162    |                |
| RXR.2    | Administration Site                |            |                |
| RXR.2.1  | Identifier                         | LT         |                |
| RXR.2.2  | Text                               | Left Thigh |                |
| RXR.2.3  | Name of Coding<br>System           | HL70163    |                |
| RXR.2.5  | Alternate Text                     |            |                |
| RXR.2.6  | Name of Alternate<br>Coding System |            |                |

## OBX[\*]

### OBX - 1

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
| OBX.1    | Set ID - OBX | 1    |                |
|          |              |      |                |

|          |                                 |                              |                 |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |
| OBX.17.3 | Name of Coding System           |                              |                 |
| OBX.17.5 | Alternate Text                  |                              |                 |
| OBX.17.6 | Name of Alternate Coding System |                              |                 |

## OBX - 2

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.5    | Observation Value               |          |  |
| OBX.5.1  | Time                            | 20150715 |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

### OBX - 3

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |
| OBX.6.5  | Alternate Text                  |   |                 |
| OBX.6.6  | Name of Alternate Coding System |   |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

#### OBX - 4

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |
| OBX.17.3 | Name of Coding System           |                              |                 |
| OBX.17.5 | Alternate Text                  |                              |                 |
| OBX.17.6 | Name of Alternate Coding System |                              |                 |

**OBX - 5**

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |
| OBX.17   | Observation Method              |  |                 |
| OBX.17.1 | Identifier                      |  |                 |
| OBX.17.2 | Text                            |  |                 |
| OBX.17.3 | Name of Coding System           |  |                 |
| OBX.17.5 | Alternate Text                  |  |                 |
| OBX.17.6 | Name of Alternate Coding System |  |                 |

**OBX - 6**

| Location | Data Element           | Data        | Categorization  |
|----------|------------------------|-------------|-----------------|
| OBX.1    | Set ID - OBX           | 3           |                 |
| OBX.2    | Value Type             | TS          |                 |
| OBX.3    | Observation Identifier |             |                 |
| OBX.3.1  | Identifier             | 30944-3     | Test Case Fixed |
|          |                        | Vaccination |                 |

|          |                                 |   |                 |
|----------|---------------------------------|---|-----------------|
| OBX.3.2  | Text                            | temporary<br>contraindication/precaution<br>expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |
| OBX.6.5  | Alternate Text                  |   |                 |
| OBX.6.6  | Name of Alternate Coding System |   |                 |
| OBX.11   | Observation Result Status       | F   |                 |
| OBX.14   | Date/Time of the Observation    |   |                 |
| OBX.14.1 | Time                            | 20150715  |                 |
| OBX.17   | Observation Method              |   |                 |
| OBX.17.1 | Identifier                      |   |                 |
| OBX.17.2 | Text                            |   |                 |
| OBX.17.3 | Name of Coding System           |   |                 |
| OBX.17.5 | Alternate Text                  |   |                 |
| OBX.17.6 | Name of Alternate Coding System |   |                 |

## OBX - 7

| Location | Data Element                    | Data                            | Categorization  |
|----------|---------------------------------|---------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                               |                 |
| OBX.2    | Value Type                      | CE                              |                 |
| OBX.3    | Observation Identifier          |                                 |                 |
| OBX.3.1  | Identifier                      | 30945-0                         | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination<br>contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                              | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                                 |                 |
| OBX.3.6  | Name of Alternate Coding System |                                 |                 |
| OBX.4    | Observation Sub-ID              | 1                               |                 |
| OBX.5    | Observation Value               |                                 |                 |
| OBX.6    | Units                           |                                 |                 |
| OBX.6.1  | Identifier                      |                                 |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

## OBX - 8

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |



|          |                                 |  |  |
|----------|---------------------------------|--|--|
| OBX.17   | Observation Method              |  |  |
| OBX.17.1 | Identifier                      |  |  |
| OBX.17.2 | Text                            |  |  |
| OBX.17.3 | Name of Coding System           |  |  |
| OBX.17.5 | Alternate Text                  |  |  |
| OBX.17.6 | Name of Alternate Coding System |  |  |

## OBX - 9

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |
| OBX.6.5  | Alternate Text                  |   |                 |
| OBX.6.6  | Name of Alternate Coding System |   |                 |
| OBX.11   | Observation Result Status       | F   |                 |
| OBX.14   | Date/Time of the Observation    |   |                 |
| OBX.14.1 | Time                            | 20150715  |                 |
| OBX.17   | Observation Method              |   |                 |
| OBX.17.1 | Identifier                      |   |                 |
| OBX.17.2 | Text                            |   |                 |
| OBX.17.3 | Name of Coding System           |   |                 |
| OBX.17.5 | Alternate Text                  |   |                 |
| OBX.17.6 | Name of Alternate Coding System |   |                 |

**OBX - 10**

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |
| OBX.17.3 | Name of Coding System           |                              |                 |
| OBX.17.5 | Alternate Text                  |                              |                 |
| OBX.17.6 | Name of Alternate Coding System |                              |                 |

**OBX - 11**

| Location | Data Element           | Data   | Categorization  |
|----------|------------------------|--|-----------------|
| OBX.1    | Set ID - OBX           | 2  |                 |
| OBX.2    | Value Type             | TS   |                 |
| OBX.3    | Observation Identifier |  |                 |
| OBX.3.1  | Identifier             | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                   | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System  | LN   | Test Case Fixed |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.3.5  | Alternate Text                  |          |  |
| OBX.3.6  | Name of Alternate Coding System |          |  |
| OBX.4    | Observation Sub-ID              | 1        |  |
| OBX.5    | Observation Value               |          |  |
| OBX.5.1  | Time                            | 20150715 |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

## OBX - 12

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
|          |                                 |   |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

### OBX - 13

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |

|          |                                 |  |  |
|----------|---------------------------------|--|--|
| OBX.17.3 | Name of Coding System           |  |  |
| OBX.17.5 | Alternate Text                  |  |  |
| OBX.17.6 | Name of Alternate Coding System |  |  |

## OBX - 14

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |
| OBX.17   | Observation Method              |  |                 |
| OBX.17.1 | Identifier                      |  |                 |
| OBX.17.2 | Text                            |  |                 |
| OBX.17.3 | Name of Coding System           |  |                 |
| OBX.17.5 | Alternate Text                  |  |                 |
| OBX.17.6 | Name of Alternate Coding System |  |                 |

## OBX - 15

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
| OBX.1    | Set ID - OBX | 3    |                |
|          |              |      |                |

|          |                                 |   |                 |
|----------|---------------------------------|---|-----------------|
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |
| OBX.6.5  | Alternate Text                  |   |                 |
| OBX.6.6  | Name of Alternate Coding System |   |                 |
| OBX.11   | Observation Result Status       | F   |                 |
| OBX.14   | Date/Time of the Observation    |   |                 |
| OBX.14.1 | Time                            | 20150715  |                 |
| OBX.17   | Observation Method              |   |                 |
| OBX.17.1 | Identifier                      |   |                 |
| OBX.17.2 | Text                            |   |                 |
| OBX.17.3 | Name of Coding System           |   |                 |
| OBX.17.5 | Alternate Text                  |   |                 |
| OBX.17.6 | Name of Alternate Coding System |   |                 |

| Location | Data Element        | Data                 | Categorization |
|----------|---------------------|----------------------|----------------|
| MSH.1    | Field Separator     |                      |                |
| MSH.2    | Encoding Characters | ^~\&                 |                |
| MSH.3    | Sending Application |                      |                |
| MSH.3.1  | Namespace ID        | Test EHR Application |                |
| MSH.3.2  | Universal ID        |                      |                |
| MSH.3.3  | Universal ID Type   |                      |                |
| MSH.4    | Sending Facility    |                      |                |
| MSH.4.1  | Namespace ID        | X68                  |                |
| MSH.4.2  | Universal ID        |                      |                |
| MSH.4.3  | Universal ID Type   |                      |                |

|            |                                    |                     |  |
|------------|------------------------------------|---------------------|--|
| MSH.5      | Receiving Application              |                     |  |
| MSH.5.1    | Namespace ID                       |                     |  |
| MSH.5.2    | Universal ID                       |                     |  |
| MSH.5.3    | Universal ID Type                  |                     |  |
| MSH.6      | Receiving Facility                 |                     |  |
| MSH.6.1    | Namespace ID                       | NIST Test Iz Reg    |  |
| MSH.6.2    | Universal ID                       |                     |  |
| MSH.6.3    | Universal ID Type                  |                     |  |
| MSH.7      | Date/Time Of Message               |                     |  |
| MSH.7.1    | Time                               | 20120701082240-0500 |  |
| MSH.9      | Message Type                       |                     |  |
| MSH.9.1    | Message Code                       | VXU                 |  |
| MSH.9.2    | Trigger Event                      | V04                 |  |
| MSH.9.3    | Message Structure                  | VXU_V04             |  |
| MSH.10     | Message Control ID                 | NIST-IZ-001.00      |  |
| MSH.11     | Processing ID                      |                     |  |
| MSH.11.1   | Processing ID                      | P                   |  |
| MSH.12     | Version ID                         |                     |  |
| MSH.12.1   | Version ID                         | 2.5.1               |  |
| MSH.15     | Accept Acknowledgment Type         | ER                  |  |
| MSH.16     | Application Acknowledgment Type    | AL                  |  |
| MSH.21     | Message Profile Identifier         |                     |  |
| MSH.21.1   | Entity Identifier                  | Z22                 |  |
| MSH.21.2   | Namespace ID                       | CDCPHINVS           |  |
| MSH.21.3   | Universal ID                       |                     |  |
| MSH.21.4   | Universal ID Type                  |                     |  |
| MSH.22     | Sending Responsible Organization   |                     |  |
| MSH.22.1   | Organization Name                  |                     |  |
| MSH.22.6   | Assigning Authority                |                     |  |
| MSH.22.6.1 | Namespace ID                       |                     |  |
| MSH.22.6.2 | Universal ID                       |                     |  |
| MSH.22.6.3 | Universal ID Type                  |                     |  |
| MSH.22.7   | Identifier Type Code               |                     |  |
| MSH.22.10  | Organization Identifier            |                     |  |
| MSH.23     | Receiving Responsible Organization |                     |  |
| MSH.23.1   | Organization Name                  |                     |  |
| MSH.23.6   | Assigning Authority                |                     |  |
| MSH.23.6.1 | Namespace ID                       |                     |  |
| MSH.23.6.2 | Universal ID                       |                     |  |
| MSH.23.6.3 | Universal ID Type                  |                     |  |
| MSH.23.7   | Identifier Type Code               |                     |  |
| MSH.23.10  | Organization Identifier            |                     |  |

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
|          |              |      |                |

|           |  |              |                 |
|-----------|--|--------------|-----------------|
| PID.1     | Set ID - PID                                       | 1            |                 |
| PID.3     | Patient Identifier List                            |              |                 |
| PID.3.1   | ID Number  | 123456       |                 |
| PID.3.3   | Check Digit Scheme                                 |              |                 |
| PID.3.4   | Assigning Authority                                |              |                 |
| PID.3.4.1 | Namespace ID                                       | MYEHR        |                 |
| PID.3.4.2 | Universal ID                                       |              |                 |
| PID.3.4.3 | Universal ID Type                                  |              |                 |
| PID.3.5   | Identifier Type Code                               | MR           |                 |
| PID.3     | Patient Identifier List                            |              |                 |
| PID.3.1   | ID Number  | 987633       |                 |
| PID.3.3   | Check Digit Scheme                                 |              |                 |
| PID.3.4   | Assigning Authority                                |              |                 |
| PID.3.4.1 | Namespace ID                                       | MYIIS        |                 |
| PID.3.4.2 | Universal ID                                       |              |                 |
| PID.3.4.3 | Universal ID Type                                  |              |                 |
| PID.3.5   | Identifier Type Code                               | SR           |                 |
| PID.5     | Patient Name                                       |              |                 |
| PID.5.1   | Family Name  |              |                 |
| PID.5.1.1 | Surname  | Morales      |                 |
| PID.5.1.2 | Own Surname Prefix                                 |              |                 |
| PID.5.1.3 | Own Surname  |              |                 |
| PID.5.1.4 | Surname Prefix From Partner/Spouse                 |              |                 |
| PID.5.1.5 | Surname From Partner/Spouse                        |              |                 |
| PID.5.2   | Given Name   | Mariela      | Test Case Fixed |
| PID.5.3   | Second and Further Given Names or Initials Thereof | Gonzales     | Test Case Fixed |
| PID.5.7   | Name Type Code                                     | L            | Test Case Fixed |
| PID.6     | Mother's Maiden Name                               |              |                 |
| PID.6.1   | Family Name  |              |                 |
| PID.6.1.1 | Surname  | Gonzales     | Test Case Fixed |
| PID.6.1.2 | Own Surname Prefix                                 |              |                 |
| PID.6.1.3 | Own Surname  |              |                 |
| PID.6.1.4 | Surname Prefix From Partner/Spouse                 |              |                 |
| PID.6.1.5 | Surname From Partner/Spouse                        |              |                 |
| PID.6.7   | Name Type Code                                     | M            | Test Case Fixed |
| PID.7     | Date/Time of Birth                                 |              |                 |
| PID.7.1   | Time   | 201505301115 | Test Case Fixed |
| PID.8     | Administrative Sex                                 | F            | Test Case Fixed |
| PID.10    | Race   |              |                 |
| PID.10.1  | Identifier   | 2106-3       | Test Case Fixed |
| PID.10.2  | Text   | White        | Test Case Fixed |
| PID.10.3  | Name of Coding System                              | HL70005      | Test Case Fixed |
| PID.10.5  | Alternate Text                                     |              |                 |



|            |                                  |                    |                 |
|------------|----------------------------------|--------------------|-----------------|
| PID.10.6   | Name of Alternate Coding System  |                    |                 |
| PID.11     | Patient Address                  |                    |                 |
| PID.11.1   | Street Address                   |                    |                 |
| PID.11.1.1 | Street or Mailing Address        | 3321 Standish Way  | Test Case Fixed |
| PID.11.1.2 | Street Name                      |                    |                 |
| PID.11.1.3 | Dwelling Number                  |                    |                 |
| PID.11.2   | Other Designation                |                    |                 |
| PID.11.3   | City                             | Stamford           | Test Case Fixed |
| PID.11.4   | State or Province                | CT                 | Test Case Fixed |
| PID.11.5   | Zip or Postal Code               | 06903              | Test Case Fixed |
| PID.11.6   | Country                          | USA                | Test Case Fixed |
| PID.11.7   | Address Type                     | L                  | Test Case Fixed |
| PID.11     | Patient Address                  |                    |                 |
| PID.11.1   | Street Address                   |                    |                 |
| PID.11.1.1 | Street or Mailing Address        | 325 Shorline Drive |                 |
| PID.11.1.2 | Street Name                      |                    |                 |
| PID.11.1.3 | Dwelling Number                  |                    |                 |
| PID.11.2   | Other Designation                |                    |                 |
| PID.11.3   | City                             | Stamford           |                 |
| PID.11.4   | State or Province                | CT                 | Test Case Fixed |
| PID.11.5   | Zip or Postal Code               | 06901              |                 |
| PID.11.6   | Country                          |                    |                 |
| PID.11.7   | Address Type                     | BDL                | Test Case Fixed |
| PID.13     | Phone Number - Home              |                    |                 |
| PID.13.2   | Telecommunication Use Code       | PRN                | Test Case Fixed |
| PID.13.3   | Telecommunication Equipment Type | PH                 | Test Case Fixed |
| PID.13.4   | Email Address                    |                    |                 |
| PID.13.6   | Area/City Code                   | 203                | Test Case Fixed |
| PID.13.7   | Local Number                     | 5551214            | Test Case Fixed |
| PID.22     | Ethnic Group                     |                    |                 |
| PID.22.1   | Identifier                       | 2135-2             | Test Case Fixed |
| PID.22.2   | Text                             | Hispanic or Latino | Test Case Fixed |
| PID.22.3   | Name of Coding System            | CDCREC             | Test Case Fixed |
| PID.22.5   | Alternate Text                   |                    |                 |
| PID.22.6   | Name of Alternate Coding System  |                    |                 |
| PID.24     | Multiple Birth Indicator         |                    |                 |
| PID.25     | Birth Order                      |                    |                 |
| PID.29     | Patient Death Date and Time      |                    |                 |
| PID.29.1   | Time                             |                    |                 |
| PID.30     | Patient Death Indicator          |                    |                 |

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
|----------|--------------|------|----------------|

|          |   |                              |  |
|----------|---|------------------------------|--|
| PD1.11   | Publicity Code                              |                              |  |
| PD1.11.1 | Identifier                                  | 02                           |  |
| PD1.11.2 | Text  | Reminder/Recall - any method |  |
| PD1.11.3 | Name of Coding System                       | HL70215                      |  |
| PD1.11.5 | Alternate Text                              |                              |  |
| PD1.11.6 | Name of Alternate Coding System             |                              |  |
| PD1.12   | Protection Indicator                        |                              |  |
| PD1.13   | Protection Indicator Effective Date         |                              |  |
| PD1.16   | Immunization Registry Status                | A                            |  |
| PD1.17   | Immunization Registry Status Effective Date | 20120701                     |  |
| PD1.18   | Publicity Code Effective Date               | 20120701                     |  |

| Location  | Data Element                                       | Data              | Categorization  |
|-----------|--|-------------------|-----------------|
| NK1.1     | Set ID - NK1                                       | 1                 |                 |
| NK1.2     | Name   |                   |                 |
| NK1.2.1   | Family Name  |                   |                 |
| NK1.2.1.1 | Surname  | Morales           | Test Case Fixed |
| NK1.2.1.2 | Own Surname Prefix                                 |                   |                 |
| NK1.2.1.3 | Own Surname  |                   |                 |
| NK1.2.1.4 | Surname Prefix From Partner/Spouse                 |                   |                 |
| NK1.2.1.5 | Surname From Partner/Spouse                        |                   |                 |
| NK1.2.2   | Given Name   | Joanna            | Test Case Fixed |
| NK1.2.3   | Second and Further Given Names or Initials Thereof | Gonzales          | Test Case Fixed |
| NK1.2.7   | Name Type Code                                     | L                 | Test Case Fixed |
| NK1.3     | Relationship                                       |                   |                 |
| NK1.3.1   | Identifier   | MTH               | Test Case Fixed |
| NK1.3.2   | Text   | Mother            | Test Case Fixed |
| NK1.3.3   | Name of Coding System                              | HL70063           |                 |
| NK1.3.5   | Alternate Text                                     |                   |                 |
| NK1.3.6   | Name of Alternate Coding System                    |                   |                 |
| NK1.4     | Address  |                   |                 |
| NK1.4.1   | Street Address                                     |                   |                 |
| NK1.4.1.1 | Street or Mailing Address                          | 4623 Standish Way | Test Case Fixed |
| NK1.4.1.2 | Street Name  |                   |                 |
| NK1.4.1.3 | Dwelling Number                                    |                   |                 |
| NK1.4.2   | Other Designation                                  |                   |                 |
| NK1.4.3   | City   | Stamford          | Test Case Fixed |

|         |                                  |         |                 |
|---------|----------------------------------|---------|-----------------|
| NK1.4.4 | State or Province                | CT      | Test Case Fixed |
| NK1.4.5 | Zip or Postal Code               | 06903   | Test Case Fixed |
| NK1.4.6 | Country                          |         |                 |
| NK1.4.7 | Address Type                     | L       | Test Case Fixed |
| NK1.5   | Phone Number                     |         |                 |
| NK1.5.2 | Telecommunication Use Code       | PRN     | Test Case Fixed |
| NK1.5.3 | Telecommunication Equipment Type | PH      | Test Case Fixed |
| NK1.5.4 | Email Address                    |         |                 |
| NK1.5.6 | Area/City Code                   | 203     | Test Case Fixed |
| NK1.5.7 | Local Number                     | 5551213 | Test Case Fixed |

### ORC - 1

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 197027 |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Sirtis | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Lisa   |                 |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |

|            |  |                    |  |
|------------|--|--------------------|--|
| ORC.12     | Ordering Provider                                  |                    |  |
| ORC.12.1   | ID Number  |                    |  |
| ORC.12.2   | Family Name  |                    |  |
| ORC.12.2.1 | Surname  | Carter             |  |
| ORC.12.2.2 | Own Surname Prefix                                 |                    |  |
| ORC.12.2.3 | Own Surname  |                    |  |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                    |  |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                    |  |
| ORC.12.3   | Given Name   | Jane               |  |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                    |  |
| ORC.12.9   | Assigning Authority                                |                    |  |
| ORC.12.9.1 | Namespace ID                                       |                    |  |
| ORC.12.9.2 | Universal ID                                       |                    |  |
| ORC.12.9.3 | Universal ID Type                                  |                    |  |
| ORC.12.10  | Name Type Code                                     | L                  |  |
| ORC.12.12  | Check Digit Scheme                                 |                    |  |
| ORC.12.13  | Identifier Type Code                               |                    |  |
| ORC.17     | Entering Organization                              |                    |  |
| ORC.17.1   | Identifier   | SH                 |  |
| ORC.17.2   | Text   | Shoreline Hospital |  |
| ORC.17.3   | Name of Coding System                              | HL70362            |  |
| ORC.17.5   | Alternate Text                                     |                    |  |
| ORC.17.6   | Name of Alternate Coding System                    |                    |  |

## ORC - 2

| Location   | Data Element        | Data   | Categorization  |
|------------|---------------------|--------|-----------------|
| ORC.1      | Order Control       | RE     |                 |
| ORC.2      | Placer Order Number |        |                 |
| ORC.2.1    | Entity Identifier   |        |                 |
| ORC.2.2    | Namespace ID        |        |                 |
| ORC.2.3    | Universal ID        |        |                 |
| ORC.2.4    | Universal ID Type   |        |                 |
| ORC.3      | Filler Order Number |        |                 |
| ORC.3.1    | Entity Identifier   | 9999   |                 |
| ORC.3.2    | Namespace ID        | DCS    |                 |
| ORC.3.3    | Universal ID        |        |                 |
| ORC.3.4    | Universal ID Type   |        |                 |
| ORC.10     | Entered By          |        |                 |
| ORC.10.1   | ID Number           |        |                 |
| ORC.10.2   | Family Name         |        |                 |
| ORC.10.2.1 | Surname             | Molina | Test Case Fixed |
|            | Own Surname         |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.10.2.2 | Prefix   |                      |                 |
| ORC.10.2.3 | Own Surname  |                      |                 |
| ORC.10.2.4 | Surname Prefix<br>From<br>Partner/Spouse                 |                      |                 |
| ORC.10.2.5 | Surname From<br>Partner/Spouse                           |                      |                 |
| ORC.10.3   | Given Name   | Sandra               | Test Case Fixed |
| ORC.10.4   | Second and Further<br>Given Names or<br>Initials Thereof |                      |                 |
| ORC.10.9   | Assigning Authority                                      |                      |                 |
| ORC.10.9.1 | Namespace ID   |                      |                 |
| ORC.10.9.2 | Universal ID   |                      |                 |
| ORC.10.9.3 | Universal ID Type  |                      |                 |
| ORC.10.10  | Name Type Code   |                      |                 |
| ORC.10.12  | Check Digit Scheme                                       |                      |                 |
| ORC.10.13  | Identifier Type Code                                     |                      |                 |
| ORC.12     | Ordering Provider  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname<br>Prefix                                    |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix<br>From<br>Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From<br>Partner/Spouse                           |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further<br>Given Names or<br>Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                      |                      |                 |
| ORC.12.9.1 | Namespace ID   |                      |                 |
| ORC.12.9.2 | Universal ID   |                      |                 |
| ORC.12.9.3 | Universal ID Type  |                      |                 |
| ORC.12.10  | Name Type Code   | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                       |                      |                 |
| ORC.12.13  | Identifier Type Code                                     |                      |                 |
| ORC.17     | Entering Organization                                    |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding<br>System                                 | HL70362              |                 |
| ORC.17.5   | Alternate Text   |                      |                 |
| ORC.17.6   | Name of Alternate<br>Coding System                       |                      |                 |

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |
| ORC.12     | Ordering Provider                                  |        |                 |
| ORC.12.1   | ID Number  |        |                 |
| ORC.12.2   | Family Name  |        |                 |
| ORC.12.2.1 | Surname  | Smith  | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.12.2.3 | Own Surname  |        |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.12.3   | Given Name   | Frank  | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |        |                 |

|            |                                 |                      |                 |
|------------|---------------------------------|----------------------|-----------------|
| ORC.12.9   | Assigning Authority             |                      |                 |
| ORC.12.9.1 | Namespace ID                    |                      |                 |
| ORC.12.9.2 | Universal ID                    |                      |                 |
| ORC.12.9.3 | Universal ID Type               |                      |                 |
| ORC.12.10  | Name Type Code                  | L                    |                 |
| ORC.12.12  | Check Digit Scheme              |                      |                 |
| ORC.12.13  | Identifier Type Code            |                      |                 |
| ORC.17     | Entering Organization           |                      |                 |
| ORC.17.1   | Identifier                      | SP                   |                 |
| ORC.17.2   | Text                            | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System           | HL70362              |                 |
| ORC.17.5   | Alternate Text                  |                      |                 |
| ORC.17.6   | Name of Alternate Coding System |                      |                 |

#### ORC - 4

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.10.12  | Check Digit Scheme                                 |                      |                 |
| ORC.10.13  | Identifier Type Code                               |                      |                 |
| ORC.12     | Ordering Provider                                  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

#### ORC - 5

| Location | Data Element        | Data | Categorization |
|----------|---------------------|------|----------------|
| ORC.1    | Order Control       | RE   |                |
| ORC.2    | Placer Order Number |      |                |
| ORC.2.1  | Entity Identifier   |      |                |
| ORC.2.2  | Namespace ID        |      |                |
| ORC.2.3  | Universal ID        |      |                |
| ORC.2.4  | Universal ID Type   |      |                |
| ORC.3    | Filler Order Number |      |                |
| ORC.3.1  | Entity Identifier   | 9999 |                |
| ORC.3.2  | Namespace ID        | DCS  |                |
| ORC.3.3  | Universal ID        |      |                |
| ORC.3.4  | Universal ID Type   |      |                |
| ORC.10   | Entered By          |      |                |
| ORC.10.1 | ID Number           |      |                |



|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.10.2   | Family Name  |                      |                 |
| ORC.10.2.1 | Surname  | Molina               | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.10.2.3 | Own Surname  |                      |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.10.3   | Given Name   | Sandra               | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.10.9   | Assigning Authority                                |                      |                 |
| ORC.10.9.1 | Namespace ID                                       |                      |                 |
| ORC.10.9.2 | Universal ID                                       |                      |                 |
| ORC.10.9.3 | Universal ID Type                                  |                      |                 |
| ORC.10.10  | Name Type Code                                     |                      |                 |
| ORC.10.12  | Check Digit Scheme                                 |                      |                 |
| ORC.10.13  | Identifier Type Code                               |                      |                 |
| ORC.12     | Ordering Provider                                  |                      |                 |
| ORC.12.1   | ID Number  |                      |                 |
| ORC.12.2   | Family Name  |                      |                 |
| ORC.12.2.1 | Surname  | Smith                | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |                      |                 |
| ORC.12.2.3 | Own Surname  |                      |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |                      |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |                      |                 |
| ORC.12.3   | Given Name   | Frank                | Test Case Fixed |
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    | Test Case Fixed |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

ORC - 6

| Location   | Data Element                                       | Data   | Categorization  |
|------------|--|--------|-----------------|
| ORC.1      | Order Control                                      | RE     |                 |
| ORC.2      | Placer Order Number                                |        |                 |
| ORC.2.1    | Entity Identifier                                  |        |                 |
| ORC.2.2    | Namespace ID                                       |        |                 |
| ORC.2.3    | Universal ID                                       |        |                 |
| ORC.2.4    | Universal ID Type                                  |        |                 |
| ORC.3      | Filler Order Number                                |        |                 |
| ORC.3.1    | Entity Identifier                                  | 9999   |                 |
| ORC.3.2    | Namespace ID                                       | DCS    |                 |
| ORC.3.3    | Universal ID                                       |        |                 |
| ORC.3.4    | Universal ID Type                                  |        |                 |
| ORC.10     | Entered By   |        |                 |
| ORC.10.1   | ID Number  |        |                 |
| ORC.10.2   | Family Name  |        |                 |
| ORC.10.2.1 | Surname  | Molina | Test Case Fixed |
| ORC.10.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.10.2.3 | Own Surname  |        |                 |
| ORC.10.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.10.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.10.3   | Given Name   | Sandra | Test Case Fixed |
| ORC.10.4   | Second and Further Given Names or Initials Thereof |        |                 |
| ORC.10.9   | Assigning Authority                                |        |                 |
| ORC.10.9.1 | Namespace ID                                       |        |                 |
| ORC.10.9.2 | Universal ID                                       |        |                 |
| ORC.10.9.3 | Universal ID Type                                  |        |                 |
| ORC.10.10  | Name Type Code                                     |        |                 |
| ORC.10.12  | Check Digit Scheme                                 |        |                 |
| ORC.10.13  | Identifier Type Code                               |        |                 |
| ORC.12     | Ordering Provider                                  |        |                 |
| ORC.12.1   | ID Number  |        |                 |
| ORC.12.2   | Family Name  |        |                 |
| ORC.12.2.1 | Surname  | Smith  | Test Case Fixed |
| ORC.12.2.2 | Own Surname Prefix                                 |        |                 |
| ORC.12.2.3 | Own Surname  |        |                 |
| ORC.12.2.4 | Surname Prefix From Partner/Spouse                 |        |                 |
| ORC.12.2.5 | Surname From Partner/Spouse                        |        |                 |
| ORC.12.3   | Given Name   | Frank  | Test Case Fixed |

|            |  |                      |                 |
|------------|--|----------------------|-----------------|
| ORC.12.4   | Second and Further Given Names or Initials Thereof |                      |                 |
| ORC.12.9   | Assigning Authority                                |                      |                 |
| ORC.12.9.1 | Namespace ID                                       |                      |                 |
| ORC.12.9.2 | Universal ID                                       |                      |                 |
| ORC.12.9.3 | Universal ID Type                                  |                      |                 |
| ORC.12.10  | Name Type Code                                     | L                    |                 |
| ORC.12.12  | Check Digit Scheme                                 |                      |                 |
| ORC.12.13  | Identifier Type Code                               |                      |                 |
| ORC.17     | Entering Organization                              |                      |                 |
| ORC.17.1   | Identifier   | SP                   |                 |
| ORC.17.2   | Text   | Shoreline Pediatrics | Test Case Fixed |
| ORC.17.3   | Name of Coding System                              | HL70362              |                 |
| ORC.17.5   | Alternate Text                                     |                      |                 |
| ORC.17.6   | Name of Alternate Coding System                    |                      |                 |

#### RXA - 1

| Location | Data Element                      | Data  | Categorization |
|----------|-----------------------------------|---|----------------|
| RXA.1    | Give Sub-ID Counter               | 0   |                |
| RXA.2    | Administration Sub-ID Counter     | 1   |                |
| RXA.3    | Date/Time Start of Administration |   |                |
| RXA.3.1  | Time                              | 20150530  |                |
| RXA.5    | Administered Code                 |   |                |
| RXA.5.1  | Identifier                        | 08  |                |
| RXA.5.2  | Text                              | hepatitis B vaccine, pediatric or pediatric/adolescent dosage |                |
| RXA.5.3  | Name of Coding System             | CVX   |                |
| RXA.5.5  | Alternate Text                    | ENGERIX-B   |                |
| RXA.5.6  | Name of Alternate Coding System   | NDC   |                |
| RXA.6    | Administered Amount               | 999   |                |
| RXA.7    | Administered Units                |   |                |
| RXA.7.1  | Identifier                        |   |                |
| RXA.7.2  | Text                              |   |                |
| RXA.7.3  | Name of Coding System             |   |                |
| RXA.7.5  | Alternate Text                    |   |                |
| RXA.7.6  | Name of Alternate Coding System   |   |                |
| RXA.9    | Administration Notes              |   |                |
| RXA.9.1  | Identifier                        | 08  |                |
| RXA.9.2  | Text                              | Historical information -                                      |                |

|            |  |                                |  |
|------------|--|--------------------------------|--|
|            |  | from public agency             |  |
| RXA.9.3    | Name of Coding System                              | NIP001                         |  |
| RXA.9.5    | Alternate Text                                     |                                |  |
| RXA.9.6    | Name of Alternate Coding System                    |                                |  |
| RXA.10     | Administering Provider                             |                                |  |
| RXA.10.1   | ID Number  |                                |  |
| RXA.10.2   | Family Name  |                                |  |
| RXA.10.2.1 | Surname  | Sirtis                         |  |
| RXA.10.2.2 | Own Surname Prefix                                 |                                |  |
| RXA.10.2.3 | Own Surname  |                                |  |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |                                |  |
| RXA.10.2.5 | Surname From Partner/Spouse                        |                                |  |
| RXA.10.3   | Given Name   | Lisa                           |  |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |                                |  |
| RXA.10.9   | Assigning Authority                                |                                |  |
| RXA.10.9.1 | Namespace ID                                       |                                |  |
| RXA.10.9.2 | Universal ID                                       |                                |  |
| RXA.10.9.3 | Universal ID Type                                  |                                |  |
| RXA.10.10  | Name Type Code                                     |                                |  |
| RXA.10.12  | Check Digit Scheme                                 |                                |  |
| RXA.10.13  | Identifier Type Code                               |                                |  |
| RXA.11     | Administered-at Location                           |                                |  |
| RXA.11.4   | Facility   |                                |  |
| RXA.11.4.1 | Namespace ID                                       | DCS_DC                         |  |
| RXA.11.4.2 | Universal ID                                       |                                |  |
| RXA.11.4.3 | Universal ID Type                                  |                                |  |
| RXA.15     | Substance Lot Number                               | 6332FK33                       |  |
| RXA.16     | Substance Expiration Date                          |                                |  |
| RXA.16.1   | Time   | 20101214                       |  |
| RXA.17     | Substance Manufacturer Name                        |                                |  |
| RXA.17.1   | Identifier   | SKB                            |  |
| RXA.17.2   | Text   | GlaxoSmithKline Biologicals SA |  |
| RXA.17.3   | Name of Coding System                              | MVX                            |  |
| RXA.17.5   | Alternate Text                                     |                                |  |
| RXA.17.6   | Name of Alternate Coding System                    |                                |  |
| RXA.18     | Substance/Treatment Refusal Reason                 |                                |  |
| RXA.18.1   | Identifier   |                                |  |

|          |                                 |    |  |
|----------|---------------------------------|----|--|
| RXA.18.2 | Text                            |    |  |
| RXA.18.3 | Name of Coding System           |    |  |
| RXA.18.5 | Alternate Text                  |    |  |
| RXA.18.6 | Name of Alternate Coding System |    |  |
| RXA.20   | Completion Status               | CP |  |
| RXA.21   | Action Code - RXA               | A  |  |

## RXA - 2

| Location   | Data Element                      | Data   | Categorization  |
|------------|-----------------------------------|--|-----------------|
| RXA.1      | Give Sub-ID Counter               | 0  |                 |
| RXA.2      | Administration Sub-ID Counter     | 1  |                 |
| RXA.3      | Date/Time Start of Administration |  |                 |
| RXA.3.1    | Time                              | 20150715                                     |                 |
| RXA.5      | Administered Code                 |  |                 |
| RXA.5.1    | Identifier                        | 45   | Test Case Fixed |
| RXA.5.2    | Text                              | hepatitis B vaccine, unspecified formulation | Test Case Fixed |
| RXA.5.3    | Name of Coding System             | CVX  | Test Case Fixed |
| RXA.5.5    | Alternate Text                    |  |                 |
| RXA.5.6    | Name of Alternate Coding System   |  |                 |
| RXA.6      | Administered Amount               | 999  | Test Case Fixed |
| RXA.7      | Administered Units                |  |                 |
| RXA.7.1    | Identifier                        |  |                 |
| RXA.7.2    | Text                              |  |                 |
| RXA.7.3    | Name of Coding System             |  |                 |
| RXA.7.5    | Alternate Text                    |  |                 |
| RXA.7.6    | Name of Alternate Coding System   |  |                 |
| RXA.9      | Administration Notes              |  |                 |
| RXA.9.1    | Identifier                        |  |                 |
| RXA.9.2    | Text                              |  |                 |
| RXA.9.3    | Name of Coding System             |  |                 |
| RXA.9.5    | Alternate Text                    |  |                 |
| RXA.9.6    | Name of Alternate Coding System   |  |                 |
| RXA.10     | Administering Provider            |  |                 |
| RXA.10.1   | ID Number                         |  |                 |
| RXA.10.2   | Family Name                       |  |                 |
| RXA.10.2.1 | Surname                           |  |                 |
| RXA.10.2.2 | Own Surname Prefix                |  |                 |
| RXA.10.2.3 | Own Surname                       |  |                 |

|            |  |    |                 |
|------------|--|----|-----------------|
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |    |                 |
| RXA.10.2.5 | Surname From Partner/Spouse                        |    |                 |
| RXA.10.3   | Given Name   |    |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |    |                 |
| RXA.10.9   | Assigning Authority                                |    |                 |
| RXA.10.9.1 | Namespace ID                                       |    |                 |
| RXA.10.9.2 | Universal ID                                       |    |                 |
| RXA.10.9.3 | Universal ID Type                                  |    |                 |
| RXA.10.10  | Name Type Code                                     |    |                 |
| RXA.10.12  | Check Digit Scheme                                 |    |                 |
| RXA.10.13  | Identifier Type Code                               |    |                 |
| RXA.11     | Administered-at Location                           |    |                 |
| RXA.11.4   | Facility   |    |                 |
| RXA.11.4.1 | Namespace ID                                       |    |                 |
| RXA.11.4.2 | Universal ID                                       |    |                 |
| RXA.11.4.3 | Universal ID Type                                  |    |                 |
| RXA.15     | Substance Lot Number                               |    |                 |
| RXA.16     | Substance Expiration Date                          |    |                 |
| RXA.16.1   | Time   |    |                 |
| RXA.17     | Substance Manufacturer Name                        |    |                 |
| RXA.17.1   | Identifier   |    |                 |
| RXA.17.2   | Text   |    |                 |
| RXA.17.3   | Name of Coding System                              |    |                 |
| RXA.17.5   | Alternate Text                                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System                    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason                 |    |                 |
| RXA.18.1   | Identifier   |    |                 |
| RXA.18.2   | Text   |    |                 |
| RXA.18.3   | Name of Coding System                              |    |                 |
| RXA.18.5   | Alternate Text                                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System                    |    |                 |
| RXA.20     | Completion Status                                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                                  | A  |                 |

### RXA - 3

| Location | Data Element          | Data | Categorization |
|----------|-----------------------|------|----------------|
| RXA.1    | Give Sub-ID Counter   | 0    |                |
| RXA.2    | Administration Sub-ID | 1    |                |

|            |  |                               |                 |
|------------|--|-------------------------------|-----------------|
|            | Counter  |                               |                 |
| RXA.3      | Date/Time Start of Administration                  |                               |                 |
| RXA.3.1    | Time   | 20150715                      |                 |
| RXA.5      | Administered Code                                  |                               |                 |
| RXA.5.1    | Identifier   | 107                           | Test Case Fixed |
| RXA.5.2    | Text   | DTaP, unspecified formulation | Test Case Fixed |
| RXA.5.3    | Name of Coding System                              | CVX                           | Test Case Fixed |
| RXA.5.5    | Alternate Text                                     |                               |                 |
| RXA.5.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.6      | Administered Amount                                | 999                           | Test Case Fixed |
| RXA.7      | Administered Units                                 |                               |                 |
| RXA.7.1    | Identifier   |                               |                 |
| RXA.7.2    | Text   |                               |                 |
| RXA.7.3    | Name of Coding System                              |                               |                 |
| RXA.7.5    | Alternate Text                                     |                               |                 |
| RXA.7.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.9      | Administration Notes                               |                               |                 |
| RXA.9.1    | Identifier   |                               |                 |
| RXA.9.2    | Text   |                               |                 |
| RXA.9.3    | Name of Coding System                              |                               |                 |
| RXA.9.5    | Alternate Text                                     |                               |                 |
| RXA.9.6    | Name of Alternate Coding System                    |                               |                 |
| RXA.10     | Administering Provider                             |                               |                 |
| RXA.10.1   | ID Number  |                               |                 |
| RXA.10.2   | Family Name  |                               |                 |
| RXA.10.2.1 | Surname  |                               |                 |
| RXA.10.2.2 | Own Surname Prefix                                 |                               |                 |
| RXA.10.2.3 | Own Surname  |                               |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |                               |                 |
| RXA.10.2.5 | Surname From Partner/Spouse                        |                               |                 |
| RXA.10.3   | Given Name   |                               |                 |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |                               |                 |
| RXA.10.9   | Assigning Authority                                |                               |                 |
| RXA.10.9.1 | Namespace ID                                       |                               |                 |
| RXA.10.9.2 | Universal ID                                       |                               |                 |
| RXA.10.9.3 | Universal ID Type                                  |                               |                 |
| RXA.10.10  | Name Type Code                                     |                               |                 |
| RXA.10.12  | Check Digit Scheme                                 |                               |                 |

|            |                                    |    |                 |
|------------|------------------------------------|----|-----------------|
| RXA.10.13  | Identifier Type Code               |    |                 |
| RXA.11     | Administered-at Location           |    |                 |
| RXA.11.4   | Facility                           |    |                 |
| RXA.11.4.1 | Namespace ID                       |    |                 |
| RXA.11.4.2 | Universal ID                       |    |                 |
| RXA.11.4.3 | Universal ID Type                  |    |                 |
| RXA.15     | Substance Lot Number               |    |                 |
| RXA.16     | Substance Expiration Date          |    |                 |
| RXA.16.1   | Time                               |    |                 |
| RXA.17     | Substance Manufacturer Name        |    |                 |
| RXA.17.1   | Identifier                         |    |                 |
| RXA.17.2   | Text                               |    |                 |
| RXA.17.3   | Name of Coding System              |    |                 |
| RXA.17.5   | Alternate Text                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason |    |                 |
| RXA.18.1   | Identifier                         |    |                 |
| RXA.18.2   | Text                               |    |                 |
| RXA.18.3   | Name of Coding System              |    |                 |
| RXA.18.5   | Alternate Text                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System    |    |                 |
| RXA.20     | Completion Status                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                  | A  |                 |

#### RXA - 4

| Location | Data Element                      | Data     | Categorization  |
|----------|-----------------------------------|----------|-----------------|
| RXA.1    | Give Sub-ID Counter               | 0        |                 |
| RXA.2    | Administration Sub-ID Counter     | 1        |                 |
| RXA.3    | Date/Time Start of Administration |          |                 |
| RXA.3.1  | Time                              | 20150715 |                 |
| RXA.5    | Administered Code                 |          |                 |
| RXA.5.1  | Identifier                        | 08       | Test Case Fixed |
| RXA.5.2  | Text                              | Hib      | Test Case Fixed |
| RXA.5.3  | Name of Coding System             | CVX      | Test Case Fixed |
| RXA.5.5  | Alternate Text                    |          |                 |
| RXA.5.6  | Name of Alternate Coding System   |          |                 |
| RXA.6    | Administered Amount               | 999      | Test Case Fixed |
| RXA.7    | Administered Units                |          |                 |



|            |  |  |  |
|------------|--|--|--|
| RXA.7.1    | Identifier   |  |  |
| RXA.7.2    | Text   |  |  |
| RXA.7.3    | Name of Coding System                              |  |  |
| RXA.7.5    | Alternate Text                                     |  |  |
| RXA.7.6    | Name of Alternate Coding System                    |  |  |
| RXA.9      | Administration Notes                               |  |  |
| RXA.9.1    | Identifier   |  |  |
| RXA.9.2    | Text   |  |  |
| RXA.9.3    | Name of Coding System                              |  |  |
| RXA.9.5    | Alternate Text                                     |  |  |
| RXA.9.6    | Name of Alternate Coding System                    |  |  |
| RXA.10     | Administering Provider                             |  |  |
| RXA.10.1   | ID Number  |  |  |
| RXA.10.2   | Family Name  |  |  |
| RXA.10.2.1 | Surname  |  |  |
| RXA.10.2.2 | Own Surname Prefix                                 |  |  |
| RXA.10.2.3 | Own Surname  |  |  |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |  |  |
| RXA.10.2.5 | Surname From Partner/Spouse                        |  |  |
| RXA.10.3   | Given Name   |  |  |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |  |  |
| RXA.10.9   | Assigning Authority                                |  |  |
| RXA.10.9.1 | Namespace ID                                       |  |  |
| RXA.10.9.2 | Universal ID                                       |  |  |
| RXA.10.9.3 | Universal ID Type                                  |  |  |
| RXA.10.10  | Name Type Code                                     |  |  |
| RXA.10.12  | Check Digit Scheme                                 |  |  |
| RXA.10.13  | Identifier Type Code                               |  |  |
| RXA.11     | Administered-at Location                           |  |  |
| RXA.11.4   | Facility   |  |  |
| RXA.11.4.1 | Namespace ID                                       |  |  |
| RXA.11.4.2 | Universal ID                                       |  |  |
| RXA.11.4.3 | Universal ID Type                                  |  |  |
| RXA.15     | Substance Lot Number                               |  |  |
| RXA.16     | Substance Expiration Date                          |  |  |
| RXA.16.1   | Time   |  |  |
| RXA.17     | Substance Manufacturer Name                        |  |  |
| RXA.17.1   | Identifier   |  |  |
| RXA.17.2   | Text   |  |  |

|          |                                    |    |                 |
|----------|------------------------------------|----|-----------------|
| RXA.17.3 | Name of Coding System              |    |                 |
| RXA.17.5 | Alternate Text                     |    |                 |
| RXA.17.6 | Name of Alternate Coding System    |    |                 |
| RXA.18   | Substance/Treatment Refusal Reason |    |                 |
| RXA.18.1 | Identifier                         |    |                 |
| RXA.18.2 | Text                               |    |                 |
| RXA.18.3 | Name of Coding System              |    |                 |
| RXA.18.5 | Alternate Text                     |    |                 |
| RXA.18.6 | Name of Alternate Coding System    |    |                 |
| RXA.20   | Completion Status                  | NA | Test Case Fixed |
| RXA.21   | Action Code - RXA                  | A  |                 |

#### RXA - 5

| Location | Data Element                      | Data  | Categorization  |
|----------|-----------------------------------|---|-----------------|
| RXA.1    | Give Sub-ID Counter               | 0   |                 |
| RXA.2    | Administration Sub-ID Counter     | 1   |                 |
| RXA.3    | Date/Time Start of Administration |   |                 |
| RXA.3.1  | Time                              | 20150715  |                 |
| RXA.5    | Administered Code                 |   |                 |
| RXA.5.1  | Identifier                        | 152   | Test Case Fixed |
| RXA.5.2  | Text                              | Pneumococcal Conjugate, unspecified formulation | Test Case Fixed |
| RXA.5.3  | Name of Coding System             | CVX   | Test Case Fixed |
| RXA.5.5  | Alternate Text                    |   |                 |
| RXA.5.6  | Name of Alternate Coding System   |   |                 |
| RXA.6    | Administered Amount               | 999   | Test Case Fixed |
| RXA.7    | Administered Units                |   |                 |
| RXA.7.1  | Identifier                        |   |                 |
| RXA.7.2  | Text                              |   |                 |
| RXA.7.3  | Name of Coding System             |   |                 |
| RXA.7.5  | Alternate Text                    |   |                 |
| RXA.7.6  | Name of Alternate Coding System   |   |                 |
| RXA.9    | Administration Notes              |   |                 |
| RXA.9.1  | Identifier                        |   |                 |
| RXA.9.2  | Text                              |   |                 |
| RXA.9.3  | Name of Coding System             |   |                 |
| RXA.9.5  | Alternate Text                    |   |                 |

|            |  |  |  |
|------------|--|--|--|
| RXA.9.6    | Name of Alternate Coding System                    |  |  |
| RXA.10     | Administering Provider                             |  |  |
| RXA.10.1   | ID Number  |  |  |
| RXA.10.2   | Family Name  |  |  |
| RXA.10.2.1 | Surname  |  |  |
| RXA.10.2.2 | Own Surname Prefix                                 |  |  |
| RXA.10.2.3 | Own Surname  |  |  |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse                 |  |  |
| RXA.10.2.5 | Surname From Partner/Spouse                        |  |  |
| RXA.10.3   | Given Name   |  |  |
| RXA.10.4   | Second and Further Given Names or Initials Thereof |  |  |
| RXA.10.9   | Assigning Authority                                |  |  |
| RXA.10.9.1 | Namespace ID                                       |  |  |
| RXA.10.9.2 | Universal ID                                       |  |  |
| RXA.10.9.3 | Universal ID Type                                  |  |  |
| RXA.10.10  | Name Type Code                                     |  |  |
| RXA.10.12  | Check Digit Scheme                                 |  |  |
| RXA.10.13  | Identifier Type Code                               |  |  |
| RXA.11     | Administered-at Location                           |  |  |
| RXA.11.4   | Facility   |  |  |
| RXA.11.4.1 | Namespace ID                                       |  |  |
| RXA.11.4.2 | Universal ID                                       |  |  |
| RXA.11.4.3 | Universal ID Type                                  |  |  |
| RXA.15     | Substance Lot Number                               |  |  |
| RXA.16     | Substance Expiration Date                          |  |  |
| RXA.16.1   | Time   |  |  |
| RXA.17     | Substance Manufacturer Name                        |  |  |
| RXA.17.1   | Identifier   |  |  |
| RXA.17.2   | Text   |  |  |
| RXA.17.3   | Name of Coding System                              |  |  |
| RXA.17.5   | Alternate Text                                     |  |  |
| RXA.17.6   | Name of Alternate Coding System                    |  |  |
| RXA.18     | Substance/Treatment Refusal Reason                 |  |  |
| RXA.18.1   | Identifier   |  |  |
| RXA.18.2   | Text   |  |  |
| RXA.18.3   | Name of Coding System                              |  |  |
| RXA.18.5   | Alternate Text                                     |  |  |
|            | Name of Alternate                                  |  |  |

|          |                   |    |                 |
|----------|-------------------|----|-----------------|
| RXA.18.6 | Coding System     |    |                 |
| RXA.20   | Completion Status | NA | Test Case Fixed |
| RXA.21   | Action Code - RXA | A  |                 |

#### RXA - 6

| Location   | Data Element                       | Data                               | Categorization  |
|------------|------------------------------------|------------------------------------|-----------------|
| RXA.1      | Give Sub-ID Counter                | 0                                  |                 |
| RXA.2      | Administration Sub-ID Counter      | 1                                  |                 |
| RXA.3      | Date/Time Start of Administration  |                                    |                 |
| RXA.3.1    | Time                               | 20150715                           |                 |
| RXA.5      | Administered Code                  |                                    |                 |
| RXA.5.1    | Identifier                         | 122                                | Test Case Fixed |
| RXA.5.2    | Text                               | rotavirus, unspecified formulation | Test Case Fixed |
| RXA.5.3    | Name of Coding System              | CVX                                | Test Case Fixed |
| RXA.5.5    | Alternate Text                     |                                    |                 |
| RXA.5.6    | Name of Alternate Coding System    |                                    |                 |
| RXA.6      | Administered Amount                | 999                                | Test Case Fixed |
| RXA.7      | Administered Units                 |                                    |                 |
| RXA.7.1    | Identifier                         |                                    |                 |
| RXA.7.2    | Text                               |                                    |                 |
| RXA.7.3    | Name of Coding System              |                                    |                 |
| RXA.7.5    | Alternate Text                     |                                    |                 |
| RXA.7.6    | Name of Alternate Coding System    |                                    |                 |
| RXA.9      | Administration Notes               |                                    |                 |
| RXA.9.1    | Identifier                         |                                    |                 |
| RXA.9.2    | Text                               |                                    |                 |
| RXA.9.3    | Name of Coding System              |                                    |                 |
| RXA.9.5    | Alternate Text                     |                                    |                 |
| RXA.9.6    | Name of Alternate Coding System    |                                    |                 |
| RXA.10     | Administering Provider             |                                    |                 |
| RXA.10.1   | ID Number                          |                                    |                 |
| RXA.10.2   | Family Name                        |                                    |                 |
| RXA.10.2.1 | Surname                            |                                    |                 |
| RXA.10.2.2 | Own Surname Prefix                 |                                    |                 |
| RXA.10.2.3 | Own Surname                        |                                    |                 |
| RXA.10.2.4 | Surname Prefix From Partner/Spouse |                                    |                 |
| RXA.10.2.5 | Surname From Partner/Spouse        |                                    |                 |
| RXA.10.3   | Given Name                         |                                    |                 |

|            |  |    |                 |
|------------|--|----|-----------------|
| RXA.10.4   | Second and Further Given Names or Initials Thereof |    |                 |
| RXA.10.9   | Assigning Authority                                |    |                 |
| RXA.10.9.1 | Namespace ID                                       |    |                 |
| RXA.10.9.2 | Universal ID                                       |    |                 |
| RXA.10.9.3 | Universal ID Type                                  |    |                 |
| RXA.10.10  | Name Type Code                                     |    |                 |
| RXA.10.12  | Check Digit Scheme                                 |    |                 |
| RXA.10.13  | Identifier Type Code                               |    |                 |
| RXA.11     | Administered-at Location                           |    |                 |
| RXA.11.4   | Facility   |    |                 |
| RXA.11.4.1 | Namespace ID                                       |    |                 |
| RXA.11.4.2 | Universal ID                                       |    |                 |
| RXA.11.4.3 | Universal ID Type                                  |    |                 |
| RXA.15     | Substance Lot Number                               |    |                 |
| RXA.16     | Substance Expiration Date                          |    |                 |
| RXA.16.1   | Time   |    |                 |
| RXA.17     | Substance Manufacturer Name                        |    |                 |
| RXA.17.1   | Identifier   |    |                 |
| RXA.17.2   | Text   |    |                 |
| RXA.17.3   | Name of Coding System                              |    |                 |
| RXA.17.5   | Alternate Text                                     |    |                 |
| RXA.17.6   | Name of Alternate Coding System                    |    |                 |
| RXA.18     | Substance/Treatment Refusal Reason                 |    |                 |
| RXA.18.1   | Identifier   |    |                 |
| RXA.18.2   | Text   |    |                 |
| RXA.18.3   | Name of Coding System                              |    |                 |
| RXA.18.5   | Alternate Text                                     |    |                 |
| RXA.18.6   | Name of Alternate Coding System                    |    |                 |
| RXA.20     | Completion Status                                  | NA | Test Case Fixed |
| RXA.21     | Action Code - RXA                                  | A  |                 |

| Location | Data Element                    | Data    | Categorization |
|----------|---------------------------------|---------|----------------|
| RXR.1    | Route                           |         |                |
| RXR.1.1  | Identifier                      | C28161  |                |
| RXR.1.2  | Text                            | IM      |                |
| RXR.1.3  | Name of Coding System           | NCIT    |                |
| RXR.1.5  | Alternate Text                  | IM      |                |
| RXR.1.6  | Name of Alternate Coding System | HL70162 |                |

|         |                                 |            |  |
|---------|---------------------------------|------------|--|
| RXR.2   | Administration Site             |            |  |
| RXR.2.1 | Identifier                      | LT         |  |
| RXR.2.2 | Text                            | Left Thigh |  |
| RXR.2.3 | Name of Coding System           | HL70163    |  |
| RXR.2.5 | Alternate Text                  |            |  |
| RXR.2.6 | Name of Alternate Coding System |            |  |

#### OBX - 1

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |
| OBX.17.3 | Name of Coding System           |                              |                 |
| OBX.17.5 | Alternate Text                  |                              |                 |
| OBX.17.6 | Name of Alternate Coding System |                              |                 |

#### OBX - 2

| Location | Data Element | Data | Categorization |
|----------|--------------|------|----------------|
| OBX.1    | Set ID - OBX | 2    |                |

|          |                                 |  |                 |
|----------|---------------------------------|--|-----------------|
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination<br>contraindication/precaution<br>effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |
| OBX.17   | Observation Method              |  |                 |
| OBX.17.1 | Identifier                      |  |                 |
| OBX.17.2 | Text                            |  |                 |
| OBX.17.3 | Name of Coding System           |  |                 |
| OBX.17.5 | Alternate Text                  |  |                 |
| OBX.17.6 | Name of Alternate Coding System |  |                 |

### OBX - 3

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary<br>contraindication/precaution<br>expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.5    | Observation Value               |          |  |
| OBX.5.1  | Time                            | 20150815 |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

#### OBX - 4

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |



|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

#### OBX - 5

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |
| OBX.17   | Observation Method              |  |                 |
| OBX.17.1 | Identifier                      |  |                 |
| OBX.17.2 | Text                            |  |                 |
| OBX.17.3 | Name of Coding System           |  |                 |
| OBX.17.5 | Alternate Text                  |  |                 |
| OBX.17.6 | Name of Alternate Coding System |  |                 |

#### OBX - 6

| Location | Data Element                       | Data  | Categorization  |
|----------|------------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                       | 3   |                 |
| OBX.2    | Value Type                         | TS  |                 |
| OBX.3    | Observation Identifier             |   |                 |
| OBX.3.1  | Identifier                         | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                               | Vaccination temporary<br>contraindication/precaution<br>expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding<br>System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                     |   |                 |
| OBX.3.6  | Name of Alternate<br>Coding System |   |                 |
| OBX.4    | Observation Sub-ID                 | 1   |                 |
| OBX.5    | Observation Value                  |   |                 |
| OBX.5.1  | Time                               | 20150815  |                 |
| OBX.6    | Units                              |   |                 |
| OBX.6.1  | Identifier                         |   |                 |
| OBX.6.2  | Text                               |   |                 |
| OBX.6.3  | Name of Coding<br>System           |   |                 |
| OBX.6.5  | Alternate Text                     |   |                 |
| OBX.6.6  | Name of Alternate<br>Coding System |   |                 |
| OBX.11   | Observation Result<br>Status       | F   |                 |
| OBX.14   | Date/Time of the<br>Observation    |   |                 |
| OBX.14.1 | Time                               | 20150715  |                 |
| OBX.17   | Observation Method                 |   |                 |
| OBX.17.1 | Identifier                         |   |                 |
| OBX.17.2 | Text                               |   |                 |
| OBX.17.3 | Name of Coding<br>System           |   |                 |
| OBX.17.5 | Alternate Text                     |   |                 |
| OBX.17.6 | Name of Alternate<br>Coding System |   |                 |

#### OBX - 7

| Location | Data Element             | Data                            | Categorization  |
|----------|--------------------------|---------------------------------|-----------------|
| OBX.1    | Set ID - OBX             | 1                               |                 |
| OBX.2    | Value Type               | CE                              |                 |
| OBX.3    | Observation Identifier   |                                 |                 |
| OBX.3.1  | Identifier               | 30945-0                         | Test Case Fixed |
| OBX.3.2  | Text                     | Vaccination<br>contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding<br>System | LN                              | Test Case Fixed |
| OBX.3.5  | Alternate Text           |                                 |                 |
| OBX.3.6  | Name of Alternate        |                                 |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
|          | Coding System                   |          |  |
| OBX.4    | Observation Sub-ID              | 1        |  |
| OBX.5    | Observation Value               |          |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

#### OBX - 8

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
|          |                                 |  |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

**OBX - 9**

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |
| OBX.6.5  | Alternate Text                  |   |                 |
| OBX.6.6  | Name of Alternate Coding System |   |                 |
| OBX.11   | Observation Result Status       | F   |                 |
| OBX.14   | Date/Time of the Observation    |   |                 |
| OBX.14.1 | Time                            | 20150715  |                 |
| OBX.17   | Observation Method              |   |                 |
| OBX.17.1 | Identifier                      |   |                 |
| OBX.17.2 | Text                            |   |                 |
| OBX.17.3 | Name of Coding System           |   |                 |
| OBX.17.5 | Alternate Text                  |   |                 |
| OBX.17.6 | Name of Alternate               |   |                 |

## OBX - 10

| Location | Data Element                       | Data                            | Categorization  |
|----------|------------------------------------|---------------------------------|-----------------|
| OBX.1    | Set ID - OBX                       | 1                               |                 |
| OBX.2    | Value Type                         | CE                              |                 |
| OBX.3    | Observation Identifier             |                                 |                 |
| OBX.3.1  | Identifier                         | 30945-0                         | Test Case Fixed |
| OBX.3.2  | Text                               | Vaccination<br>contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding<br>System           | LN                              | Test Case Fixed |
| OBX.3.5  | Alternate Text                     |                                 |                 |
| OBX.3.6  | Name of Alternate<br>Coding System |                                 |                 |
| OBX.4    | Observation Sub-ID                 | 1                               |                 |
| OBX.5    | Observation Value                  |                                 |                 |
| OBX.6    | Units                              |                                 |                 |
| OBX.6.1  | Identifier                         |                                 |                 |
| OBX.6.2  | Text                               |                                 |                 |
| OBX.6.3  | Name of Coding<br>System           |                                 |                 |
| OBX.6.5  | Alternate Text                     |                                 |                 |
| OBX.6.6  | Name of Alternate<br>Coding System |                                 |                 |
| OBX.11   | Observation Result<br>Status       | F                               |                 |
| OBX.14   | Date/Time of the<br>Observation    |                                 |                 |
| OBX.14.1 | Time                               | 20150715                        |                 |
| OBX.17   | Observation Method                 |                                 |                 |
| OBX.17.1 | Identifier                         |                                 |                 |
| OBX.17.2 | Text                               |                                 |                 |
| OBX.17.3 | Name of Coding<br>System           |                                 |                 |
| OBX.17.5 | Alternate Text                     |                                 |                 |
| OBX.17.6 | Name of Alternate<br>Coding System |                                 |                 |

## OBX - 11

| Location | Data Element             | Data   | Categorization  |
|----------|--------------------------|--|-----------------|
| OBX.1    | Set ID - OBX             | 2  |                 |
| OBX.2    | Value Type               | TS   |                 |
| OBX.3    | Observation Identifier   |  |                 |
| OBX.3.1  | Identifier               | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                     | Vaccination<br>contraindication/precaution<br>effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding<br>System | LN   | Test Case Fixed |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.3.5  | Alternate Text                  |          |  |
| OBX.3.6  | Name of Alternate Coding System |          |  |
| OBX.4    | Observation Sub-ID              | 1        |  |
| OBX.5    | Observation Value               |          |  |
| OBX.5.1  | Time                            | 20150715 |  |
| OBX.6    | Units                           |          |  |
| OBX.6.1  | Identifier                      |          |  |
| OBX.6.2  | Text                            |          |  |
| OBX.6.3  | Name of Coding System           |          |  |
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

#### OBX - 12

| Location | Data Element                    | Data  | Categorization  |
|----------|---------------------------------|---|-----------------|
| OBX.1    | Set ID - OBX                    | 3   |                 |
| OBX.2    | Value Type                      | TS  |                 |
| OBX.3    | Observation Identifier          |   |                 |
| OBX.3.1  | Identifier                      | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination temporary contraindication/precaution expiration date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN  | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |   |                 |
| OBX.3.6  | Name of Alternate Coding System |   |                 |
| OBX.4    | Observation Sub-ID              | 1   |                 |
| OBX.5    | Observation Value               |   |                 |
| OBX.5.1  | Time                            | 20150815  |                 |
| OBX.6    | Units                           |   |                 |
| OBX.6.1  | Identifier                      |   |                 |
| OBX.6.2  | Text                            |   |                 |
| OBX.6.3  | Name of Coding System           |   |                 |

|          |                                 |          |  |
|----------|---------------------------------|----------|--|
| OBX.6.5  | Alternate Text                  |          |  |
| OBX.6.6  | Name of Alternate Coding System |          |  |
| OBX.11   | Observation Result Status       | F        |  |
| OBX.14   | Date/Time of the Observation    |          |  |
| OBX.14.1 | Time                            | 20150715 |  |
| OBX.17   | Observation Method              |          |  |
| OBX.17.1 | Identifier                      |          |  |
| OBX.17.2 | Text                            |          |  |
| OBX.17.3 | Name of Coding System           |          |  |
| OBX.17.5 | Alternate Text                  |          |  |
| OBX.17.6 | Name of Alternate Coding System |          |  |

### OBX - 13

| Location | Data Element                    | Data                         | Categorization  |
|----------|---------------------------------|------------------------------|-----------------|
| OBX.1    | Set ID - OBX                    | 1                            |                 |
| OBX.2    | Value Type                      | CE                           |                 |
| OBX.3    | Observation Identifier          |                              |                 |
| OBX.3.1  | Identifier                      | 30945-0                      | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN                           | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                              |                 |
| OBX.3.6  | Name of Alternate Coding System |                              |                 |
| OBX.4    | Observation Sub-ID              | 1                            |                 |
| OBX.5    | Observation Value               |                              |                 |
| OBX.6    | Units                           |                              |                 |
| OBX.6.1  | Identifier                      |                              |                 |
| OBX.6.2  | Text                            |                              |                 |
| OBX.6.3  | Name of Coding System           |                              |                 |
| OBX.6.5  | Alternate Text                  |                              |                 |
| OBX.6.6  | Name of Alternate Coding System |                              |                 |
| OBX.11   | Observation Result Status       | F                            |                 |
| OBX.14   | Date/Time of the Observation    |                              |                 |
| OBX.14.1 | Time                            | 20150715                     |                 |
| OBX.17   | Observation Method              |                              |                 |
| OBX.17.1 | Identifier                      |                              |                 |
| OBX.17.2 | Text                            |                              |                 |
| OBX.17.3 | Name of Coding System           |                              |                 |
| OBX.17.5 | Alternate Text                  |                              |                 |

|          |                                 |  |  |
|----------|---------------------------------|--|--|
| OBX.17.6 | Name of Alternate Coding System |  |  |
|----------|---------------------------------|--|--|

#### OBX - 14

| Location | Data Element                    | Data   | Categorization  |
|----------|---------------------------------|--|-----------------|
| OBX.1    | Set ID - OBX                    | 2  |                 |
| OBX.2    | Value Type                      | TS   |                 |
| OBX.3    | Observation Identifier          |  |                 |
| OBX.3.1  | Identifier                      | 30946-8  | Test Case Fixed |
| OBX.3.2  | Text                            | Vaccination contraindication/precaution effective date | Test Case Fixed |
| OBX.3.3  | Name of Coding System           | LN   | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |  |                 |
| OBX.3.6  | Name of Alternate Coding System |  |                 |
| OBX.4    | Observation Sub-ID              | 1  |                 |
| OBX.5    | Observation Value               |  |                 |
| OBX.5.1  | Time                            | 20150715   |                 |
| OBX.6    | Units                           |  |                 |
| OBX.6.1  | Identifier                      |  |                 |
| OBX.6.2  | Text                            |  |                 |
| OBX.6.3  | Name of Coding System           |  |                 |
| OBX.6.5  | Alternate Text                  |  |                 |
| OBX.6.6  | Name of Alternate Coding System |  |                 |
| OBX.11   | Observation Result Status       | F  |                 |
| OBX.14   | Date/Time of the Observation    |  |                 |
| OBX.14.1 | Time                            | 20150715   |                 |
| OBX.17   | Observation Method              |  |                 |
| OBX.17.1 | Identifier                      |  |                 |
| OBX.17.2 | Text                            |  |                 |
| OBX.17.3 | Name of Coding System           |  |                 |
| OBX.17.5 | Alternate Text                  |  |                 |
| OBX.17.6 | Name of Alternate Coding System |  |                 |

#### OBX - 15

| Location | Data Element           | Data  | Categorization  |
|----------|------------------------|---|-----------------|
| OBX.1    | Set ID - OBX           | 3   |                 |
| OBX.2    | Value Type             | TS  |                 |
| OBX.3    | Observation Identifier |   |                 |
| OBX.3.1  | Identifier             | 30944-3   | Test Case Fixed |
| OBX.3.2  | Text                   | Vaccination temporary contraindication/precaution | Test Case Fixed |



|          |                                 |                 |                 |
|----------|---------------------------------|-----------------|-----------------|
|          |                                 | expiration date |                 |
| OBX.3.3  | Name of Coding System           | LN              | Test Case Fixed |
| OBX.3.5  | Alternate Text                  |                 |                 |
| OBX.3.6  | Name of Alternate Coding System |                 |                 |
| OBX.4    | Observation Sub-ID              | 1               |                 |
| OBX.5    | Observation Value               |                 |                 |
| OBX.5.1  | Time                            | 20150815        |                 |
| OBX.6    | Units                           |                 |                 |
| OBX.6.1  | Identifier                      |                 |                 |
| OBX.6.2  | Text                            |                 |                 |
| OBX.6.3  | Name of Coding System           |                 |                 |
| OBX.6.5  | Alternate Text                  |                 |                 |
| OBX.6.6  | Name of Alternate Coding System |                 |                 |
| OBX.11   | Observation Result Status       | F               |                 |
| OBX.14   | Date/Time of the Observation    |                 |                 |
| OBX.14.1 | Time                            | 20150715        |                 |
| OBX.17   | Observation Method              |                 |                 |
| OBX.17.1 | Identifier                      |                 |                 |
| OBX.17.2 | Text                            |                 |                 |
| OBX.17.3 | Name of Coding System           |                 |                 |
| OBX.17.5 | Alternate Text                  |                 |                 |
| OBX.17.6 | Name of Alternate Coding System |                 |                 |