

Description			
<div style="border: 1px solid black; padding: 5px; min-height: 40px;"> The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales. </div>			
Comments			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> No Comments </div>			
Pre Condition			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> The EMR has recorded all of the pediatric demographic data in the record created for Juana Mariana Gonzales. </div>			
Post Condition			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> The immunization history from the pharmacy as reported by the parent is loaded into the record created for Juana Mariana Gonzales. </div>			
Test Objectives			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> <i>Record Past Immunizations:</i> The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details. </div>			
Evaluation Criteria			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> Evaluation Criteria: Vendor successfully records all immunization history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]: </div>			
Historical Vaccine from Pharmacy Reported by Parent			
Entered BY	Sandra Molina	Y	
Ordering Provider	Gina Ricci	Y	
Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source (Administration Notes)	Historical information - from other provider (NIP001 02)	Y	
Value/Text for Vaccine Type	Influenza vaccine	Y	
Date/Time of Start of Administration	10/15/2013	Y	
Vaccine Administered	influenza, live, intranasal, quadrivalent (CVX 149) FluMist Quadrivalent (NDC 66019-0301-10))	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Gina Ricci	Y	
Administered-at Location	Oceanview Pharmacy, 15 Post Road, Stamford Connecticut 06901	Y	
Lot Number	8L4B3423	Y	
Substance Expiration Date	7/1/2014	Y	
Substance Manufacturer Name	MedImmune, LLC (MVX MED)	Y	
Completion Status	CP	Y	
Route of Administration	Nasal (NCIT NS)	Y	
Administration Site		Y	
Notes for Testers			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> No Note </div>			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales. </div>			
<div style="border: 1px solid black; padding: 5px; min-height: 30px;"> No Comments </div>			

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

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