# Description

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

#### Comments

No Comments

#### Pre Condition

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

## **Post Condition**

The immunization history for HepA known to the local practice is loaded into the record created for Juana Mariana Gonzales.

# **Test Objectives**

Record Past Immunizations: The EHR or other clinical software system allows providers to enter information about immunizations given elsewhere (e.g., by another doctor, at a public health clinic, pharmacy, etc.) with incomplete details.

### **Evaluation Criteria**

Evaluation Criteria: Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]: HepA Dose 1 of 2 Entered BY Sandra Molina Y Ordering Provider Jane Carter Y **Entering Organization** Shoreline Pediatrics Y Administration Notes (Vaccine Event information Historical Immunization (NIP001 01) Y Date/Time of Start of Administration 11/23/2011 hepatitis A vaccine, pediatric/adolescent dosage, 2 dose Vaccine Administered schedule (CVX 83) HAVRIX (NDC 58160-0825-52) 0.5 Administered Amount (of Vaccine) Y Administered Units (of Measure) mL Y Y Administering Provider Jane Carter Administered-at Location 325 Shorline Drive, Stamford Connecticut 06901 Y Lot Number 6359RT33 Y Substance Expiration Date 1/4/2012 Y Substance Manufacturer Name GlaxoSmithKline Biologicals SA (MVX SKB) Y Y Completion Status Route of Administration Intramuscular (NCIT C28161, HL70162: IM) Y Administration Site Right Deltoid (HL7 RD) Y HepA Dose 2 of 2 Sandra Molina Y Entered BY Y Ordering Provider Carlos Herrera Y Entering Organization Shoreline Pediatrics Vaccine Event information source Historical Immunization (NIP001 01) Y hepatitis A vaccine, pediatric/adolescent dosage, 2 dose Value/Text for Vaccine Type schedule (CVX 83) Date/Time of Start of Administration 5/23/2012 Y hepatitis A vaccine, pediatric/adolescent dosage, 2 dose Vaccine Administered schedule (CVX 83) HAVRIX (NDC 58160-0825-52) Administered Amount (of Vaccine) 0.5 Administered Units (of Measure) mL Y Administering Provider Y J. Martinez Y Administered-at Location 333 Oceanview Lane, Stamford Connecticut 06901 Lot Number 6359RT48 Y Substance Expiration Date 9/11/2012

Substance Manufacturer Name Completion Status	GlaxoSmithKline Biologicals SA (MVX SKB)	Y	+
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y	
Administration Site	Left Deltoid (HL7 LD)		

## Notes for Testers

No Note

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Completion Status Route of Administration	CP Intramuscular (NCIT C28161, HL70162: IM)	Y
Administration Site	Left Deltoid (HL7 LD)	
No Note		