—Description————————————————————————————————————
The EHR vendor loads Influenza immunization history data for Juan Marcel Gonzales.
-Comments-
No Comments
- PreCondition -
- riecondition
The EMR has recorded all of the pediatric demographic in the record created for Juan Marcel Gonzales.
PostCondition —
The immunization history for Influenza known to the local practice is loaded into the record created for Juan Marcel 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]:

Influenza Dose 1 of 2			
Entered BY	Sandra Molina	Y	
Ordering Provider	Carlos Herrera	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	Historical Immunization (NIP001 01)	Y	
Date/Time of Start of Administration	9/22/2012	Y	
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)	Y	
Dose Number	1		
Doses in Series	2		
Administered Amount (of Vaccine)	0.25	0.25 Y	
Administered Units (of Measure)	mL	mL Y	
Administering Provider	Y		
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901 Y		
Lot Number	D8043IN8734	Y	
Substance Expiration Date	3/12/2013	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	СР	Y	
Route of Administration	Intramuscular (NCIT C28161, HL70162: IM)	Y	$\neg \neg$
Administration Site	Left Thigh (HL7 LT)	Y	\neg
			\neg
Influenza Dose 2 of 2			$\neg \neg$
Entered BY	Sandra Molina	Y	\neg
Ordering Provider	Carlos Herrera	Y	\neg
Entering Organization	Shoreline Pediatrics	Y	$\neg \neg$
Vaccine Event information source	Historical Immunization (NIP001 01)	Y	\neg
Value/Text for Vaccine Type	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161)		\neg
Date/Time of Start of Administration	10/20/2012	Y	$\neg \neg$
Vaccine Administered	Influenza, injectable, quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)		
Dose Number	2		
Doses in Series	2		
Administered Amount (of Vaccine)	0.25	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	J. Martinez	Y	
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901	Y	$\neg \neg$
Lot Number	D8043IN8798	Y	\neg
Substance Expiration Date	3/12/2013	Y	
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)	Y	
Completion Status	СР	Y	
Route of Administration	Intramuscular (NCIT IM)	Y	$\neg \neg$
Administration Site	Right Thigh (HL7 RT)	1	\neg

Influenza Annual Dose	
Entered BY	Sandra Molina
Ordering Provider	Carlos Herrera
Entering Organization	Shoreline Pediatrics
Vaccine Event information source	Historical Immunization (NIP001 01)
Value/Text for Vaccine Type	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161)
Date/Time of Start of Administration	10/30/2013
Vaccine Administered	Influenza, injectable,quadrivalent, preservative free, pediatric (CVX 161) FLUZONE QUADRIVALENT (NDC 49281-0514-25)
Dose Number	
Doses in Series	
Administered Amount (of Vaccine)	0.25
Administered Units (of Measure)	mL
Administering Provider	J. Martinez
Administered-at Location	333 Oceanview Lane, Stamford Connecticut 06901
Lot Number	D8043IN8734
Substance Expiration Date	5/22/2014
Substance Manufacturer Name	Sanofi Pasteur Inc (MVX PMC)
Completion Status	СР
Route of Administration	Intramuscular (NCIT IM)
Administration Site	Left Deltoid (HL7 LD)

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Notes t	o res	sters-

No Note