

## Description

The provider enters immunization data from a pharmacy as reported by the parent for Juana Mariana Gonzales.

## Comments

No Comments

## PreCondition

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

## PostCondition

The immunization history from the pharmacy as reported by the parent 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 history data from the pharmacy as provided by the parent with all required attributes indicated by [Y]:

|   |   |   |  |
|---|---|---|--|
| 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                    | 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 |  |
| Administration Notes                                |   | 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 to Testers

No Note