

### Description

The EHR vendor loads immunization history data from the local practice 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 &nbsp;the known to the local practice is loaded into the&nbsp;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]:

Vaccine from Practice HepB					
Entered BY	Sandra Molina	Y			
Ordering Provider	Frank Smith	Y			
Entering Organization	Shoreline Pediatrics	Y			
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y			
Date/Time of Start of Administration	1/15/2010	Y			
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage  (CVX 08)	Y			
Administered Amount (of Vaccine)	0.5	Y			
Administered Units (of Measure)	mL	Y			
Administering Provider	Sandra Molina	Y			
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y			
Lot Number	6352FK1	Y			
Substance Expiration Date	10/1/2010	Y			
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y			
Completion Status	CP	Y			
Route of Administration	IM	Y			
Administration Site	Right Thigh	Y			
Vaccine from Practice MMRV					
a. Entered BY	J. Martinez	Y			
b. Ordering Provider	Frank Smith	Y			
c. Entering Organization	Shoreline Pediatrics	Y			
Vaccine Event information source	New immunization record (NIP001 00)	Y			
Value/Text for Vaccine Type	MMRV	Y			
Date/Time of Start of Administration	10/23/2010	Y			
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	Y			
Administered Amount (of Vaccine)	0.5	Y			
Administered Units (of Measure)	mL	Y			
Administering Provider	Sandra Molina	Y			
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y			
Lot Number	7W27V7491	Y			
Substance Expiration Date	12/15/2010	Y			

Substance Manufacturer Name	Merck Sharp & Dohme Corp (MVX MSD)	Y				
Completion Status	CP	Y				
Route of Administration	Intramuscular (NCIT IM)	Y				
Administration Site	Right Thigh (HL70163 RT)	&nbsp;				

#### Notes for Testers

No Note

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No Comments

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*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:&nbsp;Vendor successfully records all immunization data known to the local practice as provided, with all required attributes indicated by [Y]:

Vaccine from Practice HepB	&nbsp;	&nbsp;	
Entered BY	Sandra Molina	Y	
Ordering Provider	Frank Smith	Y	
Entering Organization	Shoreline Pediatrics	Y	
Administration Notes (Vaccine Event information source)	New immunization record (NIP001 00)	Y	
Date/Time of Start of Administration	1/15/2010	Y	
Vaccine Administered	hepatitis B vaccine, pediatric or pediatric/adolescent dosage&nbsp;(CVX 08)	Y	
Administered Amount (of Vaccine)	0.5	Y	
Administered Units (of Measure)	mL	Y	
Administering Provider	Sandra Molina	Y	
Administered-at Location	400 Shoreline Drive, Stamford Connecticut 06901	Y	
Lot Number	6352FK1	Y	
Substance Expiration Date	10/1/2010	Y	
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA (MVX SKB)	Y	
Completion Status	CP	Y	
Route of Administration	IM	Y	
Administration Site	Right Thigh	Y	
&nbsp;	&nbsp;	&nbsp;	
Vaccine from Practice MMRV	&nbsp;	&nbsp;	
a. Entered BY	J. Martinez	Y	
b. Ordering Provider	Frank Smith	Y	
c. Entering Organization	Shoreline Pediatrics	Y	
Vaccine Event information source	New immunization record (NIP001 00)	Y	
Value/Text for Vaccine Type&nbsp;	MMRV	Y	
Date/Time of Start of Administration	10/23/2010	Y	
Vaccine Administered	measles, mumps, rubella, and varicella virus vaccine	Y	
Administered Amount (of Vaccine)	0.5	Y	
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Completion Status	CP	Y	
Route of Administration	Intramuscular (NCIT IM)	Y	
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No Note